Colorado’s Lesbian, Gay and Bisexual Community

A Spotlight on Health Disparities

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 200,000 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.

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

<table>
<thead>
<tr>
<th>LGB Coloradans</th>
<th>Heterosexual Coloradans</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-7 Poor Mental Health Days</td>
<td>77.5%</td>
</tr>
<tr>
<td>8+ Poor Mental Health Days</td>
<td>22.5%</td>
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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 health 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.

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

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<th>LGB Coloradans (%)</th>
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<tr>
<td>Did not seek an appointment because you were uninsured</td>
<td>95.6</td>
<td>73.7</td>
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<tr>
<td>Concerned about the cost of treatment</td>
<td>79.5</td>
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<tr>
<td>Did not feel comfortable talking with health professional about your personal problems</td>
<td>44.5</td>
<td>27.3</td>
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<tr>
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<td>33.9</td>
<td>17.4</td>
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<td>Had a hard time getting an appointment</td>
<td>25.3</td>
<td>32.2</td>
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<tr>
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<td>67.4</td>
<td>58.2</td>
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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 the weren’t, 41 percent reported it was because they worried their provider was not supportive of LGBT people.

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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

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

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
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 Children’s Oral Health, Churn, Health Disparities, Medical Bills and Underinsurance can be found at coloradohealthinstitute.org

COLORADO HEALTH ACCESS SURVEY

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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.

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