

# 1 – Why collect SO/GI data?

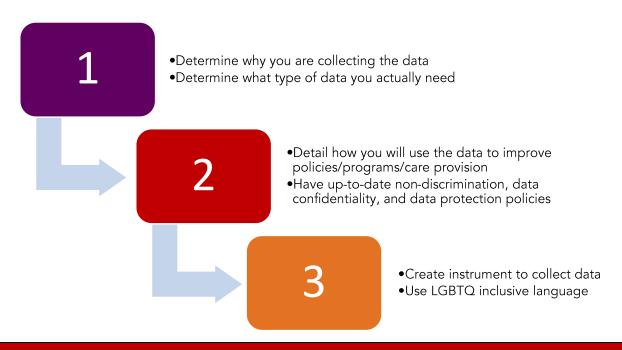
Organizations need a rationale beyond, "we are required by law or federal regulation." If organizations indicate that they collect LGBTQ data because they are required to do it, this communicates that they are not doing so willingly and would otherwise have no interest in learning about the LGBTQ community. The organization needs to articulate its commitment to LGBTQ inclusion and how data collection complements that mission.

If the organization already collects gender data, it should include a variety of gender identity options (beyond just male, female, and "other"). Collecting gender data without acknowledging trans, gender non-conforming, or genderqueer people leads to continued erasure and marginalization of these individuals.

Do not collect all types of data! Inclusion does not mean collecting every type of LGBTQ data. Inclusion is the process of inquiring which types of LGBTQ data does the organization need to advance its mission of LGBTQ inclusion.

Types of data can include: sexual orientation identity, sexual behavior, sexual attraction, gender identity, sex assigned at birth, gender expression, relationship status, preferred name, and personal gender pronouns.





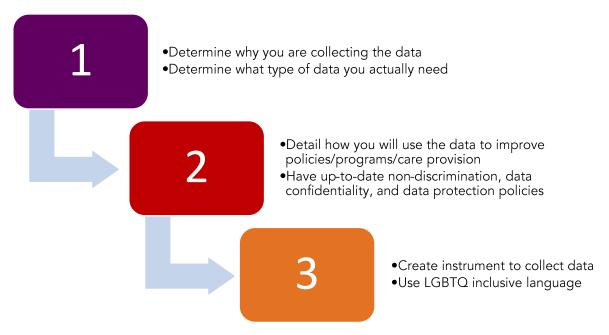
# 2 – How will you use the data?

Create a basic plan of how data will used (i.e., for what purpose, how will it be coded, and what outcomes will the data illuminate?). For example, an organization might indicate:

- 1. Data will be collected to track LGBTQ participation in our program as well as client satisfaction. Surveys will be administered after program participation and include gender identity and sexual orientation identity questions only. These will be analyzed against satisfaction ratings to determine how many LGBTQ clients we serve and how satisfied they are with our program.
- 2. LGBTQ identity data will be collected when a client first creates an appointment. Initial data will be coded to alert care providers to administer particular screenings to LGBTQ clients. Care provider will conduct social and sexual history with client based on initial identity data collected, as needed, to provide care. Data will be compiled annually to analyze number of LGBTQ clients served, as well as to assess local health disparities between clinic's LGBTQ and heterosexual and cisgender populations.

The plan should include who will be collecting data, coding it, analyzing it, and when. Ensure that organization's non-discrimination policies, as well as data protection and confidentiality polices, are up-to-date. Have these clearly posted and linked within the data collection instrument itself.





## 3 - Create the instrument using LGBTQ inclusive language

The most inclusive LGBTQ questions are write-in (for example):

- What is your gender identity:
- How do you describe your sexual orientation:

Write-in responses are the most inclusive because they fully empower the respondent to describe their own identity and lived experience in their own words without having to select from a series of choices that are pre-determined for them.

Using write-in questions are an option if the organization will be manually entering responses into a database.

If the survey is electronic, there are software programs (e.g., Microsoft Excel, Stata) that can count text responses and convert text into numeric form for data analysis.



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If write-in questions are not feasible then you may choose to use the following questions. If you are a clinic, hospital, or organization that needs high-reliability in the responses to gender identity inquiries, the two-step gender question is considered a best practice. For example, a trans individual can select a trans identity option in the first question. Or, a trans women could select woman in the first question and then male in the second question, and vice versa for trans men. This two-question process is specifically formatted for written/electronic forms. This formatting should not be used by care providers when taking a social/sexual history, or in establishing trust with a client.

## GENDER IDENTITY TWO-STEP QUESTION, PART I

What is your gender identity?

- o Woman
- o Man
- o Trans woman
- o Trans man
- o Genderqueer/Gender non-conforming
- o Different identity:

#### GENDER IDENTITY TWO-STEP QUESTION, PART II

What was your sex assigned at birth?

- o Male
- o Female
- o Intersex

However, if your organization is collecting anonymous data, which is simply for determining program participation rates or client satisfaction, then Part I of the question will suffice.

What is your gender identity?

- o Woman
- o Man
- o Trans woman
- o Trans man
- o Genderqueer/Gender non-conforming
- Different identity:



# 3 - Create the instrument using LGBTQ inclusive language

When considering sexual orientation questions, there are several variables including, self-identification, sexual behavior, sexual attraction, and/or romantic attraction. Inclusion does not mean asking all these questions, but only the questions you specifically need responses for, so that you can improve health care provision, or program offerings, etc. These questions are specifically formatted for written/electronic forms. This formatting should not be used by care providers when taking a social/sexual history, or in establishing trust with a client.

### SEXUAL ORIENTATION SELF-IDENTIFICATION

What best describes your sexual orientation?

- o Lesbian
- o Gay
- o Bisexual
- Heterosexual
- o Queer
- Two Spirit/Native LGBTQ
- Same gender loving
- o Asexual
- o Pansexual
- o Different identity:

#### SEXUAL BEHAVIOR

In the past [insert time period], with whom have you had sex?

- Women only
- o Both women and men
- Men only
- o I have not had sex

#### SEXUAL ATTRACTION

In terms of sexual attraction (or the desire to form sexual relationships with other people), which of the following best describes you?

- o I am sexually attracted to individuals of my same gender
- o I am sexually attracted to individuals of more than one gender
- o I am sexually attracted to individuals of a different gender
- o I am sexually attracted to individuals without regard to gender
- o I am sexually attracted to individuals after a strong bond is formed
- o I have little to no sexual attraction to individuals of any gender
- Not sure
- o I am sexually attracted to:

### **ROMANTIC ATTRACTION**

In terms of romantic attractions (or the desire to form romantic relationships with other people), which of the following best describes your romantic identity?

- o Homoromantic (attracted to members of the same or similar gender)
- Queer (umbrella term, outside of societal norms in regards to sexuality, romantic attraction, or gender)
- o Biromantic (romantically attracted to more than one gender)
- o Panromantic (romantically attracted without regard to gender)
- o Demiromantic (romantic attraction only after a strong bond is formed)
- Aromantic (little or no romantic attraction to others)
- Different romantic attraction:

# 3 - Create the instrument using LGBTQ inclusive language

For clinics and hospital systems, we recommend asking for preferred name and personal gender pronouns as well. You may notice that we do not ask for "legal" name. The term "legal" can actually allow for discrimination. For instance, when a trans woman identifies as Sofia, but the care provider says I will call you by your legal name Marco. Ultimately, the goal is to identify the name need for billing purposes, particularly with the insurance company. For instance, a trans woman could have a legal name of Sofia Perez on her driver's license, but with her insurance company could be Marco Perez. This might be because the insurance company will not cover particular procedures, such as prostate exams, for a female client. So Sofia is forced to identify as Marco and "male" with the insurance company to ensure that she is covered for certain health screenings, even though she is a woman.

NAME	
What name is on record with your insurance company?  First: Middle: Last: What is your preferred name?	
PERSONAL GENDER PRONOUNS	
Which personal gender pronouns do use?  o She/her o He/him	

## **RESOURCES**

The following organizations have compiled guides to assist organizations as they collect LGBTQ data.

#### The Williams Institute

"Best Practices for asking questions to identify transgender and other gender minority respondents on population-based surveys."

Retrieved from: <a href="http://williamsinstitute.law.ucla.edu/wp-content/uploads/geniuss-report-sep-2014.pdf">http://williamsinstitute.law.ucla.edu/wp-content/uploads/geniuss-report-sep-2014.pdf</a>

### The Fenway Institute

"How to gather data on sexual orientation and gender identity in clinical settings" Retrieved from:

http://thefenwayinstitute.org/documents/Policy Brief HowtoGather... v3 01.09.12.pdf

### Consortium of Higher Education LGBT Resource Professionals

"Suggested best practices for asking sexual orientation and gender on college applications" Retrieved from:

http://www.lgbtcampus.org/assets/docs/suggested%20best%20practices%20for%20asking%20sexual%20orientation%20and%20gender%20on%20college%20applications.pdf

## Center for American Progress

"How to collect data about LGBT communities"

#### Retrieved from:

https://www.americanprogress.org/issues/lgbt/report/2016/03/15/133223/how-to-collect-data-about-lgbt-communities/

#### Rainbow Health Ontario

"Designing Surveys and Questionnaires"

### Retrieved from:

http://www.rainbowhealthontario.ca/wp-

<u>content/uploads/woocommerce\_uploads/2012/10/DESIGNINGSURVEYSANDQUESTIONNAIRES\_</u> <u>E.pdf</u>

All employees should be able to answer the following questions from clients regarding SO/GI data collection:

- 1) Why is my demographic information needed?
- 2) Who will see this information?
- 3) I don't like this options, who chose them?

### Sample responses:

- 1) Our clinic takes a comprehensive approach to your care. We ask for this data to best understand the many factors affecting your health needs. As a clinic, we are also committed to addressing health inequity in Minnesota. We use this data to ensure we are providing optimal care to all our patients so that no community suffers from health disparities.
- 2) Your data is protected by federal regulations as well as by our clinic. Here is a handout that lists federal regulations protecting your data, as well as our policies to ensure that your health record remains protected and only used by you and your care provider.
- 3) We worked with community organizations throughout the state to get feedback on our form to make it the most inclusive we can be of our community. If you have feedback, please use this form to let us know how you would like this form to be improved!



