

Culturally Responsive Health Care for Lesbians, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ) Communities

Collecting Sexual Orientation and Gender Identity (SO/GI) Data

Integrating SO/GI data into administrative intake and history taking is essential in identifying and understanding health issues that disproportionately affect LGBTQ persons, and for developing services and interventions to reduce them. SO/GI data collection was recommended by the Institute of Medicine (IOM) in 2011ⁱ, and endorsed by the Joint Commissionⁱⁱ and Healthy People 2020.ⁱⁱⁱ In 2016, the Health Resources and Services Administration (HRSA) began to require health centers to collect and report SO/GI data in the Uniform Data System (UDS). Studies indicate that asking questions about sexual orientation and gender identity are acceptable to health center patients, regardless of their sexual orientation, gender identity, age or race.^{iv} In order to collect SO/GI data it is important to define terms and recognize that sexual orientation and gender identity are not the same thing. Definitions of these and other important terms are listed below:

1. **Sexual Orientation** – tells you about a person’s sexual and romantic attractions (emotional, psychological, physical, and/or sexual) towards other people. Common terms used to describe sexual orientation are: heterosexual, gay, lesbian, or bisexual.
2. **Gender Identity** – is a person’s deep-seated, internal sense of who they are as a gendered being—specifically, the gender with which they identify themselves. All people have a **biological sex (sex assigned at birth)** and a **gender identity**. Biological sex is a person’s combination of genitals, chromosomes and hormones, usually categorized as “male” or “female” based on visual inspection of genitals via ultrasound or at birth. Other terms used to describe gender identity include:
 - **Cisgender or “cis”** – describes a person whose gender identity “matches” the biological sex assigned at birth.
 - **Transgender** – used to describe a person whose gender identity does not “match” the biological sex they were assigned at birth. It is an umbrella term that refers to the full range and diversity of identities within the transgender community.
 - **Gender Non-Conforming** – a person whose gender expression is perceived as being inconsistent with cultural norms expected for that gender. Not all transgender people are gender non-conforming, and not all gender non-conforming people identify as transgender.



SO/GI data can be collected on registration forms (in advance using an electronic patient portal), onsite using paper, or as a component of the medical and sexual history. Depending on the method, if not entered directly into the EMR, the data can be entered into the EMR by the appropriate staff.

It is important that the questions on the forms and/or asked via the health history reflect awareness of appropriate language and non-judgmental communication skills. Based on several studies of SO/GI data collection,^{v vi} the National LGBT Health Education Center Program of the Fenway Institute has published the following recommendations for wording and phrasing SO/GI data:^{vii}

Sexual History Taking

Sexual history taking provides a more complete picture of a patient's health and helps to determine HIV/STI risk, medically indicated screening tests, appropriate anatomical sites for STI tests, preventive strategies including HIV pre-exposure prophylaxis (PrEP), HIV post-exposure prophylaxis (PEP), and risk-reduction counseling. Listed below is a broad guide for starting and sustaining the conversation. It can be adapted based on comfort level. The key is to **ASK!!!**

- Not all patients are comfortable talking about their sexual history so you can prepare them by normalizing the sexual history as a routine part of health care. For example you might say:

“To provide the best care possible, I ask all my patients about sex. These questions may or may not be relevant to you, but I need to know so I can provide the best care possible to keep you healthy.”

- Use language that is considerate and respectful.
- Assure privacy and confidentiality appropriately and become familiar with the confidentiality policy of your health center and the laws of your state, particularly in regards to adolescents (reference ACLU Minors' Rights pamphlet)
- Avoid making assumptions:
 - Don't assume heterosexuality.
 - Don't assume that LGBTQ patients do not have children.
 - Don't assume that self-identified gay men do not have sex with women or that lesbians never have sex with men.
 - Don't assume that LGBTQ individuals do not need contraception.
 - Don't assume risk, sexual behavior, and anatomy based on how a person looks.
- Review the CDC sexual history taking recommendations using the “5 Ps.”^{viii}
 - Partners
 - Practices
 - Prevention of Pregnancy
 - Protection from STDs
 - Past history of STDs
- You will probably need to ask additional questions based on the patient's responses and unique circumstances.

Sexual Orientation and Gender Identity Questions

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| <p>a) Do you think of yourself as?</p> <ul style="list-style-type: none"> • Straight or heterosexual • Lesbian, gay, or homosexual • Bisexual • Something else • Don't know | <p>c) What sex were you assigned at birth on your original birth certificate?</p> <ul style="list-style-type: none"> • Male • Female • Decline to answer |
| <p>b) Do you think of yourself as?</p> <ul style="list-style-type: none"> • Male • Female • Female-to-Male (FTM) Transgender Male/Trans Man • Male-to-Female (MTF) Transgender Female/Trans Woman • Genderqueer, neither exclusively male or female • Additional gender category/(or Other), please specify _____ • Something else | <p>d) Preferred Name. Specify</p> <p>_____</p> <p>e) Preferred Gender Pronouns:</p> <ul style="list-style-type: none"> • He/Him • She/Her • They/Them • Other _____ |

Interested in Arranging for Training and/or Technical Assistance at No Cost?

Primary Care Development Corporation's (PCDC's) HIV prevention capacity building assistance (CBA) program provides free training to health care organizations with the goal of expanding and improving the delivery of HIV prevention services within clinical settings. Our program is focused on CDC's High-Impact HIV Prevention strategy and our trainings related to this topic include: Collecting Sexual Orientation and Gender Identity Data; Culturally Competent Care: Incorporating Sexual Orientation and Gender Identity Considerations into Practice; and Considerations for Gender Affirming Care.

Please visit pcdc.org/hip to request our services or get more information.

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Citations

- ⁱ Healthy People 2020. Lesbian, Gay, Bisexual, and Transgender Health. www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health
- ⁱⁱ Healthy People 2020. Lesbian, Gay, Bisexual, and Transgender Health. www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health
- ⁱⁱⁱ The Joint Commission. Advancing Effective Communication, Cultural Competence, and Patient-and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBTQ) Community: A field Guide. 2-11. www.jointcommission.org/LGBT
- ^{iv} Cahill S, Singal R, Grasso C, Mayer K, Baker K, Makadon, H. Do ask, do tell: High levels of acceptability of patients of routine collection of sexual orientation and gender identity data in four diverse American community health centers. *PLoS One*. 2014; 9(1): eq07104. Available at: www.journals.plos.org/plosone/article?id=10.1371/journal.pone.0107104.
- ^v Deutsch, M, Buchholz d. Electronic health records and transgender patients-practical recommendations for the collection of gender identity data. *J Gen Intern Med*. 2015; 30 (6): 943-7.
- ^{vi} Deutsch M, Green J, Keatley J, Mayer G, Hastings J, Hall A; the World Professional Association for Transgender Health EMR Working Group. Electronic medical records and the transgender patient: Recommendations from the World Professional Association for Transgender Health EMR Working Group. *J Am Med Inform Assoc*. 2013; 20 (4): 700-3.
- ^{vii} National LGBT Health Education Center, Fenway Institute, "Collecting Sexual Orientation and Gender Identity Data in Electronic Health Record Taking the Next Steps. <http://www.LGBThealtheducation.org/wp-content/uploads/Collecting-SOGI-Data-in-EHRs-COM2111.pdf>
- ^{viii} U.S. Department of Health & Human Services Centers for Disease Control and Prevention, A Guide to Taking A Sexual History, 2015 <https://www.cdc.gov/std/treatment/sexualhistory.pdf>