

# Sexual Orientation and Gender Identity Data

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**Barbara Warren, PsyD, CPXP**

Senior Director, LGBT Programs and Policies,  
Mount Sinai Office for Diversity and Inclusion

*We Ask Because We Care* is a component of HANY'S *Advancing Healthcare Excellence and Inclusion* learning collaborative, launched with generous support from the [Mother Cabrini Health Foundation](#). The goal is to improve the accuracy and completion of patient demographic data while cultivating community understanding of how hospitals use this data to inform patient care and improve health outcomes.

# Agenda

- **Introductions**
  - HANYS AHEI team
  - AHEI faculty
- **Our partners**
- **Session 3:**
  - Sexual orientation and
  - gender identity data
- **Upcoming sessions**



# HANYS AHEI team



**Kathleen Rauch, RN, MSHQS, BSN, CPHQ**  
Vice President, Quality Advocacy, Research and Innovation and Post-acute and Continuing Care



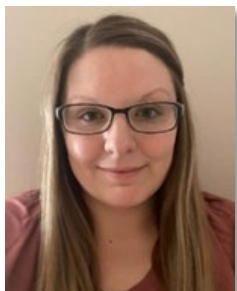
**Christina Miller-Foster, MPA**  
Senior Director, Quality Advocacy, Research and Innovation



**Morgan Black, MPA**  
Director,  
AHEI



**Maria Baum, MS, RN, CPHQ**  
Project Manager,  
Mohawk Valley



**Rachael Brust, MBA**  
Project Manager,  
North Country



**Kira Cramer, MBA**  
Project Manager,  
Downstate

# HANYS faculty



## **Julia E. Iyasere, MD, MBA**

Executive Director, Dalio Center for Health Justice; Senior Vice President, Health Justice and Equity, New York-Presbyterian; and Assistant Professor of Medicine, Columbia University Irving Medical Center



## **Theresa Green, PhD, MBA**

Director, Community Health Policy and Education, URMC Center for Community Health



## **Pamela Y. Abner, MPA, CPXP**

Vice President and Chief Diversity Operations Officer, Mount Sinai Health System



## **Barbara Warren, PsyD, CPXP**

Senior Director, LGBT Programs and Policies, Mount Sinai Office for Diversity and Inclusion



## **Shana Dacon-Pereira, MPH, MBA**

Assistant Vice President, Corporate Health System Affairs  
Mount Sinai Office for Diversity and Inclusion

# Our funder and partner



## OUR FUNDER

Funding from the [Mother Cabrini Health Foundation](#) allows HANYS to expand its capacity to provide education, direct support, tools and data to our members in a strategic way. With this learning collaborative, we strive to effect lasting change in health equity at the local level by engaging providers and community stakeholders to address health disparities.



## OUR PARTNER

Through a partnership with Socially Determined, provider of Social Risk Intelligence™ solutions, [DataGen](#) will develop custom analytics for participants to help them understand how and where communities are affected by social risk so they can develop tailored intervention strategies.

# Breakout sessions

We are excited to offer optional breakout sessions to our virtual learning participants. Participants will interact with a small group of peers and focus on specific health equity topics impacting their community and facility, with guidance from AHEI faculty.

Topics may include:

- data collection,
- region-specific topics
- regulatory issues or
- best practices for implementing health equity/DEI work.

These sessions will be tailored to what participants would like to discuss in more detail.

# Session objectives

After this session, participants will be able to:

- 1) accurately and appropriately document SOGI data;
- 2) address common patient concerns about SOGI questions;
- 3) use SOGI data to identify disparities and improve care; and
- 4) create an inclusive environment at their practice.

# Presenter



## Barbara Warren, PsyD, CPXP

Senior Director, LGBT Programs and Policies,  
Mount Sinai Office for Diversity and Inclusion

[Bio](#)



# Collecting SOGI Information, Preferred/Current Name and Pronouns

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Office for Diversity and Inclusion  
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**Mount  
Sinai**

# Snapshot of Mount Sinai Health System

- An integrated health care system encompassing the Icahn School of Medicine and 8 hospital campuses in the New York metropolitan area and Mount Sinai South Nassau, Long Island.
- 400+ ambulatory practice locations throughout the five boroughs of New York City, Westchester, and Long Island.
- 45,000 employees which includes more than 7,200 physicians, including general practitioners and specialists, and 13 free-standing joint-venture centers.
- LGBTQ+ specialty practices including 5 clinics within the Institute for Advanced Medicine and the Center for Transgender Medicine and Surgery

# Why

1. Eliminate Disparities
2. Improve Health Outcomes
3. Ethical Responsibility and Legal Compliance
4. **Medical and Allied Health Students and Workforce Demand**
5. Funding and Revenue
  - Commercial Insurance
  - CMS and Medicaid Coverage
  - Grant Funding Compliance and Opportunities
  - **CMS EHR Rule Changes**

**RESPECT**

# Challenges to Patient SOGI Data Collection Implementation

- Different registration systems that did not interface.
- Different EHRs at different sites that did not interface.
- Paper patient intake forms, inconsistent across system, scanned into patient record.
- Legal names versus preferred name for identification, procedure verification and billing.
- Need for employee training on best practices in collecting, documenting and utilizing preferred/current names, pronouns and SOGI data.
- Current political anti-LGB/TGD climate, state laws, threats and Health Information Exchange Technology

# Challenges to Employee/Provider SOGI Data Collection Implementation

**NYS DOH and NYS DOE  
regulations in conflict with  
NYS GENDA and NYC  
LGB/TGD human rights  
protections and regulations**

# Assets and Resources within MSHS to Implement

- Providers with clinical expertise in LGBTQ+ healthcare
- Faculty educational and training expertise
- LGBTQ+ inclusive institutional policies and HEI leadership
- Growing reputation for LGBTQ+ excellence
- Ability to offer an integrated system of care to transgender and gender diverse patients: primary, ambulatory and behavioral health services, across 3 boroughs
- MSHS and ISSM research capacity and capability

# Mount Sinai Beth Israel



4757 FL  
OFFICE DEPOT  
PROOF 3  
5/24/18

## AMBULATORY PATIENT SELF ASSESSMENT

Date \_\_\_\_\_

What is your current or preferred name? \_\_\_\_\_

What gender pronoun do you use?  She  He  They  Something Else \_\_\_\_\_

Please do your best to answer all the questions. If you do not understand a question, your doctor or nurse can explain it. What brings you in today? \_\_\_\_\_

### Past Medical History:

Have you ever had any of the following:

Anemia	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	High Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Liver Disease or Hepatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Depression	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____	

MD's Comments: \_\_\_\_\_

Have you ever been hospitalized? \_\_\_\_\_ If yes, list when and why: \_\_\_\_\_

Have you had any surgery? \_\_\_\_\_ If yes, list the type of surgery and when: \_\_\_\_\_

Have you ever had a blood transfusion?  Yes  No

### Family History:

Do any of your family members have or did they have in the past?

Alcoholism	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anemia	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	High Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	High Cholesterol	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stroke	<input type="checkbox"/> Yes <input type="checkbox"/> No
Depression	<input type="checkbox"/> Yes <input type="checkbox"/> No	Thyroid	<input type="checkbox"/> Yes <input type="checkbox"/> No
Glaucoma/Blindness	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Attack	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____	

MD's Comments: \_\_\_\_\_

List all your medications and doses below (include any vitamins, herbs or supplements):

Name of Medication:	Dose	How often do you take it	For Physician only: Reconcile Medication	
1)			<input type="checkbox"/> Continue	<input type="checkbox"/> Discontinue
2)			<input type="checkbox"/> Continue	<input type="checkbox"/> Discontinue
3)			<input type="checkbox"/> Continue	<input type="checkbox"/> Discontinue
4)			<input type="checkbox"/> Continue	<input type="checkbox"/> Discontinue
5)			<input type="checkbox"/> Continue	<input type="checkbox"/> Discontinue
6)			<input type="checkbox"/> Continue	<input type="checkbox"/> Discontinue
7)			<input type="checkbox"/> Continue	<input type="checkbox"/> Discontinue
8)			<input type="checkbox"/> Continue	<input type="checkbox"/> Discontinue
9)			<input type="checkbox"/> Continue	<input type="checkbox"/> Discontinue
10)			<input type="checkbox"/> Continue	<input type="checkbox"/> Discontinue

Allergies: Do you have allergies to medications and/or food?  Yes  No If yes, what? \_\_\_\_\_

### Social History:

- Do you smoke?  Current  Former  Never
- Do you drink alcohol?  Current  Former  Never
- Do you have any religious or cultural beliefs that your doctor should know about before beginning medical treatment?  Yes  No
- Do you think of yourself as:  Lesbian, gay or homosexual  Straight or heterosexual  Bisexual  
 Other \_\_\_\_\_
- Gender Identity:  Male  Female  Transgender Man (assigned female at birth)  
 Transgender woman (assigned male at birth)  Other \_\_\_\_\_
- Sex assigned at birth or on your birth certificate:  Male  Female
- Do you have a Health Care Proxy or Living Will?  Yes  No
- Has anyone ever hurt you emotionally, physically or sexually?  Yes  No

# Screenshot SOGI in EPIC

**Test, June**  
 Female, 27 yrs, 04/12/1988  
 7930426

Allergies: Not on File  
 PCP: None

Insurance: None  
 MyChart: Inactive  
 FYI: None

Code: Not on file  
 HM Alert: None

Research: None  
 Program: --

**Rooming**

Charting BestPractice Health Maint Visit Info Vital Signs Allergies Reconcile Dispenses Medications History  
 Tobacco History Immunizations Care Teams Results Demographics Vaccine Report Vaccine Assessment Verify Rx Benefits  
 Doc Flowsheet MyChart Sign-up

**Abuse and Neglect**

Is abuse or neglect suspected? Yes (Please see below) No

Date Noted: \_\_\_\_\_

Noting Clinician: \_\_\_\_\_

Evidence Of: Lacerations Bruises Falls Head Trauma Fractures Scars  
 Loose Teeth Burns Poor Hygiene Severe Dehydration  
 Pressure Ulcers

History Of: Accident Falls Fractures Trauma Head Trauma Abdomen  
 Seizure Sexual Abuse Burns Scars Pressure Ulcers  
 Loose Teeth Malnutrition Poor Hygiene Severe Dehydration

**Sexual Orientation/Gender Identity**

How do you describe your sexual orientation?  
 Heterosexual or Straight Gay, Lesbian or Homosexual Bisexual   
 Queer Something else Declined to answer

How do you describe your current gender identity?  
 Female Male   
 Female-to-Male spectrum(FTM)/Transgender Male/Trans Man  
 Male-to-Female spectrum(MTF)/Transgender Female/Trans Woman  
 Something else Declined to answer

What was the sex written on your original birth certificate?  
 Female Male Declined to answer

What are the genders of your sexual partners?

Female Yes No

Male Yes No

Female-to-Male spectrum(FTM)/Transgender Male/Trans Man Yes No

Male-to-Female spectrum(MTF)/Transgender Female/Trans Woman Yes No

Something else Yes No

Mark as Reviewed Never Reviewed

Restore Close F9 Previous F7 Next F8

**This Visit** **Notes**

Index

Current as of: Tue 7/7 2:20 PM. Click to refresh.

**Orders to be Acknowledged**  
 None

**Lab Add On Orders - Specimen Already Collected - No Additional Specimen Required**  
 None

**Administrations with Cosign Requests**  
 None

**Admission/Transfer Signed and Held Orders**  
 None

**Other Signed and Held Orders**  
 None

**Orders**  
 Active Orders Medication Administration Pen-Operative Orders

**Orders Needing Additional Information**  
 None

**Orders Needing Specimen Collection**  
 None

**BestPractice Advisories**  
 Click to view active BestPractice Advisories

**Quick View**

Patient Care Snapshot	Comprehensive Flowsheet
Handoff	ED Encounter Summary
Shift Assessment	Medical, Surgical, Social, and Family History
Care Plan & Patient Education	Restraints
Discharge	Code Summary (for printing)
Problem List	

**Medications**

Current Meds	Medication Administration History
Anti-coagulation Dosing	Fever/antibiotic Dosing
Glucose Monitoring	Pain Monitoring
Reviewed PTA Meds	Amb Surg PTA Meds
IP PTA Meds	



Actual SOGI Questions	Purpose of SOGI Questions	Response Options
<p><b>“How would you describe your sexual orientation?”</b></p>	<p>Asking separately from sexual practice will help strategize for counseling conversations about risk reduction.</p>	<p>Ask patient to select one best response:</p> <ul style="list-style-type: none"> <li>· Heterosexual/Straight</li> <li>· Gay, Lesbian, or Homosexual</li> <li>· Bisexual</li> <li>· Queer</li> <li>· Something Else</li> <li>· Decline to Answer</li> </ul>
<p><b>“How would you describe your current gender identity?”</b></p>	<p>This question may start a conversation with the client about their medical history, if relevant, around a gender identity transition.</p>	<p>Ask patient to select one best response:</p> <ul style="list-style-type: none"> <li>· Male</li> <li>· Female</li> <li>· Transgender Male</li> <li>· Transgender Female</li> <li>· Something Else</li> <li>· Decline to Answer</li> </ul>
<p><b>“What are the genders of your sexual partners?”</b></p>	<p>This question will also start a conversation about sexual practices and reproductive health. There are patients who may have sexual relationships with transgender persons.</p>	<p>Select all that apply:</p> <ul style="list-style-type: none"> <li>· Male</li> <li>· Female</li> <li>· Transgender Male</li> <li>· Transgender Female</li> <li>· Something Else</li> <li>· Decline to Answer</li> </ul>
<p><b>“What is the sex on your original birth certificate?”</b></p>	<p>This question helps elicit further gender history.</p>	<p>Ask patient to select one best response:</p> <ul style="list-style-type: none"> <li>· Male</li> <li>· Female</li> </ul>

# Asking and Using Sexual Orientation and Gender Identity Questions in EPIC

Who, what, when, where	How
<b>Who should be asking patients about their sexual orientation and gender identity (SOGI)?</b>	Any clinician who has access to the fields in the patient chart. This will depend on site specific workflow.
<b>Who should be asked SOGI?</b>	Every patient.
<b>When should SOGI be asked/be updated?</b>	SOGI should be collected as soon as possible for existing patients, at the initial appointment for new patients, and updated annually.
<b>Where are the SOGI questions located?</b>	The questions can be found under the social history section in the visit navigator within EPIC.

# EPIC Documentation

1. Technical: where fields are, access to fields, documentation issues.
2. SOGI data in history section of visit navigator
3. Added within an existing section, scrolled down to complete
4. Complete in initial visit
5. Follow up annually
6. For all new and existing patients

# Epic Storyboard with SOGI, Preferred Name and Pronoun

The screenshot displays the Epic Storyboard interface for a patient named Leah Zztest. The interface is viewed through a Citrix Viewer window. The top navigation bar includes the Epic logo and various menu items like Home, Schedule, My Dashboards, Schedules, In Basket, Chart, Telephone Call, and Patient Lists. A search bar at the top right contains the text 'Zztest,Amol'. The main content area is divided into several sections:

- Header:** Includes navigation icons and tabs for SnapShot, Chart Review, Review Flow..., Results, Allergies, History, Problems, and Implants.
- Left Sidebar (Patient Summary):**
  - Leah Zztest (with initials LZ)
  - Legal: Amol Zztest
  - Female (with gender icon), 41 y.o., 1/28/1980
  - Pronoun: She (highlighted in yellow)
  - MRN: 5700052
  - Code Status: Not on file
  - Search bar
  - Care Team: No PCP
  - Coverage: Medicaid Manage...
  - Allergies: Not on File
  - Interpreter: None
  - BP: 128/73 >1 day
  - Pulse: 67 >1 day
  - SINCE LAST INTERNAL MEDICINE VISIT
- Implants Section:**
  - Leah Zztest (Preferred Name)
  - Amol Zztest (Legal Name)
  - Pronouns: She
  - 41 y.o., 1/28/1980
  - Gender identity: Transgender Female / Male-to-Female
  - Legal sex: Male
  - Sex assigned at birth: Male
  - Marital status: DIVORCED
  - Race: OTHER
  - Preferred language: ENGLISH
  - Employer: N/A
  - Occupation: N/A
  - MRN: 5700052
  - Address: 123 MAIN ST, 1, NEW YORK NY 10031
  - Phone: 999-999-8888 (Home Phone), 917-777-6432 (Mobile)

# Where to Identify Patient Names and Pronouns

- ▶ EPIC Electronic Medical Record
- ▶ Chart Notations
- ▶ Registration
- ▶ My Chart/My Mount Sinai
- ▶ Face Sheet
- ▶ Patient Room White Board
- ▶ Double White Patient ID Bracelet
- ▶ Paper Intake Forms
- ▶ **ASK and DO A WARM HANDOFF**

**Goal: How to welcome and affirm the patient and their gender identity when you are aware of their currently used “preferred” name and pronouns**

Good morning! I’m John and I will be your nurse today. I use he and him pronouns. I see your name on your record is Elena Smith. And that you use she and her pronouns. *May I call you Elena?*

***Yes please. I am Elena.***

*Great Elena. Lets get started with your blood pressure and weight.*





**Goal: How to welcome and affirm the patient and their gender identity when you are unsure, don't have access to, or do not see that information. And when the patient is upset about being mis-gendered previously.**

Good morning. I'm Dr. Florence Jones. I use she and her pronouns. May I ask how you would like to be addressed?



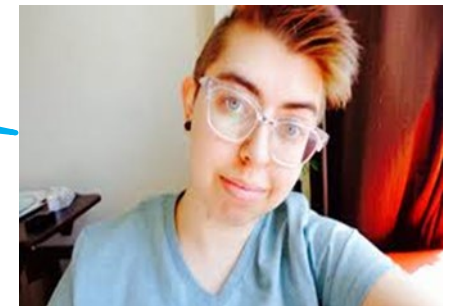
*My name is on my chart. I hope it's the right name this time. Last time I was here everyone kept using my dead name.*



I am so sorry that we got it wrong last time. That is why I always check in with all our patients, I will let the registrar know that we need to have your correct name listed at the desk and on your record.



*OK. My name is A.J. Greene. Call me AJ and my pronouns are they and them.*



**Thanks AJ.** I will let your nurse and care team know. Please let me know if there is anything I can do to make your visit more comfortable.

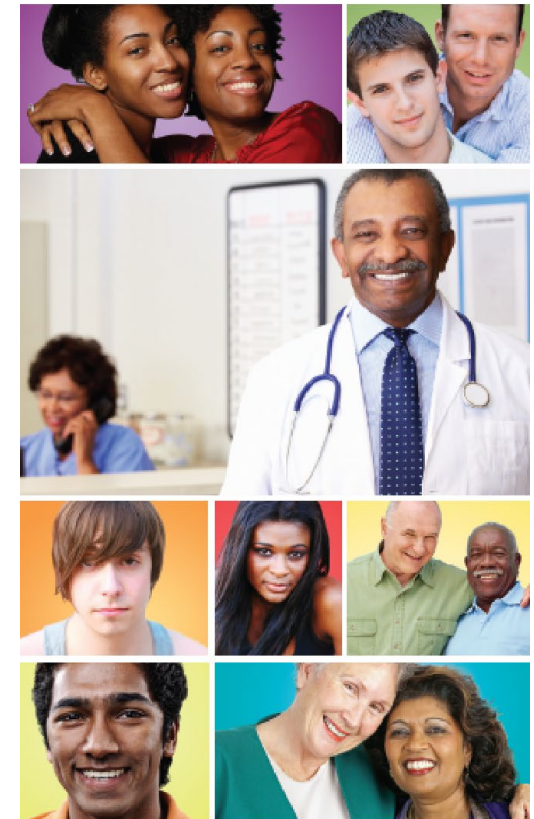
# Do Ask, Do Tell: A Resource for Patients and Providers

- ▶ If any patients question why you are asking them for this information, best answer is (or in your own words)

“We are asking all of our patients their sexual orientation, current gender identity and assigned sex at birth, so we can make sure that you get the healthcare you need. We don’t want anyone to feel uncomfortable; I just like to let my patients know they can bring their full selves to our clinic. Whatever questions or healthcare needs you have, I am ready to try to help.”\*

- ▶ **“Do Ask, Do Tell”** brochure for LGBT patients with questions

**Do Ask, Do Tell:**  
Talking to your health care provider about being LGBT



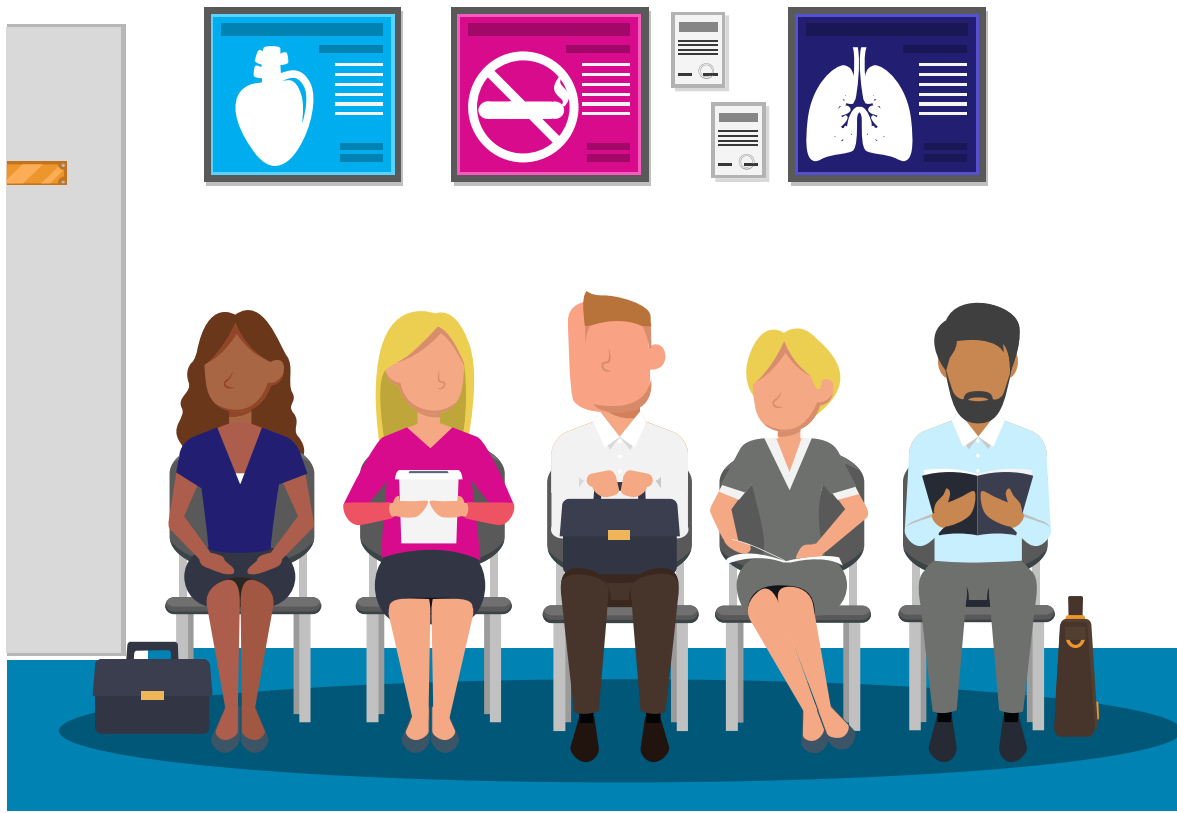
\*Great UCSF Transgender Training resource from UCSF <http://transhealth.ucsf.edu/video/story.html>



# Engaging Patients and Improving Health Outcomes

✚ Recording and using preferred/current name and pronouns can suggest to transgender individuals an inclusive and affirming clinical environment.

✚ Using someone's preferred/current name and pronoun enables us to address people with the dignity and respect everyone deserves, and to deliver the highest quality patient experience.



# Quality and Safety Challenge for Procedure Verification

## Using the Preferred Name Safely



**Preferred name and pronoun** should be used in all interpersonal interactions with patients and when referring to the patient in communications with other staff and clinicians ...



◀ PREV

NEXT ▶

## Using the Preferred Name Safely



**Legal Name** must be used when verification of patient identification is needed before administering treatments and performing tests.

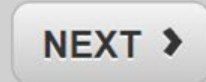


Accurate patient identification requires the use of:

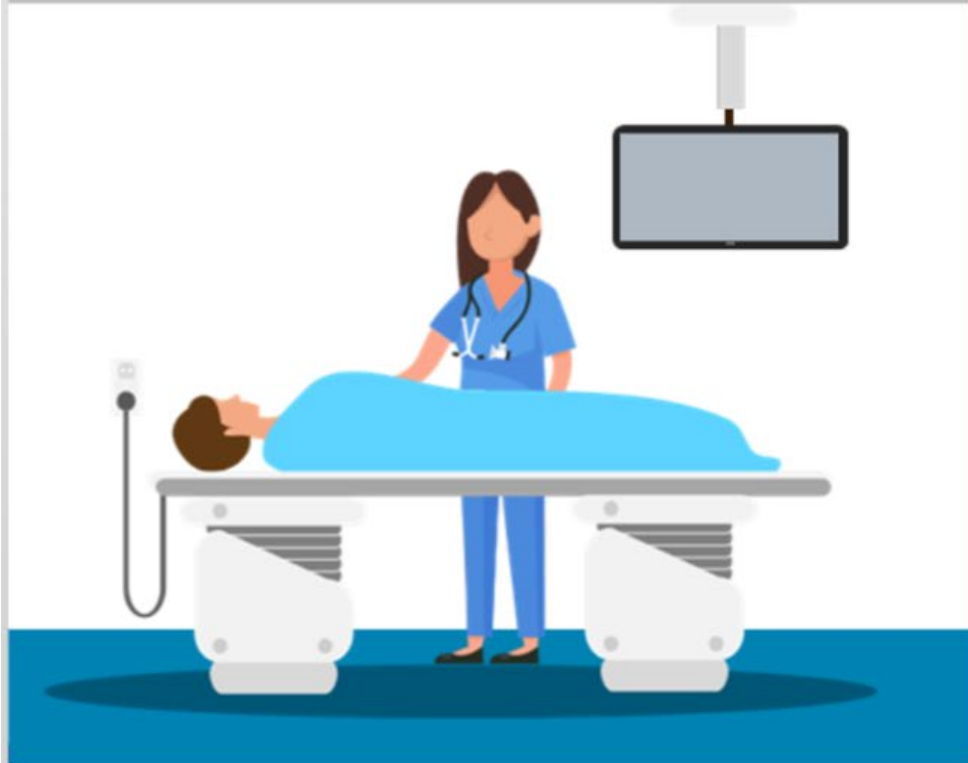
**Legal Name and Date of Birth**

And should be used with  
...

- ✓ Blood Draws
- ✓ Medication and IV administration
- ✓ Surgical and other invasive procedures
- ✓ Blood product transfusions
- ✓ Radiological studies
- ✓ Food service deliveries
- ✓ *Any other medical interventions*



# Sensitivity Tips for TGNB Patients



How Can We Verify  
The Legal Name  
*and also* Respect The  
Patient?



◀ PREV

NEXT ▶

# Sensitivity Tips for TGNB Patients



If a person's legal first name is *different* than their preferred or chosen first name, we need to explain that we are required to verify the legal name of record for safety reasons.



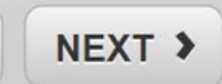
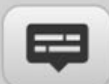
When within earshot of other staff or patients, for confidentiality, it is important to speak softly in making that request.



In inpatient settings where the patient is wearing a hospital ID bracelet, it is acceptable to ask the patient to show you their bracelet and verify that the name on their bracelet is their legal name of record, without the patient having to say the former name aloud.



In an ambulatory setting, in the privacy of the exam room, you may show the patient the legal name on the label you are printing or on the medical record on the computer screen, and ask them to verify it without their having to say it aloud.





**NOW  
AVAILABLE**

**Employee  
Pronoun  
Stickers for  
Mount Sinai  
ID Badges**



# Creating A Welcoming and Safe Environment



**I'M READY**  
to explore  
gender-affirming  
procedures

The Center for  
Transgender Medicine  
and Surgery at Mount Sinai



**LGBT HEALTH**

System

Mount Sinai Institute  
for Advanced Medicine

*We take pride  
in your health.*

healthservices.org



HEALTHCARE EQUALITY INDEX



**LGBTQ  
HEALTHCARE  
EQUALITY  
LEADER**

HUMAN RIGHTS  
CAMPAIGN  
FOUNDATION  
2020



*All are welcome.  
All are included.*



**ALL GENDER  
RESTROOM**

Men's and Women's  
restrooms located at  
Guggenheim Pavillion  
East

All gender restrooms  
located at Annenberg  
1st floor

to be included in the second edition signs at Guggenheim Pavilion

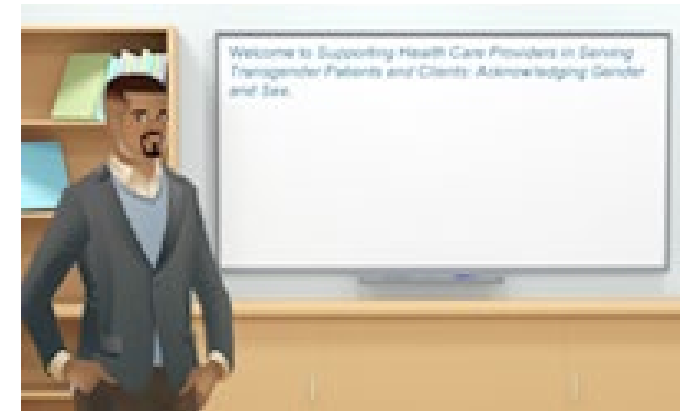
We respect everyone's gender identity.  
Please share the name and pronoun  
(He/She/They) you would like us to use.





# Additional Resources

- ▶ MSHS Office for Diversity and Inclusion  
Contact [barbara.warren@mountsinai.org](mailto:barbara.warren@mountsinai.org)
- ▶ HRC's HEI Online LGBT Education and Training (FREE CEUs and CMEs)  
<http://mountsinai.learn.taleo.net/files/upload/creative/HRCOnlineTraining.pdf>
- ▶ Center of Excellence for Transgender Health, University of California San Francisco  
<http://transhealth.ucsf.edu/video/story.html>



# Questions and Discussion

# Final session

**Monday, April 24 | Noon - 1 p.m.**

## *Social Determinants of Health Data*

SDoH data provides the necessary context for hospitals and health systems to identify, track and respond appropriately to each patient's health related social needs. These data deepen the understanding of community needs and preferences. This session will outline best practices in screening for SDoH and developing a robust referral process.

## Office hours with Dr. Iyasere

Do you have any further questions about *We Ask Because We Care*? You can speak with Dr. Iyasere during her office hours!

Contact [ahei@hanys.org](mailto:ahei@hanys.org) for an invitation to any of these sessions.

**April 25, 11a.m - 12p.m.**

**May 4, 2p.m - 3p.m.**

We recommend that hospitals come with questions or problems they want to talk through with Dr. Iyasere. Office hours are optional, and open to all attendees.



**ADVANCING HEALTHCARE**  
**EXCELLENCE AND INCLUSION**

# Questions?

**Barbara Warren, PsyD, CPXP**  
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