Sexual Orientation/Gender Identity (SOGI) Data Collection: Panel Discussion with Howard Brown Health (HBH) and Heartland Alliance Health

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Associate Director – Health Information Systems | Heartland Alliance Health
Objectives

• At the end of this presentation the participant will be able to:
  – Identify gender affirming language, terminology and name/pronouns
  – Demonstrate best practice skill to use gender appropriate language and pronouns
  – Incorporate best practices and share gender appropriate language skills with staff and co-workers
Agenda

– Identify Howard Brown Health Approach
– Define Terms and Definitions
– Understand the importance and implications of SOGI collection
– Compare HBH Best Practices with other CHCs
Howard Brown Health Approach

• Patient-Centered Care
• Transdisciplinary Care – Unified Approach
• Start with Permission
Focus on Competency

• “Cultural Competence” training
• Core FOUR, Includes:
  – Gender Appropriate Language
  – LGBTQ 101
  – TGNC 101
  – Collection of SOGI Data
• HEALE
• Amazing Training Stories!!!
Howard Brown Health Approach

**WHO:** Patient Services (front-desk) staff, clinic & other patient-facing staff, patients

**WHAT:** Multiple distinct SOGI-related fields

**WHERE:** Within registration form (in-person & online)

**WHEN:** New patients fill out form before first visit; existing patients update form at least annually

**HOW:** Patient fills out form → patient returns to front-desk staff → front-desk staff input data in patient’s medical chart (in EHRS)- appropriate staff have access to these data in chart
Identity: a beautiful mess

- Essentializing
- Strategic Essentializing
- Intersectionality
- Remember the limits of the model
SOGI Data: Importance & Implications

- People’s lives, identities & experience
- Patient safety
- Patient engagement-in-care
- LGBTQ advocacy, research & visibility
- Cultural “Competence” & education
## Terminology

### Sexual Orientation

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesbian</td>
<td>A female identified person who is emotionally, intellectually, romantically, spiritually attracted to another female-identified person</td>
</tr>
<tr>
<td>Gay</td>
<td>A male identified person who is emotionally, intellectually, romantically, spiritually attracted to another male-identified person</td>
</tr>
<tr>
<td>Bisexual/Pansexual</td>
<td>A person who has the potential for a relationship with two or more genders</td>
</tr>
<tr>
<td>Asexual</td>
<td>A person who is not interested in sexual acts of intimacy rather other means of connecting with another person</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>Opposite gender loving (based on M/F binary)</td>
</tr>
</tbody>
</table>
# Terminology

## • Gender Identity

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>A person whose self-identifies as female</td>
</tr>
<tr>
<td>Male</td>
<td>A person whose self-identifies as male</td>
</tr>
</tbody>
</table>
| Cisgender                   | 1. A person whose gender identity is congruent to their sex assigned at birth  
                                | 2. Academic comparative term with TGNC people                                                                                         |
| Transgender                 | A person whose gender identity is different from the sex they were assigned at birth (Merriam-Webster Online Dictionary, 2015)         |
| Gender Non-Conforming       | A person who does not identify with the male-female binary, rather, seeks another gender option authentic for themselves (Gender Equity Resource Center, 2014) |
| Gender Queer                | An identity that actively seeks a unique safe place                                                                                     |
### Terminology

- **Sex Assigned at Birth**

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex Assigned at Birth</td>
<td>Gender determination assigned at birth based on external genitalia presentation, usually by a provider overseeing childbirth (Hollenbach, Eckstrand, &amp; Dreger, 2014)</td>
</tr>
<tr>
<td>Biological/Physiologic Characteristics</td>
<td>External Genitalia – vulva, vaginal opening, penis, scrotum Reproductive organs – vagina, cervix, ovaries, testis Chromosomes Hormones (Hollenbach, Eckstrand, &amp; Dreger, 2014)</td>
</tr>
</tbody>
</table>

- **Biology does not equal identity, this impacts behaviors and access to care**
Cultural Competence vs. Critical Consciousness

- Older theory cultural competence process:
  - competence – proficiency - expertise
- Does not acknowledge variation across and within ethnic groups (Even within LGBTQ communities)
Cultural Competence vs. Critical Consciousness

- In cultural competence theory... “There is a distressingly common failure to connect the idea of diversity with the underlying core concept of social justice in health care.”
- “Cultural competency is not an abdominal exam,” rather...
- “[...the continuous critical refinement and fostering of a type of thinking and knowing—a critical consciousness—of self, others, and the world.]” (Kumagai & Lypson, 2009)
Looks to foster, “...development of true fluency in these areas requires critical self-reflection and discourse and anchors a reflective self with others in social and societal interactions. By “critical self-reflection,” we do not mean a singular focus on the self, but a stepping back to understand one’s own assumptions, biases, and values, and a shifting of one’s gaze from self to others and conditions of injustice in the world. This process, coupled with resultant action, is at the core of the idea of critical consciousness.” (Kumagai & Lypson, 2009)
# SOGI Terms & Definitions

## Sexual Orientation Umbrella Terms
- Gay
- Lesbian
- Bisexual
- Asexual
- Queer
- Questioning

## Gender and Sex Umbrella Terms
- Intersex
- Transgender
- Cisgender
- Gender nonconforming
- Queer
- Questioning

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**REMEMBER:** Sexual orientation is not the same as gender identity! ***SO ≠ GI***

<table>
<thead>
<tr>
<th>Sex Assigned at Birth</th>
<th>Sexual Orientation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender Identity</td>
<td>Sexual Behavior</td>
</tr>
<tr>
<td>Gender Expression</td>
<td>Feelings of Attraction</td>
</tr>
</tbody>
</table>
Howard Brown’s Approach

**WHO:** Patient Services (front-desk) staff, clinic & other patient-facing staff, patients

**WHAT:** Multiple distinct SOGI-related fields

**WHERE:** Within registration form (in-person & online)

**WHEN:** New patients fill out form before first visit; existing patients update form at least annually

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1. Sexual Orientation
2. Gender Identity
3. Sex Assigned at Birth
4. Gender Pronouns
5. Chosen Name
6. Name & Gender on Insurance/ID
**Chosen First Name**

**Pronouns**

**Sexual Orientation**

**Gender Identity**

**Sex Assigned at Birth**

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### Demographics Form

<table>
<thead>
<tr>
<th>Name on ID/Insurance: First</th>
<th>Middle</th>
<th>Last</th>
<th>New Patient?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Birth Date</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Have you attended Outreach Events</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you receive public benefits (SNAP, medical card, etc.)</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**Prefered Spoken/Written Language:**
- English
- Spanish
- Polish
- American Sign Language

**Gender Identification:**
- Male/Men
- Female/Women
- Trans Male/Trans Man
- Trans Female/Trans Woman
- Genderqueer/Gender nonconforming
- Something else
- Decline to answer

**Race:**
- Select up to two
- American Indian/Alaska Native
- Black or African American
- White/Caucasian
- Asian
- Asian Indian
- Korean
- Chinese
- Vietnamese
- Filipino
- Other
- Japanese
- Native Hawaiian/Pacific Islander
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander
- Decline to answer

**Ethnicity:**
- Hispanic/Latino
- Mexican
- Puerto Rican
- Cuban
- Other Hispanic/Latino
- Not Hispanic/Latino
- Decline to answer

<table>
<thead>
<tr>
<th>Housing Status:</th>
<th>Permanent Housing</th>
<th>Nonpermanent Housing</th>
<th>Institutional</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Homeless</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Street</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Homeless Shelter</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Transitional</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Doubling Up (not paying rent)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Decline to answer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed Level of Education:</th>
<th>1-8 Years</th>
<th>High School Degree</th>
<th>GED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Associate's College Degree</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bachelor's College Degree</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Master's Degree</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Doctorate Degree</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity:</th>
<th>Hispanic/Latino</th>
<th>Mexican</th>
<th>Puerto Rican</th>
<th>Cuban</th>
<th>Other Hispanic/Latino</th>
<th>Not Hispanic/Latino</th>
<th>Decline to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Income:</th>
<th>Anticipated annual household income for this year</th>
<th>Total if people living in household, including you</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Project Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

I verify the above information is correct to the best of my knowledge.

Howard Brown conducts research to help the communities we serve. If you are NOT interested in participating, please check the box below. **Do not contact me about research.**
Name on ID/Insurance: First
Middle Last

New Patient? Yes No

Chosen First Name: ____________________________

Birth Date: Month Day Year ________________________________

Have you attended Outreach Events Yes No
Do you receive public benefits (SNAP, medical card, etc.) Yes No

Pronouns: □ He/him □ She/her □ They/them □ Only my name □ No preference □ A pronoun not listed ________

We require the following information for the purposes of helping our staff use the most respectful language when addressing you, understanding our population better, and fulfilling our grant reporting requirements. The options for some of these questions were provided by our funders; we understand that current demographic categories do not adequately capture our individual identities. Please help us serve you better by selecting the best answers to these questions. Thank you.

Sexual Orientation:

□ Lesbian □ Straight
□ Gay □ Something else
□ Bisexual □ Questioning
□ Queer □ Decline to answer

Gender Identity:

□ Male/Man □ Female/Woman
□ Trans Male/Trans Man □ Trans Female/Trans Woman
□ Genderqueer/Gender nonconforming □ Something else
□ Decline to answer □ Decline to answer

Sex Assigned at Birth:

□ Male □ Intersex
□ Female □ Decline to answer
Sexual Orientation Data

HRSA Program Assistance Letters (PALs):
Recommendations for collection of Uniform Data System (UDS)

- Lesbian, Gay or Homosexual
- Straight or Heterosexual
- Bisexual
- Something else
- Don’t know
- Chose Not to Disclose

Howard Brown’s Approach

- Lesbian
- Gay
- Bisexual
- Queer
- Straight
- Something else
- Questioning
- Decline to answer

Categories broken out-distinct identities & needs
Gender Identity Data

**HRSA PAL**
- Male
- Female
- Transgender Male/Female to Male
- Transgender Female/Male to Female
- Gender Queer
- Other
- Choose Not to Disclose

**Howard Brown’s Approach**
- Male/Man
- Female/Woman
- Trans Male/Trans Man
- Trans Female/Trans Woman
- Genderqueer/Gender nonconforming
- Something else
- Decline to answer
### Sex Assigned at Birth

<table>
<thead>
<tr>
<th>HRSA PAL</th>
<th>Howard Brown Data</th>
</tr>
</thead>
</table>
| Sex Assigned at Birth not included | • Male  
• Female  
• Intersex  
• Decline to answer |

These questions are important and ongoing - not fixed!

### Gender Pronouns

<table>
<thead>
<tr>
<th>HRSA PAL</th>
<th>Howard Brown Data</th>
</tr>
</thead>
</table>
| Pronouns not included | • He/him/his  
• She/her/hers  
• They/them/theirs  
• Only my name  
• A pronoun not listed  
• No pronoun preference |

Patient-Centered Care  
Harm Reduction  
Trauma-informed  
Low Threshold Care  

Building trust with all patients
Other considerations

- Asking people SOGI questions directly/in conversation
  - Permission, ground rules, agency

- What if people have questions?
  - Teachable moment

- What if people become offended?
  - “We ask this to everyone. We serve a variety of people with a variety of genders”

- What if people leave a question blank?
10 Things You’re Actually Saying When You Ignore Someone’s Gender Pronouns:

1. I know you better than you know yourself.
2. I would rather hurt you repeatedly than change the way I speak about you.
3. Your sense of safety is not important to me.
4. Your identity isn't real and shouldn't be acknowledged.
5. I want to teach everyone around me to disrespect you.
6. Offending you is fine if it makes me feel more comfortable.
7. I can hear you talking, but I'm not really listening.
8. Being who you truly are is an inconvenience to me.
9. I would prefer it if you stopped being honest with me.
10. I am not an ally, a friend, or someone you can trust.

**Ask permission**

**Model the behavior you want to see**

**Introduce self with pronouns**

“Hello, my name is..., my pronouns are..., OR I use...pronouns”

“Would you tell me your name and your pronouns *today*?”

“Would you like me to update your chart with that information *today*?”

“How can I help you today?”

“Who are you here to see?”

“What will be helping you with today?”

**Every person. Every time.**
Best Practices for Providers

• Ask Permission
• Be open
• Simple explanations
• Calm demeanor
• Non-judgmental
• Create agency-wide expectations
• Lead by example
Heartland Alliance Health

Olivia Vitolo, BA, LPN
Associate Director – Health Information Systems

We are a Healthcare for the Homeless organization with unique participant needs and challenges.
Heartland Alliance Health

We use the Visualutions CHC module for SOGI data collection
  • CPS 12.3 implemented SOGI data in standard registration
  • Edits can be made to lists as long as data maps back to HRSA default categories.
  • Lists are a teaching opportunity
Heartland Alliance Health

• Name must correspond to name on insurance card.
• “Preferred” field for real name and pronouns.
• Sex field is self-reported, not “sex at birth”.
  • Ensures gender is affirmed on paperwork even if name isn’t.
When Rooming Patients

- Limit risk for unnecessary outing and “dead-naming”
  - Centricity schedule view does not show “Preferred” name
  - Enforce a culture of opening the chart prior to rooming.
  - Call out last name and first initial if unable to open chart.
Quick Check-In

• Questions so far?

• What else do you need to know before we give it a try?

• Ready to practice?

• Let’s begin!
Role Playing

- You are meeting with a patient who you initially read as a woman but who has the pronouns “he, him his” marked on their EMR. You are not sure if the chart is updated and/or accurate. What do you do?
Role Playing

- You are working with a patient and when you ask what their gender identity is they look confused and offended. “I’m obviously a man” they say. How do you respond?
Role Playing

• You are working with a patient who’s first language is not English. You ask them what their sexual orientation is and they give you a blank stare. What next?
Role Playing

• You ask a patient for the sexual orientation and they become visibly uncomfortable. They start blushing, moving around in their chair and furrow their brow. They ask you why you need to know that information. How do you respond?
Thank you!

References

Questions