



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

COMPLIANCE PLAN
JUNE 2018

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



INTRODUCTION

Even in the absence of widespread data collection, research suggests that lesbian, gay, bisexual, and transgender (LGBT) 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. PHD contributes to the health of DPH's patients by contributing population health data and data analysis to the San Francisco Health Network. PHD clinical sites are scheduled to begin collecting SO/GI data in FY 18-19.

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's managed care members. Their mission is to provide high quality health care that enables all San Franciscans to live vibrant and healthy lives. To do so, 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 17-18, SFHN successfully started SO/GI data collection in Community Oriented Primary Care Sites, Specialty Care Sites, Laguna Honda Hospital, Behavioral Health Services (BHS), Psychiatric Emergency Services and Jail Health Services (JHS). In Fiscal Year 18-19, ZSFG Emergency Department, Inpatient and Community Health Programs for Youth (CHPY) sites will begin to collect SO/GI data.

All SFHN sites continue to improve data collection efforts in order to reach at least 60% of our patient population with SO/GI complete for FY 18-19. 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 LGBT patients.

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 PLAN

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 plan provides a framework for the five components of an effective Sexual Orientation and Gender Identity (SO/GI) Data Collection and Training process as required by state and city and county regulations. In compliance with *City Ordinance 159-16*, DPH will introduce the following changes system wide:

1. Updates to our electronic technology (IT) and data storage systems to better record and report SO/GI data;
2. Revisions to forms in order to better and more accurately document SO/GI information;
3. Train and instruct staff, Contractors, and Grantees;
4. Develop communication strategies to inform staff and clients about SO/GI data collection;
5. Outline plans to monitor and report SO/GI data collected;

The following section describes the details of each component, and more information may be found in various policies and procedures that are included within this document, or on DPH's website:

- https://www.sfdph.org/dph/files/PoliciesProcedures/COM5_SexGenderGuidelines.pdf
- https://www.sfdph.org/dph/files/PoliciesProcedures/COM9_SexualOrientationGuidelines.pdf

1. Updates to our electronic data storage systems (IT) to record and report SO/GI data [§104.8 (b)(1)]

Various areas within DPH already collect SO/GI data in accordance with our guidelines. DPH currently uses disparate electronic health record (EHR) systems that lack interoperability. However, many sites do use LCR/Invision and SO/GI fields built there are used across primary care, specialty care sites, ZSFG, and Laguna Honda Hospital. BHS and JHS have also included new SO/GI fields in their individual EHR platforms. An additional pathway for clinicians exists in eCW social history and Avatar system for behavioral health services. As a network, we leveraged SO/GI collection mandates to improve patient experience via inclusion of name and pronoun fields. The SO/GI IT workgroup plans to work in partnership with the EPIC build and implementation teams to ensure alignment of SO/GI data collection and displays. For the remainder of fiscal year 18-19 DPH will continue to improve SO/GI data collection within the EHR fields set up last year. All existing data will be migrated to EPIC prior to go live in August 2019.

2. Revisions to forms used to collect SO/GI information [§104.8 (b)(2)]

Most sites that implemented SO/GI data collection in FY 17-18 rely on paper-based, patient self-administered SO/GI forms. National data, peer safety net systems, and SFHN small tests of change informed our decision to recommend collection via a SO/GI form handed out at registration. The form replicates the Sexual Orientation and Sex and Gender Guidelines. It also collects name patient goes by, when different than legal name. Patients can also select the pronoun that they use on the SO/GI form. The form is given to all patients but patients may decline any or all of the questions on the form. For FY 17-18 the decline to state for sexual orientation averaged approximately 12%. This number demonstrates a high acceptability rate with approximately 88% of respondents providing answers other than decline to state.

Forms have been translated into Spanish, Chinese, Vietnamese and Russian. For each translation individuals with both language and LGBT competence back translated to ensure higher quality translations. While LGBT specific terms have evolved in English and many English speakers have some familiarity with the terms that occur in the guidelines, other languages have fewer terms or less general familiarity with LGBT language. In spite of these challenges, SO/GI has been collected in all of our translated languages without large discrepancies in percent reporting gender expansive identities or minority sexual orientations.

3. Trainings to instruct staff, Contractors and Grantees [§104.8 (b)(3)]

DPH is committed to providing the best care to all our clients. The goal of all compliance-related trainings is to ensure that all levels of staff, contractors, and grantees have access to the knowledge, training materials, and necessary guidance to ensure full compliance with existing regulations, standards, laws, policies and procedures set forth for SO/GI Data Collection and Reporting.

DPH partnered with an outside vendor to create an online training for all DPH staff. DPH accessed the needed resources and delivered workforce development training across all DPH sections to equip staff, contractors, and grantees to more sensitively and accurately collect SO/GI data. Trainers were recruited throughout all divisions of DPH and centrally trained using a new and extensive community-informed SO/GI curriculum. Because of the variety of services DPH provides, Trainers were then dispatched back to their home divisions to disseminate training using the core curriculum and specific additional training modules focused on the needs of particular sites (eg. Psychiatric emergency, mental health, geriatrics, jail, etc.). For example, these targeted trainings had Division-specific modules that addressed how to find and properly enter SO/GI data into the respective EHR systems.

Because of these factors, DPH took the necessary time to fully develop and properly deploy the staff training. The training curriculum components include LGBT Terminology 101, Cultural Humility as it relates to sexual orientation and gender identity, the importance of collecting and analyzing SO/GI data to identify and reduce health disparities, and job-specific training content, such as best professional practices for how to work with people who identify as a sexual and/or gender minority, and how to avoid making assumptions. The DPH SO/GI training also educates employees and contractors on how to perform

their jobs in compliance with the standard of this compliance plan and applicable laws; as well as consequences for the violation of either or both. Employees are already required to sign the Code of Conduct and attend web-based trainings on compliance and HIPAA Privacy and Security on an annual basis. These Codes of Conduct include conduct during the assessment of and documentation of SO/GI data.

Coordinate and project manage SO/GI Training Workgroup

In support of this effort, the DPH Human Resources Workforce Development team convened a regularly standing meeting of a DPH-wide training workgroup. The purpose of this group was to coordinate with other SO/GI workgroups (e.g. IT, Behavioral Health Services, Primary Care, Jail Health Services) to ensure training content and approach were meeting the needs of staff, contractors, grantees and other trainees.

The SO/GI training workgroup also coordinated with other city and county agencies, as necessary, to share resources, content and best practices. The SO/GI training workgroup initiated contracts and contacts with outside vendors for online content development. DPH met its primary goal to collaborate with other workgroups to develop trainings, work plans, and proposed training budgets, and to support workgroup participants to develop and implement trainings on schedule. Since January 2018, DPH has conducted 129 in-person trainings across 6 different divisions at over 50 sites. Approximately 8,000 staff have been trained through online and in-person trainings.

Develop and implement training materials for SO/GI data collection

The SO/GI training workgroup was responsible for identifying and collecting existing training resources for SO/GI data collection that would be integrated and used for training across DPH. With input from community stakeholders and content experts, the group developed materials to:

- introduce concepts and definitions related to sexual orientation and gender identity;
- provide a general framework and DPH professional practices for collecting SO/GI data with cultural humility, using trauma informed principles, and in a best practice manner that avoids making errors by assumption; and
- respond effectively and appropriately to patient and client questions and concerns about SO/GI practices at DPH.

In addition, the SO/GI training workgroup developed evaluation and quality improvement measures and tools to

determine the effectiveness of the training methods and content, as well as developed mechanisms to receive ongoing participant feedback about what additional modalities of training are needed for the ongoing support of our staff education and Departmental culture change. As a result of the training workgroup's efforts over the past year, DPH now has regular in-person SO/GI clinical and administrative practice sessions, follow-up sessions and ongoing on-site support as necessary, and an on-demand online SO/GI training platform.

Through various forms of feedback, in person, written, and online, a majority of staff "agreed" or "strongly agreed" that: 1) the DPH SO/GI in-person trainings were "very good;" 2) their knowledge and skills for how to conduct a SO/GI assessment had improved; 3) they felt ready to put their learning into practice; and 4) they understood why DPH was asking staff to do this now. Staff also felt "good" that following the training, they could teach others about how to properly conduct a SO/GI assessment in the workplace. Finally, following the trainings a majority of staff better understood how knowing SO/GI information about our patients and clients was relevant to ultimately reducing health disparities.

4. Plans to monitor and report data collected under chapter 104 [§104.8 (c)]

The Compliance Officer will monitor, audit, and perform risk assessments on all activities and services performed by civil service and contracted providers that are subject to the activities outlined in this plan.

Compliance monitoring includes, but is not limited to, regular documentation and billing coding spot checks, chart reviews, compliance monitoring reviews, tracking provider compliance performance and other concurrent monitoring activities. Compliance audits include, but are not limited to, on-site formal announced audits of patient documentation; coding and billing; quality of care practices; and other areas not otherwise specified.

Findings of any compliance review summarized above will be routinely reported to applicable DPH upper management, service administration officials, and appropriate contractor agency Executive Directors and designees. In order to successfully implement this compliance plan, risk areas will be identified, addressed, and promptly resolved (or a plan will be promptly developed to resolve any risk area identified). In

accordance with City Ordinance 159-16, a report will be provided annually to the City Administrator, beginning on July 15, 2018, that:

- Reviews any relevant analyses of the data collected under this Chapter 104;
- Identifies any covered program under this Chapter 104 where the data demonstrate that gender and/or sexual minority individuals are underrepresented or underserved; and
- Describes the steps that DPH and/or the covered program will take to make the program more accessible to sexual and/or gender minority individuals who are eligible for those services.

Some examples of data that may be reported to the City Administrator include, but are not limited to:

- The percentage of Clients seen across the covered departments who have SO/GI data recorded in their EHR (this will be more limited before 2019 then expand as new EHR systems are in place);
- The percentage of Clients seen across the covered departments who are straight/heterosexual, gay/lesbian, bisexual/queer, transgender and/or gender non-binary (the same timeframe applies);
- The number and/or type of Direct Service programs that may have underrepresented or underserved LGBT patients; and
- A description of the steps DPH can take to make programs identified more accessible to the LGBT community.