

BUILDING QUALITY IMPROVEMENTS TO ADVANCE HEALTH CARE EQUITY: DEMOGRAPHIC AND EVALUATIVE MEASURES FOR SEX, GENDER IDENTITY, AND SEXUAL ORIENTATION

Overview

Disparities in receiving equitable access to healthcare and quality of healthcare received is an ongoing issue for patients who identify as LGBTQI (Lesbian, Gay, Bisexual, Transgender, Queer, Intersexual).ⁱ Many organizations are already working diligently to improve access, safety, and quality of care for this patient population and many others are interested in doing so.ⁱⁱ In order to provide your organization with the opportunity to understand the care experience of diverse patient populations, Press Ganey has conducted and developed a set of new variables regarding sex, gender identity, and sexual orientation designed to aid in this endeavor.

Building Quality Improvement in Health Care Equality

Federal departments, such as the U.S. Department of Health & Human Services (HHS), and its subsidiaries Health Resources & Services Administration (HRSA) and the Agency for Healthcare Research & Quality (AHRQ), support the effort to provide higher quality, meaningful care to the LGBTQI community through education, initiatives, and grants. Non-governmental agencies (NGOs) are also working with healthcare organizations and providers in the field to provide support for QI efforts for this patient population. These organizations offer guidelines for and recognition of health care leaders through certification programs and as preferred providers for LGBTQI health care. Among them are the American Hospital Association (AHA); the Human Rights Campaign (HRC); Parents, Families, and Friends of Lesbians and Gays (PFLAG); and the Gay and Lesbian Medical Association. There are many resources available from these and other organizations. Several also offer awareness campaign materials and indexing opportunities.ⁱⁱⁱ

VARIABLES AND VARIABLE SETS

The following variables are available for immediate use in all Patient Experience services lines. The demographic variables (see Table 1) are designed to respect the fluidity of the ways in which individual consider themselves when thinking of sex, gender identity, and sexual orientation. We suggest first asking a patient's sex followed by a question related to their current gender identity. In the past when asking about gender identity, we included response options to denote specific transgender groups. However, we received feedback from members of the trans community that individuals may prefer to simply identify the gender that applies to them without needing to qualify (e.g., I identify as male, I identify as female, etc.). As a result, we have streamlined the base list included for response categories for gender identity.

*Note that whenever sensitive identity variables are included on a survey we recommend adding language to the demographics section , such as: “We ask about patient background information because we want to ensure that we meet the needs of all of our patients.”

TABLE 1: DEMOGRAPHIC VARIABLES

QUESTION	RESPONSE CATEGORY
1. Which category best describes your sex?	Female Male Other
2. With which gender do you currently most identify yourself?	Female Male Genderqueer Gender non-conforming Other Gender category Please feel free to specify (comment line):_____
3. Which category best describes your current sexual orientation?	Straight Gay/Lesbian Bisexual Other sexual orientation Please feel free to specify (comment line):_____

The evaluative questions (see Tables 2-4) are designed to identify the patient experience of safety, comfort, and attention to special health care needs associated with the patient’s sex, gender identity, and sexual orientation. All evaluative questions use the Press Ganey response scale. The design process included an exhaustive literature review regarding measures, social science theory about these constructs, and in-depth discussions with clients.

TABLE 2: EVALUATIVE QUESTIONS REGARDING PATIENT SEX

1. Extent to which you felt safe being treated at our facility with respect to your sex
2. Extent to which you felt comfortable being treated at our facility with respect to your sex
3. Staff worked to address any special healthcare needs due to your sex

TABLE 3: EVALUATIVE QUESTIONS REGARDING PATIENT GENDER IDENTITY

1. Extent to which you felt safe being treated at our facility with respect to your gender identity
2. Extent to which you felt comfortable being treated at our facility with respect to your gender identity
3. Staff worked to address any special healthcare needs due to your gender identity

TABLE 4: EVALUATIVE QUESTIONS REGARDING PATIENT SEXUAL ORIENTATION

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1. Extent to which you felt **safe** being treated at our facility with respect to your sexual orientation
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2. Extent to which you felt **comfortable** being treated at our facility with respect to your sexual orientation
-
3. Staff worked to address any **special healthcare needs** due to your sexual orientation
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In addition to using the demographic variables and evaluative questions, in full or part, Press Ganey Research & Analytics (R&A) Research Scientists highly recommend adding the following item (see Table 5) to all surveys in which these specialized measures are used if it is not already a part of the standard survey.

TABLE 5: ADDITIONAL RECOMMENDATION

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1. Degree to which staff treated you with respect and dignity
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IN-HOUSE PREPARATION FOR DATA COLLECTION

Communication within organizations regarding the implementation of these variables is key to designing quality improvement projects that are developed based on the results of your survey efforts. Press Ganey's R&A team has constructed the following brief protocol to aid in communicating about implementation, and the resulting analyses and reports and their use, to employees at all levels.

1. **Begin with Why:** Educate Leaders, Care Providers and Staff on why your organization is collecting data concerning LGBTQI patients' experiences of care.
2. **Talk about Who:** Explain who is responsible for tracking the outcomes of the survey data, analyses, and reports, and deciding how the data should be disseminated.
3. **Share How:** Share the questions that your organization has chosen to include in the surveys and how they will appear. Explain how the data will be used to improve quality for this patient population in your organization.
4. **State When:** Share the date that the surveys with the new questions will begin to be disseminated to patients.
5. **Explain What:** Provide a mission/values/goal statement so that organization members are prepared to answer patient questions about why this information is being collected on patient experience surveys.

Communication with patients will also be key. In addition to preparing all organization members to answer patient questions, we suggest that organizations also use other means to provide patients with this information. This may consist of signage, patient outreach, information provided at discharge, etc. Incorporating the above suggested

mission/values/goal statement across communication channels will provide all stakeholders with the information they need to understand why the survey questions are important to the organization.

We look forward to working with you and your organization to support the commitment to equal access and equitable, high quality health care for your diverse patient population. Contact your Press Ganey representative for further details.

Frequently Asked Questions

- **Is my organization required to use the outlined demographic variables regarding sex, gender identity and sexual orientation?**
 - No, organizations are not required to collect this self-reported data in the way recommended. Your organization also has the option to create client-specific variables to collect this patient demographic information if preferred.
 - **Does my organization need to use all the demographic variables noted above?**
 - No, your organization does not need to use all the recommended demographic variables. However, as with many Press Ganey question sets, these variables have been constructed to work together for both theoretical and methodological reasons. The items in this document provide respondents a wide enough range of options to feel that their identities are respected but which limits the number of categories to avoid a cognitive burden for all respondents. They also provide your organization with enough variability in the data to address patient experience concerns across a continuum of patient types. Your organization may also use a subset of the items if doing so better suits the organization's data collection and patient needs.
 - **Does my organization need to use all the evaluative questions?**
 - No, as with other custom questions, your organization may use the evaluative questions as desired to achieve their quality improvement goals. Press Ganey R&A recommends that organizations either focus on one personal characteristic or one experience characteristic. For example, your organization may be most interested in knowing if the staff provides a safe, comfortable, characteristic focused healthcare based on a patient's gender identity. The organization may also be interested in knowing if all patients felt safe based on their sex, gender identity, and sexual orientation. Either strategy is valid, as is using all the questions.
 - **What if my organization does not know where to begin their journey in collecting data about patients who may experience differences in access to and quality of healthcare based on a number of sociodemographics?**
 - An additional demographic question has been designed to assist organizations in collecting baseline data about these important aspects of care. This style of question is known as a multi-pick response variable, which consists of a primary question, a follow-up statement or term, each with a Yes/No response option. It is available in most of the survey product databases, with the exceptions being long term care and pediatric settings. If the item is of interest in one of these
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settings, contact your Press Ganey representative. Additional response options may be made available in the future. Contact your Press Ganey representative to inquire if a response option is not listed in which you are interested.

- Did the patient care staff respect your expressed needs in these areas?
 - Cultural
 - Religious
 - Sex
 - Gender identity
 - Sexual orientation
 - Race
 - Ethnicity
 - Age
 - Disability
 - Nationality
- Regardless of whether your organization chooses to use the background question above, or if there are targeted areas where an evaluative baseline is desired, the following single-line background items can be used individually or as a multi-pick item with the questions of your choice.
 - How well staff respected your needs based on your...:
 - Culture
 - Religious beliefs
 - Sex
 - Gender identity
 - Sexual orientation
 - Race
 - Ethnicity
 - Age
 - Disability
 - Nationality

ⁱ More descriptive acronym exists: The letter A (Asexual), recent article on the use of LGBTQI and additions to the acronym, see: <https://www.chicagotribune.com/lifestyles/sc-lgbtqia-letters-meaning-family-0606-20170602-storv.html>

For definitions of these terms, go to:

<https://www.hrc.org/resources/glossary-of-terms>

<https://www.pflag.org/glossary>

<https://lgbtqia.ucdavis.edu/educated/glossary.html>

<https://www.lgbthealtheducation.org/publication/lgbt-glossary/>

ⁱⁱ See the following articles as primers to these issues:

- 'Go Back To California': When Providers Fail Transgender Patients. Laura Arrowsmith. Health Affairs 36, no. 9 (September 2017)
- Treating LGBT Status as a Patient Safety Issue. Sally Deming, Julie Dooling, Lesley Kadlec, MA, Annessa Kirby & Megan Munns. Journal of AHIMA 87, no.4 (April 2016): 36-37

ⁱⁱⁱ Having appropriate survey measures designed specifically to identify LGBTQ patients' experiences of care is vital component to receiving the designation as a Leader in Health Equity, an important credential for organizations. The following entities provide information and credentialing for that purpose:

- Health Equality Index: <https://www.thehrcfoundation.org/professional-resources/hei-resource-guide>
- Straight for Equality (a project of the PFLAG national organization): <https://www.straightforequality.org/>
- GLMA Database Gay and Lesbian Medical Association: <http://www.glma.org/>
- #123 for Equity Campaign to Eliminate Health Care Disparities: <https://ifdhe.aha.org/123forequity>