

April 15, 2021

Illinois Senate Human Rights Committee  
Virtual Hearing

**RE:** Howard Brown Health supports SB 2133

Chair Villanueva, Vice-Chair Vilivalam, and Members of the Human Services Committee,

Thank you for the opportunity to provide testimony. Howard Brown Health is the largest LGBTQ community health center in the Midwest United States, serving over 38,000 patients across twelve clinic locations throughout Chicago. Because of our mission to eliminate LGBTQ health disparities and advance health equity for all, we strongly support SB 2133.

Howard Brown, and all FQHCs, have been required by the U.S. Health Resources and Services Administration (HRSA) to collect and report on patient sexual orientation and gender identity (SOGI) data since 2016.<sup>1</sup> In the Program Assistance Letter announcing this change, HRSA notes that collecting SOGI data “promotes culturally competent care delivery and contributes to reducing health disparities overall.” Because of our focus on eliminating LGBTQ health disparities, Howard Brown had already been collecting SOGI data from patients for several years prior to the 2016 HRSA requirement. Howard Brown offers technical assistance and education to other healthcare providers and service organizations all over the country on how to collect SOGI data to improve care and outcomes for LGBTQ people. We are happy to share with the Senate Human Rights Committee about our experiences with SOGI data collection and the impact that it has on our ability to provide patient-centered, affirming care.

Collecting SOGI data is essential for healthcare and other public health and service providers to create a safe and affirming environment for all. If organizations are not collecting SOGI data, their LGBTQ clients are often invisible. Deciding to come out to a service provider in order to receive relevant care can be scary and oftentimes harmful for LGBTQ people. Research shows that LGBTQ people still face disturbing rates of discrimination in healthcare and other settings. A recent survey conducted by the Center for American Progress showed that 8% of LGBQ respondents and 29% of transgender respondents reported that a healthcare provider refused to serve them because of their sexual orientation or gender identity in the past year.<sup>2</sup> When organizations collect SOGI data, LGBTQ clients see their identities reflected and affirmed in registration forms and

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<sup>1</sup> <https://bphc.hrsa.gov/sites/default/files/bphc/datareporting/reporting/program-assistance-letter-2016-02.pdf>

<sup>2</sup> <https://www.americanprogress.org/issues/lgbtq-rights/news/2018/01/18/445130/discrimination-prevents-lgbtq-people-accessing-health-care/>

intake conversations with staff. It shows LGBTQ people that they are welcome and that their unique needs will be met.

Collecting SOGI data also helps us to provide affirming, patient-centered, and high quality care. For example, collecting gender identity data helps our staff identify transgender, gender nonconforming, and non-binary patients and ensures that the correct names and pronouns are used at all times. This is essential for minimizing anti-transgender discrimination and microaggressions that all too often prevent trans individuals from seeking care or services. Additionally, we use gender identity data to ensure that we provide relevant and necessary preventative health screenings for all of our patients. If a transgender man seeks health services at an organization that does not collect gender identity data, providers may not realize that the patient is a transgender man, and that he may need cervical cancer screenings. There are many other ways that we use SOGI data to provide affirming and patient-centered care. SOGI data helps our clinicians conduct accurate sexual histories, provide relevant HIV/STI prevention and treatment, and refer clients to our LGBTQ-specific behavioral health services.

Lastly, we also use SOGI data to guide quality improvement efforts. We use our SOGI data to identify disparities in health outcomes or barriers to accessing services that our LGBTQ patients are experiencing. This data informs the development and evaluation of targeted efforts to improve our communication, workflows, or other strategies for reducing barriers to care and improving health outcomes. Regular reporting of SOGI data by our government agencies would be incredibly helpful for ensuring LGBTQ people are accessing and benefiting from the health and social service programs that we offer, especially as we continue to fight the pandemic. Lastly, SOGI data can also be used to monitor potential occurrences of anti-LGBTQ discrimination and to identify programs or agencies that could benefit from additional LGBTQ cultural competency training.

We appreciate the opportunity to provide feedback. SOGI data collection is incredibly important and useful in our work to eliminate LGBTQ health disparities, and as such, we support SB 2133.

Sincerely,

Tim Wang, Director of Policy and Advocacy  
Howard Brown Health