Advancing Health Equity in Population Health

Learning Collaborative Session 2
To enable live captioning:

• Go to the Zoom toolbar at the bottom of your screen
• Click on "Live Captioning"
• Select "Show Captions"
Icebreaker! As folks settle in, please share in the chat...

If you could only eat one dish for the rest of your life, what would it be?
Housekeeping

Please turn your cameras on! We’d love to hear your voice and see your face. We will be successful today if everyone is able to contribute at least once.

Use the chat liberally to ask questions, make comments, indicate agreement.

Take care of yourself. Take breaks, stretch, and let us know if you need support.
Learning Objectives

By the end of the session, participants will be able to...

1. Explain the importance of securing accurate data for...
   • Race, ethnicity, and language (REAL)
   • Sexual orientation and gender identity (SOGI)

2. Describe approaches to improve collection of REAL and SOGI data

3. Explore ways of presenting data to identify inequities
Agenda

• Welcome + Overview
• Why capturing REAL and SOGI data matters
• Overcoming common barriers
• Using data to identify inequities
• Break
• Capturing SOGI data: How to do it and why it matters
• Wrap Up + Closing
1: Primer on healthcare equity + population health

2: **Data-driven improvement**

3: Developing Interventions I: Who's at the table?

4: Developing Interventions II: Getting to the deep causes

*Office hours & virtual colloquium*
Poll 1: REAL data

Which best describes your clinic when it comes to collecting data on Race, Ethnicity, and Language (REAL data)?

- We don’t ask patients (left blank or filled in by staff)
- We ask for some patients
- We ask for most patients
- We ask for every patient
Poll 2: SOGI data

Which best describes your clinic when it comes to collecting data on Sexual Orientation and Gender Identity (SOGI data)?

• We don’t ask patients (left blank or filled in by staff)
• We ask for some patients
• We ask for most patients
• We ask for every patient
Blue Clinic is an FQHC about 50 miles outside New York City. The quality improvement team at Blue Clinic is seeking to apply an equity lens as they look at their data. They asked you to help.

When you try to look at quality metrics by Sexual Orientation, you realize that the data is missing for more than half of your patients. You are also surprised that no one fell into a gender category other than male and female.

Does this surprise you? Why or why not?
What could be some of the contributors to this?
Welcome, Luis!

Luis Gutierrez-Mock, PhD(c), MPH, MA
Pronouns: he/him/his
UCSF Pandemic Initiative for Equity and Action
Overview

FOUR CORE CONCEPTS
DEFINING TERMS
REVIEW EHR FIELDS
Q&A
Menti: How do YOU feel about collecting sexual orientation and gender identity data for ALL patients?
Four core concepts

Sex Assigned at Birth
Gender Identity
Gender Expression
Sexual Orientation

Keatley, Deutsch, Sevelius & Gutierrez-Mock, 2015
Sex assigned at birth

A combination of biological markers (chromosomes and hormones) and anatomic characteristics (reproductive organs and genitalia).

Impacted by legal, policy, cultural and social issues.
Gender identity

A person’s internal sense of their own gender.
Gender Expression

How one externally manifests their gender identity through behavior, mannerisms, speech patterns, dress, and hairstyles.
What is sexual orientation?
Sexual Orientation

1. Attraction
2. Behavior
3. Identity

Sexual Orientation and Gender Identity SmartForm

Sexuality
Patient's sexual orientation:
- Straight or Heterosexual
- Bisexual
- Gay
- Lesbian
- Asexual
- Something else
- Don't know
- Choose not to disclose
- Pansexual
- Queer
- Omnisexual
GENDER IDENTITY TERMINOLOGY
Terminology

Transgender

Trans Male/
Trans Man

Trans Female/
Trans Woman

Non-binary/
Genderqueer

A person whose current gender identity differs from their sex assigned at birth

Transgender

A person who currently identifies as male and was assigned female at birth

Trans Male/
Trans Man

A person who currently identifies as female and was assigned male at birth

Trans Female/
Trans Woman

A person whose gender does not fall into male OR female categories

Non-binary/
Genderqueer
**Terminology**

**Transgender**
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**Non-binary/Genderqueer**
<table>
<thead>
<tr>
<th>Terminology</th>
<th>Description</th>
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<tr>
<td>Transgender</td>
<td>A person whose current gender identity differs from their sex assigned at birth</td>
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<tr>
<td>Trans Male/Trans Man</td>
<td>A person who currently identifies as male and was assigned female at birth</td>
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<td>Trans Female/Trans Woman</td>
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- **Trans Male/Trans Man**: A person who currently identifies as male and was assigned female at birth.

- **Trans Female/Trans Woman**: A person who currently identifies as female and was assigned male at birth.

- **Non-binary/Genderqueer**: A person whose gender does not fall into male OR female categories.
How did you get your name?
Names & pronouns
Names & pronouns

- Names and/or pronouns may change
- Ask everyone what name and pronoun(s) they use
- Use that name and pronoun
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<td>He</td>
<td>Ze</td>
<td>They</td>
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<td>Object</td>
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<td>Him</td>
<td>Hir</td>
<td>Them</td>
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<td>Possessive Adjective</td>
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<td>Their</td>
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<td>Reflexive</td>
<td>Herself</td>
<td>Himself</td>
<td>Hirself</td>
<td>Theirself</td>
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</tbody>
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Inclusive Spanish Language Options

Opciones no binarias en español

- **ELLE**: singular they/them
- **X**: gender neutral sing. ending
- **XS**: gender neutral plural ending
- **E**: gender neutral sing. ending
- **ES**: gender neutral plural ending

Recommended Videos to Learn More:
- https://youtu.be/SIK5hi1AkKI
- https://youtu.be/Pwa_AoX8UD0

@sra.up
Using the correct pronoun(s)

Don’t make assumptions

Ask the patient (respectfully)

Practice with your team

Use the pronouns the patient prefers whenever you speak about that client (even if you’re not there)

Correct your colleague(s) if you hear them using the wrong pronoun
How many people identify as LGBTQ in the US?
Why is it important to explicitly ask questions about sexual orientation, gender identity, organ inventory and sexual activity for ALL patients?

LGBT youth are 2 to 3 times more likely to attempt suicide.\textsuperscript{18}

LGBT youth are more likely to be homeless.\textsuperscript{19, 20, 21}

Lesbians are less likely to get preventive services for cancer.\textsuperscript{22, 23}

Gay men are at higher risk of HIV and other STDs, especially among communities of color.\textsuperscript{24}

Lesbians and bisexual females are more likely to be overweight or obese.\textsuperscript{25}

Trans people have a high prevalence of HIV/STDs,\textsuperscript{26} victimization,\textsuperscript{27} mental health issues,\textsuperscript{28} and suicide\textsuperscript{29} & are less likely to have health insurance than heterosexual or LGB people.\textsuperscript{30}

Elderly LGBT individuals face additional barriers to health because of isolation and a lack of social services and culturally competent providers.\textsuperscript{31}

LGBT populations have the highest rates of tobacco,\textsuperscript{32, 33} alcohol,\textsuperscript{33, 34} and other drug use.\textsuperscript{33, 35, 36}

Kevin C. Heslin, PhD¹; Jeffrey E. Hall, PhD¹
### Sexual Orientation and Gender Identity SmartForm

#### Sexuality
- **Patient's sexual orientation:**
  - Straight or Heterosexual
  - Bisexual
  - Something else
  - Don't know
  - Choose not to disclose
  - Gay
  - Lesbian
  - Pansexual
  - Queer
  - Omnisexual
  - Asexual

#### Gender Identity
- **Autofill with default responses for:**
  - Enable Autofill
  - cisgender female
  - cisgender male
- **Patient's gender identity:**
  - Female
  - Male
  - Transgender Female / Male-to-Female
  - Other
  - Choose not to disclose
  - Non-binary/genderqueer
  - Questioning
  - Two Spirit
- **Patient's sex assigned at birth:**
  - Female
  - Male
  - Unknown
  - Not recorded on birth certificate
  - Intersex
  - Choose not to disclose
- **Patient's pronouns:**
  - she/her/hers
  - he/him/his
  - they/them/their
  - ze/hir/hirs
  - ey/em/eirs
  - xe/xem/xyr
  - ve/vir/vis
  - other
  - patient's name
  - decline to answer
  - unknown
Sexual Orientation & Gender Identity in EPIC
# Sexual Orientation & Gender Identity in EPIC

## Organ Inventory

**Organs the patient currently has:**

1. breast
2. cervix
3. ovaries
4. uterus
5. vagina
6. penis
7. prostate
8. 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
Sexual Activity in EPIC

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<th>Birth-Control/Protection:</th>
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<td>Abstinence</td>
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<td>Menopause</td>
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<th>Partners:</th>
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<th>Comments:</th>
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Trans health care: Primary care

Barriers to care

• National Transgender Discrimination Survey: 28% of 6,450 trans respondents reported harassment in medical settings; 50% reported having to teach their medical providers about trans care (Grant et al., 2012)

General prevention and screening

• Provide care for anatomy that is present while affirming the patient’s current gender identity (Center of Excellence for Transgender Health, 2011)

A patient’s anatomy should only be discussed if relevant to their treatment
Considerations for creating LGBTQ affirming clinic

- Create fields in EHR
- Training
- Registration
- Intake, check-in, waiting, rooming
- Exam room
- Continued education

Recommendation for continuing education: www.lgbtqiahealtheducation.org
Demographic Data Collection Recommendations

- Do ask every patient
- Do say the response options if people are unsure
- Don’t say “these questions may make you feel uncomfortable”
Demographic Data Collection Recommendations

- Do ask every question of every patient
- Do say the response options if people are unsure
- Don’t say “these questions may make you feel uncomfortable”
- Do practice until this feels comfortable for you
- Do remain non-judgemental
- Don’t take it personally if a patient gets upset
CULTURAL HUMILITY APPROACH

- Admit that you don’t know
- Suspend judgements
- Empathy
- See people as individuals
- Systematically check your assumptions
- Put yourselves in someone’s shoes
CRITICAL SELF-REFLECTION

1. What assumptions do I make about contacts based on our conversation and information they give me about gender, race, and sexual orientation?

2. What are my personal and cultural values or beliefs and how do they influence my comfort in asking demographic questions?

3. What are steps I can take to be more aware of my bias and build my comfort level?

4. How can I use self-awareness to appreciate the multicultural identities of clients/patients and colleagues?
You also notice that when you look at race and ethnicity data, most people marking Latino/a also marked “Native American” for their race, and almost no one marked White, Black, or Other. This surprised you given your past experience, so you asked someone at the front desk about.

They said, “Oh yeah, my supervisor told me to just mark that, because our Latino patients don’t know what to put and we have to put something.”

Does this surprise you? Why or why not?
What could be some of the contributors to this?
Why is it important to ask patients personal questions, such as about sexual orientation or race?
Heart Disease Deaths in U.S.

Deaths from heart disease in U.S. per 100,000 people

Age-adjusted death rates for heart disease, by race and Hispanic origin: 1999-2017
Heart Disease Deaths in U.S.
Roadblocks

Determined to capture better SOGI data, you put it on the agenda of the nursing staff meeting.

Medical assistants look really uncomfortable with the discussion. Finally one person speaks up. “I don’t feel comfortable asking personal questions about sexual orientation. I mean, patients are going be like, ‘What does that have to do with my arthritis?’”

Another says, “Yeah, and they’re going to look at me funny if I ask them about their gender. Like, can’t you tell I’m a woman?”

What do you think? How might you react?
Poll 3: Acceptability of sexual orientation questions

According to a national survey, what proportion of healthcare providers said that their patients would NOT want to share sexual orientation with them?

- 10%
- 25%
- 50%
- 75%

(75% is circled)
Poll 4: Acceptability of sexual orientation questions

According to a national survey, what proportion of patients said that they would NOT want to share sexual orientation with their healthcare providers?

- 10%
- 25%
- 50%
- 75%

What does the research say?

Patients at 4 healthcare centers were asked how they felt about answering SOGI questions (2014 study).

Patient reactions to SOGI questions (n=301)

- 77% Important to know
- 85% Would NOT answer question


Only 3% of patients were upset by SOGI questions in 2015-16 study at Mayo Clinic.
How do you prepare staff to use best practices to collect REAL and SOGI data?
Best practices: Provide a script

• Have staff practice providing an introduction in their own words that normalizes asking the questions

Key points:
• State that “we ask these questions of everybody”
• Explain why: “These questions help us identify who we need to do a better job of providing care it”
Best practices: Offer practice and feedback

- Have staff practice asking the questions
- Provide feedback to strengthen their skills

Common feedback:
- Don’t apologize for asking the questions
- Allow the person to answer for themselves: Don’t suggest answers
Best practices: Practice answering FAQs

- Give staff a chance to practice answering frequently asked questions

Common questions:
- Why are you asking this?
- How are you going to use this information?
- Can’t you tell I’m a man? Why are you asking me?
Thoughts, Questions, Comments?
Impact on Primary Care

1: Primer on healthcare equity + population health
2: Data-driven improvement
3: Developing Interventions I: Who's at the table?
4: Developing Interventions II: Getting to the deep causes
   *Office hours & virtual colloquium
Colloquium
Wrap Up

Please remember to complete the post-session survey.