



PURPOSE

- ✓ To promote accuracy, transparency, and consistency
- ✓ To identify meaningful differences in:
 - ❖ health outcomes
 - ❖ conditions that impact health
 - ❖ delivery of health services

FORMED BY

- ❖ DPH CASPER (began in 2008)
- ❖ Center of Excellence for Transgender Health National Advisory Board
- ❖ HIV Prevention Transgender Advisory Group
- ❖ Tom Waddell Transgender Advisory Group
- ❖ BARHII Data Committee
- ❖ Community Science Dialogue (SFSU, UCSF, Kaiser)
- ❖ Community Behavioral Health Services Leadership
- ❖ SFDPH Leadership
- ❖ SF Health Commission

BACKGROUND

- ❖ CASPER addresses identity indicators
- ❖ Sex and gender are multi-dimensional and multi-layered concepts
- ❖ Current data collection and reporting methods do not capture complexity of the gender spectrum
- ❖ Male and female numbers and health disparities are well-accounted-for
- ❖ No standardized method for identifying, coding, and reporting of transgender people

TRANSGENDER DEFINITION

“Transgender” is an umbrella term used to describe people with gender identities and /or gender expressions not traditionally associated with the sex that they were assigned at birth.

2-QUESTION METHODOLOGY

1. What is your gender?
2. What was your sex at birth?

BACKGROUND

- ❖ Research last 10 years shows increased accuracy in sex and gender information by using the 2-question method
- ❖ CDC recommending the 2-question method
- ❖ Noting a need for a better definitions of gender:
 - ❖ 2011 Inst of Medicine report on LGBT health issues
 - ❖ CA Dept of MH “Reducing LGBTQ Disparities Report”
 - ❖ Patient Protection and Affordable Care Act
 - ❖ Healthy People 2020

TRANSGENDER HEALTH ISSUES

Being transgender has important implications for access to and use of health care treatment and health outcomes . Surveys show high rates of:

- ❖ postponed health care
- ❖ refused care
- ❖ inappropriate provider knowledge
- ❖ harassment and violence in care settings
- ❖ high rates of HIV infection, attempted suicides, and drug and alcohol misuse

GOAL

Goal is to create a concise, feasible method for identifying a person's sex and gender that:

- ❖ enables transgender people to see and identify themselves,
- ❖ minimizes confusion by the large non-transgender population, and
- ❖ obtains answers readily and accurately from all populations in all programs

GENERAL GUIDING PRINCIPLES

1. Sex and gender identity matter because they are markers of health or risk differences
2. Biological, social, and personal history aspects of sex and gender identity are important, e.g., a patient may identify as male, not transgender, even if his current identity is different from his birth sex
3. Allow for consistency and relevancy...gender identity may change over time in terminology and in how one views oneself

GENERAL GUIDING PRINCIPLES

4. Allow for compliance and comparability and ability to align with state and federal minimum reporting requirements
5. Data on sexual orientation, behavior, and practices should be gathered through other specific questions and not inferred from sex and gender identity

DATA COLLECTION PRINCIPLES

6. Sex and gender should be self-identified
7. Two questions should be used to identify sex and gender for individuals age 15 and over. For children and youth under the age of 15, only the first question should be asked. (Up for discussion)

DATA COLLECTION PRINCIPLES

1. What is your gender? (check one)
 - a) Male
 - b) Female
 - c) Trans Male
 - d) Trans Female
 - e) If not listed above, please specify_____

2. What was your sex at birth? (check one)
 - a) Male
 - b) Female

DATA COLLECTION PRINCIPLES

Why Not “Intersex”

Though some people are born with a Disorder of Sex Development (DSD), currently only “male” or “female” is assigned to each newborn and only one of those two categories are placed on a birth certificate in the U.S. Once DSD, or “Intersex,” is assigned at birth and placed on birth certificates, these guidelines need to be revised to include the option in the second question, “What was your sex at birth?”

DATA COLLECTION PRINCIPLES

Additional information to collect:

- + What is the appropriate pronoun to use when addressing you?
- + What is your chosen name?

DATA COLLECTION PRINCIPLES

8. Social identity data are protected health information. However, Transgender data should be coded with caution and care when working with minors in consideration of the fact that health data are legally accessible by guardians.
9. Programs adopting this method should consider how to keep gender identity information up-to-date

POLICY RECOMMENDATIONS

1. Minor Consent Policy should to be reviewed to integrate the recommendations of these guidelines
2. All new data collection systems must have the ability to track sex and gender in accordance with these guidelines.
3. Reporting of should adhere to these guidelines whenever possible
4. DPH should continually evaluate these guidelines by gathering input and feedback
5. DPH should assess training and technical assistance needs of SFDHP, agencies, community service providers