

# Colorado's Lesbian, Gay and Bisexual Community

## A Spotlight on Health Disparities

JULY 2014

### Introduction

The visibility of Colorado's lesbian, gay and bisexual (LGB) community is increasing, along with a better understanding of the health disparities faced by its estimated 200,000<sup>1</sup> members.

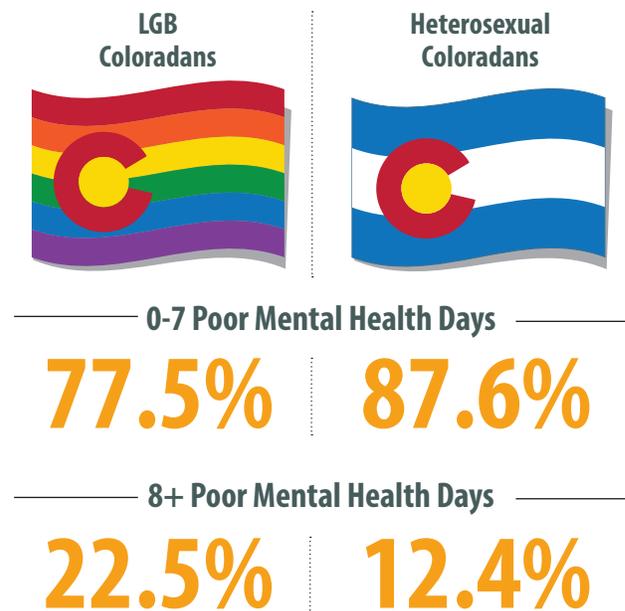
Much, however, remains unknown about the health of this population. New state-level data from the 2013 Colorado Health Access Survey (CHAS) can begin filling that gap. For the first time, the 2013 CHAS asked respondents to report on their sexual orientation, yielding data on health insurance coverage, access to health care and how health care is used by LGB Coloradans.

These new data serve as an important baseline moving forward for a community in which members are more likely to rate their physical health and mental health as poor, have more chronic conditions and have a higher prevalence and earlier onset of disabilities than their heterosexual counterparts.<sup>2</sup>

#### A Note on Terminology:

The CHAS asked respondents whether they were straight, gay or lesbian, bisexual, or something else. It did not ask about gender identity or gender expression, so we have no information on respondents who are transgender. Because of the specific CHAS question, this brief focuses on lesbian, gay and bisexual (LGB) people, as well as those who answered that they did not know or that they were something else.

Figure 1. Days of Poor Mental Health in Prior 30 Days



### What the CHAS Tells Us

#### Access to Mental Health Care

Mental health is at the forefront of discussions about the health of the LGB community in Colorado. Nearly twice as many LGB Coloradans (22.5 percent) reported eight or more days of poor mental health<sup>i</sup> in the month before the survey was administered compared with their heterosexual counterparts (12.4 percent), according to the CHAS (see Figure 1).

Studies cite stress from stigma, prejudice and discrimination as driving factors behind the poor mental health experiences of LGB people.<sup>3</sup>

<sup>1</sup>The survey defines poor mental health as including stress, depression or problems with emotions.



**Figure 2. Reasons for Not Seeking Needed Mental Health Care**

	LGB Coloradans	Heterosexual Coloradans
Did not seek an appointment because you were uninsured	95.6%	73.7%
Concerned about the cost of treatment	79.5%	76.9%
Did not feel comfortable talking with health professional about your personal problems	44.5%	27.3%
Concerned about what would happen if someone found out you had a problem	33.9%	17.4%
Had a hard time getting an appointment	25.3%	32.2%
Did not think your health insurance would cover it	67.4%	58.2%

The disparity is even more pronounced when it comes to accessing needed mental health care. Nearly one of four (22.7 percent) LGB people reported needing mental health care but not receiving it compared with about one of 10 (9.0 percent) heterosexual people.

Heterosexual and LGB Coloradans cited some similar reasons for not seeking mental health care: lack of insurance and the cost of treatment (see Figure 2).

However, large discrepancies emerge among other reasons cited for not getting needed mental health care. For example, close to half (44.5 percent) of LGB Coloradans who did not receive needed mental health care reported that it was because they were not comfortable talking with a health professional about their personal problems, compared with 27.3 percent of heterosexual Coloradans. About one of three LGB people did not seek care because they were worried about what would happen if someone found out they had a problem compared with 17.4 percent of heterosexual people.

These data are consistent with results from a 2012 survey by One Colorado – a statewide advocacy organization for lesbian, gay, bisexual and transgender (LGBT) Coloradans and their families. That survey, *Invisible: The State of LGBT Health in Colorado*, found that six of 10 LGBT persons felt there were not enough adequately trained or culturally competent mental health professionals to meet their needs. Fifty-nine percent of respondents said they were very open with their health care providers. Of those who said the weren't, 41 percent reported it was because they worried their provider was not supportive of LGBT people.<sup>4</sup>

While mental health is a key concern for the LGB community, the CHAS supplies data on other aspects of health and health care.

### *Access to Physical Health Care*

LGB Coloradans report using some types of physical health care at higher rates than heterosexual Coloradans. For example, LGB Coloradans were more likely to visit a health care professional or health care facility (85.7 percent) in the 12 months before the survey than heterosexual Coloradans (75.0 percent). At the same time, LGB Coloradans were much more likely (30.4 percent) than heterosexual Coloradans (18.6 percent) to say that they had visited the emergency department in the 12 months prior to the survey.

### *Health Status*

General health status measured by the CHAS indicates that LGB Coloradans were more likely than their heterosexual counterparts to rate their health as fair or poor, the two lowest options. More than one of five (21.2 percent) LGB persons reported this level of health compared with 16.2 percent of heterosexual persons.

## National Survey Results Track Colorado Findings

Much like the CHAS, the National Health Interview Survey (NHIS)<sup>5</sup> – an annual survey of more than 34,500 adults – has for the first time asked respondents to answer a question on their sexual orientation. The NHIS asks about health status and

behaviors, health care access and health care use.

Results released in mid-July reveal that LGB people nationally experience a number of health disparities. LGB adults between 18 and 64 are more likely to be current cigarette smokers – 27.2 percent of those who identify as gay or lesbian and 29.5 percent of bisexuals compared with 19.6 percent of heterosexual respondents. More than one third (35.1 percent) of gay or lesbian respondents and 41.5 percent of bisexual respondents reported having had five or more drinks in one day at least once in the past year compared with 26.0 percent of those who identified as heterosexual.

More than one of 10 (11.0 percent) bisexual adults between the ages of 18 and 64 experienced serious psychological distress in the 30 days prior to the survey compared with 3.9 percent of their straight counterparts. Among gay and lesbian respondents, the percentage was 4.9.

## Conclusion

The CHAS data suggest that perceived lack of provider sensitivity and cultural competency may be keeping LGB Coloradans from seeking needed mental health care. Provider education could be one important step toward increasing LGB Coloradans' utilization of needed mental health services.

A continued commitment to data collection is a necessary component to defining the needs of the community. Colorado is making progress in this

area. Currently, the state collects data on sexual orientation through the Behavioral Risk Factor Surveillance System (BRFSS). And in 2013, House Bill 1088 added sexual orientation and gender identity as focus areas of the newly named Office of Health Equity, which is housed in the Colorado Department of Public Health and Environment.

Rich data will assist leaders in identifying the unique needs of Colorado's LGB community members and track improvement over time.

Meanwhile, the state's move toward providing primary care that integrates physical health care, mental health care and substance use disorder services may be helpful for groups that are disproportionately affected by poor mental health, including the LGB community.

## Endnotes

<sup>1</sup>Williams Institute at UCLA School of Law analysis of 2010 United States Census data as cited by One Colorado.

<sup>2</sup>Ranji, U. et. al. Health and Access to Care and Coverage for Lesbian, Gay, Bisexual and Transgender Individuals in the U.S. (2014). Kaiser Family Foundation.

<sup>3</sup>Ibid.

<sup>4</sup>Invisible: The State of LGBT Health in Colorado. (2012). One Colorado. Available at <http://www.one-colorado.org/>. Note: Data in this study was collected using a convenience sample, so the results do not necessarily represent the entire community.

<sup>5</sup>Sexual Orientation and Health Among U.S. Adults: National Health Interview Survey, 2013. (2014). National Center for Health Statistics.

## CHAS: The Five Ws



**Who:** 10,224 randomly selected households with one person at least 18 years old



**What:** Twenty-minute telephone survey on health insurance, access to health care and use of health care



**When:** Between April 15 and July 27, 2013



**Where:** Statewide, divided equally among 21 Health Statistics Regions



**How:** 4,000 households with cell phones, up from 1,214 in 2011 and 400 in 2009

# Survey Snapshots Series

The series highlights the diverse data provided by the CHAS. The reports are intended to show the range of data available, and to spur further use by stakeholders across the state. Past installments of "Survey Snapshots," including *Childrens' Oral Health, Churn, Health Disparities, Medical Bills and Underinsurance* can be found at [coloradohealthinstitute.org](http://coloradohealthinstitute.org)

**Oral Health and Colorado's Children**  
A Healthy Mouth Now, Better Health for a Lifetime

**APRIL 2014**

Starting with a healthy mouth can pave the way for a lifetime of good health for Colorado children.

Through the Medical and Oral Health Risk Data (MORH) program, the Colorado Health Institute is able to track the oral health status of Colorado children. The MORH program is a partnership between the Colorado Department of Health and the Colorado Department of Public Health and Environment.

**What the CHAS Tells Us**

Over the past 10 years, the percentage of Colorado children with dental insurance has increased from 14.4 percent in 2004 to 26.1 percent in 2013. While Colorado children are getting dental care, the percentage of about the same age in 2009, there will be a significant increase in dental insurance coverage for Colorado children in the coming years.

Category	Number	Percentage
Children with dental insurance	289,041	26.1%
Children with dental care	303,041	27.6%
Children with dental insurance and dental care	1,088,492	23.0%
Children with dental insurance but not dental care	236,714	21.2%

**81.8%** of children with dental insurance also have dental care.

**52.1%** of children with dental care also have dental insurance.

**The Challenge of Churn**  
Does Coverage Change over the Course of a Year?

**APRIL 2014**

A new job. A drop in income. Getting married. Changing plans. Colorado's health insurance programs are dynamic and ever-changing. This means that many Colorado residents who have health insurance may find themselves in a different health insurance program in the next 12 months.

**What the CHAS Tells Us**

Over the past 12 months, 11.7 percent of Colorado residents have changed their health insurance coverage. This represents approximately 1.4 million Colorado residents. The majority of those who changed their health insurance coverage did so in the last 12 months of the survey. About 11 percent were unemployed during the survey period.

Reason for Change	Percentage
Retired	11.8%
Unemployed	6.2%
Other	81%

**11.7%** of Colorado residents changed their health insurance coverage during the 12-month period.

**8.6%** of Colorado residents who changed their health insurance coverage during the 12-month period were unemployed during the survey period.

**Are Medical Bills a Burden?**  
Exploring How Coloradans Cope with Medical Debt

**APRIL 2014**

Not having health insurance can be a financial burden. In the event of a medical emergency, there are no out-of-pocket costs. However, if you do have health insurance, you may still face a financial burden when it comes to paying for medical bills.

**What the CHAS Tells Us**

Over the past 12 months, 21.9 percent of Colorado residents have had a problem or were unable to pay their medical bills. This represents approximately 2.6 million Colorado residents. The majority of those who had a problem or were unable to pay their medical bills did so in the last 12 months of the survey. About 11 percent were unemployed during the survey period.

Problem	Percentage
Can't pay for or pay for basic necessities like food, heat or rent	69.2%
Can't pay for or pay for basic necessities like food, heat or rent	42.8%
Can't pay for or pay for basic necessities like food, heat or rent	42.6%
Can't pay for or pay for basic necessities like food, heat or rent	28.3%

**21.9%** of Colorado residents had a problem or were unable to pay their medical bills during the 12-month period.

**21.2%** of Colorado residents who had a problem or were unable to pay their medical bills during the 12-month period were unemployed during the survey period.

**When Insurance Is Not Enough**  
How Underinsurance Impacts Health and Finances

**APRIL 2014**

Health insurance can contribute to better health and financial stability. But not all insurance is created equal. Some insurance policies do not cover the costs of necessary medical care, leaving Colorado residents who are not fully insured with a financial burden.

**What the CHAS Tells Us**

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CHAS Analysis and CHAS Data can be found by clicking the buttons at the top right of the Colorado Health Institute home page: [coloradohealthinstitute.org](http://coloradohealthinstitute.org)

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**colorado health INSTITUTE**



**THE COLORADO TRUST**

A Health Equity Foundation



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