



NATIONAL LGBTQIA+ HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

Collecting Sexual Orientation and Gender Identity (SOGI) Data

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Our Roots

Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBTQIA+ community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research, and advocacy
- Integrated primary care model, including HIV and transgender health services

The Fenway Institute

- Research, Education, Policy



LGBTQIA+ Education and Training

The National LGBTQIA+ Health Education Center offers educational programs, resources, and consultation to health care organizations with the goal of providing affirmative, high quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minority (LGBTQIA+) people.

- Training and Technical Assistance
- Grand Rounds
- Online Learning
 - Webinars, Learning Modules
 - CE, and HEI Credit
- ECHO Programs
- Resources and Publications

www.lgbtqiahealtheducation.org



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- You can contact the webinar host using the chat function in Zoom. Click the “Chat” icon, and type your question.
- Alternatively, e-mail us at education@fenwayhealth.org for less urgent questions.



Sound Issues?

- Ensure your computer speakers are not muted.
- If you cannot hear through your computer speakers: Navigate to the bottom toolbar on your screen, go to the far left, and click the arrow next to the phone icon.
- Choose “I will call in.”
- Dial the phone number and access code.

When the webinar concludes:

- Close the browser, and an evaluation will automatically open for you to complete.
- We very much appreciate receiving feedback from all participants.
- Completing the evaluation is required to obtain a CME/CEU certificate.

CME/CEU Information

This activity has been reviewed and is acceptable for up to 1.0 Prescribed credits by the American Academy of Family Physicians. Participants should claim only the credit commensurate with the extent of their participation in this activity.

Physicians	AAFP Prescribed credit is accepted by the American Medical Association as equivalent to AMA PRA Category 1 Credit™ toward the AMA Physician's Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed, not as Category 1.
Nurse Practitioners, Physician Assistants, Nurses, Medical Assistants	AAFP Prescribed credit is accepted by the following organizations. Please contact them directly about how participants should report the credit they earned. <ul style="list-style-type: none">• American Academy of Physician Assistants (AAPA)• National Commission on Certification of Physician Assistants (NCCPA)• American Nurses Credentialing Center (ANCC)• American Association of Nurse Practitioners (AANP)• American Academy of Nurse Practitioners Certification Program (AANPCP)• American Association of Medical Assistants (AAMA)
Other Health Professionals	Confirm equivalency of credits with relevant licensing body.

Learning Objectives:

- At the end of this session, participants will be able to:
 1. Identify methods for incorporating SOGI data into workflow, including the use of the EHR, and quality improvement techniques.
 2. Discuss strategies for engaging and educating staff on the importance of collecting and using SOGI data to study the impact on health disparities.
 3. Apply strategies to increase recruitment, hiring, and retention of LGBTQIA+ staff through informal collection of SOGI data and the promotion of a culture where employees feel safe to disclose.

Where the rubber meets the road: Our experiences



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WWW.LGBTQIAHEALTHEDUCATION.ORG

Getting Started...

You don't have to be LGBTQIA+ to do this well, and don't assume LGBTQIA+ people don't need training too!

Are Patients Likely to be Offended by SOGI Questions?

- A study of 301 randomly selected patients from four racially and geographically diverse U.S. health centers found high acceptability by patients of routine SOGI data collection: most expressed believing the questions are important and reported they would answer these again in the future (Cahill, et al., 2014).
- 78% of clinicians nationally believe patients would refuse to provide sexual orientation, however only 10% of patients say they would refuse to provide sexual orientation (Haider et al., 2017).
- No difference in patient attitudes toward registration forms that include SOGI questions vs. forms that do not; only 3% of patients reported being distressed, upset or offended by SOGI questions (Rullo et al., 2018).

Starting the Process

- **Create your Team**

- Include key staff who can be champions and provide feedback
- Senior Management Support/Executive Champion

- **Training**

- Clinical Staff (e.g. MD, Medical Assistants, Nurses, Optometrists, Dentists) and Non-Clinical staff (e.g., Front desk/Patient Services, Billing)

- **Privacy and Confidentiality**

- HIPAA/Legal Protections
- Assure patients that it will be used appropriately

- **EHR Customization**

Gathering Gender Identity Data During the Process of Care

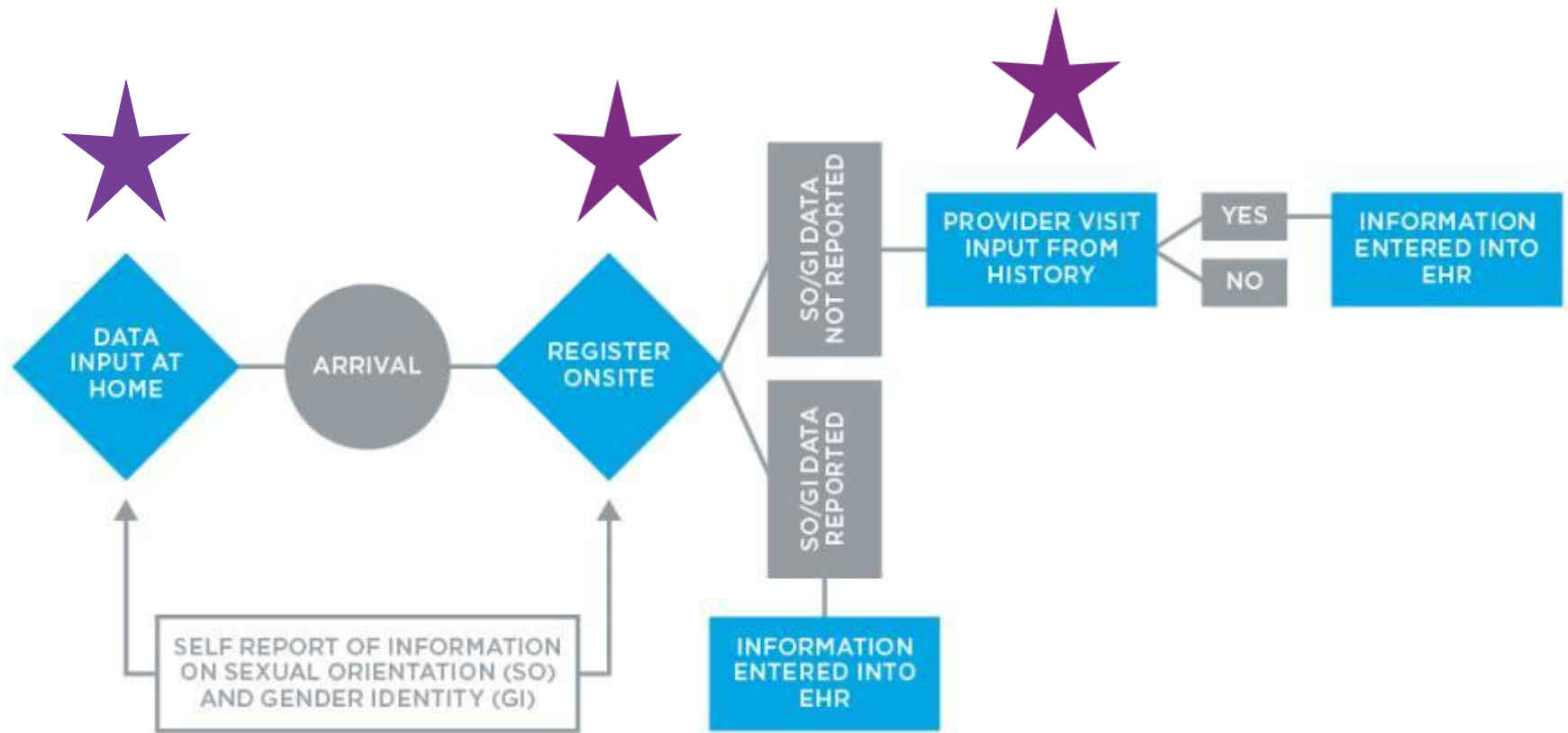




Fig. 2. Diagram from “Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health.”¹³

Sample Registration Form

- Legal Name
- Name
- Pronouns
- Insurance/Legal Sex
- Gender Identity
- Assigned Sex at Birth
- Sexual Orientation
- Parent/Guardian

FENWAY  HEALTH			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)
Client Registration					
Legal Name* Last		First		Middle Initial	
Legal Sex (please check one)* <input type="checkbox"/> Female <input type="checkbox"/> Male		Pronouns:			
*While Fenway recognizes 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 preferred name and pronouns are different from these, please let us know.					
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 ()	
Ok to leave voicemail? Yes No		Ok to leave voicemail? Yes No		Ok to leave voicemail? Yes No	
Address		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	
If you are under 18, the Department of Public Health requires that you provide parent/guardian contact information.					
Parent/Guardian Name		Phone Number		Relationship to you	
Fenway Health 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 (MyFenway) <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		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	
1a.) How many people (including you) does your income support?		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: <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		8.) Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other	
11.) What is your gender? <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Genderqueer or not exclusively male or female		12.) What was your sex assigned at birth? <input type="checkbox"/> Female <input type="checkbox"/> Male		9.) Veteran Status <input type="checkbox"/> Veteran <input type="checkbox"/> Not a Veteran	
		13.) Do you identify as transgender or transsexual? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		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	
Please turn over 					

SOGI Reporting For Pediatric Patients

- How to deal with Pediatric patients?
- At what age do you start asking these questions?
 - Recommend asking GI early
 - Recommend asking SO from 13+ years old
- At what age do you start reporting these data?
 - Are parents answering these questions?
 - Potential bias

Managing Challenges and Opportunities

- How do you respond to patients who do not want to disclose SO, GI, or sex assigned at birth?
 - Patients 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?

Privacy and Confidentiality

- How do you keep SOGI information private and confidential?
 - In the Electronic Health Record?
 - Auditing
 - Patients have a right to know who has viewed their record
 - EHRs allow for restrictions on who can view patient records
 - In conversations?
 - HIPAA
 - In small communities?

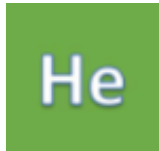
Pronoun Color Code



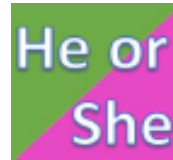
Use this pronoun color block when patient pronouns are always She series



Use this pronoun color block when patient does not want any pronouns used



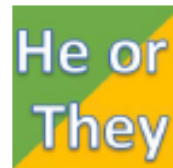
Use this pronoun color block when patient pronouns are always He series



Use this pronoun color block when patient pronouns are either He or She



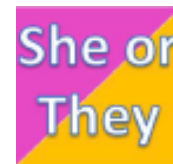
Use this pronoun color block when patient pronouns are always They series



Use this pronoun color block when patient pronouns are fluid and either He or They



Use this pronoun color block when patient pronouns are fluid or not He/She/They series



Use this pronoun color block when patient pronouns are either She or They

Current Practice: CPS Registration Screen

Patient Registration - Chris Test (34T)

File Edit View Options Help

Behavioral Health Patient Payment CHC Registration Authorizations Immunizations SFS History Missing Information Alias Tracking

Register Patient Portal

Patient Guarantor Additional Insurance Contacts Appointments Financial Payment Plan Historical Data

Title: *First Name: Middle Name: *Last Name: Suffix: Preferred: ☐ Sensitive Patient

Chris Test Chrissy

*Birth Date: 01/05/1965 Birth Time: M *Sex: Male

Age: 54 Years Gender Identity: Identifies as Male

☒ Patient Same As Guarantor Marital Status: Single

Sexual Orientation:

SSN: - -

Addresses

☒ Primary ☐ Alternate Swap

*Address: 1340 Boylston Street

*City/State: Boston MA ZipCode: 02215

County: Address Type:

Country: Subdivision:

Phone: (617) 927-6018 Home

() - []

() - []

Email:

☐ Patient Data Access Authorized

Contact by: (none)

SSN: - -

Patient ID: 34T

MRN: 513021

Resp. Provider: Primary Care, Not

Referring:

Primary Care: Primary Care, Not

*Home Location: FENWAY

Facility: South End - Medical

Language: English

Race: White Race2:

Ethnicity: Not Hispanic or Latino Ethnicity2:

She

Get Photo Remove Photo

☐ Quick Entry Mode (this session only)

Save & Exit Save Cancel

South End - Medical Get Driving Directions

http://fhc-jboss:9080/centricitycps/patient_registration.jsp?Hub=31724&View=28&NotUsingViews=0#

grasso 2:20 PM

Current Practice: Modified Chart View

Chris Test Name used: **Chrissy** MRN: 513021 SSN: Home: (617) 927-6018 Cell: None Work: None Email: 54 Years Old Male (DOB: 01/05/1965) Resp: Provider: Not Primary Care Insurance: RYAN WHITE MEDICAL Contact By: Number: 000-00-0000 Pref. Language: English

Problems

Description	ICD-9	ICD-10	Onset Date	End
Breast implant status	V43.82	Z98.82	04-Feb-2019	
Breast implant status	V43.82	Z98.82	04-Feb-2019	
THP	THP		14-Feb-2013	

Medications

Description	Instructions	Route	Last Rx
BACTRIM DS 800-160...	1 tab po daily	ORAL	22-Dec-2016
ATRIPLA 600-200-300...	1 tab PO daily	ORAL	22-Dec-2016
ANDROGEL 50 MG/5G...	apply to skin on upper torso q am	TRANSDERMAL	22-Dec-2016

Allergies

Substance
PENICILLIN

Alerts / Flags

From	Message
Keneth Levi...	see update dated 6/28/2018
Keneth Levi...	Hi all See today's document for the ap Ken
Chris Gra...	Pronouns are She/Her/Hers

Popups

You have 1 Popup(s) about Chris Test.

Message: Pronouns are She/Her/Hers Location: FCH

Buttons: View Details, Remove, Close

Forms: Transgender Intake

Gender Identity Information | **Health History** | **Social Supports/HEADS** | **Recommendations for HRT**

TRANSGENDER MEDICAL INTAKE FORM

SECTION V: LABS AND DOSING RECOMMENDATIONS

1. General dosing recommendations:

Click to print consent forms:

FTM (Masculinizing Treatment) Consent	MTF (Feminizing Treatment) Consent
FTM (Masculinizing Treatment) labs to order:	MTF (Feminizing Treatment) labs to order:
CBC	BMP
Lipids	Lipids
Urine HCG (if pregnancy is a possibility)	Serum prolactin (If patient has been on self-prescribed hormones for a year or more, or if taking antipsychotic medications)
Glucose (If history or exam suggests PCOS)	Serum testosterone (If history or exam suggests that the patient may be hypogonadal)
LFTs (If history or exam suggests PCOS)	AST (If patient has history of hepatic illness)
Testosterone (If history or exam suggests PCOS)	ALT (If patient has history of hepatic illness)

5c. What did/do you take? How much of each medication?

5d. How long have/did you take these? ☐ <6 mos ☐ 7-12 mos ☐ 13-24 mos ☐ >24 mos

EHR Form: Organ Inventory

Organ Inventory	
BREAST	
Congenital Absence	<input type="checkbox"/>
Chest Reconstruction	<input type="checkbox"/>
Bilateral Mastectomy	<input type="checkbox"/>
Unilateral Mastectomy, R	<input type="checkbox"/>
Unilateral Mastectomy, L	<input type="checkbox"/>
Breast Augment/Implant(s)	<input type="checkbox"/>
CERVIX	
Congenital Absence	<input type="checkbox"/>
OVARY	
Bilateral Salpingo-Oophorectomy	<input checked="" type="checkbox"/>
Unilateral Salpingo-Oophorectomy, R	<input type="checkbox"/>
Unilateral Salpingo-Oophorectomy, L	<input type="checkbox"/>
PENIS	
Phalloplasty/Metoidioplasty/Penile Transplant	<input type="checkbox"/>
Erectile Device	<input type="checkbox"/>
PROSTATE	
Prostatectomy	<input type="checkbox"/>
TESTIS	
Testicular Implant(s)	<input type="checkbox"/>
URETHRA	
Urethral Lengthening	<input type="checkbox"/>
UTERUS	
Hysterectomy - Cervix Removed	<input type="checkbox"/>
Hysterectomy - Cervix Remains	<input type="checkbox"/>
VAGINA	
Colpocleisis - Closure of the Vagina	<input type="checkbox"/>
Vaginoplasty	<input type="checkbox"/>

[Prev Form \(Ctrl+PgUp\)](#)[Next Form \(Ctrl+PgDn\)](#)

Custom Forms: PrEP

General Discussion Initiation First Maint Maintenance Termination

Prior nPEP History

- ☐ None
- ☒ Rx outside Fenway
- ☐ Study outside Fenway
- ☐ Rx at Fenway
- ☐ Study at Fenway
- ☐ from another's prescription

Primary Reason for visit: HIV/STI evaluation

Does patient receive primary care elsewhere than Fenway? ☐ Yes ☒ No

Is this patient's first primary care visit at Fenway? ☐ Yes ☒ No

Is this patient's first primary care visit at Fenway in the last year? ☒ Yes ☐ No

Prior PrEP History

- ☒ None
- ☐ Rx outside Fenway
- ☐ Study outside Fenway
- ☐ Rx at Fenway
- ☐ Study at Fenway
- ☐ from another's prescription

Is patient presently homeless? ☐ Yes ☒ No

Is patient presently in an insecure housing situation? ☒ Yes ☐ No

Has patient been a sex worker in the last 12 months? ☒ Yes ☐ No

Level of PrEP knowledge: Basic

PrEP Status: Taking

PREP Risk Group:

- ☒ MSM
- ☐ IDU
- ☐ Heterosexual sex

Sexual Behaviors

Receptive oral intercourse:	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Didn't Ask	<input type="radio"/> Doesn't Recall
Insertive oral intercourse:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Didn't Ask	<input type="radio"/> Doesn't Recall
Receptive anal intercourse:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Didn't Ask	<input type="radio"/> Doesn't Recall
Insertive anal intercourse:	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Didn't Ask	<input type="radio"/> Doesn't Recall
Receptive vaginal intercourse:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Didn't Ask	<input type="radio"/> Doesn't Recall
Insertive vaginal intercourse:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Didn't Ask	<input type="radio"/> Doesn't Recall

Condom use for anal/vaginal sex with casual partners: Inconsistent (Less than 100%)

Condom use for anal/vaginal sex with primary partner: Consistent (100%)

Notes

Relationship status: Partnered (not living together)

Monogamy status: Non-monogamous

Gender of partner: Male

Notes

Is patient in an HIV serodiscordant relationship with a spouse, partner or regular sexual partner? ☒ Yes ☐ No

Is HIV positive partner on ART? ☒ Yes ☐ No ☐ Unknown ☐ Not Documented

If partner on ART, for how long? ☐ Less than 1 mon ☒ 1 month or more ☐ Unknown

If partner on ART, what is their adherence level? ☐ no missed doses ☒ one missed dose per week or less

Clinical Decision Support (CDS)/ Health Maintenance

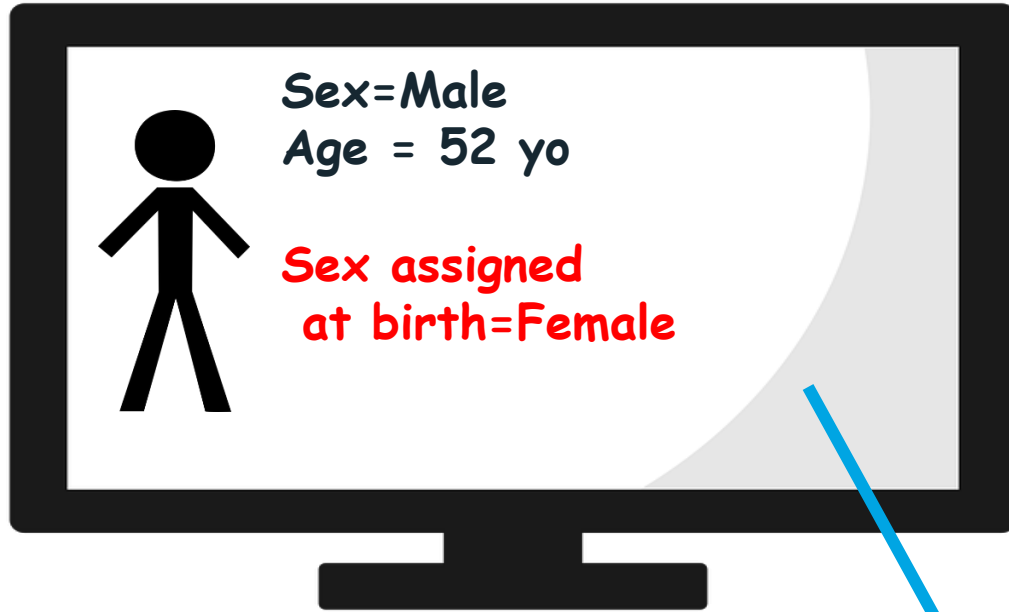
Current Variables:

- Sex
- Age
- Problems/Disease Conditions
 - e.g. Diabetes
- Medications
 - e.g. Coumadin
- Observations
 - e.g. Blood Pressure > 220

Recommended Additional Variables:

- Sexual Orientation
- Gender Identity
- Sex Assigned at Birth
- Anatomical Inventory

Decision Support/Health Maintenance

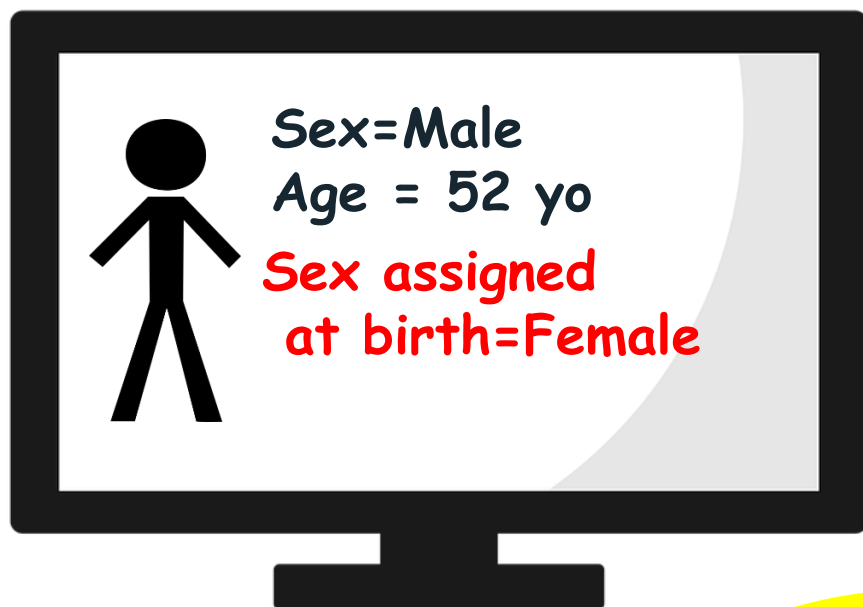


■ Patient Due For:

- LDL
- HDL
- TRIGLYCERIDE
- CHOLESTEROL
- HGBA1C
- STD
- HEP C

• ????????

Decision Support/Health Maintenance



Patient Due For:

- Cervical Pap Smear
- Mammogram
- ?????????

Additional Customizations

- Custom Clinical Forms
- Clinical Decision Support/Protocols
- All letter templates updated to exclude salutations (e.g. Mr., Miss, Ms.)
 - Changed to 'Dear Fenway Patient'
 - Clinicians can still edit the letters as needed
 - Note: changes were made as legally permitted
- Add name to other documents such as:
 - Patient Instructions
 - Internal labels
 - Chart Summary
- Bulk mailings are reviewed to determine the correct name
 - Consideration given to name patient uses outside of organization

You've Built it Now What?

Data Reporting and Quality Checks



Opportunities to Monitor, Use and Report Data on LGBTQIA+ Patients

- **Develop Summary Reports**
- **Develop Dashboards**
- **Incorporate into existing reports or workgroups**
 - **UDS**
 - **Diabetes/Hypertension**
 - **Intimate Partner Violence**
 - **Social Determinants of Health**
- **Presentations to Senior Management or All Staff Meetings**

Differentiating Between SO and GI in Data Analysis

- Sexual Orientation ≠ Gender Identity
 - Everyone has both a Sexual Orientation and Gender Identity
- Be careful not to lump all LGBTQIA+ people into every denominator or numerator for every question
- Important to differentiate between the two in data quality checking
- You will need to use **BOTH Sex Assigned at Birth and Current Gender Identity** to identify your Transgender/GenderQueer/Non-binary patients

Using Gender Identity and Sex Assigned at Birth Questions

1. What is your current gender identity?

☒ Male

☐ Female

☒ Transgender Male/Trans Man/FTM

☐ Transgender Female/Trans Woman/MTF

☐ GenderQueer

☐ Additional Category (please specify) _____

2. What sex were you assigned at birth?

☐ Male

☒ Female

☐ Decline to Answer

PCMH Missing Demographic Data Report

Total Missing ÷ Total Appts = % Missing

Total Appointments in June: 2,510

Fields with Missing Value	Total # missing	% Missing
Email	63	3%
Sex	0	0%
Language	16	1%
Race	4	0%
Ethnicity	17	1%
Income	664	26%
Sexual Orientation	700	28%
Gender Identity	715	28%
Sex assigned at birth	700	28%

Quality and Integrity Checking

Examples of Stratification by other Socio-Demographic Data

- Gender Identity by:

- Country of birth
- Age group
- New medical patients
- Social determinants of health

Compare data proportionally and within categories to identify problem areas

Country of Birth	Transgender Male/Trans Man/FTM	Transgender Female/Trans Woman/MTF	Female	Male	Gender-queer/ Gender Expansive	Missing	Total
US Born	300 (54%)	65 (12%)	85 (15%)	50 (9%)	20 (4%)	40 (7%)	560
Born outside of US	35 (35%)	10 (10%)	4 (4%)	1 (1%)	5 (5%)	45 (43%)	100
Missing	32 (64%)	5 (10%)	5 (10%)	1 (2%)	5 (10%)	2 (4%)	50
Total	367 (52%)	80 (11%)	94 (13%)	52 (7%)	30 (4%)	87 (12%)	710

Quality Report Example: Cancer Screening

MRN	Patient first	Patient last	Provider	Insurance / Chart Sex	Age	Cervical Pap Screening	Breast Cancer Screening
MRN	First	Last	Provider	Sex	Age	Cervical Pap Screening	Breast Cancer Screening
1111	Donald	Test	Smith MD, Joseph	M	45	N/A	N/A
5555	Genny	Test	Smith MD, Jane	F	31	Non-Compliant	N/A
5555	Genny	Test	Smith MD, Jane	F	35	Non-Compliant	Non-Compliant
3333	Paul	Test	Smith MD, Jane	M	60	N/A	N/A
3333	Paul	Test	Smith MD, Jane	M	60	N/A	N/A
9999	Sammy	Test	Smith MD, Jane	F	49	Compliant	Compliant

Quality Reports: Rates of HIV Testing Stratified by Gender Identity, Sexual Orientation, Race and Ethnicity

Patients tested for HIV

		White/No..	BIPOC and/or Latinx				
		White/ Non-hisp..	Asian	Hispanic/ Latinx	Black/ African-A..	Multiracial	AI/AN & NHPI
Cisgender Female	LGB/Q	43.85%	46.34%	47.78%	63.55%	45.54%	56.00%
	Straight or he..	36.75%	36.96%	42.89%	54.83%	42.42%	29.03%
Cisgender Male	LGB/Q	83.79%	88.50%	87.95%	89.72%	91.01%	82.46%
	Straight or H..	47.33%	43.41%	52.96%	56.33%	57.43%	40.74%
Genderqu..	LGB/Q	45.25%	38.60%	52.38%	56.16%	50.62%	28.57%
	Straight or H..	23.53%	50.00%		100.00%		
Transgende r Female	LGB/Q	46.61%	59.26%	58.46%	76.92%	59.02%	88.89%
	Straight or he..	44.57%	56.25%	68.00%	80.00%	100.00%	33.33%
Transgende r Male	LGB/Q	40.34%	42.50%	56.82%	51.72%	55.77%	25.00%
	Straight or he..	31.63%	27.59%	46.51%	62.96%	66.67%	100.00%

Stratifying UDS Measures by SOGI

Key UDS Measures by SO/GI Category

	Sexual Orientation Categories						Gender Identity Categories					
	Lesbian/ Gay	Bisexual	Straight or Heterosexual	Something Else	Don't Know	Not Disclosed / Unknown	Cis Women	Cis Men	Trans Men	Trans Women	Other (Genderqueer)	Not Disclosed / Unknown
HIV test												
Mammogram												
Screening, Brief Intervention, and Referral to Treatment (SBIRT)												
Cervical Cancer Screening - Patients Aged 23 through 64												
Tobacco Use: Screening and Cessation Intervention												
Screening for Clinical Depression and Follow-Up Plan - Total Patients Aged 12 and Older												



Quality Reports: Transgender Dashboard

- Depression
- Age
- Anxiety
- Hormones
- Race
- Vaccines
- Preventative
- Ethnicity
- Screenings
- Sexual
- All Morbidities
- Orientation
- Drug
- Federal poverty level
- Insurance
- New/Returning
- Location of care

		Previous Year: 2017		YTD: 2018			Q1 (JAN-MAR)	Q2 (APR-JUN)	Q3 (JUL-SEP)	Q4 (OCT-DEC)
Total in Panel		3454		2179			2179			
AGE		n	%	n	%		n	%		
<18	Total in Panel				34		2179		2179	
18-19	Mild/Risky Use									
20-29	Moderate/Problematic Use									
30-39	Severe/Disordered Use									
40-49	Not screened									
50-59	% on feminizing hormones									
60-69	Mild/Risky Use									
70+	Moderate/Problematic Use									
RACE										
American Indian or Alaskan Native	PHQ 9 (Depression)									
Asian	Not screened									
Black	Mild Depression or African American									
Hispanic	Moderately Severe									
Multi-racial	Anal PAP within last 3 years									
Native Hawaiian or Pacific Islander	Not screened									
Other	GAD 7 (Anxiety)									
Unknown	Low Anxiety									
White	Mild Anxiety									
ETHNICITY										
Hispanic	Depression/Mood Disorders									
Non-Hispanic/non-Latinx	Not screened									
SEXUAL ORIENTATION										
Bisexual	Control									
Heterosexual or Straight	Isolation									
Lesbian, gay, or Homosexual	Patients with an active PrEP									
Somebody	Prescription during the reporting period									
Don't know	Not screened									
Unknown										



NATIONAL LGBTQIA+ HEALTH
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WWW.LGBTQIAHEALTHEDUCATION.ORG

Ongoing Monitoring: Beginning Not an End

- **System Glitches = Data Glitches**
 - Are staff using the correct registration forms?
 - System issues external to the process
- **Run Regular Reports**
 - Identify glitches
 - Look at trends over time
 - For example: Is there a sudden drop or spike?
 - Standard Operating Procedures (SOPs)
- **Include in other quality reports and initiatives**
 - For example: Patient-Centered Medical Home, Meaningful Use both monitor demographics – add SOGI as an integral part of the monitoring process
- **Ongoing Training for staff**
 - Staff turnover
 - Incorporate into new staff orientation
 - Include as part of annual trainings

Next Steps

- **Better integration of the anatomical inventory, gender and sexual orientation fields into clinical decision support**
- **Changes to Healthcare Effectiveness Data and Information Set/National Committee for Quality Assurance (HEDIS/NCQA) Quality Measures and the United States Preventive Services Task Force (USPSTF) guidelines to be more inclusive**
- **Name and pronoun fields collected in structured fields used throughout EHR**
 - **Available in Name search mechanisms**
 - **Available in schedule views for registration staff**
- **Transmit name, pronoun and gender information between health information systems, e.g., Consolidated Clinical Document Architecture (C-CDA) and Health Level Seven (HL7)**
- **Insurance/Billing Forms**

SOGI data for recruitment, hiring and retention of LGBTQIA+ staff

Mason Dunn, JD



Affirmative recruiting language

- Language: “We are seeking dynamic candidates with experience improving care for the LGBTQIA+ community, or who are committed to learning about LGBTQIA+ health”
- Gender-inclusive pronouns in posting and job descriptions
 - They/them
 - He/him or she/her
 - Encourage diversity: “LGBTQIA+ identified persons are encouraged to apply”
- Equal opportunity employment (EEO) – “Fenway Health is deeply committed to include all applicants, regardless of gender identity, race/ethnicity, veteran status, and/or disability”
- Images on company website and recruiting materials

Affirmation in the workplace

- All-gender restrooms
- Personnel records and badges reflect name used
- Employees have the option to display pronouns on badges, email signatures, & business cards
- Organizational policies
 - Develop gender affirmation guidelines and policies
 - Include gender identity and gender expression in Discrimination, Harassment, Sexual Harassment and Workplace Bullying Policies
 - Ensure the personnel manual includes policies that protect those employees who are gender-diverse or in the process of affirming their gender. For example, dress codes shouldn't be gender specific
- Accountability – Ensure policies are not just for show
 - Continual checks for accountability
 - Reporting systems
- Inform and educate supervisors

Retention

- A 2018 Human Rights Campaign survey found that:
 - 20% of LGBTQIA+ respondents had searched for a different job because they did not find their employer to be welcoming and accepting
 - 25% stayed in a job primarily because the environment was very accepting of LGBTQIA+ people
 - The top reason LGBTQIA+ workers don't report negative comments they hear about LGBTQIA+ people: They don't think anything will be done about it

Importance of leadership

- Leadership sets the tone for the entire organization by clearly communicating their commitment to diversity, including patients and staff of all gender identities
- Must take an active role in building a workplace culture that is inclusive by:
 - Updating policies and procedures
 - Developing programs to support LGBTQIA+ inclusion
 - Encouraging affinity groups and employee resource groups for transgender and gender-diverse staff and allies
- Participation and visibility for major LGBTQIA+ events:
 - Pride month/events
 - LGBTQ+ History Month
 - Coming Out Day

Sexual Orientation/Gender Identity (SOGI) data collection for employees

- Affirmative action forms
 - Frame the question – federal form
 - Provide a separate form with additional gender categories
- Opportunities for self disclosure
 - Employee satisfaction survey
 - Data can be used for advocacy – insurance, other benefits
- Disclosure is part of a culture where it's safe to be yourself
 - Employee resource groups
 - Policies and procedures + Accountability
 - Regular, mandated training



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The National LGBTQIA+ Health Education Center provides educational programs, resources, and consultation to health care organizations with the goal of optimizing quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minority (LGBTQIA+) people.

The Education Center is part of The Fenway Institute, the research, training, and health policy division of Fenway Health, a Federally Qualified Health Center, and one of the world's largest LGBTQIA+ focused health centers.

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