

Colorado's Lesbian, Gay and Bisexual Community

A Spotlight on Health Disparities

JULY 2014

Introduction

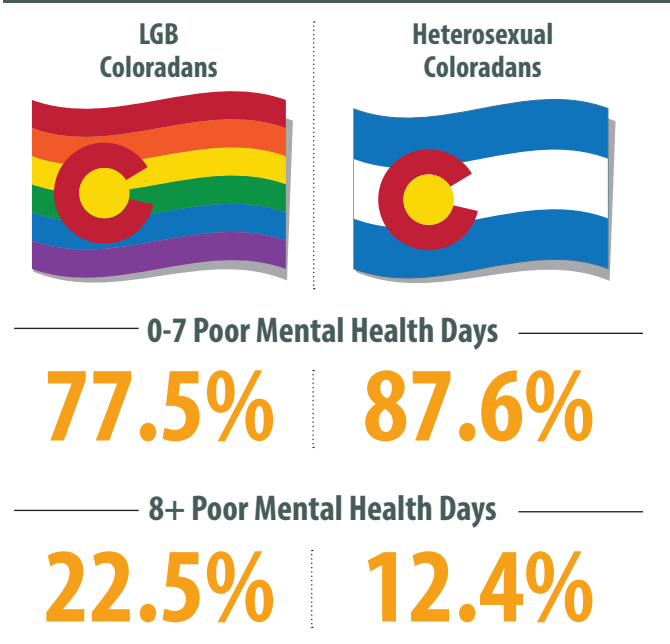
The visibility of Colorado's lesbian, gay and bisexual (LGB) community is increasing, along with a better understanding of the health disparities faced by its estimated 200,000¹ members.

Much, however, remains unknown about the health of this population. New state-level data from the 2013 Colorado Health Access Survey (CHAS) can begin filling that gap. For the first time, the 2013 CHAS asked respondents to report on their sexual orientation, yielding data on health insurance coverage, access to health care and how health care is used by LGB Coloradans.

These new data serve as an important baseline moving forward for a community in which members are more likely to rate their physical health and mental health as poor, have more chronic conditions and have a higher prevalence and earlier onset of disabilities than their heterosexual counterparts.²

A Note on Terminology:
The CHAS asked respondents whether they were straight, gay or lesbian, bisexual, or something else. It did not ask about gender identity or gender expression, so we have no information on respondents who are transgender. Because of the specific CHAS question, this brief focuses on lesbian, gay and bisexual (LGB) people, as well as those who answered that they did not know or that they were something else.

Figure 1. Days of Poor Mental Health in Prior 30 Days



What the CHAS Tells Us

Access to Mental Health Care

Mental health is at the forefront of discussions about the health of the LGB community in Colorado. Nearly twice as many LGB Coloradans (22.5 percent) reported eight or more days of poor mental healthⁱ in the month before the survey was administered compared with their heterosexual counterparts (12.4 percent), according to the CHAS (see Figure 1).

Studies cite stress from stigma, prejudice and discrimination as driving factors behind the poor mental health experiences of LGB people.³

¹The survey defines poor mental health as including stress, depression or problems with emotions.



LGB
Coloradans

Heterosexual
Coloradans

Figure 2. Reasons for Not Seeking Needed Mental Health Care

	LGB Coloradans	Heterosexual Coloradans
Did not seek an appointment because you were uninsured	95.6%	73.7%
Concerned about the cost of treatment	79.5%	76.9%
Did not feel comfortable talking with health professional about your personal problems	44.5%	27.3%
Concerned about what would happen if someone found out you had a problem	33.9%	17.4%
Had a hard time getting an appointment	25.3%	32.2%
Did not think your health insurance would cover it	67.4%	58.2%

The disparity is even more pronounced when it comes to accessing needed mental health care. Nearly one of four (22.7 percent) LGB people reported needing mental health care but not receiving it compared with about one of 10 (9.0 percent) heterosexual people.

Heterosexual and LGB Coloradans cited some similar reasons for not seeking mental health care: lack of insurance and the cost of treatment (see Figure 2).

However, large discrepancies emerge among other reasons cited for not getting needed mental health care. For example, close to half (44.5 percent) of LGB Coloradans who did not receive needed mental health care reported that it was because they were not comfortable talking with a health professional about their personal problems, compared with 27.3 percent of heterosexual Coloradans. About one of three LGB people did not seek care because they were worried about what would happen if someone found out they had a problem compared with 17.4 percent of heterosexual people.

These data are consistent with results from a 2012 survey by One Colorado – a statewide advocacy organization for lesbian, gay, bisexual and transgender (LGBT) Coloradans and their families. That survey, *Invisible: The State of LGBT Health in Colorado*, found that six of 10 LGBT persons felt there were not enough adequately trained or culturally competent mental health professionals to meet their needs. Fifty-nine percent of respondents said they were very open with their health care providers. Of those who said they weren't, 41 percent reported it was because they worried their provider was not supportive of LGBT people.⁴

While mental health is a key concern for the LGB community, the CHAS supplies data on other aspects of health and health care.

Access to Physical Health Care

LGB Coloradans report using some types of physical health care at higher rates than heterosexual Coloradans. For example, LGB Coloradans were more likely to visit a health care professional or health care facility (85.7 percent) in the 12 months before the survey than heterosexual Coloradans (75.0 percent). At the same time, LGB Coloradans were much more likely (30.4 percent) than heterosexual Coloradans (18.6 percent) to say that they had visited the emergency department in the 12 months prior to the survey.

Health Status

General health status measured by the CHAS indicates that LGB Coloradans were more likely than their heterosexual counterparts to rate their health as fair or poor, the two lowest options. More than one of five (21.2 percent) LGB persons reported this level of health compared with 16.2 percent of heterosexual persons.

National Survey Results Track Colorado Findings

Much like the CHAS, the National Health Interview Survey (NHIS)⁵ – an annual survey of more than 34,500 adults – has for the first time asked respondents to answer a question on their sexual orientation. The NHIS asks about health status and

behaviors, health care access and health care use.

Results released in mid-July reveal that LGB people nationally experience a number of health disparities. LGB adults between 18 and 64 are more likely to be current cigarette smokers – 27.2 percent of those who identify as gay or lesbian and 29.5 percent of bisexuals compared with 19.6 percent of heterosexual respondents. More than one third (35.1 percent) of gay or lesbian respondents and 41.5 percent of bisexual respondents reported having had five or more drinks in one day at least once in the past year compared with 26.0 percent of those who identified as heterosexual.

More than one of 10 (11.0 percent) bisexual adults between the ages of 18 and 64 experienced serious psychological distress in the 30 days prior to the survey compared with 3.9 percent of their straight counterparts. Among gay and lesbian respondents, the percentage was 4.9.

Conclusion

The CHAS data suggest that perceived lack of provider sensitivity and cultural competency may be keeping LGB Coloradans from seeking needed mental health care. Provider education could be one important step toward increasing LGB Coloradans' utilization of needed mental health services.

A continued commitment to data collection is a necessary component to defining the needs of the community. Colorado is making progress in this

area. Currently, the state collects data on sexual orientation through the Behavioral Risk Factor Surveillance System (BRFSS). And in 2013, House Bill 1088 added sexual orientation and gender identity as focus areas of the newly named Office of Health Equity, which is housed in the Colorado Department of Public Health and Environment.

Rich data will assist leaders in identifying the unique needs of Colorado's LGB community members and track improvement over time.

Meanwhile, the state's move toward providing primary care that integrates physical health care, mental health care and substance use disorder services may be helpful for groups that are disproportionately affected by poor mental health, including the LGB community.

Endnotes

¹Williams Institute at UCLA School of Law analysis of 2010 United States Census data as cited by One Colorado.

²Ranji, U. et. al. Health and Access to Care and Coverage for Lesbian, Gay, Bisexual and Transgender Individuals in the U.S. (2014). Kaiser Family Foundation.

³Ibid.

⁴Invisible: The State of LGBT Health in Colorado. (2012). One Colorado. Available at <http://www.one-colorado.org/>. Note: Data in this study was collected using a convenience sample, so the results do not necessarily represent the entire community.

⁵Sexual Orientation and Health Among U.S. Adults: National Health Interview Survey, 2013. (2014). National Center for Health Statistics.

CHAS: The Five Ws



Who: 10,224 randomly selected households with one person at least 18 years old



What: Twenty-minute telephone survey on health insurance, access to health care and use of health care



When: Between April 15 and July 27, 2013



Where: Statewide, divided equally among 21 Health Statistics Regions



How: 4,000 households with cell phones, up from 1,214 in 2011 and 400 in 2009

Survey Snapshots Series

The series highlights the diverse data provided by the CHAS. The reports are intended to show the range of data available, and to spur further use by stakeholders across the state. Past installments of "Survey Snapshots," including *Childrens' Oral Health, Churn, Health Disparities, Medical Bills and Underinsurance* can be found at coloradohealthinstitute.org

Oral Health and Colorado's Children
A Healthy Mouth Now, Better Health for a Lifetime

Starting with healthy mouths can pave the way for children's overall health for Colorado children.

Through the Medical and Oral Health Risk Data (MORH) program, the Colorado Health Institute is providing information on oral health insurance coverage for Colorado children. The data shows that 81.8% of Colorado children have dental insurance coverage, up from 74.4 percent in 2009. The number of children with dental insurance coverage has increased by 1.4 million since 2009.

Year	Number	Percentage
2009	2,860,000	74.4%
2013	4,260,000	81.8%

What the CHAS Tells Us

1. Coverage and Access
The percentage of Colorado children with dental insurance coverage has increased from 74.4 percent in 2009 to 81.8 percent in 2013. The number of children with dental insurance coverage has increased by 1.4 million since 2009.

2. Regional Differences
There are regional differences in dental insurance coverage for Colorado children. The highest percentage of children with dental insurance coverage is in the Front Range region (85.1 percent), followed by the Southwestern region (81.8 percent) and the Western Slope region (79.1 percent).

The Challenge of Churn
Does Coverage Change over the Course of a Year?

April 2014

Along with the challenges of finding affordable health insurance, many Colorado residents face the challenge of "churn" - losing their health insurance coverage for a period of time. This is often due to changes in their insurance type and status, or a gap in coverage between policies. The number of Colorado residents who experienced churn in their health insurance coverage increased from 1.1 million in 2010 to 1.7 million in 2013.

What the CHAS Tells Us

1. How Many Colorado Residents Experienced Churn?
The number of Colorado residents who experienced churn in their health insurance coverage increased from 1.1 million in 2010 to 1.7 million in 2013. This represents an increase of 56 percent.

2. How Many Colorado Residents Experienced Churn in 2013?
In 2013, 1.7 million Colorado residents experienced churn in their health insurance coverage. This represents 11.7% of the total Colorado population.

3. What are the Reasons for Churn?
The most common reasons for churn in health insurance coverage are: 69.2% lost their job or changed jobs, 42.8% lost their health insurance through their employer, 42.6% lost their health insurance through their employer, and 28.3% lost their health insurance through their employer.

Are Medical Bills a Burden?
Exploring How Coloradans Cope with Medical Debt

April 2014

Not having health insurance can be a financial burden. In the event of a medical emergency, the cost of medical services can be overwhelming. Many Colorado residents who do not have health insurance report that medical bills are a significant financial burden.

What the CHAS Tells Us

1. How Many Colorado Residents Report that Medical Bills are a Burden?
In 2013, 21.9% of Colorado residents reported that medical bills are a significant financial burden. This is up from 18.1% in 2010.

2. How Do Colorado Residents Cope with Medical Bills?
Colorado residents who report that medical bills are a burden use various strategies to cope. The most common strategies are: 69.2% cut back on or took food out of the house, 42.8% skipped or delayed medical care, 42.6% took on second jobs or worked longer hours, and 28.3% asked for help from family or friends.

When Insurance Is Not Enough
How Underinsurance Impacts Health and Finances

April 2014

Health insurance can contribute to better health and financial stability. However, many Colorado residents who have health insurance are underinsured. This means that their health insurance does not cover the full range of medical services they may need.

What the CHAS Tells Us

1. How Many Colorado Residents are Underinsured?
In 2013, 21.9% of Colorado residents were underinsured. This is up from 18.1% in 2010.

2. How Does Underinsurance Impact Health and Finances?
Underinsurance can have a significant impact on health and finances. Colorado residents who are underinsured are more likely to skip medical care, have unmet medical needs, and experience financial hardship.

CHAS Analysis and CHAS Data can be found by clicking the buttons at the top right of the Colorado Health Institute home page: coloradohealthinstitute.org

Research Analyst Tamara Keeney is the lead author of this report. Contact her at keeneyt@coloradohealthinstitute.org or 720.382.7088.

The CHAS is fielded, analyzed and managed by the **Colorado Health Institute**. It is funded by **The Colorado Trust**.



colorado health INSTITUTE



THE COLORADO TRUST

A Health Equity Foundation



The Colorado Health Institute is a trusted source of independent and objective health information, data and analysis for the state's health care leaders. The Colorado Health Institute is funded by the Caring for Colorado Foundation, Rose Community Foundation, The Colorado Trust and The Colorado Health Foundation.

303 E. 17th Ave., Suite 930, Denver, CO 80203 • 303.831.4200
coloradohealthinstitute.org