

Healthy People 2020 Lesbian Health Fact Sheet

This fact sheet reviews epidemiological data reported in behavioral risk studies and needs assessment surveys conducted in the U.S. and published from 1994 to 2010. The findings are grouped by *Healthy People 2020* topic area.

ACCESS TO HEALTH SERVICES

FINDING: Lesbian and bisexual women were less likely than heterosexual women to have health insurance, more likely to have been uninsured during the previous year, and more likely to have difficulty obtaining needed medical care.

Data Source: Diamant, A. L., Wold, C., Spritzer, K., & Gelberg, L. (2000). Health behaviors, health status, and access to and use of health care: a population-based study of lesbian, bisexual and heterosexual women. *Archives of Family Medicine*, 9(10), 1043-1051.

FINDING: Results from a survey on lesbian expectations and experiences with family doctors indicate that most participants considered it important to disclose their sexual orientation to their family physicians, and most had. Although some feared lower quality health care upon disclosure, the group as a whole was not particularly concerned about a decrease in quality. Most preferred a female family doctor.

Data Source: Geddes VA. Lesbian expectations and experiences with family doctors. How much does the physician's sex matter to lesbians? *Canadian Family Physician*.1994 May;40:908-20

CANCER

FINDING: Lesbians have a higher 5-year and lifetime risk for developing breast cancer compared to heterosexual women..

Data Source: Dibble SL, Roberts SA, Nussey B. Comparing breast cancer risk between lesbians and their heterosexual sisters. *Women's Health Issues*. 2004 Mar-Apr;14(2):60-8.

FINDING: Lesbians have traditionally been less likely to bear children. Hormones released during pregnancy and breastfeeding are believed to protect women against breast, endometrial, and ovarian cancers. Lesbians also have higher rates of alcohol use, poor nutrition, and obesity. These factors may increase the risk of breast, endometrial, and ovarian cancers, and other cancers.

Data Source: U.S. Office on Women's Health. Lesbian Health: Frequently Asked Questions. Updated Jan 1, 2005. <http://womenshealth.gov/faq/lesbian-health.cfm>

FINDING: Lesbians are less likely to visit a doctor or nurse for routine screenings, such as a Pap smear, which can prevent or detect cervical cancer. The viruses that cause most cervical cancer can be sexually transmitted between women.

Data Source: U.S. Office on Women’s Health. Lesbian Health: Frequently Asked Questions. Updated Jan 1, 2005. <http://womenshealth.gov/fag/lesbian-health.cfm>

HEART DISEASE AND STROKE

FINDING: Factors that raise women’s risk for heart disease—such as obesity, smoking, and stress—are higher in prevalence among lesbians than other women. The more risk factors that a woman has, the greater the chance that she will develop heart disease.

Data Source: U.S. Office on Women’s Health. Lesbian Health: Frequently Asked Questions. Updated Jan 1, 2005. <http://womenshealth.gov/fag/lesbian-health.cfm>

HIV

FINDING: Among women, 60.9% of lesbian women reported having ever had an HIV test compared to 38.6% of heterosexual women.

Data Source: New Mexico’s Progress in Collecting Lesbian, Gay, Bisexual, and Transgender Health Data and Its Implications for Addressing Health Disparities. New Mexico Department of Health. April 2010.

INJURY AND VIOLENCE PREVENTION

FINDING: In a 1994 study, 30.6% of lesbian women experienced intimate partner physical violence ; 11.6% of respondents reported they had experienced severe violence

Data Source: Lockhart, LL, White,BW,Causby,V and Isaac,A Letting out the secret: violence in lesbian relationships.Journal of Interpersonal Violence.1994.9:469.

FINDING: 29 percent of women reported experiencing harassment or physical violence from family members on the basis of their sexual orientation..

Data Source: Gross L., Aurand S., Adessa R. The 1999-2000 Study of Discrimination and Violence against Lesbian and Gay Men in Philadelphia and the Commonwealth of Pennsylvania. Philadelphia Gay and Lesbian Task Force; 2000

MATERNAL, INFANT AND CHILD HEALTH

FINDING: Female respondents were asked to report whether they had ever had a mammogram. Heterosexual women had the highest rate (58.8%), followed by lesbians (58.3%) and bisexual women (44.6%).

Data Source: Massachusetts Department of Public Health. The Health of Lesbian, Gay, Bisexual and Transgender (LGBT) Persons in Massachusetts. A survey of health issues comparing LGBT persons with their heterosexual and non-transgender counterparts. July 2009. http://www.mass.gov/Eeohhs2/docs/dph/commissioner/lgbt_health_report.pdf

FINDING: Female respondents were asked to report whether they had ever had a Pap smear. Heterosexual women had the highest rate (94.2%), followed by bisexual women (93.7%) and lesbians (89.9%).

Data Source: Massachusetts Department of Public Health. The Health of Lesbian, Gay, Bisexual and Transgender (LGBT) Persons in Massachusetts. A survey of health issues comparing LGBT persons with their heterosexual and non-transgender counterparts. July 2009. http://www.mass.gov/Eeohhs2/docs/dph/commissioner/lgbt_health_report.pdf

MENTAL HEALTH AND MENTAL DISORDERS

FINDING: The Family Acceptance Project's research shows that "adverse, punitive, and traumatic reactions from parents and caregivers in response to their children's LGB identity" is closely correlated with lesbian, gay, and bisexual (LGB) youth having poor mental health and an increase in substance abuse.

Data Source: Ryan C, Huebner D, Diaz RM, Sanchez J. Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults. *Pediatrics*. 2009 Jan;123(1):346-52.

FINDING: A study that sought to examine experiences of self-objectification in lesbian women, provides evidence that self-objectification variables and internalized heterosexism have negative impacts on the mental health of lesbian women.

Data Source: Haines ME, Erchull MJ, Liss M, Turner DL, Nelson JA. Predictors and effects of self-objectification in lesbians. *Psychology of Women Quarterly*. 2008 Jun;32(2):282-287.

FINDING: In a study examining the risk of psychiatric disorders among individuals with same-sex sexual partners, women in the same-sex subsample were found to have had higher 12-month prevalences of 11 of the 12 disorders assessed than did women in the opposite-sex subsample

Data Source: Gilman SE, Cochran SD, Mays VM, Hughes M, Ostrow D, Kessler RC. Risk of Psychiatric Disorders Among Individuals Reporting Same-Sex Sexual Partners in the National Comorbidity Survey. *American Journal of Public Health*. 2001;91:933-939.

FINDING: Lesbian and bisexual women may avoid primary care, and those that do attend may not reveal their sexual orientation. There is a clear need for awareness on the part of family practitioners regarding patients' sexual orientation. This would allow more adequate opportunities to monitor smoking status, alcohol use, and mental health. Lesbian and bisexual

women consult general practitioners for emotional reasons more often than heterosexuals if their primary care physician is aware of their sexual orientation.

Data Source: King M, Nazareth I. The health of people classified as lesbian, gay, and bisexual attending family practitioners in London: a controlled study. *BMC Public Health*. 2006;6:127. www.biomedcentral.com/1471-2458/6/127

FINDING: An anonymous survey was administered at 33 health care sites across the United States and had a number of important findings:

- Sexual orientation influenced the probability of experiencing emotional stress.
- Whether a bisexual woman or lesbian had disclosed her sexual orientation (was "out") impacted the likelihood of having or having had mental health problems.
- Bisexual women and lesbians experienced more emotional stress as teenagers than did heterosexual women.
- Lesbians who were not "out" and bisexual women who were "out" were 2.0 to 2.5 times more likely to experience suicidal ideation in the past 12 months.
- Lesbian and bisexual women who were not "out" were more likely to have had a suicide attempt compared to heterosexual women.
- Lesbians used psychotherapy for depression more commonly than did heterosexual or bisexual women.

Data Source: Koh AS, Ross LK. Mental health issues: a comparison of lesbian, bisexual and heterosexual women. *Journal of Homosexuality*. 2006;51(1):33-57. <http://www.ncbi.nlm.nih.gov/pubmed/16893825>

FINDING: Perinatal depression is as common, and in fact, may be more common for lesbian and bisexual women than heterosexual women.

Data Source: Ross LE, Steele L, Goldfinger C, Strike C. (2007). Perinatal depressive symptomatology among lesbian and bisexual women. *Archive of Women's Mental Health*. 2007;10(2), 53-59.

NUTRITION AND WEIGHT STATUS

FINDING: Lesbians, in comparison to heterosexual women, possess somewhat different attitudes about beauty, rejecting cultural norms of excessive thinness in women. Their current weight, and perceived overweight showed independent associations with the probability of reporting frequent exercise.

Data Source: Yancey AK, Cochran SD, Corliss HL, Mays VM. Correlates of overweight and obesity among lesbian and bisexual women. *Prevention Medicine*. 2003; 36: 676-683. Available online at www.sciencedirect.com

FINDING: Compared to heterosexual female college students, lesbians and bisexual women were both more likely to be overweight or obese. Lesbians were also less likely to be underweight compared to heterosexual college women.

Data Source: Struble CB, Lindley LL, Montgomery K, Hardin J, Burcin M. Overweight and obesity in lesbian and bisexual college women. *Journal of the American College of Health*. 2010;59(1), 51-56.

FINDING: Lesbian women have a higher prevalence of overweight and obesity than all other female sexual orientation groups.

Data Source: Boehmer U, Bowen DJ, Bauer GR. Overweight and obesity in sexual-minority women: evidence from population-based data. *American Journal of Public Health*, 2007;97(6), 1134-1140.

FINDING: Higher prevalence of obesity is observed among lesbian women of color, especially African American lesbians.

Data Source: Cochran SD, Mays VM, Bowen D, Gage S, Bybee D, Roberts SJ, et al. Cancer-related risk indicators and preventative screening behaviors among lesbian and bisexual women. *American Journal of Public Health*. 2001;91:591-7.

FINDING: Results of a 1996 survey for Health Promotion showed lesbians were not very knowledgeable about their diet compared to heterosexual women in the same study.

Data Source: Moran N. Lesbian health care needs. *Canadian Family Physician*. 1996;42:879–884. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2146393>

PHYSICAL ACTIVITY

FINDING: Adult lesbians are not sufficiently physically active to achieve physical and psychological health benefits. Lesbians report many general barriers (i.e., obstacles to participation in exercise activities) such as being too tired and the lack of a physical activity partner. A number of lesbian-specific barriers (i.e., obstacles unique to being a lesbian) were also identified, such as the lack of lesbian-focused physical activity groups and the lack of same-sex family memberships to fitness facilities.

Data Source: Brittain DR, Baillargeon T, McElroy M, Aaron DJ, Gyurcsik NC. Barriers to moderate physical activity in adult lesbians. *Women Health*. 2006;43(1):75-92. <http://www.ncbi.nlm.nih.gov/pubmed/17050486>

FINDING: Sexual orientation is an important demographic factor that has been suggested to affect engagement in health-related behaviors, such as adequate exercise. Interventions developed for the general population of women are likely to be less effective in assisting lesbians to make healthy choices that include exercise as part of their daily or weekly routine.

Data Source: Bowen DJ, Balsam KF, Diergaarde B, Russo M, Escamilla GM. Healthy eating, exercise, and weight: impressions of sexual minority women. *Women's Health*. 2006;44(1):79-93. <http://www.ncbi.nlm.nih.gov/pubmed/17182528>

RESPIRATORY DISEASES

FINDING: Lesbian women (22.7%) had higher rates of current asthma compared to heterosexual women (10.0%).

Data Source: New Mexico's Progress in Collecting Lesbian, Gay, Bisexual, and Transgender Health Data and Its Implications for Addressing Health Disparities. New Mexico Department of Health. April 2010.

SUBSTANCE ABUSE

FINDING: For alcohol use, a higher percentage of lesbian or gay adults reported heavy drinking (10.1%) compared to heterosexual adults (4.4%). This difference is driven by higher heavy drinking rates among both gay men (12.2%) and lesbian women (8.0%), especially compared to their heterosexual counterparts (men: 5.2% and women: 3.7%).

Data Source: New Mexico's Progress in Collecting Lesbian, Gay, Bisexual, and Transgender Health Data and Its Implications for Addressing Health Disparities. New Mexico Department of Health. April 2010.

FINDING: Lesbians were more likely than heterosexual women to drink heavily.

Data Source: Diamant AL, Wold C, Spritzer K, Gelberg L. Health behaviors, health status, and access to and use of health care: a population-based study of lesbian, bisexual, and heterosexual women. Archives of Family Medicine. 2000;9(10):1043-51.

<http://www.ncbi.nlm.nih.gov/pubmed/11115206>

TOBACCO USE

FINDING: Lesbians demonstrated an increase of between 1.2 and 2.0 times the odds of smoking compared to heterosexual women. Older women were found to smoke less than younger women; researchers speculated that the younger women were more likely to socialize in bars, which might explain the difference.

Data Sources: Arizona Department of Health Services. Tobacco Use and Interventions among Arizona Lesbian, Gay, Bisexual and Transgender People. 2006. Available online:

http://www.tobaccofreearizona.com/reports/pdf/05_lgbt-survey.pdf,

FINDING: Even after controlling for age, sexual identity, and social desirability, young butch (displaying traditionally masculine traits) women reported smoking more cigarettes, and using marijuana more frequently than young femme (displaying traditionally feminine traits) women. Experiences of gay-related stressful events, internalized homophobia, and emotional distress were found to largely account for the butch/femme differences in tobacco and marijuana use. These findings suggest that intervention efforts to address the higher levels of substance use

among young lesbian and bisexual women may increase effectiveness by also addressing experiences of gay-related stress and emotional distress of young butch women.

Data Source: Rosario M, Schrimshaw EW, Hunter J. Butch/Femme differences in substance use and abuse among young lesbian and bisexual women: examination and potential explanations. *Substance Use and Misuse*. 2008;43(8-9):1002-15.

<http://www.ncbi.nlm.nih.gov/pubmed/18649226?ordinalpos=1&itool=PPMCLayout.PPMCAAppController.PPMCArticlePage.PPMCPubmedRA&linkpos=1>

FINDING: African-American lesbians were more likely than African-American heterosexual women or white lesbians to be current smokers.

Data Source: Hughes TL, Johnson TP, Matthews AK. Sexual orientation and smoking. Results from a Multisite Women's Health Study. *Substance Use and Misuse*. 2008;43(8-9), 1218:1229.