

# Creating an Environment of Inclusion

Glenda Tiller, D.O., M.Ed. (she/they)

Clinical Assistant Professor of Family Medicine

Oklahoma State University Center for Health Sciences



# Objectives

1. Understand the importance of sexual health discussions in the primary care setting.
2. Gain tools which normalize the sexual health conversation between patients and physicians.
3. Employ a structured guide for obtaining an inclusive sexual health history.
4. Utilize a framework for the development and implementation of an inclusive clinical environment.

The background features a series of concentric circles and a dashed line that curves across the frame. The circles are thin and light gray, while the dashed line is a slightly darker shade of gray. The overall aesthetic is clean and modern.

I have no conflicts of interested.



## Personnel

---

**Clinical environments should establish, promote and effectively communicate an inclusive, non-discriminatory workplace environment for gay, lesbian, bisexual and trans employees.**

---

**Clinical environments should support and encourage visibility of gay, lesbian, bisexual and trans employees.**

---

**Clinical environments should work towards ensuring that gay, lesbian, bisexual and trans employees of all ages are subject to the same terms and conditions of employment, including the same benefits and compensation, as all other employees.**

## Client's Rights

---

**Clinical environments should assure that comprehensive policies are implemented to prohibit discrimination in the delivery of services to gay, lesbian, bisexual and trans patients and their families.**

---

**Clinical environments should ensure that all staff use, and all written forms and policies employ, culturally appropriate language when interacting with gay, lesbian, bisexual or trans patients and their families.**

---

**The terms "family" and "families" should be broadly construed and include but not be limited to relatives by blood, adoption, marriage or declaration of domestic partnership.**

---

**Clinical environments should ensure that they have comprehensive and easily accessible procedures in place for patients to file and resolve complaints alleging violations of these policies.**

# Physical Environment

LGBTQ+ patients report they often search for subtle cues in the environment to determine acceptance

Display inclusive imagery in the office

Include brochures related to LGBTQ health concerns

Post a nondiscrimination statement which includes language related sexual orientation and gender identity



[www.thewelcomingproject.org](http://www.thewelcomingproject.org)



 TRUECOLORSFUND

[www.TrueColorsFund.org](http://www.TrueColorsFund.org)



# Creating an inclusive clinical environment

Design an effective policy related to addressing bias patients might encounter. As part of this policy, develop a way for patients to report bias they may have experienced. Post these policies where they are visible to patients and staff.

Our physicians and staff support the American Medical Association nondiscrimination policy, in that:

This office appreciates the diversity of human beings and does not discriminate based on race, age, religion, ability, marital status, sexual orientation, sex or gender identity.





## Intake and Assessment

- **Clinical environments should develop and implement or revise existing intake and assessment procedures to ensure that they meet the needs of gay, lesbian, bisexual and trans patients of all ages and their families.**

- On the intake form:
  - Ask about sex assigned at birth, gender identity and sexual orientation
  - Ask about the patient's preferred name and pronouns
- Front office staff should ask the patient what they prefer to be called and address the patient as such.
  - It may be good practice to use they/them pronouns until the patient's pronouns are established
- This preference should be communicated to the nursing staff that are responsible for rooming the patient.


# Client Registration

required for release of information except in the case of a court order.

--



<b>Legal Name*</b>	Last	First	Middle Initial	<b>Name used:</b>	
<b>Legal Sex (please check one)*</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male			<b>Pronouns:</b>	
<i>*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.</i>					
<b>Date of Birth</b>	Month	Day	Year	<b>Social Security #</b>	<b>State ID # or License # (if applicable)</b>
	/	/			

***This information is for demographic purposes only and will not affect your care.***

<p><b>1.) What is your annual income?</b></p> <p>_____</p> <p><input type="checkbox"/> No income</p> <p><b>1a.) How many people (including you) does your income support?</b></p> <p>_____</p>	<p><b>2.) Employment Status</b></p> <p><input type="checkbox"/> Employed full time</p> <p><input type="checkbox"/> Employed part time</p> <p><input type="checkbox"/> Student full time</p> <p><input type="checkbox"/> Student part time</p> <p><input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Unemployed</p> <p><input type="checkbox"/> Other _____</p>	<p><b>3.) Racial Group(s)</b> (check all that apply)</p> <p><input type="checkbox"/> African American / Black</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Caucasian / White</p> <p><input type="checkbox"/> Native American / Alaskan Native / Inuit</p> <p><input type="checkbox"/> Pacific Islander</p> <p><input type="checkbox"/> Other _____</p>	<p><b>4.) Ethnicity</b></p> <p><input type="checkbox"/> Hispanic/Latino/Latina</p> <p><input type="checkbox"/> Not Hispanic/Latino/Latina</p> <p><b>5) Country of Birth</b></p> <p><input type="checkbox"/> USA</p> <p><input type="checkbox"/> Other _____</p>
<p><b>6.) Preferred Language (choose one:)</b></p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Español</p> <p><input type="checkbox"/> Français</p> <p><input type="checkbox"/> Português</p> <p><input type="checkbox"/> Русский</p> <p>Other _____</p>	<p><b>7.) Do you think of yourself as:</b></p> <p><input type="checkbox"/> Lesbian, gay, or homosexual</p> <p><input type="checkbox"/> Straight or heterosexual</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Something else</p> <p><input type="checkbox"/> Don't know</p>	<p><b>8.) Marital Status</b></p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Partnered</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Other _____</p> <p><b>9.) Veteran Status</b></p> <p><input type="checkbox"/> Veteran</p> <p><input type="checkbox"/> Not a Veteran</p>	<p><b>10.) Referral Source</b></p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Friend or Family Member</p> <p><input type="checkbox"/> Health Provider</p> <p><input type="checkbox"/> Emergency Room</p> <p><input type="checkbox"/> Ad/Internet/Media Outreach</p> <p><input type="checkbox"/> Work or School</p> <p><input type="checkbox"/> Other _____</p>
<p><b>11.) What is your gender?</b></p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Genderqueer or not exclusively male or female</p>	<p><b>12.) What was your sex assigned at birth?</b></p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p>	<p><b>13.) Do you identify as transgender or transsexual?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>	<p><b>Please turn over</b></p> 

## Physical Activity

On average, how many days per week do you engage in moderate to strenuous exercise (like a brisk walk)?

Coleman. 2012. Initial validation of an exercise "vital sign" in electronic medical records. *Medicine Science in Sports Exercise* 44(11):2071–2076.



On average, how many minutes do you engage in exercise at this level?

Coleman. 2012. Initial validation of an exercise "vital sign" in electronic medical records. *Medicine Science in Sports Exercise* 44(11):2071–2076.

## Financial Resource Strain

How hard is it for you to pay for the very basics like food, housing, medical care, and heating?

Puterman, E., J. Haritatos, N. E. Adler, S. Sidney, J. E. Schwartz, and E. S. Epel. 2013. Indirect effect of financial strain on daily cortisol output through daily negative to positive affect index in the coronary artery risk development in young adults study. *Psychoneuroendocrinology* 38(12):2883–2889.

Hall, M. H., K. A. Matthews, H. M. Kravitz, E. B. Gold, D. J. Buysse, J. T. Bromberg, J. F. Owens, and M.-F. Sowens. 2009. Race and financial strain are independent correlates of sleep in midlife women: The SWAN Sleep Study. *Sleep* 32(1):73–82.

## Housing Stability

In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?

Housing Stability Vital Sign. Children's HealthWatch.

In the last 12 months, how many places have you lived?

Housing Stability Vital Sign. Children's HealthWatch.

## Transportation Needs

In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?

Yes

No

Patient refused



National Association of Community Health Centers, Association of Asian Pacific Community Health Organizations, Oregon Primary Care Association, and Institute for Alternative Futures. The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE). 2016. [www.nachc.org/prapare](http://www.nachc.org/prapare)

In the past 12 months, has lack of transportation kept you from meetings, work, or from getting things needed for daily living?

Yes

No

Patient refused



National Association of Community Health Centers, Association of Asian Pacific Community Health Organizations, Oregon Primary Care Association, and Institute for Alternative Futures. The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE). 2016. [www.nachc.org/prapare](http://www.nachc.org/prapare)

## Food Insecurity

Within the past 12 months, you worried that your food would run out before you got the money to buy more.

Never true

Sometimes true

Often true

Patient refused



Hager, E. R., Quigg, A. M., Black, M. M., Coleman, S. M., Heeren, T., Rose-Jacobs, R., Frank, D. A. (2010). Development and validity of a 2-Item screen to identify families at risk for food insecurity. *PEDIATRICS*, 126(1), e26–e32. doi:10.1542/peds.2009-3146.

Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

Never true

Sometimes true

Often true

Patient refused



Hager, E. R., Quigg, A. M., Black, M. M., Coleman, S. M., Heeren, T., Rose-Jacobs, R., Frank, D. A. (2010). Development and validity of a 2-Item screen to identify families at risk for food insecurity. *PEDIATRICS*, 126(1), e26–e32. doi:10.1542/peds.2009-3146.

## Service Planning and Delivery

---

**Clinical environment staff should have a basic familiarity with gay, lesbian, bisexual and trans issues as they pertain to services provided by the clinic.**

---

**All direct care staff shall routinely provide general care to gay, lesbian, bisexual and trans clients.**

---

**All direct care staff shall be competent to identify and address, within the scope of their field of expertise, specific health problems and treatment issues for gay, lesbian, bisexual and trans patients and their families, to provide treatment accordingly, and to provide appropriate referrals when necessary.**

---

**Case management and treatment plans should include and address sexual orientation and gender identity where it is a necessary and appropriate.**

## Staff Training

---

Many organizations provide training to various levels of medical providers from physicians to nursing staff to front office staff.

---

This training is considered LGBTQ+ Best Practice certification

---

<https://healthlgbt.org/education-training/lgbthealthcert/> **Includes** Transgender Health, Racial and Ethnic Minority Health, Gay-Bisexual Men's Health and LGBTQ Women's Health training modules.



The background features a series of concentric, overlapping circles in light gray, some solid and some dashed, creating a ripple effect. In the center, there is a large orange callout box with a pointed bottom edge. Inside this box, the title text is written in white, sans-serif font.

# Physician Interaction and the Sexual Health History



**Taking a sexual history is an important part of the regular medical exam. Patients want to discuss sexual health with their clinicians but often do not know how to start the conversation.**



**It is important to discuss this with patients in order to normalize the conversation and increase patient comfort.**



**Example dialogue: “I would like to ask you a few questions about your sexual health. I understand these questions are very personal, but they are important for your overall health. Just so you know, I ask these questions to all my adult (or teen) patients. Like the rest of our visits, this information is confidential. Is it ok if we proceed with these questions?”**



When to take a  
sexual history

---

**Patient's initial visit**

---

**Routine preventative exams**

---

**Well woman exams**

---

**When signs or symptoms of STIs  
are present**

---

**When it is clinically relevant**

# The 8 Ps of taking a sexual history

**The updated “8 Ps” model is more inclusive on many levels.**

- **Preferences**
- Partners
- Practices
- Protection from STIs
- Past history of STIs
- Pregnancy plans
- **Pleasure**
- **Partner violence**



## Sexual History Tips

---

**Make sexual history routine,  
confidential and free of assumptions.**

---

**Establish your patient's gender  
identity.**

---

**You may also need to define sex for  
some patients as the term "sex" can  
mean different things to different  
people.**

# Preferences

01

Introduce yourself with your name and preferred pronoun.

02

Ask the patient's name, preferred pronoun and how they want to be addressed.

03

Let the patient tell you, their narrative.

Example  
questions to begin  
the conversation

---

“Help me understand how you identify when it comes to your gender?”

---

“Do you have a preferred language that you use to refer to your body?”

---

“Do you think your sex recorded at birth is the same or different from how you identify now?”

---

”Do you remember feeling different when you were younger, as if people could not see you the way you saw yourself?”

---

“What gender do most people see you as? What is that experience like for you?”

---

“Were you uncomfortable with the clothing you were asked to wear early on?”

---

“How did you respond to changes in your body during puberty?”

---

“How do you feel with regards to your body now?”

---

“How do you imagine yourself to be?”

# Partners

---

Determine gender of partners

---

Determine number of partners in the last 12 months

---

“What is your current relationship status?”

---

“Are you having sex?”

---

“Have you had any new sexual partners in the last 12 months?”

---

“How many sexual partners have you had?”

---

“What is/are the gender(s) of the people you have sex with? How would your partners identify themselves in terms of gender?”

---

“What are the genders of your partners in the last 12 months?”

---

“To your knowledge, do any of your sexual partners have other sexual partners?”



# Practices

---

Asking about sex practices will guide the assessment of patient risk, risk-reduction strategies, determination of necessary testing and the identification of anatomical sites from which to collect specimens for STI testing.

---

You should advise the patient that you will be asking more specific questions to help you understand the patient's risk.

---

“What kind of sexual contact do you have, or have you had?”

---

Genital, penetrative: penis in vagina, other implement such as sex toy in vagina

---

Anal: penis in anus, other implement such as a sex toy in anus

---

Oral: mouth on penis, vagina, anus or other implement

---

Manual: fingers in vagina, fingers in anus

# Practices

---

**“Do you share toys with your partner or partners?”**

---

**“Do you or your partner(s) use alcohol or drugs when you have sex?”**

---

**“Have you or any of your partners ever injected drugs/shots drugs into their bodies?”**

---

**“Have you or any of your sexual partners ever received or given money, shelter or drugs for sex?”**

---

**“Have you or any of your partners ever been in jail?”**

# Protection from STIs

- To explore a patient's sexual practices, use open-ended questions. This will help you determine which direction to take the dialogue and the appropriate level of risk-reduction counseling the patient may need.
- You may need to discuss abstinence, monogamy, condom use, patient's perception of their own risk and their partner's risk.
- “Do you and your partner(s) use any form of protection against STIs?”
  - “How do you decide when to use protection?”
  - “What kind of protection do you use?”
- “How often do you use this protection?”
  - “If sometimes, in what situations do you use this protection?”
  - “Are there any other forms of STI protection you want to discuss today?”

# History of STI

- It is important to inquire about history of STIs as this can put your patient at increased risk now.
- “Have you ever been diagnosed with an STI? When and how were you treated?”
- “Have you had any recurring symptoms since treatment?”
- “Have you ever been tested for any STIs? If so, when and what were the results? Would you like to be tested?”
- “Do you remember the sites where your previous STI was?”
- “Have you ever been tested for HIV? Would you like to be tested?”
- “Has your current partner or former partners ever been diagnosed or treated for an STI?”

# Pregnancy plans

- For Pregnancy, first determine if pregnancy is desired.
- “Are you currently trying to conceive or father a child?”
- “Have you considered having a child of your own?”
- “Have you considered banking gametes (sperm or eggs)?”
- “Are you concerned about getting pregnant or getting your partner pregnant?”
- “Are you using contraception or practicing any form of birth control?”
- “Do you need information on birth control?”
  
- It is important to individualize this conversation based on gender and sexual orientation while avoiding making assumptions based on the answers to these questions.

# Prevention of STI

- **FOR STI, DETERMINE THE PATIENT'S LEVEL OF RISK FROM PREVIOUS CONVERSATIONS.**
- **ENCOURAGE CONDOM USE IF APPLICABLE.**
- **DISCUSS OTHER FORMS OF STI PROTECTION SUCH AS DENTAL DAMS, USING A GLOVED HAND FOR MANUAL INTERCOURSE, APPLYING CONDOMS TO OTHER IMPLEMENTS USED FOR SEX, APPROPRIATE CLEANING OF SEX TOYS BETWEEN USES AND PARTNERS.**
- **IT IS IMPORTANT TO DISCUSS WITH PATIENTS THAT MANY FORMS OF SEX PRACTICES CAN CAUSE TRANSMISSION OF STIs.**

# Pleasure

---

**Pleasure is often something that is overlooked during the sexual history interview.**

---

**“Do you feel you are able to become physically aroused during sex, such as becoming wet or hard?”**

---

**“How satisfied are you with your ability to achieve orgasm?”**

---

**“Do you have any pain or discomfort during or after sex?”**



## Partner violence

---

**“Has anyone ever forced or compelled you to do anything sexually that you did not want to do?”**

---

**“Do you feel safe in your current relationship?”**

---

**“Do you feel safe at home/with the people you live with?”**



## Completing the History

---

It is important to ask the patient if they have any questions at the end of the session. This conversation may have sparked questions for the patient.

---

You should also ask if the patient has any other information, they would like to share.

---

“What other things about your sexual health and practices should we discuss to help ensure your good health?”

---

“What other concerns or questions regarding your sexual health or sexual practices would you like to discuss?”



## Ending the discussion

- **Thank the patient for being open and honest.**
- **Determine the risk-reductions strategies (if any) that apply to the patient and discuss these with the patient.**
- **Praise any protective practices the patient is already doing.**
- **Determine the appropriate testing the patient needs.**

# Confidentiality

---

**Clinical environments should ensure the confidentiality of patient data, including information about sexual orientation and gender identity issues.**

---

**Clinical environments should provide appropriate, safe and confidential treatment to gay, lesbian, bisexual and trans minors, unless the agency's services are inappropriate for all minors.**

---

**All patients who are minors shall be informed of their legal rights and advised of the possibility and possible consequences of any statutory or otherwise mandated reporting.**



## Community Relations and Health Promotion

---

**Clinical environments should include gay lesbian, bisexual and trans people and their families in outreach and health promotion efforts.**

---

**The composition of the clinical environment's administration and other leadership entities should encourage representation from LGBTQ+ communities.**

---

**Community programs sponsored by health systems should include gay, lesbian, bisexual and trans people in the communities they serve.**

# Resources

- <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>
- <https://www.ama-assn.org/delivering-care/population-care/creating-lgbtq-friendly-practice>
- <https://www.lgbtqiahealtheducation.org/wp-content/uploads/Creating-an-Inclusive-Health-Care-Environment.pdf>
- [http://www.glma.org/\\_data/n\\_0001/resources/live/Welcoming%20Environment.pdf](http://www.glma.org/_data/n_0001/resources/live/Welcoming%20Environment.pdf)
- <https://fenwayhealth.org/wp-content/uploads/FenwayRegistrationForm.pdf>
- <http://www.glbthealth.org/CommunityStandardsofPractice.htm>
- <https://www.lgbtqiahealtheducation.org/wp-content/uploads/Improving-the-Health-of-LGBT-People.pdf>
- WPATH Standards of care, 7th version
- A guide to taking a sexual health history. [Cdc.gov/std/treatment/sexualhistory.pdf](https://www.cdc.gov/std/treatment/sexualhistory.pdf)
- Taking an Accurate Sexual History - Sample Script – AAFP. [www.aafp.org › dam › patient\\_care › sti › hops19-sti-script](http://www.aafp.org/dam/patient_care/sti/hops19-sti-script)
- [www.lgbthealtheducation.org › wp-content › uploads](http://www.lgbthealtheducation.org/wp-content/uploads)
- <https://lgbtqia.ucdavis.edu/educated/glossary>
- Fenway Health. Taking an Affirming Sexual History. 2019
- <https://www.lgbtqiahealtheducation.org/wp-content/uploads/LGBTHealthDisparitiesMar2016.pdf>
- <https://www.williamsinstitute.law.ucla.edu>
- <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>

The background features a series of concentric, overlapping curved lines in shades of gray, some solid and some dashed, creating a sense of depth and movement. In the center, there is a large orange speech bubble with a pointed bottom, containing the text.

Questions?

[glenda.tiller@okstate.edu](mailto:glenda.tiller@okstate.edu)