

Submission to the Ministry of Health regarding the New Zealand Health Survey on behalf of key sexual orientation data collection stakeholders in New Zealand

Executive Summary

We stakeholders:

- Note that sexual orientation is not currently included in the proposed New Zealand Health Survey (NZHS) discussion document.
- Highlight the considerable evidence that sexual orientation minorities experience inequalities across a range of health issues.
- Cite the substantial demand for official data on the health of sexual orientation minorities from Government departments, health organisations, and researchers in New Zealand.
- Endorse the findings and recommendations of the recent *Sexual Orientation Data Collection Study*.
- Recommend that the NZHS include the approved question on sexual identity in the sociodemographics core.

Introduction

1. Thank you for the opportunity to comment on the proposed New Zealand Health Survey (NZHS) objectives document.
2. The following comments represent the views of a number of key stakeholders in New Zealand with an interest in the collection of data on sexual orientation, in particular the experiences of gay, lesbian, bisexual, takataapui, and fa'afafine (GLBTF) individuals.
3. We note that the NZHS does not currently include a question on sexual orientation in the sociodemographics domain (in either the core or the extended module) and that the NZHS objectives document does not propose the collection of sexual orientation data through the NZHS.
4. In this submission we argue for the inclusion of a sexual identity question in the NZHS.

Rationale for sexual orientation data collection in the NZHS

5. There is considerable New Zealand and international evidence that sexual orientation minorities are disproportionately disadvantaged across a range of health and social wellbeing indicators.

6. The Ministry of Social Development [2006] has reviewed New Zealand and international evidence on the health of GLBTF populations. This concluded that there is robust evidence that, compared to the heterosexual population, sexual orientation minorities experience:
 - a) higher rates of suicide
 - b) higher rates of physical and verbal assault
 - c) higher rates of bullying
 - d) higher rates of victimisation
 - e) higher rates of depression
 - f) higher rates of alcohol, tobacco and other drug use
 - g) more workplace discrimination and impediments to career progression [Ministry of Social Development, 2006].
7. Men who have sex with men are also disproportionately affected by HIV and other sexually transmitted infections [McAllister et al. 2008, Righarts et al. 2009].
8. The disproportionate burden of certain health problems among sexual orientation minorities results in serious unmet needs among this population group. These unmet needs contribute to the overall level of unmet need among the New Zealand population.
9. By improving the ability to identify and respond to unmet needs among sexual orientation minority groups, the overall health of the New Zealand population is also improved.
10. In this vein, a number of Ministry of Health strategic policies already implicitly make provisions for sexual orientation minority populations. Such policies include:
 - a) *In our hands: The New Zealand Youth Suicide Strategy* [Ministry of Health, 1998]
 - b) *Alcohol Strategy 2000-2003* [Ministry of Health, 2001a]
 - c) *Sexual and Reproductive Health Strategy- Phase One* [Ministry of Health, 2001b]
 - d) *Youth Health: A Guide to Action* [Ministry of Health, 2002]
 - e) *Suicide Prevention Strategy 2006-2016* [Associate Minister of Health, 2006].
11. As sexual orientation is a ground protected from discrimination in the Human Rights Act 1993 and the Bill of Rights Act 1990, and as there is extensive evidence that sexual orientation minorities experience health inequalities in some areas, the collection of sexual orientation data in official health surveys may be required in order to operate in a manner that is consistent with the provisions of these Acts.
12. Many users of official health statistics in New Zealand have identified the need for official information on sexual orientation in the broad area of health and social wellbeing. These stakeholders include:
 - a) government departments such as the Ministry of Social Development [2006] and Statistics New Zealand [2008];
 - b) health service providers such as the New Zealand AIDS Foundation [2003] [Saxton & Hughes, 2005];
 - c) health researchers such as Hyman [2003], Hughes and Saxton [2006], Henrickson et al. [2007], Adams, Braun and McCreanor [2008], Rossen et al. [2009], Pega and MacEwan [2010].

13. Specifically, the inclusion of a sexual orientation question will enable the experiences of sexual minority populations to be investigated in relation to proposed NZHS domains such as health status, long-term health conditions, risk and protective factors, mental health, health service utilisation, patient experience and discrimination.
14. As the NZHS will replace the Ministry of Health's existing population health surveys, and due to the paucity of alternative sources, the NZHS is the most appropriate source of information on the health experiences of sexual orientation minorities in official statistics.
15. Furthermore, the collection of sexual orientation data is consistent with the stated goal of the NZHS "to support the formulation and evaluation of strategic health policy through the provision of timely, reliable and relevant information that cannot be collected more efficiently from other sources, covering population health, risk and protective factors and health service utilisation", and Objective 5 "Examine differences between population groups..." (p.10).
16. These factors provide a compelling case for the collection of sexual orientation data in the NZHS.
17. The Ministry of Health is therefore likely to require sexual orientation data for several core purposes:
 - a) to identify health disparities experienced by sexual orientation minorities in New Zealand;
 - b) to develop, cost, and implement its policies that make provisions for sexual orientation minorities;
 - c) to monitor progress in reducing health disparities experienced by sexual orientation minorities over time, and thereby evaluate the effectiveness of responses;
 - d) to effectively identify and respond to the range of unmet health needs of the population as a whole;
 - e) to act in accordance of the principles of the Human Rights Act 1993 and the Bill of Rights Act 1990.

Sexual orientation data collection: the experience of producers of official statistics

18. Sexual orientation data has already been collected in many official health surveys in other countries. For example:
 - a) the United States Department of Health and Human Services began collecting sexual orientation data in the early 1990s, and has collected such data in many of its surveys [Taylor, 2008a];
 - b) The United Kingdom Office for National Statistics included a standard sexual identity question in the demographic core in six large-scale household surveys - the Integrated Household Surveys - in 2009 [Office for National Statistics, 2008].
19. In the latter example, the United Kingdom Office for National Statistics systematically developed a standard sexual identity question through the *Sexual Identity Project* over a period of two years (2006-2008). The standard sexual identity question was tested and trialled in official surveys, producing important technical evidence [Joloza, Traynor, and Haselden, 2009; Malagoda and Traynor, 2008; Taylor, 2008b; Taylor and Ralph, 2008; Traynor, 2008].

20. The Office concluded that the sexual identity question is fully fit for implementation in official surveys [Office for National Statistics, 2008]. It has since included the question on a standard basis in its surveys [Office for National Statistics, 2008].
21. In New Zealand, the Ministry of Health has previously collected sexual orientation data in three surveys to date:
 - a) New Zealand Health Behaviours Survey: 2003 Drug Use;
 - b) New Zealand Health Behaviours Survey: 2004 Alcohol Use;
 - c) Te Rau Hinengaro 2006 – New Zealand Mental Health Survey.
22. Within these limited domains, the sexual orientation data produced by the Ministry of Health in these surveys have helped to:
 - a) define the impact of alcohol, tobacco and other drugs on sexual orientation minorities [Pega and Coupe, 2007];
 - b) informed the investigation of how alcohol promotion targets gay communities and normalises widespread and heavy alcohol within them [Adams, McCreanor, and Braun, 2007];
 - c) develop a methodology to estimate the prevalence and demographic composition of sexual minority populations in New Zealand [Pega, Gray, and Veale, 2010].
23. These international and local experiences demonstrate that the collection of sexual orientation data in official statistics has a clear precedent, is feasible and has provided useful information to improve health outcomes in New Zealand.

Proposed measurement of sexual orientation and data collection methods

24. In 2008, Official Statistics Research (administered by Statistics New Zealand) commissioned the *Sexual Orientation Data Collection Study*. This study was sponsored by the Ministry of Health, the Ministry of Social Development, and Statistics New Zealand. The stated purpose of the Official Statistics Research scheme is to improve methodologies for official statistics and to increase statistical capability in the state sector.
25. The *Sexual Orientation Data Collection Study* produced a series of landmark reports [Pega, Gray, and Veale, 2010; <http://www.stats.govt.nz/sitecore/content/statisphere/Home/official-statistics-research/series/2010/page2.aspx>]. These reports identified and discussed issues surrounding conceptual definitions, measurement, collection and interpretation of sexual orientation data. They proposed strategies and a comprehensive programme to address these issues within the Official Statistical System of New Zealand (OSS).
26. The study concluded that ‘the identified conceptual, measurement and data collection issues relating to sexual orientation data are all amenable to resolution to a degree that would ensure the collection of timely, accurate, reliable, comparable, and high-quality sexual orientation data in New Zealand’ [Pega, Gray, and Veale, 2010, p. 2].
27. Furthermore, the study made the following recommendations:
 - a) sexual attraction, sexual behaviour and sexual identity data are required to sufficiently satisfy all information needs in relation to sexual orientation in New Zealand;

- b) the sexual identity concept should be prioritised at the current time; this is justified considering that robust sexual identity measures are available, whereas sexual attraction and sexual behaviour questions require significant further development, testing and trialling;
- c) high-quality sexual identity data can be collected in computer, telephone and face-to-face interviews using concealed show-cards;
- d) sexual identity questions implemented in official health surveys in New Zealand have low item non-response;
- e) sexual identity questions included in official surveys do not affect survey non-response and non-response rates of items following them;
- f) acceptability of sexual orientation questions in New Zealand is sufficient, considering the low non-response rates for sexual identity questions achieved by Ministry of Health surveys;
- g) sexual identity questions are best placed with other demographic questions (e.g., in the demographic core of a survey) and directly after questions assessing other social identities (e.g., ethnicity);
- h) sufficient statistical power for in-depth analysis of sexual orientation data can be ensured by pooling sub-samples of sexual minority populations across surveys and time, if necessary;
- i) robust statistical models for adjusting data to account for non-response and misreporting are available.

28. The study also developed standard questions for inclusion in official surveys in New Zealand. For example, the standard sexual identity question used in United Kingdom official surveys was considered for the New Zealand context. This question fully meets the high conceptual and methodological standards that the study developed in the *Conceptual Framework for Sexual Orientation* (Sexual Orientation Data Collection Study Report 1) and the methodological framework, *Issues in Sexual Orientation Measurement and Data Collection* (Sexual Orientation Data Collection Study Report 2).

29. The proposed question has already been pre-tested with sexual orientation minority individuals as well as producers and users of official statistics. The study concluded that the question is immediately fit for use in official New Zealand surveys.

30. For face-to-face interviews, the recommended sexual identity question is:

In personal interviews:

ASK ALL AGED 16 OR OVER

INTERVIEWER: Allocate all cards, then ask the question to all

[NAME] SHOWCARD 1, [NAME] SHOWCARD 2, [NAME] SHOWCARD 3 etc

Which of the options on this card best describes how you think of yourself?
Please just read out the letter next to the description.
(ONLY IF CONCURRENT INTERVIEW)
The letters on each card are different for each person.

(letter) Heterosexual or Straight
(letter) Gay or Lesbian
(letter) Bisexual
(letter) Takatāpui
(letter) Fa'afafine
(letter) Other

(Spontaneous DK/Refusal)

Source: Pega, Gray, and Veale [2010, p. 50]

Recommendations

31. We, stakeholders in New Zealand with an interest in the collection and use of data on sexual orientation:
- a) note the considerable body of international and New Zealand evidence that sexual orientation minorities experience inequalities across a range of health outcomes;
 - b) endorse the findings and recommendations of the official *Sexual Orientation Data Collection Study*;
 - c) recommend that the Ministry of Health apply the findings and recommendations of the study in the NZHS.
 - d) specifically recommend that the approved sexual identity question from the *Sexual Orientation Data Collection Study* be included in the NZHS sociodemographic core, directly following a question on another social identity such as ethnicity.

This submission represents the views of the following organisations and individuals:

[list names and organisational affiliations if appropriate here]

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Thank you for the opportunity to comment on the NZHS document. We are interested in being included in further consultation surrounding the NZHS. The contact person for this submission is:

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