

## LGBT Health Disparities in Missouri

In Missouri, lesbian, gay, bisexual, and transgender (LGBT) individuals experience poorer access to care and worse health outcomes than heterosexuals.<sup>1, 2, 4</sup> Health disparities research demonstrates that the conditions in which we live, work, and play have a greater impact on our health than access to health insurance or the regularity and quality of our health care.<sup>35</sup> This fact sheet highlights disparities in health factors and outcomes as they are experienced by Missouri’s LGBT communities.

### Factors Contributing to LGBT Health

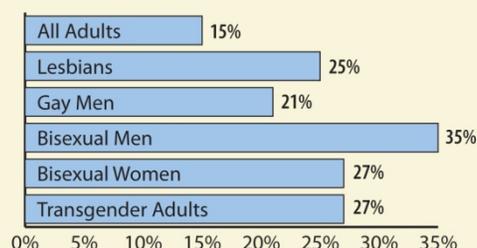
Health factors are the conditions in an individual’s life that foster or discourage good health outcomes.

**Health Behaviors** Stress and trauma caused by discrimination and stigma increase the likelihood of engaging in unhealthy behaviors. While nearly one in three (30%) transgender individuals report smoking daily, these percentages are higher among transgender survivors of physical assault (40%) and sexual assault (45%).<sup>26</sup> In Missouri, LGBT individuals have significantly higher rates of smoking than their non-LGBT peers (36% and 22%, respectively).<sup>52</sup> LGBT individuals also report higher rates of binge drinking and substance use than the general population.<sup>1, 4</sup>

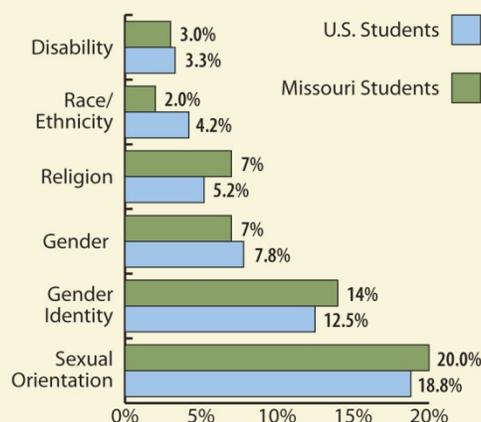
**Social and Economic Environment** Missourians are not protected against employment or housing discrimination based on sexual orientation and gender identity. One in seven LGBT Missourians report experiencing workplace discrimination.<sup>16</sup> LGBT families are more likely to be poor, underemployed and multiracial than non-LGBT families.<sup>21, 13, 14</sup> These social factors, when coupled with discrimination, correlate with poorer health. Children are also vulnerable to discrimination, as Missouri schools do not protect against bullying or discrimination based on sexual orientation or gender identity. Missouri’s students are more likely to be physically assaulted at school based on gender identity or sexual orientation than on disability, race/ethnicity, religion or gender, and at a higher rate than the U.S. average.<sup>42</sup> One U.S. study found that while non-LGBT students are most concerned about college and career plans, LGBT students were most troubled by school bullying and family acceptance.<sup>50</sup>

**Clinical Care and Coverage** LGBT Missourians are 1.5 times more likely to be uninsured than their heterosexual peers.<sup>5</sup> They are also more than twice as likely to not receive medical care or surgery compared to the general

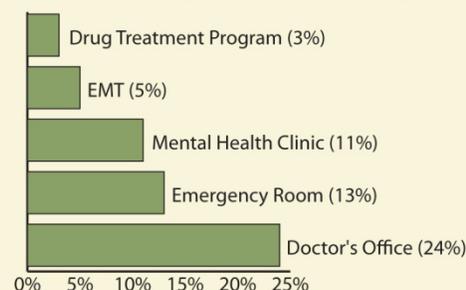
**Percent of Missouri Adults Without Health Coverage<sup>5</sup>**



**Comparison of Missouri and U.S. Reports of Physical Assault of Students at School (Based on Actual or Perceived Identity)<sup>42</sup>**



**Percent of Transgender Adults Refused Care According to Medical Setting<sup>26</sup>**



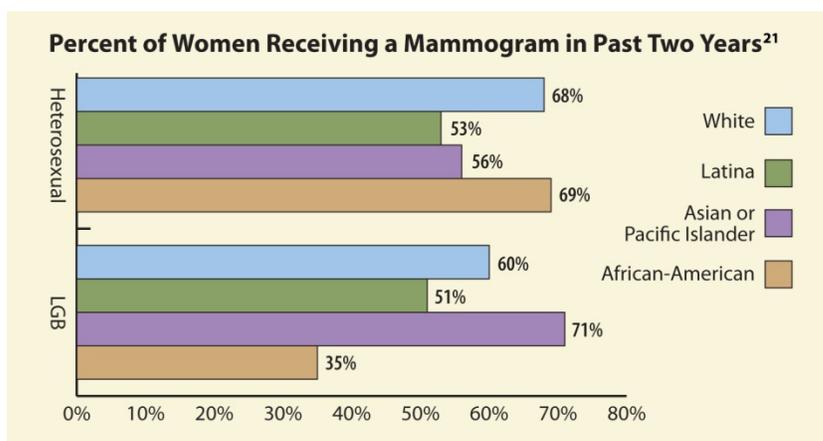
population.<sup>6</sup> This disparity in care is also true for LGBT older adults, age 65 years and older, despite qualifying for Medicare.<sup>5</sup> Finding a culturally competent provider can prove challenging as fewer than 15 of 5,704 primary care physicians in Missouri have registered as LGBT-affirming in the Gay and Lesbian Medical Association’s online provider network.<sup>6,7</sup> The average medical student spends fewer than 5 hours learning about LGBT health issues,<sup>12</sup> and fewer than one in three health care organizations require that physicians attend LGBT cultural competency training.<sup>11</sup> The lack of cultural competence is evident by the 13 percent of LGBT older adults that have been denied health care or provided inferior care based on sexual orientation or gender identity.<sup>51</sup>

**Preventive Services** Members of the LGBT community are less likely to receive preventive care such as cancer screenings.<sup>1</sup> Lesbians are significantly less likely to report receiving Pap smears in the previous 12 months (38.3% of lesbians compared with 66.2% of heterosexual and 66.7% of bisexual women),<sup>33</sup> and are at increased risk for some gynecological cancers.<sup>32</sup>

### Differences in Health Outcomes

LGBT individuals are less likely to report having good health and are more likely to experience:\*

- obesity (lesbians are 2.05 times more likely than heterosexual women);<sup>2</sup>
- heart disease (gay men and lesbians are 1.5 times more likely than heterosexuals; bisexual men and women are 2.19 times more likely than heterosexuals);<sup>2</sup>
- asthma (gay men are 1.38 times more likely than heterosexual men; lesbians are 1.68 times more likely than heterosexual women);<sup>2</sup>
- HIV (gay men in Missouri are 19.5 times more likely than the general U.S. population; African-American transgender women are 41.5 times more likely than the general population);<sup>16</sup>
- attempted suicide (lesbian, gay, and bisexual youth are 3.5 times more likely);<sup>4</sup>
- depression (gay men are 4.5 to 7.6 times more likely than heterosexual men);<sup>4</sup> and
- sexual assault (gay men are 3.2 times more likely than heterosexual men, lesbians are 1.9 times more likely than heterosexual women, bisexual and transgender individuals report higher averages of sexual assault than gay, lesbian and heterosexual adults)<sup>2</sup>



### Conclusion

There are opportunities for health care providers, schools, employers, and public agencies to address LGBT health needs. Disparities can be eliminated as communities create systems and policies that better protect and promote the health of all Missourians, including lesbian, gay, bisexual, and transgender community members.

### Endnotes

Citations for data presented in this fact sheet can be found in the full report, available at <http://www.mffh.org/mm/files/LGBTHealthEquityReport.pdf>.