



Department of Public Health

SOGI Data Report 2024

Submitted September 19, 2024

INTRODUCTION

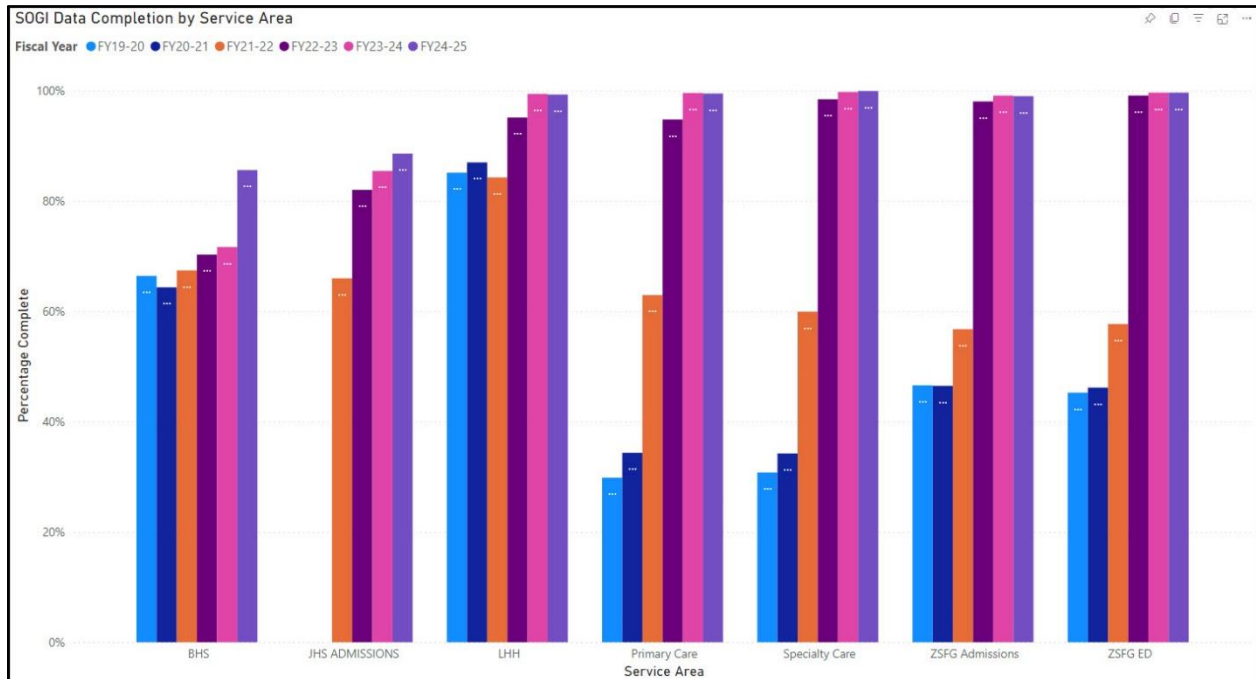
The San Francisco Board of Supervisors passed the Collection of Sexual Orientation and Gender Identity Data Ordinance (Chapter 104 of the Administrative Code) in 2016. Chapter 104 mandates collection of sexual orientation and gender identity (SOGI) information, which enables City departments and agencies to use more robust data to identify the health needs of all San Franciscans and to evaluate its programs. This report describes SOGI data collection in the Department of Public Health, analysis of the data, and steps the DPH is taking to use SOGI data to achieve our mission, which is to protect and promote the health of all San Franciscans.

SOGI DATA COLLECTION IN DEPARTMENT OF PUBLIC HEALTH

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 of health services with population health functions.

A consistent approach to SOGI data collection for clinical service delivery was augmented by the adoption of a Department-wide electronic health record (EHR), Epic, which was launched in most of the San Francisco Health Network clinical sections in 2019. Epic implementation is a phased-in approach, spanning almost 10 years. The large integrated sections of the SFHN—Zuckerberg San Francisco General, Laguna Honda Hospital, and Primary Care—all launched Epic in August 2019. This past fiscal year, Behavioral Health Services (BHS) transitioned to the Epic medical record system further providing a centralized source for SOGI collection and monitoring.

Figure 1: SFDPH SOGI Data Completion by Service Area



DPH is committed to ensuring equity and reducing health disparities across all our clinical services. Collecting sexual orientation and gender identity (SOGI) demographic data allows us to track how well we are serving LGBTQ and gender nonbinary San Franciscans and helps us address the many factors that contribute to public health inequities and poor health outcomes for these communities.

SAN FRANCISCO HEALTH NETWORK

The San Francisco Health Network is the integrated health care delivery division of the Department of Public Health. The SFHN includes Zuckerberg San Francisco General, Laguna Honda Hospital, Primary Care clinics, Jail Health Services, HIV Health Services, Maternal Child, and Adolescent Health, and Whole Person Integrated Care (WPIC), which is the constellation of clinical programs tailored to serve the health needs of people experiencing homelessness.

ZUCKERBERG SAN FRANCISCO GENERAL

Ever since Epic enhancements going live in 2022, SOGI data collection in most areas of the hospital has consistently been over 90%. In 2024, ZSFG SOGI data collection increased to 99%. (See figure 1 above).

LAGUNA HONDA HOSPITAL

Laguna Honda (LHH) paused new admissions for the last year while it focused on the Center for Medicaid and Medicare's (CMS) recertification. However, it has continued with consistent data collection practices, robust training for staff, and a clear mission to use the data to improve care experience for patients during their stay at LHH. LHH collects SOGI data consistently from all patients at the time of admission and as needed throughout their stay, achieving 98% in 2024.

Under California Senate Bill 219, the LGBTQ+ Long Term Care Facility Residents' Bill of Rights, which went into effect in 2017, residents have several rights related to gender and sexual orientation, including the right to room assignments based on gender identity, right to engage in consensual sexual/romantic intimacy with partners of any gender, right to be called by their preferred name and pronouns, and right to express their gender by wearing clothing of their own choosing.

California Department of Public Health regulations require that skilled nursing facilities provide education at least every two years regarding sexual orientation and gender identity that covers a range of information about definitions, resident-centered care, LGBTQ+ resident rights, and the impacts of discrimination and bias on the health and well-being of LGBTQ+ residents. LHH trains all staff so that all patients' rights, including these particular to LGBTQ+ individuals, are protected. LHH leadership recognizes that to improve the care experience of LHH patients requires consistent SOGI data collection and utilization of that data for enhanced care. See tables below for LHH's FY2023-24 SOGI data.

Figure 2: Laguna Honda Hospital SOGI Data Tables

LHH Residents by Sexual Orientation & Gender Identity FY 23/24

Field	Count	Percent
Gender Identity	504	98%
Sexual Orientation	501	96%
SOGI	501	96%
Total Census	505	100%

LHH Residents by Gender Identity FY 23/24

Gender Identity	Count of Residents	% of Residents
Male	294	58%
Female	197	39%
Choose not to disclose	9	2%
Transgender Female	2	0%
Transgender Male	1	0%
Other	1	0%
Total	504	100%

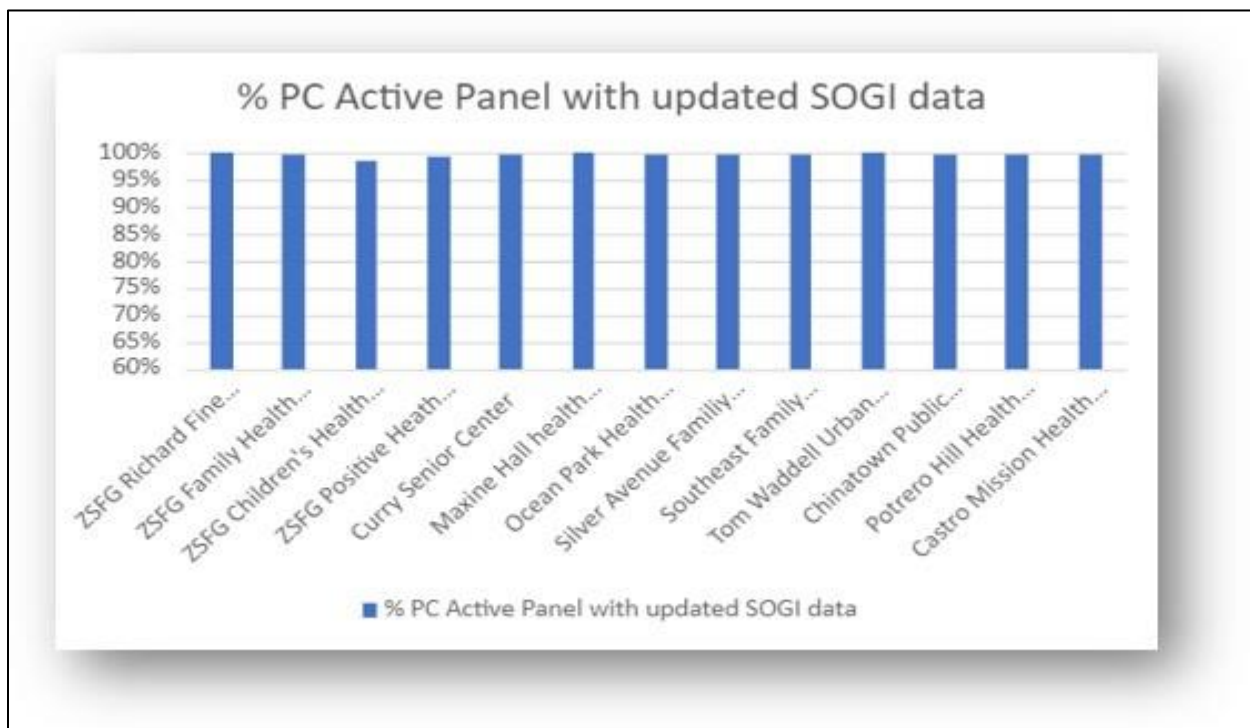
LHH Residents by Sexual Orientation FY 23/24

Sexual Orientation	Count of Residents	% of Residents
Straight	409	82%
Choose not to disclose	34	7%
Don't know	33	7%
Lesbian or Gay	19	4%
Bisexual	5	1%
Something else	1	0%
Grand Total	501	100%

PRIMARY CARE

SFHN Primary Care is comprised of 13 health centers located at Zuckerberg San Francisco General and in neighborhoods throughout the city. Primary Care has continued to consistently collect SOGI data, with a 99.9% completion rate for patients with a clinic visit this year. Primary Care clinics use SOGI data to match patients with appropriate clinical services and interventions.

Figure 3: Primary Care Active Panel with Updated SOGI Data



For example, the Positive Health Program (PHP) at Ward 86 provides integrated primary and specialty care services for SFHN patients living with HIV and those at risk of HIV acquisition. PHP has a newly established clinical program called The Lobby at Ward 81, which serves as a pivotal Health Access Point offering low-barrier, drop-in care for individuals who use drugs and are at potential risk for HIV or STIs. During this inaugural year, the program engaged 168 individuals through its daily drop-in hours, providing essential services such as testing, treatment,

harm reduction support, comprehensive primary care, and connections to addiction medicine services. Notably, more than 50 individuals initiated treatment with long-acting injectable PrEP for HIV prevention. With a strong focus on providing LGBTQ+ congruent care (identified through SOGI data) the Lobby is dedicated to delivering comprehensive care tailored to the needs of San Franciscans.

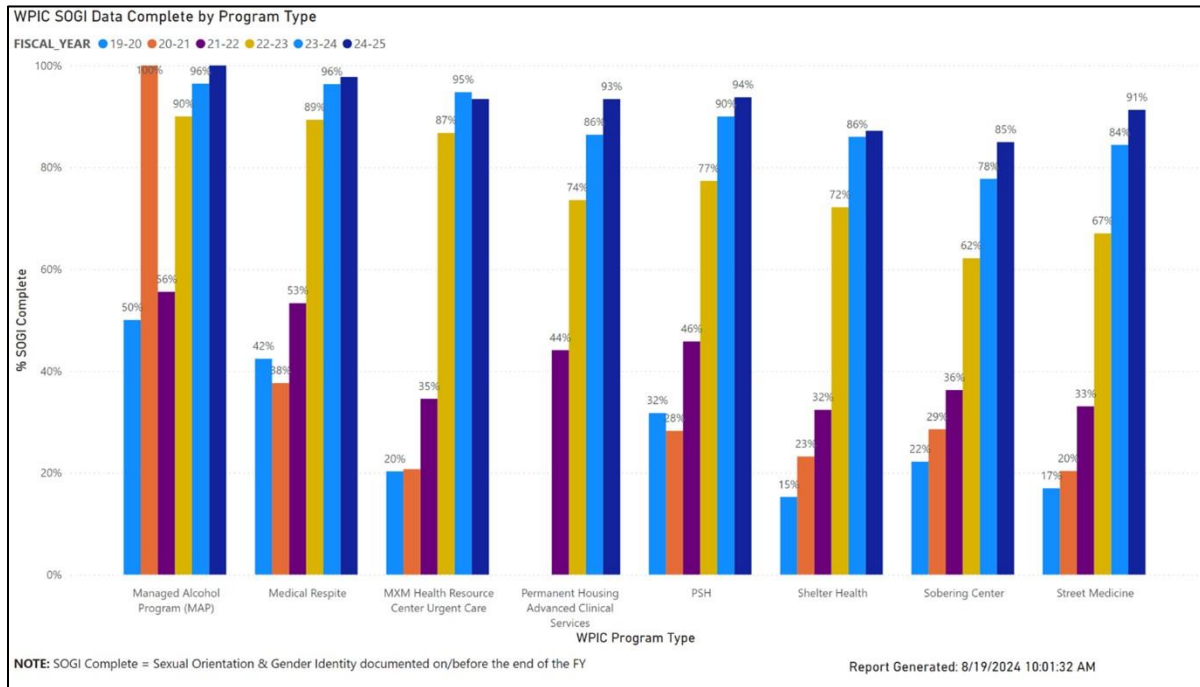
Dimensions Clinic for Queer and Trans Youth is located at Castro-Mission Health Center, at 3850 17th Street, San Francisco, CA 94414 and serves trans, nonbinary, and queer identifying young people, ages 12-25. The clinic provides comprehensive gender affirming care, primary care, sexual and reproductive health care, therapy, psychiatry, help with navigating health insurance, and assistance with and referrals for gender affirming medical procedures. Medical clinics are open Thursday evenings from 5pm-9pm and Saturday afternoons from 12pm-4pm, and Behavioral Health services are available throughout the week.

WHOLE PERSON INTEGRATED CARE

Whole Person Integrated Care (WPIC) is composed of eight different clinical programs designed to address the health needs of people experiencing homelessness. Programs housed under WPIC are the Managed Alcohol Program, Medical Respite, Maria X. Martinez (MXM) Health Resource Center Urgent Care, Permanent Housing Advanced Clinical Services, Permanent Supportive Housing (PSH), Shelter Health, Sobering Center, and Street Medicine. Before launching Epic in 2019, WPIC programs did not have a consistent method of documenting clinical encounters, including SOGI metrics.

In FY 23-24, WPIC programs had an average of 89% SOGI data completion. Since going live on Epic in 2019, completion rates for WPIC SOGI data increased from 28% to 89%, a 61% increase. Notably, since FY 19-20, the SOGI data completion rates of the MXM Health Resource Center Urgent Care program increased from 20% to 95%, a 75% increase. In the next FY, WPIC will continue prioritizing quality improvement across all programs and use SOGI data as a key resource to guide evidence-based practice. Figure 1 shows the improvement in SOGI data collection across multiple WPIC programs.

Figure 4: Whole Person Integrated Care (WPIC)



JAIL HEALTH SERVICES

Unlike other DPH sections, patients served by Jail Health Services (JHS) staff are not registered in Epic by healthcare staff. Instead, demographic data is populated through an interface with the Sheriff Department’s Jail Management System (JMS). The procedure used for asking about gender identity is clearly defined via a robust policy San Francisco Sheriff’s Office (SFSO) developed in collaboration with LGBTQ community members. The data entered into JMS then populates the patient record in Epic through an automated interface.

When conducting data reviews, it is important to take into account that disclosure of SOGI information occurs in a carceral setting, in the presence of law enforcement, which may influence how individuals respond. SOGI data may be later updated by Jail Health staff, based on additional information that the patient shares with JHS. The tables below show SOGI demographic information collected between 7/1/2023 - 6/30/2024.

Table 5: Jail Health Services Sexual Orientation

	Total # of Patients	% of Patients
<i>Straight</i>	6889	72.7%
<i>Don't Know</i>	278	2.9%
<i>Choose not to disclose</i>	504	5.3%
<i>Lesbian or Gay</i>	275	2.9%
<i>Bisexual</i>	197	2.1%
<i>Something else</i>	27	0.3%
<i>No Data</i>	1309	13.8%
<i>TOTAL</i>	9,479	100%

Table 6: Jail Health Services Gender Identity

	Total # of Patients	% of Patients
<i>Male</i>	7227	76.2%
<i>Female</i>	1678	17.7%
<i>Non-Binary/Gender Queer</i>	38	0.4%
<i>Choose not to disclose</i>	42	0.4%
<i>Transgender Male</i>	10	0.1%
<i>Transgender Female</i>	66	0.7%
<i>Other</i>	8	0.1%
<i>No Data</i>	410	4.3%
<i>TOTAL</i>	9,479	100%

MATERNAL, CHILD, AND ADOLESCENT HEALTH

Maternal, Child, and Adolescent Health (MCAH) is a section of SFHN Ambulatory Care made up of twenty distinct programs, most of which are state programs with strict operational requirements. Chapter 104 of the Administrative Code mandates collection of SOGI data for individuals over the age of twelve, which excludes most clients of MCAH programs. Moreover, because these CDPH-funded programs have different program requirements, MCAH has generally not been able to implement universal SOGI data collection.

HEALTHCARE FOR THE HOMELESS

Health Care for the Homeless (HCH) is a federal Health Resources and Services Administration (HRSA) grant, supplemented by local general funds, that is designed to increase access to comprehensive health care services for people experiencing homelessness and recent housing instability.

At DPH, these HCH services are embedded in a wide network of sites, and the SOGI figures reported here (figure 7 below) are for all people meeting the HCH housing eligibility criteria who had a visit at one of our SFHN Primary Care, Urgent Care, Shelter-based, or Whole Person Integrated Care sites in calendar year 2023 (1/1/23 – 12/31/23). Our HRSA HCH definition includes people who are living outdoors or in vehicles, staying at a shelter, staying with a friend or family member, living in a treatment or transitional program, living in an SRO, or having been in one of these housing categories in the previous twelve months.

HIV HEALTH SERVICES

HIV Health Services' (HHS) primary functions are to develop, finance, and monitor health care services for people living with HIV in the City and County of San Francisco. HHS has also led HIV quality improvement efforts throughout the SFHN. HHS is the grantee of funding from federal Health Resources and Services Administration (HRSA) Ryan White Programs Parts A, B, C, and Ending the HIV Epidemic grants and contracts with over 50 HIV-focused community organizations and 10 DPH HIV programs throughout the City. These programs range from hospital-

based clinics to neighborhood health centers and from multi-county social service providers to those specializing in a particular support service or targeting a specific underserved neighborhood, all providing direct HIV clinical care or support services.

HIV Health Services data (figure 7 above) includes all clients who received at least one service under any HHS-funded contract with the timeframe of the last full calendar year (1/1/23 – 12/31/23). This includes a set of Ryan White grants and local San Francisco General Fund add back funding that HHS administers to keep our service levels stable as federal grant funds decline over time. The SOGI data is collected by each program with HHS funding in the AIDS Regional Information and Evaluation System (ARIES), though usually only at the time of enrollment in services for the first time. HHS contracted providers collect SOGI data as part of their normal clinical operations.

Figure 7: Healthcare for the Homeless & HIV Health Services SOGI data

Health Care for the Homeless SOGI Data:					
Patients by Sexual Orientation			Patient by Gender Identity		
	Number	Percent		Number	Percent
Lesbian or Gay	593	7%	Male	5503	62%
Heterosexual (or straight)	6406	72%	Female	3026	34%
Bisexual	325	4%	Transgender Man	18	0%
Other	393	4%	Transgender Woman	160	2%
Don't know	437	5%	Other	106	1%
Chose not to disclose	738	8%	Chose not to disclose	79	1%
Total Clients	8892	100%	Total Clients	8892	100%
Note 1: Data reported in federally requested categories, data pulled from Epic on 7/22/24 for 2023 calendar year					
Note 2: In Sexual Orientation data, 236 Unknown (2.7% of data) allocated across remaining categories proportionally					
Note 3: In Gender Identity data, 172 Unknown (1.9% of data) allocated across remaining categories proportionally					
HIV Health Services SOGI Data:					
Patients by Sexual Orientation			Patient by Gender Identity		
	Number	Percent		Number	Percent
Asexual	6	0.1%	Male	4677	83.7%
Bisexual	502	9.0%	Female	610	10.9%
Declines to State	108	1.9%	Transgender Man	5	0.1%
Heterosexual	1322	23.6%	Transgender Woman	279	5.0%
Homosexual	3549	63.5%	Other	17	0.3%
Lesbian	16	0.3%	Client Refused to Report	3	0.1%
Pediatric/Not Applicable	5	0.1%			
Unknown (Client Self-Report)	59	1.1%			
Unsure/Questioning	24	0.4%			
Total Clients	5591	100%	Total Clients	5591	100%
Note 1: Data reported in federally requested categories, data pulled from ARIES on 7/23/24 for 2023 calendar year					
Note 2: In Sexual Orientation data, 668 NULLS (11.9% of data) allocated across remaining categories proportionally					
Note 3: In Gender Identity data, 1 NULL (0.1% of data) allocated across remaining categories proportionally					

BEHAVIORAL HEALTH SERVICES

DPH Behavioral Health Services (BHS) includes specialty mental health and substance use treatment programs staffed and run by DPH in addition to a network of contracted provider agencies. SOGI information is collected from BHS clients at the time of admission into a treatment program. Figures 8-9 below show the proportion of unique clients with complete SOGI data for adult specialty mental health and substance use clients. SOGI data are considered complete if all four SOGI fields are complete (i.e., sex at birth, gender identity, sexual orientation, and personal pronouns). On May 22, 2024, BHS transitioned from Avatar to Epic electronic health record for mental health treatment programs, resulting in an increase in the proportion of admissions with complete SOGI data for mental health treatment programs in the last quarter of the fiscal year.

Figure 8: Mental Health

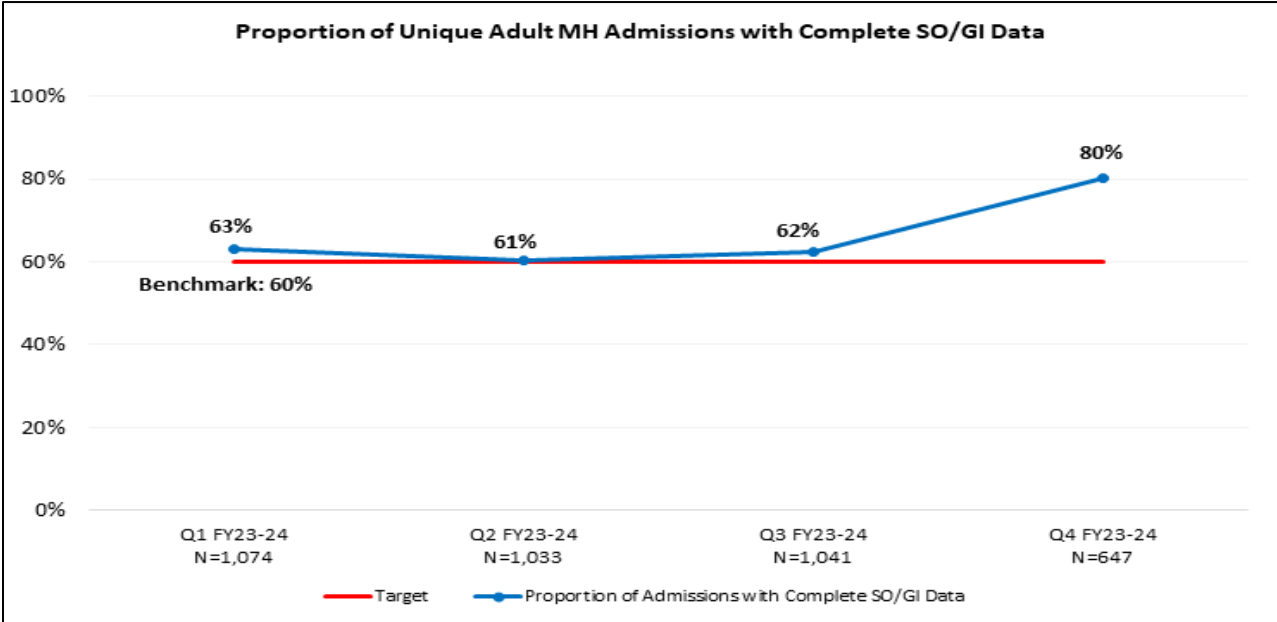
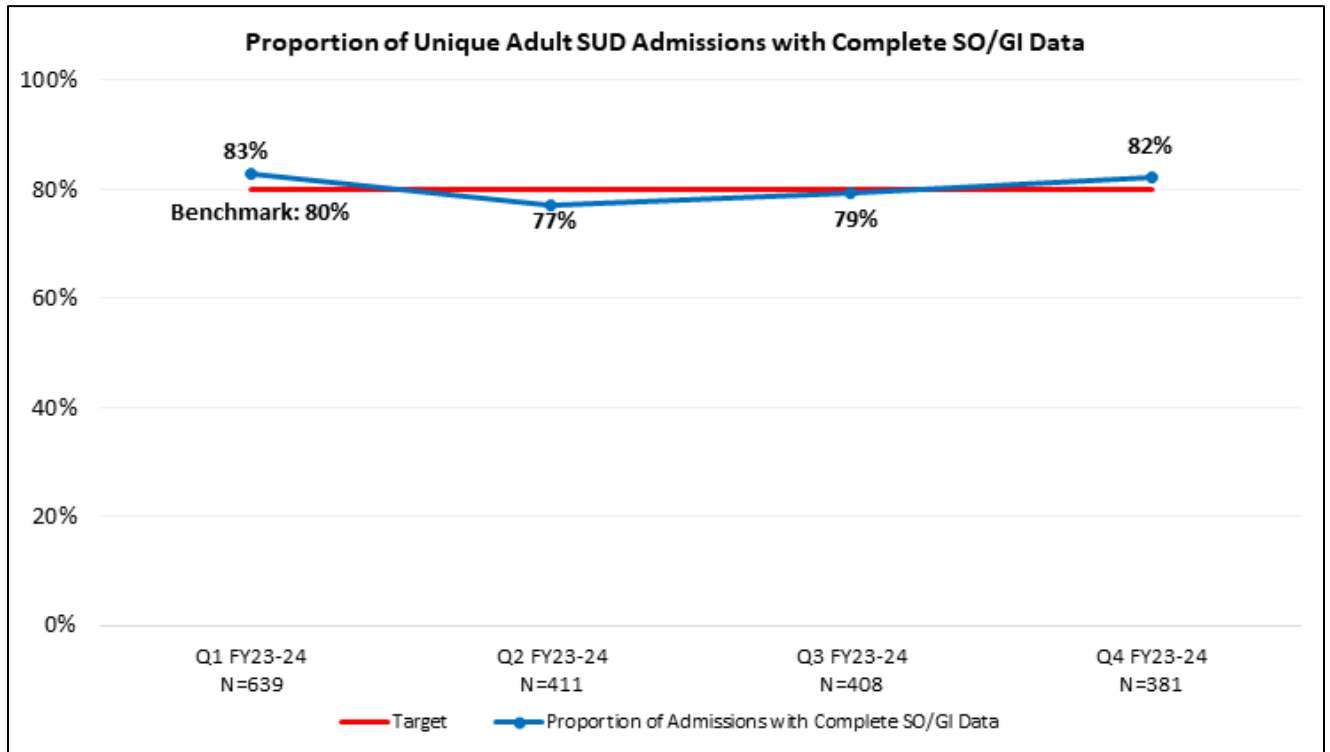


Figure 9: Substance Use



POPULATION HEALTH DIVISION PROGRAMS

The Population Health Division (PHD) of the DPH encompasses a broad range of programs serving the entire City and County of San Francisco. PHD runs three outpatient clinics, which are not under the management of the SFHN: San Francisco City Clinic, Tuberculosis Clinic, and the Adult Immunization and Travel Clinic. “Early care” is a specialty program at SF City Clinic for HIV primary care. These data represent SOGI data collected from unique patients at all three clinics.

Figure 10: Population Health Division SOGI data

Patients by Sexual Orientation	TB N(%)	AITC N(%)	SFCC N(%)	Patients by Gender Identity	TB N(%)	AITC N(%)	SFCC N(%)
Lesbian or gay	46 (3%)	136 (4.25%)	2690 (38.4%)	Male	821 (46%)	460	5304 (75.8%)
Heterosexual (or straight)	1337 (75%)	645 (20.2%)	2595 (37.1%)	Female	758 (42%)	500	1276 (18.2%)
Bisexual	16 (1%)	32 (1%)	746 (10.7%)	Transgender Man	1 (0.06%)	4	17 (0.243%)
Other	17 (1%)	17 (0.53%)	361 (5.2%)	Transgender Woman	3 (0.2%)	3	112 (1.6%)
Don't know	40 (2%)	45 (1.4%)	150 (2.1%)	Other	1 (0.06%)	0	11 (0.157%)
Chose not to disclose	62 (3.5%)	81 (2.5%)	251 (3.6%)	Chose not to disclose	3 (0.2%)	5	16 (0.229%)
Unknown	271 (15%)	2244 (70.1%)	205 (2.9%)	Unknown	199 (11%)	2206 (69%)	121 (1.7%)
				Non-Binary/ Gender Queer	3 (0.2%)	16	141 (2%)
Total patients	1789	3200	6998		1789	3200	6998
Total visits	19,065						

CONCLUSION

As documented, DPH has deepened its commitment to the collection of SOGI data throughout the department to assist the analysis of disparities in health equity. In 2024, DPH made significant progress in our SOGI data collection: 99% at ZSFG, 98% at LHH, 99.9% at Primary Care. Epic implementation has allowed a consistent approach to collecting SOGI data, and as Epic rollout continues, DPH expects that

SOGI data collection will continue to improve. Our Epic enhancements are producing strong results and increasing our effectiveness through developing such aforementioned innovative new programs as The Lobby at Ward 81 and carrying out key laws, such as California SB 219, the LGBTQ+ Long Term Care Facility Residents' Bill of Rights.

Additionally, with the passage of Ordinance Number 250-22 in 2023, the City now has updated definitions of gender identity, sex, sexual orientation and added the definition of gender expression to assist in DPH efforts and throughout all departments. Ongoing efforts locally and statewide will continue to provide opportunities to fully understand such communities and health disparities. DPH will continue to pursue the best strategies and collaborations in SOGI data collection for the betterment of the mission of DPH.