

OHA SOGI DRAFT Data Collection Recommendations

November 2023

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 2023. 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:

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

- Girl, Woman Boy, Man Non-binary Agender/No gender Questioning
 Not listed. Please specify: _____ Don't know
 I don't know what this question is asking¹ I don't want to answer
-

3. Are you transgender?

- Yes No Questioning Don't Know
 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:

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(s))
 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
-

¹ "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.² They only offer two options – male or female. Please select the sex that matches your current federal information. Female Male

¹ “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.

² 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).

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 Assure 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):
 - A person with a penis
 - A person with a vagina
 - A person with intersex genitalia
 - A person who had genital reassignment surgery
 - Don't know
 - I don't know what this question is asking
 - I don't want to say

YOUR BODY

3. Are you (Check all that apply):
 - A person with breasts
 - A person with a cervix
 - A person with ovaries
 - A person with a uterus
 - A person with a vagina
 - A person with a penis
 - A person with a prostate
 - A person with testes
 - A person with intersex genitalia
 - A person who had genital reassignment surgery
 - Don't know
 - I don't know what this question is asking
 - I don't want to say

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

D. 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 11, 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