



Instrument ESSENTIALS

Asking Demographic Questions

TOPIC

In evaluation, it's important to include questions that help you understand whose views the data represent. Having demographic data about respondent characteristics such as ethnicity, gender, age, tobacco use, etc. allows you to see how representative your sample is of the whole population and to compare the responses of subgroups so you can tailor your strategies and services for the greatest impact.^{1,2}

Demographic data can create visibility for marginalized groups by amplifying their thoughts and experiences. Done properly, including demographic questions signals to people that you value them in your work. Without such data, marginalized groups remain undercounted or invisible to education and advocacy efforts.

We need local level demographic data in order to address social and health inequities. For these reasons, California law now requires certain public agencies, such as the Department of Public Health and its contractors, to collect disaggregated demographic data on ethnic origin and voluntary self-identified information regarding gender and sexual orientation. See [CA laws on collecting demographic data](#).

TERMINOLOGY

- Demographic: The statistical characteristics of human populations used to identify or contextualize data
- Disaggregated data: Refers to data that is broken down into subcategories. So, for example, instead of including all Asians in a single category, report the statistics for each ethnic group (e.g., Chinese, Japanese, Koreans, etc.) separately so differences and similarities are apparent. When data is not disaggregated, inequities can be obscured⁴
- Inequities: Unfair and unequal access to privilege, power and resources; injustice. Certain groups of people experience systemic health inequities due to ethnicity or race, sexual orientation or gender identity, environment (location), income, education, etc.⁵
- Priority populations: This term refers to groups in California identified by the Tobacco Education and Research Oversight Committee (TEROC) that are disproportionately targeted by the tobacco industry, have higher tobacco use rates, and experience greater health disparities as a result. To get at this, multiple questions will need to be asked, such as ethnicity, sexual orientation, disability, location, socioeconomic status and employment.⁶ For the full list of priority populations, see page 4 of TEROC's 2021-22 [Achieving Health Equity](#) document
- Race vs. ethnicity: While both terms are commonly used to identify heritage or social identity social constructs, they also continue to be used to perpetuate discrimination and inequities.⁷ Race purports to be based on physical characteristics while ethnicity is the expression of cultural norms, beliefs and traditions⁸

- Representative(ness): Refers to how closely the sample matches the larger population of the community. For example, if a majority of survey takers are under the age of 25, their responses are probably not very representative of the general population which consists of a mix of people in various age groups
- Socioeconomic status: The perceived social position of an individual or group based on education, income, occupation, place of residence, and — in some societies or parts of society — ethnic origin or religious background⁹
- SOGI: The acronym for Sexual Orientation and Gender Identity. Sexual orientation refers to someone’s preference or pattern of attraction e.g., heterosexual, homosexual, pan- or bisexual, or asexual, etc. Gender identity refers to a person’s internal sense of being a man/boy, woman/girl, neither, or both¹⁰

USES IN EVALUATION

Demographic questions are collected as part of surveys, focus groups, and interviews to be able to understand whose views you have captured.

- Demographic data identifies how representative the sample is of the general population. In other words, it reveals whose views you have captured and whose you might have missed. This allows you and your audience to understand how generalizable your findings are, or whether they may be skewed because of who took the survey.
- Having demographic data allows projects to conduct more complex analysis, such as cross tabulation and inferential statistics to see if some segments of the population answered knowledge, attitude or practices questions differently than others. With this data, projects can identify groups in the community that are most affected by the issue. These groups should then become the priority for outreach, engagement and mobilization efforts.
- Once priorities are identified, additional data collection can inform implementation activities. Conducting thought leader interviews or focus groups to learn about the cultural cues and norms can help you engage that specific population. With that knowledge, you can more easily adapt and tailor project activities for communities instead of applying a one-size-fits-all approach that ends up benefitting those who perhaps have been least affected by the problem.
- Collect and report disaggregated data whenever possible instead of collapsing categories into larger groupings. Homogenized data hides diversity and empowers the opinions of the majority.¹¹ If you aren’t able to identify and compare the views of distinct groups within your population, they are made invisible.
- Without demographic data, it is difficult to address inequities, formulate and tailor program approaches, and prioritize strategies for a particular portion of the community in order to remedy those inequities.

Surveys

Demographic questions are most commonly asked on surveys. Demographic information can be collected with yes/no, multiple choice, mark all that apply, or open-ended questions.

- a. Demographic questions can be used as screening questions at the beginning of a survey to make sure that only people who fit your parameters take the survey. Asking about variables of interest up front (such as ethnicity, tobacco use, or type of housing) can help data collectors measure progress towards reaching sampling targets.
- b. Because questions about personal details may feel intrusive, potentially causing people to quit the survey prematurely, it is common to ask most demographic questions toward the end. However, if it's crucial to get everyone to respond to demographic questions, it could make sense to ask the questions closer to the beginning before any survey fatigue sets in.
- c. Introduce the section by framing the need for the information. Explain that you are asking some questions to ensure that you are hearing from a wide range of people in the community.
- d. Also, explain that all demographic questions are voluntary. Always offer a "decline to state" or "I prefer not to answer" option so that respondents have a way to avoid answering.

Measures

- Location. This is most commonly done by asking about participants' city, jurisdiction, or zip code. The location could refer to place of residence, where someone is a registered voter, where they go to work or school. Residence or voter registration enables you to dissect data into voting constituencies or districts, which is what elected officials want to know.
- Ethnicity. Understanding how various populations view or experience the issue will help you prioritize and tailor your activities. Historically, certain populations were excluded from health studies so it's important to collect disaggregated ethnic data to address this gap and provide multiple perspectives on an issue. See [California state requirements](#) for collecting and reporting disaggregated ethnicity data.
- Sexual orientation and gender identity (SOGI). Asking about and reporting these measures in an inclusive way signals to non-binary and LGBTQ populations that they are seen, included, and documented by your efforts. The term sex, which has often incorrectly been used to signify gender, actually refers to a person's biological status as female, male or intersex, usually assigned at birth based on anatomy. Only if you are working in a clinical setting would it be appropriate to ask about a person's sex.
- Age. It may be useful to know if there are generational differences on your issue. Do young people see things differently than those closer to retirement? If so, you may need to create and use several different marketing messages and modes to capture the attention of each age group. In most cases, use multiple choice age ranges instead of an open-ended question that makes respondents reveal their specific age.

- Tobacco use. This question is asked for a whole host of reasons. Beyond the obvious connection to cessation attempts and product preferences, knowing what proportion of respondents were opposed to proposed tobacco prevention policies because they were users rather than for some other reason could be very informative.
- Children. Asking about whether someone has children under a certain age may predict tobacco issues they may care about (the assumption being that when parents are aware of the harms of secondhand smoke, they will want to protect their children from exposure to it). You may want to ask about the number of children and their age OR just the number of children under 5 years of age (or 21 years).
- Education level. Knowing how much education your audience has received can help you set the ideal reading comprehension and data literacy levels of materials your project might produce for a specific audience.
- Preferred language. When you plan to engage populations that speak a variety of languages, it is crucial to find out what those languages are and which they prefer to use when speaking and/or reading materials. Knowing in advance will allow you to prepare translations as necessary.
- Type of housing. When working on multi-unit housing objectives, you often want to focus on the views of residents who live in apartments, condominiums or other group housing situations. In those cases, a question about type of housing is often used as a screening question at the beginning of the survey to only allow tenants to complete the survey.
- Household income. Combined with zip code (because cost of living is often site-dependent), household income can serve as a proxy for low socio-economic status. Collecting income data allows you to compare beliefs and health outcomes between people of differing status.
- Household size. In order to understand whether the household income is sufficient, pair the income question with one that asks how many adults and children live in the dwelling, even if on a part-time basis. For example, if a child stays with one parent only on weekends, for tobacco prevention work (e.g., when asking about exposure to tobacco products) the child would be included in the household's count. Also, in our campaigns it is probably not important to differentiate between who is a family vs. non-family member. We only care about how many are in the household and whether they use tobacco products that may affect the rest of the household.
- Marital status. The views of single individuals may differ from those that are married. Decide if you need to ask if someone is separated, divorced, widowed, or never married OR if it is enough to know if the person is single or married currently.
- Military service. Individuals that have served in the military typically are more intensely targeted by the tobacco industry and have higher tobacco use rates than the general population. Knowing if someone has served in the armed forces can help you tailor your activities and messaging.

- People with disabilities. Understanding what accommodations or limitations might affect someone’s ability to digest materials or attend workshops or trainings allows for more accessibility. Ask about whether individuals have difficulties with vision, hearing or mobility.
- Political leanings. Sometimes it could be helpful to understand how people characterize their political inclinations on a scale from very liberal to very conservative. Of course, you’ll want to be careful to test any assumptions you have about associated support for tobacco or social issues related to this information.
- Use of services (cessation, substance abuse, etc.). This might serve as a screening question when you only want to hear from people who have had those experiences.
- Other relevant characteristics. Questions can be asked about any other trait that is relevant to the research, such as voter status, religion, affiliations with specific interest groups, etc.

Focus Groups

- a. As part of the recruitment process, applicants are typically asked to complete a demographic survey or interview which identifies relevant participant characteristics that will inform the group selection process.
- b. Demographic information about the focus groups sample is included in the write-up of results so that readers understand whose views the data represent.

Measures

- Zip code or jurisdiction
- Gender
- Race/Ethnicity
- Age range
- Marital status
- Education level
- Income level
- Housing type
- Tobacco use
- Political leaning
- Number or age of children
- Use of cessation treatments
- Other relevant attributes

Key Informant Interviews

Demographic information about informants is most often collected during background research of news sites, city/county meeting minutes, online bios on organizational websites, etc. to inform the selection of your purposive sample.

- a. Researching demographic information prior to any interviews helps identify which informants might be the best source of insights or access to particular interest groups or points of view. This can ensure you are able to hear from people on various sides of the spectrum — those who are likely supporters, likely opponents, or community or cultural thought leaders who can provide access and insights into priority populations.

Measures

- Organization informant works for or represents
- Role or job title
- Education
- Affiliations/supporters/donors
- Key issues/priorities/platform/vision statement
- Voting record (if an elected official)
- Media coverage (position statements)

Citations

1. Snap Surveys. <https://www.snapsurveys.com/blog/5-survey-demographic-question-examples/>
2. National Health Law Program. <https://healthlaw.org/resource/risks-and-rewards-of-demographic-data-collection-how-effective-data-privacy-can-promote-health-equity/>
3. US Census. https://www2.census.gov/programs-surveys/demo/technical-documentation/hhp/presentations/SOGI_Residual_WP_Final.pdf
4. Right to Education. <https://www.right-to-education.org/monitoring/content/glossary>
5. World Health Organization. <https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes>
6. TERO. Achieving Health Equity: Toward a Commercial Tobacco-Free California 2021-2022. https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CTCB/CDPH%20Document%20Library/TEROC/MasterPlan/3-23MasterPlan-Web1.pdf#page_4
7. PBS. https://www.pbs.org/race/000_About/002_04-experts-03-02.htm
8. Very Well Mind. <https://www.verywellmind.com/difference-between-race-and-ethnicity-5074205>
9. American Psychological Association. <https://www.apa.org/topics/socioeconomic-status>
10. NPR. <https://www.npr.org/2021/06/02/996319297/gender-identity-pronouns-expression-guide-lgbtq>
11. Population Research & Policy Review. <https://link.springer.com/article/10.1007/s11113-020-09631-6>