



COMMUNITY HEALTH DATA BASE

An Information Service of the Public Health Management Corporation

Sexual Minority Populations and Health in Southeastern Pennsylvania

INTRODUCTION

This data brief focuses on sexual minority populations in Southeastern Pennsylvania (SEPA), using population-based data from Public Health Management Corporation's 2006 Southeastern Pennsylvania Household Health Survey.¹ Conducted in the summer of 2006, this telephone survey of more than 10,000 households in the region examines core health status indicators, access to care, and population demographics.

The goals of this brief are: (1) to provide an overview of the diversity of sexual minority populations in SEPA; and (2) to examine key health indicators related to health status, health behaviors, and access to care among sexual minorities as compared to non-sexual minorities.

DEFINING SEXUAL MINORITIES

In the 2006 Household Health Survey, respondents were asked about their sexual identity (heterosexual/straight, gay/homosexual/lesbian, or bisexual) and their sexual behavior in terms of the sex of sexual partners in the previous year (male, female, or both). This analysis considers a broad population definition and uses the term *sexual minorities* to include persons who identify as LGB as well as those who do not identify as lesbian, gay, or bisexual (LGB) but report having had either same-sex partners or both same-sex and different-sex partners in the previous year.²

This data brief brings together populations defined by both self-identity and self-reported sexual partners. While this approach cannot speak to crucial distinctions between LGB-identified and non-LGB-identified populations, this is an important initial step in providing much-needed population-based data for communities and public health practitioners working on health promotion for sexual minority populations.³

SEXUAL MINORITY PREVALENCE

The 2006 Household Health Survey found that 3.1% of adult respondents 18 years and older, or approximately 88,000 adults, self-identified as gay, lesbian, or bisexual (LGB) or reported same-sex partners in the previous 12 months.

Among this group, over two-thirds identified as LGB (68.2%), and just under one-third identified as heterosexual while reporting having sexual partners of the same or both sexes within the previous year (Figure 1). Among sexual minorities as a whole, there were about equal numbers of men and women (53% were men and 47% were women).

- About 2.1% of adults identified as LGB and 97.4% identified as straight or heterosexual; about 1% declined to answer. Among the LGB group 62% were gay or lesbian and 38% were bisexual.
- About 2.5% of respondents reported having same-sex or both-sex partners in the previous year, while approximately 78.5% reported different-sex partners; 17% had not been sexually active in the previous year and about 2% declined to answer. Of those with same- or both-sex sexual partners, about two-thirds (66.9%) had only same-sex partners, and about one-third (33.1%) had both male and female partners.

Overall, these findings are comparable to national studies, which have estimated that about 2 to 5% of the U.S. adult population is lesbian, gay, or bisexual using various measures of identity, attraction, and behavior.⁴

SOCIO-DEMOGRAPHIC CHARACTERISTICS

There is considerable variation of socio-demographic characteristics among sexual minorities in the five counties of Southeastern Pennsylvania.

- About half of sexual minorities live in Philadelphia (49.8%), and the remaining half live in the four suburban counties (18.7% in Montgomery, 12.7% in Bucks, 10.9% in Delaware, and 7.8% in Chester County).
- One-half of sexual minority adults (50.5%) is 18-39 years of age; one-third of adults (32.7%) is between 40 and 59 years of age; and approximately one-fifth of adults (16.8%) is 60 years of age and older. The sexual minority population in SEPA is younger than the non-sexual minority population, of which just over one-third (35.0%) is under 40.
- Two-thirds of sexual minority adults (65.9%) are White; one-fifth of adults (21.5%) is Black/African-American; one-tenth of adults (9.6%) is Latino; and 3% of adults identify as another race/ethnicity. This is comparable to the non-sexual minority population (which is 69.6% White, 20.0% Black/African-American, and 8.0% Latino).

- Two out of five adult sexual minorities (40.2%) completed college, more than one out of four (26.9%) completed some college, one out of four (25.2%) are high school graduates, and 7.6% of sexual minority adults have not completed high school. This is similar to non-sexual minorities (39.5% have a college degree or higher, 21.9% have some college, 30.7% have a high school diploma, and 8.0% have not completed high school).
- About one in ten sexual minority adults (10.3%) lives below the Federal Poverty Level, and over one-in-four (26.4%) lives below 200% of the Federal Poverty Level (Figure 2). This is comparable to the poverty prevalence among non-sexual minorities in the region (10.2% and 25.0%, respectively).

HEALTH STATUS AND HEALTH BEHAVIORS

The SEPA Household Health Survey includes information about self-assessed health status and prevalence of specific health conditions among adults in Southeastern Pennsylvania. The data show that:

- The majority of sexual minorities self-report that they are gener-

Figure 1. Prevalence of Sexual Minorities in SEPA Adult Population (18+) with Breakdown by Sexual Identity⁵, 2006

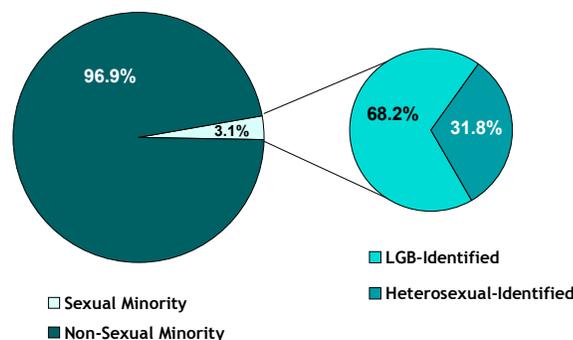
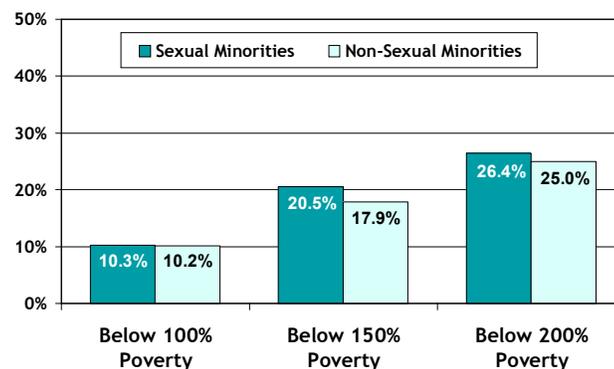


Figure 2. Percentage of SEPA Sexual Minority Adults (18+) in SEPA Living in Poverty¹, 2006



¹ Federal Poverty Level is calculated based on family size and household income. For example, a family of four with an annual income of \$20,000 in 2006 was considered living in poverty (living below 100% of the Federal Poverty Level).



ally in good health; nearly three-quarters (73.5%) are in excellent or good health. However, slightly more than one-quarter of sexual minority adults (26.5%) report being in fair or poor health compared to one in five (21.7%) non-sexual minority adults.

- A slightly higher proportion of sexual minorities report having diabetes (11.8%) compared to non-sexual minorities (9.7%). In SEPA, the percentage of sexual minority adults with high blood pressure (29.2%) is similar to non-sexual minorities (29.5%) (Figure 3).

Tobacco use is an important indicator of risk for negative health outcomes. Prior research has shown that health disparities impacting LGBT populations are particularly visible in the area of tobacco use.⁶ In our region:

- Approximately 30% of sexual minorities currently smoke cigarettes, compared to 20.7% of the non-sexual minorities. More specifically, sexual minorities are about one and a half times more likely to smoke cigarettes than other SEPA adults.
- About 3% of sexual minorities reported using tobacco products other than cigarettes (such as cigars, pipes, and chewing tobacco); this is comparable to non-sexual minorities.

Figure 3. Selected Health Indicators Among Adults (18+) by Sexual Orientation, SEPA, 2006

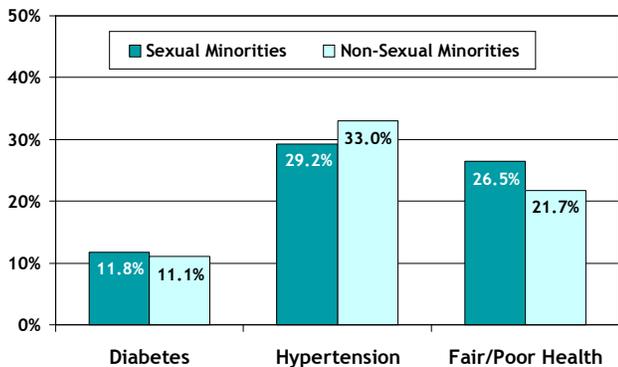
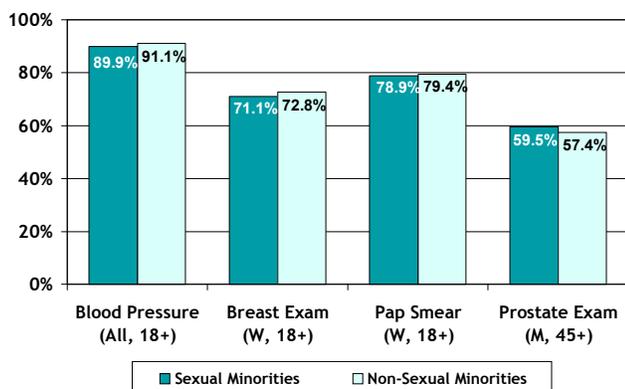


Figure 4. Utilization of Regular Health Screenings in Past Year by Sexual Orientation, SEPA, 2006



- Nearly three out of five sexual minority smokers had attempted to quit smoking cigarettes in the previous year (59.3%), a percentage that is about comparable to quit attempts among smokers who are not sexual minorities (56.4%).

ACCESS TO CARE AND HEALTH SCREENINGS

An important component of overall health and well being is the degree to which populations have access to or experience barriers to receiving healthcare. For example, having a regular source of care and regular health screenings can be essential in diagnosing conditions early, while many are still treatable, and in creating continuity of care.

- The majority of sexual minority adults (ages 18-64) in Southeastern Pennsylvania have health insurance coverage; however, a sizeable percentage, over one-in-six (17.2%), do not have any public or private health insurance. This percentage is twice as high as compared to the 18-64 year old non-sexual minority population (8.8%).
 - These differences hold true across age groups; that is, sexual minorities are twice as likely to be uninsured compared to non-sexual minorities regardless of age.
- The overwhelming majority (88.5%) of sexual minorities in the region have a regular source of care, although 11.5% indicated they had no regular source of care. This is similar to the non-sexual minorities population.
- There were no major differences in regular health screening utilization between sexual minorities and non-sexual minorities (Figure 4); that is, sexual minorities were no more or less likely to have had routine health screenings in the previous year:
 - 90% of sexual minority respondents had a blood pressure screening in the previous year;
 - 71% of sexual minority women had a breast exam within the previous year;
 - 79% of sexual minority women had a pap smear within the previous year; and
 - 60% of sexual minority men (ages 45 and older) had a prostate exam within the previous year.

While there were no major differences in use of most health screenings between sexual minorities and non-sexual minorities, sexual minorities were more likely to have had an HIV test in the previous year (27.9% and 16.5%, respectively). This finding held true across gender.

SUMMARY AND CONCLUSION

Data from PHMC's 2006 SEPA Household Health Survey demonstrate the wide diversity of the sexual minority population in Southeastern Pennsylvania, including variation in socioeconomic, racial/ethnic, geographic, and age characteristics. This heterogeneity is sometimes overlooked in depictions of LGBT communities, and is an important reminder that public health programs and services need to take a broad and inclusive approach when considering the sexual minority population and possible barriers to positive health outcomes. The survey findings also highlight the importance of using multiple approaches—including obtaining information on both sexual identity and sexual behavior—when conducting research and designing public health programming for sexual minority populations.

While this research has limitations, these new and locally-specific data are a unique and critical resource in our region. This initial examination is an important step towards building the much-needed body of locally relevant information on the health and wellbeing of lesbian, gay, bisexual, and non-LGB-identified sexual minority populations in Southeastern Pennsylvania.

NOTES

1. Southeastern Pennsylvania is comprised of Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties.
2. Although some may use the terms interchangeably, research has shown that *sexual identity*, also known as sexual orientation, and *sexual behavior* are not always the same (e.g., Pathela et al., 2006). For example, many individuals may not identify as lesbian, gay, or bisexual (LGB), but may still have same-sex partners, spend their days in sexual minority communities, experience discrimination based on their actual or perceived sexuality, or identify as LGB in certain contexts but not others. Similarly, an examination of sexual behavior alone misses those not

currently sexually active but who identify as LGB or otherwise experience their lives as sexual minorities. Past research has often examined either identity or behavior, which excludes important information about sexual minorities who do not fit the selected definition. Members of both groups may experience similar barriers to good health related to stigma, non-disclosure of sexuality with health care providers, discrimination, homophobia, legislated inequality, and violence.

3. While this brief focuses on sexual orientation, we recognize that transgender health issues are an integral component of LGBT public health; additional data addressing health and well-being for transgender populations are also greatly needed, although beyond the scope of this brief.

4. Smith, D.M., and Gates, G.J.. *Gay and Lesbian Families in the United States: Same-sex unmarried partner households*. Washington, DC: Human Rights Campaign, 2001; Laumann, E.O., Gagnon, J.H., Michael, R.T., and Michaels, S.. *The Social Organization of Sexuality in the United States*. Chicago: University of Chicago Press, 1994.

5. Analyses only include those who identified as heterosexual/straight, homosexual, lesbian, gay, or bisexual.

6. Scout. (2007). *LGBT Surveillance and Data Collection Briefing Paper*. Boston, MA: National LGBT Tobacco Control Network. www.lgbttobacco.org.

RELATED RESOURCES

Pathela, P., Hajat, A., Schillinger J., Blank, S., Sell, R., Mostashari, F.. *Discordance between sexual behavior and self-reported sexual identity: a population-based survey of New York City men*. *Ann Intern Med*. 2006 Sep 19;145(6):416-25.

Public Health Management Corporation. *The Philadelphia Community Assessment: Final Report*. (2006). Supported by: City of Philadelphia, Philadelphia Foundation.

About the Household Health Survey and the Community Health Data Base

The Household Health Survey, the largest local health survey in the country, is the centerpiece of PHMC's Community Health Data Base (CHDB). The survey collects data from 10,000 households in Bucks, Chester, Delaware, Montgomery, and Philadelphia counties. It has been conducted 10 times since 1982, and is currently conducted every two years. For more information on CHDB go to www.phmc.org/chdb or contact Francine Axler at francine@phmc.org or 215.985.2521.

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