

## Are you ready for Sexual Orientation and Gender Identity (SO/GI)?

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### • Learning Objectives:

- Explain why collecting sexual orientation and gender identity SO/GI data is important for mental health centers and client services.
- Identifying best practices for SO/GI data collection.
- Preparing staff for SO/GI data collection.
- Strategies for creating a culture of inclusiveness.

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### Creating a culture of inclusiveness:

- Gathering sexual orientation and gender identity data will increase our understanding of LGBT health disparities and how to prevent, screen and early detect conditions that disproportionately affect LGBT people.
- Gathering such data in clinical settings will allow providers to better understand and treat their clients, and to compare their clients' health outcomes with national samples of LGB or LGBT people from health surveys.

*Policy Focus: Why Gather Data on SO and GI in Clinical Settings; The Fenway Institute*

<http://www.lgbthealtheducation.org/>

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- Film trailer for “Families Are Forever” and “Always my Son” created by the Family Acceptance Project, SF State University  
<https://player.vimeo.com/video/68510570?title=0&byline=0&portrait=0>
- Website: <http://familyproject.sfsu.edu/>
- Publications, Training & Resource Materials: Family Education Information, Faith-based Family Education Information, Family-Oriented Practice Guidelines & Peer-reviewed Research  
<http://familyproject.sfsu.edu/publications>

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- Breaking the Silence: Lesbian, Gay, Bisexual, Transgender and Queer Foster Youth Tell their Stories. NCLRights.org, DVD & Training Resources
- TRANSforming Health Care, CA DPH, Office of AIDS. DVD
- Saving Our Lives: Preventing Suicide in Transgender Communities. Massachusetts Transgender Political Coalition. DVD

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### CREATING A CULTURE OF INCLUSIVENESS:

- LGBTQ Pride COALITION Committee:

- "The mission of the Alameda County Behavioral Health Care Services Pride Coalition is to support and advise the county in responding to the needs of, and provide appropriate services to and advocate for, the LGBTIQ2S community."

- "The Alameda County Behavioral Health Care Services Pride Coalition envisions Alameda County as a leader in providing culturally responsive and competent services to the LGBTIQ2S community by collaborating with LGBTIQ2S consumers and families, and community-based agencies that have expertise in these areas."

- ACBHCS Leadership committed to SO/GI data collection in 2015.

The mission is to care for and improve the health of all people in Alameda County with special attention to those who are most vulnerable because of lack of resources, discrimination and ability.

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- Lesbian, gay, bisexual, and transgender (LGBT) clients have unique health needs and experience **numerous health disparities**
- They are an underserved population that is largely **invisible** in the health care system
- Routine and standardized collection of sexual orientation and gender identity (SO/GI) information in medical and electronic health records (EHRs) will help assess **access, satisfaction with, quality of care, inform the delivery of appropriate health services**, and begin to **address health disparities**

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### • The need to do this work

- Why? A lifetime of challenges and discrimination
- 2004-2005 national behavioral surveillance system found that 61% of Men of have sex with Men (MSM) in NYC did not disclose same-sex behaviors to their medical providers.



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### • The need to do this work

Social determinants affecting the health of LGBTQ individuals largely relate to **systemic oppression and discrimination.**



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### • Stigma, Discrimination & Health



*Hatzenbuehler, ML, Link, BG. 2014*

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### Examples include:

- Legal discrimination in access to health insurance, employment, housing, marriage, adoption, and retirement benefits
- Lack of laws protecting against bullying in schools
- Lack of social programs targeted to and/or appropriate for LGBTQ youth, adults, and elders
- Shortage of health care providers who are knowledgeable and culturally competent in LGBTQ health providers.

**From healthy people 2020.**

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Use of national data, if local does not exist, to identify health inequities:

Example **HEALTHY PEOPLE 2020:**

<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=25>

**LGBT youth** are 2 to 3 times more likely to attempt suicide.

**LGBT youth** are more likely to be homeless.

**Gay men** are at higher risk of HIV and other STDs, especially among communities of color.

**Transgender** individuals have a high prevalence of HIV/STDs, victimization, mental health issues, suicide and are less likely to have health insurance than heterosexual or LGB individuals.

70% report being harassed at school.

90% report feeling unsafe at school

**Elderly LGBT** individuals face additional barriers to health because of isolation and a lack of social services and culturally competent providers.

**LGBT populations** have the highest rates of tobacco, alcohol, and other drug use.

*National Resource Ctr for Youth Development: Fact Sheet & Healthy People 2020*

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**Statewide data: Building Partnerships: Conversations with LGBTQ Youth About MH Needs and Community Strengths: UC Davis Center for Reducing Health Disparities, 3/2009**

- The most common mental health concerns described by LGBTQ youth were isolation, depression, suicide, and drug and alcohol abuse.
- Most of the mental health issues faced by LGBTQ youth were directly related to the harassment and bullying they face in their daily lives, and rejection and isolation by their families, peers, and social organizations (e.g., churches).
- Isolation and the feeling of "not belonging" were particularly salient for the transgendered community.

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## Are you ready for Sexual Orientation and Gender Identity (SO/GI)?

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### **Statewide data: Building Partnerships: Conversations with LGBTQ Youth About MH Needs and Community Strengths: UC Davis Center for Reducing Health Disparities, 3/2009**

- LGBTQ youth described their struggles with rejection by their families and peers and harassment at school by students, teachers, and administrators, and how it often leads to feelings of isolation, hopelessness, despair, self-destructive behaviors, suicidal thoughts, attempts, and completed suicides.
- LGBTQ youth also expressed how many in their community used drugs or alcohol to cope with the oppressive social conditions that characterize their daily living.

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### **Statewide data: Building Partnerships: Conversations with LGBTQ Youth About MH Needs and Community Strengths: UC Davis Center for Reducing Health Disparities, 3/2009, cont:**

- LGBTQ youth reported being harassed and bullied in their schools, homes, and neighborhoods on an almost-daily basis.
- Many youth shared that they had received death threats.
- LGBTQ youth identified social factors as major causes of mental illness in their communities including challenging economic and physical living conditions.
- Rejection by their families often caused LGBTQ youth to leave home at an early age.

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### Statewide data: Building Partnerships: Conversations with LGBTQ Youth About MH Needs and Community Strengths: UC Davis Center for Reducing Health Disparities, 3/2009, cont:

- After leaving home, they described a range of challenges including difficulty obtaining housing and employment.
- Participants reported that many in their community get involved in the sex trade industry as a way to obtain and maintain housing and food for themselves.
- Many youth experienced a range of mental health issues as a result of rejection from family including depression and suicidal and self-destructive thoughts and behaviors.
- Many said they felt as if "no one cares" for them, and suggested that this feeling leads to depression and drug and alcohol abuse.
- LGBTQ youth also described how straight allies also got harassed.

Version 12/2016

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### Statewide data: Building Partnerships: Conversations with LGBTQ Youth About MH Needs and Community Strengths: UC Davis Center for Reducing Health Disparities, 3/2009, cont:

- A major theme was the scarcity of services available to address LGBTQ youth's life experiences and resulting mental health issues.
- LGBTQ youth described the lack of LGBTQ counselors in schools and the need for comprehensive sex education that includes the full spectrum of LGBTQ issues and does not ignore transgender issues.
- Those who were able to access services expressed frustration interacting with a health care system that was perceived as heterosexist and insensitive.
- Participants complained of the poor quality of care they receive, the inappropriateness of services, and the lack of awareness on the part of providers about LGBTQ issues.

Version 12/2016



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### Statewide data: Building Partnerships: Conversations with LGBTQ Youth About MH Needs and Community Strengths: UC Davis Center for Reducing Health Disparities, 3/2009, cont:

- LGBTQ youth related experiences of not being understood and not being taken seriously by counselors and therapists.
- Participants also described experiences of discrimination with health care providers—doctors, nurses, and office staff—who had been disrespectful or had expressed antagonism and discomfort because of the sexual orientation of the person seeking care.
- These experiences create a sense of mistrust in LGBTQ youth and a reluctance to seek services.
- LGBTQ youth of color present a special challenge for service providers in that therapists need to be able to relate to both their experiences faced as LGBTQs and also as LGBTQs of color.

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### Statewide data: Building Partnerships: Conversations with LGBTQ Youth About MH Needs and Community Strengths: UC Davis Center for Reducing Health Disparities, 3/2009, cont:

- Because of the rejection and isolation that LGBTQ youth experience at home, particularly around the coming out process, youth expressed the need for strategies to increase parental involvement in mental health care, providing counseling for the whole family, and targeting parents who have difficulty dealing with the sexual orientation of their child.
- LGBTQ youth talked about the discrimination they experience across systems, including the health and mental health systems, schools, and criminal justice systems.
- They advocated for systemic change aimed at reducing heterosexist practices across these systems through increased education about LGBTQ issues, challenges, history, and experiences.

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### Statewide data: Building Partnerships: Conversations with LGBTQ Youth About MH Needs and Community Strengths: UC Davis Center for Reducing Health Disparities, 3/2009, cont:

- LGBTQ community leaders further emphasized the importance of having service providers that could relate to transgendered youth, who often experience a range of challenges specific to being transgendered and for whom there are few qualified providers.
- For LGBTQ youth of color, programs to address the specific needs of ethnic minority youth were particularly important.
- LGBTQ youth of color emphasized that mental health issues in their community could not be resolved without anti-racism and anti-heterosexism education programs directed at all persons.
- Diversity training programs specifically addressing LGBTQ of color issues were recommended for school personnel, counselors, and therapists.

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- Center for Medicare and Medicaid Services (CMS) And The Office Of Health Information Technology Issued **Meaningful Use, Stage 3 (2015):**

Requires SO/GI data collection and adds sexual orientation and gender identity data to the 2015 EHR definition.

#### Resource –

*“Do Ask, Do Tell: High Levels Of Acceptability Of clients Of Routine Collection Of Sexual Orientation And Gender Identity Data In Four Diverse American Community Health Centers,” PLOS ONE, Sept. 8, 2014.*

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- **The Joint Commission:**

- Requires every accredited facility to have a nondiscrimination policy including LGBT (individuals and their families).

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- **Affordable care act (2016) section 1557** prohibits discrimination against LGBT people in health insurance coverage and health care and interprets as follows:
  - Section 1557's sex nondiscrimination protections include explicit protections for transgender individuals on the basis of gender identity.
  - Section 1557's sex nondiscrimination protections include explicit protections for lesbian, gay, and bisexual (LGB) individuals on the basis of sex stereotypes
  - Under the Affordable Care Act, Section 1557, The office of Civil Rights will now take LGBT complaints of discrimination and interpret them under the heading of sexual discrimination.

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## Cultural Humility and Responsiveness Cont.

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- ACA application through California Health and Human Services Network for Covered California.

What is this person's gender?		Date of birth (month / day / year)
Does the Sex that best describes this person's current gender identity?		What sex was listed on this person's original birth certificate?
<input type="checkbox"/> Female	<input type="checkbox"/> Transgender: male to female	<input type="checkbox"/> Female <input type="checkbox"/> Male
<input type="checkbox"/> Male	<input type="checkbox"/> Transgender: female to male	
Another gender identity		
Is this person's <input type="checkbox"/> gender <input type="checkbox"/> transgender <input type="checkbox"/> other? <input type="checkbox"/> Yes <input type="checkbox"/> No		

- What sex was listed on your birth certificate?

Male; Female

- What is this person's gender?

Male; Female

Transgender MTF, FTM

Another gender identity (blank)

(Sexual orientation is included in demographics)

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## Cultural Humility and Responsiveness Cont.

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### Modes of Data Collection Strategy (UC Davis Health Systems)

- LGBT who were Somewhat or Very Likely to disclose SO/GI information when asked:
  - 67% In-person with your physician
  - 52% Paper form filled out at the physician's office
  - 48% Online form filled out on your own time
  - 38% Over the phone
- Heterosexuals were more willing as Somewhat or Very Likely to disclose SO/GI information when asked:
  - 81% In-person with your physician
  - 71% Paper form filled out at the physician's office
  - 60% Online form filled out on your own time
  - 45% Over the phone

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- **Sexual Orientation & Gender Identity are Not the Same**
- All people have a sexual orientation and gender identity
- How people identify can change
- Terminology varies
- Sexual Orientation  $\neq$  Gender Identity



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- **Sexual Orientation**
- Sexual orientation: how a person identifies their physical and emotional attraction to others
- Desire
  - Same sex attraction
- Behavior:
  - Men who have sex with men-MSM (MSMW)
  - Women who have sex with women-WSW (WSWM)
- Identity:
  - Straight, gay, lesbian, bisexual, queer--other

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## Are you ready for Sexual Orientation and Gender Identity (SO/GI)?

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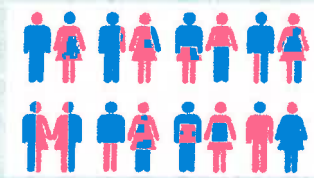
### • Gender Identity and Gender Expression

#### • Gender identity

- A person's internal sense of their gender (do I consider myself male, female, both, neither?)
- All people have a gender identity

#### • Gender expression

- How one presents themselves through their behavior, mannerisms, speech patterns, dress, and hairstyles
- May be on a spectrum



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### • Gender Identity and Gender Expression cont:

WHAT PEOPLE  
ASSUME GENDER IS



WHAT GENDER  
ACTUALLY IS



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## Are you ready for Sexual Orientation and Gender Identity (SO/GI)?

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### Language Definitions:

**Sex** – Identified at birth; listed on the birth certificate;

**Sexual Orientation** – Lesbian, gay, bisexual. Who a person is attracted to and falls in love with;

**Gender Expression** – How a person expresses their femaleness and maleness or in between. How we dress, talk, walk, etc.

**Gender Identity** – A deeply felt experience of being male or female, both or neither, that is outside of assigned sex.

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## Are you ready for Sexual Orientation and Gender Identity (SO/GI)?

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### Creating a culture of inclusiveness

Integrating words and culture to counter stigmas and create a welcoming environment

- **Lesbian**—Women attracted (emotional, romantic, sexual or affectional) to other women.
- **Gay**—Men attracted (emotional, romantic, sexual or affectional) to other men.
- **Bisexual**—Individuals attracted (emotional, romantic, sexual or affectional) to both women and men.
- **Queer**—Umbrella term regarding Sexual Orientation and common in younger individuals.
- **Questioning**—Individuals unsure of their Sexual Orientation, sometimes indicated as "Questioning Youth"

• **Transgender**—When one's Gender Identity (self-perception as male or female) is incongruent with their birth sex. Not related to Sexual Orientation, many Transgender folks are heterosexual. As well, may not identify as Transgender—just male or female. See following slides.

- Both Sexual Orientation & Gender Identity may change over time—especially with youth.

### Definitions:

[www.hrc.org/resources/glossary-of-terms](http://www.hrc.org/resources/glossary-of-terms)

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## Are you ready for Sexual Orientation and Gender Identity (SO/GI)?

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### • The T in LGBT: Transgender

#### • Transgender

- Gender identity not congruent with the assigned sex at birth
  - That is: they identify with and transition to a gender other than the one on their birth certificate.
- Alternate terminology
  - Transgender woman, trans woman, male to female (MTF)
  - Transgender man, trans man, female to male (FTM)
  - Trans feminine, Trans masculine
- Non-binary, genderqueer, gender non-conforming, gender creative
  - Gender identity is increasingly described as being on a spectrum
- Being transgender does not imply any specific sexual orientation.
  - **Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.**

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### Creating a culture of inclusiveness

#### Understand the “T” in LGBTQ continued:

- A “complete” transgender transition is on a spectrum and may include any of these:
  - 1) a social transition where an individual lives as their chosen gender;
  - 2) only include taking hormones of their appropriate gender;
  - 3) or their transition may include surgery and hormones.
    - All three are **complete transitions for that individual!**
- Terms may include transman/woman, MTF, FTM.
- Consider appropriate pronouns.

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### Creating a culture of inclusiveness

#### Understand the "T" in LGBTQ continued:

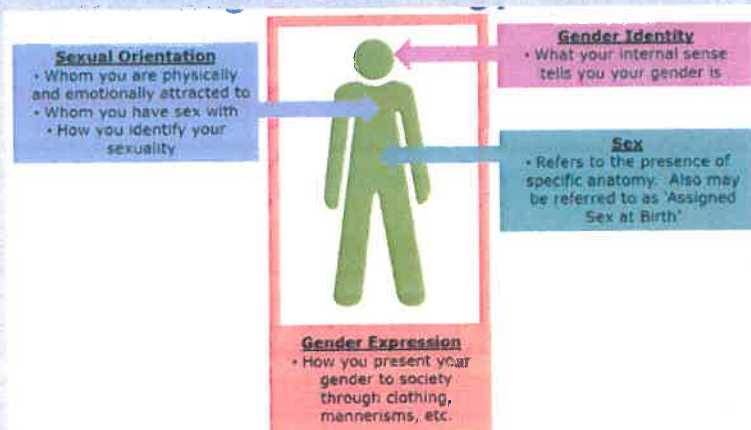
- Consider appropriate pronouns. Ask what "their pronouns are". May be one of more of the following:
  - She/Hers
  - He/Him
  - They/Them
  - Decline to State
  - Other:

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### Reviewing Terminology



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## Are you ready for Sexual Orientation and Gender Identity (SO/GI)?

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### • Avoiding Assumptions

- You cannot assume someone's gender or sexual orientation based on how they look or sound
- To avoid assuming gender or sexual orientation with new clients:
  - Instead of: *"How may I help you, sir?"*  
Say: *"How may I help you?"*
  - Instead of: *"He is here for his appointment."*  
Say: *"The client (or preferred name) is here in the waiting room."*
  - Instead of: *"Do you have a wife?"*  
Say: *"Are you in a relationship?"*
  - Instead of: *"What are your mother and fathers' names?"*  
Say: *"What are your parents' names."*

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## Are you ready for Sexual Orientation and Gender Identity (SO/GI)?

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### • Ongoing Staff Training and Communication (clinical AND support staff)

#### Suggest:

- Communication, Communication, Communication!!!
- Regular Staff Meeting—all Direct Staff & Admin Support Staff (i.e. Reception, Medical Records, etc.) attend
  - Topics example:
    - Staff feedback or questions regarding day to day experiences with our clients to improve
    - How to deal with questions from clients who need explanation about SO/GI
- Regular Services Staff Meeting
  - More opportunity feedback and training ideas
- Ways to build teamwork and improve communication
- Dealing with Homophobia and/or Transphobia among staff

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## Are you ready for Sexual Orientation and Gender Identity (SO/GI)?

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- **Suggested Meeting/Training Topics: Managing Challenges and Problems**
- How do you respond to clients who do not want to disclose SO, GI, or sex assigned at birth?
- clients who have a primary language other than English or different cultural backgrounds?
- What kinds of communication problems occur (e.g., misgendering/pronouns, etc.), and how do you deal with mistakes?
- How else do you handle client complaints?

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- **Suggested Meeting/Training Topics: Managing Challenges and Problems (cont.)**
- What other problems should you anticipate and how do you deal with it? e.g.,
  - client's name doesn't match their insurance card
  - When a provider changes name/gender on EHR, and it does not match the insurance information?
  - Using the most updated forms
- How do you deal with searching for a client in the EHR?
- How do you check for quality/ and fix issues of the registration data?

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### Using language

- What is the **sex** of each?
- What is the **sexual orientation**?
- What is the **gender expression**?
- What is the **gender identity**?
- What pronoun would you use for each?



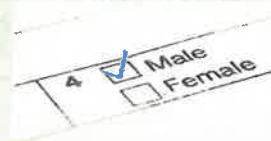
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## Cultural Humility and Responsiveness Cont.

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### **DATA: If it's not counted, it doesn't exist.**

- What to do about data? How many of your work places include the terms we just discussed in your intake or other forms? Many health related services rely on client data to improve the quality of care. If we aren't on the form we don't exist.
- Three agreed upon questions for ACA application through California Health and Human Services Network for Covered California.



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### IDENTIFYING BEST PRACTICES:

1. Creating the right team for SO/GI data collection (MH Staff, Registration/Support Staff, medical records, EHR).
2. Privacy & sensitivity issues (awareness of legal protections).
3. Appropriate language and client safety.
4. 2-step gender question.



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## Are you ready for Sexual Orientation and Gender Identity (SO/GI)?

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- The ACBHCS EHR (CG) is being modified to include Sexual Orientation and Gender Identity (SO/GI) data collection.
- The Data collection will serve to identify LGBTQQI2-S populations which have historically been underserved as well as to assist the provider in providing culturally sensitive & responsive services.
- For providers who do not use CG, see the sample M/C compliant MH Assessments (Short & Long forms) on the Provider Website.
- **Clinical Templates links:**
  - [Adult's Services](#)
  - [Children's Services](#)

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## Cultural Humility and Responsiveness Cont.

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Sex Assigned at Birth:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Intersex	<input type="checkbox"/> Other:	<input type="checkbox"/> Declined to State
Gender Identity:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Intersex	<input type="checkbox"/> Gender Queer	Transgender: <input type="checkbox"/> Male to Female <input checked="" type="checkbox"/> Female to Male
<input type="checkbox"/> Decline to State <input type="checkbox"/> Gender non-conforming <input type="checkbox"/> Unknown <input type="checkbox"/> Other					
SEXUAL ORIENTATION: <input type="checkbox"/> Unknown <input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Queer <input type="checkbox"/> Gender Queer					
<input type="checkbox"/> Questioning <input type="checkbox"/> Declined to State <input type="checkbox"/> Other:					
What is your Pronoun? <input type="checkbox"/> Unknown <input type="checkbox"/> She/her <input type="checkbox"/> He/him <input type="checkbox"/> They/them <input type="checkbox"/> Declined to State <input type="checkbox"/> Other:					

- For Gender Identity, Sexual Orientation and “My Pronoun” select all that apply.
- When collecting “caretaker/guardian” information—use that label rather than mother/father (may be same-sex household), parent (may be extended family members), etc. Only exception would be biological parents if genetic information is needed.
- If spouse is being requested: indicate “spouse or significant-other”.
- Trainings coming in 2017.

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## Cultural Humility and Responsiveness Cont.

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- Questions vetted and recommended by national LGBTQ organizations include two-step sex/gender question and a sexual orientation question:
- What is your current gender identity: male, female, transgender, or other? (For written—select from list.)
- What was your sex at birth: male or female? (For written—select from list.)
- Do you consider yourself to be: Straight or Heterosexual; Gay or Lesbian, Bisexual, another sexual orientation or don't know? (For written—select from list.)

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## Cultural Humility and Responsiveness Cont.

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### Tracking:

- In InSyst may indicate only sex: male, female or other. (Other is anything other than male or female is chosen for Gender or Sex at Birth.)
- For all Initial and Re-assessments—provide totals of each SO/GI category in Survey Monkey (also asks for age range, region, RU and ethnicity) very three months:

Line	Patients by Sexual Orientation	Number (n)
13	Lesbian, gay or homosexual	
14	Straight or heterosexual	
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 (n)
20	Male	
21	Female	
22	Transgender Male/ Female-to-Male	
23	Transgender Female/ Male-to-Female	
24	Gender queer	
25	Other	
26	Choose not to disclose	
27	Total Patients (Sum Lines 20 to 26)	

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## Cultural Humility and Responsiveness Cont.

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### Recommendations for Assessment Clinician—Establishing an Inclusive & Safe Space :

- When seeing a client for the first time, providers should also ask questions about sexual orientation, behavior, and gender identity during the client's visit.
- Providers should start with an open-ended question, such as "Tell me a bit about yourself."
- In talking about his or her life and family, the client may bring up issues related to sexual orientation or gender identity.
- Providers can facilitate open conversations about being lesbian, gay, bisexual, or transgender by sending a message that LGBT people are welcome in their medical offices.
- This can be signaled by posting in the Lobby: a rainbow flag, affirming images of LGBT people, LGBT community resource materials, etc.

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## Cultural Humility and Responsiveness Cont.

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### • **Recommendations for Assessment Clinician—Language and Client Choice to Disclose:**

- Providers can also use inclusive or neutral language, such as “Do you have a partner?” instead of asking “Are you married?” which to most people still refers to heterosexual relationships.
- Providers should ask permission to include information about a client’s sexual orientation and gender identity in the medical record, and assure confidentiality.
- If self-disclosure does not come up in response to general questions such as those proposed above, further questions can be embedded in the sexual history. Such a history should address sexual risk behavior as well as sexual health, sexual orientation (including identity, behavior, and attraction), and gender identity.
  - I.e. Many men may disclose they have sex with a man but not identify as LGBTQ.

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## Cultural Humility and Responsiveness Cont.

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### • **Recommendations for Assessment Clinician—Confidentiality & Privacy (cont.):**

- LGBT clients may be hesitant to disclose information about their sexual orientation or gender identity due to fears about confidentiality and privacy.
- These fears may have to do with the fact that one hands a filled out intake/registration form to a reception staff person
- Clients may be reluctant to provide such personal information to office staff in a waiting room, because it feels less private than answering the question of a provider in a private office.

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## Cultural Humility and Responsiveness Cont.

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### • **Recommendations for Assessment Clinician-- Barriers (cont.):**

- During provider-client interaction there are several potential barriers to gathering this information.
- Providers may not be comfortable asking these questions, or lack knowledge on how to elicit this information.
- Some worry LGBT people will be reluctant to disclose due to anti-LGBT stigma and prejudice.
- This may be true, and as a result not all LGBT clients will disclose their sexual or gender identity.

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## Cultural Humility and Responsiveness Cont.

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### • **Recommendations for Assessment Clinician-- Barriers (cont.):**

- However, this should not prevent providers from asking such questions and trying to gather such data.
- As society becomes more tolerant and accepting of LGBT people, more and more LGBT clients will self-disclose.
- In the meantime, the data we get from those who do self-disclose allows us to better understand the unique health needs and experiences of LGBT people.

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## Are you ready for Sexual Orientation and Gender Identity (SO/GI)?

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**UTILIZING Plan, Do, Study, Act (PDSA) implementation:**

**Testing the normalization and standardization of SO/GI collection.**

*Proposed project: Improve data capture rate by asking SO/GI questions during MH Assessment by Clinical Staff and increase staff comfort and welcoming of LGBTQ clients through training.*

**Cycle 1 –**

- a) For those clinicians who feel comfortable and competent, over 1-2 months will ask SO/GI questions either verbally or initially using a confidential paper questionnaire that client can mark.
- b) In follow-up meeting those clinician's will meet with Program Sup/Mgt and evaluate clinician, provider, client experience.
- c) study and develop next cycle of improvement for best administration.

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## Are you ready for Sexual Orientation and Gender Identity (SO/GI)?

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**UTILIZING Plan, Do, Study, Act (PDSA) implementation:**

**Testing the normalization and standardization of SO/GI collection.**

*Proposed project: Improve data capture rate by asking SO/GI questions during MH Assessment by Clinical Staff and increase staff comfort and welcoming of LGBTQ clients through training continued:*

**Cycle 2 –**

- a) Send all staff (direct services & Admin Support) to LGBTQQI2-S Data Collection and Cultural Responsiveness Trainings.
- b) Feb. 9<sup>th</sup> and April 5<sup>th</sup>.
- c) AM is LGBTQ 101 for Admin Support and Direct Services Staff.
- d) PM is LGBTQ 201 for Direct Services Staff collecting SO/GI information and working with LGBTQ clients.
- e) All Staff Meeting to review & develop Clinic Procedures to best serve LGBTQQI2-S clients.

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## Are you ready for Sexual Orientation and Gender Identity (SO/GI)?

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### PREPARING STAFF FOR SO/GI DATA COLLECTION

#### *Training & other issues needing to be addressed*

- ✓ The mandates and disparity issues that necessitate this work
- ✓ Appropriate language – pronouns, preferred name
- ✓ LGBTQ definitions
- ✓ Rooming and bathroom issues
- ✓ Respect



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## Are you ready for Sexual Orientation and Gender Identity (SO/GI)?

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### • Case Scenario: Janice and Tonya

- Two women, Janice and Tonya, arrive with a baby for a 6 month check up and immunizations
- A Front Desk Staff introduces herself to Janice and says, "Oh, did you bring your sister? How nice!"
- Tonya and Janice both frown. Tonya says with exasperation, "Actually, I'm her wife and this is our baby."
- What could the Front Desk Staff have said instead?
- How could the Front Desk Staff apologize?



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## Are you ready for Sexual Orientation and Gender Identity (SO/GI)?

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### • Case Scenario: Luis

- Luis, a teenage boy, completes an intake form and hands it to Mary, the receptionist. Mary says to Luis "excuse me, but you need to fill out your mother's and father's names. Can you tell them to me?" Luis looks away and, in a low voice, says, "I have two dads. Their names are Carlos Montoya and David Sandoval."
- Before she can catch herself, Mary becomes flustered and blurts out, "Oh! You don't have a mother?" Mary's exclamation arouses attention in the waiting area.
- Luis's face turns red and he starts heading out the door.
- What did Mary do to create an uncomfortable situation for Luis?
- What could she have said instead to prevent this situation?

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## Are you ready for Sexual Orientation and Gender Identity (SO/GI)?

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### • Case Scenario: Mike

- A new client, Chris, completes the registration paperwork and hands it to Mike at the front desk.
- Mike is looking over the forms and notices that Chris has skipped the gender question. Mike asks Chris to complete the skipped question.
- Chris says, "But I don't identify with the options (male or female) and left it blank on purpose."
- How can Mike proceed with this client's registration?
- How can Mike work with this client to be respectful?
- What are ways in which this scenario could be avoided?

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## Are you ready for Sexual Orientation and Gender Identity (SO/GI)?

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### Case Scenario: Herb

- Stella, a front desk staff, is meeting a new client, an older gentleman named Herb. Stella asks Herb who will be his Emergency Contact. Herb remains silent for a bit, appearing to be unsure of who he would want to list. He eventually gives a name, and Stella asks what Herb's relationship is to this contact. Herb says, "Well, I guess you could say that he is my friend."
- Stella is surprised that he would choose a friend and asks Herb if he has any family he could include instead.
- Herb is upset as he sits through the rest of the registration process.
- Why might Herb be upset?
- Why might Herb have named a friend instead of family?
- What could be done to prevent this situation?



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## Are you ready for Sexual Orientation and Gender Identity (SO/GI)?

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### Case Scenario: Malika

- While in the waiting room, Malika watches as three other clients--all of whom arrived after she did--get called to an exam room. She is already upset because the security guard addressed her as 'Sir' when she entered the building, an experience that is not uncommon but always annoys her.
- After an hour of waiting, Malika finally loses her patience, and storms up to the front desk. She demands to know what is going on and accuses the clinic of discriminating against her for looking the way she does.
- What may have contributed to Malika's feelings of discrimination and disrespect?
- How should the front desk staff respond to Malika's accusation of discrimination?
- What could have been done differently to prevent Malika from getting upset?



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## Are you ready for Sexual Orientation and Gender Identity (SO/GI)?

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### • Case Scenario: Kyle

- Kyle is working at the registration desk. A new client arrives at the clinic. The client is wearing a dress and heels, and has long hair. Despite the client's appearance, the identification documents (e.g., insurance card, driver's license) say "George Brogan."
- How should Kyle greet the client at the front desk?
- How can Kyle find out what name and pronoun the client prefers to use?
- When the clinician is ready to the client, how should Kyle call the client into the exam room?
- How should Kyle let the clinician know about the client's preferred name and pronoun?

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## Are you ready for Sexual Orientation and Gender Identity (SO/GI)?

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### Strategies for establishing a culture of lesbian, gay, bisexual and transgender, queer/questioning (LGBTQ) inclusion:

- **Increased visible signs of welcoming;**
- **Analyze office procedures policies for LGBTQ inclusion.**
- **Utilizing policy & procedure development, and visuals to create a culture of inclusiveness.**
- **Train Admin Support Staff as well as Direct Services Staff:**

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## Are you ready for Sexual Orientation and Gender Identity (SO/GI)?

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**Post an inclusive Agency Non-Discrimination Policy (Visuals of Inclusion are great welcoming tools in your offices/lobby/etc.)**



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## Are you ready for Sexual Orientation and Gender Identity (SO/GI)?

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**Portray LGBTQI2-S You Serve (such as in Lobby, Clinic Materials, Resources Flyers and Handouts, etc.)**



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## Are you ready for Sexual Orientation and Gender Identity (SO/GI)?

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**From the ACPRIDE/ACBHCS PRIDE Coalition Committee letter to ACBHCS Director 11/10/15:**

- Most people take reasonable access to restroom facilities for granted. However, transgender people often face the burden of being confronted or questioned about which gender's restroom they should use. Not having reasonable access to restrooms is a potential point of liability that no employer should impose upon its employees.
- Not creating a safe bathroom space, forces trans or non-binary people to use a traditionally gendered restroom and experience being repeatedly outed and stigmatized. For those whose gender identity or presentation defies the clear-cut gender binary, the necessary urge to relieve oneself often ends with a painful resignation to either choose being male or female based upon the circumstance.
- A year or two ago, there was very little attention paid to this matter, but through the advocacy efforts of many other LGBTQ organizations, this very real issue is now part of the national conversation. You can find excellent articles at the Huffington Post website: <http://www.huffingtonpost.com/news/transgender-bathrooms/>

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## Are you ready for Sexual Orientation and Gender Identity (SO/GI)?

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**Bathrooms without a designated gender benefit a variety of individuals who are not comfortable or who face mistreatment when accessing gender-specific bathrooms.**

### **Transgender and Gender Non-Conforming People**

Transgender and gender non-conforming people often face stress, anxiety and mistreatment when accessing the gendered bathroom that is appropriate for them. Providing access to a private, non-gendered stall can reduce or even eliminate this burden.



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## Are you ready for Sexual Orientation and Gender Identity (SO/GI)?

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### People with Disabilities or Personal Attendants

People with disabilities or others who have personal attendants of a different gender can run into problems when accessing gendered bathrooms. Gender-neutral bathrooms can provide a more welcoming and comfortable situation for two people of different genders.

### People with Children

Parents or guardians with children of a different gender can encounter misunderstanding when accessing gender-specific bathrooms. Gender-neutral bathrooms can alleviate this potential misunderstanding.



Version 4.0 7.16

## Are you ready for Sexual Orientation and Gender Identity (SO/GI)?

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### Everyone

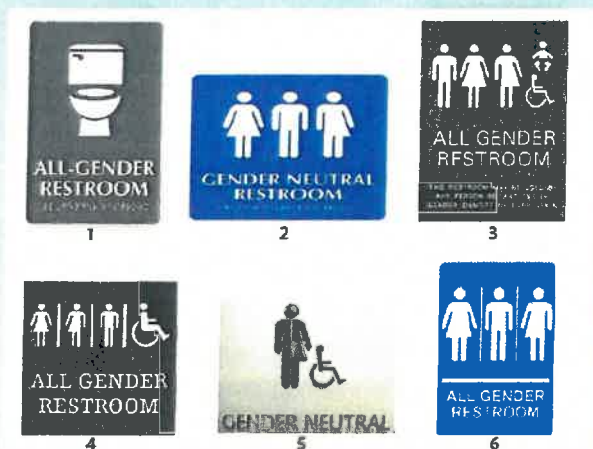
We've all waited outside an occupied bathroom while the bathroom for the gender we don't identify with was empty. Gender-neutral bathrooms are more efficient, allowing you to avoid that unnecessary wait.



Version 4.0 7.16

## Are you ready for Sexual Orientation and Gender Identity (SO/GI)?

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## Are you ready for Sexual Orientation and Gender Identity (SO/GI)?

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### Recommendations re Bathroom Policy (from: Transgender Policies in the YMCA-local):

#### Inclusion for All

At the Y, our doors are open to all. In order to serve all people in our community, we ask that everyone be welcoming and inclusive by honoring our core values of caring, honesty, respect, and responsibility.

When interacting with a member about Transgender bathroom/locker room policy:

#### Start With Listen First

- Thank the member for sharing their concern.
- Ask open ended questions to be sure you understand, and reflect back their answer, including acknowledging their feelings.
- Ask if the member is interested in learning more about why we have formalized this policy. If yes, reference talking points below.
- Invite the member to respond.
- If the conversation starts to get heated or you feel you are not equipped to handle it for any reason, thank the member again for sharing the concern, and tell them that you will refer them to a member of the leadership staff for further conversation.
- Processing/cool-down time can be very important and helpful to members who get upset.

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## Are you ready for Sexual Orientation and Gender Identity (SO/GI)?

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### Recommendations re Bathroom Policy (from: Transgender Policies in the YMCA-local) cont:

#### If a member has a concern about SAFETY

The Transgender Law and Policy Institute shares the following: "Transgender people pose no special risk to others who are using a restroom. Legitimate safety concerns need to, of course, be addressed regardless of who poses them. [The Y has] an obligation to make restroom facilities safe for all people. However, we should not let legitimate safety concerns become a proxy for bias and prejudice against transgender people."

#### If a member has a concern about VALUES AND BELIEFS

We respect everyone's right to their own personal beliefs. However, while everyone is entitled to their beliefs, all of our members are expected to behave in keeping with the core values of the Y, caring, honesty, respect, and responsibility. If a member's personal beliefs lead them to engage in behavior that does not align with our core values, that behavior will not be tolerated.

#### If a member has a concern about AVAILABLE SPACE

Some parents may question the right of individuals to use the "family changing rooms," thinking they are reserved only for parents with young children. The private changing rooms are for ANY member who wants more privacy.

The Y Leadership team is here to support you. If you are asked a question or posed with a concern that you do not feel confident answering or responding to, respectfully stop the conversation and refer the member to a director.

Version 12.7.16

## Are you ready for Sexual Orientation and Gender Identity (SO/GI)?

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### Steps toward LGBTQ Health Equity while preparing for SO/GI

#### Testing the normalization and standardization of SO/GI collection.



- Learn about your local LGBTQ communities
- Review and update local office procedures & policies for inclusion
- Engaging the right members for the team
- Understand your medical records and EHR capabilities and possible work arounds
- Standardize and normalize LGBTQ language & data collection
- Train staff for appropriate language usage and behavioral expectations
- Utilize PDSA methodology to break through sensitivity issues

Version 12.7.16

## Are you ready for Sexual Orientation and Gender Identity (SO/GI)?

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- Nurse Manager in hospital with rainbow flag on name tag to indicate that she is an ally.



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## Are you ready for Sexual Orientation and Gender Identity (SO/GI)?

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- See additional:
  - Provider Resources
  - LGBTQI2-S Client/Family Resources

Version 12/2016

