

INclued

INCLUSIVE HEALTH CARE – YOUTH & PROVIDERS EMPOWERED

Health Center Curriculum



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Health Center Curriculum Overview, Learning Outcomes, and Assessments

The IN·cluded Health Center workshop is divided into two sessions of 90 minutes each. Both sessions are facilitated by an Adult Facilitator and youth educators.

Session 1 of the workshop is designed for all staff and providers at health centers, including those who do not directly interact with patients on a regular basis. Providers, health center managers, administrative staff, etc., should all participate in Session 1.

Session 2 of the workshop is designed specifically for medical staff and providers who interact with patients in the exam room. Participants must attend Session 1 before participating in the second session of the workshop. The central activity of this session is a series of practice simulations, in which health center providers practice inclusive interactions with patient characters. These characters are played by youth educators, so it is helpful to include as many youth educators as possible in Session 2.

The two sessions are intended to be implemented on the same day with a break in between; however, they can be implemented on separate days if that better suits the schedule of the health center.

After the workshop, Adult Facilitators will email workshop participants follow-up resources for continued learning. There are two e-mail templates provided, one for an email sent 3-months after the workshop and the other sent 6-months after, which includes a link to a resources page and two e-learning modules.

Enduring Understandings:

1. I can provide intentionally inclusive and affirming health care to LGBTQ young people.
2. Providing inclusive and affirming care to LGBTQ young people can have a significant and positive impact on the reduction of STDs and unintended pregnancy in this population.

Essential Questions:

1. Why is inclusive health care for LGBTQ young people important?
2. How does providing inclusive and affirming care for LGBTQ young people help reduce their risk of unintended pregnancy and STDs?
3. How can I be more inclusive and affirming of LGBTQ young people in the care and services that I provide?

Assessments:

EQ 1: Participants will identify what inclusive health care is for LGBTQ young people and why it is important, through three activities: Remember Me Poem, Believe It or Not, and Exploring Messages and Beliefs.

EQ 2: Participants will identify reasons why LGBTQ young people are at higher risk for unintended pregnancy and STDs, and how providing inclusive care can help reduce this risk, through: (1) discussion of the Believe It or Not statistics; and (2) role-plays demonstrating non-inclusive vs. inclusive health care practices.

EQ 3: Participants will fill out the Self-Assessment: LGBTQ-Inclusive Health Care Practices worksheet. This will help them identify how they are already providing LGBTQ-inclusive care in their work, and areas where they can improve. Participants will practice inclusive interactions with patient characters.

IN·clued Health Center Workshop Session 1 Activities

IN·clued Health Center Workshop Session 1 Activities		
Intended Audience: Entire health center staff		
Activity	Timeframe	Description
Introductions and Warm-Up	20 minutes	Facilitators introduce themselves and the IN·clued Program, set group agreements with participants, and engage them in a brief warm-up to reflect on their own identities and ideas about how welcoming their environment is for LGBTQ youth. Participants are introduced to LGBTQ terms and definitions.
Remember Me	3 minutes	Peer Educators read a welcoming poem entitled <i>Remember Me</i> . The poem depicts diverse sexual and gender identities to orient participants to the content of the workshop.
Believe It or Not	10 minutes	Participants engage in a true-or-false activity using statistics and facts about LGBTQ adolescents' sexual health outcomes. This is designed to increase belief in the importance of inclusive and relevant sexual health care for LGBTQ young people.

Exploring Messages and Beliefs	10 minutes	Participants explore societal messages and personal beliefs about gender, sexual orientation and teen sexual activity. They reflect on why it is important to be aware of and mitigate implicit bias in a health care setting.
Binary Thinking and Sexual Identities	9 minutes	The concept of binary thinking is introduced, and participants examine how binary thinking is detrimental to the health care experience for LGBTQ young people.
Recommendations for Practice	23 minutes	Facilitators model a role-play of “What Not to Do” when an LGBTQ young person seeks health care. Participants are guided through a reflection about a negative interaction with a clinic staff and provider and offer suggestions for how the interaction could have been more successful. Facilitators introduce the six recommendations for clinic staff and providers: 1) Create a welcoming environment, 2) Use correct names and pronouns, 3) Maintain confidentiality, 4) Ask inclusive questions, 5) Positive body language, and 6) Admit mistakes. Facilitators re-demonstrate the role-play, implementing the six recommendations. Participants reflect on the different outcomes between the two role-plays.
Implementing Inclusive Practices	10 minutes	In pairs, participants outline ways they can incorporate the six recommendations for providing inclusive care into their daily job tasks. Pairs report to the larger group to compile a set of practices the entire clinic staff can adopt.
Closure	5 minutes	Participants and facilitators read the “Remember Me” poem together.

IN·clued Health Center Workshop Session 2 Activities

IN·clued Health Center Workshop Session 2 Activities		
Intended Audience: Medical providers only		
Activity	Timeframe	Description
Introductions and Warm-Up	15 minutes	Facilitators introduce the agenda for Session 2 of the workshop. Through a game of Catch Phrase, participants review LGBTQ terminology. Participants identify the ideas they want to practice during the patient simulations.
Patient Simulations	50 minutes	Peer Educators station themselves around the training space, each with a different patient character to play. Participants rotate to each station and practice engaging with the patient character using the six recommendations.
Simulation Debrief and Q&A Panel	15 minutes	Peer Educators summarize their patient characters for the group of participants and share highlights of the simulations: what the participants did well and recommendations for improvement. Participants reflect on their growth through the activity, and any challenges that arose for them. Participants are invited to ask the facilitators questions at this time.
Closure	10 minutes	Facilitators read a list of “Advice from Teens” that summarizes many of the recommendations practiced during the workshop. To close the session, participants state a word, phrase, or specific idea for application of their learning.

INcluded

Health Center Curriculum

IN·clued Health Center Workshop Session 1 Curriculum

IN·clued Health Center Workshop Session 1 Overview	
Topic	Inclusive and Affirming Health Care for LGBTQ Young People
Audience	All Health Center Staff
Time	90 minutes
Enduring Understanding	<ol style="list-style-type: none"> 1. I can provide intentionally inclusive and affirming health care to LGBTQ young people. 2. Providing inclusive and affirming care to LGBTQ young people can have a significant and positive impact on the reduction of STDs and unintended pregnancy in this population.
Essential Questions	<ol style="list-style-type: none"> 1. Why is inclusive health care for LGBTQ young people so important? 2. How does providing inclusive and affirming care for LGBTQ young people help reduce their risk of unintended pregnancy and STDs? 3. How can I be more inclusive and affirming of LGBTQ young people in the care and services that I provide?
Assessments	<p>EQ 1: Participants will identify what inclusive health care is for LGBTQ young people and why it is important, through three activities: Remember Me Poem, Believe it or Not, and Exploring Messages and Beliefs.</p> <p>EQ 2: Participants will identify reasons why LGBTQ young people are at higher risk for unintended pregnancy and STDs, and how providing inclusive care can help reduce this risk, through: (1) discussion of the Believe It or Not statistics; and (2) role-plays demonstrating non-inclusive vs. inclusive health care practices.</p> <p>EQ 3: Participants will fill out the <i>Self-Assessment: LGBTQ-Inclusive Health Care Practices</i> worksheet. This will help them identify how they are already providing LGBTQ-inclusive care in their work, and areas where they can improve. Participants will practice inclusive interactions with patient characters.</p>
Materials	<ul style="list-style-type: none"> <input type="checkbox"/> Flip chart paper <input type="checkbox"/> Blue masking tape

	<ul style="list-style-type: none"> <input type="checkbox"/> Name tags <input type="checkbox"/> Markers <input type="checkbox"/> Pens <input type="checkbox"/> Fidgets <input type="checkbox"/> Group Agreements on flip chart paper <input type="checkbox"/> Agenda on flip chart paper <input type="checkbox"/> Sign-in sheet <input type="checkbox"/> AV equipment (projector, screen, laptop) as needed <input type="checkbox"/> PowerPoint presentation <input type="checkbox"/> <i>HC Appendix 1</i> - IN·clued Glossary of Terms (one per participant) <input type="checkbox"/> <i>HC Appendix 2</i> - Group Check-In surveys (one per participant and presenter) <input type="checkbox"/> <i>HC Appendix 3</i> - Remember Me poem (one copy per Peer Educator) <input type="checkbox"/> <i>HC Appendix 4</i> - Green (Believe it) & Red (Or NOT) cards for Believe It or Not activity (one pair per participant) <input type="checkbox"/> <i>HC Appendix 5</i> - What I've Learned handout (one per participant) <input type="checkbox"/> <i>HC Appendix 9</i>- Patient Intake Form (prop for role-plays) and clipboard <input type="checkbox"/> Q Cards© (one per participant) <input type="checkbox"/> <i>HC Appendix 6</i> - What Not to Do and What to Do role-play scripts (one per actor) <input type="checkbox"/> <i>HC Appendix 7</i> - Self-Assessment: LGBTQ-Inclusive Health Care Practices worksheet (one per participant) <input type="checkbox"/> "We already do" and "We want to start doing" graffiti sheets <input type="checkbox"/> <i>HC Appendix 8</i> - Remember Me Revisited poem (one per Peer Educator) <input type="checkbox"/> Six Recommendations for LGBTQ-Inclusive Care checklist stickers (one per participant) <input type="checkbox"/> Scratch paper
Preparation	<p>Prior to day of workshop:</p> <ul style="list-style-type: none"> • Contact health center project coordinator and ask about: <ul style="list-style-type: none"> ○ Group size ○ Prior training/activities re: LGBTQ inclusivity ○ Facilities – room set up, AV equipment

	<ul style="list-style-type: none"> • Research/review relevant local policies related to minors' access to sexual health care. • For the "What Not to Do" and "What to Do" role-plays, find out what term/title the health center uses for their clinical support staff (i.e. medical assistant, nurse, patient care coordinator) and incorporate this term into the role-play scripts. • For the "What to Do" role-play, find out what the health center's financial policies and practices are, in particular how they handle insurance and billing when providing confidential services. Identify what options are available to their patients who cannot utilize their insurance coverage due to concerns about confidentiality (free services to avoid using insurance, sliding scale fee with confidential billing options, etc.). Incorporate their practices into the section of the "What to Do" role-play script that discusses confidentiality and billing options, to model what is accurate for this facility. • Make plans for Session 2 so that information can be shared at the end of Session 1. • Update PowerPoint with names of presenters, current date, and "Next Steps" information. <p>After arriving at workshop space:</p> <ul style="list-style-type: none"> • Set up room for participants to sit in a semi-circle or at small tables in small groups, in view of the projection screen. • Set up snack or food in an accessible place in the room. • Arrange sign-in table to include sign-in sheet, name tags, pens, and copies of the IN·clued Glossary of Terms for each participant to receive upon arrival. • Arrange training materials in accessible place at the front of the room for Peer Educators. • Decide where What Not/To Do role-plays will take place and arrange furniture to simulate a reception desk and exam room area.
Adult Facilitator and Peer Educator Roles	<p>Throughout the Health Center Workshop Curriculum, the Adult Facilitator and the Peer Educators each facilitate activities. It is a <i>green light adaptation</i> for the Peer Educators' roles to be enhanced.</p> <p>The role of the Adult Facilitator includes:</p> <ul style="list-style-type: none"> • Preparing all materials • Setting up the workshop space

- | | |
|--|--|
| | <ul style="list-style-type: none">• Introducing and closing the workshop• Co-facilitating nuanced discussions with Peer Educators• Acting as lead facilitator for the role-play activities• Supporting the Peer Educators during their facilitation• Answering questions as needed• Assisting with group management as needed |
|--|--|

The role of the Peer Educator(s) includes:

- | | |
|--|--|
| | <ul style="list-style-type: none">• Delivering the majority of the workshop content• Facilitating the majority of activities• Co-facilitating nuanced discussions with the Adult Facilitator |
|--|--|

Workshop Session 1: Learning Experience and Instruction

Session 1, Section 1: IN·clued Introductions and Warm-Up

Time: 20 minutes	
Materials	<ul style="list-style-type: none"> <input type="checkbox"/> HC Appendix 1- IN·clued Glossary of Terms (one per participant) <input type="checkbox"/> HC Appendix 2- Group Check-In surveys (one per participant and presenter) <input type="checkbox"/> Fidgets <input type="checkbox"/> Group Agreements on flip chart paper <input type="checkbox"/> Agenda on flip chart paper <input type="checkbox"/> Sign-in sheet <input type="checkbox"/> Name tags <input type="checkbox"/> Markers <input type="checkbox"/> Pens <input type="checkbox"/> PowerPoint slides
Set Up	<ul style="list-style-type: none"> • Have the Agenda and Group Agreements posted in the room • Distribute fidgets on the participants' tables • Set up welcome station with name tags, pens/markers, and sign-in sheet • Set Glossary of Terms on participant tables or at sign-in station
Essential Questions Addressed	All essential questions stated, none addressed.
Summary	Facilitators introduce themselves and the IN·clued Program, set group agreements with participants, and engage them in a brief warm-up to reflect on their own identities and ideas about how welcoming their environment is for LGBTQ youth. Participants are introduced to LGBTQ terms and definitions.
Key Concepts	<ul style="list-style-type: none"> • The IN·clued Program is designed to help LGBTQ young people have healthy lives. • The IN·clued Program is designed to help health centers provide services that are LGBTQ- and youth-friendly.

Activity 1: Presenter and Program Introduction

Time: 2 minutes

ADULT FACILITATOR: Gather everybody's attention and thank participants for being there. Introduce yourself by sharing the following information:

- Name
- Gender pronoun if you wish
- Position and organization
- A reason you're excited to be part of the IN·clued Program.

PEER EDUCATORS: Each Peer Educator introduces themselves by sharing the following information:

- Name
- Gender pronoun if they wish
- School and grade
- A reason you're excited to be part of the IN·clued Program.

ADULT FACILITATOR: Introduce the IN·clued Program structure, goals and essential questions. Show the Questions You'll Be Able to Answer slide.

"The goal of our IN·clued program is to improve the health and lives of lesbian, gay, bisexual, transgender, queer and questioning young people by helping health centers like yours provide more inclusive and affirming care."

We're really excited and grateful that your health center has decided to participate in this program. Thank you!

We'll begin today with Session 1 of the IN·clued training, after which we'll have a break and begin Session 2. By the end of this training we hope that you will be able to answer these three questions:

1. *Why is inclusive health care for LGBTQ young people so important?*
2. *How does providing inclusive and affirming care for LGBTQ young people help reduce their risk of unintended pregnancy and STDs?*

Program Introduction Facilitation Tips:

- Encourage Peer Educators to greet participants warmly as they arrive, and direct them to the sign-in table.
- A note about gender pronouns: Modeling sharing gender pronouns can help to create an environment in which talking about inclusivity and gender is comfortable. It can set the stage for these conversations. However, nobody should be forced to share their pronoun. It is the Adult Facilitator's role to ensure that once someone's pronoun has been shared, it is used correctly and consistently throughout the workshop.

3. *How can I be more inclusive and affirming of LGBTQ young people in the care and services that I provide?*

The second session of our IN·clued training will take place on [indicate the scheduled day/time]. This part of the training will involve lots of opportunities to put the information from Session 1 into practice through a series of patient simulations."

Activity 2: Participant Introductions

Time: 3 minutes

PEER EDUCATOR: Ask participants to introduce themselves with the following information:

- Name
- Gender pronouns if they wish
- Job title/role at the health center
- For small groups, you may choose to ask an additional question, such as one thing they like about their job or one thing they are hoping to get from the workshop

Once everyone has introduced themselves, explain why we share pronouns:

“We create space for sharing pronouns for the same reason we ask about your name – so that we can be respectful when we refer to you by using the pronoun you want us to use.”

Activity 3: Agenda, Content Warning, Group Agreements

Time: 5 minutes

ADULT FACILITATOR: Review the posted agenda. Let participants know that some of their questions may not be answered during the workshop. More information and resources will be given to them at the end of the workshop, and there will be an opportunity after the workshop is over to take two online e-learning modules to continue their learning.

ADULT FACILITATOR: Provide a brief overview of the type of content and discussion that will be covered during the workshop and encourage participants to take care of themselves as needed.

"We want to mention that some of the things we discuss today may bring up difficult memories or feelings, especially about painful experiences that some of you or people you care about may have had as LGBTQ people. For others, some things may be unfamiliar or challenging to your personal beliefs, and that can bring up difficult feelings as well. Please take care of yourselves today and know that you have the right to pass or take a break if needed. We also want to encourage everyone to participate as much as you can to get as much as possible out of our training today."

ADULT FACILITATOR: Introduce the group agreements and show them on the slide or flip chart paper. Read each suggested group agreement, offering clarification as needed. Ask participants to give a "thumbs up" to indicate their willingness to abide by the agreements.

"In order to support a comfortable and effective learning experience for everyone today, we'd like to propose some group agreements for us all to follow during this training. The agreements we propose are:

- *Be open to learning*
- *Honor confidentiality: What's said here stays here, what's learned here leaves here*
- *Take space, make space (If you participate a lot, make room for others to do so. If you generally don't, consider sharing your perspective more)*
- *I statements (speak from your own experience and perspective)*

Can I please get a 'thumbs up' from each of you if you can agree to these for our time here together?"

Activity 4: LGBTQ Terms & Definitions

Time: 5 minutes

ADULT FACILITATOR: Transition into the next activity by stating that now that group agreements have been set, it's time to dive into learning about LGBTQ young people. In order to get started, it's important to have a shared language. Explain that many of the activities in the workshop will use language related to LGBTQ identity and experience. You are going to start by taking a few minutes to provide some basic definitions of terms that will be used during the workshop.

LGBTQ Terms and Definitions

Facilitation Tip:

This activity has the potential to take longer than the allotted amount of time. Be mindful of time during this activity, and remind participants that they can use their glossary and ask clarifying questions throughout the remainder of the workshop.

"We want to take a minute to provide some basic definitions of some terms that we'll be using throughout this training. All of the terms we use are defined on the Glossary of Terms handout you each have, so feel free to look at that throughout the training as well."

Show the IN-clued Terms & Definitions PowerPoint slides.

Ask volunteers from the audience to take turns reading the terms and definitions listed on the slide. As the terms and definitions are read aloud, clarify any questions as needed.

IN•clued Terms & Definitions

- **LGBTQ:** An abbreviation for: lesbian, gay, bisexual, transgender, queer and questioning. It is meant to be an inclusive, shorthand way of referring to sexual and gender minorities.
- **lesbian:** A woman who is primarily sexually and romantically attracted to other women.
- **gay:** A person who is primarily sexually and romantically attracted to people of the same gender. This term is often used in reference to men, however it is sometimes used as an inclusive or "umbrella" term.

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IN•clued Terms & Definitions

- **bisexual:** An umbrella term for people who experience sexual and/or emotional attraction to more than one gender (Sometimes defined as someone who is sexually and romantically attracted to men and women.)
- **queer:** An umbrella term for people who identify outside the heterosexual or cisgender majority, and who may or may not identify with other existing identity labels.

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IN•clued Terms & Definitions

- **heterosexual:** Commonly referred to as "straight," a person who is sexually and romantically attracted to people of the opposite sex or gender.
- **transgender:** A person whose authentic gender identity does not match the sex they were assigned at birth.
- **cisgender:** A person whose gender identity aligns with the sex they were assigned at birth.

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IN-clued Terms & Definitions slides

Activity 5: Group Warm-Up*Time: 5 minutes*

PEER EDUCATOR: Introduce the warm-up activity by stating that the next activity is going to give everybody the opportunity to learn more about who's in the room. Give instructions by stating:

"We're handing out a brief survey and we'd like you to complete it by placing a checkmark in the box next to each statement that is true for you."

This is an anonymous survey, so please don't put your name or any other identifying marks on your survey. When you are finished, please crumple your paper into a ball and toss it into the center of the room."

PEER EDUCATOR or ADULT FACILITATOR: Pass out Group Check-in Surveys (HC Appendix 2) and allow 1-2 minutes to complete.

PEER EDUCATOR: Once all the surveys have been "snowballed," mix them up and randomly redistribute them to participants, or have participants choose one from the floor.

PEER EDUCATOR: Tell participants that each statement from the survey is going to be read out loud. Instruct participants to stand or raise their hand if the survey they are holding has a checkmark next to the statement that is read.

"OK, now you're all holding a survey that was completed by someone else in the group. I'm going to read each statement, and please stand, or raise your hand if you prefer, if your survey has a checkmark next to that statement. As we go, take a moment to notice what identities and experiences are represented in this group today."

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HC Appendix 2: Group Check-in Survey

Welcome!

Take a minute to read through this list and put a check mark in the boxes next to all the identities/experiences that apply to you.

	If YES, check this box
1. I provide medical care for patients as a clinician, nurse, MA or other medical professional.	
2. I provide non-medical services as a front desk staff, manager/administrator or other patient services staff.	
3. I'm a parent.	
4. I'm an LGBTQ person.	
5. I have a friend or family member who is LGBTQ.	
6. I have experience working with teens.	
7. As a teenager, I found it easy to talk with adults about sex.	
8. As a young person, I felt like the community I lived in was a welcoming place for LGBTQ people.	
9. As an adult, I feel like my community is a welcoming place for LGBTQ people.	
10. I feel very knowledgeable about LGBTQ issues.	
11. I have questions about LGBTQ youth.	
12. I feel somewhat nervous or unsure about the topics we're here to talk about.	
13. I'm excited to be here today.	

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HC Appendix 2: Group Check-in Survey

PEER EDUCATOR: Read through each statement on the survey, one at a time, allowing time for participants to stand or raise their hands after each statement. Encourage participants to look around and notice the representation of each identity/experience in the group.

PEER EDUCATOR: Debrief the activity by asking the group what they learned or noticed about the group.

"What did you notice about the group that felt interesting or important?"

PEER EDUCATOR: After participants respond to the debrief question, highlight a couple relevant observations of the group. For example:

- *Some of us are LGBTQ and/or have close personal connections with LGBTQ people - if this is you, please feel encouraged to bring your own personal expertise into our discussions today if you wish, but please do not feel you must do so.*
- *Most of us didn't grow up in communities that felt welcoming for LGBTQ people and many feel that we still have some progress to make in this community today - that's why we're here!*

PEER EDUCATOR: Thank the participants for participating in the warm-up activity.

"It's helpful for us to know these things about our group today - all the various backgrounds and experiences you bring will contribute to a great learning space today. Thank you for being here!"

Session 1, Section 2: Statistics, Messages, and Beliefs

Time: 32 minutes

Materials	<ul style="list-style-type: none"> <input type="checkbox"/> HC Appendix 3-Remember Me poem (one copy for each Peer Educator) <input type="checkbox"/> HC Appendix 4- Believe it or NOT cards (one of each color per participant) <input type="checkbox"/> HC Appendix 5-What I've Learned handout (one per participant) <input type="checkbox"/> PowerPoint slides
Set Up	<ul style="list-style-type: none"> • Prepare sets of Green and Red Believe it or NOT cards to easily hand out one of each color to each participant • Give each Peer Educator a copy of the Remember Me poem • Tee up slides
Essential Questions Addressed	<ol style="list-style-type: none"> 1. Why is inclusive health care for LGBTQ young people important? 2. How does providing inclusive and affirming care for LGBTQ young people help reduce their risk of unintended pregnancy and STDs?
Summary	<p>Peer Educators read a welcoming poem entitled <i>Remember Me</i>, depicting diverse sexual and gender identities, to orient participants to the content of the workshop. Participants engage in a true-or-false activity using statistics and facts about LGBTQ adolescents' sexual health outcomes, to increase belief in the importance of inclusive and relevant sexual health care for LGBTQ young people. They explore societal messages and personal beliefs about gender, sexual orientation and teen sexual activity, and reflect on the importance of recognizing and mitigating implicit bias in a health care setting. Lastly, the concept of binary thinking is introduced, and participants examine how binary thinking is detrimental to the health care experience for LGBTQ young people.</p>
Key Concepts	<ul style="list-style-type: none"> • Patients of all identities and behaviors deserve quality care. • Health center staff and providers can provide quality care by honoring the identities and behaviors of patients. • Binary thinking can cause people to have misguided assumptions about other people. • Health center staff and providers can provide quality care to their LGBTQ young patients by recognizing when messages or assumptions about people affect their views of patients.

Activity 1: Remember Me Poem

Time: 3 minutes

ADULT FACILITATOR: Introduce the next activity by showing the Remember Me slide and explaining that the participants will now hear a poem from the Peer Educators.

"Now you are going to hear a poem that describes a number of different experiences and identities."

While the lines of this poem were written from real experiences of young people, they don't necessarily reflect the identities and experiences of the people reading them.

Also, the identities of the people mentioned may not always be clear. You may not know all of the terms used during the poem, and that is OK. Try to imagine and focus on how the people in the poem may be feeling."

PEER EDUCATORS: Stand in a line facing the audience and alternate reading lines of the Remember Me poem (HC Appendix 3), moving forward when reading and then moving back in line until the next turn.

ADULT FACILITATOR: After the poem has been read, ask participants to sit in silence for a moment and reflect on the voices they just heard. After a moment has passed, close the activity by stating:

"Our intention is that we carry these voices with us throughout the rest of the day. These statements are representative of what your LGBTQ patients might be bringing into the room with them. This could create additional challenges for accessing care, such as being able to be present, share information completely and honestly, ask all of their questions, etc. Next we will share some data that illustrates some additional barriers LGBTQ young people face when accessing care. We hope that together these stories and data will encourage our hearts and minds to work together in providing inclusive and affirming care."

Remember Me Poem Facilitation Tips:

- It is recommended that the Adult Facilitator provide the introduction and closing for this activity, to allow time for the Peer Educators to prepare and to enhance the dramatic impact of the performance.
- There is no time allotted for debrief of this poem. If questions arise, Adult Facilitators and Peer Educators are encouraged to provide very brief clarification if necessary, but emphasize that participants can provide LGBTQ-friendly services without being experts on all of the identities represented in the poem.

INcluded HC Appendix 3: Remember Me Poem

Remember Me Poem

Stand in a line facing the audience and alternate reading lines of the poem, stepping forward when reading and then stepping back in line until the next turn.

Peer educator: When you see me in your waiting room or exam room, please remember me:

Peer educators:

1. (STEP FORWARD) Remember me, I need to tell my doctor that I'm having sex with my boyfriend, but I'm afraid my parents will find out I'm gay.
2. (STEP FORWARD) Remember me, I'm a girl and I am sick of being asked if I have a boyfriend. I like girls.
3. (STEP FORWARD) Remember me, I have unstable housing because my family isn't okay with my identity. I need birth control that I don't have to store or remember to take every day.
4. (STEP FORWARD) Remember me, I never hear my pronouns used by teachers at school or when I go to the doctor.
5. (STEP FORWARD) Remember me, I am a boy who is scared to have a pelvic exam.
6. (STEP FORWARD) Remember me, I am a boy who likes boys, and I feel pressure to have sex from my friends. They don't believe me when I say I'm not interested.
7. (STEP FORWARD) Remember me, my girlfriend has a penis. How do I explain that to my doctor?
8. (STEP FORWARD) Remember me, I'm scared I won't be safe in the exam room if I'm truly me.
9. (STEP FORWARD) Remember me, when I tell doctors I have sex with other girls, they say I don't have to worry about being safe. I want to practice safer sex, but I don't know how.
10. (STEP FORWARD) Remember me, I've never had sex while I'm sober.

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HC Appendix 3: Remember Me Poem

Activity 2: Believe It or Not

Time: 10 minutes

ADULT FACILITATOR: Hand out a Green (Believe it) card and Red (Or NOT) card (*HC Appendix 4*) to each participant, and show the Facts and Myths About LGBTQ Youth slide.

PEER EDUCATORS: Introduce the Believe It or Not activity by stating that participants will now learn some important statistics about LGBTQ health. Remind participants to take care of themselves during this activity.

"Now we're going to talk about some important information and statistics about LGBTQ health."

"We want to remind you that some of this information may bring up difficult memories or feelings, especially about painful experiences that some of you or people you care about may have had. Please take care of yourselves and know that you have the right to pass or take a break if needed."

PEER EDUCATOR: Give instructions for the activity. Explain to the participants that during this activity statistics will be shared on the PowerPoint slides. After each statistic is shared, participants will raise their Green (Believe it) card if they think the statistic is true, and raise their Red (Or NOT) card if they think the statistic is false. After participants have voted in this manner, advance the slide and share the additional information about each statistic.

"We are going to read a series of statements and ask you to use the colored cards to indicate whether you think this statement is a myth or a fact. If you believe the statement is a fact, raise the green card, and if you think it is false, raise the red card."

Believe it or Not Facilitation Tips:

- Questions about the statistics shared in this activity may be answered by the Adult Facilitator if needed.
- The Adult Facilitator may take turns sharing the statistics with a Peer Educator if the Peer Educators do not feel confident speaking to some of the statistics.
- Adult Facilitators should be prepared to respond to questions about the reason for the higher rates of sexual risk behaviors among LGBTQ young people. They may use the following talking points:
- *We know that experiencing discrimination and trauma puts people at increased risk for lots of health problems. For example, a person who is gay or lesbian who faces a lot of discrimination and stigma may choose to have a sexual relationship with someone of another gender to hide their sexual identity.*
- *The discrimination and lack of acceptance that LGBTQ people still face in our society is the main underlying factor that contributes to these increased risk behaviors and adverse health outcomes.*

PEER EDUCATORS: Take turns reading the Believe It or Not slides to participants. Following each statement, wait a moment for each participant to vote with their cards. Provide a supportive response each time they vote. For example:

"Looks like everyone agreed that this is true, and it is! Thanks for voting – the group seemed a little mixed on this one. Some of you might be surprised to know that this is a (fact/myth)."



Facts & Myths Introduction slide

After acknowledging the group's vote, use the slides to provide the correct answers. Ask a participant to read the additional information provided. Clarify misinformation and answer questions as needed before moving on the next statement.

Believe It or Not Statistics

1. LGBTQ young people engage in more frequent high-risk sexual behaviors than their heterosexual or cisgender peers. ^[1] **(BELIEVE IT)**

Additional Information:

- High-risk behaviors include substance use before sex and reduced rates of condom use. LGB young people also report greater numbers of sexual partners and experience higher rates of sexual victimization. ^[1]
- These can put them at higher risk for STDs and unintended pregnancy. ^[1]

2. When caring for LGBTQ young people and patients in same-sex relationships, it is not necessary to screen for the same health risks as you would for young people in heterosexual relationships. **(NOT)**

Additional Information:

- Sexual orientation does not, on its own, offer a clear picture of sexual risk. Health care providers should consider orientation (one's feelings of attraction), identity (what one calls oneself) and especially behavior (what one does sexually) when screening LGBTQ patients. ^[9]

3. Lesbian and bisexual cisgender young women have higher rates of unintended pregnancy than their peers. ^[1] **(BELIEVE IT)**

Additional Information:

- There is some evidence that this is also true of young men who have sex with more than one gender. ^[1]

- LGB young people are more likely to experience earlier onset of sexual behavior, including unprotected penis-vagina intercourse that can lead to STDs and unintended pregnancy.^[1]
4. Providing an affirming and accepting environment has no impact on the delivery of medical care to LGBTQ patients. **(NOT)**

Additional Information:

- An affirming and accepting environment that makes it possible for LGBTQ patients to be open with their provider increases the quality of care for LGBTQ young people and the likelihood of meeting their actual health care needs.
5. Many LGBTQ individuals receive no care, inappropriate care, or inferior care from health care providers, as a result of real or perceived discrimination, homophobia, or transphobia.^[4] **(BELIEVE IT)**

Additional Information:

- Because of fear of discrimination and poor quality care, LGBTQ young people don't always disclose their sexual orientation or gender identity to health care providers. 64% of LGBTQ young people feel self-disclosure would lead to substandard care, due to previous experiences.^[8]
- Even one positive experience that allows LGBTQ youth to feel safe and trusting can have a lasting, positive impact on their attitude towards health care and their likelihood of accessing the services they need, now and in the future.

PEER EDUCATOR OR ADULT FACILITATOR: Show the Debrief slide. Ask the questions on the slide, encouraging responses from participants between each question.

"What reactions did you have to this information?"

[Solicit a few responses from the group.]

"What can health care professionals do to help change these statistics?"

[Solicit a few responses from the group.]

Activity 3: Exploring Messages and Beliefs

Time: 10 min

PEER EDUCATOR: Introduce the activity by stating that many of the LGBTQ health outcomes that were discussed during the Believe It or Not activity, arise from societal attitudes and beliefs that lead to discrimination against LGBTQ-identified individuals.

"The data we just looked at clearly shows that LGBTQ young people face unique barriers to accessing health care.

A lot of this comes from societal attitudes and biases that lead to discrimination against LGBTQ-identified people.

We know that we ALL have biases. Often we're not even aware we have them, because they're rooted in the messages we've received from society, family, and friends over time. Sometimes we're not aware of how our personal beliefs and biases might impact others.

So we're going to look at how some of the societal messages we receive about gender and sexuality can impact our view of people."

ADULT FACILITATOR: Show the Common Messages slide and prepare to advance slides as the Peer Educators talk.

PEER EDUCATOR: Take turns reading each statement as it appears on the slide:

- Boys are supposed to be attracted to girls.
- Girls aren't interested in sex the way guys are.
- You can tell someone's sexual orientation just by looking at them.
- Trans men aren't real men; trans women aren't real women. They are just confused.
- In every relationship, someone acts like the guy and someone acts like the girl.
- It's bad to have more than one sexual partner.
- Gay men are promiscuous.

Exploring Messages and Beliefs Facilitation Tips:

- The slides are particularly central to this activity. It is recommended to practice this activity many times with Peer Educators to enhance its flow.
- The Adult Facilitator may advance the slides while the Peer Educators facilitate the lecture and discussion of this activity.
- The Adult Facilitator should be prepared to respond to any potential defensive reactions from participants, with the following talking points:
- *We all have our own beliefs and biases that guide what we think and do.*
- *The goal is to be aware of our own beliefs and avoid allowing them to limit our thinking about patients in ways that are unhelpful or get in the way of meeting their needs.*

- Lesbians don't have real sex.
- LGBTQ teens are just experimenting; they'll grow out of it.

PEER EDUCATOR: After each statement has been shared and appeared on the screen, ask the group what they notice about their view of the people on the slide.

"What do you notice about our view of the people on the screen?"

[Solicit a response or two from the group.]

"We cannot clearly see the people on the screen because these statements are obstructing our view.

Similarly, if a lesbian patient, for example, comes in and we assume she is not at risk for pregnancy, because we think just because she identifies as lesbian she never has sex that involves a penis, we aren't seeing her. That means we may not be providing her with the full care she needs."

PEER EDUCATOR: Highlight the point that these beliefs and biases can get in the way of our ability to see someone for who they really are. Transition into the next activity by stating: *"These are some generic societal messages we hear. Now we want to ask you to think about some of the messages and beliefs you've learned about sexuality and identity in your own life."*

ADULT FACILITATOR: Show the Time for Some Self Reflection slide and help hand out the What I've Learned handout (HC Appendix 5) to each participant.



Messages obscuring view slide

HC Appendix 5: What I've Learned		HC Appendix 5: What I've Learned	
What I've Learned		What I've Learned	
What it means to be a boy/man		What it means to be a boy/man	
What it means to be a girl/woman		What it means to be a girl/woman	
Transgender		Transgender	
Homosexuality/bisexuality		Homosexuality/bisexuality	
Teens having sex		Teens having sex	

INclued **INclued**

HC Appendix 5: What I've Learned

PEER EDUCATOR: Instruct participants to fill out the What I've Learned handout.

"Please read through this handout and spend the next 2-3 minutes writing down some notes about the messages and beliefs you remember learning about these issues growing up. After that time, we'll ask you to pair up and discuss one or two of these messages or beliefs with a partner. You will get to choose what you do and do not share with that partner."

PEER EDUCATOR: Wait 2-3 minutes for participants to fill out the handout, and then call the group's attention back to the front of the room. Ask participants to turn to the person next to them to discuss a couple of the messages or beliefs they wrote about on their handout.

"Now we'd like you to pair up with someone near you and discuss one or two of the messages or beliefs you noted on the handout, especially those that you feel could most likely impact your work with young people."

PEER EDUCATOR: After participants have talked with each other for 2-3 minutes, show the Group Reflection slide and gather the group's attention. Ask the following questions to debrief the activity:

"In what ways could these messages and beliefs affect how you think about or view your patients?" [Solicit a few responses.]

"What strategies can you use to help keep your personal beliefs from getting in the way of the care you provide?" [Solicit a few responses.]

PEER EDUCATOR: Show the Key Takeaway Message slide and read the points from the slide out loud or ask a volunteer from the group to read them out loud.

Key takeaway message:

- We all have our own beliefs and biases that affect how we think about others.
- The goal is to be aware of our own beliefs and avoid allowing them to limit our thinking about patients, so that we don't let any assumptions or biases get in the way of meeting patients' actual needs.

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Key Takeaway Message slide

Activity 4: Binary Thinking and Sexual Identities

Time: 9 minutes

ADULT FACILITATOR: Introduce the next activity by providing the following mini-lecture:

"One of the ways we learn to see the world is in a binary: as either/or. For example, we identify things as hot or cold, big or small, right or wrong – and in the case of this workshop, male or female, straight or gay, etc.

As humans we often categorize things in order to understand them better, but doing this also has its problems. Binary or "either/or" thinking can cause us to assume that people or things are in opposition to each other. It can also cause us to oversimplify a person or situation, especially when it comes to sexual and gender identities.

Let's look at how this plays out in real life."

Binary Thinking and Sexual Identities Facilitation Tips:

- Be mindful during this activity that some participants in the group may not have any experience discussing or thinking about concepts such as "binary thinking." Be patient and use a warm and friendly tone during this activity.
- The slides are particularly central to this activity. It is recommended to practice this activity many times with Peer Educators to enhance the flow of this activity.

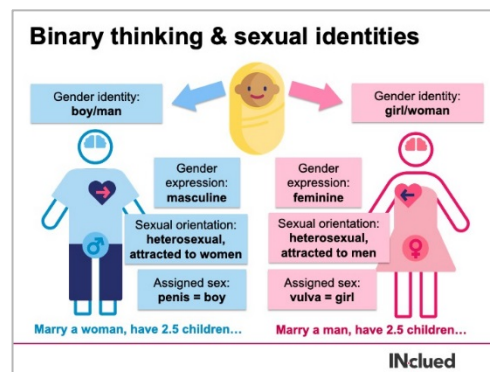
ADULT FACILITATOR: Show the Binary Thinking and Sexual Identities slide. Continue advancing the slides to illustrate the concepts the Peer Educators describe.

PEER EDUCATORS: Take turns describing the gender binary by sharing the following statements as the Adult Facilitator advances the slides:

- *When a baby is born, what's usually the first thing that's announced?*
- *[Solicit response from the group, probing for: "It's a boy!" or "It's a girl!"]*
- *Right – when a baby is born in our society, it's determined to be male or female. How do we make this determination? [Solicit response from the group, probing for: "We look at the baby's genitals."] Based on what we see there, we announce that baby's assigned sex. Someone with a penis is assigned male and someone with a vulva is assigned female.*
- *As soon as someone has an assigned sex, a lot of assumptions and expectations get made about a person. Someone assigned male at birth is expected to identify as a boy and man, and someone assigned female at birth is expected to identify as a girl and woman. However, a person's **gender identity**, or the way they identify themselves in terms of their gender, is actually based on a powerful internal sense of who they are as a person.*
- *Someone who identifies as a man is expected to appear and act masculine, which generally means things like being strong, hairy, muscular and aggressive. Someone who*

identifies as a woman is expected to appear and act feminine, which generally means things like having a delicate figure and smooth/hairless skin, wearing makeup, and being nurturing and submissive. These are some of society's expectations about **gender expression**: how a person expresses or displays their gender identity.

- In a similar way there's an expected formula for **sexual orientation**, or who a person is sexually or romantically attracted to. Men are expected or assumed to be attracted to women and women are expected to be attracted to men.
- These boxes also include the expectations of finding one partner, getting married and making babies together.
- Now some people may fit into these boxes really well and that's OK! The problem is that people are automatically expected to fit these molds when in reality a lot of us don't. What are some examples of types of people who don't fit perfectly into these boxes?



Binary Thinking final slide

PEER EDUCATOR: Encourage participants to brainstorm types of people who may not necessarily fit perfectly inside the boxes. Answers can include: trans people, gay/lesbian/bisexual identified people, people who don't want to or cannot have children, boys who cry, etc.

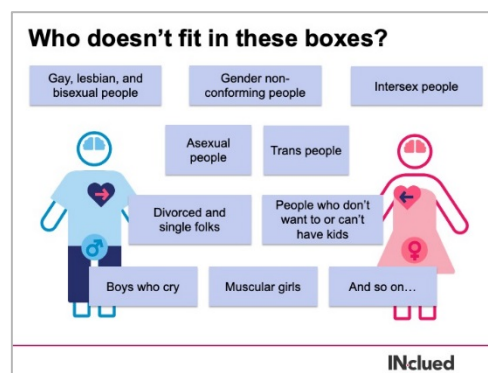
ADULT FACILITATOR: Advance to the Who Doesn't Fit into These Boxes slide, and continue advancing the slides to show some examples of people who do not fit into the boxes.

ADULT FACILITATOR: Ask participants the following debrief questions. Affirm responses.

"What can happen to people who exist outside society's gender boxes?"

[Solicit responses from the group. Make sure to mention or highlight: discrimination, lack of attention/awareness, feeling excluded, unmet needs, and violence/abuse.]

"In what ways can you help challenge this binary model to provide an open, welcoming environment for everyone?"



Who doesn't fit? slide

PEER EDUCATOR: Close the activity by thanking participants and encouraging them to continue thinking about the concepts discussed during the activity.

"Thanks for exploring all of this with us! As we saw, the binary leaves out a lot of the diversity that exists. Combine this with some of the societal assumptions and biases we discussed earlier, and we end up with boxes that many people don't fit into. And when people don't feel they fit into these expected boxes, they can often end up feeling like there's something wrong with them. This is especially true of young people. We really want to encourage you to keep thinking about these messages and assumptions a lot of us have learned about people. Acknowledging and being open to the diversity of people's identities will help health center providers and staff have more honest communication with patients, so that they can get the care they really need."

Session 1, Section 3: Practice Recommendations for LGBTQ-Inclusive Care

Time: 38 minutes

Materials	<ul style="list-style-type: none"> <input type="checkbox"/> <i>HC Appendix 6-Health Center Role Play scripts (one per actor)</i> <input type="checkbox"/> <i>HC Appendix 7-Self-Assessment: LGBTQ-Inclusive Health Care Practices handout (one per participant)</i> <input type="checkbox"/> <i>HC Appendix 8-Remember Me Revisited poem (one per Peer Educator)</i> <input type="checkbox"/> <i>HC Appendix 9-Patient intake form (prop for role-plays) on clipboard</i> <input type="checkbox"/> <i>Q Cards© (one per participant)</i> <input type="checkbox"/> <i>"We Already Do"/ "We Want to Start Doing" graffiti sheets</i> <input type="checkbox"/> <i>Markers</i> <input type="checkbox"/> <i>Six Recommendations for LGBTQ-Inclusive Care checklist stickers (one per participant) or Health Center Poster</i> <input type="checkbox"/> <i>Scratch paper for closing activity</i> <input type="checkbox"/> <i>PowerPoint slides</i>
Set Up	<ul style="list-style-type: none"> • Set up the front of the room with the props and chairs needed to perform the role-plays. • Prepare actors in advance for performing the two skits by giving them some time to read through their script. If there are fewer than four Peer Educators present, participants can play the roles of the Front Desk Staff Person and the Medical Assistant. If participants are being asked to perform the role-plays, select participants during the break or before the workshop begins and give them time to prepare with their scripts. • Post the "We Already Do"/ "We Want to Start Doing" graffiti sheets up on the wall.
Essential Questions Addressed	<ol style="list-style-type: none"> 1. How does providing inclusive and affirming care for LGBTQ young people help reduce their risk of unintended pregnancy and STDs? 2. How can I be more inclusive and affirming of LGBTQ young people in the care and services that I provide?

Summary	<p>Facilitators model two role-plays depicting an LGBTQ young person seeking health care. After the first role-play (“What Not to Do”), participants reflect on what would have made this negative interaction with a clinic staff and provider more successful. Facilitators then introduce the six recommendations for clinic staff and providers and use the second role-play to model using them. Participants reflect on the different outcomes between the two role-plays, and then pair up to discuss how to incorporate the recommendations into their daily tasks. To conclude, participants and facilitators read the <i>Remember Me</i> poem together.</p>
Key Concepts	<ul style="list-style-type: none"> • Positive and respectful interactions with health center staff and providers can help young LGBTQ patients get the care they need. • Health center staff and providers can take simple steps to provide quality care to young LGBTQ patients.

Activity 1: What Not to Do Role-Play

Time: 8 minutes

ADULT FACILITATOR: Set up the front of the room with props and chairs for the role-play. Show the Take One slide and introduce the role-play by stating:

"Now, we are going to role-play a scenario involving a patient. This role-play depicts a real scenario that many LGBTQ young people face during routine visits with their health care provider. As you watch the scenario, pay attention to the things that make the patient feel and react the way they do. In a few minutes, I will stop the action and ask you to share your observations."

ADULT FACILITATOR: Introduce the cast of characters with their name and role, and give characters time to take their places "on stage" at the front of the room. Advance to the slide showing the non-inclusive visuals.

"Our characters are:

- *Chris, the Health Care Provider (HCP)*
- *[Name], the Front Desk Staff Person (FDS)*
- *[Name], Medical Assistant (or Nurse*) (MA)*
- *Dax, our Patient."*

ADULT FACILITATOR: Set the stage for the role-play by introducing the protagonist and the scenario.

"Dax is a 17-year-old who is about to check in for a scheduled health care appointment. Take One!"

PEER EDUCATORS (and other actors as needed): Perform the role-play using the Health Center Role-Play Scripts (HC Appendix 6) provided.

ADULT FACILITATOR: After the last line of the role-play is said, step into the front of the room and stop the scene.

"Freeze! A big thank you to our actors. Let's debrief what we saw happening in this scene."

What Not to Do Role-Play Facilitation Tips:

- The Adult Facilitator should facilitate the role-play activity. If needed the Adult Facilitator can play one of the characters – if this is necessary the Adult Facilitator should clearly introduce the activity before playing the role, and then clearly indicate when the role is over in order to debrief the activity.
- For the "What Not to Do" and "What to Do" role-plays, find out what term/title the health center uses for their clinical support staff (i.e. medical assistant, nurse, patient care coordinator) and incorporate this term into the role-play scripts.
- Names of characters in this role-play can be changed as desired.
- Give actors time with their scripts to prepare and read the short character descriptions at the top of their scripts.

ADULT FACILITATOR: Show the Audience Debrief slide and facilitate a discussion about the role-play with participants by asking the questions below. During the discussion, the actor who played Dax should stay at the front of the room.

"How do you think the patient felt during that visit?"

[Solicit responses from the group.]

"What did you notice happening in this interaction that made the patient feel that way?" [Solicit responses from the group.]

"Dax uses they/them pronouns. Based on what you saw, how well do you think their needs are going to be met?"
[Solicit responses from the group.]

ADULT FACILITATOR: Turn to the actor who played Dax and tell participants that now they're going to hear from the patient.

"Now let's hear from the patient! [To patient character:] How did you feel during this visit?"

PEER EDUCATOR: Respond to the question honestly, by sharing that the patient felt bad. For example: *"I felt bad. I felt like I wasn't being acknowledged for who I am. I didn't feel safe sharing or opening up to the provider or staff."*

ADULT FACILITATOR: *"I'm sorry that happened. Thanks for sharing that! What were you wanting to get out of this and how well were your needs addressed?"*

PEER EDUCATOR: Respond to the question by stating what Dax wanted to talk about and why their needs were not met. For example: *"I wanted to talk about protection and getting tested for STDs. I already feel like the staff don't understand or respect me and I don't trust them enough to be honest about my sexual behavior and what I need help with."*

ADULT FACILITATOR: Turn to participants and ask them the final debrief question:

"What can you suggest to improve this scenario so the patient feels more welcomed?"
[Solicit responses from the group.]

INclued HC Appendix 6: Health Center Workshop Scenes Handout

Character: Front Desk Staff Person

Front Desk Staff Person: You have worked in this clinic for many years, and love helping people get the health care services they need. You like young patients, but you don't have any experience working with youth. You have been trained over the years to make sure you get all the correct information from every patient and enter it into the Health Center System perfectly every time, and you take your job seriously.

The Scene: What Not to Do

Patient arrives at the health center door. They look visibly nervous and tentative. Upon entering the health center they immediately notice the posters on the wall that display images of heterosexual couples only. Patient nervously approaches the front desk.

FDS (getting patient's attention): Hi, can I get your name please?

Patient (sheepishly): Um, I'm Dax Jones.

FDS (looking at computer screen with a puzzled look on their face): I'm sorry, I don't seem to have you in our system. Are you sure you have an appointment?

Patient (looking uncomfortable and anxious): Um yeah, I made the appointment online.

FDS (looking irritated, no smile, furrowed brow): What's your last name again?

Patient (sighs): Jones.

FDS: Oh, here - Rebecca Jones, is that you?

Patient (looking pained, mumbles): Yeah.

FDS (looking suspicious): What's your date of birth?

Patient: 1/16/2004.

FDS (hurriedly): OK then, Rebecca, here are some forms to fill out and someone will call you back for your appointment soon.

(With visible discomfort, patient takes forms and sits down to fill them out. They sigh and shake their head in frustration.)

MA (hurriedly entering scene, looking rushed): Rebecca, we are ready to for your appointment. Please follow me.

(Patient looks annoyed, gets up with reluctance and follows the MA. MA takes patient over to chair and they sit down.)

MA: So I see you're here for your well woman exam. I have a couple questions to ask before the provider comes in. Are you currently sexually active?

Patient (nervously): Um, yes...

MA: So do you have a... (uncomfortable pause while they try to guess) boyfriend?

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HC Appendix 6: Role-play scripts

Activity 2: Six Practice Recommendations

Time: 7 minutes

PEER EDUCATOR: Introduce the six recommendations.

"You all suggested several ways that the scenario in the role-play could be improved. We're now going to share six recommendations for providing LGBTQ-inclusive care to your patients, some of which you've already mentioned."

ADULT FACILITATOR: Advance the slides as the Peer Educators share the six recommendations.

PEER EDUCATORS: Take turns stating the six recommendations on the slides. State the explanations provided for each recommendation, or invite a participant to read the explanations, connecting any points back to what participants may have shared themselves.

"The first recommendation is to have a Welcoming Environment: Provide visible signs of welcome for LGBTQ people in your facility's physical environment."

- *Whenever we are in a new place, we naturally scan our physical environment looking for signs that we belong and are safe. When we don't see things that are familiar, or when we are excluded from the images we see, we can feel unsafe, or think 'This place doesn't want me here.'*
- *Some examples of what's visually welcoming for LGBTQ young people include posters/images with diverse couples, Q cards (which you'll learn more about a little later), LGBTQ-relevant brochures (like the ones we see here), LGBTQ-friendly and -specific magazines, rainbow symbols, or a statement honoring diversity, like this one, that's posted visibly.*



Practice Recommendation 1 slide


The second recommendation is to Use Correct Name & Pronouns:

- *Ask patients for the name and pronouns they want you to use and be sure to use them. Encourage colleagues to do the same and correct them if they don't.*
- *Asking what name and pronouns someone wants you to use, and then using them to refer to that person, even when they're not there to hear you, is a simple but powerful way to show respect. When people feel respected at our clinic, they feel good about coming to our clinic.*

Great-practice recommendations for LGBTQ-inclusive care:

#2: Use Correct Names & Pronouns

She/her
He/his
They/them
Ze/zir



INcluded 31

Practice Recommendation 2 slide

- [Hand out a Q Card© to each participant]
- The Q Card is a tool that can be available or offered to patients. It invites them to share the pronouns and name that they want you to use. We'll demonstrate how the Q Card can be used in a minute when we revisit our patient role-play.

[Explain what is on the Q Card© while participants follow along]

The third recommendation is to Maintain

Confidentiality: Know and clearly communicate your policies/laws regarding confidentiality, so that young people know upfront what can and cannot be kept confidential.

- Confidentiality is one of the most common requests during a health care visit by LGBTQ youth.
- Confidentiality can be especially critical for LGBTQ young people who may face threats to their family or housing stability because of their identity:

- 46% of LGBTQ homeless youth ran away due to family rejection, and 43% were forced out by their parents because of their sexual orientation or gender identity.^[12]

- Take their need for confidentiality seriously and explain confidentiality policies **more than once** during their clinic visit.

Great-practice recommendations for LGBTQ-inclusive care:

#3: Maintain confidentiality

Confidentiality is one of the **most requested** features they want in a health care visit.

LGBT youth are overrepresented among the homeless youth population.

INcluded 32

Practice Recommendation 3 slide

Great-practice recommendations for LGBTQ-inclusive care:

#4: Ask Inclusive Questions

Are you or have you been sexually active?

Do you have a partner or are you dating anyone?

What are the genders of your sexual partners?

What kinds of sexual activities do you do?

INcluded 33

Practice Recommendation 4 slide

The fourth recommendation is to Ask Inclusive

Questions: Use standard, inclusive questions regarding sexual behavior and relationships. Let patients know that you ask these questions of everyone and why you need the information. Remember that identity does not dictate behavior, and avoid making assumptions. Ask questions respectfully when you don't understand, and remain professional even when you're confused or frustrated.

The fifth recommendation is to use Positive Body

Language: Be aware of your non-verbal communication. We recommend watching yourself in a mirror or asking for feedback from a trusted friend or colleague. Make sure to maintain body language that communicates caring and helpfulness, such as sitting on the same level as the patient, a gentle smile, or eye contact.

The sixth recommendation is to Acknowledge

Mistakes and Apologize: Acknowledge when you, your colleague, or your organization have made a mistake, and offer a genuine apology.

- It is incredibly empowering for young people when someone in a position of power, like the people they go to for help, acknowledges or apologizes when they hurt them. A genuine apology may not erase the hurt, but it can really help, especially coming from an adult authority figure."



Practice Recommendation 5 slide



Practice Recommendation 6 slide

Activity 3: What to Do Role-Play

Time: 8 minutes

ADULT FACILITATOR: Hand out the Self-Assessment: LGBTQ-Inclusive Health Care Practices worksheet (HC Appendix 7). Show the Take Two slide and introduce the second role-play.

"Now we're going to replay our original scene, putting these recommendations into practice. The worksheet we just gave you lists all of these recommendations. Pay attention to the specific things the health center staff do to provide more inclusive care, and put a little checkmark next to the ones you observe happening in the scene."

ADULT FACILITATOR: Advance to the slide showing the inclusive visuals for a welcoming environment. Re-introduce the characters and briefly set the scene again for the participants.

"Again, our characters are:

- *Chris, the Health Care Provider (HCP)*
- *[Name], the Front Desk Staff Person (FDS)*
- *[Name], Medical Assistant (or Nurse*) (MA)*
- *Dax, our Patient*

Dax is a 17-year-old who is about to check in for a scheduled health care appointment. Take two!"

Show the Inclusive Space Poster slide.

PEER EDUCATORS (and other actors as needed): Perform the What to Do role-play using the scripts provided.

ADULT FACILITATOR: After the last line of the role-play is said, step into the front of the room and stop the scene.

"Freeze! OK, first let's congratulate our actors on their fabulous performance! Now let's debrief this scene again."

What to Do Role-Play Facilitation Tips:

- The Adult Facilitator should facilitate this role-play activity. If needed the Adult Facilitator can play one of the role-play characters – if this is necessary the Adult Facilitator should clearly introduce the activity before stepping into role, and then clearly step out of role to debrief the activity.
- For the "What Not to Do" and "What to Do" role-plays, find out what term/title the health center uses for their clinical support staff (i.e. medical assistant, nurse, patient care coordinator) and incorporate that term into the role-play scripts.
- Names of characters in this role-play can be changed as desired.
- Give actors time with their scripts to prepare and read the short character descriptions at the top of their scripts.

ADULT FACILITATOR: Facilitate a discussion about the role-play with participants by asking the questions below. During the discussion, the actor who played Dax should stay at the front of the room.

"What practices from the six recommendations did you observe in the role-play this time?" [Solicit responses from the group.]

"In what ways did these practices impact the quality of Dax's visit?" [Solicit responses from the group.]

ADULT FACILITATOR: Turn to the actor who played Dax and tell participants that now they're going to hear from the patient.

"Let's check in with the patient again. [To patient character:] Dax, how did your visit go this second time around?"

PEER EDUCATOR: Respond to the question honestly, by sharing that the patient felt better this time. For example:

"I always brace myself a bit for something hurtful to happen when I go to the doctor, because it's happened so many times. But this time things went well! They asked for and used the name I go by, they offered a Q Card and actually paid attention to it, and everyone was friendly and nice. I was so much more comfortable and felt like I could say what I really wanted."

ADULT FACILITATOR: Turn to participants and ask them the final debrief questions:

"How much more likely is it that this patient will get the care they need during this visit?"
[Solicit responses from the group.]

"How much more effort and time did this round require on the part of the staff?"
[Solicit responses from the group.]

ADULT FACILITATOR: Close the activity by stating:

"We know that health care professionals face a lot of pressure to get things done quickly. As you noticed, following the six guidelines we shared didn't take any additional time. The welcoming, inclusive approach also resulted in the visit progressing more efficiently and enabled the patient to share what was important to them."

INclued HC Appendix 6: Health Center Workshop Scenes Handout

Character: Front Desk Staff Person

Front Desk Staff Person: You have worked in this clinic for many years, and love helping people get the health care services they need. You like young patients, but you don't have any experience working with youth. You have been trained over the years to make sure you get all the correct information from every patient and enter it into the Health Center System perfectly every time, and you take your job seriously.

The Scene: What Not to Do

Patient arrives at the health center door. They look visibly nervous and tentative. Upon entering the health center they immediately notice the posters on the wall that display images of heterosexual couples only. Patient nervously approaches the front desk.

FDS (getting patient's attention): Hi, can I get your name please?

Patient (sheepishly): Um, I'm Dax Jones.

FDS (looking at computer screen with a puzzled look on their face): I'm sorry, I don't seem to have you in our system. Are you sure you have an appointment?

Patient (looking uncomfortable and anxious): Um yeah, I made the appointment online.

FDS (looking irritated, no smile, furrowed brow): What's your last name again?

Patient (sighs): Jones.

FDS: Oh, have - Rebecca Jones, is that you?

Patient (looking pained, mumbles): Yeah.

FDS (looking suspicious): What's your date of birth?

Patient: 1/16/2004.

FDS (happily): OK then, Rebecca, here are some forms to fill out and someone will call you back for your appointment soon.

(With visible discomfort, patient takes forms and sits down to fill them out. They sigh and shake their head in frustration.)

MA (hurriedly entering scene, looking rushed): Rebecca, we are ready to for your appointment. Please follow me.

(Patient looks annoyed, gets up with reluctance and follows the MA. MA takes patient over to chair and they sit down.)

MA: So I see you're here for your well-woman exam. I have a couple questions to ask before the provider comes in. Are you currently sexually active?

Patient (nervously): Um, yes...

MA: So do you have a... (uncomfortable pause while they try to guess) boyfriend?

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HC Appendix 6: Role-play scripts

Activity 4: Implementing Inclusive Practices

Time: 10 minutes

ADULT FACILITATOR: Show the Implementing Inclusive Practices slide.

PEER EDUCATOR: Introduce the activity.

“Now that we’ve discussed the six important recommendations for how to be more inclusive, we want you to assess which of the recommendations you’re already doing in your health center, and where you think you can improve to provide inclusive care to LGBTQ young people.”

PEER EDUCATOR: Give instructions to the participants. In this activity, participants will fill out their Self-Assessment worksheet with thoughts about which of the six recommendations their health center is using, and which they could use more.

“Using the Self-Assessment worksheet we gave you earlier, identify what you feel you do well in providing LGBTQ-inclusive care, and what you think you could improve. Please be specific and write your ideas down on the worksheet! You’ll have about 6-7 minutes to generate your ideas, and then I’d like you to circle at least one or two of your ideas for improvement that you want to start doing right away. When we’re finished I’ll ask you to share some of these ideas with the larger group.”

INcluded HC Appendix 7: Self-Assessment Worksheet

Self-Assessment: LGBTQ-Inclusive Health Care Practices
Health centers can take positive steps to promote the health of LGBTQ patients by examining their offices, policies, practices and staff training for ways to provide inclusive care to patients. Use this checklist as a tool to assess what you are already doing and as a guide for where you want to be.

Recommendation	How are we doing?			What we already do	What we need to do or improve
	Great	OK	Needs Work		
1. Welcoming Environment Provide visible signs of welcome for LGBTQ people in facility or physical environment.					
2. Use Correct Name & Pronouns: Ask clients for the name and pronouns they want you to use, and use them.					
3. Ask Inclusive Questions: Use respectful, inclusive questions regarding sexual behavior and relationships. Identity does not dictate behavior. Avoid assumptions.					
4. Maintain Confidentiality: Clearly communicate the policies/laws regarding confidentiality. Offer options so privacy is protected.					
5. Positive Body Language: Facial expressions and body language communicate caring and helpfulness.					
6. Admit Mistakes: Acknowledge and apologize when a mistake has been made.					

HC Appendix 7: Self-Assessment Worksheets

PEER EDUCATOR: Give 6-7 minutes to complete the worksheet. Post the “We Already Do” and “We Want to Start Doing” graffiti sheets to prepare to record participants’ contributions.

PEER EDUCATOR: Gather the group’s attention. Invite participants to share one thing they are already doing, and one thing they want to start doing.

ADULT FACILITATOR: As participants share their ideas, record their ideas on the “We Already Do” and “We Want to Start Doing” graffiti sheets. After every participant who wishes to share has shared, show the Group Reflection slide.

PEER EDUCATOR: Ask the participants the following questions:

“What impact could these inclusive practices have on your LGBTQ patients?” [Solicit responses from the group.]

"How might your non-LGBTQ patients, staff, and health center benefit from these inclusive practices as well?"

[Solicit responses from the group.]

PEER EDUCATOR: Pass out one checklist sticker or poster to each participant.

"To help you keep the recommendations in mind, we want to give you these stickers to post in a place where you'll see them regularly. Using these practices here in your health center is really noticeable to LGBTQ patients and will support them in getting the care they need and deserve."



Checklist Sticker

Activity 5: Closure - Remember Me Revisited


Time: 5 minutes

PEER EDUCATOR: State that the first session of the workshop is almost over. Show the Remember Me Revisited slide. Instruct participants to think about the LGBTQ young people they will serve in the coming weeks and months. Give instructions for the closure activity:

"On a piece of scratch paper, write down a complete statement that communicates an important message or statement of affirmation you hope to convey to the young LGBTQ patients you will serve. Complete one of these sentences: 'I want you to know ____' or 'I want you to feel ____.' For example, you could say something like 'I want you to know you're welcome here.'"

PEER EDUCATOR: After participants have written their statements, explain that the Remember Me poem will now be read again. After each line of the poem, one participant will respond by saying "I remember you..." and then saying the statement of affirmation they wrote down.

Remember Me, revisited...



Think about the LGBTQ young people you serve...

Write a complete statement that communicates an important message or affirmation you hope to convey to them.
Ex: "I want you to know ____," or "I want you to feel ____."

INcluded 41

Remember Me Revisited slide

PEER EDUCATORS: Show the second Remember Me Revisited slide. Take turns reading the lines of the Remember Me Revisited Poem (HC Appendix 8). After each line, have a participant read their affirmation statement, moving in a circle around the group.

INcluded HC Appendix 8: Remember Me Revisited Poem

1. To the one... who needs to tell his doctor that he's having sex with his boyfriend, but is afraid his parents will find out he's gay.
2. To the one... who is a girl and is sick of being asked if she has a boyfriend. She likes girls.
3. To the one... who has unstable housing because their family isn't okay with their identity. They need birth control that they don't have to store or remember to take every day.
4. To the one... who never hears their pronouns used by teachers at school or when they go to the doctor.
5. To the one... who is a boy who is scared to have a pelvic exam.
6. To the one... who is a boy who likes boys, and feels pressure to have sex from his friends. They don't believe him when he says he's not interested.
7. To the one... whose girlfriend has a penis. How do they explain that to a doctor?
8. To the one... who's scared they won't be safe in the exam room if they're truly themselves.
9. To the one... who when she tells doctors she has sex with other girls, they say she doesn't have to worry about being safe. She wants to practice safer sex, but doesn't know how.
10. To the one... who's never had sex while sober.
11. To the one... who is taking estrogen and whose doctors need to know. They hope the doctors don't ask them to explain their identity.
12. To the one... whose definition of sex doesn't match their doctor's. How do they ask the doctor how to stay safe?
13. To the one... who is a girl who dates girls and is pregnant.
14. To the one... who needs to know how to have safer sex with multiple partners. Most people don't believe that they have multiple meaningful relationships. People just think they're selfish.
15. To the one... who's had sex with people they didn't want to because they wanted people to think they were straight.

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HC Appendix 8: Remember Me Revisited Poem

PEER EDUCATOR: Thank participants for their participation.

ADULT FACILITATOR: Show and review the Next Steps & Resources slide. Conclude the first session of the workshop by reminding participants when the second session will take place.

IN·clued Health Center Workshop Session 2

ATTENTION: This second session of the workshop is intended to take place immediately after the first session, with a short break in between. Only health care providers and patient care staff should attend the second session.

IN·clued Health Center Workshop Session 2 Overview	
Topic	Inclusive and Affirming Health Care for LGBTQ Young People
Audience	Patient Care Staff and Providers
Time	90 minutes
Enduring Understanding	I can provide intentionally inclusive and affirming health care to LGBTQ young people.
Essential Questions	<ol style="list-style-type: none">1. What is inclusive health care for LGBTQ young people and why is it important?2. How can I be more inclusive and affirming of LGBTQ young people in the care that I provide?3. How does implementing inclusive and affirming practices support the work I am already doing?
Assessments	<p>EQ 1: Participants will summarize the concepts on providing inclusive care to LGBTQ young people from Session 1.</p> <p>EQ 2: Providers will put into practice what they have learned, using the six recommendations in patient simulations.</p> <p>EQ 3: Participants will share what they gained from the experience and how they intend to incorporate what they learned into their practice.</p>
Materials	<ul style="list-style-type: none"><input type="checkbox"/> Flip chart paper<input type="checkbox"/> Blue masking tape<input type="checkbox"/> Name tags<input type="checkbox"/> Markers<input type="checkbox"/> Pens

	<ul style="list-style-type: none"> <input type="checkbox"/> Fidgets <input type="checkbox"/> Group Agreements on flip chart paper <input type="checkbox"/> Agenda on flip chart paper <input type="checkbox"/> Sign-in sheet <input type="checkbox"/> AV equipment (projector, screen, laptop) as needed <input type="checkbox"/> PowerPoint presentation <input type="checkbox"/> <i>HC Appendix 1-</i> IN·clued Glossary of Terms (one per participant) <input type="checkbox"/> <i>Appendix 7-</i>Self-Assessment: LGBTQ-Inclusive Health Care Practices worksheet (one per participant) <input type="checkbox"/> <i>HC Appendix 9-</i>Patient intake forms (one per patient character, completed in advance) <input type="checkbox"/> "We Already Do" & "We Want to Start Doing" graffiti sheets (created in Session 1) <input type="checkbox"/> <i>HC Appendix 10-</i>IN·clued practice feedback forms (enough for the number of patient characters x the number of simulation rounds) <input type="checkbox"/> <i>HC Appendix 11-</i>Patient Simulation Character Profile worksheets (one per patient character, completed in advance) <input type="checkbox"/> <i>HC Appendix 13-</i>LGBTQ Catch Phrase Words, a bowl, and a timer <input type="checkbox"/> Clipboards (for patient characters to write feedback) <input type="checkbox"/> Time-keeping devices (one for each patient character) <input type="checkbox"/> Music player with speaker <input type="checkbox"/> Q Cards©
Preparation	<p>Prior to day of workshop:</p> <ul style="list-style-type: none"> • Contact health center project coordinator and ask about: <ul style="list-style-type: none"> ○ Group size ○ Facilities—room set up, AV equipment, availability of separate rooms/spaces for patient simulations ○ Whether any workshop participants will have accessibility needs such as physical accommodations that would be useful to know about. • Request copies of the clinic's patient intake form in advance to use for the patient simulations. Peer Educator patient characters will fill out the intake forms, in character, prior to the start of Session 2.

- Update PowerPoint with names of presenters, current date, and “Next Steps” information.
- Based on the number of participants and the number of Peer Educators available to play patient characters, determine the amount of time for each Patient Simulation and if participants will be visiting stations in pairs. Communicate the process to the Peer Educators.
- If you are doing Session 2 on a different day than Session 1, add the Questions You’ll Be Able To Answer and Group Agreements to the beginning of Session 2 slides.

After arriving at workshop space:

- Set up room for participants to sit in a semi-circle or at small tables in small groups, in view of the projection screen.
- Set up snack or food in an accessible place in the room.
- Arrange sign-in table to include sign-in sheet, name tags, pens.
- Arrange training materials in accessible place at the front of the room for Peer Educators.
- Identify stations for patient simulations and orient Peer Educators to those stations.

Workshop Session 2: Learning Experience and Instruction

ATTENTION: This second session of the workshop is intended to take place immediately after the first session, with a short break in between. Only health care providers and patient care staff should attend the second session. If Session 2 is taking place on another day, refer to Workshop Session 2 Alternate Introductions (Appendix 12).

Session 2, Section 1: IN·clued Introductions and Warm-Up

Time: 15 minutes	
Materials	<ul style="list-style-type: none"><input type="checkbox"/> HC Appendix 1- IN·clued Glossary of Terms (one per participant)<input type="checkbox"/> HC Appendix 7-Self-Assessment: LGBTQ-Inclusive Health Care Practices worksheet (one per participant)<input type="checkbox"/> “We Already Do” & “We Want to Start Doing” graffiti sheets (created in Session 1)<input type="checkbox"/> Fidgets<input type="checkbox"/> Group Agreements on flip chart paper<input type="checkbox"/> Agenda on flip chart paper<input type="checkbox"/> Sign-in sheet<input type="checkbox"/> Name tags<input type="checkbox"/> PowerPoint slides<input type="checkbox"/> HC Appendix 13-LGBTQ Catch Phrase Words, a bowl, and a timer
Set Up	<ul style="list-style-type: none">• Have the Agenda and Group Agreements posted in the room• Distribute fidgets on the participants’ tables• Set up welcome station with name tags, pens/markers, and sign-in sheet• Post the “We Already Do” and “We Want to Start Doing” graffiti sheets on the wall• Cut up the LGBTQ Catch Phrase words and have them ready in a bowl.

Essential Questions Addressed	<ul style="list-style-type: none"> • What is inclusive health care for LGBTQ young people and why is it important? • How can I be more inclusive and affirming of LGBTQ young people in the care that I provide?
Summary	<p>Facilitators model two role-plays depicting an LGBTQ young person seeking health care. After the first role-play (“What Not to Do”), participants reflect on what would have made this negative interaction with a clinic staff and provider more successful. Facilitators then introduce the six recommendations for clinic staff and providers and use the second role-play to model using them. Participants reflect on the different outcomes between the two role-plays, and then pair up to discuss how to incorporate the recommendations into their daily tasks. To conclude, participants and facilitators read the <i>Remember Me</i> poem together.</p>
Key Concepts	<ul style="list-style-type: none"> • Positive and respectful interactions with health center staff and providers can help young LGBTQ patients get the care they need. • Health center staff and providers can take simple steps to provide quality care to young LGBTQ patients.

Activity 1: Implementing Inclusive Practices

Time: 10 minutes

ADULT FACILITATOR: Call the group together and share the agenda for Session 2 of the workshop.

PEER EDUCATOR: Welcome the group back to the training space and introduce the short energizer activity, titled "LGBTQ Catch Phrase."

"Welcome to Session 2 of our IN·clued training! To get our energy up for the rest of our time together, we'd like to do a brief activity called LGBTQ Catch Phrase."

Energizer Facilitation Tips:

- Any brief energizer can be used in place of LGBTQ Catch Phrase.
- If any new presenters or participants join the group for the second session, include a round of introductions before beginning with the energizer.

PEER EDUCATOR: Instruct participants and presenters to stand up as they are able and form a large circle. Provide instructions for the activity as follows:

"We're going to count the group off into two teams. Then I'm going to come around with a bowl filled with terms on cards. The goal of the game is to get your team to guess the word on one of these cards in this bowl as fast as possible. A lot of these words are related to LGBTQ identity or culture, some are about sexual health, and some are just random! [Show the bowl and give an example of one of the words.]

When you choose a word, you have to get your team to guess what it is WITHOUT saying the word, any part of the word, or anything that rhymes with the word.

[Give an example.]

Once your team has guessed the word, pass the bowl to the person next to you. This is a SPEED GAME, kind of like hot potato! We are going to set a timer for one minute. If the buzzer goes off while you're holding the bowl, your team loses that round!

If you don't know one of the words you pick, that's okay! Just put it back and choose another one.

Okay, any questions? We're going to count off into two teams now."

PEER EDUCATOR: Answer any questions about the instructions and count the group off by two to create two teams. Have each team raise their hands, one after the other, so that participants can look around the circle and see who's on their team.

PEER EDUCATOR: Start the game and set the timer to one minute. Play five rounds of the game.

ADULT FACILITATOR: Ask the participants to return to their seats and transition to the next activity.

IN·clued HC Appendix 13: LGBTQ Catch Phrase Words		
LGBTQ Catch Phrase Words		
Queer	Genderqueer	Lesbian
Gay	Bisexual	Pansexual
Intersex	Questioning	Ally
Straight	Cisgender	Transgender
Sexual orientation	Gender	Drag king
Drag queen	Sex toy	Health center
Provider	Birth control	STDs
Asexual	Binary	Biological sex

HC Appendix 13: LGBTQ Catch Phrase Words

Activity 2: Review and Preparation

Time: 5 minutes

ADULT FACILITATOR: Post the “We Already Do” and “We Want to Start Doing” graffiti sheets from Session 1. Show the Reminders about the 6 Great Practice Recommendations slide.

PEER EDUCATOR: Review the contents of the “We Already Do” and “We Want to Start Doing” graffiti sheets with participants.

“Now we’d like to take a few minutes to prepare for the patient simulations by reviewing the ideas shared earlier, about what you already do and what you want to start doing to provide more LGBTQ-inclusive care for your patients. Please take out your Self-Assessment: LGBTQ-Inclusive Health Care Practices worksheet from earlier.”

PEER EDUCATOR: Briefly review the lists of ideas on the “We Already Do” and “We Want to Start Doing” graffiti sheets. Be sure to mention the difference between those that involve system-level changes and those that pertain to individual behaviors that providers and staff can use when interacting with patients. Tell participants that for this activity, they should focus on the things they can individually do to be inclusive when interacting with patients.

PEER EDUCATOR: Show the Preparing for simulations slide. Instruct participants to look at their worksheets. Ask them to circle and/or write down the things they want to focus on practicing when they are in their patient simulations.

Facilitation Tip:

If the two sessions are occurring on the same day, the facilitator can simply remind people to refer to the We Already Do and We Want to Start Doing graffiti sheets posted in the room as they consider what to focus on in their simulations. Highlight the suggestions that relate to individual behaviors as opposed to systems-level changes.

IN·clued HC Appendix 7: Self-Assessment Worksheet

Self-Assessment: LGBTQ-Inclusive Health Care Practices
Health centers can take positive steps to promote the health of LGBTQ patients by examining their offices, policies, practices and staff training for ways to provide inclusive care to patients. Use this checklist as a tool to assess what you are already doing and as a guide for where you want to be.

Recommendation	How are we doing?			What we already do	What we need to do or improve
	Great	OK	Needs Work		
1. Welcoming Environment Provide visible signs of welcome for LGBTQ people in facility's physical environment.					
2. Use Correct Name & Pronouns: Ask, listen for the name and pronouns they want you to use, and use them.					
3. Ask Inclusion Questions Use standard, inclusive questions regarding sexual behavior and relationships. Identify when not disclose behavior. Avoid assumptions.					
4. Maintain Confidentiality Clearly communicate the policies/laws regarding confidentiality. Offer options as privacy is needed.					
5. Positive Body Language Facial expressions and body language communicate caring and helpfulness.					
6. Admit Mistakes Acknowledge and apologize when a mistake has been made.					

“Now take a minute to look over your worksheet and circle or write down the things you want to focus on practicing during your patient simulations. These can be things you already do that you’d like feedback on, or new things you want to try out for the first time. Think about how you will do these things – the words you’ll say, the tone you want to convey – and spend the next few minutes doing some mental rehearsal to get help yourself get prepared.”

HC Appendix 7: Self-Assessment Worksheets

PEER EDUCATOR: Give 2-3 minutes for participants to complete this process. After participants have completed preparing with their worksheets, ask if anyone has any questions. Answer questions as needed, and then transition to the simulation instructions.

"Before we head off to get ready to become your patients, are there any final questions about any of recommendations or ideas that we've discussed?"
[Answer questions as needed].

"The next time you see us, we will have become your patient characters ready for a health care visit with you. We look forward to it!"

Session 2, Section 2: Patient Visit Simulations, Feedback, and Closure

Time: 75 minutes	
Materials	<ul style="list-style-type: none"> <input type="checkbox"/> HC Appendix 9-Patient intake forms (completed by patient characters) <input type="checkbox"/> Clipboards with several copies of feedback form and a pen <input type="checkbox"/> Time-keeping devices for each simulation room <input type="checkbox"/> Music player and music <input type="checkbox"/> Q cards ©
Set Up	<ul style="list-style-type: none"> • Each patient character should be seated at their assigned posts (areas of the room or separate rooms, depending on the space). • The Adult Facilitator should ensure that everything is in place and ready before beginning the simulations: <ul style="list-style-type: none"> ○ Peer Educator patient characters are in role and in their assigned areas/rooms. ○ Patient intake forms are all completed by patient characters and displayed for easy access by the providers. ○ Peer Educators have clipboards with several copies of the feedback form and a pen. ○ Peer Educators are each equipped with an effective time-keeping device and know the amount of time they will have for each part of the simulations. ○ The timing of the simulations has been pre-determined based on the number of participants and the number of available Peer Educators to play patient characters. ○ The simulation spaces are set up as realistically as possible for that clinic. For example, intake forms hung on door for clinician to review before entering.
Essential Questions Addressed	<ul style="list-style-type: none"> • How can I be more inclusive and affirming of LGBTQ young people in the care that I provide?
Summary	<p>Peer Educators are stationed around the training space, each with a different patient character to play. Participants practice engaging with the patient characters using the six recommendations for providing inclusive care and receive feedback from the Peer Educators. To debrief,</p>

	Peer Educators share highlights of the simulations, and participants are able to ask questions. Facilitators read a list of “Advice from Teens” to summarize, and participants close by stating a word, phrase or idea for application of their learning.
Key Concepts	<ul style="list-style-type: none">• Implementing the six recommendations for LGBTQ-inclusive practices will help LGBTQ young patients get the care they need.

Activity 1: Orientation to the Simulation Process

Time: 5 minutes

ADULT FACILITATOR: “I’m going to give you an overview of how the patient simulation process will go, before we begin. Each of the teen Peer Educators has now assumed a different patient character based on the experiences of LGBTQ young people. You will be engaging with a number of these characters in a series of brief simulated patient visits. Each of these patient characters has completed the patient intake form used by this facility.”

Patient Simulation Facilitation Tip:

IMPORTANT NOTE: The process for patient simulations will depend on the number of participants and the number of Peer Educators who will play patient characters. **The Adult Facilitator needs to plan the process for this activity in advance of the workshop.**

Putting it into practice!

Patient visit simulations

- Patient characters: LGBTQ young people
- Patient intake form



Putting it into practice slide

ADULT FACILITATOR: Show the Patient Simulation Process slide. Give the participants detailed instructions on the process. During this activity, each participant will have the opportunity to interact with several LGBTQ patient characters, played by Peer Educators.

“The first thing you will do at the beginning of each simulation is take a moment to review the patient’s completed intake form, just as you would before an actual patient visit. Also, as with any patient visit, you

are encouraged to use that information to guide your questions while you practice implementing the recommendations for LGBTQ-inclusive care.

For each simulation you will have [indicate amount of time] for the patient visit, followed by a two-minute feedback session. The Peer Educator will keep track of time and will step out of character when it is time to transition to the feedback session.

The feedback session will begin with a brief pause for the Peer Educator to collect their thoughts and make note of their feedback using the IN·cluedpractice feedback form. You will first be asked to provide your own feedback about how you think the simulation went, and then the Peer Educator will offer their feedback.

When the feedback session has concluded, you will switch stations to begin a simulation with a different patient character.

This process will be repeated until everyone has completed all of their intended simulation sessions.

After the final simulation, we will all meet back in the main room together for a group debrief.

We recognize that some of you have different opportunities for and levels of experience with interacting with patients than others. Some of you may spend a lot of time talking with patients, while others may primarily be responsible for taking vitals and asking basic questions before handing that information off to a different provider. In order for these simulations to be as helpful as possible, try to engage the patient characters in the ways you typically do in your actual job, while taking every opportunity to incorporate more inclusive practices. If it isn't your job to conduct a thorough intake assessment, you may choose to spend some of the time practicing what you would say about the patient to the other staff or providers you would be preparing them to see.

We may not be able to make these simulations entirely realistic for everyone, but we want to encourage you to make your best effort to use them as an opportunity to practice some new things and receive some useful feedback from young people."

ADULT FACILITATOR: Invite questions from participants and offer clarification about the process as needed.

ADULT FACILITATOR: Orient participants to all the locations in the health center where the patient characters will be waiting for them. Remind them of the flow, how much time they have for each simulation and feedback session, and where they will go when it's time to switch.

INclued HC Appendix 10:
INclued Health Center Practice Feedback Form

Overall strengths/What went well:	Did not do	Did	Did well	N/A
Recommended Practices for LGBTQ-Inclusive Care:				
1. Welcoming Environment				
2. Uses Correct Names & Pronouns				
3. Asks Inclusive Questions				
4. Maintains Confidentiality				
5. Positive Body Language				
6. Admits Mistakes				
Suggestions:				
Additional Comments:				

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HC Appendix 10: Simulation feedback form

Activity 2: Patient Simulations

Time: 45 minutes

ADULT FACILITATOR: Instruct participants to go to their first simulation station and begin the simulations.

ADULT FACILITATOR: Keep time during patient simulations. Circulate through the patient character stations, observing patient-provider interactions. Manage the flow of participants rotating around the stations.

ADULT FACILITATOR: At the end of the final simulation, signal everyone to gather together in the main area again.

Patient Simulation Facilitation Tips:

- Make the simulations as realistic as possible in the space provided. For example, use real exam rooms, and place intake forms outside the door for the clinician to review before entering the exam room.
- Ideally simulations would last about four minutes followed by two minutes of feedback, and participants would circulate around to 4-5 different characters. Time for each simulation/feedback session can be lengthened as needed based on the size of the group. For large groups, staff can work in pairs and take turns in the provider and observer roles. The Adult Facilitator should be prepared to include the specific timing information as part of the orientation instructions.
- During this section, the Adult Facilitator needs to be very hands-on, providing instructions and managing the logistics of the patient simulation process. While the Adult Facilitator gives the orientation to this process, the patient characters should take their posts in the assigned areas/rooms where the simulations will take place, ensure that their patient intake form is complete, and display the form in a logical place to be easily located and reviewed by health center staff and providers when they arrive for the simulations. The Adult Facilitator should ensure that everything is in place and ready before beginning the simulations.

Activity 3: Simulation Debrief and Q&A

Time: 15 minutes

ADULT FACILITATOR: Invite Peer Educators to each share a brief summary of their experiences during the patient simulations.

PEER EDUCATORS: Briefly summarize each character's situation and the highlights of the simulations. Emphasize what participants did well and summarize the opportunities for improvement that were discussed individually during feedback sessions, without naming specific clinic staff or providers.

ADULT FACILITATOR: Show the Simulation Debrief slide. Facilitate discussion with health center staff using the following questions:

"What did you gain from that experience?"
[Solicit responses from the group.]

"What do you still struggle with or find challenging?"
[Solicit responses from the group.]

ADULT FACILITATOR: Invite participants to ask any additional questions of the Peer Educators as time allows.

PEER EDUCATORS: Answer participants' questions.

Simulation Debrief Facilitation Tips:

- Constructive feedback for participants that is given during this activity should only include feedback that was already provided during individual feedback sessions. No new constructive suggestions or feedback about specific individuals should be shared in the larger group.
- Adult Facilitator should moderate the Q&A session.

Activity 4: Next Steps, Advice from Teens and Closure

Time: 10 minutes

ADULT FACILITATOR: Show the Next Steps and Resources slide. Let the audience know that they are heading into the closing activities for the day. Remind participants about next steps (e-learning modules and website of resources) and share any other relevant resources for further learning.

PEER EDUCATOR: Show the Advice from Teens slide. Tell participants the workshop will close with a short list of tips from teens.

"We wanted to end with a list of things we came up with that we feel are important to hear directly from young people."

Next Steps Debrief Facilitation Tip:

The Adult Facilitator should introduce the closing section by sharing information about next steps and resources for further learning, so that Peer Educators can lead the closing activities and be the last voices heard.

Let participants know that they will receive two follow-up emails, the first 3-months after the workshop, and the other 6-months after the workshop. These emails will include links to a resources page and two e-learning modules for them to take.

PEER EDUCATORS: Alternate reading the list of tips out loud:

- *Don't assume that I am having sex*
- *Don't assume that I am NOT having sex*
- *Don't assume that 'having sex' means the same thing to me as it does to you*
- *If I am having sex, don't assume I understand how my body works*
- *Don't look at me and assume that I am straight*
- *Don't look at me and assume that I am gay*
- *Remember that even if I identify as straight, I may also have sex with someone of the same gender as me*
- *Remember that even if I identify as gay, I may also have sex with someone of another gender*
- *Keep in mind that my gender identity may not match how my body looks*
- *Please remember that I am capable of making good decisions about sex*
- *Please give me an opportunity to discuss sexual health - I may be waiting for you to ask*

PEER EDUCATOR: Show the Group Closure slide. Explain the final group closure activity.

"Now we'd like to ask you to reflect on your whole experience of today's IN·clued training and come up with a brief response to the following question:

What is one thing you plan to do with the information and skills you've learned and practiced today?"

PEER EDUCATOR: Invite one participant to begin the closure and go around the circle until every participant has shared.

PEER EDUCATOR: Thank the participants for engaging in the workshop.

"Thank you for being here today and participating in this workshop. This work is really important to us, and we hope the experience has been valuable to you as well."

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