

Measuring Sexual Identity in US Health Surveys

Sexual orientation has been linked to a number of negative physical and mental health outcomes and access health care (Institute of Medicine, 2011). While HIV/AIDS is perhaps the most well known health outcome associated with sexual orientation, increased rates of mood and anxiety disorders, increased risk behaviors such as smoking, alcohol and drug use and a lower use of preventive medical services also have been found among the lesbian, gay, and bisexual (LGB) populations. However, these results have come mainly from small scale non-representative samples. In order to more fully understand the impact of sexual minority status on health outcomes, data are need from large nationally representative studies.

While some major US health surveys have asked questions about sexual orientation, identifying the LGB population has been challenging. Sexual orientation is an ambiguous complex concept with components of sexual identity, attraction and behavior. Concepts that are related but not identical. For example, research from the 2006-2008 National Survey of Family Growth (NSFG) (Chandra A, Mosher WD, Copen C, Sionean C, 2011) has shown that among women 18-44 who identify themselves as only being attracted to the opposite sex, 5 percent report same sex contact; among similar men, 3 percent report same sex contact. Problems with questions on sexual orientation have led to results with substantial rates of missing data which are not randomly distributed across subgroups within the population. Highest rates of missing data have been found among racial and ethnic minority groups and lower education groups. In 2002 NSFG data, 3.8% of females aged 18–44 and 3.9% of males aged 18–44 reported “something else” when asked whether they considered themselves to be “heterosexual”, “homosexual”,

“bisexual” or “something else”. Among some population groups, such as Hispanic and non-Hispanic black persons, the percentages reporting “something else” were higher than the percentages reporting “homosexual” or “bisexual.” Improvements in question wording and response categories in later NSFG surveys, substantially reduced the amount of missing data. However, the lowest level of education group and Spanish speaking women, continued to have high levels of missing data.

Efforts to improve questions using cognitive interviewing techniques have resulted in questions that address the conceptual complexity of the broad term sexual orientation by disaggregating sexual identity from sexual attraction and sexual behavior. The improvements in question wording and response categories have substantially reduced the rates of missing data across population subgroups reducing the bias in the estimates. As part of this effort, researchers have focused on improvements to the use of Audio Computer Assisted Self Interviewing (ACASI) for the sexual identity questions, an interviewing mode that both affords better privacy for the respondent and allows for questions that may be more complex as in the case of sexual identity. The capability of a drop down menu allows for a more thorough investigation of what the respondent is thinking if he or she gives a “something else” response to the question on sexual identity.

The extensive methodological work that has been done on improving the measurement of sexual identity has been done with the aim of incorporating sexual identity questions into the largest US health survey, the National Health Interview Survey (NHIS). Newly designed questions will be field tested in a three stage process with a planned full implementation in the

2013 NHIS, a survey of approximately 40,000 households representative of the US population. Initially in the fall of 2011, approximately 50 interviews will be conducted to transition from the questions designed in the cognitive laboratory to a full questionnaire conducted in the field. Next, in early 2012, 500 interviews will be conducted in several regions of the US to test, among other things, procedures using headphones for ACASI for part of the questionnaire, delivering instructions for the use of ACASI equipment and addressing respondent concerns. Finally, a 5,000 case nationally representative pilot will be conducted which will include a comparison of the ACASI method with a traditional interviewer administered questionnaire. The present paper examines the validity of questions used to measure sexual orientation or identity, presents results of cognitive interviewing which developed improved questions, discusses issues around question placement and the plans for incorporating the questions on sexual identity into the NHIS.

References

Chandra A, Mosher WD, Copen C, Sionean C. Sexual behavior, sexual attraction, and sexual identity in the United States: Data from the 2006–2008 National Survey of Family Growth. National health statistics reports; no 36. Hyattsville, MD: National Center for Health Statistics. 2011.

IOM (Institute of Medicine). The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. Washington, DC: National Academy Press. 2011