

Eight Tips for Building Coalition Support and Moving SOGI Data Collection Forward in Your Organization

Executives and administrators at your healthcare organization are convinced that collecting sexual orientation and gender identity (SOGI) data is necessary and beneficial, so now what? Even after getting buy-in from key stakeholders, the actual process to implement SOGI data collection can be complex and daunting. If you're wondering what concrete next steps you can take to facilitate this process, then this guide is for you! This guide provides eight helpful tips and strategies for building coalition support and moving SOGI data collection forward based on the experiences of other healthcare facilities that have already been through the process.

Tip 1: Present SOGI data collection as a strategy for improving quality of care.

Oftentimes, collection of SOGI data is presented as an advocacy or LGBT rights issue, when in fact it is a quality improvement effort that benefits patients and strengthens population research. Most, if not all, health care organizations have a mission statement that encompasses providing competent and comprehensive health care while only a select few specifically include commitment to LGBT health. In order to build coalition support and momentum behind implementing SOGI data collection, it is helpful to present SOGI data collection as a quality improvement strategy. This way, collecting SOGI data is directly related to the mission statement of your organization. You can also look for opportunities to include SOGI data collection in your organization's strategic plans for quality improvement or tie SOGI data collection to other quality improvement efforts already ongoing at your organization.

Tip 2: Become a “champion” for SOGI data collection within your facility if no one else is already leading the initiative.

Having a “champion” at your healthcare facility who actively makes the case for SOGI data collection and organizes efforts for implementation is critical for success. Having buy-in from executive staff or administrators is especially helpful, but the champion does not need to be the CEO or a member of the executive staff. The champion can be anyone, such as the medical director, an Employee Resource Group member, or the HR director, as long as they are motivated about SOGI data collection.

Tip 3: Form a committee dedicated to LGBT health with members across different departments in your organization.

Because implementing SOGI data collection is a large undertaking, forming a committee or working group dedicated to LGBT health, including SOGI data collection, can be a great strategy for organizing ideas and coordinating efforts. Seek out colleagues who are already motivated to implement SOGI data collection. They can act as “local pockets of expertise” to help motivate the staff around them to get onboard. It is helpful to include people working in all departments throughout your organization, but it can be especially helpful to loop in people working in diversity and inclusion and people working in compliance/legal issues. It will also be helpful to loop in IT staff early in the process because updating and adapting the EHR will be brought up at some point in the process of implementing SOGI data collection.



Tip 4: Utilize internal and external resources on LGBT health matters.

Reach out for assistance from other organizations, both within and outside of your healthcare organization, that have expertise in LGBT health; you do not have to reinvent the wheel. If you are at an academic hospital, there may be an LGBT resource group affiliated with the academic institution that could be a very helpful partner. Utilizing pre-existing relationships with outside advocacy groups or other LGBT health centers could also be very helpful.

Tip 5: Schedule regular recurring meetings with key decision makers.

Even if you have buy-in from key decision makers on the importance of implementing SOGI data collection, it can often take repeated meetings and reminders in order to get the ball rolling. Schedule regular recurring meetings with decision makers so that progress on SOGI data collection does not plateau. Be persistent!

Tip 6: Leverage the support of federal and non-federal health organizations that support SOGI data collection in health care facilities.

Several important and influential federal and non-federal health organizations have recommended and supported the collection of SOGI data in healthcare settings. Using these recommendations can help motivate key decision makers to continue pushing the implementation process forward. Some key health organizations which have supported SOGI data collection include the American Medical Association, the Institute of Medicine, the Joint Commission, the American Hospital Association, the Medicaid Electronic Health Records incentive program, the Centers for Medicare & Medicaid Services, and the Health Resources and Services Administration Bureau of Primary Health Care.

Tip 7: Develop training materials related to LGBT health and SOGI data collection and incorporate those elements into existing training for staff.

A common barrier that can stall the implementation of SOGI data collection is a lack of cultural competency training for staff, which can leave staff feeling uncomfortable or unprepared to collect the data. Incorporating LGBT health and SOGI data collection elements into staff training can help reinforce why collecting this data is necessary, gain staff buy-in, and ease discomfort around asking about SOGI. If you're unsure where to begin, our training on the Medicare Learning Network, ["Catching Everyone in America's Safety Net: Collecting Data on Sexual Orientation \(SO\) and Gender Identity \(GI\) in Health Care Settings."](#) is a great place to start!



Tip 8: Be able to respond to common questions regarding SOGI data collection.

Make sure that you are able to make the case for SOGI data collection to any staff that may have doubts or questions. A great place to start for that would be our guide, "Helping Your Organization Collect Sexual Orientation and Gender Identity Data!"

Where did these data come from?

Researchers from The Fenway Institute and NORC conducted key informant interviews with administrators at a variety of health-care facilities across the US. The administrators were asked about their thoughts and experiences regarding SOGI data collection. If they were in the process of implementing SOGI data collection, they were asked about strategies, barriers, and facilitators to that process. Notes from the key informant interviews were coded and analyzed for recurring themes.

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