Advancing Sexual Orientation/Gender Identity (SOGI) Measures in the Behavioral Risk Factor Surveillance System (BRFSS)

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THE NUMBER OF AMERICANS WHO IDENTIFY AS LESBIAN, GAY, BISEXUAL, AND TRANSGENDER (LGBT) IS INCREASING. According to the 2018 Gallup and Pew Research Center report, (1) at least 11 million US adults identify as LGBT (4.5% of the US adult population). This represents a modest but substantial increase from the 8 million US adults (3.5% of US adult population) who identified as LGBT in 2012. (2) This growth may be in part due to increased disclosure of LGBT status following progress in societal acceptance and legislative protections (e.g., the 2015 US Supreme Court ruling on marriage for same-sex couples (3)). As the number of Americans who identify as members of the LGBT population increases, the role of surveillance systems, like the BRFSS, (4) becomes even more critical in measuring health disparities.
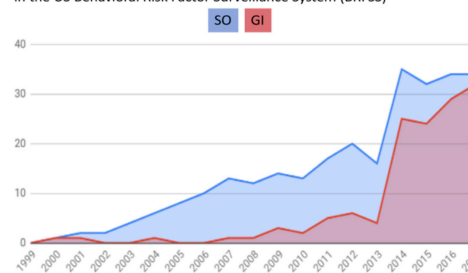
USE OF THE OPTIONAL BRFSS' SOGI MODULE IS RAPIDLY BECOMING A NORM FOR STATES.
In 2006 ten states were collecting sexual identity and none were collecting gender identity data. Over the span of 2017-2018, 35 states used the standardized BRFSS SOGI module. (5)
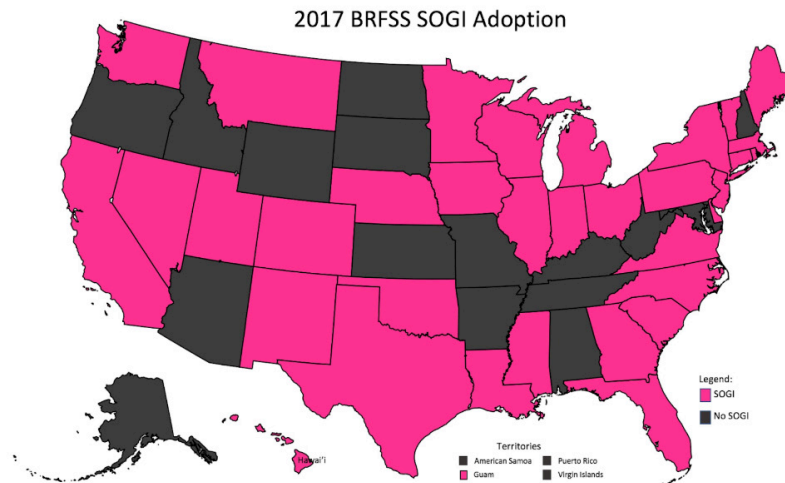

Trends in Sexual Orientation (SO) and Gender Identity (GI) in the US Behavioral Risk Factor Surveillance System (BRFSS)

POOLED DATASETS ARE PROVIDING LEADING EDGE INFORMATION. The BRFSS SOGI module has resulted in the publication of more than 120 peer reviewed articles, focusing on a range of health behaviors among US LGBT adults. Pooled datasets are providing particularly valuable information about a range of health behaviors. As the BRFSS has the largest sample size of any surveillance instrument, these pooled datasets have long been identified as having the greatest potential to allow researchers to investigate subpopulations such as LGBT people of color. (6)

- Researchers used data from several surveys including BRFSS to explore the excessive burden of HIV for Black men; they found that increased social trust had a protective effect against HIV diagnosis for Black and to a lesser extent Hispanic men who have sex with men. (7)

- An aggregate sample of over 300,000 BRFSS respondents from 2014-2015 showed compared to heterosexuals, LGB people had between 1.53 to 3.15 times the odds of reporting mental distress or depression. LGB people also faced higher odds of poor physical health, activity limitations, chronic conditions, obesity, smoking, and binge drinking. (8)

- An aggregate sample of 200,000 adults from the 2016 BRFSS showed that smoking rates for LGB adults were 49% higher than non-LGB adults, and for transgender adults were 42% higher than cisgender adults. In addition, e-cigarette use was 40% higher for transgender adults as compared to cisgender adults. (9)

- An aggregate sample of over 410,000 BRFSS respondents from 2005-2010 showed that compared to heterosexual men, bisexual men had 2.05 times the odds of reporting poor health and bisexual women had 1.32 times the odds of reporting poor health. (10)

- An aggregate sample of 151,000 BRFSS respondents from 2014 examined the health status of trans versus cisgender respondents. Researchers found transgender respondents were 1.7 times more likely to report poor health, 1.7 times more likely to report a history of myocardial infarction, 1.8 times more likely to report no health insurance, and 1.5 times more likely to report no healthcare provider when compared with cisgender respondents. (11)

national lgbt cancer network

TOBACCO RELATED CANCER PROJECT

Center for American Progress

2017 BRFSS SOGI Adoption

Legend:
SOGI
No SOGI

Territories
American Samoa | Puerto Rico
Guam | Virgin Islands

STATES COLLECTING SOGI DATA HAVE BEEN ABLE TO ADDRESS HEALTH DISPARITIES FACED BY THE LGBT POPULATION. FOR EXAMPLE:

- In Arizona (12,13) – After BRFSS data showed the current smoking rate among lesbians was twice that of other females, Tobacco Free Arizona partnered with the state health department to target lesbians for tobacco cessation interventions.
- In New Mexico (12) – After BRFSS data showed a constellation of LGBT health disparities, the state launched numerous prevention and cessation programs to reduce health disparities, including a series of LGBT cultural competency trainings for health care providers and allied staff.
- In Colorado (12,14) – State BRFSS data showed higher rates of smoking, binge drinking, driving while intoxicated, and asthma among sexual minorities compared to heterosexual people, leading advocacy groups to outline legislative goals regarding health systems and healthcare providers servicing LGBT members.
- In Massachusetts (12,15)) – BRFSS disparity data moved state officials to provide a range of targeted LGBT services, including suicide prevention, support for victims of domestic violence and community-centered programs like homeless services, congregate meals for LGBT elders, and youth services for teens and young adults.

ACCURATE SOGI DATA ARE NECESSARY TO WRITE COMPETITIVE RESEARCH PROPOSALS AND JUSTIFY PROGRAMMING. With increased competition for health research proposals, scientists unable to provide accurate data about population disparities face a distinct disadvantage, creating a cascade of less research, less intervention testing, thus fewer proven programmatic remedies.

SOGI MEASURES DO NOT NEGATIVELY IMPACT RESPONSE RATES AND ACCURACY OF THE DATA. Research and experience indicates that SOGI measures can be administered successfully in population surveillance systems; (16) federal surveys that include SOGI measures (NHIS, NHANES, PATH, BRFSS) show that they do not lead to survey breakoff. (16,17)

IN SUMMARY, if either the optional SOGI module is used by all states or the measures are moved to the BRFSS core, vital information about LGBT peoples' health will be documented that can support national, state, and local programs to stabilize the health of this vulnerable population.

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