

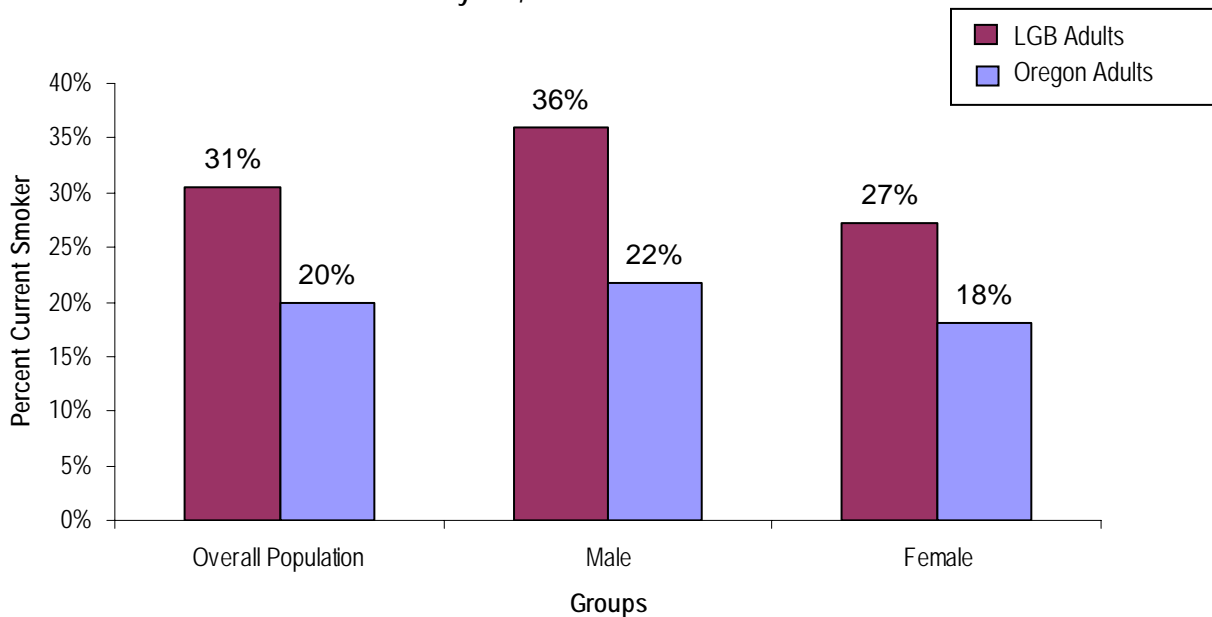
Oregon Tobacco Prevention and Education Program Lesbian, Gay, and Bisexual (LGB) Data Report – 2007

Using the Behavioral Risk Factor and Surveillance System (BRFSS), three percent of adult Oregonians identify themselves as lesbian, gay or bisexual (LGB). The American Community Survey, through the U.S. Census Bureau, estimates that 4.5 percent of Oregonians are lesbian, gay or bisexual. Data published by UCLA suggests 6.1 percent of the population of Portland-Vancouver and Beaverton identifies as LGB, with Portland having the highest percentage, 8.8 percent.ⁱ

Adult smoking

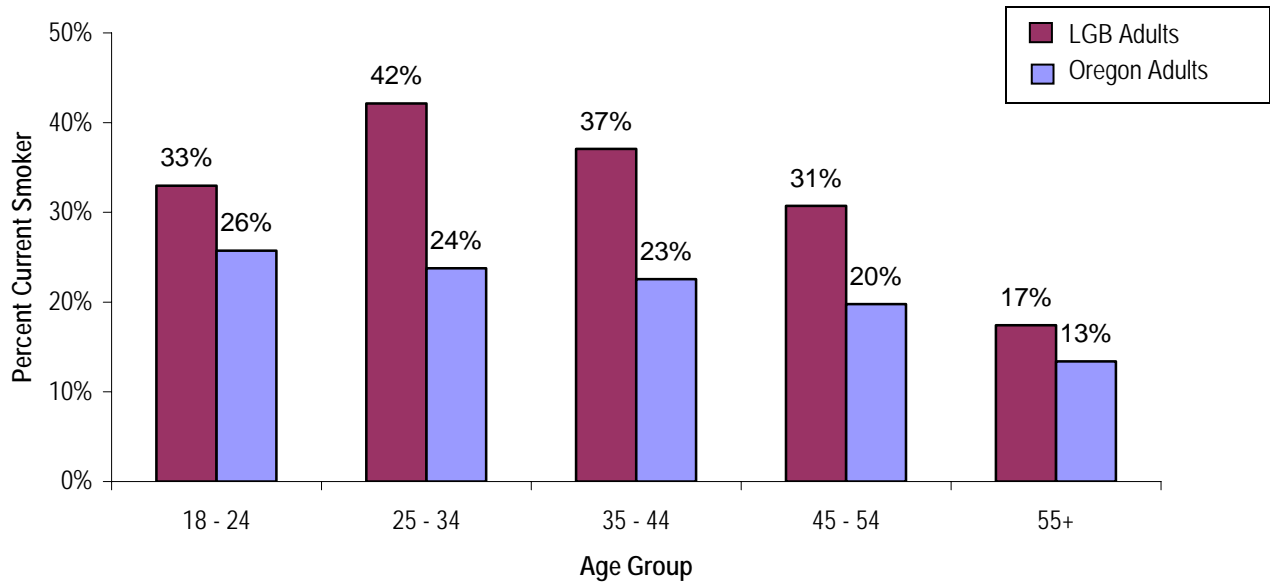
Sexual orientation has been linked to increased risk of smoking.^{ii,iii} A recent literature review of national studies suggests the prevalence of smoking may be as high as 59 percent for LGB youth and 50 percent among LGB adults, where the overall national prevalence for the same time period was 28 percent.^{iv} Oregon mirrors this national trend of increased prevalence among LGB adults and youth.

Figure 1. Smoking prevalence among Oregon adults
by sex, 2002-2005



The prevalence of smoking among Oregon lesbian, gay and bisexual adults (31 percent) is 55 percent higher than the overall population, with more than a third of LGB males (36 percent) smoking cigarettes.

Figure 2. Adult smoking by age group, 2002-2005



Unlike the overall population in which smoking prevalence decreases with age, LGB adults experience the highest prevalence among 25 - 34 year olds (42 percent). In addition to an overall higher prevalence of smoking, LGB every day smokers consume about the same amount of cigarettes as the overall population, Figure 3.

Figure 3. Cigarette consumption among every day smokers, 2002-2005

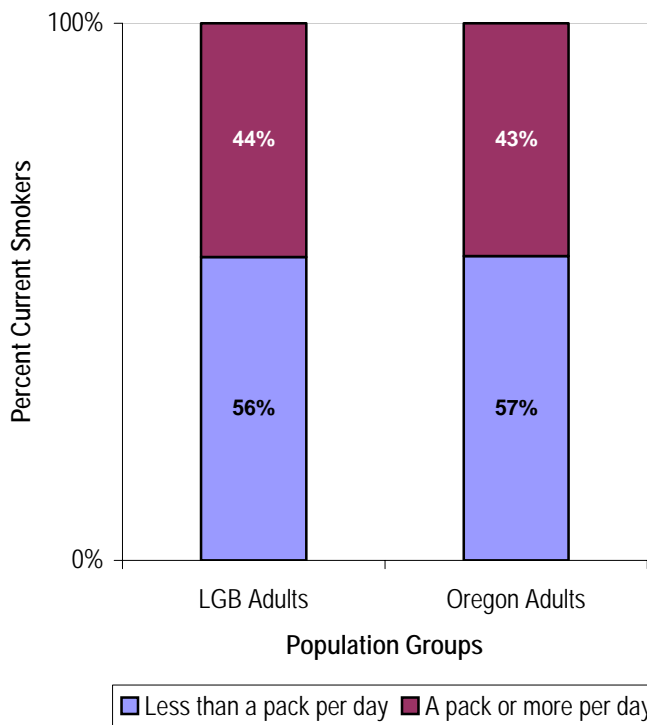
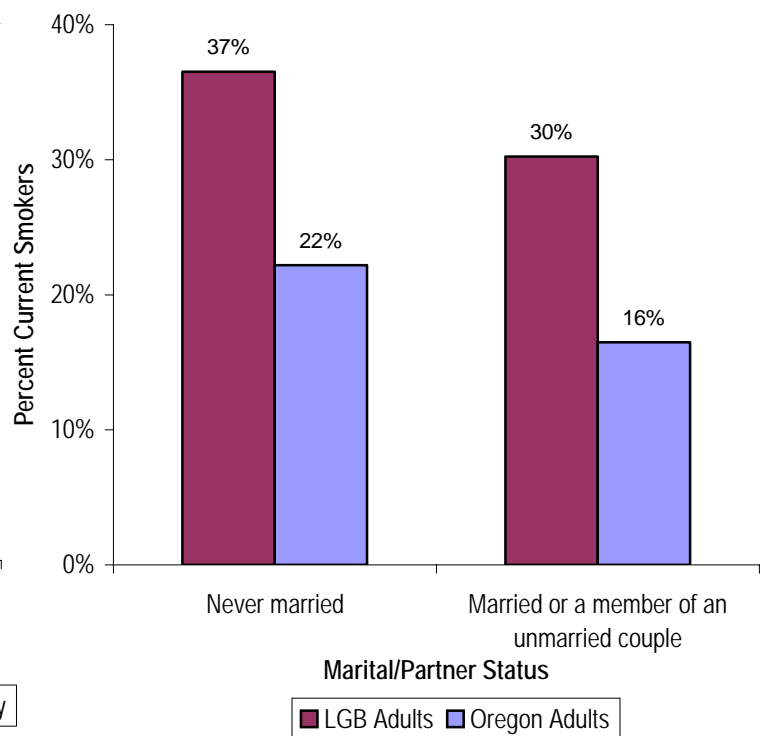


Figure 4. Adult Smoking by marital/partner status, 2002-2005



In Figure 4, LGB adults who are married or a member of an unmarried couple have a 19 percent lower smoking prevalence than individuals who have never married.

Adult quitting

Figure 5. Quit Intentions, 2002-2005

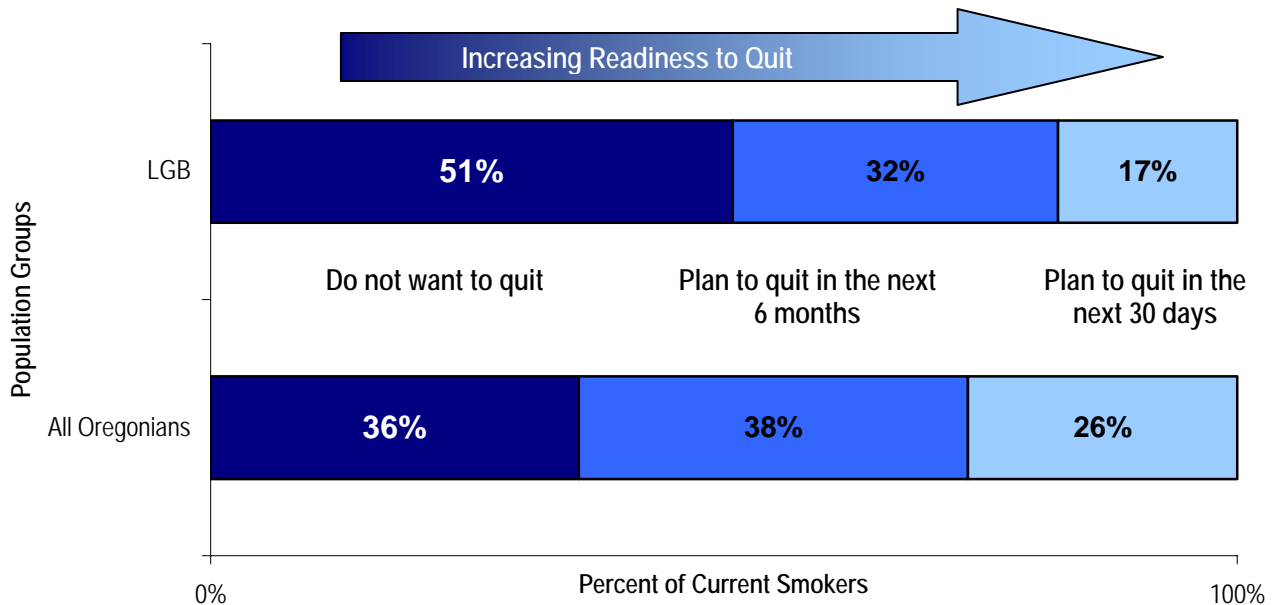


Figure 5 shows readiness to quit using the categories of the Transtheoretical Model.^v According to this model, smokers who do not want to quit are in the pre-contemplation phase. Those planning to quit in the next six months are contemplating, while those planning to quit in the next 30 days are in the preparation stage of change.

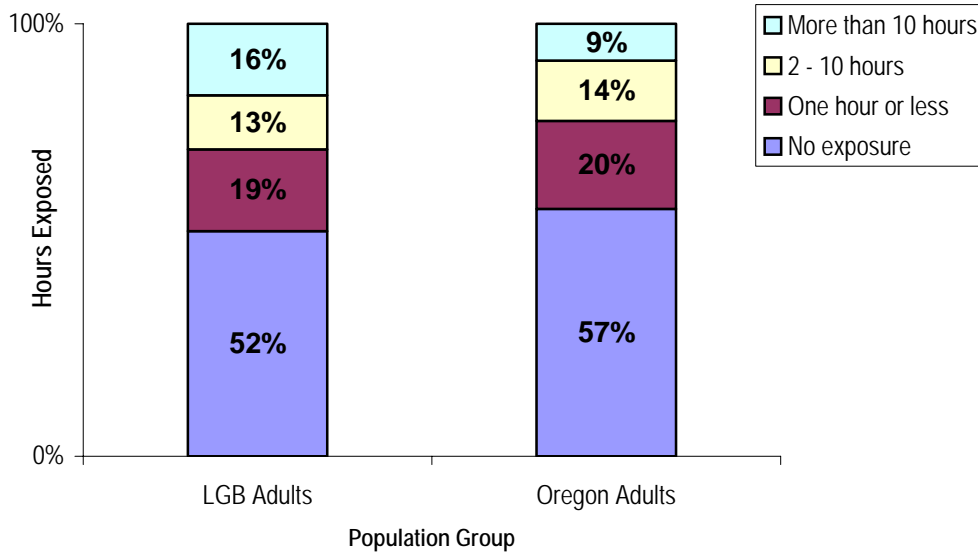
Quitting smoking is a complicated, nonlinear process for many people. A person often plans to quit, and then may quit for some period of time, before relapsing and starting the process again. The diagram above includes the 50 percent of current smokers who have tried to quit smoking in the last year, as well as those who have yet to attempt to quit smoking. The average person attempts to quit smoking two to three times before achieving lasting success.^{vi}

Seventeen percent of LGB smokers in Oregon are preparing to stop smoking, as compared with 26 percent of Oregon smokers. Over half of LGB smokers do not want to quit smoking. When smokers are in the pre-contemplation stage of the quitting cycle, restructuring environments to limit exposure to other smokers, e.g. smokefree workplaces, and using media to create awareness are effective in influencing individuals to contemplate quitting and move through the stages of change.

Adult exposure to secondhand smoke

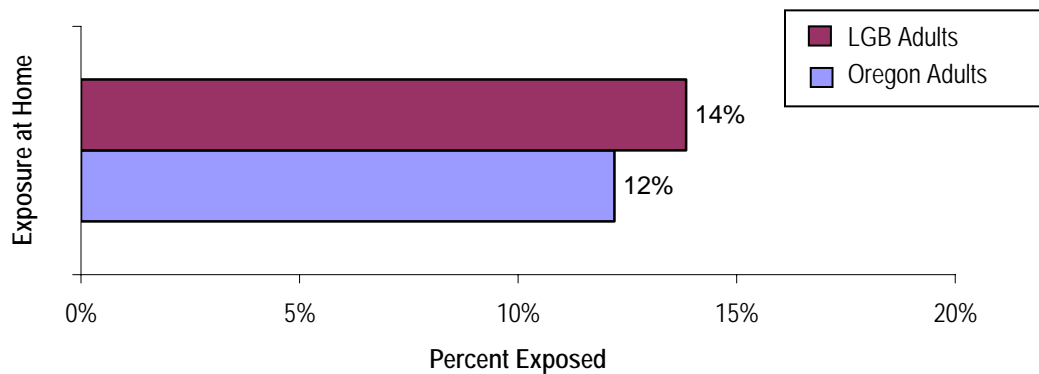
According to the 2006 Surgeon General’s Report – *The Health Consequences of Involuntary Exposure to Tobacco Smoke* – “There is no risk-free level of exposure to secondhand smoke: even small amounts of secondhand smoke exposure can be harmful to people’s health.”^{vii}

Figure 6. Hours of secondhand smoke exposure from all sources during a typical week, 2002-2005



Forty-eight percent of LGB adults report exposure to secondhand smoke during a typical week, compared with 43 percent of all Oregonians. Nearly twice as many LGB adults are exposed to more than 10 hours per week of secondhand smoke compared with the overall Oregon population.

Figure 7. Secondhand smoke exposure in the home during the last 30 days, 2002-2005

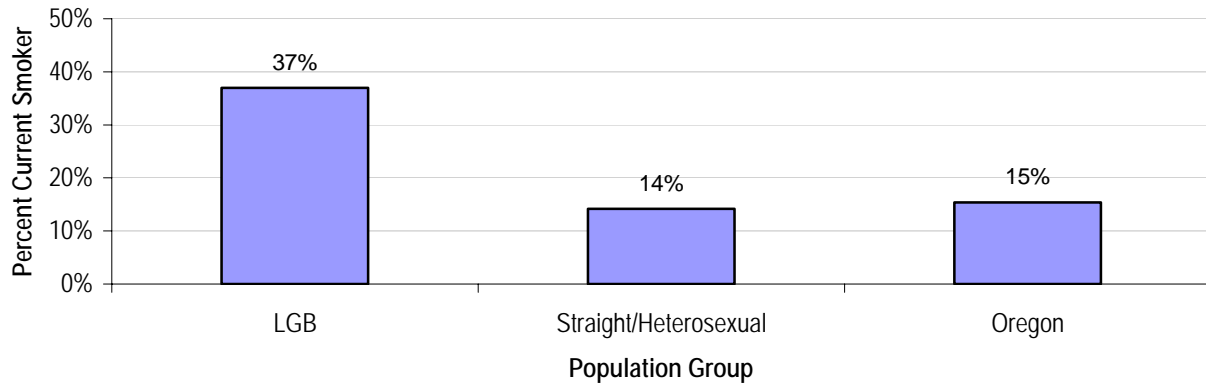


Secondhand smoke exposure in the home is slightly higher among LGB adults (14 percent) than all Oregon adults (12 percent).

Youth smoking

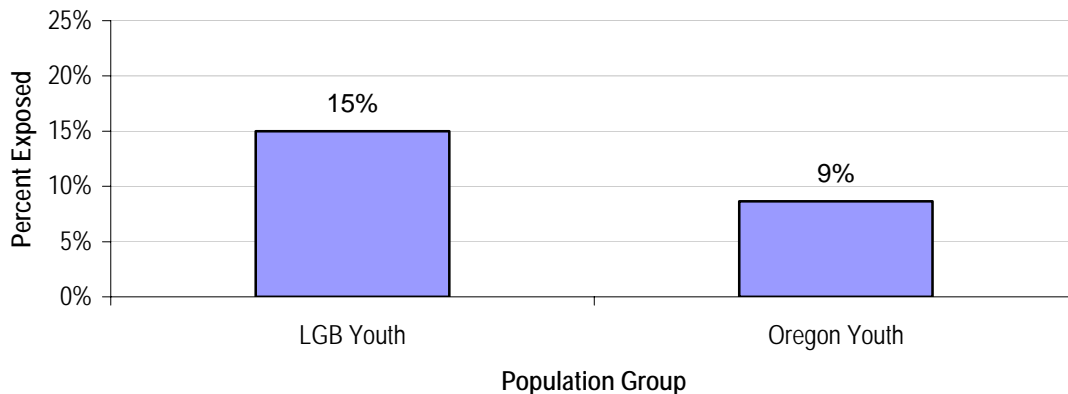
In 2006, 10 percent of Oregon 11th graders identified themselves as lesbians, gay or bisexual or reported same sex sexual encounters. This combined group is referred to as LGB.

Figure 8. Smoking prevalence among Oregon 11th grade youth, 2006



LGB 11th graders are 1.8 times more likely to smoke than straight/heterosexual 11th graders. Thirty-five percent of female LGB 11th graders in Oregon smoked, data for male LGB smokers is not available due to sample size. In addition to a higher prevalence, 47 percent of 11th grade LGB smokers considered themselves to be regular smokers, versus 24 percent of straight smokers.

Figure 9. Secondhand smoke exposure in the home among Oregon 11th grade youth, 2006



Exposure to secondhand smoke in the home has been correlated with increased smoking prevalence among youth. Recent findings from the Global Tobacco Youth Survey indicate youth who never smoked are 1.4 to 2.1 times more likely to be susceptible to initiate smoking if they were exposed to secondhand smoke in the home.^{viii} In Oregon, LGB 11th graders are 67 percent more likely to be exposed to secondhand smoke in the home than the overall Oregon 11th grade population.

Methods

Denominator sizes for the survey data depicted in figures

Figure Number	All Oregonians	LGB
3	5,451	215
4 - MARRIED	17,768	1,451
4 – NOT MARRIED	3,853	259
5	5,451	215
6	30,381	731
7	13,443	262
9	2,530	141

General

All survey data, unless otherwise specified, are age-adjusted and weighted. “Age adjustment is used to compare risks of two or more populations at one point in time or one population at two or more points in time.”^{ix} This method helps to capture a better picture of what is really happening in a population where age may be correlated with the outcome, in this case, tobacco use.

Weights were applied to survey data to account for population distribution by age and sex during the survey year. Weights are an artificial adjustment used to reflect the relative importance of each factor in a calculation.

All significance testing was conducted at the 95 percent confidence level using an immediate form of a Student’s t-test in Stata 9.0.

Adult smoking, quitting and secondhand smoke exposure

Adult estimates were calculated using the 2002-2005 combined dataset of the Behavioral Risk Factor Surveillance System (BRFSS). “The Behavioral Risk Factor Surveillance System (BRFSS) is the world’s largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984.”^x

The combined dataset was used to generate a larger sample size for lesbian, gay and bisexual adults, increasing the reliability of estimates in this fact sheet. All data are age-adjusted and weighted.

A current smoker is defined as someone who has smoked at least 100 cigarettes in his or her life and currently smokes.

Among the three percent identifying as LGB, 22 percent identify as lesbian, 21 percent as gay, 42 percent as bisexual and 15 percent other. However, a majority of those listing “other” as their sexual preference commented that they were asexual or not sexual. Therefore, the final LGB variable only included lesbian, gay and bisexual.

Youth tobacco use and exposure to secondhand smoke

All estimates are calculated using the 2006 Oregon Healthy Teens (OHT) survey. The Oregon Healthy Teens survey is a comprehensive, school-based, anonymous and voluntary survey. OHT monitors risk behaviors and other factors that influence the health and well being of Oregon’s children and adolescents. Data are weighted by statewide youth population estimates, but are not age-adjusted because only 11th graders were surveyed for sexual orientation questions.

In 2006 11th graders who responded to the Oregon Healthy Teens Survey were asked questions regarding sexual orientation. LGB status was determined using two questions. The first asked about sexual identity and the second asked about the gender of their sexual partners. Females who reported having sexual contact with females and males reporting sexual contact with males were added to respondents who identified as homosexual or bisexual on the sexual identity question.

Potential limitations

BRFSS is the main source of population-level data to assess tobacco use and exposure among adults in the state of Oregon. The survey is administered using random-digit-dialing of landline phones.

According to a national study in 2006, 12.8 percent of American homes only used wireless telephones.^{xi} Assuming the trend is similar in Oregon, the current BRFSS methodology might exclude almost one-eighth of all adults from the sample because they do not have landlines.

Nationally, wireless only households have a significantly higher prevalence of smoking (29.6 percent) as compared with landline only households (18.9 percent). Households without telephone service have the highest smoking prevalence (41.5 percent).^{xi} These limitations may lead to underreporting of smoking prevalence, as multiple studies have confirmed the correlation between cell phone usage and smoking.^{xii,xiii}

Additionally, institutionalized populations (e.g. individuals in hospitals, prisons, nursing homes, mental health facilities, etc) are not included in BRFSS. These populations may have higher rates of smoking than the general population.

Sexual orientation may be underrepresented using a telephone-based survey, as individuals may not feel comfortable discussing this type of information over the phone. In addition, younger LGB adults may not be included due to increased cell phone usage among younger adults. The interviewer on BRFSS also assigns individual sex as male or female, not allowing for transgender as an option.

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- ⁱ Gates, Gary J. "Same sex couples and the gay, lesbian and bisexual population: New estimates from the American Community Survey." UCLA School of Law, October 2006.
- ⁱⁱ Gruskin et al. "Gay/Lesbian sexual orientation increases risk for cigarette smoking and heavy drinking among members of a large Northern California health plan." *BMC Public Health*. vol. 6 no. 241, 2006. Published online 2006 October 3.
- ⁱⁱⁱ Stall et al. "Cigarette Smoking Among Gay and Bisexual Men." *American Journal of Public Health*. vol. 89. no. 12, December 1999 (1875-1878).
- ^{iv} Ryan et al. "Smoking Among Lesbians, Gays and Bisexuals: A Review of the Literature." *American Journal of Preventative Medicine* vol. 21, no. 2, 2001.
- ^v Prochaska, James O. *Changing for good: the revolutionary program that explains the six stages of change and teaches you how to free yourself from bad habits*. New York: W. Morrow, 1994.
- ^{vi} *You Can Quit Smoking: Consumer Guide*. U.S. Department of Health and Human Services, Public Health Service. June 2000.
- ^{vii} U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.
- ^{viii} "Exposure to Secondhand Smoke Among Students Aged 13 – 15 years – Worldwide, 2000-2007." *CDC Morbidity and Mortality Weekly Report*. vol. 56, no. 20, May 25, 2007.
- ^{ix} National Center for Health Statistics Definitions Web Page. 22 May 2007 www.cdc.gov.mill1.silibrary.org/nchs/datawh/nchsdefs/ageadjustment.htm.
- ^x "Turning Information into Health, Behavioral Risk Factor and Surveillance System." Center for Disease Control. 11 July 2007 www.cdc.gov/brfss/index.htm.
- ^{xi} Blumeberg SJ, Luke JV. "Wireless Substitution: Early release of estimates based on data from the national Health Interview Survey, July – December 2006." National Center for Health Statistics. 14 May 2007 www.cdc.gov/nchs/nhis.htm.
- ^{xii} Blumeberg et al. "Telephone Coverage and Health Survey Estimates: Evaluating the Need for Concern About Wireless Substitution." *American Journal of Public Health*. vol. 96, no. 5, May 2006.
- ^{xiii} Nelson et al. "A Comparison of National Estimates from the National Health Interview Survey and the Behavioral Risk Factor Surveillance System." *American Journal of Public Health*. vol. 93, no. 8, August 2003.

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