



## California Department of Public Health

### *It Has Missed Opportunities to Collect and Report Sexual Orientation and Gender Identity Data*

#### Background

Recent studies have found that consistently collecting and analyzing data on sexual orientation and gender identity (SOGI) allows agencies to identify groups within the lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ) population that are disproportionately underserved and to direct specific outreach and services to those populations. Beginning no later than July 2018, state law required certain state departments, including the California Department of Public Health (Public Health), to collect and report voluntarily provided self-identification about SOGI when it collects ancestry or ethnic origin information.

#### Key Recommendations

- » The Legislature should amend the SOGI data collection law to require Public Health to collect SOGI data from third-party entities, including local health jurisdictions, on any forms or electronic data systems unless prohibited by federal or state law.
- » The Legislature should require Public Health to provide an annual report to the public and to the Legislature that highlights its efforts to improve SOGI data collection and address health disparities.
- » Public Health should standardize its definitions and provide guidance for how its forms should ask questions related to sexual orientation and gender identity, and it should implement procedures to review and approve its branches' SOGI data collection processes, including a review of its branches' reasons for not collecting SOGI data.
- » Public Health should develop an action plan to ensure that CalREDIE users and Public Health programs can extract SOGI data for all of the reportable disease conditions currently in CalREDIE.

#### Key Findings

- » Public Health collects SOGI data on only a small portion of its forms that gather demographic data.
  - Of the 129 forms we reviewed, 105 were exempt, but not prohibited, from collecting SOGI data. Most of these forms were exempt because the data is collected by a third party, such as a local health jurisdiction. This exemption severely limits the amount of SOGI data the department is required to collect.
  - Lack of clear and consistent policies and procedures have also hindered the department's collection of SOGI data. Of the remaining 24 forms required to collect SOGI data, only 17 do so in a complete manner.
- » Public Health's system for collecting and reporting data on communicable diseases, CalREDIE, is inadequate for collecting and reporting SOGI data.
  - Because of resource and technical limitations, Public Health cannot export the SOGI data it collects for over 100 of the 128 reportable disease conditions in CalREDIE.
- » Public Health has only made SOGI data available to the public from 17 of the forms we reviewed, and it has not reported directly to the Legislature any SOGI data from the forms we reviewed.
- » Despite their critical role in collecting SOGI information, Public Health has not provided guidelines, training, or resources to local health jurisdictions or health care providers regarding definitions for collecting SOGI information or for recommended questions and response fields.

#### Most of Public Health's Forms May, But Are Not Required to, Collect SOGI Data

