

# Discussing & Documenting Sexual Orientation and Gender Identity (SOGI)

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# Disclosures

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I have no commercial or financial interests to disclose.

# Acknowledgements

This slides are the result of my ongoing learning and the shared vision of my team:

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Alexis Dinno, ScD, MPH, MEM

Marty Arrigotti, MPH

Erin Waters

# Land and Labor Acknowledgement

I would like to take a moment to recognize the unceded ancestral lands of the first people. I gather with you today on the lands of Clackamas, Cowlitz, Cayuse, Umatilla, Walla Walla, the Confederated Tribes of the Siletz Indians, and the Confederated Tribes of Grand Ronde. I pay respects to their elders past and present.

I also want to acknowledge that economic growth and development throughout history and across time, has been made possible by the labor of enslaved people, primarily of African descent, who provide the exploited labor on which this country was built. We are indebted to their labor and their sacrifice. Please take a moment to consider the many legacies of violence, displacement, migration, and settlement that bring us together here today.

As part of ending new HIV infections, we, as a provider community, must elevate those groups who have historically and are currently marginalized in our communities and in the response to the HIV epidemic. It is our responsibility to listen, recognize, and bring their experiences to the forefront.

# Land and Labor Acknowledgment Reflection

What are some of the privileges that allow us to be in this space today?

What intentions do you have to disrupt and dismantle colonialism beyond acknowledgement?

What commitments is your organization willing to make to build inclusive systems of care?

# Objectives

- Define and differentiate sexual orientation, gender, and sex.
- Differentiate gender modality, identity, and expression.
- Identify how asking questions about sexual orientation, gender, and sex improves healthcare for the patient and explain this value to others.
- Describe how stigma operates in healthcare environments and identify strategies to counter stigma.
- Utilize affirming language when asking sexual orientation, gender, and sex questions of all patients.

# Chat

Your insight and questions are valuable!

My colleague **Rachel Greim, Oregon AETC**, will answer questions in the chat during the presentation and elevate topics to the broader audience as appropriate.

If you have a question you'd rather not ask in the group chat, I encourage you to send it as a private message to Rachel.

To ensure we can keep on track and get through everything on time, we'll have participants microphones muted for the presentation.

At the end of the presentation, there will be dedicated time for Q&A.

# What is SOGI?



# Sexual Orientation Gender Identity (SOGI)

- **Sexual orientation:** A person's understanding of their own sexuality, often expressed through labels such as lesbian, gay, bisexual, pansexual, straight, etc.
- **Gender identity:** A person's understanding of their own gender, often expressed through labels such as woman, man, nonbinary, agender, etc.
- **Sex:** The language we use to categorize reproductive biology. Often collapsed into two or three categories (female, male, intersex).

# Other Terms

- **SOGIE:** stands for sexual orientation, gender identity, and (gender) expression. (Aside: Oregon's SOGI guidelines do not require collecting data about expression)
- **SOGIESC:** From “The Yogyakarta Principles on the Application of International Human Rights Law in Relations to Sexual Orientation and Gender Identity”, stands for sexual orientation, gender identity, (gender) expression, and sex characteristics.

SOGI, SOGIE, SOGIESC **do not** mean LGBTQ

# Why Collect SOGI Data?

# Motivating values

## **We ask SOGI questions to...**

- Create safe, inclusive and welcoming environments
- Recognize the diversity of the populations we serve
- Support health equity efforts
- Direct people to group-specific services and distribute resources
- Shift social norms about and broaden our understanding of who is included and accepted in the populations we serve

# Individual-Level Benefits

- Understanding a person's identity & experience builds trust and provides opportunity to connect the person with resources
- We can validate identities and create a supportive environment by offering opportunities for individuals to share their true selves
- Asking SOGI questions can indicate that this is a safe place for the person to access services

# Systems-Level Benefits

- Address bias and stigma by normalizing all identities and creating space for everyone in the populations we serve to be seen and heard
- Helps providers serve the needs of their communities in the widest sense with respect to sexual orientation, gender and sex
- Estimate the magnitude of health inequities
- Identify potentially beneficial policy interventions aimed at reducing those inequities
- Assess the effectiveness of those interventions

# A Brief History...

# The Bad Ol' Days of Data Collection on Sexual Orientation & Gender Identity

Since we have been collecting data SOGI elements have been included. However, these data were guided by stigmatizing assumptions:

- Only masculine and feminine genders matter. Sex and gender conflated.
- Everyone is straight, monogamous, and has some marital status.
- Transgender experience does not matter.
- Intersex does not matter.
- Identities outside of binary cisgender and straight should be pathologized.



# Recent History of Required Inclusion of LGBT in SOGI Measures



# Uniform Data System

Line	Patients by Sexual Orientation	Number (a)
13.	Lesbian or Gay	
14.	Straight (not lesbian or gay)	
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 (a)
20.	Male	
21.	Female	
22.	Transgender Male/ Female-to-Male	
23.	Transgender Female/ Male-to-Female	
24.	Other	
25.	Choose not to disclose	
26.	Total Patients (sum lines 20 to 25)	

# LGBT Adults in the United States

## Americans' Self-Identified Sexual Orientation or Gender Identity

Which of the following do you consider yourself to be? You can select as many as apply: Straight or heterosexual; Lesbian; Gay; Bisexual; Transgender.

	Among LGBT U.S. adults	Among all U.S. adults
	%	%
Lesbian	13.9	1.0
Gay	20.7	1.5
Bisexual	56.8	4.0
Transgender	10.0	0.7
Other (e.g., queer, same-gender-loving)	4.3	0.3

Percentages total more than 100% because respondents may choose more than one category.

GALLUP, 2021

7% of the U.S. adult population disclosed an identity other than Straight/Heterosexual

# LGBT Adults in the United States

## Americans' Self-Identification as LGBT, by Generation

	<b>LGBT</b>	<b>Straight/Heterosexual</b>	<b>No response</b>
	%	%	%
Generation Z (born 1997-2003)	20.8	75.7	3.5
Millennials (born 1981-1996)	10.5	82.5	7.1
Generation X (born 1965-1980)	4.2	89.3	6.5
Baby boomers (born 1946-1964)	2.6	90.7	6.8
Traditionalists (born before 1946)	0.8	92.2	7.1

GALLUP, 2021

<https://news.gallup.com/poll/389792/lgbt-identification-ticks-up.aspx>

# The Three Levels of Stigma

- Structural: Rules, norms, and literal structures (office furniture, stairs) which serve people assumed to have particular normative characteristics and exclude or harm people without those.
- Interpersonal: Implicit bias and overt hostility and bigotry toward people without normative characteristics.
- Internalized: Valuation of self based on prevalent norms that people without normative characteristics are less valuable.

**Note: we are using stigmatization as synonymous with discrimination.**

# Further Reading & Resources

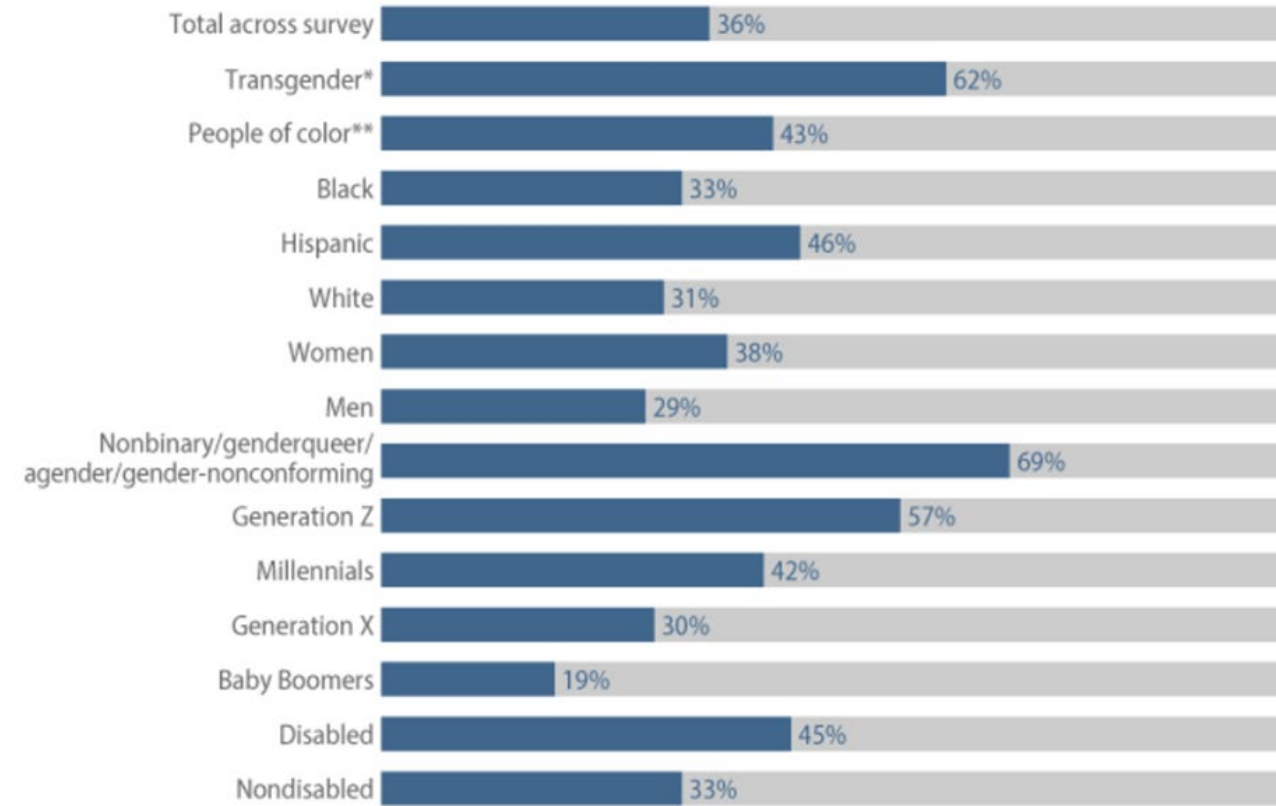
- Hatzenbeuhler, M. L., Phelan, J. C., & Link, B. G. (2013). Stigma as a Fundamental Cause of Population Health Inequalities. *American Journal of Public Health*, 103(5), 813–821.
- Phelan, J. C., Lucas, J. W., Ridgeway, C. L., & Taylor, C. J. (2014). Stigma, status, and population health. *Social Science & Medicine*, 103, 15–23.
- Jones, C. P. (2000). Levels of Racism: A Theoretic Framework and a Gardener's Tale. *American Journal of Public Health*, 90(8), 1212–1215.

# LGBT Discrimination in Healthcare

FIGURE 1

## More than one-third of LGBTQ Americans experienced discrimination last year

Share of LGBTQ Americans who reported discrimination in some form in the previous year, by demographic group



\* The statistics for transgender individuals include nonbinary, gender-nonconforming, genderqueer, and agender respondents.

\*\* For the purposes of this survey, people of color include Black, Hispanic, Asian, and multiracial individuals, as well as those identifying as "other, non-Hispanic."

Source: Center for American Progress and NORC at the University of Chicago online survey, June 2020, on file with the authors.

# Types of Discrimination in Healthcare Settings

## **Of LGBTQ+ respondents reporting discrimination...**

- a doctor or provider being visibly uncomfortable due to their actual or perceived sexual orientation (14 percent)
- harsh or abusive language (8 percent)
- doctors or providers intentionally refusing to recognize their family members (8 percent)
- or unwanted physical contact (7 percent)



# Discrimination Impacts Health

- 15 percent of LGBTQ Americans report postponing or avoiding medical treatment due to discrimination, including nearly 3 in 10 transgender individuals.
- Sixteen percent of respondents overall, including 40 percent of transgender respondents, reported postponing or avoiding preventive screenings due to discrimination.
- More than 1 in 3 LGBTQ Americans faced discrimination of some kind in the past year, including more than 3 in 5 transgender Americans.

# 2022 US Trans Health Survey

- Over 90,000 participants
- Nearly all respondents (94%) who lived at least some of the time in a different gender than the one they were assigned at birth reported that they were either “a lot more satisfied” (79%) or “a little more satisfied” (15%) with their life.
- Of those receiving hormone treatment (98%), 84% were “a lot more satisfied” with their life.
- Nearly half (47%) of adult respondents had thought about moving to another state because their state government considered or passed laws that target transgender people for unequal treatment, 5% had actually moved out of state.

<https://www.americanprogress.org/article/state-lgbtq-community-2020/>

# Defining SOGI Terms That Might Be New To You

SEXUAL ORIENTATION

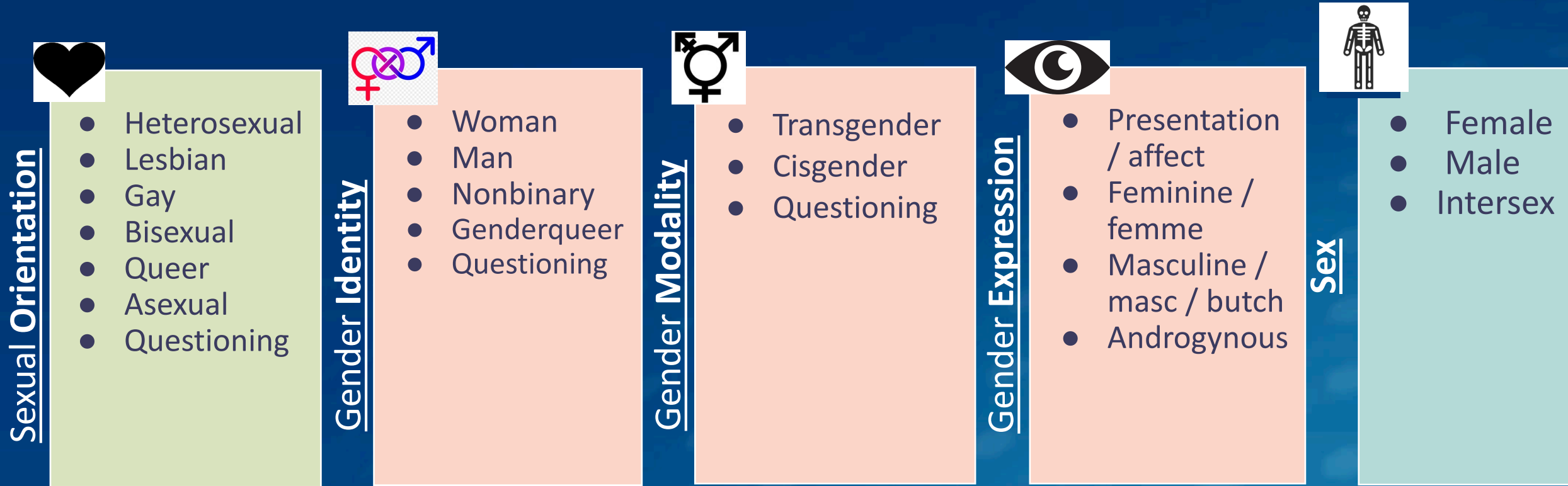
A SPECTRUM OF

ATTRACTION



amaz@

# Our model: sexual orientation, gender identity, modality, expression, and sex



**This is not an exhaustive list! Many additional identity labels exist.**

**Adapted from:** Green, E.R. & Maurer, L.M. (2015). The Teaching Transgender Toolkit: A Facilitator's Guide to Increasing Knowledge, Decreasing Prejudice, & Building Skills. Ithaca, NY: Planned Parenthood of the Southern Finger Lakes: Out for Health. ISBN: 978-0-9966783-0-8. [www.teachingtransgender.com](http://www.teachingtransgender.com). Slides adapted from the PAETC: JaDawn Wright, Mazdak Mazarei

# Same-Gender Loving & Same-Sex Loving

**Attraction to people of the same sex or same gender.**

“Coined for African American use by Cleo Manago in the early 1990s. A description for homosexuals, particularly in the African-American community. Often used by those who prefer to distance themselves from terms associated with ‘white-dominated’ LGB communities.”

<https://www.bsu.edu/-/media/WWW/DepartmentalContent/CounselingCenter/PDFs/SAFEZONE%20Out%20At%20Work/LGBT%20Terminology%20and%20Cultural%20Informantion.pdf>

# Lesbian

**A woman who is attracted to other women.**

Sometimes used by individuals of other gender identities and types of attraction  
For example: some trans men may continue identifying as a lesbian after transitioning.

# Gay

**A broad term describing attraction to people with the same gender as your own.**

Historically used by men who are attracted to other men.

Now widely used by people of all genders and types of attraction (other than straight/heterosexual).



# Bisexual

**Attraction to more than one gender.**

Some use this term to mean “attraction to men and women,” and it is increasingly used in a way that includes attraction to those outside the gender binary. In this case, the “two” of “bi” is used to mean “same as me” and “different from me.”

# Pansexual

**Attraction in which gender is not a factor.**

Where “bisexual” might be used to mean attraction to people of more than one gender, “pansexual” might be used to mean attraction to people of ALL genders

# **Straight or Heterosexual**

**Attraction mainly to or only to other  
gender(s) or sex(es)**

# Asexual

**Sexual attraction to no one, regardless of their gender.**

Related terms include gray-asexual (rare sexual attraction) and demisexual (attraction only after an emotional bond has formed).

The asexual community helped develop the “split attraction model,” which distinguishes between sexual, romantic, platonic, and sensual attraction.

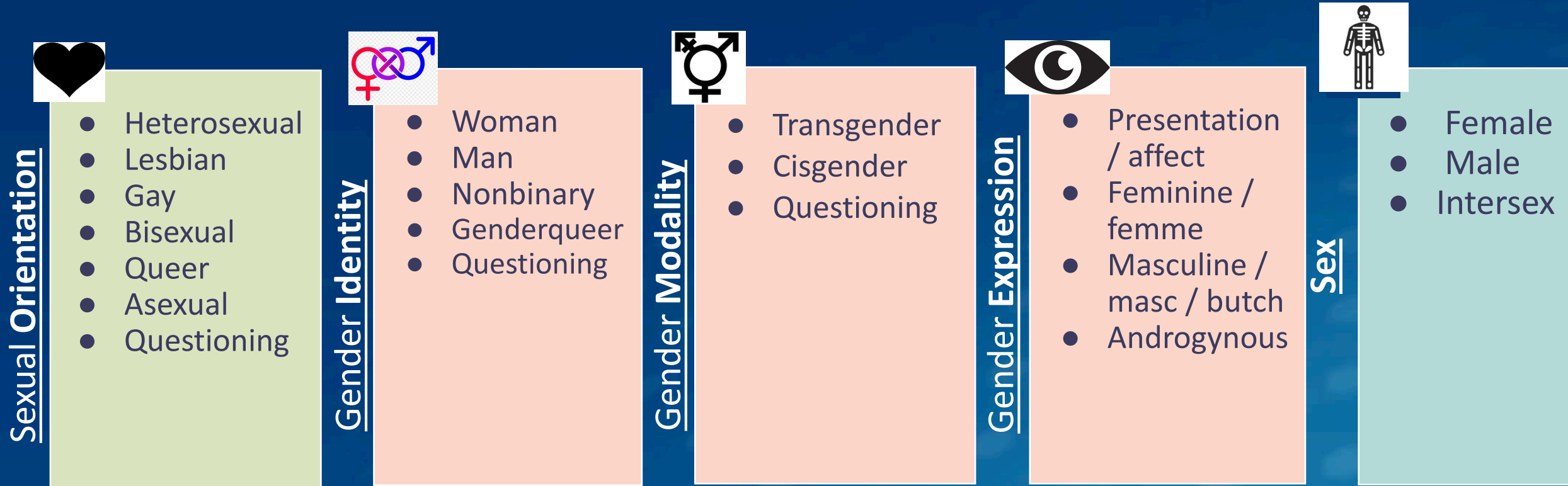
# Queer

**A broad term used to describe attraction outside of the expectations of heteronormativity. Used similarly to “gay.”**

Historically a derogatory term which has been reclaimed by many as a term of pride. Also used in academic contexts (e.g., queer theory).

May still be uncomfortable to hear for many.

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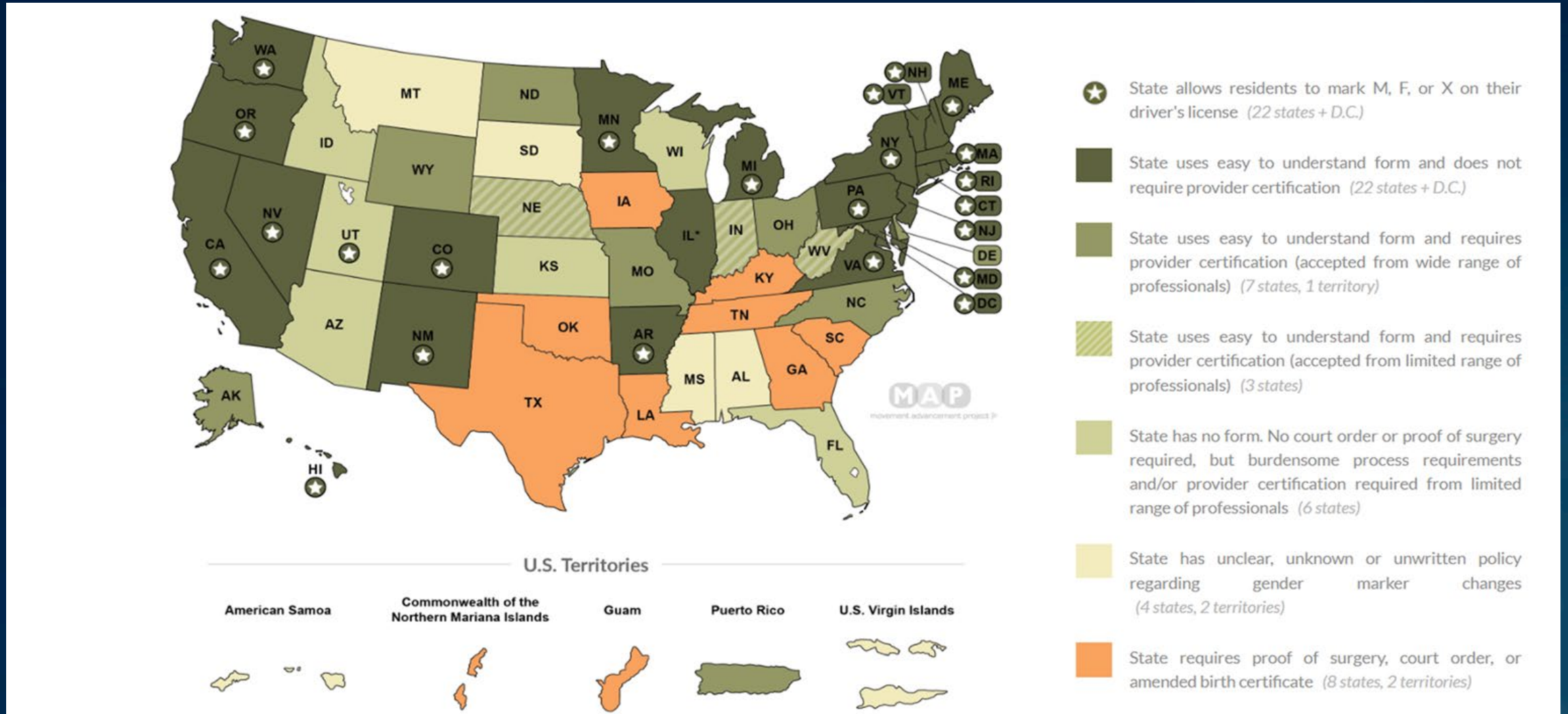
# Non-Binary

**An umbrella term used to describe individuals who are not exclusively masculine or feminine.**

May include individuals who are agender, genderfluid, genderqueer, etc.

A nonbinary person may or may not identify as transgender.

# Non-Binary (X) is a Gender Identity "Recognized" Federally and in 22 States + DC





# Agender

**A term used to describe a person who does not identify with any gender or does not have a gender**

# Two-Spirit

*Two Spirit is a term in the English Language that attempts to incorporate and honor the hundreds of ancient, respectful, Native Language terms that were used for thousands of years within our communities, our cultures, and our ceremonial life.*

*Two Spirit indicates an ability to see the world from both male and female perspectives and to bridge the world of male and female.*

*Since the time of contact with Europeans, our Two Spirit people and our societal beliefs surrounding Two Spirit roles and contributions to our communities have been marginalized and stigmatized, resulting in marginalized individuals and groups of people within our families and tribal communities.*

Robert Kentta, Siletz Tribal Member

Cultural Resources Director, and Tribal Council Member, Gitauk-uahi (Two Spirit)

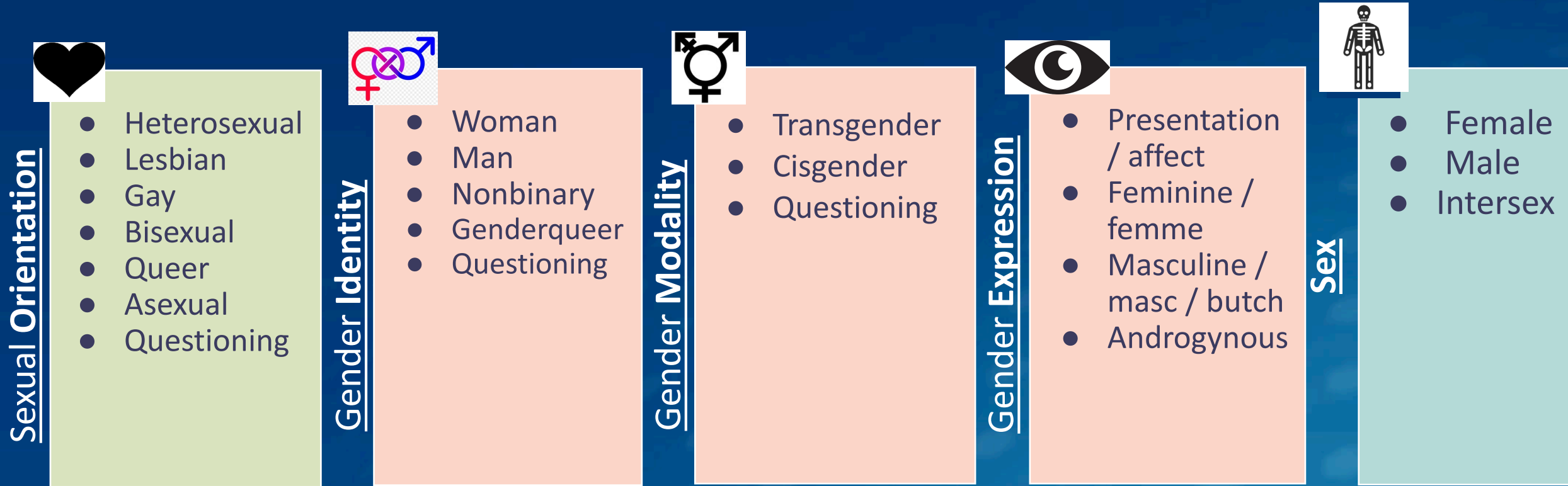
# Transgender

**A gender modality in which a person's gender identity rejects or expands beyond the gender assigned to them at birth.**

**Note: “transgender” is an adjective, not a noun.**

**“Transgender people,” not “transgenders.”**

# Our model: sexual orientation, gender identity, modality, expression, and sex



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# Explaining Gender vs. Sex

## Gender

**A person's gender affects how they interact with the world, often based on socially constructed roles and expectations**

May include:

- Identity (who I am/how I see myself)
- Modality (have I transitioned in gender)
- Expression (how I present)
- Attribution (how people see me)

Gender is socially constructed. Each culture/society has its own options for gender identities and expectations that accompany them.

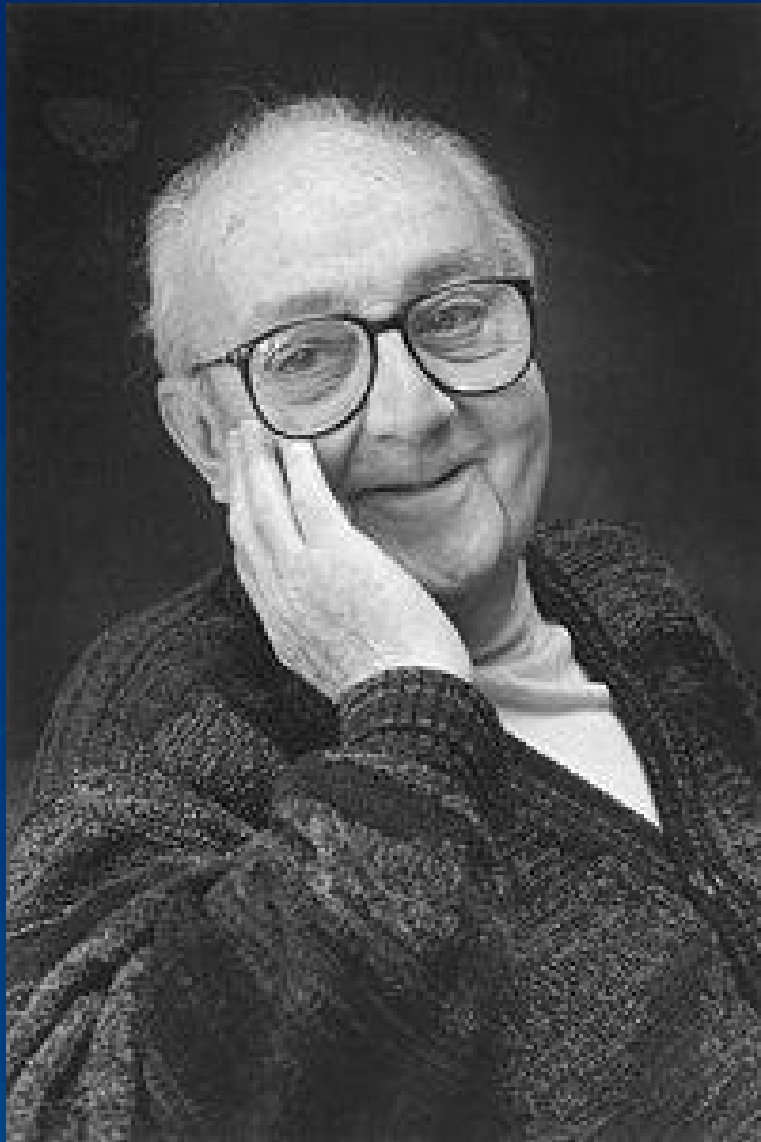
## Sex

**A person's reproductive biology that is typically categorized into "male" and "female," and sometimes "intersex"**

May include:

- Reproductive organs
- Genitals
- Hormones and hormone receptors
- Chromosomes

Sex is socially constructed. Humans decide who fits into what category. Sex assigned at birth is based on external anatomy.



*“All models are wrong,  
some are useful”*

- Statistician George E.P. Box

# Sex as a Social Construct

- Categorization is a social process
- Sex categorizes a vast diversity of bodies into three categories: male, female, and intersex.
- We do this because it sometimes helps us understand people's bodies
  - Important to consider what information is lost or obscured when collapsing the diversity of people's bodies into so few categories.

# Intersex

- People who occupy 'bothness', 'neitherness', and 'in betweenness' with respect to Male and Female characteristics of their bodies
- People whose bodies do not neatly fit into the categories of Male and Female (this applies to many people who are not intersex also)
- Can refer to all elements of sex, including chromosomes!
- Biologist Anne Fausto-Sterling estimated that 1.7% of people are born intersex
- We shouldn't pathologize intersex bodies. Just because something is uncommon doesn't mean it is necessarily a disorder



# Gender Modality

# What is gender modality

- First coined by Florence Ashley in 2019
- “Gender modality refers to how a person’s gender identity stands in relation to their gender assigned at birth”
- Describes a spectrum of experiences, at one end of which is “transgender” and at the other is “cisgender”
- Modality is about position and not identity

# How is this different than gender identity?

- Gender identity refers to a person's current, innate understanding of themselves
- Gender modality refers to how that gender identity relates to their gender assigned at birth
- A transgender man and a cisgender man have the same gender identity, but a different gender modality.

# Why does this matter

- By separating the concepts of gender identity and gender modality, we are better able to recognize and represent transgender people's gender identities in data, which helps to identify health inequities and direct people to group specific services
- Not collecting data about modality actively contributes to erasure of transgender experiences

# Oregon SOGI Questions

# Oregon and OHA

- In 2018, OHA began studying how our demographic data collection practices contribute to erasure, discrimination, and stigma against LGBTQ+ people and convened the Sexual Orientation Data Collection Committee.
- The Committee drafted questions based on intake forms from clinics serving LGBTQ+ populations and national best practices
- Received feedback on draft questions from over 400 individuals
- In 2021, the Oregon Legislature passed HB 3159, requiring health care and service providers to collect demographic information about race, ethnicity, language, and disability (REALD) and sexual orientation and gender identity (SOGI).
- Center for Medicare/Medicaid Services (CMS) recently highlighted to Oregon Questions as a model for expanded SOGI data collection
  - <https://www.chcs.org/resource/new-state-options-for-sexual-orientation-and-gender-identity-data-collection/>

# OHA guidelines: questions prior to demographic data collection

1. Who is filling out this form? Select one.

- The individual alone
- The individual with another person present
- Another person with the individual present
- Another person without the individual present

1a. Who was present with the individual when the data was reported? Select all that apply.

- a parent/guardian
- another family member
- an interpreter or other professional support(s)
- Not listed, please specify: \_\_\_\_\_
- N/A: the individual or another person is filling this out alone

# OHA guidelines: gender identity

Please describe your gender in any way you prefer:

---

What is your gender? Select all that apply.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Girl or Woman     | <input type="checkbox"/> Not listed, my gender is:_____   | <input type="checkbox"/> I don't know                              |
| <input type="checkbox"/> Boy or man        | <input type="checkbox"/> I have a gender identity not listed here that is specific to my ethnicity: _____ | <input type="checkbox"/> I don't know what this question is asking |
| <input type="checkbox"/> Non-binary        |   | <input type="checkbox"/> I don't want to answer                    |
| <input type="checkbox"/> Agender/No gender |   |  |
| <input type="checkbox"/> Genderfluid       |   |  |
| <input type="checkbox"/> Genderqueer       |   |  |
| <input type="checkbox"/> Questioning       |   |  |



# OHA guidelines: gender modality

Are you transgender?

- Yes
- No
- Questioning
- I don't know
- I don't know what this question is asking
- I don't want to answer

# OHA guidelines: sexual orientation

Please describe your sexual orientation in any way you prefer:

---

What is your sexual orientation? select all that apply.

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Same-gender loving | <input type="checkbox"/> Straight (attracted mainly to or only to other gender(s) or sex(es)) | <input type="checkbox"/> Questioning                                 | <input type="checkbox"/> Don't know what this question is asking |
| <input type="checkbox"/> Lesbian            |   | <input type="checkbox"/> Not listed, my sexual orientation is: _____ | <input type="checkbox"/> Don't want to answer                    |
| <input type="checkbox"/> Gay                | <input type="checkbox"/> Asexual  |  |  |
| <input type="checkbox"/> Bisexual           | <input type="checkbox"/> Queer  | <input type="checkbox"/> don't know                                  |  |
| <input type="checkbox"/> Pansexual          |   |  |  |

# OHA guidelines: sex

What is your sex?

- Female
- Male
- Intersex
- Not listed, my sex is: \_\_\_\_\_
- Don't know
- Don't know what this question is asking
- Don't want to answer

# Collecting sex for federal or reporting purposes

- Some data reporting standards require collecting data about sex
- Your practice may need to match patient information to the data that exists in some other database or on some other documentation (e.g., insurance, state IDs)

Is your current sex different from the sex listed on your [specific document(s)]?

Yes

No

If yes, please list the sex that matches your [specific document(s)]:

\_\_\_\_\_

# On “legal name,” “legal sex,” “legal gender”

- Recorded names and sexes for a single person may be recorded in different ways in different jurisdictions and administrative bodies (e.g., federal versus state governments, different nations, Social Security Administration versus Selective Service, etc.).
- “Legal name,” “legal sex” and “legal gender” aren’t really concepts encoded uniformly into law across all jurisdictions.
- Unless there is a hard reason to insist (e.g., matching identification specifically through the Social Security Administration for billing purposes), “legal” name and sex should not be tied to documentation from a specific jurisdiction, because it creates unnecessary hurdles to accessing services.

# Quick Role Play

# OHA guidelines: questions prior to demographic data collection

1. Who is filling out this form? Select one.

- The individual alone
- The individual with another person present
- Another person with the individual present
- Another person without the individual present

1a. Who was present with the individual when the data was reported? Select all that apply.

- a parent/guardian
- another family member
- an interpreter or other professional support(s)
- Not listed, please specify: \_\_\_\_\_
- N/A: the individual or another person is filling this out alone

# OHA guidelines: gender identity

Please describe your gender in any way you prefer:

---

What is your gender? Select all that apply.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Girl or Woman     | <input type="checkbox"/> Not listed, my gender is:_____  | <input type="checkbox"/> I don't know                              |
| <input type="checkbox"/> Boy or man        | <input type="checkbox"/> I have a gender identity not listed here that is specific to my ethnicity:_____ | <input type="checkbox"/> I don't know what this question is asking |
| <input type="checkbox"/> Non-binary        |  | <input type="checkbox"/> I don't want to answer                    |
| <input type="checkbox"/> Agender/No gender |  |  |
| <input type="checkbox"/> Genderfluid       |  |  |
| <input type="checkbox"/> Genderqueer       |  |  |
| <input type="checkbox"/> Questioning       |  |  |



# OHA guidelines: gender modality

Are you transgender?

- Yes
- No
- Questioning
- I don't know
- I don't know what this question is asking
- I don't want to answer

# OHA guidelines: sexual orientation

Please describe your sexual orientation in any way you prefer:

---

What is your sexual orientation? select all that apply.

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Same-gender loving | <input type="checkbox"/> Straight (attracted mainly to or only to other gender(s) or sex(es)) | <input type="checkbox"/> Questioning                                 | <input type="checkbox"/> Don't know what this question is asking |
| <input type="checkbox"/> Lesbian            |   | <input type="checkbox"/> Not listed, my sexual orientation is: _____ | <input type="checkbox"/> Don't want to answer                    |
| <input type="checkbox"/> Gay                | <input type="checkbox"/> Asexual  |  |  |
| <input type="checkbox"/> Bisexual           | <input type="checkbox"/> Queer  | <input type="checkbox"/> don't know                                  |  |
| <input type="checkbox"/> Pansexual          |   |  |  |

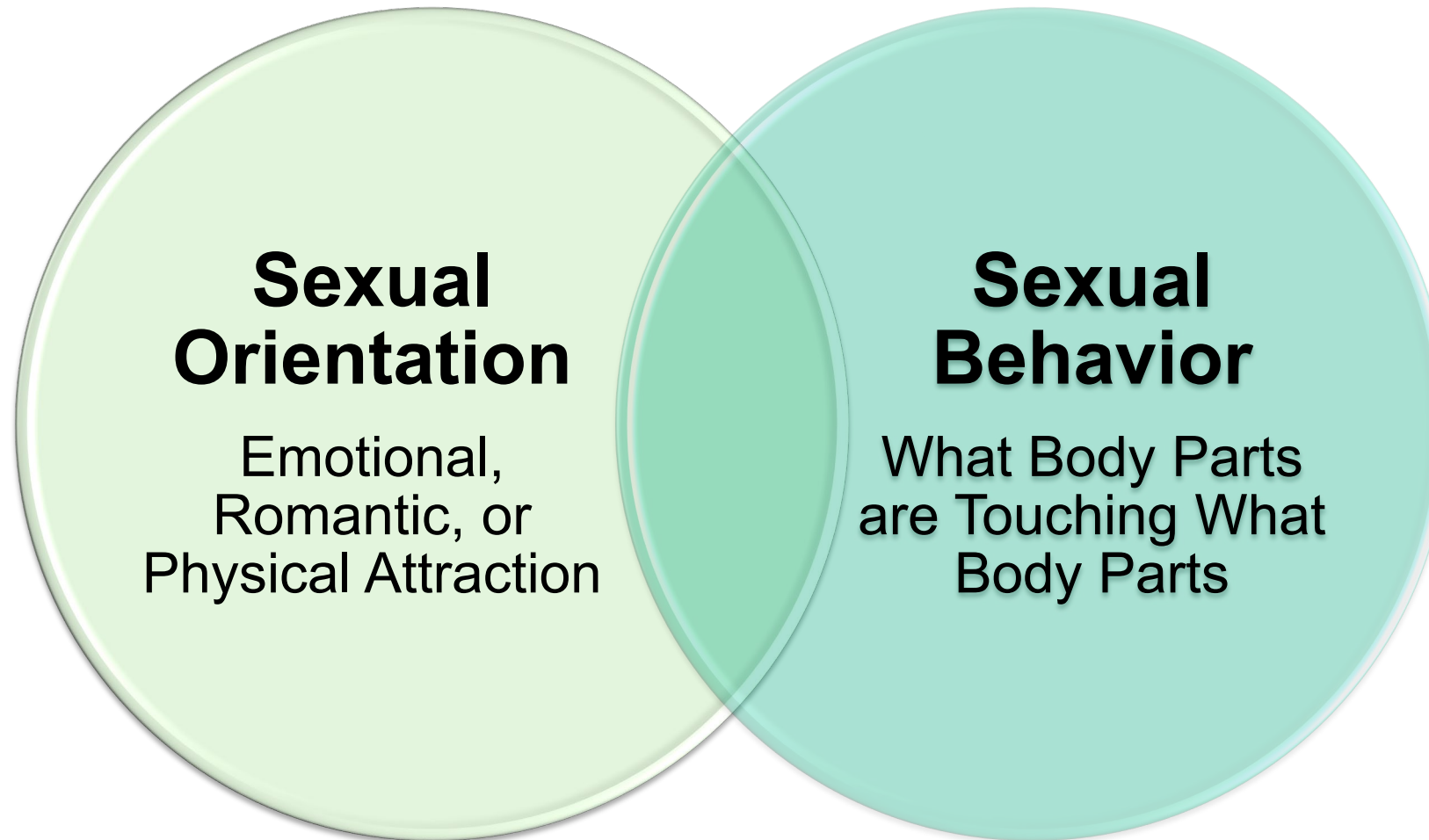
# OHA guidelines: sex

What is your sex?

- Female
- Male
- Intersex
- Not listed, my sex is: \_\_\_\_\_
- Don't know
- Don't know what this question is asking
- Don't want to answer

# **Organ Inventories: Collecting Data for Medical Purposes and to Understand Sexual Behaviors**

# Sexual Orientation and Behavior



# OHA SOGI data collection recommendations anatomical sex

## YOUR BODY

Are you (Check all that apply):

- A person with breasts
- A person with a cervix
- A person with ovaries
- A person with a uterus
- A person with a vagina
- A person with a penis
- A person with a prostate
- A person with testes
- A person with intersex genitalia
- A person who had genital reassignment surgery
- Don't know
- I don't know what this question is asking
- I don't want to say

# OHA SOGI data collection recommendations sexual health

## **SEXUAL HEALTH**

Are you sexually active?

Yes

No

If No, have you been sexually active in the past year? Yes  No

# OHA SOGI data collection recommendations sexual health

## **SEXUAL HEALTH**

If yes to the previous question:

Are your sexual partners (Check all that apply):

- A person with a penis
- A person with a vagina
- A person with intersex genitalia
- A person who had genital reassignment surgery
- Don't know
- I don't know what this question is asking
- I don't want to say



# The “P”s of Sexual History Taking

## CDC’s 5 “P”s

Partners  
Practices  
Protection for STIs  
Past History of STIs  
Prevention of Pregnancy

<https://www.cdc.gov/std/treatment/sexualhistory.pdf>

## Expanding the “P”s

**Preferences**  
Partners  
Practices  
Protection for STIs  
Past History of STIs  
**Pregnancy**  
(Reproductive Goals)  
**Pleasure**  
**Partner Violence**  
**Publicly Out**

# Preventing Disease Not Sex

- STIs have been increasing for some time
- Prevention tools like PrEP are effective and have not been linked to increased risk behaviors
- Patients on PrEP are more likely to be screened and treated for STIs

**BE SEXCELLENT!**

Condoms and Dental Dams help keep you and your partner(s) healthy.

All STIs are either curable, or treatable. Get tested and treated.

Come to **The Well** in **HUB 248** for more information or to pick up free condoms, dental dams and other safer sex supplies.

UCR The Well UCR Golden ARCHES

Be SEXcellent

<https://well.ucr.edu/programs/health-education/be-sexcellent>

# Collecting SOGI data with minors

# Why collect SOGI data from minors

- Collecting SOGI data from minors helps normalize people of any age thinking and communicating about their identities
- Can give young people language to describe and understand their experiences
- Collecting SOGI data is a health intervention, one which can be critically important during childhood and adolescence

# Key considerations

- Parent or Caregiver presence
- Age-appropriate questions
- Autonomy

# Parent/Caregiver Presence

- Consider who is in the room when collecting SOGI data from anyone, but especially from minors
- Minors may be reluctant to provide SOGI data if an unaware or unsupportive person (family member, friend, teacher, etc.) are present.
- Use similar privacy protection protocols to discussing a minor's sexual behavior, substance use, or mental health.

# Collecting data from parents/caregivers

- Parent report data is less reliable than data collected directly from the minor
- Parents/caregivers can only reliably report on assigned gender, observed behaviors, and what their child has told them.
- For young children: "what should we know about your child's gender?"
- Parents/caregivers may misrepresent their child's SOGI data for a host of reasons
  - Fear for child's safety
  - Unaware
  - Unsupportive

# Age-appropriate questions

- Gender
- Young children (under age 12) should be asked simplified questions
- Sexual Orientation
- While children can become aware of their romantic or sexual orientation from a very young age, it is not recommended to ask about sexual orientation prior to the onset of puberty
- Be okay with unexpected answers! Collecting SOGI data is as much a health intervention as it is a way to gather useful data.
- Adolescents (over age 12) can use adult SOGI data collection questions/tools



# Autonomy

- Though there are inherent risks in collecting any demographic data, including SOGI data, not collecting it contributes to erasure of Sex, Sexual, and Gender Minority (SSGM) individuals.
- When you collect SOGI data, you give a person a choice (of whether or not to provide the data). They may participate in their representation or not.
- Not collecting SOGI data takes this choice away from individuals.

# Gender identity question for minors under age 12

Are you (check all that apply)

- A boy
- A girl
- Both
- Something else: \_\_\_\_\_
- It changes over time
- I don't know
- I don't know what this question is asking
- I don't want to answer

# Using Names and Pronouns

# Using Names and Pronouns

- **If you are unsure about a client's name or personal pronouns:**

“I would like to be respectful—what name and pronouns would you like me to use?”

- **If a client's name doesn't match insurance or medical records:**

“Could your chart/insurance be under a different name?”

“What is the name on your insurance?”

- **If you accidentally use the wrong term or pronoun, and you catch yourself:**

Quickly apologize and correct yourself. “He- I'm sorry, she...”

- **If you accidentally use the wrong term or pronoun, and the person corrects you:**

“Thank you for correcting me. I'll make a note, so I get it right next time.”

Make sure you do make the note!

# Pronoun Practice

Following this training event, make time at a staff meeting to watch the video on the next slide AND take turns telling your group about someone in your life for a minute or two, **using only they/them pronouns.**

If you feel comfortable with they/them pronouns already, try some other pronouns

- Ze/Zir
- Xe/Xem
- Only using the person's name



TRANS STUDENTS  
EXPLAIN WHY  
PRONOUNS  
ARE IMPORTANT

# Pronouns Expanded

*Common neopronouns, with the singular 'they' included for reference, and examples of how they are used*

	<b>Subject Pronouns</b>	<b>Object Pronouns</b>	<b>Possessive Adjectives</b>	<b>Possessive Pronouns</b>	<b>Reflexive Pronouns</b>
They	<i>They</i> laughed	I called <i>them</i>	<i>Their</i> eyes gleam	That is <i>theirs</i>	<i>They</i> like <i>themselves</i>
Ne	<i>Ne</i> laughed	I called <i>nem</i>	<i>Nir</i> eyes gleam	That is <i>nirs</i>	<i>Ne</i> likes <i>nemself</i>
Ve	<i>Ve</i> laughed	I called <i>ver</i>	<i>Vis</i> eyes gleam	That is <i>vis</i>	<i>Ve</i> likes <i>verself</i>
Spivak	<i>Ey</i> laughed	I called <i>em</i>	<i>Eir</i> eyes gleam	That is <i>eirs</i>	<i>Ey</i> likes <i>emself</i>
Ze/Zie and Hir	<i>Ze</i> laughed	I called <i>hir</i>	<i>Hir</i> eyes gleam	That is <i>hirs</i>	<i>Ze</i> likes <i>hirsself</i>
Ze/Zie and Zir	<i>Ze</i> laughed	I called <i>zir</i>	<i>Zir</i> eyes gleam	That is <i>zirs</i>	<i>Ze</i> likes <i>zirsself</i>
Xe	<i>Xe</i> laughed	I called <i>xem</i>	<i>Xyr</i> eyes gleam	That is <i>xyrs</i>	<i>Xe</i> likes <i>xemself</i>

# Using Identity Terms

- It is important to listen to, understand, and mirror the terms that patients use to describe themselves
- Keep in mind that some people do not like to use any terms to describe their identities
- Some people may not use a personal pronoun. As appropriate, use the person's name or chosen identifier
- People may have different ways they identify in different settings, e.g., work vs personal life
- Ask how a person would like to be referred to in their chart note.



*“Sex positivity means you don’t have to be ashamed of how you do or do not define yourself.”*

## **Why NOT to Choose a Label...**

Don’t want to be put in a box.

Don’t want to perpetuate system that doesn’t serve them at this time.

After “coming out,” changing labels is stigmatized.

## **Why Choose a Label...**

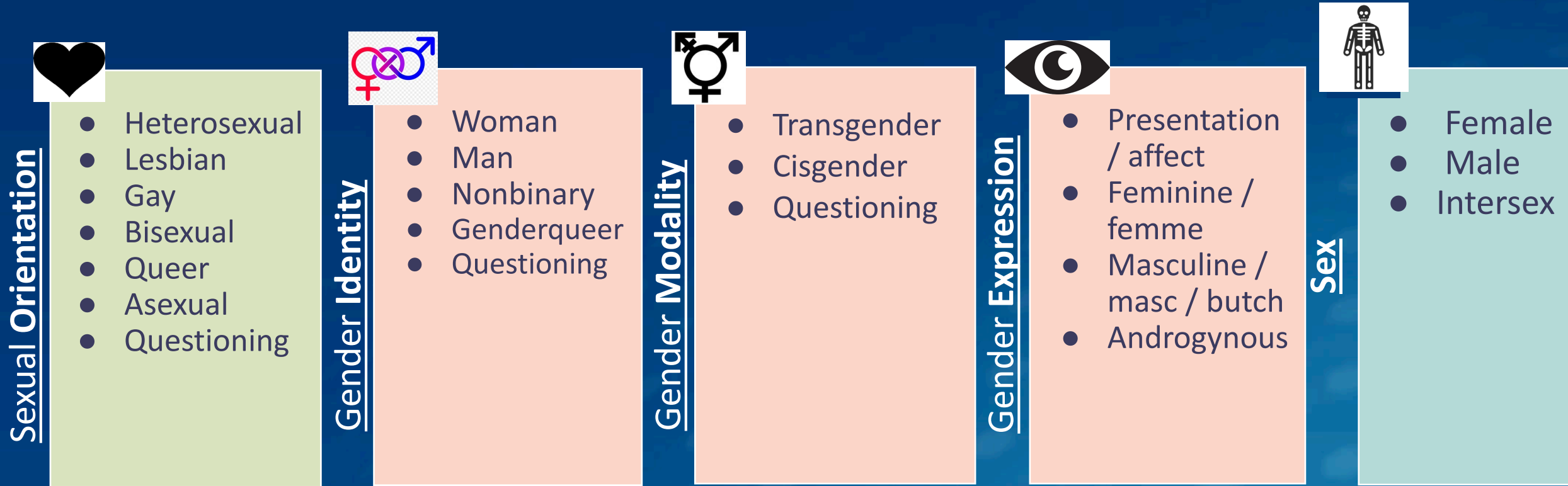
A sense of community with others who feel the same.

To demonstrate pride.

Ease of communication.

To access resources.

# Our model: sexual orientation, gender identity, modality, expression, and sex



**This is not an exhaustive list! Many additional identity labels exist.**

**Adapted from:** Green, E.R. & Maurer, L.M. (2015). The Teaching Transgender Toolkit: A Facilitator's Guide to Increasing Knowledge, Decreasing Prejudice, & Building Skills. Ithaca, NY: Planned Parenthood of the Southern Finger Lakes: Out for Health. ISBN: 978-0-9966783-0-8. [www.teachingtransgender.com](http://www.teachingtransgender.com). Slides adapted from the PAETC: JaDawn Wright, Mazdak Mazarei

# Resources

# Oregon AETC Resources

## Definitions

GLOSSARY OF SOGI TERMS

### [Final \(Year 2\) Report to OHA on SOGI Demographic Standards for Minors](#)

*Martin Arrigotti, Portland State University*

*Nell Carpenter, OHSU-PSU School of Public Health*

*Kieran Chase, Portland State University*

*Alysia Cox, Oregon Department of Human Services*

*Itai Jeffries, Northwest Portland Area Indian Health Board*

*Alexis Dinno, OHSU-PSU School of Public Health*

Pages 38 - 40 of this report include a glossary of definitions of SOGI terms.

### [LGBTQIA+ Glossary of Terms for Health Care Teams](#)

[Glosario de términos LGBT para equipos de atención a la salud](#)

[National LGBTQIA+ Health Education Center](#)

## Understanding Sexual Orientation and Gender Identity

# Oregon Health Authority Tools to Support SOGI Data Collection

## Using REALD and SOGI to Identify and Address Health Inequities

About Us

Contact Us

Cultural Competence Continuing Education

Data and Reports

Developing Equity Leadership through Training and Action (DELTA)

Committees and Councils

Policies and Procedures

REALD and SOGI

Regional Health Equity Coalitions

Rulemaking

Dear RAC Members and Interested Parties,

Thank you for your ongoing interest in participating in the Oregon Health Authority's Equity and Inclusion Division, REALD and SOGI section's rulemaking process. The catalyst for the update is House Bill 3159, which requires Sexual Orientation and Gender Identity (SOGI) to be added to the existing Race, Ethnicity, Language and Disability (REALD) OARs, which were also updated. On May 1, the [Notice of Proposed Rulemaking Document](#) was shared and posted on the Equity and Inclusion Division's [Rulemaking Page](#). The following resources are provided to help understand the implications of these changes (all documents are subject to update):

- [RAC REVIEW REALD SOGI Simple Templates](#) - Updates include proposed changes and additions to the current form from the RAC process and additions per OMB policy directives for race and ethnicity data collection.
- [Guidance to Accompany Changes to OARs](#)
- [Oregon SOGI Crosswalks](#)
- [REALD OMB Race Ethnicity Crosswalk](#)
- [Race Ethnicity Changes Summary](#) - Note that we added 42 new subgroups; 8 of which are text boxes in accordance with the new OMB changes. These changes will allow for future compliance with the OMB standards.
- [OHA Language List ISO](#)

The public comment period is currently open. The last day and time to offer comment to the agency is May 22, 2024 at 5:00 pm. Comments may be sent to [OHAREALD.Questions@odhsoha.oregon.gov](mailto:OHAREALD.Questions@odhsoha.oregon.gov). You can also submit comments during a hearing scheduled for **May 15, 2024 from 1:00 – 2:00 pm**. Zoom Meeting Link: <https://www.zoomgov.com/j/1603754094?pwd=L2xsUnFsbmtLWXdQTEijNVZzVzBNUT09>

Meeting ID: 160 375 4094

Passcode: 066652

<https://www.oregon.gov/oha/ei/pages/demographics.aspx>



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The content in this presentation are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the U.S. Government.

