COUNTY OF LOS ANGELES
Public Health

Improving Data Collection for LGBTQ+ Communities

May 29, 2019

County of Los Angeles Department of Public Health

Today's Agenda

- **Center for Health Equity Overview**

- **Data Strategic Priority Overview**

- **Why Disaggregate LBGTQ+ Data?**

- **Opportunities for Improving LGBTQ+ Data Collection**

- **Limitations and Challenges**

- **Proposed Recommendations**

- **Next Steps**

- **Q&A**

Presenters

- Heather Jue Northover, MPH
  - Pronouns: she/her/hers
  - Director, Center for Health Equity

- Jerome Blake, MPH, CPH
  - Pronouns: he/him/his
  - Research Analyst III, Center for Health Equity

- Amy Lightstone, MPH, MA
  - Pronouns: she/her/hers
  - Chief, Epidemiology and Data Coordination Unit, Office of Health Assessment and Epidemiology

Polling Question #1: Who's in the Room?

a. Community members or coalitions
b. Non-profit organizations
c. Healthcare partners
d. Academic/Universities
e. Funders
f. Business partners
g. Government entities

Center for Health Equity Overview

Everyone deserves...

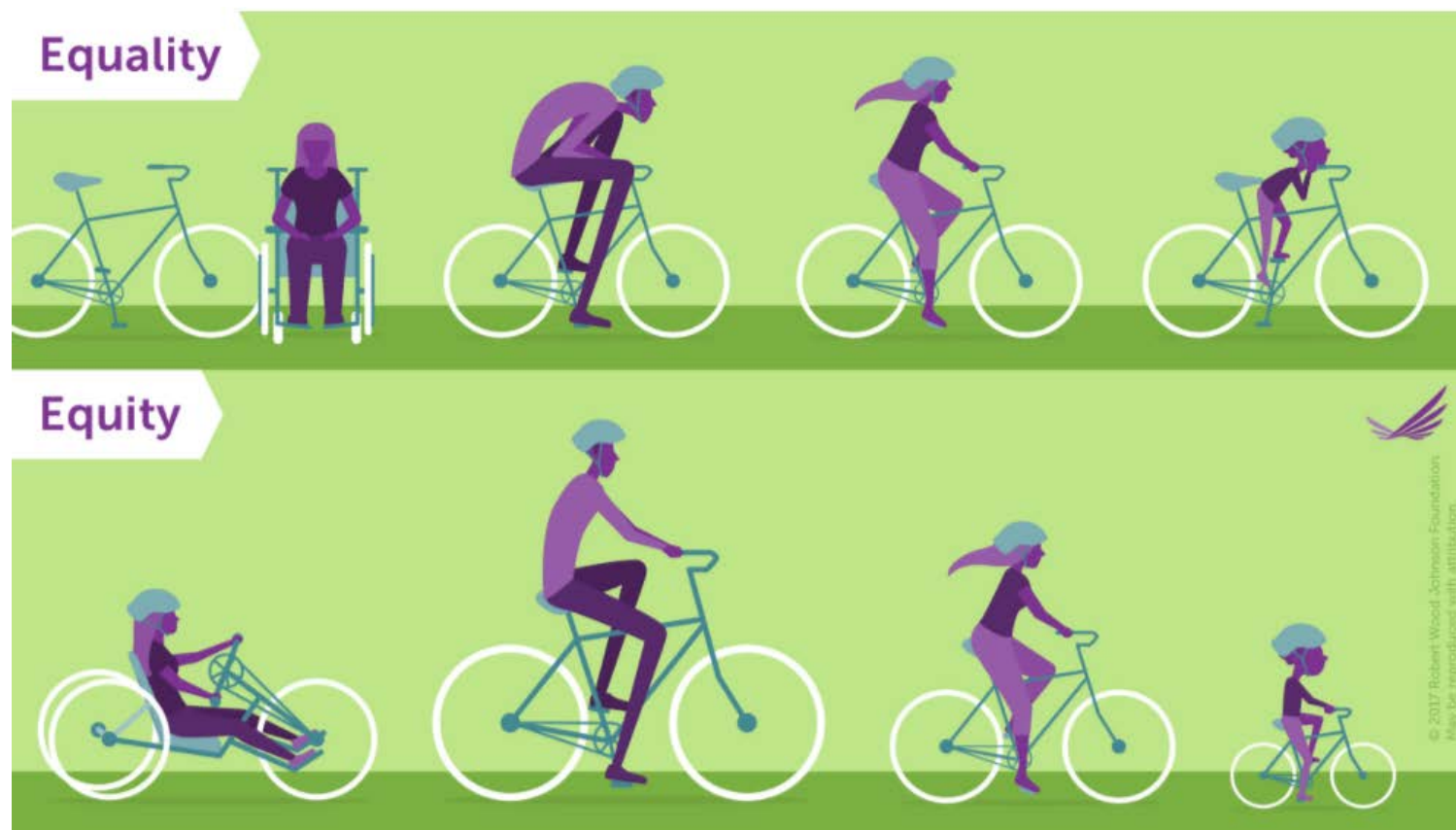|			
🎓	**Good schools**	💲	**A thriving and inclusive economy**
🏠	**Safe and supportive neighborhoods**	⚙	**Strong social connections**
❤	**Quality healthcare`**	🌳	**Sustainable, healthy environments**

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12-year Difference in Life Expectancy

between Asian (86.7) and Black residents (73.9)

Between those living in Walnut (87.5) and Lancaster (75.9)

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Health Equity means that

everyone has the opportunities and resources needed for optimal health and well-being
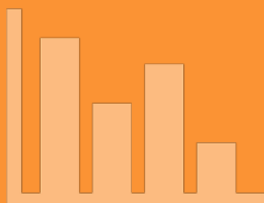
GOAL
Reduce and Eliminate Gaps in Health Outcomes

STRATEGIC PRIORITIES

Provide Useful and Inclusive Data

Support Policy and Systems Change
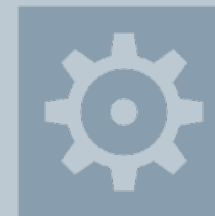
Build Public, Private and Community Partnerships

Strengthen Organizational Readiness and Capacity

Source: Center for Health Equity Action Plan. Los Angeles County Health Agency, April 2019.

LGBTQ+ Community Forum

Cosponsors included:
- **C2P LA Coalition**
- **In the Meantime Men's Group**
- **LA84**
- **Los Angeles LGBT Center**
- **TSPN LA**
- **The Wall Las Memorias**

Provide Useful and Inclusive Data

Share Cross Sector Data

- Adopt a more cross-sector and upstream approach to data. Develop partnerships with other agencies to share data on other social determinants that affect LGBTQ+ communities.

Disaggregate Data

- Assess recommendations and implement best practices around data collection for LGBTQ+ communities.

Data Strategic Priority Overview

Source: Center for Health Equity Action Plan. Los Angeles County Health Agency, April 2019.

We Envision Access to Useful and Inclusive Health Equity Data

✓ Data are **collected, analyzed and shared** in ways that value lived experiences

✓ Data are **disaggregated** to include historically underrepresented communities

✓ Data are **easily accessible** for communities to drive action and cross-sector policy change

Why Disaggregate LGBTQ+ Data?

What is Data Aggregation and Disaggregation?

Data Aggregation

*Information and raw data gathered and expressed in a **summary form for the purposes of statistical analysis**.*

Data Disaggregation

*Breaking down of data collected and compiled from multiple individuals into its **component units***

Example:
Asian Race/Ethnicity Disaggregation

✓ **Asian** ➡ **East Asian**
Southeast Asian
Indian subcontinent ➡ **Cambodian**

Chinese

Indian

Japanese

Korean

Malaysian

Pakistani

Filipino

Thai

Vietnamese

……many more

Aggregated ⟶ **Disaggregated**

1.Source: US Census Bureau https://www.census.gov/topics/population/race/about.html
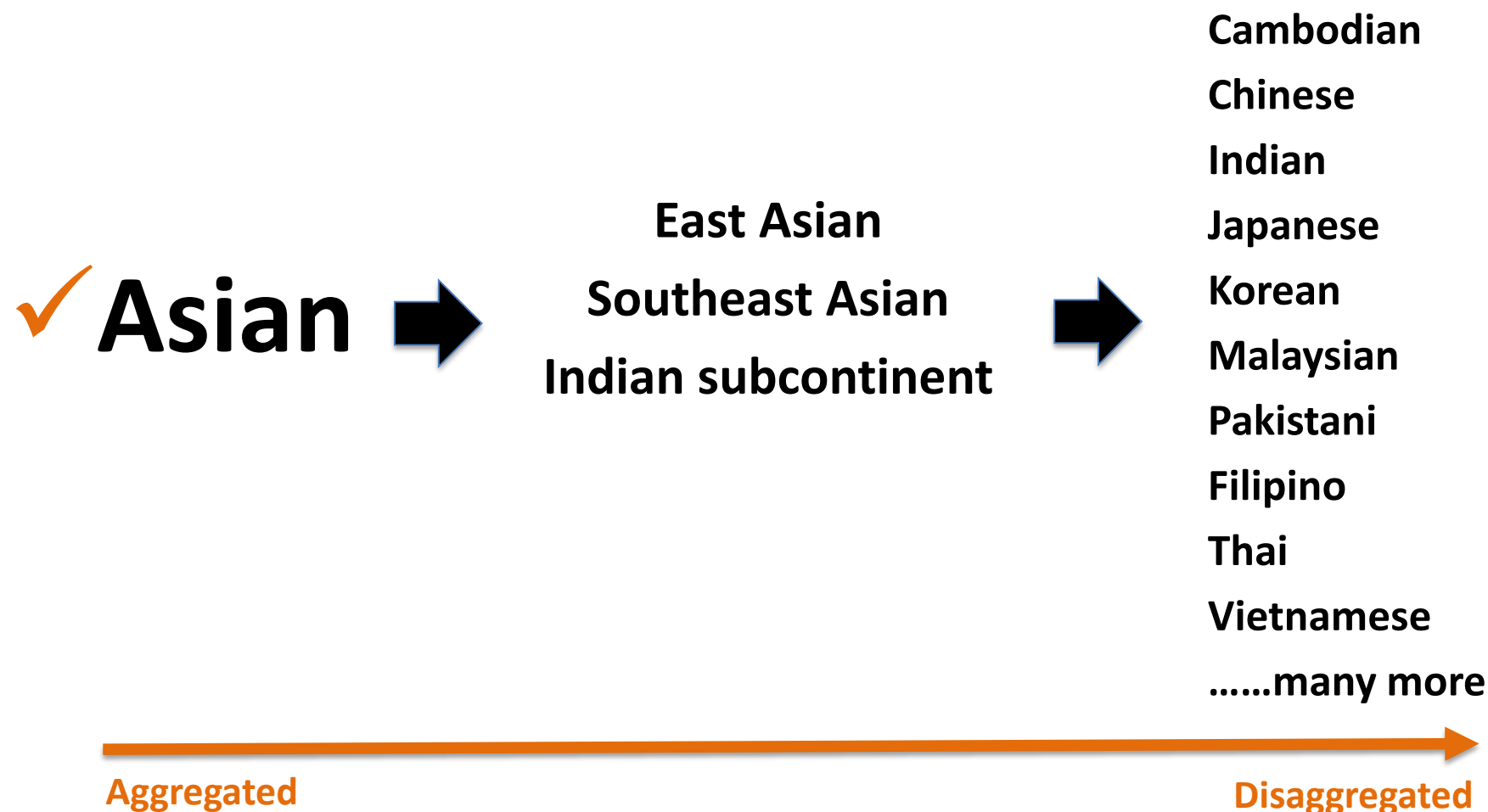
Why is Data Disaggregation Important?

✓ Disaggregating data can **reveal patterns that can be masked** by larger, aggregate data.

✓ Assessing disaggregated sub-populations can **help ensure that resources are spent in communities where they are most needed** and have the biggest impact.

Life Expectancy at Birth (years)

LA COUNTY
82.1

ASIANS
87.3

Life Expectancy (years)

75.4		85.5	86.2	87.3	87.6	88.1
NHOPI		Filipino	Japanese	SE Asian	Korean	Indian
				S Asian		Chinese
				Vietnamese		
				Cambodian		
				Thai		

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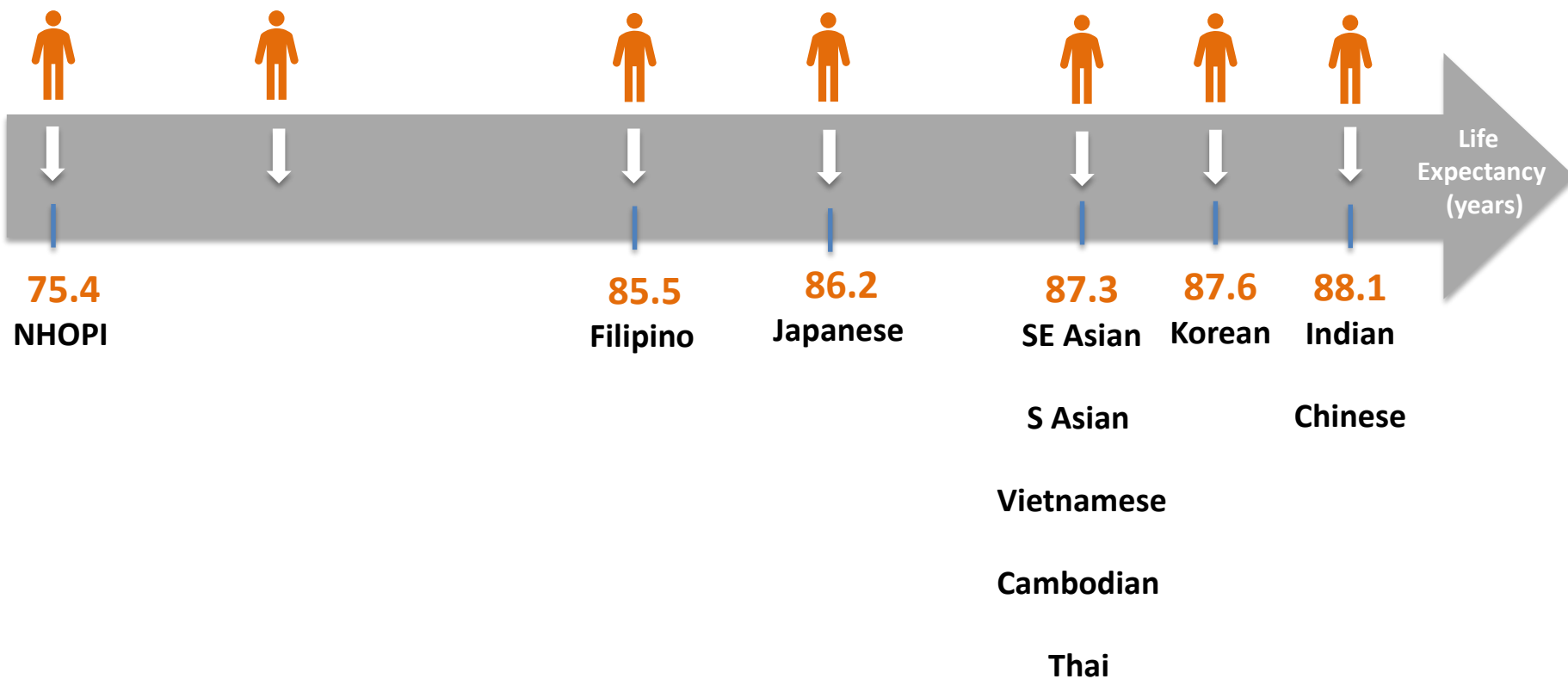
DPH LGBTQ+ Data Collection

✓ Some DPH Programs collect **Sexual Orientation and Gender Identity (SOGI)** data

✓ However, data collection is inconsistent and should be better **standardized**

✓ We are working to improve our data collection and dissemination of SOGI data

Why prioritize SOGI data collection?

✓ Sexual and gender minority individuals have **unique lived experiences, health needs, and concerns** that are hidden without better disaggregation

✓ They experience **disparities in mental health, disability and health care access**

✓ Face issues of **intersectionality**, **discrimination and violence**

✓ SOGI data is needed to **optimally plan programs, provide services and other interventions** to best meet the needs of LGBTQ+ communities

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There were roughly **92,000 (0.35%) Transgender** Adults (ages 18-70 years old) in California between 2015-2016.

Compared to Cisgender adults, **Transgender adults were:**

- ✓ **6x** as likely to have **ever attempted suicide**

- ✓ **3x** as likely to have **negative emotions that interfere with relationships, social life, ability to do chores, and work performance**

- ✓ **3x** more likely to **delay getting prescribed medicine or not get medications at all**

SOGI Motivated Hate Crimes in LA County (2017)

✓**108** **Sexual Orientation-Motivated**

   ✓ **1 in 5 (21%)** of all reported hate crimes (second largest category)

      89 (82%) **Anti-Gay with** *72% being violent*

      15 (14%) **Anti-Lesbian with** *100% being violent*

      3 (3%) **LGBT crimes targeting Businesses and Organizations**

      1 (1%) **Bisexual**

✓**33** **Gender Identity Motivated**

   ✓ **Largest Number ever Reported with** *94% being violent*

      24 (73%) **Transgender Women**

      6 (18%) **Transgender Men**

      1 (3%) **Gender non-conforming woman**

      1 (3%) **Gender identity was unclear**

      1 (3%) **Transphobic Graffiti on an Organization**

Source: Los Angeles County Commission on Human Relations 2017 Hate Crime Report

✓ **Example 1: Possible misclassification → Possible misinterpretation**

LA County Adults (18+ years old) At Risk for Major Depression by Sexual Orientation, LACHS 2015

Bar chart:
- Heterosexual/Straight: 10%
- Bisexual: 25%
- Don't Know: 24%
- Gay /Lesbian: 15%
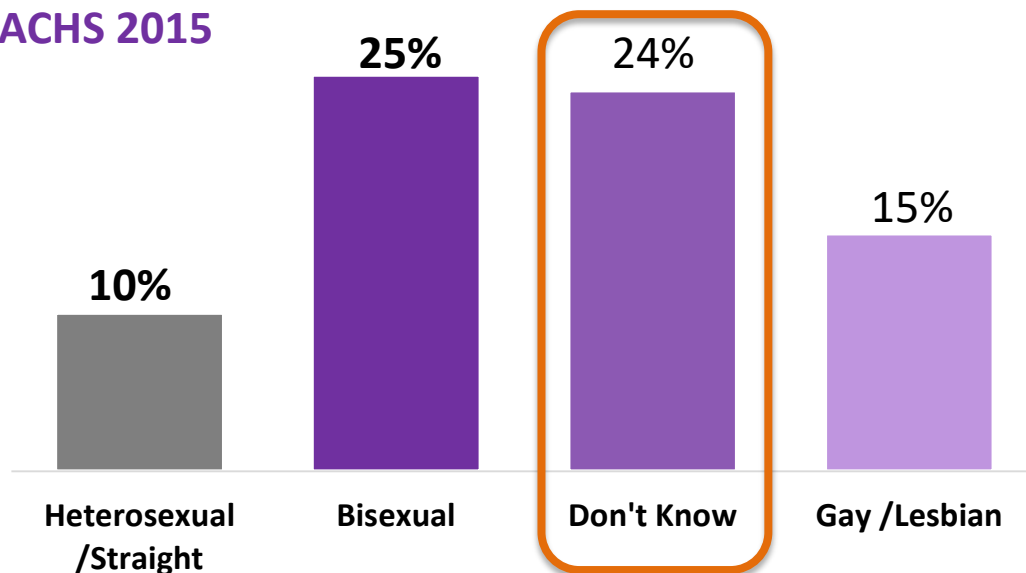
1 in 4 Bisexual Adults

1 in 4 Adults who "**Don't Know**"

2.5X higher prevalence compared to **Straight Adults**

["Queer/Questioning" + "Another orientation" + "I don't understand the question"]

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Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health.

How was the data collected in the 2015 survey?

Gender:

Q5. Because it is sometimes difficult to determine over the phone, I am asked to confirm whether you are male or female?

1 = Male
2 = Female

Options don't allow for *Non-binary or Transgender identities*

Sexual Orientation:

Q76. Now I'll read a list of terms people sometimes use to describe themselves. As I read the list, please stop me when I get to the term that best describes how you think of yourself. **(2009, 2007, 2004 NYC; 2004 NYC BRFSS)**

[INTERVIEWER: ALWAYS READ THE RESPONSE CODE # ALONG WITH THE RESPONSE]
(Randomize code 1 through 3)
1 = Heterosexual / Straight
2 = Homosexual / Gay / Lesbian   **Possibly offensive to members of the community**
3 = Bi-sexual
8 = (VOL) Don't Know   **Need current options**
9 = (VOL) Refused

Source: 2015 Los Angeles County Health Survey; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health.

SOGI Data in Los Angeles County[1]

DPH is continually **working to improve and standardize** its collection and reporting of SOGI data to better understand disparities and inequities on the local level

✓ **LBGTQ+ outreach and engagement**

✓ **Program planning**

✓ **Service delivery**

Opportunities for Improving SOGI Data Collection

Opportunities

To continue to improve methods of collecting SOGI data

To standardize (as much as possible) the way data is collected throughout Los Angeles County's Department of Public Health

Process

- Reviewed research & literature from experts (e.g., Williams Institute, UCSF Center for Health Excellence, SF DPH, BRFSS, NYC CHS)

- Considered how questions are asked per electronic health records reporting requirements

- Discussed ways questions have been asked in the past and/or are currently being asked

- Recognized the fluidity & sensitivity of these indicators

Limitations and Challenges

Limitations

1. Government regulations

2. Grant requirements

3. Data constraints

Challenges

1. Fluidity of response categories

2. Mode of data collection

3. Language

Proposed Recommendations and Questions

Recommendations

Criteria

- The minimum categories or response options to be collected

- It is up to the Programs' discretion to include additional response options for further granularity, however, they should be able to aggregate those responses into the minimum categories so comparisons can be made

Gender Identity

Two questions:

1. How a person currently defines their gender

2. What's the person's gender at birth

Both questions need to be asked

Gender Identity
Options for Question #1

Option A [ORCHID]:

What is your gender identity?

- Male
- Female
- Female-to-Male (FTM)/Transgender Male/Trans Man
- Male-to-Female (MTF)/Transgender Female/Trans Woman
- Genderqueer, neither exclusively male nor female
- Additional gender category or other: _____
- Prefer not to state

Gender Identity
Options for Question #1

Option B:

What is your current sex or gender identity?

- Male
- Female
- Transgender Male/Trans Man
- Transgender Female/Trans Woman
- Gender Non-Binary, neither exclusively male nor female
- Something else: _____
- Prefer not to state

Differences in the Gender Identity Options for Question #1

Option A [ORCHID]:

What is your gender identity?

Option B:

What is your current *sex* or gender identity?

Differences in Gender Identity Response Options for Question #1

Option A [ORCHID]:

- Genderqueer, neither exclusively male nor female

Option B:

- Gender Non-Binary, neither exclusively male nor female

Should *gender non-conforming* and/or *genderqueer* be included or replace response category for option B?

Polling Question #2

What term do you think is most appropriate for an individual who does not identify as a male/man or female/woman?

a. Gender non-binary
b. Gender non-conforming
c. Genderqueer
d. None/something else
e. I don't know

Differences in Gender Identity Response Options for Question #1

Option A [ORCHID]:

- Additional gender category or other: _____

Option B:

- Something else: _____

Different identity (please state): _____

Gender Identity
Options for Question #2

Option A [ORCHID]:

What sex were you assigned on your birth certificate?

- Male
- Female
- Other: _____
- Prefer not to answer

Gender Identity
Options for Question #2

Option B:

What was your sex at birth?

- Male
- Female
- *Non-Binary or X*
- *Something else: _____*
- Prefer not to answer

Sexual Orientation Question Options

Option A [ORCHID]:

What is your sexual orientation?

- Straight or heterosexual
- Lesbian, gay, or homosexual
- Bisexual
- Other: _____
- Don't know
- Prefers not to state

Sexual Orientation Question Options

Option B:

Do you consider yourself to be…

- Gay or Lesbian *(or homosexual)*
- Bisexual
- Straight or Heterosexual *(meaning not Gay or Lesbian)*
- Pansexual
- Not sure yet
- Something else: _____
- Don't understand the question *[Programs can determine if want to probe]*
- Prefer not to state

Sexual Orientation Response Option: Homosexual

Option B:

- Gay or Lesbian *(or homosexual)*

- Bisexual

- Straight or Heterosexual *(meaning not Gay or Lesbian)*

- Pansexual

- Not sure yet

- Something else: _____

- Don't understand the question *[Programs can determine if want to probe]*

- Prefer not to state

Sexual Orientation Response Option: Pansexual

Option B:

- Gay or Lesbian *(or homosexual)*
- Bisexual
- Straight or Heterosexual *(meaning not Gay or Lesbian)*
- *Pansexual*
- Not sure yet
- Something else: _____
- Don't understand the question *[Programs can determine if want to probe]*
- Prefer not to state

Sexual Orientation:
Reconciling Response Options

Option A [ORCHID]:

What is your sexual orientation?

- Straight or heterosexual

- Lesbian, gay, or homosexual

- Bisexual

- Other: _____

- Don't know

- Prefers not to state

Sexual Orientation:
Reconciling Response Options

Option B:

- Gay or Lesbian *(or homosexual)*

- Bisexual

- Straight or Heterosexual *(meaning not Gay or Lesbian)*

- Pansexual

- Not sure yet

- Something else: _____

- Don't understand the question *[Programs can determine if want to probe]*

- Prefer not to state

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Polling Question #3

Should the term "pansexual" be included as a response option for sexual orientation?

a. Yes
b. No
c. I don't know

Next Steps

Next Steps

- **Public Comment Period**
  - Email lachealthequity@ph.lacounty.gov with your feedback
  - Go to healthequity.lacounty.gov to provide feedback online (coming soon!)

- **Data Advisory Board**

- **LGBTQ+ Liaison**