

OREGON PUBLIC HEALTH DIVISION • OREGON HEALTH AUTHORITY

LESBIAN, GAY, BISEXUAL AND TRANSGENDER HEALTH

People who identify as lesbian, gay, bisexual, or transgender\* experience unique and complex health disparities, an issue that is gaining recognition at the national level. In 2011, the National Institutes of Health (NIH) released a report on the health of LGBT people, calling for additional research and data collection on health surveys<sup>1</sup> and the Agency for Healthcare Research and Quality (AHRQ) included LGBT people as a priority population in their 2011 National Healthcare Disparities Report.<sup>2</sup> Healthy People 2020 has as one of its goals, "To Improve the health, safety, and well-being of lesbian, gay, bisexual, and transgender (LGBT) individuals."<sup>3</sup>

Although an estimated 3% of adult Oregonians identify as lesbian, gay, or bisexual (LGB), and 7% of 11<sup>th</sup> grade youth identify as LGB or unsure of their sexual identity,<sup>4</sup> many clinicians may not realize that they have LGBT patients in their practice unless they explicitly ask patients about their sexual orientation.

This *CD Summary* offers insight into health disparities among LGBT people, and provides resources for providers.

**THE BASICS**

Although "LGBT issues" are often lumped together, gender and sexual orientation are different. *Gender identity* refers to the psychological awareness or sense of where one fits on the man-woman spectrum. Regardless of chromosomes or anatomy, individuals may identify as male, female, transgender, or something else, such as gender nonconforming.

*Sexual orientation* refers to a combi-

\* Hereafter, referred to in the aggregate with the umbrella term "LGBT," when referring to sexual and gender minorities, or as "LGB," when only referring to sexual minorities or issues related to sexual orientation.

† Data Sources: Adults 18-69 years old from BRFSS 2005 – 2009; Youth Grade 11 from Oregon Healthy Teens 2006 – 2009

nation of factors that may include the following: who one is sexually attracted to, who one has sex with, how one defines oneself in the world, and with which community one affiliates. Some patients may engage in same-sex sexual behavior, but not identify as LGB. In fact, national studies indicate that a much higher proportion of individuals report same-sex attraction and/or same-sex behavior than report LGB sexual orientation.<sup>4</sup>

As with any population, the LGBT community is diverse. The medical needs of any individual "LGBT patient" will also be influenced by factors like race, age, social and medical history, employment and education.

**THE DISPARITIES**

Existing data point to dramatic health disparities between LGB people and their heterosexual or straight counterparts.<sup>5</sup> As noted in the Institute of Medicine report: "Although LGBT people share with the rest of society the full range of health risks, they also face a profound and poorly understood set of additional health risks due largely to social stigma."<sup>1</sup>

Oregon data show the following differences between LGB adults and their heterosexual counterparts.

**Demographics.** LGB adults are more likely to be college graduates (43% vs. 34%) than heterosexual adults, yet more LGB adults have an annual household income less than \$20,000 (17% vs. 12%), live in poverty (13% vs. 10%), and experience household food insecurity (18% vs. 12%) than heterosexual adults.

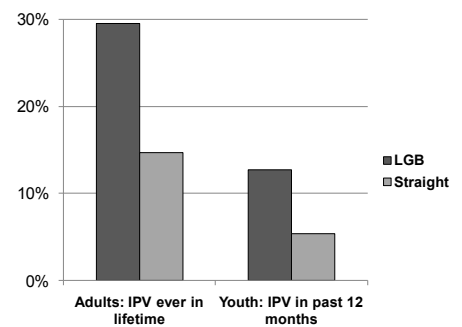
**Mental health.** Nearly twice as many LGB adults report frequent mental distress (14 or more days of poor mental health in the last 30 days) as heterosexual adults (17% vs. 9%). Similarly, more than twice as many lesbian, gay, bisexual, or questioning (LGBQ) youth report feeling "sad or hopeless for 2 or more weeks" in the past 12 months as their heterosexual peers (42% vs. 18%). One in five LGBQ youth report a suicide attempt in the

last 12 months, compared with one in 25 heterosexual youth (20% vs. 4%).

**Injury and violence.** More than 1 in 3 LGB adults report ever being sexually assaulted compared with 1 in 8 heterosexual adults (36% vs. 13%). Three times more LGBQ youth report ever being physically forced to have sexual intercourse than their straight peers (16% vs. 5%). One in 4 LGBQ youth report ever having sexual contact with an adult, compared with one in 12 straight youth (25% vs. 8%).

Intimate partner violence (IPV) is also higher, with twice as many LGB adults reporting ever being hit, slapped, pushed, kicked, or physically hurt by an intimate partner in their lifetimes (29% vs. 14%), and twice as many LGBQ youth report being hit, slapped, pushed, kicked, or physically hurt by an intimate partner in the last 12 months (12% vs. 5%) (Figure 1).

**Figure 1. Intimate partner hit, slapped, pushed, kicked, or physically hurt by sexual identity, Oregon†**



Nearly 15% of LGBQ youth have missed school due to safety concerns in the last 30 days, compared to 4% of straight youth. Similarly, 28% of LGBQ youth have been in a physical fight in the past 12 months, compared with 20% of straight youth. Finally, 44% of LGBQ youth report ever being physically hurt by an adult, compared with 28% of straight youth.

**Health behaviors.** Although smoking prevalence overall has decreased in Oregon over the past 15 years, the prevalence among sexual minori-

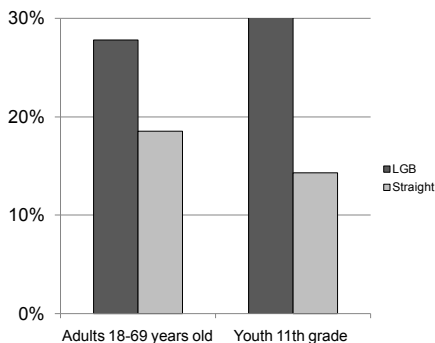


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ties remains high: 28% of LGB adults smoke compared to 19% of heterosexual adults; and 31% of LGBT youth report smoking in the last 30 days compared to 14% of straight youth (Figure 2).

Figure 2. Current smoker by sexual identity, Oregon<sup>†</sup>



Additional factors increase the risk of chronic disease: LGB adults are less likely to eat five or more servings of fruits and vegetables a day, LGBQ youth are less likely to meet the CDC recommendations for physical activity, and more likely to experience obesity, and lesbian and bisexual adult women are more likely to experience obesity than straight women (32% vs. 25%).

**Barriers to health care.** LGB adults are less likely than heterosexual adults to have medical insurance (77% vs. 82%) or a usual health care provider (70% vs. 77%), and are more likely to report recent barriers to accessing healthcare due to cost (23% vs. 15%). LGB youth are more likely than straight-identified youth to report unmet physical (27% vs. 19%) and mental

(32% vs. 14%) health care needs in the last 12 months.

### WELCOMING MEDICAL CARE

What can you do in your practice to help address these disparities and provide the best care possible to your LGBT patients?

- Ensure questions you ask are open-ended and apply to all patients.
- Post a sign in the waiting room that says, "We do not discriminate on the basis of age, race, sex, sexual orientation, gender identity, religion, language, or disability."
- Use patient intake forms that are free of heterosexual assumptions. Include options such as "Living with domestic partner," as well as standard options such as married and single. Use gender neutral terms such as "partner" instead of "husband/wife."

### SUMMARY

To quote from Healthy People 2020: "Eliminating LGBT health disparities and enhancing efforts to improve LGBT health are necessary to ensure that LGBT individuals can lead long, healthy lives. The many benefits of addressing health concerns and reducing disparities include:

- Reductions in disease transmission and progression
- Increased mental and physical well-being
- Reduced health care costs
- Increased longevity"

### RESOURCES

- The Gay & Lesbian Medical Association (GLMA) offers many tools and resources to providers, including a four-part Webinar series on culturally competent care ([www.glma.org](http://www.glma.org))

- The LGBTQ Health Coalition of the Columbia Willamette hosts the biannual Meaningful Care Conference in Portland ([www.oregonlgbtqhealth.org](http://www.oregonlgbtqhealth.org))
- The National LGBT Health Education Center at Fenway Institute provides education and consultation to healthcare organizations ([www.lgbthealtheducation.org](http://www.lgbthealtheducation.org))
- TransActive serves transgender & gender non-conforming children, youth, and their families, and hosts a medical resources section on its website ([www.transactiveonline.org](http://www.transactiveonline.org))

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