

5 TIPS FOR COLLECTING GENDER AFFIRMING DATA



1. Ask Questions, Avoid Assumptions

Gender identity is unique, multifaceted, and an integral part of who a person is. Transgender and Non-binary (TGNB) people are diverse in gender expression, age, race, ethnicity, income, sexual orientation, socioeconomic status, and immigration status. Therefore, it is necessary to ask questions and avoid assuming gender identity based on perceived expression or demographics.¹

2. Use 2-Step Approach

The 2-step approach to gender data collection has high specificity and sensitivity with adults. This approach includes asking a person's assigned sex at birth, followed by asking the person's current gender identity. This tool also includes allowing for a write-in option for gender identity.^{1,2}

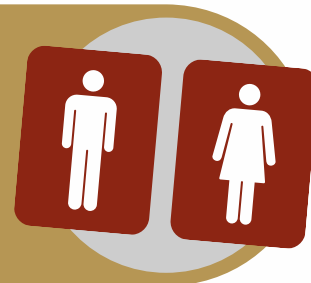


3. Ask Over Time

Understanding of personal identity and comfort with provider may change over time for a TGNB person. Some TGNB people come out later in life, so it is necessary to ask gender identity, pronouns, and current name at regular intervals. Additionally, TGNB people may explore new pronouns and/or names as part of their gender journey.³

4. Avoid Gender-Segregated Forms/Services

Revise forms to standardize and ask all patients about sex-specific health concerns regardless of perceived gender. Assuming sex characteristics based on gender expression can result in inaccurate data collection and lead to health needs of TGNB people going unaddressed.⁴



5. Create Affirming Spaces

Gender affirming spaces can be created by standardizing policy and procedures for assessing gender identity. Additionally, providers can model how to ask and use pronouns and chosen name, provide privacy when answering questions on gender identity and expression, and acknowledge and correct misgendering/misnaming when it occurs.^{1,2,4}



Sources

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- 2.Lombardi, E., & Banik, S. (2016). The utility of the two-step gender measure within trans and cis populations. *Sexuality Research and Social Policy*, 13, 288-296. DOI: 10.1007/s13178-016-0220-6
- 3.Cahill, S. & Makadon, H. (2013). Sexual orientation and gender identity data collection in clinical settings and in electronic health records: A key to ending LGBT health disparities. *LGBT Health*, 1(1), 1-8. DOI: 10.1089/lgbt.2013.0001
- 4.Kirubarajan, A., Patel, P., Leung, S., Park, B., & Sierra, S. (2021). Cultural competence in fertility care for lesbian, gay, bisexual, transgender, and queer people: A systematic review of patient and provider perspectives. *Fertility and Sterility*, 115(5), 1294-1301. DOI: 10.1016/j.fertnstert.2020.12.002