COLLECTION OF SEXUAL ORIENTATION & GENDER IDENTITY (SO/GI) DATA

COMPLIANCE Report
Fiscal Year 2020-2021

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

INTRODUCTION

This report outlines the steps the San Francisco Department of Public Health (DPH) has taken in the 2020-2021 fiscal-year to comply with City Ordinance 159-16. The ordinance requires tracking and reporting of services to San Franciscans who identify as lesbian, gay, bisexual, transgender (LGBT), or gender non-binary, or additional sexual or gender minority identities. The 2020-2021 fiscal year was significantly disrupted by the COVID response so the data more limited than they have been in earlier years. However, the Department was able to continue efforts to advance data collection and health equity for LGBTQ+ residents.

The report is divided into the following sections:

1) Updates on our efforts to record and report SOGI data, including name and pronoun data (not required by ordinance);
   a) The impact of COVID on data collection
2) List of DPH programs where SOGI data suggests that LGBTQ+ individuals are underserved;
3) Steps taken or planned to address under-representation of LGBTQ+ clients in DPH- fundedor operated services and programs.

KEY CONSIDERATIONS

The Department of Public Health (DPH) is comprised of the Population Health Division (PHD) and the San Francisco Health Network (SFHN). DPH's central administration functions such as finance, human resources, information technology, and policy and planning, support the work of DPH's two divisions and promote integration. These different areas of DPH provide different services and therefore collect, use and report data on demographic and social factors differently. Those differences impact the reporting in this document. In addition, the severe restriction of in-person health services during the Stay-at-Home period, the significant deployment of DPH analysts throughout the COVID response, and the heavy data needs of COVID reporting on DPH IT resources have impacted the department's ability to collect, analyze and report the data required for this report. Below is a review of these significant events and the features of the two DPH divisions for context.

COVID-19 AND EHR CONVERSION

In 2019-20, DPH had planned to complete a major transition to a new, unified electronic medical record called Epic. This transition was interrupted by COVID activities and restarted after a long delay in 2021. Each area of the department on-boarded to the system, requires the conversion of thousands of records, retraining of thousands of clinical and non-clinical staff, and the commitment of a significant proportion of DPH IT resources. The areas of the department that had this delayed on-boarding and thus restricted data availability include Population Health, Behavioral Health, and Jail Health.

POPULATION HEALTH DIVISION (PHD)

PHD addresses public health concerns, including consumer safety, health promotion and prevention, and the monitoring of threats to the public's health. PHD staff perform a wide variety of functions that protect and promote health across industries, communities and health conditions. These population or industry focused services often do not collect consistent demographic data on participants, and were not included in this report.

SAN FRANCISCO HEALTH NETWORK (SFHN)

SFHN is the City's public system of medical and behavioral health care, and focuses primarily on uninsured, poor and low-income patients, homeless individuals. SFHN services at the ZSFG and Laguna Honda Hospitals as well as primary care for all ages, dentistry, maternal, child, and adolescent health services, behavioral health and substance use treatment, as well as jail health services. Currently, the SFHN has 93,185 members and serves more than 40 percent of San Francisco Health Plan's managed care members. SFHN services collect data as a function of service delivery.

These services completed training and software upgrades needed for compliance in FY 18-19. In FY19-20 data collection continued, but evaluation and reporting were impacted by the EHR conversion.

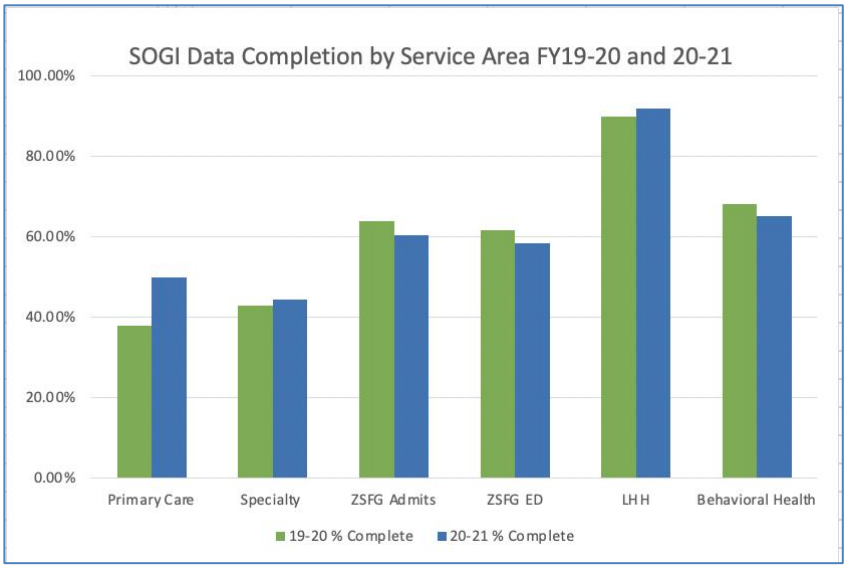
COMPLIANCE REPORT

Data collection success varied across DPH divisions and sections based on multiple factors. Within SFHN, most service areas showed minimal changes year over year from 2019-2021. Two areas stand out, ZSFG inpatient services was able to reach above 90% completion. Notably, these services did not have significant decreases due to COVID. Primary care, by contrast, had the biggest drop from 2018 with fewer opportunities to collect data due to disrupted services and workflows as the system transitioned rapidly to telehealth and other alternative methods of care. This rebounded somewhat in 20-21.

Remaining areas of the department had not transitioned to the EPIC EHR by the end of FY20-21 so their data is less accessible. These areas have more limited data capability and therefore are not included in this report.

- Jail Health
- Population Health Division Clinics (Tuberculosis, Sexual Health)

Behavioral Health has limited data capacity, but was able to extract some data from its legacy EHR system, which is given below.



.**SECTION 1**: Continued updates to our electronic data storage systems (IT) to record and report SOGI data [§104.8 (b)(1)]

SAN FRANCISCO HEALTH NETWORK (SFHN)

In FY 19-20, SFHN served 96,074 patients and collected complete SOGI data for 41,221 of them in the EPIC system (the areas converted before the COVID pandemic). These areas all showed increased collection in FY20-21.

- ZSFG Inpatient: 63.92% in 19-20 to 60.45% in 20-21
- ZSFG Emergency Services: 61.65% to 58.4%
- Laguna Honda Hospital: 89.91% to 91.85%

Two areas saw a dip in SOGI data completion from FY 18-19. These are areas where patient care services were significantly reduced during the Stay-at-Home period of the pandemic and opportunities to ask patients about SOGI data were severely restricted. These dips decrease the FY19-20 completion percentages, but recovery can be seen in the FY20-21 data.

- Primary Care: 37.93% in 19-20 to 49.73% in 20-21
- Specialty Care: 42.80% to 44.29%

By June 30, 2020, at least 68% of BHS clients had complete SOGI data in AVATAR. By the end of the next fiscal year, (June 30, 2021), at least 65% of BHS clients had complete SOGI data in its legacy electronic health record (Avatar). In Behavioral Health Services, complete SO/GI data was operationally defined as the record containing entries for Sexual Orientation, Gender Identity, AND Sex at Birth data in the SO/GI fields in Avatar.

Despite the disruptions to patient care, participation in required training on SOGI data collection and health needs was substantial between FY19-20 and 20-21. Of the 4,681 staff due to complete the training, 79.9% completed training.

IMPACT OF COVID ON SOGI DATA COLLECTION

The collection of race, language and SOGI data is done during the intake process for in-person visits in most areas of the department. The panel of patients is defined by those who have been seen in the last 24 months. With the reduction of in-person services, many patients, even those utilizing telehealth, did not go through the standard visit intake process in the last year. This is borne out by the fact that services that did increase in-person care during COVID saw increases in data collection.

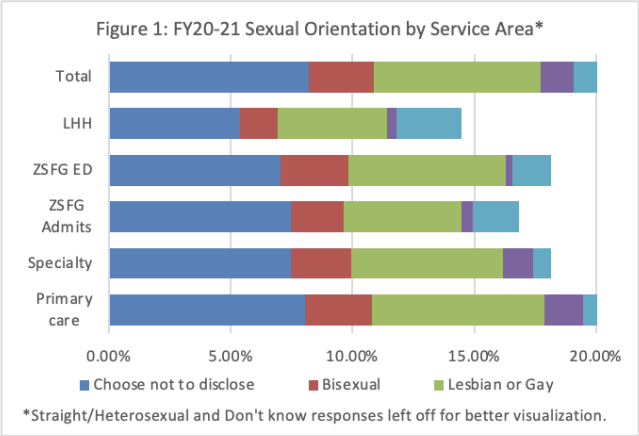
Other services that increased, such nursing visits for testing and vaccination, were necessarily done with expedited intake to allow services to large numbers of

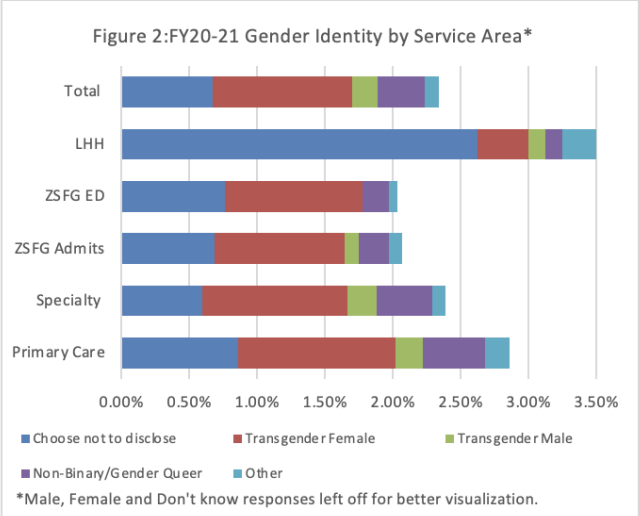
people as quickly as possible. That meant that SOGI data was collected by intake forms when possible, but often skipped by staff or patients when needs arose.

SECTION 2: List of DPH programs where SOGI data suggests that LGBTQ+ individuals are underserved;

DPH provides services to LGBTQ+ residents in every service area. The percentages of patients/clients in these categories is shown below.

One interesting example of apparent underutilization is Laguna Honda Hospital (LHH), which primarily serves an elderly population. LHH has a lower reported percentage of LGBTQ patients than other clinical services. This could be due to barriers that keep LGBTQ+ patients from being admitted, or from identifying themselves once admitted.





Researchers have found that LGBT people may deliberately avoid care settings; 20% say they avoid medical care for fear of discrimination. Transgender people have an added burden; 50% report having to teach their doctor about transgender care. [1]

Alternatively, the lack utilization could be consequence of age alone; e.g. in studies, transgender identification is disproportionately low in the U.S. population over 65 years old, and disproportionately high for those 13-17 years old.

SECTION 3: Steps taken or planned to address underrepresentation of LGBTQ+ clients in direct services and programs operated by, or funded by, Department.

In order to assess the drivers of the SOGI reporting results at LHH, the equity team began a series of interviews with residents who identify as LGBTQ+. The intention was to ask about their particular needs or barriers and use these to design strategies to increase reporting and welcome for these residents. The interviews had just begun when COVID struck. The pandemic caused particularly severe and prolonged disruption at long-term care facilities like LHH. The equity plan for LHH includes a restart of these interviews as soon as allowable.

Improved data collection in all other areas has raised the possibility to look not just at underrepresentation, but define health disparities. This analysis will take staffing and resources that currently have been diverted to the COVID response. However, increased staffing in the Office of Health Equity will increase this capacity.

[1] SAGE Advocacy & Services for LGBT Elders. *The Facts on LGBT Aging*