

Advancing Health Equity in Population Health

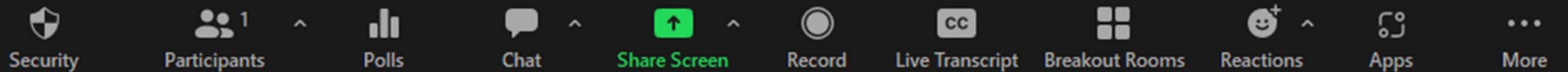
Learning Collaborative Session 2



Live Captioning

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



Map of our learning collaborative

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

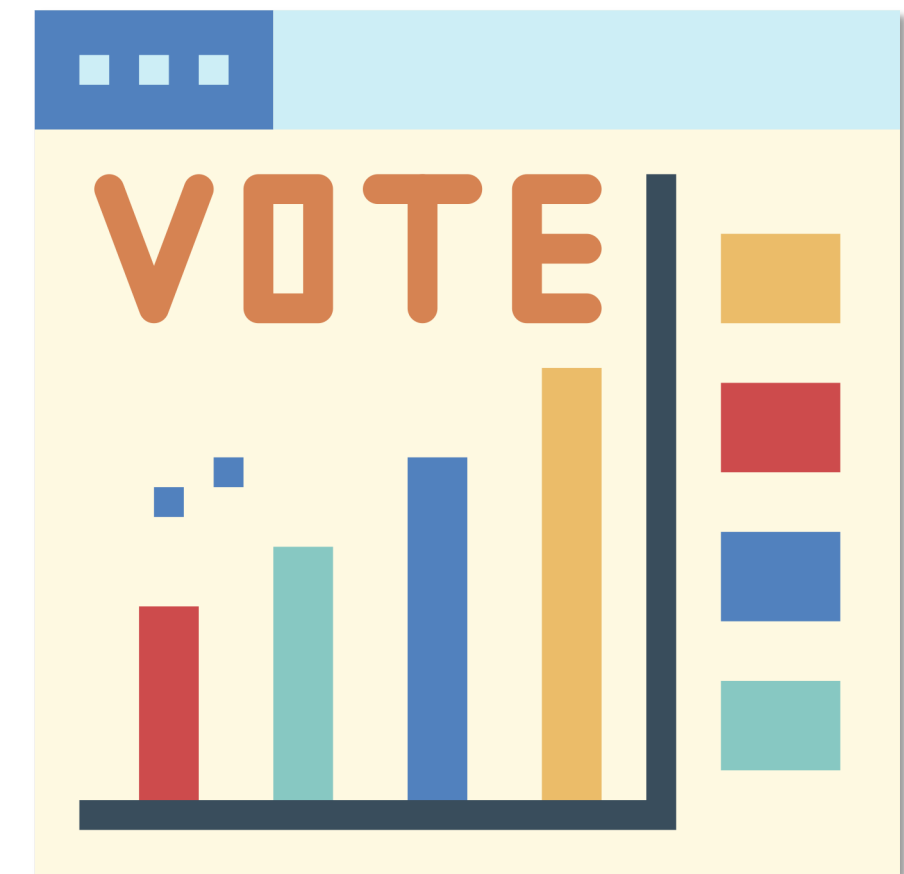
*Office hours & virtual colloquium



Poll 1: REAL data

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

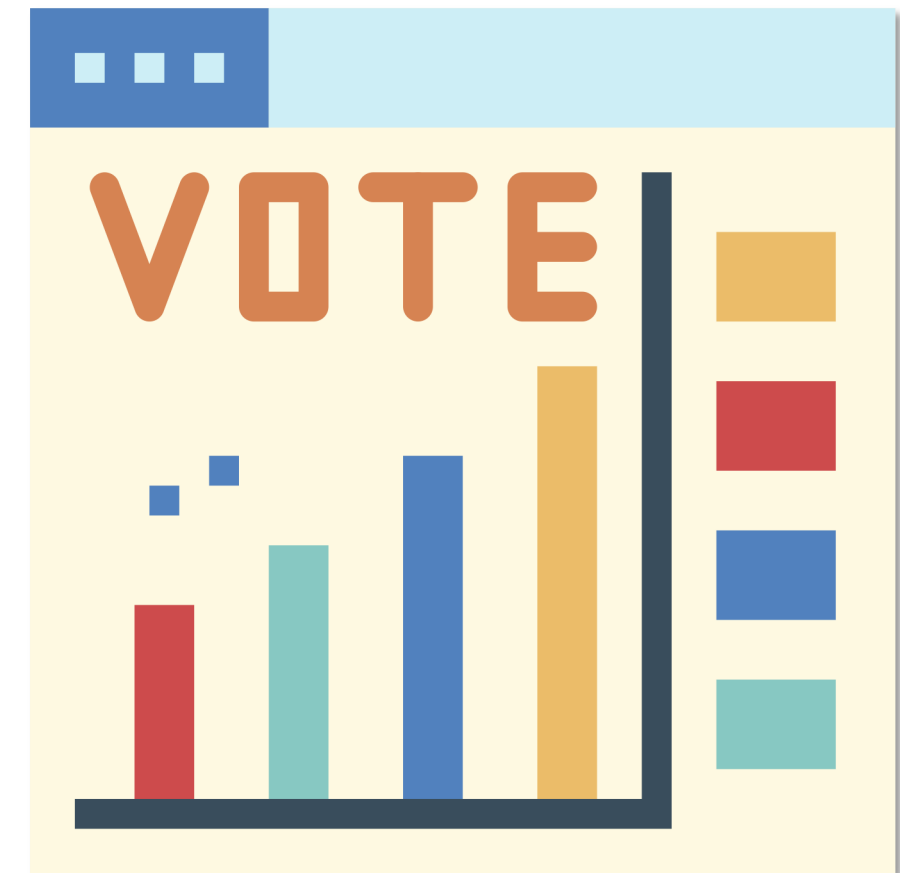
- We don't ask patients (left blank or filled in by staff)
- We ask for some patients
- We ask for most patients
- We ask for every patient



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



Meet Blue Clinic

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?



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

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.

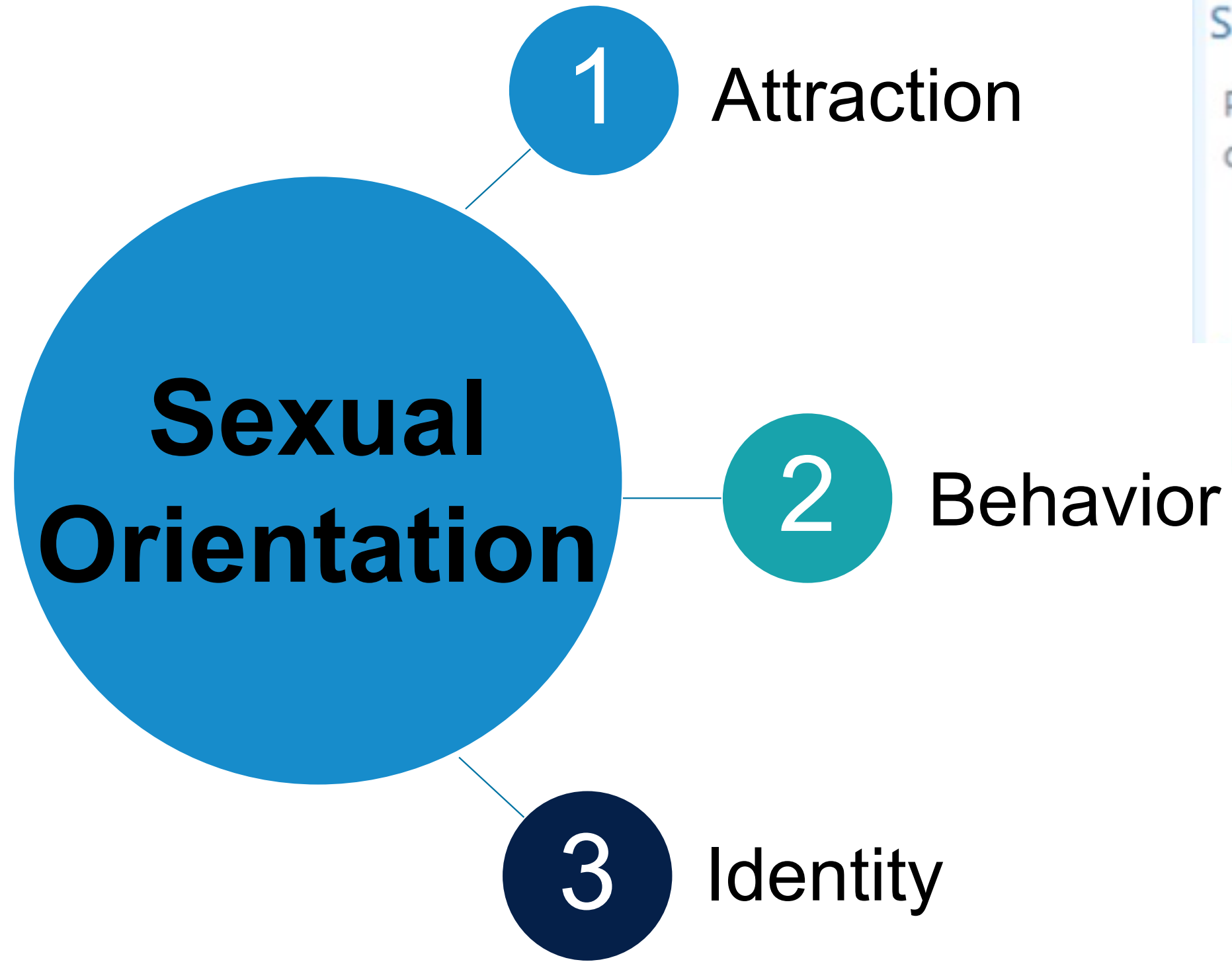
Gender Expression

How one externally manifests their gender identity through behavior, mannerisms, speech patterns, dress, and hairstyles.

What is sexual orientation?



Sexual Orientation



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**

Terminology

Transgender

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

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**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

English Language Pronouns

	Female	Male	Gender Expansive	Gender Expansive
Subject	She	He	Ze	They
Object	Her	Him	Hir	Them
Possessive Adjective	Her	Him	Hir	Their
Possessive Pronoun	Hers	His	Hirs	Theirs
Reflexive	Herself	Himself	Hirself	Theirself




Inclusive Spanish Language Options

Recommended Videos to Learn More:

<https://youtu.be/SIK5hi1AkKI>

https://youtu.be/Pwa_AoX8UD0

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

@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?

<https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>

LGBT youth are 2 to 3 times more likely to attempt suicide.[18](#)

LGBT youth are more likely to be homeless.[19](#), [20](#), [21](#)

Lesbians are less likely to get preventive services for cancer.[22](#), [23](#)

Gay men are at higher risk of HIV and other STDs, especially among communities of color.[24](#)

Lesbians and bisexual females are more likely to be overweight or obese.[25](#)

Trans people have a high prevalence of HIV/STDs,[26](#) victimization,[27](#) mental health issues,[28](#) and suicide[29](#) & are less likely to have health insurance than heterosexual or LGB people.[30](#)

Elderly LGBT individuals face additional barriers to health because of isolation and a lack of social services and culturally competent providers.[31](#)

LGBT populations have the highest rates of tobacco,[32](#), [33](#) alcohol,[33](#), [34](#) and other drug use.[33](#), [35](#), [36](#)

Centers for Disease Control and Prevention

MMWR

Morbidity and Mortality Weekly Report

Weekly / Vol. 70 / No. 5

February 5, 2021

Sexual Orientation Disparities in Risk Factors for Adverse COVID-19–Related Outcomes, by Race/Ethnicity — Behavioral Risk Factor Surveillance System, United States, 2017–2019

Kevin C. Heslin, PhD¹; Jeffrey E. Hall, PhD¹

Sexual Orientation & Gender Identity in EPIC

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
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Patient's gender identity:

Female	Male	Transgender Female / Male-to-Female
Transgender Male / Female-to-Male	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
Choose not to disclose	Intersex		

Patient's pronouns:

she/her/hers	he/him/his	they/them/theirs	ze/hir/hirs	ey/em/eirs	xe/xem/xyrs	ve/vir/vis
other	patient's name	decline to answer	unknown			

Sexual Orientation & Gender Identity in EPIC

Affirmation steps patient has taken, if any:

<input type="checkbox"/> presentation aligned with gender identity	<input type="checkbox"/> preferred name aligned with gender identity	<input type="checkbox"/> legal name aligned with gender identity
<input type="checkbox"/> legal sex aligned with gender identity	<input type="checkbox"/> medical or surgical interventions	

Patient's future affirmation plans, if any:



Sexual Orientation & Gender Identity in EPIC

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 -

Sexual Activity in EPIC

Sexual Activity

Sexually Active:

Yes Not Currently Never

Birth-Control/Protection:

Abstinence Cervical Cap Condom Diaphragm Fertility Awaren ... Hormonal Patch Implant Injection Inserts I.U.D. IUS

Menopause None Pill Rhythm Spermicide Sponge Surgical Vaginal Ring Vasectomy Withdrawal

Partners:

Female Male Transgender Fema ... Transgender Male ... Other Choose not to di ... Non-binary/gende ... Questioning

Comments:

Trans health care: Primary care

Barriers to care

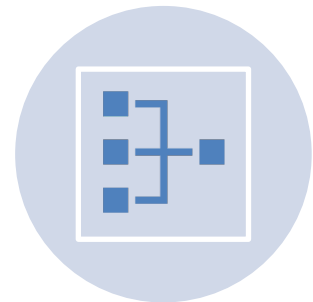
- National Transgender Discrimination Survey: 28% of 6,450 trans respondents reported harassment in medical settings; 50% reported having to teach their medical providers about trans care (Grant et al., 2012)

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 practice until this feels comfortable for you



Do say the response options if people are unsure



Do remain non-judgemental



Don't say "these questions may make you feel uncomfortable"



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?



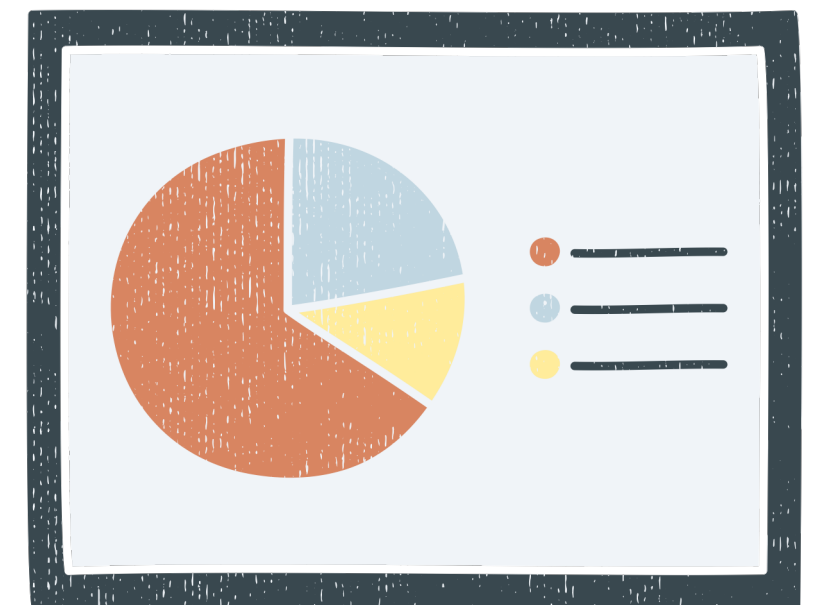
4. How can I use self-awareness to appreciate the multicultural identities of clients/patients and colleagues?

Digging in deeper

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?

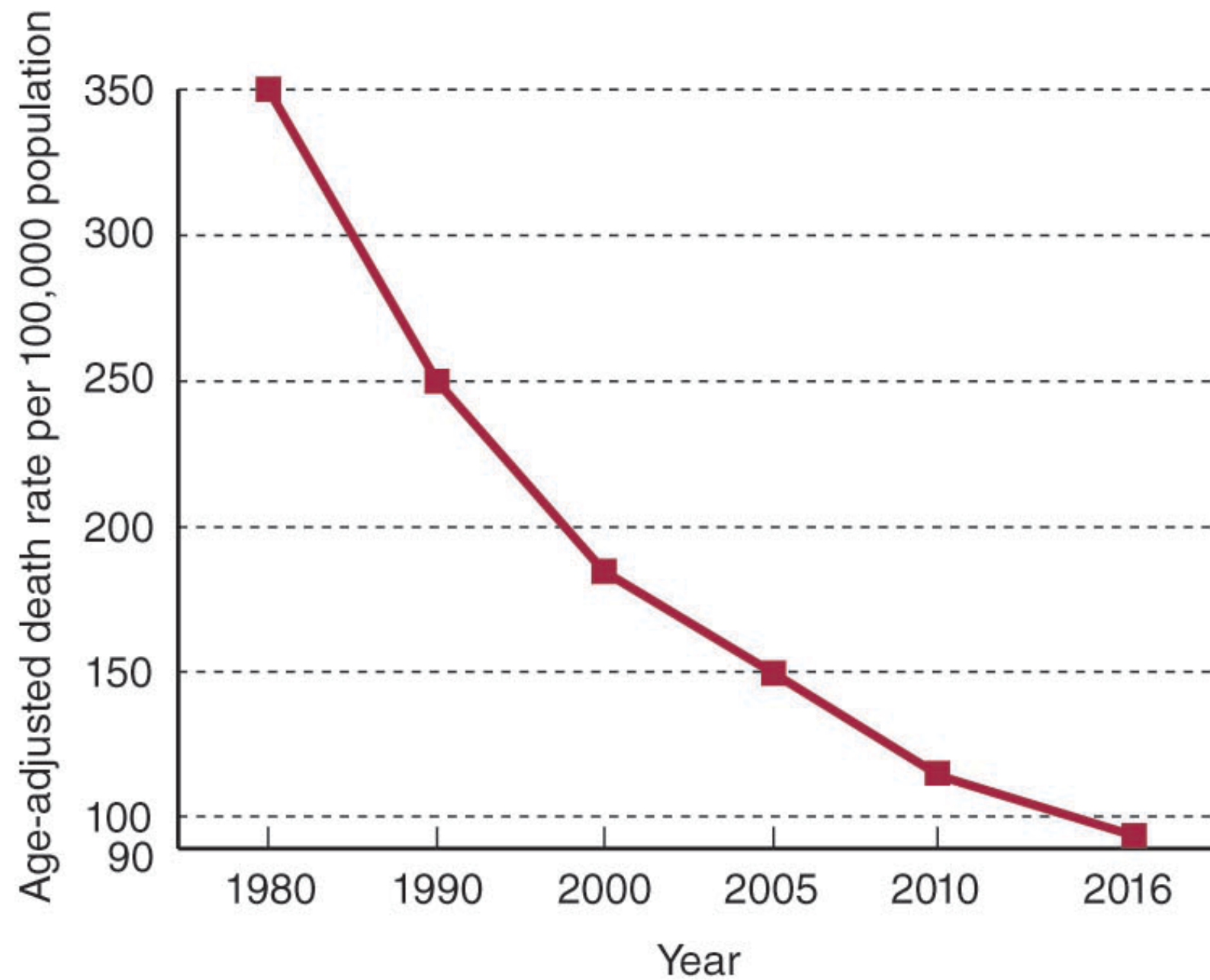


Why is it important to ask patients personal questions, such as about sexual orientation or race?

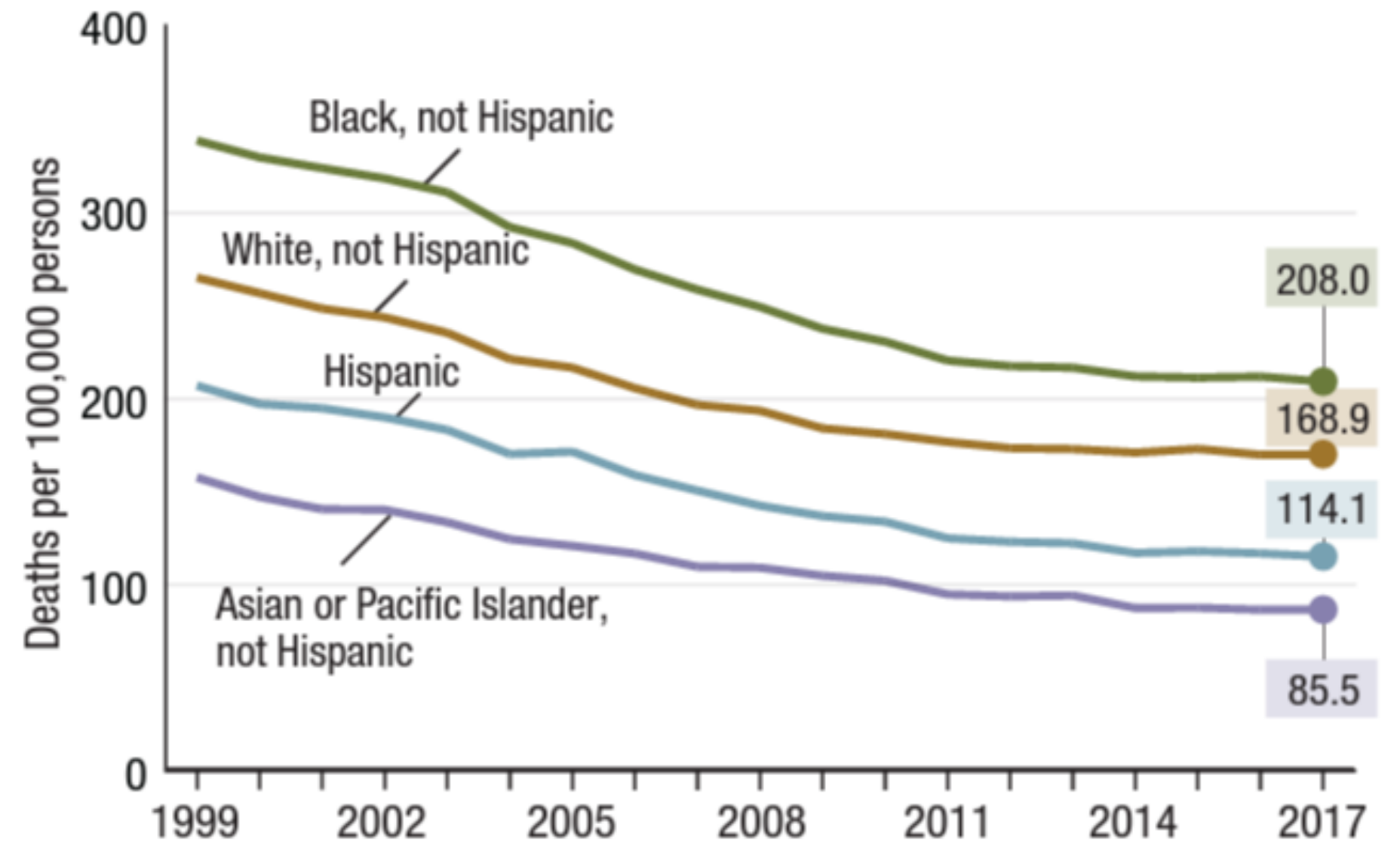


Heart Disease Deaths in U.S.

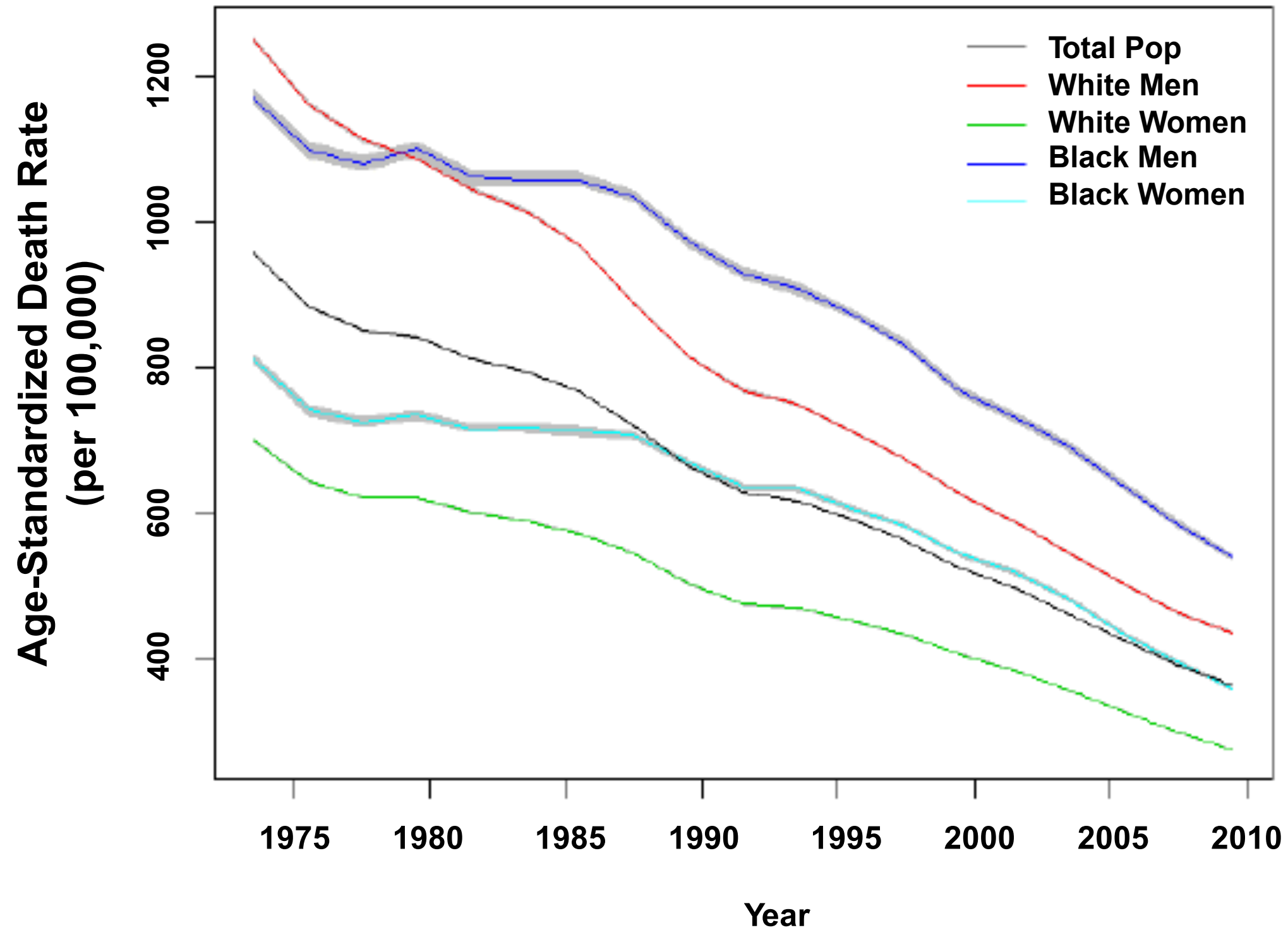
Deaths from heart disease in U.S. per 100,000 people



Age-adjusted death rates for heart disease, by race and Hispanic origin: 1999-2017



Heart Disease Deaths in U.S.



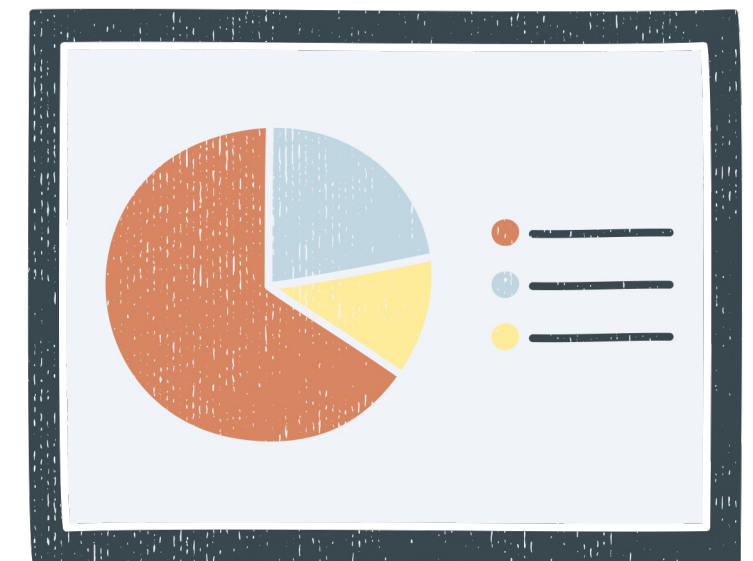
Roadblocks

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 to 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?”

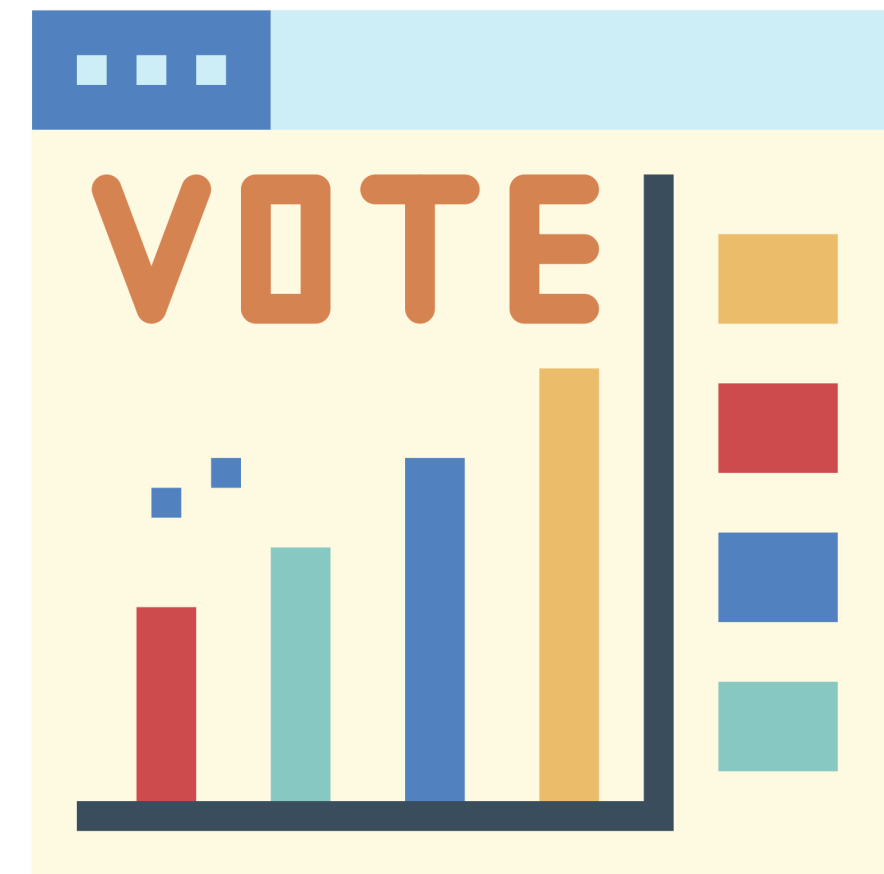
➤ What do you think? How might you react?



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?

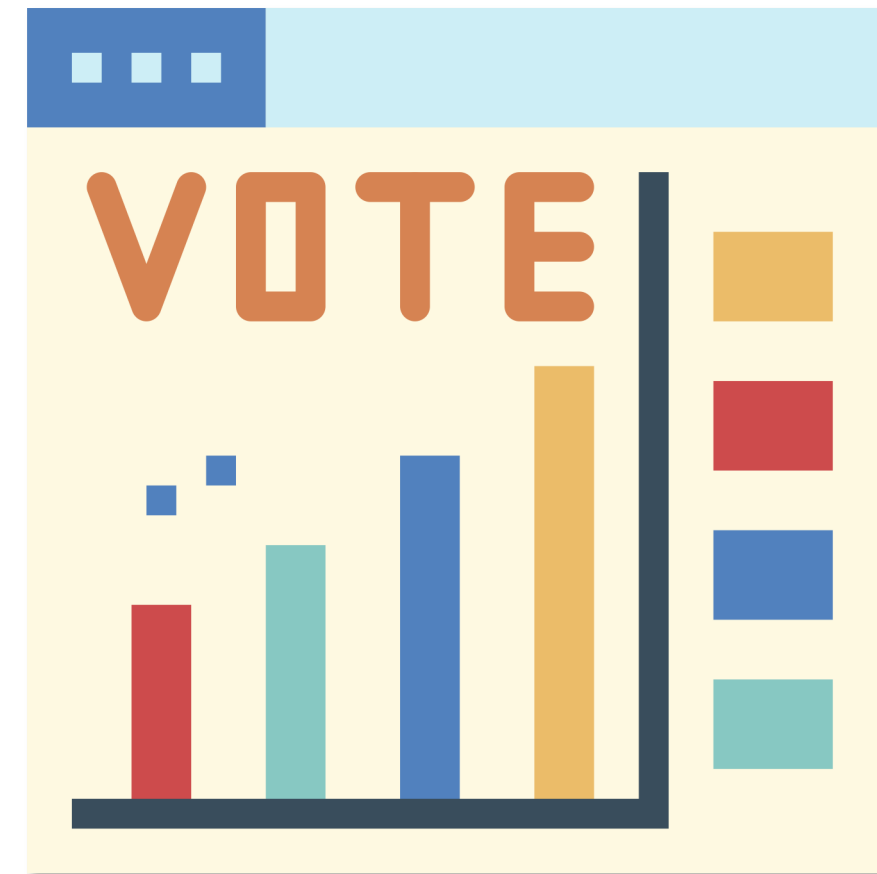
- 10%
- 25%
- 50%
- 75%



Poll 4: Acceptability of sexual orientation questions

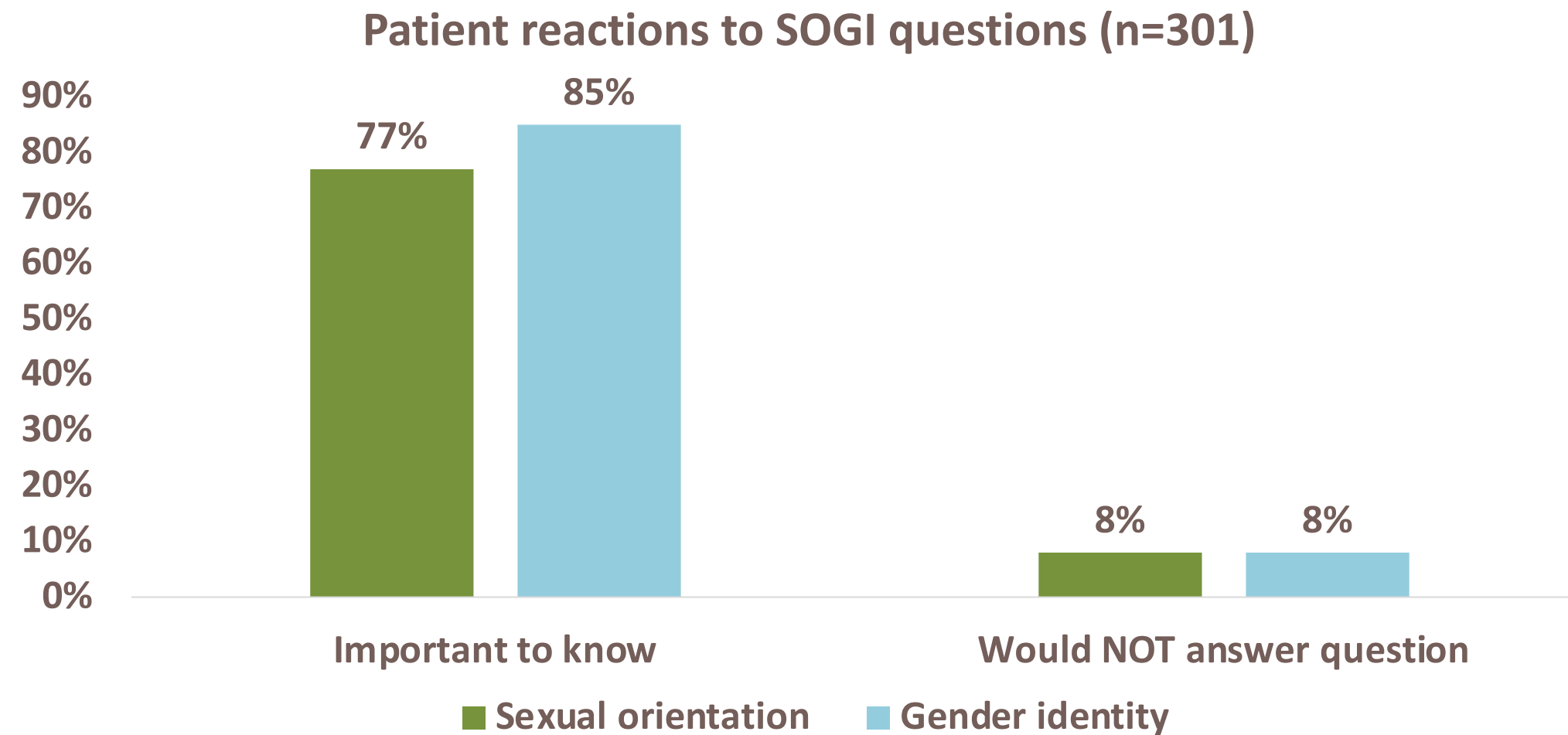
According to a national survey, what proportion of patients said that they would NOT want to share sexual orientation with their healthcare providers?

- 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).



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.