Health Department
SOGI Data Collection

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Prevention

• Health departments collect information on gender identity and risk behavior

• Some programs are starting to expand the questions asked to better capture populations
  • Examples: “What was your ‘gender at birth?’” and “How do you identify your ‘current gender?’”

• Some prevention programs have tried to better address sexual orientation
  • “sexually attracted to males”
  • “ever had oral sex with a male.”
Surveillance

- The primary data collected are demographics (i.e., sex, race/ethnicity, age, and location of diagnosis), mode of exposure, viral load and CD4 count, and immune status.
- Adult Confidential HIV Case Report Form, patients are asked a variation of the two-step question above, which asks about sex assigned at birth as well as current gender identity.
- Sexual Orientation is not explicitly collected.
Since 2000, the Ryan White Program has been monitoring data collected on transgender patients

- In 2014 the Ryan White HIV/AIDS Program Services Report was revised, requiring funded agencies to collect new data, which includes clients’ sex assigned at birth

The RWP collects data on mode of HIV transmission and therefore assumes sexual orientation

Some jurisdictions include risk questions in their joint ADAP/Ryan White application, which are then included in CAREware for Ryan White Programs and ADAPs to use for reporting
Jurisdictions were asked whether their health departments require funded providers to collect and use SOGI data to inform delivery of quality HIV prevention, care, and treatment services

- 49% of jurisdictions (22), slightly less than half of respondents, rated above the national average for collecting and using SOGI data
- Eighty-two percent of jurisdictions (37) require the collection of both sexual orientation and gender identity data
Core Competencies Index

- 13% (6) only collect sexual orientation, not gender identity
- 4% (2) only collect gender identity, not sexual orientation data
- SOGI data is most often collected through client enrollment (84%, 38) and recertification (44%, 20) forms
- Many jurisdictions highlighted specific orientation information is collected via surveys, e.g., BRFSS
Why Collect SOGI Data?

• Over nine million individuals who identify as LGBT live in the United States
• Important for patient/provider communication
• To better understand LGBT health disparities and inform interventions to reduce and eliminate them
• Provide a welcoming, inclusive environment of care and to provide high quality care to all clients
What is NASTAD Doing?

- Issue Brief: Modernizing Programs to Collect Sexual Orientation and Gender Identity Data
- YRBS Letter
- Health Systems Data Consultation and Workshop
- Gay Men’s Health Equity