

# Evidence of Health Disparities Among the Lesbian, Gay, and Bisexual Community in Los Angeles

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## > PROBLEM

Despite some advances towards equal rights, the lesbian, gay, and bisexual (LGB) community continues to face social discrimination as well as disparities in health and healthcare. Health disparities in the LGB community have received limited research focus, hence much more effort is needed to counter years of inadequate attention.

## > OBJECTIVE

To study the relationship between sexual orientation, smoking, and smoking-related mental health conditions.

## > DESIGN AND METHODS

Population-based random digit dial telephone health survey conducted in 2002 among Los Angeles County adult residents. SUDAAN was used to obtain proportions and standard errors while taking into account the complex sampling design.

Logistic regression analyses were utilized to assess the relationship between sexual orientation and current smoking, lifetime smoking, exposure to secondhand smoke (SHS) in the home, and diagnoses of depression and anxiety/stress disorder after statistically controlling for gender, race/ethnicity, age, and education.

## > SAMPLE CHARACTERISTICS

Slightly more than half the sample was female. The largest racial/ethnic group, Hispanic/Latino, accounted for 41% of the sample. Another 35% identified as white, 14% as Asian/Pacific Islander, and 10% as African-American. Of the 4% of non-heterosexual adults, the majority identified as bisexual while 34% identified as gay and 14% identified as lesbian. About one-quarter of the sample was aged 18 to 29 and 25% of respondents had not graduated high school. Approximately 10% have been diagnosed by a health professional with a depressive disorder and 7% with an anxiety/stress disorder.

## > RESULTS

LGB individuals were significantly more likely than heterosexuals to be current and lifetime smokers. Further, nonsmoking LGB persons were significantly more likely to report being exposed to SHS in their home on a daily basis. Finally, LGB adults were significantly more likely to be diagnosed by a healthcare professional with depressive and anxiety/stress disorders than were heterosexual adults.

## > CONCLUSIONS

Evidence of increased rates of smoking and SHS exposure among the LGB community indicates a clear need for targeted interventions. Further, based on evidence showing increased rates of mental health conditions among LGB tobacco users, the targeted interventions should incorporate mental health treatment.



### Results of comparisons between lesbian/gay/bisexual and heterosexual adults living in Los Angeles County in 2002.

Dependent Variable	Lesbian/Gay/Bisexual	Heterosexual	Odds Ratio	Adjusted Odds Ratio*
Current Smoking	32	15	2.63 (1.98, 3.49)	2.28 (1.70, 3.04)
Lifetime Smoking	51	37	1.76 (1.36, 2.28)	1.54 (1.17, 2.03)
Daily In Home Secondhand Smoke Exposure Among Nonsmokers	10	5	2.26 (1.35, 3.79)	2.24 (1.32, 3.82)
Depression Disorder Diagnosis	19	9	2.31 (1.67, 3.19)	2.33 (1.66, 3.25)
Anxiety/Stress Disorder Diagnosis	12	7	1.67 (1.14, 2.44)	1.66 (1.12, 2.47)

\* Reference category is the heterosexual group. The logistic regression model assessing the independent contribution of sexual orientation for each dependent variable was adjusted for gender, race/ethnicity, age, and education.

