

# Memo

To: Steve Kaplan, Director, BHRS  
Louise Rogers, Chief, Health System  
From: Jei Africa, Director, Office of Diversity and Equity, BHRS  
CC: Scott Guendl, Assistant Director, BHRS  
Kim Pijma, IT Manager, BHRS  
Jeannine Mealey, QM Manager, BHRS  
Date: February 2, 2017  
Re: Implementing Sexual Orientation and Gender Identity (SOGI) Data  
Collection Guidelines

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Through thoughtful implementation of new guidelines to collect and report SOGI data, San Mateo County Behavioral Health and Recovery Services can improve delivery of services, provide a welcoming, inclusive environment, and more accurately identify differences in health outcomes and conditions that impact health based on SOGI categories that are meaningful, respectful and clinically useful.

**Recommendation:**

- 1) Standardize how information is collected in the electronic health records (EHR) for sexual orientation, gender identity, sex, preferred name and name pronoun. Include definitions for these categories for consistent implementation across programs.
- 2) Offer training and technical assistance to staff at the same time the SOGI data collection guidelines are released to provide information about SOGI categories, ensure uniform and culturally sensitive data collection and accurate billing.

**Background**

The importance of collecting gender identity information was recognized in a 2011 Institute of Medicine report *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*, highlighted health disparities experienced by LGBT people and highlighted the necessity to consistently collect data on sexual orientation and gender identity in health care settings as one strategy to address the specific needs of the LGBT population in

clinical settings eliminate health disparities. These disparities are often strongly related to experiences of stigma, discrimination, bullying, and violence directed at LGBT people<sup>1</sup>

Provider and community experience, and increasingly research, indicate that being transgender has important implications for health. It is associated with differences in (1) access to and use of health care treatment, (2) health-related behavior and experiences, and (3) health outcomes. A recent large national survey of transgender people showed high rates of postponed health care, refused care, inappropriate provider knowledge, and harassment and violence in care settings. Survey results also showed high rates of HIV infection, attempted suicides, and drug and alcohol misuse.<sup>2</sup>

### **Discussion**

The Office of Diversity and Equity, PRIDE Initiative, and community based stakeholders gathered to form the PRIDE SOGI Workgroup to develop the SOGI questions and discuss the successful implementation of SOGI guidelines, which will require changing the EHR and development of a standardized protocol and training.

Accurate SOGI data collection will allow BHRS to track data about who we are providing services to, assess cultural responsiveness and make changes accordingly. Staff will be able to serve clients based on the “whole person” instead of simply their name and a dichotomous gender identity. This will lead to compassionate service provision that reflects the cultural sensitivity and welcoming framework of BHRS.

Since the model will be new to most service providers and programs, it will need a well-designed implementation plan, with training and technical assistance. Staff who are interviewing and creating the client’s electronic health record have the ability to influence the client’s answers, impact their care experience and set the stage for meaningful interaction between the client and BHRS.

All staff and community service providers should be provided training on SOGI cultural sensitivity and include reviewing data collection and reporting protocols. With regards to collecting data on sexual behavior: staff must be able to comfortably have conversations about sexual activity that is separate from what gender the client identifies as or their sexual orientation. If there is no distinction made between sexual orientation, gender identity, and sexual activity, we may neglect to provide important behavior-related care.

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<sup>1</sup> Institute of Medicine (IOM). *The Health of Lesbian, Gay, Bisexual and Transgender People: Building a Foundation for Better Understanding*. Washington, DC. National Academies Press, March 2011.

[http://books.nap.edu/catalog.php?record\\_id=13128](http://books.nap.edu/catalog.php?record_id=13128).

<sup>2</sup> Grant JM, Mottet LA, & Tanis J. “National Transgender Discrimination Survey Report on Health and Health Care.” National Center for Transgender Equality, October 2010.

Sexual Orientation Gender Identity (SOGI) Questions

1) How do you identify your sexual orientation?

Straight or heterosexual

Lesbian, gay, or homosexual

Bisexual

Queer

Asexual

Additional sexual orientation category/(or Other), please specify: \_\_\_\_\_

Don't know

Decline to answer

2) What is your gender?

Male

Female

Female-to-Male (FTM)/Transgender Male/Trans Man/Trans-masculine

Male-to-Female (MTF)/Transgender Woman/Trans Woman/Trans-feminine

Genderqueer/Gender nonconforming/neither exclusively male nor female

Additional gender category/(or Other), please specify: \_\_\_\_\_

Decline to answer

3) What sex were you assigned at birth on your original birth certificate?

Male

Female

Additional gender category/(or Other), please specify: \_\_\_\_\_

Decline to answer

4) Have you been diagnosed by a medical doctor with an intersex condition?

Yes

No

Decline to answer

PREFERRED NAME: \_\_\_\_\_

GENDER PRONOUNS:

He/Him

She/Her

They/Them

Other, please specify: \_\_\_\_\_