1. **Advancing Pediatric Sexual Orientation and Gender Identity Data Collection.** ***Am J Public Health*** **2024 ;1141:17-20. Liu M, Grasso C, Kim H, Mayer KH, Keuroghlian AS.** 10.2105/AJPH.2023.307448 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=174205625&site=eds-live.

2. **Palliative Care Professionals' Perceptions of Communication With Sexual and Gender Minority Patients.** ***AM J HOSP PALLIAT MED*** **2024 ;417:771-785. Valenti K, Bybee S, Nwakasi C, Kano M, Coats H.** Purpose: For sexual and gender minority (SGM) individuals who identify as lesbian, gay, bisexual, transgender, queer, or any other sexual orientation or gender identity (LGBTQ+), the quality of palliative care can depend upon how clinicians view and communicate with this historically minoritized group. Prior literature has demonstrated that SGM patients access care at lower rates, and palliative care clinicians have suggested that SGM patients are more likely to experience discrimination than heterosexual patients. This study examined palliative care clinicians' perspectives and experiences regarding patient communication, care settings, the built environment, and inclusive care for SGM older adults with serious illness. Methods: The health disparities research framework informed a descriptive qualitative analysis of interview data with palliative care professionals (N = 20) across diverse healthcare settings within Colorado regarding their experiences and beliefs about communication and the care of SGM patients. Results: Three main themes emerged: (1) Limited sexual orientation and gender identity (SOGI) data collection; (2) Organizational and environmental inclusivity, and the "neutral" space viewed as safe; (3) Missing training platforms regarding SGM patients and a lack of opportunity to identify and discuss SGM patient needs. Conclusion: Study findings illuminated the following barriers to providing SGM-inclusive care: perspectives around (1) limitations and preferences regarding collection of SOGI data, (2) organizational and environmental inclusivity, and (3) education and training regarding cultural humility and communication with SGM patients. Findings indicate the need for multidimensional research to better understand and address SGM health disparities and promote equitable care.10.1177/10499091231212666 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=177035912&site=eds-live.

3. **REaL and SOGI Data Collection: Results from a Palliative Care Quality Collaborative Survey.** ***J Pain Symptom Manage*** **2024 ;681:e82-e85. Nouri S, Pantilat SZ, Meier DE, et al.** 10.1016/j.jpainsymman.2024.04.017 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=177848628&site=eds-live.

4. **Sexual orientation and gender identity (SOGI) and electronic health record data collection by national health systems to overcome disparities in healthcare.** ***Intensive Crit Care Nurs*** **2024 :103699. Ginaldi L, Lelii S, Pinto ME, Trovato G, De Martinis M.** Competing Interests: Declaration of competing interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.10.1016/j.iccn.2024.103699 https://search.ebscohost.com/login.aspx?direct=true&db=mdc&AN=38584050&site=eds-live.

5. **Training Health Center Staff in the Provision of Culturally Responsive Care for Sexual and Gender Minority Patients: Results of a Randomized Controlled Trial.** ***LGBT HEALTH*** **2024 ;112:131-142. Mayer KH, Peretti M, McBurnie MA, et al.** Purpose: The study was designed to evaluate whether an educational intervention to train the health center (HC) staff to optimize care for sexual and gender minority (SGM) patients could improve documentation of sexual orientation and gender identity (SOGI) and increase preventive screenings. Methods: Twelve HCs were matched and randomized to either receive a tailored,

multicomponent educational intervention or a 1-hour prerecorded webinar. Documentation of SGM status and clinical testing was measured through analysis of data that HCs report annually. Nonparametric statistics were used to assess associations between baseline HC characteristics and outcome measures. Results: The HCs were geographically, racially, and ethnically diverse. In all but one HC, <10% of the patients were identified as SGM. Intervention HCs underwent between 3 and 10 trainings, which were highly acceptable. In 2018, 9 of 12 HCs documented SO and 11 of 12 documented GI for at least 50% of their patients. Five of 6 intervention HCs increased SO documentation by 2020, compared to 3 of 6 control HCs (nonsignificant, NS). Five intervention HCs increased GI documentation, although generally by less than 10%, compared to 2 of the controls (NS). Intervention HCs tended to increase documentation of preventive services more than control HCs, but the changes were NS. Conclusions: An educational intervention designed to train the HC staff to provide culturally responsive services for SGM patients was found to be acceptable, with favorable, but nonsignificant changes. Further refinement of the intervention using a larger sample of HCs might demonstrate the effectiveness of this approach.10.1089/lgbt.2022.0322 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=176114290&site=eds-live.

6. **Validating identities: The pharmacist's role in providing affirming care and services to sexual and gender minority patients. *AM J HEALTH SYST PHARM AJHP* 2024 ;818:334-339. O'Donnell EP, Arif SA.** 10.1093/ajhp/zxad321 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=176466074&site=eds-live.

7. **Variation in patient gender and sexual identity recording within ambulance records. *J PARAMEDIC PRACT* 2024 ;161:8-14. Groom N.** Background: Health inequality among lesbian, gay, bisexual and transgender people has been highlighted in several reports. Ambulance services have been advised to record the gender identity and sexuality of all patients treated to support monitoring of health equity. Method: Four NHS ambulance services in England were asked for their data showing whether the completed patient record for each incident included gender identity and sexuality. Results: All services responded; data from three were used in the analysis. Only one service had the means to record a patient's sexual orientation. Gender identity was recorded by all services but the rate of data capture as well as potential responses varied between organisations. Discussion: There was little consistency between the three services regarding rates of data being captured, responses and potential answers. These variations could not be explained, although introduction of electronic patient records may impact data capture and quality.10.12968/jpar.2024.16.1.8 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=174600737&site=eds-live.

8. **Advancing Sexual and Gender Minority Population Health Using Electronic Health Record Data. *Am J Public Health* 2023 ;11312:1287-1289. Baker KE, Sarkodie E, Kwait J, Medina C, Radix A, Flynn R.** 10.2105/AJPH.2023.307467 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=173488669&site=eds-live.

9. **Communication about sexual orientation and gender between clinicians, LGBT+ people facing serious illness and their significant others: a qualitative interview study of experiences, preferences and recommendations. *BMJ QUAL SAF* 2023 ;322:109-120. Braybrook D, Bristowe K, Timmins L, et al.** Background Healthcare organisations have legal and ethical duties to reduce inequalities in access to healthcare services and related outcomes. However, lesbian, gay, bisexual and/or transgender (LGBT+) people continue to

experience and anticipate discrimination in health and social care. Skilled communication is vital for quality person-centred care, but there is inconsistent provision of evidence-based clinician education on health needs and experiences of LGBT+ people to support this. This study aimed to identify key stakeholders' experiences, preferences and best practices for communication regarding sexual orientation, gender identity and gender history in order to reduce inequalities in healthcare. Methods Semistructured qualitative interviews with LGBT+ patients with serious illness, significant others and clinicians, recruited via UK-wide LGBT+ groups, two hospitals and one hospice in England. We analysed the interview data using reflexive thematic analysis. Results 74 stakeholders participated: 34 LGBT+ patients with serious illness, 13 significant others and 27 multiprofessional clinicians. Participants described key communication strategies to promote inclusive practice across three domains: (1) 'Creating positive first impressions and building rapport' were central to relationship building and enacted through routine use of inclusive language, avoiding potentially negative non-verbal signals and echoing terminology used by patients and caregivers; (2) 'Enhancing care by actively exploring and explaining the relevance of sexual orientation and gender identity', participants described the benefits of clinicians initiating these discussions, pursuing topics guided by the patient's response or expressed preferences for disclosure. Active involvement of significant others was encouraged to demonstrate recognition of the relationship; these individual level actions are underpinned by a foundation of (3) 'visible and consistent LGBT+ inclusiveness in care systems'. Although participants expressed hesitance talking about LGBT+ identities with individuals from some sociocultural and religious backgrounds, there was widespread support for institutions to adopt a standardised, LGBT+ inclusive, visibly supportive approach. Conclusions Person-centred care can be enhanced by incorporating discussions about sexual orientation and gender identity into routine clinical practice. Inclusive language and sensitive exploration of relationships and identities are core activities. Institutions need to support clinicians through provision of adequate training, resources, inclusive monitoring systems, policies and structures. Ten inclusive communication recommendations are made based on the data.10.1136/bmjqs-2022-014792 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=162251603&site=eds-live.

10. **Factors Associated with Experiences of Gender-Affirming Health Care: A Systematic Review. *Transgender Health* 2023 ;81:22-44. Howell JD, Maguire R.** Purpose: Transgender people often pursue gender-affirming health care (GAH), such as hormone therapy and/or surgeries. While research has begun to explore influences on general health care for transgender individuals, less is known about the experiences of GAH specifically. We aimed to systematically review the factors associated with experiences of GAH. Methods: PubMed, EMBASE, PsycInfo, and Web of Science were systematically searched for relevant literature using a predetermined search strategy. Studies were screened by two researchers to determine whether they fit the inclusion criteria. Following quality appraisal and data extraction, results were thematically analyzed. Results: Thirty-eight studies were included in the review. Factors associated with experiences of GAH were broadly categorized as follows: (i) sociodemographic factors, (ii) treatment-related factors, (iii) psychosocial factors, and (iv) health care interactions, with health care interactions, in particular, being strong determinants of experience. Conclusion: Findings suggest that experiences of GAH may be determined by a number of diverse factors, which have implications for understanding how to better support those undergoing transition. In particular, health care professionals play a key role in determining how transgender people experience treatment, which should be considered when providing care for this

population.10.1089/trgh.2021.0033 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=161829499&site=eds-live.

11. **Improvements in Sexual Orientation and Gender Identity Data Collection Through Policy and Education.** ***Am J Public Health*** **2023 ;1138:834-835. Stasenko M, Quinn GP.** 10.2105/AJPH.2023.307344 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=164723999&site=eds-live.

12. **Inclusion of Sexual Orientation and Gender Identity (SOGI) Cultural Competence in Higher Education Healthcare Programs: A Scoping Review.** ***INTERNET J ALLIED HEALTH SCI PRACT*** **2023 ;212:1-16. Willey K, Fortuna JK, Guerra J, et al.** Purpose: Lack of sexual orientation and gender identity (SOGI) cultural competence in healthcare providers contributes to poor health outcomes in individuals who are lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more (LGBTQIA+). However, SOGI is often overlooked in healthcare education. Existing research shows educational programs in the nursing, medical, and pharmacy professions are incorporating cultural competence training into the curricula. Few studies have explored how SOGI cultural competence is incorporated into occupational therapy (OT), physical therapy (PT), and speech-language pathology (SLP) curricula. Clear guidelines for training on SOGI cultural competence are lacking in these professions. It is important to identify how OT, PT, and SLP educational programs are preparing students to provide culturally competent care to LGBTQIA+ individuals. This scoping review summarizes existing research on this topic and identifies gaps in the literature. Method: A scoping review methodological framework (Arksey & O'Malley, 2005; Levac et al., 2010) was used to search six databases. Descriptive numerical summary and qualitative analysis were used to summarize and interpret the results. Results: A total of 1,091 articles were included in the original search. After the initial title and abstract screening, 55 articles remained. In total, nine articles met the inclusion criteria for this scoping review. Quantitative results describe variation in study participants, SOGI populations, the type and purpose of training, and outcome measures used. Qualitative themes related to SOGI cultural competence include assessment of student and faculty knowledge, and the perceptions and evaluation of course content. Gaps in the literature include long-term changes in knowledge, skills, and dispositions of students; the need for clinical workshops, the quality of self-report in education, outcomes of training programs, and effectiveness of voice training for transgender clients. Conclusions: The benefits of including SOGI cultural competence in the healthcare curricula include increased student knowledge, confidence, sensitivity, cultural competence, and improved attitudes toward LGBTQIA+ individuals. Additional research is needed to develop and standardize training on SOGI cultural competence in the OT, PT, and SLP curricula. https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=163576854&site=eds-live.

13. **Monitoring patients' sexual orientation and gender identity: Can we ask? Should we ask? How do we ask?** ***BMJ QUAL SAF*** **2023 ;322:73-75. Almack K.** 10.1136/bmjqs-2022-015282 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=162251598&site=eds-live.

14. **A secondary mixed methods analysis examining midwives' responses regarding patient sexual orientation and gender identity (SOGI) disclosure.** ***Midwifery*** **2023 ;120:103648. Goldberg JM, Gong J, Blennerhassett CJ, Ross LE.** Objective: Recent research suggests that midwives generally have positive attitudes towards sexual and gender minority (SGM) clients; however, little research has examined whether and how these attitudes translate into specific clinical practices. In this study, we

performed a secondary mixed methods analysis to examine midwives' beliefs and practices regarding the importance of asking and knowing their patients' sexual orientation and gender identity (SOGI).; Methods: A confidential, anonymous paper survey was mailed to all midwifery practice groups (n = 131) in Ontario, Canada. Participants were midwives who were members of the Association of Ontario Midwives who responded to the survey (n = 267). Sequential explanatory mixed methods analysis was employed: quantitative SOGI questions were analyzed first, followed by qualitative open response comments to explain and contextualize the quantitative findings.; Findings: Midwives' responses indicated that it was not important to know or ask about clients' SOGI because (1) it is not necessary to be able to provide the best care to everyone, and (2) the onus is on the client to disclose SOGI. Midwives indicated that they would like more training and knowledge to be able to confidently care for SGM.; Key Conclusions and Implications for Practice: Midwives' hesitancy to ask or know SOGI demonstrates that positive attitudes do not necessarily translate into current best practices for obtaining SOGI data in the context of SGM care provision. Midwifery education and training programs should address this gap.; Competing Interests: Conflict of interest This manuscript has not been previously published and is not currently under consideration by any other journal. Additionally, all of the authors, who have substantially contributed to this manuscript, have approved its contents and have agreed to the submission policies for Midwifery. We have no conflicts of interest to disclose. (Crown Copyright © 2023. Published by Elsevier Ltd. All rights reserved.)10.1016/j.midw.2023.103648 https://search.ebscohost.com/login.aspx?direct=true&db=mdc&AN=36871488&site=eds-live.

15. **Sexual Orientation and Gender Identity Data Completeness at US Federally Qualified Health Centers, 2020 and 2021. *Am J Public Health* 2023 ;1138:883-892. Liu M, King D, Mayer KH, Grasso C, Keuroghlian AS.** Objectives. To assess the performance of US federally qualified health centers (FQHCs) after 6 years of required sexual orientation and gender identity (SOGI) data reporting and update estimated proportions of sexual and gender minorities cared for at FQHCs. Methods. We conducted secondary analyses of data reported to the 2020 and 2021 Uniform Data System from 1297 FQHCs caring for nearly 30 000 000 patients annually. We used multivariable logistic regression to explore FQHC-level and patient-level factors associated with SOGI data completeness. Results. SOGI data were missing for 29.1% and 24.0% of patients, respectively. Among patients with reported SOGI data, 3.5% identified as sexual minorities and 1.5% identified as gender minorities. Southern FQHCs and those caring for more low-income and Black patients were more likely to have above-average SOGI data completeness. Larger FQHCs were more likely to have below-average SOGI data completeness. Conclusions. Substantial increases in SOGI data completeness at FQHCs over 6 years reflect the success of reporting mandates. Future research is needed to identify other patient-level and FQHC-level factors contributing to residual levels of SOGI data missingness. (Am J Public Health. 2023;113(8):883–892. https://doi.org/10.2105/AJPH.2023.307323)10.2105/AJPH.2023.307323 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=164723992&site=eds-live.

16. **The use of gender-neutral language in maternity settings: a narrative literature review. *BR J MIDWIFERY* 2023 ;319:502-511. Crossan K, Geraghty S, Balding K.** Background/Aims: Midwives are vital healthcare professionals that are autonomous and passionate specialists on women, pregnancy, birthing and families. Staying up to date with contemporary issues enhances their ability to provide high-quality evidence-based care. One aspect of maternal care that is changing is the use of gender-neutral language. The aim of this review was to examine the use of gender-neutral language in maternity settings and collate the literature to expose any knowledge gaps. Methods: A narrative literature review was conducted, using primary research and literature reviews from the Cochrane Library, CINAHL and MEDLINE

databases. A total of 106 articles were included. Results: Data analysis yielded four themes: etymology and the origins of language in maternity, the effects of language in maternity, attitudes, and social media and language. The literature identified the perspective of the lesbian, gay, bisexual, transgender, intersex, queer or questioning, asexual and other sexually or gender diverse population who have accessed maternity and childcare services. Not all literature was maternity specific, but provided insight into how to improve maternity services. Conclusions: It is recommended that education be provided for healthcare professionals when working with the LGBTIQA+ community. Updating paperwork and policies at a structural level will have a vast impact holistically on LGBTIQA+ maternity consumers.10.12968/bjom.2023.31.9.502 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=170751206&site=eds-live.

17. **What We Lose When We "Don't Say Gay": Generational Shifts in Sexual Identity and Gender. *Soc Work* 2023 ;682:159-165. Bochicchio L, Carmichael AJ, Veldhuis C, Stefancic A.** At a time when anti-LGBTQ+ legislation is on the rise in more than a dozen states across the United States, social work providers and researchers must be acutely aware of the ways in which their practice may unintentionally invalidate the identities of LGBTQ+ youth. Concurrently, language used in the LGBTQ+ youth community to describe both sexual identity and gender has moved away from monosexual and binary labels toward nonmonosexual and nonbinary descriptions. The adoption of such language, in practice and in research, is a simple step toward combatting invalidation in the social work field. This commentary explores the expansion of identity labels through the lens of a study conducted across four leading LGBTQ+ agencies in New York and New Jersey with youth and staff. Authors review data that demonstrate the evolution of labels and argue that adopting these terms in practice and research will have fruitful and affirming effects on access to care, treatment attrition, and the design and quality of research in and for the LGBTQ+ community. This shift in language must be comprehensively addressed to ensure that practice and research continue to adopt and advocate for ways to affirm LGBTQ+ people, particularly given the recent onslaught of anti-LGBTQ+ legislation.10.1093/sw/swad006 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=162674458&site=eds-live.

18. **Assessing Whether Medical Students Consistently Ask Patients About Sexual Orientation and Gender Identity as a Function of Year in Training. *LGBT HEALTH* 2022 ;92:142-147. Newsom KD, Carter GA, Hille JJ.** Purpose: The Institute of Medicine has suggested that teaching health care providers to inquire about and document the sexual orientation and gender identity (SOGI) of their patients will provide more accurate epidemiological data and allow for more patient-centered care, thus improving sexual and gender minority health. The purpose of this study was to determine whether medical students are asking about SOGI and to identify reasons why students were opting not to ask. Methods: In July 2020, an online survey was made available to second-, third-, and fourth-year medical students at a Midwestern medical school. Respondents were asked whether they consistently inquired about the SOGI of their patients, and the reasons they do not ask. The number of students asking about SOGI and reasons for not asking were analyzed using chi-square analyses as a function of year in training. Results: Of 1089 eligible participants, 364 completed the survey (33.4%). The number of students asking about sexual orientation significantly decreased with every year of training (92.8%, 82.2%, and 52.7%). The number of students asking about gender identity significantly decreased after the second year of training (69.9%, 40.6%, and 26.4%). Reasons that significantly increased across training included believing SOGI is irrelevant to encounters, limiting inquiries to patients with sexual health complaints only, and negative influence from their attendings. Conclusion: As medical students progressed into the clinical years of their training, they were less likely to ask their patients about SOGI and

more likely to cite negative influence from their attendings and question the relevance of obtaining SOGI. 10.1089/lgbt.2021.0109 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=155609054&site=eds-live.

19. **Sexual orientation and gender identity (SOGI) data in dermatologic studies and opportunities for inclusion.** ***Dermatol Online J*** **2022 ;282Presley CL, Pulsipher KJ, Szeto MD, et al.** Dermatologists serve a vast array of patients with unique backgrounds. The National Institutes of Health (NIH) designated members of sexual and gender minorities as underrepresented in scholarly literature. Our study examines the past 10 years of studies published in highly-cited dermatologic journals, surveying each study for common data collection of sexual orientation and gender identity (SOGI) in dermatological studies. We found representation of sexual and gender minorities to be increasing in dermatological studies but recommend that SOGI data be collected regularly just as any other common variable in dermatological patient studies.10.5070/D328257393 https://search.ebscohost.com/login.aspx?direct=true&db=mdc&AN=35670680&site=eds-live.

20. **We Keep Proving That SOGI Questions Work, but Have More to Learn.** ***Am J Public Health*** **2022 ;1123:366-368. Jans M.** 10.2105/AJPH.2021.306709 https://search.ebscohost.com/login.aspx?direct=true&db=mdc&AN=35196044&site=eds-live.

21. **Wide Variability in Documentation of Sexual Orientation, Gender Identity, and Preventive Health Screenings in a Diverse Sample of U.S. Community Health Centers.** ***LGBT HEALTH*** **2022 ;98:571-581. Mayer KH, Peretti M, McBurnie MA, et al.** Purpose: This study was conducted to characterize documentation of sexual orientation and gender identity (SOGI) and provision of screening and preventive services in a diverse sample of community health centers (CHCs). Methods: Twelve CHCs provided data submitted to the Health Resources and Services Administration (HRSA) in 2018 from their Uniform Data System (UDS) reports. Prevalence of SOGI documentation, screenings, and preventive services were calculated. Sociodemographic correlates of documentation were analyzed using Fisher's exact test and Wilcoxon rank sum/Mann-Whitney U test. Results: Patient data recording sexual orientation (SO) were missing in 2%-93% of UDS reports from the 12 CHCs, and gender identity (GI) data were missing from 0% to 96% of UDS reports. CHCs were most likely to report body mass index and tobacco screening and least likely to report hepatitis A or B vaccination, independent of SO or GI. Transgender females were less likely to have mammography documented than cisgender females. Transgender males were less likely to have anal Pap tests, be vaccinated for hepatitis B, or be referred for risky alcohol use compared to cisgender males. Patients who identified as "another gender" were less likely to be referred for risky alcohol use, undergo mammography or anal Pap testing, or receive hepatitis A vaccination than cisgender people. Individuals who did not disclose their GI were less likely to be vaccinated for hepatitis A or B than cisgender people. Conclusion: SOGI status was often not documented by a diverse array of CHCs. However, when SOGI status was documented, we saw evidence of disparities in preventive interventions and referrals, particularly for transgender patients.10.1089/lgbt.2021.0362 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=160750651&site=eds-live.

22. **Capturing patients, missing inequities: Data standardization on sexual orientation and gender identity across unequal clinical contexts.** ***Soc Sci Med*** **2021 ;285:N.PAG. Cruz TM, Paine EA.** In effort to address fundamental causes and reduce health disparities, public

programs increasingly mandate sites of care to capture patient data on social and behavioral domains within Electronic Health Records (EHRs). Data reporting drawing from EHRs plays an essential role in public management of social problems, and data on social factors are commonly cited as foundational for eliminating health inequities. Yet one major shortcoming of these data-centered initiatives is their limited attention to social context, including the institutional conditions of biomedical stratification and variation of care provision across clinical settings. In this article, we leverage comparative fieldwork to examine provider and system responses to mandated data collection on patient sexual orientation and gender identity (SOGI), highlighting unequal clinical contexts as they appear across a large county safety-net institution and an LGBTQ-oriented health organization. Although point of care data collection is commonly justified for governance in the aggregate (e.g., disparity monitoring), we find standardized data on social domains presents a double-edged sword in clinical settings: formal categories promote visibility where certain issues remain hidden, yet constrain clinical utility in sites with greater knowledge and experience with related topics. We further illustrate how data standardization captures patient identities yet fundamentally misses these unequal contexts, resulting in limited attenuation of inequity despite broad expectations of clinical change. By revealing the often-invisible contexts of care that elude standard measurement, our findings underline the strengths of qualitative social science in accounting for the complex dynamics of enduring social problems. We call for deeper engagement with the unequal contexts of biomedical stratification, especially in light of increasing pressure to quantify the social amidst the rising tide of data-driven care. • Electronic Health Records (EHR) capture patient data on social and behavioral domains. • Qualitative research contextualizes EHR data sources within biomedical stratification. • Comparative fieldwork reveals organizational context shapes staff views of SOGI data. • Stratified provider and staff responses to standard data reflect entrenched inequity. • Data standardization may capture social identities yet miss unequal clinical contexts.10.1016/j.socscimed.2021.114295 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=152163764&site=eds-live.

23. **Experiences and Perspectives of Transgender Youths in Accessing Health Care: A Systematic Review. *JAMA PEDIATR* 2021 ;17511:1159-1173. Chong LSH, Kerklaan J, Clarke S, et al.** Key Points: Question: What are the experiences, challenges, and needs of transgender youths in accessing health care? Findings: In this systematic review, we identified 6 themes regarding the experiences and needs of transgender youths: experiencing pervasive stigma and discrimination in health care, feeling vulnerable and uncertain in decision-making, traversing risks to overcome systemic barriers to transitioning, internalizing intense fear of consequences, experiencing prejudice undermining help-seeking efforts, and experiencing strengthened gender identity and finding allies. Meaning: This review suggests that improving access to gender-affirming services with a cultural humility lens and addressing sociolegal stressors may promote engagement in care, minimize the use of unsafe interventions, and improve health outcomes in this population. This systematic review describes the perspectives and needs of transgender youths in accessing health care. Importance: Transgender and nonbinary youths have a higher incidence of a range of health conditions and may paradoxically face limited access to health care. Objective: To describe the perspectives and needs of transgender youths in accessing health care. Evidence Review: MEDLINE, Embase, PsycInfo, and the Cumulative Index to Nursing and Allied Health Literature were searched from inception to January 2021. Qualitative studies of transgender youths' perspectives on accessing health care were selected. Results from primary studies were extracted. Data were analyzed using thematic synthesis. Findings: Ninety-one studies involving 884 participants aged 9 to 24 years across 17 countries were included. We identified 6 themes: experiencing pervasive stigma and discrimination in health

care, feeling vulnerable and uncertain in decision-making, traversing risks to overcome systemic barriers to transitioning, internalizing intense fear of consequences, experiencing prejudice undermining help-seeking efforts, and experiencing strengthened gender identity and finding allies. Each theme encapsulated multiple subthemes. Conclusions and Relevance: This review found that transgender youths contend with feelings of gender incongruence, fear, and vulnerability in accessing health care, which are compounded by legal, economic, and social barriers. This can lead to disengagement from care and resorting to high-risk and unsafe interventions. Improving access to gender-affirming care services with a cultural humility lens and addressing sociolegal stressors may improve outcomes in transgender and nonbinary youths.
10.1001/jamapediatrics.2021.2061 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=153441455&site=eds-live.

24. **The health and wellbeing of transgender and gender non-conforming people of colour in the United States: A systematic literature search and review.** ***J COMMUNITY APPL SOC PSYCHOL*** **2021 ;316:703-731. Farvid P, Vance TA, Klein SL, Nikiforova Y, Rubin LR, Lopez FG.** Transgender and gender non-conforming people (TGNC), individuals whose gender identity differs from the sex they were assigned at birth, experience unique stressors, discrimination, and barriers to health and wellbeing. TGNC People of Colour (POC) navigate the nexus of racism, cisgenderism (and often homophobia) in their daily lives, resulting in uniquely intersecting forms of discrimination, and pronounced disparities in their health and well-being. In order to examine the current state of knowledge about the health and wellbeing of TGNC POC, we conducted a systematic search and review of peer-reviewed journal articles published between 1 January 2010 and 1 May 2020 that focused on this population. A systematic search identified (3,575) papers, with 76 of those meeting full inclusion criteria. In our review, we were able to identify physical health and psychological wellbeing (which included resilience), as core clusters of research focused on TGNC POC. We identified specific factors that hindered physical and psychological health (what we call "push" factors) as well as those that promoted it (what we call "pull" factors). Leveraging these findings, we offer ways forward for best practice in clinical work and carrying out research with this population. Please refer to the Supplementary Material section to find this article's Community and Social Impact Statement.10.1002/casp.2555 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=153578625&site=eds-live.

25. **Perspectives of LGBTQ Youth and Pediatricians in the Primary Care Setting: A Systematic Review.** ***J PRIM CARE COMMUNITY HEALTH*** **2021 ;12:1-5. Stern M.** Objectives: Conduct a systematic review designed to determine needs and experiences of LGBTQ adolescents in the pediatric primary care setting and to the ability of primary care practitioners to provide the most inclusive care to LGBTQ adolescents. Methods: PubMed, CINAHL, and Embase searches using the following keywords: LGBTQ, Adolescents, Pediatrics, Sexual-Minority, Gender-Identity, and primary care, to identify peer-reviewed publications from 1998 to 2017 that focused on stigma in the healthcare setting related to LGBTQ youth and the knowledge of healthcare providers on enhancing care for their sexual and gender minority patients. Article inclusion criteria include: primary research studies conducted in a pediatric primary care describing LGBTQ patients, pediatric patients as described by the American Academy of Pediatrics (AAP), and written in the English language. Articles were excluded if they used inaccurate definitions for LGBTQ identity, inappropriate patient ages outside of those defined by the AAP, and studies not in a pediatric primary care setting. Results: Four articles were identified for the review. Of the included articles, the majority of LGBTQ adolescents experience stigma in the healthcare setting. A limited number of physicians providing care to LGBTQ adolescents felt equipped to care for their sexual-minority patients due to lack of

education and resources. Conclusions: The education of physicians should include a more detailed approach to providing care to the LGBTQ population, particularly to those training to become pediatricians. A standard guide to treating LGBTQ adolescents could eliminate stigma in the healthcare setting.10.1177/21501327211044357 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=152271194&site=eds-live.

26. **A Scoping Review Examining Social and Legal Gender Affirmation and Health Among Transgender Populations. *Transgender Health* 2021 ;61:5-22. King WM, Gamarel KE.** Purpose: Transgender (trans) populations experience health inequities. Gender affirmation refers to psychological, social, legal, and medical validation of one's gender and is a key social determinant of trans health. The majority of research has focused on medical affirmation; however, less is known about the role of social and legal affirmation in shaping trans health. This review aimed to (1) examine how social and legal gender affirmation have been defined and operationalized and (2) evaluate the association between these forms of gender affirmation and health outcomes among trans populations in the United States. Methods: We conducted a systematic search of LGBT Life, PsycInfo, and PubMed using search strings targeting transgender populations and gender affirmation. This review includes 24 of those articles as well as 1 article retrieved through hand searching. We used a modified version of the National Institute of Health Quality Assessment Tool to evaluate study quality. Results: All studies relied on cross-sectional data. Studies measured and operationalized social and legal gender affirmation inconsistently, and some measures conflated social gender affirmation with other constructs. Health outcomes related to mental health, HIV, smoking, and health care utilization, and studies reported mixed results regarding both social and legal gender affirmation. The majority of studies had serious methodological limitations. Conclusion: Despite conceptual and methodological limitations, social and legal gender affirmation were related to several health outcomes. Study findings can be used to develop valid and reliable measures of these constructs to support future multilevel interventions that improve the health of trans communities.10.1089/trgh.2020.0025 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=148800153&site=eds-live.

27. **Sexual Orientation And Gender Identity Data. *Health Aff* 2021 ;405:852. MacCarthy S, Elliott MN.** 10.1377/hlthaff.2021.00255 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=150152343&site=eds-live.

28. **Sexual Orientation and Gender Identity Data Collection at US Health Centers: Impact of City-Level Structural Stigma in 2018. *Am J Public Health* 2021 ;11111:2059-2063. Almazan AN, King D, Grasso C, et al.** Objectives. To examine the relationship between city-level structural stigma pertaining to sexual orientation and gender identity (SOGI) and completeness of patient SOGI data collection at US federally qualified health centers (FQHCs). Methods. We used the Human Rights Campaign's Municipal Equality Index to quantify city-level structural stigma against sexual and gender minority people in 506 US cities across 49 states. We ascertained the completeness of SOGI data collection at FQHCs from the 2018 Uniform Data System, which describes FQHC patient demographics and service utilization. We included FQHCs in cities captured by the structural stigma index in multinomial generalized linear mixed models to examine the relationship between city-level structural stigma and SOGI data completeness. Results. FQHCs in cities with more protective sexual orientation nondiscrimination policies reported more complete patient sexual orientation data (adjusted odds ratio AOR] = 1.6; 95% confidence interval CI] = 1.2, 2.1). This association was also found for gender identity nondiscrimination policies and gender identity data collection (AOR = 1.7; 95% CI = 1.3, 2.2). Conclusions. Municipal sexual

and gender minority nondiscrimination laws are associated with social and municipal environments that facilitate patient SOGI data collection.(Am J Public Health. 2021;111(11):2059–2063. https://doi.org/10.2105/AJPH.2021.306414)10.2105/ajph.2021.306414 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=153651510&site=eds-live.

29. **Usability testing of the sexual orientation and gender identity nursing education eLearning toolkit and virtual simulation games.** ***TEACH LEARN NURS*** **2021 ;164:321-325. Luctkar-Flude M, Tyerman J, Ziegler E, Walker S, Carroll B.** • Nurses and other healthcare providers lack knowledge about LGBTQITS healthcare needs. • Virtual simulation games are appealing to both nursing students and nurse educators. • It is feasible to use virtual simulation games to provide education about cultural humility, sexual orientation and gender identity. • The SOGI-Nursing Educational Toolkit and virtual simulations demonstrated high ease of use and acceptability during usability testing. Individuals of the LGBTQITS community face significant disparities when accessing healthcare, including stigma, oppression, and discrimination contributing to health inequities. Integrating cultural humility practice in nursing education is needed to navigate barriers. A mixed methods usability study evaluated a bilingual online educational toolkit including curated instructional videos, personal bias quiz, and virtual simulation games VSGs. A convenience sample of nursing faculty and students were invited to participate. Participants (N = 11) were observed playing the games, overall average time was 14 mins per game. Largely usability testers agreed or strongly agreed VSGs were easy and fun and helped them understand personal assumptions. Presimulation preparation was mostly viewed as relevant and engaging. Results support the feasibility of educating nurses and students about cultural humility, sexual orientation, and gender identity (SOGI) using VSGs. The SOGI-Nursing toolkit was found to be functional and a valuable and engaging teaching and learning strategy.10.1016/j.teln.2021.06.015 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=152463662&site=eds-live.

30. **Developing a Sexual Orientation and Gender Identity Nursing Education Toolkit.** ***J Contin Educ Nurs*** **2020 ;519:412-419. Luctkar-Flude M, Tyerman J, Ziegler E, et al.** Background: Current education lacks lesbian, gay, bisexual, transgender, questioning, intersex, and two-spirit (LGBTQI2S) content for health care providers (HCPs). Providing HCPs with understanding of LGBTQI2S health issues would reduce barriers. The Innovative Thinking to Support LGBTQI2S Health and Wellness trainee award supported the development of a website with virtual simulation games (VSGs) about providing culturally humble care to LGBTQI2S individuals to address this need. Method: An online educational toolbox was developed that included VSGs and resources. Development processes included a visioning meeting, development of learning objectives, and using a decision-point map for script writing. Bilingual VSGs were filmed, and the website was developed. Results: The Sexual Orientation and Gender Identity Nursing Toolkit was created to advance cultural humility in practice. Learning modules focus on encounters using cultural humility to meet the unique needs of the LGBTQI2S community. Conclusion: Our innovative educational toolkit can be used to provide professional development of nurses and other HCPs to care for LGBTQI2S individuals. Our innovative educational toolkit can be used to provide professional development of nurses and other HCPs to care for LGBTQI2S individuals. J Contin Educ Nurs. 2020;51(9):412–419.]10.3928/00220124-20200812-06 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=145281598&site=eds-live.

31. **Promoting Health Equality and Nondiscrimination for Transgender and Gender-Diverse Youth.** ***J Adolesc Health*** **2020 ;666:761-765. Promoting Health Equality and**

Nondiscrimination for Transgender and Gender-Diverse Youth. Adolescent and young adult health-care providers often care for transgender and gender-diverse (TGD) youth—youth whose gender identity is incongruent with the gender assigned to them at birth. This patient population faces health challenges distinct from their cisgender peers (i.e., youth whose gender identity aligns with their assigned gender at birth), which include the health impacts from gender dysphoria and from societal stigma and discrimination. SAHM encourages adolescent and young adult health-care providers to receive training in providing culturally effective, evidence-based care for TGD youth; calls for more research on gender-affirming health care; and advocates for policies that protect the rights of TGD youth and minimize barriers to attaining healthcare. Consistent with other medical organizations, the Society for Adolescent Health and Medicine promotes the call for gender affirmation as a mainstay of treatment and is opposed to the notion that diversity in gender is pathological.10.1016/j.jadohealth.2020.03.016 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=143460294&site=eds-live.

32. **Systematic Collection of Sexual Orientation and Gender Identity in a Public Health System: The San Francisco Health Network SO/GI Systems-Change Initiative. *JOINT COMM J QUAL PATIENT SAF* 2020 ;4610:549-557. Rosendale N, Fishman A, Goldman S, Pardo S, Scarborough A, Bennett A.** Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) individuals experience disparate outcomes within health care that are often unacknowledged by health systems due to lack of systematic collection of sexual orientation/gender identity (SO/GI) data. This article describes a San Francisco Department of Public Health (SFDPH) initiative to standardize SO/GI data collection for every patient/client utilizing SFDPH services, as well as the training development and implementation around this initiative. This initiative incorporated community engagement throughout and had an aim of meeting new regulatory requirements, improving patient experience and, ultimately, equipping staff with the needed data to uncover and reduce health disparities. Upon completion of the first wave of training (May 2019), a total of 5618 (69.1%) staff completed the online training and 2189 (26.7%) staff completed the optional in-person training. As of June 2020, SO/GI was collected in 35.0 percent of empanelled primary care patients and in 26.8 percent of the unique patient encounters overall throughout the health network. This initiative demonstrated the feasibility of implementing SO/GI data collection as an inclusive and community-driven culture change initiative, fully integrated with the complexities of operational change in a diverse public health network. Next steps include providing ongoing training and support for clinicians, staff, and patients, implementing SO/GI data collection for pediatric patients/clients, and identifying health disparities within the network to create targeted interventions and improve the care experience for our LGBTQ+ patients/clients.10.1016/j.jcjq.2020.02.008 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=145759761&site=eds-live.

33. **"The Idea of Categorizing Makes Me Feel Uncomfortable": University Student Perspectives on Sexual Orientation and Gender Identity Labeling in the Healthcare Setting. *Arch Sex Behav* 2019 ;485:1555-1562. Scheffey KL, Ogden SN, Dichter ME.** As healthcare settings are increasingly adding sexual orientation and gender identity (SO/GI) to routinely collected patient demographic information, it is important to understand how patients conceptualize and label these identities. This study explored university students' perspectives on and experiences with choosing SO/GI labels in the healthcare setting. We employed a mixed-method approach, collecting survey data on self-identified SO/GI labels across various contexts and conducting focus groups centered around experiences of SO/GI data collection and labeling in healthcare. Thirty-four graduate and undergraduate university students completed the survey and participated in six one-time focus groups. While many participants indicated that their self-identified SO/GI labels were consistent across

contexts/relationships, 47% indicated that they used different labels to describe their SO or GI depending on the context. The focus group discussions revealed ways in which participants struggled to label their SO/GI on forms: They reported that (1) their authentic SO/GI labels were not among the commonly listed labels or (2) they felt that labeling their SO/GI identities was problematic. Participants reported that choosing a label that did not fit their lived experience was not only inaccurate, but could also feel painful and alienating. These findings hold implications for the collection and interpretation of patient SO/GI information, both for epidemiological purposes and for patient-centered care.10.1007/s10508-019-1401-1 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=137183126&site=eds-live.

34. **Barriers to Mental Health Care for Transgender and Gender-Nonconforming Adults: A Systematic Literature Review. *Health Soc Work* 2019 ;443:149-155. Snow A, Cerel J, Loeffler DN, Flaherty C.** Contemporary research suggests that transgender and gender-nonconforming (TGNC) adults encounter formidable barriers to health care, including access to quality therapeutic interventions. This systematic review is one of the first to specifically explore obstacles to TGNC mental health care. A rigorous literature review identified eight relevant studies: six qualitative designs and two quantitative designs. Thematic synthesis revealed three major barriers to care and five corresponding subthemes: (1) personal concerns, involving fear of being pathologized or stereotyped and an objection to common therapeutic practices; (2) incompetent mental health professionals, including those who are unknowledgeable, unnuanced, and unsupportive; and (3) affordability factors. Results indicate an acute need for practitioner training to ensure the psychological well-being of TGNC clients.10.1093/hsw/hlz016 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=138342359&site=eds-live.

35. **Profound health-care discrimination experienced by transgender people: rapid systematic review. *Soc Work Health Care* 2019 ;582:201-219. Kcomt L.** Transgender people experience interpersonal and structural barriers which prevent them from accessing culturally and medically competent health care. This rapid systematic review examined the prevalence of health-care discrimination among transgender people in the U.S. and drew comparisons with sexual minority samples and the general U.S. population. Eight primary studies with 35 prevalence estimates were analyzed. Transgender populations experience profound rates of discrimination within the U.S. health-care system. Compared to sexual minorities, transgender participants appear to be more compromised in their access to health care. Service providers must change structural inequities which contribute to transgender people's invisibility.10.1080/00981389.2018.1532941 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=134195533&site=eds-live.

36. **Required Sexual Orientation and Gender Identity Reporting by US Health Centers: First-Year Data. *Am J Public Health* 2019 ;1098:1111-1118. Grasso C, Goldhammer H, Funk D, et al.** Objectives. To assess the performance of US health centers during the first year of required sexual orientation and gender identity (SOGI) data reporting and to estimate the baseline proportion of lesbian, gay, bisexual, and transgender patients accessing health centers. Methods. We conducted a secondary analysis of SOGI data from 2016. These data were reported by 1367 US health centers caring for 25 860 296 patients in the United States and territories. Results. SOGI data were missing for 77.1% and 62.8% of patients, respectively. Among patients with data, 3.7% identified as lesbian, gay, bisexual, or something else; 0.4% identified as transgender male or female; 27.5% did not disclose their sexual orientation; and 9.3% did not disclose their gender identity. Conclusions. Although

health centers had a high percentage of missing SOGI data in the first year of reporting, among those with data, the percentages of lesbian, gay, bisexual, and transgender people were similar to national estimates, and disclosure was more than 70%. Future data collection efforts would benefit from increased training for health centers and improved messaging on the clinical benefits of SOGI data collection and reporting.10.2105/AJPH.2019.305130 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=137304718&site=eds-live.

37. **Routine collection of sexual orientation and gender identity data: a mixed-methods study. *CMAJ* 2019 ;1913:E63-E68. Pinto AD, Aratangy T, Abramovich A, et al.** Background: Sexual orientation and gender identity are key social determinants of health, but data on these characteristics are rarely routinely collected. We examined patients' reactions to being asked routinely about their sexual orientation and gender identity, and compared answers to the gender identity question against other data in the medical chart on gender identity.Methods: We analyzed data on any patient who answered at least 1 question on a routinely administered sociodemographic survey between Dec. 1, 2013, and Mar. 31, 2016. We also conducted semistructured interviews with 27 patients after survey completion.Results: The survey was offered to 15 221 patients and 14 247 (93.6%) responded to at least 1 of the sociodemographic survey questions. Most respondents answered the sexual orientation (90.6%) and gender identity (96.1%) questions. Many patients who had been classified as transgender or gender diverse in their medical chart did not self-identify as transgender, but rather selected female (22.9%) or male (15.4%). In the semistructured interviews, many patients expressed appreciation at the variety of options available, although some did not see their identities reflected in the options and some felt uncomfortable answering the questions.Interpretation: We found a high response rate to questions about sexual orientation and gender identity. Fitting with other research, we suggest using a 2-part question to explore gender identity. Future research should evaluate the acceptability and feasibility of administering these questions in a variety of care settings. These data can help organizations identify health inequities related to sexual orientation and gender identity.10.1503/cmaj.180839 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=134191013&site=eds-live.

38. **Sexual Orientation and Gender Identity in Patients: How to Navigate Terminology in Patient Care. *J CHIROPRACT HUMANIT* 2019 ;26:53-59. Lady SD, Burnham KD.** The purpose of this paper is to describe how health care providers can improve their practice environments to be more welcoming for patients on the spectrum of gender and sexual identity. Literature searches were performed in WorldCat, PubMed, and nongovernmental organizations and Gallup polls. The years searched were from 2005 to 2018. Key words used included sexual orientation , transgender , and health care. The PubMed MeSH termed searched included gender identity and sexuality , both in combination with patient care. Terminology that patients use to identify their gender may vary. Understanding the terminology that patients use to self-identify is a first step to becoming more sensitive to the needs of gender and sexual minority patients. Minority patients on the spectrum of gender and sexual identity experience discrimination when accessing health care. Therefore, an accepting doctor–patient relationship especially benefits these patients. When communication competency and fluency is established, health care providers provide a more inclusive, accepting environment. Addressing patients based on their preferences and using inclusive forms and patient handouts are some recommendations that are made to create an open, patient-centered environment. This article provides health care providers with terminology that facilitates communication and the healing environment for sexual and gender minority patients. Understanding and using this may create a more welcoming environment to all

patients.10.1016/j.echu.2019.08.005 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=140273057&site=eds-live.

39. **Recognition and Legitimisation of Sexual Orientation and Gender Identity (SOGI) at the UN: A Critical Systemic Analysis.** ***BR J SOC WORK*** **2016 ;468:2245-2262. Mulé NJ, McKenzie C, Khan M.** The UN often plays a progressive role in challenging oppressive policies and laws globally from a human rights perspective. Since approximately 2005, there has been increased LGBTQI rights recognition within various UN bodies such as: the Economic and Social Council (ECOSOC), the Office of the United Nations High Commissioner for Human Rights (OHCHR), the United Nations High Commissioner for Refugees (UNHCR), the Security Council, UN Women and Special Rapporteurs. Despite such achievements, these UN bodies often experience challenges in legitimising such recognition of LGBTQI individuals and communities. This paper critically analyses the effectiveness and relevance of UN bodies in addressing and advocating for progressive and equitable policies related to LGBTQI people through examination of the following: LGBTQI advocacy at the UN; internal bureaucracies of the UN and their affiliates that interfere with LGBTQI rights; and the role of member states. A critical social work lens frames the paper based on a queer liberation perspective, which is inclusive of sexual and gender diversities beyond dominant heterosexual and binaristic constructions (Mulé, 2008, 2012). Such perspectives contribute to resisting and challenging norms that make static the identities, recognition and legitimisation of LGBTQI at the UN.10.1093/bjsw/bcw139 https://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=120757890&site=eds-live.