

THE HEALTH OF LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) PERSONS IN MASSACHUSETTS

A survey of health issues comparing LGBT
persons with their heterosexual and non-
transgender counterparts



Massachusetts Department of Public Health
July 2009

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A survey of health issues comparing LGBT persons with their heterosexual and non-transgender counterparts

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Acknowledgements

This report was prepared by [Stewart Landers, JD, MCP](#) and [Paola Gilsanz, MPH](#). Lee Badgett of the Williams Institute at UCLA Law School and the University of Massachusetts collaborated with us on development of the survey. Marc Solomon and Scott Gortikov, past and current Executive Director at MassEquality respectively, helped supported the administration of the survey. The following people reviewed the report and provided important and helpful comments: Bruce Cohen, Director of Survey Research, and Lynette Mascioli at the MDPH Bureau of Health, Information, Statistic, Research and Evaluation; Kevin Cranston, Director, MDPH Bureau of Infectious Disease Prevention and Control; and Andy Epstein, Special Assistant to the Commissioner.

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The Health of Lesbian, Gay, Bisexual and Transgender (LGBT) Persons in Massachusetts

Executive Summary

This report provides information from the largest “snapshot” ever taken of the health of lesbian, gay, bisexual and transgender (LGBT) communities in Massachusetts. Health data were collected through an online questionnaire developed by the Massachusetts Department of Public Health (MDPH) in consultation with the Williams Institute at UCLA Law School, a think tank dedicated to LGBT issues.

In order to capture the largest sample possible, participants were solicited through Massachusetts’ largest LGBT advocacy organization, MassEquality. In May, 2009, MassEquality sent the survey to one individual in each of the 38,210 households on its mailing list. A follow-up email went out halfway through the data collection period. The online survey was completed by 1,598 individuals in a period just over one week, yielding a response rate of 4.2%. Among the findings:

- Among lesbian, gay, bisexual and transgender persons, the health of bisexual and transgender people is somewhat worse than their heterosexual and non-transgender counterparts, respectively.
- The health of lesbian, gay, people is comparable to that of heterosexual respondents. However, lesbians were less likely to have routine pap tests compared with their heterosexual female counterparts.
- Transgender persons had worse outcomes with respect to self-reported health, disability status, depression, anxiety, suicide ideation, and lifetime violence victimization.
- Bisexual respondents had worse outcomes with respect to self-reported health, disability status, suicide ideation, as well as lower rates of mammography for bisexual women compared with their heterosexual female counterparts.
- Legally married same-sex couples were more likely to obtain health insurance through their spouse’s employer than non-legally same sex couples.

This research validates the research on other minority populations that associates stigma and other social determinants with poor health outcomes. The health disparities faced by minority groups are all too common. Increasingly, there are more theories regarding the factors that lead to health disparities. Research increasingly points to a range of social inequities including income, access to health care or insurance, and housing as factors that impact everyone regardless of race, sexual orientation or gender. However, there are theories specific to minority groups that add additional factors based on minority status.

Recent changes, including marriage equality, may be helping to reduce disparities for lesbians and gay men, possibly by providing greater access to health insurance. However, transgender persons still face major barriers with respect to employment non-discrimination, public accommodations and general social acceptance. This report finds transgender persons reporting the highest level of health disparities.

Support of non-discrimination protection for transgender persons could help reduce stigma and by extension, improve health. In addition, programs that target health disparities by increasing access to health care and reduce barriers to obtaining that care can further support the health of the LGBT populations of Massachusetts.

Introduction

A growing body of research indicates that there are many areas where health disparities exist between gay, lesbian, bisexual, transgender populations and the heterosexual majority. This report presents summary findings comparing self-reported health behavior and status among heterosexual, gay, lesbian, bisexual and transgender adults in Massachusetts.

Results suggest that gender identity and sexual orientation differences exist among Massachusetts adults with respect to access to health care, overall health status, cancer screening, chronic health conditions, mental health, substance use, sexual health, and violence victimization. While gay and lesbian adults reported poorer health and greater risk than heterosexuals across several health domains, poorer health was observed most often for bisexuals. The health profile of bisexual and transgender respondents was poorer than that of heterosexual residents in terms of access to medical providers, disability status, and 12-month suicidal ideation. For transgender persons, there were also worse outcomes with respect to anxious and depressed moods and lifetime violence victimization. The health profile of gay and lesbian residents was poorer than that of heterosexual residents in the following domains: lifetime sexual assault victimization; 30-day binge drinking and substance use; asthma; and type 2 diabetes.

Methods

Data were collected through an online questionnaire developed by the Massachusetts Department of Public Health (MDPH) in consultation with the Williams Institute at UCLA Law School. In order to capture the largest sample possible, participants were solicited through Massachusetts' largest Lesbian, Gay, Bisexual, and Transgender advocacy organization, MassEquality (see appendix for e-mail text). In May, 2009, MassEquality sent the survey to one individual in each of the 38,210 households on its e-mail list. A follow-up email went out halfway through the data collection period. The online survey was completed by 1,598 individuals in a period just over one week, yielding a response rate of 4.2%.

In looking at health questions, we assessed the health of individuals who were heterosexual or straight (n=450) gay/lesbian (n= 965), bisexual (n=136) or transgender (n=52). Individuals who did not answer a question on sexual orientation or who answered "I don't know" or "other" were excluded. Data were analyzed by sexual orientation to achieve maximum power. While there are areas where it might be helpful to analyze data by gender as well as sexual orientation it was decided that this first look at these data would focus on measures of sexual orientation and gender identity.

As MassEquality's outreach strategies most likely do not attract a random sample of individuals, this sample is not representative of the general population. However, it is the largest sample of LGBT individuals in Massachusetts surveyed on health issues at one time. The resulting sample is diverse in terms of age, race, ethnicity, and sex, which allows us the opportunity to observe disparities in health among these groups. In addition, findings for LGB individuals were compared with population-based findings recently reported through the Massachusetts Behavior Risk Factor Surveillance Survey (BRFSS). The findings from this survey were similar in many, but not all, respects to the age- and gender-adjusted population-based data collected through the BRFSS. The BRFSS has not yet reported data on transgender individuals.

The statistical significance of differences was calculated using Mantel-Haenszel Chi-Square tests. Homosexual and bisexual respondents were compared with heterosexual respondents, while transgender persons were compared with non-transgender respondents. Non-significant numbers are reported as the reported percentages. Significant findings are indicated by comparisons such as "higher" or "lower" than the appropriate comparison group.

Transgender persons are defined in the survey question asking about transgender identity as people who experience a different gender identity from their sex at birth. For example, this would include a person who was born into a male body, but who feels female or lives as a woman.

Demographics

Sexual Orientation

In terms of demographics, bisexual respondents reported the youngest mean age at 38.2 years. Respondents tended to be female with 71.8% of heterosexual respondents and 77.8% of bisexual respondents identifying as female compared with 51.1% of gay or lesbian respondents. The percentage of people of color was similar across sexual orientation categories. Heterosexual respondents had the highest percentage of individuals who had college degrees or graduate school experience (85.5%) while lesbian or gay respondents had the highest rate of current paid employment (82.3%).

Table 1: Demographics by Sexual Orientation			
Demographic Category	Heterosexual	Lesbian or Gay	Bisexual
Mean Age	44.9	45.3	38.2
% Female	71.8	51.1	77.8
% Non-white	5.2	7.4	5.9
% College Graduate or Higher	85.5	82.9	81.3
% Employed	77.3	82.3	66.2

Transgender

Transgender individuals reported an average age of 41.5 years while their non-transgender counterparts reported an average age of 44.5 years. Fourteen percent of transgender respondents reported non-white racial or ethnic status while 6.6% of non-transgender respondents were non-white. Among transgender individuals, 62.8% reported college graduation or graduate school (62.8%) while among non-transgender counterparts the percentage was 83.3%. Over half of the transgender respondents (57.7%) reported being employed at the current time. Note that 61.5% of transgender respondents reported their sexual orientation as heterosexual, lesbian, gay or bisexual meaning the transgender group is not mutually exclusive from the sexual orientation groups and so their results are reported separately throughout this report. Thus each table containing survey results indicates “yes” or “no” for transgender status when reporting findings for this population.

Table 2: Demographics by Gender Identity		
Demographic Category	Transgender	Non-transgender
Mean Age	41.5	44.5
% Non-white	14.0	6.6
% College Graduate or Higher	62.8	83.3
% Employed	57.7	79.6

Access to Care

With respect to health insurance, respondents reported high rates of health insurance in general, with gay and lesbian respondents reporting 98.6% having private or public health insurance. Transgender persons reported the lowest rate of health insurance at 92.3% followed by bisexual persons at 94.1%.

Table 3: Currently Have Health Insurance

	Percentage	Number
Sexual orientation		
Heterosexual	97.6%	437
Gay or lesbian	98.6%	949
Bisexual	94.1%	128
Transgender status		
Yes	92.3%	48
No	98.1%	1498

Marriage has increased access to health insurance for lesbian, gay and bisexual respondents in same-sex legal marriages. Not only did legally married same sex couples have the highest rate of insurance coverage (99.4%) but among those couples 29.2% received their health insurance through the employer of their spouse. This was substantially higher than the rate for same sex couples who were not legally married (5.8%).

Table 4: Impact of Marriage on Health Insurance among LGB respondents

	Percentage	Number
Marital Status		
Legally Married	99.4%	519
Same Sex Couple	98.8%	239
Single	94.8%	273
Health Insurance Through Employer of Spouse/Partner		
Legally Married	29.2%	143
Same Sex Couple	5.8%	12
Single	*	*

*Suppressed due to small cell size

Respondents were asked if they have one person they think of as their personal doctor or health care provider. While 10.4% of heterosexual respondents and 7.8% of gay men and lesbian respondents did not have a personal doctor, 17.6% of bisexual respondents and 17.3% of transgender persons indicated that they did not have a personal doctor.

Table 5: Do Not Have Someone You Consider to be Your Personal Doctor

	Percentage	Number
Sexual orientation		
Heterosexual	10.4%	47
Gay or lesbian	7.8%	75
Bisexual	17.6%	24
Transgender status		
Yes	17.3%	9
No	9.5%	145

Respondents were asked how long it had been since they had had their teeth cleaned by a dentist or dental hygienist. While 73.2% of heterosexual respondents and 79.9% of gay male and lesbian respondents had their teeth cleaned in the past year, 70.6% of bisexual respondents and 67.3% of transgender persons indicated that they had their teeth cleaned in the past year.

Table 6: Had Teeth Cleaned In Past Year

	Percentage	Number
Sexual orientation		
Heterosexual	73.2%	328
Gay or lesbian	79.9%	767
Bisexual	70.6%	96
Transgender status		
Yes	67.3%	35
No	76.9%	1172

Self-reported Health

With respect to overall health, respondents were asked if their general health was excellent, very good, good, fair or poor. Heterosexual respondents had 82.5% responding Excellent or Very Good while gay men or lesbian respondents reported 78.0%, bisexual respondents 73.5% and transgender persons 67.3%. Self-reported general health has been found to be a good indicator of an individual's actual health status.ⁱ

Table 7: Self-reported Health as Excellent or Very Good

	Percentage	Number
Sexual orientation		
Heterosexual	82.5%	371
Gay or lesbian	78.0%	749
Bisexual	73.5%	100
Transgender status		
Yes	67.3%	35
No	78.9%	1205

Respondents were asked about limitations in activities due to any impairment or health problem. A similar pattern is seen with 13.6% of heterosexuals, 16.7% of gay men or lesbians, 21.3% of bisexuals and 32.7% of transgender persons reporting limitations in activities.

Table 8: Limited In Your Activities Due to Impairment of Health Problems

	Percentage	Number
Sexual orientation		
Heterosexual	13.6%	61
Gay or lesbian	16.7%	160
Bisexual	21.3%	29
Transgender status		
Yes	32.7%	17
No	16.0%	243

Behavioral Health

Respondents were asked to report how many days in the past 30 days they have felt sad, blue or depressed. Heterosexuals reported 3.97 days, gay men and lesbians 4.18 days, and bisexuals 6.38 days. Transgender persons reported 7.79 days, higher than non-transgender respondents (4.29 days).

Respondents were asked to report how many days in the past 30 days they have felt worried, tense or anxious. Heterosexuals reported 8.48 days, gay men and lesbians 7.89 days, and bisexuals 10.84 days. Transgender persons reported 11.29 days, higher than non-transgender respondents (8.31 days).

Table 9: Mental Health – Number of Days in Past Month Depressed and Anxious

	Number of Days Depressed	Number of Days Anxious
Sexual orientation		
Heterosexual	3.97	8.48
Gay or lesbian	4.18	7.89
Bisexual	6.38	10.84
Transgender status		
Yes	7.79	11.29
No	4.29	8.31

Respondents were asked if during the past 12 months they had seriously considered attempting suicide. Among heterosexuals, 2.3% reported having considered suicide and among gay men and lesbians, 4.4% reported suicide ideation. Transgender persons (30.8%) and bisexuals (7.4%) reported higher rates of suicide ideation.

Table 10: Mental Health – Considered Attempting Suicide

	Percentage	Number
Sexual orientation		
Heterosexual	2.3%	10
Gay or lesbian	4.4%	42
Bisexual	7.4%	10
Transgender status		
Yes	30.8%	16
No	3.6%	55

Respondents were asked how many times on an occasion in the past 30 days did you have at least 4 drinks, if female, or 5 drinks, if male. Heterosexuals reported 1.53 times, gay men and lesbians 1.80 times, bisexuals 1.83 times and transgender persons 1.50 times. Note: This question may not have been appropriate for transgender persons as no measure of binge drinking has been established for transgender persons. Respondents were asked how many days in the past 30 days they smoked marijuana. Heterosexuals reported 0.85 days, gay men and lesbians 1.18 days, bisexuals 1.42 days and transgender persons 0.51 days.

Table 11: Binge Drinking – How Many Times have you had 4 or 5 drinks on an Occasion and Marijuana Use – How Many Days Used

	Number of Times with 4 or 5 Drinks	Number of Days Smoked Marijuana
Sexual orientation		
Heterosexual	1.53	0.85
Gay or lesbian	1.80	1.18
Bisexual	1.83	1.42
Transgender status		
Yes	1.50	0.51
No	1.70	1.11

Respondents were asked if they had ever been threatened with physical violence by an intimate partner. Among heterosexuals (12.3%) reported a lifetime history of being threatened with intimate partner violence victimization, compared to gay men and lesbians (14.0%), bisexuals (18.4%). Transgender persons (34.6%) were more likely to report being threatened with physical violence by an intimate partner than non-transgender persons (13.6%).

Table 12: Lifetime Violence Victimization – Threatened with Physical Violence by an Intimate Partner

	Percentage	Number
Sexual orientation		
Heterosexual	12.3%	55
Gay or lesbian	14.0%	134
Bisexual	18.4%	25
Transgender status		
Yes	34.6%	18
No	13.6%	207

Respondents were asked about their smoking history and current smoking status. Gay men and lesbians (11.3%) and heterosexuals (11.8%) had lower percentages reporting current smoking, compared to bisexuals (14.0%) and transgender persons (15.4%).

Table 13: Current Smoker		
	Percentage	Number
Sexual orientation		
Heterosexual	11.8%	53
Gay or lesbian	11.3%	108
Bisexual	14.0%	19
Transgender status		
Yes	15.4%	8
No	11.8%	180

Health Screening Tests

Female respondents were asked to report whether they had ever had a mammogram. Heterosexual women 58.8% had the highest rate, followed by Lesbians (58.3%) and bisexual women (44.6%). Note that while transgender respondents were asked this question, the screen for female identity did not sufficiently address transgender status to include these data.

Table 14: Lifetime Mammogram

	Percentage	Number
Sexual orientation		
Heterosexual Women	58.8%	194
Lesbian	58.3%	306
Bisexual Women	44.6%	50

Female respondents were asked to report whether they had ever had a Pap smear. Heterosexual women 94.2% had the highest rate, followed by bisexual women (93.7%) and Lesbians (89.9%). Note that while transgender respondents were asked this question, the screen for female identity did not sufficiently address transgender status to include these data.

Table 15: Lifetime Pap Smear

	Percentage	Number
Sexual orientation		
Heterosexual Women	94.2%	311
Lesbian	89.9%	470
Bisexual Women	93.7%	104

Respondents were asked to report whether they had ever had an HIV test. Gay men and Lesbians (72.2%) had the highest rate, followed by bisexuals (66.7%), transgender persons (65.4%) and heterosexuals (49.0%).

Table 16: HIV Test		
	Percentage	Number
Sexual orientation		
Heterosexual	49.0%	219
Gay or lesbian	72.2%	687
Bisexual	66.7%	90
Transgender status		
Yes	65.4%	34
No	64.6%	978

Chronic Diseases

Respondents were asked if they have ever been told by a doctor that they have asthma. Transgender respondents reported the lowest rate (17.6%) followed by gay men and lesbians (18.2%), heterosexual respondents (18.4%), and bisexuals (24.4%).

Table 17: Asthma

	Percentage	Number
Sexual orientation		
Heterosexual	18.4%	81
Gay or lesbian	18.2%	171
Bisexual	24.4%	33
Transgender status		
Yes	17.6%	9
No	18.9%	283

Respondents were asked if they have ever been told by a doctor that they have type 2 diabetes. Transgender respondents reported the lowest rate (2.0%) followed by bisexuals (2.2%), heterosexuals (2.5%), and gay men and lesbians (4.0%).

Table 18: Type 2 Diabetes

	Percentage	Number
Sexual orientation		
Heterosexual	2.5%	11
Gay or lesbian	4.0%	37
Bisexual	2.2%	3
Transgender status		
Yes	2.0%	1
No	3.4%	50

Respondents were asked if they have ever been told by a doctor that they have arthritis. Transgender respondents reported the lowest rate (12.0%) followed by heterosexuals (15.3%), bisexuals (15.6%), gay men and lesbians (16.4%).

Table 19: Arthritis		
	Percentage	Number
Sexual orientation		
Heterosexual	15.3%	67
Gay or lesbian	16.4%	155
Bisexual	15.6%	21
Transgender status		
Yes	12.0%	6
No	15.9%	238

Conclusions

The health disparities faced by minority groups are all too common. Increasingly, there are more theories regarding the factors that lead to health disparities. Research increasingly points to a range of social inequities including income, access to health care or insurance, and housing as factors that impact everyone regardless of race, sexual orientation or gender. However, there are theories specific to minority groups that add additional factors based on minority status.

Stress associated with discrimination is one of the factors that contribute uniquely to disparities in health among racial and ethnic minorities. Research has documented a correlation between discrimination and hypertension in racial minorities.ⁱⁱ A “minority stress model” has been proposed that hypothesizes that discrimination and stigma combine to create a hostile environment that results in health disparities.ⁱⁱⁱ

The following findings demonstrate a pattern of health disparities among lesbian, gay, bisexual and transgender persons in Massachusetts.

- Among lesbian, gay, bisexual and transgender persons, the health of bisexual and transgender people is somewhat worse than their heterosexual and non-transgender counterparts, respectively.
- The health of lesbian, gay, people is comparable to that of heterosexual respondents. However, lesbians were less likely to have routine pap tests compared with their heterosexual female counterparts.
- Transgender persons had worse outcomes with respect to self-reported health, disability status, depression, anxiety, suicide ideation, and lifetime violence victimization.
- Bisexual respondents had worse outcomes with respect to self-reported health, disability status, suicide ideation, as well as lower rates of mammography for bisexual women compared with their heterosexual female counterparts.
- Legally married same-sex couples were more likely to obtain health insurance through their spouse’s employer than non-legally same sex couples.

Many of these conclusions are similar to findings from the recent study using population based data from the Massachusetts Behavioral Risk Factor Surveillance Survey (BRFSS).^{iv} That study found disparities between lesbian, gay and bisexual (LGB) Massachusetts

residents and their heterosexual counterparts in many of the same areas identified in this study. Due to small sample sizes of LGB residents identified in each year of that study, data was aggregated over a six-year period, 2001 – 2006. This study is able to replicate many of those findings, despite lack of a random sample and is also able to provide the first data on transgender residents.^v

There are several limitations to this study. While it is the largest point-in-time snapshot of LGBT health in the Commonwealth, it is not population-based but rather a convenience sample. In addition, the low response rate (4.2%) further limits the ability to generalize these findings. While many of the findings of health disparities are similar to a previous study using population-based data, these findings are descriptive rather than based on rigorous statistical analysis. There is no adjustment of data to account for differences in age, gender, or socio-economic status of the respondents. In addition, the heterosexual respondents in this study are disproportionately female, white and college educated compared to the heterosexual population of Massachusetts.

Further, while the sample of transgender persons is the largest conducted in the Commonwealth to date, the transgender population is itself measured based on gender expression and therefore is not mutually exclusive from gay, lesbian, bisexual or heterosexual sub-groups. In addition, the number of transgender persons in the study is relatively low (52). This may make for some lack of stability in the estimates, though only statistically significant differences were considered to be findings in this report. These relatively small numbers, may explain the lack of differences for transgender respondents in certain areas such as chronic disease. In addition the lack of access to medical care may have prevented transgender respondents from “being told by a doctor” that they had various conditions.

ⁱ Miilunpalo, S, Vuori, I, Pekka, O, Pasanen, M and Urponen, H. Self-rated health status as a health measure: The predictive value of self-reported health status on the use of physician services and on mortality in the working-age population . *Journal of Clinical Epidemiology*, 1997, 50:517-528

ⁱⁱ Krieger N and Sidney S. Racial discrimination and blood pressure: the CARDIA study of young black and white adults. *Am J Public Health*, 1996, 86: 1370-1378.

ⁱⁱⁱ Meyer, IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychol Bull.* 2003;129:674-697.

^{iv} http://www.mass.gov/Eeohhs2/docs/dph/health_equity/sexual_orientation_disparities_report.pdf

^v The Massachusetts BRFSS has added a question on transgender status and will have population-based data once sufficient data exists, based on aggregation of multiple years of sampling.

Appendix

Email to Mass Equality Households

Subject Line: Take the Health and Marriage Survey!

As we approach the 5th anniversary of equal marriage rights in Massachusetts, we would like to learn more about its impact on social, economic and health issues. As the national leader in marriage equality, Massachusetts residents can share important information that will shape public policy going forward. To collect this information, MassEquality is cooperating with the Massachusetts Department of Public Health (MDPH) and the Williams Institute at UCLA Law School to develop and conduct an online survey, using a tool called Survey Monkey. MassEquality will not share your email address with the MDPH or any member of the research team. We encourage you to participate in this survey. If you choose to participate, please use the link below and complete the survey by **May 11, 2009**. The survey will take about 20 minutes to complete. You can stop the survey and return to it at a later time if necessary. This survey is completely **voluntary** and we you may skip any question that you do not want to answer.

Your responses to the survey will be anonymous in that we will not ask for your name or other information that would allow us to identify you. Survey Monkey maintains the confidentiality of data collected through its website and DPH has implemented additional security measures to minimize the risk of any security breach. While the risk that your responses could be traced back to a particular computer is extremely low, it is not possible to provide a complete guarantee of security with any on-line survey tool. After DPH has completed the analysis of the data, it will request that Survey Monkey delete this survey from its site. If you have questions, you may contact Stewart Landers at the Massachusetts Department of Public Health at 617 624-5203 or stewart.land@state.ma.us or Scott Gortikov at Mass Equality at 617 878-2300 or info@massequality.org.

Thank you for your help with this important research effort!

Link here to take the survey:

http://www.surveymonkey.com/s.aspx?sm=VgUWtIMi_2fVCmSHEmAE2Qgg_3d_3d

Scott Gortikov, Executive Director
Mass Equality

On behalf of the Massachusetts Department of Public Health and the Williams Institute
at UCLA Law School