

LGBTQIA+ health disparities: Documenting sexual orientation and gender identity is critical

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In spite of the recommendations that sexual orientation and gender identity (SOGI), as well as sexual behavior, be routinely documented for all patients accessing clinical care, collection of this data and documentation remains abysmally low especially for lesbian, gay, bisexual, transgender, queer, intersex and asexual (LGBTQIA+) communities.

Most [electronic health records](#) (EHR) do not have expanded data fields that include all aspects of SOGI and data are not uniformly captured across EHR platforms. While provider discomfort is often cited as a reason for low SOGI data collection, all patients report high levels of acceptance and satisfaction with the collection of personal SOGI data.

"SOGI is an important dimension of individual self-perception and behavior, and has profound effects on health, whether a patient identifies as an LGBTQIA+, cisgender (nontransgender), or a heterosexual person," explains Carl Streed, Jr., MD, MPH, FACP, assistant professor of medicine at Boston University School of Medicine (BUSM), in an editorial in the *American Journal of Public Health*.

Streed, who also is a primary care physician and research lead in the Center for Transgender Medicine & Surgery at Boston Medical Center, believes the collection of SOGI data are a critical step in systematically documenting and addressing health disparities affecting LGBTQIA+

persons. "Patient-provider discussions about SOGI can facilitate a more accurate assessment of self-reported health and behaviors. Additionally, if clinicians do not know their patients' SOGI status and [sexual behavior](#), important therapeutic and preventive services may be ignored, including HIV screening, appropriate referrals for behavioral health care and [support services](#) that incorporate patients' specific needs."

In addition to improving care, Streed believes the gathering of structured SOGI data will facilitate information sharing for [clinical care](#), research and public health interventions that can reduce health care disparities in these underserved populations. "Gathering SOGI structured data in [clinical settings](#) via EHRs will help clinicians, researchers, health care system administrators and policymakers better understand LGBTQIA+ health regarding disparities in insurance coverage, access to care, diagnosis, and treatment of health conditions. As LGBTQIA+ persons are at increased risk for worse COVID-19 outcomes, SOGI data collection in EHRs would further elucidate public health disparities and identify opportunities for interventions."

Streed stresses that additional federal policies that mandate, incentivize and enforce SOGI data collection are needed to increase compliance and the use of data. "With the proliferation of EHRs and federal guidance for their implementation, the tools to routinize complete and comprehensive SOGI data collection exist; what remains is the will to adapt and improve our health care system."

Provided by Boston University School of Medicine

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