Office of Health Equity

Veterans Health Administration Department of Veterans Affairs



IMPROVING CARE THROUGH VISIBILITY FOR LGBTQ+ VETERANS: SEXUAL ORIENTATION & GENDER IDENTITY COLLECTION

Taylor L. Boyer, MPH, VA Pittsburgh Medical Center, Hill L. Wolfe, PhD, MPA, VA Connecticut Medical Center, Alyson J. Littman, PhD, MPH, VA Puget Sound Medical Center, Shane Lamba, MPH, VA Office of Health Equity, Kelly Nestman, MA, VA Office of Health Equity, John R. Blosnich, PhD, MPH, VA Pittsburgh Medical Center

INTRODUCTION

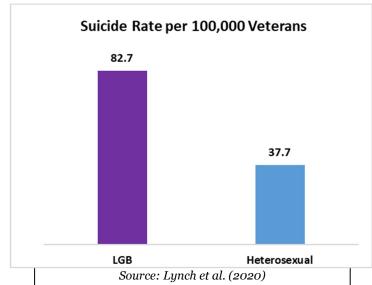
The Veterans Health Administration (VHA) serves a Veteran population that is increasingly diverse. Equitable access to high-quality care for all Veterans is central to VHA's mission. The Office of Health Equity (OHE) is highlighting the importance in eliminating health disparities and achieving health equity for all Veterans, including lesbian, gay, bisexual, transgender, and queer (LGBTQ+) Veterans.

IMPORTANCE OF VISIBILITY

LGBTQ+ Pride is about being visible. Visibility in physical spaces has been crucial to equality, but it is also important that LGBTQ+ Veterans are visible in data. Documenting LGBTQ+ in research is a key first step in identifying and eliminating health disparities.

Sexual orientation and gender identity (SO/GI) are routinely collected in VHA health records. This information allows VHA to understand the healthcare needs of LGBTQ+ Veterans and improve the delivery of care to all Veterans.

Visibility is also important for improving Veteran health through research. VHA research shows that



LGBTQ+ Veterans are at a greater risk of death by suicide compared to the general VHA population (Boyer et al. 2021; Lynch et al. 2020). We need studies to determine if and how VHA's suicide prevention resources reach LGBTQ+ Veterans, how LGBTQ+ Veterans access these resources, and how effective these resources are for LGBTQ+ Veterans. Studies like these need SO/GI data to be available in electronic health records so that researchers can evaluate services and outcomes across the entire VHA system. If we cannot identify LGBTQ+ populations that may be at greater risk, then research in this area is limited. When research is limited, then we cannot evaluate how to improve VHA care. It all begins with data.

REDUCING DISPARITIES: COLLECTING SO/GI DATA

PRIVACY & CONFIDENTIALITY

LGBTQ+ people have faced – and continue to face - discrimination and harassment that create real fears about disclosing their SO/GI. At VHA. providers should always show care and respect when gathering ANY information from a Veteran. SO/GI data are personal information, and confidential like any other protected health information. It is important for Veterans to know and be reassured that sharing this information will NOT change service connection or benefits eligibility.

SHARING SEXUAL ORIENTATION & GENDER IDENTITY

Suicide is the 4th leading cause **AT VHA** of death for transgender Every Veteran has a Veterans, compared to it being sexual orientation, the 10th leading cause of death and every Veteran in the general VHA population. has a gender identity. Boyer et al. (2021)

For Veterans and providers, SO/GI are relevant information for a Veteran's health, including cancer screenings and other preventative health measures. This information can also be important regarding experiences that might impact current mental health, such as stress from coming out or experiencing discrimination. (Streed et al., 2020; Cahill & Makadon, 2014). For healthcare systems, this information allows researchers to assess if LGBTO+ Veterans are receiving the care they need. which health problems should be prioritized, and how to improve care.

Since 2022, more than 3.2 million Veterans have shared their sexual orientation – including more than 54,000 LGBTQ Veterans – and approximately 2.2 million Veterans have shared their gender identity.

Veterans can share their sexual orientation with providers during their healthcare visit. At any time, Veterans can view, edit, and enter their gender identity and preferred name on VA.gov.

- Sign in at www.va.gov.
- Open your profile and click on "Personal Information."
- To update Gender: Click "Edit" under Gender Identity.
 - Select your gender identity.
 - Man
 - Non-binary
 - Transgender Man
 - Transgender Woman
 - Woman
 - Prefer not to answer
 - A gender not listed here
 - Click "Update" to save.
- To update Preferred Name: Click "Edit" under Preferred Name.
 - Type your name.
 - Click "Update" to save.

For more information about the Office of **Health Equity visit:**

https://www.va.gov/healthequity/

Acknowledgements: The authors thank the LGBTQ+ Health Program for their contributions to this work.

References

- Boyer TL, Youk AO, Haas AP, et al. Suicide, Homicide, and All-Cause Mortality Among Transgender and Cisgender Patients in the Veterans Health Administration. LGBT Health.
- 2021;8(3):173-180. doi:10.1089/lgbt.2020.0235.
 Lynch, K.E., Viernes, B., Gatsby, E., Knight, S.J., DuVall, S.L. and Blosnich, J.R. (2020), All-Cause and Suicide Mortality Among Lesbian, Gay, and Bisexual Veterans Who Utilize Expect, K.E., Vietnes, B., Gasby, E., Knight, S.G., Divan, S.E. and Biosinch, J.K. (2020), Air-Cause and Succide Mortainty Annoing Lessian, Gay, and Bisexual Veterans Will Offine Care through the Veterans Health Administration. Health Serv Res, 55: 53-54. https://doi.org/10.1111/475-6773.13402

 Streed CG Jr, Grasso C, Reisner SL, Mayer KH. Sexual Orientation and Gender Identity Data Collection: Clinical and Public Health Importance. Am J Public Health. 2020;110(7):991-
- 993. doi:10.2105/AJPH.2020.305722
- Cahill S, Makadon H. Sexual Orientation and Gender Identity Data Collection in Clinical Settings and in Electronic Health Records: A Key to Ending LGBT Health Disparities. LGBT Health. 2014;1(1):34-41. doi:10.1089/lgbt.2013.0