



Healthy Chicago **databook**

Lesbian, Gay, Bisexual & Transgender Health

Chicago Department of Public Health

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Executive Summary

In both adolescents and adults, research has found that sexual and gender minorities are more likely to engage in risky behaviors than their heterosexual and/or cisgender peers. Policies and cultural norms that stigmatize and exclude sexual and gender minorities can foster these behaviors and ultimately lead to negative health effects for individuals and population health disparities specific to these communities. It is of the utmost importance to understand and address the unique health needs of sexual and gender minorities.

For the first time, the Chicago Department of Public Health (CDPH) is presenting data to describe sexual and gender minority health status for lesbian, gay or bisexual (LGB) youth, LGB adults and transgender adults in Chicago. These new data are critical as stakeholders continue to implement the citywide health improvement plan, Healthy Chicago 2.0, launched in 2016. Sexual and gender minorities are identified as a priority population for several overall goals of the plan.

Data from the CDC Youth Risk Behavior Survey (YRBS) and the CDPH Healthy Chicago Survey (HCS) provide local information on a wide range of health issues among LGB youth and adults. In this document, easy-to-read charts and tables are provided to glean differences or similarities between (1) males and females who identify as LGB compared to their heterosexual peers, (2) between males and females who identify as LGB and (3) between LGB and heterosexual identified individuals overall.

Importantly, HCS data are able to describe a limited number of broad health outcomes comparing the health of transgender adults to their cisgender peers. Small numbers of transgender respondents to the HCS survey limit our ability to report on the array of indicators that are included for LGB in this report. **We acknowledge that the transgender data presented in this report are a modest start towards a true understanding of the needs of the transgender population. CDPH remains committed to serving transgender and gender non-conforming residents and will continued to work with our partners to identify new resources to conduct more inclusive research on the transgender and gender non-conforming populations of Chicago.**

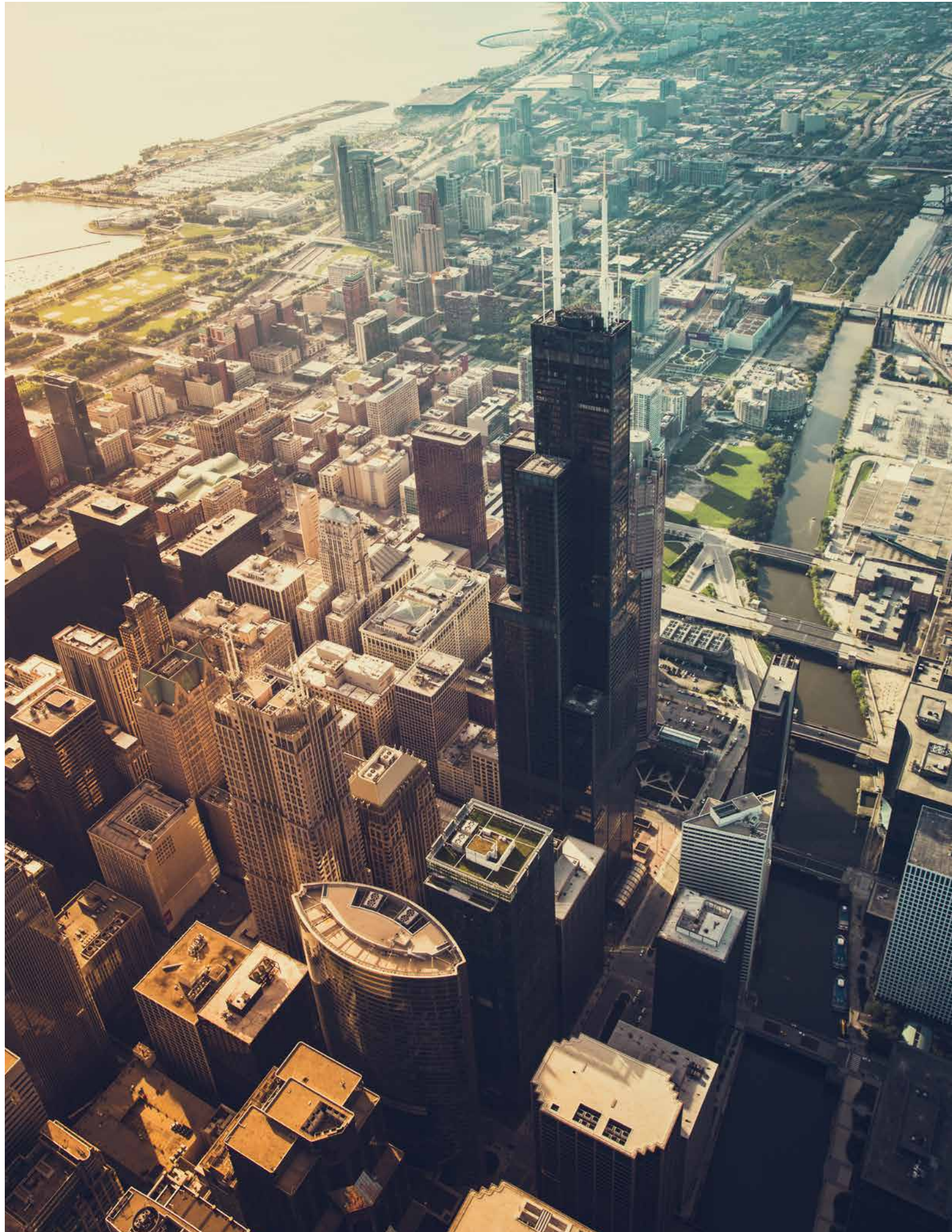
Among the most important milestones of this report are the first-

ever population estimates and demographic profile of the overall LGBT population in Chicago. Almost 146,000 (7.5%) of Chicago adults identify as LGBT. These long sought after numbers provide a new perspective on the scope and contribution of the LGBT community to Chicago as a whole.

Key findings of this report emphasize both promising resiliency and the challenges that remain in achieving health equity.

- **Older LGB and older heterosexuals report similar levels of overall well being to each other. This is in contrast to differences that exist among young adults in both groups.**
- **Similarly, older LGB adults are far less likely to report psychological distress than younger adults.**
- **Lesbian and bisexual females are more likely to be current smokers than heterosexual females at all life stages.**
- **Male gay and bisexual youth report alarmingly high rates of substance use, particularly heroin and prescription drugs.**
- **Transgender and gender non-conforming adults are less likely to report good overall health and far more likely to report psychological distress than their cisgender peers.**

While LGB youth do exhibit higher rates of health risk behaviors than their heterosexual peers for many indicators, the differences do not persist strongly into adulthood. These particular findings may reflect a resilient effect among many in the sexual minority communities in the face of stigma and social exclusion. Continuing efforts to promote health and well-being among transgender persons must be combined with policies and actions to sharply reduce the social and economic hardships they face.



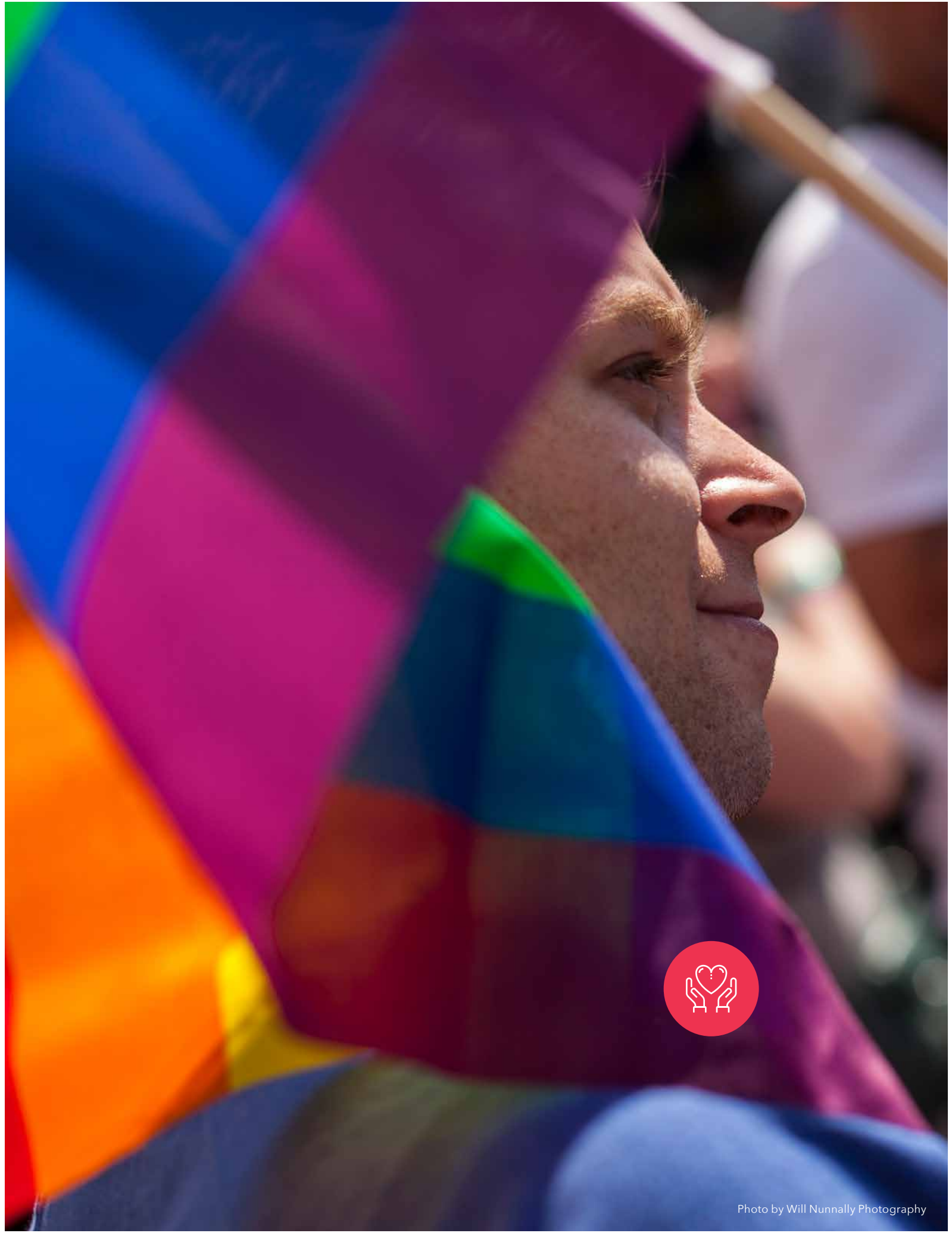


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- Access to fresh produce
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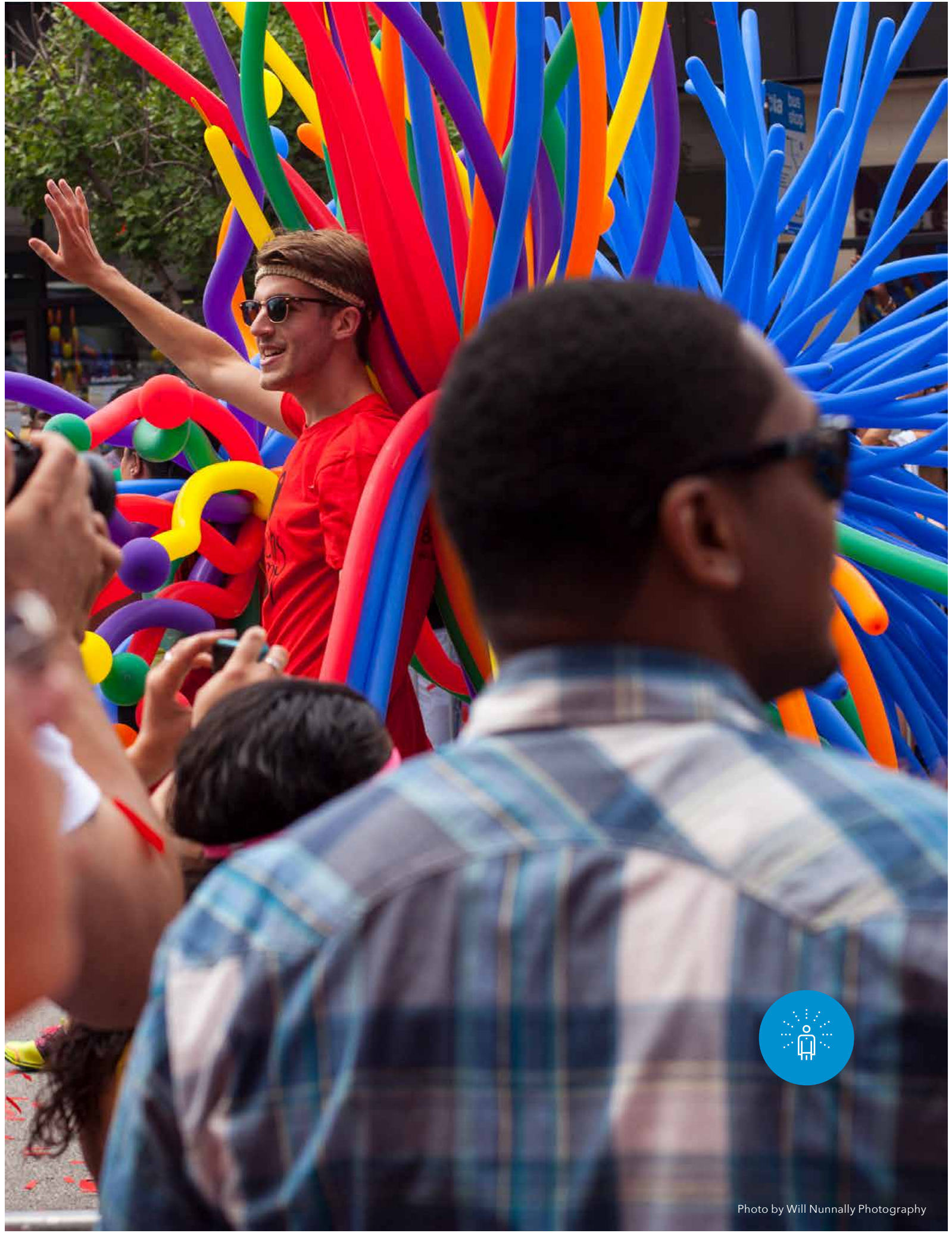


Photo by Will Nunnally Photography

Introduction



Introduction

Individuals pass through several life stages, each with their own biological, psychological and social advantages and challenges. In this report, the Chicago Department of Public Health (CDPH) presents, for the first time, data on the overall health of Chicago residents who identify as lesbian, gay and bisexual (LGB) with a focus on three life stages—youth, young adult and older adult—and adults who identify as transgender. The goal of this report is to cover a wide range of health topics that complement existing and ongoing CDPH activities, such as HIV/STI surveillance, whose data are available through separate reports.^{1,2}

Two surveys serve as the data sources for this report. The CDC Youth Risk Behavior Survey (YRBS) is a self-administered survey given to randomly selected Chicago Public Schools 9th–12th grade students. The CDPH Healthy Chicago Survey (HCS) is a random digit dialed telephone survey for adults aged 18 and over. Both surveys ask a range of health status and behavior questions. Using these data, CDPH is able to look at an array of metrics for LGB health to compare with the health of heterosexuals in Chicago. HCS also allows respondents to report their transgender identity. A section of this report has been dedicated to looking at a limited number of health outcomes comparing transgender persons to their cisgender peers. The small numbers of transgender respondents to the HCS survey prevent reliable reporting of results on the wide range of measures contained in the survey.

HCS data have enabled CDPH to report population estimates and a demographic profile for LGBT adults for the first time (Table 1). There are approximately 146,000 adults in Chicago who identify as LGBT, about 7.5% of the city’s adult population. Of these, 138,000 identify as LGB (7.1%) and 10,500 identify as transgender (0.5%), although these groups are not mutually exclusive.

Table 1. Population estimate of LGBT adults, Healthy Chicago Survey 2014–2016

TOTAL	146,000
GENDER	
Male-identified	80,000
Female-identified	66,000
AGE	
18-44 years	90,000
45+ years	56,000
RACE/ETHNICITY	
Latino/Latina	28,000
Non-Hispanic Asian/Pacific Islander	7,000
Non-Hispanic Black/African American	44,000
Non-Hispanic Other	2,000
Non-Hispanic White	65,000
MARITAL STATUS	
Single, never married	97,000
Member of an unmarried couple	10,000
Civil Union	2,000
Married	24,000
Separated or Divorced	9,000
Widowed	1,000

Though CDPH recognizes that sexual identity is a spectrum, the surveys' methodologies limited the categorization of individuals to those who identified as gay, lesbian and bisexual. In an effort to maximize our reporting, individuals who identified as bisexual are included within lesbian and gay categories, although we acknowledge potential differences from their lesbian and gay peers.

CDPH also acknowledges that there is a dearth of reliable surveillance data for transgender residents. While the data in this report provides some understanding, they are limited. CDPH is committed to finding additional resources and opportunities to survey Chicago's transgender residents to better understand the community's needs.

Local and national groups are acknowledging the unique health needs of sexual and gender minority populations. Chicago Public Schools guidelines and the City of Chicago Human Rights Ordinance both aim to prevent discrimination based on gender identity.³ CDPH's LGBT Community Action Plan and Healthy Chicago 2.0 outline priorities to address for the lesbian, gay, bisexual, transgender and queer (LGBTQ) communities.^{4,5} The National Institutes of Health (NIH) has a Sexual and Gender Minority Research Office that coordinates sexual minority related research and activities.⁶ Healthy People 2020 has identified Lesbian, Gay, Bisexual and Transgender health as a priority.⁷ However, even with these activities, there is more work to be done in elucidating the assets and challenges that exist in sexual minority communities. We view this report as an important step forward.

References

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2. Chicago Department of Public Health. Project Chat - National HIV Behavioral Surveillance (NHBS). https://www.cityofchicago.org/city/en/depts/cdph/supp_info/data-reports/project_chat_-_nationalhivbehavioralsurveillancenhbs.html
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6. National Institutes of Health. Sexual and Gender Minority Research Office. <https://dpcpsi.nih.gov/sgmro>
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Healthy Chicago 2.0

In 2016, Mayor Rahm Emanuel and CDPH launched Healthy Chicago 2.0, a plan developed in collaboration with the Partnership for Healthy Chicago and over 200 stakeholders to improve the health and well-being of Chicago's residents over the next four years. The goals, objectives and action steps in the plan were developed to achieve our vision of "a city with strong communities and collaborative stakeholders, where all residents enjoy equitable access to resources, opportunities and environments that maximize their health and well-being."

LGBTQ Objectives

Stakeholders used data from a comprehensive community assessment process that included focus groups, oral histories, surveys and surveillance to determine areas of highest needs. From this process, stakeholders determined LGBTQ youth are especially vulnerable and developed the following objectives and action steps to improve health equity for this population.

OBJECTIVE:

Increase school attendance among homeless and LGTBQ youth to the district-wide attendance rate of 93%

STRATEGIES:

- Create a more robust data collection mechanism to inform practice for the LGBTQ community
- Partner with CPS to increase training for teachers, administrators and other school personnel on diversity, inclusion and trauma
- Promote and support Gay Straight Alliances at schools and other youth-serving organizations

OBJECTIVE:

Reduce suicide attempts among LGBTQ youth by 10%

STRATEGIES:

- Promote Social Emotional Learning (SEL) programming in K-12 schools
- Employ technology innovations to increase youth access to support and behavioral health treatment, e.g. crisis text line program, behavioral health screening and referral web application
- Expand the delivery of behavioral health services through community mental health partnerships in schools

OBJECTIVE:

Decrease bullying of LGBTQ high school students by 10%

STRATEGIES:

- Implement evidence-based, school-based interventions that focus on bullying prevention, teen dating violence prevention, Early Intervention and on enhancing positive peer relationships in CPS



Data Sources

The Youth Risk Behavior Survey

The Youth Risk Behavior Survey (YRBS) is administered in odd numbered years to 9–12th graders in Chicago Public Schools (CPS). The survey uses a two-stage cluster sample design to produce a representative sample of students within the jurisdiction. The first stage involves selecting schools with a probability proportionate to their population size. The second stage randomly selects classes or periods within a school. This enables data from the survey respondents to be weighted to represent the CPS student body. The survey itself is self-administered and only available in English.¹

A question was added in 2003 asking students about their sexual identity:

Which of the following best describes you?

- A. Heterosexual (straight)
- B. Gay or lesbian
- C. Bisexual
- D. Not Sure

For the purpose of this report, students who answered “Not Sure” were excluded from analysis due to insufficient information required for categorization. To increase sample size, responses were pooled for several of the most recent years. However, because the same questions are not asked every year, not all questions are available for all years. Question responses include data for 2009–2013, 2011–2013 or 2013 alone as available; included years are indicated on each chart and in the data tables at the end of the report.

As of the 2013 survey, gender identity, whether students identify as cisgender, transgender or gender non-conforming, is not available from YRBS.

Healthy Chicago Survey

The adult data in this report were collected through the Healthy Chicago Survey (HCS), an annual telephone survey of adults conducted by CDPH. It is conducted to collect information on the population’s health status, health access patterns, disease and risk factor prevalence and health behaviors. CDPH relies on the HCS as a key resource for monitoring the health of Chicago’s adult population.

The HCS is a cross-sectional telephone survey with an annual sample of approximately 2,500 randomly selected adults aged 18 and older who live in private residences in the city of Chicago.² Individuals who are homeless or who live in group residences, for example prisons, senior living centers or college dormitories are not included in this survey. Participants are able to complete the survey via landline or cell phone and interviews are conducted in English and Spanish. All data collected are self-reported.

For this report, data from the 2014 (n=2,517), 2015 (n=2,406) and 2016 (n=2,726) waves of data collection were pooled together in order to increase sample size and improve statistical reliability. Data are weighted to be representative of Chicago’s adult population.

Gender identity is captured in the HCS by asking respondents to self-identify as transgender or gender non-conforming. Due to small numbers, those who identify as transgender and gender non-conforming are grouped in this report.

Sexual orientation is captured in the HCS by asking respondents to self-identify as straight, lesbian or gay or bisexual. Respondents are also given the opportunity to specify their identity via an open text field and these responses were grouped into ‘something else or other.’ Because this report focuses on those identifying as lesbian, gay or bisexual (LGB), those who responded with ‘something else’ or ‘other’

were treated as missing for all analyses in this report. Those who responded with “don’t know” and those who refused to answer this question were also treated as missing.

Do you consider yourself to be:

1. Straight
2. Lesbian or gay
3. Bisexual
4. Other (specify)

Do you consider yourself to be transgender?

If yes,

Do you consider yourself to be male-to-female, female-to-male, or gender non-conforming?

1. Yes, Transgender, male-to-female
2. Yes, Transgender, female-to-male
3. Yes, Transgender, gender non-conforming
4. No

References

1. Centers for Disease Control and Prevention. Methodology of the Youth Risk Behavior Surveillance System-2013. MMWR 2013;62(No. RR-1). <https://www.cdc.gov/mmwr/pdf/rr/rr6201.pdf>.
2. Chicago Department of Public Health. (2017) Healthy Chicago Survey, Methodology. Retrieved from: https://www.cityofchicago.org/city/en/depts/cdph/supp_info/clinical_health/healthy-chicago-survey.html

Throughout the report, overall and sex-specific prevalence estimates are reported, comparing gay or bisexual men to heterosexual men and lesbian or bisexual women to heterosexual women. Data have been stratified into two age groups: young adults aged 18-44 years and older adults aged 45 years and older, to represent health needs at different life stages.

How to read this report

When using the data in this report, keep in mind the following guidance:

Demographic Tables

Tables present the actual number of people who responded and the weighted percentage. The weighted percentage is an adjusted statistic that takes into account the respondent relative to the survey population.

Youth: Those who answered ‘not sure’ are reported to give a picture of how they compare to other groups. These students, however, are excluded from analysis used for the charts.

Adults: Adults are divided into two groups, ages 18–44 and 45+

Charts

Data are weighted percentages and associated confidence intervals.

Summary statements for each indicator describe the results shown in the graphs. There are separate indicators for youth and adults, with adults divided into ages 18–44 and 45+ unless otherwise noted. Each indicator is grouped by gender and total unless otherwise noted, with different colored bars representing sexual identity.

Gender: Results are shown based on whether an individual selected male or female.

Sexual identity: Respondents who reported that they identified as lesbian, gay or bisexual are categorized as LGB. Those who identified as straight or heterosexual are categorized as Heterosexual. Those who answered ‘not sure’ (YRBS) or ‘something else’ or ‘other’ (HCS) were excluded from analysis.

Data Tables

Data are weighted percentages and associated confidence intervals.

Tables show the survey question used for each indicator, the data source and the year of the data. Point estimates and 95% confidence intervals are presented. Colored boxes indicate significant difference between LGB and Heterosexual based on non-overlapping 95% confidence intervals.

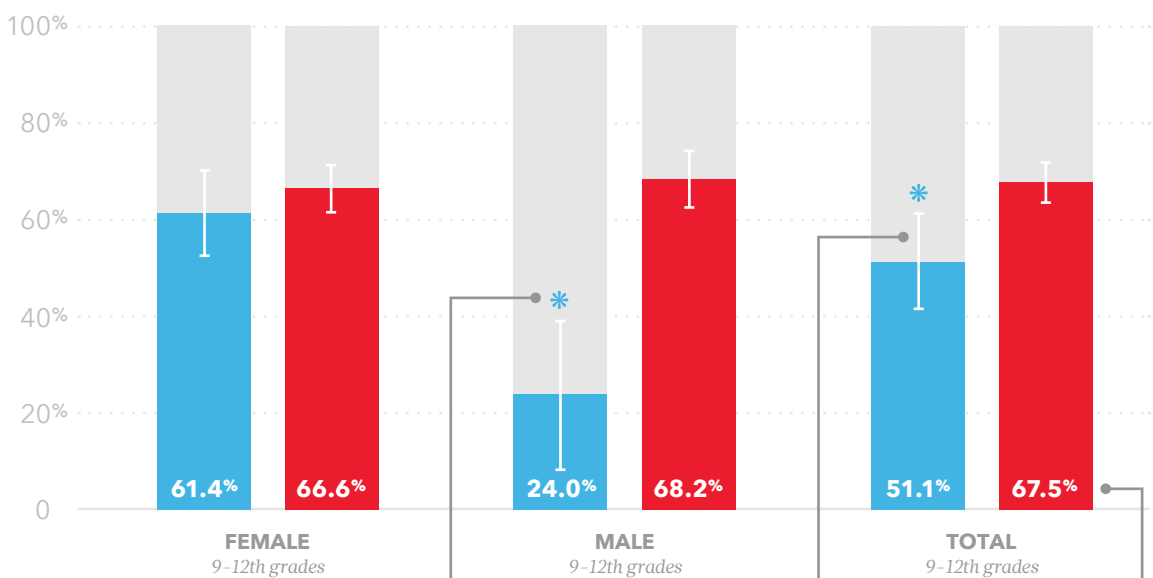
How to read this report

Chart 01

Title of the chart

General statement describing indicator with color coded respondent group

Data Source



There is a statistically significant difference between LGB and Heterosexual because the 95% confidence interval error bars do not overlap.

95% confidence interval bar

Point estimate value





Transgender Health

Transgender Health

Chicago's transgender and gender non-conforming people in Chicago have unique health needs and experiences. However, historically, a lack of local data has made it difficult to comprehensively describe and understand these needs.

Since 2014, the Healthy Chicago Survey (HCS) has collected information on the gender identity of adults living in Chicago. The use of a telephone survey targeting the entire population of Chicago presents great limitations in reaching the transgender adult population. CDPH recognizes this limitation and is committed to identifying resources and opportunities to develop innovative ways of collecting more robust health data for transgender residents.

The pooled 2014–2016 HCS dataset used for this report included 45 adults that identified as transgender or gender non-conforming. Though CDPH believes in the importance of sharing these data, we suggest interpreting the results of this section with caution due to small numbers.

Based on HCS data we estimate that there are approximately 10,500 transgender or gender non-conforming adults living in Chicago, representing 0.5% of the adult population. This estimate is similar to estimates produced for Illinois (0.51%) and the US overall (0.58%)¹.

Table 2 Demographics of transgender or gender non-conforming and cisgender adults aged 18 years and older. *Healthy Chicago Survey, 2014–2016*

	Transgender/Gender Non-Conforming (n = 45)		Cisgender (n = 7,410)	
	n	(%)	n	(%)
Age				
18-44 years	14	43.0%	2,745	56.3%
45+ years	31	57.0%	4,665	43.7%
Race/Ethnicity				
Latino/Latina	8	23.8%	1,280	26.1%
Non-Hispanic Asian/Pacific Islander	2	7.1%	191	6.9%
Non-Hispanic Black/African American	20	29.1%	2,917	29.7%
Non-Hispanic Other	1	2.9%	167	1.6%
Non-Hispanic White	14	37.1%	2,855	35.7%
Employment				
Employed	21	62.0%	3,896	60.5%
Unable to work, student or retired	16	20.2%	2,848	27.9%
Unemployed	8	17.9%	618	9.2%

Note: n values are unweighted. Percentages are weighted to be representative of Chicago's adult population.

Chicago transgender and gender non-conforming adults are less likely to report wellness and more likely to report psychological distress than their cisgender peers (Figures 1 and 2). National data from the 2015 U.S. Transgender Survey reports that 78% of transgender adults said their health was excellent, very good or good compared to 82% for the general population

and 39% of transgender adults reported serious psychological distress.² Transgender individuals are more likely to experience discrimination, harassment, violence, economic hardship which all impact physical and emotional health.

Figure 1 Adults aged 18 years or older who identify as transgender or gender non-conforming are significantly less likely to report their health as excellent, very good or good.

Source: HCS 2014–2016

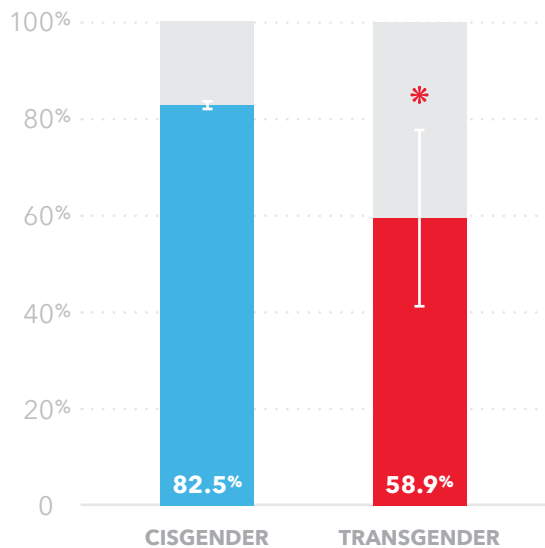
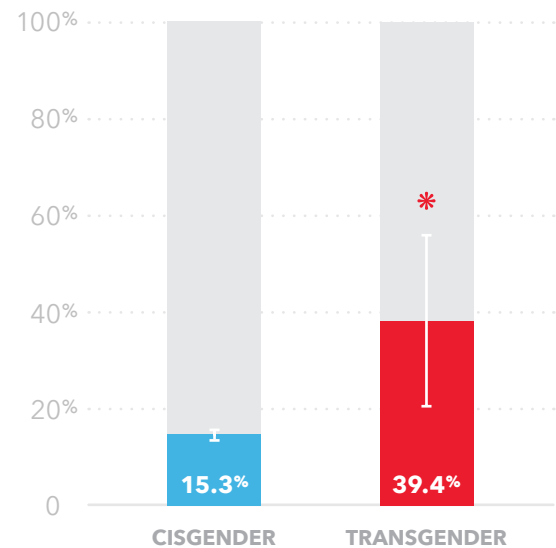


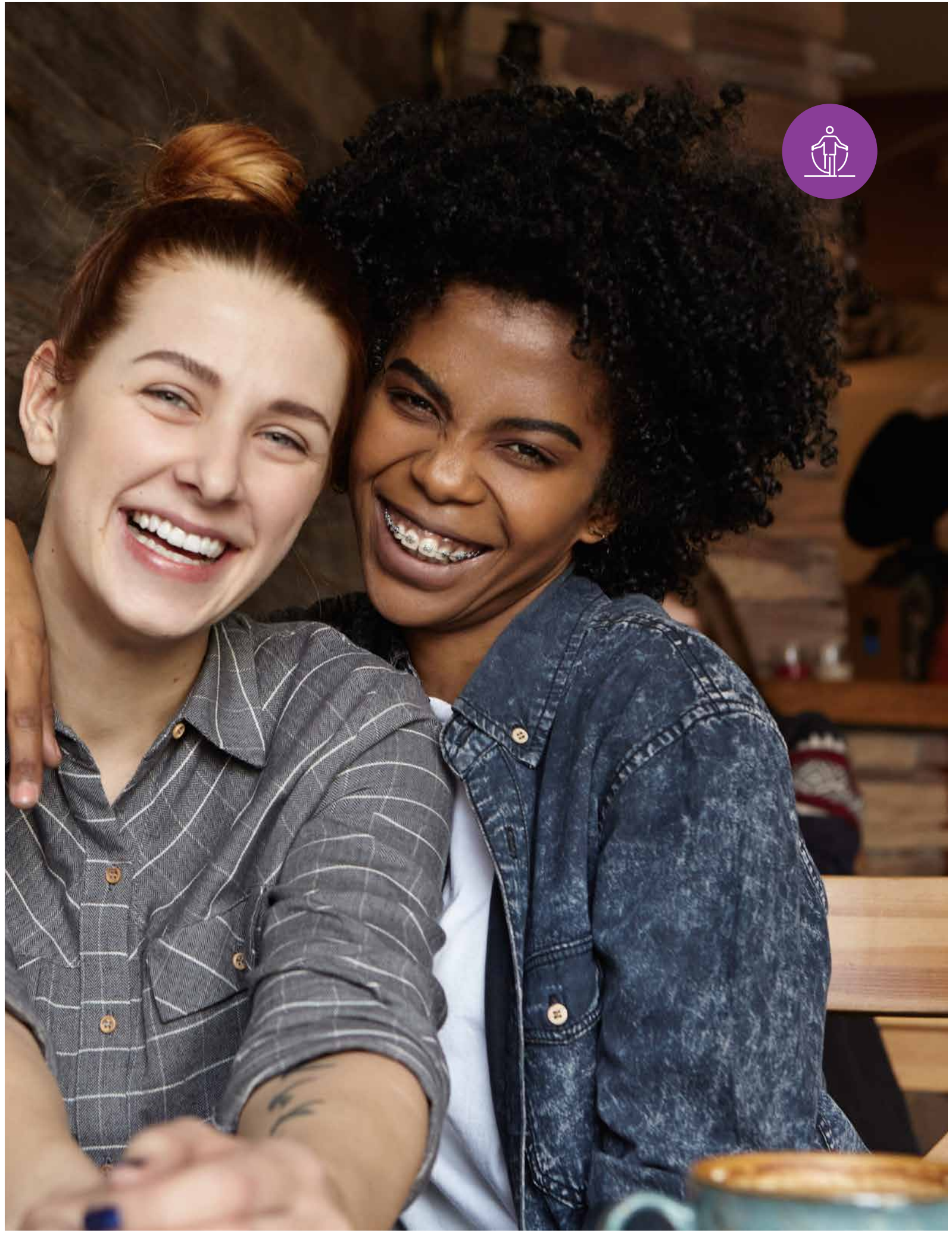
Figure 2 Adults aged 18 years or older who identify as transgender or gender non-conforming are significantly more likely to have experienced psychological distress in the past month.

Source: HCS 2014–2016



References

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LGB Health

Demographics

YOUTH 9-12 TH GRADES	LESBIAN, GAY, BISEXUAL		HETEROSEXUAL		NOT SURE	
	n (%)		n (%)		n (%)	
Total	246	8.9%	2264	87.7%	92	3.7%
GENDER						
Female	283	68.1%	1996	49.8%	102	53.0%
Male	105	31.9%	1773	50.2%	66	47.0%
RACE/ETHNICITY						
Latino/Latina	184	6.4%	1621	39.0%	78	41.9%
Non-Hispanic Black/African American	145	40.7%	1548	46.2%	62	45.5%
Non-Hispanic Other	37	8.0%	267	4.8%	14	6.0%
Non-Hispanic White	15	4.9%	268	10.1%	8	6.5%
GRADE LEVEL						
9th Grade	80	23.5%	908	28.3%	47	36.0%
10th Grade	106	30.1%	911	27.5%	41	23.3%
11th Grade	115	23.7%	1091	22.2%	41	18.2%
12th Grade	84	21.8%	816	21.2%	37	21.5%
ACADEMIC ACHIEVEMENT						
A's	41	13.5%	577	21.2%	26	19.1%
B's	102	31.6%	1025	36.1%	50	36.1%
C's	100	33.6%	766	27.3%	33	20.7%
D's	24	7.7%	163	6.2%	9	8.1%
F's	7	2.2%	52	2.0%	4	3.1%

Note: n values are un-weighted. Percentages are weighted to be representative of Chicago Public School enrollment. L=Lesbian, G=Gay, B=Bisexual

YOUTH 9-12 TH GRADES	FEMALE						MALE					
	LB n (%)		Heterosexual n (%)		Not Sure n (%)		GB n (%)		Heterosexual n (%)		Not Sure n (%)	
RACE/ETHNICITY												
Latino/Latina	142	49.3%	818	37.5%	45	37.6%	40	39.6%	800	40.6%	33	48.7%
Non-Hispanic Black/African American	102	39.9%	855	48.0%	43	48.8%	43	44.1%	690	44.4%	18	41.0%
Non-Hispanic Other	23	6.5%	142	4.3%	7	5.6%	12	9.9%	121	4.6%	6	5.5%
Non-Hispanic White	10	4.3%	148	9.7%	5	8.0%	5	6.4%	119	10.4%	3	4.8%
GRADE LEVEL												
9 th Grade	62	25.3%	486	28.1%	28	28.6%	17	20.1%	420	28.5%	19	44.7%
10 th Grade	78	31.3%	463	27.0%	29	31.3%	26	26.4%	445	28.0%	12	14.5%
11 th Grade	82	22.7%	586	22.3%	26	21.7%	32	26.3%	502	22.1%	15	14.4%
12 th Grade	58	20.4%	438	21.8%	18	18.4%	36	25.7%	375	20.6%	19	25.3%
ACADEMIC ACHIEVEMENT												
A's	31	14.1%	385	27.9%	21	24.2%	9	10.8%	192	14.6%	5	11.1%
B's	80	33.1%	548	37.4%	35	41.5%	21	27.5%	475	35.0%	14	26.0%
C's	77	35.0%	332	23.7%	16	15.6%	23	31.3%	429	30.8%	17	30.4%
D's	15	6.6%	59	4.2%	5	7.1%	8	10.3%	102	8.0%	4	10.2%
F's	3	1.0%	14	1.0%	3	3.9%	3	4.6%	37	3.0%	0	-

Note: n values are un-weighted. Percentages are weighted to be representative of Chicago Public School enrollment. L=Lesbian, G=Gay, B=Bisexual

Demographics

ADULTS AGED 18-44 YRS	FEMALE				MALE				TOTAL			
	LB n (%)		Heterosexual n (%)		GB n (%)		Heterosexual n (%)		LGB n (%)		Heterosexual n (%)	
Total	118	8.0%	1385	92.0%	99	7.7%	1054	92.3%	217	7.8%	2439	92.2%
RACE/ETHNICITY												
Latino/Latina	26	25.8%	359	28.9%	17	21.4%	257	32.5%	43	23.6%	616	30.6%
Non-Hispanic Asian/ Pacific Islander	3	6.1%	61	10.1%	4	6.2%	62	9.9%	7	6.2%	123	10.0%
Non-Hispanic Black/ African American	47	42.4%	516	29.7%	25	30.3%	307	25.2%	72	36.5%	823	27.4%
Non-Hispanic Other	3	1.0%	42	2.5%	3	0.9%	32	2.0%	6	1.0%	75	2.3%
Non-Hispanic White	39	24.6%	407	28.8%	50	41.4%	396	30.5%	89	32.8%	804	29.7%
% FEDERAL POVERTY LEVEL												
<100%	25	29.2%	311	25.5%	12	18.7%	174	21.9%	37	23.6%	485	23.7%
100-199%	22	25.1%	241	21.1%	11	14.6%	160	20.1%	33	19.6%	402	20.6%
200-399%	21	24.9%	204	19.4%	13	19.6%	119	15.4%	34	22.1%	323	17.4%
400%+	25	20.8%	426	34.1%	51	47.1%	426	42.6%	76	34.7%	853	38.4%
EDUCATION												
High school graduation or below	35	37.1%	385	33.9%	17	26.2%	339	40.8%	52	31.8%	724	37.3%
Some college	34	32.8%	373	26.7%	32	39.2%	238	25.2%	66	36.0%	611	25.9%
College or above	49	30.1%	627	39.4%	50	34.5%	477	34.1%	99	32.3%	1,106	36.8%

Note: n values are un-weighted. Percentages are weighted to be representative of Chicago's adult population. L=Lesbian, G=Gay, B=Bisexual

ADULTS AGED 18-44 YRS	FEMALE				MALE				TOTAL			
	LB n (%)		Heterosexual n (%)		GB n (%)		Heterosexual n (%)		LGB n (%)		Heterosexual n (%)	
EMPLOYMENT												
Employed for wages	74	60.2%	852	60.5%	69	71.2%	726	66.2%	143	65.5%	1,580	63.4%
Self-employed	10	6.7%	64	4.8%	8	6.1%	102	9.7%	18	6.4%	166	7.2%
Homemaker	6	5.7%	125	8.4%	0	-	1	0.1%	6	2.9%	126	4.3%
Student	16	14.9%	107	10.0%	11	11.8%	82	10.1%	27	13.4%	189	10.0%
Unemployed	9	10.0%	166	12.9%	9	9.7%	104	10.5%	18	9.9%	270	11.8%
Retired	0	-	2	0.3%	0	-	0	-	0	-	2	0.1%
Unable to work	3	2.6%	56	3.1%	2	1.3%	34	3.4%	5	2.0%	90	3.2%
MARITAL STATUS												
Civil union	1	0.3%	18	1.2%	1	0.2%	16	1.4%	2	0.2%	34	1.3%
A member of an unmarried couple	9	4.0%	75	3.6%	11	9.4%	68	6.1%	20	6.6%	144	5.0%
Divorced	3	1.0%	74	4.1%	1	0.2%	45	3.5%	4	0.6%	119	3.8%
Married	23	12.2%	438	28.3%	16	10.6%	367	25.5%	39	11.4%	805	26.9%
Never married	74	76.9%	727	60.8%	66	76.8%	535	62.1%	140	76.8%	1,263	61.4%
Separated	7	5.7%	37	1.6%	3	2.8%	21	1.5%	10	4.3%	58	1.5%
Widowed	0	-	6	0.4%	0	-	0	-	0	-	6	0.2%

Note: n values are un-weighted. Percentages are weighted to be representative of Chicago's adult population. L=Lesbian, G=Gay, B=Bisexual

Demographics

ADULTS AGED 45+ YRS	FEMALE				MALE				TOTAL			
	LB n (%)		Heterosexual n (%)		GB n (%)		Heterosexual n (%)		LGB n (%)		Heterosexual n (%)	
Total	77	4.1%	2617	95.9%	146	8.5%	1679	91.5%	223	6.2%	4296	93.8%
RACE/ETHNICITY												
Latino/Latina	9	12.6%	246	13.9%	9	8.0%	195	20.2%	18	9.6%	441	16.8%
Non-Hispanic Asian/ Pacific Islander	1	4.8%	26	3.4%	1	0.6%	28	3.7%	2	2.1%	54	3.6%
Non-Hispanic Black/ African American	29	32.9%	1,265	37.0%	28	13.1%	682	31.6%	57	20.1%	1,949	34.5%
Non-Hispanic Other	3	3.2%	49	1.1%	0	-	31	0.9%	3	1.1%	81	1.1%
Non-Hispanic White	35	46.5%	1,031	44.5%	108	78.2%	743	43.5%	143	67.1%	1,778	44.1%
% FEDERAL POVERTY LEVEL												
<100%	12	15.4%	468	24.0%	12	8.7%	285	23.1%	24	11.0%	753	23.5%
100-199%	9	25.4%	417	21.2%	23	20.7%	263	20.4%	32	22.3%	681	20.8%
200-399%	8	5.2%	354	15.4%	27	18.9%	235	16.5%	35	14.3%	591	15.9%
400%+	30	54.0%	805	39.4%	70	51.7%	602	40.1%	100	52.5%	1,408	39.8%
EDUCATION												
High school graduation or below	19	29.5%	808	36.7%	21	16.5%	549	42.3%	40	21.1%	1,359	39.3%
Some college	20	28.8%	749	28.4%	22	18.6%	437	26.1%	42	22.2%	1,188	27.3%
College or above	38	41.6%	1,060	34.9%	103	64.9%	693	31.6%	141	56.8%	1,756	33.4%

Note: n values are un-weighted. Percentages are weighted to be representative of Chicago's adult population. L=Lesbian, G=Gay, B=Bisexual

ADULTS AGED 45+ YRS	FEMALE				MALE				TOTAL			
	LB n (%)		Heterosexual n (%)		GB n (%)		Heterosexual n (%)		LGB n (%)		Heterosexual n (%)	
EMPLOYMENT												
Employed for wages	32	40.8%	830	37.0%	63	39.3%	629	41.2%	95	39.8%	1,461	38.9%
Self-employed	13	20.8%	153	7.7%	21	17.2%	138	9.0%	34	18.4%	291	8.3%
Homemaker	2	3.0%	141	6.5%	1	0.5%	4	0.3%	3	1.4%	145	3.7%
Student	1	1.0%	12	0.3%	-	-	4	0.2%	1	0.3%	16	0.3%
Unemployed	12	15.1%	164	7.6%	9	8.0%	139	10.6%	21	10.5%	303	9.0%
Retired	12	16.2%	1,051	30.3%	40	23.0%	584	26.9%	52	20.6%	1,640	28.8%
Unable to work	4	3.2%	249	10.6%	12	12.0%	174	11.7%	16	9.0%	423	11.1%
MARITAL STATUS												
Civil union	5	4.1%	6	0.5%	4	3.4%	10	1.0%	9	3.6%	16	0.7%
A member of an unmarried couple	6	8.0%	28	1.2%	12	6.1%	30	2.3%	18	6.8%	58	1.7%
Divorced	13	10.8%	494	15.2%	11	5.5%	282	13.3%	24	7.3%	777	14.3%
Married	13	20.6%	742	35.1%	23	21.0%	747	47.4%	36	20.9%	1,494	40.8%
Never married	31	50.8%	566	26.9%	89	63.1%	350	26.6%	120	58.9%	916	26.8%
Separated	2	1.6%	113	3.9%	1	0.3%	88	4.0%	3	0.7%	201	4.0%
Widowed	5	4.2%	638	17.2%	2	0.6%	160	5.3%	7	1.8%	799	11.7%

Note: n values are un-weighted. Percentages are weighted to be representative of Chicago's adult population. L=Lesbian, G=Gay, B=Bisexual

Access to Care

Access to health care is important for both individual and community health. Health insurance helps individuals access needed treatment and preventative services, but insurance alone is not enough to ensure full access to care. Access encompasses several components: availability of services, affordability and appropriate, effective and equitable care. If all of these factors are not in place, individuals may be less likely to seek the care they need.

Those who identify as LGB have faced and continue to face structural barriers to accessing adequate health care. Before the landmark *Obergefell v. Hodges* Supreme Court ruling that legalized same-sex marriage throughout the US, many same-sex couples faced barriers to accessing their partner's employer-sponsored health insurance.¹ Also, if health care providers are not trained in LGB-specific health issues, LGB adults and youth may feel apprehension about seeking care due to fear of discrimination, dissatisfaction with services and/or anticipation of a negative experience.^{2,3} While specialized health centers that address the needs of LGB youth do exist, most receive services from the same providers as non-LGB youth and only 16% of LGB youth are out to their doctor.^{4,5} Finally, both LGB adults and youth may face additional intersecting barriers to care faced by other socio-demographic groups (e.g. gender, race/ethnicity, poverty level, homeless).³

Research findings are mixed when it comes to understanding how and if these barriers lead to decreased utilization of health services among LGB adults and youth. Lesbian women are more likely than heterosexual women to be uninsured, delay medical care due to cost and have no usual source of medical care.⁶⁻⁹ Lesbian women are also less likely to have had or

receive the results of a Pap test and are less likely to undergo mammography.^{10,11} Gay men are more likely to delay medical care due to cost and report having trouble finding a provider when they need care.⁶ However, gay men are also more likely to meet colorectal cancer screening guidelines and to have had an HIV test.^{7,8} The most recent US data from the Youth Risk Behavior Survey (YRBS) suggests that LGB youth utilize health services at lower rates than non-LGB youth. For example, the prevalence of having seen a dentist was higher among heterosexual students (75.6%) than LGB students (66.0%).¹²

To address barriers and improve health care access for LGB individuals, national institutions including the Institute of Medicine and the American Academy of Pediatrics have called for training health care providers and office staff in LGB-specific health needs, ensuring that heterosexuality is not presumed and creating offices that are welcoming to all.^{3,13} Healthy Chicago 2.0 aims to improve all aspects of access, including expanding insurance coverage and improving the quality of health and human services.

Access to Care Charts

Youth

- Chart 01** Dentist visit in past year, 9-12th grades
- Chart 02** Wellness visit in past year, 9-12th grades

Adult

- Chart 03** Personal health care provider, adults 18-44 years
- Chart 04** Personal health care provider, adults 45+ years
- Chart 05** Routine check-up in past year, adults 18-44 years
- Chart 06** Routine check-up in past year, adults 45+ years
- Chart 07** Health care satisfaction, adults 18+ years
- Chart 08** Lack of access to mental health treatment, adults 18-44 years
- Chart 09** Lack of access to mental health treatment, adults 45+ years
- Chart 10** Ever had an HIV test, adults 18-44 years
- Chart 11** Ever had an HIV test, adults 45+ years
- Chart 12** Pap test in past three years, women 21-65 years
- Chart 13** Mammogram in past two years, women 50-74 years
- Chart 14** Colorectal cancer screening, adults 50-75 years

■ LGB

■ Heterosexual

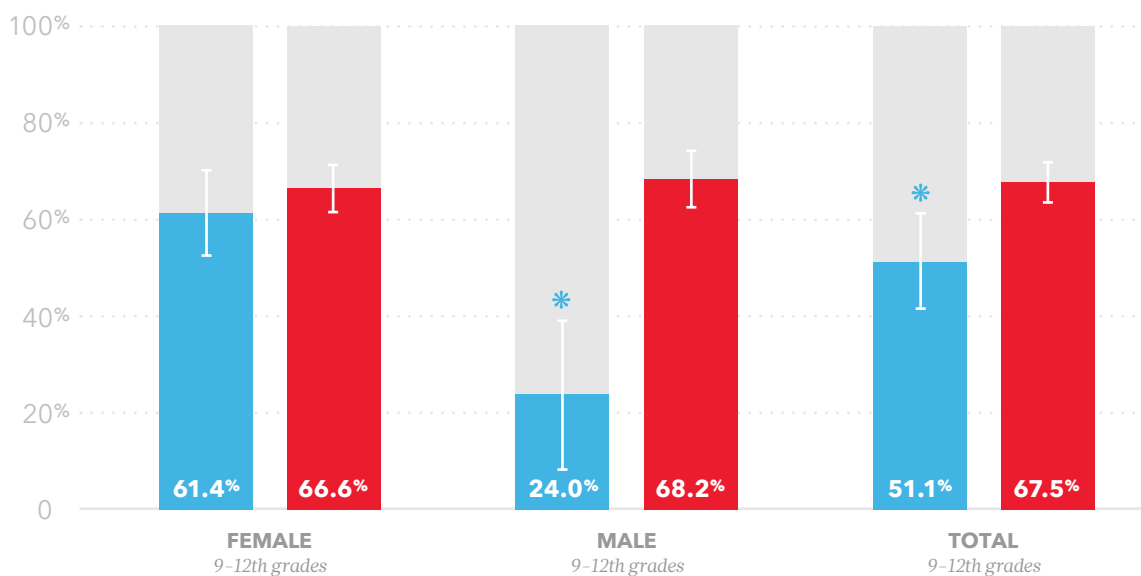
* Statistically significant difference between LGB and heterosexual.

Chart 01**Dentist visit in past year, 9-12th grades**

YOUTH

A lower percentage of LGB youth than heterosexual youth have visited a dentist in the past year. GB males are much less likely than all other groups to have visited a dentist.

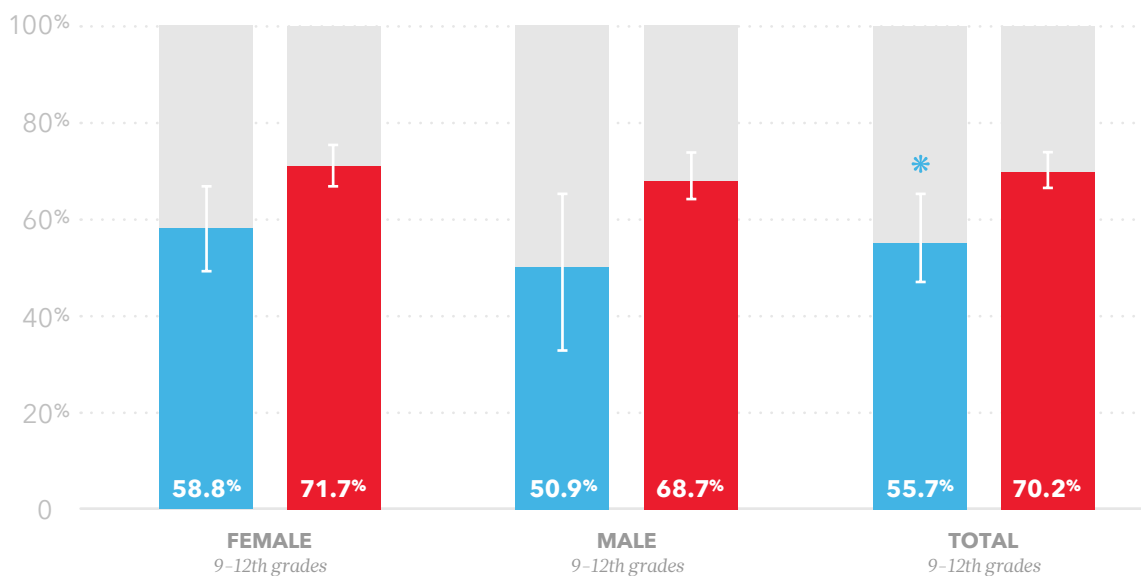
Source: YRBS 2013

**Chart 02****Wellness visit in past year, 9-12th grades**

YOUTH

LGB youth are less likely than heterosexual youth to have had a wellness exam in the past year. However, there are not significant gender differences.

Source: YRBS 2013



LGB

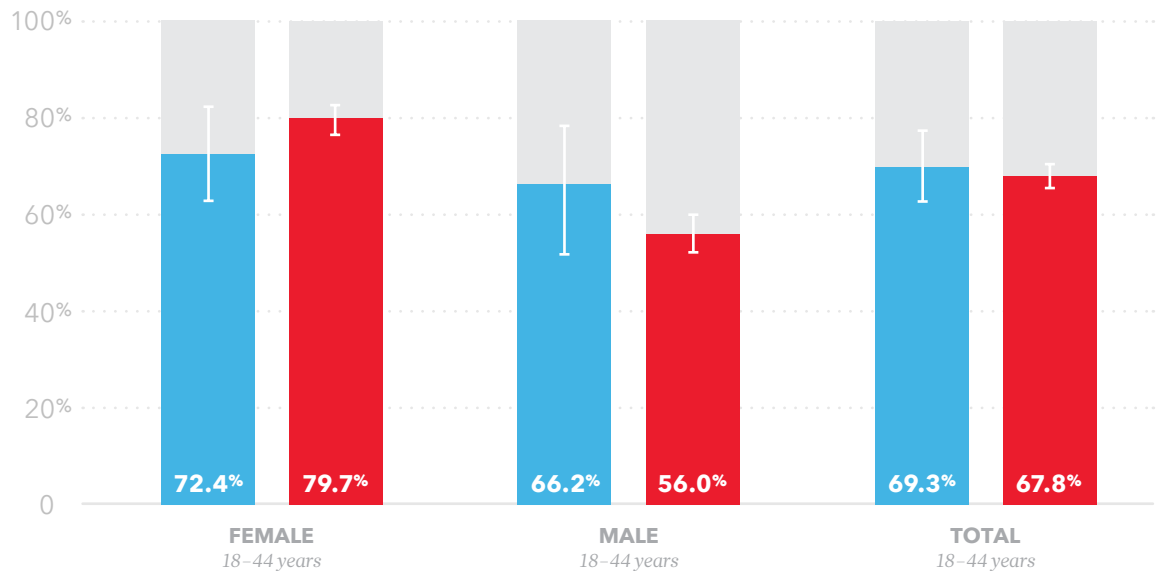
Heterosexual

* Statistically significant difference between LGB and heterosexual.

Chart 03**Personal health care provider, adults 18-44 years****ADULT**

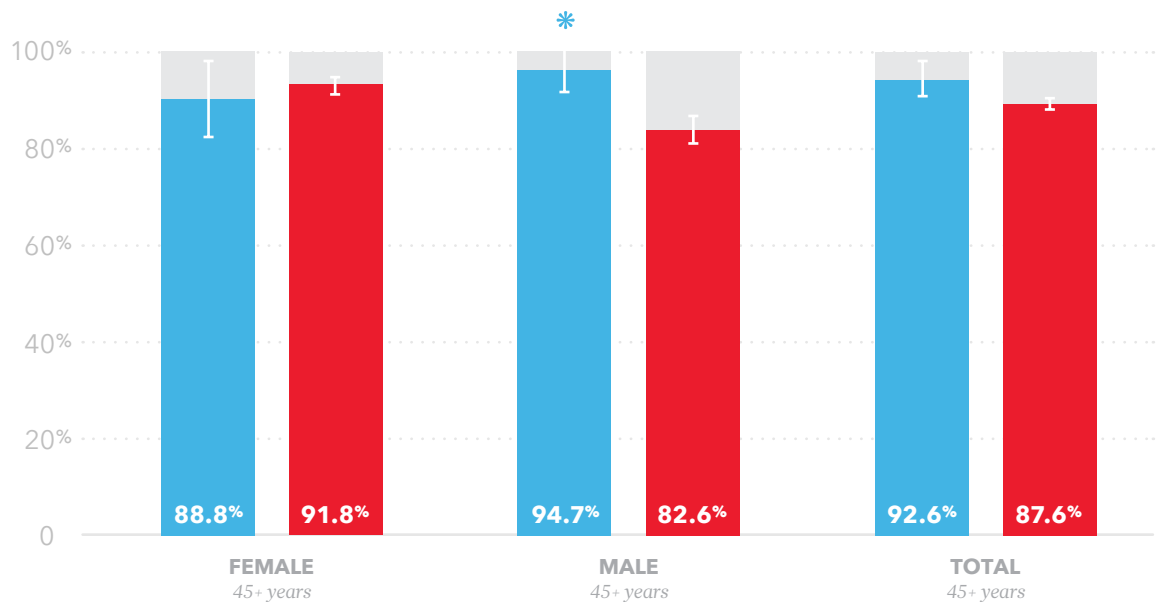
There is no difference in rates of having a personal health care provider between LGB and heterosexual adults aged 18-44 years.

Source: HCS 2014-2016

**Chart 04****Personal health care provider, adults 45+ years****ADULT**

GB men aged 45 years and older are more likely to have a personal health care provider than heterosexual men. There is no difference for women.

Source: HCS 2014-2016



■ LGB

■ Heterosexual

* Statistically significant difference between LGB and heterosexual.

Chart 05

Routine check-up in past year, adults 18-44 years

ADULT

LGB and heterosexual adults aged 18-44 years get routine annual check-ups at similar rates.

Source: HCS 2014-2016

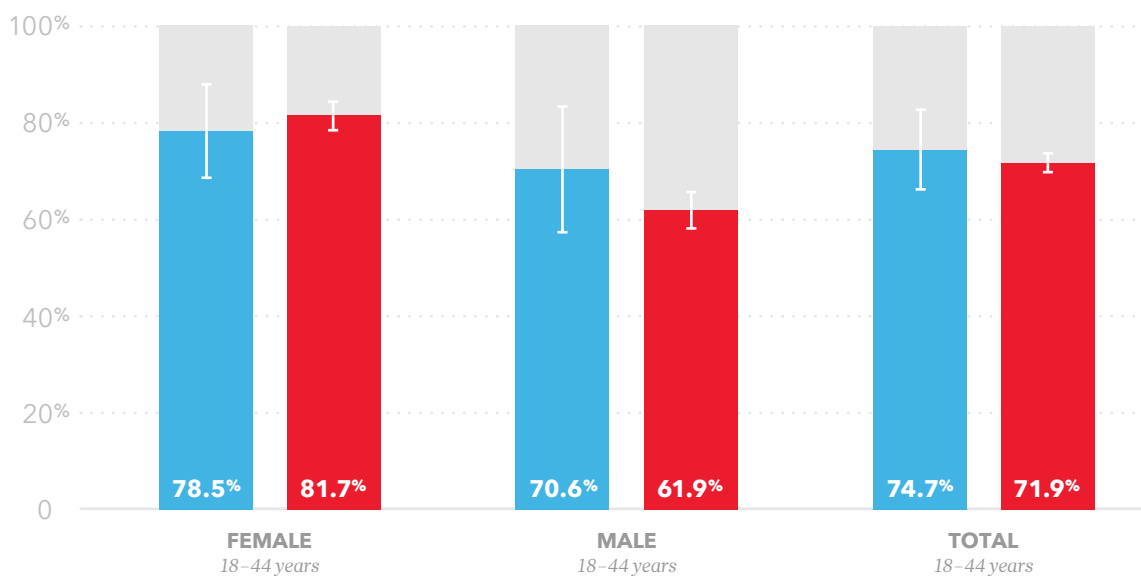


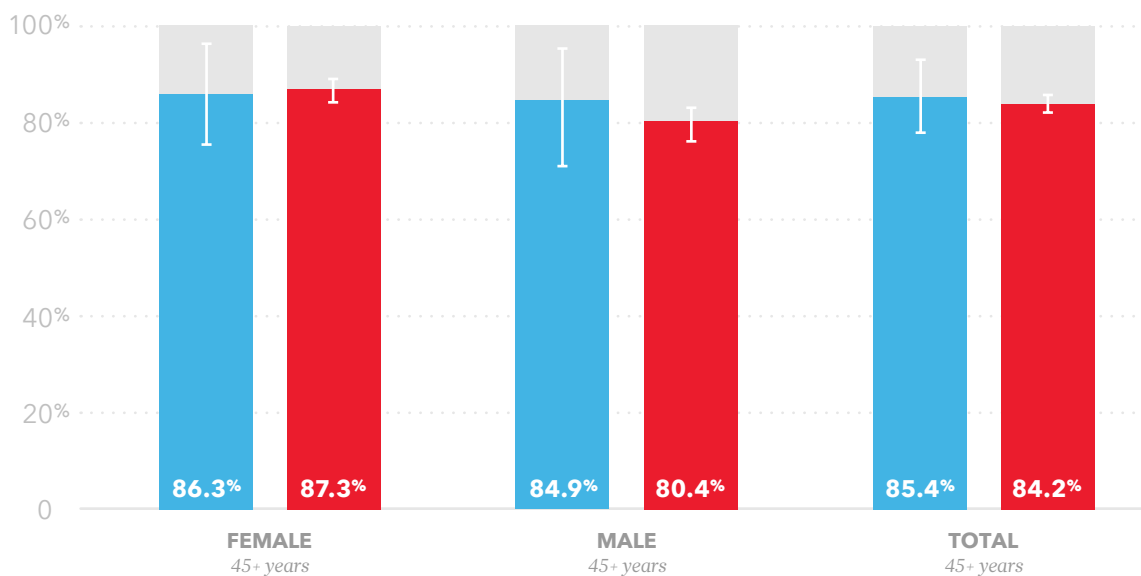
Chart 06

Routine check-up in past year, adults 45+ years

ADULT

LGB and heterosexual adults aged 45 years and older get routine annual check-ups at similar rates.

Source: HCS 2014-2016



■ LGB ■ Heterosexual * Statistically significant difference between LGB and heterosexual.

Chart 07

Health care satisfaction, adults 18+ years

ADULT

There is no difference in satisfaction with health care received between LGB and heterosexual adults.

Source: HCS 2015

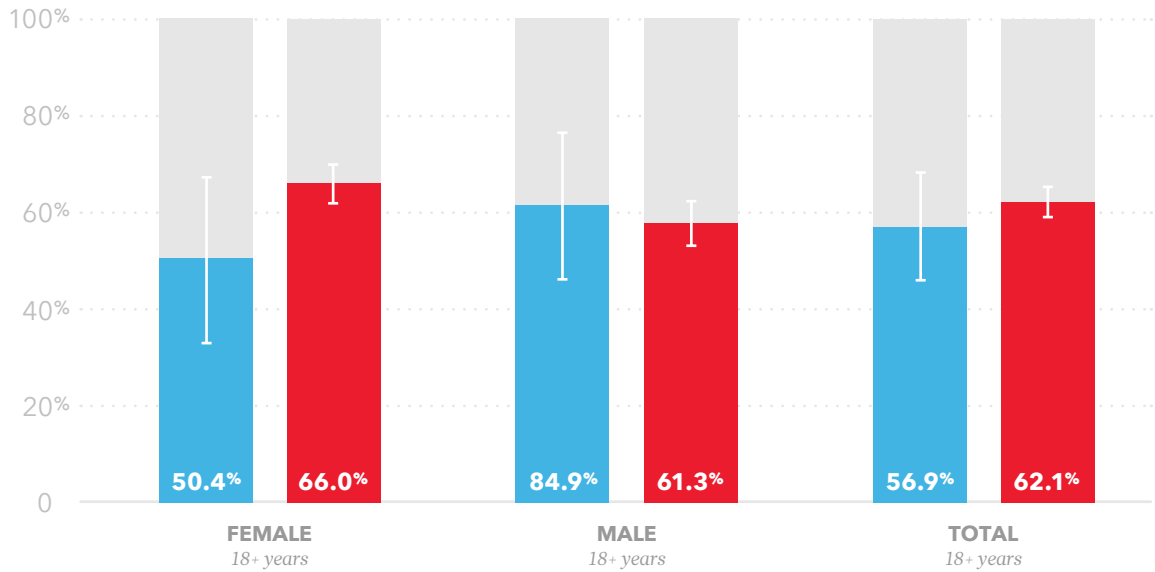


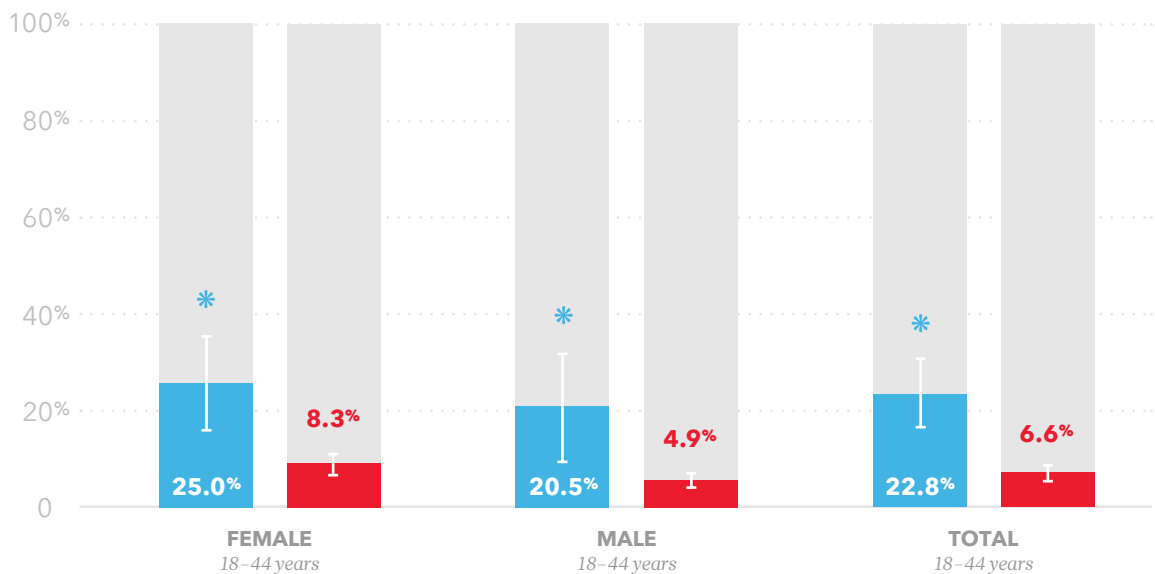
Chart 08

Lack of access to mental health treatment, adults 18-44 years

ADULT

Nearly a quarter of LGB adults aged 18–44 years needed mental health treatment in the past year and didn't get it; significantly more than heterosexual adults. This is true for both LB women and GB men.

Source: HCS 2014–2016



LGB

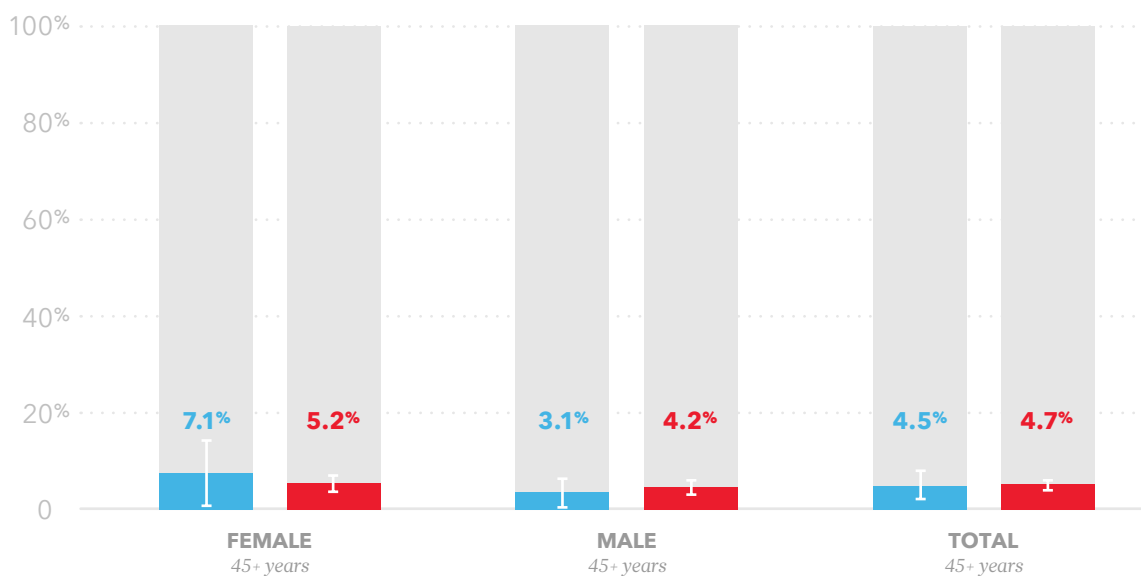
Heterosexual

* Statistically significant difference between LGB and heterosexual.

Chart 09**Lack of access to mental health treatment, adults 45+ years****ADULT**

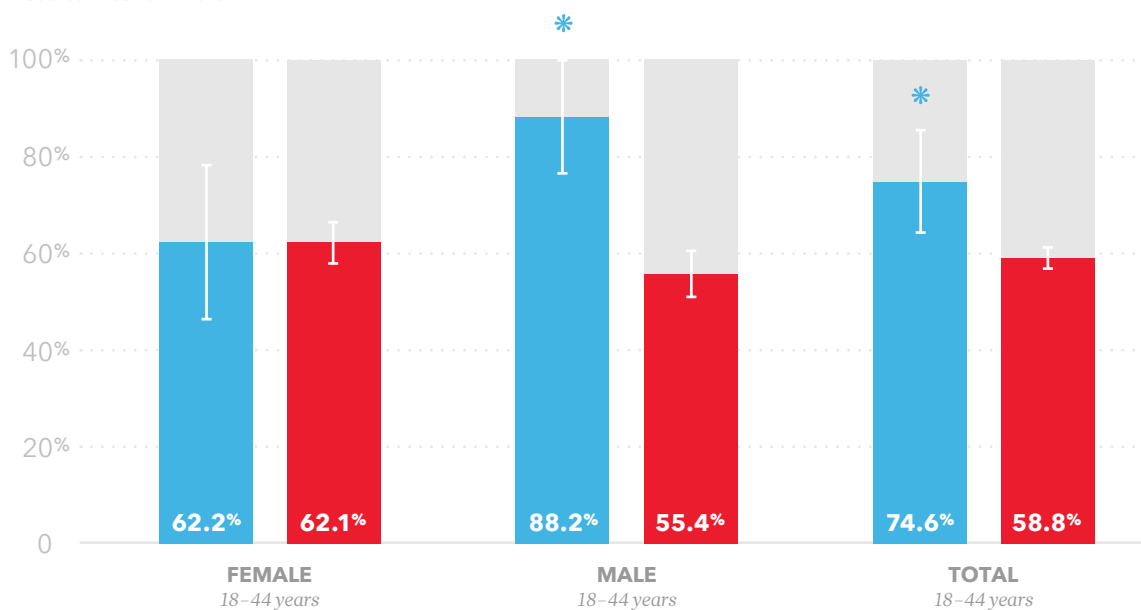
There is no significant difference between LGB adults and heterosexual adults aged 45 years and older needing mental health treatment in the past year and not getting it.

Source: HCS 2014–2016

**Chart 10****Ever had an HIV test, adults 18-44 years****ADULT**

While LB women and heterosexual women aged 18–44 years are equally as likely to have had an HIV test, GB men are significantly more likely than heterosexual men.

Source: HCS 2014–2016



LGB

Heterosexual

* Statistically significant difference between LGB and heterosexual.

Chart 11

Ever had an HIV test, adults 45+ years

ADULT

GB men aged 45 years and older are significantly more likely than heterosexual men to have ever had an HIV test. There is no difference among women.

Source: HCS 2014–2016

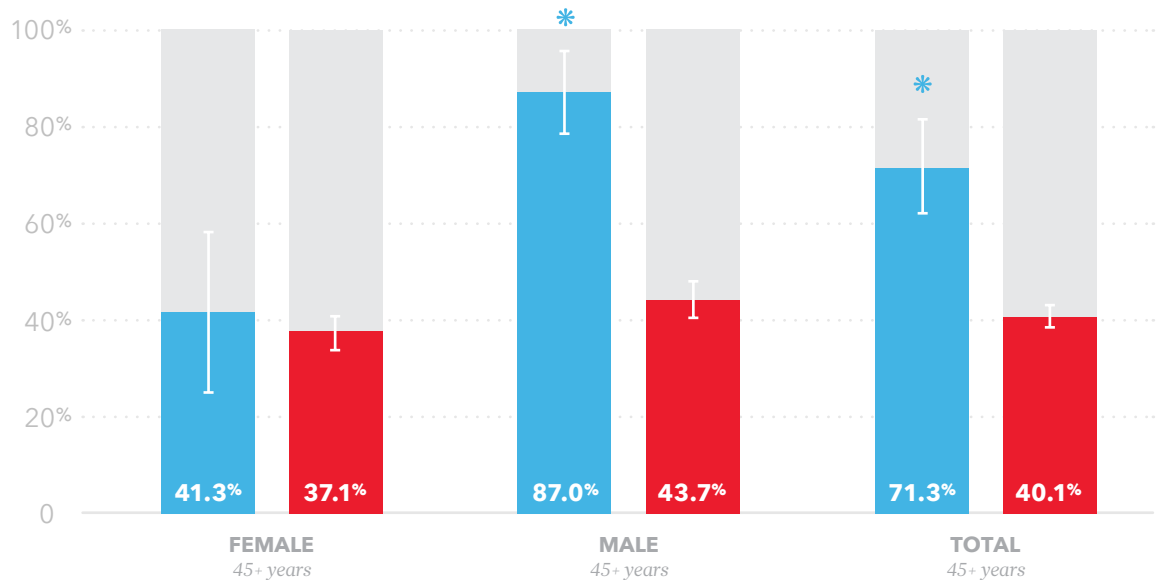


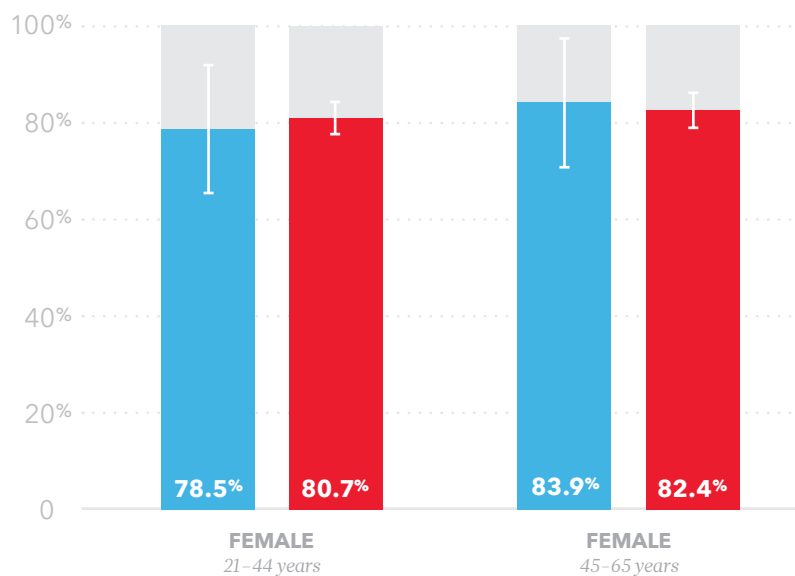
Chart 12

Pap test in past three years, women 21-65 years

ADULT

There is no difference in rates of receiving a Pap test in the past three years between LB women and heterosexual women.

Source: HCS 2014–2016



■ LGB

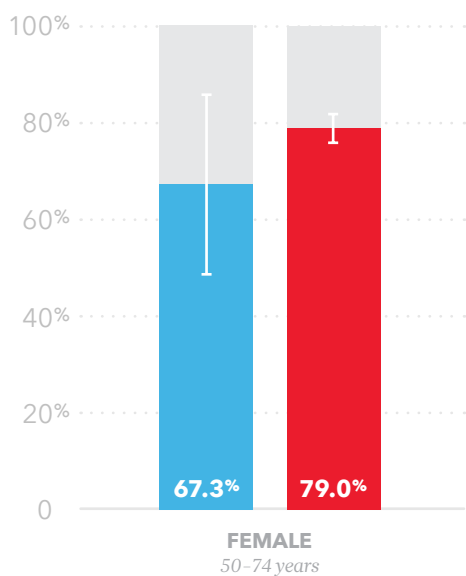
■ Heterosexual

* Statistically significant difference between LGB and heterosexual.

Chart 13**Mammogram in past two years, women 50-74 years****ADULT**

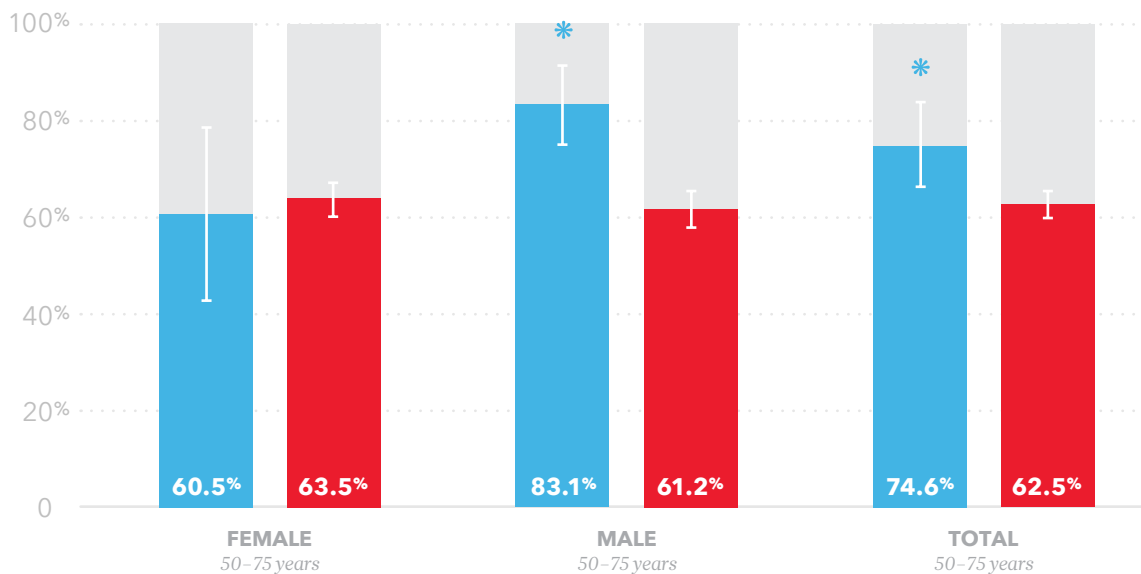
Though not statistically significant, LB women aged 50-74 years have lower rates of receiving a mammogram in the past two years compared to heterosexual women.

Source: HCS 2014-2016

**Chart 14****Colorectal cancer screening, adults 50-75 years****ADULT**

LGB adults aged 50-75 years have higher rates of meeting colorectal cancer screening guidelines compared to heterosexual adults. GB men have the highest colorectal cancer screening rates. There is no difference for women.

Source: HCS 2014-2016



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Behavioral Health

Behavioral health encompasses mental and emotional health and freedom from substance use disorders and addiction. Violence is inexorably linked to behavioral health—trauma from experienced violence can have a lifelong impact on one’s emotional well-being and contribute to substance use disorders and chronic health conditions.¹ Many sexual minority individuals experience not only overt homophobia, discrimination and violence, but also the chronic stress of social stigmatization, determining whether to reveal one’s sexual orientation, altering behavior to adjust to a social norm and lack of support and helping resources.² It is not surprising, then, that research generally reports worse outcomes and experiences for sexual minority youth and adults around mental health, substance use and misuse and violence when compared to their heterosexual peers.

Serious psychological distress potentially impairs an individual’s ability to function socially, at work or at school. Adult women are more likely than adult men to experience serious psychological distress; rates of serious psychological distress are higher among people with lower incomes.³ When compared to their heterosexual counterparts, gay and bisexual men and bisexual women are more likely to report severe psychological distress and lesbians are more likely to report moderate psychological distress.⁴ LGBT youth who experience victimization over time are more likely than those that do not to experience post traumatic stress disorder and depression.⁵ Another measure of mental health, suicidal ideation, is also higher among sexual minority youth, although there are differences in race/ethnicity.⁶ Females are more likely to report suicidal ideation and attempts. Sexual minority youth are also more likely to report suicide risk factors including alcohol abuse, depression, having a family member or friend who attempted suicide and victimization.⁷ Healthy Chicago 2.0 identified sexual minority youth as a priority population for mental health, with an objective of reducing suicide attempts resulting in injury among LGBTQ youth.⁸

Disordered eating is extreme dieting behavior, including fasting, the use of diet pills or laxatives and self induced vomiting and binge eating. How frequently a person diets has been linked to higher stress levels, higher rates of alcohol and tobacco use, more suicidal ideation and attempts, increased delinquent behaviors and increased past physical and sexual abuse. Disordered eating behavior is found to be more prevalent in females and peaks during puberty.⁹ National data indicate that sexual minority youth are more likely to engage in disordered eating practices than heterosexual youth among both males and females and between race/ethnicity groups.¹⁰

The National Survey on Drug Use and Health (NSDUH) estimates that in 2014 approximately 10.2% of Americans over age 12 used illicit drugs within the past month and 23.0% engaged in binge drinking in the past month.¹¹ Substance misuse can have detrimental effects on a person’s quality of life, affecting productivity, physical and mental health and life expectancy.¹²

Several studies have shown that both youth and adult sexual minorities are at increased risk for substance misuse compared to the sexual majority.^{13–14} However, even among

sexual minority subpopulations, differences exist. For example, lesbians and bisexual women may be more likely to misuse alcohol and gay men more likely to misuse drugs while individuals who identify as bisexual exhibit higher substance misuse than exclusively heterosexual or homosexual individuals.¹⁵ Even though substance use and misuse within the sexual minority community has been identified as an issue, very few agencies, 7.4% according to one study, offer treatment services tailored to sexual minorities.¹⁶

The National Intimate Partner and Sexual Violence Survey (NISVS) found that approximately 13% of lesbian women, 46% of bisexual women and 17% of heterosexual women have been raped in their lifetime. Nearly half (48%) of bisexual women who are raped experience the rape between age 11 and 17. The same survey also found that 40% of gay men, 47% of bisexual men and 21% of heterosexual men have experienced sexual violence other than rape in their lifetime.¹⁷ Sexual assault victimization has been linked to high risk sexual behaviors, mood disorders including depression and suicide attempts.¹⁸ While our survey data only allow us to measure sexual violence among LGB youth, this is an issue that affects sexual minority men and women throughout their lives.

For youth, school connectedness can have a great influence on emotional health and academic achievement. When youth feel connected to their school community, there is evidence that they exhibit less disruptive behavior and emotional distress, experience less school violence, engage in less substance and tobacco use and have older sexual debut.¹⁹ There is little research on whether this pattern holds for sexual minority

youth and in fact many sexual minority youth do not feel that school is a safe, welcoming place. The 2013 National School Climate Survey done by GLSEN (Gay, Lesbian & Straight Education Network) reports that 55.5% of sexual minority students felt unsafe at school because of their sexual orientation and 61.2% avoid extracurricular activities because they feel unsafe or uncomfortable.²⁰

While the Human Rights Campaign Youth Survey found that sexual minority youth were as likely to participate in after school activities such as debate, band or academic clubs as their heterosexual peers (63% vs 63%), sexual minority youth were less likely to participate in sports, 30% vs. 49%.²¹ Out on the Fields found that 73% of respondents felt like youth sports were not safe or welcoming for LGB youth.²² Gay-Straight Alliances (GSAs), clubs that provide safe spaces for sexual minority youth and their allies, have been shown to improve school connectedness and are perceived to represent safety for sexual minority youth as well as being a welcoming community and a gateway to resources.²³ In this report, YRBS questions around bullying and fighting on school property, missing school due to safety concerns and participation in school sports measure school connectedness.

Behavioral Health Charts

Youth

- Chart 15** Felt sad or hopeless for 2+ weeks, 9-12th grades
- Chart 16** Participation in a sports team, 9-12th grades
- Chart 17** Disordered eating, 9-12th grades
- Chart 18** Suicide attempt resulting in injury, 9-12th grades
- Chart 19** Underage drinking, 9-12th grades
- Chart 20** Underage binge drinking, 9-12th grades
- Chart 21** Marijuana use, 9-12th grades
- Chart 22** Drug use and prescription drug misuse, 9-12th grades
- Chart 23** Electronic bullying, 9-12th grades
- Chart 24** Missed school due to a safety concern, 9-12th grades
- Chart 25** Fight on school property, 9-12th grades
- Chart 26** Bullied on school property, 9-12th grades
- Chart 27** Harassed because of perceived sexual orientation, 9-12th grades
- Chart 28** Physically forced to have sex, 9-12th grades

Adult

- Chart 29** Self-rated health status, adults 18-44 years
- Chart 30** Self-rated health status, adults 45+ years
- Chart 31** Psychological distress, adults 18-44 years
- Chart 32** Psychological distress, adults 45+ years
- Chart 33** Binge drinking, adults 18+ years



■ LGB

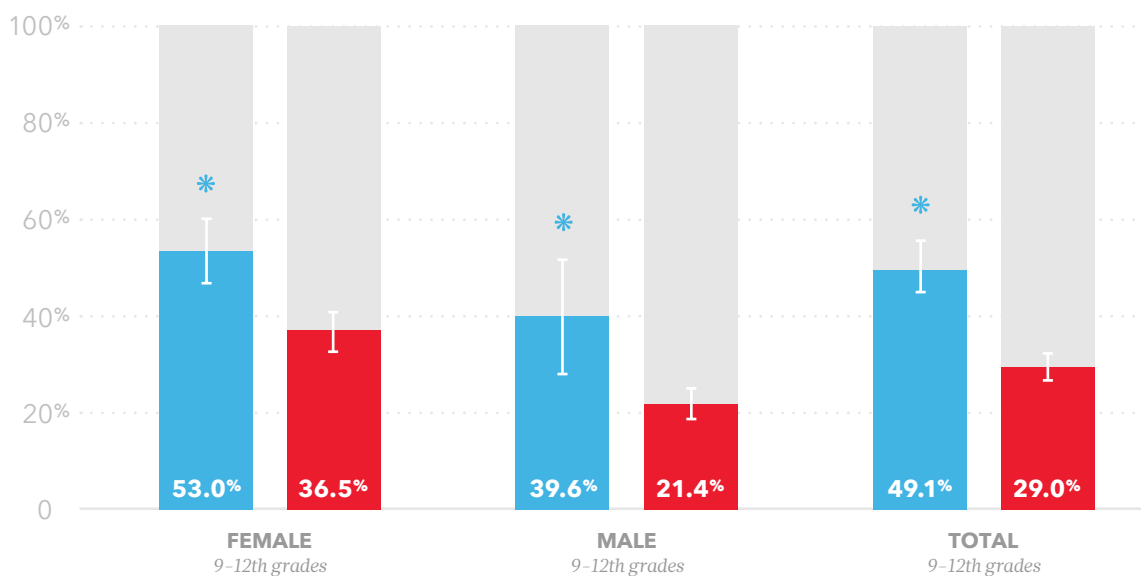
■ Heterosexual

* Statistically significant difference between LGB and heterosexual.

Chart 15**Felt sad or hopeless for 2+ weeks, 9-12th grades****YOUTH**

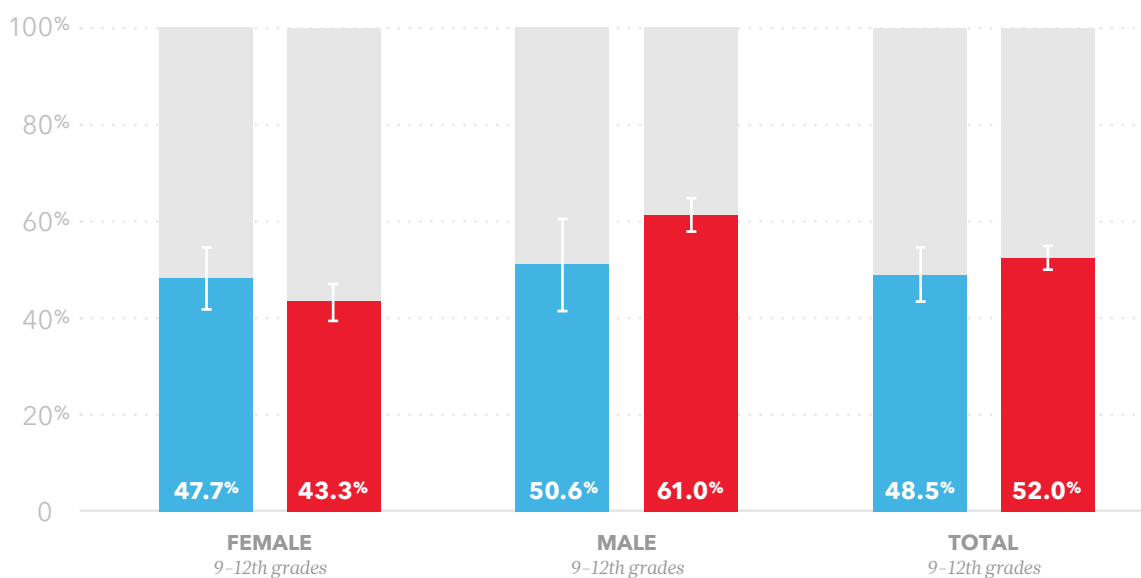
LGB youth report feeling sad or hopeless for 2 or more weeks in the past year more often than heterosexual youth. Both LB females and GB males report such feelings more than their heterosexual peers.

Source: YRBS 2009-2013

**Chart 16****Participation in a sports team, 9-12th grades****YOUTH**

Similar percentages of LGB and heterosexual youth participate in sports teams.

Source: YRBS 2009-2013



■ LGB ■ Heterosexual * Statistically significant difference between LGB and heterosexual.

Chart 17

Disordered eating, 9-12th grades

YOUTH

Both male and female LGB youth are significantly more likely to engage in disordered eating behaviors—fasting, using diet pills or powders or purging—compared to their heterosexual peers.

Source: YRBS 2009–2013

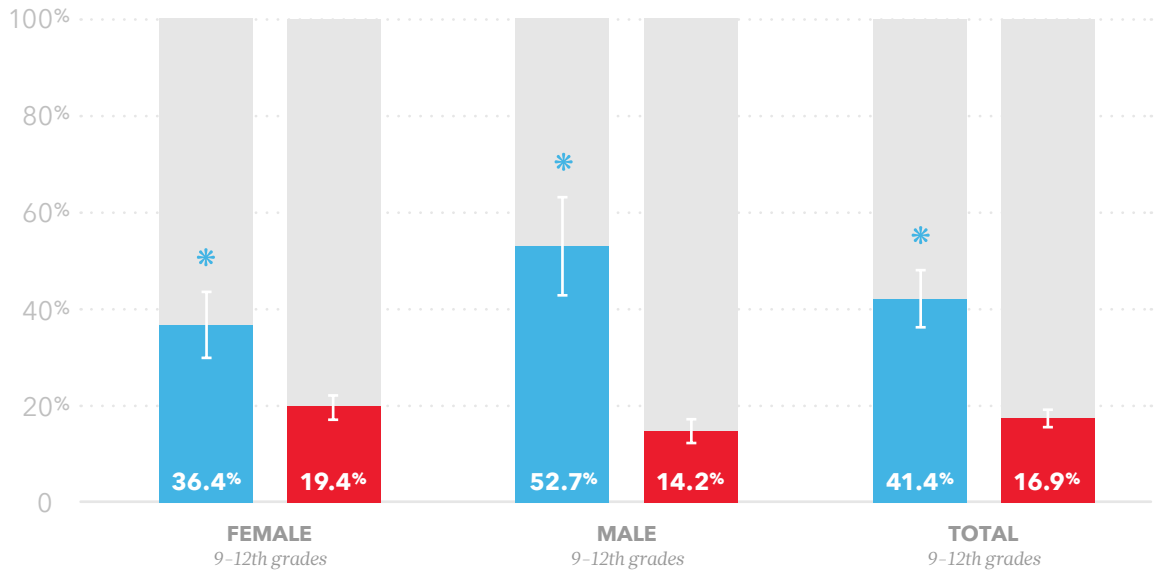


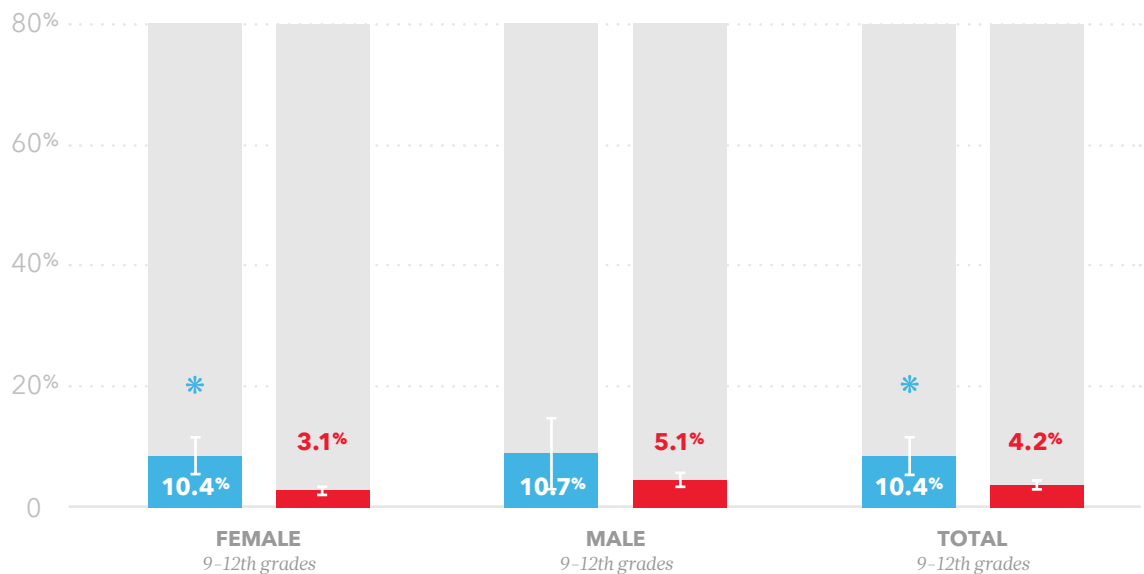
Chart 18

Suicide attempt resulting in injury, 9-12th grades

YOUTH

LGB youth are more likely than heterosexual youth to report a suicide attempt resulting in injury. LB females are more likely than heterosexual females to report such an attempt.

Source: YRBS 2009–2013



■ LGB

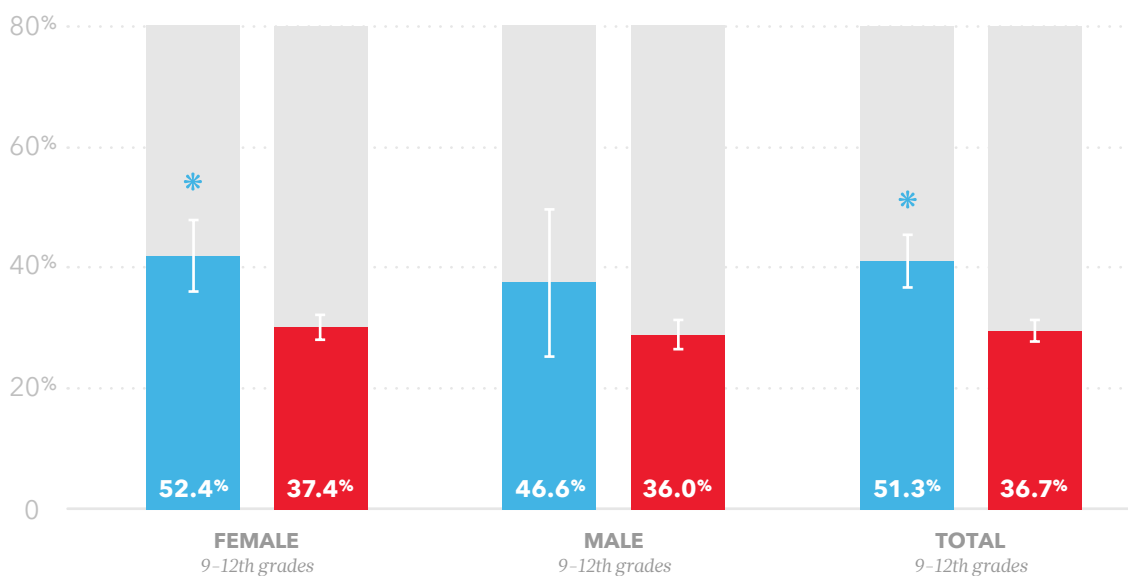
■ Heterosexual

* Statistically significant difference between LGB and heterosexual.

Chart 19**Underage drinking, 9-12th grades****YOUTH**

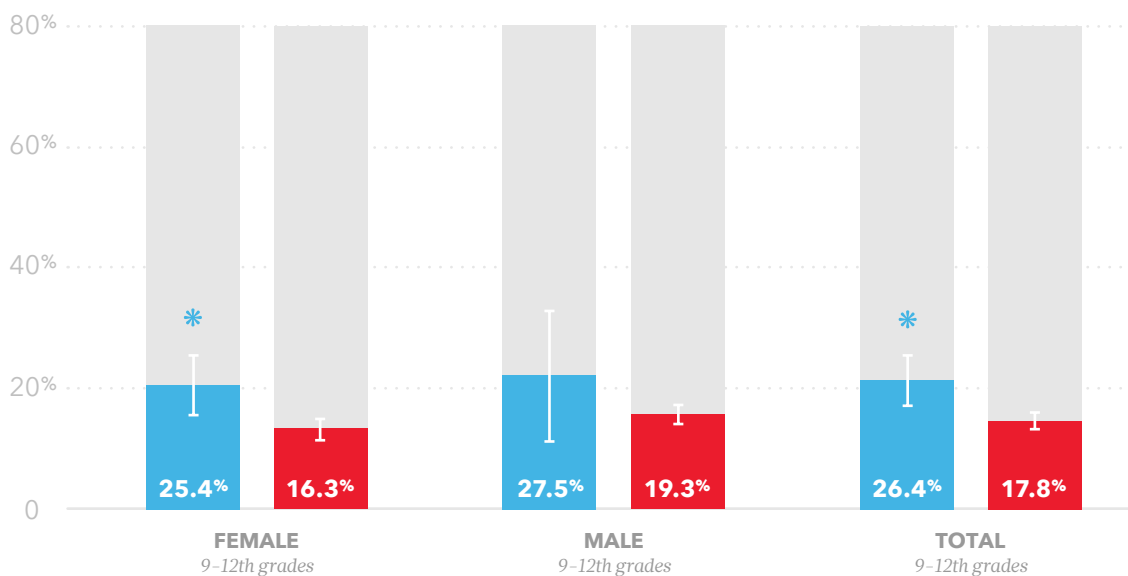
LGB youth are more likely to have consumed alcohol one or more times during the past 30 days than heterosexual youth. LB females are more likely than heterosexual females to have consumed in the past 30 days.

Source: YRBS 2009-2013

**Chart 20****Underage binge drinking, 9-12th grades****YOUTH**

LGB youth are more likely than heterosexual youth to have engaged in binge drinking (drinking 5+ drinks within a few hours) in the past 30 days. LB females are more likely than heterosexual females to report binge drinking.

Source: YRBS 2009-2013



■ LGB ■ Heterosexual

* Statistically significant difference between LGB and heterosexual.

Chart 21

Marijuana use, 9-12th grades

YOUTH

LGB youth are more likely than heterosexual youth to have used marijuana in the past 30 days. LB females are much more likely than heterosexual females and heterosexual males.

Source: YRBS 2009-2013

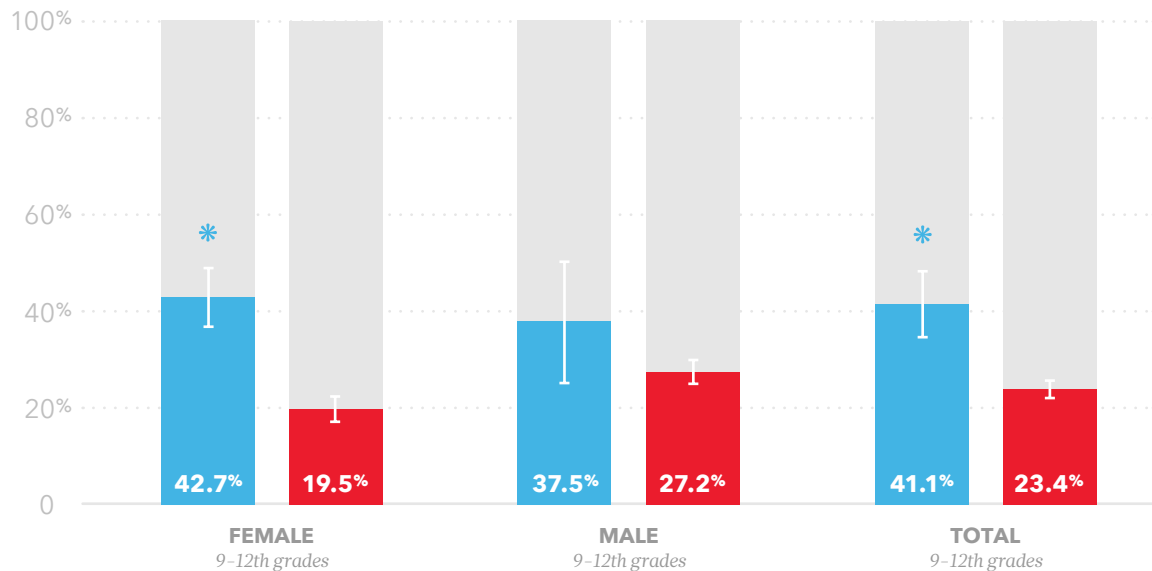


Chart 22

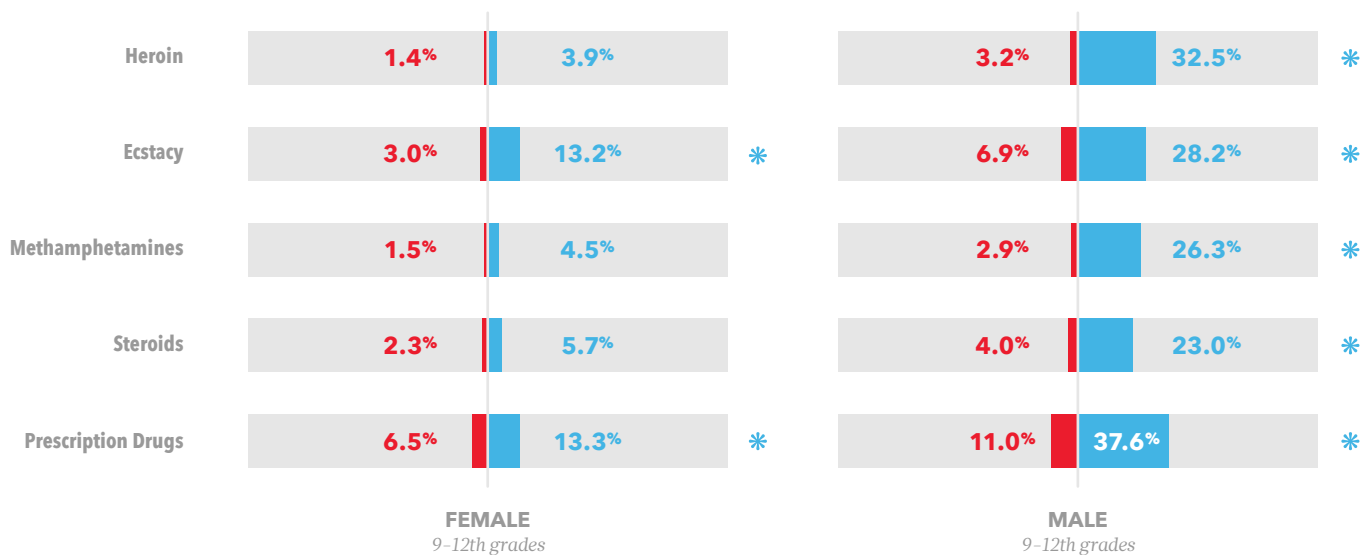
Drug use and prescription drug misuse, 9-12th grades

YOUTH

Considerably more GB male youth report using illicit drugs when compared to heterosexual males and LB and heterosexual females. LB females report more usage of ecstasy and misuse of prescription drugs than heterosexual females.

Have you ever used/misused...?

Source: YRBS 2013



■ LGB

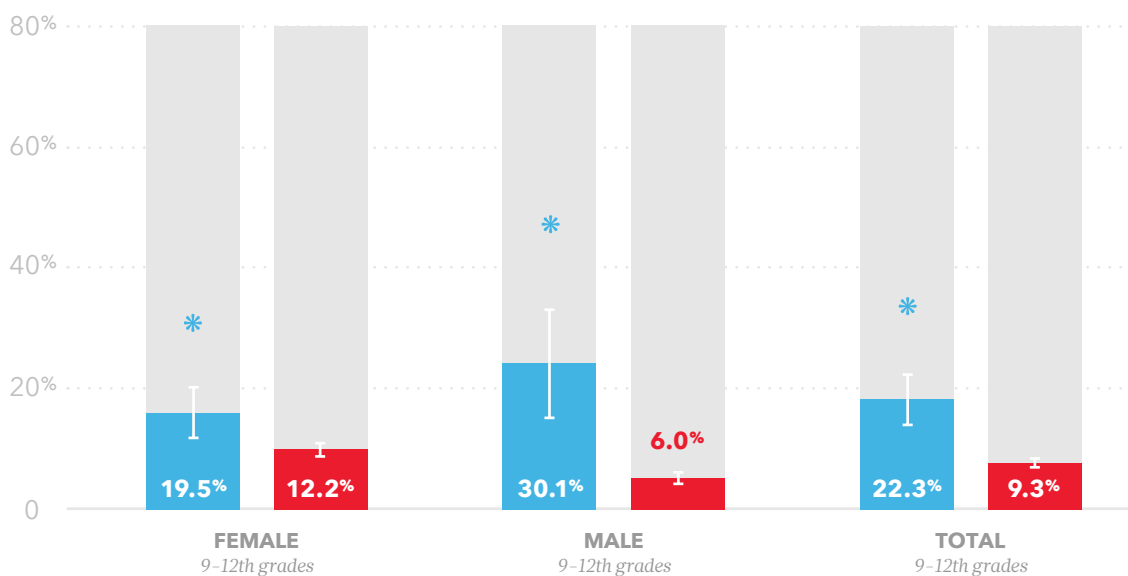
■ Heterosexual

* Statistically significant difference between LGB and heterosexual.

Chart 23**Electronic bullying, 9-12th grades****YOUTH**

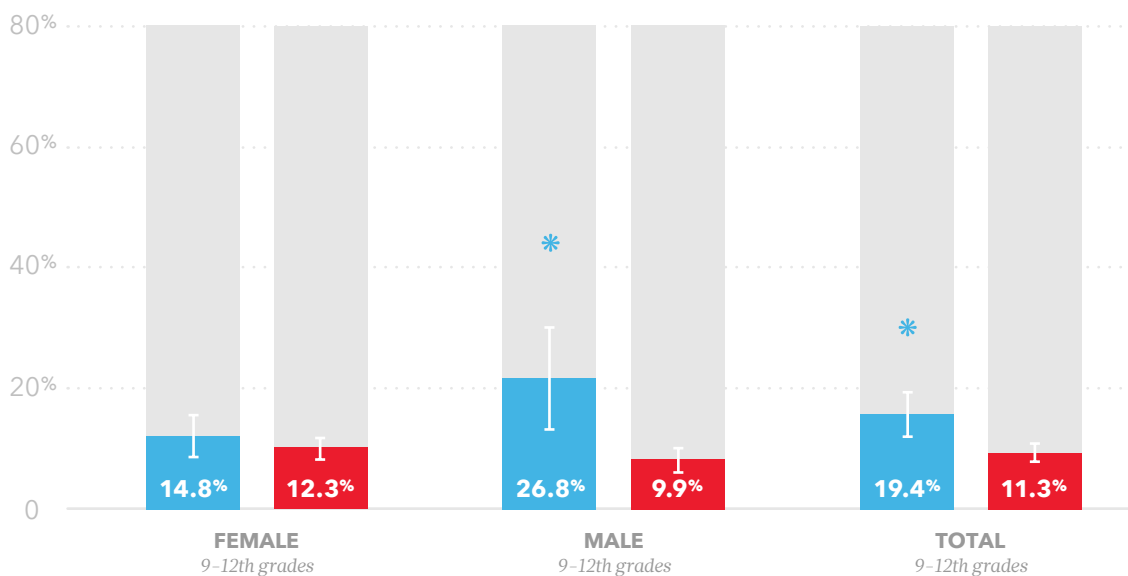
LGB youth are more likely to report electronic bullying than heterosexual youth. More male and female LGB youth report being electronically bullied than their heterosexual peers, although the difference is much greater for males.

Source: YRBS 2009–2013

**Chart 24****Missed school due to a safety concern, 9-12th grades****YOUTH**

LGB youth are more likely to report having missed school in the past month due to safety concerns compared to heterosexual youth. GB males are the most likely to report missing school due to safety concerns.

Source: YRBS 2009–2013



■ LGB ■ Heterosexual * Statistically significant difference between LGB and heterosexual.

Chart 25

Fight on school property, 9-12th grades

YOUTH

LGB youth are more likely to report having been in a fight on school property in the past year than heterosexual youth. LB females are more likely than heterosexual females to report fighting on school property.

Source: YRBS 2009-2013

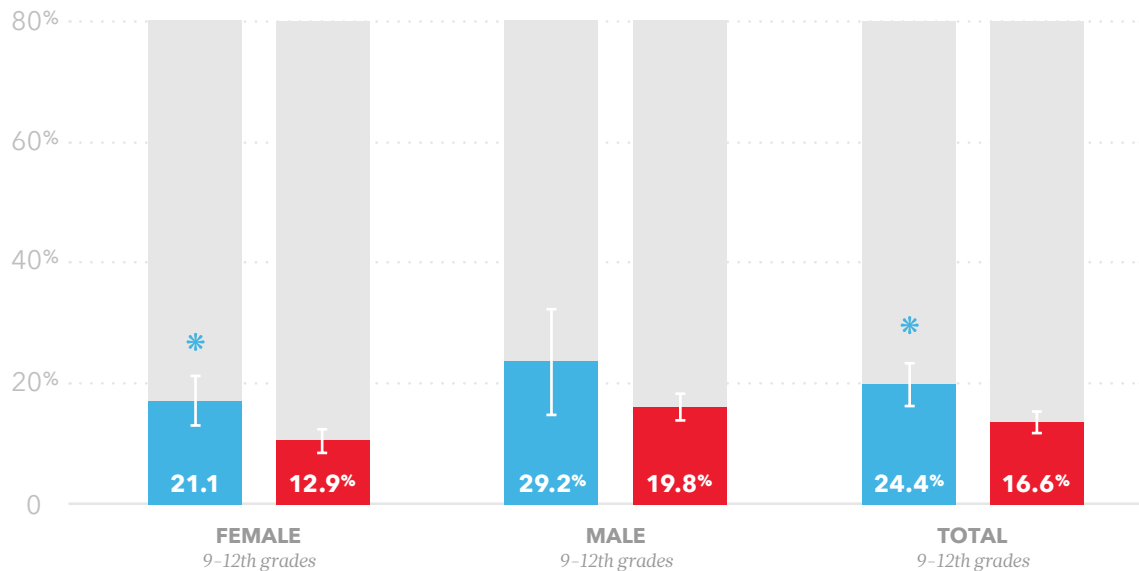


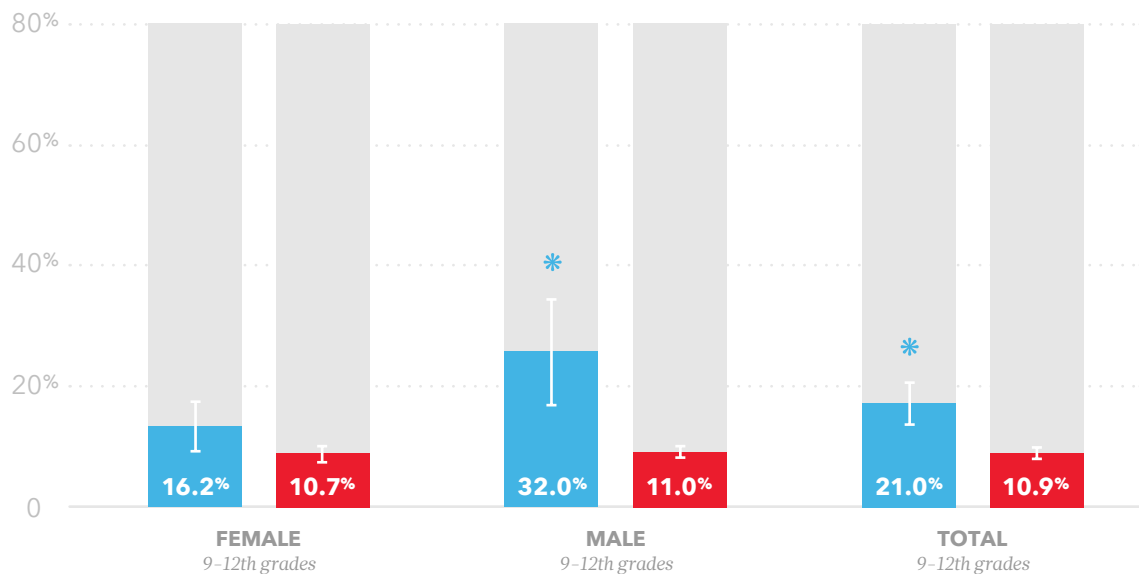
Chart 26

Bullied on school property, 9-12th grades

YOUTH

LGB youth are more likely to report being bullied on school property in the past year than heterosexual youth. GB males are the most likely of any group to report being bullied on school property.

Source: YRBS 2009-2013



■ LGB

■ Heterosexual

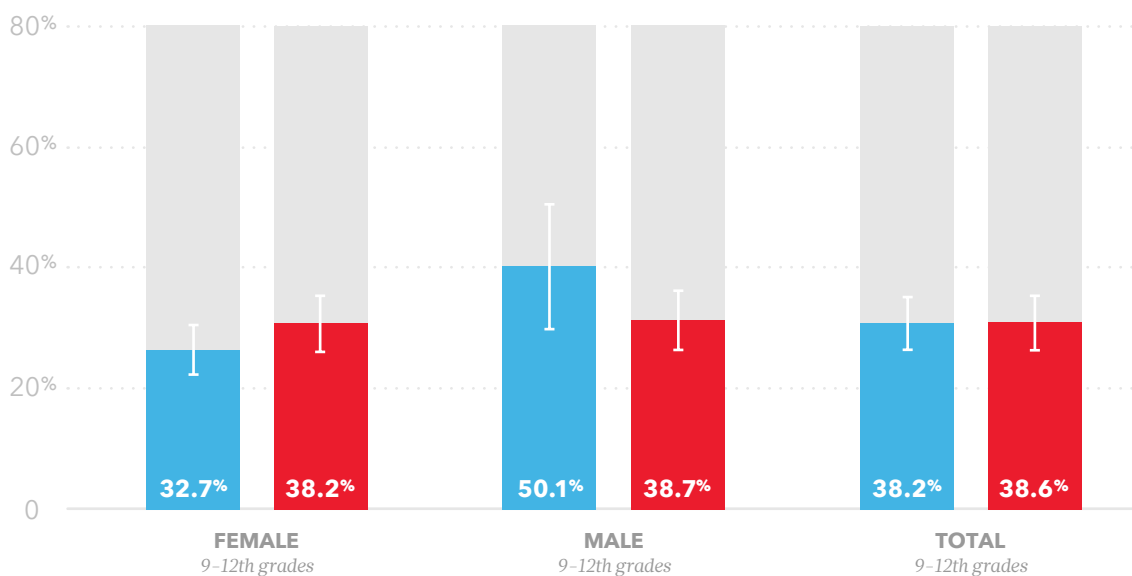
* Statistically significant difference between LGB and heterosexual.

Chart 27**Harassed because of perceived sexual orientation, 9-12th grades**

YOUTH

There is no difference between LGB and heterosexual youth being harassed because of their perceived sexual orientation.

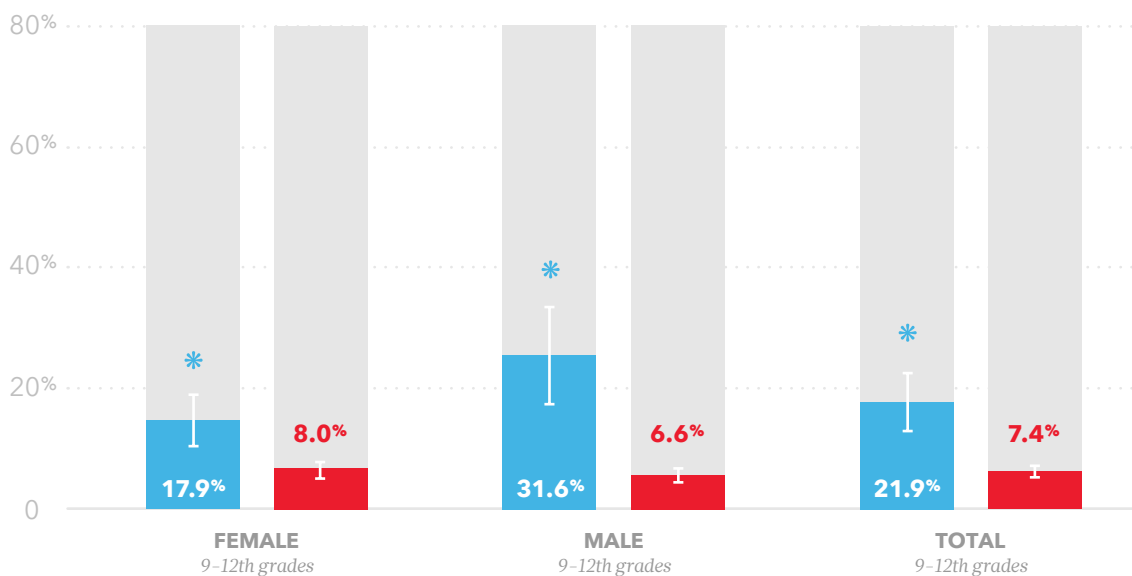
Source: YRBS 2009-2013

**Chart 28****Physically forced to have sex, 9-12th grades**

YOUTH

LGB youth are more likely to report being physically forced to have sexual intercourse than heterosexual youth. More male and female LGB youth report being physically forced to have sexual intercourse than their heterosexual peers.

Source: YRBS 2009-2013



■ LGB ■ Heterosexual

* Statistically significant difference between LGB and heterosexual.

Chart 29 Self-rated health status, adults 18-44 years

ADULT

LB women aged 18–44 years are less likely to report excellent health than heterosexual women of the same age. There is no difference among men.

Would you say in general your health is...?

Source: HCS 2014–2016

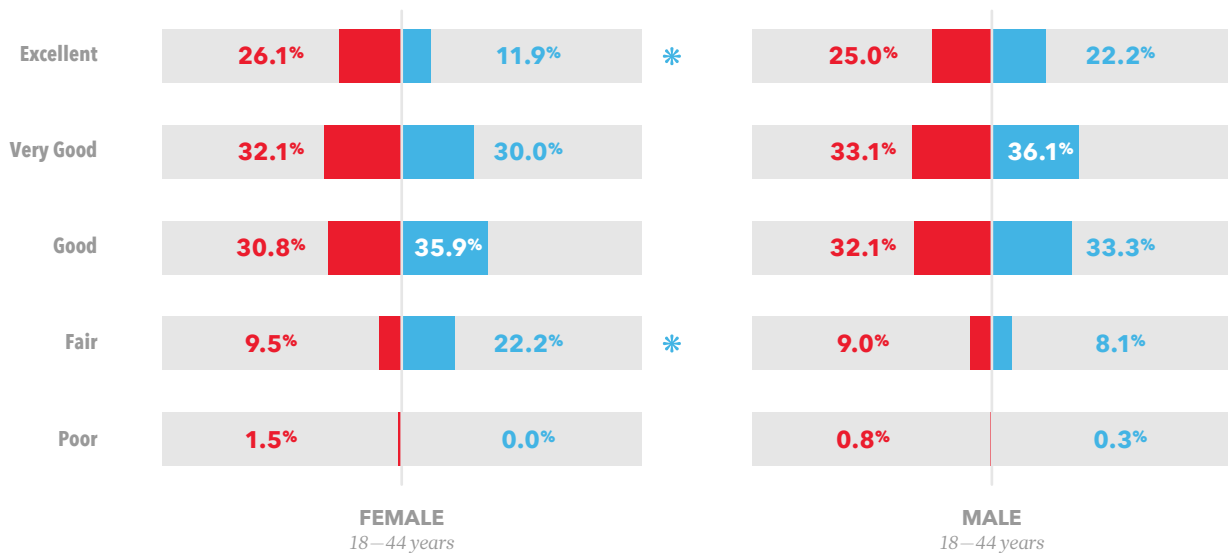


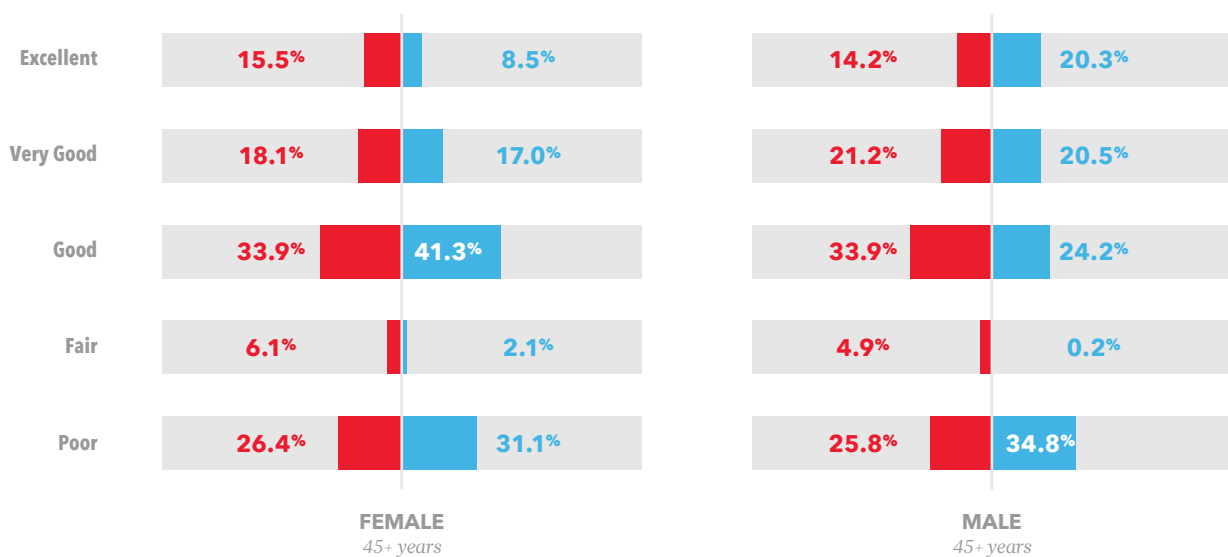
Chart 30 Self-rated health status, adults 45+ years

ADULT

There is no difference in self-rated health status between LGB and heterosexual men or women, aged 45 years and older.

Would you say in general your health is...?

Source: HCS 2014–2016



LGB

Heterosexual

* Statistically significant difference between LGB and heterosexual.

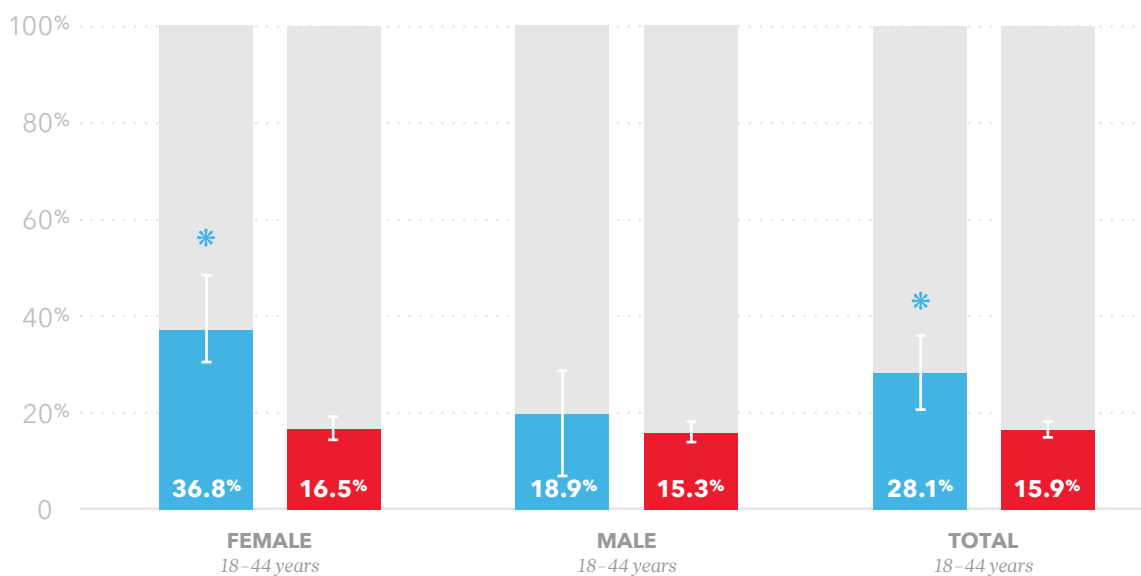
Chart 31

Psychological distress, adults 18-44 years

ADULT

LGB adults aged 18–44 years have significantly higher rates of psychological distress compared to heterosexual adults. This is especially true for LB women.

Source: HCS 2014–2016

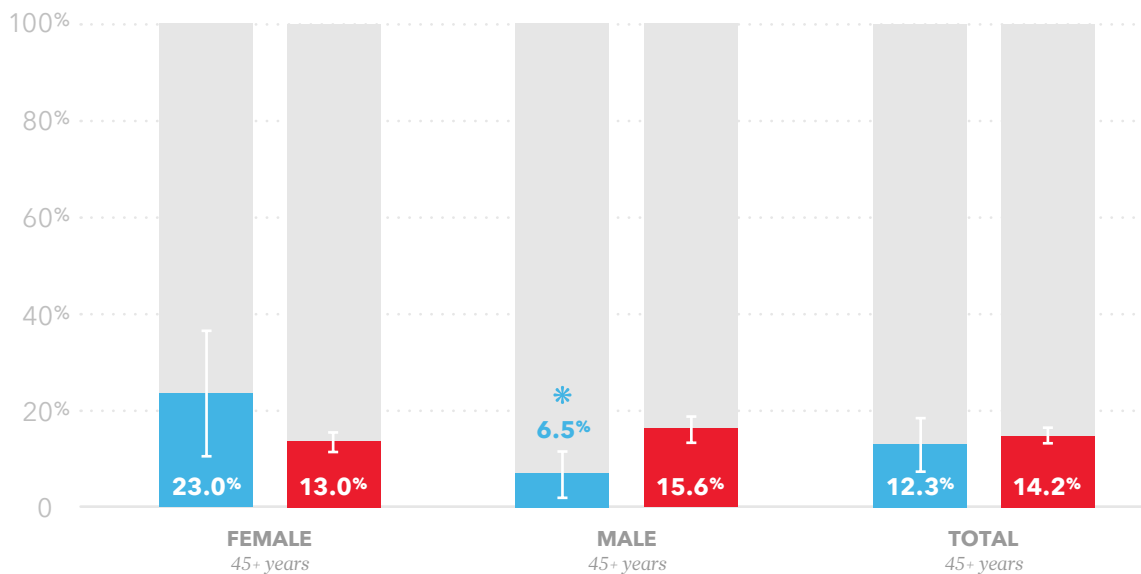
**Chart 32**

Psychological distress, adults 45+ years

ADULT

Compared to adults aged 18–44, adults aged 45 and older have lower prevalence of psychological distress. GB men aged 45 and older have significantly lower rates of psychological distress compared to heterosexual men.

Source: HCS 2014–2016



■ LGB ■ Heterosexual

* Statistically significant difference between LGB and heterosexual.

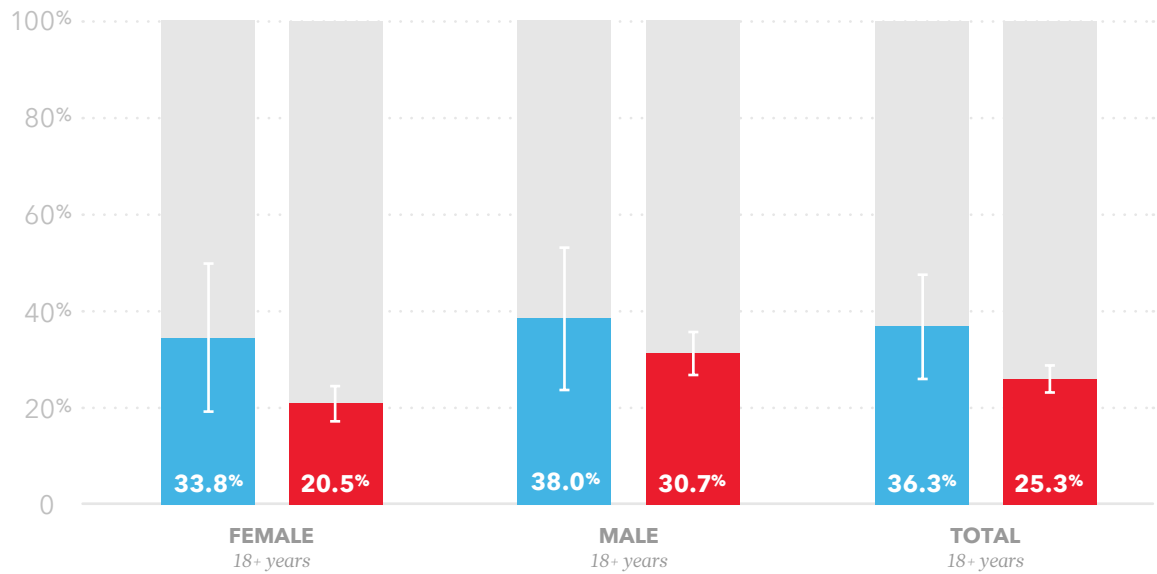
Chart 33

Binge drinking, adults 18+ years

ADULT

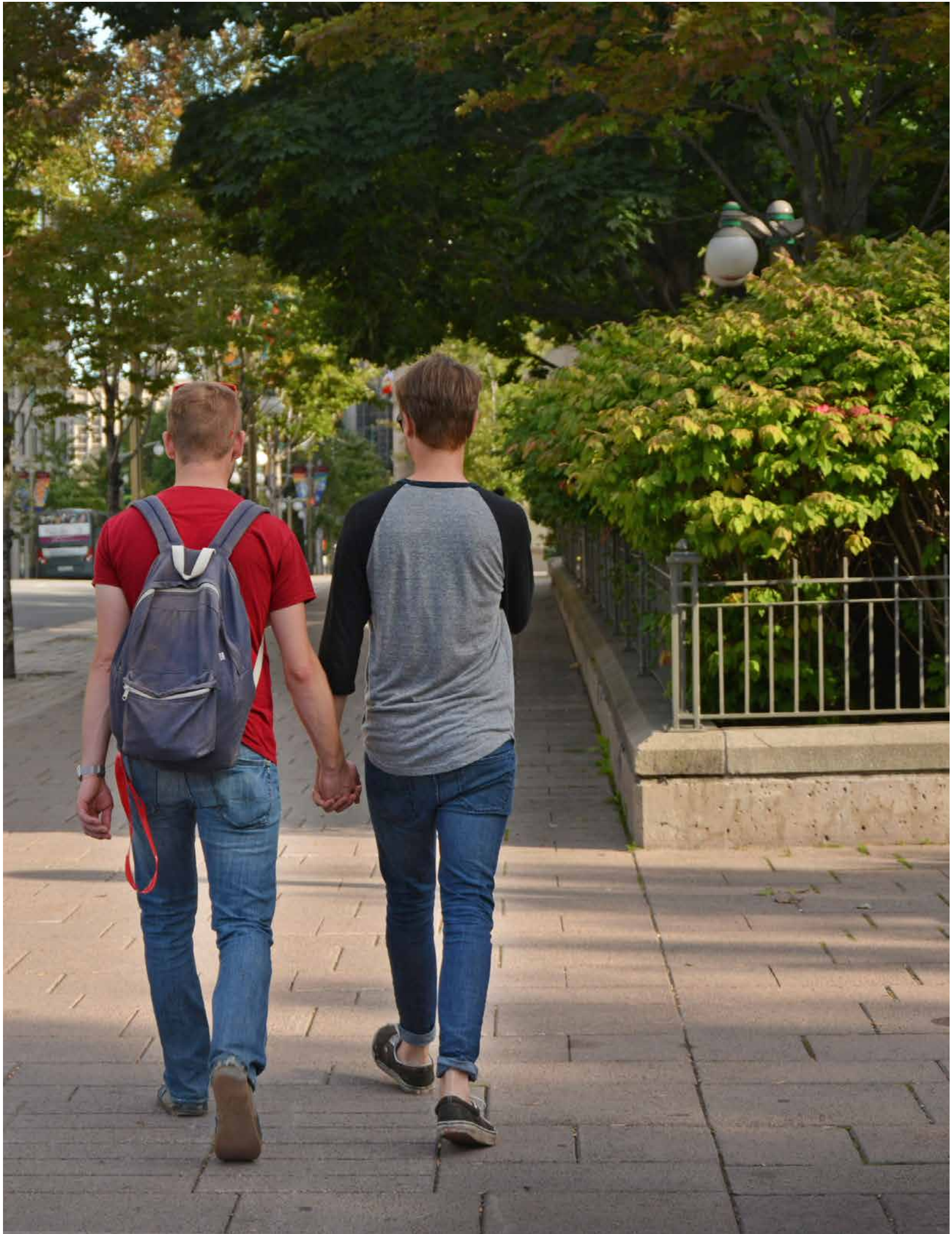
LGB and heterosexual adults aged 18 years and older have similar rates of reported binge drinking in the past month.

Source: HCS 2015



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Chronic Disease

Chronic diseases and conditions, including heart disease, stroke, cancer, diabetes and obesity are among the most common, costly and preventable of all health problems in Chicago. Though hospitalizations and deaths due to chronic diseases have decreased in Chicago over time, inequities persist for many groups due to differences in behaviors like diet and physical activity and in upstream root causes, like economic stability, built environment, education and social and community context. Healthy Chicago 2.0 commits to policies making healthy lifestyles easier, safer, cheaper and more convenient in order to address inequities in chronic disease.

It is well documented that sexual minority populations in the United States have elevated rates of many chronic conditions: in particular, sexual minority youth and lesbian and bisexual women have disproportionately high rates of obesity.¹⁻⁴ Conversely, compared with heterosexual men, gay men are less likely to be obese or overweight.^{2,5-6} Some evidence suggests that the weight disparity between sexual orientation groups may begin at an early age. A large cohort study of adolescents found that sexual minority girls had consistently increased BMI throughout adolescence compared with heterosexual girls, whereas sexual minority boys had decreased BMI in late adolescence compared with heterosexual boys.⁷

While inequities in obesity among sexual minority populations are well documented, less is known about the reasons why. There are few studies that have examined inequities in physical activity and diet among sexual minorities and results from these studies yield inconsistent findings. While some studies have indicated that sexual minority subgroups report lower levels of physical activity and consumption of fruits and

vegetables, in others, no differences were found. When studies have sample sizes large enough to assess sexual minority women separately from men, it has been found that lesbian and bisexual women report lower daily vegetable consumption and higher consumption of sugar sweetened beverages than heterosexual women.⁸ This could partly be due to lesbian and bisexual women reporting less availability of fresh fruits and vegetables in their neighborhoods and homes.⁸ Youth data show no clear pattern of differences by sexual identity for dietary behaviors, though sexual minority youth are less likely to engage in physical activity.⁴

Cigarette use is associated with several chronic health conditions. Male and female LGB adults are more likely to be current smokers than their heterosexual peers.⁹ Youth data show a similar trend, with LGB youth more likely to have ever tried smoking (50.4%) than heterosexual youth (30.5%). Nineteen percent of LGB youth are current smokers versus only 9.8% of heterosexual youth.⁷

Chronic Disease Charts

Youth

- Chart 34** Youth smoking, 9-12th grades
- Chart 35** Fruit and vegetable consumption, 9-12th grades
- Chart 36** No sustained physical activity, 9-12th grades
- Chart 37** Obesity, 9-12th grades
- Chart 38** Asthma, 9-12th grades

Adult

- Chart 39** Current smoking, adults 18-44 years
- Chart 40** Current smoking, adults 45+ years
- Chart 41** Quit attempt in past year, adults 18-44 years
- Chart 42** Quit attempt in past year, adults 45+ years
- Chart 43** Ever tried e-cigarettes, adults 18-44 years
- Chart 44** Ever tried e-cigarettes, adults 45+ years
- Chart 45** Fruit and vegetable consumption, adults 18-44 years
- Chart 46** Fruit and vegetable consumption, adults 45+ years
- Chart 47** Access to fresh produce, adults 18-44 years
- Chart 48** Access to fresh produce, adults 45+ years
- Chart 49** No physical activity in past month, adults 18-44 years
- Chart 50** No physical activity in past month, adults 45+ years
- Chart 51** Obesity, adults 18-44 years
- Chart 52** Obesity, adults 45+ years
- Chart 53** Hypertension, adults 18-44 years
- Chart 54** Hypertension, adults 45+ years
- Chart 55** Diabetes, adults 18-44 years
- Chart 56** Diabetes, adults 45+ years
- Chart 57** Asthma, adults 18-44 years
- Chart 58** Asthma, adults 45+ years

■ LGB

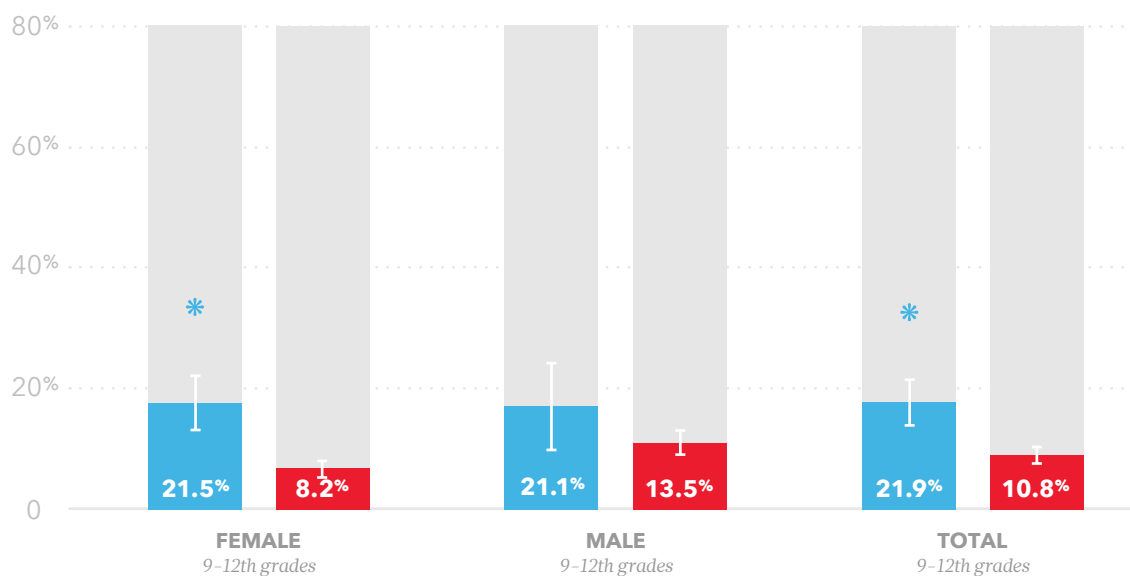
■ Heterosexual

* Statistically significant difference between LGB and heterosexual.

Chart 34**Youth smoking, 9-12th grades****YOUTH**

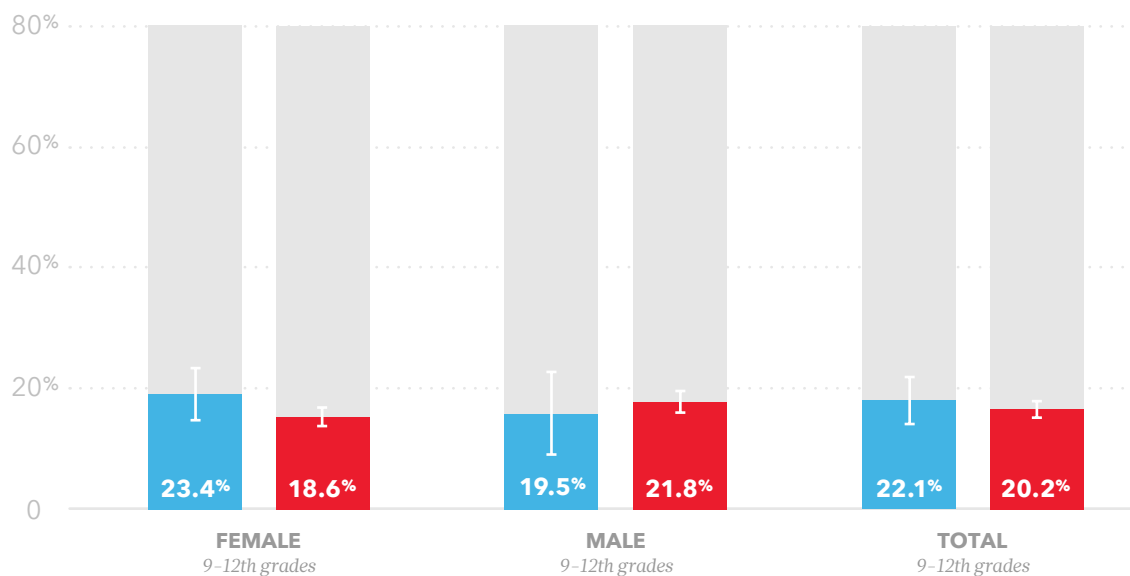
More LGB youth report smoking in the past 30 days than heterosexual youth. LB females are more likely than heterosexual females to report recent smoking.

Source: YRBS 2009-2013

**Chart 35****Fruit and vegetable consumption, 9-12th grades****YOUTH**

There is no difference in reported daily consumption of five or more fruits and vegetables between LGB and heterosexual youth.

Source: YRBS 2009-2013



■ LGB
 ■ Heterosexual
 * Statistically significant difference between LGB and heterosexual.

Chart 36

No sustained physical activity, 9-12th grades

YOUTH

GB males are slightly more likely than heterosexual males to report that they did not engage in the recommended 60 minutes of physical activity any day in the past week.

Source: YRBS 2009-2013

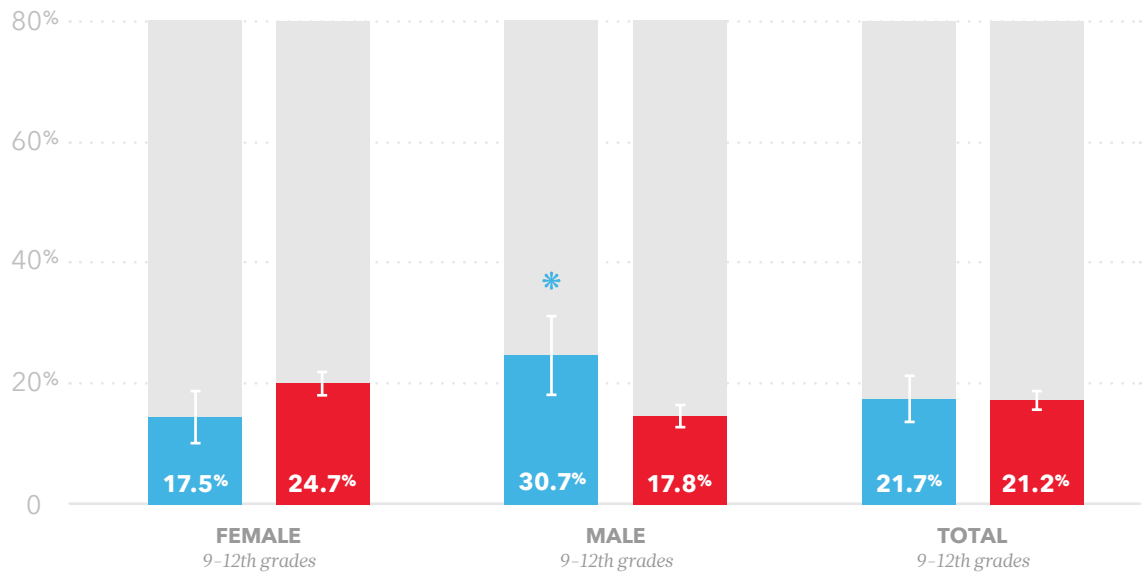


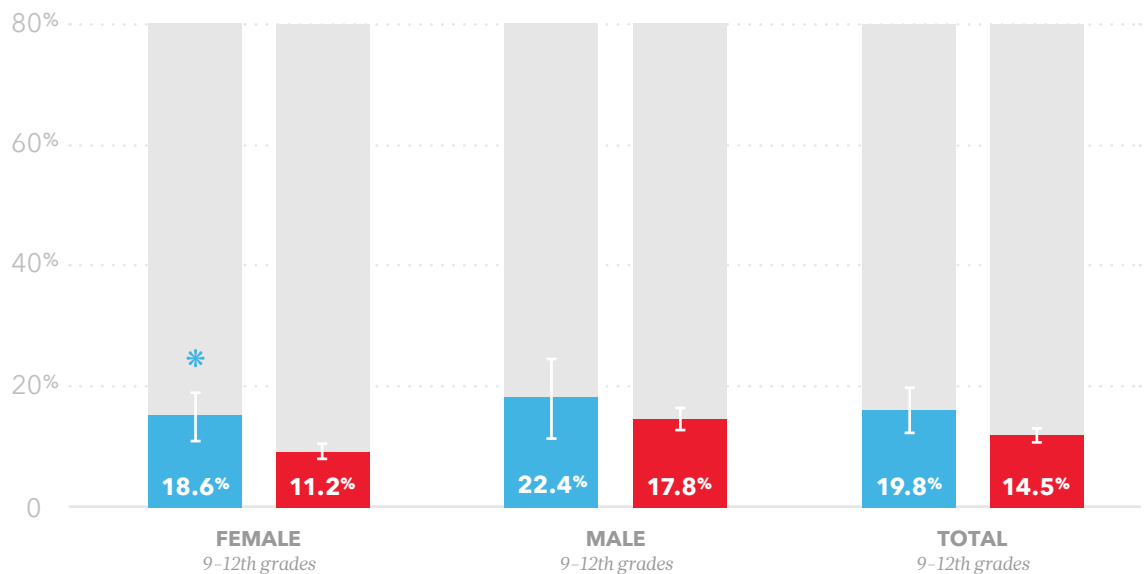
Chart 37

Obesity, 9-12th grades

YOUTH

There is no difference in obesity between LGB and heterosexual youth overall. LB females are more likely to report being obese than heterosexual females.

Source: YRBS 2009-2013



■ LGB

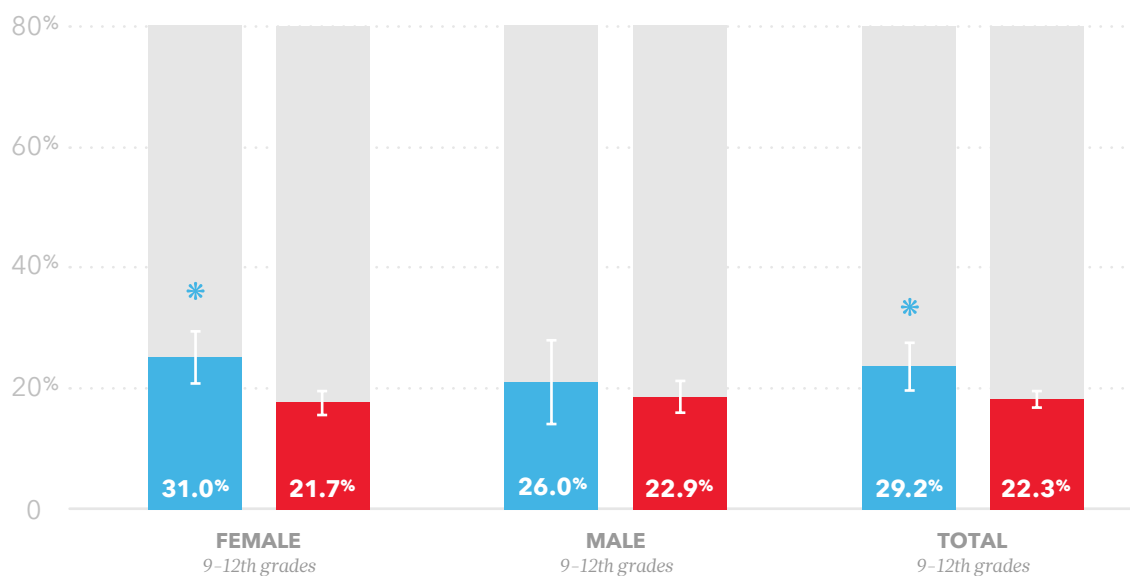
■ Heterosexual

* Statistically significant difference between LGB and heterosexual.

Chart 38**Asthma, 9-12th grades****YOUTH**

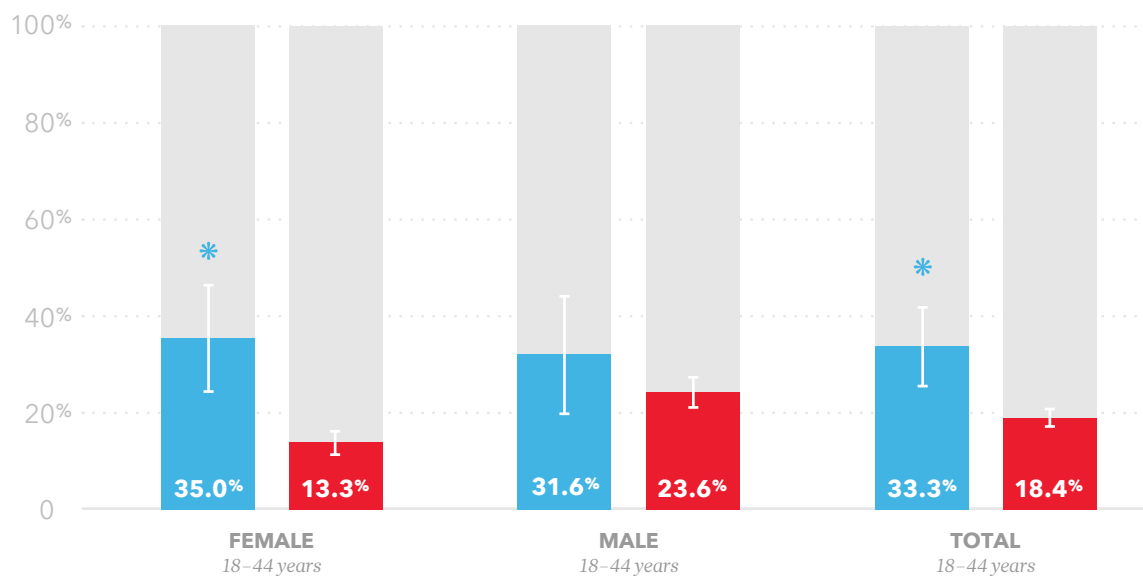
LGB youth are more likely to be diagnosed with asthma. While there is a difference between LB and heterosexual females, there is none between males.

Source: YRBS 2009-2013

**Chart 39****Current smoking, adults 18-44 years****ADULT**

LB women 18-44 years have higher smoking rates than heterosexual women. The smoking rate among GB men is not significantly different than heterosexual men.

Source: HCS 2014-2016



LGB

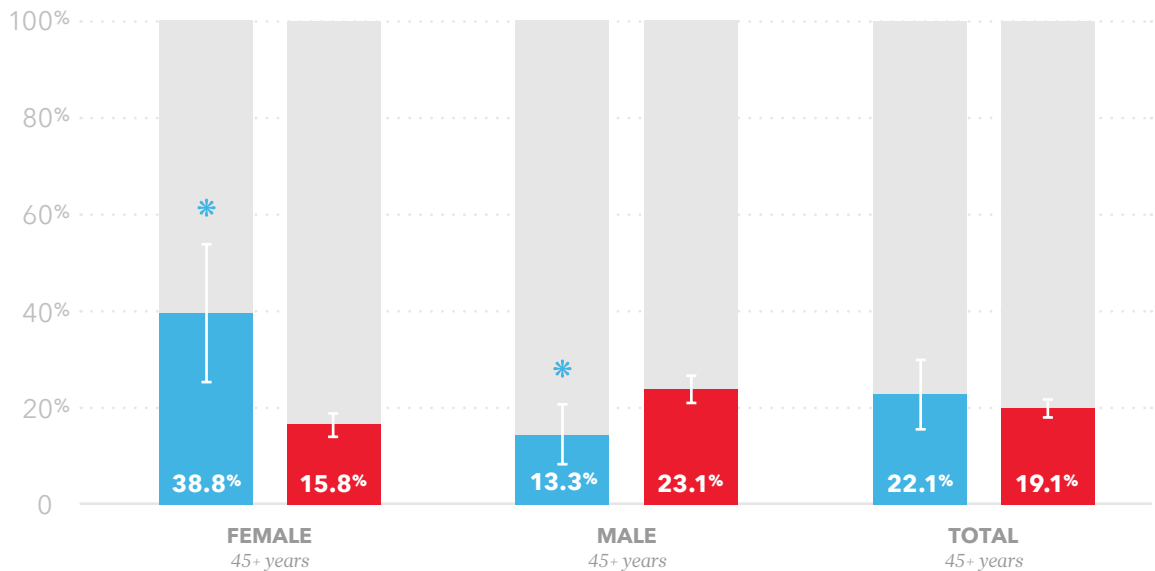
Heterosexual

* Statistically significant difference between LGB and heterosexual.

Chart 40**Current smoking, adults 45+ years****ADULT**

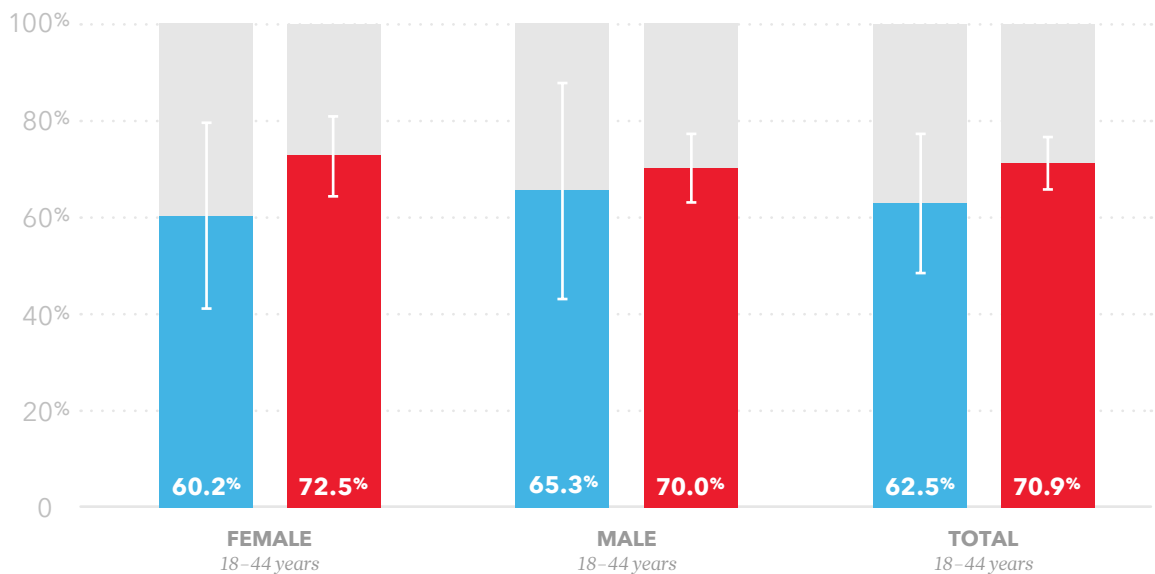
LB women aged 45 years and older have higher smoking rates than heterosexual women. The smoking rate among GB men is significantly lower than heterosexual men.

Source: HCS 2014–2016

**Chart 41****Quit attempt in past year, adults 18-44 years****ADULT**

There was no difference in attempts to quit smoking between LGB and heterosexual adults aged 18–44 years.

Source: HCS 2014–2016



■ LGB

■ Heterosexual

* Statistically significant difference between LGB and heterosexual.

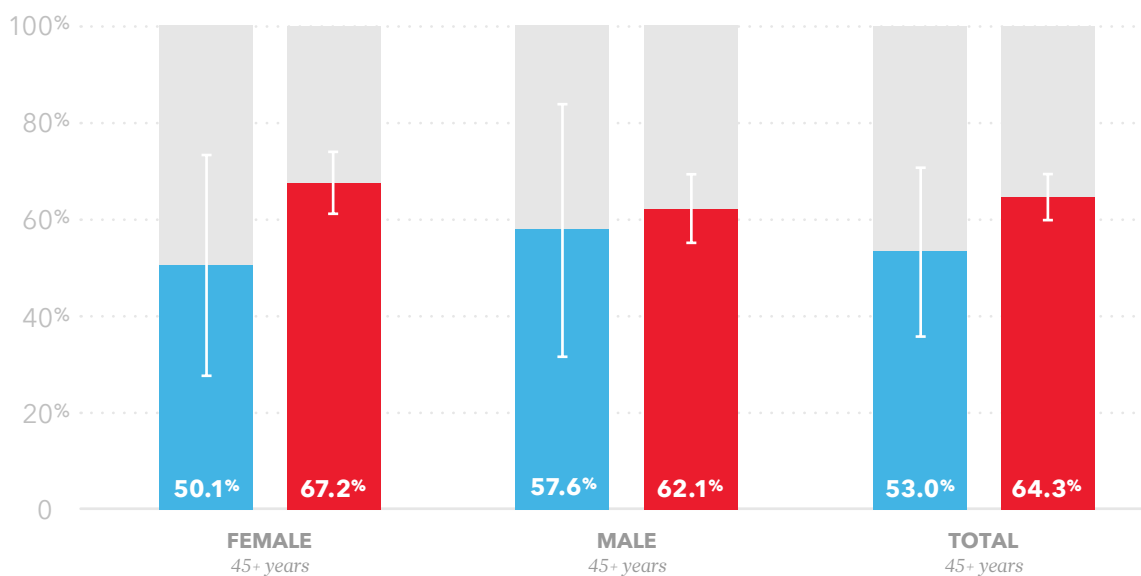
Chart 42

Quit attempt in past year, adults 45+ years

ADULT

There was no difference in attempts to quit smoking between LGB and heterosexual adults aged 45 years and older.

Source: HCS 2014–2016

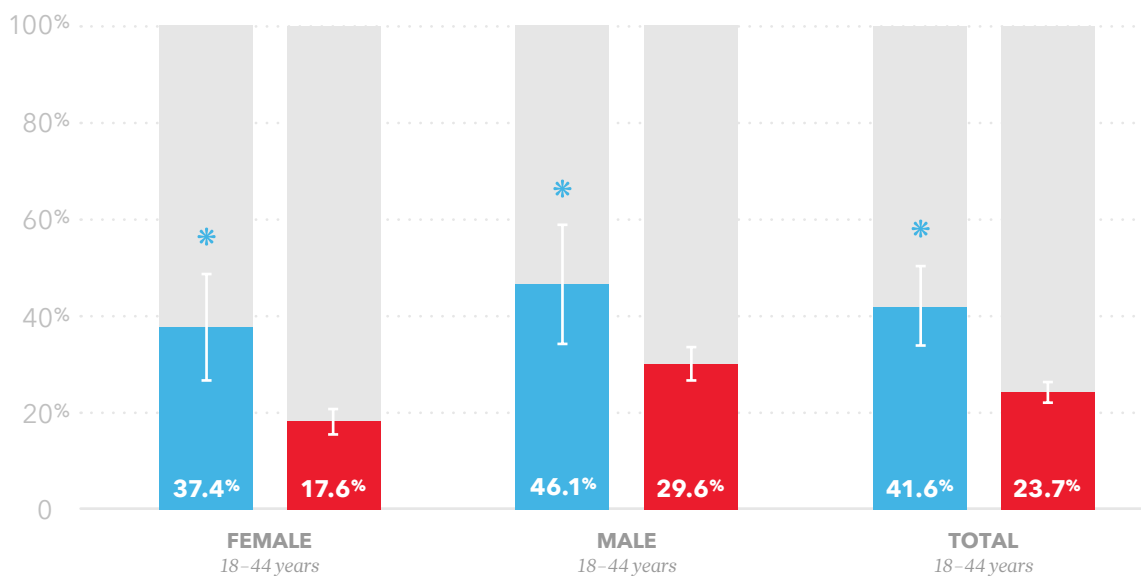
**Chart 43**

Ever tried e-cigarettes, adults 18-44 years

ADULT

A higher percentage of LGB adults 18–44 years report that they’ve tried e-cigarettes compared to heterosexual adults. This is true for both men and women.

Source: HCS 2014–2016



LGB

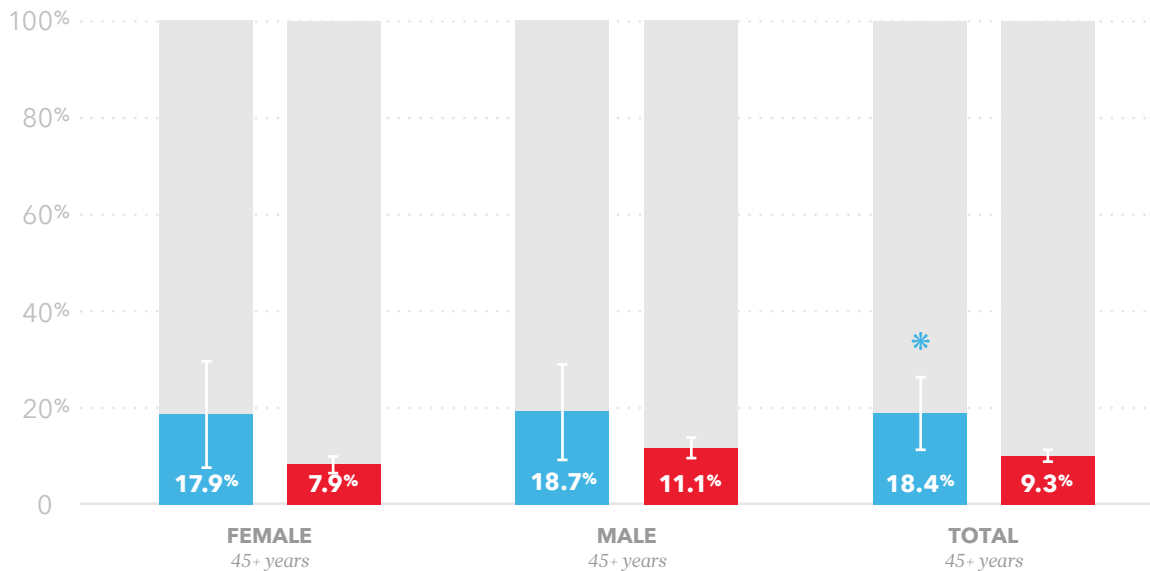
Heterosexual

* Statistically significant difference between LGB and heterosexual.

Chart 44**Ever tried e-cigarettes, adults 45+ years****ADULT**

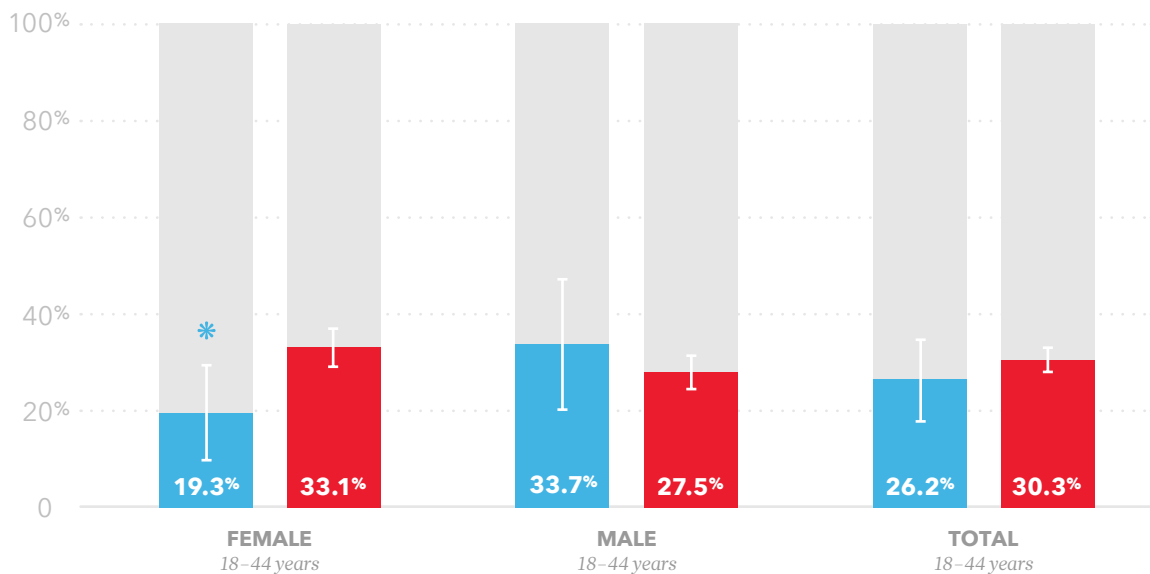
A higher percentage of LGB adults 45 years and older report that they've tried e-cigarettes compared to heterosexual adults.

Source: HCS 2014–2016

**Chart 45****Fruit and vegetable consumption, adults 18-44 years****ADULT**

LB women aged 18–44 years are less likely to eat 5 or more servings of fruits and vegetables daily compared to heterosexual women. There is no difference for men or between LGB and heterosexual adults overall.

Source: HCS 2014–2016



■ LGB

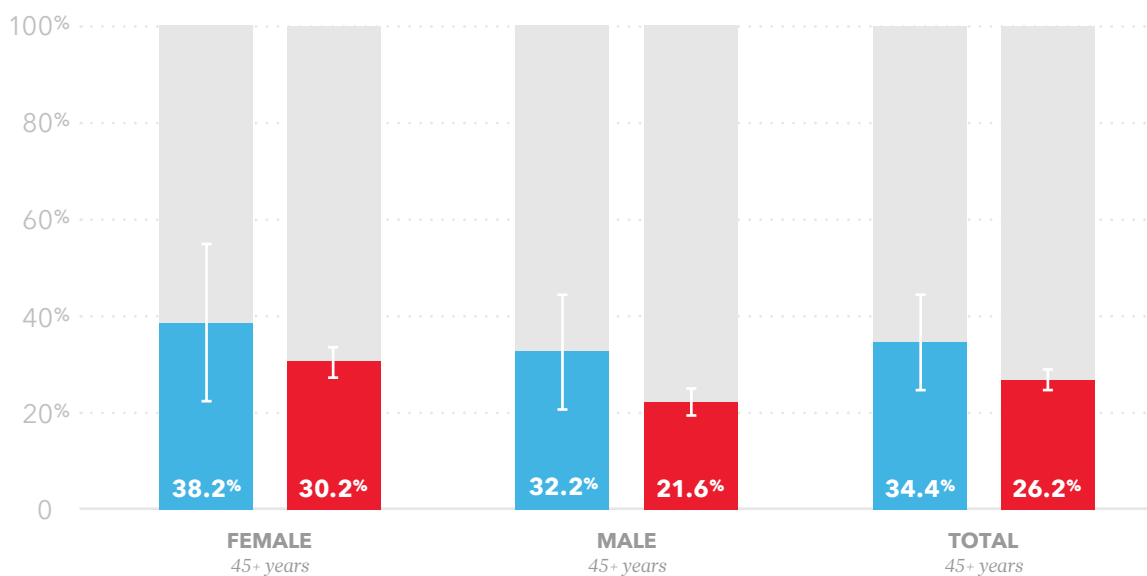
■ Heterosexual

* Statistically significant difference between LGB and heterosexual.

Chart 46**Fruit and vegetable consumption, adults 45+ years****ADULT**

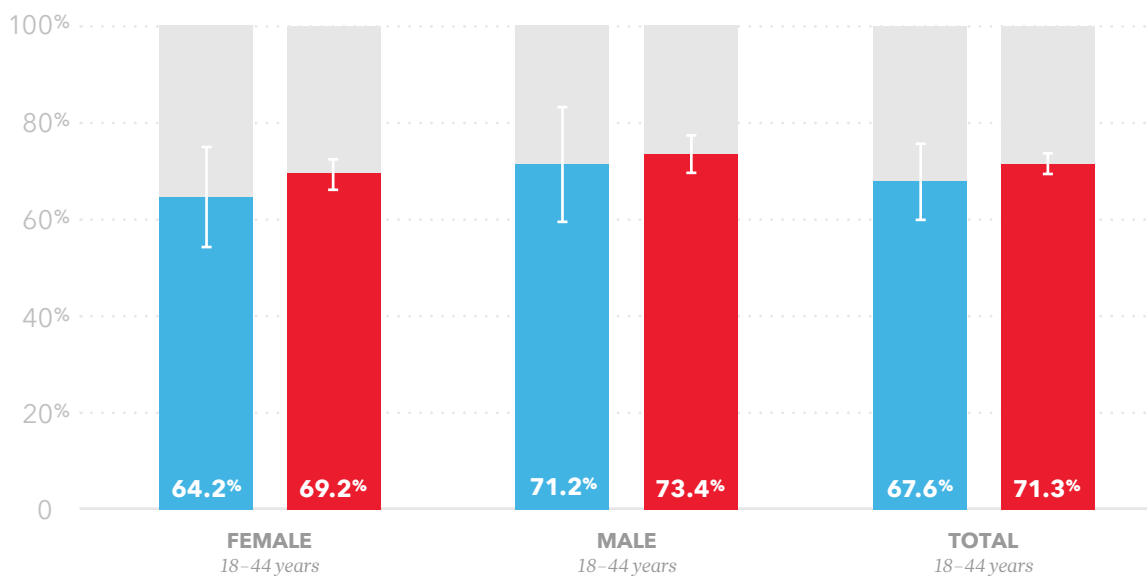
LGB and heterosexual adults aged 45 years and older have similar prevalence of consuming 5 or more servings of fruits and vegetables daily.

Source: HCS 2014–2016

**Chart 47****Access to fresh produce, adults 18-44 years****ADULT**

A majority of LGB and heterosexual adults aged 18–44 years report that it is very easy to get fresh produce. There is no difference between LGB and heterosexual adults.

Source: HCS 2014–2016



■ LGB

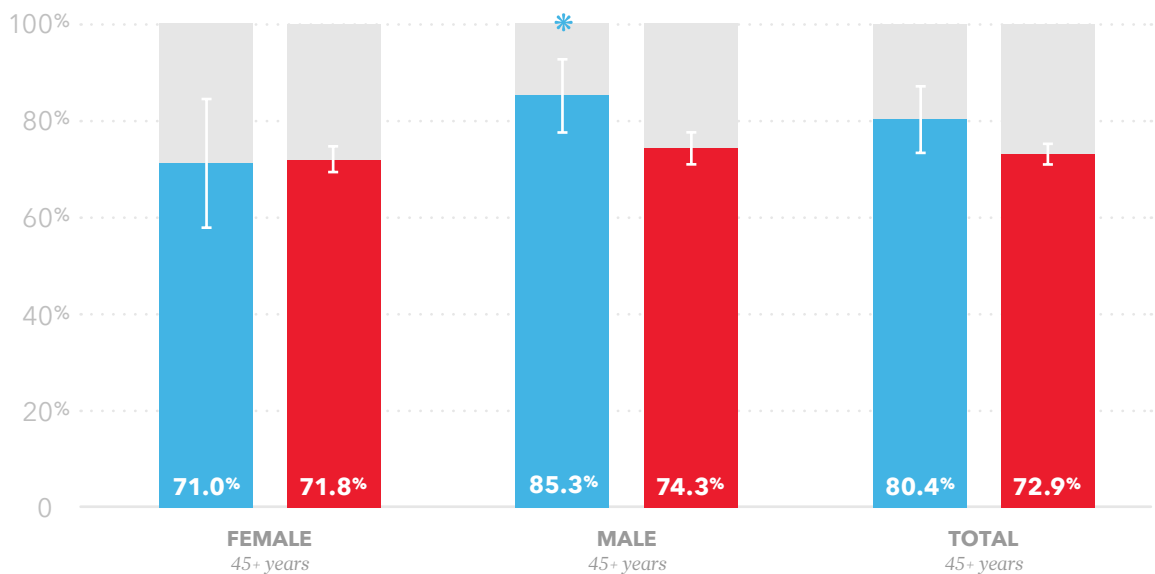
■ Heterosexual

* Statistically significant difference between LGB and heterosexual.

Chart 48**Access to fresh produce, adults 45+ years****ADULT**

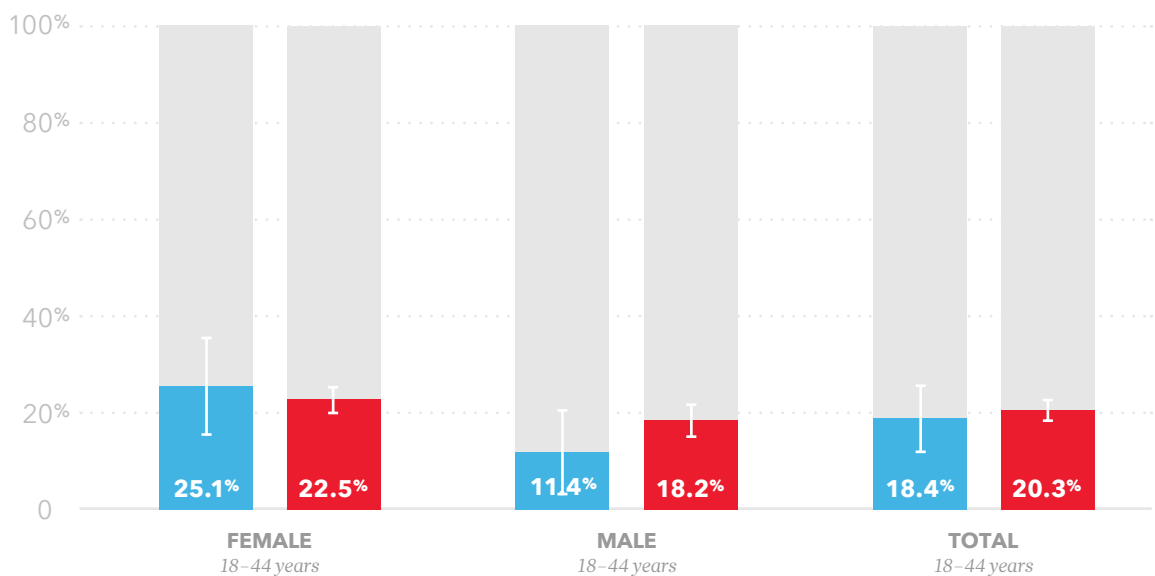
More GB than heterosexual men aged 45 years and older report that it is very easy to get fresh produce. There is no difference between LB and heterosexual women.

Source: HCS 2014–2016

**Chart 49****No physical activity in past month, adults 18-44 years****ADULT**

LGB and heterosexual adults aged 18–44 years have similar rates of physical inactivity.

Source: HCS 2014–2016



■ LGB

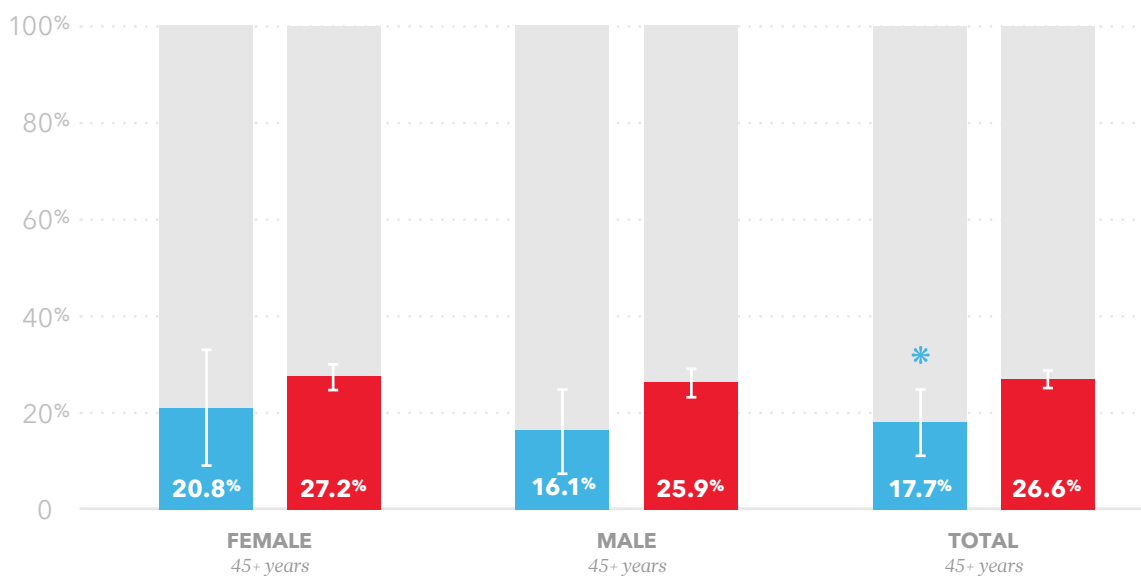
■ Heterosexual

* Statistically significant difference between LGB and heterosexual.

Chart 50**No physical activity in past month, adults 45+ years****ADULT**

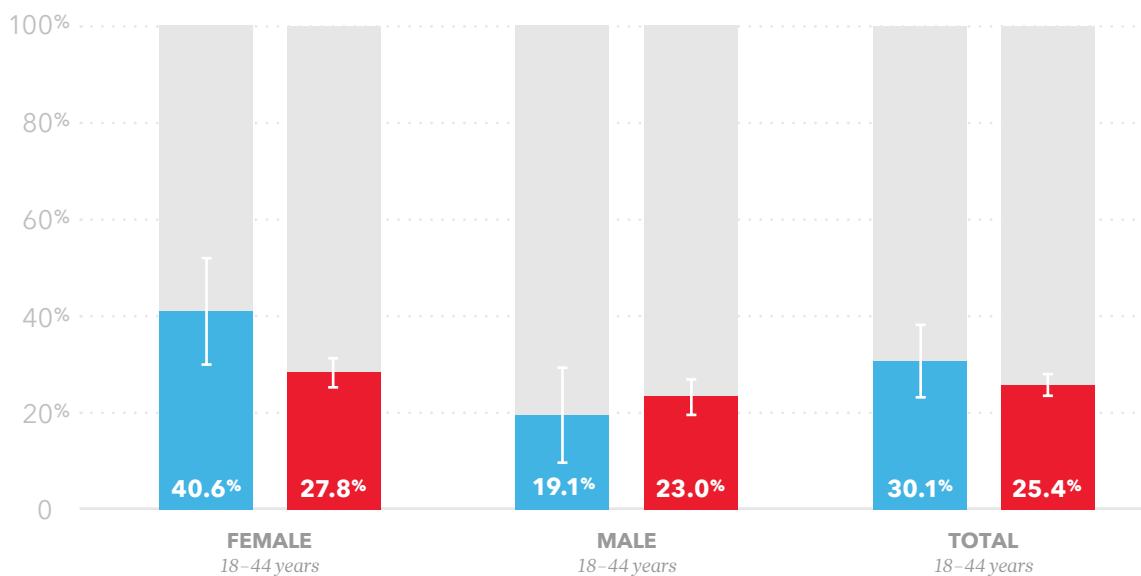
Heterosexual adults aged 45 years and older have higher rates of physical inactivity than LGB adults.

Source: HCS 2014–2016

**Chart 51****Obesity, adults 18-44 years****ADULT**

LGB and heterosexual adults aged 18–44 years have similar rates of obesity. Though not statistically significant, LB women have higher rates of obesity than heterosexual women and GB men.

Source: HCS 2014–2016



■ LGB

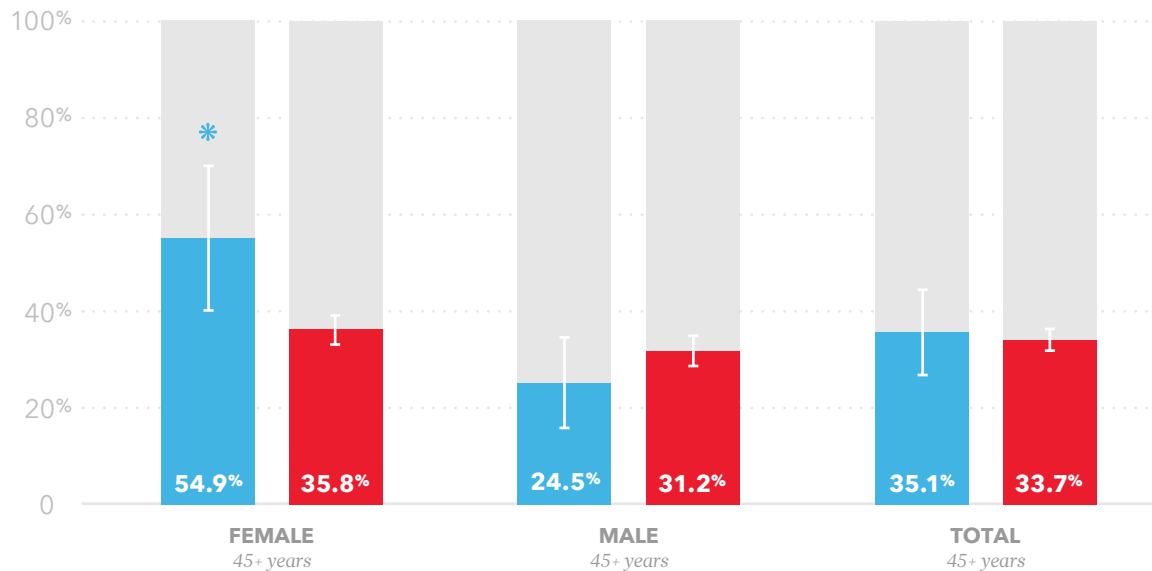
■ Heterosexual

* Statistically significant difference between LGB and heterosexual.

Chart 52**Obesity, adults 45+ years****ADULT**

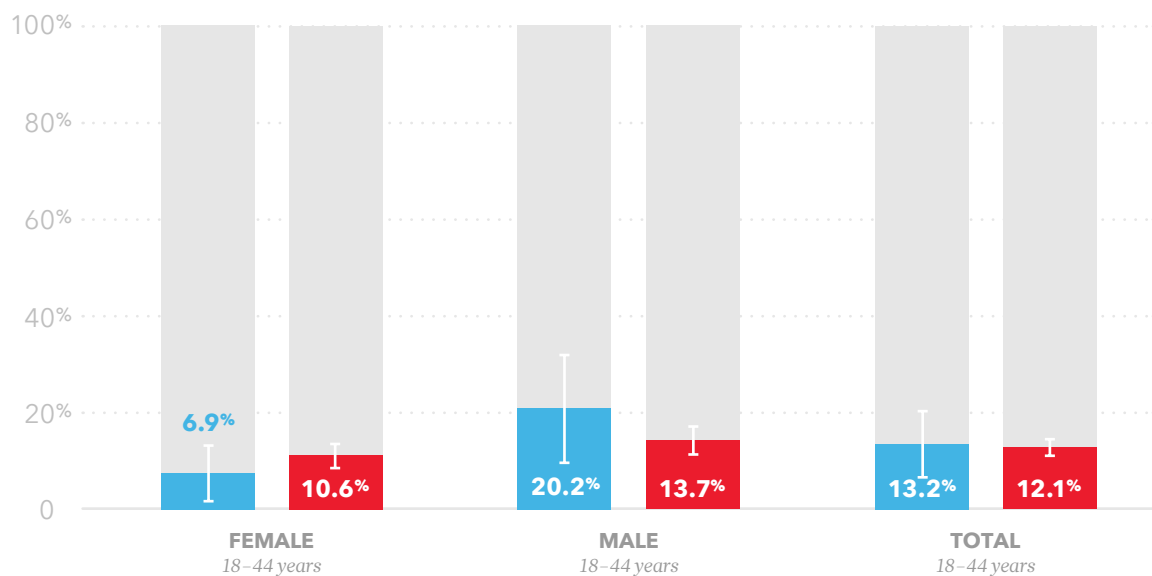
LB women aged 45 years and older are more likely to be obese than heterosexual women. There is no difference for men.

Source: HCS 2014–2016

**Chart 53****Hypertension, adults 18-44 years****ADULT**

There is no difference in rates of diagnosed hypertension between LGB adults and heterosexual adults aged 18–44 years.

Source: HCS 2014–2016



■ LGB

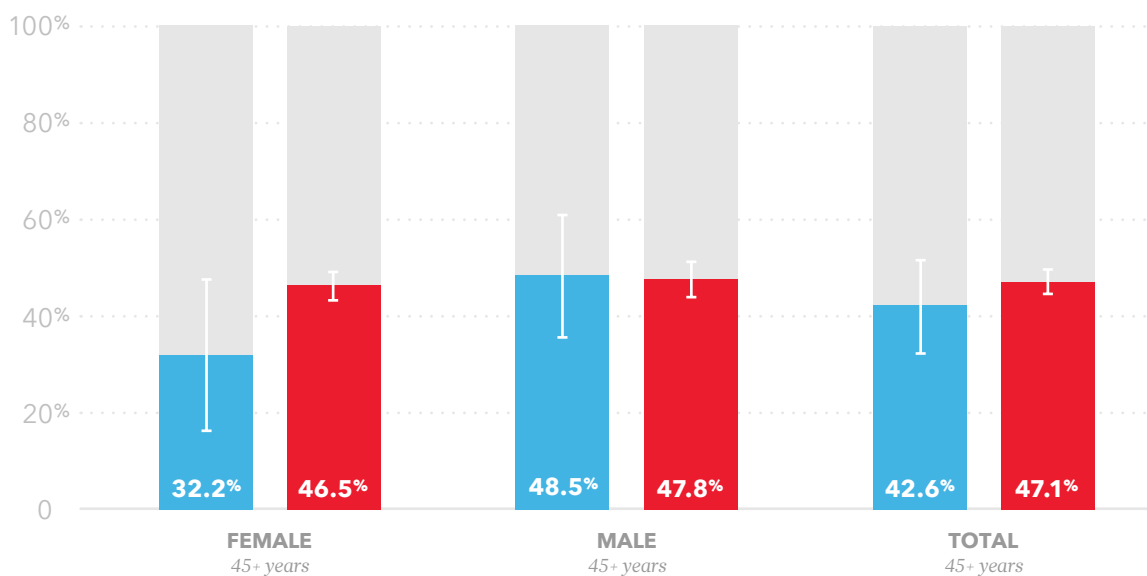
■ Heterosexual

* Statistically significant difference between LGB and heterosexual.

Chart 54**Hypertension, adults 45+ years****ADULT**

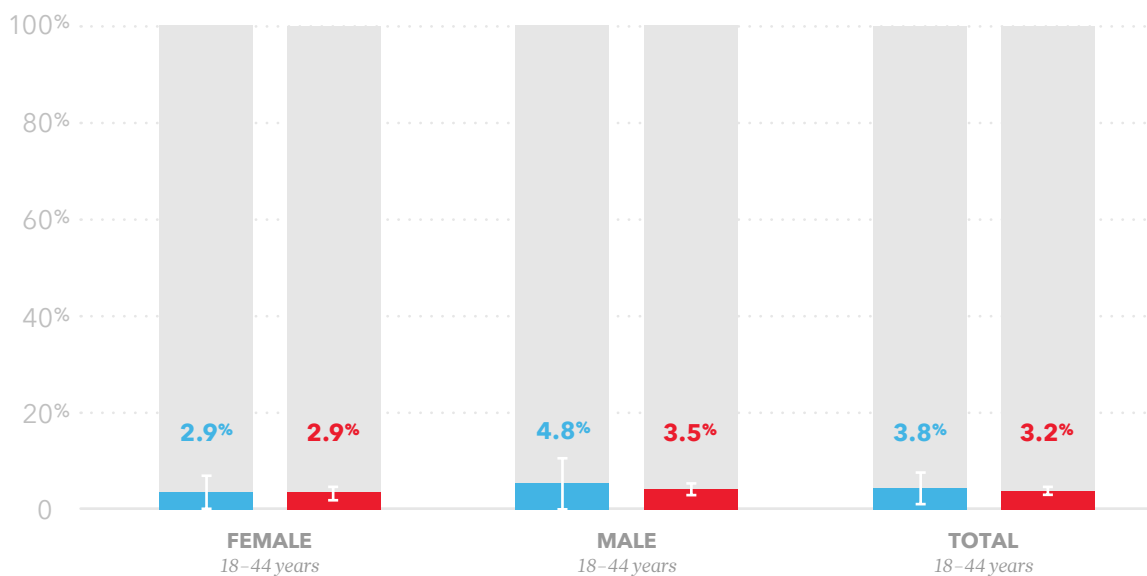
There is no difference in rates of diagnosed hypertension between LGB adults and heterosexual adults aged 45 years and older.

Source: HCS 2014–2016

**Chart 55****Diabetes, adults 18-44 years****ADULT**

Diabetes rates are low among both LGB adults and heterosexual adults aged 18–44 years.

Source: HCS 2014–2016



LGB

Heterosexual

* Statistically significant difference between LGB and heterosexual.

Chart 56

Diabetes, adults 45+ years

ADULT

There is no difference in diabetes rates between LGB and heterosexual adults aged 45 years and older.

Source: HCS 2014–2016

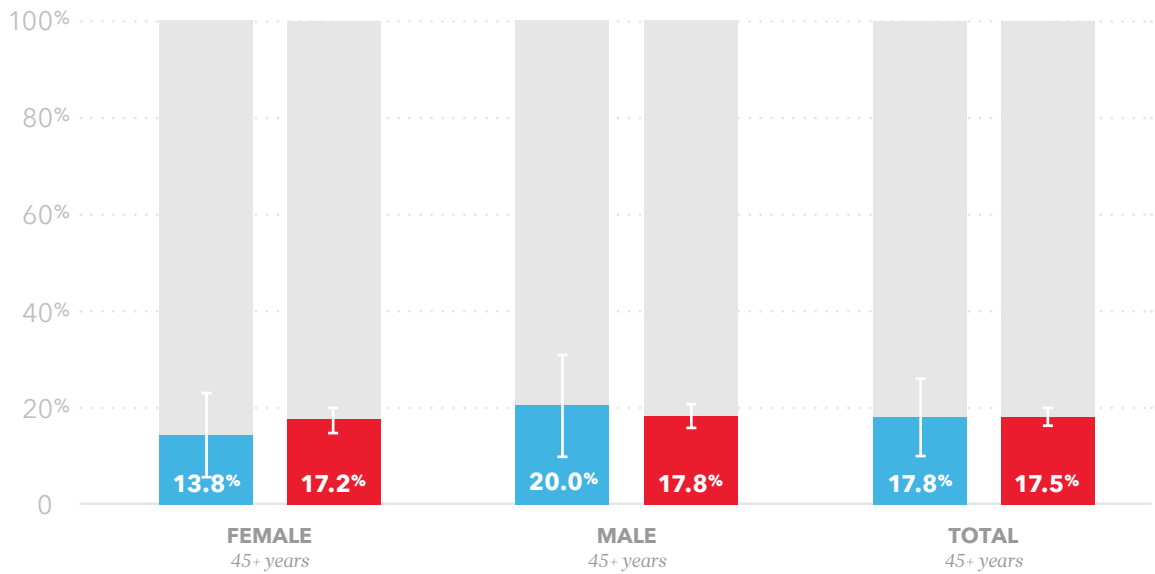


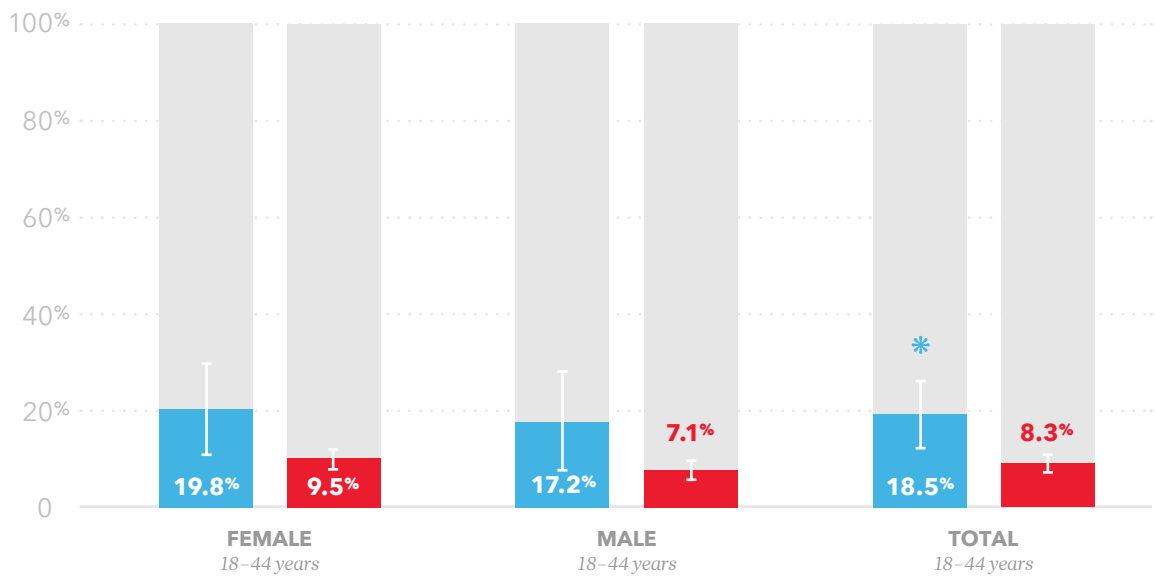
Chart 57

Asthma, adults 18-44 years

ADULT

LGB adults aged 18–44 years have higher rates of asthma than heterosexual adults.

Source: HCS 2014–2016





LGB



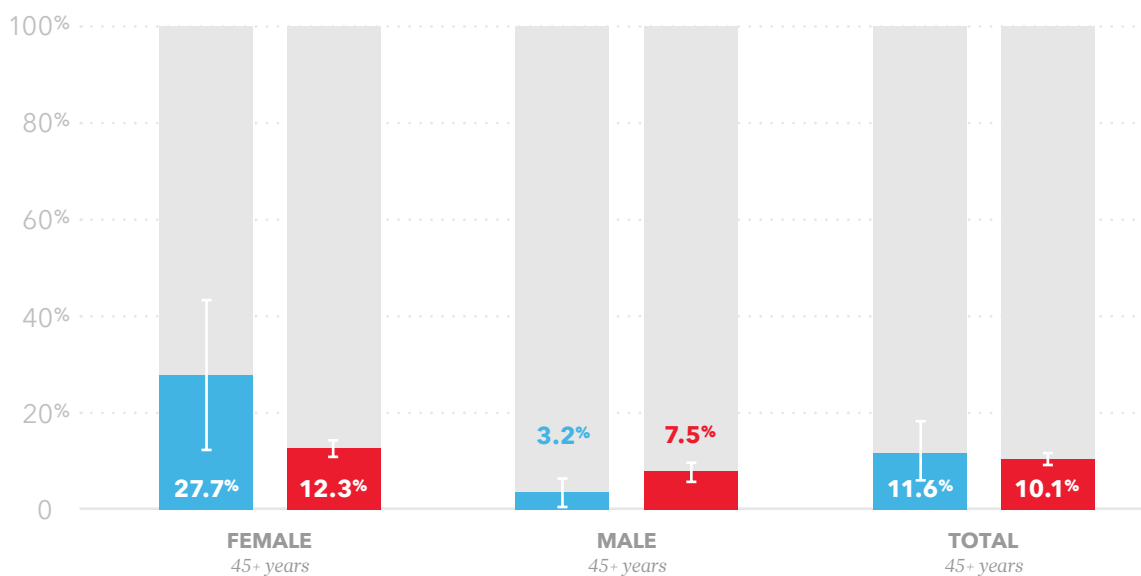
Heterosexual

* Statistically significant difference between LGB and heterosexual.

Chart 58**Asthma, adults 45+ years****ADULT**

Though not statistically significant, LB women aged 45 years and older have higher rates of asthma than heterosexual women. There is no difference among men.

Source: HCS 2014–2016

**References**

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Sexual Behavior

Just under half of high school students, 41.2%, report having had sexual intercourse. More LGB students report having had sexual intercourse (50.8%) than heterosexual students (40.9%).¹ Sexual activity can have unintended health outcomes, such as unintended pregnancy and sexually transmitted infections (STIs), especially for youth, who may be unaware of the consequences. In Chicago in 2015, youth aged 13-24 years accounted for approximately 55.8% of gonorrhea cases and 63.0% of chlamydia cases; persons aged 13-24 accounted for 28.0% of new HIV diagnosis.² Youth who have a positive outlook on their future are less likely to engage in risky sexual behavior, maintain healthier sexual behaviors and have higher levels of sexual knowledge.³

Parents are an important resource for teens when learning about sex. For younger adolescents, parents are the main influencer, with friends becoming more important as teens grow older.⁴ Approximately 79% of females and 70% of males aged 15-19 reported speaking to their parents about sex education topics. Most teens—96% of females and 97% of males—report receiving some form of formal sex education before age 18. Instruction for most students addresses abstinence, birth control and instruction on STIs and HIV/AIDS.⁵ However, if sexual minority youth do not feel comfortable talking to

parents or instructors about sex, then they are potentially missing out on valuable information. Human Rights Campaign found that 29% of sexual minority youth did not have an adult they felt they could talk to about personal problems and 49% did not have an adult in their family that they could turn to for help if they felt worried or sad. This lack of support could also mean that messaging around less risky sexual behavior is not being addressed with sexual minority youth.⁶

Sexual Behavior Charts

Youth

- Chart 59** Ever had oral sex, 9-12th grades
- Chart 60** Ever had sex, 9-12th grades
- Chart 61** One or more sexual partners in the past three months, 9-12th grades
- Chart 62** Four or more lifetime sexual partners, 9-12th grades
- Chart 63** Sex of sex partners, 9-12th grades
- Chart 64** Condom use, 9-12th grades
- Chart 65** Drug or alcohol use prior to sex, 9-12th grades

Adult

- Chart 66** Sex of sex partners, adults 18+

■ LGB

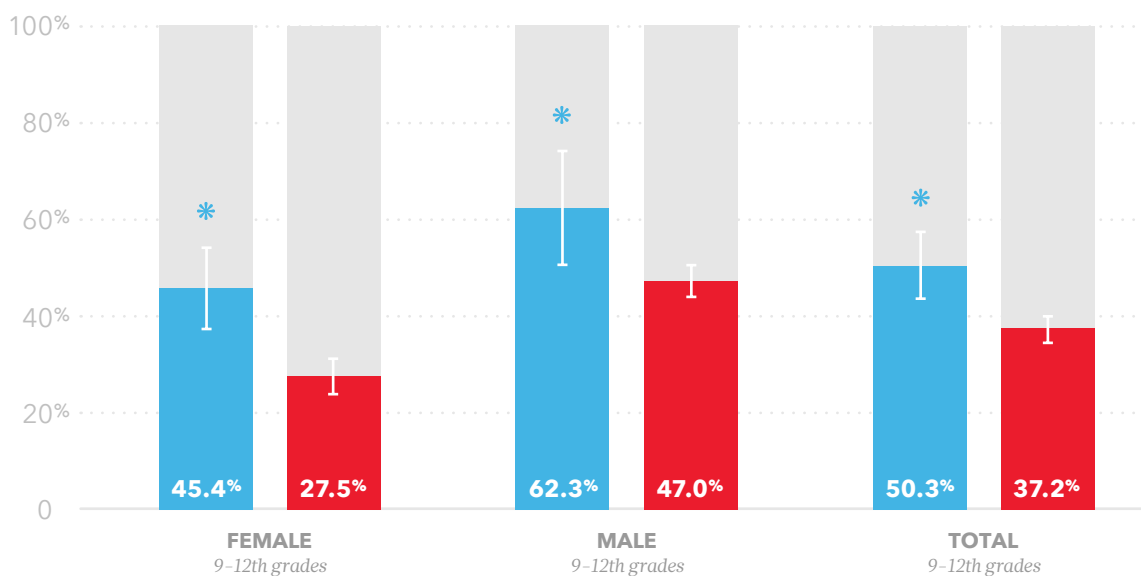
■ Heterosexual

* Statistically significant difference between LGB and heterosexual.

Chart 59**Ever had oral sex, 9-12th grades****YOUTH**

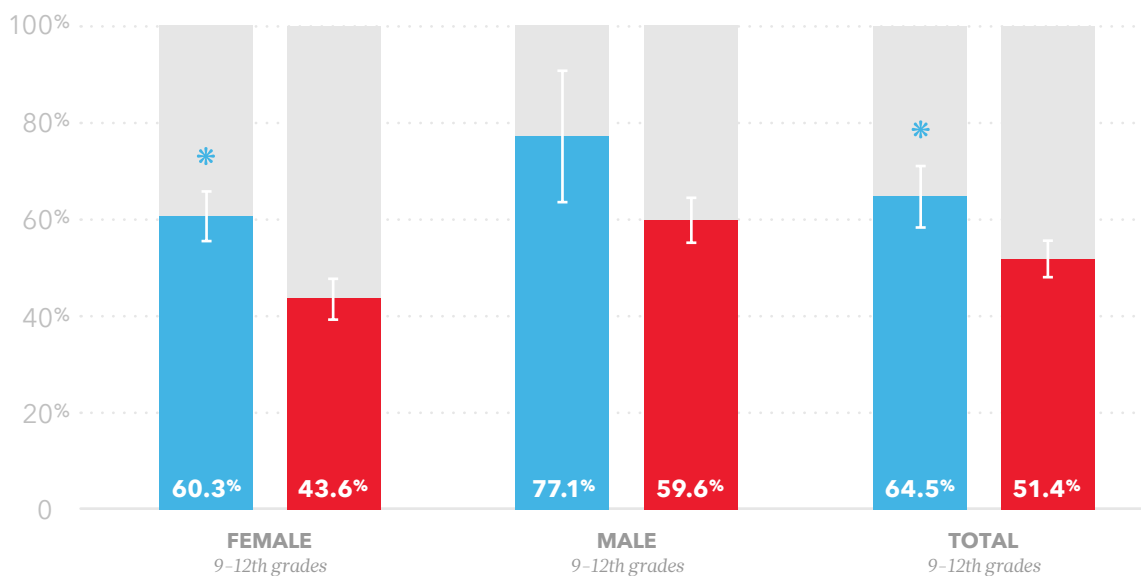
LGB youth are more likely to report ever having had oral sex compared to heterosexual youth. The difference is greater between females than males.

Source: YRBS 2009-2013

**Chart 60****Ever had sex, 9-12th grades****YOUTH**

LB females are more likely than heterosexual females to report ever having sexual intercourse. Similar percentages of GB and heterosexual males report ever having sexual intercourse.

Source: YRBS 2009-2013



■ LGB ■ Heterosexual

* Statistically significant difference between LGB and heterosexual.

Chart 61

One or more sexual partners in the past three months, 9-12th grades

YOUTH

LB females are more likely than heterosexual females to report having one or more sexual partners in the past three months. Similar percentages of GB and heterosexual males report having one or more sexual partner in the past three months.

Source: YRBS 2009-2013

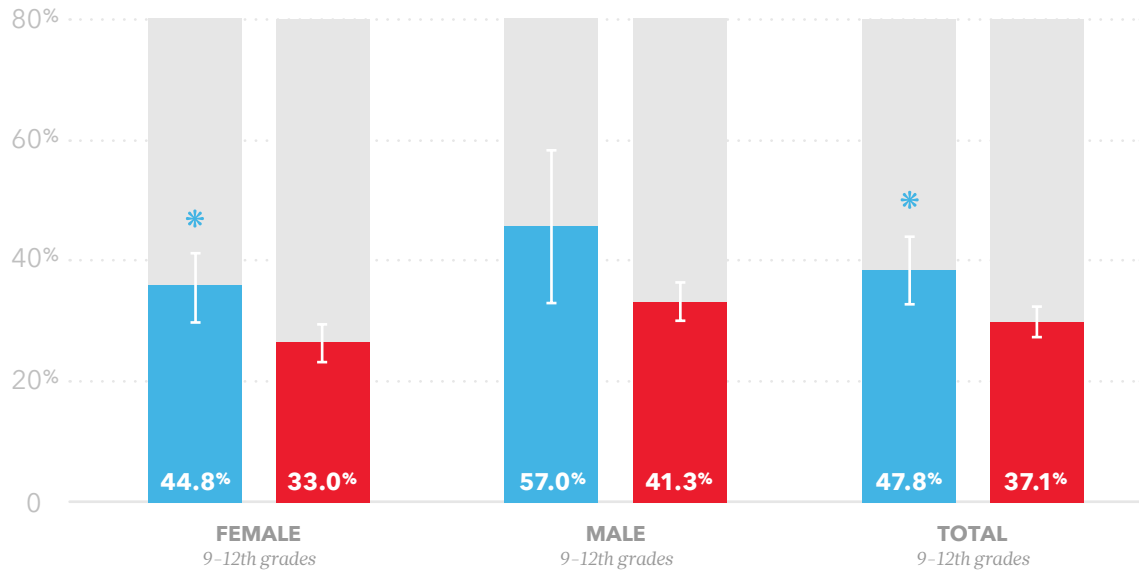


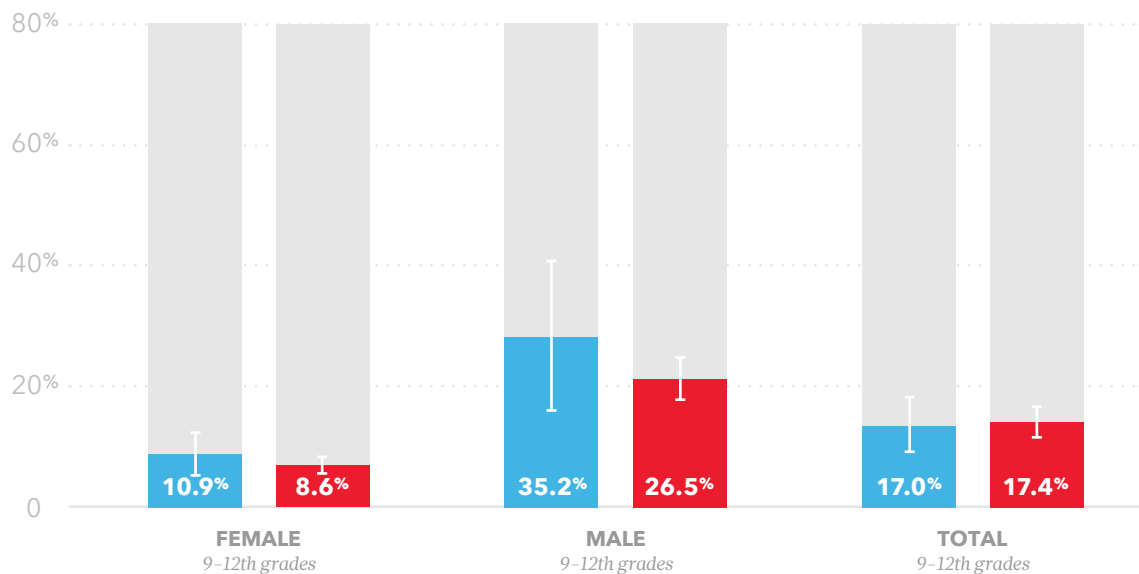
Chart 62

Four or more lifetime sexual partners, 9-12th grades

YOUTH

LGB and heterosexual youth report similar percentages of having four or more lifetime sexual partners. Males are more likely than females to report having four or more lifetime sexual partners.

Source: YRBS 2009-2013



■ LGB

■ Heterosexual

* Statistically significant difference between LGB and heterosexual.

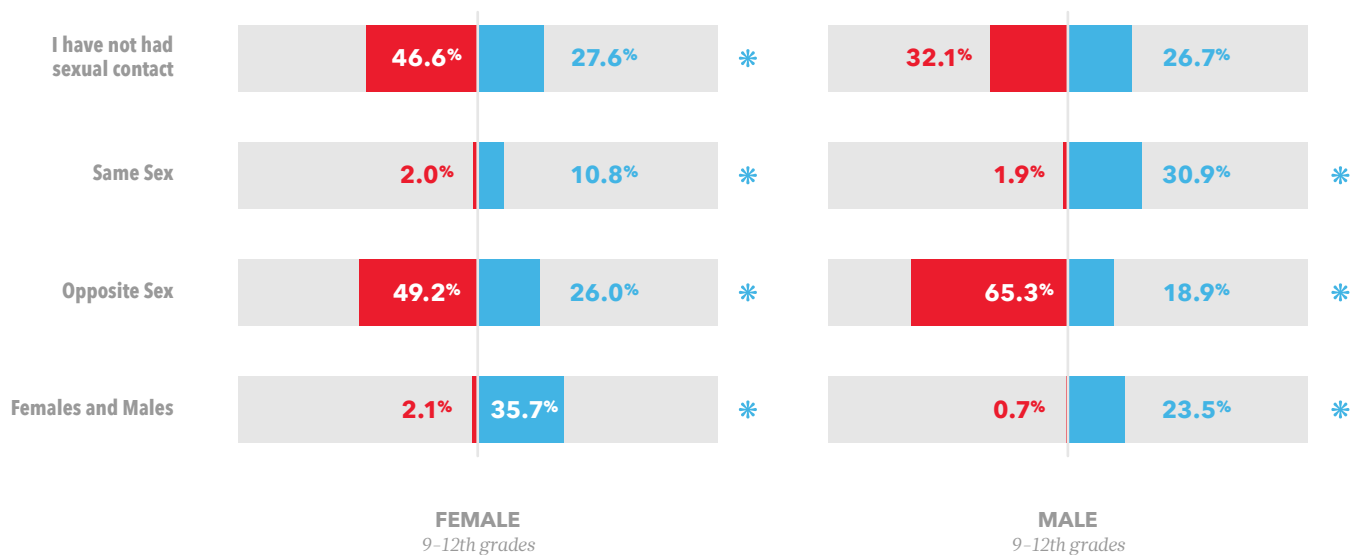
Chart 63Sex of sex partners, 9-12th grades

YOUTH

LB females report having sexual contact with the opposite sex (i.e. males) more often than GB males report having sexual contact with females.

During your life, with whom have you had sexual contact...?

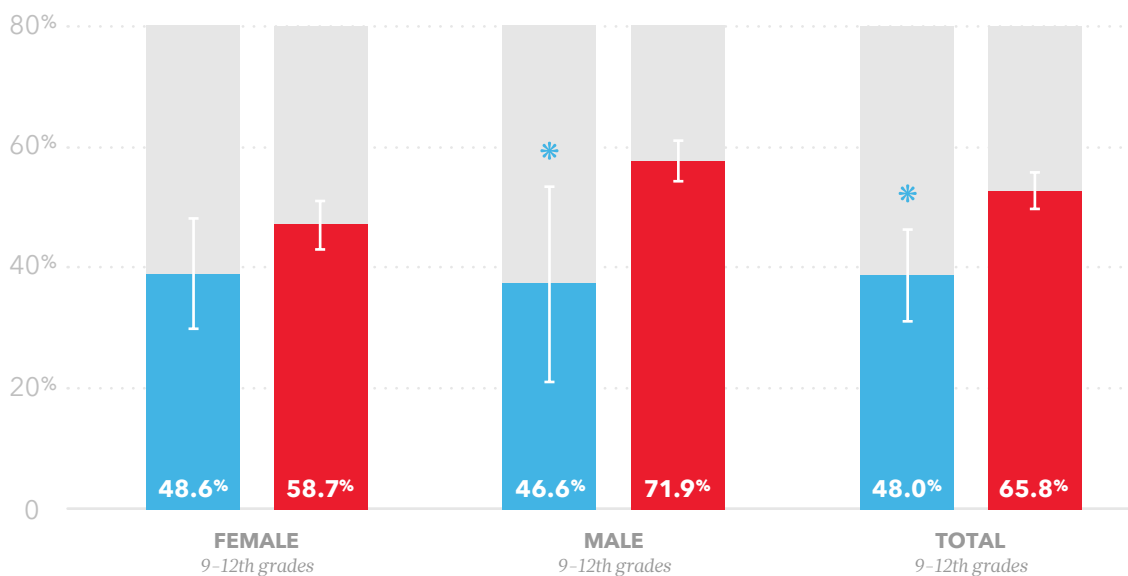
Source: YRBS 2009–2013

**Chart 64**Condom use, 9-12th grades

YOUTH

LGB youth are less likely to report condom use at last sexual intercourse than heterosexual youth. GB males are less likely than heterosexual males to report condom use.

Source: YRBS 2009–2013



LGB

Heterosexual

* Statistically significant difference between LGB and heterosexual.

Chart 65

Drug or alcohol use prior to sex, 9-12th grades

YOUTH

No significant differences exists between heterosexual and LGB use of drugs or alcohol prior to last sexual intercourse.

Source: YRBS 2009-2013

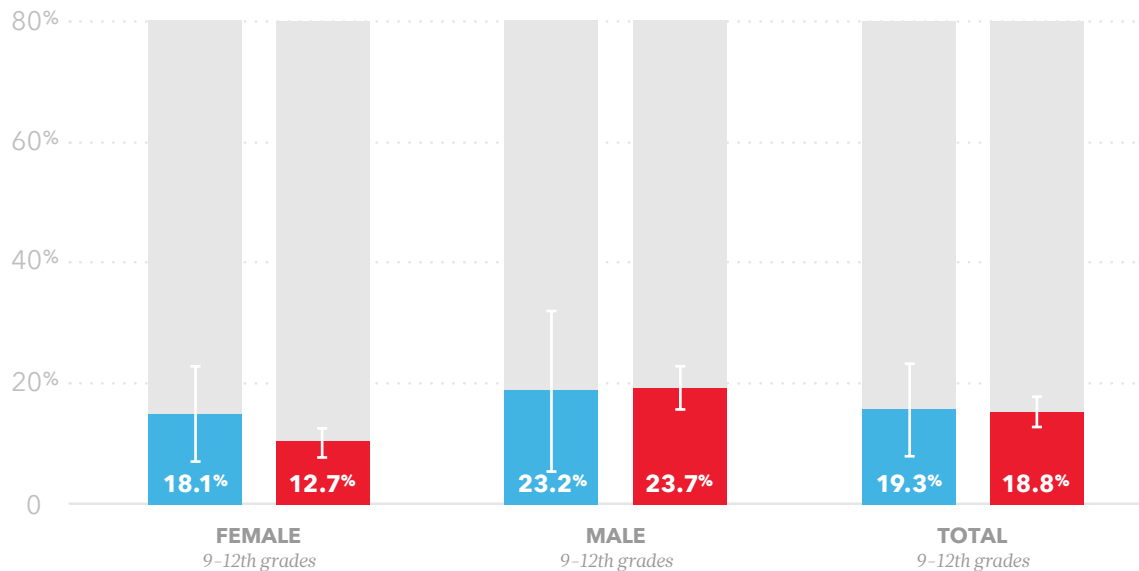


Chart 66

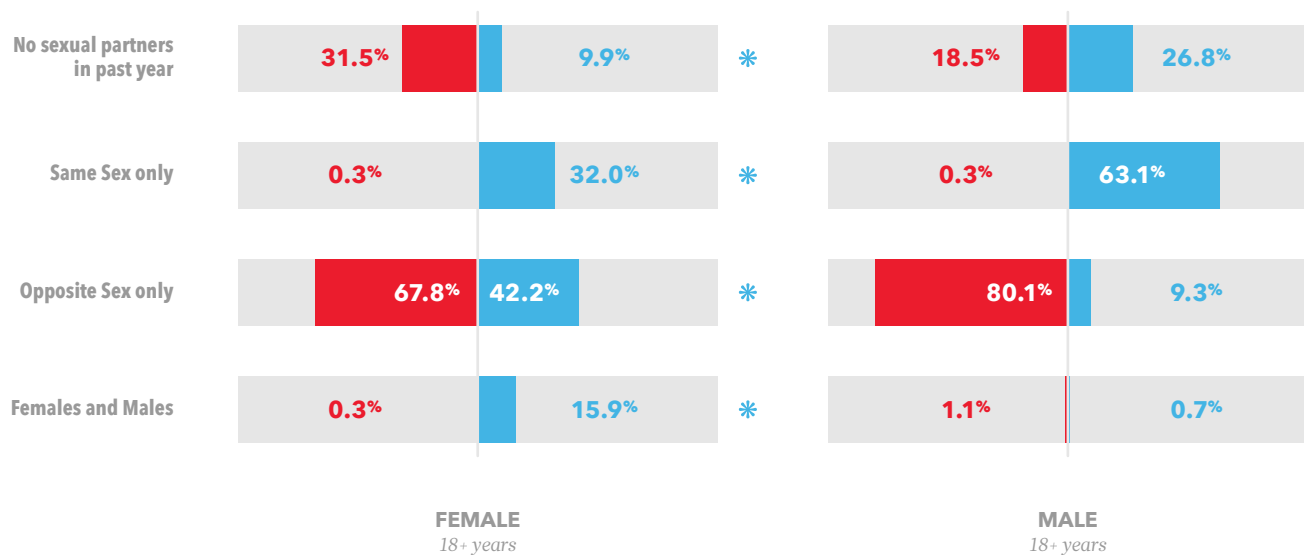
Sex of sex partners, adults 18+ years

ADULT

LB females report having sexual contact with the opposite sex (i.e. males) in the past year more often than GB males report having sexual contact with females.

During the past year, with whom have you had sexual contact...?

Source: HCS 2015



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Data Tables

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Data Tables

YOUTH 9-12 TH GRADES	FEMALE		MALE		TOTAL	
	LB	Heterosexual	GB	Heterosexual	LGB	Heterosexual
ACCESS TO CARE						
Dentist visit in the past year: Answered "during the past 12 months" to the following: When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work? YRBS: 2013	61.4% (52.1-70.7)	66.6% (61.2-72.0)	24.0% (8.0-39.9)	68.2% (62.3-74.1)	51.1% (41.3-60.8)	67.5% (63.3-71.7)
Wellness visit in the past year: Answered "during the past 12 months" to the following: When was the last time you saw a doctor or nurse for a check-up or physical exam when you were not sick or injured? YRBS: 2013	58.8% (49.8-67.8)	71.7% (67.4-76.1)	50.9% (32.6-69.3)	68.7% (64.7-72.6)	55.7% (47.2-64.2)	70.2% (66.9-73.5)
BEHAVIORAL HEALTH						
Felt sad or hopeless: During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities? YRBS: 2009-2013	53.0% (46.5-59.6)	36.5% (32.8-40.3)	39.6% (27.7-51.5)	21.4% (18.4-24.5)	49.1% (43.0-55.3)	29.0% (26.0-31.9)
Participation in a sports team: Answered one or more to the following: During the past 12 months, on how many sports teams did you play? YRBS: 2009-2013	47.7% (41.1-54.3)	43.3% (39.8-46.8)	50.6% (41.0-60.3)	61.0% (57.3-64.7)	48.5% (42.8-54.3)	52.0% (49.5-54.6)
Disordered eating: Answered yes to one or more of the following: During the past 30 days, did you go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?; During the past 30 days, did you take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight?; During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight? YRBS: 2009-2013	36.4% (29.8-43.0)	19.4% (17.1-21.7)	52.7% (42.5-62.9)	14.2% (11.7-16.7)	41.4% (35.0-47.7)	16.9% (15.2-18.6)
Suicide attempt resulting in injury in the past year: If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse? YRBS: 2009-2013	10.4% (6.5-14.2)	3.1% (2.3-3.8)	10.7% (3.3-18.2)	5.1% (3.5-6.7)	10.4% (6.7-14.0)	4.2% (3.3-5.1)

Highlighted estimates indicate a statistically significant difference between LGB and heterosexual (reference group). 95% confidence intervals provided. L = Lesbian, G = Gay, B = Bisexual

YOUTH 9-12 TH GRADES	FEMALE		MALE		TOTAL	
	LB	Heterosexual	GB	Heterosexual	LGB	Heterosexual
Underage drinking: Answered one or more to the following: During the past 30 days, on how many days did you have at least one drink of alcohol? YRBS: 2009–2013	52.4% (45.2-59.5)	37.4% (34.8-40.0)	46.6% (31.2-62.0)	36.0% (33.1-38.8)	51.3% (45.9-56.7)	36.7% (34.5-39.0)
Underage binge drinking: Answered one or more to the following: During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours? YRBS: 2009–2013	25.4% (19.4-31.5)	16.3% (14.2-18.4)	27.5% (14.1-40.8)	19.3% (17.4-21.3)	26.4% (21.3-31.6)	17.8% (16.1-19.5)
Marijuana use: Answered one or more to the following: During the past 30 days, how many times did you use marijuana? YRBS: 2009–2013	42.7% (36.5-48.8)	19.5% (17.0-21.9)	37.5% (24.9-50.1)	27.2% (24.7-29.6)	41.1% (34.2-48.0)	23.4% (21.6-25.2)
Heroin use: Answered one or more to the following: During your life, how many times have you used heroin (also called smack, junk, or China White)? YRBS: 2009–2013	3.9% (1.5-6.3)	1.4% (0.8-2.0)	32.5% (21.9-43.2)	3.2% (2.1-4.2)	13.7% (9.2-18.1)	2.4% (1.9-3.0)
Ecstasy use: Answered one or more to the following: During your life, how many times have you used ecstasy (also called MDMA)? YRBS: 2009–2013	13.2% (9.1-17.4)	3.0% (2.3-3.7)	28.2% (18.9-37.5)	6.9% (5.5-8.4)	19.1% (14.2-23.9)	5.2% (4.3-6.0)
Methamphetamine use: Answered one or more to the following: During your life, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)? YRBS: 2009–2013	4.5% (1.9-7.0)	1.5% (0.9-2.1)	26.3% (14.9-37.7)	2.9% (1.8-4.1)	11.7% (7.4-16.0)	2.3% (1.6-3.0)
Steroid use: Answered one or more to the following: During your life, how many times have you taken steroid pills or shots without a doctor's prescription? YRBS: 2009–2013	5.7% (2.3-9.1)	2.3% (1.4-3.1)	23.0% (11.5-34.5)	4.0% (2.5-5.5)	12.5% (7.6-17.5)	3.4% (2.7-4.1)
Prescription drug misuse: Answered one or more to the following: During your life, how many times have you taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription? YRBS: 2011–2013	13.3% (8.6-18.0)	6.5% (4.9-8.1)	37.6% (24.6-50.7)	11.0% (8.6-13.4)	20.7% (15.5-25.8)	8.8% (7.5-10.2)

Highlighted estimates indicate a statistically significant difference between LGB and heterosexual (reference group). 95% confidence intervals provided. L = Lesbian, G = Gay, B = Bisexual

YOUTH 9-12 TH GRADES	FEMALE		MALE		TOTAL	
	LB	Heterosexual	GB	Heterosexual	LGB	Heterosexual
Electronic bullying: During the past 12 months, have you ever been electronically bullied? In 2009 the question was: During the past 12 months, have you ever been electronically bullied, such as through e-mail, chat rooms, instant messaging, Web sites, or text messaging? YRBS: 2009–2013	19.5% (13.8-25.1)	12.2% (11.0-13.4)	30.1% (19.0-41.2)	6.0% (4.7-7.3)	22.3% (17.0-27.7)	9.3% (8.3-10.3)
Missed school due to a safety concern: Answered one or more to the following: During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school? YRBS: 2009–2013	14.8% (10.5-19.2)	12.3% (10.2-14.4)	26.8% (16.2-37.5)	9.9% (7.5-12.2)	19.4% (15.0-23.8)	11.3% (9.5-13.0)
Fight on school property: Answered one or more to the following: During the past 12 months, how many times were you in a physical fight on school property? YRBS: 2009–2013	21.1% (15.9-26.3)	12.9% (10.6-15.1)	29.2% (18.2-40.1)	19.8% (16.9-22.6)	24.4% (19.9-28.9)	16.6% (14.4-18.8)
Bullied on school property: During the past 12 months, have you ever been bullied on school property? YRBS: 2009–2013	16.2% (11.0-21.5)	10.7% (9.2-12.1)	32.0% (21.3-42.8)	11.0% (9.6-12.3)	21.0% (16.4-25.6)	10.9% (9.8-11.9)
Harassed because of perceived sexual orientation: During the past 12 months, have you ever been harassed because someone thought you were gay, lesbian, bisexual, or transgender? In 2009 the question was: During the past 12 months, how many times have you been harassed because someone thought you were gay, lesbian, or bisexual? YRBS: 2009–2013	32.7% (27.7-37.8)	38.2% (32.3-44.0)	50.1% (37.3-63.0)	38.7% (32.5-45.0)	38.2% (32.8-43.7)	38.6% (33.2-43.9)
Sexual violence: Have you ever been physically forced to have sexual intercourse when you did not want to? YRBS: 2009–2013	17.9% (12.5-23.2)	8.0% (6.7-9.4)	31.6% (21.6-41.7)	6.6% (5.1-8.0)	21.9% (15.9-27.8)	7.4% (6.3-8.5)
CHRONIC DISEASE						
Youth smoking: Answered one or more to the following: During the past 30 days, on how many days did you smoke cigarettes? YRBS: 2009–2013	21.5% (15.7-27.3)	8.2% (6.8-9.7)	21.1% (12.2-30.0)	13.5% (11.1-15.9)	21.9% (17.1-26.6)	10.8% (9.2-12.4)
Eat fruits or vegetables daily: During the past 12 months, was there any time when you needed mental health treatment or counseling for yourself but didn't get it? YRBS: 2009–2013	23.4% (18.0-28.8)	18.6% (16.5-20.7)	19.5% (10.8-28.2)	21.8% (19.5-24.1)	22.1% (17.1-27.0)	20.2% (18.5-22.0)

Highlighted estimates indicate a statistically significant difference between LGB and heterosexual (reference group). 95% confidence intervals provided. L = Lesbian, G = Gay, B = Bisexual

YOUTH 9-12 TH GRADES	FEMALE		MALE		TOTAL	
	LB	Heterosexual	GB	Heterosexual	LGB	Heterosexual
No sustained physical activity in the past week: Answered 0 days to the following: During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? YRBS: 2009-2013	17.5% (12.0-23.0)	24.7% (22.3-27.0)	30.7% (22.6-38.8)	17.8% (15.5-20.1)	21.7% (17.1-26.3)	21.2% (19.4-22.9)
Obesity: Calculated from self reported student sex, height and weight. Obese is BMI greater than or equal to 95 th percentile. YRBS: 2009-2013	18.6% (13.8-23.4)	11.2% (9.7-12.7)	22.4% (14.5-30.3)	17.8% (15.7-19.9)	19.8% (15.3-24.3)	14.5% (13.2-15.9)
Asthma: Has a doctor or nurse ever told you that you have asthma? YRBS: 2009-2013	31.0% (25.3-36.7)	21.7% (19.3-24.1)	26.0% (17.3-34.6)	22.9% (19.7-26.2)	29.2% (24.2-34.2)	22.3% (20.4-24.2)
SEXUAL BEHAVIOR						
Ever had oral sex: Have you ever had oral sex? YRBS: 2009-2013	45.4% (36.8-54.0)	27.5% (24.0-30.9)	62.3% (50.4-74.2)	47.0% (44.0-50.0)	50.3% (43.4-57.2)	37.2% (34.9-39.6)
Ever had sex: Have you ever had sexual intercourse? YRBS: 2009-2013	60.3% (55.0-65.6)	43.6% (39.7-47.5)	77.1% (63.7-90.6)	59.6% (55.0-64.2)	64.5% (58.3-70.8)	51.4% (47.7-55.1)
One or more sexual partners in the past three months: Answered one or more to the following: During the past 3 months, with how many people did you have sexual intercourse? YRBS: 2009-2013	44.8% (38.2-51.4)	33.0% (29.5-36.6)	57.0% (41.0-72.9)	41.3% (37.3-45.4)	47.8% (40.7-54.8)	37.1% (33.9-40.3)
Four or more lifetime sexual partners: Answered four or more to the following: During your life, with how many people have you had sexual intercourse? YRBS: 2009-2013	10.9% (6.7-15.2)	8.6% (6.9-10.3)	35.2% (19.5-50.9)	26.5% (22.1-30.9)	17.0% (11.2-22.7)	17.4% (14.7-20.1)
Condom use at last sex: The last time you had sexual intercourse, did you or your partner use a condom? YRBS: 2009-2013	48.6% (37.2-59.9)	58.7% (53.8-63.6)	46.6% (26.5-66.7)	71.9% (67.8-76.1)	48.0% (38.3-57.7)	65.8% (62.2-69.4)
Drug or alcohol use before last sex: Did you drink alcohol or use drugs before you had sexual intercourse the last time? YRBS: 2009-2013	18.1% (8.0-28.1)	12.7% (10.3-15.1)	23.2% (6.9-39.5)	23.7% (19.3-28.2)	19.3% (9.9-28.7)	18.8% (15.8-21.7)

Highlighted estimates indicate a statistically significant difference between LGB and heterosexual (reference group). 95% confidence intervals provided. L = Lesbian, G = Gay, B = Bisexual

Data Tables

ADULTS 18-44 YEARS	FEMALE		MALE		TOTAL	
	LB	Heterosexual	GB	Heterosexual	LGB	Heterosexual
ACCESS TO CARE						
Personal health care provider: Do you have one person or more than one person you think of as your personal doctor or health care provider? Healthy Chicago Survey: 2014-2016	72.4% (62.5-82.2)	79.7% (77.0-82.4)	66.2% (54.3-78.1)	56.0% (52.3-59.7)	69.3% (61.6-77.1)	67.8% (65.5-70.2)
Routine check-up in past year: About how long has it been since you last visited a doctor or health care provider for a routine check up? A routine check up is a general physical exam, not an exam for a specific injury, illness or condition. Healthy Chicago Survey: 2014-2016	78.5% (65.5-88.4)	81.7% (78.9-84.6)	70.6% (57.5-83.8)	61.9% (57.9-65.9)	74.7% (66.5-83.0)	71.9% (69.4-74.5)
Health care satisfaction (very satisfied): In general, how satisfied are you with the health care you received in the past 12 months? Excludes those who didn't need care, tests or treatment in past 12 months. Includes all adults 18+ Healthy Chicago Survey: 2015	50.4% (33.6-67.2)	66.0% (62.3-69.7)	61.3% (46.0-76.6)	57.8% (53.3-62.3)	56.9% (45.5-68.3)	62.1% (59.2-65.0)
Access to mental health treatment: During the past 12 months, was there any time when you needed mental health treatment or counseling for yourself but didn't get it? Healthy Chicago Survey: 2014-2016	25.0% (15.2-34.8)	8.3% (6.5-10.1)	20.5% (10.0-31.0)	4.9% (3.3-6.5)	22.8% (15.6-30.0)	6.6% (5.4-7.8)
Ever had an HIV test: Have you ever been tested for HIV? Do not count tests you have had as part of a blood donation. Include testing fluid from your mouth. Healthy Chicago Survey: 2015	62.2% (46.2-78.1)	62.1% (58.0-66.2)	88.2% (77.0-99.4)	55.4% (50.8-60.1)	74.6% (63.9-85.3)	58.8% (55.7-61.9)
Pap test in past three years: A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? How long has it been since your last Pap test? Excludes those who have had a hysterectomy. Only includes women aged 21-44 years. Healthy Chicago Survey: 2014-2016	78.5% (66.3-91.7)	80.7% (77.5-84.0)	NA	NA	NA	NA
BEHAVIORAL HEALTH						
Self-rated health status (excellent, very good, good): Would you say that in general your health is: excellent, very good, good, fair or poor? Healthy Chicago Survey: 2014-2016	77.8% (68.2-87.4)	89.0% (87.0-91.0)	91.6% (85.3-97.8)	90.1% (87.9-92.4)	84.5% (78.6-90.5)	89.6% (88.1-91.1)

Highlighted estimates indicate a statistically significant difference between LGB and heterosexual (reference group). 95% confidence intervals provided. L = Lesbian, G = Gay, B = Bisexual

ADULTS 18-44 YEARS	FEMALE		MALE		TOTAL	
	LB	Heterosexual	GB	Heterosexual	LGB	Heterosexual
Psychological distress (mild/moderate/severe): Calculated based on how often in the past 30 days someone felt nervous, hopeless, restless or fidgety, so depressed that nothing would cheer them up, worthless or that everything was an effort. Healthy Chicago Survey: 2014-2016	36.8% (25.5-48.2)	16.5% (14.1-19.0)	18.9% (9.5-28.3)	15.3% (12.6-18.0)	28.1% (20.4-35.8)	15.9% (14.1-17.7)
Binge drinking: Males having 5 or more drinks on one occasion, females having 4 or more drinks on one occasion in the past 30 days Healthy Chicago Survey: 2015	33.8% (18.2-49.4)	20.5% (17.2-23.8)	38.0% (23.3-52.7)	30.7% (26.4-35.0)	36.3% (25.5-47.1)	25.3% (22.6-28.0)
DIET, PHYSICAL ACTIVITY & CHRONIC DISEASE						
Current smoking: Have you smoked at least 100 cigarettes in your entire life? Do you now smoke cigarettes every day, some day or not at all? Healthy Chicago Survey: 2014-2016	35.0% (24.2-45.9)	13.3% (11.0-15.6)	31.6% (19.5-43.6)	23.6% (20.4-26.7)	33.3% (25.3-41.4)	18.4% (16.4-20.4)
Quit attempt in past year: During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit? Healthy Chicago Survey: 2014-2016	60.20% (41.1-79.4)	72.50% (64.2-80.9)	65.30% (42.8-87.8)	70.00% (63.3-77.0)	62.50% (47.9-77.3)	70.90% (65.5-76.3)
Ever tried e-cigarettes: E-cigarettes are electronic devices that deliver nicotine in a vapor, but contain no tobacco. They include e-sticks, vaporizers and vape pens. Have you ever tried an e-cigarette? Healthy Chicago Survey: 2014-2016	37.4% (26.3-48.4)	17.6% (15.0-20.3)	46.1% (33.7-58.6)	29.6% (26.2-33.0)	41.6% (33.3-50.0)	23.7% (21.5-25.9)
Fruit and vegetable consumption (5+ servings daily): How many total servings of fruits did you eat yesterday? How many total servings of vegetables did you eat yesterday? Healthy Chicago Survey: 2014-2016	19.3% (9.6-29.0)	33.1% (29.5-36.6)	33.7% (20.5-46.9)	27.5% (23.9-31.2)	26.2% (18.0-34.3)	30.3% (27.8-32.9)
Access to fresh produce (very easy): How easy or difficult is it for you to get fresh produce (fruits and vegetables)? Healthy Chicago Survey: 2014-2016	64.2% (53.5-74.9)	69.2% (66.1-72.2)	71.2% (59.4-83.0)	73.4% (70.1-76.7)	67.6% (59.7-75.5)	71.3% (69.1-73.5)
No physical activity in past month: During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise? Healthy Chicago Survey: 2014-2016	25.1% (15.2-35.1)	22.5% (19.7-25.2)	11.4% (3.1-19.7)	18.2% (15.3-21.1)	18.4% (11.8-25.0)	20.3% (18.3-22.3)

Highlighted estimates indicate a statistically significant difference between LGB and heterosexual (reference group). 95% confidence intervals provided. L = Lesbian, G = Gay, B = Bisexual

ADULTS 18-44 YEARS	FEMALE		MALE		TOTAL	
	LB	Heterosexual	GB	Heterosexual	LGB	Heterosexual
Obesity: BMI calculated from self-reported height and weight, using: weight (kg)/[height (m)] ² . A BMI greater than or equal to 30.0 was classified as obese. Healthy Chicago Survey: 2014-2016	40.6% (29.4-51.8)	27.8% (24.9-30.7)	19.1% (9.5-28.7)	23.0% (19.8-26.1)	30.1% (22.5-37.8)	25.4% (23.3-27.5)
Hypertension: Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure? Healthy Chicago Survey: 2014-2016	6.9% (1.1-12.6)	10.6% (8.5-12.8)	20.2% (9.0-31.4)	13.7% (10.9-16.4)	13.2% (7.0-19.5)	12.1% (10.4-13.9)
Diabetes: Has a doctor, nurse, or other health professional ever told you that you had diabetes? Excludes pre-diabetes, borderline diabetes and gestational diabetes. Healthy Chicago Survey: 2014-2016	2.9% (0.0-6.2)	2.9% (1.9-4.0)	4.8% (0.0-9.9)	3.5% (2.2-4.8)	3.8% (0.9-6.9)	3.2% (2.4-4.0)
Asthma: Has a doctor, nurse, or other health professional ever told you that you had asthma? Do you still have asthma? Healthy Chicago Survey: 2014-2016	19.8% (10.5-29.1)	9.5% (7.7-11.4)	17.2% (7.1-27.3)	7.1% (5.3-9.1)	18.5% (11.7-25.4)	8.3% (7.0-9.7)

Highlighted estimates indicate a statistically significant difference between LGB and heterosexual (reference group). 95% confidence intervals provided. L = Lesbian, G = Gay, B = Bisexual

Data Tables

ADULTS 45+ YEARS	FEMALE		MALE		TOTAL	
	LB	Heterosexual	GB	Heterosexual	LGB	Heterosexual
ACCESS TO CARE						
Personal health care provider: Do you have one person or more than one person you think of as your personal doctor or health care provider? Healthy Chicago Survey: 2014-2016	88.8% (81.2-96.4)	91.8% (90.4-93.2)	94.7% (90.4-98.9)	82.6% (80.1-85.2)	92.6% (88.8-96.4)	87.6% (86.2-89.0)
Routine check-up in past year: About how long has it been since you last visited a doctor or health care provider for a routine check up? A routine check up is a general physical exam, not an exam for a specific injury, illness or condition. Healthy Chicago Survey: 2014-2016	86.3% (76.0-96.5)	87.3% (85.2-89.4)	84.9% (74.1-95.7)	80.4% (77.4-83.5)	85.4% (77.5-93.2)	84.2% (82.4-86.0)
Access to mental health treatment: During the past 12 months, was there any time when you needed mental health treatment or counseling for yourself but didn't get it? Healthy Chicago Survey: 2014-2016	7.1% (0.3-13.9)	5.2% (4.0-6.5)	3.1% (0.3-6.0)	4.2% (2.7-5.6)	4.5% (1.5-7.5)	4.7% (3.8-5.7)
Ever had an HIV test: Have you ever been tested for HIV? Do not count tests you have had as part of a blood donation. Include testing fluid from your mouth. Healthy Chicago Survey: 2015	41.3% (24.7-57.9)	37.1% (33.7-40.5)	87.0% (78.6-95.4)	43.7% (39.6-47.8)	71.3% (61.4-81.2)	40.1% (37.5-42.7)
Pap test in past three years: A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? How long has it been since your last Pap test? Excludes those who have had a hysterectomy. Only includes women aged 45-65 years. Healthy Chicago Survey: 2014-2016	83.9% (70.7-97.2)	82.4% (78.8-86.0)	NA	NA	NA	NA
Mammogram in past two years: A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? How long has it been since you had your last mammogram? Only includes women aged 50-75 years. Healthy Chicago Survey: 2014-2016	67.3% (48.7-85.9)	79.0% (76.1-82.0)	NA	NA	NA	NA
Colorectal cancer screening: Adults, aged 50-75, reporting having a colonoscopy in the past 10 years, having a sigmoidoscopy in the past 5 years with a blood stool test (FOBT) in the past 3 years, or a blood stool test (FOBT) in the past year. Healthy Chicago Survey: 2014-2016	60.5% (42.4-78.5)	63.5% (60.1-67.0)	83.1% (74.9-91.4)	61.2% (57.2-65.3)	74.6% (65.7-83.6)	62.5% (59.8-65.1)

Highlighted estimates indicate a statistically significant difference between LGB and heterosexual (reference group). 95% confidence intervals provided. L = Lesbian, G = Gay, B = Bisexual

ADULTS 45+ YEARS	FEMALE		MALE		TOTAL	
	LB	Heterosexual	GB	Heterosexual	LGB	Heterosexual
BEHAVIORAL HEALTH						
Self-rated health status (excellent, very good, good): Would you say that in general your health is: excellent, very good, good, fair, poor? Healthy Chicago Survey: 2014-2016	80.9% (69.4-92.4)	75.8% (73.5-78.2)	79.4% (70.1-88.6)	73.9% (70.9-76.9)	79.9% (72.7-87.1)	75.0% (73.1-76.8)
Psychological distress (mild/moderate/severe): Calculated based on how often in the past 30 days someone felt nervous, hopeless, restless or fidgety, depressed, worthless or that everything was an effort. Healthy Chicago Survey: 2014-2016	23.0% (9.8-36.2)	13.0% (11.3-14.8)	6.5% (2.1-11.0)	15.6% (13.0-18.3)	12.3% (6.5-18.0)	14.2% (12.7-15.8)
DIET, PHYSICAL ACTIVITY & CHRONIC DISEASE						
Current smoking: Have you smoked at least 100 cigarettes in your entire life? Do you now smoke cigarettes every day, some day or not at all? Healthy Chicago Survey: 2014-2016	38.8% (24.1-53.4)	15.8% (13.7-17.8)	13.3% (6.7-20.0)	23.1% (20.2-25.9)	22.1% (15.1-29.1)	19.1% (17.4-20.8)
Quit attempt in past year: During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit? Healthy Chicago Survey: 2014-2016	50.1% (27.1-73.0)	67.2% (60.8-73.7)	57.6% (31.5-83.6)	62.1% (55.1-69.2)	53.0% (35.6-70.4)	64.3% (59.4-69.2)
Ever tried e-cigarettes: E-cigarettes are electronic devices that deliver nicotine in a vapor, but contain no tobacco. They include e-sticks, vaporizers and vape pens. Have you ever tried an e-cigarette? Healthy Chicago Survey: 2014-2016	17.9% (7.1-28.7)	7.9% (6.3-9.4)	18.7% (8.9-28.6)	11.1% (8.9-13.2)	18.4% (11.0-25.9)	9.3% (8.0-10.6)
Fruit and vegetable consumption (5+ servings daily): How many total servings of fruits did you eat yesterday? How many total servings of vegetables did you eat yesterday? Healthy Chicago Survey: 2014-2016	38.2% (21.9-54.5)	30.2% (27.3-33.1)	32.2% (20.6-43.9)	21.6% (18.5-24.6)	34.4% (24.8-44.0)	26.2% (24.1-28.4)
Access to fresh produce (very easy): How easy or difficult is it for you to get fresh produce (fruits and vegetables) Healthy Chicago Survey: 2014-2016	71.0% (57.8-84.3)	71.8% (69.3-74.3)	85.3% (77.9-92.6)	74.3% (71.3-77.4)	80.4% (73.6-87.1)	72.9% (71.0-74.9)
No physical activity in past month: During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise? Healthy Chicago Survey: 2014-2016	20.8% (8.9-32.7)	27.2% (24.7-29.8)	16.1% (7.6-24.6)	25.9% (22.9-28.9)	17.7% (10.8-24.6)	26.6% (24.6-28.5)

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ADULTS 45+ YEARS	FEMALE		MALE		TOTAL	
	LB	Heterosexual	GB	Heterosexual	LGB	Heterosexual
Obesity: BMI calculated from self-reported height and weight, using: weight (kg)/[height (m)] ² . A BMI greater than or equal to 30.0 was classified as obese. Healthy Chicago Survey: 2014-2016	54.9% (39.9-69.8)	35.8% (33.0-38.5)	24.5% (15.1-33.9)	31.2% (28.0-34.3)	35.1% (26.4-43.9)	33.7% (31.6-35.7)
Hypertension: Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure? Healthy Chicago Survey: 2014-2016	32.2% (16.7-47.7)	46.5% (43.4-49.6)	48.5% (35.7-61.3)	47.8% (44.1-51.6)	42.6% (32.6-52.7)	47.1% (44.7-49.5)
Diabetes: Has a doctor, nurse, or other health professional ever told you that you had diabetes? Excludes pre-diabetes, borderline diabetes and gestational diabetes. Healthy Chicago Survey: 2014-2016	13.8% (5.1-22.5)	17.2% (15.1-19.3)	20.0% (9.7-30.4)	17.8% (15.2-20.3)	17.8% (10.4-25.3)	17.5% (15.8-19.1)
Asthma: Has a doctor, nurse, or other health professional ever told you that you had asthma? Do you still have asthma? Healthy Chicago Survey: 2014-2016	27.7% (12.3-43.2)	12.3% (10.5-14.1)	3.2% (0.4-6.0)	7.5% (5.7-9.3)	11.6% (5.2-17.9)	10.1% (8.8-11.4)



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Healthy Chicago **databook**

Lesbian, Gay, Bisexual & Transgender Health

Authors:

Kingsley N. Weaver, MPH
Emily Laflamme, MPH
Nikhil Prachand, MPH
Office of Epidemiology
Bureau of Strategy and Development
Chicago Department of Public Health

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