

# OHA SOGI DRAFT Data Collection Recommendations

May 2022

In 2018 the Oregon Health Authority Office of Equity and Inclusion convened the Sexual Orientation and Gender Identity (SOGI) Data Collection Workgroup. The group consists of internal and external stakeholders who interact with the LGBTQ+ community and health systems in a myriad of ways, many of whom also identify as LGBTQ+ themselves. The group was stratified into six subcommittees, each focusing on a different level of implementation, beginning with medical settings, and then other settings involving eligibility and service settings. From this work, there were two sets of recommendations developed. These recommendations need to go through an extensive rulemaking advisory process that we hope to convene in February 2022. Note that translations in other written languages will be done later based on best practice in conveying the same meaning and intent, as well as modifications for children and teens that are age appropriate.

Figure 1 below contains five SOGI demographic questions recommended to be included for most settings, including medical/clinical settings; these are the minimum standards recommended by the committee at this time.

## Figure 1. Required Demographic Questions

### 1. Please describe your gender in any way you prefer:

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### 2. What is your gender? (Check all that apply)

- Woman/Girl       Man/Boy       Non-binary       Agender/No gender       Questioning  
 Not listed. Please specify: \_\_\_\_\_       Don't know  
 I don't know what this question is asking       I don't want to answer

### 3. Are you transgender?

- Yes       No       Don't know<sup>1</sup>       Questioning  
 I don't know what this question is asking       I don't want to answer

### 4. Please describe your sexual orientation or sexual identity in any way you want:

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### 5. How do you describe your sexual orientation or sexual identity? (Check all that apply)

- Same-gender loving       Same-sex loving       Lesbian       Gay       Bisexual  
 Pansexual       Straight (attracted mainly to or only to other gender(s) or sex(es))  
 Asexual       Queer       Questioning       Don't know  
 Not listed. Please specify: \_\_\_\_\_  
 I don't know what this question is asking       I don't want to answer

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<sup>1</sup> "Don't know" means the person doesn't know (such as a parent answering for a child); "I don't know what this question is asking" more to capture comprehension difficulties with the question and/or response options.

Figure 2 has a menu of recommendations with the goal of respectful communications for data-matching/verifications that might occur in systems involving insurance and or eligibility for services. *These questions may be required if applicable to the specific data system or programmatic requirements.*

## Figure 2. Logistical Questions Applicable for Social Services and or Eligibility Systems (DRAFT)

### Names

#### 1. What full name do you want to us to use? (Text field)

Is this your legal name?  Yes  No

If not, please list your legal name: \_\_\_\_\_

**This question format may be suitable for clinical/medical settings involving insurance and billing:**

#### 1b. Are there any other names we should know about, such as on your insurance card?

Check here if there are other names we should know about

Legal name: \_\_\_\_\_

Name on insurance card: \_\_\_\_\_

Name on billing record: \_\_\_\_\_

Name on relevant previous medical records: \_\_\_\_\_

Name on other relevant records (Please specify): \_\_\_\_\_

### Pronouns and Titles

#### 2. What pronouns do you want us to use? (Select all that apply)

They/Them  She/Her  He/Him  No pronouns, use my name  Don't know

Not listed. Please specify: \_\_\_\_\_  I don't know what this question is asking

I don't want to answer

**Only ask the below question if the organization specifically uses titles (e.g., in correspondence)**

#### 3. What title want us to address you by?

Mx.  Ms.  Miss  Mrs.  Mr.  Please use my name and no titles  Don't know

Not listed. Please specify: \_\_\_\_\_  I don't want to answer

**Sex- It is anticipated that if you need to ask about sex (not gender) you will probably just need to ask 1 or 2 of the questions below – depending on WHY you need this information.**

#### 4. When you were born what sex was assigned to you? (Pick one)

Male  Female  Intersex  Unspecified  Not listed. Please specify: \_\_\_\_

Don't know  I don't know what this question is asking  I don't want to answer

#### 5. What is your current legal sex in your state? (Pick one) (OR simply: What is your current sex?)

Male  Female  X  Intersex  Non-binary  Unspecified  Don't know

Not listed. Please specify: \_\_\_\_\_  I don't know what this question is asking

**If you need to verify or match based on a state-issued ID:**

**6. Do you have a state-issued ID?**

- No                       Yes. If yes, please specify state associated with ID: \_\_\_\_\_  
 Don't know             I don't know what this question is asking             I don't want to answer

**6b. If Yes, what is the sex on your state-issued ID?**

- F – Female             M – Male     X -Non-Binary     U – Unspecified             Not listed. Please specify:  
 Don't know             I don't know what this question is asking             I don't want to answer

**If you are using sex to verify identity with the SSA and/or cannot report a response other than M/F then:**

**7. For federal reporting purposes if we were only given a binary option of M (Male) or F (Female), which one would you like us to use?**

- Female     Male

**OR:**

**We respect and honor your gender. We use federal data to verify your information, like what you use for social security or on your passport.<sup>2</sup> They only offer two options – male or female. Please select the sex that matches your current federal information.**

- Female     Male

Appendix A includes additional questions for medical settings following best practices but are *not* suggested to required data collection elements sent to OHA.

**Appendix A: Best Practice Recommendations to Ensure Quality Medical Care**

**SEXUAL HEALTH**

**1. Are you sexually active?**

- Yes     No

If No, have you been sexually active in the past year?  Yes  No

**2. If yes to question 7: Are your sexual partners (check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> A person with a penis            | <input type="checkbox"/> A person with a vagina                        |
| <input type="checkbox"/> A person with intersex genitalia | <input type="checkbox"/> A person who had genital reassignment surgery |
| <input type="checkbox"/> Don't know                       | <input type="checkbox"/> I don't know what this question is asking     |
| <input type="checkbox"/> I don't want to say              |  |

**YOUR BODY**

**3. Are you (check all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> A person with breasts  | <input type="checkbox"/> A person with a cervix |
| <input type="checkbox"/> A person with ovaries  | <input type="checkbox"/> A person with a uterus |
| <input type="checkbox"/> A person with a vagina | <input type="checkbox"/> A person with a penis  |

<sup>2</sup> Note that sex is not necessarily the same across different government reporting systems. Just because SSA says “this” does not mean that Selective Service agrees. This question should be tailored to match the verification system(s) used (if applicable).

- A person with a prostate
- A person with intersex genitalia
- Don't know
- I don't want to say
- A person with testes
- A person who had genital reassignment surgery
- I don't know what this question is asking

AND *provide comment box* so that person is also asked by the clinician about terms they would prefer for their body parts.

**TRANS HEALTH**

**4. Are you currently taking gender-affirming hormones and/or hormone blockers?**

- Yes
- No

If you are **not** currently taking hormones, are you interested in starting hormones? Yes  No

**4b. If Yes to Question 4:**

When did you start? \_\_\_\_\_ What is your current dose and frequency? \_\_\_\_\_

**5. Have you experienced any complications with hormones?**

- Yes
- No
- Not Applicable

**5b. If yes to Question 5, what complications have you had?**

\_\_\_\_\_

What questions or concerns do you have about starting gender-affirming hormones?

\_\_\_\_\_

**6. Have you had any other gender-affirming surgeries/treatments in the past?**

- Yes
- No

If Yes, which ones? \_\_\_\_\_

**6b. If Yes to Question 6:**

Have you experienced any complications with gender-affirming surgeries/treatments?  Yes  No

If Yes, what complications have you had? \_\_\_\_\_

If Yes, have you would you like to speak with someone with expertise in complications for this kind of surgery?  Yes  No