

Health Disparities:
The Lesbian, Gay, and Bisexual
Community in Seattle & King County

Report and Policy
Recommendations

January 2008

A Special Report by the Diversities in Health Disparities Project:
School of Social Work, University of Washington
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Data source: Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, supported in part by Centers for Disease Control and Prevention Cooperative Agreement U58/CCU002118-1 through 17 (1987 - 2003) or U58/CCU022819-1-3 (2004 - 2006).

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Executive Summary

The City of Seattle and King County have a growing lesbian, gay and bisexual (LGB) population and the public and private sectors need to respond to the increasing health care needs and challenges of the LGB community. Yet to date little research has examined the health status or disparities impacting this population. Utilizing data drawn from the Behavioral Risk Factor Surveillance System (BRFSS) survey, this report examines access to health care and health-related outcomes of the LGB community of King County. This report was developed as part of the Diversities in Health Disparities Project, a community-based collaboration of the University of Washington School of Social Work; Seattle-King County Public Health Department; City of Seattle Human Services Department; the City of Seattle Commission for Sexual Minorities; and, several organizations serving the LGB community. Consultation with Seattle-King County Public Health Department and City of Seattle Human Services Department occurred through all phases of data analysis and the identification of key findings.

The U.S. Census estimates the 2006 population of King County is over 1.8 million. Based on the BRFSS data in this report, 5% of the King County population is LGB, resulting in a population estimate of over 90,000 for the King County LGB community. (This figure is likely a conservative estimate since many LGB individuals likely will not openly identify themselves in this type of public survey.) As evident in the findings in this report, the LGB community has many specific health related needs as well as historic and current barriers to service. This report highlights both areas of strength as well as concerns for the health of the LGB community. Lastly, this report includes recommendations to better address the health care needs of the LGB community in Seattle and King County.

Key findings. This report reveals both similarities and differences in health outcomes for LGB and other King County residents. There are a number of strengths evident in the King County LGB community, which may reduce their health risks. These strengths include:

Higher levels of education. Members of the LGB community reported significantly higher levels of education than other residents of King County. More LGB residents reported “some college or a college degree” while fewer LGB residents reported “less than high school or high school”. One area of concern is that even though LGB residents had significantly higher levels of education, they had significantly lower incomes.

Higher rates of cholesterol testing. LGB individuals report significantly higher level of cholesterol testing than other King County residents. Eighty percent (80%) of the LGB community have had their cholesterol tested, especially among gay and bisexual men, who were tested at a significantly higher rate than both lesbian and bisexual women and other male residents of King County.

Higher rates of HIV testing. The LGB community reported a significantly higher rate of HIV testing (76%) than other residents of King County (42%). One area of concern, however, is that those LGB residents age 18-24 show significantly lower rates of testing than older LGB residents.

Higher physical activity rates among those 65 and up. Numerous studies have shown that higher levels of physical activity in older people are linked to positive health outcomes. In the age group 65 and over, one in five (20%) older LGB residents had participated in physical activities or exercise as compared to one in twenty (5%) other older King County residents.

Some health-related risks and barriers to service are more common in the King County LGB community, which may contribute to increased health risk. These risks include:

Higher levels of smoking. One in four (25%) members of the LGB community are current smokers, which is significantly higher than the 14% of other King County residents who currently smoke.

This is especially so for the 18-24 age group, where four out of every ten (40%) smoke as compared to almost one out of five (18%) of other King County residents. Across all groups those with lower incomes show higher rates of smoking.

Higher levels of asthma. Fourteen percent (14%) of LGB residents were diagnosed with asthma, which is significantly higher than the 8% of other King County residents. Lesbian and bisexual women had higher rates than both gay and bisexual men and other women in King County.

Higher rates of heavy drinkers. The rate of heavy drinkers among LGB residents, almost one in ten (9%), was significantly higher than the rate for other residents of King County, approximately one in twenty (6%). This difference was especially significant among lesbian and bisexual women (15%), both when compared to gay and bisexual men (5%) and other women in King County. Among both LGB residents in general and lesbian and bisexual women in particular, this difference was most pronounced in the younger age groups.

Higher rates of HIV risk behavior. Approximately one in four LGB residents participated in HIV risk behaviors. This rate was significantly higher for gay and bisexual men as compared to lesbian and bisexual women. Those LGB residents age 18 to 24 had the highest rates of risky behavior with over one in three (37%) participating in some HIV risk behavior.

Higher rates of mental distress. LGB residents reported twice as many days of mental distress in the past month than other residents of King County. The number of days of mental distress significantly increased for LGB residents as income decreased, with those earning less than \$15,000 reporting 14 days of mental distress in the past month.

Results of the study revealed a number of factors suggesting that the LGB community of King County has difficulty accessing health services as well as utilizing health promotion and screening programs. These factors include:

Financial barriers to accessing services. One in five (21%) LGB residents in King County could not access health care due to financial barriers. This was twice the rate of other residents of King County. This was especially true for lesbian and bisexual women, when compared to both gay and bisexual men and other female residents of King County.

Lower levels of mammogram testing. One in five lesbian and bisexual women (20%) in the over 40 age category had not had a mammogram. This rate was significantly higher than the less than one in ten (7%) of other female respondents in this age group in King County. This difference remains significant regardless of health care coverage.

Lower levels of Pap smear testing. Thirteen percent (13%) of lesbian and bisexual women had not had a pap smear exam as compared to 6% of other female residents of King County.

Lower income linked to poor health days. Across all health indicators, including mental distress, physical health and poor health days, lower income was associated with lower health outcomes. This was observed for all residents of King County and was even more pronounced for members of the LGB community.

Based on the findings described in this report, it is critical that the City of Seattle and King County invest in the physical and mental health needs of the LGB community. The following key recommendations and priority action items were developed by the University of Washington School of Social Work, the City of Seattle Commission for Sexual Minorities and the community service provider partner organizations.

Following are key recommendations, and priority action items:

- ◆ Compared to other King County residents, LGB residents have less access to health care services due to financial constraints.

Key Recommendations:

- Increase access to health services for LGB residents in mid to low income groups.
- Increase participation in mental and physical health services, amongst low income LGB communities.

Priority Action items:

- Increase funding for health services in the LGB community and Community Health Clinics.
- Fund outreach activities to increase utilization of health services by LGB residents.

- ◆ Health care providers and community members need information about the specific health needs and issues affecting the LGB community.

Key Recommendations:

- Expand cultural competency training, currently funded by the City of Seattle, for health and human service providers in the general community on the specific health care needs of the LGB population.

Priority Actions Items:

- Disseminate the findings in this report to health care professionals and community members to raise awareness of health issues and disparities in the LGB community.
- Mandate cultural competency training on LGB issues in city and county health funding contracts.
- Provide targeted asthma education to increase awareness of the elevated asthma risks, especially amongst younger lesbian and bisexual women.

- ◆ Compared to other King County residents, LGB individuals access many health screening programs at lower rates.

Key Recommendations:

- Expand health-related screening programs and outreach efforts that are appropriate and targeted to the specific needs of the LGB community.

Priority Action Items:

- Enhance campaigns to increase HIV test rates, especially for younger LGB individuals.
- Expand targeted campaigns to increase participation in mammograms and Pap smear screenings among lesbian and bisexual women.

- ◆ The King County LGB community participates in some health risks behaviors at a higher rate than other residents of King County.

Key Recommendations:

Insure prevention programs are targeted to the specific needs of the LGB community.

Priority Action Items:

Target anti-smoking interventions for younger and lower income LGB communities.

Insure programs aimed at reducing HIV risk behaviors are targeted toward younger gay and bisexual men.

Fund programs to reduce the rates of heavy drinking, with an emphasis toward lesbian and bisexual women.

- ◆ There is a lack of knowledge, information and research on the health of the LGBT community.

Key Recommendations:

Engage members of the LGBT community to develop strategies for increasing awareness and improving health.

Recognize sexual orientation, sexual behavior and gender identity as social indicators of health. Include these indicators in local, state and national data sources.

Priority Action Items:

Sponsor community forums, facilitated by the Seattle Commission for Sexual Minorities, to disseminate the key findings and recommendations in this report and to develop strategies for improving health.

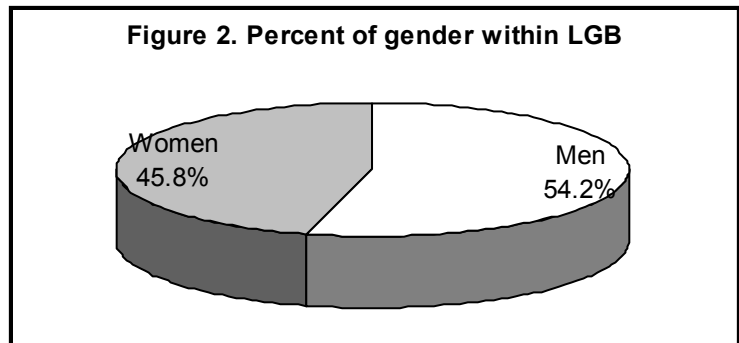
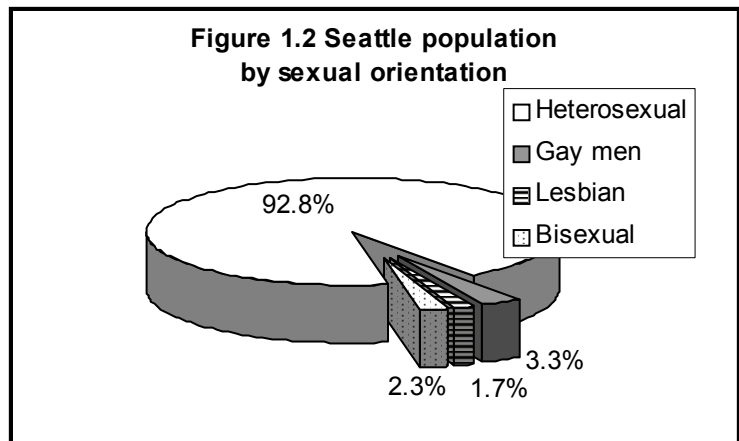
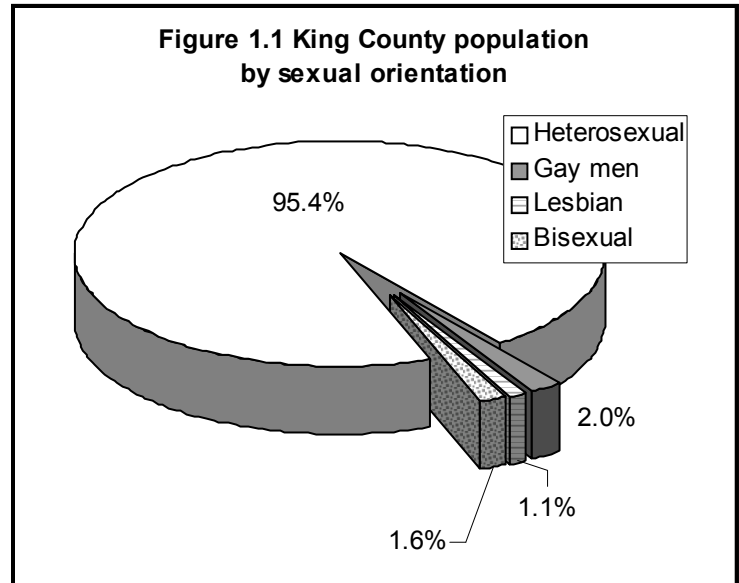
Include sexual behavior and gender identity questions in the local BRFSS. Include sexual orientation, sexual behavior and gender identity questions in health surveys, including the King County Communities Count Survey, Washington State Healthy Youth Survey, Washington State Population Survey, Washington State Cancer Registry, and the national BRFSS. Analyze and describe the health of the LGB community in county health reports, including Communities Count and other key health reports.

Develop strategies to reach historically underrepresented groups in health research and services, such as communities of color, transgender individuals, non-English speaking residents, elders, youth, and low income individuals and their families.

In conclusion, the LGB community has a number of health-related strengths and challenges. We must work together to improve the health of all of King County residents and recognize the specific and unique needs of the LGB community. It is imperative that we develop policies and interventions that are targeted and culturally sensitive to the health needs of the City of Seattle and King County LGB community.

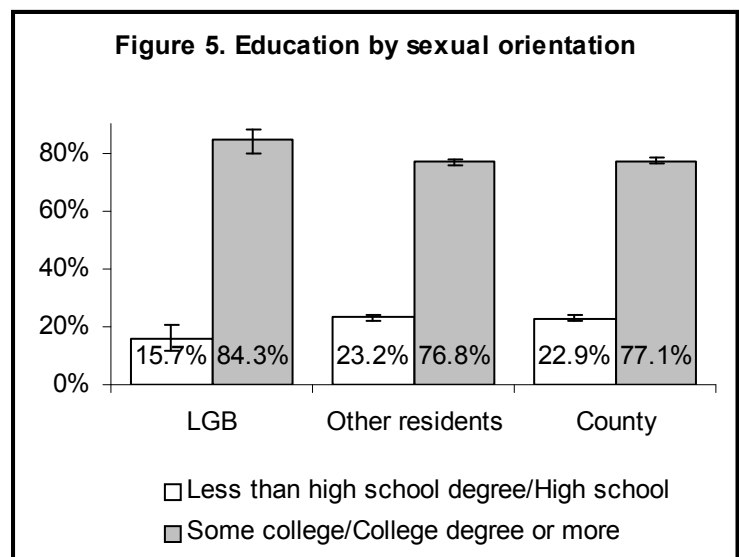
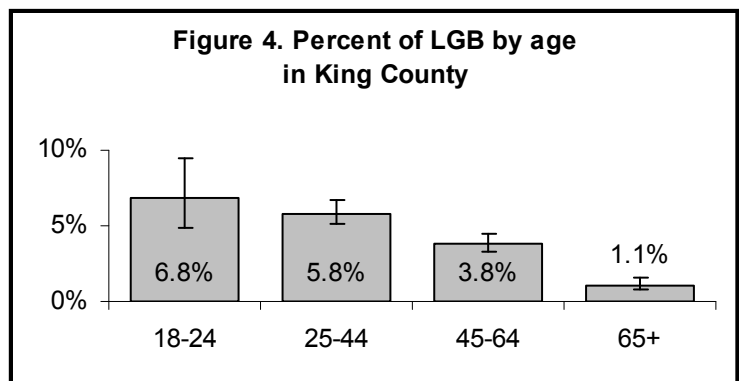
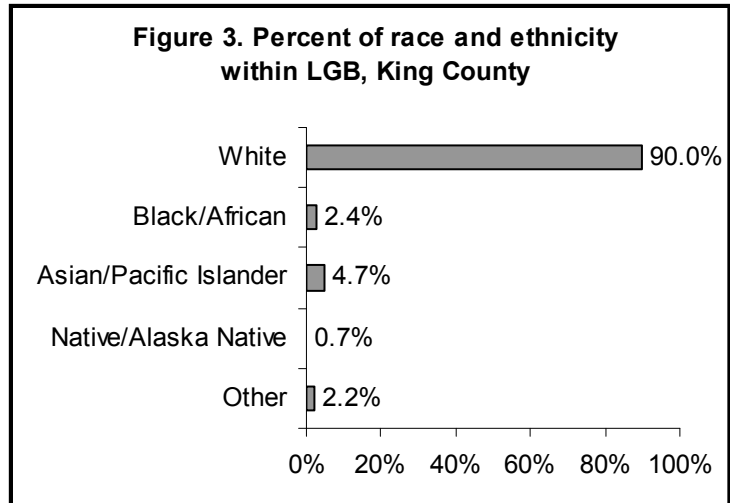
I. Overview

- Based on the data obtained in the 2003 – 2006 King County Behavioral Risk Factor Surveillance System (BRFSS) survey *, nearly 5% of the residents in King County openly identified as gay men (2%), lesbian (1%), or bisexual (2%).
- ♦ *It is important to note that the response rate and corresponding population estimates for these populations are likely low due to the reluctance to publicly disclose one's sexual orientation in a public survey due to fear of discrimination and historical disadvantage and marginalization.*
- **Figure 1.2** shows that in Seattle, a higher proportion (7%) of residents identified themselves as gay, lesbian, or bisexual (LGB), which is higher than that of King County.
- **Figure 2** shows that the LGB community is similar by gender. Among the King County LGB population, 54% were male and 46% were female .
- **Figure 3** shows that the majority of LGB respondents (90%) reported they were white. This percent was significantly higher than other residents of King County who reported they were white (83%). The other most commonly reported racial/ethnic groups among LGB residents were Asian/Pacific Islander (5%), Black/African Americans (2%), Native American/Alaska Natives (1%) and other (2%). The sample size of ethnic minority groups were too small to make meaningful comparisons by race/ethnicity.

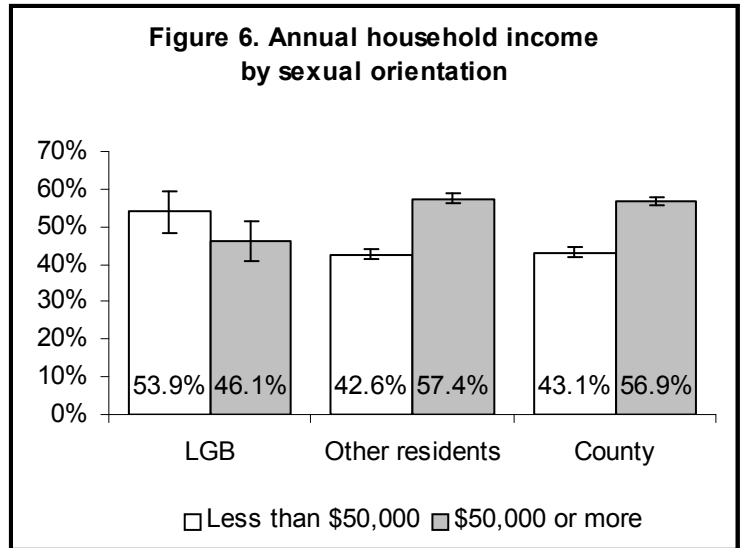


* Data source: Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, supported in part by Centers for Disease Control and Prevention Cooperative Agreement U58/CCU002118-1 through 17 (1987 - 2003) or U58/CCU022819-1-3 (2004 - 2006).

- **Figure 4** shows that respondents younger in age were more likely to identify themselves as lesbian/gay or bisexual. The percentage of LGB residents within the age group of 18-24 (7%) and 25-44 (6%) were significantly higher than the other age groups of 45-64 (4%) and 65+ (1%). It may be that older respondents were less likely to feel comfortable disclosing their sexual orientation.
- Although younger respondents are more likely to identify as LGB, the largest LGB population represented in this survey is aged 25-44 (52%). The second largest population is age 45-64 (27%). While the age group 18-24 showed the highest likelihood of identifying as LGB they are 18% of the total reported LGB population. The smallest category is that age 65 and up (3%).
- **Figure 5** shows that LGB residents reported significantly higher education levels than other King County residents. LGB residents were more likely to report 'some college' or 'college degree or more' (84%) than other residents (77%) and less likely to report 'less than high school or high school' (16%) than other residents (23%).
- This higher education level for LGB residents was observed especially among those aged 25-44 and 45-64. Within the age 25-44 group, 88% of LGB residents as compared to 80% of other residents achieved some college or college degree or more; within the age 45-64 group, 92% of LGB residents and 83% of other residents achieved some college or college degree or more.



- **Figure 6** shows that almost half (46%) of LGB residents reported their annual household incomes were \$50,000 or more. This was significantly lower than other residents (57%).
- This significantly lower income level for LGB residents was observed especially among those groups aged 25-44 and 45-64. Within the 25-44 age group, one-half (50%) of LGB residents and 62% of other residents earned \$50,000 or more in household income a year; within the 45-64 age group, 53% of LGB residents and 69% of other residents earned \$50,000 or more household income a year (data not shown).



II. Access to Health Services

Health care coverage (Figure 7)

King County LGB community

Fifteen percent (15%) of the LGB population in King County did not have any kind of health care coverage (health insurance, prepaid plans such as HMOs, or government plans such as Medicare)

When analyzed by gender, rates for lack of coverage among gay and bisexual men (13%) were similar to those among lesbian and bisexual women (18%).

Comparison with other King County residents

In general, the rates of health care coverage were similar between the LGB community and other residents of King County.

Among women, however, the health care coverage rate of lesbian and bisexual women (82%) was significantly lower than that of other women (90%). When health care coverage was analyzed by age, the younger population had less health care coverage. Thus, this significant difference can be explained in part by the fact that lesbian and bisexual women were more likely to be younger than other women in the county as a whole.

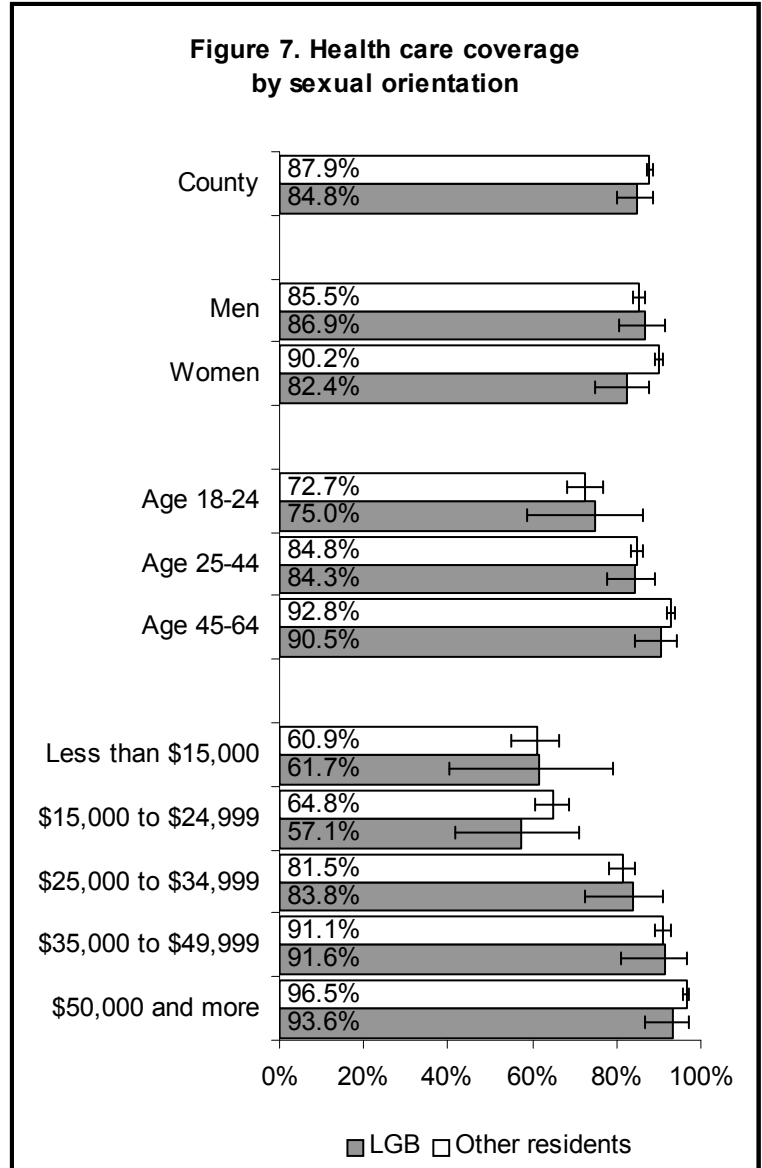
Overall age-specific and income-specific analyses showed that health care coverage rates were similar between LGB residents and other residents.

People who had lower household incomes showed lower health coverage rates for both LGB residents and other King County residents.

Health care provider (data not shown)

Rates of not having a health care provider are similar between LGB residents and other residents. Approximately one in five (21%) LGB residents and other King County residents (20%) do not have a health care provider.

Among women, however, the percentage not having a health care provider for lesbian and bisexual



* Data for age 65 or more group are not shown on this chart due to insufficient sample size.

women (21%) was significantly higher than that of other women (14%). When having a health care provider was analyzed by age, the younger population had lower rates of health care providers. As was found with health insurance coverage, this significant difference can be explained in part by the fact that lesbian and bisexual women were more likely to be younger than other women.

Financial barriers to health services (Figure 8)

King County LGB community

One in five (20%) LGB residents needed to see a doctor but could not due to financial constraints. Among LGB residents, the likelihood of not being able to see a doctor due to cost for lesbian and bisexual women (29%) was significantly higher than for gay and bisexual men (14%).

Comparison with other King County residents

Lesbian and bisexual women showed a significantly higher likelihood of not being able to see a doctor due to cost (29%) than other women (12%). This significant difference between lesbian and bisexual women and other women was observed in the 18-24 and 25-44 age groups and was not significant in older age groups (Data not shown).

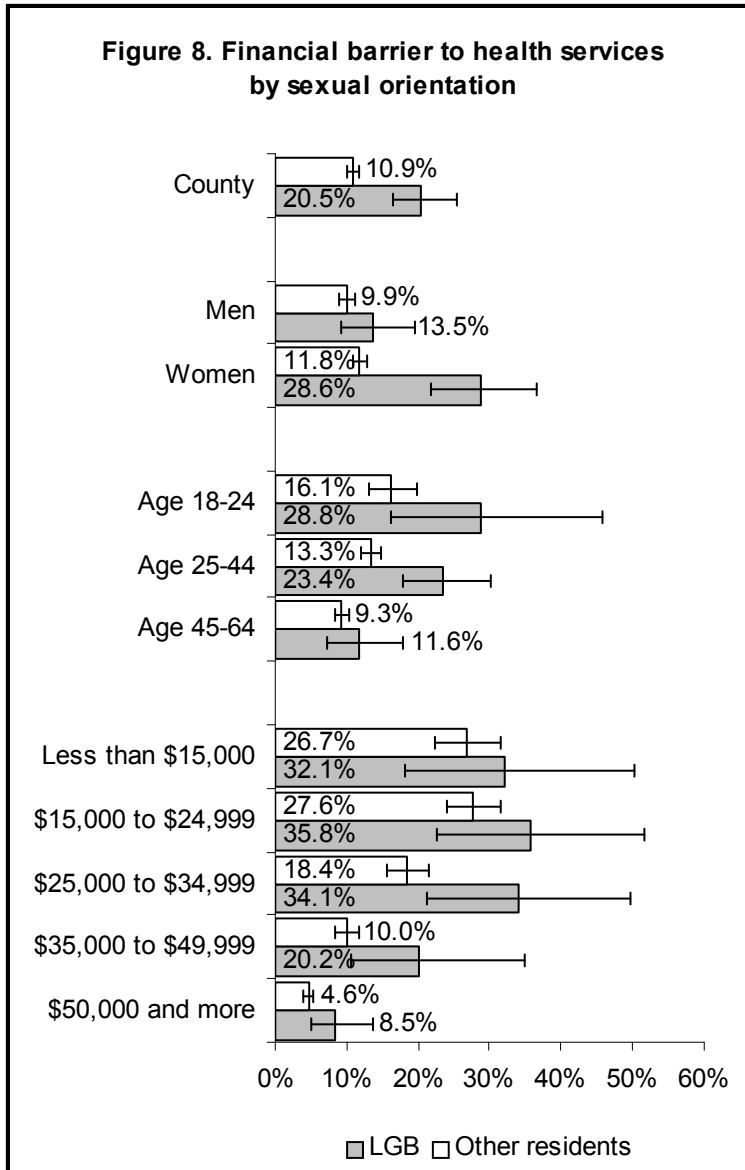
Reported rates of financial barriers were similar between lesbian and bisexual women and other women among the lower and higher income groups. However, among women making between \$25,000 to \$34,999 and between \$35,000 to \$49,999, lesbian and bisexual women showed a significantly higher barrier to health services due to costs than other women.

III. Preventive health behaviors

Flu shot (Figure 9)

King County LGB Community

Nearly 70% of LGB residents have not had a flu shot in the past 12 months. When comparing gender in



* Data for age 65 or more group are not shown on this chart due to insufficient sample size.

the LGB community almost four out of five (79%) of lesbian and bisexual women and over half (60%) of gay and bisexual men have not had a flu shot in the past 12 months, which was a significant difference. This difference remained significant even when holding age, income, and health plan coverage constant (data not shown). As one might expect, the flu shot rate of the older population was significantly higher than that of the younger population for the LGB community.

Comparison with other King County residents

Reported flu shot rates between LGB residents and other residents of King County were similar. Among women, however, the flu shot rate of lesbian and bisexual women, approximately one in five (21%) was significantly lower than that of other female residents of King County, approximately one in three (34%). This pattern was significant regardless of health care coverage (data not shown).

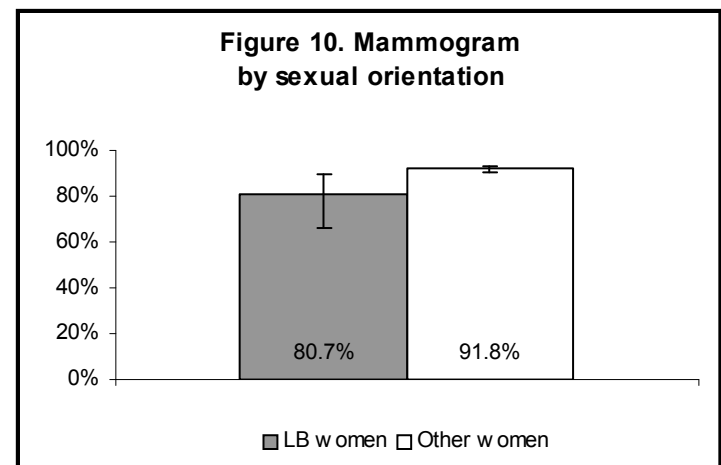
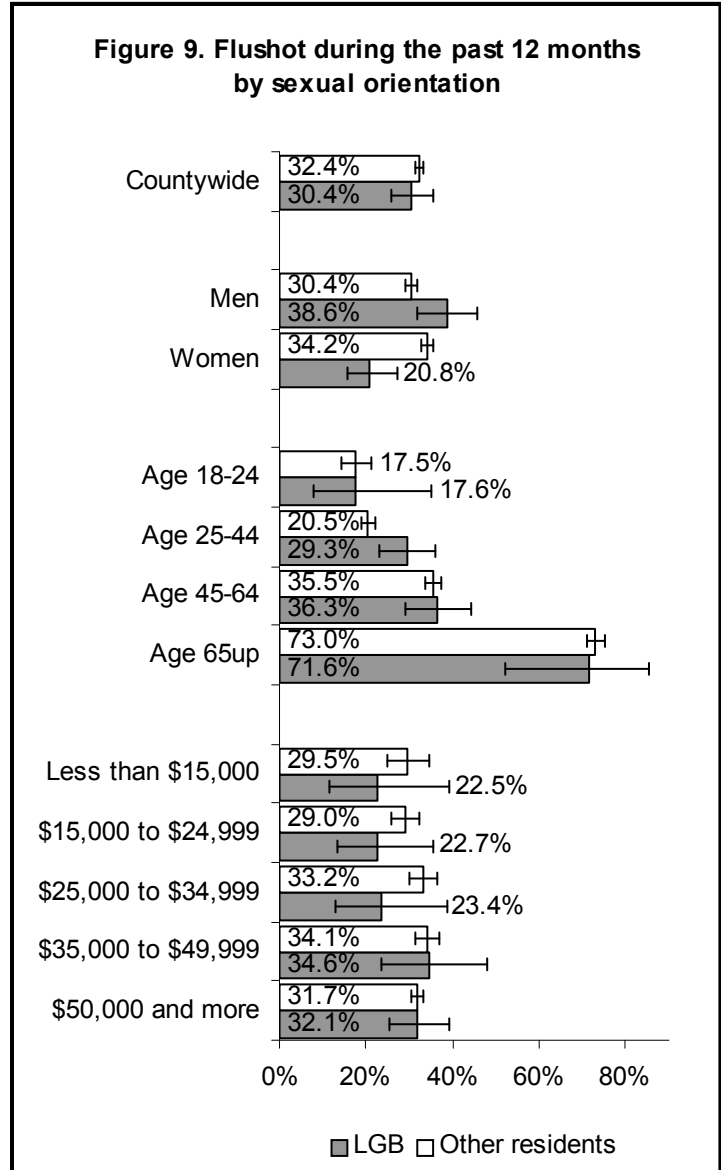
According to age-specific analysis, among the age 25-44 group, LGB residents (29%) showed a significantly higher flu shot rate compared to other residents of King County (25%).

According to income-specific flu shot rates, rates are similar between LGB residents and other residents of King County for each income group.

Women’s health—Mammogram (Figure 10)

Almost one in five (19%) of lesbian and bisexual women have not had a mammogram, and this percent is significantly higher than the less than one in ten (8%) who had not had a mammogram among other women. Regardless of health care coverage, the difference was still significant (data not shown).

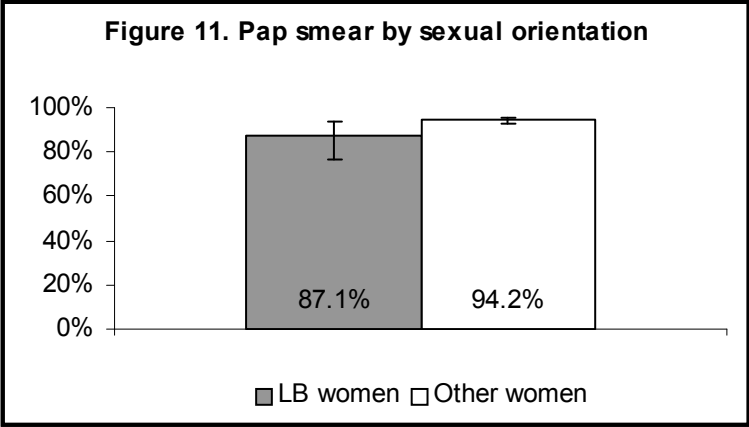
When examining this difference by age the signifi-



cant difference only holds true for the over 40 age group; the age at which mammograms are more often recommended by a health care provider.

Women’s health—Pap smear (Figure 11)

Thirteen percent (13%) of lesbian and bisexual women have not had a pap smear which is significantly higher than the rate for other women (6%). When holding age constant, however, the rates were similar (data not shown).



HIV test, Age 18-64 (Figure 12)

King County LGB Community

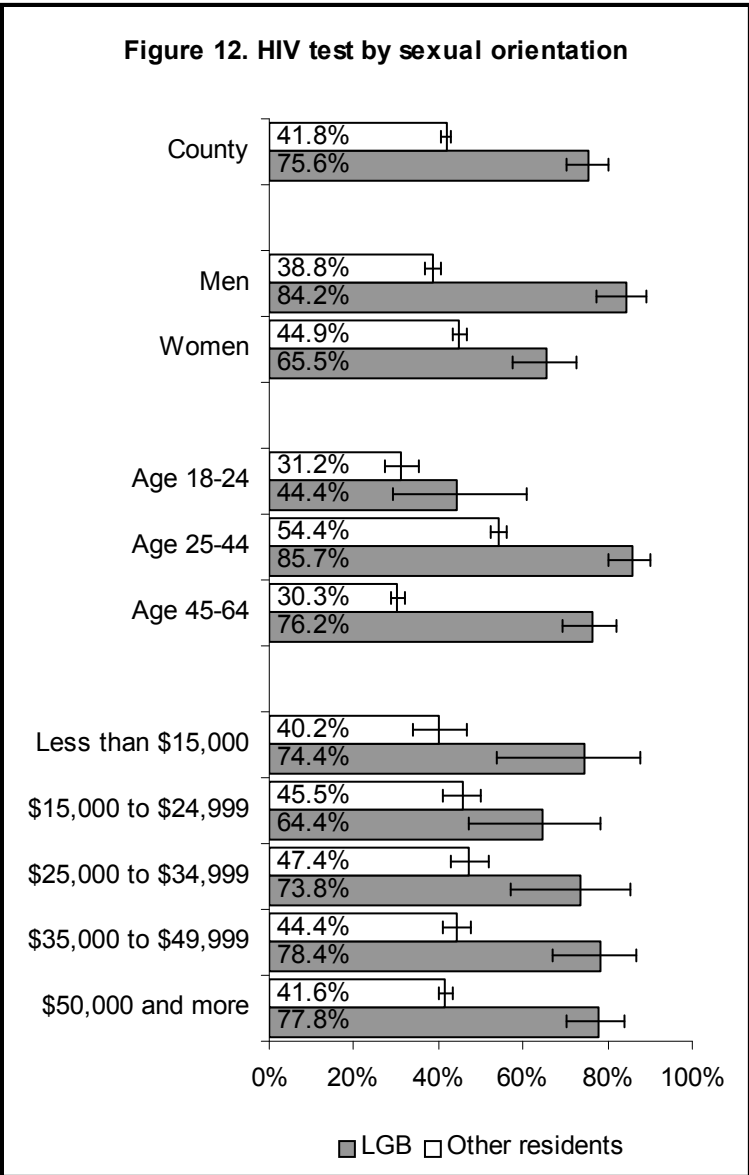
One in four (24%) LGB residents have not had a HIV test (excluding tests as part of blood donation). Among LGB residents, 16% of gay and bisexual men and 34% of lesbian and bisexual women had not had a HIV test and the difference was significant.

Among LGB residents, the age 18-24 group showed a significantly lower HIV test rate compared to other age groups.

HIV test rates were similar across the income level groups among LGB residents.

Comparison with other King County residents

LGB residents were more likely to have had an HIV test (76%) than other residents of King County (42%, excluding tests as part of blood donation). This significant difference was also observed for both men and women, for the 25-44 and 45-64 age groups, and for all the household income levels except \$15,000 to \$24,999.



Cholesterol test (data not shown)

King County LGB Community

One in five (20%) LGB residents have never had their cholesterol checked. When examining this by gender, 13% of gay and bisexual men and 28% of lesbian and bisexual women have never had their cholesterol checked.

Comparison with other King County residents

Among men, 13% of gay and bisexual men and 24% of other men had never had their cholesterol checked, and the cholesterol test rate difference was statistically significant. Even when holding age, income, and health care coverage constant, the difference was significant. Test rates were similar between lesbian and bisexual women and other women.

According to age-specific analysis, among the age 25-44 group, the rate of those who had never had their cholesterol checked among LGB residents (13%) was significantly lower than other residents (28%).

IV. Health behaviors

Nutrition (data not shown)

Definition: see Appendix 1.

King County LGB Community

Almost three out of four (73%) of LGB residents did not meet the recommended daily consumption of fruits and vegetables. Rates were similar between gay and bisexual men (76%) and lesbian and bisexual women (70%).

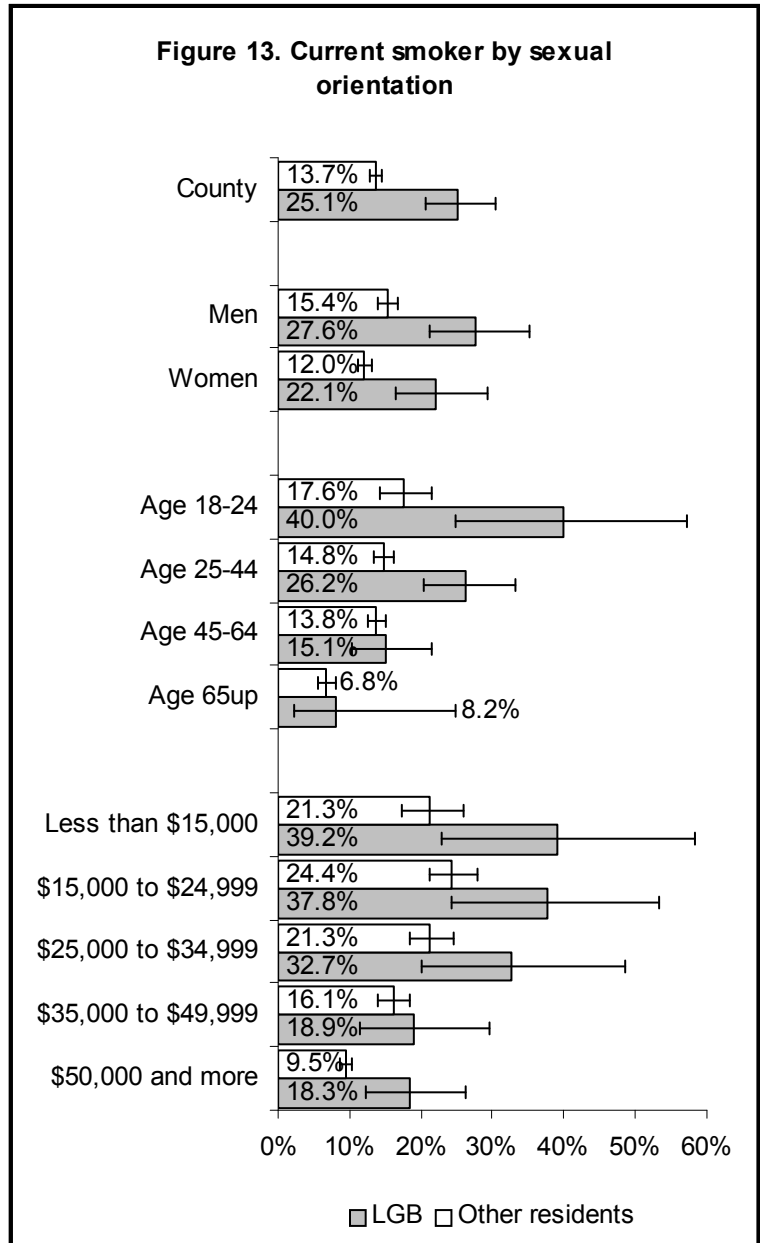
Comparison with other King County residents

Rates were similar between LGB residents and other residents.

Tobacco (Figure 13)

King County LGB Community

One in four (25%) LGB residents were current smokers. Rates of reporting as a current smoker were simi-



lar between gay and bisexual men (28%) and lesbian and bisexual women (22%).

Comparison with other King County residents

Fourteen percent (14%) of other residents were current smokers as compared to 25% of LGB residents. The difference between LGB residents and other residents was statistically significant. When analyzed by gender this was significant among both men and women.

Smoking rates decreased as age increased among both LGB residents and other residents.

Within both the 18-24 and 25-44 age groups, smoking rates for LGB residents were significantly higher than other residents. In the 18-24 group, 40% of LGB residents smoked compared to 18% of other residents. In the 25-44 group, 26% of LGB residents smoked compared to 15% of other residents.

Lower household income groups showed higher smoking rates, and this pattern was observed for both LGB residents and other residents.

Alcohol consumption (Figure 14)

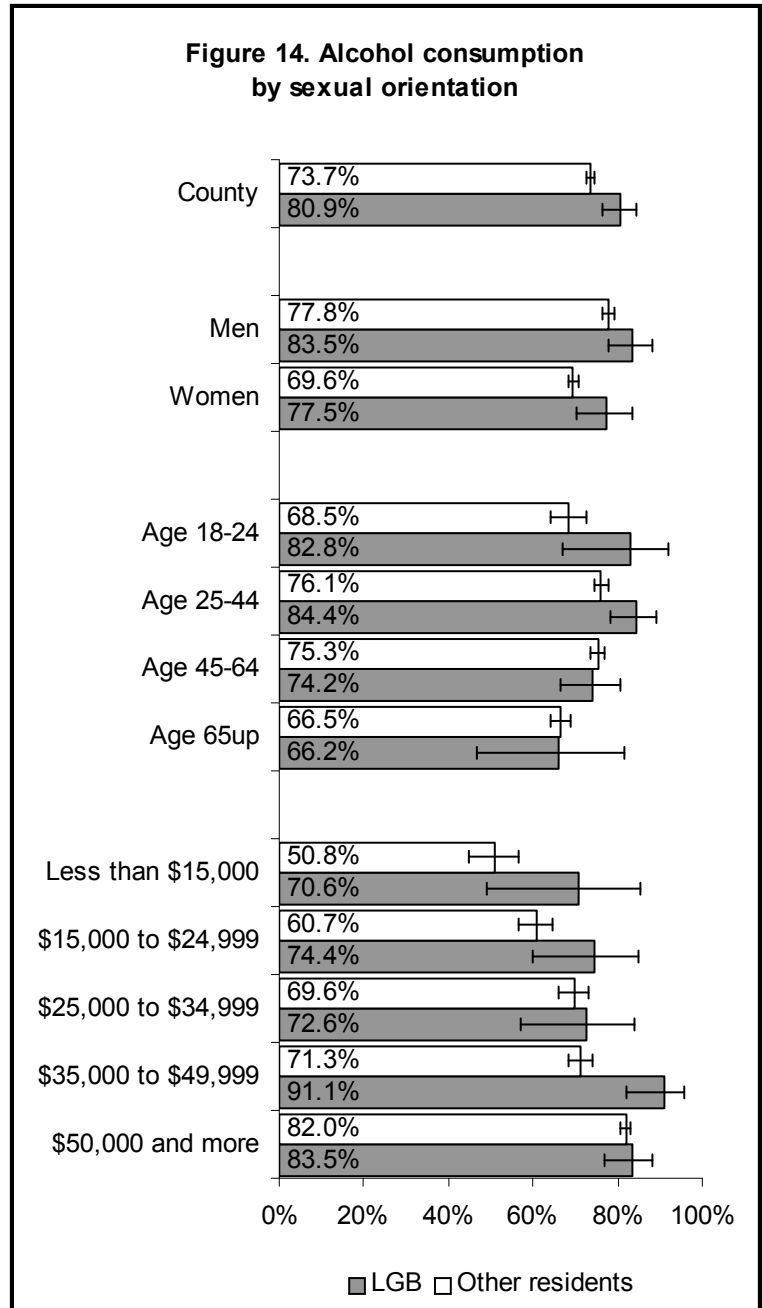
King County LGB community

Eighty-one percent (81%) of LGB residents have had at least one drink of any alcoholic beverage during the past 30 days. Those within the LGB category who reported some alcohol consumption were similar by gender and income. There was only slightly higher reporting by gay and bisexual men and those in the under age 44 group.

Comparison with other King County residents

Almost three out of four (74%) of other King County residents had drunk in the past month. The difference between LGB residents (81%) and other residents was statistically significant.

When comparing LGB residents with other residents, only among the age 25-44 group was the percentage of people drinking in the past month for LGB residents (84%) significantly higher than for other residents



(76%).

For other King County residents, as household income increased the percentage of those who had at least one drink in the last month increased. For LGB residents, however, the percentage of those who had at least one drink in the month was consistent across all the income groups.

Chronic drinking (data not shown)

Definition: see Appendix 1.

King County LGB community

Seven percent (7%) of LGB residents reported alcohol consumption that could be defined as chronic drinking by standards set in the BRFSS. Levels of chronic drinking were similar for gay and bisexual men and lesbian and bisexual women.

Comparison with other King County residents

Levels of chronic drinking were similar for LGB residents and other residents of King County, with 5% of other residents identified as chronic drinkers. Levels between men and women for chronic drinking were similar.

Heavy drinking (Figure 15)

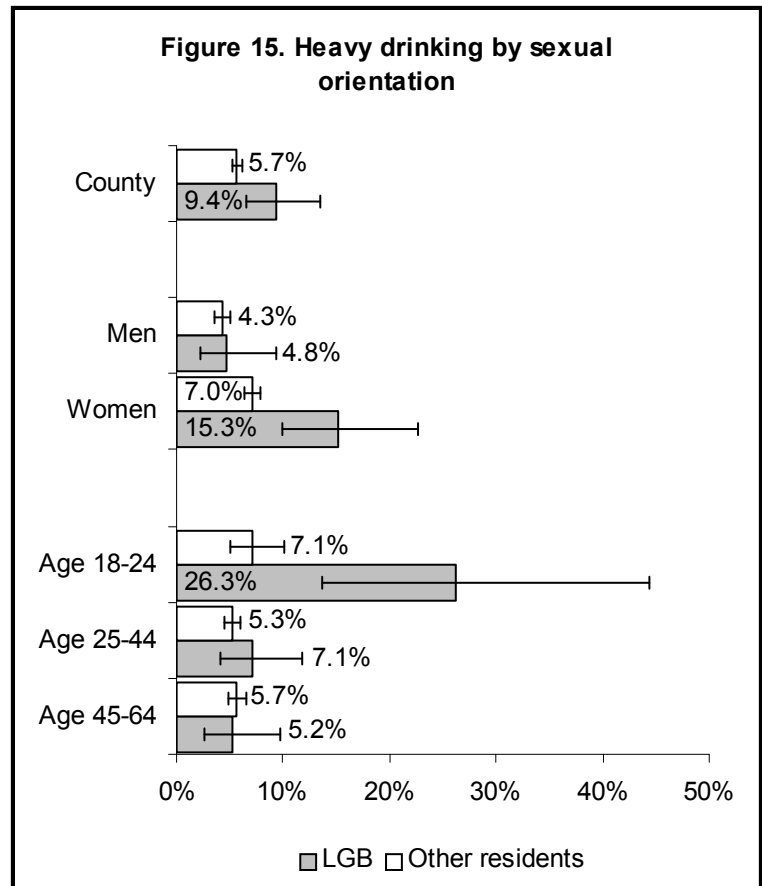
Definition: see Appendix 1.

King County LGB Community

Approximately one in ten (9%) LGB residents reported alcohol consumption that could be defined as heavy drinking by standards set in the BRFSS. Five percent (5%) of gay and bisexual men and 15% of lesbian and bisexual women were identified as heavy drinkers and the difference between these two groups was statistically significant. Among LGB residents, the 18 to 24 age group category had statistically higher rates of heavy drinking, approximately one in four (26%), than other age groups.

Comparison with other King County residents

Approximately one in twenty (6%) of other King County residents were identified as heavy drinkers, and this was significantly lower than the rate of LGB heavy drinkers. This significant difference was observed only among women. Among women age 18-44, almost one in five (17%) of lesbian and bisexual women compared to less than one in ten (7%) of other women were heavy drinkers (data not shown). This difference was significant. Rates of heavy drinking were similar among older women.



* Data for age 65 or more group are not shown on this chart

Overweight and Obesity (Figures 16/17)

Definition: see Appendix 1.

King County LGB Community

One in three (33%) of LGB residents were observed as overweight, and 16% of LGB residents were obese by measurement standards set by the BRFSS. Gay and bisexual men had a significantly higher overweight rate (40%) than lesbian and bisexual women (23%). On the other hand, gay and bisexual men showed a significantly lower obesity rate (11%) than lesbian and bisexual women (22%). On the other hand, gay and bisexual men showed a significantly lower obesity rate (11%) than lesbian and bisexual women (22%).

Among LGB residents, as age increased both overweight and obesity rates increased. (See Appendix 2, Tables 1 and 2).

Comparison with other King County residents

Over one in three (36%) of other residents were observed as overweight, and almost one in five (18%) of other residents were obese by the measurement standards of the BRFSS. The rates between LGB residents and other residents for both overweight and obesity were similar.

Gay and bisexual men showed a significantly lower obesity rate (approximately one in ten, 11%) than other men (approximately one in five, 19%). Age-specific analysis showed that only among the younger population (age less than 45) was the difference significant.

Lesbian and bisexual women had similar obesity rates (22%) than other women (17%).

When analyzed by income category, only within the \$15,000 to \$24,999 group did LGB residents show significantly lower overweight rates than other residents.

Figure 16. Overweight by sexual orientation

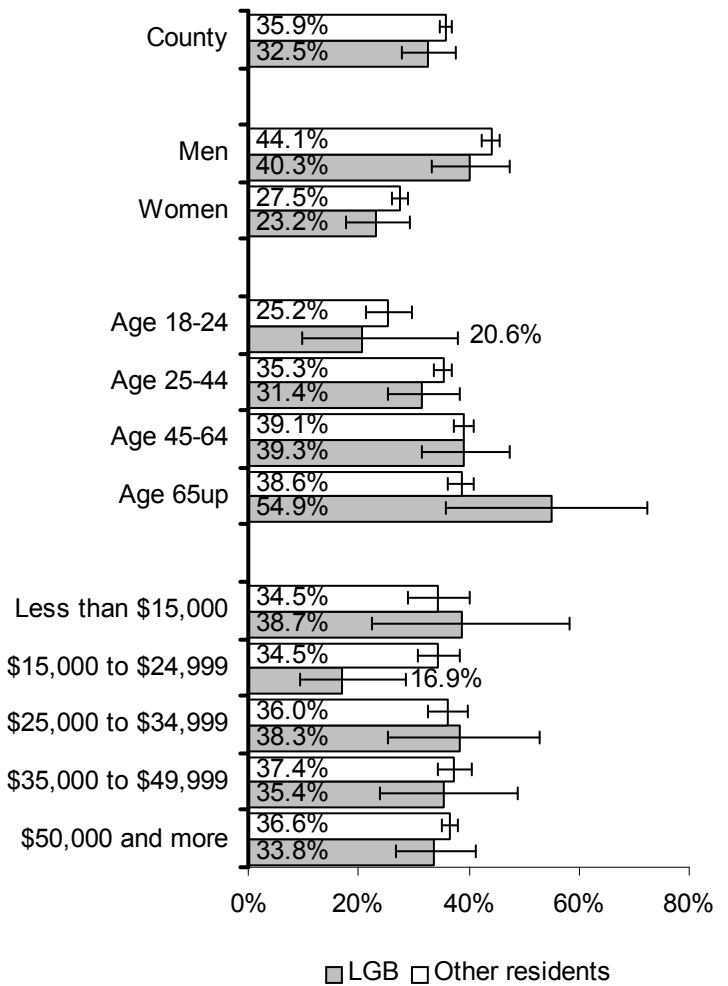
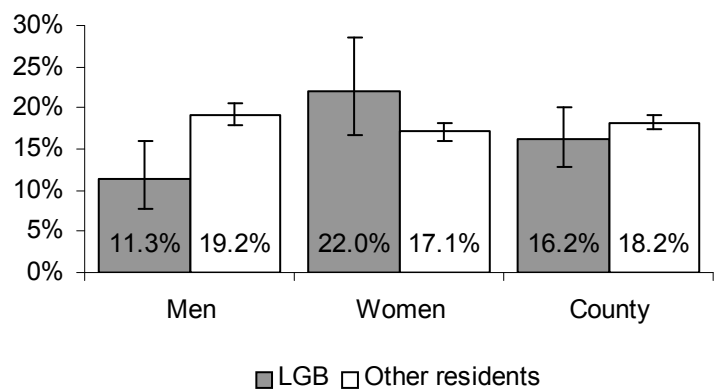


Figure 17. Obesity by sexual orientation



Physical activity (Figure 18)

King County LGB community

Twelve percent (12%) of LGB residents had not participated in physical activities or exercises other than their regular job during the past month. Participation in physical activities and exercise were similar between gay and bisexual men and lesbian and bisexual women.

Comparison with other King County residents

Physical activity rates were similar between LGB residents and other residents across the age groups, except for those age 65 and up.

Among those age 65 and up, one in five (20%) of other King County residents had not participated in physical activities/exercise during the past month, compared to one in twenty (5%) of LGB residents, and this difference was significant.



HIV risk behavior (Figure 19)

Definition: See Appendix 1

King County LGB Community

Slightly more than one in four (26%) members of the LGB community reported HIV risk behaviors. Among the LGB community, gay and bisexual men showed significantly higher HIV risk behavior rates (35%) than lesbian and bisexual women (15%).

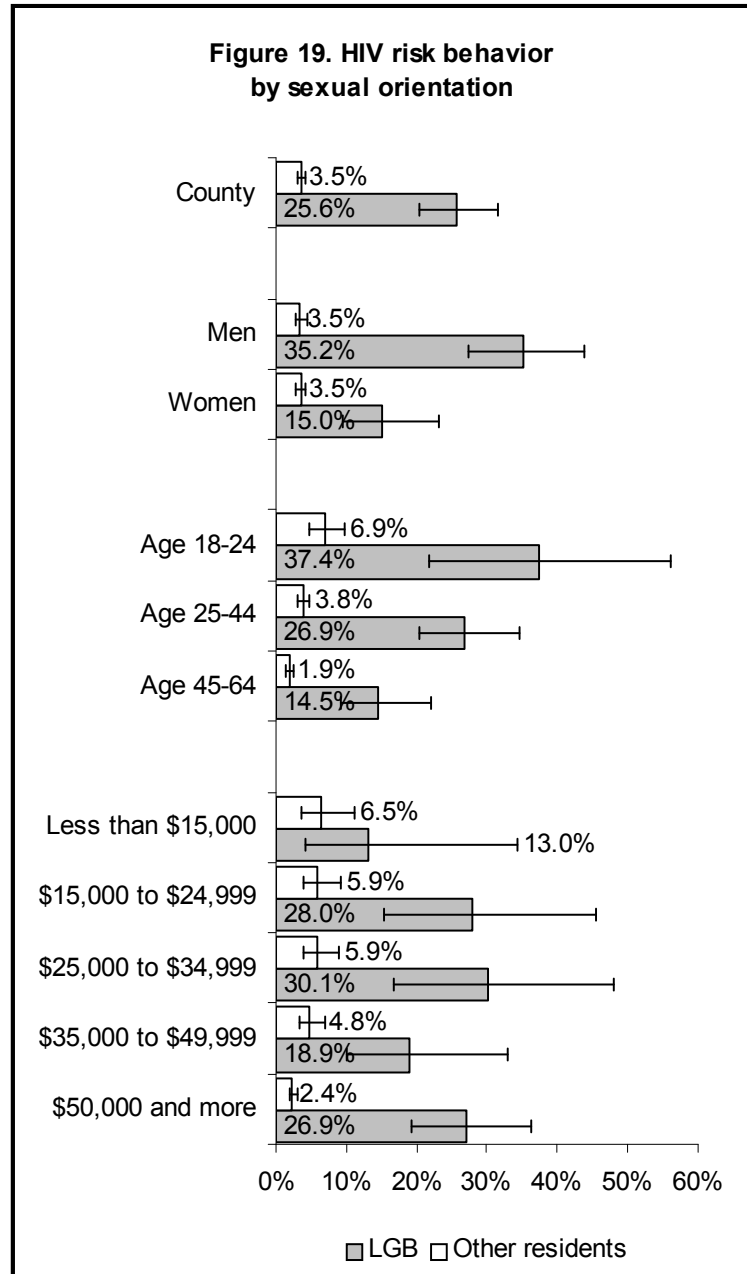
Among LGB residents, as age increased, HIV risk behavior rate decreased (see Appendix 2, Table 3).

Comparison with other King County residents

LGB residents were more likely to have engaged in a HIV risk behavior than other residents. This difference was statistically significant regardless of age.

This was observed for both men and women. Both gay and bisexual men and lesbian and bisexual women had higher HIV risk behavior than other King County men and women, even when controlling for age.

The significant differences of HIV risk behavior rates between LGB residents and other residents were observed from all income levels except those earning less than \$15,000.



V. Psychosocial health/mental distress

Mental distress (Figure 20)

Measurement: see Appendix 1.

King County LGB Community

The average days of poor mental health in the past month for LGB residents was 6 days. For gay and bisexual men the average was 5 days and for lesbian and bisexual women the average was 7 days.

Among LGB residents, as age decreased, the average days of poor mental health increased, but this change was not statistically significant (Appendix 2, Table 4).

Among LGB residents, as income decreased, the average days of poor mental health increased significantly.

Comparison with other King County residents

The average days of poor mental health for other residents was 3, which was significantly lower than among LGB residents.

This significant difference was observed from both men and women even when holding age constant.

Within each age group (except age 65 and up), LGB residents showed significantly more days of poor mental health.

Within each income level except \$25,000 to \$34,999 and \$50,000 and more, LGB residents showed significantly higher average days of poor mental health.

Emotional support (data not shown)

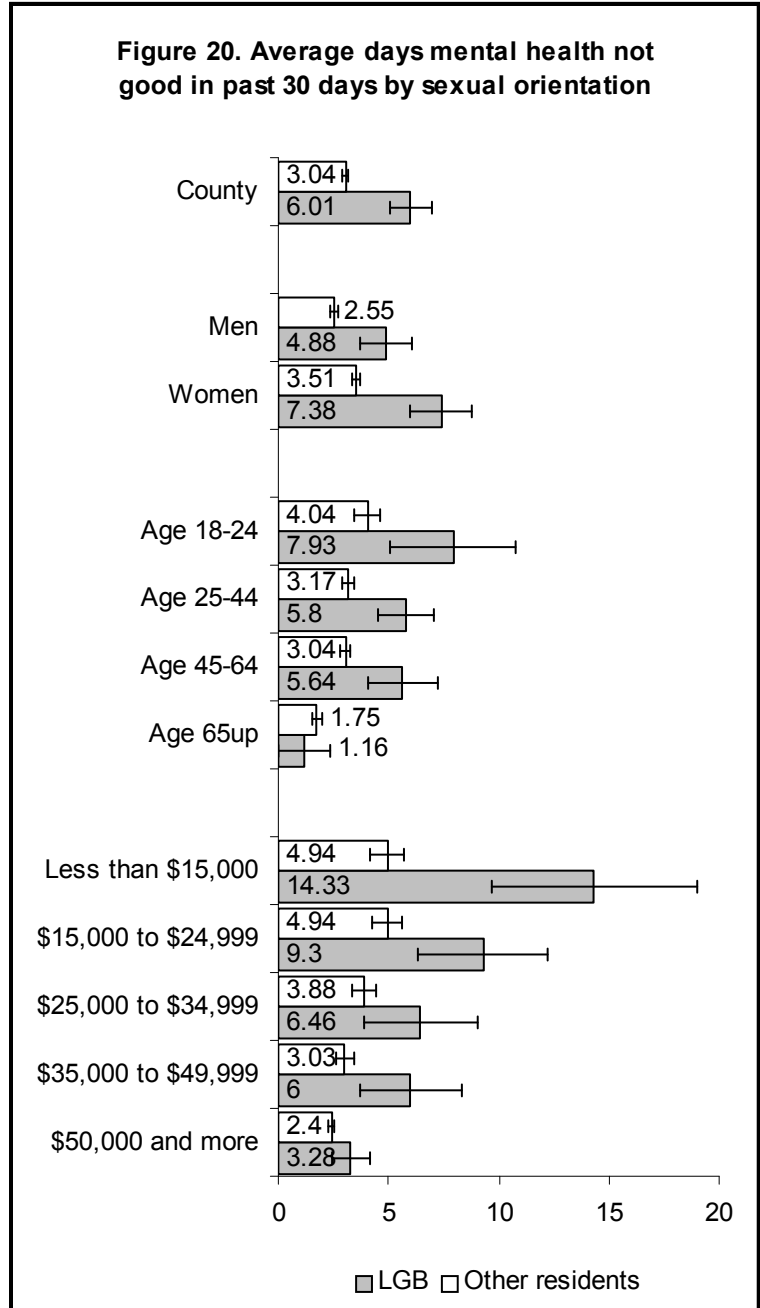
Scale: See Appendix 1

Reports by LGB residents and other residents in frequency of emotional support were similar. Based on the scale, both LGB residents (mean = 1.83) and other residents (mean = 1.77) usually get the social and emotional support they need.

Life satisfaction (data not shown)

Scale: See Appendix 1

Reports by LGB residents and other residents in level of life satisfaction were similar. Based on the scale, both LGB residents (mean = 1.85) and other residents (mean = 1.83) report being satisfied with their lives.



VI. Health conditions

Physical health (Figure 21)

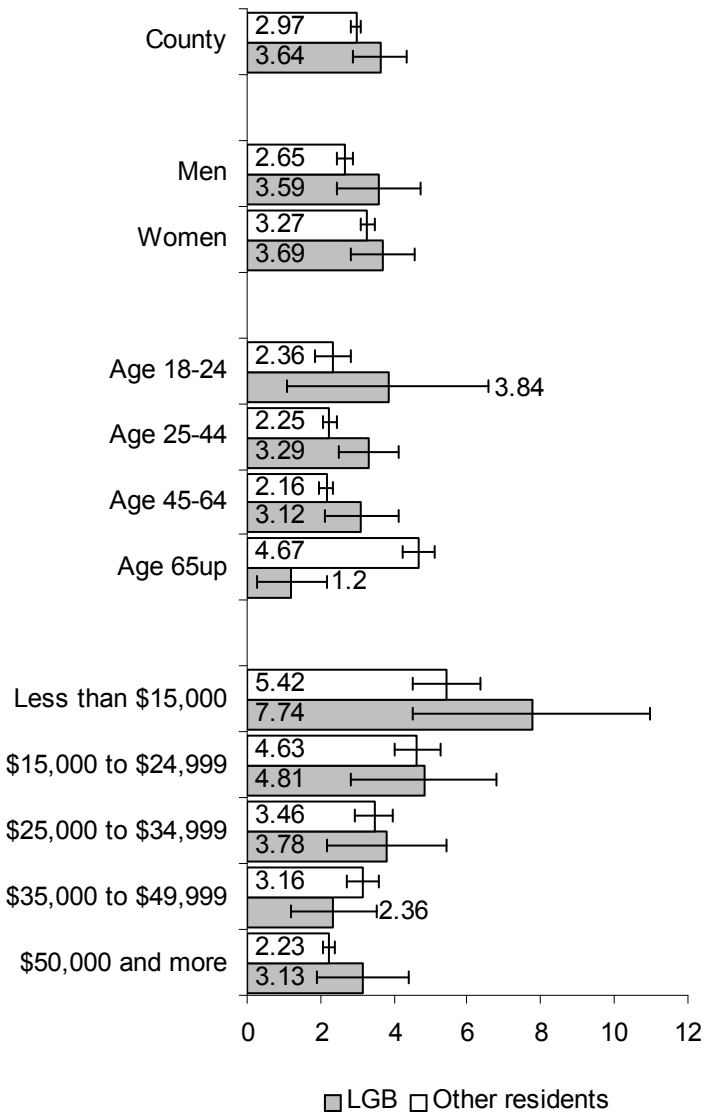
The average number of days that physical health was not good in the last 30 days was similar for LGB residents (4 days) and other residents (3 days).

Gender-specific analysis showed that for both men and women, LGB residents had more days of poor physical health than other residents. But the difference was not significant.

In an age-specific analysis, LGB residents among the 25-44 age group had significantly more days of poor physical health than other residents. Among those age 65 and older, other King County residents showed significantly more days of poor physical health than LGB residents.

Among all residents of King County, as income decreased, days of poor physical health tended to increase.

Figure 21. Average days physical health not good in past 30 days by sexual orientation



Poor health (Figure 22)

Measurement: see Appendix 1.

King County LGB community

LGB residents reported limiting their usual activities due to poor physical or mental health for about 3 days in the past 30 days. The income category earning less than \$15,000 showed the highest days of out-of-activity due to poor health (10 days).

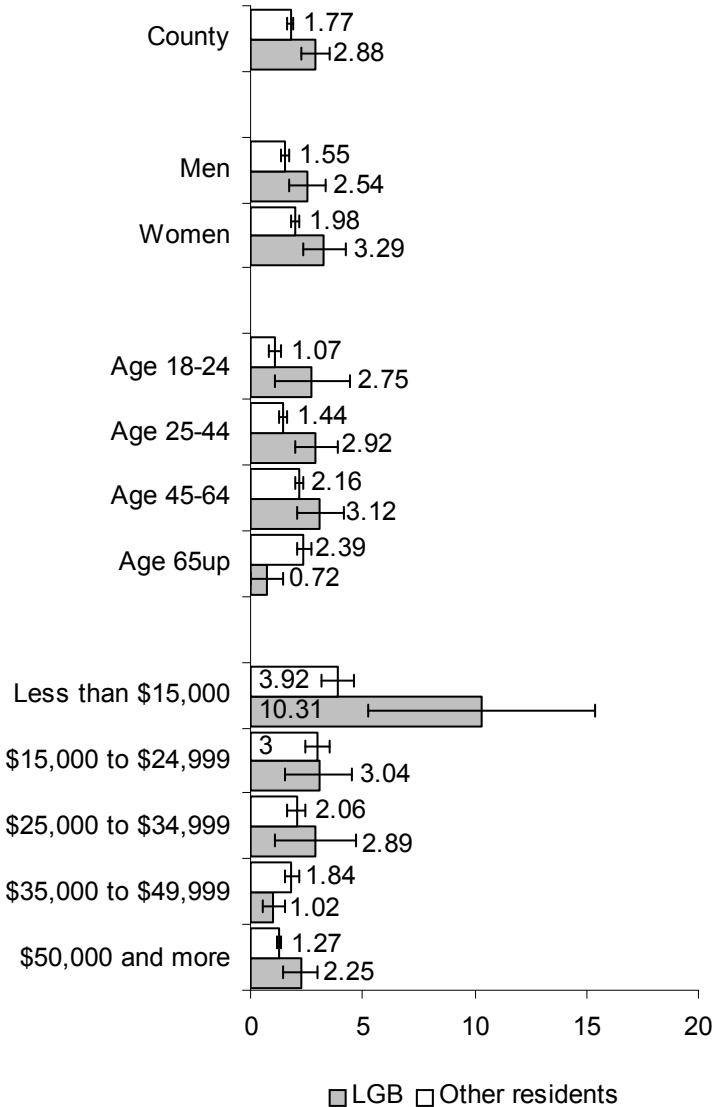
Comparison with other King County residents

Average 3 days of limited activity among LGB residents is significantly higher than other residents (2 days). Gender specific analysis showed this significant difference was observed only between lesbian and bisexual women and other women.

When analyzed by age, LGB residents, except those 65 and up, reported a greater number of days of out-of-activity due to poor health than other residents, but only the age group 25 to 44 showed a significant difference.

In the less than \$15,000 category there was a significant difference between LGB residents (10 days) and other residents (4 days) in days out-of-activity due to poor health in the past month.

Figure 22. Average days of poor physical or mental health in past 30 days by sexual orientation



Diabetes except during pregnancy (Figure 23)

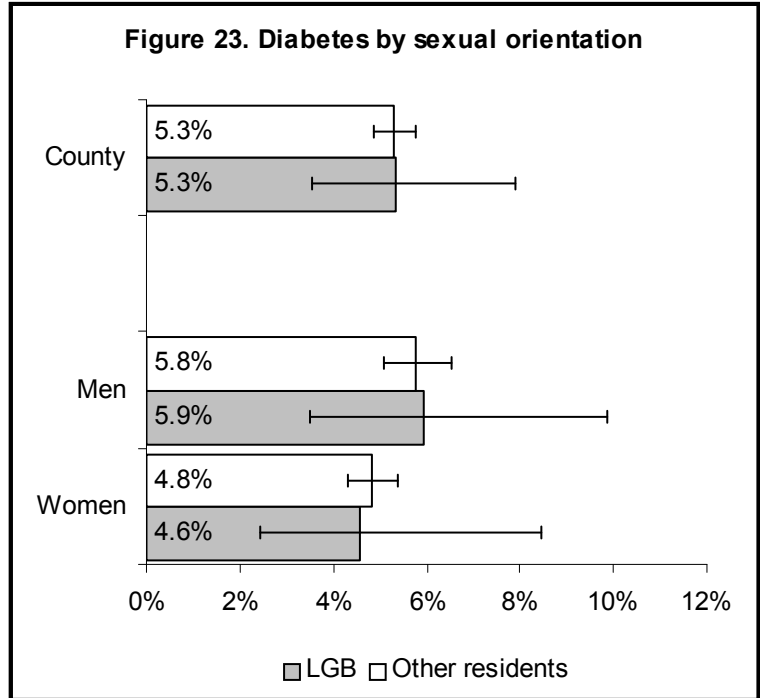
King County LGB community

One in twenty (5%) of LGB residents reported being told by a doctor they had diabetes. Gay and bisexual men showed a similar rate of diabetes compared to lesbian and bisexual women.

Among LGB residents, as age increased, the likelihood of diabetes increased (data not shown).

Comparison with other King County residents

Other King County residents showed similar patterns.



Asthma (Figure 24)

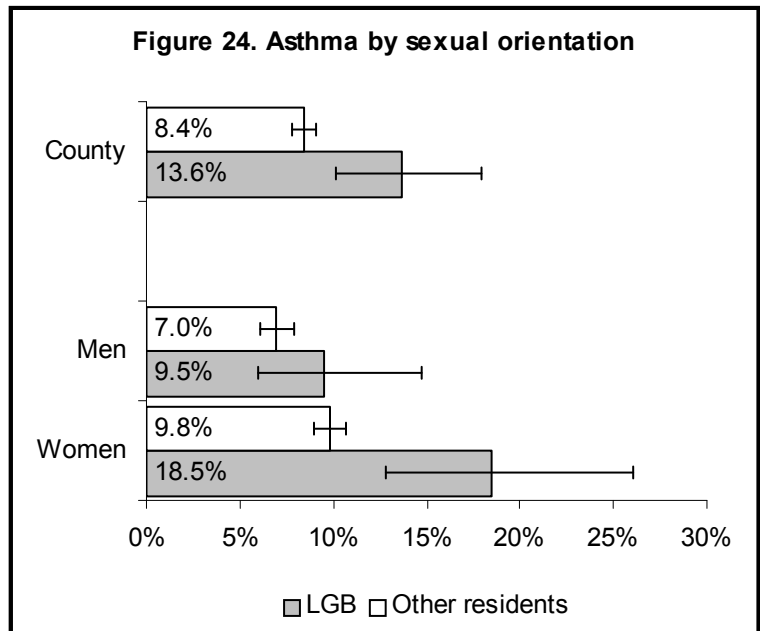
King County LGB community

Fourteen percent (14%) of LGB residents reported that they currently have asthma. One in five (19%) lesbian and bisexual women showed a higher rate of asthma compared to one in ten (10%) gay and bisexual men. This difference was not statistically significant.

Comparison with other King County residents

LGB residents showed a significantly higher asthma rate (14%) than other residents (8%).

Gender-specific analysis showed that for both men and women, LGB residents reported higher rates of asthma. But, only between lesbian and bisexual women (19%) and other women (10%) was this difference statistically significant. This significant difference between the two groups was observed especially among younger women (age 44 or less).



Recommendations:

The City of Seattle and King County have a growing LGB population and the public and private sectors need to respond to the increasing health care needs and challenges of this community. This report is an important step in increasing awareness of the health of the LGB community. As described in this report, the LGB community has many health related strengths and needs as well as historic and current barriers to service. Based on these findings, primary areas of concern, key recommendations and priority action items are outlined below to better address the health care needs of the Seattle and King County LGB community.

- ◆ Compared to other King County residents, LGB residents have less access to health care services due to financial constraints.

Key Recommendations:

- Increase access to health services for LGB residents in mid to low income groups.
- Increase participation in mental and physical health services, amongst low income LGB communities.

Priority Action items:

- Increase funding for health services in the LGB community and Community Health Clinics.
- Fund outreach activities to increase utilization of health services by LGB residents.

- ◆ Health care providers need information and training about the specific health needs and issues affecting the LGB community.

Key Recommendations:

- Expand cultural competency training, currently funded by the City of Seattle, for health and human service providers in the general community on the specific health care needs of the LGB population.

Priority Actions Items:

- Disseminate the findings in this report to health care professionals to raise awareness of health issues and disparities in the LGB community.
- Mandate cultural competency training on LGB issues in city and county health funding contracts.
- Provide targeted asthma education to increase awareness of the elevated asthma risks, especially amongst younger lesbian and bisexual women.

- ◆ Compared to other King County residents, LGB individuals access many health screening programs at lower rates.

Key Recommendations:

- Expand health-related screening programs and outreach efforts that are appropriate and targeted to the specific needs of the LGB community.

Priority Action Items:

- Enhance campaigns to increase HIV test rates, especially for younger LGB individuals.
- Expand targeted campaigns to increase participation in mammograms and Pap smear screenings among lesbian and bisexual women.

- ◆ The King County LGB community participates in some health risks behaviors at a higher rate than other residents of King County.

Key Recommendations:

- Insure prevention programs are targeted to the specific needs of the LGB community.

Priority Action Items:

- Target anti-smoking interventions for younger and lower income LGB communities.

Insure programs aimed at reducing HIV risk behaviors are aimed toward younger gay and bisexual men.

Fund programs to reduce the rates of heavy drinking, with an emphasis toward lesbian and bisexual women.

- ◆ There is a lack of information and research on the health of the LGBT community.

Key Recommendations:

Engage members of the LGBT community to develop strategies for increasing awareness and improving health.

Recognize sexual orientation, sexual behavior and gender identity as social indicators of health. Include these indicators in local, state and national data sources.

Priority Action Items:

Sponsor community forums, facilitated by the Seattle Commission for Sexual Minorities, to disseminate the key findings and recommendations in this report and to develop strategies for improving health

Include sexual behavior and gender identity questions in the local BRFSS. Include sexual orientation, sexual behavior and gender identity questions in health surveys, including the King County Communities Count Survey, Washington State Healthy Youth Survey, Washington State Population Survey, Washington State Cancer Registry, and the national BRFSS. Analyze and describe the health of the LGB community in county health reports, including Communities Count and other key health reports.

Develop strategies to reach historically underrepresented groups in health research and services, such as communities of color, the transgender individuals, non-English speaking residents, elders, youth, and low income individuals and their families.

In conclusion, It is imperative that we develop policies and interventions that are targeted and culturally sensitive to the increasing health related needs of the City of Seattle and King County LGB community. We must work together to improve the health of all residents and recognize the specific needs of the LGB community.

Behavioral Risk Factor Surveillance System (BRFSS) 2003 – 2006

The BRFSS is a telephone interview survey of non-institutionalized adults age 18 and older. The survey has been conducted in Washington State since 1987. The BRFSS collects information from adults on health behaviors and preventive practices. Adults (age 18 years or older) who live in households having a telephone are randomly selected for an interview. Calls are made seven days a week during both the day-time and the evening. In Washington State, approximately 300 interviews are completed monthly. (Source: http://www.doh.wa.gov/EHSPHL/CHS/CHS-Data/brfss/brfss_homepage.htm)

The measurement of sexual orientation was added by the state in 2003, and the questionnaires are linked on the BRFSS webpage. (http://www.doh.wa.gov/EHSPHL/CHS/CHS-Data/brfss/brfss_questionnaires.htm).

Data source: Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, supported in part by Centers for Disease Control and Prevention Cooperative Agreement U58/CCU002118-1 through 17 (1987 - 2003) or U58/CCU022819-1-3 (2004 - 2006).

Notes

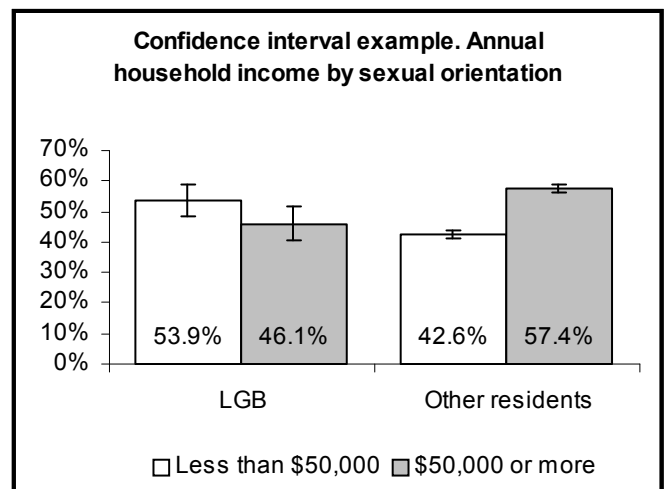
Confidence intervals

This report includes bar graphs to visually show comparisons between different groups. Each bar graph shows the 95% confidence interval. Since the rates for population are estimated from a sample, there always exists a possibility of error. Thus, one cannot guarantee that a rate found from a sample is representative of the population. The 95% confidence interval gives a range of rates in which a rate from another sample will be included with 95% confidence.

When two rates are compared, if the confidence intervals do not overlap, the differences between two groups are considered statistically significant. For example, the following graph shows 46.1% of LGB residents earned \$50,000 or more in a year. The 95% confidence interval for the rate is shown as vertical line on the bar. According to the confidence interval, one can be 95% certain that the percentage who earned \$50,000 or more in the LGB population is somewhere between the upper limit and the lower limit. The percentage who earned \$50,000 or more in other residents (57.4%) is higher than that of LGB residents (46.1%), and also the confidence interval of other residents do not overlap with that of LGB residents. Thus, one can conclude that the difference of the percentage who earned \$50,000 or more between LGB residents and other residents is statistically significant.

Statistical significance

The confidence interval is affected by sample size. The larger a sample size is, the narrower the confidence interval. Thus, differences that are not statistically significant may become significant with a larger sample size. The sample graph shows that the 7.8% difference between LGB residents who earned less than \$50,000 (53.9%) and who earned \$50,000 or more (46.1%) is not statically significant since the two confidence intervals overlap. If a larger sample of LGB residents is collected, the 7.8% difference may be statistically significant.



VIII. Limitations

While this report highlights important findings regarding the health of the LGB community, the limitations of the research must be noted. For example, a major limitation of this study is the potential for under-reporting of those who identify as gay, lesbian and bisexual (LGB) in the county. Sexual orientation and personal identity are complex constructs. Furthermore, this research does not address issues related to sexual attraction or same sex behavior where the person may not identify as LGB, which potentially excludes a segment of the target population. Also, as suggested by the findings in this report, younger participants may be more likely to participate in such a survey since younger residents seem to more readily identify as LGB. Also, within the study there may be ambiguities in the respondents' definitions of what constitutes gay, lesbian, bisexual or heterosexual identities.

To date there is a lack of information on transgender health. There are no questions related to gender identity in the BRFSS and thus we were unable to analyze the health status and disparities that exist for the King County transgender community. In future research it will be important to include gender identity questions in health-related surveys to document the needs and experiences of this community.

Sampling may also be a limitation in this research. Given that it relies on a telephone survey with English speaking callers, the method may not reach persons who do not have a landline phone. It potentially limits the participation of the poor, residents who are homeless as well as those who use only a cell phone. The use of English language only callers limits anyone who does not speak English and may create barriers for those for whom English is a second language.

Many health indicators could not have advanced correlational analyses conducted or had to be excluded from this report because statistically valid analyses could not be conducted due to the small sample sizes. Several issues surfaced in this report that warrant further research. For example, more research is needed to further understand the seemingly paradoxical finding that LGB King County residents have higher levels of education yet lower income levels. In addition, more research is needed to understand the relationship between asthma rates and other health and risk factors, as well as the contradictory trends in the LGB community in relation to rates of obesity and overweight.

Since many LGB individuals have experienced discrimination and prejudice, they may be unlikely to openly identify as LGB. For example, among LGB elders, many came of age during a time when there was blatant persecution and they may continue to harbor fears and misgivings that would act as a barrier to their participation in such a study. And, in fact the LGB elder population participating in this research was small, which limits the types of statistical tests conducted. More work will be needed to develop better strategies to reach community members that may be the most isolated and are not likely to participate in this type of research, yet may be the most in need of services.

Appendices

Appendix 1. Definitions and Measurements of Indicators and Scales

IV. Health Behaviors

◆ Nutrition

Recommended daily consumption of fruits and vegetables is set at five servings per day.

◆ Drinking

Chronic drinking: For the purposes of this report, chronic drinking is defined as having an average of 2 drinks or more every day for the past 30 days.

Heavy drinking: For the purposes of this report, heavy drinking is defined as having greater than 2 drinks per day for men and greater than 1 drink per day for women.

◆ Overweight and obesity

Overweight: a Body Mass Index (BMI) is greater than or equal to 25 and less than 30.

Obese: BMI is greater than or equal to 30.

BMI: the ratio of weight to height

◆ HIV Risk Behavior: The following HIV risk behaviors were measured for all respondents who were less than 65 years old. Participating in any of the listed behaviors was considered as HIV risk behavior.

Used intravenous drugs in the past year.

Treated for a sexually transmitted or venereal disease in the past year.

Given or received money or drugs in exchange for sex in the past year.

Had anal sex without a condom in the past year.

V. Psychosocial health/mental distress

◆ Emotional Support

Scale: The frequency of emotional and social support was measured as: 1 Always, 2 Usually, 3 Sometimes, 4 Rarely, 5 Never

◆ Life satisfaction

Scale: The level of how satisfied someone was with their life was measured as: 1 Very satisfied, 2 Satisfied, 3 Dissatisfied, 4 Very dissatisfied

◆ Mental distress

Mental distress was measured as “how many days during the past 30 days a respondent's mental health was not good (due to depression, stress, etc.)?”

VI. Health Conditions

- ◆ Poor health

Poor health was measured as “during the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?”

Appendix 2. Regression Tables

Table 1. Summary of logistic regression analysis for age predicting overweight

Predictor	Odds Ratio	t	p	95% confidence interval	
Age	1.023	2.45	.014	1.004	1.041

$F(1, 14052) = 6.00, P < .05$

Table 2. Summary of logistic regression analysis for age predicting obesity

Predictor	Odds Ratio	t	p	95% confidence interval	
Age	1.028	2.82	.005	1.008	1.048

$F(1, 14052) = 7.95, P < .01$

Table 3. Summary of logistic regression analysis for age predicting HIV risk behavior

Predictor	Odds Ratio	t	p	95% confidence interval	
Age	.961	-2.82	.005	.935	.988

$F(1, 8524) = 7.93, P < .01$

Table 4. Summary of regression analysis for age predicting mental health

Predictor	b	t	p	95% confidence interval	
Age	-.070	-1.93	.054	-.141	.001

$R\text{-squared} = .009, F(1, 14586) = 3.71, P = .054$