

FAQ: UDS REPORTING ON SO/GI FOR UDS 2016

Updated October 2016

Because sexual orientation and gender identity (SO/GI) are new Uniform Data System (UDS) elements, health centers have had questions about what to do with missing data, among other issues. The following FAQ provides current guidance in addressing questions that have arisen so far:

Q: How should we report inconclusive SO/GI data?

A: HRSA has revised its guidance in the UDS Manual on this topic, which was also discussed at the NACHC CHI meeting in August 2016.

Patients by Sexual Orientation:

In the event that sexual orientation information is not available, the patient is to be reported on Table 3B as “don’t know” on Line 17. The following descriptions may assist with data collection.

Line 17—Don’t know: A person who self-reports that they do not know what their sexual orientation is. Also use this category to report patients where the health center does not know the patient’s sexual orientation (i.e., health center did not have systems in place to routinely ask about sexual orientation).

Line 18—Chose not to disclose: A person who chose not to disclose their sexual orientation.

Patients by Gender Identity:

In the event that gender identity information is not available, the patient is to be reported on Table 3B as “other” on Line 24. The following descriptions may assist with data collection.

Line 24—Other: A person who does not think that one of the four [gender identity categories in lines 20-23] adequately describes them. Include in this category persons who identify themselves as genderqueer or non-binary. Also use this category to report patients where the health center does not know the patient’s gender identity (i.e., health center did not have systems in place to routinely ask about gender identity).

Line 25—Chose not to disclose: A person who chose not to disclose their gender.

An unanswered SO/GI question may prompt a team member at health centers to discuss in private with patients whether they chose not to answer the question or if the question was instead unanswered for another reason (e.g. the patient may not have understood the question, the health center did not have systems in place to routinely ask the question, or the question was skipped for other reasons).

Q: How should we code genderqueer?

A: Genderqueer is currently not included as a UDS field. When reporting in the UDS, health centers can include genderqueer in the “Other” category.

Q: What age should we start collecting SO/GI data?

A: Health centers are encouraged to collect demographic data for every patient, but collecting sexual orientation and gender identity data from patients less than 18 years of age is not mandated. HRSA encourages health centers to have established data collection systems in place in the event a patient prefers to offer clarification on his/her/their sexual orientation and gender identity (see UDS Manual). HRSA’s expectation is that health centers would adhere to state laws and/or institutional policies. Some health centers choose to collect sexual orientation data starting at 12 years. Gender identity data can be collected as young as age 2 or 3. Health centers may want to ask these questions of adolescents in private, with a clinician, rather than at registration or with parents in the room.