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Disparities in Health Care Access and Health Among Lesbians, Gay Men, and Bisexuals in California

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“More than one million California adults describe their sexual orientation as lesbian, gay, homosexual, or bisexual.”

SUMMARY: This policy brief examines differences in health care access, health behaviors, and health outcomes by sexual orientation among California adults. Using data from the California Health Interview Survey, the study finds that although lesbian, gay, and bisexual women and men have similar or better rates of insurance coverage compared to straight women and men, they are more likely to experience delays in getting needed health care. Lesbians, bisexual women, and

bisexual men have higher rates of smoking and binge drinking than straight women and men; however, gay men are less likely to consume sugary beverages and to be physically inactive. Lesbians and bisexuals had poorer health status and higher rates of disability than straight adults. Future research is needed to explain these disparities, as well as to identify health care and structural interventions that will improve access to care and health outcomes for this population.

Lesbian, gay, and bisexual populations have poorer health status and more barriers to accessing health care relative to straight women and men.^{1,2} Recent legal changes, such as legalization of same-sex marriage, have improved insurance coverage,³ but it is unclear whether this has translated into improved access to medical care for LGBTQ adults. In addition, research indicates that the prevalence of risk factors for chronic health conditions, such as unhealthy behaviors and stress, is higher among individuals who are members of sexual and gender minorities.^{1,4,5} This puts LGBTQ adults at potentially higher risk for related medical conditions, among them obesity, hypertension, cancer, and substance dependence. In fact, previous research suggests that sexual and gender minority groups have a higher prevalence of some chronic medical conditions.⁶

disparities in health care access, health outcomes, and health behaviors by sexual orientation and gender. The main findings in this brief were obtained by combining data from 2011 to 2014. Combining data from these years allows presentation of findings stratified by gender, which is important because disparities vary across lesbian, gay, and bisexual female and male populations.⁷ This brief does not include information about transgender adults, as transgender data were not collected in CHIS prior to 2015.⁸

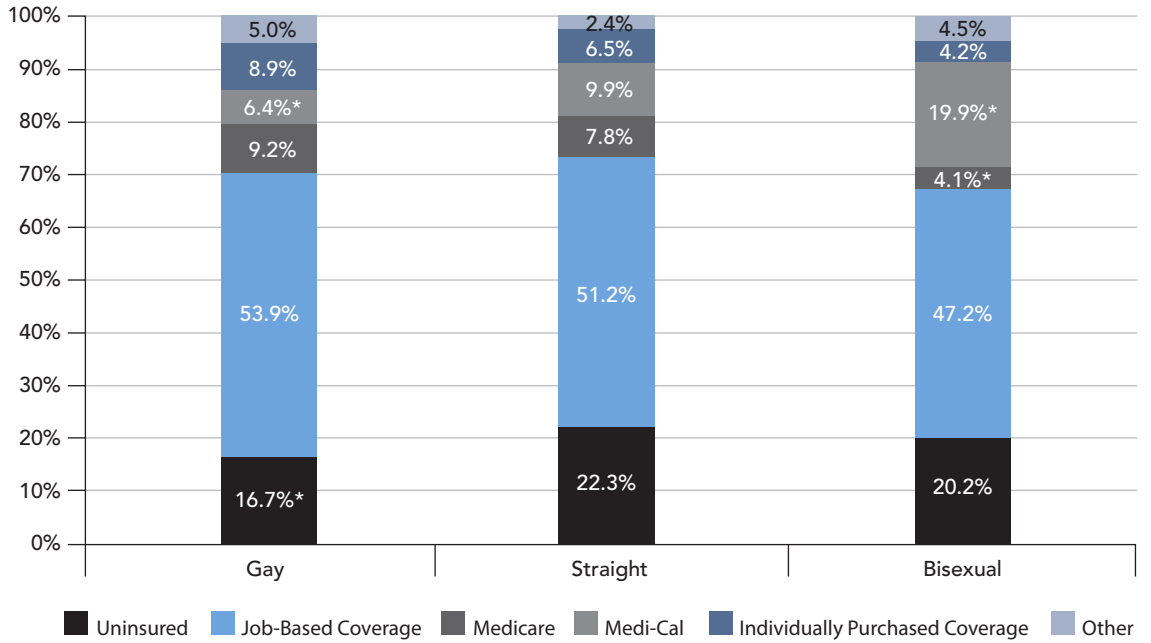
The LGB Population in California

In 2014, 580,000 California adults (2.3 percent) described their sexual orientation as lesbian, gay, or homosexual, and an additional 550,000 (2.2 percent) described their sexual orientation as bisexual.⁹ The proportion of lesbian and gay adults with incomes below the federal poverty level (11.7 percent) was lower than that among straight adults (16.3 percent), but a higher proportion of bisexual adults (26.3 percent) than

This policy brief uses data from the California Health Interview Survey (CHIS) to examine

Exhibit 1

Current Health Insurance Status and Type by Sexual Orientation, Men, Ages 18-70, California, 2011-2014



Source: 2011-2014 California Health Interview Survey

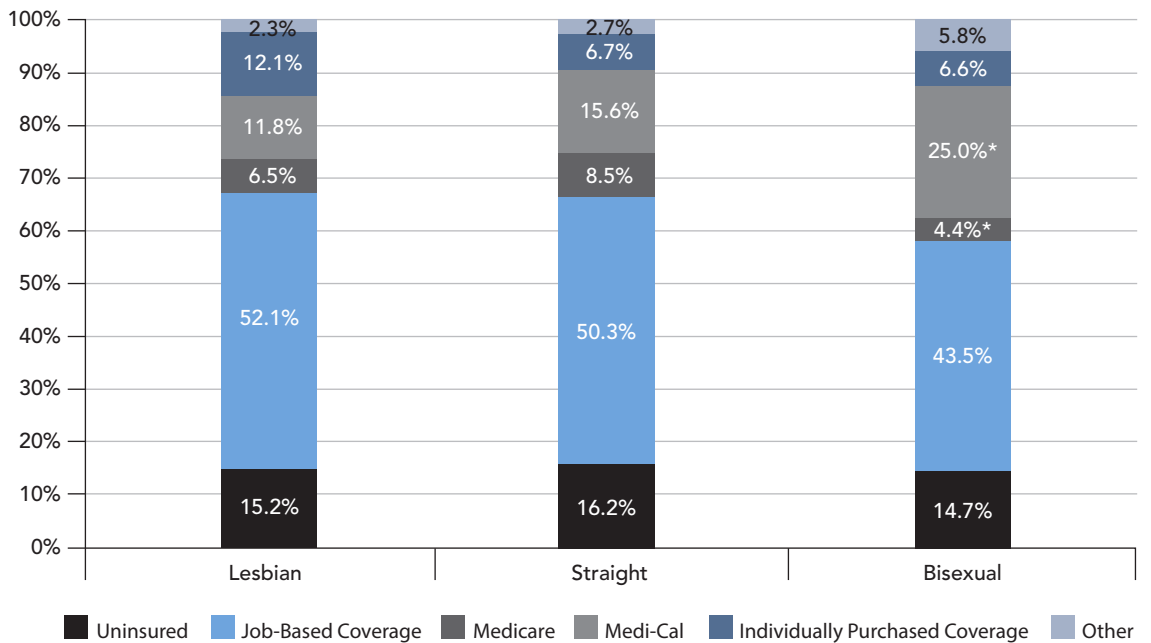
*Statistically different from "Straight" at the 95% CI level

straight adults had incomes below the poverty line. More than half of gay and lesbian adults (52 percent) had a college degree, a figure that

was significantly higher than the proportions among straight adults (35 percent) and bisexual adults (32 percent).

Exhibit 2

Current Health Insurance Status and Type by Sexual Orientation, Women, Ages 18-70, California, 2011-2014

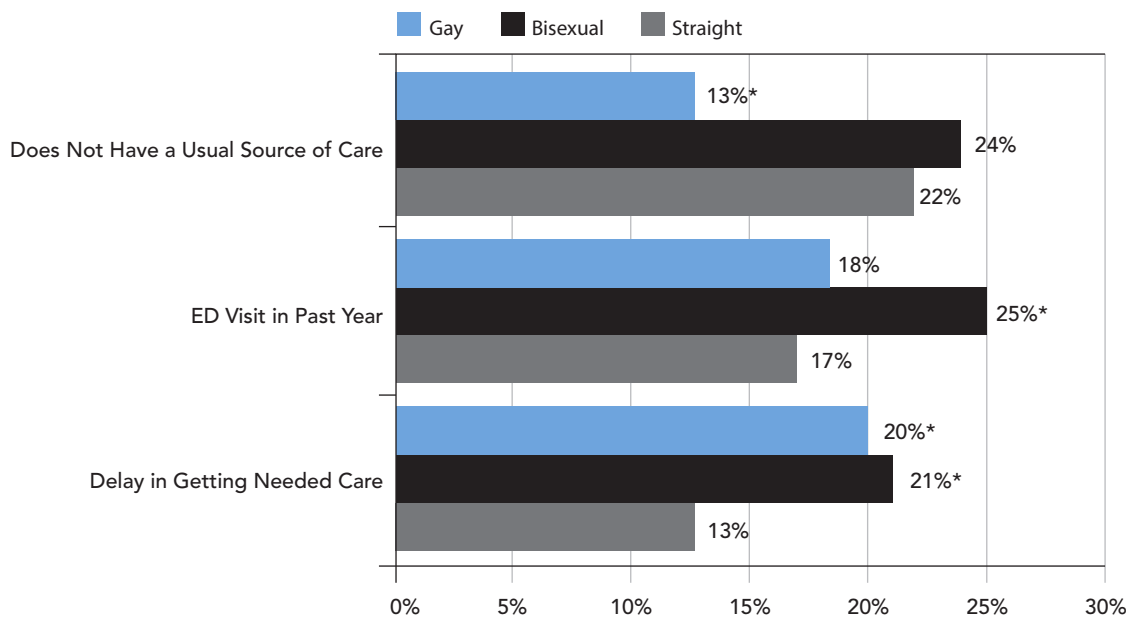


Source: 2011-2014 California Health Interview Survey

*Statistically different from "Straight" at the 95% CI level

No Usual Source of Care, Emergency Department (ED) Visit in the Past Year, and Delay in Needed Care by Sexual Orientation, Men, Ages 18-70, California, 2011-2014

Exhibit 3



Source: 2011-2014 California Health Interview Survey

*Statistically different from "Straight" at the 95% CI level

Gay Men Less Likely to Be Uninsured than Straight Men, but Gap Not Seen in Women's Coverage

Lack of insurance coverage is a significant barrier to receiving health care. Insurance coverage among men in California varied by sexual orientation, with gay men having a significantly lower rate of being uninsured (16.7 percent) than straight men (22.3 percent; Exhibit 1). Gay men had higher rates than straight men of nearly every type of health insurance coverage except Medi-Cal. About one in ten straight men was covered through Medi-Cal (9.9 percent), while only 6.4 percent of gay men had Medi-Cal coverage. Bisexual men had higher rates of Medi-Cal coverage (19.9 percent) than straight or gay men.

There were no statistically significant differences between straight women and lesbian or bisexual women in the rates of being uninsured (16.2 percent, 15.2 percent, and 14.7 percent, respectively; Exhibit 2). Within insurance types, however, there were some differences by sexual orientation. For instance, straight women had a slightly higher rate of Medi-Cal coverage (15.6 percent) compared

to lesbians (11.8 percent). Mirroring this difference, lesbians had a slightly higher rate than straight women of individually purchased coverage (12.1 percent vs. 6.7 percent). In addition, bisexual women had a higher rate of Medi-Cal coverage than straight women (25.0 percent vs. 15.6 percent).

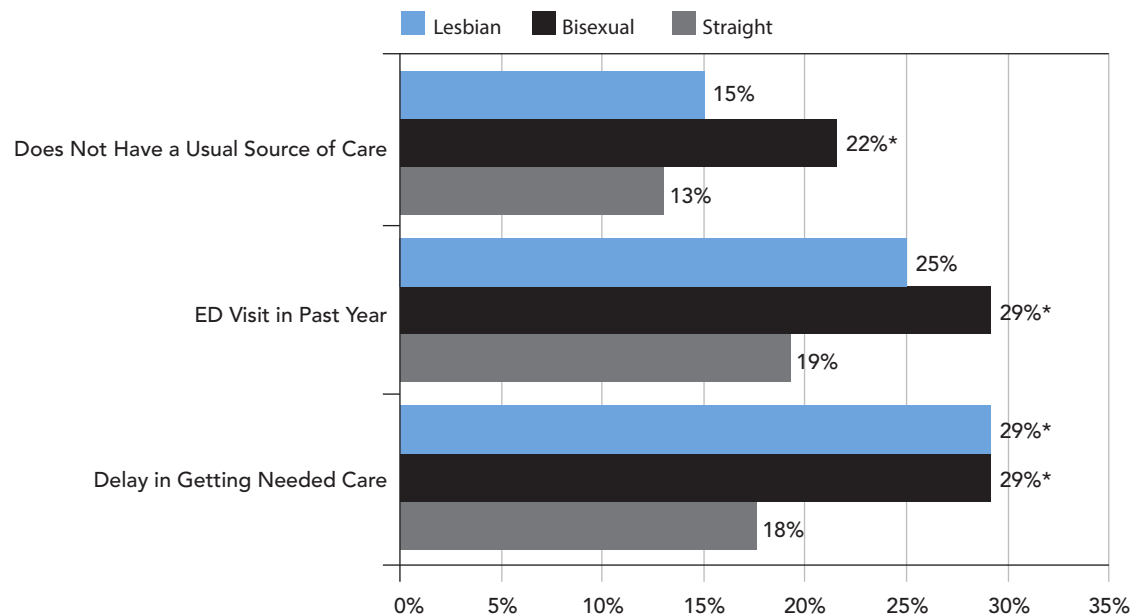
Gay Men, Lesbians, and Bisexual Men and Women More Likely than Straight Men and Women to Delay Needed Health Care

With higher rates of health insurance coverage among gay men compared to straight men, and comparable rates among women, we would expect that health care utilization indicators would show similar or better access to care for lesbian, gay, and bisexual populations compared to straight populations. Gay men, in concordance with their higher rate of insurance, did report a lower rate of lacking a usual source of care compared to straight men (13 percent vs. 22 percent; Exhibit 3). There was no significant difference in usual source of care between bisexual and straight men. There was no significant difference in lacking a usual source of care between lesbians and straight women, but bisexual women reported a higher rate than

“Gay men are less likely to be uninsured than straight men.”

Exhibit 4

No Usual Source of Care, Emergency Department (ED) Visit in the Past Year, and Delay in Needed Care by Sexual Orientation, Women, Ages 18-70, California, 2011-2014



Source: 2011-2014 California Health Interview Survey

*Statistically different from "Straight" at the 95% CI level

“Gay men, lesbians, and bisexual adults are more likely than straight adults to delay needed health care.”

straight women of lacking a usual source of care (22 percent vs. 13 percent; Exhibit 4).

Rates of visiting an Emergency Department (ED) – the most expensive option for health care, and often a last resort – did not differ between straight and lesbian or gay adults (Exhibits 3 and 4). However, among both men and women, bisexual adults reported higher rates of ED visits in the past year than straight adults (25 percent vs. 17 percent among men, and 29 percent vs. 19 percent among women).

Even with facilitators of care (i.e., similar or better rates of health insurance and having a usual source of care), delaying needed health care differed significantly by sexual orientation. One in five individuals among both gay men (20 percent) and bisexual men (21 percent) had delayed needed health care in the past year, compared to 13 percent of straight men (Exhibit 3). Among women, nearly one-third of both lesbians (29 percent) and bisexual women (29 percent) had delayed needed medical care in the past year, compared to 18 percent of straight women (Exhibit 4). Among LGB adults who reported delaying or not receiving needed medical care, the percentage reporting cost or

lack of insurance as the reason for the delay did not statistically differ by sexual orientation (data not shown).

Unhealthy Behaviors Vary by Sexual Orientation and Differ Between Gay and Bisexual Men and Lesbians and Bisexual Women

Certain health behaviors—including smoking, excessive alcohol consumption, lack of physical activity, and consumption of unhealthy foods and beverages—increase the risk for chronic medical conditions. Considerable evidence links excessive alcohol use as well as tobacco use with multiple medical conditions, including cardiovascular disease and a variety of cancers. Consumption of sugary beverages and fast food is linked to obesity and obesity-related conditions, such as diabetes and hypertension.

Gay men were less likely to engage in certain unhealthy behaviors than straight men. Specifically, straight men were more than twice as likely as gay men to consume at least one sugary drink per day (22 percent vs. 10 percent), and they were also more likely than gay men to have not walked in the past week (20 percent vs. 11 percent; Exhibit 5). The prevalence of

Unhealthy Behaviors and Health Outcomes by Sexual Orientation and Gender, Adults Ages 18-70, California, 2011-2014

Exhibit 5

	Women			Men		
	Lesbian	Bisexual	Straight	Gay	Bisexual	Straight
Unhealthy Behaviors	%	%	%	%	%	%
Current smoker	23*	23*	10	17	20	17
Binge drinking in past year	43*	50*	27	36	52*	42
One or more sugary beverages per day	15	10	10	10*	23	22
Fast food two or more times per week	34	42*	34	43	52	46
No walking in past week	16	13	17	11*	18	20
Health Outcomes						
Asthma	23*	22*	15	22*	19*	12
Obesity	35*	26	24	21*	20*	27
Hypertension	21	19	23	21*	36*	24
Disability	29	42*	27	27	36*	25

Source: 2011-2014 California Health Interview Survey

*Statistically different from "Straight" at the 95% CI level

these unhealthy behaviors among bisexual men was similar to that among straight men, but bisexual men were more likely than straight men to have engaged in binge drinking in the past year (52 percent vs. 42 percent). Smoking rates and fast food consumption did not vary significantly by sexual orientation among men.

Lesbian and bisexual women were more likely than straight women to engage in some unhealthy behaviors. Specifically, half of bisexual women and 43 percent of lesbians had engaged in binge drinking in the past year, compared to 27 percent of straight women (Exhibit 5). The prevalence of current smoking was more than twice as high among lesbian and bisexual women as among straight women (23 percent vs. 10 percent). Daily consumption of sugary drinks among women did not differ statistically by sexual orientation. Bisexual women were more likely to have eaten fast food at least twice per week (42 percent) than both lesbians (34 percent) and straight women (34 percent).

Gay Men Healthier and Bisexual Men Less Healthy than Straight Men; Lesbians and Bisexual Women Less Healthy than Straight Women

In terms of overall health status and health conditions, gay men tended to have better outcomes than straight men, whereas bisexual

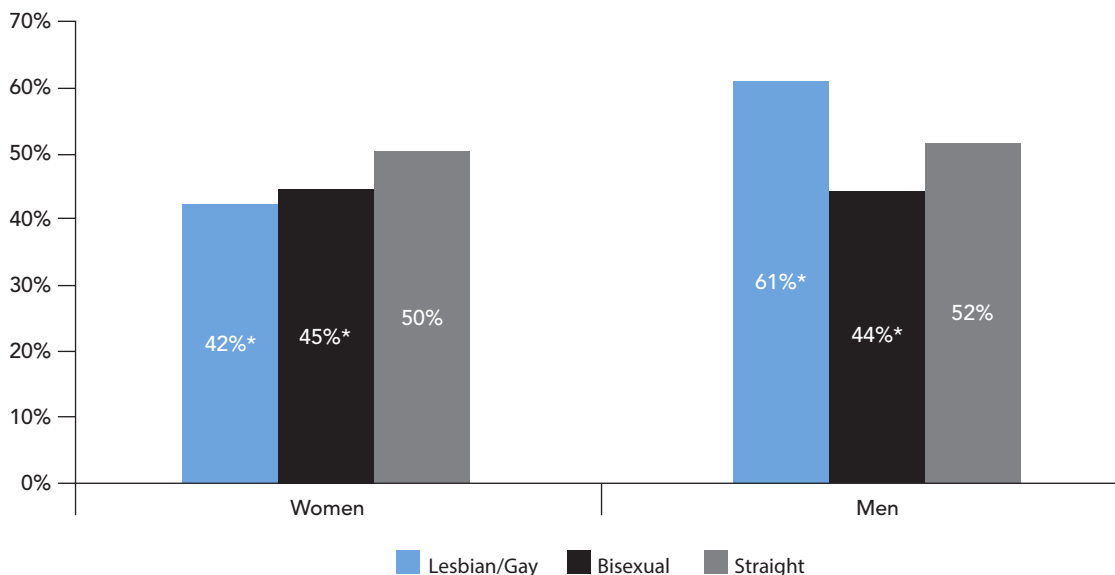
men tended to have worse outcomes. Among women, lesbians and bisexual women tended to have worse outcomes than straight women. This pattern in health outcomes is exemplified by the rates of self-reported "excellent" or "very good" health status (Exhibit 6). Half of straight women reported that their health was excellent or very good, compared to 42 percent of lesbians and 45 percent of bisexual women. Gay men were more likely to report excellent or very good health status than straight men (61 percent vs. 52 percent), while bisexual men were less likely than either gay or straight men to report this level of health status (44 percent).

Gay men (21 percent) and bisexual men (20 percent) were less likely to be obese than straight men (27 percent) (Exhibit 5). Although obesity is a risk factor for diabetes, there was no significant variation in the prevalence of diabetes among men by sexual orientation (not shown). Despite lower obesity rates, bisexual men had the highest rate of hypertension (36 percent). However, gay men were less likely than straight men to have high blood pressure (21 percent vs. 24 percent). The prevalence of asthma was nearly twice as high among gay (22 percent) and bisexual (19 percent) men compared to straight men (12 percent). Asthma is a condition more strongly associated with socioeconomic status and environmental

“Gay men are mostly likely to say they are in excellent or very good health.”

Exhibit 6

Percent Reporting "Excellent" or "Very Good" Health Status by Sexual Orientation and Gender, Ages 18-70, California, 2011-2014



Source: 2011-2014 California Health Interview Survey

*Statistically different from "Straight" at the 95% CI level

“Bisexual adults have the highest rates of disability.”

factors, including secondhand smoke, than with modifiable health behaviors, such as diet and physical activity. Bisexual men had a higher prevalence of disability (36 percent) than either straight or gay men (25 percent and 27 percent, respectively).

The prevalence of obesity was significantly higher among lesbians than straight women (35 percent vs. 24 percent), but was not statistically different between bisexual women and straight women (26 percent vs. 24 percent) (Exhibit 5). Despite differences in obesity rates by sexual orientation, the prevalence of hypertension did not differ by sexual orientation among women, nor did the prevalence of diabetes (not shown). Both lesbians (23 percent) and bisexual (22 percent) women were more likely to have asthma than straight women (15 percent). The rate of disability among bisexual women was 42 percent, which was significantly higher than the rate among both lesbians (29 percent) and straight women (27 percent).

Conclusions and Recommendations

Among California adults, there are a number of disparities by sexual orientation in terms of health care access, health behaviors, and health outcomes. The health disparities experienced by LGB adults differ among women and men. Although the differences by sexual orientation vary across specific outcomes, a general pattern emerges showing that lesbian and bisexual women tend to have worse health outcomes and behaviors than straight women. Among men, bisexual men tend to have worse health outcomes and behaviors than straight men, but gay men tend to have better health outcomes and behaviors than straight men. Bisexual and lesbian women are more likely than straight women to have asthma, to be current smokers, and to engage in binge drinking, and they are less likely to report excellent/very good health status. Among men, bisexual men are more likely than straight men to have hypertension and disability and to engage in binge drinking, and they are less likely to report excellent/very good health status. On the other hand, with the exception of asthma, gay men tend to have better health outcomes and health behaviors than straight men (i.e., with regard to sugary

beverage consumption, walking, obesity, hypertension, and general health status). Identification of poor health behaviors by health care providers, sensitive counseling of patients, and referral to available resources can all help with reducing the risk for chronic medical conditions among LGB adults.

Notable exceptions to the general patterns above are rates of insurance coverage and delay in getting needed medical care. Bisexual men and women have higher rates of Medi-Cal coverage than straight and gay or lesbian men and women. These higher rates of Medi-Cal coverage may reflect differences in income and disability rates.^{10,11} Bisexual men and women have higher rates of poverty and disability than straight men and women. Among women, the percentage with no insurance coverage does not vary by sexual orientation. Among men, gay men are less likely to be uninsured, though bisexual men do not differ from straight men.

Despite similar or better rates of insurance coverage, lesbians, bisexual women, gay men, and bisexual men are more likely to delay needed health care than straight women and men. Many studies have found a strong link between gaining health insurance and gaining better access to care. Among LGB adults who reported delaying or not receiving needed medical care, the percent indicating that the reason for delaying was cost or lack of insurance did not statistically differ by sexual orientation. This suggests that other factors contribute to this disparity. These barriers to care can include prior negative experiences with health care providers and others in the health care setting, leading to a hesitation to seek even needed health care. Health care settings that do not indicate a welcoming environment for LGBTQ adults may also dissuade individuals from seeking needed medical care.

The following recommendations may help improve access to and receipt of care as well as reduce poor health outcomes among LGB populations:

- Improve the local health care environment so that LGBTQ adults feel welcome.
- Provide necessary training for health care staff and providers regarding culturally sensitive and clinically appropriate health care for LGBTQ adults.
- Ensure that health care providers (and trainees) understand the effects of social stressors, including homophobia and biphobia, on health behaviors (including the use of alcohol and tobacco).
- Ensure that health systems are collecting data on the sexual orientation of their patients, which allows population health studies to be performed to identify ongoing disparities in care and to promote solutions to overcome these disparities.

Data Source and Methods

The findings in this brief are based on data from the California Health Interview Survey (CHIS). For most analyses, we combined data from 2011 to 2014 to obtain stable estimates and allow for analyses to be stratified by gender. Each year, CHIS completes interviews with adults, adolescents, and parents of children in more than 20,000 households, drawn from every county in the state. Interviews are conducted in English, Spanish, Chinese (both Mandarin and Cantonese), Vietnamese, Tagalog, and Korean. Adults between the ages of 18 and 70 are asked to identify their sexual orientation, using the following question: “Do you think of yourself as straight or heterosexual; as gay, lesbian or homosexual; or as bisexual?” Responses to this question are used to examine health and access to care by sexual orientation.

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This publication contains data from the California Health Interview Survey (CHIS), the nation's largest state health survey. Conducted by the UCLA Center for Health Policy Research, CHIS data give a detailed picture of the health and health care needs of California's large and diverse population.

CHIS is a collaboration of the UCLA Center for Health Policy Research, California Department of Public Health, California Department of Health Care Services, and the Public Health Institute. Learn more at:

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Endnotes

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