



Principles for Collecting, Coding, and Reporting Identity Data:
Sexual Orientation Guidelines

San Francisco Department of Public Health
August 5, 2014
Presentation to SFDPH Health Commission's
Finance and Planning Committee

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Purpose

- ❖ To promote accuracy, transparency, and consistency
- ❖ To identify meaningful differences in
 - ❖ Health outcomes
 - ❖ Conditions that impact health
 - ❖ Delivery of health services



Formed By

- ❖ DPH CASPER (Community Assessors, System/Program Evaluators and Researchers)
- ❖ LGBT Community Meeting
- ❖ Community Science Dialogue (SFSU)
- ❖ SFDPH Leadership
- ❖ (today) SF Health Commission



Background

- CASPER addresses identity indicators
- No standardized method for identifying, coding, or reporting by sexual orientation, including not asking at all
- Sexual orientation is a multi-dimensional concept with important implications for health care treatment, health-related behaviors and experiences, and health outcomes



Context

Consistent with:

- Goals stated in Healthy People 2020
- 2011 Institute of Medicine report on LGBT health issues and research gaps
- California Department of Mental Health's 2012 report on reducing LGBTQ health disparities in CA
- Federal regulations on the implementation of the Patient Protection and Affordable Care Act



Definition

Sexual orientation is an identity that typically indicates the gender(s) of people to whom an individual is sexually or romantically attracted.

An individual may identify their sexual orientation in different ways over the course of a lifetime.



What it is not...

- Sexual orientation is not a medical condition.
- Sexual orientation may be an important marker of health differences but should not be assumed to be the source of health differences.



Health Disparities by Sexual Orientation

Compared to their straight/heterosexual peers, lesbian, gay, and bisexual (LGB) people are **more likely** to:

- Delay or avoid medical care
- Smoke cigarettes
- Engage in self-harming behaviors, including non-suicidal self-injury (e.g., cutting) as well as suicide attempts

LGB youth are also **more likely to be in physical fights that require medical treatment** than straight youth.

Sexual Orientation + Race = Different Health Risks

LGB women less likely to have had a mammogram in the past two years, but **only 35% of LGB African-American women had a mammogram in the past two years** (compared to 69% of straight African-American women).

LGB adults are generally more likely than straight adults to report alcohol abuse. However:

- **Asian/Pacific Islander LGB adults are less likely to abuse alcohol** than straight Asian/Pacific Islander adults
- **Latino LGB adults are most likely to abuse alcohol** and report significantly higher rates of alcohol abuse compared to straight Latinos, as well as *both straight and LGB* adults who are African-American, Asian/Pacific Islander, and White.



Goal

To create a concise, feasible method for identifying a person's sexual orientation that:

- Enables LGB people to see and identify themselves with accurate, positive terminology
- Minimizes confusion by the larger straight population
- Limits answer choices to allow for meaningful analysis
- Avoids conflating self-identify categories with a person's sexual partners or sexual activity
- Obtains answers readily and accurately from all populations in all programs
- Normalizes the collection of sexual orientation information for populations and clients served



Methodology

How do you describe your sexual orientation or sexual identity? (Check one)

- Straight / Heterosexual
- Bisexual
- Gay / Lesbian / Same-Gender Loving
- Questioning / Unsure
- Not listed. Please specify: _____
- Decline to answer

And for internal use only (not to be listed as an option to the individual):

- Not Asked
- Incomplete / Missing data



Why not “Fluid” as an option?

Why not “Queer” as an option?

Both were considered, but experts and community members agreed that they have significantly different meanings and connotations in different communities.

To address the fact that some people may not see a description for themselves in the choices provided, the option “Not listed. Please specify” is included in the possible answers individuals can choose.



Sexual orientation = sexual orientation

- Sexual orientation should not be used to infer whether or not an individual is sexually active, an individual's sexual behaviors, or the gender(s) of an individual's sexual partners. **When that information is necessary or would be useful, it should be collected through questions that directly and specifically ask for that information.**
- Many documented health disparities are about experiences with discrimination, mental health issues, and behavioral risk factors that are not directly tied to sexual behavior or infectious disease transmission.



Data Collection Principles

- Sexual orientation should be self-identified and voluntary.
- Sexual orientation data should be collected for all adults (18 years and older). When collecting from children and youth, providers must follow the Minor Consent Policy's confidentiality-related procedures.
- Programs adopting this method should consider how to keep sexual orientation information up-to-date.
- Naming of sexual orientations should allow for both consistency and relevance, as well as compliance and comparability.



Policy Recommendations

- DPH Programs should incorporate these principles into their current data collection and reporting as feasible.
- DPH should develop and make available implementation materials, including question and response options utilizing best practices.
- DPH should assess training, technical assistance, and implementation needs of SFDPH, agencies, and community service providers.
- Each data collection system should develop procedures for how questions will be asked, when they will be asked, and by whom.