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The Importance of Sexual Orientation and Gender Identity in Health Research

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Sexual minority health is an emerging field and the health issues specific to lesbian, gay, bisexual, and transgender (LGBT) people are gaining increasing recognition. However, significant gaps in knowledge exist that warrant immediate study and consideration.

The Lesbian Health & Research Center (LHRC) at the University of California, San Francisco (UCSF) recognizes these gaps can be addressed by ensuring LGBT inclusion in demographic data gathered by researchers. Therefore, LHRC recommends *all* researchers collect sexual orientation and gender identity data as part of their research protocols. This briefing sheet provides background information regarding this recommendation as well as the basic tools necessary to expand data collection.

- The *American Medical Association*, *American Public Health Association*, and *National Coalition for LGBT Health* recommend that research include sexual orientation and gender identity as key demographic variables,^{1 2 3} as research that assumes a heterosexual norm may not be generalizable to sexual and gender minorities.
- The emerging field of sexual minority health has been elaborated in a White Paper on LGBT health,⁴ two special issues of the *American Journal of Public Health* (June 2001, June 2008), and a report by the *Institute of Medicine* on lesbian health.⁵
- Sexual orientation has been included in 10 of the 28 focus areas for Healthy People 2010. A companion document produced by the *Gay and Lesbian Medical Association* in collaboration with community health experts further explores the HP2010 issues relevant to LGBT people.⁶
- Several large national surveys now collect sexual identity data, including the National Health and Nutrition Examination Survey (NHANES), the Nurses Health Study II, and the National Alcohol Survey. Although the Behavioral Risk Factor Surveillance System (BRFSS) does not assess sexual orientation in its core questions, six states and three localities have collected sexual orientation data through their optional modules (CA, CT, MA, ND, OR, VT; San Francisco CA; New York, NY; and Fulton County, GA).⁷
- The California Health Interview Survey (CHIS), the largest state health survey in the US, now collects sexual orientation data.
- Despite increasing recognition of unique LGBT health issues, there is a lack of representative, population-based data that describes the full extent of LGBT people's health experiences. Much of the literature has focused on sexually transmitted diseases or HIV, especially in gay and bisexual men.⁸
- LGBT people face a number of health disparities compared to the majority, including experiencing reduced access to health care,⁹ obtaining fewer cancer screenings,^{10 11} greater tobacco use,^{12 13} substance abuse,^{14 15} obesity,¹⁶ violence,¹⁷ depression,¹⁸ and suicide.^{19 20} The magnitude of these health disparities warrants scientific attention.
- There are an estimated 8.8 million LGB adults in the US,²¹ which is comparable to the population of North Carolina. This number is likely an under-estimate of sexual and gender minorities since it does not include youth or transgender people.
- The estimated LGBT proportion of the general population varies by location but is comparable to other minority groups, likely greater than Native Americans and Asians (<1% and 4% of the US population, respectively) but less than African-Americans (12%) and Hispanics (15%).²²
- Response rates to sexual orientation and gender identity questions are good.²³ Inclusion of these items does not offend research participants and they have been shown to be no more likely to refuse to answer or to break off interviews than they have for other sociodemographic items. In the Women Physician's Health Study, non-response to sexual identity (3.6%) was comparable to non-response for alcohol consumption (3.1%) and gun ownership (3.1%); in contrast, 19.8% of respondents refused to answer personal income.²⁴
- LGBT people may differ from the majority in other, positive ways. Recent research showed that same-sex couples reported greater relationship quality, compatibility, and intimacy and lower levels of conflict compared to their straight peers.^{25 26}



Recommended Assessment Item

Developed by Scout, PhD

Director

National LGBT Tobacco Control Network

Given the US Census Bureau's successful use of a single "choose all" item to collect race and ethnicity data, the Lesbian Health & Research Center at UCSF recommends the following single item to assess both sexual orientation and gender identity via self-report. This item has undergone cognitive testing by the *National LGBT Tobacco Control Network* and is suitable for general population studies.²⁷

Do you consider yourself to be one or more of the following:

A) Straight (heterosexual)

B) Gay

C) Lesbian

D) Bisexual

E) Transgender

Don't Know

No answer

[If respondents pause, refuse, or don't know, also say: You can name a different category if that fits you better: _____]

In face-to-face or telephone interviews, reading the letter that corresponds to each answer option allows respondents to answer by letter if they're reluctant to repeat the full answer.

Caveats and Nuances

This assessment item is recommended for general population research (i.e. non-LGBT) and is intended to differentiate sexual and gender minority sub-groups from majority groups. Analysis plans may vary depending on the research question and context.

The Lesbian Health & Research Center can provide assistance to researchers who seek to implement this item. Please contact us at: 415.502.5209 or www.lesbianhealthinfo.org

Guidance on Inclusive Language

The American Psychological Association's style guide includes a section entitled "Reducing Bias in Language" that provides guidelines and specifically discusses sexual orientation, race and ethnicity, age, and disabilities.²⁸ For more detailed information, please also consult the online APA guide "Avoiding Heterosexual Bias in Language." (www.apastyle.org/sexuality.html)

Terminology

- BISEXUAL**—a person who is attracted emotionally, romantically, and sexually to both women and men. This attraction may not be equally divided between men and women and could vary over time.
- GAY**—most often, a man who is attracted emotionally, romantically, and sexually to men. Sometimes it is used as an umbrella term to refer to both men and women who experience same sex attractions.
- GENDER EXPRESSION**—the outward manifestations of a person's gender identity, which could include actions and appearance.
- GENDER IDENTITY**—a person's deep, innate sense of themselves as male or female as well as their expression of feminine or masculine traits, regardless of their biological sex.
- HETEROSEXUAL**—a general term for people who experience opposite-sex attractions. Widely understood, it is often used interchangeably with "straight."
- HOMOSEXUAL**—a general term for people who experience same-sex attractions. It has fallen out of favor because of prejudicial connotations and its use is discouraged.
- LESBIAN**—a woman who is attracted emotionally, romantically, and sexually to women.
- LGBT**—an acronym for lesbian, gay, bisexual and transgender. It is often used as an umbrella term to include all sexual and gender minorities.
- SEXUAL MINORITY**—an umbrella term that includes lesbian, gay, bisexual and transgender people in contrast to a straight (heterosexual) majority.
- SEXUAL ORIENTATION**—Refers to the object of a person's emotional, romantic, and sexual attractions, for example to women, men, or both. Here, it is an umbrella term that includes both identity and behavior. Sexual orientation is distinct from a person's gender identity.
- STRAIGHT**—A commonly used colloquial term for heterosexual persons.
- TRANSGENDER**—An umbrella term used to describe a person whose gender identity and expression are not congruent with their perceived biological sex. Transgender people may identify as male, female, both, or something else. It includes people who pursue medical interventions like hormones or surgery as well as those who do not.

Further Reading: LGBT Health

- Boehmer U (2002). Twenty years of public health research: Inclusion of lesbian, gay, bisexual, and transgender populations. *American Journal of Public Health*; 92(7):1125-1130.
- Dean L, Meyer IH, Robinson K, Sell RL et al. (2000). Lesbian, gay, bisexual, and transgender health: Findings and concerns. *Journal of the Gay and Lesbian Medical Association*; 4(3):102-151.
- Gay and Lesbian Medical Association (2006). Guidelines for Care of Lesbian, Gay, Bisexual, and Transgendered Patients. Available at http://ce54.citysoft.com/_data/n_0001/resources/live/GLMA%20guidelines%202006%20FINAL.pdf. Accessed July 15, 2008.
- Harcourt J. (2006). Current issues in lesbian, gay, bisexual, and transgender health: Introduction. *Journal of Homosexuality*; 51(1):1-11.
- Johnson JL, Greaves L, Repta R (2007). *Better Science with Sex and Gender: A Primer for Health Research*. Vancouver BC:Women's Health Resource Network. Online publication available at <http://www.whrn.ca/better-science-download.php>.
- Makadon HJ, Mayer KH, Potter J, Goldhammer H, eds. (2008). *The Fenway Guide to Enhancing Lesbian, Gay, Bisexual and Transgender Healthcare*. Philadelphia PA: American College of Physicians.
- Mayer KH, Bradford JB, Makadon HJ et al. (2008). Sexual and gender minority health: What we know and what needs to be done. *American Journal of Public Health*; 98(6):989-995.
- Meyer IH, Northridge ME, eds. (2007). *The Health of Sexual Minorities: Public Health Perspectives on Lesbian, Gay, Bisexual, and Transgender Populations*. New York NY: Springer.
- Meezan W, Martin JI, eds. (2003). *Research Methods with Gay, Lesbian, Bisexual, and Transgender Populations*. New York NY: Harrington Park Press.
- Shankle MD, ed. (2006). *The Handbook of Lesbian, Gay, Bisexual, and Transgender Public Health: A Practitioner's Guide to Service*. New York NY: Haworth Press.

References

- ¹ National Coalition for LGBT Health (2007). *LGBT Inclusion in Federal Health Surveys*. Washington DC: National Coalition for LGBT Health.
- ² American Public Health Association (1999). *The Need for Acknowledging Transgendered Individuals within Research and Clinical Practice*. Policy #9933. Available at <http://www.apha.org/advocacy/policy/policysearch>. Accessed July 15, 2008.
- ³ American Medical Association. *Proceedings of the 2007 Annual Meeting of the House of Delegates, Reports 1–17 of the Board of Trustees. Report 11-A-07: Recommendations to Modify AMA Policy to Ensure Inclusion for Transgender Physicians, Medical Students, and Patients*. Policy H-440.885, National Health Survey. Adopted June 2007. Available at: <http://www.ama-assn.org/ama1/pub/upload/mm/38/a07bot1.pdf>. Accessed July 15, 2008.
- ⁴ Dean L, Meyer IH, Robinson, K, Sell RL, Sember R, Silenzio VMB et al. (2000). Lesbian, gay, bisexual, and transgender health: Findings and concerns. *Journal of the Gay and Lesbian Medical Association*; 4(3):101-151.
- ⁵ Solarz A, ed. (1999). *Lesbian Health: Current Assessment and Directions for the Future*. Committee on Lesbian Health Research Priorities, Institute of Medicine. Washington DC: National Academy Press.
- ⁶ Gay and Lesbian Medical Association and LGBT health experts (2001). *Healthy People 2010 Companion Document for Lesbian, Gay, Bisexual, and Transgender (LGBT) Health*. San Francisco CA: Gay and Lesbian Medical Association.
- ⁷ Sell R. *Gaydata.org: Data Sources*. Available at http://www.gaydata.org/ds001_Index.html. Accessed on July 8, 2008.
- ⁸ Boehmer U (2002). Twenty years of public health research: Inclusion of lesbian, gay, bisexual, and transgender populations. *American Journal of Public Health*; 92(7):1125-1130.
- ⁹ Heck JE, Sell RL, Gorin SS (2006). Health care access among individuals involved in same-sex relationships. *American Journal of Public Health*; 96(6):1111-1118.
- ¹⁰ Price JH, Easton AN, Telljohann SK, Wallace PB (1996). Perceptions of cervical cancer and Pap smear screening behavior by women's sexual orientation. *Journal of Community Health*; 21(2):89-105.
- ¹¹ Rankow EJ, Tessaro I (1998). Cervical cancer risk and Papanicolaou screening in a sample of lesbian and bisexual women. *Journal of Family Practice*; 47(2):139-143.
- ¹² Gruskin EP, Greenwood GL, Matevia M, Pollack LM, Bye LL (2007). Disparities in smoking between the lesbian, gay, and bisexual population and the general population in California. *American Journal of Public Health*; 97(8):1496-1502.
- ¹³ Tang H, Greenwood GL, Cowling DW, Lloyd JC, Roeseler AG, Bal DG (2004). Cigarette smoking among lesbians, gays, and bisexuals: how serious a problem? (United States). *Cancer Causes and Control*; 15(8):797-803.
- ¹⁴ Drabble L, Midanik LT, Trocki K (2005). Reports of alcohol consumption and alcohol-related problems among homosexual, bisexual and heterosexual respondents: results from the 2000 National Alcohol Survey. *Journal of Studies on Alcohol*; 66(1):111-120.
- ¹⁵ Cochran SD, Ackerman D, Mays VM, Ross MW (2004). Prevalence of non-medical drug use and dependence among homosexually active men and women in the US population. *Addiction*; 99(8):989-998.
- ¹⁶ Boehmer U, Bowen DJ, Bauer GR (2007). Overweight and obesity in sexual-minority women: evidence from population-based data. *American Journal of Public Health*; 97(6):1134-1140.
- ¹⁷ Balsom KF, Rothblum ED, Beauchaine TP (2005). Victimization over the life span: a comparison of lesbian, gay, bisexual, and heterosexual siblings. *Journal of Consulting and Clinical Psychology*; 73(3):477-487.
- ¹⁸ Mills TC, Paul J, Stall R, Pollack L, Canchola J, Chang YJ, Moskowitz JT, Catania JA (2004). Distress and depression in men who have sex with men: the Urban Men's Health Study. *American Journal of Psychiatry*; 161(2):278-285.
- ¹⁹ Paul JP, Catania J, Pollack L, Moskowitz J, Canchola J, Mills T, Binson D, Stall R (2002). Suicide attempts among gay and bisexual men: lifetime prevalence and antecedents. *American Journal of Public Health*; 92(8):1338-1345.
- ²⁰ Gilman SE, Cochran SD, Mays VM, Hughes M, Ostrow D, Kessler RC (2001). Risk of psychiatric disorders among individuals reporting same-sex sexual partners in the National Comorbidity Survey. *American Journal of Public Health*; 91(6):933-999.
- ²¹ Gates GJ (2006). *Same-Sex Couples and the Gay, Lesbian, Bisexual Population: New Estimates from the American Community Survey*. The Williams Institute on Sexual Orientation Law and Public Policy, UCLA School of Law. Available at <http://www.law.ucla.edu/williamsinstitute/publications/SameSexCouplesandGLBpopACS.pdf>. Accessed July 15, 2008.
- ²² US Census Bureau, Population Division. *Annual estimates of the population by sex, race, and Hispanic origin for the United States: April 1, 2000 to July 1, 2007*. Available at <http://www.census.gov/popest/national/asrh/NC-EST2007-srh.html>. Accessed July 15, 2008.
- ²³ Case P, Austin SB, Hunter DJ, Willett WC, Malspeis S, Manson JE, Spiegelman D (2006). Disclosure of sexual orientation and behavior in the Nurses' Health Study II: Results from a pilot study. *Journal of Homosexuality*; 51(1):13-31.
- ²⁴ Brogan D, Frank E, Elon L, O'Hanlan KA (2001). Methodologic concerns in defining lesbian for health research. *Epidemiology*; 12(1):109-113.
- ²⁵ Balsam KF, Beauchaine TP, Rothblum ED, Solomon SE (2008). Three-year follow-up of same-sex couples who had civil unions in Vermont, same-sex couples not in civil unions, and heterosexual married couples. *Developmental Psychology*; 44(1):102-116.
- ²⁶ Peplau LA, Fingerhut AW (2007). The close relationships of lesbians and gay men. *Annual Review of Psychology*; 58:405-424.
- ²⁷ Scout (2007). *LGBT Surveillance and Data Collection Briefing Paper*. Available at <http://www.lgibtobacco.org/files/Surveillance%20Paper%202007.pdf>. Accessed May 29, 2008.
- ²⁸ American Psychological Association (2005). *Concise Rules of APA Style*. Washington DC: American Psychological Association.