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Sexual Orientation and Health Among U.S. Adults: National Health Interview Survey, 2013

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Abstract

Objective—To provide national estimates for indicators of health-related behaviors, health status, health care service utilization, and health care access by sexual orientation using data from the 2013 National Health Interview Survey (NHIS).

Methods—NHIS is an annual multipurpose health survey conducted continuously throughout the year. Analyses were based on data collected in 2013 from 34,557 adults aged 18 and over. Sampling weights were used to produce national estimates that are representative of the civilian noninstitutionalized U.S. adult population. Differences in health-related behaviors, health status, health care service utilization, and health care access by sexual orientation were examined for adults aged 18–64, and separately for men and women.

Results—Based on the 2013 NHIS data, 96.6% of adults identified as straight, 1.6% identified as gay or lesbian, and 0.7% identified as bisexual. The remaining 1.1% of adults identified as “something else,” stated “I don’t know the answer,” or refused to provide an answer. Significant differences were found in health-related behaviors, health status, health care service utilization, and health care access among U.S. adults aged 18–64 who identified as straight, gay or lesbian, or bisexual.

Conclusion—NHIS sexual orientation data can be used to track progress toward meeting the Healthy People 2020 goals and objectives related to the health of lesbian, gay, and bisexual persons. In addition, the data can be used to examine a wide range of health disparities among adults identifying as straight, gay or lesbian, or bisexual.

Keywords: sexual minority • sexual identity • health status • health care access

Introduction and Background

The elimination of health disparities has long been a focus in the field of

public health. Although differences in health outcomes by race and ethnicity, sex, and poverty status are historically well-documented, this has not been the case for other sociodemographic

characteristics. Interest in and information on disparities by sexual orientation has been increasing. For instance, recent studies have examined the health and health care of lesbian, gay, and bisexual (LGB) populations and have found clear disparities among sexual minority groups (i.e., gay or lesbian and bisexual) and between sexual minorities and straight populations. These disparities appear to be broad-ranging, with differences identified for various health conditions (e.g., asthma, diabetes, cardiovascular disease, or disability) (1–4), health behaviors such as smoking and heavy drinking (1–3,5), and health care access and service utilization (1,6,7). Across most of these outcomes, sexual minorities tend to fare worse than their nonminority counterparts.

Seeking to address those and other health disparities, the U.S. Department of Health and Human Services’ Healthy People 2020 initiative includes the goal of improving the health, safety, and well-being of lesbian, gay, bisexual, and transgender (LGBT) persons. One specific objective within this goal is to increase the number of population-based data systems using a standard set of sexual orientation questions to monitor Healthy People objectives (8). A number of challenges to the collection of sexual



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