

Report on the Health of the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community in the District of Columbia

Government of the District of Columbia
Department of Health



Government of the District of Columbia Department of Health



Office of the Director

Dear Constituents

The District of Columbia Department of Health (DC DOH) is pleased to present the “Report on the Health of the Lesbian, Gay, Bisexual and Transgender (LGBT) Community in the District of Columbia, 2011-2013.” This report is just one of the many ways the DC DOH demonstrates its commitment to the health and well-being of its LGBT residents.

This report serves as a descriptive assessment of the health of the LGBT community in Washington, D.C. using only data from the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is used as the primary data source in the development of this report and uses the most reliable, validated and updated survey methodology sanctioned by the Centers for Disease Control and Prevention (CDC). Also, there were limitations with the BRFSS that prevented questions previously being asked to individuals who would categorize/identify themselves as questioning. Data was not collected in 2015 and 2016 to ensure that these new questions were created and validated for use.

Beginning in 2017, the DC DOH will add three state-added questions to the BRFSS regarding sexual orientation, gender identity and sex assigned at birth. These new questions will allow for improved insight in to the health status of the District’s LGBT population in future reports that will be published every two years. It is important to note that there will be an 18-24 month data time lag before the data findings can be released due to the calendar year data collection requirements, time of reporting, analysis, and dissemination of data findings. In short, the data collected in 2017, will be available in a report to be released in late 2018. The timeliness of this report will be made possible with the assistance of the Mayor’s Office of LGBT Affairs who will convene members of the LGBT community to help develop policy recommendations.

Moving forward, there are areas for opportunities to improve data collection previously identified in the DC Healthy People 2020 plan released in April 2016 and re-stated in this report. Additional work needs to be done to enhance data collection efforts in electronic health records by updating demographic categories as well as other surveillance tools to capture sexual orientation and gender identity information that will provide a more accurate depiction of the health of the LGBTQ community. It is our hope that this report will start a conversation geared toward a collaboration among residents, healthcare providers, health systems, community based organizations, LGBTQ advocates, and other key stakeholders to develop and implement solutions to address many of the social and structural inequities that exist among the LGBTQ population.

In order to make this a collaborative effort, we invite you to share this report and encourage members of the LGBTQ community to participate in the BRFSS data collection and other summits that will be used in this effort.

The data presented herein helps the DC DOH and its community partners to:

- Increase public awareness of the overall health of the LGBT community in the District of Columbia
- Provide baseline data that may be used to support funding proposals and develop reports that help guide decisions for improving the health of the LGBT community
- Highlight issues, determine needs, evaluate methodology, identify gaps and prioritize service areas
- Improve culturally competent medical care and prevention services to the LGBTQ population
- Monitor progress toward achieving LGBTQ Healthy People 2020 health objectives

Mayor Muriel Bowser has made it a priority of her administration to improve health outcomes across all District of Columbia communities and the release of this report, in conjunction with the above recommendations, can make that goal a reality. Once again, thank you for your continued interest and support and your commitment to improving the health and well-being of the residents of the District of Columbia!

Sincerely,



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Acknowledgements

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Methodology

The Behavioral Risk Factor Surveillance System (BRFSS) is the largest health-risk behavior database in the world and provides the only nationwide health-risk data in the country. All 50 U.S. states, the District of Columbia, and three territories independently carry out this ongoing telephone survey, sponsored by the Centers for Disease Control and Prevention (CDC).

IBM SPSS Statistics 24, complex samples were utilized in order to calculate frequency tables, cross tabulations, and Pearson chi-square analyses to test for statistical significance (p-value 0.5). The variables used in this report include: sexual orientation, demographics, ward (geographic place of residence), diagnoses of cancer, depression, heart disease, HIV test; current cigarette use and alcohol consumption, drug use, health status, health care coverage, disability and cancer preventive screenings.

BRFSS topic related tables contain 95% **confidence interval** (CI) for each estimate/percentage. The 95% CI gives an estimated range of values which the true value falls within 95% certainty. In cases where confidence intervals for two subgroups do not overlap, the subgroups are said to be statistically different. However, it is possible for the confidence intervals to overlap and still be statistically different. In addition to CI, **chi-square test** were used to determine statistical significance. Data estimates marked with two asterisks mean that the estimates are statistically significant with a p-value less than .05. Estimates not marked with an asterisk are not considered statistically significant.

Unweighted Number = UW, number of District residents who responded to a particular question. The percentage estimates displayed are weighted and based on the District of Columbia's adult population.

The **Relative Standard Error** (RSE) is the standard error expressed as a fraction of the estimate and is usually displayed as a percentage. Estimates with a RSE of 30% or greater are subject to high sampling error and have been suppressed from data results.

Race/ethnicity - White/Caucasian, African American/Black and Other all refer to non-Hispanic

Race/ethnic group "Other"= American Indian, Alaska Native, Asian, Native Hawaiian, Pacific Islander, multiracial and other (unspecified)

Respondents who identified as Hispanic/Latino were noted as Hispanic regardless of whether or not additional racial information was provided.

BRFSS Data Findings

- From 2011-2013, the District of Columbia included one question on sexual orientation as a state added question.
- Cancer screening variables and some HIV risk behaviors were only asked in 2012.
- Lesbian, Gay, Bisexual and Transgender (LGBT) have been grouped together due to small sample sizes for the bisexual and transgender adults.
- The BRFSS does not capture data on individuals who classify/identify as questioning.

External data sources

- Youth Risk Behavioral Surveillance System (YRBSS) was used to display LGB youth 2012 data findings.
- Transgender data was excluded due to a small sample size and potential identification of youth.

Limitations of the Data

As with any sample survey, factoring in the confidence limit selected, the results of the District of Columbia BRFSS can vary from those that would have been obtained with a census of all adults living in telephone-equipped households. The results of this sample survey could differ from the "true" figures because some households cannot be reached at all and others refused to participate. These non-responding households may differ from residents (those who actually participate in the survey) in terms of attributes relevant to the study.

Executive Summary

This report provides a snapshot of the health and well-being of the lesbian, gay, bisexual and transgender (LGBT) community in the District of Columbia. Far too little is known and understood about the health indices and needs of sexual and gender minorities. Too often, we rely on anecdotal or culturally irrelevant data and experiences as we strive to confront inherent health inequities within the LGBTQ community.

The strength, determination and diversity of the District of Columbia LGBT community goes beyond the limited scope of the possible acronyms that are commonly used to identify this vital component of our civil society. We must recognize that one of the greatest challenges that we encounter as public servants in examining issues of health in the LGBTQ community such as sexual orientation, gender identity, behavior as well as race, ethnicity, gender, age, migratory status and socioeconomic stratification is how to effectively pursue our quest for a serious and consequential analysis of this topic.

Recognizing the importance of addressing those important elements we are pleased to share the following highlights from this report:

- 10.7% of District of Columbia adults identified as either lesbian, gay, bisexual or transgender.
- 6.2% of middle school youth identified as either lesbian, gay or bisexual.
- 12.3% of high school youth identified as either lesbian, gay or bisexual.
- LGBT adults were more likely than their non-LGBT counterparts to report 15-30 days of mental health not being good, which includes stress, depression and problems with emotions.
- Non-LGBT adults were more likely than their LGBT counterparts to have a disability that required the use of special equipment.
- 4.5% of adults who identified as non-LGBT reported that they have had sexual intercourse with someone of the same sex.
- Non-LGBT adults were more likely than their LGBT counterparts to be physically inactive and obese.
- LGBT adults were more likely than their non-LGBT counterparts to be binge drinkers and reporting that they have used either cocaine or heroin.
- LGBT adults were more likely than their non-LGBT counterparts to be tested for HIV.
- LGBT adults were more likely than their non-LGBT counterparts to have engaged in high risk behaviors such as unprotected anal sex, therefore increasing their risk for HIV infection.
- LGBT adults were more likely than non LGBT adults to be treated for a STD within the past 12 months, use street/party drugs in the past 12 months and had sex with a partner other than a primary partner within the past 12 months.
- LGBT adults were more likely than their non-LGBT counterparts to be diagnosed with asthma and depressive disorder.

Introduction

The District of Columbia is one of a limited number of jurisdictions in our nation where LGBT rights and aspirations are codified and solidly protected. Our almost universal access to healthcare provided by Medicaid, Medicare, the Affordable Care Act (ACA) and the DC Healthcare Alliance, a locally funded initiative aimed at guaranteeing clinical care access to all Washington, DC residents regardless of race, gender, sexual orientation, gender identity or migratory status is a major source of pride for our city. In addition, we also have strong LGBT related legal and regulatory protections in place such as:

- Right to marry regardless of gender, gender identification or sexual orientation.
- Solid employment and housing discrimination protections, dutifully enforced by the District of Columbia Office of Human Rights.
- Right to have vital records (including birth certificate) reflect current gender identification regardless of gender identification at birth.
- Continued education (CE) requirements for licensed health professionals on the subject of cultural competence and appropriate clinical treatment for individuals who are lesbian, gay, bisexual, transgender, gender non conforming, queer, or questioning their sexual orientation or gender identity and expression.

As we move forward, we must fully commit the power of communication, discussion and funding that the District of Columbia Government commands to the effort of promoting the health and wellness of LGBTQ residents across their life-span as well as sustained improvement of health indices through the implementation of health equity initiatives. We recognize the need to conduct further research, discuss and adopt the use in our data collection instruments of a science based terminology that acknowledges and addresses sexual orientation, sexual behaviors and gender identity in all its manifestations. The DC Healthy People 2020 initiative serves as an instrument that allows us to monitor the progress of data systems that collect information on the LGBTQ population. Objectives below illustrate our commitment to engage all sectors in population health improvement:

- Increase the number of population-based data systems used to monitor DC Healthy People 2020 objectives, which collect data on (or for) transgender populations.
- Increase the number of population-based data systems used to monitor DC Healthy People 2020 objectives, which collect data on (or for) lesbian, gay and bisexual populations.
- Decrease the percentage of youth in grades 9-12 who were threatened or hurt because someone thought they were gay, lesbian or bisexual.

In future health report preparations, we look forward to the active participation of additional partners that will include community based organizations, community and mayoral advisory boards, academia, additional local and federal government agencies and diverse components of the private sector including those in the healthcare arena.

This report as presented aspires to serve as a catalyst for a community rooted dialogue that leads us on a pathway to the best possible health outcomes for the LGBTQ community. The report examines health status through a health equity lens by analyzing specific data elements that are conducive to facilitating a dialogue for all residents to achieve their optimal health. The time to start that dialogue is now. This report is that fresh start.

Glossary

We offer this glossary as more than an alphabetical list of terms related to a specific subject matter. This is not a dictionary or “right or wrong” place of reference. We have used the definitions researched, tested and approved by the National Academies of Sciences, Engineering and Medicine, Institute of Medicine. We present this glossary as a way to understand and facilitate a conversation around the topic of health among sexual and gender minority residents of the District of Columbia. Hopefully, the use and relevance of this document will lead to its own expansion and to generalized culturally appropriate approach to this vital topic.¹

Bisexual One whose sexual or romantic attractions and behaviors are directed at members of both sexes to a significant degree.

Cisgender Denoting or relating to a person whose sense of personal identity and gender corresponds with their birth sex.

Crossdresser A person who wears clothing which society considers appropriate only for members of the opposite sex.

Gay An attraction and/or behavior focused exclusively or mainly on members of the same sex or gender identity; a personal or social identity based on one’s same-sex attractions and membership in a sexual-minority community.

Gender Denotes the cultural meanings of patterns of behavior, experience and personality that are labeled as masculine or feminine.

Gender Expression Denotes the manifestation of characteristics in one’s personality, appearance and behavior that are culturally defined as masculine or feminine.

Gender Identity Generally refers to a person’s basic sense of being a man or a boy, or a woman or a girl; gender identity can be congruent/incongruent with one’s sex assigned at birth.

Heterosexual Refers to individuals who identify as “straight” or whose sexual or romantic attractions and behaviors focus exclusively or mainly on members of the opposite sex or gender identity.

Homosexual As an adjective, used to refer to same-sex attraction, sexual behavior or sexual orientation identity; as a noun, used as an identity label by some persons whose sexual attractions and behaviors focus exclusively or mainly directed to people of their same sex.

Intersex Refers to individuals with atypical reproductive development, which results in chromosomal, gonadal, and/or anatomic sex that varies from typical development and that commonly presents at birth; atypical gender-role behavior is more common in children with these conditions, but developmental determinants of gender identity and/or sexual orientation are not well understood.

Lesbian As an adjective, used to refer to female same-sex attraction and sexual behavior; as a noun, used as a sexual orientation identity label by women whose sexual attractions and behaviors are exclusively or mainly directed to other women.

MSM Males who have sex with males, but do not necessarily identify as gay or bisexual.

Queer In contemporary usage, an inclusive, unifying sociopolitical, self-affirming umbrella term for people who are gay, lesbian and bisexual, pan-sexual, transgender, transsexual, intersexual, gender, queer, or any other non-heterosexual sexuality, sexual anatomy or gender identity. Historically a term of derision for gay, lesbian and bisexual people.

Questioning The questioning of one's gender sexual identity, sexual orientation, or all three is a process of exploration by people who may be unsure, still exploring, and concerned about applying a social label to themselves for various reasons. The letter "Q" is sometimes added to the end of the acronym LGBT (lesbian, gay, bisexual, and transgender); "Q" can refer to either queer or questioning.

Sex Biological construct, referring to the genetic, hormonal, anatomical and physiological characteristics on whose basis one is labeled at birth as either male or female.

Sexual and/or Gender Minority People whose sexual orientations and/or gender identities/expressions or reproductive development vary from traditional, societal and/or cultural norms; encompasses populations included in the acronym LGBT (lesbian, gay, bisexual, transgender) and those whose sexual orientation and/or gender identity varies or may not self-identify as LGBT.

Sexual Orientation An enduring pattern of or disposition to experience sexual or romantic desires for, and relationships with, people of one's same sex (Lesbian or Gay), the other sex (Straight), or both sexes (Bisexual).

Stigma The inferior status, negative regard, and relative powerlessness that society collectively assigns to individuals and groups that are associated with various conditions, statuses and attributes.

Transgender Refers to a diverse group of people who cross or transcend culturally defined categories of gender; increasingly used to encompass a family of gender-variant identities and expressions, but opinions of the term may vary by individual or geographic reason, or in the case of Two Spirit (see below), by tribe.

T The "T" in the LGBT acronym stands for transgender, which has traditionally been used as an umbrella term to identify individuals who do not conform to the traditional notion of gender in which one's gender expression or desired expression is consistent with one's birth sex.

MTF This acronym is used to identify a person born with male genitalia but who identifies as a female.

FTM This acronym is used to identify a person born with female genitalia but who identifies as a male.

Transsexual An individual who strongly identifies with the other sex and seeks hormones and/or sex reassignment surgery to feminize or masculinize the body; may live full time in the cross-gender role.

Two Spirit Adopted in 1990 at the third annual spiritual gathering of GLBT Natives, the term derives from the northern Algonquin word *niizh manitoag*, meaning "two spirits" and refers to the inclusion of both feminine and masculine components in one individual.

LGB Middle School Youth



6.2%
of Middle School Youth
Identified as Lesbian,
Gay and Bisexual



Source: DC Youth Risk Behavioral Surveillance System survey, 2012

Suicidal thoughts and behaviors among lesbian, gay, bisexual middle school youth



56% ever experienced suicidal thoughts
38% ever planned suicide
33% ever attempted suicide

LGB middle school youth in DC are at a disproportionate risk for suicidality
Source: DC Youth Risk Behavioral Surveillance System survey, 2012

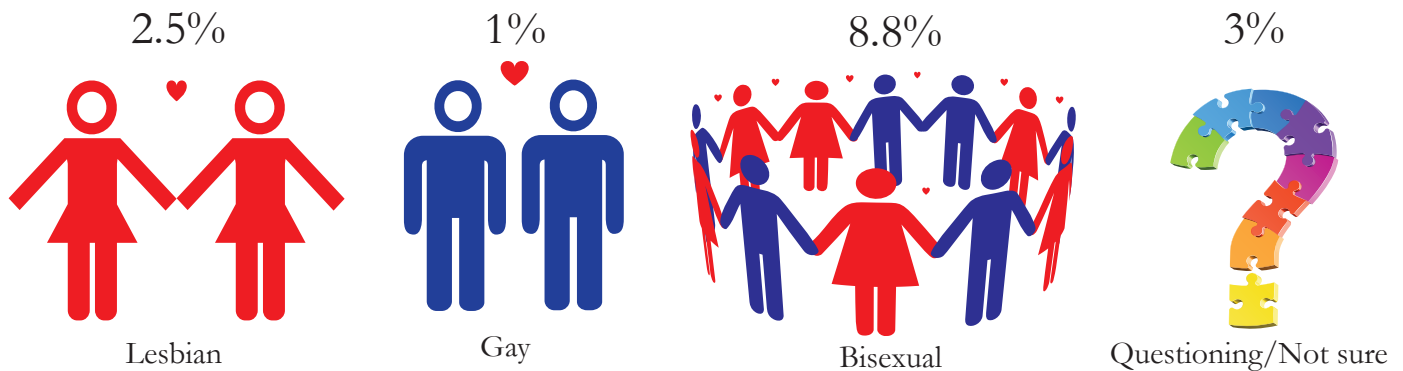
LGB Middle School Youth Substance Abuse



LGB youth make up just 6.2% of the DC middle school population
Source: DC Youth Risk Behaviorsl Surveillance System survey, 2012

LGB High School Youth

High school students who identified as lesbian, gay, bisexual and questioning/not sure



Source: Youth Risk Behavioral Surveillance System survey, 2012

LGB High School Students

40% felt sad or hopeless
31% experienced suicidal thoughts
28% planned suicide
28% attempted suicide



Source: DC Youth Risk Behavioral Surveillance System survey, 2012

LGB High School Youth Substance Abuse



LGB youth make up just 12.3% of the DC high school population
Source: DC Youth Risk Behaviorsl Surveillance System survey, 2012

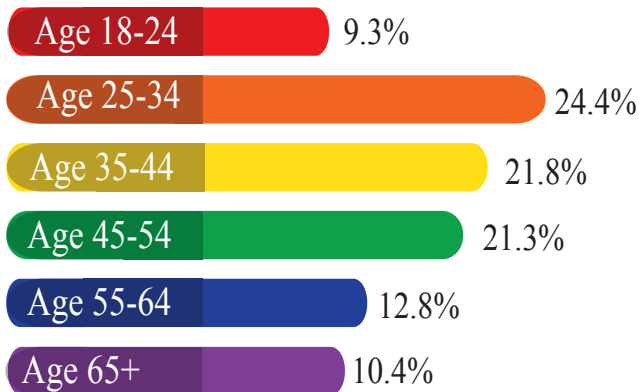
LGBT Adult Demographics



10.7%
of District
Adult Residents
Identified as
LGBT

Source: DC Behavioral Risk Factor Surveillance System survey, 2011-2013

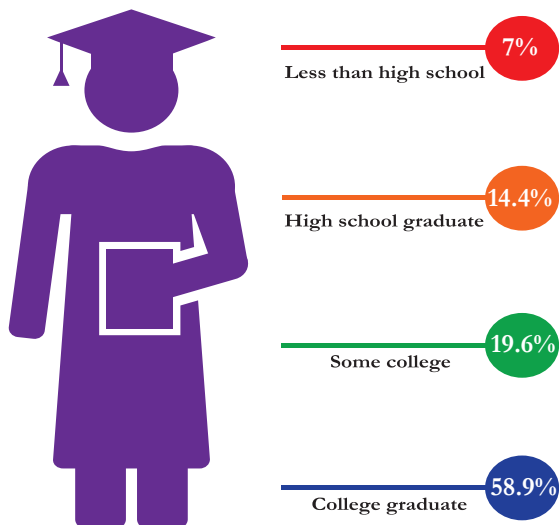
LGBT by Age



Statistically Significant p-value <.003

Source: DC Behavioral Risk Factor Surveillance System survey, 2011-2013

LGBT by Education



Statistically Significant p-value<.004

Source: DC Behavioral Risk Factor Surveillance System survey, 2011-2013

LGBT by Gender



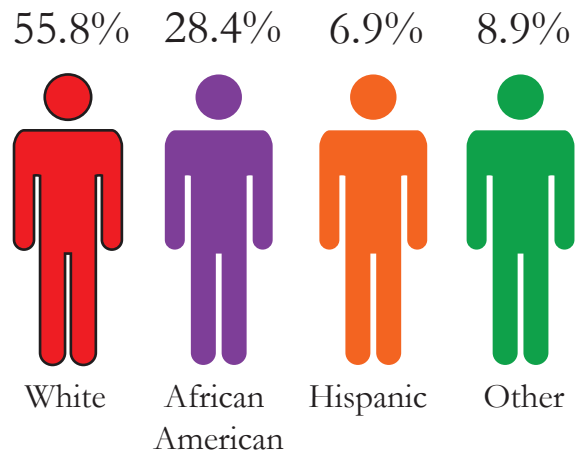
LBT=Lesbian, Bisexual or Transgender Female

GBT= Gay, Bisexual or Transgender Male

Statistically Significant p-value<.000

Source: DC Behavioral Risk Factor Surveillance System survey, 2011-2013

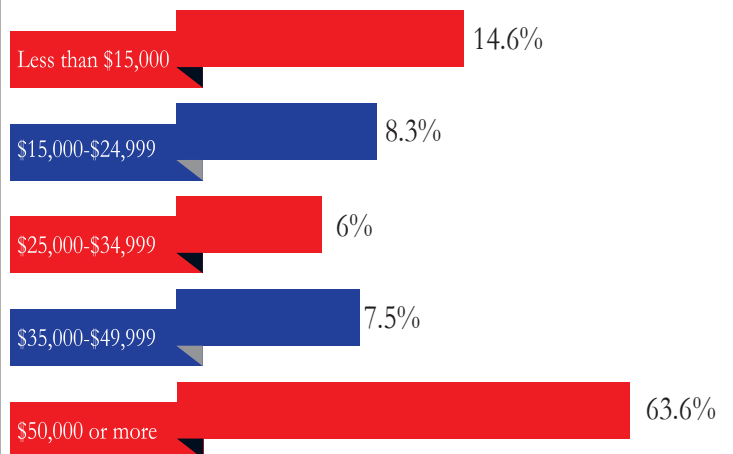
LGBT by Race/Ethnicity



Statistically significant - p-value .003

Source: DC Behavioral Risk Factor Surveillance System survey, 2011-2013

LGBT by Income



Not statistically significant p-value .010

Source: DC Behavioral Risk Factor Surveillance System survey, 2011-2013

General Health Status/Quality of Life

How an individual perceives their health is relative to their quality of life, which is viewed through multiple factors such as employment, family, education, wealth, religious beliefs, housing, environment and physical health. Although subjective, perceived general health status and measurement of quality of life, provides a snapshot of an individual's overall health in relation to their environmental and societal interactions.²

Over the past decade, there has been notable positive changes in national and local legislation as well as judicial decisions related to health care access, housing and employment discrimination, marriage equality, in addition to drastic societal changes in views towards the LGBT community. All these factors greatly impact the quality of life. While disparities continue to exist, there were no significant differences between non-LGBT and LGBT adults when comparing self-rated general health status of good or better and fair or poor. Non-LGBT adults were more likely than their LGBT counterparts to report 15-30 days of their physical health not being good but the difference was not significant ($p=.218$). LGBT adults were more likely than their non-LGBT counterparts to report 15-30 days of poor physical and mental health but the difference was not significant $p=.305$. However, there were significant differences ($p=.001$) between LGBT and non-LGBT adults reporting 15-30 days of their mental health not being good. LGBT adults were more likely to report days of stress, depression and problems with emotions compared to their non-LGBT counterparts (Tables 2- 5).

Reported health as fair or poor



Not statistically significant - $p\text{-value} >.114$

Source: DC Behavioral Risk Factor Surveillance System survey, 2011-2013

Reported 15-30 days of physical health not being good which includes physical illness and injury



Not statistically significant - $p\text{-value} >.218$

Source: DC Behavioral Risk Factor Surveillance System survey, 2011-2013

Reported 15-30 days of poor physical and mental health, that prevented usual activities such as self-care, work or recreation



Not statistically significant - $p\text{-value} =.305$

Source: DC Behavioral Risk Factor Surveillance System survey, 2011-2013

Reported 15-30 days of mental health not good, which includes stress, depression and problems with emotion



Statistically significant - $p\text{-value} < .001$

Source: DC Behavioral Risk Factor Surveillance System survey, 2011-2013

Health Care Coverage

Reported having health care coverage



Not statistically significant - $p\text{-value} > .045$

Source: DC Behavioral Risk Factor Surveillance System survey, 2011-2013

The biggest asset that all individuals have is their health. Without good health, life can become difficult. Health care coverage is essential to the quality and sustainment of life by ensuring that individuals who become ill or injured are able to seek component and adequate medical care. In the absence of adequate and affordable health care coverage many who suffer from chronic diseases such as diabetes, heart disease, HIV/AIDS, asthma, obesity and other clinical conditions will begin to face poor health outcomes.

Since a substantial number of LGBT individuals continue to experience bias and expectation of poor clinical treatment within the health care sector compared to their non-LGBT counterparts, they are reluctant to inform their doctor of their sexual orientation or gender identity, which is critical information that may affect their physical and mental health care.³

In national comparisons, District of Columbia residents, before the implementation of the Affordable Care Act (ACA) in 2010, experienced high rates of health care coverage. With a majority of the key components of the ACA being implemented in 2014, it is expected that the percentage of individuals with health care coverage will increase. Nationally, individuals who identify as LGBT were more likely than their non-LGBT counterparts to have health care coverage and more likely to report unmet health needs.³

LGBT adults were more likely than their non-LGBT counterparts to have health care coverage in the District of Columbia but the difference was not significant ($p=.045$). Non-LGBT adults were more likely than their LGBT counterparts to have had a routine checkup within the past year but the difference was not significant ($p=.118$). Although LGBT adults were more likely than their non-LGBT counterparts to report not being able to see a doctor because of cost the difference was not significant ($p=.129$), (Tables 6, 7 and 9).

Note: Having health care coverage does not indicate adequate or quality of care

Had a routine checkup within the past year



Not statistically significant - $p\text{-value} > .118$

Source: DC Behavioral Risk Factor Surveillance System survey, 2011-2013

Could not see a doctor because of cost



Not statistically significant - $p\text{-value} > .129$

Source: DC Behavioral Risk Factor Surveillance System survey, 2011-2013

Risk Behaviors

Variation in health outcomes between one individual and another, or one group and another, is complex and is influenced by a range of risk factors. Some of these risk factors, such as genetic predisposition, are beyond a person's conscious control. Some risks are rooted in behavior and social environments and can contribute to disparate, or inequitable health outcomes. In a number of areas, differences in risk factors between people who are LGBTQ and those who are not, are a concern for the long-term health outcomes of this population. These risk factors include consumption of alcohol, tobacco, marijuana, and other drugs; overweight and obesity, sedentary lifestyle, high-risk sexual behavior and sexually-transmitted infections.

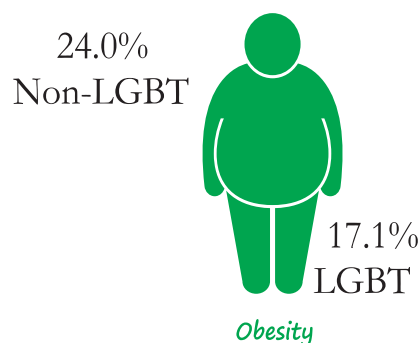
Weight Status

Non-LGBT adults were more likely than their LGBT counterparts to not engage in any physical activity but the difference is not significant ($p=.014$). Also, non-LGBT adults were more likely than their LGBT counterparts (Tables 10 and 11) to be obese but the difference was not significant ($p=.022$).



Not statistically significant - $p\text{-value} > .014$

Source: DC Behavioral Risk Factor Surveillance System survey, 2011-2013

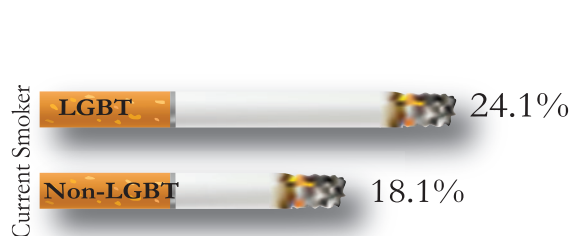


Not statistically significant - $p\text{-value} > .022$

Source: DC Behavioral Risk Factor Surveillance System survey, 2011-2013

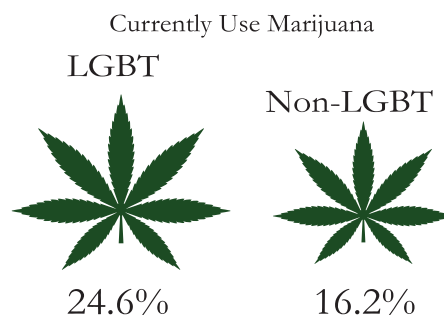
Substance Abuse

LGBT adults were more likely than their non-LGBT counterparts (Table 12) to be current smokers but the difference was not significant ($p=.011$) and LGBT adults were more likely to be current marijuana users (Table 13) but the difference was not significant ($p=.017$). LGBT adults were more likely than their non-counterparts (Table 14) to be binge drinkers, significant difference ($p=.002$). Although, LGBT adults were more likely than their non-LGBT counterparts (Table 15) to be heavy drinkers, the difference was not significant ($p=.366$). However, LGBT adults were more likely than their non-LGBT counterparts (Table 16) to have used cocaine and/or heroin, significantly ($p=.000$).



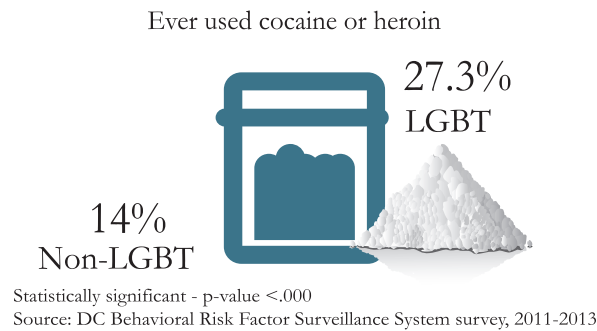
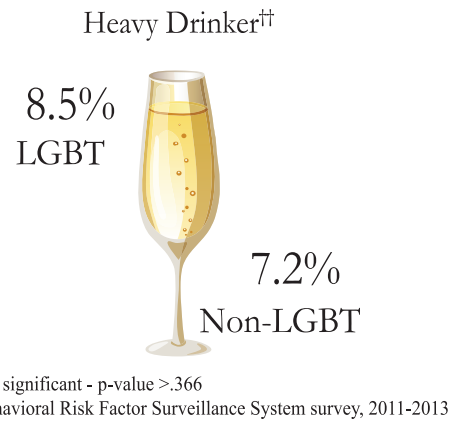
Not statistically significant - $p\text{-value} > .011$

Source: DC Behavioral Risk Factor Surveillance System survey, 2011-2013



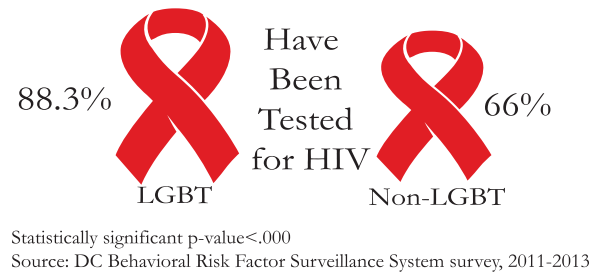
Not statistically significant - $p\text{-value} > .017$

Source: DC Behavioral Risk Factor Surveillance System survey, 2011-2013



Sexual and Related Risk Factors for HIV

LGBT adults were more likely than their non-LGBT counterparts (Table 17) to be tested for HIV, significant difference ($p=.000$). Although LGBT adults were more likely than their non-LGBT counterparts to be diagnosed with either Hepatitis B or C, (Table 18) the difference was not significant ($p=.050$). LGBT adults were more likely than their non-LGBT counterparts (Table 19) to engage in high risk situations that increase their risk for HIV infection, the difference was significant ($p=.000$).



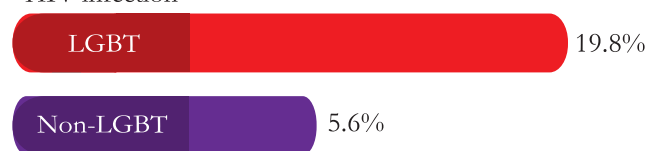
LGBT adults were also more likely than their non-LGBT counterparts to be treated for a STD within the past 12 months, use street/party drugs within the past 12 months and have sex with a partner that was not their primary partner within the past 12 months, (Tables 22, 24 and 25) differences were significant ($p=.001$, and $.000$) respectively. LGBT adults were likely to use a condom the last time they had sexual intercourse (Table 20), but the difference was not significant ($p=.006$).

Told by a doctor or healthcare worker that they had Hepatitis B or C



Not statistically significant - p-value - .050
Source: DC Behavioral Risk Factor Surveillance System survey, 2012

Engaged in high risk situations that increase the risk for HIV infection

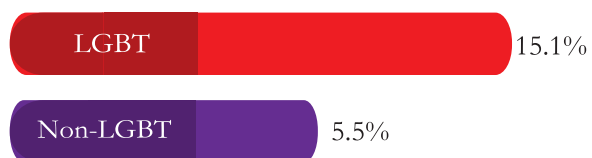


Statistically significant p-value .000
Source: DC Behavioral Risk Factor Surveillance System survey, 2012

[†]Males having five or more drinks on one occasion, females having four or more drinks on one occasion.

^{††}Adult men having more than two drinks per day and adult women having more than one drink per day.

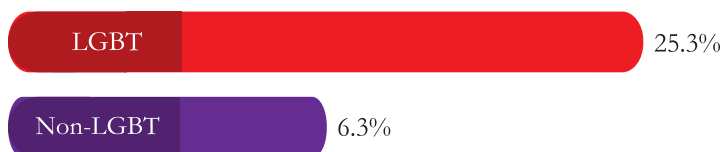
Treated for STD within the past 12 months



Statistically significant- p-value<.001

Source: DC Behavioral Risk Factor Surveillance System survey, 2011-2013

Used street/party drugs in the past 12 months



Statistically significant - p-value <.000

Source: DC Behavioral Risk Factor Surveillance System survey, 2012

Had sex with partners other than a primary partner within the past 12 months



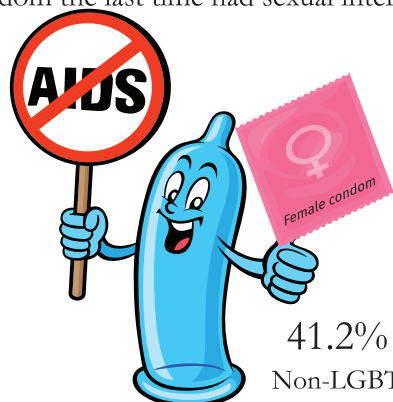
Statistically significant - p-value<.000

Source: DC Behavioral Risk Factor Surveillance System survey, 2012

Used a condom the last time had sexual intercourse

56.9%

LGBT



41.2%

Non-LGBT

Not statistically significant - p-value>.006

Source: DC Behavioral Risk Factor Surveillance System survey, 2012

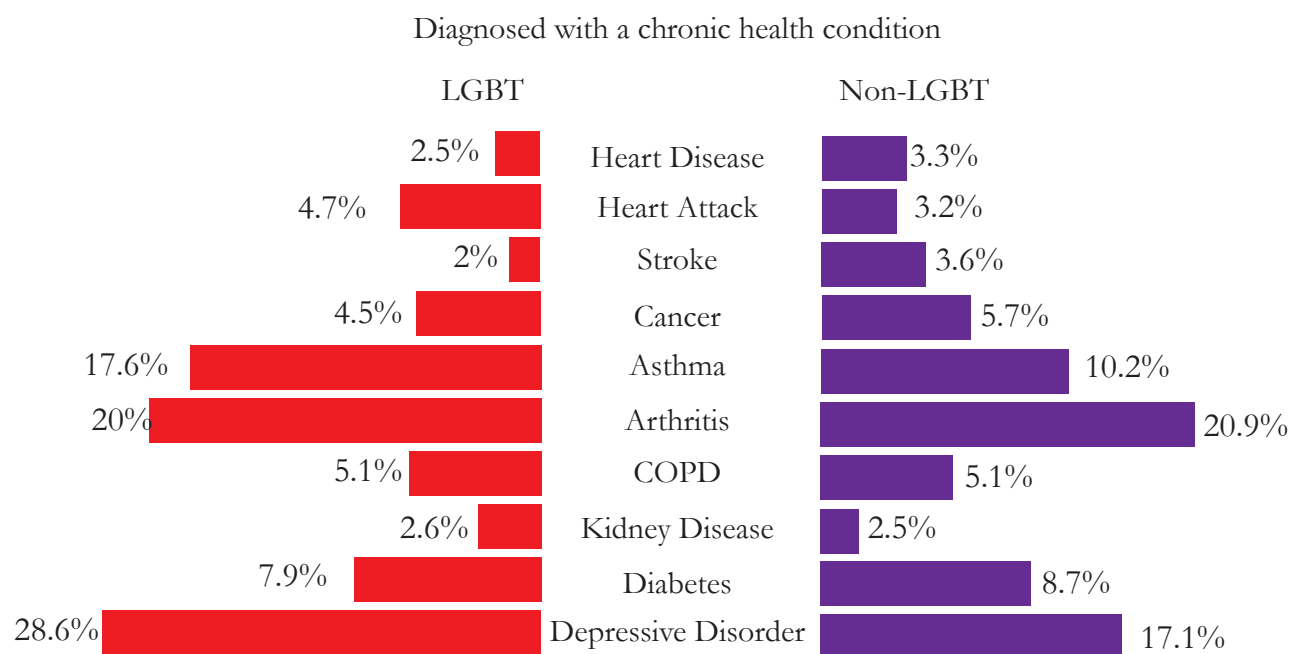
Chronic Health Conditions

In the United States, and the District of Columbia is no exception, heart disease and cancer are the two leading causes of death. Even though chronic diseases are among most common and expensive health problems to treat and manage they are also among the most preventable. The lack of physical activity, poor nutrition, tobacco use, drug abuse and excessive alcohol use is also responsible for the majority of the illnesses, disabilities and premature deaths related to chronic diseases over the past decade.

National studies suggest that LGB populations experience significant health inequities when viewed by preventive behaviors and chronic diseases compared to their non-LGB counterparts; however, according to the DC BRFSS there were no significant differences between LGBT or non-LGBT adults related to heart disease, cancer, diabetes, kidney disease, COPD, stroke, heart attack and arthritis in the District (Tables 26-31 and 34-35).

However, LGBT adults were more likely than their non-LGBT counterparts to be diagnosed with depression and to report currently having asthma, (Table 32 and 33) both were significantly different ($p < .005$).

Note- Small sample size for bisexuals prevented analysis being conducted separately for comparisons for many of the chronic conditions listed in this report.



Not statistically significant- heart disease, heart attack, stroke, cancer, arthritis, COPD, kidney disease and diabetes $p\text{-value} > .005$

Statistically significant - depressive disorder and asthma - $p\text{-value} < .005$

Source: DC Behavioral Risk Factor Surveillance System survey, 2011-2013

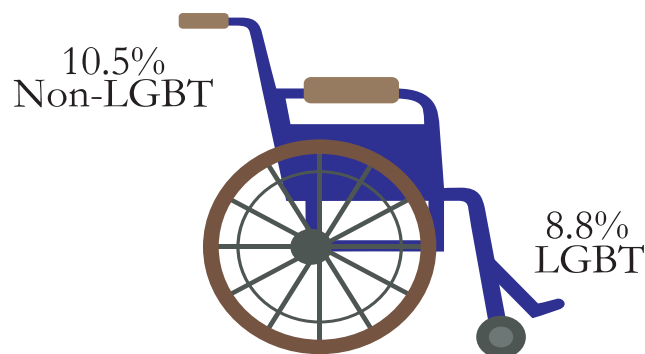
Disability

According to the Americans with Disabilities Act (ADA), an individual is considered to have a disability if the person has: a physical or mental impairment that substantially limits one or more of the major life activities that comprise of impairment of vision, movement, thinking, remembering, learning, communicating, hearing, mental and social relationships.⁴

Individuals with disabilities who also identify as LGBT are a very diverse group. There are similarities within this group in that people who have a disability and who identify as LGBT compared to their non-LGBT counterparts experience discrimination and are marginalized at a higher disproportion for being disabled compared with being LGBT.

Despite these similarities, there were no significant differences between LGBT and their non-LGBT counterparts, even though non-LGBT adults were more likely than their LGBT counterparts (Table 37) to report health problems that require the use of special equipment ($p=.225$). Although LGBT adults were more likely than their non-LGBT counterparts to be limited in their activities because of physical, mental or emotional problems (Table 36), the difference was not significant ($p=.713$).

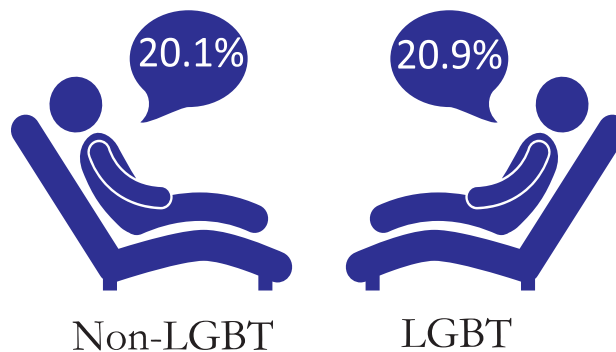
Respondents who have a health problem that requires the use of special equipment, such as a cane, a wheelchair, a special bed or a special telephone



Not statistically significant - $p\text{-value} > .225$

Source: DC Behavioral Risk Factor Surveillance System survey, 2011-2013

Respondents who are limited in their activities because of physical, mental or emotional problems



Not statistically significant - $p\text{-value} > .713$

Source: DC Behavioral Risk Factor Surveillance System survey, 2011-2013

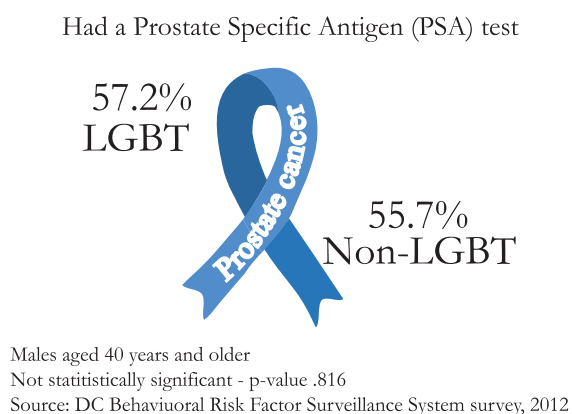
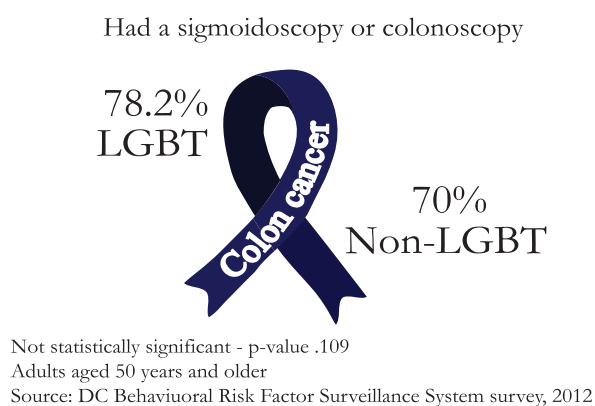
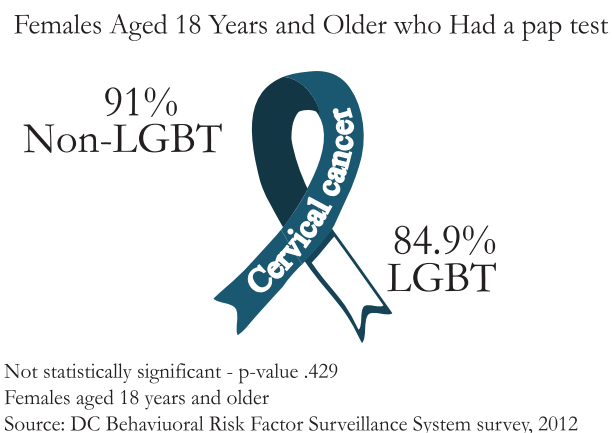
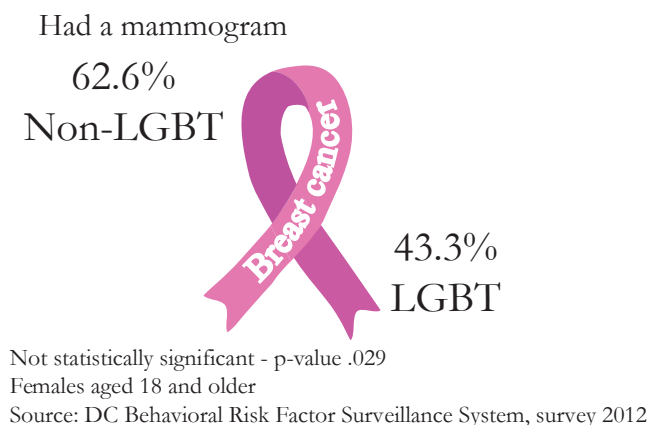
Note: In the District many of the policies and laws are aimed at providing all residents with equal opportunity and rights; therefore, differences related to having a disability may not show significant differences compared to the majority of the US population.

Cancer Preventive Screenings

Cancer screening is a medical technique aimed at detecting certain types of cancer that may be identified before a person has symptoms. In many instances this important step assists clinicians in detecting the cancer in its early stage, when abnormal tissue or cancer is found and may be easier to treat. For certain types of cancer, screening has been found to improve survival by increasing the likelihood of early detection.⁷ These types include: female breast cancer, cervical cancer and colorectal cancer. The effectiveness of other types of screening, such as prostate-specific antigen (PSA) to detect prostate cancer, is less clear. Early detection of cancer greatly increases the chances for successful treatment. There are two major components of early detection of cancer: education to promote early diagnosis and screening.⁵

Despite clinical advances, such as treatment and preventive measures in health, there is not enough sufficient information about cancer in the LGBT community and whether there are notable differences in risk and outcomes compared to their non-LGBT counterparts.⁹ Currently cancer registries and many of the notable surveillance systems do not collect data about sexual orientation or gender identity as a core to their screening demographic section.⁵ Unlike non-LGBT individuals, LGBT cancer survivors are without clear answers about potential risks, prevention and treatment not to mention a detailed understanding how prevalent cancer may be in their communities.

Non-LGBT female adults were more likely than their LGBT female counterparts to have had a mammogram, (Table 38) but the difference was not significant ($p=.333$). Non-LGBT adult females aged 18 years and older (Table 39) were more likely than their LGBT counterparts to have had a pap test within the past year but the difference was not significant ($p=.429$). LGBT adults aged 50 years and older were more likely to have had a sigmoidoscopy or colonoscopy (Table 41) than their non-LGBT counterparts but the difference was not significant ($p=.109$). Also, LGBT males aged 40 years and older were more likely than non-LGBT counterparts to have had a PSA test, (Table 40) but the difference was not significant ($p=.816$).



Conclusion

In the District of Columbia, residents enjoy almost universal access to health care regardless of race, ethnicity, gender, age, sexual orientation, socioeconomic status, gender identity or migratory status as well as some of the most progressive legislation and public policies, pertaining to the LGBT community. Sexual and gender minorities (SGM), include individuals with a wide range of sexual orientations, gender identities and expressions. The term encompasses lesbian, gay, bisexual and transgender individuals as well as those whose sexual orientation and gender identities and expressions varies from traditional societal, religious, cultural or physiological rule and criterion are important components of our social fabric. Although stigma and discrimination towards the LGBTQ community continues to diminish, we recognize the challenges still present in the form of institutionalized discrimination in the formulation and implementation of health equity initiatives that affect this segment of our society notably through health outcomes in the LGBT community in gender, racial ethnic and class element.

This report identifies clear and present challenges to health indices within sexual and gender minorities in the District of Columbia. Areas such as mental health, substance abuse, STD prevention, asthma and high-risk sexual behaviors continue to present a challenge within the LGBT community. The majority of data collected across national surveillance systems pertains to HIV/AIDS and other sexual health indicators but there is far less on other health conditions. However, data collected through the BRFSS showed that there is high burden of disease for certain sub-populations of SGM in HIV, STIs, smoking, cocaine use, heroin use and specific mental health conditions.

Our future reporting efforts must continue to include access to information pertaining to the health indices of the lesbian, gay, bisexual, transgender, questioning and intersex populations in addition to related groups such as MSM (men who have sex with men) and WSW (women who have sex with women) as well as those individuals who identify as non-conforming in sexual orientation and/or gender identity. We must also conceptualize and implement intersectional efforts that include race, ethnicity, migratory status, socioeconomic, geographic and class perspectives as points of reference in our report and public policy formation process as well as the collection of gender identity data in the clinical care setting.

It will be up to us collectively to work to improve health outcomes and address well-documented health inequities. The release of this report is only the beginning.

Recommendations

Real and immediate efforts must be made in order to expand the knowledge base and data collection efforts pertaining transgender health issues such as, gender transition and hormone use including access to clinical care and treatment during that transition period, gender identity and violence (including institutional) against transgender individuals.

Additional information is needed on the barriers that SGM face in accessing health services, including the attitudes of health-care providers. Understanding these barriers and the additional health risks they impose is crucial to improving the health status of sexual and gender minorities.

Specific recommendations include:

- 1) Need for data collection pertaining to the health indices specific to youth 13-18 years old both in and out of school as well as aging LGBT populations. Additionally, emphasis on lesbians, bisexual women, women who have sex with women and transgender men and women is needed to augment ongoing data collection efforts.
- 2) Development of culturally relevant and effective data collection instruments including face to face participatory research mechanisms that can enhance the quality of the information collected across the socio demographic spectrum. Clinical information regarding specific LGBT populations as well as allowing the examination of the implications associated with particular methods of data collection is needed to enhance the District's capacity to fully assess the health of the LGBTQ community.
- 3) Data collection efforts on the areas of marginalization and institutionalized discrimination, social ostracism and stigma must also be part of this renewed commitment. Special emphasis must be placed on collecting relevant data on transgender middle and high school students through the YRBSS, thus enhancing the opportunities for a decrease in institutionalized discrimination and social stigma beginning in the middle and high school environment, an improved learning environment that leads among other goals to a reduction of bullying incidents as well as encouraging disclosure of behaviors in the YRBSS, BRFSS and other public health survey instruments.
- 4) Adoption of National Institutes of Health (NIH) guidelines that call for the use of standardized data collection instruments that encompass the diversity of identity, behavior and attraction thus recognizing the distinction between identity and behavior.
- 5) Additional areas of interest to be explored in future health surveys of the transgender population include; mental health, substance abuse, obesity, cancer and long-term effects of hormone use among transgender, transsexual, crossdresser and others.

BRFSS Survey Questions on Sexual Orientation and Gender Identity

Data results presented in the report are derived from the following question included onto the 2011-2013 DC BRFSS survey.

Question

Now I'll read a list of terms people sometimes use to describe themselves: heterosexual or straight; homosexual (gay or lesbian); and bisexual. As I read the list again, please stop me when I get to the term that best describes how you think of yourself?

Please read

- 1 Heterosexual
- 2 Homosexual
- 3 Bisexual
- 4 Transgender

Do not read

- 5 Other
- 7 Don't know/Not sure
- 9 Refused

The following questions were included as a optional module onto the 2014 BRFSS survey.

Question 1 - The next two questions are about sexual orientation and gender identity.

Do you consider yourself to be:

- 1 Straight
- 2 Lesbian or gay
- 3 Bisexual

Do not read

- 4 Other
- 7 Don't know/Not sure
- 9 Refused

Question 2 - Do you consider yourself to be transgender?

If yes, ask "Do you consider yourself to be 1. male-to-female, 2 female-to-male, or 3. gender non-conforming?"

- 1 Yes, Transgender, male-to-female
- 2 Yes, Transgender, female-to-male
- 3 Yes, Transgender, gender nonconforming
- 4 No
- 7 Don't know/Not sure
- 9 Refused

Based on data findings in this report, the following questions starting survey year 2017 are recommended to obtain a more accurate depiction of LGBT health. For example, in many studies, lesbian and bisexual females are noted to suffer from chronic conditions like cancer and obesity that differ from their non-LGBT counterparts and GBT males.

Question 1. Do you consider yourself to be:

- 1 Heterosexual/Straight
- 2 Lesbian
- 3 Gay
- 4 Bisexual

Do not read

- 5 Other
- 7 Don't know/Not sure
- 9 Refused

Change difference from 2014 is the separation of lesbian and gay.

Question 2 - Do you consider yourself to be transgender?

If yes, ask "Do you consider yourself to be 1. male-to-female, 2 female-to-male, or 3. gender non-conforming?"

- 1 Yes, Transgender, male-to-female
- 2 Yes, Transgender, female-to-male
- 3 Yes, Transgender, gender nonconforming
- 4 No
- 7 Don't know/Not sure
- 9 Refused

Question 3. What sex were you assigned at birth, on your original birth certificate?

- 1 Male
- 2 Female

Do not read

- 7 Don't know/Not sure
- 9 Refused

TABLES

Table 1. Sexual Orientation by Demographics and Geographic Location					
	Non-LGBT		LGBT		
	%	95% CI	%	95% CI	UW
Total	89.3%	88.3%-90.3%	10.7%	9.7%-11.7%	10972
Gender**					
Male	83.9%	82.1%-85.5%	16.1%	14.5%-17.9%	4283
Female	93.9%	92.6%-94.9%	6.1%	5.1%-7.4%	6689
Age**					
18-24	91.3%	86.3%-94.6%	8.7%	5.4%-13.7%	276
25-34	88.4%	85.2%-91.0%	11.6%	9.0%-14.8%	948
35-44	87.3%	84.8%-89.4%	12.7%	10.6%-15.2%	1533
45-54	86.2%	83.9%-88.2%	13.8%	11.8%-16.1%	1914
55-64	90.9%	89.3%-92.2%	9.1%	7.8%-10.7%	2635
65+	93.2%	91.9%-94.3%	6.8%	5.7%-8.1%	3666
Race/Ethnicity**					
White	85.7%	83.9%-87.4%	14.3%	12.6%-16.1%	5150
African American	93.3%	92.0%-94.4%	6.7%	5.6%-8.0%	4699
Other	88.9%	83.7%-92.5%	11.1%	7.5%-16.3%	542
Hispanic	86.8%	81.3%-90.8%	13.2%	9.2%-18.7%	385
Education**					
Less than high school	93.1%	89.2%-95.7%	6.9%	4.3%-10.8%	562
High school graduate	91.5%	88.9%-93.6%	8.5%	6.4%-11.1%	1649
Some college	90.3%	87.4%-92.6%	9.7%	7.4%-12.6%	1677
College graduate	87.2%	85.8%-88.4%	12.8%	11.6%-14.2%	7051
Income					
Less than \$15,000	88.4%	84.4%-91.5%	11.6%	8.5%-15.6%	992
\$15,000-\$24,999	93.4%	90.3%-95.6%	6.6%	4.4%-9.7%	1103
\$25,000-\$34,999	90.7%	85.7%-94.1%	9.3%	5.9%-14.3%	650
\$35,000-\$49,999	91.1%	86.3%-94.4%	8.9%	5.6%-13.7%	919
\$50,000	87.1%	85.6%-88.4%	12.9%	11.6%-14.4%	6089
Ward**					
Ward 1	81.6%	76.8%-85.5%	18.4%	14.5%-23.2%	834
Ward 2	78.5%	74.1%-82.4%	21.5%	17.6%-25.9%	896
Ward 3	94.6%	93.2%-95.8%	5.4%	4.2%-6.8%	1921
Ward 4	92.1%	89.5%-94.0%	7.9%	6.0%-10.5%	1459
Ward 5	89.6%	86.3%-92.1%	10.4%	7.9%-13.7%	1138
Ward 6	88.8%	85.7%-91.2%	11.2%	8.8%-14.3%	1254
Ward 7	91.3%	87.6%-93.9%	8.7%	6.1%-12.4%	1035
Ward 8	91.7%	87.5%-94.6%	8.3%	5.4%-12.5%	851
Marital Status**					
Married	96.0%	95.0%-96.7%	4.0%	3.3%-5.0%	3835
Divorced	95.3%	93.6%-96.5%	4.7%	3.5%-6.4%	1723
Widowed	96.0%	94.4%-97.1%	4.0%	2.9%-5.6%	1287
Separated	96.4%	92.3%-98.4%	*	1.6%-7.7%	290
Never married	85.7%	83.7%-87.5%	14.3%	12.5%-16.3%	3266
Member of an unmarried couple	70.1%	64.6%-75.0%	29.9%	25.0%-35.4%	475

**Statistically significant, p-value<0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 2. Sexual Orientation by General Health Status

“Would you say that in general your health is excellent, very good, good, fair or poor?”

	Good or better		Fair or poor		UW
	%	95% CI	%	95% CI	
Non-LGBT	87.6%	86.6%-88.5%	12.4%	11.5%-13.4%	9927
LGBT	89.5%	86.5%-92.0%	10.5%	8.0%-13.5%	998

Not statistically significant, p-value >0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 3. Sexual Orientation by Quality of Life - Physical Health Days

“Now thinking about your physical health, which includes physical illness and injury for how many days during the past 30 days was your physical health not good?”

	None		1-14 days		15-30 days		UW
	%	95% CI	%	95% CI	%	95% CI	
Non-LGBT	63.8%	62.2%-65.3%	27.4%	26.0%-28.9%	8.8%	7.9%-9.8%	9800
LGBT	60.5%	55.2%-65.5%	31.8%	27.0%-37.0%	7.7%	5.3%-11.1%	981

Not statistically significant, p-value >0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 4. Sexual Orientation by Quality of Life - Physical and Mental Health Days

“Now thinking about your mental health which includes stress, depression and problems with emotion, for how many days during the past 30 days was your mental health not good?”

	None		1-14 days		15-30 days		UW
	%	95% CI	%	95% CI	%	95% CI	
Non-LGBT	64.0%	62.4%-65.6%	26.9%	25.4%-28.5%	9.0%	8.1%-10.1%	9806
LGBT	54.3%	49.1%-59.3%	31.4%	26.9%-36.3%	14.3%	10.5%-19.2%	983

Not statistically significant, p-value <0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 5. Sexual Orientation - Quality of Life - Poor Health

“During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities such as self-care, work or recreation?”

	None		1-14 days		15-30 days		UW
	%	95% CI	%	95% CI	%	95% CI	
Non-LGBT	55.4%	53.1%-57.6%	33.0%	30.9%-35.2%	11.6%	10.2%-13.1%	4922
LGBT	50.0%	43.2%-56.8%	37.9%	31.3%-44.9%	12.1%	8.5%-17.0%	545

Not statistically significant, p-value >0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 6. Sexual Orientation by Health Care Access - Health Care Coverage

“Do you have any type of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Services?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Non-LGBT	92.3%	91.2%-93.2%	7.7%	6.8%-8.8%	9950
LGBT	95.5%	92.4%-97.4%	4.5%	2.6%-7.6%	998

Not statistically significant, p-value >0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 7. Sexual Orientation by Health Care Access - Cost

“Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Non-LGBT	10.0%	8.9%-11.2%	90.0%	88.8%-91.1%	9950
LGBT	13.4%	9.3%-18.8%	86.6%	81.2%-90.7%	1000

Not statistically significant, p-value >0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 8. Sexual Orientation by Health Care Access - Multiple Health Care Professionals

“Do you have one person you think of as your personal doctor or health care provider?”

	Yes, only one		More than one		No		UW
	%	95% CI	%	95% CI	%	95% CI	
Non-LGBT	73.0%	71.5%-74.6%	7.4%	6.6%-8.3%	19.5%	18.1%-21.0%	9939
LGBT	80.0%	75.2%-84.0%	5.5%	3.8%-8.0%	14.5%	10.8%-19.2%	1000

Not statistically significant, p-value >0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 9. Sexual Orientation by Health Care Access - Time Since Last Routine Checkup

“About how long has it been since you last visited a doctor for a routine checkup?”

	Within the past year		Within the past 2 years		Within the past 5 years		5 or more years ago		Never		UW
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	
Non-LGBT	74.3%	72.8%-75.8%	14.5%	13.3%-15.7%	6.8%	6.0%-7.7%	3.8%	3.2%-4.5%	0.6%	0.4%-1.0%	9910
LGBT	68.9%	63.7%-73.7%	17.2%	13.5%-21.7%	7.8%	5.4%-11.0%	5.9%	3.4%-9.9%	*	*	998

Not statistically significant, p-value >0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 10. Sexual Orientation by Weight Status

Derived from “How tall are you without shoes?” and “How much do you weigh without shoes?”

	Underweight		Normal weight		Overweight		Obese		UW
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	
Non-LGBT	2.0%	1.6%-2.6%	43.0%	41.3%-44.7%	31.0%	29.5%-32.5%	24.0%	22.7%-25.4%	9575
LGBT	*	1.2%-4.2%	47.5%	42.4%-52.6%	33.2%	28.6%-38.0%	17.1%	14.0%-20.9%	986

Not statistically significant, p-value >0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 11. Sexual Orientation by Physical Activity - Past 30 Days

“During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Non-LGBT	80.7%	79.4%-81.9%	19.3%	18.1%-20.6%	9709
LGBT	85.4%	81.9%-88.3%	14.6%	11.7%-18.1%	986

Not statistically significant, p-value >0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 12. Sexual Orientation by Tobacco Use - Current Smoker

Derived from “Do you now smoke cigarettes every day, some days or not at all?”

	No		Yes		UW
	%	95% CI	%	95% CI	
Non-LGBT	81.9%	80.5%-83.3%	18.1%	16.7%-19.5%	9860
LGBT	75.9%	70.7%-80.4%	24.1%	19.6%-29.3%	998

Not statistically significant, p-value >0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 13. Sexual Orientation by Marijuana - Current Marijuana Use

Derived from “Do you now use marijuana every day, some days or not at all?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Non-LGBT	16.2%	14.2%-18.4%	83.8%	81.6%-85.8%	4604
LGBT	23.5%	17.8%-30.4%	76.5%	69.6%-82.2%	671

Not statistically significant, p-value >0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 14. Sexual Orientation by Alcohol Consumption - Binge Drinking

Males having five or more drinks on one occasion, females having four or more drinks on one occasion.

	No		Yes		UW
	%	95% CI	%	95% CI	
Non-LGBT	79.6%	78.1%-81.1%	20.4%	18.9%-21.9%	9768
LGBT	72.1%	67.0%-76.7%	27.9%	23.3%-33.0%	988

Not statistically significant, p-value <0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 15. Sexual Orientation by Alcohol Consumption - Heaving Drinking

Adult men having more than two drinks per day and adult women having more than one drinks per day

	No		Yes		UW
	%	95% CI	%	95% CI	
Non-LGBT	92.8%	91.9%-93.7%	7.2%	6.3%-8.1%	9746
LGBT	91.5%	88.2%-94.0%	8.5%	6.0%-11.8%	988

Not statistically significant, p-value >0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 16. Sexual Orientation by Cocaine or Heroin Use

“Have you ever used cocaine or heroin?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Non-LGBT	14.0%	12.7%-15.4%	86.0%	84.6%-87.3%	6469
LGBT	27.3%	22.7%-32.5%	72.7%	67.5%-77.3%	663

Statistically significant, p-value <0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 17. Sexual Orientation by HIV Testing

“Have you ever been tested for HIV?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Non-LGBT	66.0%	64.4%-67.5%	34.0%	32.5%-35.6%	9305
LGBT	88.3%	84.3%-91.4%	11.7%	8.6%-15.7%	973

Not statistically significant, p-value <0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 18. Sexual Orientation by Hepatitis

“Have you ever been told by a doctor or healthcare worker that you have Hepatitis B or C?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Non-LGBT	3.3%	2.1%-5.1%	96.7%	94.9%-97.9%	1971
LGBT	7.0%	3.7%-12.6%	93.0%	87.4%-96.3%	230

Not statistically significant, p-value >0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2012 survey

Table 19. Sexual Orientation by High Risk

I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one. You have used intravenous drugs in the past year. You have been treated for a sexually transmitted or venereal disease in the past year. You have given or received money or drug in exchange for sex in the past year. You had anal sex without a condom in the past year. “Do any of these situations apply to you?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Non-LGBT	5.6%	4.2%-7.5%	94.4%	92.5%-95.8%	2991
LGBT	20.4%	13.7%-29.3%	79.6%	70.7%-86.3%	283

Statistically significant, p-value <0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 20. Sexual Orientation by Condom Use

“Did you use a condom the last time you had sexual intercourse?”

	Yes		No		Not Sexually Active		UW
	%	95% CI	%	95% CI	%	95% CI	
Non-LGBT	41.2%	37.7%-44.8%	54.9%	51.3%-58.5%	3.8%	2.3%-6.3%	1875
LGBT	56.9%	46.9%-66.5%	42.1%	32.6%-52.2%	*	0.2%-5.8%	224

Not statistically significant, p-value >0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2012 survey

Table 21. Sexual Orientation by Partner Status

“Do you know the HIV status of your primary partner?”

	Yes		No		No Primary Partner		UW
	%	95% CI	%	95% CI	%	95% CI	
Non-LGBT	76.0%	72.7%-78.9%	13.6%	11.2%-16.4%	10.4%	8.4%-12.9%	1921
LGBT	74.1%	64.5%-81.7%	*	3.3%-12.5%	19.4%	12.7%-28.7%	228

Not statistically significant, p-value >0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2012 survey

Table 22. Sexual Orientation by Primary Partner

“Have you had sex with partners other than a primary partner in the past 12 months?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Non-LGBT	14.2%	11.6%-17.3%	85.8%	82.7%-88.4%	1916
LGBT	37.2%	27.6%-47.8%	62.8%	52.2%-72.4%	227

Not statistically significant, p-value <0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2012 survey

Table 23. Sexual Orientation - Same Sex

	Yes		No		UW
	%	95% CI	%	95% CI	
Non-LGBT	4.5%	3.0%-6.7%	95.5%	93.3%-97.0%	1935
LGBT	91.3%	83.4%-95.7%	*	4.3%-16.6%	229

Not statistically significant, p-value >0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2012 survey

Table 24. Sexual Orientation by STD

“Have you been treated for a STD in the past 12 months?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Non-LGBT	5.5%	3.9%-7.7%	94.5%	92.3%-96.1%	1964
LGBT	15.1%	8.8%-24.5%	84.9%	75.5%-91.2%	233

Not statistically significant, p-value <0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2012 survey

Table 25. Sexual Orientation by Street/Party Drugs

“Have you used street/party drugs in the past 12 months

	Yes		No		UW
	%	95% CI	%	95% CI	
Non-LGBT	6.3%	4.7%-8.5%	93.7%	91.5%-95.3%	1968
LGBT	25.3%	16.4%-36.9%	74.7%	63.1%-83.6%	232

Not statistically significant, p-value <0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2012 survey

Table 26. Sexual Orientation by Chronic Health Conditions - Heart Attack

“Has a doctor, nurse or other health professional ever told you that you had a heart attack?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Non-LGBT	3.2%	2.8%-3.7%	96.8%	96.3%-97.2%	9932
LGBT	4.7%	2.6%-8.2%	95.3%	91.8%-97.4%	998

Not statistically significant, p-value >0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 27. Sexual Orientation by Chronic Health Conditions - Heart Disease

“Has a doctor, nurse or other health professional ever told you that you had coronary heart disease?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Non-LGBT	3.3%	2.9%-3.8%	96.7%	96.2%-97.1%	9903
LGBT	2.5%	1.6%-3.8%	97.5%	96.2%-98.4%	997

Not statistically significant, p-value >0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 28. Sexual Orientation by Chronic Health Conditions - Stroke

“Has a doctor, nurse or other health professional ever told you that you had a stroke?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Non-LGBT	3.6%	3.1%-4.1%	96.4%	95.9%-96.9%	9950
LGBT	2.0%	1.1%-3.6%	98.0%	96.4%-98.9%	999

Not statistically significant, p-value >0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 29. Sexual Orientation by Chronic Health Conditions - Cancer (excluding skin cancer)

“Has a doctor, nurse or other health professional ever told you that you had cancer?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Non-LGBT	5.7%	5.2%-6.3%	94.3%	93.7%-94.8%	9955
LGBT	4.5%	3.0%-6.8%	95.5%	93.2%-97.0%	1001

Not statistically significant, p-value >0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 30. Sexual Orientation by Chronic Health Conditions - Chronic Obstructive Pulmonary Disease, Emphysema or Chronic Bronchitis

“Has a doctor, nurse or other health professional ever told you that you had COPD?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Non-LGBT	5.1%	4.5%-5.8%	94.9%	94.2%-95.5%	9919
LGBT	5.1%	3.2%-7.9%	94.9%	92.1%-96.8%	998

Not statistically significant, p-value >0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 31. Sexual Orientation by Chronic Health Conditions - Arthritis

“Has a doctor, nurse or other health professional ever told you that you have arthritis?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Non-LGBT	20.9%	19.9%-22.0%	79.1%	78.0%-80.1%	9915
LGBT	20.0%	16.6%-23.9%	80.0%	76.1%-83.4%	998

Not statistically significant, p-value >0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 32. Sexual Orientation by Chronic Health Conditions - Depressive Disorder

“Has a doctor, nurse or other health professional ever told you that you have a depressive disorder?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Non-LGBT	17.1%	15.9%-18.4%	82.9%	81.6%-84.1%	9919
LGBT	28.6%	24.2%-33.6%	71.4%	66.4%-75.8%	999

Not statistically significant, p-value <0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 33. Sexual Orientation by Chronic Health Conditions - Current Asthma

“Has a doctor, nurse or other health professional ever told you that you have asthma?”

	No		Yes		UW
	%	95% CI	%	95% CI	
Non-LGBT	89.8%	88.7%-90.7%	10.2%	9.3%-11.3%	9890
LGBT	82.4%	77.2%-86.7%	17.6%	13.3%-22.8%	996

Not statistically significant, p-value <0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 34. Sexual Orientation by Chronic Health Conditions - Kidney Disease

“Has a doctor, nurse or other health professional ever told you that you have kidney disease?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Non-LGBT	2.5%	2.1%-3.0%	97.5%	97.0%-97.9%	9947
LGBT	2.6%	1.5%-4.6%	97.4%	95.4%-98.5%	998

Not statistically significant, p-value >0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 35. Sexual Orientation by Chronic Health Conditions - Diabetes

“Has a doctor, nurse or other health professional ever told you that you had diabetes?”

	Yes		Yes, but pregnant		No		No, pre diabetes		UW
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	
Non-LGBT	8.5%	7.8%-9.2%	0.6%	0.5%-0.9%	89.8%	89.0%-90.5%	1.1%	0.8%-1.4%	9958
LGBT	7.9%	6.2%-10.1%	*	0.1%-0.9%	90.7%	88.3%-92.7%	*	0.4%-2.5%	1000

Not statistically significant, p-value >0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 36. Sexual Orientation by Disability - Activity Limitation

“Are you limited in any way in activities because of physical, mental or emotional problem?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Non-LGBT	20.1%	18.8%-21.4%	79.9%	78.6%-81.2%	9909
LGBT	20.9%	16.9%-25.7%	79.1%	74.3%-83.1%	996

Not statistically significant, p-value >0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 37. Sexual Orientation by Disability - Special Equipment

“Do you have any health problems that requires you to use special equipment, such as a cane, a wheelchair, a special bed or a special telephone?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Non-LGBT	10.5%	9.7%-11.3%	89.5%	88.7%-90.3%	9957
LGBT	8.8%	6.8%-11.5%	91.2%	88.5%-93.2%	1000

Not statistically significant, p-value >0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 38. Sexual Orientation by Cancer Screening - Mammogram

“Have you ever had a mammogram?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Non-LGBT	62.6%	58.5%-66.5%	37.4%	33.5%-41.5%	1899
LGBT	43.3%	27.5%-60.5%	56.7%	39.5%-72.5%	73

Not statistically significant, p-value >0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 39. Sexual Orientation by Cancer Screening - Pap Test

“Have you ever had a pap test?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Non-LGBT	91.0%	87.1%-93.8%	9.0%	6.2%-12.9%	1885
LGBT	84.9%	58.1%-95.8%	*	4.2%-41.9%	72

Not statistically significant, p-value >0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 40. Sexual Orientation by Cancer Screening - PSA Test

“Have you ever had a PSA test?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Non-LGBT	55.7%	50.4%-60.8%	44.3%	39.2%-49.6%	810
LGBT	57.2%	45.7%-67.9%	42.8%	32.1%-54.3%	164

Not statistically significant, p-value >0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 41. Sexual Orientation by - Cancer Screening - Sigmoidoscopy/Colonoscopy

Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. “Have you ever had either of these exams?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Non-LGBT	70.0%	66.5%-73.3%	30.0%	26.7%-33.5%	1952
LGBT	78.2%	68.4%-85.6%	21.8%	14.4%-31.6%	159

Not statistically significant, p-value >0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 42. Sexual Orientation by Immunization - Flu Shot

“During the past 12 months, have you had either a seasonal flu shot or a season flu vaccine that was sprayed in your nose?”

	Yes		No		UW
	%	95% CI	%	95% CI	
Non-LGBT	39.2%	37.7%-40.8%	60.8%	59.2%-62.3%	9629
LGBT	43.2%	38.4%-48.1%	56.8%	51.9%-61.6%	983

Not statistically significant, p-value >0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

Table 43. Sexual Orientation by Immunization - Pneumonia Shot

A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person’s lifetime and is different from the flu shot.

“Have you ever had a pneumonia shot?”

	Yes		No		Don’t know/Not sure		UW
	%	95% CI	%	95% CI	%	95% CI	
Non-LGBT	25.9%	24.6%-27.2%	57.8%	56.2%-59.4%	16.3%	15.1%-17.7%	9653
LGBT	30.8%	26.4%-35.5%	53.6%	48.6%-58.7%	15.6%	12.2%-19.7%	985

Not statistically significant, p-value >0.005

Source: District of Columbia Department of Health, Center for Policy, Planning and Evaluation, Behavioral Risk Factor Surveillance System (BRFSS), 2011-2013 survey

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