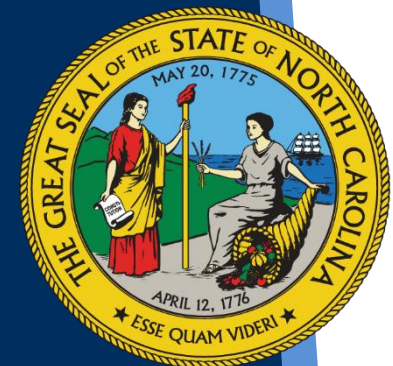


Welcome!

Please introduce yourself and your representative agency in the chat!

Tech Reminders:

- Keep your audio muted except for when you intend to speak
- Use Zoom's Gallery View to see more participants
- Adjust the layout of the windows on the computer so you can see the chat, Zoom screen, and other participants
- Rename yourself and add pronouns if you choose
- Find the "Raise Hand" and other reactions icons
- Type in the Zoom chat box if you need help



NC Department of Health and Human Services
Division of Public Health
Women, Infant and Community Wellness Section

Trauma-Informed Care Webinar Series: Inclusive Practices Part II

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Reflection

What is your personal lens that creates your identity?

Take a few moments to write down those identities.

Resource: Engineer
Inclusion: What Is
Positionality?

Trauma-Informed Care (TIC)

- **Seeks to realize the widespread impact of trauma and understand the paths for recovery.**
- **70% of adults in the United States have experienced some type of traumatic event at least once in their lives.**
- **For some marginalized groups, this percentage is higher.**
- **Important to implement universal precautions in health care settings to avoid re-traumatization.**



Reproductive Health National Training Center's (RHNTC) Trauma-Informed Toolkit

- **Organizational Assessment:** Assess organizational trauma-informed approaches
- **Governance and Leadership:** Create an organizational culture that supports trauma-informed and equitable care
- • **Policy:** Develop policies and procedures that support an organization-wide trauma-informed approach
- • **Physical Environment:** Create a responsive environment
- **Engagement and Involvement:** Engage and involve people receiving services and people with lived experience
- **Cross-Sector Collaboration:** Collaborate with community organizations and referral partners that provide client-centered services
- **Screening, Assessment, and Treatment Services:** Ensure that counseling and clinical services are trauma-informed
- **Training and Workforce Development:** Provide ongoing training and comprehensive support for all staff to provide trauma-informed services
- **Progress Monitoring and Quality Improvement; and Evaluation:** Monitor and evaluate progress and conduct quality improvement processes focused on trauma-informed care (Note: This section aligns with two SAMHSA domains)
- **Financing:** Ensure that efforts to implement principles of a trauma-informed approach are adequately financed

The Genderbread Person

- Resource: The Genderbread Person Infographic

Review Common Definitions

- **LGBTQ**
- **Cisgender**
- **Transgender**
- **Nonbinary**
- **Genderqueer**



Why Inclusive Practices?

Resource: LGBTQ Equity:
LGBTQ+ Trauma Informed
Care Infographic

"Language not only shapes our perceptions and actions but also impacts who we can meaningfully engage with."



Inclusive Practices in Title X Clinics

Words Matter

- Trauma-informed, inclusive
- Use plain language and avoid jargon

Images Matter

- Reflective of community served
- Enhance understanding with visuals



The Client Is A Partner

- Consider the educational, cultural, and diverse backgrounds
- Comprehensive sexual health education (PreP, STD testing)

Input From Audience is Essential

- Media Review
- Community Engagement, Education and Quality Improvement

Deeper Dive: Inclusive Practices in Title X Clinics

Gender Identity

Use LGBTQ+ to refer to a broad community or be specific when relevant

Try not to assume heterosexual orientation. Use examples of same-sex partners and families or LGBTQ+ community

Race/Ethnicity

Grasp the concepts of race, racism, racial identity, ethnicity, ethnic oppression, and ethnic identity

Avoid defining a person's appearance based on their nationality or cultural background

Disability

Avoid using disability and mental/emotional health terminology to describe a situation

Don't assume all physical and digital spaces are accessible to clients

Let's look at some examples!

Activity: Sample Inclusive Terms for Title X Clinics

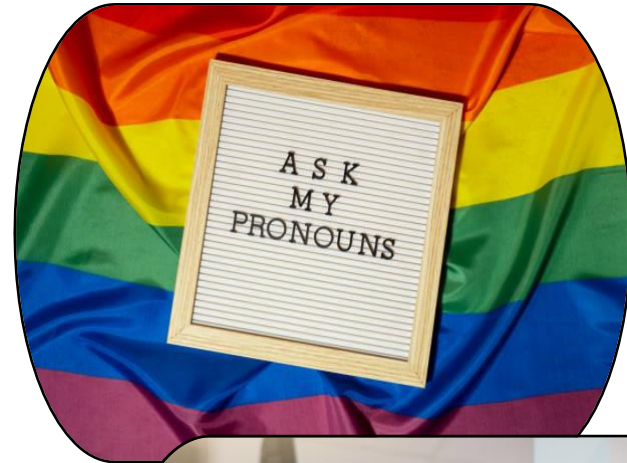
Gendered or Non-Inclusive Language	Use Instead (Gender Neutral, Inclusive)
1. Boyfriend, girlfriend, husband, wife	
2. Maternity, paternity	
3. Handicap, Handicapped	
4. Wheelchair bound	
5. Breasts, Breastfeeding	
6. Able-bodied, normal	
7. Illegal immigrant/alien	
8. Victim, sufferer (AIDS sufferer)	
9. Ladies, gentleman, boys, girls	
10. Mom, Dad, mother, father	
11. Obese	

Activity: Sample Inclusive Terms for Title X Clinics

Gendered or Non-Inclusive Language	Use Instead (Gender Neutral, Inclusive)
1. Boyfriend, girlfriend, husband, wife	Partner, spouse, significant other
2. Maternity, paternity	Parenthood, natality, pregnancy, parental
3. Handicap, Handicapped	Person with disability
4. Wheelchair bound	Person that uses a wheelchair
5. Breasts, Breastfeeding	Chest, chest feeding, lactation, nursing
6. Able-bodied, normal	Person without a disability
7. Illegal immigrant/alien	Person who is undocumented
8. Victim, sufferer (AIDS sufferer)	Person living with AIDS/HIV, survivor
9. Ladies, gentleman, boys, girls	Friends, folks, everyone
10. Mom, Dad, mother, father	Name, parent, caregiver
11. Obese	Person with obesity, person of higher weight

Before Arriving at the Clinic

- Ensure that clinic brochures, website, and social media posts reflect the diversity of the community you serve
- Avoid making assumptions about a client when they call in for an appointment
- Staff training on affirming communication and care



Scenario #1

A 27-year-old transgender man needed to visit the doctor to get birth control. When he called to make the appointment, the receptionist said, “I don’t understand what you’re asking to get an appointment for - you want birth control?” When the patient clarified that they were asking to be seen for a long-acting birth control method, the receptionist paused, and then said, “Okay, but your paperwork says that you’re male?” The patient was then forced to explain that because he is a trans man, he still menstruates and needs access to birth control to prevent pregnancy. The receptionist was able to finally make an appointment but had to write all this as “special note” since the paperwork only had a checkbox for “male” or “female.”



Scenario Adapted From: [Advocates for Youth](#) [Making the Unconscious Conscious: Impacts of Stigma and Bias on Healthcare](#)

Check In Desk and Waiting Room

- Post confidentiality information in waiting rooms
- Post signs and symbols for inclusion and belonging
- Provide electronic or paper intake forms that allow client to identify themselves
- Call clients back for their appointment using their last name
- Add your pronouns to your badge or lanyard



Family Planning and Reproductive Health Demographic Intake Form

North Carolina Department of Health and Human Services
Division of Public Health – Reproductive Health Branch

FAMILY PLANNING AND REPRODUCTIVE HEALTH DEMOGRAPHIC INTAKE FORM

Last Name _____ First Name _____ Middle Initial _____

Age _____ *Date of Birth ____/____/____ month day year

Physical address _____ City _____ State _____

Zip _____ Mailing address _____ City _____

State _____ Zip _____ Phone (home) _____ Phone (cell) _____

Phone (work) _____ County where you live _____

Safe CONFIDENTIAL number we can call you with results? _____

***Sex assigned at birth (check one)** Male Female

***How do you describe yourself? (check one)**

Male Female Female-to-Male/Transgender Male Male-to-Female/Transgender Female
 Genderqueer/neither Male nor Female/Non-binary Other Declined to Answer

***Race (check at least one)**

White
 Black or African American
 American Indian or Alaska Native
 Asian
 Native Hawaiian or Other Pacific Islander

***Ethnicity (check one)**

Hispanic Not Hispanic

***Primary Language**

English Spanish Other _____

***Monthly household gross income \$ _____ (include all sources of income except child support)**

***Household size _____ (number of people living in household, including patient)**

***Insurance _____**

*Indicates item to be extracted to LHD-HSA for Family Planning Annual Report (FPAR)

Scenario #2



At the Tarheel Family Health Center, Luis, a cisgender teenage boy, completes an intake form and hands it to Mary, the receptionist. Mary looks over the form and says with a smile to Luis “I’m sorry, but we do need you to fill out your mother’s and father’s names. Why don’t you just tell them to me, and I can fill it out for you?” Luis looks away and, in a low voice, says, “I have two dads. Their names are Carlos Montoya and David Sandoval.” Before she can catch herself, Mary becomes flustered and blurts out, “Oh! You don’t have a mother?” Mary’s exclamation arouses attention in the waiting area.



Evaluation Information

Resources



[Trauma Informed Toolkit](#)

[Trauma Informed Assessment Tool for Title X Agencies](#)

[Need for Accepting and Affirming Care in Title X Settings Video Series](#)

[Tips for Using a Trauma-Informed Lens to Develop or Select I&E Materials](#)

[Supporting LGBTQ+ Clients with Affirming Language Job Aid](#)



[Creating Safer Spaces Toolkit](#)

[Making the Unconscious Conscious: Impacts of Stigma and Bias on Healthcare](#)

Reproductive Health Branch Resources

[Trauma Informed Practices: Enhancing Your Clinic's Physical Environment Part I](#)

Resources Continued

Other Resources

[Engineer Inclusion: What Is Positionality?](#)

[LGBTQ Equity: Trauma Informed Care Infographic](#)

[The Annie E. Casey Foundation: Defining LGBTQ Terms and Concepts](#)

[National Library of Medicine NCIB Twelve Tips for Inclusive Practice in Healthcare Settings](#)