Why GAO Did This Study

VHA provides care to a diverse population of veterans, including women and LGBT veterans. These veterans may experience differences in health outcomes that are closely linked with social or economic disadvantage, and VA considers it important to analyze the services they receive as well as their health outcomes to improve health equity.

House Report 115-188 included a provision for GAO to review VA’s data collection and reporting procedures for information on veterans’ gender and sexual orientation. This report describes how VHA assesses health outcomes for women veterans and examines the extent to which VHA assesses health outcomes for LGBT veterans.

GAO reviewed VHA directives and VHA’s Health Equity Action Plan. GAO interviewed officials from VHA’s Women’s Health Services and LGBT Health Program, VHA researchers who focus on women and LGBT veterans, and representatives from other health care systems with experience collecting gender and sexual orientation information.

What GAO Recommends

GAO is making four recommendations to VA to consistently collect sexual orientation and SIGI data, and analyze these data to assess health outcomes for LGBT veterans. VA concurred with GAO’s recommendations and identified actions it is taking to address them.

What GAO Found

The Department of Veterans Affairs’ (VA) Veterans Health Administration (VHA) analyzes national-level data by birth sex to assess health outcomes for women veterans. For example, it analyzes frequency data to identify their most common health conditions. However, VHA is limited in its assessment of health outcomes for the lesbian, gay, bisexual, and transgender (LGBT) veteran population because it does not consistently collect sexual orientation or self-identified gender identity (SIGI) data.

VHA officials stated that providers may record veterans’ sexual orientation—which can be used to identify lesbian, gay, and bisexual veterans—in non-standardized clinical notes in electronic health records. However, without a standardized field, providers may not be consistently collecting these data, and VHA does not know the total number of these veterans in its system. VHA officials recognize the importance of consistently collecting these data, but have yet to develop and implement a field for doing so.

VHA collects SIGI data—which can be used in part to identify transgender veterans—in enrollment, administrative, and electronic health record systems. Although VHA has worked to improve the collection of these data, GAO found inconsistencies in how VHA records SIGI and, according to VA, 89 percent of veterans’ records lack SIGI information. VHA added a field to collect this information in the administrative system; however, these data are not linked to electronic health records. As such, VHA providers cannot see the data during clinical visits when determining the appropriate services for transgender veterans, such as screening certain transgender men for breast and cervical cancers, as required by VHA policy. VHA’s plan to link SIGI data across both systems has been postponed several times, and the data remain unlinked.

VHA Sexual Orientation and Self-Identified Gender Identity (SIGI) Data Collection Limitations, Fiscal Year 2020

<table>
<thead>
<tr>
<th>Sexual orientation data</th>
<th>Collection system</th>
<th>Data collection limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Electronic Health Record</td>
<td>No field for providers to consistently record sexual orientation</td>
</tr>
<tr>
<td>SIGI data</td>
<td>Enrollment</td>
<td>VHA enrollment application forms do not contain all SIGI options: male, female, transman, transwoman, other, and chooses not to answer</td>
</tr>
<tr>
<td></td>
<td>Administrative</td>
<td>SIGI from administrative files are not linked to veterans’ electronic health records, and SIGI are not consistently recorded</td>
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Source: Veterans Health Administration (VHA) officials and GAO’s analysis of VHA policies. | GAO-21-69

Until VHA can more consistently collect and analyze sexual orientation and SIGI data for the veteran population served, it will have a limited understanding of the health care needs of LGBT veterans, including any disparities they may face.