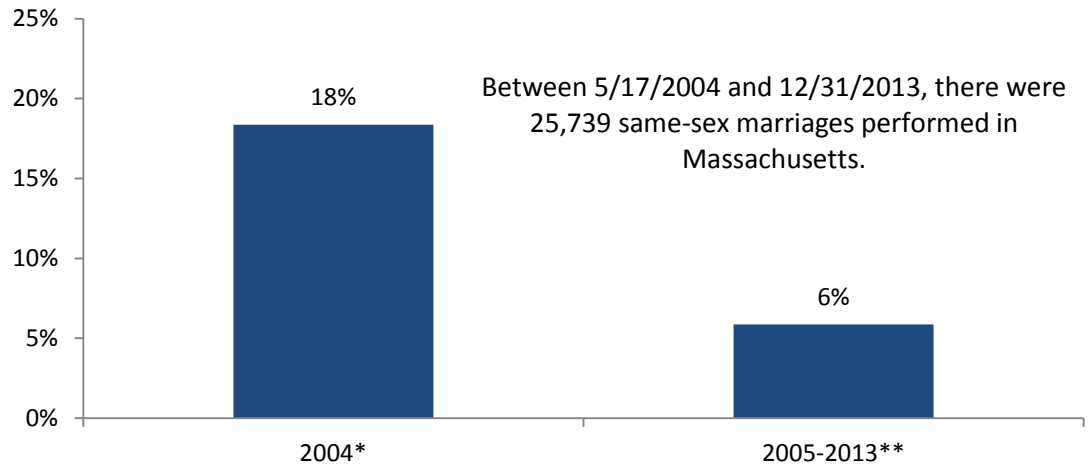
Trends in Same Sex Marriage and a Commitment to LGBTQ Health in Massachusetts

In May 2004, Massachusetts became the first state in the nation to legalize same-sex marriage. This brief report indicates trends in marriage in the ensuing 10 years, and on a wider scale, describes what the Massachusetts Department of Public Health (DPH) is doing to better understand health access needs and health issues for lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ) adults and youth.

Between May 17, 2004 and December 31, 2004, nearly one in five marriages in Massachusetts was a same-sex marriage. Since 2005, the proportion of same-sex marriages has varied between 4% and 8% of total marriages with the average being 6% of all marriages (Figure 1). Same-sex marriages took place in all regions of the state.

Same-Sex Marriage

Figure 1: Percent of all Massachusetts marriages that were same-sex, 2004-2013



*Partial year, count from 5/17/2004 to 12/31/2004. **Count for 2013 is incomplete.

Department of Public Health Actions to Support the LGBTQ Population

Health disparities exist among the LGBTQ population, and improved data collection efforts are needed. The Centers for Disease Control and Prevention reports that members of the LGBTQ community are at increased risk for a number of health threats when compared with their heterosexual peers. What's more, a 2011 Institute of Medicine report found that "the experiences of LGBTQ individuals are not uniform and are shaped by factors of race, ethnicity, socioeconomic status, geographical location, and age, any of which can have an effect on health-related concerns and needs."

DPH has historically offered a series of prevention and care services which are tailored to the specific needs of the LGBTQ population, including suicide prevention services, substance abuse prevention and treatment, and infectious disease prevention and care. We are pleased to announce a coordinated, multifaceted effort to further reduce LGBTQ health disparities in Massachusetts.

Data and Program Planning: In order to better understand the health disparities impacting the LGBTQ population, the Department of Public Health regularly gathers data on sexual orientation and sexual identity through its major surveillance efforts – the Behavioral Risk Factor Surveillance System (BRFSS) and the Youth Health Survey (YHS). DPH also works with the Department of Elementary and Secondary Education (DESE) to obtain relevant data from their Youth Risk Behavior Surveillance System (YRBSS). This enables the Department to assess the prevalence of health risks such as smoking and chronic health conditions like depression, as well as trends in these behaviors and conditions over time.

The information gives DPH the opportunity to identify disparities and to develop appropriate solutions to reduce those disparities. These data are routinely included in major surveillance reports prepared by DPH and DESE.

In the future, the Department is preparing to release a series of brief data reports that will highlight a number of public health topics focused on LBGTQ health including HIV/AIDS, Substance Abuse, Sexually Transmitted Infections, Health Insurance Coverage and others.

Standardizing How Data Is Collected: DPH has been collecting information on same-sex sexual behavior since 1983 as it relates to the risk for HIV/AIDS among gay and bisexual men and other men who have sex with men, and more broadly since 2001 as part of the Behavioral Risk Factor Surveillance Survey. The Department of Elementary and Secondary Education has been collecting data on same-sex sexual behavior among high school students since 1991 through the YRBSS, and subsequently included items on sexual orientation. These items were then added to the DPH Youth Health Survey.

While DPH has a long history of gathering data on sexual orientation through its surveillance efforts and other programs, data have been collected in different ways and through different formats -- making comparisons across data sets difficult. Currently, DPH is in the process of cataloguing and standardizing all its LGBTQ data collection. Ultimately, by providing clear guidance to researchers and providers on standardized language for LGBTQ health surveys, we can increase the overall LGBTQ response rate – leading to an even larger data set on which to base future programs, services and interventions. In all, these changes will ensure that information about the LGBTQ population is meaningful across data sources and allow the Department and the public to gain a better understanding the health of this population. Questions specifically concerning transgender identity were added to the BRFSS in 2007 and the YRBS in 2013, and we plan to focus upon the transgender population in a forthcoming report.

Delivering Culturally Appropriate Services: In an effort to continuously improve how public health is delivered, the Department in 2013 enhanced its Making CLAS (Culturally and Linguistically Appropriate Services) Happen guide to support providers in addressing the unique health needs of diverse communities. One area of enhancement included discussion on appropriate and respectful services to the gay, lesbian, bisexual, transgender, queer, and questioning community.

With this in mind, the Department is pleased to announce that it will launch a joint effort between its Bureau of Infectious Disease and Office of Health Equity. The collaboration is designed to frame and address LGBTQ health issues in a holistic way across all DPH programs to ensure that we can successfully translate meaningful data into effective public health practice and equitable health outcomes.