

New Mexico's Progress in Collecting Sexual Orientation Health Data and Its Implications for Addressing Health Disparities

Sexual orientation encompasses multiple dimensions. *Attraction* refers to whom individuals are sexually drawn; *behavior* refers to with whom individuals are engaging in sexual activity; *identity* is an individual's self-perception or self-label of sexuality.¹ An individual's self-label of sexuality may or may not align with attraction or behavior.

Methods

In 2005, the following sexual orientation question was added to the NM Behavioral Risk Factor Surveillance System (BRFSS), an ongoing telephone survey of adults ages 18 and older:

Do you consider yourself to be?

Heterosexual or straight; Homosexual, gay, or lesbian; Bisexual; Other

This question was adapted from the sexual orientation question on the National Health and Nutrition Examination Survey. During administration of the 2005 and 2006 BRFSS, surveyors reported that some older respondents seemed confused by the sexual orientation question, and a significantly higher percentage of adults ages 65 years and older responded with "don't know." Hence, in 2007 and 2008, the sexual orientation question was only administered to respondents between 18 to 64 years of age. In 2009, the sexual orientation question was revised to include gender identity (i.e., transgender) and to eliminate less common terminology (i.e., heterosexual, homosexual):

Which one or more of the following do you consider yourself to be?

Straight; Gay or lesbian; Bisexual; Transgender; Other

This question was cognitively tested and shown to more accurately capture the constructs of sexual orientation and gender identity among adults of all ages.² As a result, starting in 2009, all respondents, including

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those ages 65 years and older are administered the revised question.

With the availability of 2005-2008 BRFSS sexual orientation data in NM, we examined differences in health risk/protective behaviors and the prevalence of certain chronic conditions between lesbian, gay, or bisexual (LGB) and straight adults.

Results

According to NM BRFSS data, 2.1% (29,800)³ and 2.5% (36,000) of adults identified as LGB in 2005 and 2006, respectively. 2.4% (29,100) and 3.2% (39,100) of adults 18-64 years identified as LGB in 2007 and 2008, respectively.

Demographics (2005-2008)

Using aggregated 2005-2008 BRFSS data for 18-64 year old adults, a significantly higher proportion of bisexual adults (65.4%) were between ages 18-34 compared to straight adults (37.3%). Additionally, a significantly higher percentage of gay or lesbian adults (43.3%) had a college degree or higher than straight adults (30.7%). However, a significantly higher percentage of gay or lesbian adults (15.8%) reported an annual household income between \$10-20,000 compared to straight adults (7.3%). There were no significant differences in race/ethnicity between straight, gay or lesbian, and bisexual adults.

Alcohol and Tobacco Use (2005-2008)

In New Mexico, over twice the percentage of LGB adults between the ages of 18-64 years were heavy drinkers⁴ than straight adults (9.3% vs. 4.4%). Binge drinking⁵ was also significantly higher among LGB adults compared to straight adults (21.1% vs. 14.3%). For tobacco use, a significantly higher percentage of

LGB adults ages 18-64 years currently smoke than straight adults (32.8% vs. 22.0%). These differences were driven primarily by bisexual adults who had the highest rates of tobacco use (39.1%). Lesbian or gay adults had similar rates of tobacco use as straight adults.

Physical Activity and Nutrition (2005 and 2007)

A significantly higher percentage of 18-64 year old LGB adults (65.4%) reported engaging in recommended amounts of physical activity (at least 30 minutes of moderate activity at least 3 days per week or at least 20 minutes of vigorous activity at least 2 days per week) compared to straight adults (54.1%). However, this difference was driven primarily by bisexual adults, who were significantly younger and therefore, more likely to be active. There were no significant differences between straight and LGB adults for consuming the recommended five or more servings of fruit or vegetables per day.

High Cholesterol and Blood Pressure (2005 and 2007)

There were no significant differences between LGB adults and straight adults 18-64 years old for prevalence of having been diagnosed with high cholesterol or high blood pressure.

Obesity and Diabetes (2005-2008)

There were no significant differences between LGB adults and straight adults 18-64 years old for prevalence of obesity and diagnosed diabetes. However, when bisexual adults were excluded, a significantly higher percentage of lesbian or gay adults were obese compared to straight adults.

Suicide and Depression (2006)

Compared to straight adults, LGB adults, 18 years and older, were much more likely to have thought about or attempted suicide. Nearly five times the percentage of LGB adults had thought about suicide and over three times the percentage have attempted suicide. Similarly, nearly three times the percentage of LGB adults reported depression than straight adults (43.0% vs. 17.2%).

Intimate Partner Violence (2005)

Intimate partner violence was significantly higher among LGB adults 18 years and older than straight adults (51.7% vs. 17.5%).

Cancer Screening (2006 and 2008)

There were no significant differences between LGB and straight women 40-64 years old in having had a mammogram in the past 2 years. Additionally, there were no differences in having had a Pap test in the past 3 years between LGB and straight women 18-64 years old. Among men, there were no significant differences in prostate cancer screening between LGB and straight men 50-64 years old. There were also no significant differences in colorectal cancer screening among LGB and straight adults 50-64 years old.

HIV Testing (2005-2008)

Compared to straight adults (36.3%), a significantly higher proportion of 18-64 year old LGB adults (61.9%) had ever had an HIV test.

Other Health Indicators (2005-2008)

Similar percentages of LGB and straight adults 18-64 years old reported not having health insurance and having fair or poor health status. A significantly higher percentage of LGB adults 18-64 years old reported being dissatisfied or very dissatisfied with life than straight adults (10.8% vs. 5.2%). This difference was driven primarily by bisexual adults who had the highest percentage of life dissatisfaction (13.3%).

Conclusion

Overall, LGB adults in New Mexico experience significantly higher risk compared to their straight counterparts for tobacco use, excessive alcohol use, suicide, depression, intimate partner violence, obesity, asthma, and life dissatisfaction (Figure 1). Given these disparities between LGB and straight adults in New Mexico, it is important to utilize a multi-faceted approach to address lesbian, gay, bisexual, transgender, two-spirit, queer, questioning, intersex (LGBTQI) health. This approach includes addressing social determinants of health through resource development, improved access to health care services, and policy implementation. In addition, the findings indicate that further research which takes into account some of the demographic differences (i.e., age, education, and income) between straight adults and LGB adults is needed to more fully understand the health of LGBTQI communities.

One limitation for addressing LGBTQI health includes the lack of a sexual orientation question on the Youth Risk and Resiliency Survey (YRRS). The YRRS is an ongoing paper-and-pencil survey of middle and high

school students and is considered by CDC as equivalent to the national Youth Risk and Behavior Survey (YRBS). The use of a single sexual attraction question has been recommended to capture the greatest number of students, since not all are sexually active (behavior) or are ready to self-label (identity).¹ Proposals to include a sexual attraction question on the NM YRRS conducted in high schools, however, were unsuccessful in both 2005 and 2009, primarily out of concern that the question would adversely impact survey participation. Data from other states' YRBS, have shown increased prevalence for many health risk indicators (e.g., tobacco use, substance use, poor mental health, sexual violence, risky sexual behavior, suicide ideation and attempts, etc.) among LGB and questioning high school students compared to straight students.^{6,7,8,9} The lack of NM-specific sexual orientation data for high school students prevents community-based organizations and various programs in NM from having objective evidence that demonstrates the need for funding and programming targeted to LGB youth.

Recommendations

- Institute non-discrimination and anti-harassment policies that cover LGBTQ people within organizations
- Elevate importance of LGBTQ health issues
- Consider LGBT a priority population along with racial/ethnic groups in disparity and health equity discussions and reports
- Explore outreach and educational interventions for lesbian, gay, bisexual, transgender, queer (LGBTQ) communities in multiple public health programs (e.g., behavioral health, substance abuse, chronic disease prevention and control, etc.)
- Offer trainings on LGBTQ health issues to increase cultural competency among health care providers and community partners
- Utilize inclusive language (e.g., partner, significant other) in communications and health forms
- Include sexual orientation and gender identity items as standard demographic question on surveys and registries
- Start sexual orientation data collection among youth
- Support establishment of Gay-Straight Alliances in middle and high schools, which create safe and supportive environments for LGBTQ students and their straight allies

- Partner with organizations serving people of color as a strategy to improve access to LGBTQ people of color

For more detailed information on LGB health, please see the following report: *New Mexico's Progress in Collection Lesbian, Gay, Bisexual, and Transgender Health Data and Its Implications for Addressing Health Disparities, April 2010*. Available for download from http://www.nmtupac.com/reports/new/2010_LGBT_Report.pdf.

Endnotes

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2. Scout. 2008. LGBT Surveillance and Data Collection Briefing Paper. Online Publication. Downloaded from National LGBT Tobacco Control Network website at <http://www.lgbttobacco.org/files/Surveillance%20Briefing%20Paper%2004.doc>. Last updated Sept 7, 2008.
3. Population Source: Bureau of Business and Economic Research (BBER), University of New Mexico. <http://www.unm.edu/~bber/>.
4. Defined for men as someone who reported having consumed three or more alcoholic drinks per day over the last 30 days. For women, someone who reported having consumed two or more alcoholic drinks per day over the last 30 days.
5. Defined for men as someone who reported having consumed five or more alcoholic drinks in one sitting. For women, someone who reported having consumed four or more alcoholic drinks in one sitting.
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7. Massachusetts Youth Risk Behavior Survey 2007
8. Rhode Island Youth Risk Behavior Survey 2007
9. Chicago Public High Schools. Differential Risk Factors for Lesbian, Gay, Bisexual Identified Students. 2005 Youth Risk Behavior Survey Results.

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Figure 1. Statistically Significant Health Disparities between Straight and Lesbian, Gay, or Bisexual Adults in New Mexico

