

# Tobacco-Related Disparities in Los Angeles County Lesbians, Gays, and Bisexuals

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## > PROBLEM

Despite some advances toward equal rights, the lesbian, gay, and bisexual (LGB) community continues to face social discrimination as well as disparities in health and healthcare. Fewer tobacco control efforts have been targeted to LGBs compared to heterosexuals despite evidence of higher smoking rates.

## > OBJECTIVE

The aim of this study is to examine tobacco-related disparities in Los Angeles County.

## > 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 conducted to assess the relationship between sexual orientation and current smoking, exposure to secondhand smoke (SHS) in the home, and asthma diagnosis after statistically controlling for gender, race/ethnicity, age, and education. Rates of advice to quit smoking and attempts to quit smoking were also estimated.

## > 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, 7% with an anxiety/stress disorder, and 8% with asthma.

## > RESULTS

LGBs were significantly more likely than heterosexuals to be current smokers, to report daily in-home exposure to SHS, and to be diagnosed with asthma. Only about half of LGB smokers (56%) reported being advised by a healthcare professional in the past year to quit smoking and less than half of LGB smokers (46%) had attempted to quit smoking.

## > CONCLUSIONS

Results clearly indicate that LGBs had higher smoking rates, SHS exposure, and asthma compared to heterosexuals. Recommendations to reduce these health disparities include providing targeted educational programs to healthcare professionals to increase their promotion of smoking cessation, conducting more research to gain an understanding of the unique factors determining smoking among LGBs, and developing culturally sensitive cessation programs. One existing lesbian, gay, bisexual, and transgender (LGBT)-specific smoking cessation program, QueerTIPS for LGBT Smokers, will be utilized starting in July of 2005 in the Los Angeles County Tobacco Control and Prevention Program's endeavor to provide smoking cessation treatment to LGBT smokers in Los Angeles County. Further efforts to reduce health disparities in Los Angeles County include educational presentations for providers of services to the LGBT community and a population-based survey of LGBTs to investigate psychological, social, and cultural factors underlying LGBT smoking behavior.



### 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 (95% CI)	Adjusted Odds Ratio* (95% CI)
Current Smoking	32	15	2.63 (1.98, 3.49)	2.28 (1.70, 3.04)
Daily In-Home Secondhand Smoke Exposure Among Nonsmokers	10	5	2.26 (1.35, 3.79)	2.24 (1.32, 3.82)
Asthma Diagnosis	13	8	1.61 (1.08, 2.40)	1.60 (1.07, 2.40)

\* 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.

