

June 15, 2020

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RE: Docket No. CDC–2020–0037. Review of the National Health Interview Survey

Submitted via Regulations.gov

To Whom it May Concern,

Thank you for the opportunity to comment on the National Health Interview Survey (NHIS) Revision. As scholars dedicated to conducting research on sexual orientation and gender identity, we are writing to communicate the importance of sexual orientation and gender identity (SOGI) data collection in the National Health Interview Survey (NHIS). The Williams Institute has long analyzed governmental data, including NHIS data, and has worked with federal agencies to improve data collection on the U.S. population. We have also produced widely cited best practices for the collection of sexual orientation and gender identity information on population-based surveys.

Only a handful of more than 150 data sources used to monitor progress towards Healthy People 2020 objectives include sexual orientation and gender identity (SOGI) items (<https://www.healthypeople.gov/2020/data-search/Data-Sources>). This limitation impedes researchers' ability to measure progress towards improving the health and wellbeing of the estimated 13 million lesbian, gay, bisexual, and transgender (LGBT) people, and reducing SOGI health disparities, in the United States.ⁱ The NHIS is one of only eight data sources that include sexual orientation items, making it a vital source of population-based information about trends in illness, healthcare access, and progress towards health objectives for this population. Since collection of these items began in 2013, this data has since been used in at least 56 published studies. These publications cover a wide range of topics, including mental health, health-related quality of life, cancer, tobacco use, and health care access (Table 1). Knowledge gained from NHIS data analysis has helped researchers identify health disparities experienced by sexual minorities across a range of health outcomes. For example, sexual minorities have higher odds of poor physical health, poor mental health, and chronic conditions.ⁱⁱ Research suggests that many of these disparities are rooted in societal stigma and discrimination. In particular, exposure to discrimination and violence is associatedⁱⁱⁱ with higher rates of psychiatric disordersⁱⁱⁱ, substance abuse^{iv}, and suicide^v among LGBT people. **Given the utility of this information in the NHIS survey, we strongly recommend that this measure is retained.**

The NHIS does not currently collect information on gender identity. We estimate that there are about 1.4 million gender minority adults in the U.S. Gender minority people are at a high risk for poor health outcomes, including poor physical and mental health, higher rates of suicide,^{vi} and lower rates of health

care coverage.^{vii} In order to better understand the health disparities experienced by this population, we recommend that the NHIS add survey questions which identify respondents' sex assigned at birth as well as their current gender identity. Only two Healthy People 2020 data sources currently collect information about gender identity (the Population Assessment of Tobacco and Health (PATH) and the National Crime Victimization Survey (NCVS)). One of the Healthy People 2020 goals is to increase the number of data sources that collect this information from two to four. **We recommend that the NHIS add survey questions that allow identification of gender minorities in the U.S. population.** This will contribute to progress towards the Healthy People 2020 goals by improving understanding of health disparities experienced by gender minority (e.g., transgender) people.

In summary, your efforts to sustain and expand sexual orientation and gender identity data collection in the NHIS will support the federal government in fulfilling its commitment to monitor, promote, and protect the public health and to reduce health disparities based on sexual orientation and gender identity. We thank you for your commitment to public health.

Sincerely,

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Table 1. Research which used NHIS sexual orientation data by Healthy People 2020 topic areas.

Access to Health Services
Dahlhamer, J. M., A. M. Galinsky, S. S. Joestl and B. W. Ward. (2016). Barriers to Health Care Among Adults Identifying as Sexual Minorities: A US National Study. <i>Am J Public Health, 106</i> (6), 1116-1122
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Gonzales, G., McKay, T., & Carpenter, C. S. (2020). Disparities in Health Insurance Coverage and Access to Care for Children By Mother's Sexual Orientation. <i>Matern Child Health J, 24</i> (5), 630-639. doi:10.1007/s10995-019-02857-7
Adolescent Health
Calzo, J. P., Mays, V. M., Björkenstam, C., Björkenstam, E., Kosidou, K., & Cochran, S. D. (2019). Parental Sexual Orientation and Children's Psychological Well-Being: 2013-2015 National Health Interview Survey. <i>Child Dev, 90</i> (4), 1097-1108. doi:10.1111/cdev.12989
Cancer
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Childhood

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Mental Health

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<p>Sexually Transmitted Diseases</p>
<p>Agenor, M., S. M. Peitzmeier, A. R. Gordon, B. M. Charlton, S. Haneuse, J. Potter and S. B. Austin. (2016). Sexual orientation identity disparities in human papillomavirus vaccination initiation and completion among young adult US women and men. <i>Cancer Causes Control</i>, 27(10), 1187-1196.</p>
<p>Daniel-Ulloa, J., P. A. Gilbert and E. A. Parker. (2016). Human Papillomavirus Vaccination in the United States: Uneven Uptake by Gender, Race/Ethnicity, and Sexual Orientation. <i>Am J Public Health</i>, 106(4), 746-747.</p>
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<p>Social Determinants of Health</p>
<p>Lightner, J. S., Heinrich, K. M., & Sanderson, M. R. . (2019). A Population-Based Study of Coupling and Physical Activity by Sexual Orientation for Men. <i>J Homosex</i>, 1(9), doi:10.1080/00918369.2019.1601435</p>
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Other
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Endnotes

ⁱ LGBT People in the United States Not Protected by State Nondiscrimination Statutes. (April 2020) The Williams Institute, UCLA, Los Angeles, CA. <https://williamsinstitute.law.ucla.edu/publications/lgbt-nondiscrimination-statutes/>

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