COLLECTION OF SEXUAL ORIENTATION & GENDER IDENTITY (SO/GI) DATA

COMPLIANCE Report
July 2019

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

INTRODUCTION

Even in the absence of widespread data collection, research suggests that lesbian, gay, bisexual, and transgender, queer (LGBTQ+) communities face disproportionately high rates of poverty, suicide, homelessness, isolation, food insecurity, substance abuse, and violence. According to a 2011 report issued by the Institute of Medicine (IOM), the homeless youth population includes a disproportionate number of lesbian, gay, and bisexual youth; there are poor estimates of how many transgender youth are affected due to limited, if any, protocols for tracking both sex assigned at birth and current gender identity. The IOM report also found that rates of smoking, alcohol consumption, and substance abuse may be higher among lesbian, gay, and bisexual youth and adults than among heterosexual youth and adults. LGBT youth report high levels of violence, victimization, and harassment. Lesbians and bisexual women may use preventive health services less frequently than heterosexual women.[1]

This compliance plan outlines the steps the San Francisco Department of Public Health (DPH) is taking to meet the components outlined in *City Ordinance 159-16* in the service of ensuring that we accurately track and subsequently address the healthcare needs of all San Franciscans who identify as lesbian, gay, bisexual, transgender (LGBT), gender non-binary, or additional sexual or gender minority identities.

DPH OVERVIEW

DPH is comprised of the Population Health Division (PHD) and the San Francisco Health Network (SFHN). DPH's central administration functions such as finance, human resources, information technology, and policy and planning, support the work of DPH's two divisions and promote integration.

Population Health Division (PHD)
PHD addresses public health concerns, including consumer safety, health promotion and prevention, and the monitoring of threats to the public's health. PHD implements traditional and innovative public health interventions. PHD staff inspect restaurants, promote improved air and water quality, track communicable diseases, and educate San Franciscans about the negative health impacts of tobacco. PHD staff also promote pedestrian safety, participate in an ambitious campaign to eliminate new HIV infections, and provide technical assistance to corner stores to increase healthy food options for residents among many other activities. PHD also contributes to the health of San Franciscans by contributing population health data and data analysis to monitor health and the effectiveness of health interventions. PHD clinical sites have long collected SO/GI data but will institute the consistent department standard in FY 19-20.

San Francisco Health Network (SFHN)
SFHN is the City's only complete system of care and includes primary care for all ages, dentistry, emergency and comprehensive trauma care, medical and surgical specialties, diagnostic testing, maternal, child, and adolescent health services, skilled nursing and rehabilitative care, behavioral health and substance use treatment, as well as jail health services.

Currently, the SFHN has 93,185 members and serves more than 40 percent of San Francisco Health Plan's managed care members. The Network's mission is to provide high quality health care that enables all San Franciscans to live vibrant and healthy lives. The focus is primarily on uninsured, poor and low income patients, homeless individuals. SFHN is committed to using data to identify the needs of those for whom they care and to evaluate whether they are effectively and equitably meeting those needs.

In FY 18-19, SFHN successfully improved SO/GI data collection in Community Oriented Primary Care Sites, Specialty, Laguna Honda Hospital, Behavioral Health Services, PES and Jail Health Services. In Fiscal Year 19-20, ZSFG Emergency Department will begin to collect SO/GI data. We expect these sites to benefit from the roll-out of enterprise EHR system which has required significant staff and technical resources through August 2019.

All SFHN sites continue to improve data collection efforts in order to reach at least 75% of our patient population with SO/GI complete for FY 19-20. As we approach this higher number, we'll start to examine health outcomes for disparities among minority orientations compared to heterosexually identified patients and among gender expansive patients compared to cisgender patients. Armed with data for the first time, SFHN can begin to ensure health equity for LGBTQ patients.

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[1] Graham, R., Berkowitz, B., Blum, R., Bockting, W., Bradford, J., de Vries, B., ... & Makadon, H. (2011). The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding. Washington, DC: Institute of Medicine.

COMPLIANCE Report

PURPOSE

This compliance plan outlines DPH's activities to help ensure that clinical, fiscal, and documentation services meet the local regulatory requirements, laws, guidelines, policies, and procedures outlined in the *CCSF Ordinance 159-16, Chapter 104: Collection of Sexual Orientation and Gender Identity Data*. This plan clarifies responsibilities of the DPH and provides standards by which stakeholders will conduct themselves. The compliance plan supports the Department's mission to protect and promote the health of ALL San Franciscans.

The collection of sexual orientation, sex assigned at birth, and gender identity is a necessary first step to understand the extent to which San Franciscans with sexual and gender minority identities experience disparities in health and well-being, and whether DPH is reaching sexual and gender minority-identified people who are in need of better care and assistance.

OVERVIEW

This compliance plan is consistent with the *CCSF Ordinance 159-16, Chapter 104: Collection of Sexual Orientation and Gender Identity Data*, and the DPH's Policies and Procedures entitled:

- Sexual Orientation Guidelines: Principles for Collecting, Coding, and Reporting Identity Data, reissued on September 2, 2014 (Attachment A)
- Sex and Gender Guidelines: Principles for Collecting, Coding, and Reporting Identity Data, reissued on September 2, 2014 (Attachment B)

This report provides a review of steps taken to collect data in compliance with *City Ordinance 159-16* , and subsequent information gained from the data collected. The report is divided into the following sections.

1. Continued updates to our electronic technology (IT) and data storage systems to better record and report SOGI data, including name and pronoun data (not required by ordinance);
2. List of direct programs operated by Department or grantees, where SOGI data demonstrates LGBTQ+ individuals are underrepresented or underserved ;
3. Steps taken or planned to address underrepresentation of LGBTQ+ clients in direct services and programs operated by, or funded by, the health department.

<u>Section 1</u>: Continued updates to our electronic data storage systems (IT) to record and report SOGI data [§104.8 (b)(1)]

Various areas within DPH already collected SO/GI data in accordance with our guidelines prior to the ordinance. The ordinance gave us an opportunity to standardize that collection through training and changes in our electronic medical record. In addition, we opted to included collection and documentation of correct name and pronoun for gender-non conforming patients as part of our initiative. This added additional complexities to the electronic medical record changes required.

The data entry field changes were successfully made and a single process for collection was achieved in 2018 where most sites use a patient-administered paper form, but a few rely on verbal interview. The documentation process has been made consistent throughout most of the disparate electronic health record (EHR) systems despite their lack of interoperability.

Because we chose to include correct name and pronoun fields, which had to be built in each system, the process was complex. However, since mid-2018, each section collecting SO/GI also has the capacity to collect name and pronoun. This information is then displayed on printed documents, patient arm bands, computer screens and other media to be used by staff in place of legal name and sex.

Due to disparate medical record systems and data/reporting infrastructures, a full and complete picture of % SO/GI complete and the utilization of our department by sexual and gender minority communities is not accessible. We use the following proxy reports to estimate SO/GI complete:

1. % of patients seen in primary care in the past 12 months with SO/GI complete (fig1)
2. % of patients seen in behavioral health services location in the past 12 months with SO/GI complete (fig 2)
3. % of patients with an encounter in the past month at any ZSFG, LHH, or Outpatient setting with SO/GI complete (6/19 is the most recent month available) (fig 3)
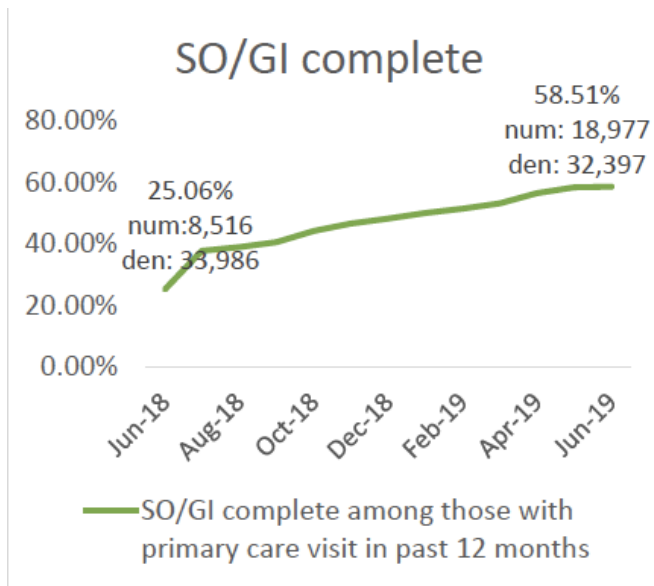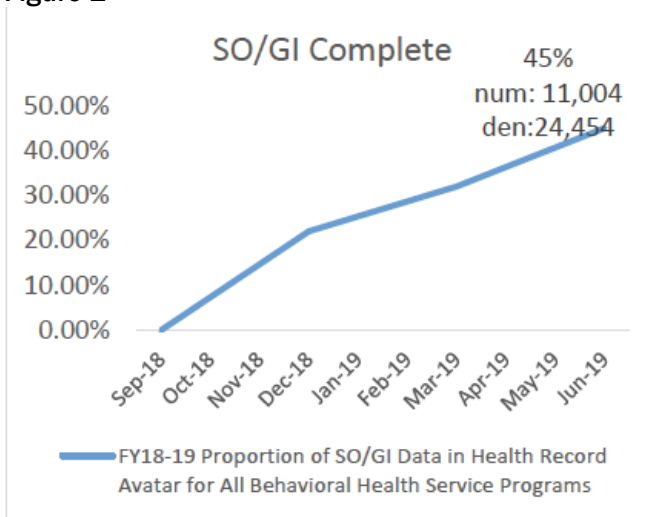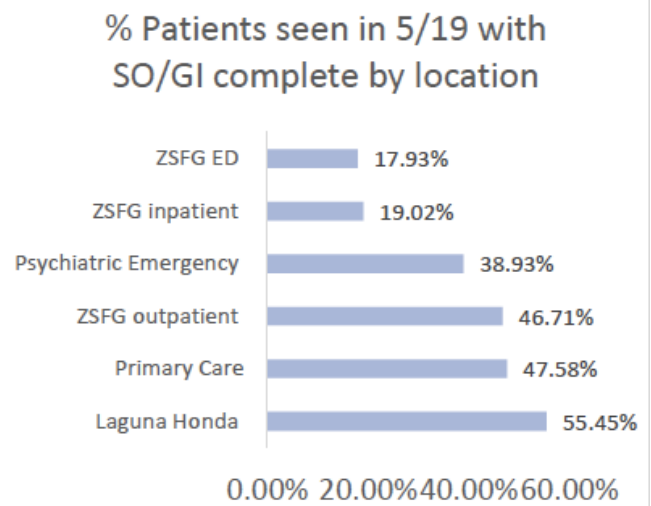
Figure 1

SO/GI complete

58.51%
num: 18,977
den: 32,397

25.06%
num:8,516
den: 33,986

— SO/GI complete among those with primary care visit in past 12 months

Figure 2

SO/GI Complete

45%
num: 11,004
den:24,454

— FY18-19 Proportion of SO/GI Data in Health Record Avatar for All Behavioral Health Service Programs

The SO/GI IT workgroup worked in partnership with the epic build and implementation teams to ensure alignment of SO/GI data collection and displays. Existing data migrated to epic. SO/GI steering members with permission to edit epic have manually entered name (if different from legal name) for the gender minority population. Additionally, SO/GI training workgroup is developing a refresher for staff regarding correcting/updating SO/GI or name and pronoun fields in epic.

Figure 3

% Patients seen in 5/19 with SO/GI complete by location

Location	%
ZSFG ED	17.93%
ZSFG inpatient	19.02%
Psychiatric Emergency	38.93%
ZSFG outpatient	46.71%
Primary Care	47.58%
Laguna Honda	55.45%

0.00% 20.00% 40.00% 60.00%

Section 2: List of direct programs operated by Department or grantees, where SOGI data demonstrates LGBTQ+ individuals are underrepresented or underserved

SO/GI Steering committee set an internal threshold of 50% complete for deeper analysis and stratification of SO/GI by location and identity to ensure statistical accuracy. Among year end reports, only Primary Care and Laguna Honda met that criteria for analyzing sexual orientation or gender identity. Among primary care sites, some clinics serve a higher than average (SFHN total) sexual or gender minority population. These sites of higher use by LGBTQ+ patients include the Positive Health Program (an HIV focused clinic), Tome Whaddell Urban Health Clinic (a clinic focused on serving those experiencing homelessness), and Castro-Mission Health Services (the public clinic for the Castro neighborhood with both LGBTQ+ and youth focused services).

Historically, these sites have been known to cultivate strong relationships and care among sexual or gender minority populations. Patients may be selecting for clinics with a reputation of culturally competent care for LGBTQ+ patients. For this reason, the difference in utilization here is an expected outcome. We do not think this difference reflects underutilization at the other sites.

Laguna Honda, the city's public rehabilitation hospital, is the other site with adequate data to consider judging utilization. There were 7.26% of respondents who reported they were gay, lesbian, bisexual or questioning. One percent of respondents reported being transgender or gender non-binary. These are both smaller than the percentages for the Network generally; 12.89% sexual minority, and 1.92% gender minority. To determine if the percentages at Laguna Honda are lower due to underutilization, we would need to know LGBTQ+ percentages for the elderly and disabled SFHN patients generally. That data is not currently available due to a restriction on IT resources, but will be available in the future.

As we shore up our % SO/GI complete DPH wide we can draw stronger conclusions about where LGBTQ+ patients are seen and whether or not sites with below average % of LGBTQ+ patients can do more to attract and retain sexual or gender minority patients.

% Sexual Minority (Gay, Lesbian, Bisexual, Questioning and Not Listed) as of 5/30/2019
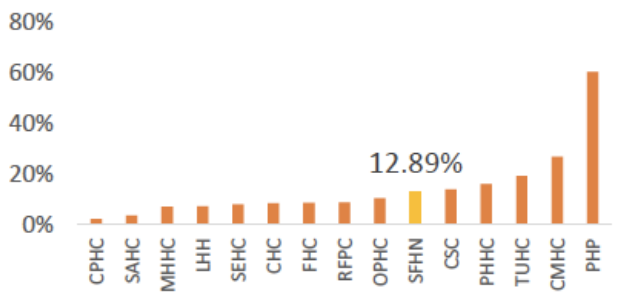
% Gender Minority (Transgender, Gender Non-Binary) as of 5/30/2019
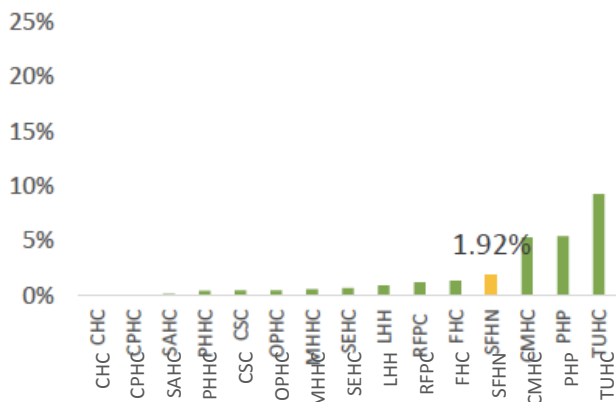
Section 3: Steps taken or planned to address underrepresentation of LGBTQ+ clients in direct services and programs operated by, or funded by, Department.

1. Strengthening SO/GI complete percentage available in epic.

With a move to an enterprise EHR, DPH plans to have access to a wider breath of patient data. A new workforce has been developed specifically for registration, data collection and entry, given new Epic workflows. SO/GI steering and training workgroups are working with these new registration teams to ensure strong uptake of SO/GI data collection in our new system. Additionally, opportunities for interoperability exist where they did not before. For example, a name and pronoun corrected in the patient record during a primary care visit will now follow the patient should they need care at the ED.

We also expect to have expanded access to reporting in order to quickly identify locations that fall behind in meeting expectations for collecting and entering SO/GI data on all patients. In this way, SO/GI teams can produce a targeted response to ensure fidelity to SO/GI standard workflows. All of these improvements will be dependent of system stabilization after go-live on August 3, 2019. The stabilization process is expected to take 3-4 months minimally.

2. Identification of health disparities

DPH has a unique opportunity among city departments to track both service utilization and health outcomes. Preliminary analysis in depression and homelessness has identified health disparities among gender minority populations when compared to cisgender patients. Similarly disparities were identified among sexual minority patients when compared to heterosexually identified patients. Our data reflects national health disparity trends reflecting higher prevalence of depression and homelessness among LGBTQ+ patients.

One goal is to make it possible to stratify any health outcome by sexual orientation or gender identity to flag existing disparities. The DPH SO/GI steering group garnered buy-in from Primary Care and ZSFG reporting teams include SO/GI stratification to routine data work. This can begin after stabilization of the new EHR, and achieving goal levels for documentation of SO/GI data.

3. Planning LGBTQ+ Health Equity

While a main focus of FY 19-20 is to make the best use of the new EHR for collecting and using SO/GI data for policy decision making, DPH will still support ongoing culture changes to ensure an inclusive and equitable health system for all patients and staff.

The SO/GI Training workgroup continues to sustain and bolster workforce capacity to respond to the health needs of LGBTQ+ populations. In person SO/GI trainings remain available by request, thanks to our network of dedicated SO/GI training champions. SO/GI steering and training groups also tested a method of providing key booster trainings in response to patient grievances. The booster trainings built greater trust with the LGBTQ+ patient population, and further increased provider capacity to perform their duties with cultural humility. We look forward to further strengthening access and inclusion of LGBTQ+ populations in our standard work. The SO/GI 101 online module is available every day, any time, and serves as an example for other city departments as they seek to sustain SO/GI training with new hires.

In summary, DPH has increased our available information on the sexual and gender identities of the patients and clients we served in FY 18-19. DPH continues to prioritize increasing SO/GI data collection across the Health Network for FY 19-20. Additionally, SO/GI Steering and SO/GI IT workgroups continue to increase capacity to make SO/GI data a part of timely, actionable reports. The SO/GI Training workgroup remains committed to fostering culture change to ensure welcoming and inclusive settings for serving our LGBTQ+ patients and clients. We look forward to our ongoing promotion of LGBTQ+ Health Equity as a routine part of DPH work.