

**AIDS Institute Reporting System (AIRS):
Guidance on Completion of Gender Identity and Sexual Orientation Questions
Updated May 2018**

Definition: Gender Identity

A person's innate, deeply felt psychological identification as a man, woman, combination of both or some other gender which may or may not correspond to the sex assigned to them at birth.

Definition: Sexual Orientation

An individual's physical and/or emotional attraction to the same and/or other gender(s). "Gay," "lesbian," "bisexual" and "straight" are all examples of sexual orientations.

Definition: Gender Expression An individual's physical characteristics, behaviors, and presentation that are commonly linked to femininity, masculinity, or androgyny.

KEY POINT: Gender identity and sexual orientation are independent.

A person's sexual orientation is distinct from a person's gender identity and expression.

Why is it important to collect client information about gender identity and sexual orientation?

Significant health and mental health disparities exist for individuals who are lesbian, gay, bisexual (LGB) and transgender or gender non-conforming (TGNC). Once a provider is aware of an individual's sexual orientation and gender identity, the provider can take steps to screen for, and address, health issues that disproportionately impact LGB and TGNC clients. Gathering this data is critical for determining the extent to which the health and human services needs of LGB and TGNC clients are being met.

An important element in providing stigma-free, affirming services is to ask about gender identity, sex assigned at birth and sexual orientation in a manner that is respectful and inclusive. This includes honoring the different ways that people define themselves or refuse to define themselves. The AIDS Institute refined the fields in AIRS with guidance from community experts and LGBTQ-led organizations. The expansion in options is intended to ensure that, as contractors complete grant reporting requirements, it will not create a barrier to service or stigmatizing experience for any individual. When a provider asks about an individual's gender identity, sex assigned at birth and sexual orientation, it is essential that an open and accepting attitude be demonstrated.

For more information, contact LGBTHealth@health.ny.gov

GETTING FAMILIAR WITH THE FIELDS

Sex Assigned at Birth:

- Female
- Male
- Intersex
- Chose not to respond

Current Gender Identity:

- Woman/Girl
- Transgender Woman/Girl
- Man/Boy
- Transgender Man/Boy
- Non-Binary person
- Gender Non-Conforming person
- Not sure/Questioning
- Gender not listed
 - Write-in
- Chose not to respond

Sexual Orientation:

- Lesbian
- Gay
- Bisexual
- Straight or heterosexual
- Queer
- Pansexual
- Asexual
- Not sure/ Questioning
- Sexual Orientation not listed
 - Write-in
- Chose not to respond

The following definitions were adapted from Fenway Health, InterACT: Advocates for Intersex Youth, and the LGBT Health and Human Services Needs Assessment.

Sex Assigned at Birth:

Intersex (adj.) – Refers to people who are born with any variation of sex characteristics that may not fit traditional conceptions about male or female bodies.

Current Gender Identity:

Transgender (adj.) – Describes a person whose gender identity and assigned sex at birth do not correspond. Also used as an umbrella term to include gender identities outside of male and female. Sometimes abbreviated as trans.

Non-binary (adj.) – An umbrella term that describes people whose gender falls outside of the traditional gender binary structure. Other terms for people whose gender identity falls outside the traditional gender binary include agender, bigender, gender fluid, genderqueer, and gender variant.

Gender non-conforming (adj.) – Describes a gender expression that differs from a given society's norms for women and men.

Sexual Orientation:

Lesbian (adj., noun) – A sexual orientation that describes a woman who is emotionally and sexually attracted to other women.

Gay (adj.) – A sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender. It can be used regardless of gender identity, but is more commonly used to describe men.

Bisexual (adj.) – A sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender and people of other genders.

Heterosexual (straight) (adj.) – A sexual orientation that describes women who are emotionally and sexually attracted to men, and men who are emotionally and sexually attracted to women.

Queer (adj.) – An umbrella term that describes some people whose sexual orientation or gender identity falls outside of societal norms. Some view the term queer as more fluid and inclusive than traditional categories for sexual orientation and gender identity. Others still view it as a derogatory term. As with all identities, utilize terms people use to describe themselves.

Pansexual (adj.) – Describes a person who is romantically and/or sexually attracted to people based upon features other than gender; people may also choose to describe themselves as pansexual to acknowledge attraction to various genders beyond the traditional binary of “male” or “female.”

Asexual (adj.) – Describes a person who experiences little or no sexual attraction to others.

Getting Comfortable Asking Clients About Gender Identity and Sexual Orientation

Asking questions about a client’s gender identity, sex assigned at birth and sexual orientation in a manner that is culturally sensitive is an important part of your work as a health or social services provider. An important first step is to assess your level of comfort asking these questions. Below is a list of 6 statements. If you answer “yes” to any of these statements, review the suggestion in the column to the right.

I would get nervous or uncomfortable asking one or more of these questions.	Practice asking the questions with a supervisor or co-worker. Consider attending LGB and TGNC awareness training.
I don’t think it is right that I am required to ask these questions.	Using appropriate language is beneficial to building client trust and to establishing safe spaces to receive care. Be aware that all AIDS Institute contractors, as well as staff in other state agencies and their contractors, are charged with this responsibility.
Hearing someone answer one or more of these questions will make me uncomfortable.	Talk with your supervisor or co-workers about this and consider attending LGB and TGNC awareness training.
I think that, for most clients, you can tell the answers to these questions without having to ask them.	Providers are not able to accurately identify a person’s sexual orientation and people should have the opportunity to self-identify their gender identity and sexual orientation. Besides, beginning open dialogue is an important step in promoting effective provider-client communication.
I feel overwhelmed by all of the different options for gender identity and sexual orientation.	It is true that the number of fields have been increased. Guidance from community members indicated that each additional field is needed to respect the range of diversity of people being served.
I want to provide stigma-free, affirming services but it seems like this is taking things too far.	Feedback from community members indicates that each new field is required to ensure all clients have options for gender identity or sexual orientation that are affirming.

Best Practices for Asking About Sexual Orientation and Gender Identity

1. Ask the question in an open and non-judgmental manner.
2. Explain that all staff at your agency routinely ask these questions of all patients/clients.
3. Ask the questions with a clear voice and display open body language.
4. Follow the client's lead with regards to maintaining eye contact or not.
5. Be aware that LGB and TGNC clients may be observing you closely for signs of acceptance or non-acceptance and this may influence their level of openness and disclosure.
6. Look up from the computer screen when asking these and other questions.
7. Explain that the reason for asking these questions is to promote health and well-being of all your clients.
8. Be patient in allowing the person to respond.
9. Make efforts to ensure that the surroundings indicate that your organization is a safe place for LGB and TGNC clients/patients. For example, display posters, brochures, etc. that are LGB and TGNC friendly.
10. Demonstrate genuine interest in the individual's response.

FREQUENTLY ASKED QUESTIONS

1. **Do I really have to fill out these fields for every client?** Yes. It should be done routinely as part of client intake for each and every client.
2. **Is it acceptable practice to answer the questions based on my observations of the client, rather than asking the questions directly?** It is not acceptable to answer the questions based on your "observation" or assumptions regarding a client. Experience shows that health and human services providers are not able to identify their client's gender or sexual orientation with high levels of accuracy. Even if you could, asking the questions creates the opportunity for open dialogue which is the real point of asking the question in the first place.
3. **How should I respond if the client gets angry or appears offended that I asked the question?** Simply explain that this is standard practice in your agency and no offense was intended.
4. **What should I say if the client asks who has access to the answers to these questions?** If a client asks about who will have access to this information or indicates concern about confidentiality, explain that only individuals at the agency who are included in the "need to know" circle will have access to personally identifiable AIRS data. The "need to know" circle includes people who need the information in order to provide services to you and designated staff who are responsible for maintaining and protecting the data. Reassure the person that all agency staff are trained in confidentiality and that confidential information will not be shared without your consent. Staff at the NYS Department of Health who are responsible for overseeing the NYS HIV Surveillance system and the AIRS system have access to some of the data and follow strict confidentiality guidelines and protocols which have successfully safeguarded all HIV-related information since the beginning of the epidemic.
5. **What if the client's answer to the question differs from what I observe or what the client reports at another time?** These fields were designed with the intent that they be completed with the client or patient's response. The box checked should be the one indicated by the client or patient. If the individual furnishes additional or contradictory information as part of the visit,

it would be appropriate to indicate this in the case notes. In some cases, a person's stated sexual orientation may differ from their behavior. For example, a man who identifies as heterosexual may also engage in sex with other men. It is also important for providers to understand that, for some individuals, sexual orientation and gender identity are fluid and may fluctuate over time. In some cases, clients/ patients may not be comfortable answering the questions honestly when first asked but may feel safe to disclose information at a later appointment after trust and rapport have been established.

6. **What if my client's sexual orientation or gender identity isn't an option on the list?** While compiling the terms to include in the update, we knew that we would not be able to include all terms. Please use the write-in option for any terms not listed. The write-in option should *only* be used for any terms not already listed.
7. **Am I responsible for updating the answer if there are changes over time?** It is good practice to review the gender identity and sexual orientation fields during re-assessments, especially for individuals or clients for whom you have additional information that may indicate a possible change in response.
8. **If a client initially does not want to answer these questions, should I explain why it is important to have this information or attempt to convince the client to provide an answer?** An important element of the AIRS update is that "Chose not to respond" is now an acceptable response to any of the fields. It is good practice to explain that these questions are asked routinely as part of your agency's effort to promote LGB and TGNC health and that responses are kept confidential. While explaining why it is important is a good practice, providers should never attempt to apply undue pressure or force a person to answer these questions.
9. **Will my agency be penalized if many clients choose to not respond to these questions?** Agencies will not be penalized if clients choose not to respond to the sexual orientation, gender identity or sex assigned at birth questions. If an agency has consistent difficulty eliciting honest responses, this may be a reflection of the staff's discomfort and should be addressed through supervision and training. The AIDS Institute is also available to provide technical assistance if needed. Contact HIV Education and Training Programs at 518-474-3045 or email hivet@health.ny.gov.
10. **What is the role of supervisors or program managers in promoting culturally sensitive discussion of these questions and high-quality data collection?** Supervisors and program managers are responsible for creating an environment in which staff and clients can dialogue about gender identity and sexual orientation in a safe and supportive manner. Steps should be taken to ensure quality data collection by reviewing records and discussing with staff any data entry and data quality issues. If issues arise, the supervisor or program manager should address them during staff meetings, offer training and consider using quality improvement practices to address them.

Resources: (If clicking link does not work, copy the address and paste into your browser.)

New York State Health Department – Lesbian, Gay, Bisexual and Transgender Health

<http://www.health.ny.gov/diseases/aids/consumers/lgbt/>

Transgender and Gender Non-Conforming People Advisory Group – New York State AIDS Institute Ending the Epidemic Implementation Strategies

https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/tgnc_advisory_group_strategies.pdf

New York State Report: 2015 US Transgender Survey – The 2015 U.S. Transgender Survey (USTS) is the largest survey examining the experiences of transgender people in the United States, with 27,715 respondents nationwide. The USTS was conducted by the National Center for Transgender Equality in the summer of 2015. Of respondents in the USTS, 1,779 were New York residents. This report discusses the experiences of respondents living in New York.

<http://www.transequality.org/sites/default/files/USTS%20NY%20State%20Report%20%281017%29.pdf>

Centers for Disease Control and Prevention – Lesbian, Gay, Bisexual and Transgender Health

<http://www.cdc.gov/lgbthealth/>

Institute of Medicine: Report – The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding

<https://www.nap.edu/catalog/13128/the-health-of-lesbian-gay-bisexual-and-transgender-people-building>

National LGBT Health Education Center – The National LGBT Health Education Center provides educational programs, resources, and consultation to health care organizations with the goal of optimizing quality, cost-effective health care for lesbian, gay, bisexual, and transgender (LGBT) people. The Education Center is a part of The Fenway Institute, the research, training, and health policy division of Fenway Health, a Federally Qualified Health Center, and one of the world’s largest LGBT-focused health centers.

<http://www.lgbthealtheducation.org/>

The Joint Commission – Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: A Field Guide.

<http://www.jointcommission.org/lgbt/>

Strength in Numbers Consulting – LGBT Health and Human Services Needs in New York State: A Report from the 2015 LGBT Health and Human Services Needs Assessment. The LGBT Health and Human Services Needs Assessment in New York State was designed to collect, analyze and communicate about data specific to LGBT people. Strength in Numbers Consulting is a woman-owned business whose mission is to contribute to the strategy, growth and effectiveness of nonprofits, foundations and government organizations by providing high quality research, evaluation, capacity building and philanthropic strategy consulting. Follow this link and click “Visit LGBT Health & Human Services Network”. Then click on the “Reports” section.

<https://gaycenter.org/recovery-health/health>