Today’s Agenda

• Center for Health Equity Overview
• Data Strategic Priority Overview
• Why Disaggregate LBGTQ+ Data?
• Opportunities for Improving LBGTQ+ 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
<table>
<thead>
<tr>
<th>Good schools</th>
<th>A thriving and inclusive economy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe and supportive neighborhoods</td>
<td>Strong social connections</td>
</tr>
<tr>
<td>Quality healthcare`</td>
<td>Sustainable, healthy environments</td>
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</table>
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)

Source: Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health. *City and Community Heal Profiles* (2016).
Health Equity means that everyone has the opportunities and resources needed for optimal health and well-being

Definition from Robert Wood Johnson Foundation
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

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
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

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

Cambodian
Chinese
Indian
Japanese
Korean
Malaysian
Pakistani
Filipino
Thai
Vietnamese
......many more

Aggregated

East Asian
Southeast Asian
Indian subcontinent

Disaggregated
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

75.4
NHOPI

85.5 Filipino

86.2 Japanese

87.3 SE Asian

87.6 Korean

88.1 Indian

S Asian

Chinese

Vietnamese

Cambodian

Thai

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
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

- Bisexual: 25%
- Don't Know: 24%
- Gay/Lesbian: 15%
- Heterosexual/Straight: 10%

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”]

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)

(Randomize code 1 through 3)
1 = Heterosexual / Straight
2 = Homosexual / Gay / Lesbian
3 = Bi-sexual
8 = (VOL) Don’t Know
9 = (VOL) Refused

Possibly offensive to members of the community

Need current options

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

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

1. NOTE: On January 9th, 2018, following a Board Motion by Supervisors Sheila Kuehl and Hilda Solis, all County departments were required to collect gender identity data. [http://file.lacounty.gov/SDSInter/bos/supdocs/120246.pdf](http://file.lacounty.gov/SDSInter/bos/supdocs/120246.pdf)
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
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**