Addressing Stigma in Healthcare Facilities: A "Secret Shopper" Intervention

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Introduction

Stigma and discrimination continue to be major barriers to healthcare access, particularly for people living with and at risk of acquiring HIV. The United States National 2020 HIV/AIDS Strategy, numerous state and local Ending the HIV Epidemic Initiatives, and international policies call for ending stigma around HIV to ensure effective health care access, increase the number of people on treatment, and reduce new HIV infections.[1,2,3] Effective interventions require data, particularly at a granular level within health service sites, which may not often be readily available due to lack of metrics to measures stigma and discrimination. Anecdotal evidence exists in communities, yet tangible data collection is needed to ensure the right programs are in the right places.

The following brief provides a framework for health departments to adapt an innovative approach to engage communities in monitoring and evaluating stigma and discriminatory behaviors in health facilities; the secret shopper program.

Background

Improving the engagement and ongoing care of people living with HIV (PLWH) continues to present a challenge for the public health system in the United States (U.S.) despite marked advances in biomedical interventions.[4] Clinical organizations have a responsibility to include the identification and monitoring of stigma in their quality of care metrics or they risk propagating structural discrimination across their organizational operations.[5] Yet, social barriers such as stigma and discrimination remain across the health care delivery infrastructure[6] Although the relationship between stigma and uptake of HIV services has been established, there are still challenges in monitoring how health services reproduce stigma throughout their organizational practices, particularly in the context of the patient-provider power dynamic.[2,3] This can lead to poorly documented quality assurance indicators as well as a lack of cultural competency amongst service delivery staff, all of which result in suboptimal care and retention for PLWH.[8]

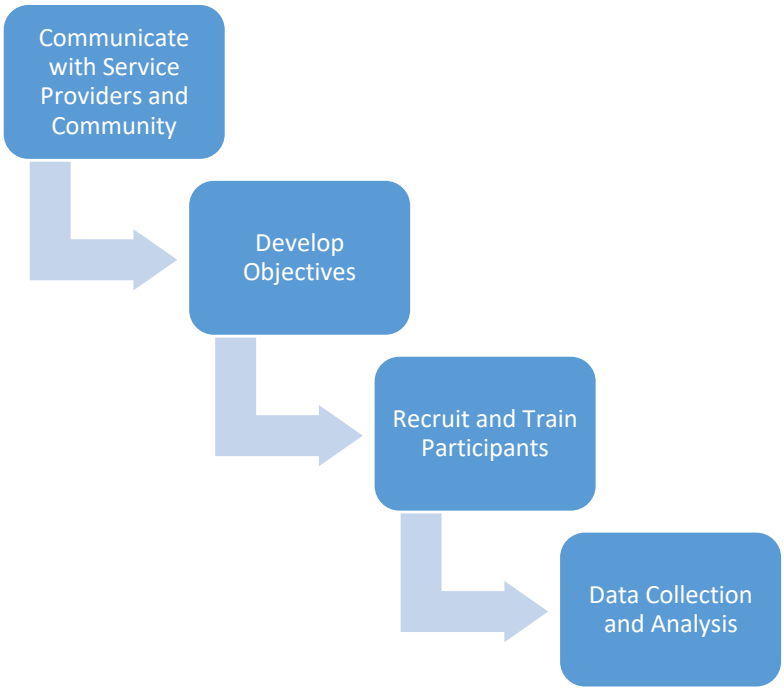
> Secret shopper programs, sometimes referred to as “mystery shoppers”, have been widely used by hospitality and retail industries to ensure service quality and customer satisfaction.[14]

Public health professionals have employed “secret shopper” methodologies in different evaluative contexts using a similar approach as the announced standardized patient evaluations required for medical training.[8,9] Public health organizations have used these methods to more directly evaluate service delivery, such as timeliness of outpatient medical appointments or the prescribing practices of primary care physicians.[10] In the HIV sector, several studies have highlighted the benefit of the secret shopper method in evaluating provider discussions around testing, sex education, partner seeking behaviors, and stigma across the HIV continuum.[6,8,9,11] For example, one study identified breaches of confidentiality due to staff apathy or neglect to be one of the key issues, whereas another found that stigma occurred at three specific points in the HIV testing process: the initial encounter with the receptionist, in the waiting room of the clinic, and encounters with testing staff who provided the services.[2,4,9,10] These findings are particularly pertinent for marginalized groups who already have difficulty identifying facilities with relevant

and effective services. Secret shopper program findings can also help address significant social barriers, strengthen health department's fiduciary oversight and accountability, and impact our HIV outcomes and End the Epidemic goals.[6,8,13]

Secret Shopper Program Steps

The following step by step guide was designed for health department staff looking for tools and resources to coordinate secret shopper programs in their jurisdictions. Conversations about stigma and discrimination will differ in each community and thus each program must be tailored to fit the diverse needs of the communities health departments represent. The steps outlined are aimed at gauging the quality of HIV service delivery and include example tools from a successfully implemented program in the Tennessee Department of Health.



1. Communicate with Service Providers and Community

The first step in the development of a secret shopper program is to engage with service providers and the communities they serve to better understand the stigma-related issues they have encountered. Different approaches can be taken on the path to approval and buy-in from relevant stakeholders, but a thoughtful engagement process should be considered to identify service delivery sites for implementation. During this conceptual phase, it is recommended to include the following stakeholders:

- Institutional Leadership
  This can be leadership at the health department or at the service delivery site depending on what is appropriate. Leadership should have a thorough understanding of program

objectives and intended outcomes as well as a degree of control over the approach, data use, dissemination of findings, and any follow up in terms of training or other interventions. These conversations should include whether to inform site staff about the program, how to schedule visits to avoid staff overload, and what types of sites should be included.

- Community Leaders
  Engagement with community-based organizations, including state/local HIV Planning Groups, is important to begin to get a sense of common issues and where it may be most useful to implement the program. It is essential to include the communities served by health departments and other service delivery sites to ensure issues relevant to them are addressed. This engagement is also essential to identify individuals who would be appropriate to act as the "secret shoppers" for the program. When engaging community leaders, it is important to think through the following:
  - *Who from the community should be engaged in discussions around stigma and discrimination*?
  - *How can they be reached*? *Are there key informants who can contact them?*
  - *How are those most critical of services or unlikely to participate in discussions being included*?
  - *How will secret shoppers be compensated for their time, expertise, and consultations?*

2. Develop Objectives

Once the appropriate stakeholders have been engaged, the issues they identified need to be operationalized and the objectives clearly defined. When evaluating stigma in HIV services, it may be useful to consider the following questions to determine the objectives for the program:

- What types of stigma and discrimination will be measured? (homophobia, racism, transphobia, or other forms of discrimination that may make someone feel unwelcome at the service delivery site?)
- In what ways do the sites communicate their support of diverse communities? (diverse literature, posters, or materials representing different members of the community, gender neutral bathrooms, accessible building)
- What types of services across the HIV prevention and care continuum will be measured? (testing, linkage to care, etc.)
- What kind of sites should be included? (hospitals, STD Clinics, funded providers, etc.)
- What types of settings should be included? (rural, urban, peri-urban, etc.)

Examples:

- Understand Black gay, bisexual and other MSM patient satisfaction at Ryan White clinics.
- Identify quality care gaps in STI clinics for first time HIV testers.
- Pinpoint stigmatizing behaviors at a primary care clinic that offers HIV testing services.

These and any other questions relevant to the context of the service delivery sites will help concretely define the objectives of the secret shopper program and how it should be implemented. Due to the variability of HIV services, communities served, and program objectives, it is important to spend time adapting the framework to best meet the desired objectives relevant to the setting in which the secret shopper program will be implemented.

3. Recruitment and Training of Participants

Recruitment: Once the program has been cleared by the appropriate stakeholders, health departments can readily engage with community planning groups to identify appropriate individuals to evaluate service delivery. These individuals should represent the people/populations most affected. The following characteristics can be considered when identifying participants for a secret shopper program:

- Race/Ethnicity
- Gender Identity and Expression
- Sexual Orientation
- Age
- HIV Status
- Immigration Status
- Socio-Economic Status
- Preferred Language
- Drug Use

This list may be longer depending on the type of service that will be evaluated. It is a priority to ensure representativeness of the community when selecting participants. Other important factors to consider include:

- Time commitment – Participants may be expected to contribute time away from other responsibilities to participate in the secret shopper program. This should not exceed more than one to two days in-between training, execution, and debriefing.
- Compensation – It is necessary to cover participant costs associated with trainings and visit attendance (registration fees, food, transportation, incidentals, etc.).[9] Similarly, participants should be compensated for their time, expertise and community consultations.
- Anonymity – Participants should not be known by any of the service delivery staff or other patients to avoid bias or conflicts of interest.

Training: Once secret shoppers have been selected, they must be trained on program procedures before engaging with service providers. Trainings are essential to ensure a degree of feedback standardization and to create an opportunity to discuss participant and service provider expectations. An example training agenda may include the following concepts:

- *Project Objectives and Methodology* – Provide a general overview of the objectives and expected outcomes of the project as well as an outline of the procedures. It is important

to provide a standardized definition of what stigma and discrimination are and how they can manifest in the healthcare setting.

- *"Clearing the Air"* – Provide a space for participants to discuss their experiences with the service providers in question. This helps to create a sense of trust and will help elaborate on perceived issues with service delivery infrastructure.
- *Patient Confidentiality* – Define patient confidentiality and outline the structural and organizational policies that are expected of providers to protect confidentiality. This includes protecting the confidentiality of secret shoppers (i.e. not disclosing their secret shopper status to service providers).
- *Ethics Training* – While not a study, an overview of ethical research conduct should be provided to participants to ensure an understanding of their rights and responsibilities as participants who will be engaged in some form of data collection and dissemination for this program.
- *Defining Service Expectations* – Create an understanding of what is expected of the organizational culture at service delivery sites. This includes components such as site accessibility, availability of information, receptiveness to specific members of the community (trans individuals, gay and bi men, etc.), scheduling appointments, and any other contextual factors that may be relevant to the community the provider is serving. These expectations can be further solidified through role-playing exercises.
- *Development of standardized "Pseudo-Patient" scripts* – Although participants should be representative of the communities served, it is important that they approach service delivery providers with an understanding of their specific role as secret shoppers. Participants should present to providers with sexual health practices and barriers to care that will more accurately assess a sites ability to address frequent structural barriers.[8] However, participants should avoid creating false personas where possible to ensure there is no altered dynamic between the provider and patient.[8] To this end, it may be useful for participants to create scenarios that fall in line with their lived experiences which indicate to the service provider that services are needed. Some examples may include: reporting no income, no health insurance, having no identification, multiple or anonymous partners, engaging in sex work, or having limited sexual health education. Example of a tool for development of patient scripts can be found in ***Appendix A.***
- *Role Playing Exercises* – Theses exercises serve to reinforce the role of secret shoppers and the role of service providers and delivery site staff during a patient-provider exchange. They create an opportunity to emphasize how service delivery sites are expected to behave based on the policies in place and provide an opportunity for participants to practice engaging with staff in difficult scenarios. Role playing should be used to illustrate how to react in different situations, exemplify stigmatizing behaviors, and highlight the various points of contact between participants and service delivery staff. This is also a good opportunity for participants to familiarize themselves with any data collection tools they will be expected to complete after their visit.

An example secret shopper training agenda used by the Tennessee Department of Health can be found in ***Appendix B.***

4. Data Collection and Analysis

Schedule Evaluations: Once secret shoppers have a good understanding of the program, the team can begin scheduling appointments at the service delivery sites identified for evaluation. At this point, secret shoppers should be familiar with the rationale behind the program, the role they are taking on, and any data collection tools they are expected to complete. This will help ensure that the evaluation addresses all the expected outcomes. When scheduling appointments for secret shoppers, it is important to keep the following in mind:

- Multi-rater evaluations – Each service delivery site should be evaluated by a minimum of two secret shoppers if possible. This will allow for triangulation of themes between each secret shopper evaluation and can more readily address patterns of bias in the responses.
- Timing appointments – Secret shoppers should attempt to schedule appointments at different dates, times, and service delivery sites. This will allow for evaluation by different shoppers and avoid overburdening service providers.
- Data collection – Secret shoppers should complete relevant data collection tools or reports immediately after their visit to ensure accurate reporting of perceptions and outcomes. An example data collection tool can be found in ***Appendix C.***

Exit Interviews: Exit interviews can be used to add additional dimension to survey data or to fill in any gaps for missing data that may not have been addressed by the secret shopper during their site visit. These should be done at the end of each round of data collection, if possible, to ensure accuracy of the information reported by each secret shopper. Coupled with a more standard survey or questionnaire, exit interviews can guide the program team in identifying major areas for feedback.[9] Exit interviews can be loosely structured as key informant interviews using the general themes from the data collection tool as material to lead the discussion.

Data Consolidation and Analysis: Once all visits have been completed, the data must be consolidated, refined, and analyzed for dissemination to service delivery sites. Time should be given to effectively review the data, identify common themes and patterns from secret shoppers and develop reports to share with service providers and community members. The issues and subsequent themes identified will vary between contexts and may need to be transformed throughout the implementation of this framework. For example, in some cases it may be appropriate to categorize secret shopper responses as “cultural awareness” or “procedural processes” to identify what type of stigma/discrimination is being expressed and where along the delivery infrastructure it is occurring. However, it may also be appropriate to categorize the data by the questions asked. For example, a coding theme can be titled “stigma in the waiting room” and include all observations or relevant information about perceived stigma captured in the waiting room of the service delivery site. When developing the analysis plan, think about the audience for this information and how the data will be presented.

Additional Data Collection Tips and Tricks

Data coding – Coding is a method commonly used to categorize qualitative data to facilitate analysis.[12] The decision on how to code the data collected depends on the collection tool that has been adopted and any supplementary material produced from additional interviews, commentary, or other open-ended response sources. Qualitative data should typically be organized into themes or categories based on the question that will be addressed. This can follow a standardized coding structure using a pre-existing tool or it can follow an open coding structure determined through review by independent researchers.[2,9]

Inter-rater reliability – Inter-rater reliability refers to the degree of agreement amongst raters or interpreters when analyzing some piece of data. [12] The abstract nature of the responses in qualitative data requires a high degree of inter-rater reliability to ensure the information is trustworthy and that bias has been reduced where possible. A common approach to establishing inter-rater reliability is to have several team members independently code or categorize the information and then triangulate the common and agreed upon themes between those coding structures for final analysis and dissemination.

Dissemination

How and when data are disseminated should be a decision made by health department staff in conjunction with service delivery sites and members from the secret shopper team to ensure that feedback will be useful and actionable. Although the ideal form of dissemination will vary between contexts, it may be useful to consider the following when writing up the results:

- Short and Sweet – Before presenting findings, it may be good practice to consolidate the results into an easily digestible format. This may be a one-page list of findings, a diagram, or other medium that can allow for easy interpretation. Using a concise, user-friendly format aids in quick decision making and may help health departments and service delivery sites more effectively utilize the information.
- Strengths/Opportunities - In line with the above point, including a list of positives and opportunities for improvement will help quickly identify areas for growth and how to leverage strengths for potential next steps, including trainings or structural interventions.
- Concrete Suggestions – When areas for improvement are identified, it is important to provide concrete suggestions or recommendations to address issues. For example, if stigmatizing behavior is identified among reception staff it may be appropriate to recommend a series of sensitivity trainings. Similarly, if a waiting room is identified as being unwelcoming to certain groups it may be appropriate to suggest incorporating inclusive content (e.g. material in Spanish, images of LGBTQ individuals, inclusive intake forms, etc.). Health departments should respond rapidly after a secret shopper program has been implemented and follow up quarterly to see if changes have been made to improve the quality of services.

Conclusion

Secret shopper programs can help health departments implement innovative ways to measure the quality of care being provided by service delivery sites, empower community members, and collect real time data on program implementation. Data collected can then be shared with service providers, alongside technical assistance or trainings, to ensure a welcoming environment is created and maintained. Through evaluation methods like the secret shopper program, health departments can increase linkage to care and patient retention, bettering to the diverse needs of people living with HIV in the communities they serve and addressing systemic causes of health inequities among marginalized groups. For additional information, contact Alexander Perez (aperez@nastad.org) or Andrew Zapfel (azapfel@nastad.org).

Appendix - Adapted Tools

The following tools were drawn from several resources including the Tennessee Department of Health Cultural Awareness Survey Program (C.A.S.P) which was implemented using a secret shopper framework. These tools are meant to be adaptable and should be used to best fit the needs of the community.

A. Character Development Worksheet

The following tool provides information on how to create characters for site visits. Each character should have some of a back story, but not be overly complicated. For example, it may be best to describe an experience that shows the person had a sexual encounter considered high risk and is in need of HIV and STD testing and counseling. The following questions will help in developing a character. When possible, health department staff should work with the community members to develop such a story.

There is value in keeping details simple and mostly true, so as they are easy to remember. No need in providing elaborate back stories that could get confusing or potentially cause the community member to "trip up."

Example: I recently moved to *community*. I currently have a part time job and do not have health insurance. I've been trying to make new friends by going to the bars and have been having sex a few times. I have not consistently used condoms for each encounter. While I currently do not have symptoms, I saw a recent ad about STDs and thought I should get tested.

1. Contact info:

Health departments should work with community actors, and institution leadership, to learn how best to handle contact information requests. If anonymous testing is possible, community members should opt for that.

If possible: Health departments should develop email addresses and personal identifiers that can be easily found and destroyed once the visit findings have been shared with the clinic. This will prevent potential duplicate reporting to surveillance, especially if the community member is already in care somewhere else.

Character Development:
The following information may be asked of you during your visit to the site. It would be best to develop answers before visiting, to ensure your story is consistent throughout the process.

- What is your name?
- What would you like to be referred to as?
- What is your current gender?
- What is your sex assigned at birth?
- Address
- If there is a fee for service: why can't you pay a fee for today's visit?

  Ex: I heard it was free…/ I can't afford because…/No insurance
- Reason for Visiting:
- Why are you at the site today?
  "I want to get HIV/STD tests done."
- Why do you want to be tested?
- What other services are you requesting?

2. Your social history.

- Who do you live with? Do you have a partner/spouse?
- Have you experienced homelessness in the last 6 months?
- Do you have a job? What do you do?

3. Other Questions:

- Last sexual contact?
- How many sex partners in the last 3 months?

- What gender(s) are your sex partners?
- Had sex in exchange for drugs or money?
- Had sex while drunk/high on alcohol/drugs?
- Use condoms every time you have sex?
- Know HIV status of your partner(s)?
- Type of sex (top, bottom, both, anal, oral, vaginal, etc.)?
- Any symptoms?
- Past HIV Diagnosis? STD History?

B. Example Training Agenda for Secret Shoppers

Time	Title	Description
12:00 PM	**Lunch** **Introductions** **Project Description**	Participant introductions and pronouns, project background, overview; provide lunch
12:30 PM	**Clearing the Air: Participants' service site experiences**	Give participants a chance to share what they have heard and/or experienced in service site (goal is to start project with a neutral attitude about services)
1:00 PM	**Community HIV Response**	Describe the role of different stakeholders in HIV/STD testing and Partner Services
1:30 PM	**BREAK**	
1:45 PM	**Developing Your Character**	Review what it will take in the development of a character receiving services at a health facility
2:15 PM	**Observation: Key takeaways from a mock HD visit**	Facilitators role-play a mock STD/HIV testing visit at the HD
2:30 PM	**By the Book: A typical HIV/STD testing visit**	Describe what a typical HIV/STD visit looks like

2:45 PM	**Describe your character**	Help participants come up with a character in need of HIV/STD services, using Character Worksheet; keep character similar to participants own experiences to make it easier to remember their "role"
3:15 PM	**Role Play 1**	Participants role play their character going to the HD in small groups
3:45 PM	**Cultural Awareness Survey Tool pt. 2**	Review questions in part 2 of the CASP tool
4:00 PM	**BREAK**	Provide snack
4:15 PM	**Role Play 2**	Participants role play their characters again in front of group, if additional practice is needed.
4:45 PM	**Wrap Up/ Next Steps**	Make sure participants have a plan to visit service site within the same week as the training, including transportation, etc. Make sure participants know to fill out survey immediately after visit and call the researcher for exit phone interview. Make sure participants know when to expect their reimbursement for travel and compensation in the mail. Thank participants profusely!

C. Example of Secret Shopper Survey Tool

Please review these questions thoroughly before going to your appointment at the Health Department, but don't take the list with you. After your appointment, answer these questions as soon as possible so that you remember important details.

1. How were you addressed when called to your appointment?

A) First name only B) Last name only
C) First and Last name D) An ID number or other anonymous identifier

2. Were you asked for a preferred name?

A) Yes
B) Yes, and I was referred to by my preferred name
C) No

D) No, and I was referred by my legal name
E) No, and I was referred to by an ID number or other anonymous identifier

3. What time did you arrive at the clinic? _____

What time were you called back to see a provider? _____

What time did you leave? _____

At the clinic/in the waiting room:	**YES**	**NO**
1. Was the clinic within walking distance of public transportation?		
2. Does the clinic have a discreet entrance?		
3. Were there HIV/STD messages displayed in the waiting room?		
a) Please **circle** the types of materials in the waiting room: Posters Pamphlets Electronic messages (tv or other)		
4. Were there HIV/STD messages with images and/or information for LGBTQ individuals?		
5. Were there HIV/STD messages directed at youth?		
6. Were services received in preferred language?		
7. Were there HIV/STD messages with images of racial and/or ethnic minorities?		
8. Were there free condoms available to be taken in the waiting room?		
a) If yes, were the condoms in an easily accessible/visible place?		
b) Were the condoms in a place where they could be taken discreetly?		
9. Did the receptionist use demonstrate neutral/non-judgmental body language?		
10. Did the receptionist use verbal communication that was neutral/non-judgmental?		
11. Did the receptionist make remarks about your gender presentation (clothes/hair/makeup/behavior), pronouns, or perceived sexual orientation?		

If you have additional remarks about any of the questions above, please identify them by number (#9 or #12a, for example) and write your comments below.

During your appointment:	YES	NO
12. Did you see a nurse/nurse assistant? **If NO, skip to question 12. If YES, circle nurse or nurse assistant and complete the following questions:**		
a) Did they introduce themselves?		
b) Did they use neutral/non-judgmental language?		
c) Did they use neutral/non-judgmental body language?		
d) Was the nurse comfortable with normal physical contact? (hand shaking, etc.)		
e) Was the nurse comfortable touching you during the clinical exam?		
f) Did the nurse offer STD screening?		
g) Was the screening offered in extragenital sites (i.e. throat and anus)		
h) Did they make remarks related to your gender presentation or sexual orientation?		
i) Were they knowledgeable about appropriate LGBTQ language/terminology?		
13. Did you see a staff person dedicated to behavioral health or education? **If NO, skip to question 13.**		
a) Did they introduce themselves?		
b) Did they use neutral/non-judgmental language?		
c) Did they use neutral/non-judgmental body language?		
d) Was the DIS comfortable with normal physical contact? (hand-shaking, etc.)		
e) Did they make remarks related to your presentation or sexual orientation?		
f) Were they knowledgeable about appropriate LGB language/terminology?		
14. Did the nurse or DIS explain HIV/STD testing procedures? **(Circle nurse or DIS)**		
a) Were patient confidentiality policies explained?		
b) Did the nurse or DIS explain in general, what HIV positive test results would mean?		
c) Did the nurse or DIS explain in general, what HIV negative test results mean?		
15. Did the staff member ask about your HIV/STD risk factors?		
a) Did they respond to your answers in a nonjudgmental way?		
16. Did the nurse or DIS ask open-ended questions? (not “yes” or “no” questions)		
17. Did the nurse or DIS give you the opportunity to ask questions?		
18. Were you satisfied with the answers the nurse or DIS gave to your questions?		
19. Was the nurse or DIS comfortable discussing your sexual behavior with you?		

20. Did the nurse or DIS ask questions about your sexual orientation or sexual activities that seemed inappropriate to you?		
21. Did the nurse or DIS ask questions about your gender identity and expression that seemed in appropriate to you?		
22. Did the nurse or DIS discuss a risk reduction plan with you?		
23. Did the nurse or DIS help you to set realistic safer sex goals?		
24. Did the nurse or DIS ask you about partner abuse or Intimate Partner Violence (IPV)?		
25. Did they offer pamphlets or other information about HIV/STDs?		
26. Did they offer you information about local resources?		
27. Did they offer you information about PrEP (Pre-Exposure Prophylaxis)?		
28. Were you offered traditional condoms?		
During your appointment continued	**YES**	**NO**
29. Did the staff member talk to you about or show you how to properly use a condom?		
30. Were you offered insertive condoms (F.C. or "female condoms")?		
31. Did the nurse or DIS talk to you about how to use insertive or "female" condoms?		
32. Did the staff member explain how and when you will get your test results?		
a) Were you able to set up a return appointment to receive your results, if required?		
33. Which body parts were swabbed/samples collected for HIV/STD testing? **(Circle all that apply.)** **Blood drawn** **Urine collected**	**Throat Swab** **Genital Swab** **Rectum Swab**	

If you have additional remarks about any of the questions in the "During your appointment" section, please identify them by number (#9 or #12a, for example) and write your comments below.

PrEP Specific Questions

PrEP questions	**YES**	**NO**
34. Were you offered information about PrEP? **If YES, skip to question 34.**		
35. Did you ask anyone about PrEP?		
36. Who talked to you about PrEP? **(Circle all that apply.)** Nursing Assistant Nurse Nurse Practitioner/Doctor DIS		
37. Were you satisfied with the answers they gave to your questions about PrEP?		

PrEP questions continued	YES	NO
38. Were they comfortable discussing PrEP with you?		
39. Did they assess you for PrEP eligibility? **If NO, skip to question 38.**		
a) Were you told you were eligible for PrEP? **If YES, skip to question 38.**		
b) If you were not eligible for PrEP, why not? Reason: *No reason was given.* (circle if applicable)		
40. Were you referred to a PrEP Navigator? **If NO, skip to question 39.**		
a) If you were referred to a PrEP Navigator, who were you referred to? **Name:**		
b) How were you referred to the PrEP Navigator? **(Circle all that apply.)**		
Given PrEP referral card Provider called Navigator for you Referred to website Verbal referral Other:		
41. Were you referred to a PrEP Provider? **If NO, skip to comments section.**		
a) If you were referred to a PrEP Provider, who were you referred to? **Name:**		
b) Were you able to make an appointment with the PrEP Provider?		

Transgender and Gender Non-conforming Questions

Transgender appointment questions	YES	NO
42. Was there trans-inclusive/gender non-conforming language on the forms?		
43. Were there trans-inclusive/gender non-conforming posters/pamphlets in the waiting room?		
44. Did the receptionist challenge the name or gender identity you presented?		
45. Did the receptionist act confused about which pronouns or name to use for you?		
46. Did the receptionist refuse you services at any point? If yes, what reason was given? (use comments section if necessary.)		
47. Were there gender-neutral bathrooms available in the facility?		
48. Did anyone react negatively to you using the appropriate bathroom?		

49. Was the nurse or DIS knowledgeable about transgender health needs?		
50. Did the nurse or DIS refuse you services at any point? What reason was given?		
51. Did the nurse or DIS ask relevant questions related to gender identity and HIV/STD risk?		
52. Did the nurse or DIS ask irrelevant or disrespectful questions about your gender identity?		
53. Was the nurse or DIS knowledgeable about transgender health needs?		
54. Did the nurse or DIS ask relevant questions about gender identity and HIV/STD risk?		
55. Did the nurse or DIS ask irrelevant or disrespectful questions about your gender identity?		
56. Did the nurse or DIS offer HIV/STD pamphlets with trans-specific/inclusive information?		
57. Did the nurse or DIS ask you questions about transgender health care?		
58. Was the nurse or DIS knowledgeable about local transgender resources? (support groups, medical care, etc.)		

If you have additional comments about any of the questions in the "Transgender appointment" section, please identify them by number (#9 or #12a, for example) and write your remarks below.

If you have other comments or feedback regarding your experience at the health department or with the review process, please share with your health department contact.

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