

## A Statement on the Need for SOGI Data Collection in the BRFSS

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**The Behavioral Risk Factor Surveillance System (BRFSS) is one of the few large sources of population-based data about the health and socioeconomic status of LGBT adults in the U.S.** Although three [reports](#) by the [National Academies of Sciences, Engineering, and Medicine](#) and three sets of [Healthy People Objectives](#) over the last [20 years](#) have summarized evidence of significant and broad-sweeping [health disparities](#), only a handful of more than 150 data sources and dozens of surveys that are used to monitor progress towards Healthy People 2030 objectives include questions about [sexual orientation](#) and [gender identity](#) (SOGI). Health disparities have been observed across the life course and in every domain of health including: access to health services, adolescent health, cancer, health-related quality of life and well-being, HIV, immunization and infectious diseases, injury and violence prevention, mental health, nutrition and weight status, sexually transmitted diseases, social determinants of health, substance abuse, and tobacco use.

**BRFSS data have been an invaluable source of information about the health of LGBT adults and specific LGBT subgroups (e.g., veterans, cancer survivors, rural residents) across a broad array of issues including physical and mental health, violence victimization, disability, and health insurance coverage.** Over 125 peer-reviewed publications have been published, most over the last five years, that utilize BRFSS data collected via the optional SOGI module. The BRFSS has also provided a unique source of information about the prevalence of socioeconomic (e.g., education, employment, income) and behavioral determinants of health such as smoking, drinking, diet, activity, and screening (e.g., HIV, colorectal, and pap testing) which is necessary to ensure that LGBT people are included in prevention and intervention efforts. Additionally, BRFSS data have been utilized to examine the relationship between public policies and health.

**BRFSS data can be pooled across states and/or over time to create state [snapshots](#) and to identify health disparities<sup>1</sup>.** For example, using BRFSS data pooled from 35 states between 2014 to 2017, researchers learned that [poverty rates are higher for LGBT than non-LGBT people](#), on average, and are particularly high for bisexual, transgender, and adults of color. In the U.S., about one in three cisgender bisexual women (29.4%), transgender adults (29.4%), LGBT Black (30.8%), Latino/a (37.3%), and American Indian or Alaska Native (32.4%) adults are living in poverty. Using the same BRFSS data, researchers produced [state snapshots of poverty for 35 states](#), but were unable to provide information about those that did not use the SOGI module.

**COVID-19 has elevated the need for SOGI data collection to ensure that LGBT people are included in efforts to promote recovery, health, and healing from the pandemic.** COVID-19 has had a differential impact on the most vulnerable populations in the country; however, information about the impact of COVID-19 on LGBT people is scarce because most large public surveys do not include SOGI questions. Research conducted by the CDC, pooling [BRFSS data from 31 states](#) that used the optional SOGI module between 2017 and 2019, reported higher rates of asthma, cancer, heart disease, COPD, hypertension/stroke, kidney disease, smoking and obesity among LGB adults as compared to their heterosexual peers. In a [national sample of 12,000 adults](#), Williams Institute researchers found that among those who have tested for COVID-19, LGBT people of color (14.5%), as well as non-LGBT people of color (10.6%), had higher positivity rates than non-LGBT White people (7.3%). Further, LGBT people of color (32.1%) and non-LGBT people of color (30.9%) were over 50% more likely than White LGBT and White non-LGBT respondents (21.3% and 19.8%) to personally know someone who died of COVID-19.

Economic vulnerabilities experienced by LGBT people, particularly LGBT people of color, have also been exacerbated by the pandemic. [Survey data](#) collected in the fall of 2020 show that LGBT adults in the US were more likely to be laid off (12.4% v. 7.8%) or furloughed from their jobs (14.1% v. 9.7%), and to report problems affording basic household goods (23.5% v. 16.8%) and paying their rent or mortgage (19.9% v. 11.7%) than their non-LGBT counterparts.

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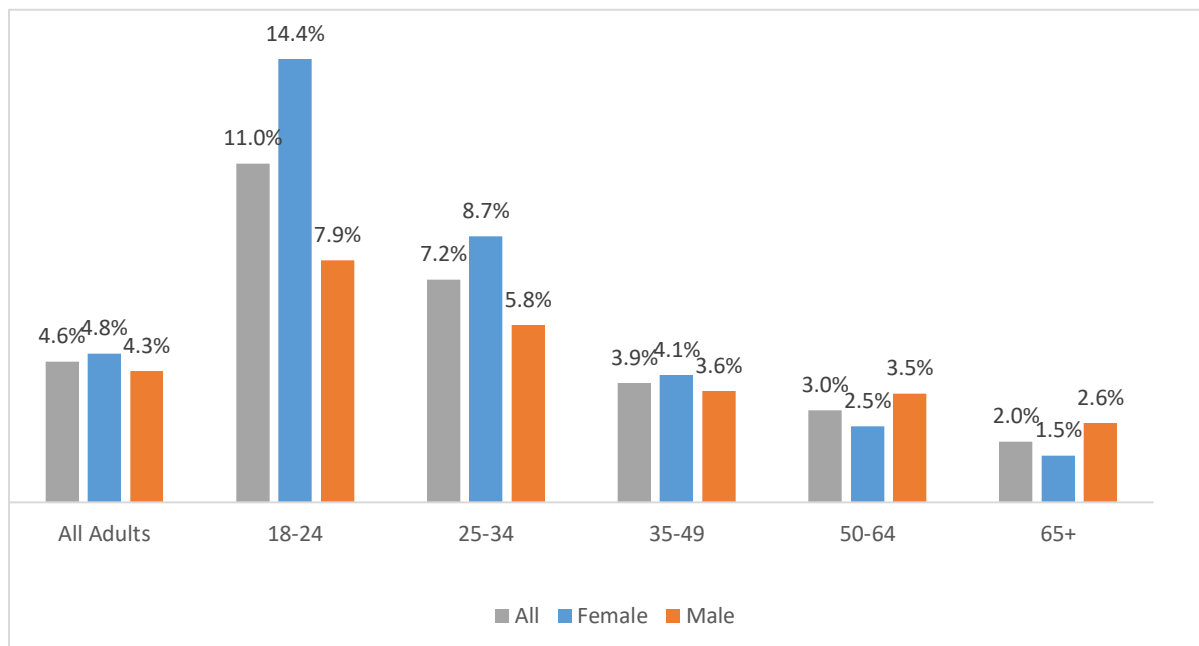
<sup>1</sup> Examples of state-specific BRFSS analyses:

- Conron, K.J., M.J. Mimiaga, and S.J. Landers, *A population-based study of sexual orientation identity and gender differences in adult health*. Am J Public Health, 2010. **100**(10): p. 1953-60.;
- Conron, K.J., et al., *Transgender health in Massachusetts: Results from a household probability sample of adults*. Am J Public Health, 2012. **102**: p. 118-122.
- Dilley, J.A., et al., *Demonstrating the importance and feasibility of including sexual orientation in public health surveys: health disparities in the Pacific Northwest*. Am J Public Health, 2010. **100**(3): p. 460-7.
- McGraw, J.S., et al., *Comparison of Lifetime Suicide Attempts and Recent Suicidal/Self-Harming Thoughts Among Sexual Minority and Heterosexual Utahns: Results from a Population-Based Survey*. Arch Suicide Res, 2020: p. 1-7.

More than one in four LGBT people of color reported increased difficulty paying for household goods (28.7%) and for housing (26.3%) in the few weeks before the fall survey and at levels two to three times higher than observed among non-LGBT white people (14.2% and 8.8%, respectively). A majority (63%) of LGBT people of color were very concerned about their ability to pay their bills as compared to 42% of LGBT White and a third (33%) of non-LGBT White people.

**LGBT people who live in states that do not use the SOGI module are invisible to the people charged with the responsibility to promote and protect the health of all state residents.** The need to integrate LGBT people into prevention and intervention programming and service delivery will only grow over time as the size of the LGBT population grows. As shown below, the percent of adults that self-identify as LGBT is increasing across age cohorts.

**Figure 1. Percent of US adults identifying as LGBT, overall and by age and sex, BRFSS 2017-2018**



Source: The Williams Institute

COVID-19 has highlighted the health and economic vulnerability of LGBT people. Health surveillance that is inclusive of LGBT people is needed to keep LGBT people on the radar of entities responsible for the public health. Moving the BRFSS optional SOGI module to the core questionnaire will ensure that state and federal agencies are positioned to meet the needs of all residents, no matter where they live.