



# LGBTQ+ Population Evaluation Guidelines

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### Frequently Used Acronyms in this Document

**CAB:** Community Advisory Board.

**CalMHSA:** California Mental Health Services Act.

**CBPR:** Community-based Participatory Research.

**CDEP:** California Reducing Disparities Project.

**IPP:** Implementation Pilot Project.

**LGBTQ+:** Lesbian, Gay, Bisexual, Transgender, Queer, Questioning “+” additional terms identified by the community.

**PEI:** Prevention and Early Intervention.

**SOGIE:** Sexual Orientation, Gender Identity and Expression.

**TA:** Technical Assistance.



## INTRODUCTION

The California Reducing Disparities Project (CRDP) was launched in 2009 as part of a statewide policy initiative to identify effective solutions for addressing mental health needs within historically unserved, underserved, and inappropriately served communities. The CRDP is funded under the California Mental Health Services Act (Proposition 63), which imposes a one percent income tax on California residents whose personal incomes exceed \$1.1 million. The project is administered under the Office of Health Equity (OHE) within the California Department of Public Health.

CRDP has so far been implemented in two phases and is currently in an extension period of Phase 2. Phase 3 will follow. Phase 1 focused on developing population specific knowledge about mental health challenges and community-defined solutions. Five population reports were published, covering challenges and obstacles faced by five priority populations in accessing mental health care and what community programs exist to meet their needs. Phase 2 funded the implementation and evaluation of 35 community programs using community-defined solutions to mental health challenges within the five populations. As initial funding for Phase 2 was set to expire in March 2022, the impact of the COVID-19 pandemic on the ability of programs to measure the true impact of their effectiveness was brought to the attention of the California State legislature. A coalition of CRDP grantees convened in May 2019 to advocate for the sustainability of CRDP and scalability of the community-defined solutions. Pandemic-related decreases in mental health were measurably biasing post-test estimates of program impact. CRDP community programs were also in a unique position to provide COVID-related services to populations that have traditionally been difficult to reach and were being disproportionately impacted by the pandemic, so withdrawing their funding at that moment would arguably have been public health malpractice. As a result of these efforts and the wisdom of key decision makers, the California State legislature provided an additional 4 years of funding to extend CRDP Phase 2 through 2026.

These guidelines refer to the programs and evaluations conducted during the initial funding period of Phase 2 and were updated during the Phase 2 extension period.

### **CRDP Implementation Pilot Projects (IPPs)**

CRDP Phase 2 directed \$60 million in funding to local grassroots organizations over a six-year period. Funds were used to build organizational capacity to design and carry-out Implementation Pilot Projects (IPPs) across five priority populations with the aim of promoting mental health equity. The five populations include:

- African Americans
- Asian and Pacific Islanders (API)

- Latinx
- Native Americans
- Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ+)

*LGBTQ-serving organizations are increasingly adding a “+” to acknowledge the multitude of identities of the people they serve. We use this acronym throughout the text except in instances where organizations, publications, or quotes use another acronym in reference to the community.*

The IPP grantees were tasked with designing, delivering, and evaluating Community Defined Evidence Programs or Practices (CDEPs), which embody culturally and contextually grounded approaches to mental health prevention and early intervention (PEI). The aim of the CDEPs is to build evidence of effective and equitable program models and practices for preventing and reducing the severity of mental illness, eliminating mental health disparities, and contributing to improvements in the quality and appropriateness of mental health care service delivery systems.

The CRDP awarded grants to seven community-based organizations that focus specifically on LGBTQ+ service populations. Each grantee was required to participate in a Statewide Evaluation (SWE) of the CRDP initiative and to partner with a local evaluator. The purpose was to ensure that the CDEPs’ development could inform and change the broader mental health field and contribute to reductions in mental health disparities. OHE also funded technical assistance centers (TA Centers) for each priority population. The TA Centers worked in partnership with IPP program managers and their local evaluators to promote strategic planning, effective implementation, rigorous evaluation, and successful scaling-up and sustainability of effective practices.

The Center for Applied Research Solutions won a competitive bid to manage the TA center for the LGBTQ+ hub based on its experience providing LGBTQ+ organizational capacity development training and technical assistance and knowledge of program evaluation. Change Matrix, LLC and Evaluation, Management, and Training Associates, Inc. are LGBTQ TA Center partners. More information on the CRDP initiative, TA Providers, and Pilot Projects can be found at [www.CultureIsHealth.org](http://www.CultureIsHealth.org). A description of each LGBTQ+ CDEP can be found in Appendix A.

## Overview of this Document

The LGBTQ+ Population Evaluation Guidelines is a product of the collective work and experience of the seven IPPs, their local evaluators, and the LGBTQ TA Center. The Guidelines serve as resource for CRDP grantees, program evaluators,

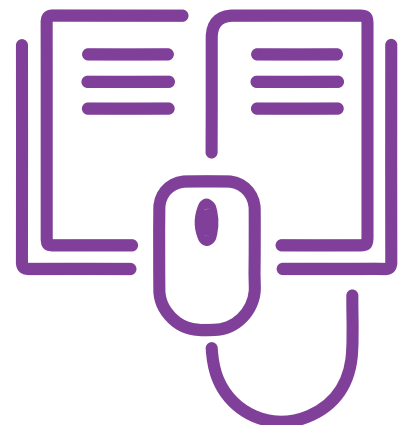
and the LGBTQ TA Center. **The Guidelines serve as a resource for CRDP grantees, program evaluators, and other stakeholders working in LGBTQ-serving program settings to highlight the development of this initiative’s culturally responsive evaluation methods and practices.** The Guidelines also integrate real-world examples from the evaluation experiences of LGBTQ+ IPP grantees to uplift promising practices and lessons learned from the field. The information presented is grounded in prevention research science and in the community-based participatory findings of the CRDP Phase 1 LGBTQ+ population report titled *First, Do No Harm: Reducing Disparities for Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Populations in California*. The Guidelines have been designed as a flexible, “living document” to accommodate the evolving opinions and perceptions of the LGBTQ+ communities that the CRDP aims to serve.

The LGBTQ+ Evaluation Guidelines are organized into the following sections.

- ***LGBTQ+ Mental Health and Community-Defined Evidence Practices*** – The first section discusses the factors that place LGBTQ+ people at elevated risk for mental health disparities and discusses the ways in which community members and grassroots LGBTQ+ organizations have mobilized in response, to better address community needs and promote wellness and improved access to inclusive and affirming care.
- ***CRDP Evaluation Framework*** – The second section presents an overview of the CRDP evaluation framework that guided implementation of the CRDP Statewide Evaluation and the local evaluations IPPs. This section introduces the concept of cultural competence in evaluation practice, which serves as the foundation for the remaining sections of the document.
- ***Accounting for Demographic Differences*** – The third section highlights the importance of collecting SOGIE data and discusses the nuances and complexities of doing so in a culturally responsive manner. It presents updated recommendations for how to ask about gender identity and sexual orientation based on implementation challenges during the CRDP Phase 2 period, as well as recommendations for how to measure instances of discrimination across various demographic variables. Additionally, this section contains the SOGIE measures as they were implemented during Phase 1 and Phase 2 respectively, as well as a description of the process to implement SOGIE measures in 9 languages during Phase 2.
- ***Steps in the CDC Framework for Evaluation in Public Health*** – The fourth section introduces the Centers for Disease Control and Prevention’s (CDC) Framework for Evaluation in Public Health as the organizing structure for the discussion of culturally competent evaluation practices. The CDC Framework provides a guide for conducting evaluation in public health settings that organizes essential elements into a series of six steps. The Guidelines review each step of the Framework and present information relevant to evaluation in LGBTQ+ service settings, including real-world examples from the CRDP local IPPs’ evaluation experience.



- **LGBTQ+ CDEPs** – Appendix A briefly describes the seven IPPs that were funded under the CRDP to serve the LGBTQ+ community. The section presents information on program contexts, populations of focus, and core service components and outcomes.
- **CDEP Design** – Appendix B discusses factors to consider when selecting a population of focus for your program and evaluation.
- **LGBTQ+ IPP Local Evaluation Plan Custom Measures** – Appendix C contains a table of the local evaluation measures developed and implemented by the seven LGBTQ+ IPPs during Phase 2. The table includes the program name, instrument type, description, relationship to SWE Core measures, respondent group, timing/frequency of administration, measurement constructs, and items included in the instrument. This comprehensive list resulted from meetings with LGBTQ TA Center contract evaluators and the local evaluation teams from each of the seven LGBTQ IPPs.
- **Definitions of Terms to Accompany Updated SOGIE Measures** – Appendix D provides definitions of the SOGIE terms presented in the Updated Recommendations section for asking about and collecting data on gender identity and sexual orientation.
- **Translated CRDP Phase 2 SOGIE Population Instructions & Measures** – Appendix E Provides copies of SOGIE data collection instructions and measures that were used in 9 languages and dialects in addition to English across the project. Special instructions and resources for administering SOGIE questions were developed by community members and evaluators of the cultural and linguistic communities where this data was collected. SOGIE instructions and measures were subsequently translated back to English for inclusion and analysis in the CRDP Statewide Evaluation Final Report.
- **Options for Creating a Comparison Group Design** – Appendix F provides an overview of strategies to create an evaluation design that utilizes a comparison group without prioritizing the program evaluation design over timely access to care.



## LGBTQ+ MENTAL HEALTH AND COMMUNITY-DEFINED EVIDENCE PROGRAMS AND PRACTICES (CDEPs)

Research has shown that members of the LGBTQ+ community are disproportionately impacted by mental health issues, often stemming from experiences of rejection, stigma, and discrimination. LGBTQ+ individuals are more than twice as likely as heterosexual, cisgender men and women to have a mental health disorder in their lifetime and are 2.5 times more likely to experience depression, anxiety, and substance misuse. LGBTQ+ individuals who turn to mainstream mental health service providers all too often receive assistance that fails to fully value, understand, and support their needs.

### Understanding Disparities and Inequities Facing the LGBTQ+ Community

Behavioral health disparities experienced by LGBTQ+ populations can be attributed to:

- Minority stress caused by pervasive rejection, discrimination, and stigma.
- Verbal, emotional, or physical abuse from unsupportive family members and communities.
- Discrimination in health care, employment, housing, and retirement.
- Bullying in schools.
- Absence of social programs specializing in LGBTQ+ services.
- A shortage of health care providers who are knowledgeable about LGBTQ-specific needs.

*From the Center of Excellence, LGBTQ+ Behavioral Health Equity. <https://lgbtqequity.org/>*

The LGBTQ+ community has established innovative, grassroots programs and practices to reduce disparities and more effectively address community needs. In the absence of evidence-based program models specific to LGBTQ+ populations, LGBTQ+ community-based organizations have designed models of service that hold validity as the community defines it. What has emerged and evolved over time are a myriad of community-driven programs and services: LGBTQ+ community centers and clinics; social and emotional support groups designed for LGBTQ+ people on issues relevant to their lives; LGBTQ-inclusive spiritual and religious organizations; school-based anti-bullying and anti-suicide campaigns; and gay/straight alliance clubs at high schools, colleges, and universities. LGBTQ+ community-based programs provide an array of services

across multiple sectors such as public health, social services, mental health, education, and housing.

**These LGBTQ+ CDEPs represent grassroots responses to community problems that are otherwise not effectively addressed by existing programs and practices grounded in evaluation science.** CDEPs share a commitment to improving the quality of community life by addressing priority needs related to wellness so LGBTQ+ individuals, families, and communities can thrive. Creating an affirming environment where LGBTQ+ health and wellness problems are prevented or addressed through early intervention reduces negative mental health outcomes.



## CRDP EVALUATION FRAMEWORK

CRDP aims to demonstrate the effectiveness of local CDEPs in reducing mental health disparities for diverse, multicultural communities and to reinforce the infrastructure to deliver these services. LGBTQ-serving programs are deeply dedicated to being effective and responsive in their service provision, but few have consistently had the resources to support rigorous program evaluation. For those who do, program managers have successfully used evaluation data to continuously improve program services as well as showcase program achievements to the LGBTQ+ community at large. Positive outcomes and community support can be used to demonstrate to potential funders that programs are effective, are valued, and should be sustained. Evaluating a CDEP is a way to support long-term sustainability.

To determine the extent to which CRDP achieved its goals, the CRDP initiative evaluates:

- Reductions in the severity of mental illness and improvements in the mental health of the five CRDP priority populations;
- Contributions to local and statewide changes in the mental health system; and
- The overall return from CRDP's \$60 million investment and the business case for local and statewide replication of the initiative's strategies.

The CRDP evaluation involved a multimethod and multilevel approach occurring at two levels:

- Culturally competent and contextually grounded **Local Evaluations of each CDEP**; and
- A **Statewide Evaluation** assessing the overall effectiveness of the initiative's strategies and the extent to which CRDP reduced the severity of mental illness and improved the mental health of the five CRDP priority populations.

The statewide evaluation found CRDP: 1) increased access to mental health services and improved the mental health of program participants; 2) strengthened the capacity of communities to respond to their own mental health needs; 3) is cost effective (Psychology Applied Research Center, 2022, p. 1). To learn more about findings from CRDP Phase 2, see the final report (2022).

### Cultural Competence in Evaluation

“Cultural competence is an ethical issue that represents the intentional effort of the evaluation team to produce work that is valid, honest, respectful of stakeholders, and considerate of the general public welfare. Culturally competent evaluation emerges from an ethical commitment to fairness and equity for stakeholders ...Effective and ethical use of evaluation requires inclusiveness, learning across cultural boundaries, and respecting different worldviews.”

– American Evaluation Association



Each of the CRDP IPPs designed and implemented a culturally informed local evaluation of their CDEP. IPPs also received evaluation technical assistance from the CRDP Statewide Evaluator and the LGBTQ TA Center. Although each local evaluation was unique, most were mixed-methods evaluations that gathered data related to project fidelity, participant mental health outcomes, and culturally based protective factors. Just as local CDEPs were designed to build evidence of effective service strategies within the LGBTQ+ program context, local evaluators aimed to build knowledge of culturally competent evaluation best practices working with grassroots, LGBTQ+ programs. For an extended discussion of factors to consider when selecting a population of focus for your program and evaluation, see Appendix B. For an overview of each grantee and their local evaluation plan measures, see Appendix C. The IPP local evaluation reports can be accessed at [cultureishealth.org](http://cultureishealth.org)



## ACCOUNTING FOR DEMOGRAPHIC DIFFERENCES

An essential step in evaluating whether mental health prevention and early intervention services are effective for LGBTQ+ populations include capturing information on where individuals identify on the LGBTQ+ spectrum. This requires collecting and utilizing data on sexual orientation, gender identity, and expression (SOGIE) (in addition to other demographic data collection such as race/ethnicity, veterans' status, socioeconomic variables, and so forth) at all phases of program evaluation.

As with any historically misunderstood and marginalized population, the words chosen when evaluating programs serving LGBTQ+ communities will heavily influence the responses provided. The best way to ensure your data collection questions and response sets match the identities of the community that you aim to serve is to engage the community when designing and implementing your evaluation plans.

When engaging the community in participatory evaluation activities, it is helpful to remember that LGBTQ+ communities continue to grow and evolve along with our understanding of the concepts of gender and sexuality, and the terms used to describe them. Distinctions between labels imposed on LGBTQ+ community members and labels LGBTQ+ people choose for themselves are significant, and it is important to ensure the language used in evaluation activities reflects terms used by and within communities.

To learn the range of terms currently used by communities of focus to label their sexual orientation, gender identity and expression in your service region, use key informant interviews, focus groups, or polling in venues where your community of focus congregates. Be sure to reach out to all segments of your community of focus, not merely to those members most visibly engaged with the majority LGBTQ+ community. Oversample people whose identities and experiences are shaped by interlocking systems of oppression (for example, LGBTQ+ people of color, and binary and non-binary



transgender people) so you can draw conclusions about everybody you desire to serve effectively. Do not use the term “other” to describe anybody individually or as a group during data collection or when reporting back to the community.

Once you have identified the range of SOGIE terms used locally by your communities of focus, use them to allow community members to self-identify in a way that makes sense to them in their cultural context. Do not impose your opinion of what term somebody else should use for themselves; use the terms they prefer. Not all LGBTQ+ people embrace the terms “lesbian,” “gay,” “bisexual,” “transgender,” “queer” or “questioning.”

Before we provide our recommendations for evaluating mental health prevention and early intervention services for LGBTQ+ communities, it is useful to examine previous efforts to obtain data related to sexual orientation and gender identity. Below is a discussion of how state and national data collection efforts and other researchers have handled questions of gender identity and expression, sexual orientation, and the LGBTQ+ spectrum beyond the labels of LGBTQ+.

## Gender Identity Terms Identified During CRDP Phase 1

Phase 1 of the CRDP sampled LGBTQ+ community members across California using community participatory strategies to find out how they label their own sexual orientation and gender identity. The questions and response sets were created with input from over 400 people from LGBTQ+ communities during 12 community dialogue sessions held across the state in 2010-2011. English and Spanish versions of the survey were used. Fourteen advisory groups representing diverse topics, populations, and geographic regions were involved in the process. Data was collected using online methods in a snowball sampling design to recruit anyone in California who identified as LGBTQ+, ever wondered if they might be LGBTQ+, or were parents of LGBTQ+ children. All ages were included, and participation was anonymous. The snowball sampling involved disseminating surveys to the personal and professional networks of CRDP project staff and community members involved in the 14 advisory groups, posting the survey link on social media sites such as Facebook and Twitter, hosting the survey link on LGBTQ+ organizational websites, and mailing out online survey links to the Equality California<sup>1</sup> email database.

The final sample included 3,023 respondents: 66% were adults aged 26-59, 19% were transition age youth aged 16-25, 15% were older adults aged 60-89, and 0.6% were youth aged 14-15. When asked about assigned sex at birth, 49% of LGBTQ+ respondents were assigned “male,” and 51% of respondents were assigned “female.”



### *Gender Identity Terms in California's LGBTQ+ Community as a Whole*

When asked what term best describes their current gender identity, the following results were obtained:

Gender Identity in LGBTQ Survey, CRDP Phase 1, N = 3,023	Percent
Man/Boy	46%
Woman/Girl	42%
Genderqueer	5%
Androgynous	4%
Transgender	2%
Transman	2%
Transwoman	1%

### *Gender Identity Terms Among California's Trans Spectrum Individuals*

In the same survey described above, LGBTQ+ community members whose birth sex did not match their gender identity were grouped as "Trans Spectrum." Their representation within the overall sample follows:

Gender Identity in LGBTQ Survey, CRDP Phase 1, N = 3,023	Percent
Men Assigned Male at Birth	44%
Women Assigned Female at Birth	41%
Trans Spectrum Individuals	15%

Trans Spectrum respondents as a group reported their gender identity as follows:

Gender Identity Among Trans Spectrum Individuals in LGBTQ Survey, CRDP Phase 1, N = 453	Percent
Genderqueer	32%
Androgynous	24%
Transgender	11%
Transman	11%
Man/Boy	9%
Woman/Girl	7%
Transwoman	6%



## Updated Recommendations for Collecting Data on Gender Identity

The LGBTQ TA Center’s recommendations for SOGIE data collection during CRDP Phase 2 were based on collaborative discussions between the CRDP LGBTQ+ Grantees, the CRDP LGBTQ TA Center, the CRDP Statewide Evaluator, and the Office of Health Equity. The CRDP LGBTQ TA Center reviewed available research literature on the topic and provided initial recommendations, then the Statewide evaluator commented on those recommendations based on their own review of the literature and on cross-cultural considerations for grantees serving other populations through CRDP funding and focus group discussions with LGBTQ-serving grantees funded through CRDP. The resulting measures were used in the CRDP Phase 2 evaluation period (2016-2025), including the translated SOGIE instructions and measures located in Appendix E.

The LGBTQ TA Center updated our recommended SOGIE measures in March 2023 (although the Phase 2 extension focused on continuity of the initial Phase 2 evaluation and thus these recommendations were not implemented). This second review considered **implementation and analysis challenges with the previous CRDP SOGIE measures**, as well as established evidence-based and promising practices for collecting SOGIE data that has emerged since publishing the first edition of these guidelines, with emphasis placed on California-based agencies who developed recommendations grounded in CBPR practices.

Identifying program participants who identify as transgender requires more than a simple question such as “What is your gender identity?” Some transgender people do not identify as transgender, regardless of their gender history. Therefore, to fully capture as many non-binary and binary transgender people as possible, it is necessary to ask a second question about birth sex. As to the ordering of questions asking about gender identity and birth sex, there is a debate among the published literature (Williams Institute, 2016; Fenway, 2022). The Williams Institute recommends asking about birth sex first before gender identity, asserting the sequencing of questions is evidence-based for effectively collecting SOGIE data. At the same time, other scholarship suggests asking about gender identity before birth sex so that trans folks first respond to a question affirming their current gender identity before being asked a potentially activating question about their birth sex (Fenway, 2022; The Trevor Project, 2021). This position is further supported by public health departments and community groups who have engaged transgender community members in community-based participatory approaches to developing local data collection instruments (LA County Department of Public Health, 2019; San Mateo County, n.d.). We stress the importance of community-based participatory approaches to research that uplift the voices of transgender community members over cisgender researchers and academics. For the purposes of this publication and to ensure alignment with the voices of transgender Californians we suggest asking about gender identity before birth sex. Having said that, it is always recommended to consult your community before implementing SOGIE measures in your local context.

## Measuring Gender Identity in Programs Serving Adults

The following instructions were developed by LA County Department of Public Health and are recommended for respondent populations who are unfamiliar with the term “gender identity.” For programs serving primarily transgender and gender nonconforming adults, instructions may not be necessary. Regardless of if you are primarily serving a transgender or cisgender population, the same question and response options are recommended. Additionally, it is recommended to collect SOGIE data after asking participants about their race/ethnicity, so researchers have a greater likelihood of accurately capturing gender and sexual minorities from non-Anglo Western cultures, for instance, Indigenous people who identify as Two-Spirit. Including a Two-Spirit response option in the question asking about gender identity will help researchers count Indigenous people who also locate themselves on the trans-spectrum. If you are to include Two-Spirit, it should only pre-populate or be proactively offered as a response option in the following instances: 1) there is a sizable Native American population in the community you are surveying; 2) in researcher-administered and self-administered surveys when the respondent has already been asked about race/ethnicity and has indicated they are Indigenous/ Alaska Native/American Indian. If this isn’t possible, the Two-Spirit value should be captured by self-reporting so that people who are not of Indigenous ancestry do not select this response option.

**I want to ask you about your gender identity and your sex at birth. Gender identity refers to how you identify yourself, which may not be the same as the sex you were at birth.**

**What is your current gender identity? (Select one option)**

- Male/Man
- Female/Woman
- Transgender Female/Trans Woman
- Gender Non-Binary, Gender Non-Conforming
- Another gender identity: \_\_\_\_\_(write in if possible)
- Prefer not to state

### *Sex Assigned at Birth*

The most common best practice for asking about sex assigned at birth refers to the original birth certificate that is generated for all live births in the US. Because some individuals can legally change the sex on their birth certificate and by extension driver’s licenses, passports, marriage certificates, and other legal documentation, it is common practice to refer to the original document in this context. In regions serving a significant number of immigrants who may not have birth certificates, as is the case of many grantees included in the CRDP initiative, the cross-site evaluation measure on sex assigned at birth does not assume the existence of a birth certificate. Additionally, the word “assignment” may be confusing for some respondents. We therefore refer to “sex at birth”. Additionally, given that California

law SB179 The Gender Recognition Act now allows guardians to assign babies a gender marker of X on their original birth certificates, X should be included as a response option.

**What was your sex at birth? (Choose the one best answer.)**

- Male/Man
- Female
- X/Another option:\_\_\_\_\_
- I don't know
- Prefer not to state
- I do not wish to answer the question

**“Intersex”** is a term that has historically been used by the medical establishment to refer to someone with differences in sex development (DSD), such as variations in chromosomes, gonads (i.e., ovaries or testes), hormonal profiles, and/or anatomy that challenge conventional concepts about what “male” or “female” bodies constitute. Intersex people appear to make up 1-3% of the LGBTQ+ community in California. Some intersex conditions are apparent at birth, while others become apparent at puberty or later. Some intersex conditions are never identified.

According to The William’s Institute (2014), there are several reasons evaluators should not ask about Intersex/DSD. First, not all people with DSD identify with Intersex as an “identity.” Second, some transgender and gender nonconforming people who identify as Intersex do not meet the criteria used by the medical establishment for this term. Third, Intersex is not included as an option to enter on birth certificate forms and therefore should not be provided as a response option for questions asking about sex assignment at birth on a government document.

One of the community-based findings from “First, Do No Harm” was that

**“Many community members, however, add an “I” to the acronym (e.g. LGBTQI or LGBTQI+) to represent intersex and some, but not all, intersex individuals identify as part of LGBTQ communities. (Community Survey) respondents were therefore asked if they believe they have an intersex condition, with 3% reporting they do. Only 21 of these individuals (less than 1% of the entire CS sample) were able to state their intersex condition had been diagnosed by a medical provider. Of those who believe they have an intersex condition but have not been diagnosed, almost two-thirds are part of the Trans Spectrum group.”**

For program participants who may be unfamiliar with SOGIE terms, providing a list of definitions is one strategy to increase validity of responses and response rates to SOGIE questions (see Appendix D adapted from National LGBTQIA+ Health Education Center (2022)). For a more exhaustive list of terms, see the [LGBTQIA+ Glossary of Terms for Healthcare Teams](#) (2024).

## Measuring Gender Identity in Programs Serving Children and Adolescents

While multiple biological and social theories exist to understand how and precisely when gender identity is developed, it is widely agreed that one's core gender identity is established by age three (Kalbfleisch & Cody, 1995; Gallagher & Kaufman, 2005). After age three, gender identity is extremely difficult to change and attempts to reassign gender identity can result in gender dysphoria – clinically significant distress based not on being transgender itself, but on learned discontent resulting from social and cultural stigma about gender diversity. After age three, one model of gender identity development proposes additional stages (Martin & Ruble, 2004):

1. Through socialization, children under five learn about the characteristics of gender that are specific to their culture.
2. From about 5-7, children consolidate their perceived gender in a rigid form.
3. After this peak of rigidity, gender fluidity returns and socially determined gender roles relax.

For most providers serving children 11 and under, we recommend a version of the two-step method used above with involvement of the child's parent or guardian when appropriate and/or necessary:

**Does your child think of themselves as? (Please choose the option that best describes your child.)**

- Female/woman/girl
- Male/man/boy
- Nonbinary, genderqueer, or not exclusively female or male
- Transgender female/woman/girl
- Transgender male/man/boy
- Another gender: \_\_\_\_\_ (write in if possible)
- I don't know my child's gender identity
- Prefer not to answer

For all programs, the second step in determining gender identity is to ask directly about sex assignment at birth:

**What was your child's sex at birth? (Check one.)**

- Female
- Male
- X/Another sex: \_\_\_\_\_
- Don't know
- Prefer not to answer



For providers serving adolescents aged 12-17, we recommend using the measures asking about Gender Identity and Sex at Birth for Adults listed above. Fenway, The Trevor Project, and The Williams Institute have several recommendations on the topic related to defining terms, analyzing data, and survey administration (The

GenIUSS Group, 2014; Fenway, 2022; The Trevor Project, 2021). The survey instrument should use plain and simple language. If data is collected in school settings, then gender identity questions should be placed in the middle of the survey and not on the first page where peers can see the responses. Additionally, defining terms for adolescents will help them differentiate terms often conflated such as sex and gender, and clarify meanings

of terms like transgender, masculine, and feminine (See Appendix D). When analyzing the data, keep in mind that youth who were gender non-conforming in childhood may not adopt alternative gender labels until mid- to late-adolescence or beyond. Independently from gender identity, cisgender lesbian, gay, and bisexual youth are at heightened risk of harassment and violence based on gender nonconforming expression or behavior. It can be useful in many environments serving the PEI mental health needs of LGBTQ+ youth to include questions about their experiences of discrimination based on gender expression as described below.



# UPDATED RECOMMENDATIONS FOR COLLECTING DATA ON SEXUAL ORIENTATION

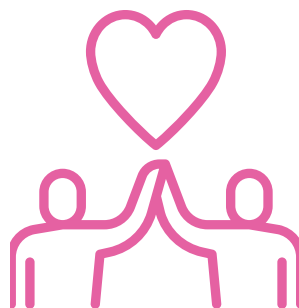
## Measuring Sexual Orientation in Programs Serving Adults

In settings where adult program participants reflect the overall population or are predominantly LGBTQ+, we recommend the same questions and response options. When there is a low or unknown concentration of LGBTQ+ adults among a population, we recommend adding optional instructions. Alternatively, in programs and areas where there is a high concentration of LGBTQ+ adults, the instructions may be omitted and a write-in response option for participants to self-identify their sexual orientation should be included. As previously stated, it is recommended to collect SOGIE data after asking participants about their race/ethnicity, so researchers have a greater likelihood of accurately capturing gender and sexual minorities from non-Anglo Western cultures. Including a Two-Spirit response option in the question asking about sexual orientation will help researchers count Indigenous people who are also LGTBQ. When proactively offering a Two-Spirit response option, consider the following scenarios: 1) Is there is a sizable Native population in the community you are surveying? 2) Has the respondent has already been asked about race/ethnicity and has indicated they are Indigenous/Alaska Native/American Indian? Otherwise, to ensure accuracy of data collection consider capturing Two-Spirit identities by self-report only.

**Sexual orientation is a person’s emotional, romantic, and/or sexual attractions to another person. There are many ways a person can describe their sexual orientation and many labels a person can use.**

**Do you think of yourself as: (Please choose the option that best describes you.)**

- Lesbian or gay
- Straight or heterosexual
- Bisexual
- Queer
- Pansexual
- Another sexual orientation: \_\_\_\_\_
- Don't know
- Prefer not to answer



## SEXUAL BEHAVIOR

Other labels have been imposed on community members from the academic or medical establishment. During the early period of the AIDS epidemic, the prevention and treatment needs of men who identify as heterosexual and have sex with men (MSM) or with men and women (MSMW) gained attention in public health circles. Similar labels have been created for women who identify as heterosexual and have sex with women (WSW) or with women and men (WSWM).

MSM/MSMW and WSW/WSWM continue to be commonly used in public health discourse when addressing behavioral risks. For purposes of population needs assessment and program evaluation, if you serve heterosexuals whom you know engage in ‘same-sex’ sexual behavior, you can group them with gays/lesbians/bisexuals in some analyses, with heterosexuals in other analyses, and keep them as a separate group in yet other analyses.

Sexual history can be used along with sexual orientation as a tool to understand the mental health PEI needs of community members who are sexually active and who have low engagement in the broader LGBTQ+ community, including those who experience heightened anti-LGBTQ+ stigma, such as folks involved in multiple sexual relationships, and those involved in sex work and survival economies. Questions must be asked with sensitivity to the community member’s cultural beliefs about sex, monogamy, non-monogamy, and other potentially taboo topics.

If somebody who identifies as straight/heterosexual reports same-sex sexual behavior, this may be used to inform service provision, but it should not be used to challenge or redefine their sexual identity and should not be disclosed to anybody without explicit permission from the client obtained without coercion. Nor should you refer to somebody who self-identifies as heterosexual as something else among program staff when the community member is outside of hearing range.

The same principles apply with someone who identifies as gay/lesbian and reports opposite-sex sexual behavior. If they have concerns about their sexuality that they want to discuss with program staff, then it is appropriate to address; however, if they do not indicate it is a problem, it would be inappropriate for program staff to treat it as if it were or should be a problem.

It is often the case that the most marginalized, vulnerable, and already stigmatized individuals are most reticent to openly identify with another potentially stigmatizing identity due to basic survival concerns. It is also not unusual for sexual orientation (attractions) and sexual behavior (actions) to not align with sexual identity (labels).

Additionally, it is noteworthy that when capturing data from participants who are transgender or those who have sex with transgender people, sexual orientation and gender identity labels are not entirely useful because they make presumptions about people’s gender, genitals, and sexual behavior that may or may not be accurate. Not all transgender individuals identify themselves to others, therefore participants may or may not know they are engaging in sex with transgender

people. Additionally, some transgender people engage in sexual activity with the body parts they were born with while others do not. Transgender people may or may not elect to have various genital surgeries. Therefore, evaluators should not assume that there is a fixed formula for sexual behavior based on the gender identity and/or genitals of the participants. There is a plethora of ways to engage in sexual behavior with varying levels of ‘risk’. A full exploration of this topic is beyond the scope of this paper. When developing questions about LGBTQ+ sexual behavior, consider a holistic assessment that does not assume sexual practices based on gender, such as the Center for Disease Control’s The 5 “P”s approach (n.d.).

## Measuring Sexual Orientation in Programs Serving Adolescents

Over the past two decades, research into adolescent sexual orientation has created a diversity of views related to measurement and development (Saewyc, 2011). There is no current consensus among researchers about how best to measure sexual orientation during the age of 12-17 – whether the variable is sexual/erotic feelings, romantic and emotional attractions, or sexual behavior. There is also debate as to the stability of sexual orientation among youth over time. Most sexual orientation measures include only identity, attraction, or behavior. The Trevor Project advises against asking about behavior since so many youth are not yet sexually active (2021). What can be said is that youth are coming out as LGBTQ+ at earlier stages of adolescence than in previous generations, and that there are strong cultural influences involved that would impact measurement of self-identification.

The LGBTQ TA Center will make recommendations for surveying youth about sexual orientation as additional community-based participatory research becomes available. At the time of publishing, we recommend using measures based on those developed by the Trevor Project (2021).

**Sexual orientation is a person’s emotional, romantic, and/or sexual attractions to another person. There are many ways a person can describe their sexual orientation and many labels a person can use.**

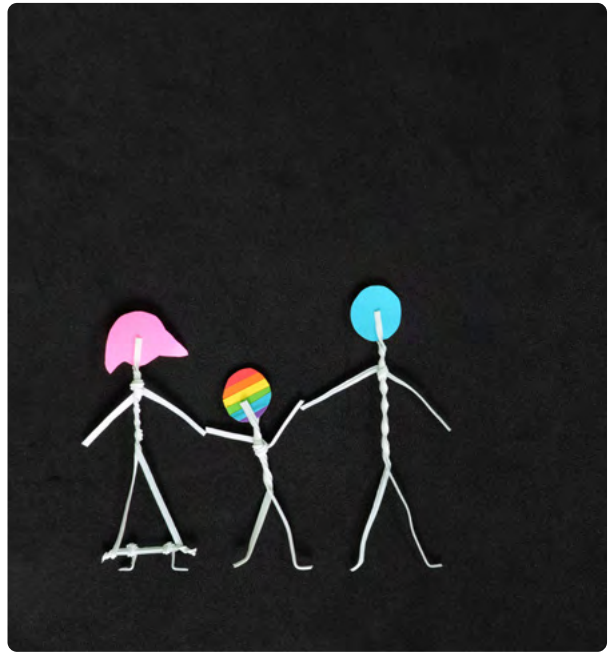
**Which of these options best describes your sexual orientation?**

- Straight or heterosexual
- Gay
- Lesbian
- Bisexual
- Queer
- Pansexual
- Asexual
- Another sexual orientation: \_\_\_\_\_
- I am not sure
- I don’t know what this question means
- Decline to answer



## Measuring Sexual Orientation in Programs Serving Children

For programs serving children 11 and under, it is not recommended that data on sexual orientation not be collected due to developmental considerations. While young children have established an internal sense of gender by age three making gender identity a valid measure for children, sexuality develops during adolescence and cannot be measured accurately before then.



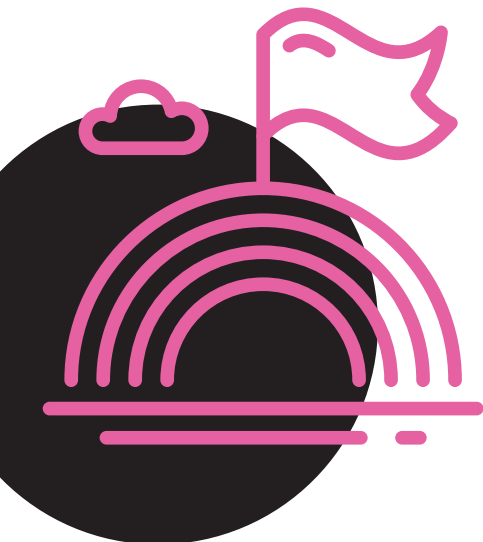
## Measures of Discrimination and Other Influences on Program Outcomes

Other influences on the impact of mental health prevention and early intervention services for LGBTQ+ populations relate to the type and degree of personal experiences with discrimination.

### Discrimination Based on Gender

How much do the following people in your life accept or reject your gender? Choose the one best answer.

	Totally Reject	Somewhat Reject	Neutral	Somewhat Accept	Totally Accept	Not Applicable
Parents/Guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coworkers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Measures of Discrimination and Other Influences on Program Outcomes

Other influences on the impact of mental health prevention and early intervention services for LGBTQ+ populations relate to the type and degree of personal experiences with discrimination.

### Discrimination Based on Sexual Orientation

How much do the following people in your life accept or reject your sexual orientation? Choose the one best answer.

	Totally Reject	Somewhat Reject	Neutral	Somewhat Accept	Totally Accept	Not Applicable
Parents/Guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coworkers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



### *Discrimination Based on Gender Expression*

During focus group discussions with CRDP LGBTQ+ grantees, it was agreed that if assessed, the impact of gender expression on mental health prevention and early intervention outcomes should address both how a respondent thinks about their own gender expression, and about how others think about the respondent's gender expression.

**A person's appearance, style, dress, or mannerisms (such as the way they walk or talk) may affect the way they think of themselves. On average, how would you appearance, style, dress, or mannerisms? (Choose all that apply.)**

- Very Feminine
- Mostly Feminine
- Somewhat Feminine
- Equally Masculine and Feminine
- Somewhat Masculine
- Mostly Masculine
- Very Masculine
- Androgynous, Non-binary, and/or Gender Nonconforming
- Neither Masculine Nor Feminine

**A person's appearance, style, dress, or mannerisms (such as the way they walk or talk) may affect the way other people think of them. On average, how do you think other people would describe your appearance, style, dress, or mannerisms? (Choose all that apply.)**

- Very Feminine
- Mostly Feminine
- Somewhat Feminine
- Equally Masculine and Feminine
- Somewhat Masculine
- Mostly Masculine
- Very Masculine
- Androgynous, Non-binary, and/or Gender Nonconforming
- Neither Masculine Nor Feminine



### Discrimination Based on Multiple Factors

If included, both parts of the following question should be asked.

**A. In your day-to-day life how often have any of the following things happened to you? (Would you say almost everyday, at least once a week, a few times a month, a few times a year, less than once a year, never?)**

	Almost Everyday	At Least Once A Week	A Few Times A Month	A Few Times A Year	Less Than Once A Year	Never
You are treated with less courtesy than other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are treated with less respect than other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You receive poorer service than other people at restaurants or stores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they think you are not smart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they are afraid of you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they think you are dishonest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if you are not as good as they are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are called names or insulted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are threatened or harassed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B. What do you think was the main<sup>2</sup> reason for this/these experiences(s)?  
Would you say...?**

- |  |  |
|--|--|
| <input type="checkbox"/> Your race or ethnicity  | <input type="checkbox"/> Your religion           |
| <input type="checkbox"/> Your gender             | <input type="checkbox"/> Your immigration status |
| <input type="checkbox"/> Your skin color/tone    | <input type="checkbox"/> Other (Please specify): |
| <input type="checkbox"/> Your sexual orientation | <input type="checkbox"/> Don't know              |
| <input type="checkbox"/> Your language or accent | <input type="checkbox"/> Refused                 |

## Other Demographic Factors

In addition to SOGIE demographics, multiple cultural factors influence the success or failure of mental health PEI services for LGBTQ+ individuals, families, and communities. Community needs assessments, intake forms, evaluation data collection instruments, differential data analysis, and the reporting of findings to service communities should be inclusive and reflective of measures of cultural influence. Data can be used to identify disparities in service utilization and mental health outcomes, and to identify service gaps, program successes, and appropriate resources for sustainability.

In addition to traditions, beliefs and values passed on to individuals in their families and communities of origin, how individuals see themselves and how they interact with others is influenced by their ethnicity, race, gender, class, family traditions, where they go to school, where they worship, the community they live in, and where they work. Culture is learned from a plethora of sources including family of origin, elders, peers, school, media, and informed by the philosophical, spiritual or religious teachings an individual and/or their family and friends adhere to, those they share intimate life experiences with. For some, learning and developing cultural identities and practices is consistent with how they want to grow as a person. Culture is instrumental in expressing who you are and how you present yourself to the world. African Americans, working-class people, those of immigrant or Indigenous heritage, along with distinct regions in the United States have multiple cultures of their own.

Additionally, multiple variables such as age, religious/spiritual practices, geography, socioeconomic status, race, ethnicity, language, education level, and level of acculturation influence participants' awareness, access to, engagement, retention, and outcomes with PEI programs. Some of the ways these factors influence outcomes is through differences in how mental health and wellness is perceived, how sexuality, gender identity and expression are perceived and received, including privacy and confidentiality concerns, and the extent program staff and environments are affirming and non-stigmatizing. For instance, it is probable that a mental health program at an LGBTQ+ Center with an all-white, monolingual English staff will likely not see high levels of service retention with some LGBTQ+ people of color and those who are not fluent in English. It is also possible that an LGBTQ+ person of color could be managing different forms of affirmation and stigma at both an LGBTQ+ Center as well as a community organization that reflects their ethnic cultural identity. To identify opportunities to measure and improve program delivery, it is important to include data on several variables as part of the core demographic set that is considered during community needs assessments, collected on intake forms, and included as part of the analysis of evaluation data. This data is also a core component needed by providers to tailor services to address the cultural needs of everybody served. Which data is most significant to the community a program aims to serve can be identified with a combination of sources such as: using traditional searches of published academic studies, locally obtained health-related data, as well as employing community-based sources such as focus groups, key informant interviews, and public opinion polling of convenience samples within LGBTQ+ gathering places.

## Translation and Implementation of SOGIE Data Collection Across All CRDP Population Groups

People of diverse genders and sexualities have always existed across time, space, and cultural contexts, yet until recently evaluators have rarely collected data in a manner that captures LGBTQ+ people and their experiences. This is further complicated by the reality that gender and sexuality are concepts that vary considerably across cultures. According to CRDP's Statewide evaluation team, "Individuals within each community may be linked because of a shared cultural

ethos that inspires a sense of community connectedness, or they may have less in common despite sharing an externally imposed label. The priority populations are often viewed as monoliths, despite having significant cultural differences (e.g., language, worldview, spiritual practices and traditions, historical experiences), this point may be particularly critical for AI/AN, AANHPI, and LGBTQ+ communities. Further, priority population categories themselves are not mutually exclusive" (SWE report, 2022, p. 3). CRDP took significant steps to capture the essential role culture plays in health for participants within and across priority populations. One such step was to implement SOGIE data collection project-wide.

It was no small feat to collect SOGIE data in 9 languages across 5 priority population groups. All translations were based on the PARC@LMU English measures in collaboration with implementation pilot projects (IPPs), five cultural group TAPs, and community defined evidence program (CDEP) community members. PARC worked collaboratively with IPPs and TAPs to identify certified language translation experts in their respective communities to take the lead on the translation and cultural adaptation of the materials. Materials were translated and either back translated or culturally reviewed by bilingual/bicultural representatives of the IPP or TAP. In many cases, the review included a pilot of the materials with CDEP community members, as well as integration of recommendations and final adjustments with the certified language translation expert. Despite

these steps, the implementation of SOGIE questions had its challenges. In some cases, there were challenges with flow, response rates, and making sense of cultural concepts. CRDP Technical Assistance Providers and the PARC@LMU team developed strategies to increase participant comfort with responding to the questions. To review the SOGIE questions and instructions in all nine languages and as well as a comprehensive overview of the implementation process, please see Appendix E.



*Greek god, Dionysus, is a historical representation of LGBTQ+ existence. He often presents himself as a woman in Greek mythology.*

- Source: [Finding the Queerness in the Bacchae](#)

## COLLECTING LGBTQ+ DATA WITH CULTURAL HUMILITY

The tenants of cultural humility are: 1) a lifelong commitment to self-evaluation and self-critique; 2) addressing power imbalances; and 3) developing mutually beneficial and non-paternalistic partnerships with communities (Tervalon & Murray-Garcia, 1998). As service providers and evaluators, our relationships with LGBTQ+ community members are steeped in power relations. It is pertinent that we develop an understanding of the ways that power operates at the individual, interpersonal and systems levels of our encounters, understand our implication in these dynamics, and take steps to mitigate the impact of such imbalances. Developing mutually beneficial and non-paternalistic partnerships where power is shared is the cornerstone of CRDP and community-based participatory research (CBPR) methods. In this section we outline some strategies to bring cultural humility to our work as evaluators. In the next section on steps in the evaluation process we explore CBPR more extensively. This work continues to evolve, and, in both cases, these are by no means exhaustive discussions.

### Creating a Welcoming Environment

Creating a welcoming environment is critical when engaging the LGBTQ+ community, especially when asking about potentially stigmatizing personal information. It is important to note that not all LGBTQ+ people are easily identified as such, and LGBTQ+ people have biases and prejudices just like cisgender and straight people. Therefore, engaging LGBTQ+ staff or volunteers for the purpose of creating a welcoming space alone is not enough. The following strategies can help establish a welcoming environment for members of the community:

- Ensure that symbols of LGBTQ+ inclusion are visible, such as marketing and promotional materials representing diverse LGBTQ+ people, making pronoun and pride stickers or buttons available, adding pronouns to staff ID badges.
- Provide privacy when collecting data.
- Ensure responses are kept confidential and inform respondents about your confidentiality policy and practice.
- Given the diversity of the LGBTQ+ community, ensure that staff and volunteers, including those who are LGBTQ+ and who engage with evaluation participants regularly receive anti-racist and trans-affirming LGBTQ+ cultural humility training and supervision that promotes critical self-reflection, attention to power relationships in the scope of their work, and how to meaningfully work across difference with community members of diverse backgrounds.
- Include LGBTQ+ representatives in your Board of Directors and management; ensure they represent the community racially, geographically, ethnically, across the gender and sexuality spectrum's, etc.

During key informant interviews or focus groups, community members can be asked what a program can do organizationally to increase participants' sense of



trust. Examples may include assurances that participant information will be kept confidential and used solely to improve the quality of PEI services you will be providing. It's important to solicit input from community members about how and when they would like SOGIE information to be obtained from them – the timing, location, and personnel involved.

A commonly used strategy in collecting quantitative data is the use of oversampling to ensure you have sufficient data to analyze the needs of underserved populations. Oversampling involves collecting a disproportionate amount of data from underrepresented population groups so the number of those cases can be analyzed statistically, and then applying data weighting procedures to the final sample so the oversampled groups are brought back to their proportional representation in the total population.

For example, if you want to ensure your program addresses the needs of LGBTQ+ community members who are transgender and African American, and your community needs survey only collected data on 5 trans spectrum members out of 100 cases total, you should focus additional data collection in areas where African American trans spectrum members can be found until you achieve the sample size required based on the confidence interval and population mean for your community of focus. One way to focus data collection on underrepresented populations is to have community members forward survey participation data to their peer networks online and through word of mouth.



## Selecting an Appropriate Method

The method used to collect data from LGBTQ+ populations will impact responses, as demonstrated in the summary of national SOGIE data discussed above.

### *Online vs In-Person Surveys for Needs Assessment*

If you are conducting a public opinion poll during your community needs assessment phase of program and evaluation planning, the technique most likely to result in authentic SOGIE self-disclosure is an anonymous online survey (Aspinall, 2009). People may not feel free to answer potentially stigmatizing information in front of other family members as may occur during a telephone or in-person interview at home. Any type of person-to-person interview may not be perceived as fully confidential and anonymous, and some respondents will likely conceal their true identities. This is most evident among those living in conservative, anti-LGBTQ+ climates.

### *Outcome Data*

Outcome data can be collected from program participants and comparison group members using either pencil and paper or a tablet device that uploads data directly to the internet. Either method works if privacy and confidentiality are assured, although program participants are more likely to have developed trust in the provider collecting data and be more willing to share potentially stigmatizing responses.

## Instrument Design

The location of SOGIE questions in a data collection instrument may impact participant responses. They should not be on the cover page where privacy may be at risk during the handling of the completed forms by office staff. It is best to include SOGIE questions in the demographic section mixed among less stigmatizing questions and as previously mentioned, following questions about race/ethnicity. Explanations should be provided about why SOGIE questions are included, and how they will be used to improve program services. SOGIE instructions should also reaffirm that the information will be kept in strict confidence.

## Influences on Self Disclosure

Not all clients will be willing to disclose their authentic sexual orientation and gender identity to program staff prior to developing trusting personal relationships with them, especially within communities where LGBTQ+ identities are stigmatized. Likewise, SOGIE data should never be collected in a public setting, such as a common waiting area, via the community member's home telephone, or if no guarantees are made that the data will remain confidential. As summarized in the CRDP Phase 1 LGBTQ Population Report "First, Do No Harm":

**Data collection and analysis should not be predicated on the assumption that LGBTQ individuals will self-identify on intake forms or interviews. Due attention should also be given in the design of these systems to the need for anonymity among many LGBTQ individuals.**

Nevertheless, it is important to include the questions on intake forms so that comparative program engagement and retention can be evaluated as much as possible across different populations from the very beginning of program involvement. One solution is to collect the data once at intake, and again a month or so later (depending on the frequency and quality of program involvement) after the program has established a trusting relationship with the client that includes confidentiality when helpful.

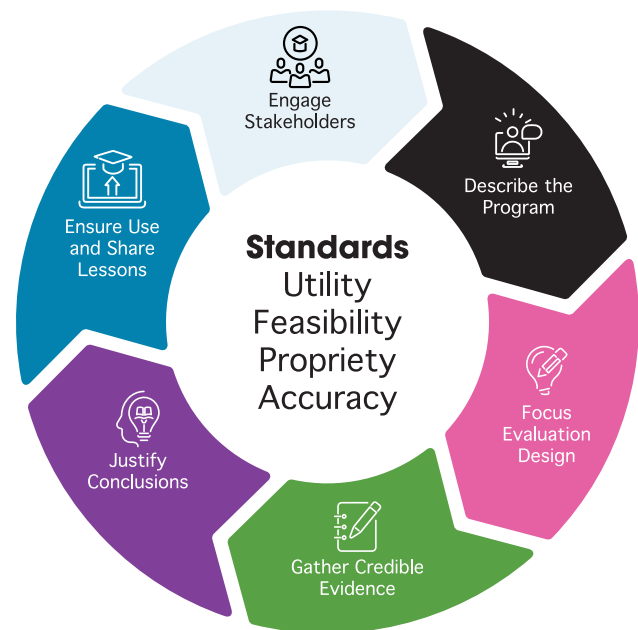
Discussing non-heterosexual sex – or any sex at all – is not acceptable in many cultures, especially with a relative stranger. Influences on self-disclosure include marital status, religion or spiritual practice, age, sociopolitical climate, acculturation to Western constructions of sexuality and gender, geographic region, race/ethnicity, socioeconomic status, housing status, household composition, veteran or military status, immigration or refugee status, disability, language and literacy, and connectedness to LGBTQ+ communities.

If collecting information on sexual behavior is important to how you will provide program services, or a facet of how you'll evaluate the impact of program services on differential population outcomes gleaned from your needs assessment, it must be done in a culturally responsive way. The data collector should be trained in the skill of trust building, be trustworthy, and preferably be from the same cultural community as the person from whom sensitive sexual data is being collected. Informing the community member about why you need to ask about sexual behavior, how the information will be kept confidential, and how it will be used to improve and evaluate program services are essential first steps. Ensuring the data collection is done in a private, secure location without family members present is also essential to obtaining authentic data on sexual history.



## STEPS IN THE EVALUATION PROCESS

The final sections of the Evaluation Guidelines are organized according to the six interrelated steps of the CDC Framework for Evaluation in Public Health. The Framework, which outlines a process to guide a comprehensive program evaluation, was shared with IPPs and local evaluators by the LGBTQ TA Center as a suggested model for evaluation planning. Each step in the framework serves as the foundation for subsequent steps, although steps are not always implemented in sequential order.



### Stage 1 | Engaging Stakeholders

Source: CDC

The first step in the Framework involves engaging community stakeholders throughout the evaluation process. Soliciting input from those who are most invested in a program or initiative and allowing them to contribute to the evaluation design helps to ensure that evaluation findings will be credible, relevant, and useful.

#### *Community-based Participatory Research*

CBPR is a central tenant of the CRDP initiative, and as such, all grantees developed local evaluations grounded in the principles of CBPR. CBPR is a collaborative approach to evaluation that engages community stakeholders as partners. The goals of CBPR are to educate stakeholders on evaluation methods, to improve programming and practices, and to drive social change. CBPR emphasizes leveling power relations between the evaluators and community stakeholders, recognizes the value and importance of lived experience, and focuses on research aimed at improving conditions and services. This approach is particularly suited to working with populations, like the LGBTQ+ community, that experience marginalization, because it emphasizes mutual respect and sharing of control over individual and group health and social conditions.

Community stakeholders include individuals or groups interested in the decisions or activities of an organization. This includes people who are involved in the operation of the program, people who are served by the program, and people who would use or benefit from evaluation findings. For purposes of the CRDP, stakeholders could include, but are not limited to:

- LGBTQ+ community members and program participants.
- Funders or donors.
- Program staff.
- Family members or allies of LGBTQ+ individuals.

- Partner agencies or organizations such as education, housing, and mental health provider associations.
- Members of the community at large.
- Researchers and policy makers.

Advantages of participatory evaluation include:

- Empowerment of community members.
- Increased responsiveness to community needs.
- Increased trust and community ownership of the evaluation process.
- Improved cultural appropriateness of methods.
- Increased relevance and validity of evaluation findings.
- Potential for broader dissemination of findings.
- More effective use of findings to guide program improvements.

## Strategies for Stakeholder Engagement

There are several recommended strategies for how to effectively engage members of the LGBTQ+ community using CBPR evaluation approaches.

### *Recruiting and Engaging Diverse LGBTQ+ Stakeholders*

The LGBTQ+ community is comprised of many distinct groups representing a broad spectrum of roles and identities. However, the diversity of voices and perspectives within the LGBTQ+ community has not always been historically represented. Instead, services have disproportionately reflected the needs and influences of the most privileged members of the LGBTQ+ community (e.g., white, cisgender, gay men), often to the neglect of those who are more marginalized and less well-resourced. As more community members are being awakened to the injustice of this historical bias, LGBTQ+ community-based programs are increasingly being designed by and for LGBTQ+ communities in all their diversity, inclusive of people of color and people across the spectrum's of gender and sexuality. The CBPR approach, when implemented effectively, will include all types of stakeholders (e.g., staff, service recipients, and others) and will ensure that broad diversity can enrich the evaluation design.

### *Community Advisory Boards*

Community Advisory Boards (CABs) can offer a formal structure for bringing together members of the LGBTQ+ community as part of a CBPR approach. These structures can ensure that program planning, implementation, and evaluation processes are grounded in and relevant to the communities being served. The ideal is to engage representatives from the community from the initial phase of the planning process through the analysis, interpretation, and reporting steps, with the aim of establishing basic agreements on how the program and its evaluation will address a priority need in the community. Working directly with a CAB can also help evaluators avoid relying too heavily on LGBTQ+ program staff with lived experience as the key stakeholders who contribute to the evaluation effort.

### *Defining Clear Roles and Expectations*

When forming an advisory board, it is important to clearly outline expectations for membership and continuing participation, including roles and responsibilities, intensity and duration of participant involvement, and rules for how the CAB will engage with the Board of Directors. CABs can serve multiple functions and roles, including acting as: liaisons to segments of a community; advocates for the importance of an initiative; and champions in various arenas, such as the policy/legislative process, various health and human service administrations, the school district, and elected officials. CABs can be used to review plans and weigh in on each stage of program development and evaluation planning.

### *Offering Supports to Facilitate Participation*

Ensuring inclusivity and broad community representation may involve deliberate steps to remove barriers to CAB participation, particularly when working with more marginalized populations. These barriers may include but are not limited to transportation barriers; communication barriers (e.g., individuals who speak a primary language other than English, individuals who lack access to telephones or email, or individuals with different levels of literacy); as well as privacy and confidentiality concerns of community members who have chosen not to publicly disclose their sexual orientation or gender identity, or who wish to avoid anti-LGBTQ+ stigma. Strategies may include holding meetings off-site or remotely via conference call and providing translation, snacks/meals, transit tickets or transportation services when needed.

### *Building Evaluation Capacity among Stakeholders*

An important goal of a CBPR approach is to engage stakeholders as evaluation partners, which includes efforts to educate them about evaluation methods and uses. When working in grassroots program contexts, it is likely that program stakeholders are inexperienced with evaluation or have expectations that are not reasonable or appropriate to the evaluation context. Building organizational capacity to conduct evaluation activities will help stakeholders generate and use evaluation findings as a tool to inform future program improvement.

## Highlights from the LGBTQ IPP Local Evaluations

Evaluators discussed the value of training community members to run focus groups on their own. One evaluator felt that combining qualitative data collection with training for community members was a “double win” and, in her perception, produced some of the highest quality data from the evaluation.



## CDC Guiding Questions for Engaging Stakeholders

- Have I assembled an evaluation advisory team whose collective experience is appropriate to the context?
- Does the stakeholder group fully represent the diversity of the program's participants and others affected by the program?
- Are meaningful roles planned for stakeholders throughout the evaluation?
- Have I paid attention to the distribution of power among stakeholders? To other distinctions related to status and social class?
- Has the stakeholder group developed a process to work together with established ground rules?
- Have I included multiple voices in planning, implementing, interpreting, and decision making?
- Have I identified and inventoried the skills and traits of the members of the evaluation advisory team so that I can tailor my approach based on these resources or augment them if necessary?

*From the Centers for Disease Control and Prevention. Practical Strategies for Culturally Competent Evaluation. Atlanta, GA: US Dept of Health Human Services; 2014*

## Stage 2 | Describing the Program

The second step in the evaluation framework involves describing the program to clarify its purpose, and to provide a logical description of the program model and its expected benefits. The aspects of a CDEP that should be included in a program description include the community group, the group's need that a program addresses, and the program's expected effects. The description should also outline the program activities, resources required to implement the program, and the context surrounding the program's operation. This often includes the development of a theory of change and a logic model – two foundations of evaluation planning that tie program services to how the community understands the problem, identifies its potential causes, proposes solutions, and specifies what evidence would signal success.

### Defining Community Needs

Needs assessment is a critical planning step that is used to identify priority needs or issues within the community that may be addressed through programming or policy change. Conducting a needs assessment helps program planners understand the context, strengths, opportunities, and challenges that a community faces. The needs assessment process can also involve mapping of existing resources in the service environment and identifying gaps in service systems.

Priority needs that the IPPs are addressing through their CDEPs include, but are not limited to:

- Promoting mental health and wellness.
- Improving personal, family and community well-being.
- Increasing access to gender-affirming health care.
- Decreasing disparities in access to mental health supports and services.
- Preventing mental illness.
- Preventing early signs of mental illness from getting worse.

During the community needs assessment phase of program planning, multiple data sources can be analyzed that will inform or support the needs to be addressed. Accessing multiple sources will increase the comprehensiveness of knowledge about the problem and improve program and evaluation planning. Local, city, or county health epidemiological or service utilization data can be a good starting point. When characterizing the problem, look for:

- Prevalence.
- Trends.
- Disparities between groups.
- Severity of harm.
- Amenability to change or mitigation.

A significant challenge for LGBTQ-serving programs is that many secondary data sources traditionally used in needs assessment efforts cannot be disaggregated by sexual orientation or gender identity and so fail to reflect the unique experiences of LGBTQ+ communities. One solution is to use data extrapolation to assess the size of a service population or need within a community. For example, if information on the size of the LGBTQ+ community is not available for a geographic area, use national or state percentages and apply percentages to the geographic area of interest. For programs serving school populations, use data from GLSEN's national sample and apply percentages to local school populations to estimate the number of LGBTQ+ youth who are impacted by bullying and harassment.

Another challenge can be ensuring data on community needs represents the needs of everyone in the community. A CAB that is inclusive and representative of the broad community can help confirm that information gathered through the needs assessment process is broadly representative of the entire LGBTQ+ community, including community members who may have reason to be more reluctant to identify to others their sexual orientation or gender identity. Demographic data can also be used to determine whether the available needs assessment data is representative of everyone in the community or will require augmentation by other sources or methods.



When population-level data on community needs is not available and cannot be extrapolated from other sources, programs may choose to rely more heavily on grassroots, primary data collection strategies that can be customized to the specific areas of need and service populations of interest. Examples of primary data collection strategies that can complement epidemiological data include focus group discussions, community dialogue (e.g., community town hall meetings), key informant interviews, and community surveys that can help gauge the needs of the community as its members experience them.

For existing programs, records reporting the number and characteristics of community members served provide a measure of whom programs have successfully reached and who might be underrepresented in the service population. Examples include:

- Information on place of residence can tell you which geographic areas present transportation barriers that may make program services less accessible to potential participants.
- Data on the race, culture, and language of participants will tell you if you have adequately appealed to different cultural communities or have offered linguistically accessible services.
- Waiting lists give you a sense of service demand that is not currently being met with existing resources.
- Attrition and retention data may point to issues related to service relevance or overall quality and cultural responsiveness.

Once obtained, service population data can establish benchmarks of effective service. For example, how many LGBTQ+ community members could benefit from your program within your service region? How are they distributed between categories like lesbian, gay, bisexual, transgender, queer, questioning, and other terms used locally to describe sexuality and gender? How is the LGBTQ+ community you serve diverse by race, ethnicity, language, ability, and so forth?

### *Focus Groups*

Focus groups are one way to collect information on the knowledge, attitudes, and beliefs of a select group of people. Group members can be selected based on commonalities related to a topic, such as people who will benefit from a new program or policy, or people who have the power to change policies related to the topic. Focus groups help program stakeholders gain insight into what motivates a change in knowledge, attitudes, and beliefs towards the priority health need the program will address. They are usually held with a group of no more than 15 participants and include both a discussion facilitator and a scribe. A focus group guide is usually developed containing discussion prompts that are open-ended with suggested wording and probes to address the underlying topic. Questions used to gather information during CRDP Phase 1 included:

- What in your [city, county, or region] makes it easier to be LGBTQ+?

- What supports or services are needed to improve the lives of LGBTQ+ people in your [city, county, or region]?
  - What gaps in services currently exist?

Other questions could include:

- What challenges have you experienced in accessing existing services that would potentially make it easier to be LGBTQ+ in your [city, county, or region]?

As with other techniques to obtain information on sensitive topics related to sexuality and gender, it is essential to first establish a safe space where privacy and confidentiality are assured. Facilitators should adapt discussion prompts to match the vernacular of participants, to respond appropriately to group dynamics, and to add depth to the information gathered. Facilitators should also ensure that all participants have an equal opportunity to contribute.

### *Key Informant Interviews*

Key informant interviews are like focus groups except they are held with a single individual at a time. Key informants are selected due to their unique and/or extensive knowledge of a topic related to assessing the need for, planning, implementing, or evaluating a program or service. The technique is otherwise like focus groups in establishing an atmosphere of confidentiality and trust, asking open-ended questions, and following up responses with additional probes to gain in-depth knowledge on the topics of interest.

### *Public Opinion Polls*

Quantitative measures like public opinion polls can be paired with qualitative focus groups and key informant findings to gauge the representativeness of qualitative findings within the population of focus. When working with LGBTQ+ populations, conducting a public opinion poll often involves convenience sampling from bars, community centers, LGBTQ+ neighborhoods, inclusive religious and spiritual organizations, and other areas where LGBTQ+ people congregate. Another strategy is using social media surveys with a “snowball sampling” design where respondents fill out an online survey and forward the link to other community members who then fill out the survey and forward the link to their friends and acquaintances until the process snowballs into a large sample size. The snowball effect can be enhanced by offering incentives such as entering the first 100 respondents in a raffle. Participants interested in the raffle can add their contact information and programs can mail a gift card that does not identify the source. This option can help reach individuals who are not ready to publicly disclose. Social media platforms can be particularly effective when sampling teens, young adults, and regions in which no areas exist where openly LGBTQ+ people congregate in sufficient numbers to support a convenience sample.

## Online vs. In-Person Surveys for Needs Assessment

If you are conducting a public opinion poll during your community needs assessment phase of program and evaluation planning, the technique most likely to result in authentic SOGIE self-disclosure is an anonymous online survey (Aspinall, 2009). People may not feel free to answer potentially stigmatizing information in front of other family members, as may occur during a telephone or in-person interview at home. Any type of person-to-person interview may not be perceived as fully confidential and anonymous, and people will likely conceal their true identities. This is most evident among those living in conservative, anti-LGBTQ+ climates.

## Specifying Outcomes

Describing the program also involves identifying the benefits that the program is expected to produce. Outcome evaluation measures translate the goals that the CDEP aims to achieve into concrete indicators of change in policy, practice or climate or culture, or attitudes, feelings, or levels of functioning.

CDEP outcomes should be SMART:

- S**pecific: Define what you want to achieve in clear, concrete terms.
- M**easurable: Include quantitative targets for measuring achievement.
- A**chievable: Ensure that outcomes fall within the scope of the program's control or sphere of influence.
- R**ealistic: Ensure that outcomes can be reasonably achieved with available resources and within specified timelines.
- T**ime-Bound: Include target dates for when outcomes will be accomplished.

For example:

*By the end of Year 1, 80% of LGBTQ+ seniors attending program-sponsored events will report increases in sense of social support, community connectedness, and wellness as measured by increases on pre-post surveys.*

Outcomes used in previous evaluations of similar programs can be a starting point for selecting outcome measures. Community participatory methods will also help identify:

- What results do you want to see?
- How will you know that the program is successful?

## Theory of Change and Logic Modeling

The following section presents information on different evaluation tools that programs can use to help describe their programs or interventions.

## Theories of Change

All programs embody a theory of change, explicitly or implicitly. A formal Theory of Change is a tool that captures the big picture of everything that impacts the change desired by the stakeholder community, including influences related to the environment or context that are outside control. The tool shows all the pathways to change that are known to be true as well as assumptions and hypotheses. The tool helps complete the sentence “if we do X then Y will change because....” It defines long-term goals and then maps backwards to identify necessary preconditions for change to occur. Necessary preconditions then become the intermediate goals that intervention strategies aim to influence. Creating a theory of change is a good way to clarify:

- How does the community perceive/conceptualize/think about the priority need?
- What change outcome is desired by the community?
  - Who or what will change?
  - What changes will occur in the short, intermediate, and long terms?
- What factors does the community perceive as contributing in some way for the desired change to occur? How are they related to the long-term goal?
  - What does the community perceive as protective factors? In other words, what things are considered helpful for the desired change to occur?
  - What does the community perceive as risk factors? In other words, what things are considered unhelpful for the desired change to occur?
- According to the community, what should be done?
  - What assumptions are embedded for the strategy to create change?
  - What can be influenced?

Long-term mental health PEI outcomes can include, for example:

- LGBTQ+ youth feel safe and socially included at school.
- LGBTQ+ community members do not experience disparities in mental health.
- LGBTQ+ community members have survival needs met.
- LGBTQ+ community members can live an open and authentic life.
- LGBTQ+ seniors feel socially included.

Intermediate-term mental health PEI outcomes can include, for example:

- Increase mental health awareness and reduce mental health stigma.
- Reduce access barriers that contribute to mental health disparities.
- Increase cultural humility of the education and health care workforce.

- Improve the climate and culture of school and workplace environments to reduce bias and promote inclusivity.
- Promote access to gender-affirming health and legal services.
- LGBTQ+ individuals, couples, and families have access to culturally appropriate mental health care.
- Transgender community members have access to high-quality, gender-affirming health and legal services.
- LGBTQ+ youth have access to Gay-Straight Alliances or Rainbow Clubs at their school, and anti-bullying programs are implemented throughout their school district.
- Community members access and remain engaged in the above service and supports.

Strategies can include, for example:

- Provide culturally responsive mental health counseling.
- Provide gender-affirming hormone services.
- Provide Safer Spaces for support groups and social events.
- Provide legal advocacy for engaging health care providers and schools.
- Train school districts to address bullying.
- Build regional capacity to promote access to gender-affirming health care.

Theories of change can be expressed using multiple formats. One way to structure a theory of change is by creating a complex map of the layers in the pathway of change (see example below). Some factors can be assumed or anticipated, and some cannot. All must be linked to the layer above and all must have indicators of success associated with them.

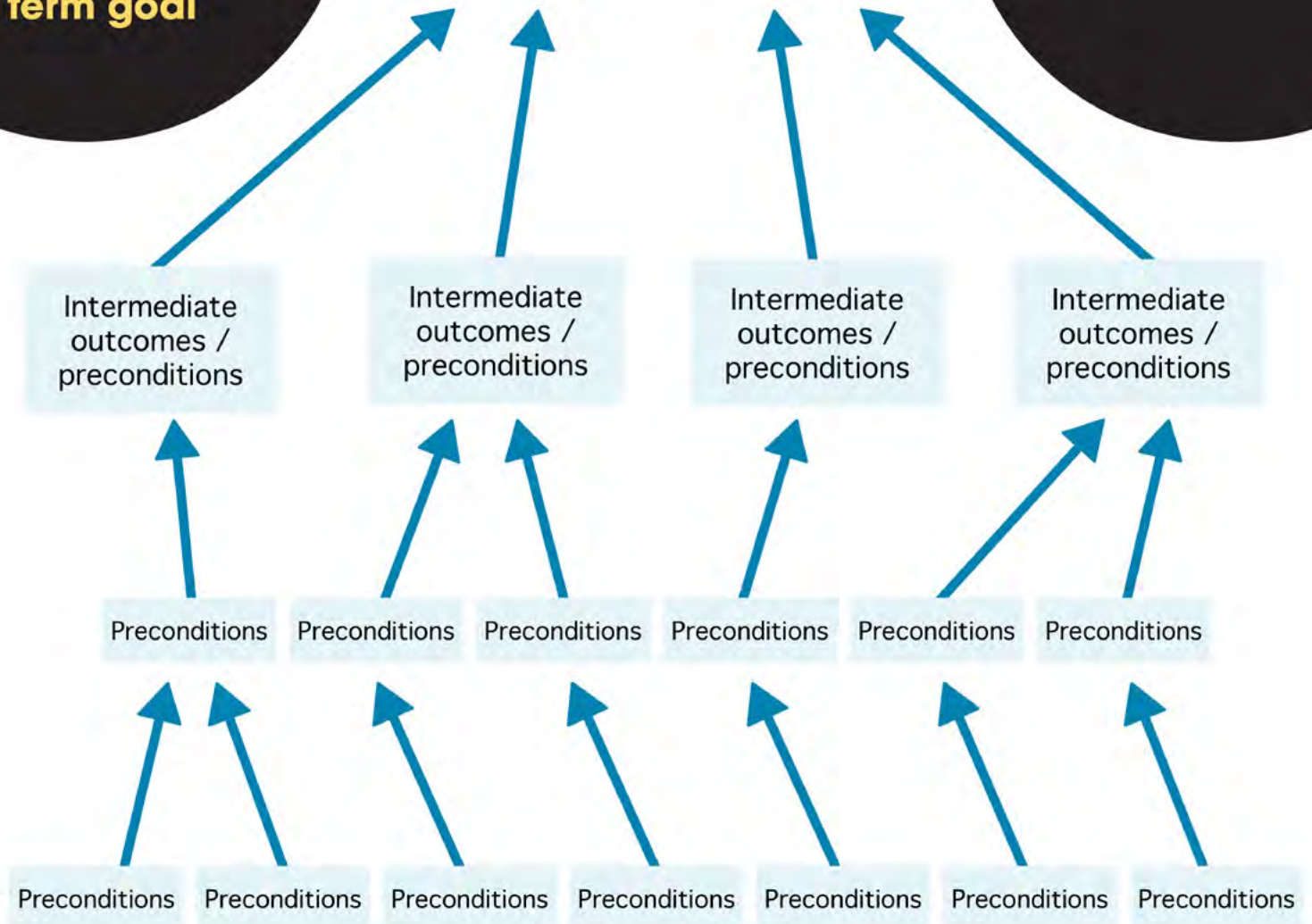


Everything in pathway is a precondition or required to meet the long term goal

# Assumptions

Indicator: How will you know? What will it look like?

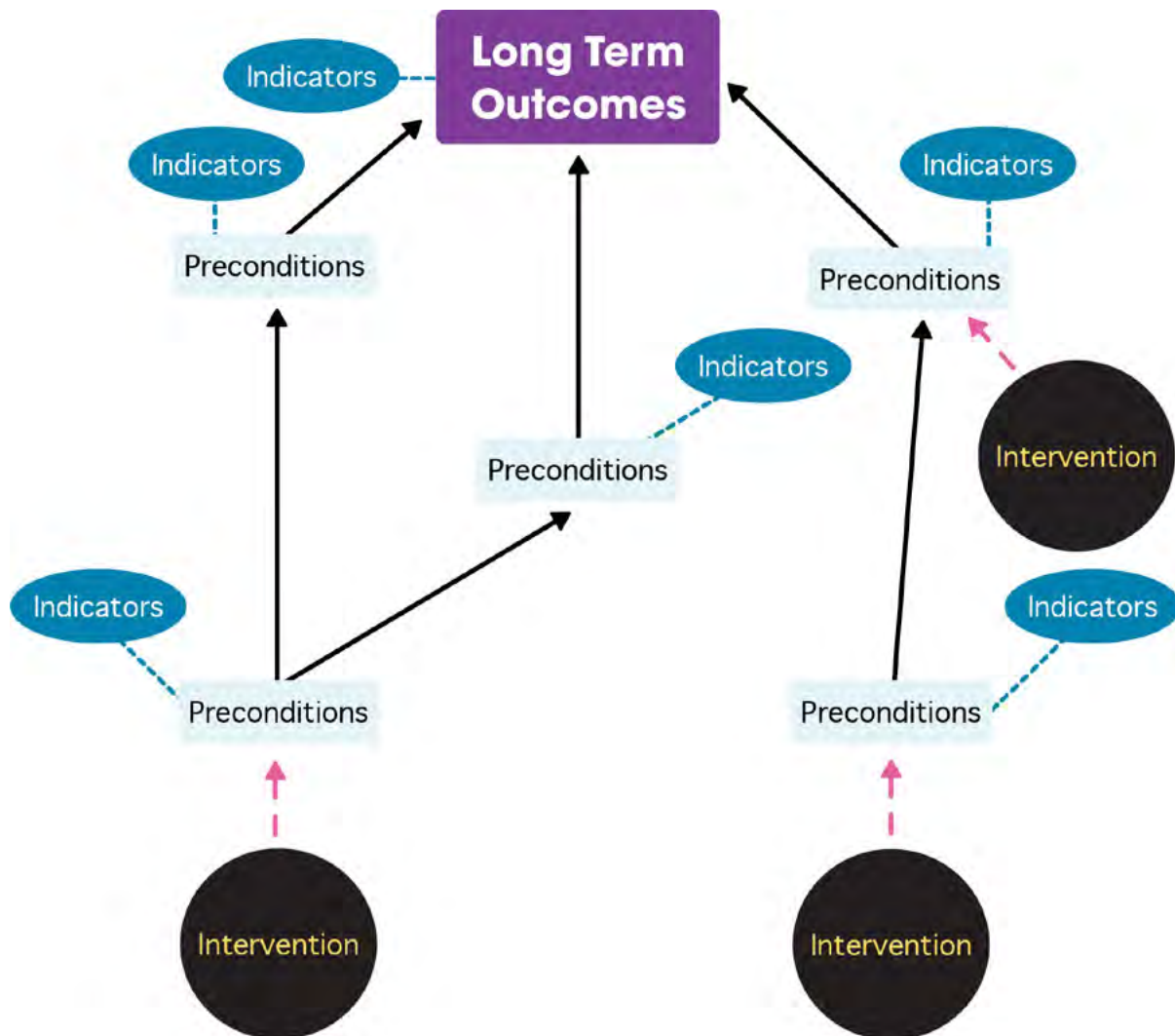
## Long Term Goal



**What are the assumptions that tie the preconditions to the long term goal?**

Source: Theory of Change, LGBTQ TA Center, November 18, 2016. Elizabeth Waeitzig, JD, Change Matrix

Another way to look at Theory of Change is in a format that illustrates where the intervention strategies have their effect.



Source: "Theory of Change" webinar, November 18, 2016, LGBTQ TA Center Liz Waetzig, JD, Change Matrix

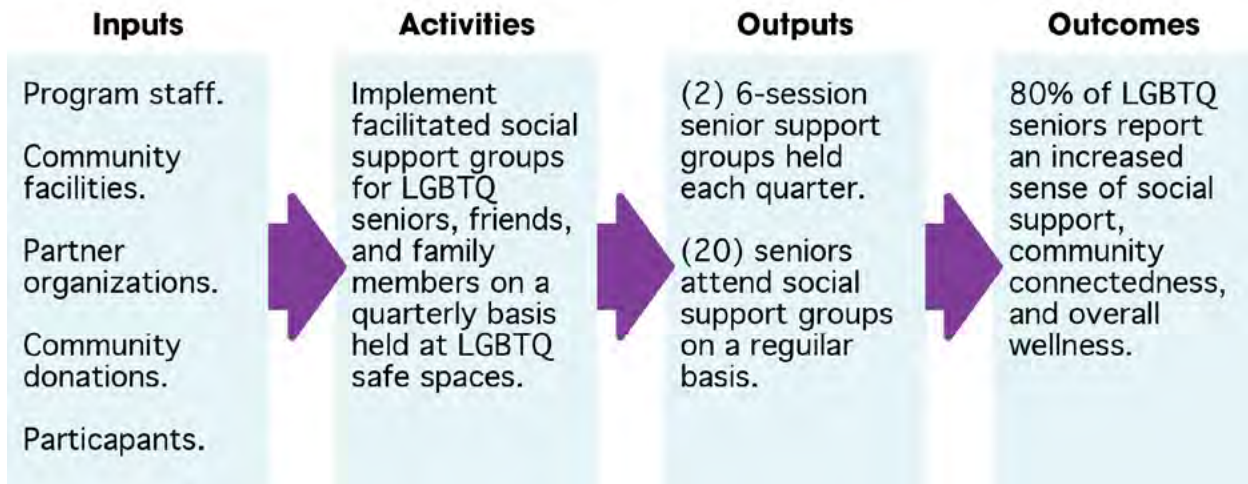
### Logic Models

Logic models are tools used in program evaluation to translate theories of change into visual linkages among program strategies, outputs, and outcomes, with sufficient specificity to enable services to be evaluated. They are usually program-specific and articulate the logic underlying a program design by demonstrating the relationships among priority needs, program goals and objectives, inputs, strategies, and resulting outputs/outcomes. They are also effective tools for program planning, management, evaluation, and communication.

A simple logic model would include the following elements: inputs, strategies and activities, outputs, short-term outcomes, and long-term outcomes. There are a variety of formats that can be used to develop program logic models. The following page includes examples of both a simple and more detailed, complex logic model that can be used to describe a mental health PEI program serving LGBTQ+ populations.

## Purpose/Statement of Need

LGBTQ seniors are often isolated without adequate support networks or opportunities for meaningful community engagement, particularly in more conservative, rural communities.



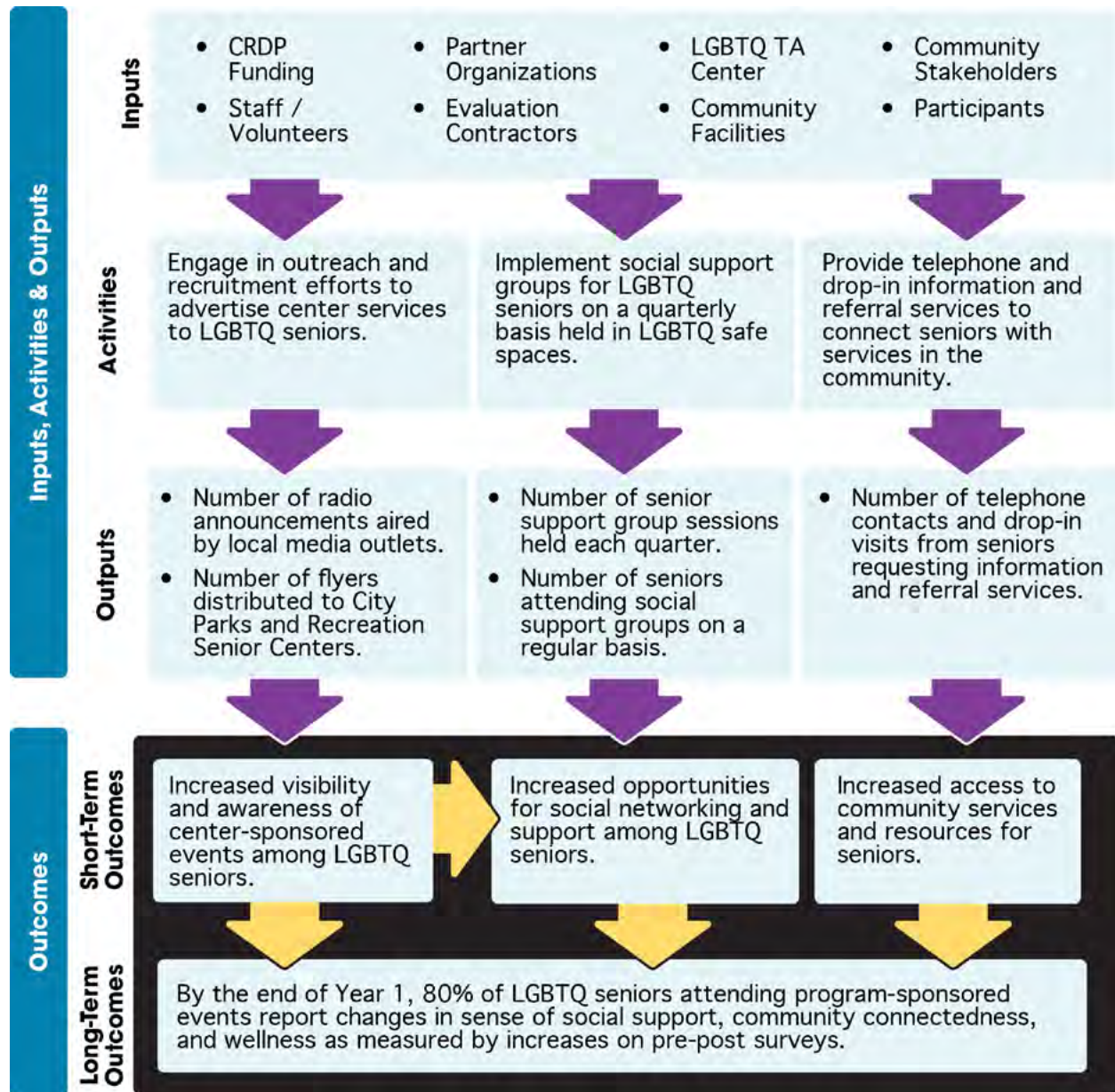
Source: Evaluation Planning and Logic Model Development, LGBTQ TA Center December 2, 2016. Tori Stuart-Cassel, EMT





# Purpose/Statement of Need

LGBTQ seniors are often isolated without adequate support networks or opportunities for meaningful community engagement, particularly in more conservative, rural communities. Social impacts overall wellness.



Source: Evaluation Planning and Logic Model Development, LGBTQ TA Center December 2, 2016. Tori Stuart-Cassel, EMT



## Difference Between Theories of Change and Logic Models

### Theory of Change

- Focuses comprehensively on whole organization or program.
- Graphically depicts casual relationships among components; details assumptions and pre-conditions for achieving change; includes narrative summarizing interrelationships.
- Explains **why** programs and strategies are expected to produce outcomes.
- May include organizational values and guiding principles.

### Logic Model

- Focuses specifically on CDEP to be implemented and measured.
- Graphically depicts relationship between program inputs, activities, and outcomes.
- Explains **what** programs are doing (your CDEP) and **how** they are doing them, not why strategies are expected to produce outcomes.
- Identifies SMART outcomes for each activity or component.

Source: *Evaluation Planning and Logic Model Development*, LGBTQ TA Center December 2, 2016. Tori Stuart-Cassel, EMT

## CDC Guiding Questions for Describing the Program

- Are the stakeholders' perspectives appropriately reflected in the program description such that contextual factors are included?
- What types of conceptual models resonate with and are useful to the stakeholders?
- Does the program description identify intended beneficiaries?
- Does the description sufficiently resolve differing views on the program?
- Does the context provided with the program description include community or participants' strengths?
- What is known about the strengths, assets, challenges, and barriers of the community, including the talents and expertise that individual community members or organizations bring?
- Are there "gatekeepers of knowledge" within the community that can help us understand the social and political context of the program community?

From the Centers for Disease Control and Prevention. *Practical Strategies for Culturally Competent Evaluation*. Atlanta, GA: US Dept of Health Human Services; 2014

## Stage 3 | Focusing the Evaluation Design

The third step in the evaluation framework involves focusing on the evaluation design. The evaluation design is the structure used to conduct an evaluation to produce an unbiased assessment of a program's impact. The choice of evaluation design depends on the evaluation questions, the standards used to gauge effectiveness, the resources available to conduct the evaluation, and the degree of rigor required. Because there are many different options to consider when selecting an evaluation design, there is no one "best" approach.

### Evaluation Questions

Evaluation questions are the overarching questions that an evaluation is designed to answer. In general, evaluation questions fall into five main groups:

- **Implementation:** Were your program's activities put into place as originally intended?
- **Effectiveness:** Did your program achieve the goals and objectives it was intended to meet?
- **Efficiency:** Are your program's activities being implemented with appropriate use of resources (e.g., budget, staff time)?
- **Cost-effectiveness:** Do the program gains exceed the cost of producing the programs?
- **Attribution:** Can the outcomes achieved be linked to the program, as opposed to other factors?

The selection of evaluation questions should be determined by the intended uses and intended users of the evaluation findings and should be developed with the input of key stakeholders through the CBPR approach.

### Evaluation Design Options

The three major types of evaluation designs include: experimental, quasi-experimental, and non-experimental designs. Selecting the appropriate design with a well-thought-out plan provides a strong foundation for achieving a successful and informative program evaluation.

#### *Experimental Design*

Experimental designs require that all potential program participants have an equal chance of assignment to a group that will receive the intervention, or assignment to a group that will not (i.e., the control group). Random assignment should result in no differences between the experimental and control groups that would impact the outcome evaluation. Demographic and other participant characteristic data can then be used to explore between-group differences in the size of outcome effects measured before and after the intervention is over.

True experimental designs that incorporate random assignment to an intervention or control group are the most powerful, least biased way to evaluate program services to ensure they effectively achieve desired outcomes. These designs work best with interventions that are short in duration and do not include longitudinal data collection much beyond the intervention period. They also work in situations where program resources severely limit access to program services, and participants will need to be on a waitlist anyway before a cohort with room for them to participate is available.

### *Quasi-Experimental Design*

Program evaluations often employ a quasi-experimental design that measures desired outcomes among participants before and after services are received but does not include a randomized control group. This design is best for programs that can begin providing services to community members as they express interest in the program. It is also preferred by programs with waitlists too short to allow randomization into a temporary control group. Additionally, programs providing mental health PEI services to LGBTQ+ individuals identified as high-risk during an individual-level needs assessment process cannot randomly assign some program applicants to a group that will not receive services for any duration of time. For example, LGBTQ+ individuals on the verge of homelessness or feeling suicidal could experience severe negative outcomes if their needs are left unaddressed while serving as a control group subject, or while waiting on a list where program access is not based on assessed need.

Quasi-experiments involve the creation of a comparison group matched to the intervention group by as many relevant factors as possible who have not and cannot receive services similar to your program's services. Comparison groups allow an evaluator to determine whether changes over time can be attributed to program engagement or would have occurred anyway without program engagement. Relevant comparison factors include demographics (age, gender, sexual orientation, race/ethnicity, etc.), education, employment, and baseline measures of desired outcomes. Comparison group members would qualify for but do not have reasonable access to program services for any number of reasons, including geographical distance to the intervention site, travel times and conditions, and lack of private or public transportation that is affordable and accessible to the individual. For most programs, a comparison community would be identified as the community you serve in all ways except for the availability of services like what your program provides, usually separated by geographic distance. See Appendix F for further discussion on ways to incorporate comparison groups into PEI program evaluation design.

### *Non-Experimental Designs*

Non-experimental evaluations collect data solely from program participants and do not require the creation of a randomly assigned control group or a matched comparison group. Non-experimental evaluations can be as simple as collecting data before and after program participation or can add complexity by collecting ongoing individual-level data on program exposure and satisfaction/outcomes after every service engagement or program session.

**Pre/Post Design.** This type of evaluation is one of the most popular and easiest designs to implement and analyze. It requires program participants to fill out an evaluation instrument before receiving program services and immediately afterward. Because it does not include measures from either control or comparison subjects, it cannot differentiate whether program participants would have experienced improvements in mental health and wellness over time with or without the program. It also doesn't measure whether changes associated with program participation are transient or lasting.

**Pre/Post Design with Long Term Follow-up.** This type of evaluation also does not include measures from either control or comparison subjects. Program participants fill out an evaluation instrument before receiving program services and immediately afterward, and then again at least one time in the future to measure lasting impacts of the program on the mental health and wellness of program participants. Incentives must be carefully planned to motivate program participants to provide follow-up data either online or in person; if a significant proportion of participants don't provide long-term follow-up data, its usefulness can be questioned. Determining the most effective level of incentive can be done through formative research prior to evaluation implementation. Brief surveys of potential program participants are most effective in setting an incentive level.

**Post-Session Design with Continuous Quality Improvement.** The evaluation design best suited for continuous quality improvement involves collecting brief data on client satisfaction and outcomes following each engagement with program services. The data can be assessed on a continuous or periodic basis to inform providers about the effectiveness of program services on a quicker turnaround than other forms of program evaluation, which enables providers to adjust services quickly and increase the likelihood that other types of data collected (such as pre/posttests) will document successful outcomes.

**Program Fidelity and Continuous Quality Improvement.** Having program staff not involved in providing services silently observe the implementation of services is another strategy to obtain information relevant to continuous quality improvement, including whether the program strategy is being implemented as planned. The technique requires program participants to feel comfortable and trust the observer, usually a program staff member they know, and may not be appropriate for all service populations.

## Sampling Techniques

For programs serving cohorts of 75 or fewer participants, collecting demographic and outcome data from everybody is the best practice. If you are serving an entire school district or working in other situations where a census of all program participants is unfeasible, representative sampling techniques should be utilized. The larger the sample size, the more likely you will be able to identify small program effects. Whatever sampling tool is used – random number generation or picking IDs out of a hat – all program participants should have an equal chance of being included in the evaluation. If a matched pre-/post-test design is used, it is important to also

collect individual-level contact data needed to have data from both pre- and post-phase of program implementation. That includes trying to collect data from anybody who dropped out of the program before it ended, and the post-test was administered so you can understand their experience as well. Since you will have program exposure data matched to individual participants, the fact that you're including dropouts at the post-test will not weaken your analysis. In fact, it will extend the relevance of program services to a broader audience.

A common strategy in collecting quantitative data is oversampling to ensure you have sufficient data to analyze the needs of underrepresented populations. Oversampling involves collecting a disproportionate amount of data from harder to reach members of the community so the number of those cases can be analyzed statistically, and then applying data weighting procedures to the final sample, so the oversampled groups are brought back to their proportional representation in the total population.

For example, if you want to ensure your program addresses the needs of LGBTQ+ community members who are transgender and African American, and your community needs survey only collected data on 5 trans spectrum members out of 100 cases total, you should focus additional data collection efforts to locate additional African American transgender people until you achieve the sample size required based on the confidence interval and population mean for your community of focus. One way to focus data collection on populations you are having trouble reaching is to have community members forward survey participation data to their networks.

In qualitative study design, potential participants can be identified by going into the community of focus and accessing individuals with key information or influence such as community leaders, respected elders, a popular teacher, or community members who would benefit from your program's services. These individuals can then help identify other individuals who could provide useful qualitative data. Focus group or town hall participants can be made up of individuals who are stakeholders in a given community, such as leaders of organizations who serve a population you wish to serve, and others who share similar demographic profiles such as age, ethnicity, gender identity, sexual orientation, and other characteristics possessed by the group who will be the focus of a program or service.

## CDC Guiding Questions for Focusing the Program Design

- Whose values and perspectives are represented in the evaluation questions?
- Is the design appropriate to the evaluation questions?
- Does the evaluation design fit the cultural context and values of the community?
- How will I obtain multiple perspectives on how the evaluation will be implemented?

*From the Centers for Disease Control and Prevention. Practical Strategies for Culturally Competent Evaluation. Atlanta, GA: US Dept of Health Human Services; 2014*

## Stage 4 | Gathering Credible Evidence

The fourth step in the evaluation framework focuses on gathering credible evidence to demonstrate program effectiveness. This step involves identifying available data sources and data collection methods and ensuring they fit with the norms, values, and conditions of the community served.

### Types of Data

There are two broad categories of data that are used to gather credible evidence in LGBTQ+ evaluation efforts.

#### *Quantitative Data Sources*

Quantitative data are measures of counts or values that are expressed numerically. Quantitative data uses numeric values to answer questions such as “how many,” “how much,” or “how often.” Quantitative data is close-ended and more concise than qualitative data.

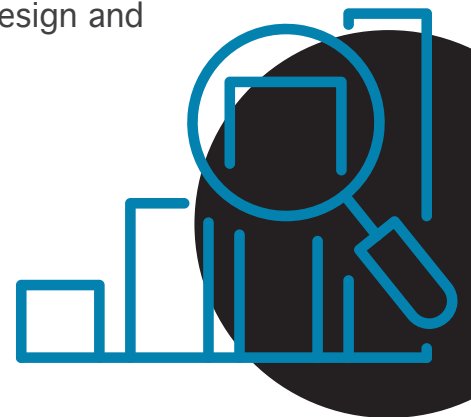
#### *Qualitative Data Sources*

Qualitative data sources provide descriptive information that can be difficult to define or measure and is not directly translatable into numbers. Qualitative data is exploratory and is used to gain in-depth understanding of complex knowledge, attitudes, and beliefs underlying how a population of focus thinks about a topic of interest. Sources of qualitative data include discussions from key informant interviews, focus groups, observational data (e.g., observation and assessment of group sessions), and information provided in open-ended questions embedded in quantitative surveys. Qualitative data provides context and can be used to help interpret quantitative findings. It can also be used to explore matters such as community member experiences of culturally responsive care that would be difficult to capture through quantitative methods alone.

#### *Mixed Methods Evaluation*

Mixed methods evaluation combines both quantitative and qualitative data collection and analysis methods. There are several advantages of using a mixed methods approach, including:

- Creating opportunities for stakeholder input.
- Allowing diverse perspectives to inform the evaluation design and interpretation of outcomes.
- Validating evaluation findings.
- Explaining statistical results in more depth.
- Producing more contextualized measurement.
- Emphasizing client-centered processes and outcomes.



Mixed methods approaches are particularly well-suited to grassroots developmental evaluation approaches, like the local CRDP evaluations, that focus on the development of social change initiatives in complex environments.

There are three basic models for conducting mixed methods evaluation, as shown in the exhibit below. These models contribute to evaluation approaches in different ways and may have useful applications within the CRDP program context.

### *Convergent Parallel Design*

The convergent parallel design involves use of both qualitative and quantitative data collection and analysis techniques and assessing differences and similarities between data sources to facilitate the interpretation of findings.

### *Explanatory Sequential Design*

The explanatory sequential design begins with quantitative data collection and analysis. Qualitative data collection and analysis is then used to further inform quantitative findings and to assist with the interpretation of findings.

### *Exploratory Sequential Design*

The exploratory sequential design starts with qualitative data collection and analysis, and then it builds to quantitative data collection and analysis. Qualitative results are used to develop measurement and data collection tools or to define categories for analysis.

#### **Convergent Parallel Design**

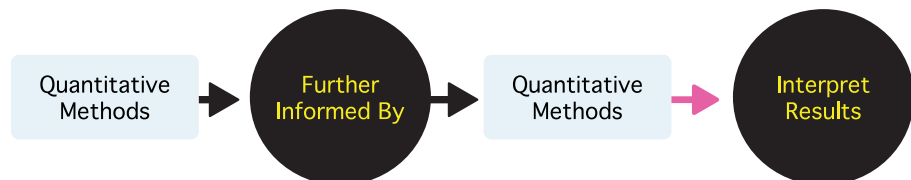
Assesses differences and similarities between quantitative and qualitative findings.



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#### **Explanatory Sequential Design**

Use qualitative methods to explain quantitative findings.





## Highlights from the LGBTQ IPP Local Evaluations

Evaluators posed that issues of intersectionality were best addressed through qualitative data collection because it allowed people to talk in a more nuanced way about intersectionality and how it affected them personally. For example, for the Openhouse evaluation, where participants were older LGBTQ adults, the term “intersectionality” was unfamiliar. The evaluator shared that although the word itself “was not in their vocabulary, the concept was.” She communicated the importance for participants of being able to talk about their multiple identities. For example, participants perceived that sometimes their identities were appreciated and celebrated at Openhouse, and sometimes they were not. She felt this issue became much more visible through the qualitative data collection process, than through the quantitative components. Evaluators also noted the challenges of addressing intersectionality using quantitative methods when sample sizes for demographic subgroups were extremely small and data was unreliable.

### Collecting LGBTQ+ Program Data through a Trauma-Informed Lens

People who identify as LGBTQ+ often have histories of stress and trauma. Research has shown that LGBTQ+ people face higher rates of trauma exposure and victimization in their lifetimes than straight, cisgender people. This underscores the need to develop data collection and management practices that align with key principles of trauma-informed care to minimize stress and avoid retraumatization. The following are suggested data collection practices that reflect each of the key principles of trauma-informed care.



#### Safety

Evaluators should aim to establish a sense of physical and emotional safety for study participants involved in evaluation activities.

- **Designate safer spaces for conducting evaluation activities.** Evaluators should provide a comfortable, safe, and welcoming environment when engaging with study participants; for example, ensure that spaces designated for data collection activities are private and separate from common areas, and that symbols of LGBTQ+ inclusion are visible.



- **Allow participants to set the pace and tone.** When conducting data collection around sensitive topics, evaluators should pay attention to non-verbal cues from study participants and allow participants to set the pace of data collection. Conduct frequent check-ins with participants through the data collection process and remind participants that participation is voluntary.
- **Ensure sensitivity around self-disclosure.** When collecting from study participants, evaluators should not assume that LGBTQ+ individuals will self-identify on intake forms or in interviews (CRDP Phase 1 LGBTQ Population Report). Study participants may be reluctant to disclose their authentic sexual orientation and gender identity prior to developing trusting personal relationships. This may be particularly true in communities where LGBTQ+ identities are stigmatized. Influences on self-disclosure may include marital status, religion or spiritual practice, age, sociopolitical climate, acculturation to Western constructions of sexuality and gender, geographic region, race/ethnicity, socioeconomic status, housing status, household composition, veteran or military status, immigration or refugee status, disability, language and literacy, and connectedness to LGBTQ+ communities. Evaluators should consider the potential need for anonymity when designing data collection systems.
- **Ensure sensitivity around the discussion of sexual behaviors.** The discussion of sexual behavior is not accepted in many cultures, especially with a relative stranger. If collecting information on sexual behavior is essential to the evaluation, it should be done with cultural competence. The data collector should be trained in the skill of trust building. Informing the community members about how the information will be kept confidential, and how it will be used to improve and evaluate program services, are essential first steps. Ensuring the data collection is done in a private, secure location without family members present is also essential to obtaining authentic data on sexual history.

### *Trustworthiness and Transparency*

Evaluators should always work to cultivate trust with clients, staff, and other stakeholders when conducting data collection activities and should provide full transparency around the evaluation purpose and practices.

- **Clarify the types of questions that will be asked of participants.** Respondents may experience feelings of distress from not knowing what to expect on a survey or interview. Evaluators should explain the content of surveys or interview protocols and the types of questions that will be covered before initiating data collection. Consider sharing copies of surveys or interview protocols with participants before they agree to participate. Explain to community members why SOGIE questions are included, and how they will be used to improve program services. SOGIE instructions should also reaffirm that the information will be kept in strict confidence.
- **Limit data collection to essential information.** Avoid collecting more information

than is necessary for study purposes. When designing data collection tools, spend time reflecting on the relevance of proposed items to the evaluation were added for personal interest or other research purposes.

- **Structure data collection tools to help maintain privacy and confidentiality.** Remove personally identifying information (P2) and/or responses to sensitive questions from the front page of survey forms so that they are not visible. Embed SOGIE questions with other, less stigmatizing demographic questions related to race, ethnicity, and language.
- **Ensure responses are kept confidential.** Evaluators should develop clear protocols around data collection, handling, and use to protect privacy and confidentiality. Use informed consent to communicate to participants about human subjects' protections that are in place to minimize concerns around breaches of confidentiality.
- **Time data collection appropriately.** Consider delaying intake data collection involving highly sensitive topics until participants have had opportunities to build trust with staff.

### *Peer Support*

Peer support involves relying on peers or individuals with shared experience when conducting evaluation activities to build trust and establish rapport.

- **Configure data collection teams to match the composition of the communities served whenever feasible (e.g., openly LGBTQ+ people; individuals who share the race, ethnic, or cultural characteristics of communities served).** This may involve recruiting and hiring temporary or part-time staff or volunteers from within the population of focus or enlisting the support of CAB members to assist with data collection.

### *Empowerment, Voice, and Choice*

Evaluations should emphasize empowerment, voice, and choice for participants when conducting data collection activities.

- **Remind respondents that their participation is voluntary.** Inform respondents that participation in the evaluation will not affect their relationship with service providers or their ability to access needed services. Provide respondents with multiple decision points throughout the survey or interview. Introduce each new items series and check-in with respondents to allow them to decide how they would like to proceed.

### *Collaboration and Mutuality*

Evaluation practices should emphasize meaningful sharing of power and decision-making and work actively to minimize power differences between evaluation team members and study participants.

- **Recognize that evaluation requires trusting relationships between the evaluator and study participants.** Introduce members of the evaluation

team, identify pronouns, and acknowledge participants' contributions of time. Avoid triggers that might contribute to re-traumatization.

### *Attend to Culture, History, and Gender*

Evaluation methods and data collection approaches should avoid cultural stereotypes and biases, recognize historical trauma, and incorporate practices that are informed by the race, ethnic, and cultural needs of participants and other stakeholders.

- **Ensure that staff and volunteers who engage with study participants regularly receive LGBTQ+ cultural humility trainings.** This includes training on awareness of one's social locations, power, and privilege, and how to attend to the needs of diverse community members with identities that may be similar and different from staff and volunteers at the intersections of gender, race, class, culture, age, socioeconomic status, ability, and so forth.
- **Use respectful and inclusive language.** Evaluators should be familiar with common terms used in the LGBTQ+ community, should avoid use of outdated terms, and should use appropriate gender pronouns and lived names when engaging with study participants.
- **Understand the diversity and fluidity of identity and expression.** Evaluators should recognize that sexual and gender identities are diverse and often develop and change over time. The way that a participant identifies at the outset of an evaluation study may differ from how they identify at subsequent time points.

### **Process Measurement**

Process evaluation is used to describe and assess the quality of program implementation and fidelity to a program model. The process evaluation component incorporates a variety of activities including articulating the program logic, documenting differences between the “program-as-planned” and the “program-as-implemented”, identifying strengths, challenges and needs for improvement, and gauging client and stakeholder perspectives. The process evaluation serves several purposes including determining how well programs are functioning, identifying program elements that contribute to success or failure, supporting the interpretation of outcome findings, and providing decision making feedback to the program.

### *Outreach and Recruitment*

Process data on program outreach and recruitment helps determine how successful a program has been in reaching its intended audience and engaging individuals who would find value in and benefit from program services. Like other participatory processes, engaging community members in the design and implementation of outreach strategies helps ground them in your local social context and improves the likelihood strategies will succeed. Community involvement in outreach planning also helps set benchmarks for measuring success by helping to identify the number, characteristics, and location of individuals within your population of focus in your service region.

The following questions are examples of those that could be answered by analyzing program outreach process data:

- Which individuals and groups were drawn into your program by which outreach efforts, and how well did they represent your population of focus?
- Which outreach modalities were successful with different segments of your population of focus?
  - Was outreach through social media successful for some but not others?
  - Were you able to connect to LGBTQ+ elders through mainstream senior service centers?
  - Were the elders you reached at the center's representative of all LGBTQ+ elders in your service region?
- What influence did the characteristics of outreach workers have on who engaged?
  - How did the SOGIE, age, and/or linguistic characteristics of outreach workers impact success recruiting different individuals into your program?
  - What type of training and supervision of outreach workers was associated with successful community engagement?

All these factors may influence program recruitment success. They will be difficult to recall during the analysis phase unless you plan to collect this information throughout program implementation.

### *Program Exposure or "Dosage"*

It is recommended that data on program involvement (also known as "dosage data") be included at the individual participant level. This includes the number of program meetings or sessions the participant attended, and the quality of program involvement when participating.

Dosage data can be used to calculate program-level and individual-level rates of engagement, and to contrast the characteristics of individuals who remain in the program at varying rates of engagement with those who drop out. Dosage data can answer whether participants at higher risk for low engagement or dropout can be identified from intake or pre-test data and provide guidance for tailoring program services to better meet their needs. Dosage data can also help the evaluator understand more specific differential outcomes among participants, such as differential program effect sizes.

Lastly, program exposure data can also be used as a measure of program fidelity. Usually, participants will need to meet some minimum threshold for participation to be counted as receiving the full intervention. For example, if only half of your participants receive the full course of services recommended by your program, can you say that you implemented it with fidelity? If someone wanted to replicate your

model, how much is enough to achieve the desired outcome? What is the minimum amount of participation required for your services to achieve the desired outcomes?

### *Retention, Attrition, and Program Completion*

Another element of process data collection is documenting the strategies you used to retain participants in your program and its evaluation (beyond receiving program services) and conducting an evaluation that they experience immediate benefit from participating in. Strategies include providing an award or prize when a participant completes evaluation surveys like pre-/post-/follow-up tests, attends meetings, or completes a full course of services. Incentives can involve raffles during meetings or gatherings, gift cards, social activities and events for program participants and graduates, and/or space on a social media platform open only to program participants and graduates.

## **Outcome Measurement**

When framing the language for outcome measurement, engaging community stakeholders in selecting and defining desired outcomes will help ensure stakeholder buy-in and appropriateness of measurement. LGBTQ+ individuals and communities have historically experienced a medical model of psychological and psychiatric treatment that pathologizes their identities. Transgender individuals seeking transition-related health services continue to be required to first undergo mental health evaluations before gaining access to treatments and surgeries available to cisgender individuals without mental health examination. It is therefore important to determine why an individual is accessing mental health care: in response to systemic gatekeeping required to access transition-related care that is essential to living authentically and maintaining mental wellness, or in response to actual mental health concerns and conditions that need addressing to achieve mental wellness? For many transgender individuals experiencing psychological distress, gaining access to culturally competent healthcare services is a precondition to achieving mental wellness.

Emerging, community-defined practices avoid the use of stigmatizing labels associated with the medical model of “mental illness” which has been used historically to inappropriately serve LGBTQ+ community members. A strengths-based model of mental wellness and resiliency that acknowledges the impact of societal prejudice and discrimination on mental wellness would generate evaluation objectives and measures that are more culturally acceptable within LGBTQ+ communities. These objectives and measures often relate to systems change, including the role of stigmatizing climates such as schools and health care systems.

Examples of evaluation questions that are strengths-based include:

- What are some of the biggest barriers/obstacles you have faced as an LGBTQ+ person?
- What did you do to work with the challenges you encountered?

- How did you learn to work with the challenges you experienced?
- Do you recall if you had positive and/or supportive role models?

LGBTQ-serving programs have advocated for a paradigm shift in how mental illness is conceptualized within the LGBTQ+ community. Specifically, LGBTQ+ people experience as the result of pervasive discrimination, persecution, and denial of personhood. There is a need to acknowledge that the symptoms labeled “mental illness” may be understandable – even contextually functional – ways to react psychologically to social harms, in the absence of supportive environments and communities. There is also the need to clarify that the “mental illness” risks discussed relate to what may happen if the individual’s essential survival needs are not met due to discrimination, if they are otherwise harmed psychologically due to discrimination, and when culturally responsive primary and mental health care is unavailable.

This change in focus from individual pathology to personal wellness and systems-level change will help reduce the stigma experienced by LGBTQ+ populations interacting within a medical model of receiving services from mental health PEI providers.

## CDC Guiding Questions for Collecting Credible Evidence

- Whose perspectives are accepted as credible evidence? Credible to whom?
- Are the language, content, and design of the instruments culturally sensitive?
- Have the instruments been validated with their intended audiences?
- Am I taking into account both verbal and nonverbal communication?
- Have I carefully trained data collectors in both technical procedures and relevant cultural factors?
- Would eliciting potentially different perspectives on health and illness (see Appendix B) enhance my data collection methodology?
- Are procedures used to collect both qualitative and quantitative data responsive to cultural context? Have I informed community stakeholders of the security of the data and the confidentiality of respondent information?

*From the Centers for Disease Control and Prevention. Practical Strategies for Culturally Competent Evaluation. Atlanta, GA: US Dept of Health Human Services; 2014*

## Stage 5 | Justify Conclusions

The fifth step in the evaluation framework involves analyzing available data, providing interpretation, making judgments based on data findings, and making recommendations for how findings can be used to improve program services, expand program reach, and achieve program sustainability. Evaluation conclusions are justified when they are linked to the evidence gathered and judged against agreed-

upon values or standards set by the stakeholders. Stakeholders must agree that conclusions are justified before they will use the evaluation results with confidence. The analysis of data relates directly to the theory of change and the logic model as operationalized through the evaluation plan. Informed by these conceptual documents, what overarching themes are reflected in the questions you posed to participants? Returning to your evaluation questions, do they capture the experiences of program participants? Do they measure a behavior you hoped to change, knowledge you hoped to transfer, or some other change in attitudes, beliefs, intentions, or other outcome your community defines as desirable?

Looking at the information you gathered, how often something happened or how it appears on a scatter gram (where they concentrate) can offer a clue as to how responses and potentially questions can be associated or possibly relate to one another. For example, young bisexual male participants who attended multiple program activities reported feeling less isolated, and secondly, gained a feeling of belonging. This is an example of a descriptive analysis. A possible hypothesis may be “The more a participant attends program activities, the more they will experience positive impact.” The impact in this example is not limited to an increase in knowledge or change in behavior but includes a more global feeling of belonging and less isolation.



During analysis, demographic data that is indicative of culture should be used to help understand where your program is most and least effective, and for whom. If you included oversampling of underrepresented populations to assess the success of their utilization program services, you would need to weigh your data before drawing conclusions from the entire dataset. However, you can analyze the multiple demographic variables directly and draw conclusions on the responsiveness of your program to the cultural and individual needs of the full community you serve.

Including qualitative data in your analysis provides information that can fill in the gaps in quantitative findings about what is working, what is not working, and why. When analyzing information from focus groups and structured interviews, it is common practice to audio/video record and subsequently transcribe the proceedings of these meetings. Participant observation or field notes can be used to supplement the material gathered more formally in the focus group or interview. These focus group discussions and interviews can be focused on a set of questions that are geared towards the design or components of the intervention, or they can be open ended, allowing for discussion to evolve organically among participants on key topic areas.

No matter the approach, the next step is to organize the information and look



for common themes in the words or phrases expressed by participants. Note observations from the meeting, such as commitments, consensus conclusions, allegiances, and tensions. Where relevant, draw associations between behaviors, words, or themes that resonate among those present. Examine whether there is significance in the allegiances or commitments made and the priorities identified. The information you capture can inform how an intervention should be delivered, or how program staff should approach a concern or anticipate challenges in delivering it. Evaluators can also use qualitative information to develop a hypothesis about potential underlying motivators that will engage and retain participants, identify potential barriers in effectively communicating the intervention material, and provide insight about what to anticipate when convening representatives of a community identified as the focus of the intervention.

Descriptive and formative research are sources of information not usually captured in quantitative surveys. Qualitative data can be the basis for ensuring an intervention is relevant and responsive to the group's needs and norms.

Continue to engage community partners and members as you analyze and disseminate findings from your program evaluation. This will help ground your work in the perceived needs and desired outcomes of the communities you serve.

Data trends should be analyzed to identify mental health disparities, gaps in services, and successes in service provision, and to support appropriate resource allocation (Mikalson, no date). Process and outcome data should be analyzed together to assess the cultural and linguistic competence of program outreach and services to individuals and groups.

## CDC Guiding Questions for Justifying Conclusions

- How are different stakeholders' perspectives and values addressed in the analysis and interpretation of the evaluation findings? Are conclusions validated by participants?
- Are conclusions balanced with culturally appropriate recommendations and community capacity?
- Are findings meaningful to the group or community of interest?
- Have I made a concerted effort to consider alternative explanations of findings?

*From the Centers for Disease Control and Prevention. Practical Strategies for Culturally Competent Evaluation. Atlanta, GA: US Dept of Health Human Services; 2014*

## Stage 6 | Ensuring Use

The final step in the evaluation framework focuses on ensuring that findings and lessons learned generated through the evaluation process are used to inform program improvement and the broader field. It is critical for stakeholders to be

involved in formulating recommendations based on key findings, communicating and disseminating results, and engaging in ongoing monitoring to ensure that recommendations are being integrated into future programming.

Convening a CAB) is a good strategy to lay the foundation for reporting program findings back to the community you serve. The CAB can provide expertise and community knowledge of the populations of focus, serve as cultural brokers, help interpret findings, provide a link to relevant community resources, and serve as trusted opinion leaders in the community. A CAB can also help program staff understand which formats and platforms are best to communicate results to the stakeholder community. Examples include:

- First-person narratives of program impact tell a compelling, accessible story of program benefits for individual participants.
- Pictograms and charts make complex quantitative data more broadly understandable.
- Social media can be used to communicate results in a format that is easily forwarded to others in a cascade effect that maximizes stakeholder engagement with program results.

## Highlights from the LGBTQ IPP Local Evaluations

Evaluators shared insights concerning the production and dissemination of evaluation reports and how approaches to reporting were often informed through participatory feedback loops. One evaluator explained that the full evaluation report was not particularly useful or well-suited to their community members. Instead, the team invested time with the CAB discussing how best to share information with their communities, their funders, and their stakeholders using alternative formats. Another evaluator agreed that the larger evaluation report would not necessarily be used for the community. She noted that the project team was working on a smaller, more digestible impact report that could be shared more broadly with lay audiences. The team wanted to develop a smaller piece that was better suited to share with the community and other stakeholders. These examples demonstrate the importance of developing reporting methods that meet stakeholder needs.

Town halls held in the community provide an opportunity for program stakeholders, staff, management, volunteers, and evaluators to share program activities and outcomes in an interactive forum.

## CDC Guiding Questions for Ensuring Use

- Are communication mechanisms culturally appropriate?
- Does the reporting method meet stakeholder needs (both the message and the messenger)?
- Are the data presented in context, with efforts made to clarify issues and prevent misuse?
- Has the community benefited as anticipated? How?
- How has cultural responsiveness increased both the truthfulness and utility of the results?
- Do the action plans draw on community strengths and capacity? Are the action plans consistent with the purpose of the evaluation?

*From the Centers for Disease Control and Prevention. Practical Strategies for Culturally Competent Evaluation. Atlanta, GA: US Dept of Health Human Services; 2014*



## CONCLUSION

The California Reducing Disparities Project (CRDP) is part of a statewide mental health policy initiative to identify effective solutions for addressing mental health needs of historically unserved, underserved, and inappropriately served communities. The

CRDP awarded implementation grants to seven community-based organizations that focus specifically on LGBTQ+ service populations. Each grantee was required to participate in a Statewide Evaluation (SWE) of the CRDP initiative and to partner with a local evaluator. The intent was to ensure that the CDEPs' development could inform and change the broader mental health field and contribute to reductions in mental health disparities. OHE also funded technical assistance centers (TA Centers) for each priority population. The TA Centers work in partnership with IPP program managers and their local evaluators to promote strategic planning, effective implementation, rigorous evaluation, and successful scale-up and sustainability of effective practices.

The LGBTQ+ Population Evaluation Guidelines have been developed by the LGBTQ TA Center as a resource for CRDP grantees, program evaluators, and other stakeholders working in LGBTQ-serving program settings. The Guidelines were designed as a flexible, "living document" to accommodate the evolving opinions and perceptions of the LGBTQ+ communities that the CRDP aims to serve. As IPPs

move into the next phase of funding and development, the Guidelines will continue to expand and evolve with the goal of promoting the use of culturally competent evaluation methods and practices in LGBTQ+ service settings and building evidence of effective practices in inclusive and affirming LGBTQ+ mental health PEI.



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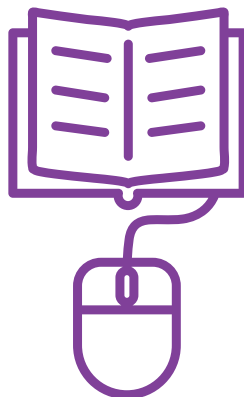
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## Appendix A: Description of the LGBTQ+ CDEPs

CRDP Phase 2 funded seven LGBTQ+ CDEPs that focus on Prevention and Early Intervention (PEI). Programs aim to reduce disparities in mental health by increasing access to effective supports that address potential mental health problems before they develop or as they begin to emerge. The following are brief descriptions of the CDEPs that were designed and further cultivated by IPP grantees to reach and more effectively serve LGBTQ+ community members.



### Trans: Thrive, San Francisco Community Health Center

San Francisco Community Health Center’s “Trans: Thrive” intervention is a PEI program that aims to prevent and reduce mental health disparities facing transgender adults. The core program is a daily drop-in space offering community led groups, social support and basic needs resources including clothing, food, medical care, and housing navigation. This intervention is held in a dedicated site in the Tenderloin area of San Francisco, where many low income and unhoused transgender people congregate. The drop-in space will also offer mental health services by a trans-identified clinician. Trans: Thrive is complemented by an array of center-based, drop-in services, including culturally and linguistically appropriate community outreach and engagement; early identification and accurate assessment of mental health needs; and wraparound services addressing the social and environmental determinants of health, such as education, employment, and income. The intervention aims to build community resilience by promoting social support and empowerment, and by reducing stigma, isolation, and barriers to accessing care.

Visit [sfccc.org](http://sfccc.org) to learn more.



### Reducing Isolation through Support and Empowerment (RISE), Center for Sexuality & Gender Diversity

The Center for Sexuality & Gender Diversity’s Reducing Isolation Through Support and Empowerment (RISE) is a PEI program aimed at preventing and reducing social isolation and loneliness and addressing symptoms of depression, anxiety, and long-standing trauma for LGBTQ+ community

members. RISE is comprised of four program components: social support groups (e.g., Gender Rebels, Bi/Pan+ workshops), one-on-one advocacy, social and recreational activities, and professional development for behavioral health providers in Kern County. The RISE program aims to increase social connectedness, engagement, and sense of community; promote access to aging and LGBTQ-affirming mental health service; reduce harm from discrimination, shame, rejection, inequality, and other prejudices experienced by LGBTQ+ community members; and foster the development of positive coping skills and resiliency.

Visit <http://www.thecenterbak.org/> to learn more.



## Cultivating Acceptance Program (CAP), San Joaquin Pride Center

The San Joaquin Pride Center's Cultivating Acceptance Program (CAP) is a PEI program that aims to prevent or reduce gender dysphoria, Post Traumatic Stress Disorder (PTSD), depression, anxiety, and adjustment disorders for LGBTQ+ youth in San Joaquin County. The program focuses on LGBTQ+ high school students, family members, and education and health care providers who work with them. The CAP is comprised of four program components: school-based programming; supportive interventions for youth, including counseling services, peer support group, field trips, and a Youth Empowerment Summit; sensitivity and awareness trainings; and a workforce development component specific to mental health clinicians. The program focuses on reducing LGBTQ+ youth isolation; reducing school bullying; and strengthening the resilience of LGBTQ+ youth, acceptance, school engagement, and family functioning/support, including increasing youth access to LGBTQ+ supports and services within schools and the community.

Visit <https://sjpride.center/> to learn more.



## OASIS Model, LGBTQ Connection

LGBTQ Connection's OASIS model is a PEI program that aims to prevent and/or reduce the severity of depression and anxiety by decreasing isolation, rejection, and distress and increasing community connectedness, peer connectedness, positive self-regard, and help-seeking behaviors for LGBTQ+ young people aged



14-24. The program is comprised of three interconnected core components, with LGBTQ+ youth experiences, ideas, and leadership at the core of the interventions. The components include peer support groups and resource navigation meant to promote wellness; youth-led advocacy projects designed by youth leadership teams that identify and prioritize needs and facilitate a community-led response; and youth-informed workplace and provider trainings meant to increase the capacity of community organizations, schools, health services, faith communities, government, and businesses to welcome and serve LGBTQ+ youth competently. The Oasis Model is a youth-led approach to community organizing in which young people find support and acceptance with other peers and discover their personal agency to make their community safer and more inclusive while strengthening their own well-being.

Visit [www.lgbtqconnection.org](http://www.lgbtqconnection.org) to learn more.



## Gender Spectrum

Note: Gender Spectrum closed in 2023. Gender Spectrum's PEI program expands on the organization's existing Gender Inclusive Schools model. Programming is designed to prevent and reduce the mental health needs of transgender (TG) and gender expansive (GE) youth by creating more welcoming school environments and providing culturally competent mental health support to TG and GE youth. The program has two components. The Foundations of Gender Inclusive Schools is a professional development program to provide school staff with a baseline understanding of gender diversity that can be applied to professional practice. Schools that complete the Foundations program elect to contract with Gender Spectrum for additional professional development and consulting services based on their capacity and needs. The Inclusive Schools Network (ISN) is a more intensive program structured to create a learning community of education professionals committed to creating school settings where every child's gender is seen, understood, and respected. Gender Leadership Teams (GLT) that comprise the ISN commit to a one-year program, starting with a 2-day or 3-day institute plus a series of online follow-up Institute trainings.



## Openhouse

The Openhouse CDEP is a holistic and comprehensive PEI program aimed to prevent and reduce social isolation and loneliness, as well as the symptoms related to depression, anxiety, and long-standing trauma for LGBTQ+ older adults. The program offers tailored programming that increases social connectedness and engagement, sense of community, and access to aging and LGBTQ-affirming mental health services; reduces harm from discrimination, shame, rejection, inequality, and other prejudices experienced by LGBTQ+ older adults; and responds to the social and environmental determinants of health—such as housing and food insecurity. The CDEP was comprised of three Program Components: the Friendly Visitor Program, the Emotional Support Program offered through individual intervention (ESP-Individual) and in a group setting (ESP-Group), and Social Engagement and Recreational Programming. In the Phase 2 extension period, the CDEP will be comprised of the following Program Components: The Mental Health Pilot Program, Transgender and Gender Nonconforming Programming, and The Community Training Program.

Visit [www.openhouse-sf.org](http://www.openhouse-sf.org) to learn more.



## Gender Health Center

Gender Health Center's (GHC) CDEP aims to prevent and reduce risk of mental illness consequences resulting from systemic violence — such as suicide, depression, isolation, anxiety, unemployment, homelessness — for LGBTQ+ populations. At the same time, GHC fortifies an empowered sense of self, resilience, self-determination, and feelings and experiences of joy for community members. The Mental Health Workforce Development Program focuses on mental health intern and clinical supervisor continual professional development as queer and trans-informed clinicians who are also responsive advocates.

We aim to improve the capability of intern mental health practitioners to deliver culturally humble and responsive care. GHC's CDEP has the following primary goals:

- Enhance Community Members' mental health
- Improve the capability of intern mental health practitioners to deliver culturally competent, responsive care both at GHC and in their future careers

These goals are addressed through the Mental Health Provider training and development internships and clinical supervisor training.

Visit [www.genderhealthcenter.org](http://www.genderhealthcenter.org) to learn more

## APPENDIX B: CDEP DESIGN – SELECTING A POPULATION OF FOCUS

Identifying specific community groups and individuals that a program will serve begins with an assessment of the community needs data you have gathered. As when characterizing the problem, when selecting a population of focus, look for:

- **Prevalence:** Which community groups and individuals experience the highest rates of priority need? Which experience lower prevalence of need?
- **Trends:** Which groups and individuals are experiencing an increase in the priority need over time? Which ones are experiencing a decrease in need over time?
- **Disparities in access to existing providers:** What differences exist between groups in the necessity for your CDEP to address the priority need?
  - Do some individuals have health coverage and transportation that provides them access to culturally responsive mental health services at all, or only to services that are ineffective and culturally or linguistically incompetent?
  - Do some individuals or groups have no access to services at all, or only to services that are ineffective and culturally or linguistically incompetent?
- **Severity of harm:** Which groups and individuals are most likely to experience mental distress or harm if the priority need is left unaddressed? Who are the most vulnerable members of your community regarding the priority need?
- **Amenability to change or mitigation:** Which individuals or groups are most likely to benefit from your CDEP? Whose needs are beyond the capacity of your CDEP to impact in a meaningful way?
- **Resource availability:** Which individuals or groups are most likely to benefit from your program given the resources you have to conduct outreach and implement your CDEP?
  - Can your CDEP rollout with a population of focus limited by resource availability, then increase its scope and breadth over time to include more community members and groups?

### Community awareness of need.

Another way to select a population of focus for your CDEP is in response to a specific incident that occurred in the local LGBTQ+ community that highlighted deficiencies in existing health care delivery systems, or problems in how law enforcement or social service responders reacted to a community need. If the incident engendered broad outrage and a call to arms within a community motivated and able to support and sustain a CDEP that can prevent the incident from recurring within that population, focusing on community members and groups most susceptible to that specific harm is a way to create a CDEP with broad community support and sustainability. Each community determines who will be the priority population of focus for the proposed

CDEP being evaluated. The justification or rationale provided for identifying the population of focus will serve as a foundation for building relationships, attracting community support, and obtaining financial sustainability. If the population of focus does not include community members or groups directly affected by the priority need who did not have a voice in the decision-making process, or who were not included in the needs assessment data collection effort, conflict may ensue. Such conflict provides an opportunity for leadership to build organizational capacity to ensure that inclusive, representative practices are used moving forward that can ameliorate and prevent missteps and errors that occurred in the past.



# APPENDIX C: LGBTQ+ IPP LOCAL EVALUATION PLAN CUSTOM MEASURES

## California Reducing Disparities Project (CRDP) LGBTQ IPP Local Evaluation Plan Custom Measures

IPP	Instrument	Description	SWE Core Outcome Measure	Respondents	Timing/Frequency	Measurement Constructs	Items/Format
<b>Inclusive Schools Network<sup>1</sup> Gender Spectrum.</b>	Inclusive Schools Network Pre-Survey.	Pre-test survey establishing baseline measurement of CDEP outcomes, including knowledge, attitudes, and behaviors.	N	Inclusive School Network training participants.	Pre-test administration.	<ul style="list-style-type: none"> <li>• SWE ID format (birth city, birth day, first school).</li> <li>• Observed gender-based stereotyping, bullying, or harassment of transgender or gender expansive youth.</li> <li>• Knowledge of gender identity.</li> <li>• Knowledge and awareness of strategies and resources to educate and support youth and families and foster gender inclusive school environments.</li> <li>• Confidence in own ability to implement gender-inclusive strategies in the school environment (e.g., offer staff development, facilitate discussions, modify curricula, or school policies).</li> <li>• Interactions with transgender or gender expansive students.</li> <li>• Current practices regarding use of gender-inclusive strategies.</li> </ul>	Extensive (62-item and sub-item) survey questionnaire containing a mix of fixed-response and open-ended questions.

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IPP	Instrument	Description	SWE Core Outcome Measure	Respondents	Timing/Frequency	Measurement Constructs	Items/Format
Inclusive Schools Network <sup>1</sup> Gender Spectrum. (Continued)						<ul style="list-style-type: none"> <li>• Introspection regarding experiences with and attitudes about gender.</li> <li>• Personal competency and perceived administrative support to foster gender-inclusive school environments.</li> <li>• Expectations for training.</li> <li>• Demographic information.</li> </ul>	
	Inclusive Schools Network Post-Survey.	Post-test survey measuring changes in CDEP outcomes, including knowledge, attitudes, and intended behaviors, and feedback on the training event.	N	Inclusive Schools Network training participants.	Post-test administration.	<ul style="list-style-type: none"> <li>• SWE ID format (birth city, birth day, first school).</li> <li>• Knowledge of gender identity.</li> <li>• Knowledge and awareness of strategies and resources to educate and support youth and families and foster gender inclusive school environments.</li> <li>• Impacts of training on levels of awareness and capacity to apply gender-inclusive strategies.</li> <li>• Intent to engage in Gender Spectrum activities.</li> <li>• Confidence in own ability to implement gender-inclusive strategies in the school environment (e.g., offer</li> </ul>	

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IPP	Instrument	Description	SWE Core Outcome Measure	Respondents	Timing/Frequency	Measurement Constructs	Items/Format
Inclusive Schools Network <sup>1</sup> Gender Spectrum. (Continued)						<p>staff development, facilitate discussions, modify curricula, or school policies).</p> <ul style="list-style-type: none"> <li>• Interactions and engagement with transgender or gender expansive students.</li> <li>• Personal competency and perceived administrative support to foster gender-inclusive school environments.</li> <li>• Quality and relevance of training content.</li> <li>• Quality of facilitation.</li> <li>• Additional training needs.</li> <li>• Most valuable component of training.</li> <li>• Anticipated barriers to implementation.</li> <li>• Recommendations for improvement.</li> </ul>	
Foundations of Gender Inclusive Schools Gender Spectrum	Foundations of Gender Inclusive Schools Pre-Survey.	Pre-post survey tool used to measure the impact of Foundations workshops on schools and how workshops could be improved.	N	Foundations workshop participants.	Pre-test administration.	<ul style="list-style-type: none"> <li>• SWE ID format (birth city, birth day, first school).</li> <li>• Observed gender-based stereotyping, bullying, or harassment of transgender or gender expansive youth.</li> <li>• Knowledge and understanding of issues related to gender</li> </ul>	Moderate-length (50 item and sub-item) survey questionnaire with a mix of fixed-response and open-ended questions.

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IPP	Instrument	Description	SWE Core Outcome Measure	Respondents	Timing/ Frequency	Measurement Constructs	Items/Format
Foundations of Gender Inclusive Schools Gender Spectrum (Continued)						<ul style="list-style-type: none"> <li>identity and gender expression.</li> <li>Students needs for education on gender-related issues.</li> <li>Current practices regarding use of gender-inclusive strategies.</li> <li>Intent to implement gender-inclusive strategies.</li> <li>Interactions and engagement with transgender or gender expansive students.</li> <li>Introspection regarding experiences with and attitudes about gender.</li> <li>Personal competency and perceived administrative support to foster gender-inclusive school environments.</li> <li>Previous Gender Spectrum training exposure.</li> <li>Demographic information.</li> </ul>	
	Foundations of Gender Inclusive Schools Post-Survey.	Pre-post survey tool used to measure the impact of Foundations workshops on schools and how	N	Foundations workshop participants.	Post-test administration.	<ul style="list-style-type: none"> <li>SWE ID format (birth city, birth day, first school)</li> <li>Relevance of training content.</li> <li>Presenter responsiveness to questions.</li> </ul>	Moderate-length (38-item)survey questionnaire with a mix of fixed-response and open-ended questions, and demographic

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IPP	Instrument	Description	SWE Core Outcome Measure	Respondents	Timing/Frequency	Measurement Constructs	Items/Format
Foundations of Gender Inclusive Schools Gender Spectrum (Continued)		workshops could be improved.				<ul style="list-style-type: none"> <li>• Knowledge and understanding of issues related to gender identity and gender expression.</li> <li>• Student needs for education on gender-related issues.</li> <li>• Current practices regarding use of gender-inclusive strategies.</li> <li>• Interactions and engagement with transgender or gender expansive students.</li> <li>• Introspection regarding experiences with and attitudes about gender.</li> <li>• Personal competency and perceived administrative support to foster gender-inclusive school environments.</li> <li>• Rating of training impact.</li> <li>• Intent to implement gender-inclusive strategies.</li> <li>• Demographic information.</li> </ul>	measures.
Cultivating Acceptance <sup>2</sup> San Joaquin Pride Center (SJPC)	Cultivating Acceptance Program School Climate Survey.	School-wide, anonymous pre-test survey tool documenting student characteristics and establishing	N	Youth in grades 9-12 enrolled in participating school sites.	Annual school-wide survey administration.	<ul style="list-style-type: none"> <li>• Anonymous; no identifying information.</li> <li>• Demographics.</li> <li>• Availability of campus social supports.</li> <li>• Exposure to Negative</li> </ul>	Moderate-length (50-item) survey questionnaire containing fixed-response survey items.

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IPP	Instrument	Description	SWE Core Outcome Measure	Respondents	Timing/Frequency	Measurement Constructs	Items/Format
<b>Cultivating Acceptance<sup>2</sup></b> San Joaquin Pride Center (SJPC) (Continued)		baseline measurement of core CDEP outcomes to assess the climate in schools related to LGBT+ topics and school experiences.				Comments — Students, Teachers, Other School Staff. <ul style="list-style-type: none"> <li>Bystander Behavior — Students, Teachers, Other School Staff.</li> </ul>	
	Pride Center Intern Focus Group.	Focus group discussion protocol used to measure the impact of SJPC internship on participants' knowledge of LGBTQ+ issues, inclusiveness, and sensitivity.	N	Interns working with SJPC	One-time focus group discussion.	<ul style="list-style-type: none"> <li>No identifying information.</li> <li>Knowledge of social work.</li> <li>Increase LGBTQ+ sensitivity and awareness.</li> <li>Most or least useful component of the internship program.</li> </ul>	Brief (7-item) focus group protocol containing semi-structured question prompts.

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IPP	Instrument	Description	SWE Core Outcome Measure	Respondents	Timing/Frequency	Measurement Constructs	Items/Format
<b>Cultivating Acceptance<sup>2</sup></b> San Joaquin Pride Center (SJPC) (Continued)	Pride Center Training Feedback.	Post-event survey tool measuring the impact of SJPC training participation and how the training could be improved.	N	Cultivating Acceptance training participants.	Post-event administration.	<ul style="list-style-type: none"> <li>• Areas in need of improvement.</li> <li>• No identifying information.</li> <li>• Benefits of training.</li> <li>• Knowledge gains.</li> <li>• Improved cultural sensitivity.</li> <li>• Ability to apply training concepts.</li> <li>• Impact of training.</li> <li>• Areas in need of improvement.</li> </ul>	Brief (6-item) survey questionnaire containing a mix of fixed-response and open-ended questions.
	Youth Focus Group – Interview Questions: I AM App.	Focus group discussion protocol measuring the utility and impact of the “I Am” social media application as a communication tool.	N	“I Am” app users.	One-time focus group discussion.	<ul style="list-style-type: none"> <li>• No identifying information.</li> <li>• Ease-of-use.</li> <li>• Utility and perceived effectiveness as a communication tool.</li> <li>• Technical challenges.</li> <li>• Recommendations for improvement.</li> </ul>	Brief (7-item) focus group protocol containing semi-structured question prompts.
	Pride Center Program Staff Interview.	Semi-structured interview protocol to gather feedback from SJPC staff.	N	SJPC staff members.	End-of-year interview.	<ul style="list-style-type: none"> <li>• No identifying information.</li> <li>• Types of services delivered.</li> <li>• Perceived effectiveness of services.</li> <li>• Barriers and challenges to implementation.</li> <li>• Proposed changes to services.</li> </ul>	Brief (8-item) interview protocol containing semi-structured interview questions.

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IPP	Instrument	Description	SWE Core Outcome Measure	Respondents	Timing/Frequency	Measurement Constructs	Items/Format
<b>Cultivating Acceptance<sup>2</sup></b> San Joaquin Pride Center (SJPC) (Continued)	“I AM” App Designer Interview.	Semi-structured interview protocol to gather feedback from “I Am” app designer on the application’s development.	N	“I AM” App Designer.	End-of-year interview.	<ul style="list-style-type: none"> <li>No identifying information.</li> <li>Description of product and components.</li> <li>Perceived impact.</li> <li>Technical challenges concerning development.</li> </ul>	Brief (8-item) interview protocol containing semi-structured interview questions.
<b>Openhouse<sup>3</sup></b>	Standard Intake.	Intake questionnaire	N	LGBT seniors.	Intake administration.	<ul style="list-style-type: none"> <li>SWE ID format (birth city, birth day, first school).</li> <li>Contact information.</li> <li>Demographic information.</li> <li>Consent.</li> <li>Language.</li> <li>Relationship status.</li> <li>Employment status.</li> <li>Veteran status.</li> <li>Living status.</li> <li>Financial status.</li> </ul>	Sign-in sheets with standard identifiers.
	Local Evaluation Pre-Survey.	Pre-test survey documenting client characteristics and establishing baseline measurement of core CDEP outcomes to assess changes in attitudes, perceptions,	Y	LGBT seniors participating in CDEP services.	Pre-test administration.	<ul style="list-style-type: none"> <li>SWE ID format (birth city, birth day, first school).</li> <li>SWE Demographic information (i.e., age, race and ethnic origin, language preference and fluency, country of birth, zip code of residence, refugee status, gender identify, sex assigned at birth, and sexual orientation).</li> </ul>	Extensive (55-item) survey questionnaire containing both fixed-response items and open-ended items.

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IPP	Instrument	Description	SWE Core Outcome Measure	Respondents	Timing/Frequency	Measurement Constructs	Items/Format
Openhouse <sup>3</sup> (Continued)		and functioning over time.				<ul style="list-style-type: none"> <li>Life satisfaction.</li> <li>Positive outlook.</li> <li>Housing condition.</li> <li>Connections to the LGBT community.</li> <li>Feelings of isolation or loneliness.</li> <li>Mental health functioning.</li> </ul>	
	Local Evaluation Follow-Up Survey.	Post-test survey providing follow-up measurements to assess core CDEP outcomes to assess changes in attitudes, perceptions, and functioning over time.	Y	LGBT seniors participating in CDEP services.	Follow-up administration.	<ul style="list-style-type: none"> <li>SWE ID format (birth city, birth day, first school).</li> <li>Life satisfaction.</li> <li>Positive outlook.</li> <li>Housing condition.</li> <li>Connections to the LGBT community.</li> <li>Feelings of isolation or loneliness.</li> <li>Mental health functioning.</li> <li>Staffing quality.</li> </ul>	Extensive (43-item) survey questionnaire containing both fixed-response items and open-ended items.
	Local Evaluation Post-Survey.	Post-test survey providing follow-up measurement to assess changes in CDEP outcomes, including life satisfaction, positive outlook, connection to the LGBT	Y	LGBT seniors participating in CDEP services.	Post-test administration.	<ul style="list-style-type: none"> <li>SWE ID format (birth city, birth day, first school).</li> <li>Life satisfaction.</li> <li>Positive outlook.</li> <li>Housing condition.</li> <li>Connections to the LGBT community.</li> <li>Feelings of isolation or loneliness.</li> </ul>	Extensive (43-item) survey questionnaire containing both fixed-response items and open-ended items.

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IPP	Instrument	Description	SWE Core Outcome Measure	Respondents	Timing/Frequency	Measurement Constructs	Items/Format
Openhouse <sup>3</sup> (Continued)		community, feelings of isolation or loneliness, and mental health functioning over the past 30-day period. Post-survey includes items measuring staffing quality.				<ul style="list-style-type: none"> <li>Mental health functioning.</li> <li>Staffing quality.</li> </ul>	
	Openhouse TYPE Group Support Pre-Test Survey.	Pre-post survey for program participants measuring changes in attitudes and perceptions regarding community connection, mental wellness and functioning, quality of life, and ability to cope with grief and loss.	Y	LGBT seniors who received group interventions.	Pre-test administration.	<ul style="list-style-type: none"> <li>SWE ID format (birth city, first school)</li> <li>Reason for participating.</li> <li>Community connectedness.</li> <li>Sense of loneliness or isolation.</li> <li>Quality of life and sense of satisfaction.</li> <li>Perceived quality and impact of Openhouse services.</li> </ul>	Moderate-length (31-item) survey containing a mix of fixed-response open-ended items.
	Openhouse TYPE Group Support Pre-Test Survey.	Post survey for program participants measuring changes in attitudes and perceptions regarding community connection, mental wellness and functioning,	Y	LGBT seniors who received group interventions.	Post-test administration.	<ul style="list-style-type: none"> <li>SWE ID format (birth city birth day, first school).</li> <li>Reason for participating.</li> <li>Community connectedness.</li> <li>Sense of loneliness or isolation.</li> <li>Quality of life and sense of satisfaction.</li> </ul>	Brief (15-item) survey containing a mix of fixed-response open-ended items.

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IPP	Instrument	Description	SWE Core Outcome Measure	Respondents	Timing/Frequency	Measurement Constructs	Items/Format
Openhouse <sup>3</sup> (Continued)		quality of life, and ability to cope with grief and loss.				<ul style="list-style-type: none"> <li>Perceived quality and impact of Openhouse services.</li> </ul>	
	Friendly Visitor Pre-Test Survey.	Pre-test survey for program participants providing baseline measurement of quality of life indicators (physical and mental health and wellbeing) that may be attributable to program participation.	N	LGBT seniors who participated in the Friendly Visitor program.	Pre-test administration.	<ul style="list-style-type: none"> <li>SWE ID format (birth city, birth day, first school).</li> <li>Life satisfaction.</li> <li>Positive outlook.</li> <li>LGBT community connectedness.</li> <li>Physical health (past 6 months).</li> <li>Loneliness or isolation.</li> </ul>	Brief (15-item) survey containing mostly fixed-response items.
	Friendly Visitor Post-Test Survey.	Pre-post survey for program participants measuring changes in quality of life indicators (physical and mental health and wellbeing) that may be attributable to program participation.	N	LGBT seniors who participated in the Friendly Visitor program.	Post-test administration.	<ul style="list-style-type: none"> <li>SWE ID format (birth city, birth day, first school).</li> <li>Perceived impact on physical health, wellbeing and connection to needed resources.</li> <li>Life satisfaction.</li> <li>Positive outlook.</li> <li>LGBT community connectedness.</li> <li>Physical health (past 6 months).</li> <li>Loneliness or isolation.</li> </ul>	Brief (18-item) survey containing mostly fixed-response items.

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IPP	Instrument	Description	SWE Core Outcome Measure	Respondents	Timing/Frequency	Measurement Constructs	Items/Format
<b>Openhouse<sup>3</sup></b> (Continued)	Friendly Visitor Training Survey.	Post-event feedback survey for Friendly Visitor program volunteers.	N	Volunteers trained to participate in the Friendly Visitor program	Post-event administration.	<ul style="list-style-type: none"> <li>Quality of programs and services.</li> <li>Quality of staffing.</li> <li>Understanding of roles.</li> <li>Knowledge of reporting expectations.</li> <li>Presentation quality.</li> <li>Recommendations for improvement.</li> </ul>	Brief (18-item and sub-item) survey containing a mix of fixed-response and open-ended items.
	Social Engagement and Recreational Programming Survey (Rainbow Lunches).	Post-event feedback survey used to gauge participant's perceptions of the quality of programming and facilitation, and the overall impact of participation on outcomes.	N	LGBT seniors who participated in social engagement and recreational programming.	Post-event administration.	<ul style="list-style-type: none"> <li>SWE ID format (birth city, birth day, first school).</li> <li>Impact of program participation on social engagement, health and wellbeing.</li> <li>Perceived quality of programming.</li> <li>Perceived quality of facilitation.</li> </ul>	Brief (10-item) fixed response survey.
<b>Oasis Model LGBTQ Connection<sup>4</sup></b>	LGBTQ Connection Youth Demographics and Initial Survey.	Pre-test survey for youth participants measuring changes in quality of life indicators (physical and mental health and wellbeing) that may be attributable to program participation.	Y	Youth participants	Pre-test administration.	<ul style="list-style-type: none"> <li>Participant name.</li> <li>Demographic information.</li> <li>Cultural connectedness.</li> <li>Mental health treatment needs.</li> <li>Mental health service utilization.</li> <li>Accepting or rejecting behaviors among family, friend, and provider networks related to gender identity and/or</li> </ul>	Extensive (58-item) survey questionnaire containing both fixed-response items and open-ended items.

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IPP	Instrument	Description	SWE Core Outcome Measure	Respondents	Timing/Frequency	Measurement Constructs	Items/Format
Oasis Model LGBTQ Connection <sup>4</sup> (Continued)						sexual orientation.	
	Family Acceptance Survey – Rejecting Ways That Harm.	Post-intervention retrospective survey measuring perceived changes in accepting (e.g., encouragement) or rejecting behaviors (e.g., concealing, blaming, excluding, abusing) among family members of youth participants.	N	Adolescent consumers.	Post-intervention retrospective survey.	<ul style="list-style-type: none"> <li>Family member involvement in LGBTQ Connection activities.</li> <li>Changes in family accepting behaviors related to sexuality or gender identity.</li> <li>Changes in family rejecting behaviors related to sexuality or gender identity.</li> <li>Impact of changes on youth well-being.</li> </ul>	Brief (15 item) survey questionnaire containing a mix of fixed-response and open-ended survey questions.
	Youth Leadership Team Advocacy Project Interview.	Focus group survey measuring the perceived impact of youth advocacy project on participants, connections to others, and impacts on the community.	N	Youth leadership team members.	Post-intervention focus group.	<ul style="list-style-type: none"> <li>Set of protective factors that need to be strengthened: help-seeking behaviors, social connections, community connections, positive self-regard.</li> <li>Impact of project on strengthening protective factors.</li> <li>Impact on youth, families, and communities.</li> <li>Success in creating more welcoming community spaces,</li> </ul>	Brief (5-item) focus group interview format.

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IPP	Instrument	Description	SWE Core Outcome Measure	Respondents	Timing/Frequency	Measurement Constructs	Items/Format
Oasis Model LGBTQ Connection <sup>4</sup> (Continued)						schools or families for youth.	
	Youth Leadership Team Final Learning Presentation.	Guiding questions for youth leadership team members to direct project presentations.	N	Youth leadership team members.	Project completion.	<ul style="list-style-type: none"> <li>• Need addressed by the project.</li> <li>• Activities and partners.</li> <li>• Impact on self-regard.</li> <li>• Impact on relationships and connections to team members.</li> <li>• Impact on promoting more welcoming community and school environments.</li> <li>• Impact on youth and communities.</li> </ul>	Brief (6-item) set of guiding questions for reporting out on youth leadership projects.
	LGBTQ Best Practices Workshop Evaluation Event Feedback.	Training event survey tool measuring participants' feedback on the LGBTQ Best Practices Workshop evaluation.	N	LGBTQ Best Practices Workshop training attendees.	Event feedback	<ul style="list-style-type: none"> <li>• Knowledge and attitudes concerning LGBTQ identities, experiences, and resource needs.</li> <li>• Presentation quality.</li> <li>• Most useful training component.</li> <li>• Recommendations for improvement.</li> </ul>	Brief (12-item) survey containing a mix of fixed-response and open-ended items.
	LGBTQ Best Practices Workshop Evaluation Post-Event Feedback.	Post-event survey tool measuring participants' feedback on the LGBTQ Best Practices Workshop evaluation.	N	LGBTQ Best Practices Workshop training attendees.	Post-event administration.	<ul style="list-style-type: none"> <li>• Changes implemented to improve practices when working with LGBTQ clients.</li> <li>• Description of changes and assessment of organization impact.</li> <li>• Additional comments.</li> </ul>	Brief (12-item) survey containing a mix of fixed-response and open-ended items.

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IPP	Instrument	Description	SWE Core Outcome Measure	Respondents	Timing/Frequency	Measurement Constructs	Items/Format
<b>Oasis Model LGBTQ Connection<sup>4</sup></b> (Continued)	Presentation Participant Demographics.	Participant form documenting characteristics of individuals in attendance at presentations to measure program reach.	N	Participants attending youth-led presentation.	Pre-event sign-in.	<ul style="list-style-type: none"> <li>No identifying information; anonymous.</li> <li>Demographic information on presentation attendees. Includes age, language, disability type, sex assigned at birth, gender identify, sexual orientation, race, and ethnicity.</li> </ul>	Brief (9-item) demographic questionnaire.
	Youth Participatory Evaluation Focus Groups.	Focus group survey measuring the impacts of program participation in three content areas: feelings of distress, help-seeking behaviors, and cultural competency.	N	Youth leadership team members.	One-time focus group discussion.	<ul style="list-style-type: none"> <li>Cultural competence of program services.</li> <li>Effectiveness in reducing feelings of pressure and stress.</li> <li>Impact of program on youth help-seeking behaviors.</li> </ul>	Brief (13-item) focus group interview format.
<b>Reducing Isolation through Support and Empowerment (RISE)<sup>5</sup></b> The Center for Sexuality and Gender Diversity	Center for Sexuality & Gender Diversity Sign-In Sheets.	CS & GD activity and program event sign-in sheet documenting activity attendance.	N	CS & GD activity or program participants.	Pre-event sign-in.	<ul style="list-style-type: none"> <li>Program or activity name and date.</li> <li>Identifying information.</li> </ul>	Sign-in sheets with standard identifiers.

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IPP	Instrument	Description	SWE Core Outcome Measure	Respondents	Timing/Frequency	Measurement Constructs	Items/Format
<b>Reducing Isolation through Support and Empowerment (RISE)<sup>5</sup></b> The Center for Sexuality and Gender Diversity (Continued)	Local Evaluation Measures.	Pre- and post-survey for CS & GD program participants (not tied to enrollment in a specific component) measuring changes in core CDEP outcomes.	Y	CS & GD activity or program participants (unspecified component).	Pre- and post-test administration.	<ul style="list-style-type: none"> <li>• SWE ID format (birth city, birth day, first school).</li> <li>• Community connectedness.</li> <li>• Loneliness or isolation (UCLA Loneliness Scale).</li> <li>• Distress (Sexual Identity Distress Scale).</li> <li>• Mental health symptoms (CDC Healthy Days Symptoms Module).</li> <li>• Life satisfaction.</li> <li>• Positive outlook.</li> <li>• Housing quality (safety, affordability).</li> <li>• Staff quality (respect and understanding).</li> <li>• Treatment need.</li> <li>• History of help-seeking.</li> <li>• Currently in treatment.</li> <li>• SWE Demographic information (i.e., age, race and ethnic origin, language preference and fluency, country of birth, zip code of residence, refugee status, gender identify, sex assigned at birth, and sexual orientation).</li> </ul>	Moderate-length (31-item) survey questionnaire containing a mix of fixed-response and open-ended survey questions.

Continued on next page.

IPP	Instrument	Description	SWE Core Outcome Measure	Respondents	Timing/Frequency	Measurement Constructs	Items/Format
<b>Reducing Isolation through Support and Empowerment (RISE)<sup>5</sup></b> The Center for Sexuality and Gender Diversity (Continued)	Advocacy Pre-Program Survey.	Pre-test survey for participants enrolled in individual advocacy services measuring changes in core CDEP outcomes.	Y	1:1 Advocacy Program participants.	Pre-test administration.	<ul style="list-style-type: none"> <li>SWE ID format (birth city, birth day, first school).</li> <li>Resilience (Building Resilience Scale).</li> <li>Distress (Sexual Identify Distress Scale).</li> <li>Loneliness or isolation (UCLA Loneliness Scale).</li> <li>Coping Self-Efficacy (modified).</li> <li>Mental health symptoms (CDC Healthy Days Symptoms Module).</li> <li>Negative coping behaviors.</li> <li>Positive coping behaviors.</li> <li>Housing status.</li> <li>Cultural competency of staff.</li> </ul>	Moderate-length (31-item) survey questionnaire containing a mix of fixed-response and open-ended survey questions.
	Advocacy Post-Program Survey.	Post-test survey for participants completing individual advocacy services measuring changes in core CDEP outcomes.	Y	1:1 Advocacy Program participants.	Post-test administration.	<ul style="list-style-type: none"> <li>SWE ID format (birth city, birth day, first school).</li> <li>Goal attainment.</li> <li>Resilience (Building Resilience Scale).</li> <li>Distress (Sexual Identify Distress Scale).</li> <li>Coping Self-Efficacy (modified).</li> <li>Mental health</li> </ul>	Moderate-length (31-item) survey questionnaire containing a mix of fixed-response and open-ended survey questions.

Continued on next page.

IPP	Instrument	Description	SWE Core Outcome Measure	Respondents	Timing/Frequency	Measurement Constructs	Items/Format
<b>Reducing Isolation through Support and Empowerment (RISE)<sup>5</sup></b> The Center for Sexuality and Gender Diversity (Continued)						Symptoms (CDC Healthy Days Symptoms Module). <ul style="list-style-type: none"> <li>Negative coping behaviors.</li> <li>Positive coping behaviors.</li> <li>Assessment of program quality.</li> <li>Referrals to other services or resources.</li> <li>Recommendations for improvement.</li> <li>Additional information.</li> </ul>	Moderate-length (31-item) survey questionnaire containing a mix of fixed-response and open-ended survey questions.
	The Center Activity Survey.	Post-event survey measuring participant feedback from individuals attending center-based activities, such as panel discussions, educational events, drop-in services, social gatherings, or service events.	N	Center-based activity or event attendees.	Post-event administration.	<ul style="list-style-type: none"> <li>SWE ID format (birth city, birth day, first school)</li> <li>Activity type.</li> <li>Sense of safety and belonging.</li> <li>Community connectedness.</li> <li>Mental health symptoms, including depression and isolation.</li> <li>Future plans for engagement.</li> <li>Quality of event implementation.</li> <li>Quality of event staffing.</li> <li>Recommendations for improvement.</li> </ul>	Moderate length survey (26-items) containing a mix of fixed-response and open-ended survey questions.

Continued on next page.

IPP	Instrument	Description	SWE Core Outcome Measure	Respondents	Timing/Frequency	Measurement Constructs	Items/Format
<b>Reducing Isolation through Support and Empowerment (RISE)<sup>5</sup></b> The Center for Sexuality and Gender Diversity (Continued)	Event Survey.	Post-event survey measuring participant feedback from individuals attending program-sponsored events in the community.	N	Community event attendees.	Post-event administration.	<ul style="list-style-type: none"> <li>• Additional feedback</li> <li>• SWE ID format (birth city, birth day, first school).</li> <li>• Sense of safety and belonging.</li> <li>• Community connectedness.</li> <li>• Quality of event implementation.</li> <li>• Quality of event staffing.</li> <li>• Recommendations for improvement.</li> <li>• Additional feedback.</li> </ul>	Brief (16-items) survey containing a mix of fixed-response and open-ended survey questions.
	Bi+ Workshop Post Survey.	Post-intervention retrospective survey measuring changes in core CDEP outcomes, including knowledge, experiences, and behaviors related to Bi+, gender, and transgender issues.	N	Bi+ training workshop participants.	Post-event retrospective survey.	<ul style="list-style-type: none"> <li>• SWE ID format (birth city, birth day, first school).</li> <li>• Session participation.</li> <li>• Correcting use of mis-gendered pronouns.</li> <li>• Responding to questions about sexual orientation.</li> <li>• Comfort coming out.</li> <li>• Access to safe spaces.</li> <li>• Intent to participate in LGBTQ events.</li> <li>• Knowledge of Bi+, gender, and transgender issues.</li> </ul>	Moderate length survey containing a mix of fixed-response and open-ended survey items.

Continued on next page.

IPP	Instrument	Description	SWE Core Outcome Measure	Respondents	Timing/Frequency	Measurement Constructs	Items/Format
<b>Reducing Isolation through Support and Empowerment (RISE)<sup>5</sup></b> The Center for Sexuality and Gender Diversity (Continued)	Gender Rebels Post Survey.	Post-intervention retrospective survey for transgender social support group participants measuring changes in core CDEP outcomes, including knowledge, experiences, and behaviors.	N	Gender Rebels transgender social support group participants.	Post-intervention retrospective survey.	<ul style="list-style-type: none"> <li>• SWE ID format (birth city, birth day, first school).</li> <li>• Social support group participation.</li> <li>• Access to safe spaces.</li> <li>• Understanding differences.</li> <li>• Understanding personal identify.</li> <li>• Comfort communicating about identity to others.</li> <li>• Plans to communicate about gender identity.</li> <li>• Experiences with discrimination or bullying.</li> <li>• Media representation.</li> </ul>	Moderate length survey containing a mix of fixed-response and open-ended survey items.
	LGBTQ Outreach and Training Survey.	Post-event survey measuring changes in knowledge and attitudes concerning bisexuality and gender identity resulting from outreach and training for LGBTQ community member audiences.	N	LGBTQ community member outreach and training attendees.	Post-event administration.	<ul style="list-style-type: none"> <li>• SWE ID format (birth city, birth day, first school).</li> <li>• Knowledge and understanding of bisexuality and gender identity.</li> <li>• Positive attitudes to bisexual and transgender community members.</li> </ul>	Short survey containing a mix of fixed-response and open-ended survey items.

Continued on next page.



IPP	Instrument	Description	SWE Core Outcome Measure	Respondents	Timing/Frequency	Measurement Constructs	Items/Format
San Francisco Community Health <sup>6</sup>	SFCHC SWE Core Outcome Survey, Pre-Test.	Pre-test survey documenting client characteristics and establishing baseline measurement of core CDEP outcomes to assess changes in attitudes and perceptions over time.	Y	Let's Connect participants	Pre-test administration.	<ul style="list-style-type: none"> <li>Participant name.</li> <li>Demographic information.</li> <li>Gender expression.</li> <li>Sexuality, attraction, and sexual history.</li> <li>Affirming or rejecting behaviors related to gender among friends, family, colleagues, and providers.</li> <li>Affirming or rejecting behaviors related to sexuality among friends, family, colleagues, and providers.</li> <li>Discrimination based on sexuality or gender expression.</li> <li>Health insurance status, mental health treatment history, unmet treatment needs, and barriers to access.</li> <li>Psychological distress and functioning.</li> <li>Cultural connectedness.</li> <li>Perceived physical health, mobility, and ability to access care.</li> </ul>	Extensive (116-item) survey questionnaire containing mostly fixed-response items with a few open-ended items.

Continued on next page.

IPP	Instrument	Description	SWE Core Outcome Measure	Respondents	Timing/Frequency	Measurement Constructs	Items/Format
San Francisco Community Health <sup>6</sup> (Continued)	SFCHC SWE Core Outcome Survey, Post-Test.	Post-test survey documenting client characteristics and establishing baseline measurement of core CDEP outcomes to assess changes in attitudes, experiences, and behaviors over time.	Y	Let's Connect participants.	Post-test administration (6-week).	<ul style="list-style-type: none"> <li>Participant name.</li> <li>Psychological distress and functioning.</li> <li>Cultural connectedness.</li> <li>Self-reported service utilization.</li> <li>Quality of services.</li> <li>Quality of staffing.</li> <li>Impact of program services on wellness and daily functioning.</li> </ul>	Moderate length survey containing a mix of fixed-response and open-ended survey items.
	SFCHC SWE Core Outcome Survey, Post-Test (12-week follow-up).	Post-test survey providing follow-up measurement of core CDEP outcomes to assess changes in attitudes, experiences, and behaviors over time.	Y	Let's Connect participants.	Post-test administration (12-week follow-up).	<ul style="list-style-type: none"> <li>Participant identifying information.</li> <li>Psychological distress and functioning.</li> <li>Cultural connectedness.</li> <li>Self-reported service utilization.</li> <li>Quality of services.</li> <li>Quality of staffing.</li> <li>Impact of program services on wellness and daily functioning.</li> </ul>	Extensive (116-item) survey questionnaire containing mostly fixed-response items with a few open-ended items.
	Let's Connect Focus Group.	Focus group protocol use to measure how well the program worked for people who participated, and to identify areas for future improvement.	N	Let's Connect participants.	Annual focus group.	<ul style="list-style-type: none"> <li>Impact of participating in Let's Connect social support session in combination with drop-in services.</li> <li>Recognition and acknowledgment of intersecting identities.</li> <li>Level of enjoyment.</li> </ul>	Brief (5-item) focus group protocol.

Continued on next page.

IPP	Instrument	Description	SWE Core Outcome Measure	Respondents	Timing/Frequency	Measurement Constructs	Items/Format
San Francisco Community Health <sup>6</sup> (Continued)						<ul style="list-style-type: none"> <li>Impact of participation on mental health and wellness, including social connection, self-confidence, self-esteem, and reductions in mental health symptoms.</li> <li>Additional information.</li> </ul>	
Gender Health Center <sup>7</sup>	GHC Internship Pre-Test Intern Survey.	Pre-test survey establishing baseline measurement of intern knowledge and skills related to provision of affirming care for LGBQ and transgender community members.	N	GHC interns.	Pre-test administration.	<ul style="list-style-type: none"> <li>Knowledge and skills related to provision of affirming care for LGBQ and transgender community members.</li> <li>Knowledge and skills related to provision of affirming care for LGBQ and transgender community members.</li> </ul>	Extensive (33-item) survey questionnaire containing both fixed-response items and in-depth open-ended items.
	GHC Internship Post-Test Intern Survey.	Post-test survey measuring changes in intern knowledge and skills related to provision of affirming care for LGBQ and transgender community members.	N	GHC interns	Post-test administration.	<ul style="list-style-type: none"> <li>Knowledge and skills related to provision of affirming care for LGBQ and transgender community members.</li> </ul>	Extensive (33-item) survey questionnaire containing both fixed-response items and in-depth open-ended items.

Continued on next page.

IPP	Instrument	Description	SWE Core Outcome Measure	Respondents	Timing/Frequency	Measurement Constructs	Items/Format
<b>Gender Health Center<sup>7</sup></b> (Continued)	GHC Internship Follow-Up Survey.	Post-program completion follow-up survey measuring intern perceptions of the impact of internship on knowledge and skills related to provision of affirming care for LGBTQ and transgender community members.	N	GHC interns.	Follow-up administration (6 months post internship completion).	<ul style="list-style-type: none"> <li>Impact of internship on knowledge and skills related to provision of affirming care for LGBTQ and transgender people.</li> <li>Intern feedback on quality of internship experience.</li> </ul>	Extensive (33-item) survey questionnaire containing both fixed-response items and in-depth open-ended items.
	Retrospective Survey for Past Interns.	Post-program completion follow-up survey measuring intern perceptions of the impact of internship on knowledge and skills related to provision of affirming care for LGBTQ and transgender community members.	N	GHC former interns.	Post-intervention retrospective survey administration.	<ul style="list-style-type: none"> <li>Year of internship.</li> <li>Demographic information (age, educational attainment, race or ethnicity, language fluency and preference, refugee status, year lived in the U.S., zip code, sexual orientation, sex assigned at birth, gender identity).</li> <li>Higher education enrollment.</li> <li>History of mental health service provision.</li> <li>Provision of services to transgender people.</li> <li>Knowledge, skills, and comfort level related to</li> </ul>	Extensive (33-item) survey questionnaire containing both fixed-response items and in-depth open-ended items.

Continued on next page.

IPP	Instrument	Description	SWE Core Outcome Measure	Respondents	Timing/Frequency	Measurement Constructs	Items/Format
Gender Health Center <sup>7</sup> (Continued)						<ul style="list-style-type: none"> <li>provision of affirming care for LGBTQ and transgender people.</li> <li>• Identification of suicide risk.</li> <li>• Application of internship concepts.</li> <li>• Self-assessment of knowledge and skills related to providing services to transgender people.</li> <li>• Internship quality and perceived impact.</li> </ul>	
	Intern Supervisor Survey.	Supervisor rating tool used to assess GHC intern competencies including knowledge, skills and awareness of issues needed to provide culturally-sensitive services.	N	GHC intern supervisor.		<ul style="list-style-type: none"> <li>• Awareness and knowledge of self and culture.</li> <li>• Awareness and knowledge of diversity of trans individuals.</li> <li>• Community member rapport building.</li> <li>• Awareness of power, privilege, and intersecting oppressions.</li> <li>• Use of advocacy to support community member self-determination.</li> <li>• Use of macro-systems knowledge to support preferred community outcomes.</li> <li>• Use of multi-disciplinary</li> </ul>	Extensive, unnumbered survey questionnaire containing both fixed-response and open-ended items.

Continued on next page.

IPP	Instrument	Description	SWE Core Outcome Measure	Respondents	Timing/Frequency	Measurement Constructs	Items/Format
Gender Health Center <sup>7</sup> (Continued)						collaboration as appropriate to support practice. <ul style="list-style-type: none"> <li>• Interpersonal behavior.</li> <li>• Self-care and monitoring.</li> <li>• Consultation/supervision.</li> <li>• Administrative competency.</li> <li>• Harm reduction and safety considerations.</li> <li>• Therapy micro-skills and evidence-base practice.</li> <li>• Gender transition support service.</li> <li>• Queer informed narrative therapy practices.</li> </ul>	
	Gender Health Center Pre-Screen Survey.	Pre-screen intake survey used to determine eligibility for participant in evaluation processes.	N	GHC community members.	Intake administration.	<ul style="list-style-type: none"> <li>• Demographic information.</li> <li>• GHC services received.</li> </ul>	Brief (4-item) fixed response survey form.
	GHC Local Evaluation Measures Adolescent Pre-Post Survey.	Pre-test survey documenting client characteristics and establishing baseline measurement of	Y	GHC adolescent participants.	Pre-test and post-test administration.	<ul style="list-style-type: none"> <li>• Staff quality (respect and understanding).</li> <li>• Discrimination based on sexuality or gender expression.</li> <li>• SWE demographic</li> </ul>	

Continued on next page.

IPP	Instrument	Description	SWE Core Outcome Measure	Respondents	Timing/Frequency	Measurement Constructs	Items/Format
Gender Health Center <sup>7</sup> (Continued)		core CDEP outcomes to assess changes in attitudes, experiences, and behaviors over time.				information.	
	GHC Local Evaluation Measures Adult Pre-Post Survey.	Post-test survey providing follow-up measurement of core CDEP outcomes to assess changes in attitudes, experiences, and behaviors over time.	Y	GHC adult participants.	Pre-test and post-test administration.	<ul style="list-style-type: none"> <li>• Personal income.</li> <li>• Housing status.</li> <li>• Feelings of isolation or loneliness.</li> <li>• Coping self-efficacy.</li> <li>• Resilience.</li> <li>• Distress.</li> <li>• Staffing quality.</li> <li>• Threats, harassment, and discrimination.</li> <li>• SWE Demographic information.</li> </ul>	Moderate length survey (38-item) containing a mix of fixed-response and open-ended survey items.



## APPENDIX D: DEFINITIONS OF TERMS TO ACCOMPANY UPDATED SOGIE MEASURES

Adapted from: National LGBTQIA+ Health Education Center (2022). Ready, set go! A guide for collecting data on sexual orientation and gender identity.

<https://www.lgbtqihealtheducation.org/publication/ready-set-go-a-guide-for-collecting-data-on-sexual-orientation-and-gender-identity-2022-update/>

**Sexual Orientation:** How people describe their emotional and physical attraction to others.

**Lesbian** describes women who are mainly emotionally and physically attracted to other women.

**Gay** describes men who are mainly emotionally and physically attracted to men, but can also describe women attracted to women.

**Straight or heterosexual** describes women who are mainly emotionally and physically attracted to men, and men who are mainly emotionally and physically attracted to women.

**Bisexual** describes people who are emotionally and/or physically attracted to people of all genders.

**Queer** describes people who think of their sexual orientation as outside of societal norms. Some people view the term queer as more fluid and inclusive than traditional categories for sexual orientation.

**Pansexual** describes people who are emotionally and physically attracted to people of all gender identities, or whose attractions are not related to gender identity.

**Another sexual orientation** is an option for people whose sexual orientation is not listed in the response options provided, including people who do not have a sexual orientation.

**Don't know** is an option for people who do not know their sexual orientation, are questioning their sexual orientation, or do not understand the meaning of sexual orientation.

**Prefer not to answer** is an option for people who do not wish to share their sexual orientation.



**Gender Identity** is a person's inner sense of being a girl/woman/female, a boy/man/male, something else, or having no gender.

**Female/woman/girl** describes people assigned female at birth who have a female gender identity.

**Male/man/boy** describes people assigned male at birth.

**Nonbinary or gender non-conforming** describes people whose gender identity is beyond the traditional binary of girl/woman and boy/man.

**Transgender girl/woman/female** describes people assigned male at birth who have a female gender identity.

**Transgender boy/man/male** describes people assigned female at birth who have a male gender identity.

**Two-spirit** describes a person who embodies both a masculine and a feminine spirit. This is a culture-specific term used among some Native American, American Indian, and First Nations people. Abbreviated as 2S.

**Another gender** is an option for people whose gender identity is not listed in the response options provided, including people who do not have a gender identity.

**Don't know** is an option for people who do not know their gender identity, are questioning their gender identity, or do not understand the meaning of gender identity.

**Prefer not to answer** is an option for people who do not wish to share their gender identity.

**Sex Assigned at Birth** is the sex assigned to an infant and written on the original birth certificate. Sex assigned at birth can be female, male, or X/another sex.

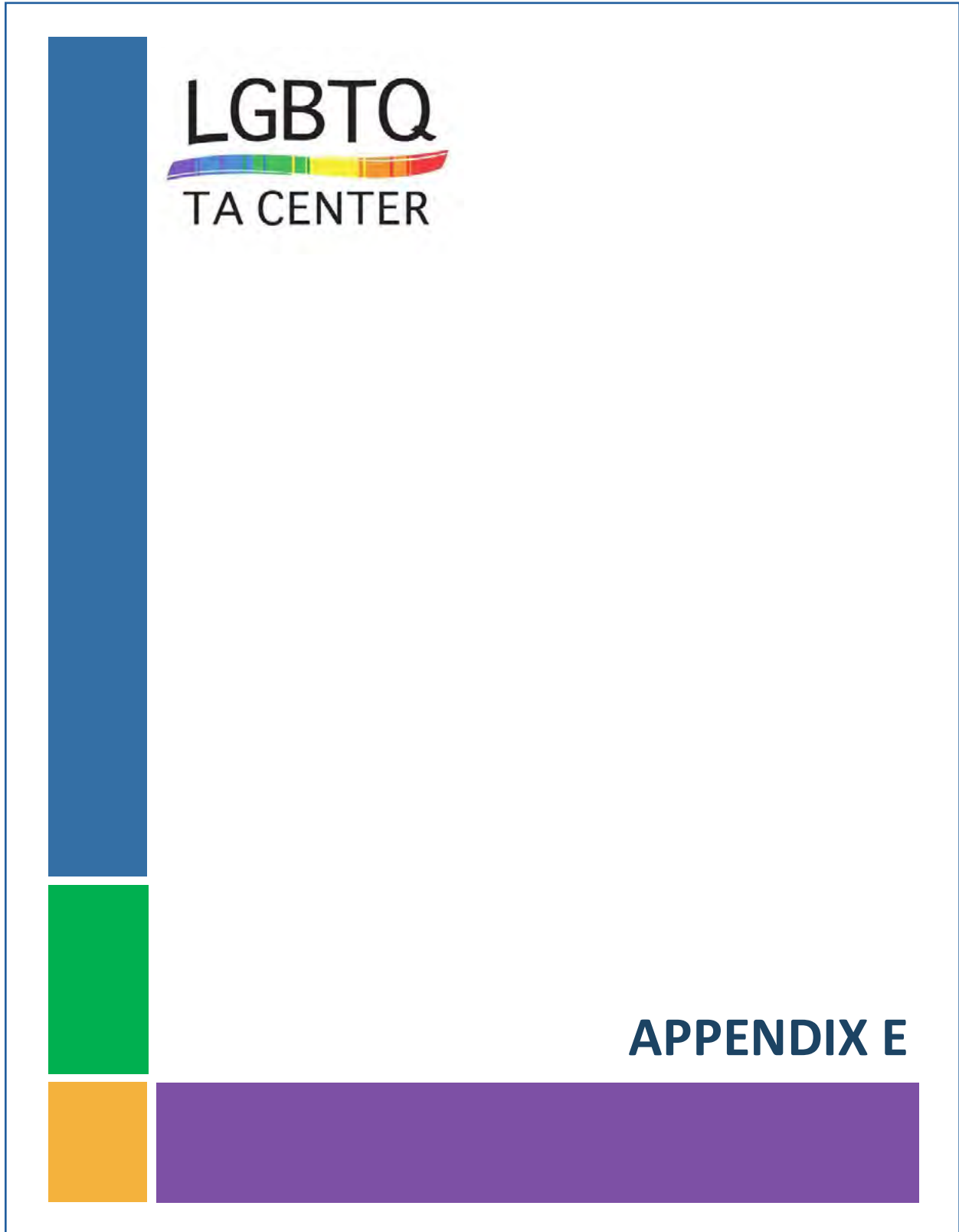
**X/Another sex** is for people born in jurisdictions that allow a third assigned sex option and whose parents assigned their sex as nonbinary or X/another sex.

**Don't know** is an option for people who do not know assigned sex at birth or who do not understand the question.

**Prefer not to answer** is an option for people who do not wish to share their sex assigned at birth.

# APPENDIX E: STATEWIDE SOGIE MEASURES USED BY CALIFORNIA REDUCING DISPARITIES PROJECT GRANTEES 2016 - 2025

## LGBTQ TA Center Appendix E:



## LGBTQ TA Center Appendix E (Continued):

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## LGBTQ TA Center Appendix E (Continued):

### **SOGIE CORE MEASURES PARTICIPANT PRE-TEST QUESTIONNAIRE TRANSLATIONS AND MODIFICATIONS**

English measures were developed by the Psychology Applied Research Center at Loyola Marymount University (PARC@LMU), the statewide evaluator (SWE) for the California Reducing Disparities Project (CRDP). All translations were based on the PARC@LMU English measures in collaboration with implementation pilot projects (IPPs), five cultural group TAPs, and community defined evidence program (CDEP) community members.<sup>1</sup> Translation procedures:

*To produce English equivalent translations of the various SWE materials, the following procedures were used that are consistent with best practices employed by the California Health Interview Survey: 1) initial translation, 2) review by language experts skilled at the level of ATA/CA Court Certified translators/ interpreters, 3) translation moderator review, and 4) translation reconciliation. PARC worked collaboratively with IPPs and TAPs to identify certified language translation experts in their respective communities to take the lead on the translation and cultural adaptation of the materials. PARC aimed for translation equivalence at three levels: construct (do the underlying constructs—stigma, depression, etc.—have the same meaning in different cultural contexts?); method (do the SWE procedures for data collection work for a given population?), and item (do the SWE items or information provided make sense, not just in terms of grammar structure, but meaning?). Materials were translated and either a) back-translated or b) culturally reviewed by bilingual/bicultural representatives of the IPP or TAP. For many IPPs, the cultural review included a pilot of the materials with CDEP community members, as well as integration of recommendations and final adjustments with the certified language translation expert.<sup>2</sup>*

#### **Order of Translations**

1. English Translations
  - **Child by Proxy Version**
  - **Adolescent Version**
  - **Adult Version**
2. Asian and Pacific Islander Grantee Translations
  - **English Adolescent and Adult Modified Versions** (self and staff-administered with modified instructions embedded in the document)
    - **Useful where implementing SOGIE data collection is culturally sensitive.**

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<sup>1</sup> Visit the CRDP website at <https://cultureishealth.org/> to learn more about PARC@LMU and CRDP's IPPs and TAPs.

<sup>2</sup> Grills, Cheryl; Villanueva, Sandra; Terry, Diane. (2020). Statewide Evaluation Annual Update Version 3.2. Psychology Applied Research Center, Loyola Marymount University.

## LGBTQ TA Center Appendix E (Continued):

- **Hmong** Adult Version
  - **Khmer** Adult Version
  - **Korean** Adult Version
  - **Samoan** Adult Version
  - **Tongan/English Bilingual**: Adult Self-Administered and Adult Staff-Administered Versions
  - **Vietnamese** Adult Version
3. Spanish-Speaking Grantee Translations
- **Spanish Standard** Translations: Adolescent and Adult Versions
  - **La Clinica De La Raza Spanish Modifications**: Adolescent and Adult Versions (SOGIE ítems administered separately from pre-test due to cultural considerations)
  - **MICOP Spanish Modification**: Adult Version (includes modified scales and a Mixteco demographic item)

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## LGBTQ TA Center Appendix E (Continued):

### ENGLISH

#### **CHILD BY PROXY (5-11)**

The Child by Proxy questionnaires are completed on behalf of the child by a parent, guardian, or caregiver. They only ask about sex at birth and gender identity.

#### **Gender Identity Instructions**

We use terms like "male" or "female" or "trans" as a short-hand way to capture the gender of individuals. We fully understand, however, that people use a wide range of labels – some prefer other terms such as Genderfluid, Agender, Enby, Androgynous, etc. To help us understand your child personally, please tell us the term that your child personally prefers to describe their gender. There are no right or wrong answers to these questions. Please be honest and answer as you really think and feel.

28. When your child was born, the person who delivered them (e.g., doctor, nurse/midwife, family members), thought my child was a:

Choose the one best answer.

- Male/Boy
- Female/Girl
- Intersex (they were unsure about my child's sex at birth)
- I am not sure about my child's sex assigned at birth.
- My child's assigned sex at birth (please specify): \_\_\_\_\_
- I do not wish to answer this question.

29. When it comes to my child's gender identity, my child thinks of themselves as:

Choose all that apply.

- Boy/Male
- Girl/Female
- Transgender/Trans
- Trans boy/Trans male
- Trans girl/Trans female
- Genderqueer/Gender non-conforming
- Non-binary (not exclusively male or female)
- Two-Spirit
- Intersex (between male and female)
- I am not sure about my child's gender identity.
- My child does not have a gender/gender identity.
- My child's gender identity is (please specify): \_\_\_\_\_
- I do not wish to answer this question.

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## LGBTQ TA Center Appendix E (Continued):

*The LGBTQ Population Evaluation Guideline authors recommend you add the following after the above child-by-proxy measures of gender identity:*

For parents and guardians of children and pre-teens whose gender identity does not match their sex assigned at birth, visit Gender Spectrum at [www.genderspectrum.org](http://www.genderspectrum.org). Gender Spectrum works to create gender sensitive and inclusive environments for all children and teens, provides extensive resources, and hosts online groups and events for pre-teens as well as parents, caregivers, and other family members of gender expansive children of all ages whose gender identity does not match their sex assigned at birth.

### **ADOLESCENT (12-17)**

#### **Gender Identity Instructions**

We use terms like "male" or "female" or "trans" as a short-hand way to capture the gender of individuals. We fully understand, however, that people use a wide range of labels – some prefer other terms such as Genderfluid, Agender, Enby, Androgynous, etc. To help us understand you personally, please tell us the term that you personally prefer to describe your gender. There are no right or wrong answers to these questions. Please be honest and answer as you really think and feel.

54. When I was born, the person who delivered me (e.g., doctor, nurse/midwife, family members), thought I was a:

Choose the one best answer.

- Male/Boy
- Female/Girl
- Intersex (they were unsure about my sex at birth)
- I am not sure about my sex assigned at birth.
- My assigned sex at birth (please specify): \_\_\_\_\_
- I do not wish to answer this question.

55. When it comes to my gender identity, I think of myself as:

Choose all that apply.

- Man/Male
- Woman/Female
- Transgender/Trans
- Trans man/Trans male
- Trans women/Trans female
- Genderqueer/Gender non-conforming
- Non-binary (not exclusively male or female)
- Two-Spirit

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## LGBTQ TA Center Appendix E (Continued):

- Intersex (between male and female)
- I am not sure about my gender identity.
- I do not have a gender/ gender identity.
- My gender identity is (please specify): \_\_\_\_\_
- I do not wish to answer this question.

### Sexual Orientation Instructions

Everyone has a sexual orientation. Some people are straight and are attracted to people of another gender. For example, a straight woman is attracted to men and prefers to date or have sex with men. Other people are gay or lesbian and are attracted to people of the same gender. For example, a gay man is attracted to other men and prefers to date or have sex with other men. Still other people are bisexual and are attracted to both men and women. Some people are attracted to people of all genders including those who do not define their gender within the binary “male or female” framework. Others are unsure about their attractions or are just not attracted to anyone. Just to be clear, who you are attracted to and prefer to date or have sex with is called sexual orientation.

56. What is your sexual orientation?

Choose all that apply.

- Straight/heterosexual
- Gay
- Lesbian
- Bisexual
- Queer
- Pansexual/Non-monosexual (I am attracted to all genders.)
- I am not attracted to anyone romantically.
- I am not sure who I am attracted to sexually.
- I am not sure who I am attracted to romantically.
- Something else: \_\_\_\_\_
- I do not wish to answer this question.

Thank you for taking time to complete this questionnaire. Did any of the questions above upset you?

Please check one.

- Yes
- No

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## LGBTQ TA Center Appendix E (Continued):

If any of the above questions upset you and you want to talk to someone about it, here is a list of referrals for support services.

PARC@LMU did not provide a list. Free and confidential referrals recommended by the LGBTQ Population Evaluation Guidelines authors:

- **Hopeline.** Speak to a trained volunteer. Call 800-442-HOPE (4673) 24 hours/day, 7 days/week. <http://www.hopeline.com> English and Spanish.
- **Hopeline.** Teen to teen peer counseling. Call 877-YOUTHLINE 24 hours/day, 7 days/week. <http://www.hopeline.com> English and Spanish.
- **Boys Town National Hotline.** Support for young people of all genders and families going through difficulties. Call 800-448-3000, text VOICE to 20121, or visit <http://www.boystown.org/hotline>. Open 24 hours a day, 365 days a year, and staffed by specially trained Boys Town counselors. Spanish-speaking counselors and translation services for more than 100 languages also are available 24 hours a day. The speech- and hearing-impaired can contact them at [hotline@boystown.org](mailto:hotline@boystown.org).
- **The Trevor Project.** Welcoming and affirming space for Lesbian, Gay, Bisexual, Transgender, Queer and Questioning young people 13-24 years old. Call 1-866-488-7386, text 678-678 or visit <https://www.thetrevorproject.org>.
- **Gender Spectrum.** Gender Spectrum works to create gender sensitive and inclusive environments for all children and teens, provides extensive resources, and hosts online groups and events for teens as well as parents, caregivers and other family members of gender expansive youth whose gender identity does not match their gender assigned at birth <https://genderspectrum.org>.
- **Rape Abuse and Incest National Network (RAINN).** (800) 656-HOPE / (800) 810-7440 (TTY). Open 24 hours/day, 7 days/week. The nation's largest organization fighting sexual violence, RAINN also carries out programs to prevent sexual violence, help victims and ensure that rapists are brought to justice. <https://rainn.org>

### **ADULT (18 AND OLDER)**

#### **Gender Identity Instructions**

We use terms like "male" or "female" or "trans" as a short-hand way to capture the gender of individuals. We fully understand, however, that people use a wide range of labels – some prefer other terms such as Genderfluid, Agender, Enby, Androgynous, etc. To help us understand you personally, please tell us the term that you personally prefer to describe your gender. There are no right or wrong answers to these questions. Please be honest and answer as you really think and feel.

## LGBTQ TA Center Appendix E (Continued):

54. When I was born, the person who delivered me (e.g., doctor, nurse/midwife, family members), thought I was a:

Choose the one best answer.

- Male/Boy
- Female/Girl
- Intersex (they were unsure about my sex at birth)
- I am not sure about my sex assigned at birth.
- My assigned sex at birth (please specify): \_\_\_\_\_
- I do not wish to answer this question.

55. When it comes to my gender identity, I think of myself as:

Choose all that apply.

- Man/Male
- Woman/Female
- Transgender/Trans
- Trans man/Trans male
- Trans women/Trans female
- Genderqueer/Gender non-conforming
- Non-binary (not exclusively male or female)
- Two-Spirit
- Intersex (between male and female)
- I am not sure about my gender identity.
- I do not have a gender/ gender identity.
- My gender identity is (please specify): \_\_\_\_\_
- I do not wish to answer this question.

### Sexual Orientation Instructions

Everyone has a sexual orientation. Some people are straight and are attracted to people of another gender. For example, a straight woman is attracted to men and prefers to date or have sex with men. Other people are gay or lesbian and are attracted to people of the same gender. For example, a gay man is attracted to other men and prefers to date or have sex with other men. Still other people are bisexual and are attracted to both men and women. Some people are attracted to people of all genders including those who do not define their gender within the binary “male or female” framework. Others are unsure about their attractions or are just not attracted to anyone. Just to be clear, who you are attracted to and prefer to date or have sex with is called sexual orientation.

## LGBTQ TA Center Appendix E (Continued):

56. What is your sexual orientation?

Choose all that apply.

- Straight/heterosexual
- Gay
- Lesbian
- Bisexual
- Queer
- Pansexual/Non-monosexual (I am attracted to all genders.)
- Asexual (I am not attracted to anyone sexually.)
- I am not attracted to anyone romantically.
- I am not sure who I am attracted to sexually.
- I am not sure who I am attracted to romantically.
- Something else: \_\_\_\_\_
- I do not wish to answer this question.

### **DISCRIMINATION BASED ON GENDER EXPRESSION (OPTIONAL CORE MEASURE)**

A person's appearance, style, dress, or mannerisms (such as the way they walk or talk) may affect the way they think of themselves. On average, how would you describe your appearance, style, dress, or mannerisms?

Choose all that apply.

- Very feminine
- Mostly feminine
- Somewhat feminine
- Equally masculine and feminine
- Somewhat masculine
- Mostly masculine
- Very masculine
- Androgynous, non-binary, and/or gender nonconforming
- Neither masculine nor feminine

A person's appearance, style, dress, or mannerisms (such as the way they walk or talk) may affect the way other people think of them. On average, how do you think other people would describe your appearance, style, dress, or mannerisms?

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## LGBTQ TA Center Appendix E (Continued):

Choose all that apply.

- Very feminine
- Mostly feminine
- Somewhat feminine
- Equally masculine and feminine
- Somewhat masculine
- Mostly masculine
- Very masculine
- Androgynous, non-binary, and/or gender nonconforming
- Neither masculine nor feminine

### DISCRIMINATION BASED ON GENDER (OPTIONAL CORE MEASURE)

How much do the following people in your life accept or reject your gender?

Choose the one best answer.

	Totally Reject	Somewhat Reject	Neutral	Somewhat Accept	Totally Accept	Not Applicable
Parents/Guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coworkers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## LGBTQ TA Center Appendix E (Continued):

### DISCRIMINATION BASED ON SEXUAL ORIENTATION (OPTIONAL CORE MEASURE)

How much do the following people in your life accept or reject your sexual orientation?

Choose the one best answer.

	Totally Reject	Somewhat Reject	Neutral	Somewhat Accept	Totally Accept	Not Applicable
Parents/Guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coworkers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## LGBTQ TA Center Appendix E (Continued):

### ASIAN AND PACIFIC ISLANDER (API) TRANSLATIONS

#### API IPPs' Rationale for Write-in SOGIE Responses

In the process of piloting the SWE CDEP Participant Questionnaire, the Cambodian American Association (CAA) communicated a set of concerns about the administration of SOGIE items within their respective communities including a) the length of time for administration; b) translation and meaning of terms; and c) item placement within the overall survey flow. The key concerns raised included:

- **Time.** While piloting the SWE CDEP Participant Questionnaire, the IPP has provided consistent feedback that the SOGIE items are very time-consuming and difficult to administer.
- **Translation.** The CDEP participants don't easily understand some of the terms in the categorical responses; accordingly, the person administering has to spend an inordinate amount of time explaining what is meant by each response choice.
- **Survey flow.** The way the questions are worded and where they occur in the survey throw participants off. By the time they get to these questions, they've already been asked a series of other questions and are getting a little fatigued by the survey process. These questions require that those administering provide some education to the participant about what they are being asked and what the terms mean. The IPP would like to be able to provide this education but feel this would be more appropriate after they've developed a rapport with participants.

To address these concerns, CAA, in collaboration with their Technical Assistance Provider Special Service for Groups Research & Evaluation (SSG R&E) and PARC@LMU, developed a proposed strategy for administering the SOGIE items within their priority population. The inclusion of these revisions will help ensure that the data collected from their priority population is accurate, meaningful, and valid. They include the following 3 *procedural and instrument* changes.

1. **Revised instructions** for survey administrators that use simpler language and provide the rationale for why the SOGIE questions are being asked within the context of the larger CRDP initiative, and data related to how the LGBTQ population is disproportionately impacted by mental health disparities. The revised instructions also include reminders about the voluntary nature of the statewide evaluation, and options for participants to skip questions that cause them to feel uncomfortable.
2. **Inclusion of open-ended responses.** Due to literacy, translation and cultural concepts, many of the response categories don't make sense within the communities where the IPP is working. Open-ended responses allow the questions to be asked in a way that is respectful to specific cultures and will help ensure that the IPP is capturing quality data. Using a two-step process, the survey administrator will write in participants' responses in their native language. If applicable, the administrator will translate the response and select the response option that best fits the participants' answers.
3. **Re-order items** so that they are asked in the following sequence: sex at birth, gender

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## LGBTQ TA Center Appendix E (Continued):

identity, sexual orientation.

### API SOGIE MODIFICATIONS (ENGLISH)

#### ADOLESCENT (12-17)

*(Self and Staff-Administered Instructions Embedded in Document)*

#### **Instructions for Staff Administrator/Program Staff**

##### **Staff Administration**

If the questionnaire is staff-administered (instead of self-administered by the program participant), staff should remind participants that all questions are voluntary, and they can refuse to answer anything they do not wish to. If the participant refuses to answer a question, staff will ask if the participant would like to share why. The staff administrator will document the reason and any observations in the “staff administrator section” on the questionnaire itself. If the participant does not want to share why, staff administrator should not push the participant, but will document any observations in the “staff administrator section” on the questionnaire.

##### **Self-Administration**

If the questionnaire is self-administered, the staff will review the instructions with the participants before giving them the survey. After the participant finishes the survey, staff will ask the participant to scan through all the pages to make sure they filled out all of the survey items, and that no items were left blank unless they purposefully intended to leave it blank. (The participant can answer any questions left unintentionally blank question then.) After this step, the participant can place their survey in an envelope and hand it back to staff.

#### **General Instructions<sup>3</sup>**

The California Reducing Disparities Project (CRDP) is a statewide project that is working across five historically unserved, underserved, and/or inappropriately served population groups: the African American; Asian and Pacific Islander; Latino; Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ); and Native American. In order to collect data to address the disparities for these multiple populations, a set of standard questions have been developed for all populations. Since these are standard questions, some of the questions may not feel applicable or relevant for you to answer.

All information that you share on this questionnaire will be confidential. The data will be shared with the State, but your name will not; and whatever you share cannot be connected back to you.

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<sup>3</sup> Note: These general instructions occur at the beginning of the questionnaire and were not included in English versions of the survey used by most CRDP grantees. They are included here because they are referenced in the instructions for self-administration in this version requested by the API hub based on cultural considerations. Only one grantee used this adolescent version in English. Multiple API-language translations included these instructions as well, so they are provided along with the SOGIE measures in those instruments.



## LGBTQ TA Center Appendix E (Continued):

As you answer, you may feel that one or more of the questions below do not apply to you or make you feel uncomfortable. If there are questions that you do not feel comfortable answering, you do not have to answer them. Your participation in this questionnaire is completely voluntary. Any level of participation is appreciated, because any information that you provide will be useful in helping us understand the disparities for and across multiple populations. If you have any questions, please ask the program staff who gave you this questionnaire.

***Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) individuals encompass all races and ethnicities, religions, and social classes. Discrimination against LGBTQ persons has been associated with high rates of psychiatric disorders, substance abuse, and suicide. Yet, the LGBTQ community faces greater difficulties in accessing mental health care due to stigma.***

***Sexual orientation and gender identity questions are not asked on most national or State surveys, making it difficult to estimate the number of LGBT individuals and their health needs. In order to effectively address LGBT health issues, it's important to ask these questions in surveys. This will allow researchers and policy makers to accurately understand LGBT health and disparities.***

***As you answer, you may feel that one or more of the questions below do not apply to you or make you feel uncomfortable. If there are questions that you do not feel comfortable answering, you do not have to answer them. Your participation in this questionnaire is completely voluntary.***

55. My sex at birth was...

Self-Administered

Participant's response (in language): \_\_\_\_\_

If applicable, write in translation of participant's response: \_\_\_\_\_

Staff-Administered

*\*Staff Administrator Step 1:*

Write in participant's response (in language): \_\_\_\_\_

If applicable, write in translation of participant's response: \_\_\_\_\_

*\*Staff Administrator Step 2:*

Select one of the following that best fits the participant's response.

- Male/Boy
- Female/Girl
- Intersex (they were unsure about my sex at birth)
- I am not sure about my sex assigned at birth.
- My assigned sex at birth (please specify): \_\_\_\_\_

## LGBTQ TA Center Appendix E (Continued):

- I do not wish to answer this question.

***Gender identity is how individuals perceive themselves and what they call themselves, whether male, female, a blend of both or neither. A person's gender identity can be the same or different from their sex assigned at birth.***

56. When it comes to my gender identity, I think of myself as....

Self-Administered

Participant's response (in language): \_\_\_\_\_

If applicable, write in translation of participant's response: \_\_\_\_\_

Staff-Administered

*\*Staff Administrator Step 1:*

Write in the participant's response (in language): \_\_\_\_\_

If applicable, write in translation of the participant's response: \_\_\_\_\_

*\*Staff Administrator Step 2:*

Check all of the following that best fit the participant's response.

- Man/Male
- Woman/Female
- Transgender/Trans
- Trans man/Trans male
- Trans woman/Trans female
- Genderqueer/Gender non-conforming
- Non-binary (not exclusively male or female)
- Two Spirit
- Intersex (between male and female)
- I am not sure about my gender identity.
- I do not have a gender/gender identity.
- My gender identity is (please specify): \_\_\_\_\_
- I do not wish to answer this question.

***Sexual orientation is different from gender identity and is about whom you're attracted to and want to have romantic relationships with. Examples of sexual orientation are gay, lesbian, bisexual, asexual, and heterosexual. Some people are straight and are attracted to***

## LGBTQ TA Center Appendix E (Continued):

*people of another gender. Other people are gay or lesbian and are attracted to people of the same gender.*

57. What is your sexual orientation?

Self-Administered

Participant's response (in language): \_\_\_\_\_

If applicable, write in translation of participant's response: \_\_\_\_\_

Staff-Administered

*\*Staff Administrator Step 1:*

Write in the participant's response (in language): \_\_\_\_\_

If applicable, write in translation of the participant's response: \_\_\_\_\_

*\*Staff Administrator Step 2:*

Check all of the following that best fit the participant's response.

- Straight/heterosexual
- Gay
- Lesbian
- Bisexual
- Queer
- Pansexual/Non-monosexual (I am attracted to all genders.)
- Asexual (I am not attracted to anyone sexually.)
- I am not attracted to anyone romantically.
- I am not sure who I am attracted to sexually.
- I am not sure who I am attracted to romantically.
- Something else: \_\_\_\_\_
- I do not wish to answer this question.

**\*For Staff Administrators Only**

In your opinion, were any of the above items confusing or difficult for the participant to understand?

- No
- Yes (If yes, which ones? Please specify #'s: \_\_\_\_\_)

In your opinion, did any of the above items cause the participant to feel uncomfortable or upset?

- No

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## LGBTQ TA Center Appendix E (Continued):

- Yes (If yes, which ones? Please specify #'s: \_\_\_\_\_)

### \*For Self-Administered and Staff-Administered

Thank you for taking time to complete this questionnaire. Did any of the questions above upset you?

Please check one.

- Yes
- No

If any of the above questions upset you and you want to talk to someone about it, here is a list of referrals for support services:

*PARC@LMU did not provide a list of referrals. LGBTQ Population Evaluation Guidelines authors recommend the following free and confidential referrals; however, if you are using this version of the SOGIE measures due to cultural factors in the community being surveyed, it is recommended that program evaluators and/or staff members have a community advisory board review the list of resources or develop their own list of resources to add culturally-specific resources and ensure cultural considerations are addressed:*

- **Hopeline.** Speak to a trained volunteer. Call 800-442-HOPE (4673) 24 hours/day, 7 days/week. <http://www.hopeline.com> English and Spanish.
- **Hopeline.** Teen to teen peer counseling. Call 877-YOUTHLINE 24 hours/day, 7 days/week. <http://www.hopeline.com> English and Spanish.
- **Boys Town National Hotline.** Support for young people of all genders and families going through difficulties. Call 800-448-3000, text VOICE to 20121, or visit <http://www.boystown.org/hotline>. Open 24 hours a day, 365 days a year, and staffed by specially trained Boys Town counselors. Spanish-speaking counselors and translation services for more than 100 languages also are available 24 hours a day. The speech- and hearing-impaired can contact them at [hotline@boystown.org](mailto:hotline@boystown.org).
- **The Trevor Project.** Welcoming and affirming space for Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning young people 13-24 years old. Call 1-866-488-7386, text 678-678 or visit <https://www.thetrevorproject.org>.
- **Gender Spectrum.** Gender Spectrum works to create gender sensitive and inclusive environments for all children and teens, provides extensive resources, and hosts online groups and events for teens as well as parents, caregivers and other family members of gender expansive youth whose gender identity does not match their gender assigned at birth <https://genderspectrum.org>.
- **Rape Abuse and Incest National Network (RAINN).** (800) 656-HOPE / (800) 810-7440 (TTY). Open 24 hours/day, 7 days/week. The nation's largest organization fighting sexual violence,

## LGBTQ TA Center Appendix E (Continued):

*RAINN also carries out programs to prevent sexual violence, help victims and ensure that rapists are brought to justice. <https://rainn.org>.*

### **ADULT (18 AND OLDER)**

*(Self and Staff-Administered Instructions Embedded in Document)*

#### **Instructions for Staff Administrator/Program Staff**

##### **Staff Administration**

If the questionnaire is staff-administered (instead of self-administered by the program participant), staff should remind participants that all questions are voluntary, and they can refuse to answer anything they do not wish to. If the participant refuses to answer a question, staff will ask if the participant would like to share why. The staff administrator will document the reason and any observations in the “staff administrator section” on the questionnaire itself. If the participant does not want to share why, staff administrator should not push the participant, but will document any observations in the “staff administrator section” on the questionnaire.

##### **Self-Administration**

If the questionnaire is self-administered, the staff will review the instructions with the participants before giving them the survey. After the participant finishes the survey, staff will ask the participant to scan through all the pages to make sure they filled out all of the survey items, and that no items were left blank unless they purposefully intended to leave it blank. (The participant can answer any questions left unintentionally blank question then.) After this step, the participant can place their survey in an envelope and hand it back to staff.

#### **General Instructions<sup>4</sup>**

The California Reducing Disparities Project (CRDP) is a statewide project that is working across five historically unserved, underserved, and/or inappropriately served population groups: the African American; Asian and Pacific Islander; Latino; Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ); and Native American. In order to collect data to address the disparities for these multiple populations, a set of standard questions have been developed for all populations. Since these are standard questions, some of the questions may not feel applicable or relevant for you to answer.

All information that you share on this questionnaire will be confidential. The data will be shared with the State, but your name will not; and whatever you share cannot be connected back to you. As you answer, you may feel that one or more of the questions below do not apply to you or

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<sup>4</sup> Note: These general instructions occur at the beginning of the questionnaire and were not included in English versions of the survey used by most CRDP grantees. They are included here because they are referenced in the instructions for self-administration in this version requested by the API hub based on cultural considerations. Multiple API-language translations incorporated these instructions into their instruments for that reason.

## LGBTQ TA Center Appendix E (Continued):

make you feel uncomfortable. If there are questions that you do not feel comfortable answering, you do not have to answer them. Your participation in this questionnaire is completely voluntary. Any level of participation is appreciated, because any information that you provide will be useful in helping us understand the disparities for and across multiple populations. If you have any questions, please ask the program staff who gave you this questionnaire.

***Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) individuals encompass all races and ethnicities, religions, and social classes. Discrimination against LGBTQ persons has been associated with high rates of psychiatric disorders, substance abuse, and suicide. Yet, the LGBTQ community faces greater difficulties in accessing mental health care due to stigma.***

***Sexual orientation and gender identity questions are not asked on most national or State surveys, making it difficult to estimate the number of LGBT individuals and their health needs. In order to effectively address LGBT health issues, it's important to ask these questions in surveys. This will allow researchers and policy makers to accurately understand LGBT health and disparities.***

***As you answer, you may feel that one or more of the questions below do not apply to you or make you feel uncomfortable. If there are questions that you do not feel comfortable answering, you do not have to answer them. Your participation in this questionnaire is completely voluntary.***

1. My sex at birth was...

Self-Administered

Participant's response (in language): \_\_\_\_\_

If applicable, write in translation of participant's response: \_\_\_\_\_

Staff-Administered

*\*Staff Administrator Step 1:*

Write in the participant's response (in language): \_\_\_\_\_

If applicable, write in translation of the participant's response: \_\_\_\_\_

*\*Staff Administrator Step 2:*

- Male/Boy
- Female/Girl
- Intersex (they were unsure about my sex at birth)
- I am not sure about my sex assigned at birth.
- My assigned sex at birth (please specify): \_\_\_\_\_

## LGBTQ TA Center Appendix E (Continued):

- I do not wish to answer this question.

Select one of the following that best fits the participant's response.

**Gender identity is how individuals perceive themselves and what they call themselves, whether male, female, a blend of both or neither. A person's gender identity can be the same or different from their sex assigned at birth.**

2. When it comes to my gender identity, I think of myself as....

Self-Administered

Participant's response (in language): \_\_\_\_\_

If applicable, write in translation of participant's response: \_\_\_\_\_

Staff-Administered

*\*Staff Administrator Step 1:*

Write in the participant's response (in language): \_\_\_\_\_

If applicable, write in translation of the participant's response: \_\_\_\_\_

*\*Staff Administrator Step 2:*

Check all of the following that best fit the participant's response.

- Man/Male
- Woman/Female
- Transgender/Trans
- Trans man/Trans male
- Trans woman/Trans female
- Genderqueer/Gender non-conforming
- Non-binary (not exclusively male or female)
- Two Spirit
- Intersex (between male and female)
- I am not sure about my gender identity.
- I do not have a gender/gender identity.
- My gender identity is (please specify): \_\_\_\_\_
- I do not wish to answer this question.

**Sexual orientation is different from gender identity and is about whom you're attracted to and want to have romantic relationships with. Examples of sexual orientation are gay, lesbian, bisexual, asexual, and heterosexual. Some people are straight and are attracted to people of**

## LGBTQ TA Center Appendix E (Continued):

*another gender. Other people are gay or lesbian and are attracted to people of the same gender.*

3. What is your sexual orientation?

Self-Administered

Participant's response (in language): \_\_\_\_\_

If applicable, write in translation of participant's response: \_\_\_\_\_

Staff-Administered

*\*Staff Administrator Step 1:*

Write in the participant's response (in language): \_\_\_\_\_

If applicable, write in translation of the participant's response: \_\_\_\_\_

*\*Staff Administrator Step 2:*

*Check all of the following that best fit the participant's response.*

- Straight/heterosexual
- Gay
- Lesbian
- Bisexual
- Queer
- Pansexual/Non-monosexual (I am attracted to all genders.)
- Asexual (I am not attracted to anyone sexually.)
- I am not attracted to anyone romantically.
- I am not sure who I am attracted to sexually.
- I am not sure who I am attracted to romantically.
- Something else: \_\_\_\_\_
- I do not wish to answer this question.

**\*For Staff Administrators Only**

In your opinion, were any of the above items confusing or difficult for the participant to understand?

- No
- Yes (If yes, which ones? Please specify #'s: \_\_\_\_\_)

In your opinion, did any of the above items cause the participant to feel uncomfortable or upset?

- No

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## LGBTQ TA Center Appendix E (Continued):

■ Yes (If yes, which ones? Please specify #'s: \_\_\_\_\_)

### **DISCRIMINATION BASED ON GENDER EXPRESSION (Optional Core Measure)**

A person's appearance, style, dress, or mannerisms (such as the way they walk or talk) may affect the way they think of themselves. On average, how would you describe your appearance, style, dress, or mannerisms?

Choose all that apply.

- Very feminine
- Mostly feminine
- Somewhat feminine
- Equally masculine and feminine
- Somewhat masculine
- Mostly masculine
- Very masculine
- Androgynous, non-binary, and/or gender nonconforming
- Neither masculine nor feminine

A person's appearance, style, dress, or mannerisms (such as the way they walk or talk) may affect the way other people think of them. On average, how do you think other people would describe your appearance, style, dress, or mannerisms?

Choose all that apply.

- Very feminine
- Mostly feminine
- Somewhat feminine
- Equally masculine and feminine
- Somewhat masculine
- Mostly masculine
- Very masculine
- Androgynous, non-binary, and/or gender nonconforming
- Neither masculine nor feminine

### **DISCRIMINATION BASED ON GENDER (Optional Core Measure)**

How much do the following people in your life accept or reject your gender?

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## LGBTQ TA Center Appendix E (Continued):

Choose the one best answer.

	Totally Reject	Somewhat Reject	Neutral	Somewhat Accept	Totally Accept	Not Applicable
Parents/Guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coworkers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### DISCRIMINATION BASED ON SEXUAL ORIENTATION (Optional Core Measure)

How much do the following people in your life accept or reject your sexual orientation?

Choose the one best answer.

	Totally Reject	Somewhat Reject	Neutral	Somewhat Accept	Totally Accept	Not Applicable
Parents/Guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coworkers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## LGBTQ TA Center Appendix E (Continued):

Other: \_\_\_\_\_

### HMONG

The Hmong translation was led by The Fresno Center with feedback from the Hmong Cultural Center of Butte County. Both organizations were CRDP implementation pilot projects.

#### ADULT (18 AND OLDER)

*Cov neeg uas pojniam nyiam pojniam, txiv neej nyiaj txiv neej, cov txiv neej/pojniam uas nws nyiam pojniam thiab txiv neej, los yog cov txiv neej/pojniam uas nws hloov nws lub cev mus ua tus txiv neej/pojniam meskas hus uas cov LGBTQ lawv yog ib co neeg uas muaj nyob txawm rau txhua pawg neeg (races) thiab haiv neeg, txawm rau txoj kev ntseeg (religi3n), thiab txawm rau txoj kev nplua nuj. Kev ntxub ntxaug tawm tsam rau cov neeg LGBTQ tau ua rau lawv muaj cov mob kev nyuaj siab, kev mus siv yeeb tshuaj, thiab kev txo tus kheej txoj sia. Tabsis lub zej zog LGBTQ nws tau txoj kev nyuaj dua rau ntawm qhov mus cuag tau txoj kev pab kho rau txoj kev nyuaj siab vim qhov kev stigma (ntaus nqes phem ua ntej paub tseeb).*

*Kev nyiam/qaug rau tus pojniam/txiv neej twg (sexual orientation) thiab cov lus nug txog ntawm seb koj yog tus pojniam los tus txiv neej (gender identity) lawv tsis muaj nug nyob rau cov ntaub ntawv nug feem ntau uas nyob rau hauv lub teb chaw meskas los yog hauv lub xeev, ua tau ib qho kev nyuaj los mus paub tsis txog cov najnpawb ntawm cov neeg LGBTQ thiab lawv txoj kev toobkas pab rau txoj kev pab kho mob. Cov lus nug ntawm no yuav pab rau cov neeg tshawb fawb thiab cov neeg tsim kev cai kom los mus paub tseeb txog txoj kev nyab xeeb thiab kev tu ncu (disparities) ntawm cov LGBTQ.*

*Thaum koj los mus teb, koj yuav mloog tau tias yuav muaj tshaj li ib los yog ntau tshaj cov nqe lus nug hauv qab no uas nws tsis raug rau koj thiab yuav ua tau rau koj mloog tsis zoo los teb. Yog tias nws muaj ib nqe lus nug twg uas koj mloog tau tias koj tsis zoo teb, koj tsis teb lo lus ntawd los tau. Koj qhov kev los koom teb daim ntawv nug no nws tsis yog yuav yuam kom koj los teb.*

1. Thaum kuv yug los kuv yog tus...

*\*Staff Administrator Step 1:*

Write in participant's response (in language): \_\_\_\_\_

If applicable, write in translation of participant's response: \_\_\_\_\_

*\*Staff Administrator Step 2:*

Select one of the following that best fits the participant's response.

- Txiv neej/Nyuam Tub
- Poj niam/Nyuam Ntxhais
- Pojniam/Txiv Neej Ua Ke (lawv tsis paub kuv yog tub los tus ntxhais)

## LGBTQ TA Center Appendix E (Continued):

- Kuv tsis paub meej thaum kuv yug los kuv yog tus twg li
- Thaum kuv yug los ntaub ntawv tias kuv yog (thov qhia): \_\_\_\_\_
- Kuv tsis xav los mus teb lo lus nug no.

***Qhov ua tias yog tus Pojnim/Txiv Neej nws yog qhov uas ib tug tib neeg nws pom tau nws tus kheej yog leej twg thiab nws muab nws tus kheej hu tias nws yog tus twg, tias tus txiv neej, pojnim, los yog ob tug los nyob ua ke los sis tsis yog kias li. Qhov ib tug neeg nws pom tias nws yog tus pojnim/txiv neej kuj yog zoo ib yam los yog txawv qhov thaum uas nws yug los kias es tus kws kho mob tias nws yog tus pojnim/txiv neej.***

2. Thaum hais txog rau kuv qhov tias kuv yog tus pojnim los tus txiv neej (gender identity), kuv xav rau kuv tus kheej tias kuv yog: Xaiv tag nrho yam uas hais raug koj.

Self-Administered

Participant's response (in language): \_\_\_\_\_

If applicable, write in translation of participant's response: \_\_\_\_\_

Staff-Administered

*\*Staff Administrator Step 1:*

Write in participant's response (in language): \_\_\_\_\_

If applicable, write in translation of participant's response: \_\_\_\_\_

*\*Staff Administrator Step 2:*

Select one of the following that best fits the participant's response.

- Tus txiv neej/Txiv neej
- Tus poj niam/Pojnim
- Transgender/Trans
- Trans man/Trans male
- Trans woman/Trans female
- Genderqueer/Gender non-conforming
- Non-binary (not exclusively male or female)
- Two Spirit
- Intersex (between male and female)
- Kuv tsis paub txog tias kuv yog tus pojnim los txiv neej
- Kuv tsis muaj qhov tias kuv yog tus pojnim los tus txiv neej
- Ntawm qhov tias kuv yog tus pojnim los tus txiv neej, kuv yog (thov qhia): \_\_\_\_\_

## LGBTQ TA Center Appendix E (Continued):

*Kev nyiam/qaug rau tus pojniam/txiv neej twg (sexual orientation) nws kuj yog txawv ntawm qhov tias yog tus pojniam/txiv neej thiab nws yog hais txog rau tus twg uas koj nyiam raug rau (attracted) thiab xav muaj kev hlub nrog rau. Piv txwv ntawm qhov kev nyiam/qaug rau tus pojniam/txiv neej twg (sexual orientation) yog cov neeg uas yog txiv neej nyiam txiv neej, pojniam nyiam pojniam, cov txiv neej/pojniam uas nws nyiam pojniam thiab txiv neej, tus pojniam/txiv neej uas tsis nyiam nrog leej twg pw ua ke (asexual), thiab tus pojniam uas nyiam tus txiv neej/txiv neej uas nyiam tus pojniam. Ib co tib neeg mas lawv yog hu uas "straight" es cov no mas yog cov tib neeg uas nyiam lwm tus uas tsis yog poniam los txiv neej li lawv tus kheej. Lwm cov tib neeg mas lawv ho yog cov txiv neej nyiam txiv neej (gay) los yog pojniam nyiam pojniam (lesbian). Cov no mas lawv ho yog cov tib neeg uas ho nyiam lwm tus txiv neej los yog pojniam ib yam li lawv.*

3. Koj qhov sexual orientation yog li cas? Xaiv tag nrho yam uas hais raug koj

Self-Administered

Participant's response (in language): \_\_\_\_\_

If applicable, write in translation of participant's response: \_\_\_\_\_

Staff-Administered

*\*Staff Administrator Step 1:*

Write in participant's response (in language): \_\_\_\_\_

If applicable, write in translation of participant's response: \_\_\_\_\_

*\*Staff Administrator Step 2:*

Select one of the following that best fits the participant's response.

- Coj Ncaj Qhas
- Txiv Neej Nyiam Txiv Neej
- Pojniam Nyiam Pojniam
- Nyiam Pojniam thiab Txiv Neej
- Queer
- Pansexual/Non-monosexual (I am attracted to all genders.)
- Asexual (Kuv tsis qaug nyiam rau tus pojniam los txiv neej li)
- Kuv tsis qaug nyiam hlub nrog (romantically) rau leej twg li
- Kuv tsis paub tseeb kuv qaug nyiam tus txiv neej los tus pojniam
- Kuv tsis paub tseeb kuv qaug nyiam hlub nrog rau (romantically) rau leej twg li
- Nws muaj nws lwm yam: \_\_\_\_\_
- Kuv tsis xav los teb lo lus nug no.

## LGBTQ TA Center Appendix E (Continued):

**\*For Staff Administrators Only**

In your opinion, were any of the above items confusing or difficult for the participant to understand?

- No
- Yes (If yes, which ones? Please specify #'s: \_\_\_\_\_)

In your opinion, did any of the above items cause the participant to feel uncomfortable or upset?

- No
- Yes (If yes, which ones? Please specify #'s: \_\_\_\_\_)

Rau tamsim no....

	Zoo Heev	Zoo	Zoo Me Me	Tsis Zoo Li
Koj hais tias koj txoj kev nyab xeeb nws Zoo Heev, Zoo, Zoo Me Me, Tsis Zoo?	▪	▪	▪	▪

### KHMER

The Khmer translation was led by a subcontractor identified by the Cambodian American Association (CAA), a CRDP implementation pilot project (IPP).

### ADULT (18 AND OLDER)

**Instructions for Staff Administrator/Program Staff**

***Staff Administration***

If the questionnaire is staff-administered (instead of self-administered by the program participant), staff should remind participants that all questions are voluntary, and they can refuse to answer anything they do not wish to. If the participant refuses to answer a question, staff will ask if the participant would like to share why. The staff administrator will document the reason and any observations in the “staff administrator section” on the questionnaire itself. If the participant does not want to share why, staff administrator should not push the participant, but will document any observations in the “staff administrator section” on the questionnaire.

***Self-Administration***

If the questionnaire is self-administered, the staff will review the instructions with the participants before giving them the survey. After the participant finishes the survey, staff will ask

# LGBTQ TA Center Appendix E (Continued):

the participant to scan through all the pages to make sure they filled out all of the survey items, and that no items were left blank unless they purposefully intended to leave it blank. (The participant can answer any questions left unintentionally blank question then.) After this step, the participant can place their survey in an envelope and hand it back to staff.

## សេចក្តីណែនាំទូទៅ

គំរោងកាត់បន្ថយភាពខុសគ្នានៃផ្នែកពិការភាព The California Reducing Disparities Project (CRDP) គឺជាគំរោងទូទាំងរដ្ឋ ដែលធ្វើការងារជាមួយនិង ក្រុមប្រជាពលរដ្ឋចំនួនច្រើនក្រុមជាលក្ខណៈប្រវត្តិសាស្ត្រ ដែលក្រុមប្រជាពលរដ្ឋទាំងនោះ មិនទទួលបាននូវសេវាបំរើ មានការបំរើសេវាចំពោះ ហើយនិង/ឬក៏ទទួលបានសេវាខ្ពស់ ដែលមានលក្ខណៈមិនសមរម្យ៖ អាហ្វ្រិកអាមេរិកាំង អេសៀន និងម្នាក់ៗជាស៊ីហ្វិក ឡាទីណូ ឆ្លើយស្រី Lesbian, ឆ្លើយប្រុស Gay, អ្នករួមភេទបានទាំងពីរភេទ Bisexual, អ្នកប្តូរភេទ Transgender, អ្នករួមភេទនិងអនុល្យភេទគ្នា Queer (LGBTQ); និងជនជាតិដើមអាមេរិកាំង។ ដើម្បីប្រមូលនូវទិន្នន័យដើម្បីបង្ហាញអំពីភាពខុសគ្នា ឬភាពខុសគ្នា នៃប្រព័ន្ធប្រជាពលរដ្ឋជាច្រើនក្រុមទាំងអស់នេះ សំណួរនានាជាមួយ កែប្រែ បានត្រូវអភិវឌ្ឍន៍ឡើង សំរាប់ក្រុមប្រជាពលរដ្ឋទាំងអស់នេះ។ ដោយសារសំណួរទាំងអស់នេះ គឺជាសំណួរខ្លះ អាចនឹងមិនចំ មិនស៊ីសម្រាប់ ឬមិនពាក់ព័ន្ធនឹងមនុស្ស រោងមនុស្សឆ្លើយឡើយ។

ព័ត៌មានទាំងអស់ នៃឯកសារណែនាំនេះសំរាប់អ្នកប្រើប្រាស់នេះ នឹងត្រូវរក្សាទុកជាការសំងាត់។ ទិន្នន័យនឹងត្រូវកែប្រែឯកសារនិងរដ្ឋ រៀបចំឯកសារសំរាប់អ្នកនិងនឹងត្រូវបានកែប្រែឯកសារឡើយ; ហើយរដ្ឋទាំងនោះ នៃឯកសារណែនាំនេះ គឺ មិនអាចការពារកំរិតគ្រប់គ្រងអាការៈម្នាក់ឡើយ។ ក្នុងកំឡុងពេលនៃឯកសារណែនាំនេះ នឹង អាចអារម្មណ៍ថា សំណួរមួយ ឬសំណួរមួយនៃសំណួរទាំងអស់នាមួយនេះ មិនចំ ឬមិនពាក់ព័ន្ធនឹងអ្នកឡើយ ឬនឹងធ្វើអោយអ្នកមានអារម្មណ៍មិនសូវស្រួលឡើយ។ ប្រសិនបើមានសំណួរណាមួយ ដែលអ្នកមិនមានអារម្មណ៍ស្រួលស្រាយ ក្នុងការឆ្លើយទេនោះ សូមអ្នកកុំឆ្លើយវាឡើយ។ ការចូលរួមចំណែកក្នុងការឆ្លើយសំណួរទាំងនេះ គឺធ្វើឡើងដោយការស្ម័គ្រចិត្តទាំងស្រុង។ យើងសូមធ្វើការគោរពសិរិយ ទទួលបានប្រសិទ្ធភាពសំរាប់អ្នក ចេះបើជាគំរោងនេះដោយ ដោយសារថាវាមាននាមរណ៍ នៃឯកសារណែនាំនេះដោយនឹងក្លាយជាសារៈប្រយោជន៍ក្នុងការជួយដល់ពួកយើង ដោយយល់នូវសំណួរក្រុមប្រជាពលរដ្ឋទាំងអស់នេះ ទូទាំង ប្រជាពលរដ្ឋជាច្រើនក្រុមទាំងនោះ។ ប្រសិនបើអ្នកមានសំណួរ សូមអ្នកសួរមន្ត្រីសេវាអ្នកប្រើប្រាស់ដែលជាមនុស្ស បានជួបជុំ អ្នកនូវកំរិតសំណួរនេះ។

....

ចំណែកបុគ្គលដែលជា ឆ្លើយស្រី Lesbian, ឆ្លើយប្រុស Gay, អ្នករួមភេទបានទាំងពីរភេទ Bisexual, អ្នកប្តូរភេទ Transgender, និង ប្រុសរួមភេទនិងប្រុសគ្នា Queer (LGBTQ) គឺមានបញ្ហាគ្រប់ពូជនិងសាសន៍ទាំងអស់ គ្រប់សាសនា និងគ្រប់ប្រទេសទាំងអស់នៃ។ ការប្រកាន់រើសអើងប្រឆាំងនឹងមនុស្សនៅក្នុងក្រុម LGBTQ នេះ គឺមានការបំពានកំរិតយ៉ាងខ្លាំងទៅនឹងជំងឺរីកលូតលាស់ ការបំពានគ្រឿងញៀន និងការធ្វើអាក្រក់។ កំប៉ុន្តែ សហគមន៍LGBTQ គឺនៅតែជួយមនុស្សនិងភាពលំបាកទាំងនោះក្នុងការរក្សាសុខភាពសុខភាពល្អប្រសើរ គឺដោយសារតែមានការម៉ាកដោយផ្សេងៗ។

សំណួរនានាអំពីចំណុចចិត្តសញ្ញាភេទ និងអត្តសញ្ញាណភេទ គឺមិនបានយកមកសម្រាប់ក្នុងការធ្វើការអង្កេតទាក់ទងនឹងប្រាក់ចំណូលចំនួនចំនួនចំនួនឡើយ ដែលជាហេតុធ្វើអោយមានការលំបាក ក្នុងការធ្វើការប្រមូលទិន្នន័យនៃ LGBT និងកុំរក្សាទិន្នន័យនៃសុខភាពរបស់ពួកគេ។ តើឡើងទៅអោយមានប្រសិទ្ធភាពចំពោះបញ្ហាសុខភាពរបស់ LGBT, គឺមានសារៈសំខាន់នៅក្នុងការសួរសំណួរទាំងអស់នេះនៅក្នុងការអង្កេតនានា។ ធ្វើដូច្នោះ វានឹងអនុញ្ញាតិអោយអ្នកប្រារព្ធរៀន និងអ្នកធ្វើគោលនយោបាយទាំងឡាយ យល់នឹងយ៉ាងគ្រឹមត្រូវជាក់លាក់ អំពីសុខភាព និងកំលាត ឬភាពខុសគ្នានៃ LGBT។

ក្នុងកំឡុងពេលនៃឯកសារណែនាំ អ្នកអាចមានអារម្មណ៍ថា មានសំណួរមួយ ឬសំណួរច្រើនខ្លះខ្លះនៃសំណួរសំណួរ/មិនពាក់ព័ន្ធនឹងអ្នកឡើយ ឬធ្វើ អោយអ្នកមានអារម្មណ៍មិនសូវស្រួល។ ប្រសិនបើមានសំណួរណាមួយដែលលោក-អ្នកមានអារម្មណ៍មិនសូវស្រួលក្នុងការឆ្លើយទេនោះ សូមកុំឆ្លើយ។ ការចូលរួមរបស់អ្នក នៅក្នុងការឆ្លើយសំណួរទាំងនេះ គឺជាការស្ម័គ្រចិត្តទាំងស្រុង។

55. ភេទរបស់ខ្ញុំ ព័ត៌មានគឺ...  
ឆ្លើយដោយខ្លួនឯងផ្ទាល់:  
ចំឡើយរបស់អ្នកចូលរួម (ជាការសា) : \_\_\_\_\_

## LGBTQ TA Center Appendix E (Continued):

If applicable, write in translation of participant's response: \_\_\_\_\_

*\*Staff Administrator Step 1:*

Write in the participant's response (in language): \_\_\_\_\_

If applicable, write in translation of the participant's response: \_\_\_\_\_

*\*Staff Administrator Step 2:*

Select one of the following that best fits the participant's response.

បុរស/កេរ្យប្រុស [Male/Boy]

ស្ត្រី/កេរ្យស្រី [Female/Girl]

អន្តរភេទ

(ពួកគេមិនច្បាស់អំពីភេទរបស់ខ្ញុំពីកំណើតឡើយ)

Intersex (they were unsure about my sex at birth)]

ខ្ញុំមិនប្រាកដអំពីភេទ ដែលខ្ញុំបានកើតមកជាមួយនោះទេ [I am not sure about my sex assigned at birth]

ភេទ ដែលខ្ញុំបានកើតមកជាមួយនោះគឺ (សូមបញ្ជាក់)[ My assigned sex at birth (please specify)]: \_\_\_\_\_

ខ្ញុំមិនចង់ឆ្លើយនូវសំណួរនេះឡើយ [I do not wish to answer this question]

អគ្គសញ្ញាណភេទ (ការបញ្ជាក់/សំគាល់ភេទ) គឺអ្វីដែលបុគ្គលនានាយល់អំពីខ្លួននិងអ្វីដែលពួកគេហៅខ្លួនឯង ទោះជាបុរស ស្ត្រី រួមទាំងពីរភេទនេះ ឬក៏គ្មានភេទណាមួយនៅក្នុងភេទទាំងពីរនេះក៏ដោយ។ អគ្គសញ្ញាណភេទរបស់បុគ្គលនីមួយៗគឺអាចផ្លាស់ប្តូរខ្លួនគ្នាអំពីភេទដែលគេដាក់ឱ្យអ្នកនោះនៅពេលអ្នកនោះកើតមក។

56. នៅពេលគិតនូវអគ្គសញ្ញាណភេទរបស់ខ្ញុំ ខ្ញុំគិតខ្លួនឯងថាជា: សូមជ្រើសរើសទាំងអស់ណា ដែលស័ក្តិសម។

ឆ្លើយដោយខ្លួនឯងផ្ទាល់:

ចំឡើយរបស់អ្នកចូលរួម (ជាភាសា): \_\_\_\_\_

If applicable, write in translation of participant's response: \_\_\_\_\_

*\*Staff Administrator Step 1:*

Write in the participant's response (in language): \_\_\_\_\_

If applicable, write in translation of the participant's response: \_\_\_\_\_

*\*Staff Administrator Step 2:*

Check all of the following that best fit the participant's response.



## LGBTQ TA Center Appendix E (Continued):

- បុរស/កេនប្រុស [Man/Male]
- ស្ត្រី/កេនស្ត្រី [Woman/Female]
- អ្នកប្តូរភេទ/ខ្ចើយ [Transgender/Trans]
  
- ខ្ចើយបុរស/ខ្ចើយស្ត្រី [Trans man/Trans male]
- ខ្ចើយស្ត្រី/ខ្ចើយប្រុស [Trans woman/Trans female]
  
- រួមភេទដូចគ្នា/ភេទដែលមិនអនុលោមតាម  
[Genderqueer/Gender non-conforming]
- មិនមែនភេទគោល (មិនមែនប្រុស  
ឬស្ត្រីទាំងស្រុងនោះទេ) [Non-binary (not exclusively  
male or female)]
- គំនិតវិញ្ញាណពីរ [Two Spirit]
- អន្តរភេទ (រវាងបុរសនិងស្ត្រី) [Intersex (between male and female)]
- ខ្ញុំមិនប្រាកដអំពីអត្តសញ្ញាណភេទរបស់ខ្ញុំ [I am not sure about my  
gender identity]
- ខ្ញុំមិនមានភេទ/អត្តសញ្ញាណភេទ [I do not have a gender/ gender  
identity]
- អត្តសញ្ញាណភេទរបស់ខ្ញុំគឺ (សូមបញ្ជាក់) [My gender identity is (please  
specify)]: \_\_\_\_\_
- ខ្ញុំមិនចង់ឆ្លើយនូវសំណួរនេះឡើយ [I do not wish to answer this  
question]

សំណួរនានា អំពីចំណូលចិត្តរូបភេទ:

ចំណូលចិត្តរូបភេទ គឺខុសប្លែកគ្នាពីអត្តសញ្ញាណរូបភេទ ហើយក៏ពាក់ព័ន្ធនឹងការសម្រេចចិត្តរបស់អ្នកមានការទាក់ទាញ ឬចំណាប់អារម្មណ៍ទៅលើ ហើយចង់មានទំនាក់ទំនងសេនាសញ្ញាណភេទជាមួយ។ ឧទាហរណ៍មួយចំនួននៃចំណូលចិត្តរូបភេទ គឺខ្ចើយប្រុស, ខ្ចើយស្ត្រី, អ្នករួមភេទបានទាំងពីរភេទ, អ្នកដែលគ្មានចំណង់រូបភេទ asexual, និងអ្នកដែលស្រឡាញ់ភេទផ្ទុយគ្នា heterosexual។ មនុស្សខ្លះ គឺត្រង់ straight ហើយមានការទាក់ទាញ ឬមានចំណាប់អារម្មណ៍ចំពោះមនុស្សដែលមានភេទផ្សេងមួយទៀត។ ឯមនុស្សខ្លះទៀត គឺជាខ្ចើយប្រុស ឬស្ត្រី និងទៀតទៀត ឬខ្ចើយស្ត្រី មានការទាក់ទាញចំពោះមនុស្ស ដែលមានភេទដូចគ្នា។

57. តើការគំរាមទិសរូបភេទ របស់អ្នកគឺអ្វី?

ឆ្លើយដោយខ្លួនឯងដូចខាងក្រោម:

ចម្លើយរបស់អ្នកចូលរួម (ផាកាស): \_\_\_\_\_

If applicable, write in translation of participant's response: \_\_\_\_\_

*\*Staff Administrator Step 1:*

Write in the participant's response (in language): \_\_\_\_\_

If applicable, write in translation of the participant's response: \_\_\_\_\_

*\*Staff Administrator Step 2:*

Check all of the following that best fit the participant's response.

## LGBTQ TA Center Appendix E (Continued):

- ត្រង់/ស្រឡាញ់ភេទផ្តុំគ្នា [Straight/heterosexual]
- ស្រឡាញ់ភេទប្រុសដូចគ្នា ឬស្រឡាញ់ [Gay]
- ស្រឡាញ់ភេទស្រីដូចគ្នា ឬស្រឡាញ់ស្រី [Lesbian]
- រួមភេទបានទាំងពីរភេទ [Bisexual]
- រួមភេទនឹងមនុស្សភេទដូចគ្នា [Queer]
- រួមភេទបានគ្រប់ភេទទាំងអស់/មិនរួមភេទបានតែមួយភេទនោះទេ  
(ខ្ញុំមានចំណាប់អារម្មណ៍ចំពោះគ្រប់ភេទទាំងអស់)  
[Pansexual/Non-monosexual (I am attracted to all genders)]

### \*For Staff Administrators Only

In your opinion, were any of the above items confusing or difficult for the participant to understand?

- No
- Yes (If yes, which ones? Please specify #'s: \_\_\_\_\_)

In your opinion, did any of the above items cause the participant to feel uncomfortable or upset?

- No
- Yes (If yes, which ones? Please specify #'s: \_\_\_\_\_)

### KOREAN

The Korean translation was led by Korean Community Services, a CRDP IPP.

### ADULT (18 AND OLDER)

#### 담당직원에 의한 설문조사 유의점 (담당직원 시행)

프로그램 참여자가 직접 설문을 작성하지 않고 직원이 실행하는 경우, 실행자는 모든 응답이 자발적 의사에 따라 이루어지는 것이며 원치 않을 경우 응답을 거부할 수 있다는 점을 참여자에게 상기시켜 주어야 합니다. 참여자가 특정 문항에 응답을 거부하는 경우, 실행자는 그 이유를 질문합니다. 그런 뒤 그 이유와 더불어 실행자의 관찰 내용을 설문지의 “실행기록란”에 보고합니다. 만일 참여자가 그 이유를 밝히기 거부하는 경우, 참여자에게 압력을 행사해서는 안되며 대신 실행자의 관찰 내용을 “실행기록란”에 보고합니다.

## LGBTQ TA Center Appendix E (Continued):

### 설문조사 개요

캘리포니아 주정부에서 지원하는 CRDP 는 아프리카계 미국인, 아시아태평양계 동양인, 라티노, LGBTQ 로 통칭되는 성소수자(레즈비언, 게이, 양성애자, 트랜스젠더, 소수성애자), 아메리칸인디언(아메리칸원주민)을 포함하는 다섯 개 집단이 오랫동안 적절한 서비스를 받지 못하거나 부적절한 방식으로 서비스를 받았다는 문제의식에서 출발한 프로젝트입니다. 여기서 이들 집단의 서비스 불평등 문제를 해소하기 위한 자료를 수집하고자 설문지가 개발되었습니다. 이 설문지는 위 다섯 집단에 공통적으로 적용되는 것이므로 일부 질문은 귀하와 관련이 없거나 응답의 필요성을 느끼지 못할 수 있습니다.

귀하가 응답한 모든 정보는 비밀이 유지됩니다. 수집된 자료는 귀하의 이름이 삭제된 상태에서 주정부와 공유되기 때문에 귀하의 응답과 신상을 서로 연결시킬 수 없습니다. 설문에 응답하는 과정에서, 귀하에게 해당되지 않거나 불편감을 주는 질문들이 나올 수 있습니다. 혹시 응답하기 불편하면 하시지 않아도 됩니다. 귀하의 설문 참여는 전적으로 귀하의 자발적 의사에 따라 이루어지는 것입니다. 참여의 정도를 떠나 서비스 불평등 문제를 해소하려는 노력에 큰 도움이 될 것입니다. 본 설문조사에 대한 궁금한 사항은 담당 직원에게 문의하시기 바랍니다.

....

미국사회에서 LGBTQ 로 불리는 레즈비언, 게이, 양성애자, 트랜스젠더, 퀴어는 인종, 민족, 종교, 사회계층을 막론하고 존재합니다. LGBTQ 에 대한 차별은 이들의 정신질환, 물질남용, 자살 비율이 일반인에 비해 높은 것과 관련이 있습니다. 그럼에도 낙인 때문에 이들은 정신건강서비스에 접근하는 과정에서 일반인 보다 더 큰 장벽을 경험합니다.

성적취향이나 성정체성에 관한 질문은 연방정부나 주정부가 주관하는 설문조사에는 대부분 포함되지 않기 때문에 LGBTQ 인구의 규모나 건강관련 요구를 예측하는데 어려움이 있습니다. 이 분들의 건강관련 요구를 보다 효과적으로 조명하기 위해서는 설문조사에 다음과 같은 내용이 포함될 필요가 있습니다. 이러한 조사는 연구자와 정책입안자가 LGBTQ 인구의 건강관련 요구와 불평등 문제를 보다 정확하게 예측하는데 도움이 됩니다.

설문지에 응답하는 동안, 귀하에게 해당되지 않거나 불편감을 주는 질문들이 나올 수 있습니다. 혹시 응답하기 불편하면 하시지 않아도 됩니다. 귀하의 설문 참여는 전적으로 귀하의 자발적 의사에 따라 이루어지는 것입니다.

55. 출생 시 나의 성별은:

참여자 응답을 그대로(한국어): \_\_\_\_\_

해당시 참여자 응답을 번역하여(영어): \_\_\_\_\_

## LGBTQ TA Center Appendix E (Continued):

참여자의 응답에 가장 적절한 것을 하나만 선택하십시오.

- 남성
- 여성
- 간성(남성과 여성 사이)
- 출생 시 성별이 명확하지 않음
- 출생 시 성별은 (구체적으로): \_\_\_\_\_
- 답변 거절

성 정체성은 자기 자신을 어떤 사람으로 인지하는지, 자신을무어라 부르는지, 즉 남성인지, 여성인지, 둘다인지, 둘다 아닌지 등을 일컫는 것입니다. 성 정체성은 출생시에 지정된 성별과 같을 수도 있고, 다를 수도 있습니다.

56. 내가 생각하는 나의 성 정체성은:

참여자 응답을 그대로(한국어): \_\_\_\_\_

해당시 참여자 응답을 번역하여(영어): \_\_\_\_\_

참여자의 응답에 해당하는 모든 사항에 표시를 해 주십시오.

- 남성
- 여성
- 성 전환자/트랜스 젠더
- 남성 성 전환자 (여자에서 남자로)
- 여성 성 전환자 (남자에서 여자로)
- 특정 성별 없음
- 답변 거절
- Non-binary (완전히 남성도 여성도 아닌)
- 두 개의 영혼
- 간성 (남성과 여성 사이)

## LGBTQ TA Center Appendix E (Continued):

어떤 성 정체성을 가지고 있는지 명확하지 않음

특정 성 정체성을 가지고 있지 않음

나의 성 정체성은 (구체적으로): \_\_\_\_\_

성적 취향은 성 정체성과는 다른 것이며, 어떤 성에게 끌리고, 어떤 사람과 낭만적인 관계를 맺기 원하는지에 관한 것입니다. 성적 취향의 예로는 게이, 레즈비언, 양성애자, 무성별자, 이성애자가 있습니다. 어떤 사람들은 이성애자로, 반대 성별의 사람(이성)에게 끌립니다. 다른 사람들은 게이나 레즈비언으로, 같은 성별을 가진 사람(동성)에게 끌립니다.

57. 당신의 성적 취향은 어떻게 되십니까?

참여자 응답을 그대로(한국어): \_\_\_\_\_

해당시 참여자 응답을 번역하여(영어): \_\_\_\_\_

참여자의 응답에 해당하는 모든 사항에 표시를 해 주십시오.

이성애자

게이

레즈비언

양성애자

퀴어

다성애자 (모든 종류의 "성"에 끌립니다)

무성욕 (아무에게도 "성"적으로 끌리지 않는다)

아무에게도 끌리지 않는다.

"성"적으로 끌리는 대상이 누군지 잘 모르겠다

내가 누구에게 끌리는지 모르겠다

기타: \_\_\_\_\_

답변 거절

### \* 담당직원 응답란:

귀하의 생각으로는, 위의 질문 중에 참여자가 헷갈리거나 이해하기 어려운 질문이 있었습니까?

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## LGBTQ TA Center Appendix E (Continued):

\_\_\_ 아니오

\_\_\_ 예 (있다면, 그 질문의 번호를 써주십시오: \_\_\_\_\_)

귀하의 생각으로는, 위의 질문 중에 참여자를 불편하게 하거나 거부감을 주는 질문이 있었습니까?

\_\_\_ 아니오

\_\_\_ 예 (있다면, 그 질문의 번호를 써주십시오: \_\_\_\_\_)

58. 현재...

	매우 좋음	좋음	보통	나쁨
귀하는 자신의 건강상태가 어떻다고 보십니까?	■	■	■	■

### SAMOAN

The Samoan translation was led by a PARC@LMU identified subcontractor.

#### **ADULT (18 AND OLDER)**

*Fa'atonuga fa'asino i Ituaiga (Gender Identity): Matou te fa'aogaina upu pei o le "ali'i" po'o le "tama'ita'i" po'o le "trans" o fa'apu'upu'uga e iloa ai le ituaiga o se tagata. Matou te malamalama, a mea, e fa'aoga e tagata le tele o isi fa'asinoga (labels) – o isi latou te fa'atauaina upu pei o le Genderfluid, Agender, Enby, Androgynous, ma upu fa'apena. Ina ia matou malamalama ia te oe, ta'u mai le fa'asinoga e fa'amatala ai lou ituaiga. E leai ni tali sa'o pe sese o nei fesili. Fa'amolemole tali sa'o ma le fa'amaoni i nei fesili e tusa ma lou manatu ma lagona.*

55. O lo'u ituaiga i le fanau mai (sex) o le ...

*\*Staff Administrator Step 1:*

Write in participant's response (in language): \_\_\_\_\_

If applicable, write in translation of participant's response: \_\_\_\_\_

*\*Staff Administrator Step 2:*

Select one of the following that best fits the participant's response.

- Ali'i/tama (Male/Boy)
- Tamaita'i/teine (Female/Girl)
- Intersex (e le'i mautinoa lo'u ituaiga i lo'u fanau mai) [Intersex (they were unsure about my sex at birth)]

## LGBTQ TA Center Appendix E (Continued):

- Oute le o mautinoaina lo'u ituaiga I lo'u fanau mai (I am not sure about my sex assigned at birth.)
- O lo'u ituaiga fa'asino i lo'u fanau mai o le [My assigned sex at birth (please specify)]
- Oute le fia taliina le fesilia lea. (I do not wish to answer this question.)

56. O le mata'upu fa'asino i lo'u fa'asinoga, oute manatu o a'u o le: (*fa'aailoga tali uma talafeagai*).

*\*Staff Administrator Step 1:*

Write in the participant's response (in language): \_\_\_\_\_

If applicable, write in translation of the participant's response: \_\_\_\_\_

*\*Staff Administrator Step 2:*

Check all of the following that best fit the participant's response.

- Tamalao/Tama (Man/Male)
- Fafine/Teine (Woman/Female)
- Fa'afafine/Trans (Transgender/Trans)
- Fa'afatama/Trans male (Trans man/Trans male)
- Fa'afateine/Trans female (Trans woman/Trans female)
- Ituaiga-fa'afafine/Ituaiga le mulimuli i fa'avae (Genderqueer/Gender non-conforming)
- le tama pe teine ato'atoa* [Non-binary (not exclusively male or female)]
- Lua agaga (Two Spirits)
- o lo'o i le va o le ali'i ma le tamaita'i* (Intersex)
- Oute le o mautinoa i lo'u fa'asino ituaiga (I am not sure about my gender identity.)
- E leai so'u ituaiga / Fa'asino ituaiga (I do not have a gender/gender identity.)
- O se isi igoa (ta'u mai) [My gender identity is (please specify)]: \_\_\_\_\_
- Oute le fia taliina le fesilia lea. (I do not wish to answer this question.)

***Fa'atonuga Fa'asinoga fa'aituaiga (Sexual Orientation): O tagata uma e tofu ma le fa'asinoga fa'aituaiga. E iai tagata sasa'o ma e momo'o atu i tagata o le ituaiga fa'afeagai.***

***Fa'ata'ita'iga, o se tamaita'i sasa'o e momo'o i ali'i ma e fiafia e fa'amasani ma feusua'i ma ali'i. O isi o fa'afafine po'o fa'afatama ma e momo'o atu i tagata o lo latou lava ituaiga.***

***Fa'ata'ita'iga, o fa'afafine e momo'o atu i isi ali'i e o'o ai lava i tulaga o le fa'amasani ma feusua'i. Ae o isi fo'i tagata, e momo'o i ituaiga uma e lua (bisexual) aofia ai tamaita'i ma ali'i. O isi e so'o se ituaiga e o'o lava i e e le o mautonu po'o le a lo latou fa'asinoga e aofia ai ma le fa'aituaiga pe ali'i pe tamaita'i. O isi o lo'o le mautonu ma e latou te le manana'o lava***

## LGBTQ TA Center Appendix E (Continued):

*i se isi. Ina ia malamalama, O e 'ete momo'o iai, fia fa'amasani e o'o lava i feusua'iga ua ta'ua o lou fa'asinoga fa'aituaiga (sexual orientation).*

57. O le a lou fa'asinoga fa'aituaiga? (*fa'ailoga uma tali talafeagai*)

*\*Staff Administrator Step 1:*

Write in the participant's response (in language): \_\_\_\_\_

If applicable, write in translation of the participant's response: \_\_\_\_\_

*\*Staff Administrator Step 2:*

Check all of the following that best fit the participant's response.

- Sasa'o (Heterosexual)
- Fa'afafine (Gay)
- Feusua'i-o-teine (Lesbian)
- Ituaiga-lua (Bisexual)
- Ituaiga fa'afafine (Queer)
- So'o se fa'asinoga/Non-monosexual (*mana'o i so'o se tasi*) [Pansexual/Non-monosexual (I am attracted to all genders.)]
- Oute le *mana'o i so'o se tagata* (Asexual)
- Oute le *mana'o i se tasi i ni feusua'iga*. (I am not attracted to anyone romantically.)
- Matua'i o'u le iloa lava po'o ai oute *mana'o iai*. (I am not sure who I am attracted to sexually.)
- Le iloa lelei po'o ai oute *momo'o iai fa'afeusuaiga* (I am not sure who I am attracted to romantically.)
- O se isi mea (Something else): \_\_\_\_\_
- Oute le fia taliina le fesili lea (I do not wish to answer this question.)

### **\*For Staff Administrators Only**

In your opinion, were any of the above items confusing or difficult for the participant to understand?

- No
- Yes (If yes, which ones? Please specify #'s: \_\_\_\_\_)

In your opinion, did any of the above items cause the participant to feel uncomfortable or upset?

- No
- Yes (If yes, which ones? Please specify #'s: \_\_\_\_\_)



## LGBTQ TA Center Appendix E (Continued):

### DISCRIMINATION BASED ON GENDER EXPRESSION

(SOGIE O nisi mea) O foliga o se tagata, sikaili (style), ofu, po’o uiga (pei o le savali po’o le tautala) e ono a’afia ai so latou manatu ia i latou lava. I se fa’atusatusaga, e fa’afefea ona e fa’amatalaina lou tino mai, sikaili, ofu ma ou uiga?

*Fa’ailoga uma mea talafeagai.*

- E matua’i fa’amatuaafafine lava (very feminine)
- E fa’amatuaafafine i le tele o taimi
- E fa’amatuaafafine i nai taimi
- E tutusa lava uiga fa’amatuatamaloa ma le fa’amatuaafafine
- E fa’amatuatamaloa i nai taimi
- E fa’amatuatamaloa i le tele o taimi
- E matua’i fa’amatuatamaloa lava (very masculine)
- E so’o se teuga ma amioga, fiafia e pati ma alu out
- Le mamaso pe fa’amatuaafafine (feminine)

(SOGIE le fa’amalosia) O foliga o se tagata, sikaili (style), ofu, po’o uiga (pei o le savali po’o le tautala) e ono a’afia ai manatu o isi ia i latou. I se fa’atusatusaga, O le a sou lagona i se maitau ma se fa’amatalaina e tagata o ou foliga, sikaili, ofu ma ou uiga?

*Fa’ailoga uma mea talafeagai.*

- E matua’i fa’amatuaafafine lava (Very feminine)
- E fa’amatuaafafine i le tele o taimi
- E fa’amatuaafafine i nai taimi
- E tutusa lava uiga fa’amatuatamaloa ma le fa’amatuaafafine
- E fa’amatuatamaloa i nai taimi
- E fa’amatuatamaloa i le tele o taimi
- E matua’i fa’amatuatamaloa lava (very masculine)
- E so’o se teuga ma amioga, fiafia e pati ma alu out
- Le mamaso pe fa’amatuaafafine (feminine)

### DISCRIMINATION BASED ON GENDER

O le a le taualoa o oe e i latou oi lalo i le talia ma le te’ena o lou ituaiga (gender identity)?

*Fa’ailoga se tali talafeagai se tasi.*

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## LGBTQ TA Center Appendix E (Continued):

	Matua'i te'ena	Te'ena feololo	Leai so'u manatu	Talia feololo	Matua'i talia	Le talafeagai
Matua/Isi tagata tausi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usoga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tagata o le aiga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fanau	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pa'aga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isi tagata faigaluega	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tua'oi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foma'i po'o fesoasoani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foma'i o le mafau Fau	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nisi: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### DISCRIMINATION BASED ON SEXUAL ORIENTATION

O le a le taualoa o oe e i latou oi lalo i le taliaina po'o le te'ena o lou fa'asino ituaiga (sexual orientation)?

*Fa'ailoga se tali talafeagai se tasi.*

	Matua'i te'ena	Te'ena feololo	Leai so'u manatu	Talia feololo	Matua'i talia	Le talafeagai
Matua/Isi tagata tausi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usoga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tagata o le aiga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fanau	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pa'aga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isi tagata faigaluega	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tua'oi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## LGBTQ TA Center Appendix E (Continued):

<b>Foma'i po'o fesoasoani</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Foma'i o le mafau</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Nisi: _____</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### TONGAN (BILINGUAL)

Tongan translations were led by a HealthRIGHT360/Asian American Recovery Services (HR360/AARS) identified subcontractor. They created two versions: one for self-administration, and another for staff administration.

#### ADULT (18 AND OLDER) SELF-ADMINISTERED

##### **Instructions for Staff Administrator/Program Staff**

###### ***Self-Administration***

If the questionnaire is self-administered, the staff will review the instructions with the participants before giving them the survey. After the participant finishes the survey, staff will ask the participant to scan through all the pages to make sure they filled out all of the survey items, and that no items were left blank unless they purposefully intended to leave it blank. (The participant can answer any questions left unintentionally blank question then.) After this step, the participant can place their survey in an envelope and hand it back to staff.

##### **Ngaahi Fakahinohino Fakaluukufua**

###### **General Instructions**

Ko e California Reducing Disparities Project (CRDP) koe ngaue ia 'oku kau kotoa ai 'ae siteiti 'i ha kulupu 'e 5 'oku fakahisitolia 'a hono 'ikai ke tokangaekina, 'ikai fe'unga hono tokangaekina, pea 'oku 'ikai taau hono tokangaekina: kulupu 'Afilika 'Amelika; 'Esia moe 'Otu Motu Pasifiki; Latino; Lesipieni, Kei, Paisekisuolo, Transgender, Kuia (LBTGQ); pea moe kakai totonu 'o 'Amelika ni. 'Ihe feinga koia ke tanaki 'ae data ke fakamahino'i 'ae ngaahi fusimo'omo 'oe ngaahi kulupu lahi ko eni, 'oku fa'u ha ngaahi fehu'i ke faka'aonga'i ki he ngaahi kulupu hono kotoa. Koe ngaahi fehu'i angamaheni pe eni, pea koe ni'ihi 'oe ngaahi fehu'i 'e lava pe ke ke pehee 'e koe 'oku 'ikai totonu ke ke tali.

The California Reducing Disparities Project (CRDP) is a statewide project that is working across five historically unserved, underserved, and/or inappropriately served population groups: the African American; Asian and Pacific Islander; Latino; Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ); and Native American. In order to collect data to address the disparities for these multiple populations, a set of standard questions have been developed for all populations. Since these are standard questions, some of the questions may not feel applicable or relevant for you to answer.

## LGBTQ TA Center Appendix E (Continued):

Ko ngaahi me'a kotoa pe 'oku ke vahevahe mai 'i hono tali 'oe ngaahi fehu'i ni 'oku tauhi ke malu. 'E vahevahe 'ae data pea moe Siteiti, ka he'ikai ha ho hingoa 'ou ai; pea koe me'a kotoa pe teke vahevahe mai he'ikai fekau'aki ia mo koe. 'I ho'o tali koia 'oe ngaahi fehu'i, 'oku 'iai 'ae ngaahi fehu'i ia 'e ni'ihii 'oku 'ikai teke fie tali ia 'e koe, 'oku 'ikai ke pau ia ke ke tali. Ko ho'o kau mai koia 'ihe tali fehu'i ko eni 'oku fakafalala pe ia kiate koe. Ko ha'u kau mai pe 'iha fa'ahinga tafa'aki 'oe fakatotolo ni, 'oku mahu'inga 'aupito, he koeha pe ha tali teke fai mai 'e 'aonga 'aupito ia kia tekimautolu ke tokoni ke mahino kia tekimautolu 'ae fe'amokaki 'ihe ngaahi kulupu kakai kehekehe. Kapau 'oku 'iai ha'o ngaahi fehu'i, kataki 'eke kihe kau ngaue 'oe polokalama ni, 'a ee na'a nau 'oatu 'ae ngaahi fehu'i ni.

All information that you share on this questionnaire will be confidential. The data will be shared with the State, but your name will not; and whatever you share cannot be connected back to you. As you answer, you may feel that one or more of the questions below do not apply to you or make you feel uncomfortable. If there are questions that you do not feel comfortable answering, you do not have to answer them. Your participation in this questionnaire is completely voluntary. Any level of participation is appreciated, because any information that you provide will be useful in helping us understand the disparities for and across multiple populations. If you have any questions, please ask the program staff who gave you this questionnaire.

***Ko kinautolu 'oku Lesipieni, Kei, Paisekisuolo, Tulenisenitaa, mo Kuia (LGBTQ), 'oku kau kotoa ai 'ae fa'ahinga kakai mo e matakali, lotu, pea moe ngaahi kalasi fakasosiale. Koe fakafaikehekehe'i koia 'oe kakai LGBTQ, 'oku fekau'aki ia moe toko lahi 'oe kakai 'oku uesia fakae'atamai, faka'aonga'i lahi 'oe 'alakaholo moe faito'o kona tapu, pea moe taonakita. Ka, 'oku kei faingata'a'ia lahi ange pe 'ae kakai LGBTQ he feinga ke ma'u e tokoni fakaemo'ui faka'atamai koe 'uhi ko hono maa'i kinautolu.***

***Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) individuals encompass all races and ethnicities, religions, and social classes. Discrimination against LGBTQ persons has been associated with high rates of psychiatric disorders, substance abuse, and suicide. Yet, the LGBTQ community faces greater difficulties in accessing mental health care due to stigma.***

***Ko 'ete fili koe pe 'oku te tangata pe fefine, pe 'oku te manako pe sai'ia he tangata pe fefine, 'oku 'ikai ke fa'a fehu'i ia 'ihe ngaahi savea faka-fonua pe faka Siteiti, 'o faingata'a leva ai ke fakafuofua 'ae toko lahi 'oe kakai LGBT pea mo 'enau ngaahi fiema'u fakaemo'ui. Koe feinga koia ke tokangaekina 'ae ngaahi me'a fakaemo'ui 'ae kakai 'oku faka'ilonga 'aki kinautolu 'ae LGBT, 'oku maatu'aki mahu'inga to fehu'i 'ae ngaahi me'a ko eni 'ihe ngaahi savea. 'E lava heni ke mahino lelei ki he kau fakatotolo moe kau fa'u palani ki he mo'ui, 'ae tu'unga moe fe'amokaki 'ae kakai 'oku nau fili ke 'iloa kinautolu ko e LGBT.***

***Sexual orientation and gender identity questions are not asked on most national or State surveys, making it difficult to estimate the number of LGBT individuals and their health needs. In order to effectively address LGBT health issues, it's important to ask these questions in surveys. This will allow researchers and policy makers to accurately understand LGBT health and disparities.***

## LGBTQ TA Center Appendix E (Continued):

*'I ho'o tali koia 'ae ngaahi fehu'i, 'e lava pe ke ke ongo'i 'oku 'ikai 'uhinga fakahangatonu ia kiate koe, pe teke ongo'i faingata'a'ia. Kapau 'oku 'iai ha ngaahi fehu'i pehee, pea 'oua teke tali 'e koe. Ko ho'o kau 'ihe tali fehu'i ko eni 'oku tau'ataaina pe ia pe teke tali pe 'ikai.*

*As you answer, you may feel that one or more of the questions below do not apply to you or make you feel uncomfortable. If there are questions that you do not feel comfortable answering, you do not have to answer them. Your participation in this questionnaire is completely voluntary.*

55. Na'e fa'ele'i au koe...

My sex at birth was...

Self-administered:

Participant's response (in language): \_\_\_\_\_

If applicable, write in translation of participant's response: \_\_\_\_\_

*Ko 'ete fili pe koe tangata pe fefine kita, koe me'a fakafo'ituitui pe ia pe koeha hoto loto, pe koe tangata, fefine, fakatouanga, pea koe 'ikai faka'ilonga 'aki ha taha. Koe tangata pe fefine 'a ha taha 'e lava pe ke kehe ia mei he fakakalasi koia na'e fa'ele'i mai mo kiai.*

*Gender identity is how individuals perceive themselves and what they call themselves, whether male, female, a blend of both or neither. A person's gender identity can be the same or different from their sex assigned at birth.*

56. Ko 'ene 'eke koia pe 'oku ou fefine pe tangata, 'oku ou fakakaukau koe.

When it comes to my gender identity, I think of myself as....

Self-administered:

Participant's response (in language): \_\_\_\_\_

If applicable, write in translation of participant's response: \_\_\_\_\_

*Ko 'ete fili koe pe koe tangata pe fefine 'oku te manako mo fiema'u, 'oku kehe ia mei he fakakalasi koe kita, pe koe kulupu 'oku te kau ki ai, pea 'oku kau ia kihe tohoaki 'ene manako mo 'ete fiema'u pea te fiema'u ke 'iai ha'ate fekau'aki ofi mo ia. Koe fakataataa eni 'oe fakakalasi 'oe manako mo fiema'u ki he fa'ahinga 'oku nau fiema'u pe mo manako ki ho nau fa'ahinga, lesipieni, fakatoufiema'u 'e tanga moe fefine, ko ha tangata pe fefine 'oku 'ikai ke manako pe tene fiema'u 'e ia ha taha 'o tatau aipe pe koe tangata pe fefine, pea kakai fefine 'oku nau fiema'u mo manako ki he kakai tangata, pe kakai tangata 'oku nau fiema'u mo manako ki he kakai fefine. Koe kakai 'e ni'ihii, hange koe kakai tangata, 'oku nau fiema'u pe 'ekinautolu 'ae kakai fefine, pea pehe pe ki he kakai fefine, 'oku nau fiema'u pe 'ekinautolu 'ae kakai tangata. Ko e ni'ihii 'oku kei 'oku nau fiema'u mo manako pe kinautolu ki ho nau fa'ahinga tatau, fefine ki he fefine, tangata ki he tangata.*

## LGBTQ TA Center Appendix E (Continued):

***Sexual orientation is different from gender identity and is about whom you're attracted to and want to have romantic relationships with. Examples of sexual orientation are gay, lesbian, bisexual, asexual, and heterosexual. Some people are straight and are attracted to people of another gender. Other people are gay or lesbian and are attracted to people of the same gender.***

57. Koeha ho sexual orientation?

What is your sexual orientation?

Self-Administered

Participant's response (in language): \_\_\_\_\_

If applicable, write in translation of participant's response: \_\_\_\_\_

### **DISCRIMINATION BASED ON GENDER EXPRESSION**

Koe fotunga 'o ha taha, anga 'ene teu, kofu, to'onga (hange koe anga 'ene 'alu pe lea) 'oku ne lava uesia ai 'enau fakakaukau kia tekinautolu fakafo'ituitui. 'I hono faka'avalisi, teke lava ke fakamatala'i feefee'i 'ae anga ho'o haa, ho teuteu, kofu, pe to'onga? (*Fili 'ae me'a kotoa pe 'oku fekau'aki mo koe.*)

A person's appearance, style, dress, or mannerisms (such as the way they walk or talk) may affect the way they think of themselves. On average, how would you describe your appearance, style, dress, or mannerisms?

Choose all that apply.

- Fakafefine 'aupito (Very feminine)
- Lahi 'ene fakafefine (Mostly feminine)
- Meimei fakafefine (Somewhat feminine)
- Tatau pe 'ae to'onga tangata moe fefine (Equally masculine and feminine)
- Hange 'oku tangata (Somewhat masculine)
- Fakatangata 'aupito (Mostly masculine)
- Lahi 'ene fakatangata (Very masculine)
- Meimei fefine, meimei tangata 'ikai ke ha mahino 'o hange koe anga maheni (Androgynous, non-binary, and/or gender nonconforming)
- 'Ikai ke tangata pe fefine (Neither masculine nor feminine)

Koe fotunga 'o ha taha, anga 'ene teu, kofu, to'onga (hange koe anga 'ene 'alu pe lea) 'oku ne lava uesia ai 'enau fakakaukau kia tekinautolu fakafo'ituitui. 'I hono faka'avalisi, koeha ho'o fakakaukau ki ha anga 'o hano fakamatala'i 'e he kakai 'a ho'o haa, anga ho'o teu, kofu, pe to'onga? (*Fili 'ae me'a kotoa pe 'oku fekau'aki mo koe.*)

A person's appearance, style, dress, or mannerisms (such as the way they walk or talk) may affect the way other people think of them. On average, how do you think other people would describe your appearance, style, dress, or mannerisms?

## LGBTQ TA Center Appendix E (Continued):

Choose all that apply.

- Fakafefine 'aupito (Very feminine)
- Lahi 'ene fakafefine (Mostly feminine)
- Meimei fakafefine (Somewhat feminine)
- Tatau pe 'ae to'onga tangata moe fefine (Equally masculine and feminine)
- Hange 'oku tangata (Somewhat masculine)
- Fakatangata 'aupito (Mostly masculine)
- Lahi 'ene fakatangata (Very masculine)
- Meimei fefine, meimei tangata 'ikai ke ha mahino 'o hange koe anga maheni (Androgynous, non-binary, and/or gender nonconforming)
- 'Ikai ke tangata pe fefine (Neither masculine nor feminine)

### DISCRIMINATION BASED ON GENDER

Koeha e lahi hono tali pe 'ikai tali

E he kakai ko eni 'i lalo, 'a ho fa'ahinga? *Fili 'ae tali 'oku lelei taha.*

How much do the following people in your life accept or reject your gender?

Choose the one best answer.

	'Ikai ke tali kakato Totally Reject	'Ikai ke fu'u tali Somewhat Reject	Tu'u pe 'i loto Neutral	Hange pe 'oku tal Somewhat Accept	Tali kakato Totally Accept	'Ikai ke kau he lau Not Applicable
<b>Maatu'a/Tauhi Fanau Parents/Guardians</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fanga tokoua Siblings</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ngaahi va'a 'oe famili 'oku mama'o atu Extended family</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fanau Children</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Kaungaame'a Friends</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ngaahi hoa Partner(s)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## LGBTQ TA Center Appendix E (Continued):

Kaungaa ngaue Coworkers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kaungaa 'api Neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kau Ngaue Mo'ui Medical providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kau Ngaue Mo'ui Fakae'atamai Mental health providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kakai Makehe: _____ Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### DISCRIMINATION BASED ON SEXUAL ORIENTATION

Koeha e lahi hono tali pe 'ikai tali 'ehe kakai 'oku ha 'i lalo, 'ae anga ho'o fili (sexual orientation)

*Fili 'ae tali 'oku lelei taha.*

How much do the following people in your life accept or reject your sexual orientation?

Choose the one best answer.

	'Ikai ke tali kakato Totally Reject	'Ikai ke fu'u tali Somewhat Reject	Tu'u pe 'i loto Neutral	Hange pe 'oku tal Somewhat Accept	Tali kakato Totally Accept	'Ikai ke kau he lau Not Applicable
Maatu'a/Tauhi Fanau Parents/Guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fanga tokoua Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ngaahi va'a 'oe famili 'oku mama'o atu Extended family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fanau Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kaungaame'a Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ngaahi hoa Partner(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kaungaa ngaue Coworkers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kaungaa 'api Neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## LGBTQ TA Center Appendix E (Continued):

<b>Kau Ngaue Mo'ui Medical providers</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Kau Ngaue Mo'ui Fakae'atamai Mental health providers</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Kakai Makehe: _____ Other: _____</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **ADULT (18 AND OLDER) STAFF-ADMINISTERED**

#### **Instructions for Staff Administrator/Program Staff**

##### **Staff Administration**

If the questionnaire is staff-administered (instead of self-administered by the program participant), staff should remind participants that all questions are voluntary, and they can refuse to answer anything they do not wish to. If the participant refuses to answer a question, staff will ask if the participant would like to share why. The staff administrator will document the reason and any observations in the "staff administrator section" on the questionnaire itself. If the participant does not want to share why, staff administrator should not push the participant, but will document any observations in the "staff administrator section" on the questionnaire.

#### **Ngaahi Fakahinohino Fakaluukufua**

##### **General Instructions**

Ko e California Reducing Disparities Project (CRDP) koe ngaue ia 'oku kau kotoa ai 'ae siteiti 'i ha kulupu 'e 5 'oku fakahisitolia 'a hono 'ikai ke tokangaekina, 'ikai fe'unga hono tokangaekina, pea 'oku 'ikai taau hono tokangaekina: kulupu 'Afilika 'Amelika; 'Esia moe 'Otu Motu Pasifiki; Latino; Lesipieni, Kei, Paisekisuolo, Transgender, Kuia (LBTGQ); pea moe kakai totonu 'o 'Amelika ni. 'Ihe feinga koia ke tanaki 'ae data ke fakamahino'i 'ae ngaahi fusimo'omo 'oe ngaahi kulupu lahi ko eni, 'oku fa'u ha ngaahi fehu'i ke faka'aonga'i ki he ngaahi kulupu hono kotoa. Koe ngaahi fehu'i angamaheni pe eni, pea koe ni'ihi 'oe ngaahi fehu'i 'e lava pe ke ke pehee 'e koe 'oku 'ikai totonu ke ke tali.

The California Reducing Disparities Project (CRDP) is a statewide project that is working across five historically unserved, underserved, and/or inappropriately served population groups: the African American; Asian and Pacific Islander; Latino; Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ); and Native American. In order to collect data to address the disparities for these multiple populations, a set of standard questions have been developed for all populations. Since these are standard questions, some of the questions may not feel applicable or relevant for you to answer.

Ko ngaahi me'a kotoa pe 'oku ke vahevahe mai 'i hono tali 'oe ngaahi fehu'i ni 'oku tauhi ke malu. 'E vahevahe 'ae data pea moe Siteiti, ka he'ikai ha ho hingoa 'ou ai; pea koe me'a kotoa pe teke vahevahe mai he'ikai fekau'aki ia mo koe. 'I ho'o tali koia 'oe ngaahi fehu'i, 'oku 'iai 'ae ngaahi fehu'i ia 'e ni'ihi 'oku 'ikai teke fie tali ia 'e koe, 'oku 'ikai ke pau ia ke ke tali. Ko ho'o kau mai koia

## LGBTQ TA Center Appendix E (Continued):

‘ihe tali fehu’i ko eni ‘oku fakafalala pe ia kiate koe. Ko ha’u kau mai pe ‘iha fa’ahinga tafa’aki ‘oe fakatotolo ni, ‘oku mahu’inga ‘aupito, he koeha pe ha tali teke fai mai ‘e ‘aonga ‘aupito ia kia tekimautolu ke tokoni ke mahino kia tekimautolu ‘ae fe’amokaki ‘ihe ngaahi kulupu kakai kehekehe. Kapau ‘oku ‘iai ha’o ngaahi fehu’i, kataki ‘eke kihe kau ngaue ‘oe polokalama ni, ‘a ee na’a nau ‘oatu ‘ae ngaahi fehu’i ni.

All information that you share on this questionnaire will be confidential. The data will be shared with the State, but your name will not; and whatever you share cannot be connected back to you. As you answer, you may feel that one or more of the questions below do not apply to you or make you feel uncomfortable. If there are questions that you do not feel comfortable answering, you do not have to answer them. Your participation in this questionnaire is completely voluntary. Any level of participation is appreciated, because any information that you provide will be useful in helping us understand the disparities for and across multiple populations. If you have any questions, please ask the program staff who gave you this questionnaire.

*Ko kinautolu ‘oku Lesipieni, Kei, Paisekisuolo, Tulenisenitaa, mo Kuia (LGBTQ), ‘oku kau kotoa ai ‘ae fa’ahinga kakai mo e matakali, lotu, pea moe ngaahi kalasi fakasosiale. Koe fakafaikehekehe’i koia ‘oe kakai LGBTQ, ‘oku fekau’aki ia moe toko lahi ‘oe kakai ‘oku uesia fakae’atamai, faka’aonga’i lahi ‘oe ‘alakaholo moe faito’o kona tapu, pea moe taonakita. Ka, ‘oku kei faingata’a’ia lahi ange pe ‘ae kakai LGBTQ he feinga ke ma’u e tokoni fakaemo’ui faka’atamai koe ‘uhi ko hono maa’i kinautolu.*

*Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) individuals encompass all races and ethnicities, religions, and social classes. Discrimination against LGBTQ persons has been associated with high rates of psychiatric disorders, substance abuse, and suicide. Yet, the LGBTQ community faces greater difficulties in accessing mental health care due to stigma.*

*Ko ‘ete fili koe pe ‘oku te tangata pe fefine, pe ‘oku te manako pe sai’ia he tangata pe fefine, ‘oku ‘ikai ke fa’a fehu’i ia ‘ihe ngaahi savea faka-fonua pe faka Siteiti, ‘o faingata’a leva ai ke fakafuofua ‘ae toko lahi ‘oe kakai LGBT pea mo ‘enau ngaahi fiema’u fakaemo’ui. Koe feinga koia ke tokangaekina ‘ae ngaahi me’a fakaemo’ui ‘ae kakai ‘oku faka’ilonga ‘aki kinautolu ‘ae LGBT, ‘oku maatu’aki mahu’inga to fehu’i ‘ae ngaahi me’a ko eni ‘ihe ngaahi savea. ‘E lava heni ke mahino lelei ki he kau fakatotolo moe kau fa’u palani ki he mo’ui, ‘ae tu’unga moe fe’amokaki ‘ae kakai ‘oku nau fili ke ‘iloa kinautolu ko e LGBT.*

*Sexual orientation and gender identity questions are not asked on most national or State surveys, making it difficult to estimate the number of LGBT individuals and their health needs. In order to effectively address LGBT health issues, it’s important to ask these questions in surveys. This will allow researchers and policy makers to accurately understand LGBT health and disparities.*

*‘I ho’o tali koia ‘ae ngaahi fehu’i, ‘e lava pe ke ke ongo’i ‘oku ‘ikai ‘uhinga fakahangatonu ia kiate koe, pe teke ongo’i faingata’a’ia. Kapau ‘oku ‘iai ha ngaahi fehu’i pehee, pea ‘oua teke tali ‘e koe. Ko ho’o kau ‘ihe tali fehu’i ko eni ‘oku tau’ataaina pe ia pe teke tali pe ‘ikai.*

## LGBTQ TA Center Appendix E (Continued):

***As you answer, you may feel that one or more of the questions below do not apply to you or make you feel uncomfortable. If there are questions that you do not feel comfortable answering, you do not have to answer them. Your participation in this questionnaire is completely voluntary.***

55. Na'e fa'ele'i au koe...

My sex at birth was...

*\*Staff Administrator Step 1:*

Write in participant's response (in language): \_\_\_\_\_

If applicable, write in translation of participant's response: \_\_\_\_\_

*\*Staff Administrator Step 2:*

Select one of the following that best fits the participant's response.

- Tangata/tamasi'i (Male/Boy)
- Fefine/ta'ahine (Female/Girl)
- 'Initasekisi (Intersex) (na'e 'ikai te nau fakapapau'i pe koe tangata pe fefine au 'i hono fa'ele'i au) [Intersex (they were unsure about my sex at birth)]
- 'ikai ke mahino pau pe koe fefine pe tangata au 'i hono fa'ele'i au (I am not sure about my sex assigned at birth.)
- Ko hoku faka'ilonga pe koe tangata pe fefine 'i hono fa'ele'i au [My assigned sex at birth (please specify):] \_\_\_\_\_
- 'Oku 'ikai teu faka'amu keu tali 'ae fehu'i ni (I do not wish to answer this question.)

***Ko 'ete fili pe koe tangata pe fefine kita, koe me'a fakafo'ituitui pe ia pe koe ha hoto loto, pe koe tangata, fefine, fakatouanga, pea koe 'ikai faka'ilonga 'aki ha taha. Koe tangata pe fefine 'a ha taha 'e lava pe ke kehe ia mei he fakakalasi koia na'e fa'ele'i mai mo kiai.***

***Gender identity is how individuals perceive themselves and what they call themselves, whether male, female, a blend of both or neither. A person's gender identity can be the same or different from their sex assigned at birth.***

56. Ko 'ene 'eke koia pe 'oku ou fefine pe tangata, 'oku ou fakakaukau koe.

When it comes to my gender identity, I think of myself as....

*\*Staff Administrator Step 1:*

Write in the participant's response (in language): \_\_\_\_\_

If applicable, write in translation of the participant's response: \_\_\_\_\_

## LGBTQ TA Center Appendix E (Continued):

*\*Staff Administrator Step 2:*

Check all of the following that best fit the participant's response.

- Tangata (Man/Male)
  - fefine (Woman/Female)
  - Transgender/Trans (Transgender/Trans)
  - Trans man/Trans male (Trans man/Trans male)
  - Trans woman/Trans female (Trans woman/Trans female)
  - Genderkuia/Gender non-confirming (Genderqueer/Gender non-confirming)
  - 'Ikai ke pau (pe koe fefine pe tangata) [Non-binary (not exclusively male or female)]
  - Two Spirit (Two Spirit)
  - Intersex (tu'u 'ihe vaha'a 'oe tangata moe fefine) [Intersex (between male and female)]
  - 'Ikai keu fakapapau'i pe koe ha au (I am not sure about my gender identity.)
  - 'Oku 'ikai ha gender/gender identify (I do not have a gender/gender identity.)
  - Toe 'iai ha hingoa, (fakamatala): [My gender identity is (please specify):]
- 
- 'Oku 'ikai teu faka'amu keu tali 'ae fehu'i ni (I do not wish to answer this question.)

*Ko 'ete fili koe pe koe tangata pe fefine 'oku te manako mo fiema'u, 'oku kehe ia mei he fakakulupu koe kita, pe koe kulupu 'oku te kau ki ai, pea 'oku kau ia kihe tohoaki 'ene manako mo 'ete fiema'u pea te fiema'u ke 'iai ha'ate fekau'aki ofi mo ia. Koe fakataataa eni 'oe fakakalasi 'oe manako mo fiema'u ki he fa'ahinga 'oku nau fiema'u pe mo manako ki ho nau fa'ahinga, lesipieni, fakatoufiema'u 'e tanga moe fefine, ko ha tangata pe fefine 'oku 'ikai ke manako pe tene fiema'u 'e ia ha taha 'o tatau aipe pe koe tangata pe fefine, pea kakai fefine 'oku nau fiema'u mo manako ki he kakai tangata, pe kakai tangata 'oku nau fiema'u mo manako ki he kakai fefine. Koe kakai 'e ni'ihi, hange koe kakai tangata, 'oku nau fiema'u pe 'ekinautolu 'ae kakai fefine, pea pehe pe ki he kakai fefine, 'oku nau fiema'u pe 'ekinautolu 'ae kakai tangata. Ko e ni'ihi 'oku kei 'oku nau fiema'u mo manako pe kinautolu ki ho nau fa'ahinga tatau, fefine ki he fefine, tangata ki he tangata.*

*Sexual orientation is different from gender identity and is about whom you're attracted to and want to have romantic relationships with. Examples of sexual orientation are gay, lesbian, bisexual, asexual, and heterosexual. Some people are straight and are attracted to people of another gender. Other people are gay or lesbian and are attracted to people of the same gender.*

## LGBTQ TA Center Appendix E (Continued):

57. Koeha ho sexual orientation?

What is your sexual orientation?

*\*Staff Administrator Step 1:*

Write in the participant's response (in language): \_\_\_\_\_

If applicable, write in translation of the participant's response: \_\_\_\_\_

*\*Staff Administrator Step 2:*

Check all of the following that best fit the participant's response.

- Fefine moe tangata [Straight/heterosexual]
- Kei [Gay]
- Lesipieni [Lesbian]
- Paisekisuolo [Bisexual]
- Kuia [Queer]
- Manako he fa'ahinga fakakalasi kotoa 'oe tangata moe fefine (Pansexual/ Non-monosexual)
- 'Ikai teu tokanga au ki ha taha fekau'aki moe fakaepo (Asexual)
- 'Ikai teu manako au ha taha (I am not attracted to anyone romantically.)
- 'Ikai teu fakapapau'i pe kohai 'oku ou tokanga ki ai fekau'aki moe fakaepo (I am not sure who I am attracted to sexually.)
- 'Ikai teu fakapapau'i pe kohai 'oku ou sai'ia ai (I am not sure who I am attracted to romantically)
- Me'a makehe (Something else): \_\_\_\_\_
- 'Oku 'ikai teu fiema'u ke tali 'ae ngaahi fehu'i ni (I do not wish to answer this question.)

### **\*For Staff Administrators Only**

In your opinion, were any of the above items confusing or difficult for the participant to understand?

- No
- Yes (If yes, which ones? Please specify #'s: \_\_\_\_\_)

In your opinion, did any of the above items cause the participant to feel uncomfortable or upset?

- No
- Yes (If yes, which ones? Please specify #'s: \_\_\_\_\_)

## LGBTQ TA Center Appendix E (Continued):

### DISCRIMINATION BASED ON GENDER EXPRESSION

Koe fotunga 'o ha taha, anga 'ene teu, kofu, to'onga (hange koe anga 'ene 'alu pe lea) 'oku ne lava uesia ai 'enau fakakaukau kia tekinautolu fakafo'ituitui. 'I hono faka'avalisi, teke lava ke fakamatala'i feefee'i 'ae anga ho'o haa, ho teuteu, kofu, pe to'onga? (*Fili 'ae me'a kotoa pe 'oku fekau'aki mo koe.*)

A person's appearance, style, dress, or mannerisms (such as the way they walk or talk) may affect the way they think of themselves. On average, how would you describe your appearance, style, dress, or mannerisms?

Choose all that apply.

- Fakafefine 'aupito (Very feminine)
- Lahi 'ene fakafefine (Mostly feminine)
- Meimei fakafefine (Somewhat feminine)
- Tatau pe 'ae to'onga tangata moe fefine (Equally masculine and feminine)
- Hange 'oku tangata (Somewhat masculine)
- Fakatangata 'aupito (Mostly masculine)
- Lahi 'ene fakatangata (Very masculine)
- Meimei fefine, meimei tangata 'ikai ke ha mahino 'o hange koe anga maheni (Androgynous, non-binary, and/or gender nonconforming)
- 'Ikai ke tangata pe fefine (Neither masculine nor feminine)

Koe fotunga 'o ha taha, anga 'ene teu, kofu, to'onga (hange koe anga 'ene 'alu pe lea) 'oku ne lava uesia ai 'enau fakakaukau kia tekinautolu fakafo'ituitui. 'I hono faka'avalisi, koe ha ho'o fakakaukau ki ha anga 'o hano fakamatala'i 'e he kakai 'a ho'o haa, anga ho'o teu, kofu, pe to'onga? (*Fili 'ae me'a kotoa pe 'oku fekau'aki mo koe.*)

A person's appearance, style, dress, or mannerisms (such as the way they walk or talk) may affect the way other people think of them. On average, how do you think other people would describe your appearance, style, dress, or mannerisms?

Choose all that apply.

- Fakafefine 'aupito (Very feminine)
- Lahi 'ene fakafefine (Mostly feminine)
- Meimei fakafefine (Somewhat feminine)
- Tatau pe 'ae to'onga tangata moe fefine (Equally masculine and feminine)
- Hange 'oku tangata (Somewhat masculine)
- Fakatangata 'aupito (Mostly masculine)

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## LGBTQ TA Center Appendix E (Continued):

- Lahi 'ene fakatangata (Very masculine)
- Meimei fefine, meimei tangata 'ikai ke ha mahino 'o hange koe anga maheni (Androgynous, non-binary, and/or gender nonconforming)
- 'Ikai ke tangata pe fefine (Neither masculine nor feminine)

### DISCRIMINATION BASED ON GENDER

Koeha e lahi hono tali pe 'ikai tali. E he kakai ko eni 'i lalo, 'a ho fa'ahinga? *Fili 'ae tali 'oku lelei taha.*

How much do the following people in your life accept or reject your gender?

Choose the one best answer.

	'Ikai ke tali kakato Totally Reject	'Ikai ke fu'u tali Somewhat Reject	Tu'u pe 'i loto Neutral	Hange pe 'oku tal Somewhat Accept	Tali kakato Totally Accept	'Ikai ke kau he lau Not Applicable
Maatu'a/Tauhi Fanau Parents/Guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fanga tokoua Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ngaahi va'a 'oe famili 'oku mama'o atu Extended family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fanau Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kaungaame'a Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ngaahi hoa Partner(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kaungaa ngaue Coworkers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kaungaa 'api Neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kau Ngaue Mo'ui Medical providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kau Ngaue Mo'ui Fakae'atamai Mental health providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kakai Makehe: _____ Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## LGBTQ TA Center Appendix E (Continued):

### DISCRIMINATION BASED ON SEXUAL ORIENTATION

Koeha e lahi hono tali pe 'ikai tali 'ehe kakai 'oku ha 'i lalo, 'ae anga ho'o fili (sexual orientation).

*Fili 'ae tali 'oku lelei taha.*

How much do the following people in your life accept or reject your sexual orientation?

Choose the one best answer.

	'Ikai ke tali kakato Totally Reject	'Ikai ke fu'u tali Somewhat Reject	Tu'u pe 'i loto Neutral	Hange pe 'oku tal Somewhat Accept	Tali kakato Totally Accept	'Ikai ke kau he lau Not Applicable
Maatu'a/Tauhi Fanau Parents/Guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fanga tokoua Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ngaahi va'a 'oe famili 'oku mama'o atu Extended family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fanau Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kaungaame'a Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ngaahi hoa Partner(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kaungaa ngaue Coworkers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kaungaa 'api Neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kau Ngaue Mo'ui Medical providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kau Ngaue Mo'ui Fakae'atamai Mental health providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kakai Makehe: _____ Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### VIETNAMESE

The Vietnamese translation was led by Korean Community Services, a CRDP IPP who used the translation in addition to the Korean translation.



## LGBTQ TA Center Appendix E (Continued):

### **ADULT (18 AND OLDER)**

#### **Hướng dẫn chung cho nhân viên giúp điền đơn/và nhân viên của chương trình**

##### Nhân viên giúp điền đơn

Nếu các nhân viên giúp người tham gia điền đơn (thay vì tự trả lời bởi người tham gia chương trình), nhân viên nên nhắc nhở người tham gia rằng tất cả các câu hỏi đều là tự nguyện và họ có thể từ chối trả lời bất cứ điều gì họ không muốn. Nếu người tham gia từ chối trả lời câu hỏi, nhân viên sẽ hỏi xem người tham gia có muốn chia sẻ lý do không. Nhân viên điền đơn sẽ ghi lại lý do và bất kỳ quan sát nào trong phần “quản trị viên nhân viên” trên bản câu hỏi. Nếu người tham gia không muốn chia sẻ lý do tại sao, người nhân viên không nên ép buộc người tham gia, nhưng sẽ quan sát lưu lại mọi bình luận của người tham gia trong phần “Nhân viên giúp điền đơn” trên bảng câu hỏi.

##### **Hướng dẫn chung:**

Dự án của California nhằm giảm thiểu sự khác biệt về quyền lợi là một dự án toàn tiểu bang, được làm việc trên năm nhóm dân số không được phục vụ, bị hạn chế phục vụ, và/hoặc không được phục vụ phù hợp một cách thích đáng, bao gồm những sắc dân: người Mỹ gốc Phi, Châu Á và Đảo Thái Bình Dương, người gốc Tây Ban Nha, Đồng tính nữ, Đồng tính nam, Người lưỡng tính, Người chuyển giới, Người có giới tính khác biệt (LGBTQ); và người Mỹ bản địa. Để thu thập dữ liệu nhằm giải quyết sự chênh lệch cho nhóm cộng đồng trên, một số các câu hỏi tiêu chuẩn đã được tạo ra cho những nhóm cộng đồng trên. Vì đây là những câu hỏi tiêu chuẩn, sẽ có một vài câu hỏi không phù hợp hoặc liên quan đến quý vị.

Tất cả thông tin mà quý vị chia sẻ sẽ được bảo mật. Dữ liệu sẽ được chia sẻ với Tiểu bang, nhưng danh tính của quý vị sẽ không được chia sẻ; và tất cả những gì quý vị đã chia sẻ sẽ không ảnh hưởng gì đến quý vị. Trong quá trình trả lời những câu hỏi này, quý vị sẽ gặp một số câu hỏi có thể làm quý vị không thoải mái hoặc không phù hợp, hay liên quan tới quý vị. Quý vị có thể không trả lời những câu hỏi đó. Sự tham gia của quý vị là hoàn toàn tự nguyện. Mức độ tham gia nào từ quý vị cũng được đánh giá cao, bởi vì những thông tin mà quý vị cung cấp đều rất hữu ích cho chúng tôi để hiểu được sự khác biệt giữa các nhóm dân tộc khác nhau. Nếu quý vị có bất kỳ câu hỏi nào, xin vui lòng hỏi nhân viên chúng tôi, người đã đưa cho quý vị mẫu câu hỏi này.

...

Các cá nhân đồng tính luyến ái nữ, đồng tính luyến ái nam, lưỡng tính, chuyển giới, và người có giới tính khác biệt (LGBTQ) được bao gồm trong các chủng tộc và dân tộc, tôn giáo, và các tầng lớp xã hội. Sự phân biệt/kỳ thị đối với người đồng tính luyến ái có ảnh hưởng đến tỷ lệ rối loạn tâm thần, lạm dụng thuốc và xác suất tự tử. Tuy nhiên, vì những thành kiến sai lệch này, cộng đồng đồng tính luyến ái LGBTQ đã đối mặt với nhiều khó khăn trong việc tìm kiếm giúp đỡ về vấn đề sức khỏe tâm thần.

Các câu hỏi về định hướng giới tính và nhận dạng giới tính không được hỏi trong hầu hết các cuộc điều tra quốc gia hoặc tiểu bang, đã gây khó khăn trong việc ước tính số lượng người đồng tính luyến ái LGBT và nhu cầu hữu dụng cho sức khỏe của họ. Những câu hỏi định hướng giới tính và nhận dạng giới tính rất cần thiết trong các cuộc khảo sát. Điều này sẽ giúp

## LGBTQ TA Center Appendix E (Continued):

các nhà nghiên cứu và các nhà hoạch định chính sách hiểu rõ về sức khỏe và sự chênh lệch của giới đồng tính luyến ái LGBT.

Khi quý vị trả lời, quý vị có thể cảm thấy rằng một hoặc nhiều câu hỏi dưới đây không áp dụng cho quý vị. Nếu có câu hỏi mà quý vị không cảm thấy thoải mái để trả lời, quý vị không cần phải trả lời chúng. Sự tham gia của quý vị trong bảng câu hỏi này là hoàn toàn tự nguyện.

55. Giới tính lúc được sinh ra của tôi là...

*\*Staff Administrator Step 1:*

Write in the participant's response (in language): \_\_\_\_\_

If applicable, write in translation of the participant's response: \_\_\_\_\_

*\*Staff Administrator Step 2:*

Select one of the following that best fits the participant's response.

- Đàn ông/Con trai (Male/Boy)
- Phụ nữ/Con gái (Female/Girl)
- Lưỡng tính (họ đã không chắc về giới tính của tôi lúc tôi được sinh ra) Intersex (they were unsure about my sex at birth)]
- Tôi không chắc về giới tính của tôi lúc tôi được sinh ra (I am not sure about my sex assigned at birth.)
- Giới tính của tôi được xác định lúc sinh ra (vui lòng ghi rõ) [My assigned sex at birth (please specify)]: \_\_\_\_\_
- Tôi không muốn trả lời câu hỏi này (I do not wish to answer this question.)

**Nhận dạng giới tính là cách mọi người nhận thức được bản thân họ và cách họ đặt cho mình, cho dù là nam, hay nữ, hoặc là kết hợp của cả hai giới tính hay không chắc là mình thuộc giới tính nào. Bản sắc giới tính của một người có thể giống hoặc khác với giới tính được chỉ định khi sinh ra.**

56. Khi phải xác định giới tính, tôi nghĩ giới tính của tôi là: Chọn tất cả những lựa chọn mà bạn thấy thích hợp với bạn.

*\*Staff Administrator Step 1:*

Write in the participant's response (in language): \_\_\_\_\_

If applicable, write in translation of the participant's response: \_\_\_\_\_

## LGBTQ TA Center Appendix E (Continued):

*\*Staff Administrator Step 2:*

Check all of the following that best fit the participant's response.

- Đàn ông/Nam giới (Man/Male)
- Phụ nữ/Nữ giới (Woman/Female)
- Người chuyển giới (Transgender/Trans)
- Một người chuyển từ nam sang nữ (Trans man/Trans male)
- Một người chuyển từ nữ sang nam (Trans woman/Trans female)
- Genderqueer: người không theo định nghĩa của xã hội về giới tính rằng họ là nam hay nữ hoặc cả hai /Gender non-conforming: cách sống và liên hệ với người mà hành vi và sắc diện không theo chuẩn mực khẳng định của xã hội (Genderqueer/Gender non-conforming)
- Vô tính (không là nam cũng không là nữ) [Non-binary (not exclusively male or female)]
- Two Spirit: Hai Tâm Hồn – từ để nói về những người thổ dân da đỏ có đa giới tính và được người da trắng hiểu như vậy (Two Spirit)
- Lưỡng tính (nam và nữ) [Intersex (between male and female)]
- Tôi không chắc về giới tính được xác định của tôi (I am not sure about my gender identity.)
- Tôi không có xác định giới tính (I do not have a gender/ gender identity.)
- Diễn tả khác về giới tính (Vui lòng ghi rõ) [My gender identity is (please specify)]:  
\_\_\_\_\_
- Tôi không muốn trả lời câu hỏi này (I do not wish to answer this question.)

**Khuyňh hướng tình dục khác với nhận dạng giới tính. Khuyňh hướng tình dục là cách quý vị bị thu hút bởi một người mà quý vị muốn có mối quan hệ lãng mạng với. Ví dụ về khuyňh hướng tình dục là đồng tính nam, đồng tính nữ, lưỡng tính, vô tính và không phải đồng tính. Một số người không phải đồng tính và bị thu hút bởi những người thuộc giới tính khác họ. Một số khác là đồng tính nam hoặc đồng tính nữ và bị thu hút bởi những người cùng giới tính với họ.**

57. Khuyňh hướng tình dục của bạn là gì? Chọn tất cả những lựa chọn đúng với bạn.

*\*Staff Administrator Step 1:*

Write in the participant's response (in language): \_\_\_\_\_

If applicable, write in translation of the participant's response: \_\_\_\_\_

## LGBTQ TA Center Appendix E (Continued):

*\*Staff Administrator Step 2:*

Check all of the following that best fit the participant's response.

- Khuynh hướng tính dục khác giới (Straight/heterosexual)
- Đồng tính nam (Gay)
- Đồng tính nữ (Lesbian)
- Lưỡng tính (Bisexual)
- Người có giới tính khác biệt (Queer)
- Tôi bị thu hút bởi tất cả các giới tính (Pansexual/Non-monosexual)
- Tôi là người vô tính (Tôi không bị thu hút bởi bất cứ ai) [Asexual (I am not attracted to anyone sexually.)]
- Tôi không bị thu hút bởi bất cứ ai (I am not attracted to anyone romantically.)
- Tôi không chắc người mà tôi có sự hấp dẫn về giới tính là ai (I am not sure who I am attracted to sexually.)
- Tôi không chắc người mà tôi có sự hấp dẫn một cách lãng mạn là ai (I am not sure who I am attracted to romantically.)
- Lựa chọn khác (Something else): \_\_\_\_\_
- Tôi không muốn trả lời câu hỏi này (I do not wish to answer this question.)

### **\*For Staff Administrators Only**

In your opinion, were any of the above items confusing or difficult for the participant to understand?

- No
- Yes (If yes, which ones? Please specify #'s: \_\_\_\_\_)

In your opinion, did any of the above items cause the participant to feel uncomfortable or upset?

- No
- Yes (If yes, which ones? Please specify #'s: \_\_\_\_\_)

58. Ở thời điểm hiện tại...

	Rất Tốt	Tốt	Trung Bình	Tệ
Bạn có thể nói sức khỏe của bạn là ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## LGBTQ TA Center Appendix E (Continued):

### SPANISH-SPEAKING GRANTEE TRANSLATIONS

#### Spanish Translation Procedure

The University of California Davis Center for Reducing Health Disparities (UCD) TAP completed the initial Spanish translation of SWE Core measures Participant Questionnaire in August 2017. In January 2018, a certified translator from PARC@LMU updated the Spanish translation completed by UCD to incorporate global changes made to the Statewide Evaluator (SWE) Core Measure Participant Questionnaires in November 2017. A community review process that included all Implementation Pilot Projects (IPPs) planning to use the Spanish translation was conducted in February 2018. PARC revised the translation based on the community review feedback and UCD made a final set of recommendations which were incorporated into the final translation in March 2018.

#### SPANISH STANDARD

##### ADOLESCENT (12-17)

*Instrucciones sobre identidad de género: Nosotros usamos palabras como “masculino” o “femenino” o “trans” como una forma rápida para capturar el género de los individuos. Sin embargo, entendemos muy bien que la gente utiliza una amplia gama de etiquetas – algunos prefieren términos como Género fluido, Agénero, No binario (Enby), Andrógino(a), etcétera. Para ayudarnos a entenderte personalmente, por favor dínos qué palabra prefieres personalmente para describir tu género. Estas preguntas no tienen una respuesta correcta o incorrecta. Por favor sea honesta(o) y responda lo que realmente piensas o sientes.*

54. Cuando yo nací mi sexo era...

- Masculino/Niño
- Femenino/Niña
- Intersexual (no estaban seguros sobre mi sexo al nacer)
- No estoy seguro sobre el sexo que me asignaron al nacer
- Mi sexo asignado al nacer (Por favor especifica): \_\_\_\_\_
- Prefiero no responder a esta pregunta

55. Si se trata de mi identidad de género, me considero: Selecciona todas las opciones que correspondan.

- Hombre/Sexo masculino
- Mujer/Sexo femenino
- Transgénero/Trans
- Hombre transgénero/Masculino transgénero
- Mujer transgénero/ Femenino transgénero

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## LGBTQ TA Center Appendix E (Continued):

- Género queer/Género no conforme
- No-binario (no exclusivamente masculino ni femenino)
- De dos espíritus
- Intersexual (entre masculino y femenino)
- No estoy seguro(a) de cuál es mi identidad de género
- No tengo un género/identidad de género
- Mi identidad de género es (Por favor indique): \_\_\_\_\_
- Prefiero no responder a esta pregunta

**Instrucciones: Todos tenemos una orientación sexual. Algunas personas son heterosexuales y se sienten atraídas por personas del sexo opuesto. Por ejemplo, a una mujer heterosexual "le gustan" los hombres y se enamora de hombres. Otras personas son gays o lesbianas y se sienten atraídas por personas del mismo sexo. Por ejemplo, a un hombre gay "le gustan" los hombres y se enamora de otros hombres. También hay personas que son bisexuales y "les gustan" tanto los hombres como las mujeres. Algunas personas no están seguras sobre sus atracciones o no se sienten atraídas por nadie. Para que quede claro, quiénes te "gustan" y por quiénes te sientes atraído(a) es lo que se llama orientación sexual.**

56. ¿Cuál es tu orientación sexual? *Selecciona todas las opciones que correspondan.*

- Heterosexual
- Gay
- Lesbiana
- Bisexual
- Queer
- Pansexual/No-monosexual (siento atracción por todos los géneros)
- Soy asexual (No siento atracción sexual por nadie)
- No siento atracción romántica por nadie
- No estoy segura(o) hacia quién siento atracción sexual
- No estoy seguro(a) hacia quien siento atracción romántica
- Otra cosa: \_\_\_\_\_
- Prefiero no responder a esta pregunta

En estos momentos...

	Muy Buena	Buena	Regular	Mala
¿Diría que tu salud es muy buena, buena, regular o mala?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## LGBTQ TA Center Appendix E (Continued):

### DISCRIMINATION BASED ON GENDER EXPRESSION

La apariencia, estilo, forma de vestir o peculiaridades (como la forma de caminar o hablar) de una persona pueden afectar la forma en la que piensan sobre sí mismas. En general, ¿Cuál dirías que es tu apariencia, estilo, forma de vestir y peculiaridades? (*Marca todas las que aplican*)

- Muy femeninos
- Bastante femeninos
- Algo femeninos
- Masculinos y femeninos
- Algo masculinos
- Bastante masculinos
- Muy masculinos
- Andrógeno, no binario, y/o género no conforme
- Ni masculino ni femenino

La apariencia, estilo, vestimenta o peculiaridades (como la forma de caminar o hablar) de una persona pueden afectar la manera que otras personas la perciben. Por lo general, ¿cómo piensas que otras personas describirían tu apariencia, estilo, forma de vestir o peculiaridades. (*Marca todos los que aplican*)

- Muy femeninos
- Bastante femeninos
- Algo femeninos
- Masculinos y femeninos
- Algo masculinos
- Bastante masculinos
- Muy masculinos
- Andrógeno, no binario, y/o género no conforme
- Ni masculino ni femenino

### DISCRIMINATION BASED ON GENDER

¿Cuánto aceptan o rechazan tu género las siguientes personas en tu vida? *Escoge la mejor respuesta.*

## LGBTQ TA Center Appendix E (Continued):

	Rechazo total	Rechazo parcial	Neutral	Aceptación parcial	Aceptación total	No aplica
Padres/Guardianes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hermana(o)s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Familia extendida	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hijo(a)s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amiga(o)s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pareja(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compañero(a)s de trabajo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vecino(a)s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proveedores médicos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proveedores de salud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Otro: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### DISCRIMINATION BASED ON SEXUAL ORIENTATION

#### *Discriminación por orientación sexual o identificación de género*

¿Cuánto aceptan o rechazan tu orientación sexual las siguientes personas en tu vida? *Escoge la mejor respuesta.*

	Rechazo total	Rechazo parcial	Neutral	Aceptación parcial	Aceptación total	No aplica
Padres/Guardianes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hermana(o)s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Familia extendida	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hijo(a)s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amiga(o)s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pareja(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compañero(a)s de trabajo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vecino(a)s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proveedores médicos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proveedores de salud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Otro: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## LGBTQ TA Center Appendix E (Continued):

### **ADULT (18 AND OLDER)**

***Instrucciones sobre identidad de género: Nosotros usamos palabras como “masculino” o “femenino” o “trans” como una forma rápida para capturar el género de los individuos. Sin embargo, entendemos muy bien que la gente utiliza una amplia gama de etiquetas – algunos prefieren términos como Género fluido, Agénero, No binario (Enby), Andrógino(a), etcétera. Para ayudarnos a entenderla/o personalmente, por favor díganos qué palabra prefiere personalmente para describir a su género. Estas preguntas no tienen una respuesta correcta o incorrecta. Por favor sea honesta(o) y responda lo que realmente piensa o siente.***

54. Cuando yo nací, la persona que asistió el parto (por ejemplo, el doctor, enfermera, partera, pariente) pensó que yo era: *Marque la mejor respuesta.*
- Masculino/Niño
  - Femenino/Niña
  - Intersexual (no estaban seguros sobre mi sexo al nacer)
  - No estoy seguro sobre el sexo que me asignaron al nacer
  - Mi sexo asignado al nacer (Por favor especifica): \_\_\_\_\_
  - Prefiero no responder a esta pregunta
55. Si se trata de mi identidad de género, me considero: *Seleccione todas las opciones que correspondan.*
- Hombre/Sexo masculino
  - Mujer/Sexo femenino
  - Transgénero/Trans
  - Hombre transgénero/Masculino transgénero
  - Mujer transgénero/ Femenino transgénero
  - Género queer/Género no conforme
  - No-binario (no exclusivamente masculino ni femenino)
  - De dos espíritus
  - Intersexual (entre masculino y femenino)
  - No estoy seguro(a) de cuál es mi identidad de género
  - No tengo un género/identidad de género
  - Mi identidad de género es (Por favor indique): \_\_\_\_\_
  - Prefiero no responder a esta pregunta

## LGBTQ TA Center Appendix E (Continued):

**Instrucciones:** Todos tenemos una orientación sexual. Algunas personas son heterosexuales y se sienten atraídas por personas del sexo opuesto. Por ejemplo, a una mujer heterosexual "le gustan" los hombres y se enamora de hombres. Otras personas son gays o lesbianas y se sienten atraídas por personas del mismo sexo. Por ejemplo, a un hombre gay "le gustan" los hombres y se enamora de otros hombres. También hay personas que son bisexuales y "les gustan" tanto los hombres como las mujeres. Algunas personas no están seguras sobre sus atracciones o no se sienten atraídas por nadie. Para que quede claro, quiénes le "gustan" y por quiénes se siente atraído(a) es lo que se llama orientación sexual.

56. ¿Cuál es su orientación sexual? Seleccione todas las opciones que correspondan.

- Heterosexual
- Gay
- Lesbiana
- Bisexual
- Queer
- Pansexual/No-monosexual (siento atracción por todos los géneros)
- Soy asexual (No siento atracción sexual por nadie)
- No siento atracción romántica por nadie
- No estoy segura(o) hacia quién siento atracción sexual
- No estoy seguro(a) hacia quien siento atracción romántica
- Otra cosa: \_\_\_\_\_
- Prefiero no responder a esta pregunta

### DISCRIMINATION BASED ON SEXUAL ORIENTATION

#### *Orientación sexual e identificación de género*

La apariencia, estilo, forma de vestir o peculiaridades (como la forma de caminar o hablar) de una persona pueden afectar la forma en la que piensan sobre sí mismas. En general, ¿Cuál diría usted que es su apariencia, estilo, forma de vestir y peculiaridades? (Marque todas las que aplican)

- Muy femeninos
- Bastante femeninos
- Algo femeninos
- Masculinos y femeninos
- Algo masculinos

## LGBTQ TA Center Appendix E (Continued):

- Bastante masculinos
- Muy masculinos
- Andrógono, no binario, y/o género no conforme
- Ni masculino ni femenino

La apariencia, estilo, vestimenta o peculiaridades (como la forma de caminar o hablar) de una persona pueden afectar la manera que otras personas la perciben. Por lo general, ¿cómo piensa usted que otras personas describirían su apariencia, estilo, forma de vestir o peculiaridades. (Marque todas las que aplican)

- Muy femeninos
- Bastante femeninos
- Algo femeninos
- Masculinos y femeninos
- Algo masculinos
- Bastante masculinos
- Muy masculinos
- Andrógono, no binario, y/o género no conforme
- Ni masculino ni femenino

### Discriminación por orientación sexual o identificación de género

¿Cuánto aceptan o rechazan su género las siguientes personas en su vida? *Marque la mejor respuesta.*

	Rechazo total	Rechazo parcial	Neutral	Aceptación parcial	Aceptación total	No aplica
<b>Padres/Guardianes</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hermana(o)s</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Familia extendida</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hijo(a)s</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Amiga(o)s</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pareja(s)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Compañero(a)s de trabajo</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Vecino(a)s</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Proveedores médicos</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Proveedores de salud</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Otro: _____</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## LGBTQ TA Center Appendix E (Continued):

¿Cuánto aceptan o rechazan su orientación sexual las siguientes personas en su vida? *Marque la mejor respuesta.*

	Rechazo total	Rechazo parcial	Neutral	Aceptación parcial	Aceptación total	No aplica
Padres/Guardianes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hermana(o)s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Familia extendida	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hijo(a)s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amiga(o)s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pareja(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compañero(a)s de trabajo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vecino(a)s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proveedores médicos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proveedores de salud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Otro: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### LA CLINICA (LC) DE LA RAZA SPANISH MODIFICATIONS

#### LC SOGIE Modifications Rationale

In the process of piloting the SWE CDEP Participant Questionnaire, LC communicated a set of concerns about the administration of SOGIE items within their respective communities including a) the length of time for administration; b) translation and meaning of terms; and c) item placement within the overall survey flow. Based on LC's years of experience and past projects that involved SOGIE data collection within the Latin@ community, LC expressed concerns that the English terms used in the SOGIE instructions, close-ended prompts, and response categories will be challenging to understand for the community (i.e., lacking in language and cultural equivalence), but also touch on issues that are still considered taboo—a forbidden discussion in our community.

Rather than miss an important opportunity to collect SOGIE with our community, La Clínica requested the modifications below. Inclusion of these modifications will help ensure that the data collected from their priority population is accurate, meaningful, and valid. They include the following *four procedural and instrument* changes.

1. **Revised instructions** for survey administrators that use simpler language and provide the rationale for why the SOGIE questions are being asked within the context of the larger CRDP initiative, and data related to how the LGBTQ population is disproportionately impacted by mental health disparities. The revised instructions also include reminders about the voluntary nature of the statewide evaluation, and options for participants to skip questions that cause them to feel uncomfortable.

## LGBTQ TA Center Appendix E (Continued):

2. **Inclusion of open-ended responses.** Due to literacy, translation, and cultural concepts, many of the response categories don't make sense within the communities where the IPP is working. Open-ended responses allow the questions to be asked in a way that is respectful to specific cultures and will help ensure that IPP is capturing quality data. Using a two-step process, the survey administrator will write in participants' responses in their native language. If applicable, the administrator will translate the response and select the response option that best fit the participants' answers.
3. **Re-order items** so that they are asked in the following sequence: sex at birth, gender identity, sexual orientation.
4. **Collect SOGIE data at the second session rather than the first session.** This will allow for the questionnaire administrator to build rapport with the client during the first session and proceed with asking the more sensitive SOGIE questions during the second session. Administering the SOGIE items during the second session will also ensure that demographic data collection is not greatly affected by client attrition rate.

### **ADOLESCENT (12-17)**

**SOGIE items were administered in a separate session from the rest of the pre-test.**

***Instrucciones: Nosotros usamos palabras como "masculino" o "femenino" o "trans" como una forma rápida para capturar el género de los individuos. Sin embargo, entendemos muy bien que la gente utiliza una amplia gama de etiquetas – algunos prefieren términos como Género fluido, Agénero, No binario (Enby), Andrógino(a), etcétera. Para ayudarnos a entenderla/o personalmente, por favor díganos qué palabra prefiere personalmente para describir a su género. Estas preguntas no tienen una respuesta correcta o incorrecta. Por favor sea honesta(o) y responda lo que realmente piensa o siente.***

1. Cuando yo nací mi sexo era...

*\*Personal Paso 1:*

Escriba la respuesta del participante (en el lenguaje del participante): \_\_\_\_\_

Si es aplicable, escriba la traducción de la respuesta del participante: \_\_\_\_\_

*\*Personal Paso 2:*

Seleccione una de las siguientes opciones que mejor refleje la respuesta de la participante.

- Masculino/Niño
- Femenino/Niña
- Intersexual (no estaban seguros sobre mi sexo al nacer)
- No estoy segura(o) sobre el sexo que se me asignó al nacer
- El sexo que me asignaron al nacer (por favor especifique): \_\_\_\_\_
- No quiero responder a esta pregunta

## LGBTQ TA Center Appendix E (Continued):

2. Si se trata de mi identidad de género, me considero:

*\*Personal Paso 1:*

Escriba la respuesta del participante (en el lenguaje del participante): \_\_\_\_\_

Si es aplicable, escriba la traducción de la respuesta del participante: \_\_\_\_\_

*\*Personal Paso 2:*

Marque todas las opciones siguientes que reflejen la respuesta de la participante.

- Hombre/Sexo masculino
- Mujer/Sexo femenino
- Transgénero/Trans
- Hombre transgénero/Masculino transgénero
- Mujer transgénero/ Femenino transgénero
- Género queer/Género no conforme
- No binario (ni exclusivamente masculino ni femenino)
- De dos espíritus
- Intersexual (entre masculino y femenino)
- No estoy seguro(a) de cuál es mi identidad de género
- No tengo un género/identidad de género
- Mi identidad de género es (Por favor indique): \_\_\_\_\_
- No quiero responder a esta pregunta

***Instrucciones: Todos tenemos una orientación sexual. Algunas personas son heterosexuales y se sienten atraídas por personas del sexo opuesto. Por ejemplo, a una mujer heterosexual "le gustan" los hombres y se enamora de hombres. Otras personas son gays o lesbianas y se sienten atraídas por personas del mismo sexo. Por ejemplo, a un hombre gay "le gustan" los hombres y se enamora de otros hombres. También hay personas que son bisexuales y "les gustan" tanto los hombres como las mujeres. Algunas personas no están seguras sobre sus atracciones o no se sienten atraídas por nadie. Para que quede claro, quiénes le "gustan" y por quiénes se siente atraído(a) es lo que se llama orientación sexual.***

3. ¿Cuál es su orientación sexual?

*\*Personal Paso 1:*

Escriba la respuesta del participante (en el lenguaje del participante): \_\_\_\_\_

Si es aplicable, escriba la traducción de la respuesta del participante: \_\_\_\_\_

## LGBTQ TA Center Appendix E (Continued):

*\*Personal Paso 2:*

Marque todas las opciones siguientes que reflejen la respuesta de la participante.

- Heterosexual
- Gay
- Lesbiana
- Bisexual
- Queer
- Pansexual/No-monosexual (siento atracción por todos los géneros)
- Soy asexual (No siento atracción sexual por nadie)
- No siento atracción romántica por nadie
- No estoy segura(o) hacia quién siento atracción sexual
- No estoy seguro(a) hacia quien siento atracción romántica
- Otra cosa: \_\_\_\_\_
- Prefiero no responder a esta pregunta

### **ADULT (18 AND OLDER) – LA CLINICA DE LA RAZA**

**SOGIE items were administered in a separate session from the rest of the pre-test.**

***Instrucciones sobre identidad de género: Nosotros usamos palabras como “masculino” o “femenino” o “trans” como una forma rápida para capturar el género de los individuos. Sin embargo, entendemos muy bien que la gente utiliza una amplia gama de etiquetas – algunos prefieren términos como Género fluido, Agénero, No binario (Enby), Andrógino(a), etcétera. Para ayudarnos a entenderla/o personalmente, por favor díganos qué palabra prefiere personalmente para describir a su género. Estas preguntas no tienen una respuesta correcta o incorrecta. Por favor sea honesta(o) y responda lo que realmente piensa o siente.***

1. Cuando yo nací mi sexo era...

*\*Personal Paso 1:*

Escriba la respuesta del participante (en el lenguaje del participante): \_\_\_\_\_

Si es aplicable, escriba la traducción de la respuesta del participante: \_\_\_\_\_

*\*Personal Paso 2:*

Seleccione una de las siguientes opciones que mejor refleje la respuesta de la participante.

- Masculino/Niño
- Femenino/Niña
- Intersexual (no estaban seguros sobre mi sexo al nacer)

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## LGBTQ TA Center Appendix E (Continued):

- No estoy seguro sobre el sexo que me asignaron al nacer
- Mi sexo asignado al nacer (Por favor especifica): \_\_\_\_\_
- Prefiero no responder a esta pregunta

2. Si se trata de mi identidad de género, me considero:

*\*Personal Paso 1:*

Escriba la respuesta del participante (en el lenguaje del participante): \_\_\_\_\_

Si es aplicable, escriba la traducción de la respuesta del participante: \_\_\_\_\_

*\*Personal Paso 2:*

Marque todas las opciones siguientes que reflejen la respuesta de la participante.

- Hombre/Sexo masculino
- Mujer/Sexo femenino
- Transgénero/Trans
- Hombre transgénero/Masculino transgénero
- Mujer transgénero/ Femenino transgénero
- Género queer/Género no conforme
- No binario (ni exclusivamente masculino ni femenino)
- De dos espíritus
- Intersexual (entre masculino y femenino)
- No estoy seguro(a) de cuál es mi identidad de género
- No tengo un género/identidad de género
- Mi identidad de género es (Por favor indique): \_\_\_\_\_
- No quiero responder a esta pregunta

**Instrucciones:** Todos tenemos una orientación sexual. Algunas personas son heterosexuales y se sienten atraídas por personas del sexo opuesto. Por ejemplo, a una mujer heterosexual "le gustan" los hombres y se enamora de hombres. Otras personas son gays o lesbianas y se sienten atraídas por personas del mismo sexo. Por ejemplo, a un hombre gay "le gustan" los hombres y se enamora de otros hombres. También hay personas que son bisexuales y "les gustan" tanto los hombres como las mujeres. Algunas personas no están seguras sobre sus atracciones o no se sienten atraídas por nadie. Para que quede claro, quiénes le "gustan" y por quiénes se siente atraído(a) es lo que se llama orientación sexual.



## LGBTQ TA Center Appendix E (Continued):

3. ¿Cuál es su orientación sexual?

*\*Personal Paso 1:*

Escriba la respuesta del participante (en el lenguaje del participante): \_\_\_\_\_

Si es aplicable, escriba la traducción de la respuesta del participante: \_\_\_\_\_

*\*Personal Paso 2:*

Marque todas las opciones siguientes que reflejen la respuesta de la participante.

- Heterosexual
- Gay
- Lesbiana
- Bisexual
- Queer
- Pansexual/No-monosexual (siento atracción por todos los géneros)
- Soy asexual (No siento atracción sexual por nadie)
- No siento atracción romántica por nadie
- No estoy segura(o) hacia quién siento atracción sexual
- No estoy seguro(a) hacia quien siento atracción romántica
- Otra cosa: \_\_\_\_\_
- Prefiero no responder a esta pregunta

### MIXTECO INDIGENA COMMUNITY ORGANIZING PROJECT'S (MICOP'S) SPANISH

#### **MICOP's Oral Translation and Write-in SOGIE Rationale**

MICOP serves indigenous communities living and working in Ventura County. Since MICOP's founding, they have integrated "promotores" in their programs, who come directly from the community and share the same values and traditions of the indigenous community. The promotores are also fluent in the indigenous languages of Mixteco and Zapoteco, which are spoken by the majority of MICOP's community members. Because Mixteco and Zapoteco are not written languages, promotores play a key role in bringing services/information to these families. Based on the unique language needs of their CDEP participants, MICOP requested the use of an oral translation process for the SWE Questionnaire, where promotoras will orally translate the Spanish-language version of the consent forms and Questionnaire into Mixteco or Zapoteco in real time. This will ensure that participants comprehend the nature of the study, the evaluation procedures, and the content of the Questionnaire itself.

Based on MICOP's years of experience and past projects that involved Sexual Orientation and Gender Identity (SOGI) data collection with the Latino indigenous community (Mixteco), MICOP is concerned that the English terms used in the SOGIE instructions, close-ended prompts, and response categories are not only challenging to understand for their community (i.e., lacking in

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## LGBTQ TA Center Appendix E (Continued):

language and cultural equivalence), but also touch on issues that are still considered taboo— forbidden from discussion within the community. When piloting these specific items, MICOP observed that their community member participants often did not know how to respond.

Rather than miss an important opportunity to collect SOGIE with their indigenous community, MICOP requested important modifications to the SOGIE items in consultation with PARC@LMU. These proposed modifications will allow MICOP to collect quality SOGIE data in a manner that is more respectful to the specific cultural and linguistic considerations of their community. They include the following 3 *procedural and instrument* changes.

1. **Revised instructions** survey administrators will use to build rapport and trust with participants prior to asking the SOGIE questions. Additional instructions will also be provided that include reminders about participant confidentiality, options for participants to skip questions that cause them to feel uncomfortable, and simpler language to describe the SOGIE constructs.
2. **Inclusion of open-ended responses.** Due to literacy, translation, and cultural concepts, many of the response categories don't make sense within the communities where the IPP is working. Open-ended responses allow the questions to be asked in a way that is respectful to specific cultures and will help ensure that IPP is capturing quality data. Using a two-step process, the survey administrator will write in participants' responses in their native language. If applicable, the administrator will translate the response and select the response option that best fit the participants' answers.
3. **Re-order items** so that they are asked in the following sequence: sex at birth, gender identity, sexual orientation.

### **ADULT (18 AND OLDER)**

***Antes de terminar nuestra entrevista, nos gustaría hacerle algunas preguntas más personales que se están llevando a cabo con todos los participantes de este Proyecto en todo el estado de California. Recuerden que todas sus respuestas se mantendrán en confidencialidad. Si usted se siente incómoda/o en cualquier momento, usted puede saltar la pregunta o parar la entrevista en cualquier momento.***

***Instrucciones sobre identidad de género: Nosotros usamos palabras como “masculino” o “femenino” o “trans” como una forma rápida para capturar el género de los individuos. Sin embargo, entendemos muy bien que la gente utiliza una amplia gama de etiquetas – algunos prefieren términos como Género fluido, Agénero, No binario (Enby), Andrógino(a), etcétera. Para ayudarnos a entenderla/o personalmente, por favor díganos qué palabra prefiere personalmente para describir a su género. Estas preguntas no tienen una respuesta correcta o incorrecta. Por favor sea honesta(o) y responda lo que realmente piensa o siente.***

## LGBTQ TA Center Appendix E (Continued):

1. Cuando yo nací, la persona que asistió el parto (por ejemplo, el doctor, enfermera, partera, pariente) pensó que yo era:

*\*Personal Paso 1:*

Escriba la respuesta del participante (en el lenguaje del participante): \_\_\_\_\_

Si es aplicable, escriba la traducción de la respuesta del participante: \_\_\_\_\_

*\*Personal Paso 2:*

Seleccione una de las siguientes opciones que mejor refleje la respuesta de la participante.

- Masculino/Niño
- Femenino/Niña
- Intersexual (no estaban seguros sobre mi sexo al nacer)
- No estoy seguro sobre el sexo que me asignaron al nacer
- El sexo que me asignaron al nacer (por favor especifique): \_\_\_\_\_
- No quiero responder a esta pregunta

***Ahora le preguntare sobre su identidad de género y lo que significa para usted. La identidad de género se refiere a como se siente usted internamente, en otras palabras, su personalidad, como un hombre o una mujer. Incluso algunas personas se sienten entre medio de un hombre o una mujer o no están seguros. Si usted prefiere saltar esta pregunta, simplemente déjeme saber y nos moveremos a la siguiente pregunta.***

2. Cuando se trata de mi identidad de género, yo me identifico como...

*\*Personal Paso 1:*

Escriba la respuesta del participante (en el lenguaje del participante): \_\_\_\_\_

Si es aplicable, escriba la traducción de la respuesta del participante: \_\_\_\_\_

*\*Personal Paso 2:*

Marque todas las opciones siguientes que reflejen la respuesta de la participante.

- Hombre/Sexo masculino
- Mujer/Sexo femenino
- Transgénero/Trans
- Hombre transgénero/Masculino transgénero
- Mujer transgénero/ Femenino transgénero
- Género queer/Género no conforme
- No binario (ni exclusivamente masculino ni femenino)
- De dos espíritus

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## LGBTQ TA Center Appendix E (Continued):

- Intersexual (entre masculino y femenino)
- No estoy seguro(a) de cuál es mi identidad de género
- No tengo un género/identidad de género
- Mi identidad de género es (Por favor indique): \_\_\_\_\_
- No quiero responder a esta pregunta

**Instrucciones: Todos tenemos una orientación sexual. Algunas personas son heterosexuales y se sienten atraídas por personas del sexo opuesto. Por ejemplo, a una mujer heterosexual "le gustan" los hombres y se enamora de hombres. Otras personas son gays o lesbianas y se sienten atraídas por personas del mismo sexo. Por ejemplo, a un hombre gay "le gustan" los hombres y se enamora de otros hombres. También hay personas que son bisexuales y "les gustan" tanto los hombres como las mujeres. Algunas personas no están seguras sobre sus atracciones o no se sienten atraídas por nadie. Para que quede claro, quiénes le "gustan" y por quiénes se siente atraído(a) es lo que se llama orientación sexual.**

3. Algunas personas dicen que prefieren involucrarse romántica y sexualmente con personas del mismo sexo o del sexo opuesto o con los dos sexos. ¿Con quién prefiere usted involucrarse romántica o sexualmente?

*\*Personal Paso 1:*

Escriba la respuesta del participante (en el lenguaje del participante): \_\_\_\_\_

Si es aplicable, escriba la traducción de la respuesta del participante: \_\_\_\_\_

*\*Personal Paso 2:*

Marque todas las opciones siguientes que reflejen la respuesta de la participante.

- Heterosexual
- Gay
- Lesbiana
- Bisexual
- Queer
- Pansexual/No-monosexual (siento atracción por todos los géneros)
- Soy asexual (No siento atracción sexual por nadie)
- No siento atracción romántica por nadie
- No estoy segura(o) hacia quién siento atracción sexual
- No estoy seguro(a) hacia quien siento atracción romántica
- Otra cosa: \_\_\_\_\_
- Prefiero no responder a esta pregunta

## LGBTQ TA Center Appendix E (Continued):



### Contact Info

**Email:** [keinhaus@cars-rp.org](mailto:keinhaus@cars-rp.org) or [afilippelli@cars-rp.org](mailto:afilippelli@cars-rp.org)

**Website:** [www.lgbtq-ta-center.org](http://www.lgbtq-ta-center.org)

**Toll-Free:** 1-877-568-4227

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## APPENDIX F: OPTIONS FOR CONSTRUCTING A COMPARISON GROUP DESIGN

### How to Create a Control Group from a Waitlist

Comparing clients who chose to participate in an intervention with clients who choose not to participate may not be the best approach for a comparison group design because there are fundamental differences between the types of clients who opt-in to an intervention (e.g., differences in levels of perceived need, willingness to seek help) and the types of clients who do not. This is referred to as selection bias. Using a waitlist as a comparison group can be a good way to eliminate the selection bias associated with clients self-selecting into intervention services.

When using a waitlist control group, the intervention is delivered in stages or cohorts, with all clients eventually receiving services. The program managers and/or evaluation team members use random assignment to determine who will receive the intervention now versus who will receive the intervention later, based on a potential pool of participants who have expressed interest in the intervention. Clients who are randomly assigned to the intervention group are “activated” and become the first cohort of service users, while the waitlisted group serves as their comparison group. Once the first cohort has completed services, the waitlisted group is “activated” as the second cohort of service users.

Here is an example of how to construct a comparison group to evaluate a 6-week educational intervention:

- Potential participants would be randomly assigned to either the intervention group or a waitlisted control group.
- The evaluation team would administer a pretest to all participants (i.e., waitlisted control group and the intervention group) right before the intervention group begins the program in week 1.
- The intervention group would receive the program in weeks 1 through 6 and the waitlist group would wait while continuing to participate in drop-in services only.
- The evaluation team will administer the post-test to both groups at the conclusion of week 6.

- In weeks 7 through 12, the waitlisted group is activated, the program delivers the intervention to them as the second service cohort, and they complete a post-test at the conclusion of their intervention.

Although it's true that waitlisted participants will be double counted, appearing in both the comparison and intervention groups, that is how it's intended to work.

Regarding incentives, it may make sense to offer all potential study participants the same incentive for participation in the intervention; however, some will receive payment earlier than others, depending on their assigned cohort. The program could also offer waitlist participants a small incentive to remain on the waitlist with the promise of a larger incentive once they become activated. This will help keep them engaged. You want to avoid offering differential incentives for participation versus non-participation without the random assignment component because you don't want your incentive to influence people's choices about services. For example, you don't want to pay people to participate in drop-in services only (a relatively low-investment activity) when they have no intention of ever enrolling in the intervention (a relatively high-investment activity).

The goal is to have the intervention and comparison group participants to be self-selected in the same way. The main disadvantage of the waitlist control group is that it cannot be used to measure longer-term outcomes because all participants will eventually receive the intervention. The waitlisted comparison group design also requires there to be enough potential clients to fill a waitlist.

## How to Create a Comparison Group in School Settings

For providers serving youth in school settings, one consideration is whether LGBTQ+ youth who have access to your program do better mentally and academically. An evaluation strategy is to select a comparison school without a similar program that is matched to your intervention school by as many demographic and cultural factors as you can measure and/or access, and then collect and contrast outcomes from both schools. Collecting data from a random sample of classrooms from each school is usually much more feasible than sampling individual students. In middle and high school settings, programs need to sample among elective classes that anyone would take (e.g., chorus, band, drama club, or physical education) to avoid selection bias associated with the academic level of students enrolled. If you choose to sample, be sure your sample size is adequate to represent the youth expected to identify within the LGBTQ+ spectrum and incorporate oversampling and data weighting methods to ensure culturally diverse LGBTQ+ youth are represented in an analyzable way in your dataset.

