



UNIVERSITY OF  
**Nebraska**  
Medical Center

# UNMC ID ECHO Project to Reduce COVID-19 Health Disparities Through Quality Improvement

## Welcome to Session 29



Project Funded by Nebraska DHHS through a CDC grant



# Housekeeping Reminders

- Discussion makes sessions work best!
- Please stay muted unless you are speaking
- We love to see your face!
- Sessions will be recorded and available upon request
- Attendance is taken by filling the survey in the chat
- All the session presentation are available on our [website](#)
- Project ECHO collects registration, participation, questions and answers, chat comments, and poll responses for some ECHO programs. Your individual data will be kept confidential. This data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research, and to create new initiatives.



# Subject Matter Experts

## Infectious Diseases Team

- M. Salman Ashraf, MBBS
  - Erica Stohs, MD, MPH
  - Kelly Cawcutt, MD, MS

## Quality Improvement Team

- Jeff Wetherhold, QI Consultant
  - Gale Etherton, MD
  - Mahliqha Qasimyar, MD

## Health Equity & Cultural Sensitivity Team

- Nada Fadul, MD
- Mahelet Kebede, HE & CS Consultant
  - Shirley Delair, MD
  - Jasmine Marcelin, MD
  - Andrea Jones, MD
  - Precious Davis, EdD
- Samantha Jones, Program Manager
  - Dan Cramer, NP



# CE Disclosures



# **UNMC ID Health Equity and Quality Improvement ECHO Project**

**Topics:**

**CS: Gender Expression and Identity**

**Free Live ECHO Project**

**January 4, 2023**

**CID 57617**

## TARGET AUDIENCE

This accredited continuing education activity is intended for physicians, APPs, nurses, social workers, case managers, and anyone else interested in learning about health equity in underserved populations.

## ACTIVITY DESCRIPTION

Achieving health equity, addressing COVID-19 disparities, and improving the health of all Nebraskans using a quality improvement approach are the goals for our newly launched educational initiative. This COVID-19-focused health equity and quality improvement educational series will use the ECHO model for training healthcare workers.

The course is being offered through the University of Nebraska Medical Center (UNMC) infectious diseases (ID) ECHO program and is funded by the Nebraska Department of Health and Human Services (DHHS) via a CDC grant.



# EDUCATIONAL OBJECTIVES

At the conclusion of this live activity, the participants should be better able to:

- Identify barriers to healthcare that transgender/gender non-conforming patients experience
- Describe at least three ways that a healthcare facility can be more inclusive of patients across the gender identity/expression spectrum.
- Examine the gender binary

## REQUIREMENTS FOR SUCCESSFUL COMPLETION

In order to receive continuing education credit/credits, you must:

1. Participate in the live activity via ZOOM. Your attendance will be tracked by the course facilitator.
2. Complete the overall evaluation
  - a. Instructions on how to access the overall evaluation will be provided on a quarterly basis.
  - b. Continuing education credits will be issued for activities you attended.

For questions regarding evaluation and attendance, please contact Nuha Mirghani, MD, MBA, HCM at [nmirghani@unmc.edu](mailto:nmirghani@unmc.edu)





# ACCREDITED CONTINUING EDUCATION



In support of improving patient care, University of Nebraska Medical Center is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

## PHYSICIANS/PHYSICIAN ASSISTANTS

The University of Nebraska Medical Center designates this live activity for a maximum of 1.5 *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

## NURSES/NURSE PRACTITIONERS

The University of Nebraska Medical Center designates this activity for 1.5 ANCC contact hour(s). Nurses should only claim credit for the actual time spent participating in the activity.



# ACCREDITED CONTINUING EDUCATION



As a Jointly Accredited Organization, University of Nebraska Medical Center is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. Regulatory boards are the final authority on courses accepted for continuing education credit. Social workers completing this course receive 1.5 general continuing education credits. Social work level of content: **Advanced**



This program has been pre-approved by The Commission for Case Manager Certification to provide continuing education credit to CCM® board certified case managers. The course is approved for 1.5 CE contact hour(s).

Activity code: I00053431 Approval Number: 220004278

To claim these CEs, log into your CCMC Dashboard at [www.ccmcertification.org](http://www.ccmcertification.org).



# DISCLOSURE DECLARATION

As a jointly accredited provider, the University of Nebraska Medical Center (UNMC) ensures accuracy, balance, objectivity, independence, and scientific rigor in its educational activities and is committed to protecting learners from promotion, marketing, and commercial bias. Faculty (authors, presenters, speakers) are encouraged to provide a balanced view of therapeutic options by utilizing either generic names or other options available when utilizing trade names to ensure impartiality.

All faculty, planners, and others in a position to control continuing education content participating in a UNMC accredited activity are required to disclose all financial relationships with ineligible companies. As defined by the Standards for Integrity and Independence in Accredited Continuing Education, ineligible companies are organizations whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. The accredited provider is responsible for mitigating relevant financial relationships in accredited continuing education. Disclosure of these commitments and/or relationships is included in these activity materials so that participants may formulate their own judgments in interpreting its content and evaluating its recommendations.

This activity may include presentations in which faculty may discuss off-label and/or investigational use of pharmaceuticals or instruments not yet FDA-approved. Participants should note that the use of products outside currently FDA-approved labeling should be considered experimental and are advised to consult current prescribing information for FDA-approved indications.

All materials are included with the permission of the faculty. The opinions expressed are those of the faculty and are not to be construed as those of UNMC.



# Disclosures

***The accredited provider has mitigated and is disclosing identified relevant financial relationships for the following faculty, planners, and others in control of content prior to assuming their roles:***

## **FACULTY**

The below faculty have nothing to disclose:

- Daniel Cramer, APRN, FNP-c
- Rachelle Carr, MA



# Disclosures

## PLANNING COMMITTEE

### **M. Salman Ashraf, MBBS**

*Merck & Co, Inc: Industry funded research/investigator*

### **Erica Stohs, MD, MPH**

*ReViral Ltd.: Industry funded research/investigator*

The below planning committee members have nothing to disclose:

- Valeta Creason-Wahl, HMCC
- Precious Davis, MSN, BSN, RN
- Nada Fadul, MD
- Samantha Jones, CSW
- Mahelet Kebede, MPH
- Nuha Mirghani, MD, MBA, HCM
- Renee Paulin, MSN, RN, CWOCN
- Jeff Wetherhold, M. Ed
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[www.unmc.edu/cce](http://www.unmc.edu/cce)

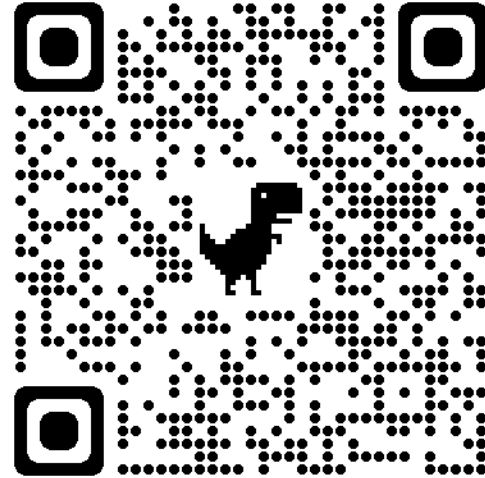
# POLL



# Participant Interviews

- 30-45 minutes each
- Focused on how you hope to apply what you are learning to your work
- Helps us improve program content

Schedule an interview:





# Poll Results



# Cultural Sensitivity: Gender Expression & Identity

**Presenters: Daniel Cramer, MSN, APRN  
Rachelle Carr, MA**



# Objectives



1. Examine the gender binary
2. Identify barriers to healthcare that transgender/gender non-conforming patients experience
3. Describe at least three ways that a healthcare facility can be more inclusive of patients across the gender identity/expression spectrum





# Gender vs Sex

- Important to understand difference
- Sexual differences
- Is Gender tied to Sex?
- Social Constructs that we live in influence our view

# So, What is Gender Binary?



- Structured Classification
- Binary system, two categories
- Rigid, without nuance
- Focused on sex characteristics
- Social construct



# What is Gender Binary?



WHAT PEOPLE  
ASSUME GENDER IS



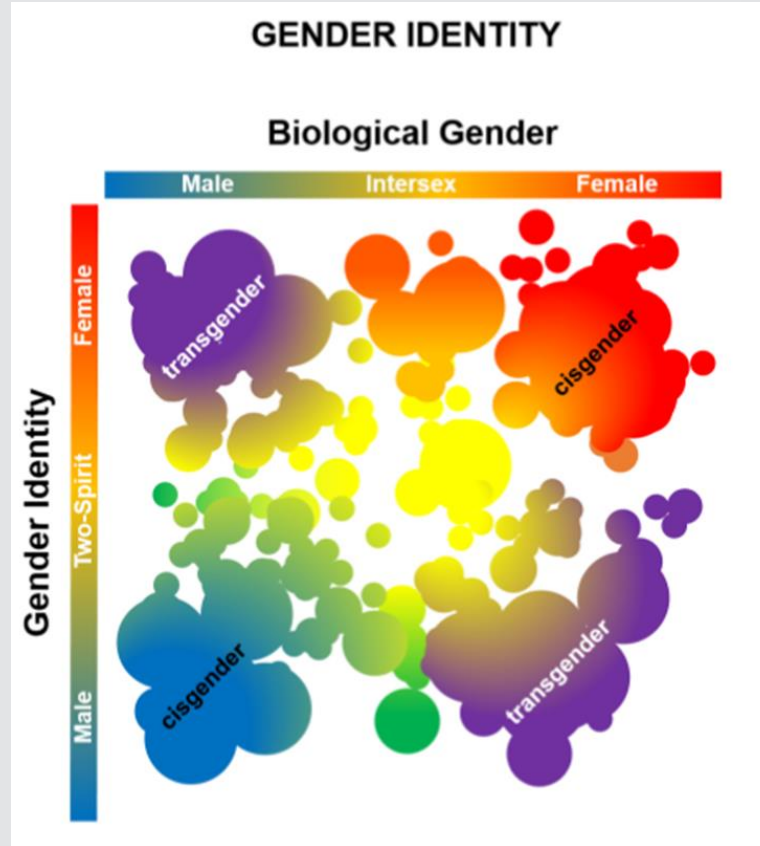
WHAT GENDER  
ACTUALLY IS



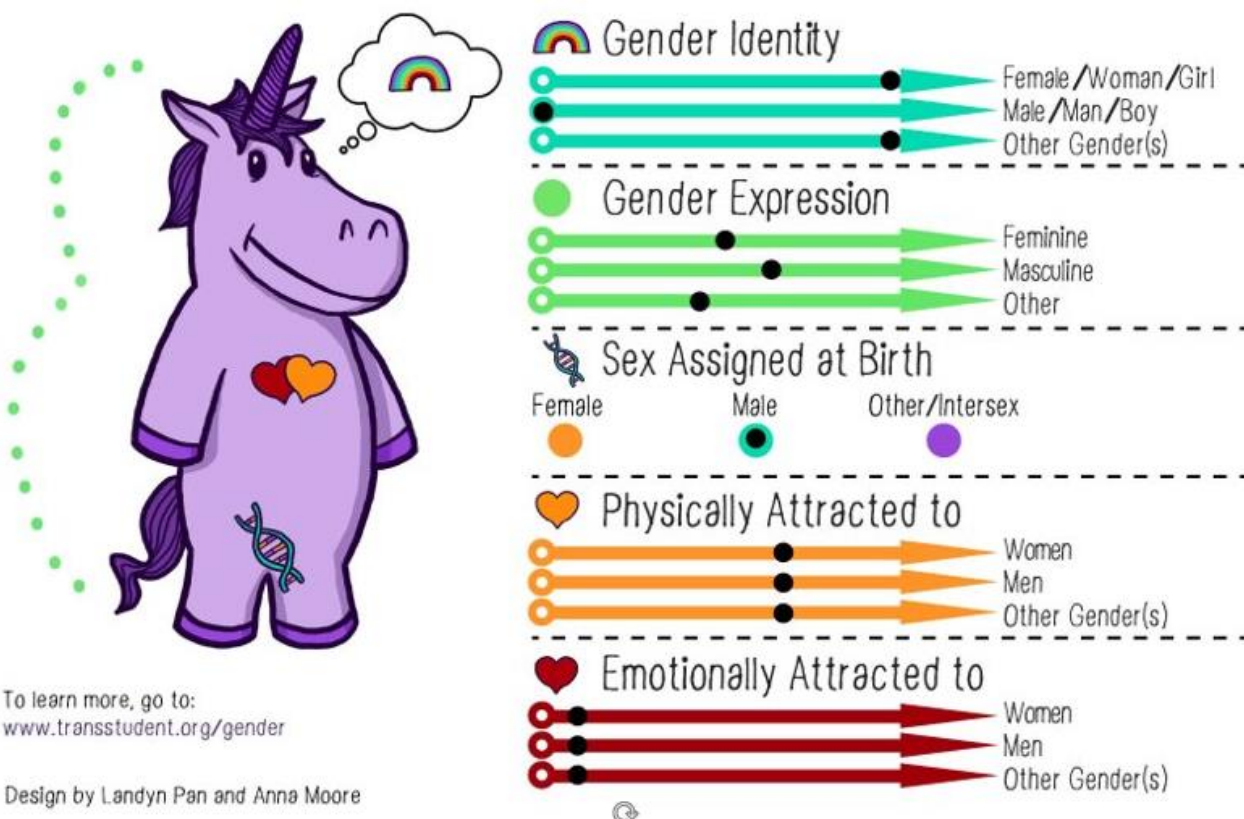
FREEDRESSING CAMPAIGN  
[WWW.FREEDRESSING.ORG](http://WWW.FREEDRESSING.ORG)



# Gender Binary is Flawed



# The Gender Unicorn





# Examples of Gender Binary



- Gender binary influences Medical Specialties and products.
- Experiences can cause gender dysphoria and create barriers
- Misgendering affects those who live outside the gender binary

# Examples of Gender Binary



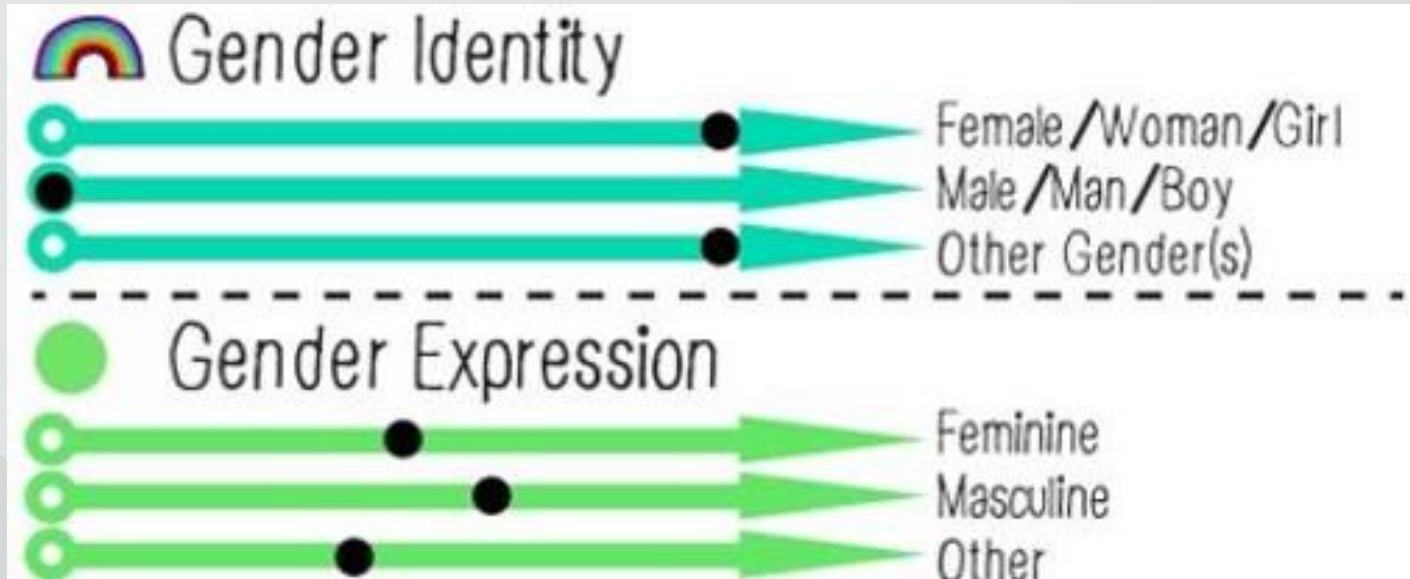
- Bathrooms, locker rooms, team sports, some nouns, titles in occupations
- Addressing groups as "Ladies and Gentlemen" or splitting into men/women
- When an individual assumes someone's (gender) pronouns based on how they look



# Remember!



- Everyone has a sexual orientation and a gender identity
- Gender identity/expression are separate concepts from sexual orientation



# Examples of Gender Identities



## **Non-binary, genderqueer, and gender expansive**

Describes people who identify beyond the traditional girl/woman/female-boy/man/male binary

## **Pangender**

Describes a person whose gender identity comprises multiple genders

## **Agender**

Describes a person who identifies as having no gender or who does not experience gender as part of their identity

## **Gender fluid**

Describes a person whose gender identity is not fixed

# Inclusive in the Healthcare Setting



## Why Inclusive Care Matters



Facilitates an affirming, welcoming environment



Helps providers address healthcare disparities and risk factors experienced by LGBTQ+ patients



Enables more personalized care for each patient's needs

# Negative Outcomes



- "Outing" to clinical staff
- Uncomfortable in clinic setting
- Anxiety increased & delaying care
- Experiences will impact future care
- Invalidation



# Avoiding Assumptions



- **Avoid assumptions about gender identity or sexual orientation with new patients**
- **Using gender-neutral terms**
- **Avoid pronouns**



# Effective Communication



Avoiding assumptions in the healthcare setting and utilizing effective communication



?? Ask questions, if you are unsure??



# Usage of Names & Pronouns



- If you are unsure about a patient's preferred name or pronouns
- If a patient's name doesn't match insurance or medical records
- If you accidentally use the wrong term or pronoun



# Using Identity Terms



**Pronouns  
or  
No Pronouns  
?**



# Discussion



Type your response in the chat box or unmute.

What do you do when you use the incorrect pronouns for someone while speaking to them?



# Outdated / Updated Terms



Avoid Outdated Terms	Updated Terms
Homosexual	Gay, lesbian, bisexual, or LGBT
Transvestite; Transgendered	Transgender
Sexual preference; Lifestyle choice	Sexual orientation

# The "DON'TS"



- **Don't** laugh or gossip about a patient's appearance or behavior
- **Don't** stereotype or ask questions that are not necessary for care.



# Discrimination is Common in the Lives of LGBT People...



- **LGBT individuals:**

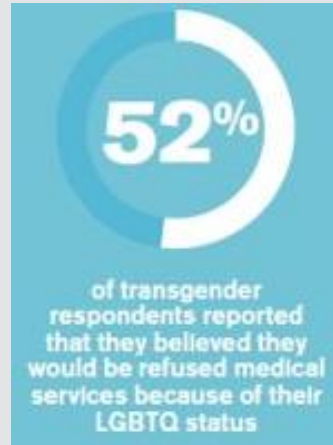
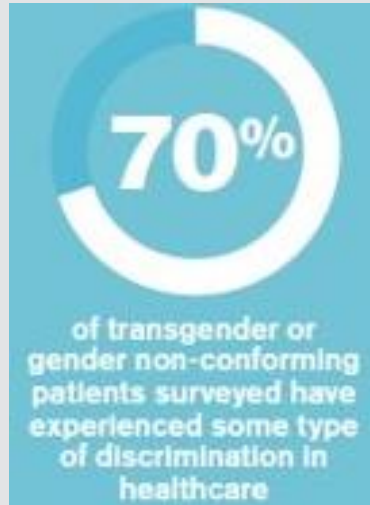
- 39% rejected by a family member or friend
- 30% threatened or physically attacked
- 21% treated unfairly by an employer
- 30% of your missed at least one day of school in the last month due to feeling unsafe

- **Transgender individuals:**

- 61% physically attacked
- 55% lost jobs due to bias



# When Healthcare Isn't Caring



\* *When Health Care Isn't Caring: Lambda Legal's Survey of Discrimination Against LGBT People and People with HIV*. New York: Lambda Legal, 2010. Available at: <http://www.lambdalegal.org/publications/when-health-care-isnt-caring>

\*\* See RI.01.01.01 EP 29, Comprehensive Accreditation Manual for Hospitals, Update 1, January 2011 and Comprehensive Accreditation Manual for Critical Access Hospitals, Update 1, January 2011.

\*\*\*See RI.01.01.01 EP 28, Joint Commission manuals referenced above and Code of Federal Regulations 42 C.F.R. § 482.13(h) (for hospitals) and 42 C.F.R. § 485.635(f) (for critical access hospitals).

# Accountability



- Working together & creating an environment to respect everyone requires all to be accountable
- Correcting colleagues politely when mistakes or insensitive comments are made.
  - *"Those kinds of comments are hurtful to others and are not a respectful work environment."*
  - *"My understanding is that this patient has a preferred name."*





# How to Create a More Inclusive Environment



- Education and Continual Learning!
- Use respectful and appropriate communication and correct pronouns



# Appropriate Communication: Identity



## IDENTITY

Remove gendered language when not relevant or necessary.

- *Ex: Nursing mother vs nursing parent, pregnant woman vs pregnant patient or pregnant person, menstruating women vs menstruating people*

Social identities impact health and well-being in different ways than biology.



## ANATOMY

Consider using “People with...”

- Instead of *women* need cervical cancer screening, say people with cervixes needs cervical cancer screening.

Consider, does sex assigned at birth matter?

- *Ex. Instead of female reproductive organs use reproductive organs of an AFAB person*

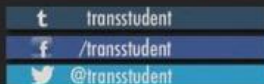
Specify the organs you are talking about.

- *Reproductive organs of an endosex person AFAB or AMAB*

# Correct Gender Terms



Problem	Correction	Reason
"transgendered" (adjective)	transgender	Only adjectives that are derived from nouns and/or verbs (unlike transgender) end in "ed."
"intersexed"	intersex	Only adjectives that are derived from nouns and/or verbs (unlike intersex) end in "ed."
"transgendered" (verb)	transition	Only verbs can have "ed" added onto the end of the word to become a participle. Transgender is an adjective, not a verb. One does not "transgender," they transition.
"a transgender," "transgenders"	a transgender person, transgender people	Transgender is not a noun. "Jake is a transgender" is not only grammatically incorrect, but can be offensive.
"sex change," "sex reassignment surgery," "gender reassignment surgery"	gender affirming surgery, genital reconstruction surgery, genital reassignment surgery	Surgery does not change one's sex or gender, only genitalia.



For more information,  
go to [transstudent.org/graphics](https://transstudent.org/graphics)



Design by Landyn Pan

# Gender Pronouns...a Starter



Please note that these are not the only pronouns. There are an infinite number of pronouns as new ones emerge in our language. Always ask someone for their pronouns.

Subjective	Objective	Possessive	Reflexive	Example
She	Her	Hers	Herself	She is speaking. I listened to her. The backpack is hers.
He	Him	His	Himself	He is speaking. I listened to him. The backpack is his.
They	Them	Theirs	Themselves	They are speaking. I listened to them. The backpack is theirs.
Ze	Hir/Zir	Hirs/Zirs	Hirself/ Zirself	Ze is speaking. I listened to hir. The backpack is zirs.



[transstudent.tumblr.com](https://transstudent.tumblr.com)  
[facebook.com/transstudent](https://facebook.com/transstudent)  
[twitter.com/transstudent](https://twitter.com/transstudent)

Design by Landyn Pan

For more information,  
go to [transstudent.org/graphics](https://transstudent.org/graphics)

**TSER**  
Trans Student Educational Resources

# How to Create a More Inclusive Environment



## Support Gender Affirmation



# Supporting Gender Affirmation



- Become familiar with signs and symptoms of Gender Dysphoria
- Understand resources to refer patients to for physical and mental health support in affirming the patients gender identity
- If a prescriber, become educated and comfortable with Gender-affirming hormone therapy
- Become familiar with local/state surgeons offering Gender-affirming surgery





# How to Create a More Inclusive Environment



Actively partake in becoming Anti-transphobic





# Becoming Anti-transphobic



**Anti-Transphobia** is strategies, theories, actions, and practices that challenge, and counter transphobia, inequalities, prejudices, and discrimination based on gender, gender identity, and/or gender expression.



# How to Create a More Inclusive Environment



## How to become Anti-Transphobic:

- Display Transgender Pride Flag in office, wear pins, post literature showing Transgender support
- Become a legislative and institutional change agent
- Attend and support local Transgender and other Gender Queer organizations
- Stop and educate those who are engaging in transphobic language/behavior



# Remember!



Safe and Quality care for Transgender Individuals is  
ESSENTIAL for their health.

Mistakes will most likely be made and that is OK! Remember to acknowledge the mistake and check in with the patient the mistake was made with. Mistakes are part of learning.



# Case Discussion



## Case Discussion

Breakout  
Room 1

Breakout  
Room 2

Breakout  
Room 3

**15 mins**

General Discussion  
& Take-Home Points

**30 mins**

# Today's Topic

**Guidance on getting approval from leadership to  
implement change (Leadership buy-in)**



# Case Discussion

A patient in your facility reports a negative experience with your staff regarding their gender identity. This patient identifies as a woman but their assigned sex at birth was male. You have spoken with several members of the team, some of whom have shared that they do not know how to address this individual respectfully.

You are planning to develop training and resources for your team to improve their confidence in communicating respectfully with gender diverse patients.

## Questions:

1. Why might this incident have happened?
2. Whose buy-in do you need to implement training?
3. How could you empower them once they have bought in?



# Ground Rules

1. Be present & turn on your videos
2. Make Space, Take Space
3. ELMO: Enough Let's Move On
4. Take the lessons, leave the details
5. Assume positive intent
6. Be open to learning
7. Building, not selling
8. Yes/and, both/and





# Discussion:

# Resistance to Change

Consider those whose buy-in you need:

- Why might they be resistant to this change?
- What obstacles might prevent them from adopting it?

# Discussion: Motivation to Change

Consider those whose buy-in you need:

- How could this change benefit them?
- How will this change impact patient care?



# Current State of COVID-19 in Nebraska

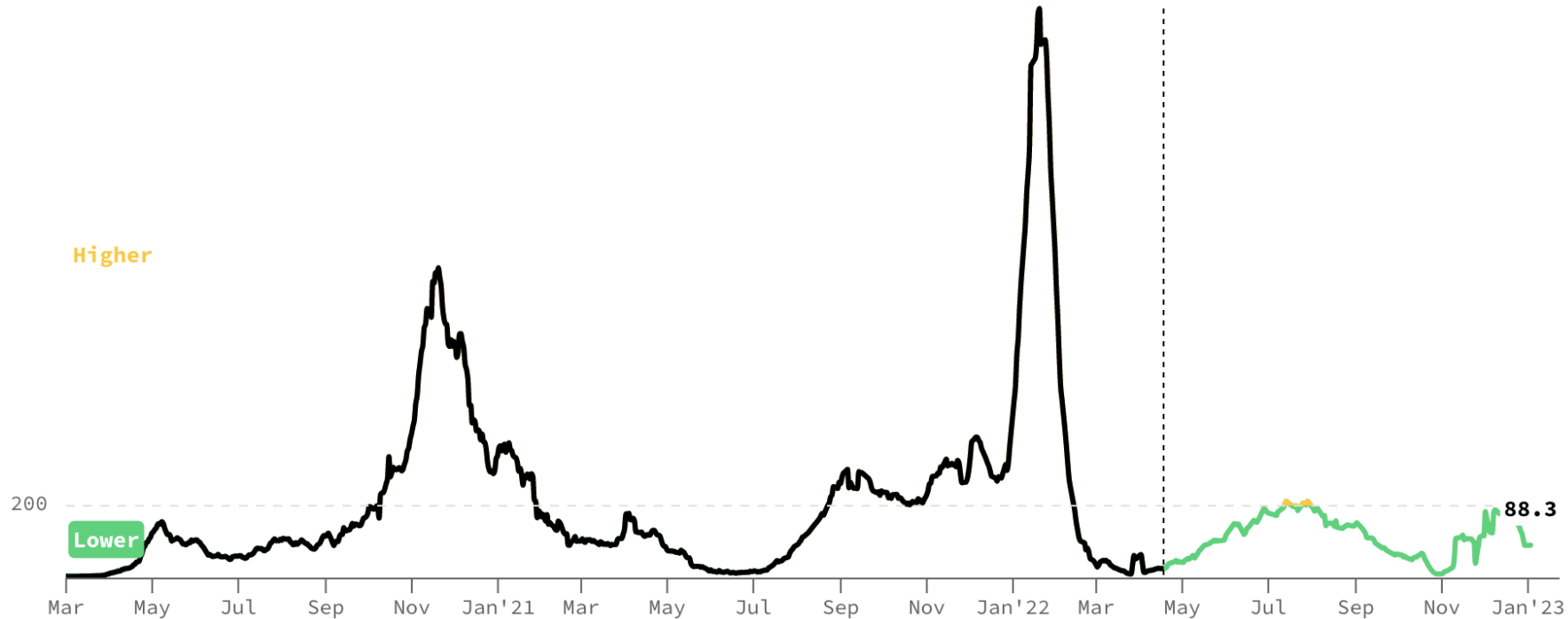


# Nebraska COVID-19 Statistics

● **88.3** PER 100K

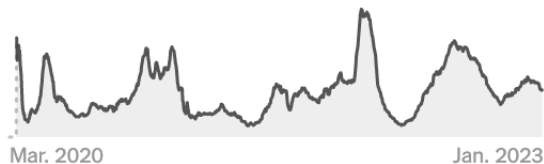
● **9.4** PER 100K

● **5.2%** OF ALL BEDS

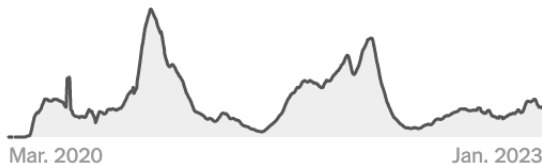


# Nebraska COVID-19 Statistics

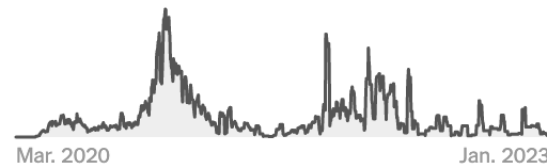
**Test positivity rate**



**Hospitalized**



**Deaths**



DAILY AVG. ON JAN. 3

PER 100,000

14-DAY CHANGE

Cases	244	13	-54%
Test positivity	14%	—	-15%
Hospitalized	228	12	-23%
In I.C.U.s	28	1	-8%
Deaths	<1	<1	-47%

# Nebraska COVID-19 Statistics

Week	Weekly Cases*	Weekly Admits*	COVID-19 Hospitalizations	% COVID Hospitalizations
10/5/22	63.3	6.3	175	3.4%
10/19/22	54.3	4.4	160	3.1%
11/2/22	61.6	6.0	177	3.9%
11/16/22	100.3	8.2	203	4.9%
12/7/22	126.2	15	290	6.4%
12/21/22	182.5	11	300	6.2%
1/4/23	88.3	9.4	228	5.2%

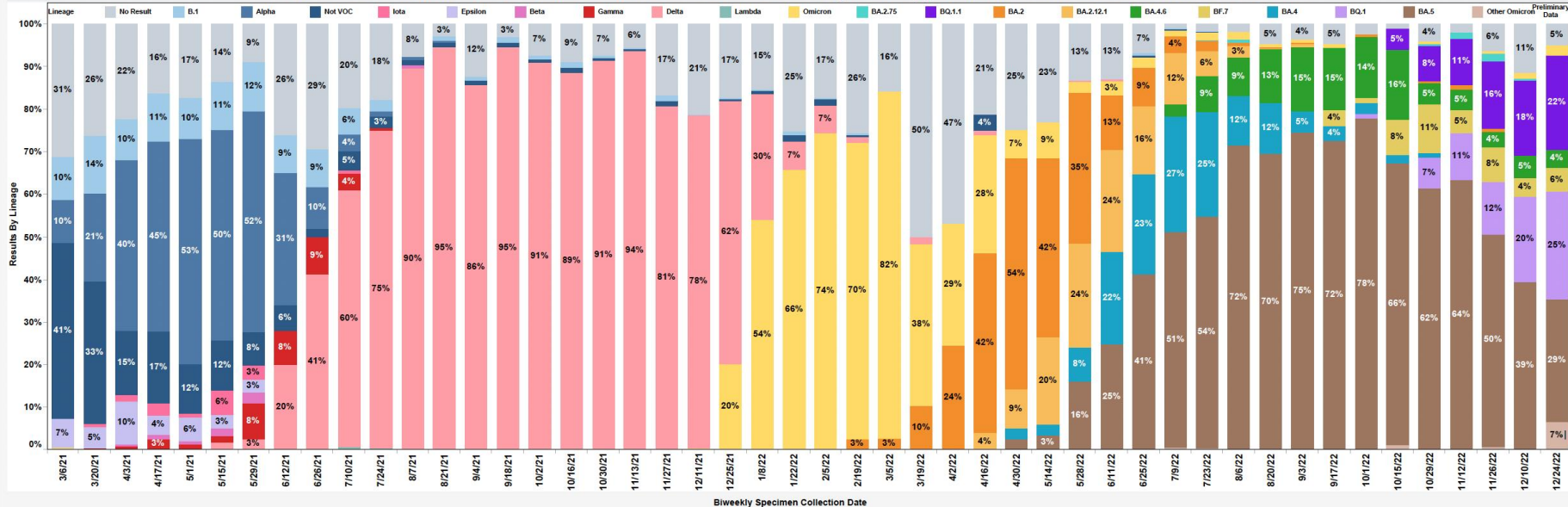
# Nebraska COVID-19 Statistics

Newest omicron variant XBB is taking hold in the US, representing 41% of COVID-19 strains across the country. (CDC)

In Nebraska, it likely represents a small fraction of cases.

## Nebraska SARS-CoV-2 Genomic Surveillance Report

Proportion of Sequencing Results by Lineage Among Residents in Nebraska (N=13,175) | By Specimen Collection Date, Since February-2021



# POLL





# Wrap-Up

1. You will receive today's presentation, in addition to a one-page key-takeaways document and next session's agenda through email
2. Next session will be on **January 18th** on:
  - Didactic: Infection Prevention & Control: ***Ensuring an Effective Environmental Cleaning and Disinfection Program***
  - Discussion Topic: ***Applying Systems Thinking***



# Poll Results



# Thanks

