HAWAIʻI SEXUAL & GENDER MINORITY HEALTH REPORT

Dedication

This report is dedicated to all people identifying as a sexual or gender minority in the State of Hawai'i. It acknowledges the resiliency and strength of sexual minority, and transgender and gender non-conforming people in Hawai'i, who despite having borne a disproportionate burden of adverse events in their lives, continue to strive for a better tomorrow. It remembers and acknowledges those from our community who passed too soon.


MARRIAGE
EQUALITY
Justice
For
ALL!!
iSupport

Aloha kākou,

The Hawai'i Department of Health is pleased to present its inaugural health report on Hawai'i's Sexual and Gender Minority communities. This report is especially relevant now as the Department increasingly seeks to identify and address health disparities across our state.

Hawai'i's sexual and gender minorities—including, but not limited to, transgender people, bisexual persons, lesbian women, and gay men—have unique health experiences and needs, yet limited local data are available to truly advance understanding of the health status of these communities. This report not only seeks to highlight some of the disparities in health outcomes affecting these diverse communities, but also acknowledges community resiliency and policy efforts, and shares opportunities to reduce these gaps in health equity.

This report is intended to serve as a source of health statistics for sexual and gender minorities in Hawai'i. Communities and individuals will be able to glean data that supports their specific needs and interests, and also use the report to frame their needs within the larger context of the state. It is my hope that this document will be a useful resource for health policymakers, planners, and all of us in the community who share a common desire to improve health outcomes, especially for marginalized and vulnerable populations in Hawai'i.

This report has been developed with input from community stakeholders to better represent the needs and concerns of Hawai'i's sexual and gender minority people. We are especially thankful to all who contributed to the report for their commitment, diligence, and insight, and we look forward to collaboration on future reports.

As a key partner in reducing health disparities for sexual and gender minority people, the Hawai'i State Department of Health is committed to monitoring and sharing data with our local communities.

ALL people of Hawai'i deserve opportunities to grow and thrive.

Mālama Pono

Virginia Pressler, M.D.
Director
Hawai'i State Department of Health



Although sexual minority and transgender/gender non-conforming (SM & TG/GNC) individuals in Hawai'i have unique health experiences and needs, limited local data are available to truly advance understanding of the health status of these people. The little research that is available attests to the need for more focus on these communities to better address health and social disparities.[1] A recent report from the University of Hawai'i found that policies and cultural norms that stigmatize and exclude SM & TG/GNC people have negative health effects and result in health disparities specific to these communities; it emphasized the need for greater research on the SM & TG/GNC communities in Hawai'i.[1]

Health disparities among SM & TG/GNC communities have become an area of increasing concern and focus at the national, state, and local levels. Improving the health, safety, and well-being of SM & TG/GNC individuals is a specific Healthy People 2020 goal, the federal initiative which provides national goals and objectives for health promotion and disease prevention.[2] In 2011, the Institute of Medicine (IOM) released its first comprehensive Lesbian, Gay, Bisexual, and Transgender (LGBT) health report which identified research gaps and opportunities.[3] In this report, the IOM recognized that SM & TG/GNC people "face barriers to healthcare that profoundly affect their overall well-being," and called for more research and analyses of disparities in health outcomes.[3]




What is LGBT?

LGBT is an acronym that stands for "lesbian, gay, bisexual, and transgender."

Sexual orientation and gender non-conformity are multifaceted concepts.[3] The term "lesbian, gay, bisexual, and transgender" represents a diverse community made up of several unique populations. Although each group shares similar experiences, such as stigmatization, each has unique health needs and concerns.

Sexual orientation describes a person's sexual and romantic attraction, behavior, and identity in relation to members of the same or opposite sex. The terms lesbian and gay, or homosexual, apply to people who are either exclusively or predominantly attracted to, romantically involved with, or sexually involved with people of the same sex. Bisexual refers to people who are, to a significant extent, attracted to, romantically involved with, or sexually active with both men and women. The terms heterosexual, or straight, refer to people who are attracted, either exclusively or primarily, to the opposite sex.[3]

Gender identity describes an individual's internal sense of being male, female, or another gender regardless of the sex one is assigned at birth.[3] **Gender expression** refers to the external manifestation of one's gender identity, often through appearance and behavior.[3] The term cisgender describes a person whose gender identity, expression, or behavior is the same as those typically associated with their assigned sex at birth. A common term used to describe a person whose gender identity, expression, or behavior is different from those typically associated with their assigned sex at birth is transgender.[3] In addition to transgender, a third or middle gender is sometimes described as mahuwahine or mahukane in Hawaiian culture.[4] These terms reflect a wide spectrum of transgender expression and identity, and describe a range of individuals, from those who have undergone surgery or cross-gender hormone therapy to those with non-medical gender transitions and self-identification or self-expression.[3] Not all gender non-conforming individuals identify as transgender.

Gender identity (how one identifies) and sexual orientation (whom one is attracted to) are different aspects of one's identity.[3] Moreover, the terms lesbian, gay, bisexual and transgender are not all-encompassing. Individuals from certain backgrounds, cultures, race/ethnicities, and age groups may identify with other terms or choose not to label themselves at all. For the purposes of this report, the term sexual minority and transgender/gender non-conforming (SM & TG/GNC) is used to describe the full spectrum of sexual and gender minorities.

A separate issue is the availability of data. At this time, limited data is available to describe the health of individuals who self-identify as lesbian, gay, or bisexual in Hawai'i. Youth who do not self-identify as LGB or heterosexual are included in this report as Questioning. More data are needed to analyze sex-specific differences within the youth LGB population. Additionally, more data are needed to look for disparities between those identifying as lesbian or gay and as bisexual, respectively, among both youth and adults. Limited data is available on individuals identifying as transgender and efforts are underway to continue or expand data collection efforts on gender identity in several state health surveys.

Minority Stress Theory

The concept of minority stress is important in understanding the experiences of sexual and gender minorities in a meaningful way. **Minority stress** is defined as the additional stressors that people experience due to a stigmatized minority status.[5]

Minority stress factors for SM people consist of experiences of negative events, expectations of future experiences of negative events, internalized homophobia, and concealment of sexual minority identity.[5] Minority stress has been associated with high rates of suicidality, substance use, depression, and social anxiety.[6-8] Additionally, HIV risk is associated with minority stress in gay men.[6]

Researchers have studied *additional stressors that are experienced by TG/GNC people*. Gender minority stress includes discrimination, rejection, and victimization based on gender minority identity; non-affirmation of gender identity (e.g. wrong pronoun use); expectations of future experiences of discrimination based on gender minority identity; internalized transphobia; and concealment of one's transgender identity.[9] Each of these has been found to contribute to various mental health disparities between TG/GNC and cisgender people.[10-17] Experiences of minority stress are linked to disproportionately high rates of suicidality, depression, anxiety, substance use, and HIV diagnoses.[11,12,15,16,18-20] Moreover, TG/GNC people of color and TG/GNC undocumented noncitizens report even higher rates of physical and mental health concerns.[12]

Locally and nationally, policies and engagement around issues relevant to sexual and gender minorities have changed greatly over time.

Locally and nationally, policies and engagement around issues relevant to sexual and gender minorities have changed greatly over time. The State of Hawai'i has been a vanguard in protecting the rights of SM & TG/GNC people. In 1972, Hawai'i decriminalized consensual same-sex sexual contact.[21] In 1993, Hawai'i became the first state in the nation to come close to achieving marriage equality.[22] In *Baehr v. Lewin*, plaintiffs sued over the state's denial of marriage licenses to three same-sex couples.[23] The case became the first victory of significance to marriage equality advocates nationally after the Hawai'i Circuit Court upheld the plaintiffs' position that denial of marriage licenses to same-sex couples was unconstitutional.[23] However, the landmark case created substantial backlash resulting in the federal Defense of Marriage Act (DOMA).[22] In addition, an amendment to the Hawai'i Constitution was ratified in 1998 giving the Hawai'i legislature the power to "reserve marriage to opposite-sex couples," effectively banning same sex marriage in the state.[22]

Nevertheless, in 1997, Hawai'i became the first state to offer a limited subset of marriage benefits to same-sex couples through the Reciprocal Beneficiaries Act.[24] With the passage of Senate Bill 232 in February 2011, Hawai'i legalized civil unions, and by January 2012 began granting civil union partners many of the same rights, benefits, protections, and responsibilities as married couples.[25] In November 2013, Senate Bill 1 (Hawai'i Marriage Equality Act of 2013) was passed and signed into law, and same-sex couples began marrying in Hawai'i on December 2, 2013.[26]

Aside from achieving marriage equality, Hawai'i laws have gradually increased statutory protections for SM & TG/GNC people seeking employment, public accommodations, housing, and state-funded services, and against experiencing hate crimes. The legislature established the Hawai'i Civil Rights Commission (HCRC) via Acts 219 in 1988, and 386 and 387 in 1989, to enforce laws established by the state to prohibit discrimination in employment.[27] In 1991, with the enactment of Act 2, the purpose and intent of the HCRC statute was amended to prohibit discrimination based on sexual orientation, and expanded to include other settings such as housing, public accommodations, and access to services funded by the state.[28] In 2001, Hawai'i passed a law extending protections to those experiencing hate crimes because of their actual or perceived *sexual orientation;* actual or perceived *gender identity* or expression was added to the statute via Act 33 in 2003.[29] In 2005, the state's fair housing law was amended with Act 214 to prohibit discrimination based on "sex, including gender identity and expression, and sexual orientation," clarifying that discrimination based on gender identity or expression was a type of sex discrimination.[30] This was followed by similar amendments to the state's public accommodations law in 2006 by Act 76.[31] Finally, in 2011, Act 34 amended the HCRC statute and fair employment law to clarify that the discrimination based on gender identity or expression was a type of sex discrimination.[32] As a result of multiple pieces of legislation enacted from 1991 through 2011, Hawai'i state laws expressly prohibit discrimination based on sex, including gender identity and expression, and sexual orientation, in employment, housing, public accommodations, and receipt of state-funded services, and classify crimes on the basis of actual or perceived sexual orientation, gender identity and gender expression, as hate crimes.

Substantial policy efforts have occurred in educational settings to enhance protections for SM & TG/GNC youth. The Hawai'i Board of Education Policy 305-10 prohibits harassment or bullying on the basis of gender identity or expression, and sexual orientation.[33] Title 8, Chapter 19 of the Hawai'i Administrative Rules prohibits students from engaging in verbal or non-verbal actions in the school environment that cause another student to feel uncomfortable, pressured, threatened or unsafe, because of a variety of reasons including their sexual orientation, gender identity, and gender expression.[34]

Hawai'i has also been at the forefront of policies offering protections specifically for transgender individuals. In 2015, House Bill 631 was signed into law allowing transgender people in Hawai'i to petition to change their gender on their birth certificates without having to undergo expensive and invasive surgery.[35] In 2016, House Bill 2084 passed prohibiting health insurers from discriminating on the basis of gender identity or expression in issuing health insurance policies or providing health coverage.[36]

In summary, many policy efforts have positively impacted the health status of Hawai'i's diverse SM & TG/GNC communities. Monitoring health outcomes over time will help the state assess the impact of current and future policy changes to improve the health and well-being of these communities.

1969

The historic Stonewall Revolution—riots that ensued following a New York City police raid on the Stonewall Inn, a gay club—marking the start of the LGBT civil rights movement.

1970

The first Gay Pride marches take place in Los Angeles, Chicago, and New York.

1972

Hawai'i decriminalizes consensual same-sex sexual acts occurring in privacy between consenting adults.

2003

Crimes in Hawai'i perpetrated against an individual on the basis of their actual or perceived gender identity or expression is included as a "hate crime."

The US Supreme Court (in a 6-3 decision) strikes down sodomy laws banning private consensual sex between adults of the same sex.

2005

Gender identity or expression as a protected class is added to anti-discrimination statutes for the first time in Hawai'i.

2011

The Hawai'i Civil Rights Commission is able to uniformly enforce prohibitions against discrimination based on sex, including gender identity and expression, and sexual orientation, in employment, housing, public accommodations, and access to state-funded services.

DADT is repealed, ending the ban on gay men and lesbians from serving openly in the military.

2012

Civil unions become legal in Hawai'i.

2013

The Hawai'i Marriage Equality Act passes and is signed into law by Governor Neil Abercrombie, making Hawai'i the 16th state to recognize same-sex marriage.

First same-sex couples begin marrying in Hawai'i.

In a 5-4 decision, the U.S. Supreme Court strikes down Section 3 of the DOMA that denies federal benefits to same-sex couples.

1973

The American Psychiatric Association removes homosexuality from its official list of mental disorders.

1991

Hawai'i's fair employment law is amended to prohibit discrimination on the basis of sexual orientation; sexual orientation as a protected class appears for the first time in Hawai'i statute.

1993

In the case of *Baehr v Lewin*, the Hawai'i Circuit Court finds the state's refusal to grant same-sex couples marriage licenses unconstitutional.

President Bill Clinton signs a military policy known as "Don't Ask, Don't Tell" (DADT) that prohibits openly gay, lesbian, or bisexual Americans from military service.

2001

Crimes in Hawai'i perpetrated against an individual on the basis of their actual or perceived sexual orientation is included as a "hate crime."

1998

Hawai'i voters approve a constitutional ban on same-sex marriage.

1997

The Hawai'i legislature passes an amendment to the Hawai'i Constitution, giving itself the power to 'reserve marriage to opposite-sex couples.'

Hawai'i becomes the first state to offer a limited subset of marriage benefits to same-sex couples through the Reciprocal Beneficiaries Act.

1996

President Bill Clinton signs the Defense of Marriage Act (DOMA), banning federal recognition of same-sex marriage and defining marriage as "a legal union between one man and one woman as husband and wife."

2015

The Hawai'i Legislature passes House Bill 631 allowing transgender people to change gender on their birth certificates without having to undergo surgery.

The US Supreme Court rules, 5-4, that same-sex couples have the fundamental right to marry, making same-sex marriage legal in all 50 states.

2016

Secretary of Defense Ash Carter announces that the Pentagon is lifting the ban on transgender people serving openly in the US military.

Hawai'i Department of Education develops guidance for schools to provide adequate support to transgender students.

Objectives

Sexual and gender minority people are often combined as a single entity for research purposes, but each is a distinct population group with its own unique health needs. The experiences of SM & TG/GNC individuals are not uniform and are shaped further by their race, ethnicity, socioeconomic status, geographical location, age, and other social determinants of health, including their exposure to adverse events in childhood or adulthood, any of which can have cumulative effects on their health-related concerns and needs.

This report begins to explore the health of Hawai'i through the lenses of sexual orientation and gender identity and expression and analyzes health outcomes in both youth and adults. It provides a first look at many important health indicators of concern among lesbian, gay, and bisexual (LGB) adults, and LGB and questioning youth in Hawai'i, with some preliminary information on TG/GNC people. However, the authors of this report humbly acknowledge that more data for SM & TG/GNC people in our state must be collected and analyzed to fully monitor health trends. Towards this end, we are grateful to our community partners and all the individuals who work tirelessly to improve the health and well-being of sexual and gender minority people in Hawai'i.

Methodology

The data for this report come from two primary sources. Youth indicators are drawn from the Hawai'i Youth Risk Behavior Survey (YRBS), and adult indicators are from the Hawai'i Behavioral Risk Factor Surveillance System (BRFSS). These surveys are administered by the State of Hawai'i in cooperation with the Centers for Disease Control and Prevention (CDC). The State of Hawai'i adheres to survey sampling, development, and administration protocols prescribed by the CDC. In addition, the data is weighted by the CDC. By following the CDC methodology, a few thousand responses collected statewide during each survey year are weighted to provide health data that is representative of the state's population. In this report, only weighted population numbers are provided. For both youth and adult indicators, standard definitions used in this report were selected to match definitions prescribed by the CDC, as well as national frameworks such as Healthy People 2020,[4] and state planning documents. Detailed data tables and indicator definitions for youth and adults may be found in **Appendix I** and **Appendix II**, respectively. Statistically significant differences between LGB or questioning populations and heterosexual populations (reference group) are highlighted.

Youth Data

The YRBS is a joint effort of the Hawai'i Departments of Health and Education, and the University of Hawai'i Curriculum Research and Development Group, to monitor the health status and needs of students in grades 6 through 12 in public schools. Separate surveys are administered to middle and high school students. The survey questions are developed and tested by the CDC. The data gathered contribute to national surveillance efforts and provide important information on the health status of our youth. The survey is administered as an anonymous pencil and paper survey in odd-numbered years. In 2015, the policy for survey administration changed from an active (opt-in) to passive (opt-out) consent process. While this change in methodology did not lead to significant variation in the overall state-level data collected, a substantial increase occurred in the number of respondents, including sexual minority youth.[37]

The YRBS monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among teens and young adults, including behaviors related to unintentional injuries and violence, sexual behaviors that contribute to unintended pregnancy and sexually transmitted infections (including Human Immunodeficiency Virus, or HIV, infection), alcohol and other drug use, tobacco use, dietary behaviors, and physical activity. The survey also includes special topics of local interest.

Questions on sexual orientation have been included in the high school YRBS since 2005. In 2011, the survey's sample size was increased to enable county-level reporting, consequently increasing the number of SM respondents and enabling analysis of YRBS data by sexual orientation. In 2017, a question on sexual orientation was included for the first time in the middle school module of the YRBS, and a question on gender identity was added to the high school module. For this report, aggregated high school data for the years 2011, 2013, and 2015 were analyzed. Respondents were asked to self-identify as heterosexual/straight, gay or lesbian, bisexual, or not sure; youth who reported being "not sure" were coded as "questioning" in this report. Descriptive analyses were conducted with Statistical Analysis Software (SAS) 9.4 (Cary, NC) to compare the prevalence and 95% confidence intervals of health outcomes across three groups of youth: heterosexual; lesbian, gay and bisexual (LGB); and questioning. If the two confidence intervals did not overlap, we considered there to be a statistically significant difference between the population values. Data are not reported for some groups for certain indicators where the sample size fell below the threshold for reporting.

Adult Data

Adult data were collected through the BRFSS, the world's largest ongoing annual telephone survey of adults aged 18 years or older. The BRFSS is coordinated nationally by the CDC and originally collected data on health risks and health behaviors related to the leading causes of death. It has expanded to include other topics including healthcare access, use of preventive health services, and emerging issues. Hawai'i has participated in the BRFSS since 1986 and the number of people surveyed each year has grown from 500 to over 6,000 and has expanded to include respondents reached through cellular and landline telephones. The State of Hawai'i relies on the BRFSS as a key resource for monitoring the health of Hawai'i's adult population.

The Hawai'i BRFSS survey has included sexual orientation questions since 2009. The BRFSS underwent substantial methodological changes in 2011, and thus, data collected in 2010 and earlier may not be combined with data since 2011. Therefore, for this report, BRFSS data from the years 2011 to 2015 were analyzed. Sexual orientation is captured in the BRFSS by asking respondents to self-identify as heterosexual/straight, homosexual/gay/lesbian, or bisexual. Unlike the youth data, adults who reported that they did not know or were not sure about their sexual orientation, or refused to answer the question, were excluded from analysis. Therefore, adult sexual orientation is reported as either heterosexual or LGB. SAS-callable SUrvey DAta ANalysis (SUDAAN; release 11.0.1) was used to age-adjust indicators.[38] Both overall and sex-specific prevalence (comparing gay or bisexual men to heterosexual men, and lesbian or bisexual women to heterosexual women) and 95% confidence intervals are reported for health indicators. Non-overlapping confidence intervals indicated statistically significant differences in the population values. Following CDC protocol, data are not reported for some groups for certain indicators where the sample size fell below the threshold for reporting, or relative standard error exceeded a value of 0.3.

Indicator Selection

The indicators found in this report were selected to capture the diverse life course, experiences, and health challenges that many sexual and gender minority people face. The LGBT health topic area in Healthy People 2020 was consulted for indicators of national concern.[2] Additionally, sexual minority health reports from other states were examined to identify other health outcomes of interest. As needed, indicators relevant to the State of Hawai'i were incorporated. The final list of indicators chosen for the current report is not all-encompassing. Nevertheless, we hope they capture the breadth of health indicators of interest for SM & TG/GNC people in Hawai'i for which sufficient data is currently available via the BRFSS or YRBS surveys.

DATA LIMITATIONS

Self-reported survey data have several limitations. First, recall bias affecting answers related to prior health risk behaviors, as well as stigma and fear associated with identifying as LGB could prevent respondents from answering truthfully. Additionally, adolescence is often a time of sexual exploration and research has shown that youth may have evolving sexual orientations.[39] Furthermore, this report only includes aggregate data of individuals who self-identify as LGB (adults) or LGB and questioning (youth) and does not explore the health behaviors and prevalence of risk factors among individuals who do not self-identify with the traditional LGBT constructs yet engage in similar behaviors and have comparable risk profiles (e.g. Young/Men who have Sex with Men [Y/MSM] who self-identify as heterosexual).

Other limitations of this report are common to all reports generated from health survey data. For example, data for some indicators are only collected every other year; this limitation is noted in each section where it applies. Also, the health indicators included in this report do not represent an exhaustive list. Notably, while factors such as homelessness and incarceration are interesting and essential to a comprehensive understanding of public health issues faced by Hawai'i's sexual minority communities, questions about these risk factors have not been included in the BRFSS or YRBS. The youth data is representative of public high schools students only, as those who attend independent schools in Hawai'i are excluded from the sample. Up to one in five high-school aged youth in Hawai'i does not attend public school.

Finally, the data presented in this report is not comprehensive. Other data sources containing information on the health of sexual and gender minorities in Hawai'i may exist. More effort is needed to clarify what other data exists and whether the data may be considered representative of the state's sexual and gender minority populations. We are also evaluating how the state's data collecting and reporting efforts may be better integrated.

MORE INFORMATION

To obtain more information on existing data resources, BRFSS and YRBS data can be accessed publicly on the Hawai'i Health Data Warehouse (HHDW) Indicator Based Information System (http://ibis.hhdw.org/ibisph-view/). Health indicators may be viewed by several demographic variables, including sexual orientation. Researchers interested in conducting record-level data analysis may contact the HHDW (http://hhdw.org).

Over 1 in 10 public high school students, approximately 4,700 students, in the state identify as lesbian, gay, bisexual, or questioning. Between 2011 and 2015, 88.7% of Hawai'i high school students identified as heterosexual, 2.2% gay or lesbian, 5.2% bisexual, and 3.8% as questioning. Questioning youth are more likely to be in lower grades compared to LGB and heterosexual students. A higher proportion of youth identifying as LGB are girls. LGB and questioning high school students in Hawai'i are racially diverse. Fewer than 1 in 5 LGB students are Caucasian, compared to over 1 in 5 who are Filipino and 1 in 4 who are Native Hawaiian.

1 IN 10 PUBLIC HIGH SCHOOL STUDENTS IDENTIFY AS LGB OR QUESTIONING.

4,700 HIGH SCHOOL YOUTH IDENTIFY AS LGB OR QUESTIONING.

WHICH IS TWICE THE SEATING CAPACITY OF THE WAIKIKI SHELL.

RACE/ETHNICITY OF LGB AND QUESTIONING HIGH SCHOOL YOUTH

Detailed data tables for youth may be found in Appendix I.

HEALTHCARE ACCESS

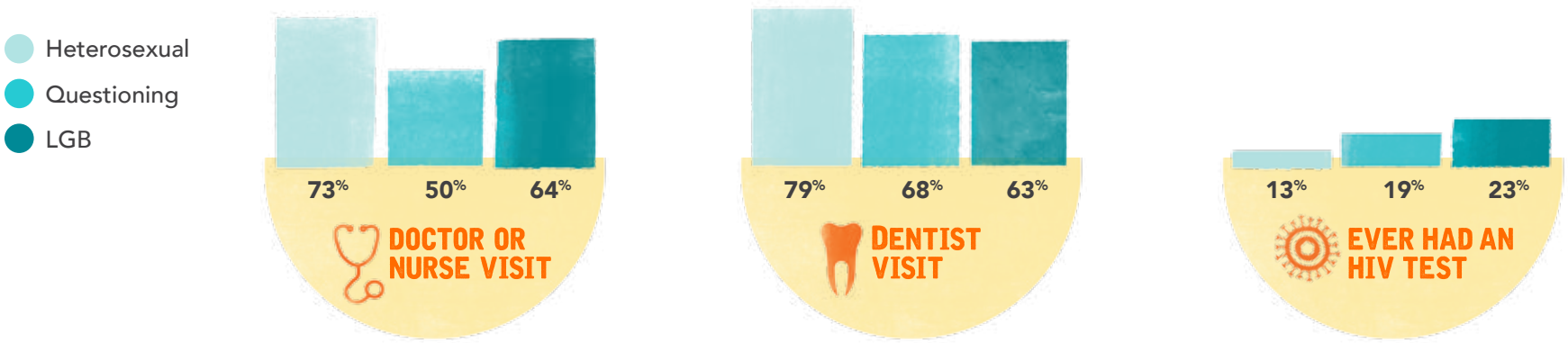
SM & TG/GNC youth experience discrimination and barriers to healthcare.[40] Studies have revealed that sexual and gender minority people are sometimes denied care; treated harshly, harassed, or refused to be touched by providers; subject to excessive questioning or examination; denied access to hormonal therapy; and referred to harmful healthcare practices such as conversion therapy.[41] A national report also found that sexual minority youth are significantly less likely to receive routine health services like dental care and testing for sexually transmitted diseases.[42]

A policy statement issued by the American Academy of Pediatrics (AAP) in 2013 affirmed the positive role healthcare providers can play in serving as a supportive role model to SM & TG/GNC youth.[43] The AAP recommends that pediatricians offer a welcoming atmosphere; remain vigilant to signs of mental health or substance use issues; use gender-neutral terms while discussing sexual health; provide a confidential place where the adolescent feels comfortable talking about their sexual identity and practices; provide testing for sexually-transmitted infections as recommended based on sexual activity; provide access to contraception for all female youth, regardless of sexual orientation; provide supportive counseling and access to hormonal therapy and surgery, as appropriate, for transgender youth; and support parents of SM & TG/GNC youth with information to normalize sexual and gender minority identities and promote acceptance.[43]

HAWAI'I SUMMARY

A significantly lower proportion of LGB and questioning youth in Hawai'i report visiting a healthcare professional such as a doctor or nurse, or seeing a dentist for a check-up in the past year compared to heterosexual youth. Questioning youth are even less likely than LGB youth to have visited a doctor or nurse for a checkup. Furthermore, only 23.0% of LGB and 18.5% of questioning young men report prior testing for the Human Immunodeficiency Virus (HIV), despite expanded screening recommendations.[44]

Only half of questioning youth saw a doctor or nurse for a check-up or physical exam in the past year *(compared to almost three quarters of heterosexual youth).*



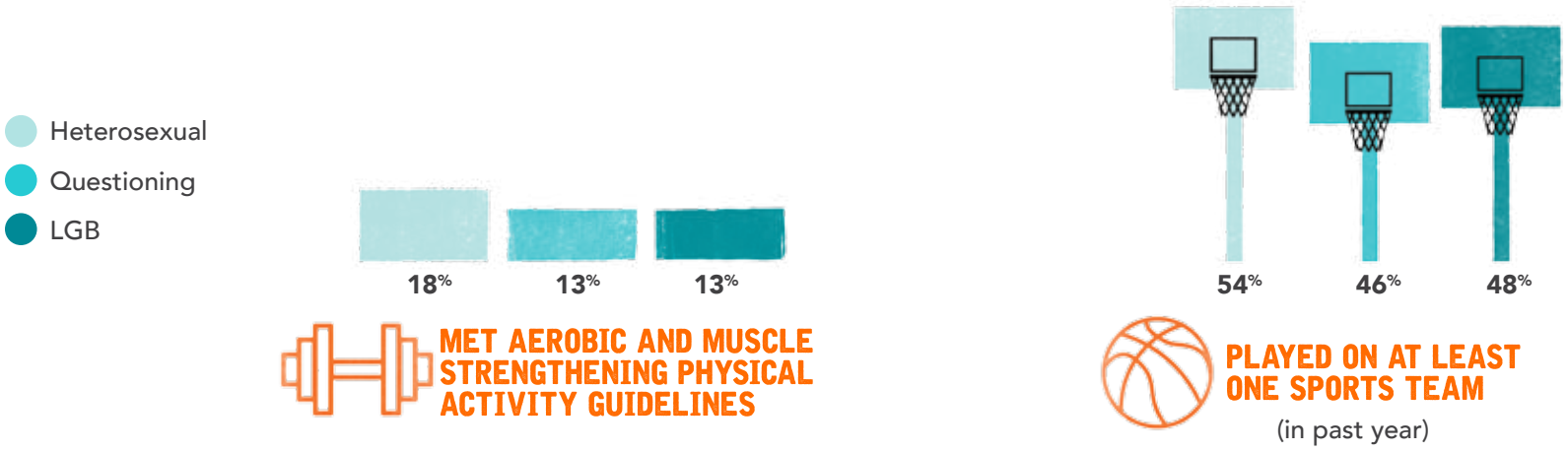
Detailed data tables for youth may be found in Appendix I.

GENERAL HEALTH

Good health in adolescence is an important and necessary foundation for future physical and mental health. Youth who experience adverse health conditions, such as being overweight or obese, are at higher risk for chronic diseases, including heart disease and diabetes, as adults.[43] A national sexual minority health report showed that, relative to their heterosexual counterparts, sexual minority youth are less likely to report consumption of fruits and vegetables, less likely to participate on at least one sports team, and less likely to engage in daily physical activity.[42] Additionally, LGB and questioning youth are more likely to spend three or more hours per day playing video games or engaging in non-academic computer time and have higher rates of obesity.[42] Schools play an important role in helping students feel socially, emotionally, and physically supported. According to the 2013 Gay, Lesbian & Straight Education Network (GLSEN) report, SM & TG/GNC students experience bullying, discrimination, and harassment in physical education (PE) classes and school sports.[45] Having PE teachers who students feel comfortable talking to about SM & TG/GNC issues and having policies that explicitly offer protections from bullying and harassment are needed to encourage greater SM & TG/GNC student involvement in PE and team sports.[45]

HAWAI'I SUMMARY

Overall, a greater proportion of LGB and questioning youth are overweight or obese in Hawai'i than heterosexual youth, but the groups are not statistically different. Most youth, regardless of sexual orientation, do not adhere to recommendations for daily fruit and vegetable consumption (defined as consuming 5 or more fruits or vegetables per day) or physical activity (defined as engaging in physical activity for 60 minutes per day for all 7 days of the week and participating in muscle and bone strengthening exercises at least three times per week).[46] Compared to heterosexual youth, a significantly lower proportion of LGB youth met guidelines for physical activity. Similarly, LGB youth are less likely to have played on at least one sports team in the past year. Regardless of sexual orientation, greater than 60% of all youth report watching TV, playing video games, and/or using a computer for something other than school work for more than 2 hours per day, with no significant differences between LGB or questioning and heterosexual youth.



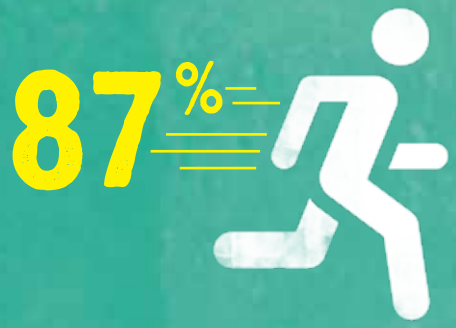
Detailed data tables for youth may be found in Appendix I.

ONE THIRD

of LGB and questioning youth are overweight or obese

4 IN 5

LGB youth do not eat 5 or more fruits and vegetables each day

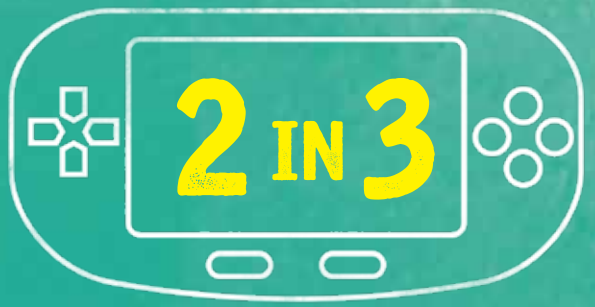


of LGB and questioning youth do not meet national guidelines for physical activity

LESS THAN HALF

of LGB and questioning youth played on at least one sports team in the past year

ABOUT



LGB youth watch tv, play video games, or use a computer for > 2 hours each day

BEHAVIORAL RISK FACTORS

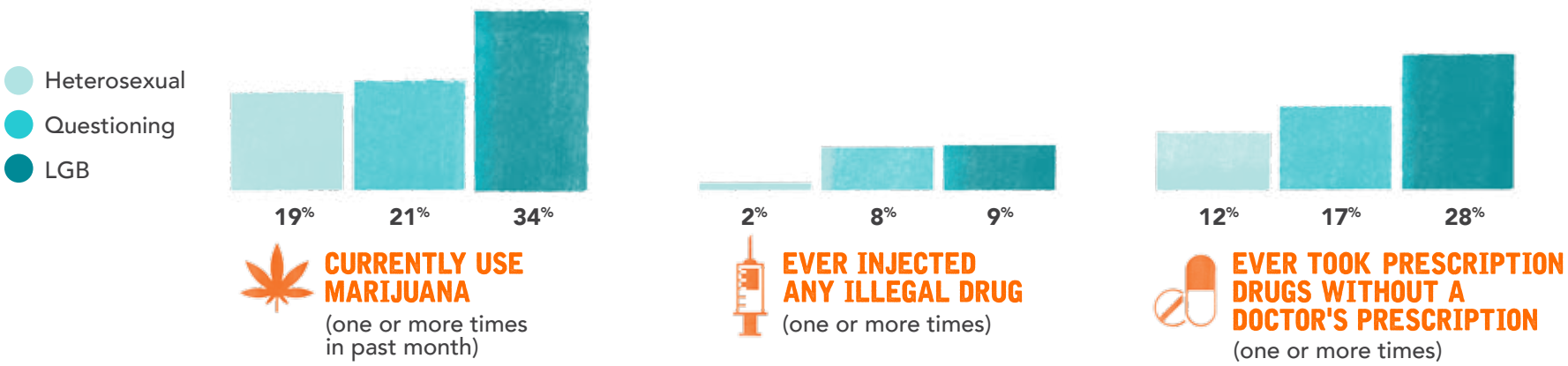
For SM & TG/GNC youth, engagement in risky behaviors may be attributed to bullying and harassment, family conflict and rejection, minority stress, childhood abuse, gender stereotypes, and peer influence.[47] According to the CDC, sexual minority youth use alcohol, drugs, tobacco and other substances at significantly higher rates than heterosexual youth.[42] Young transgender women and young gay and bisexual men are also at elevated risk for HIV infection.[48,49]

Increasing social supports in schools and improving community access to preventive health programs tailored to the unique needs of SM & TG/GNC youth are needed to reduce risky health behaviors.[50] Parents and caregivers also play influential roles. In fact, research shows that SM students are significantly less likely to report having an adult in their family with whom they feel comfortable talking with.[42] Family hostility toward SM & TG/GNC youth is associated with more youth runaways and abandonments.[51,52] San Francisco State University's Family Acceptance Project (FAP) revealed that accepting reactions from family regarding a youth's sexual or gender identity are associated with decreased risk of drug and alcohol use.[53]

HAWAI'I SUMMARY

A significantly greater proportion of Hawai'i LGB youth report currently consuming alcohol compared to heterosexual youth. LGB youth are also more likely to binge drink, smoke cigarettes, and use electronic smoking devices. In terms of other drug use, LGB youth are significantly more likely to have ever taken a prescription drug such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin or Xanax without a doctor's prescription, and to currently use marijuana compared to heterosexual youth. Both LGB and questioning youth are also more likely to report having ever injected an illegal drug. The CRAFFT tool is used to screen adolescents for high risk drug or alcohol use disorders, where CRAFFT stands for the six questions in the tool (Car, Relax, Alone Forget, Friends, Trouble); a score of 2 or more signifies high risk of having an alcohol or drug-related disorder.[54] Overall, a significantly greater proportion of LGB youth have a CRAFFT score of 2 or more.

Finally, among youth who are sexually active, LGB youth (excluding those identifying as lesbian from the analysis) are significantly less likely than heterosexual youth to have used a condom during their last sexual encounter. Data on this indicator could not be reported for questioning youth.



Detailed data tables for youth may be found in Appendix I.

1 IN 3 LGB YOUTH CURRENTLY USE MARIJUANA.
(IN THE PAST MONTH)

1 IN 10 LGB YOUTH EVER INJECTED ILLICIT DRUGS.

1 IN 4 LGB YOUTH EVER USED PRESCRIPTION DRUGS.
(WITHOUT A PRESCRIPTION)

CURRENTLY SMOKE CIGARETTES (IN THE PAST MONTH)

ALMOST 1 IN 3 LGB YOUTH CURRENTLY USE ELECTRONIC VAPING PRODUCTS.
(IN THE PAST MONTH)

43% LGB VS 26% OF HETEROSEXUAL YOUTH ARE AT INCREASED RISK FOR ALCOHOL AND DRUG DEPENDENCY.

LGB YOUTH ARE 2X MORE LIKELY TO BINGE DRINK COMPARED TO HETEROSEXUAL YOUTH.

5 OF 10 HETEROSEXUAL VS 3 OF 10 LGB YOUTH USED A CONDOM DURING THEIR LAST SEXUAL ENCOUNTER.

CURRENTLY BINGE DRINK

(4+ DRINKS ON AT LEAST ONE OCCASION FOR GIRLS, 5+ DRINKS FOR BOYS).

CURRENTLY DRINK ALCOHOL
(IN THE PAST MONTH)

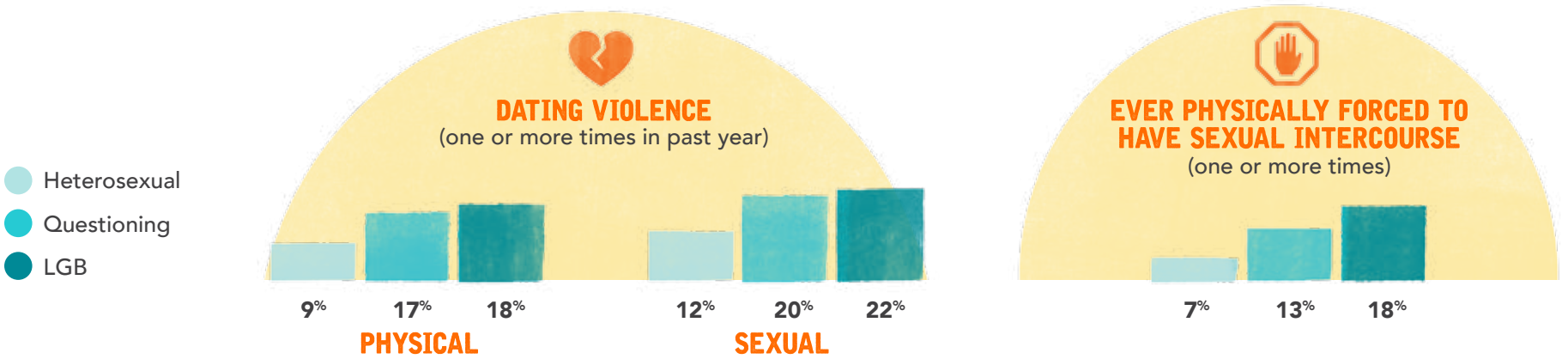
INJURY & VIOLENCE

SM & TG/GNC youth are at increased risk for bullying, teasing, harassment, physical and sexual assault, and cyber bullying.[55] They are also victims of dating violence, including physical abuse by dating partners and sexual coercion.[56] In addition, sexual minority youth are more likely to perpetrate dating violence than heterosexual youth.[56] Sexual education curricula, including sexual violence prevention education, are rarely inclusive of sexual and gender minority youth. Only 5% of SM & TG/GNC students report having health education classes that positively represent SM & TG/GNC topics, and 12% of millennials report that their sex education classes discussed same-sex relationships.[57,58] Ensuring a safe and supportive environment for SM & TG/GNC youth through community efforts and school health programs can help prevent injuries and violence and encourage them to lead fulfilling lives. Studies show that students who receive health and sex education that is explicitly inclusive of sexual and gender minority people are less likely to bully students on the basis of their sexual orientation or gender expression.[59] According to the 2016 State Equality Index, eight states prohibit the inclusion of sexual and gender minority content in sexual education, whereas four states and the District of Columbia expressly require sexual education to be inclusive of sexual and gender minorities.[60] Hawai'i neither requires nor prohibits such inclusion by law.[60]

HAWAI'I SUMMARY

Hawai'i LGB youth are significantly more likely to have adverse experiences such as physical, sexual, and emotional abuse by someone they were dating compared to heterosexual youth. Questioning youth report having experienced emotional abuse by their dating partners at rates higher than heterosexual youth. Additionally, LGB and questioning youth are significantly more likely to report being forced into having sexual intercourse.

Beyond intimate partner violence, LGB and questioning youth experience other peer-based adverse events at higher rates than heterosexual youth. For example, a significantly greater proportion of LGB and questioning youth report being bullied in the past year, either at school or electronically, with LGB youth being twice as likely as heterosexual youth to be bullied electronically. LGB and questioning youth are also more likely to skip school because they feel unsafe at school, or on their way to or from school.



Detailed data tables for youth may be found in Appendix I.

LGB YOUTH ARE

2X MORE LIKELY

TO EXPERIENCE PHYSICAL OR SEXUAL DATING VIOLENCE.

43%

OF LGB YOUTH HAVE BEEN BULLIED (EITHER AT SCHOOL OR ELECTRONICALLY).

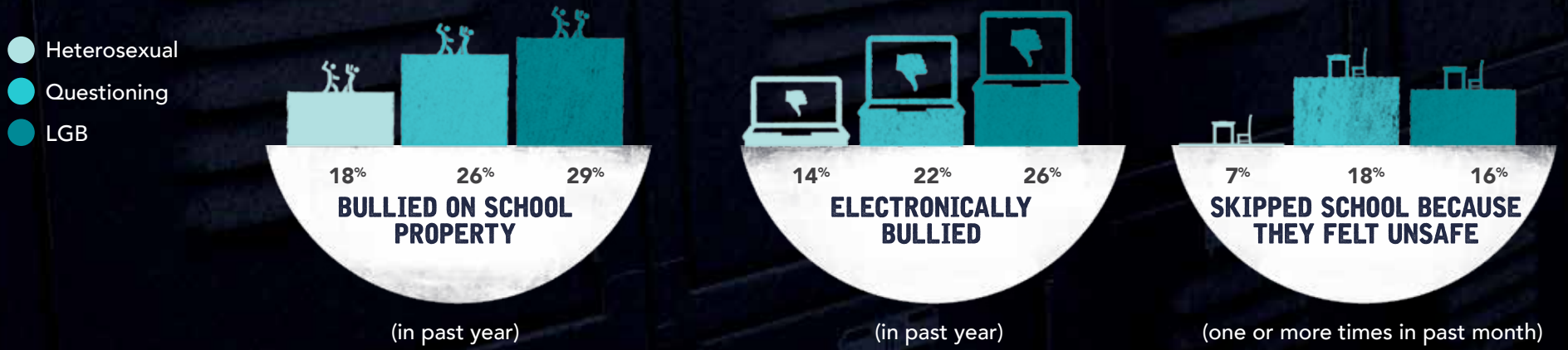
HALF OF LGB YOUTH

WERE CONTROLLED OR EMOTIONALLY HURT BY SOMEONE THEY WERE DATING IN THE PAST YEAR.

LGB AND QUESTIONING YOUTH ARE NEARLY

3X MORE LIKELY

TO SKIP SCHOOL BECAUSE THEY FEEL UNSAFE COMPARED TO HETEROSEXUAL YOUTH.

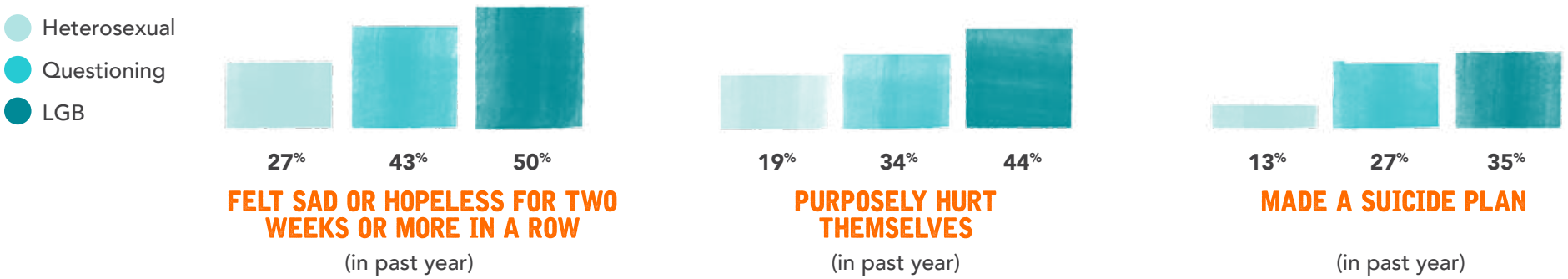


MENTAL HEALTH

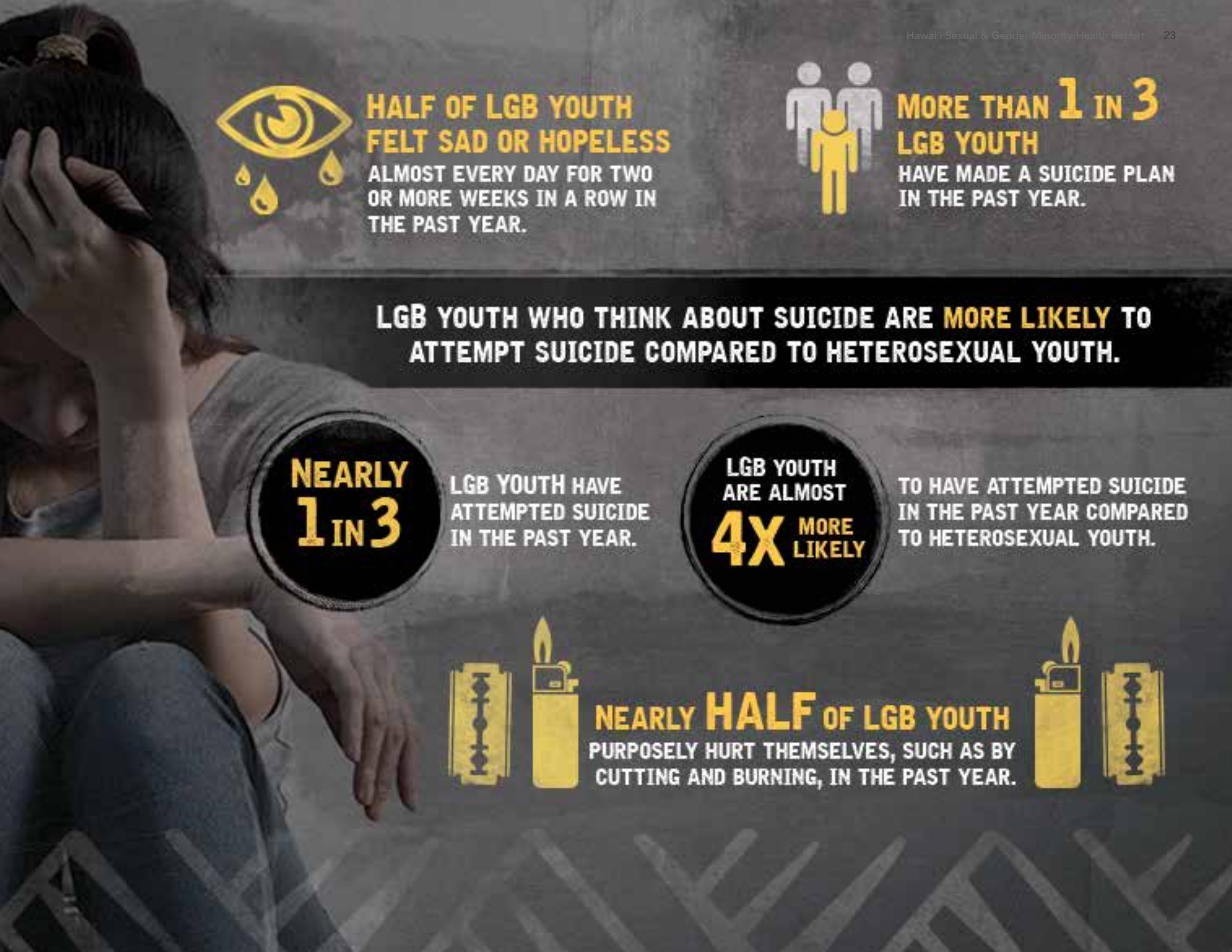
Sexual and gender minority youth often have to cope with the challenges of social stigma and discrimination.[61] These youth may face neglect or abuse from their families and bullying from peers due to their sexual orientation.[62] Not surprisingly, rates of depression and suicidality are higher among SM & TG/GNC youth.[63,64] Sexual and gender minority youth who have been highly victimized are more than twice as likely to report being clinically depressed than other LGB youth.[65] Lack of acceptance and abuse in the home and at school are also associated with a disproportionate number of homeless SM & TG/GNC youth.[51] Furthermore, family rejection during adolescence is related to increased likelihood of mental health and substance abuse problems.[62] Programs such as St. Paul Minnesota's *Out for Equity* have implemented strategies to address homophobia in schools and at home by reducing harassment and violence against sexual minorities students, staff, and families.[66]

HAWAI'I SUMMARY

Hawai'i's LGB and questioning youth report a significantly higher prevalence of mental distress and suicidal ideation compared to heterosexual youth. The proportion of LGB youth who report feeling sad or hopeless for two or more weeks in the past year is almost twice that of heterosexual youth. Additionally, LGB and questioning youth are significantly more likely to have engaged in self-injurious acts such as cutting or burning, considered suicide, made a suicide plan, and attempted suicide in the past year than heterosexual youth. The prevalence of LGB youth who report that they have considered and attempted suicide is also significantly higher than questioning youth.



Detailed data tables for youth may be found in Appendix I.



HALF OF LGB YOUTH FELT SAD OR HOPELESS

ALMOST EVERY DAY FOR TWO OR MORE WEEKS IN A ROW IN THE PAST YEAR.

MORE THAN 1 IN 3 LGB YOUTH

HAVE MADE A SUICIDE PLAN IN THE PAST YEAR.

LGB YOUTH WHO THINK ABOUT SUICIDE ARE MORE LIKELY TO ATTEMPT SUICIDE COMPARED TO HETEROSEXUAL YOUTH.

NEARLY 1 IN 3 LGB YOUTH HAVE ATTEMPTED SUICIDE IN THE PAST YEAR.

LGB YOUTH ARE ALMOST **4X** MORE LIKELY TO HAVE ATTEMPTED SUICIDE IN THE PAST YEAR COMPARED TO HETEROSEXUAL YOUTH.

NEARLY HALF OF LGB YOUTH

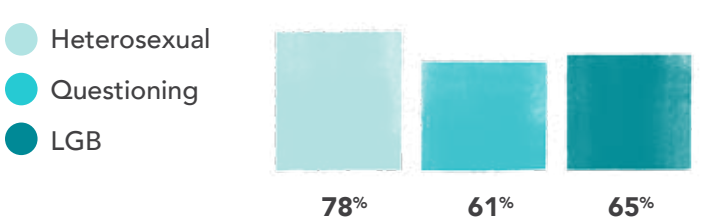
PURPOSELY HURT THEMSELVES, SUCH AS BY CUTTING AND BURNING, IN THE PAST YEAR.

PROTECTIVE FACTORS

Factors that protect youth from engaging in behaviors that lead to poor health outcomes play an important mediating role in the development and life course of youth.[67] These protective factors include family support and acceptance; the presence of caring adults, including in the school environment; positive peer influences; strong self-esteem; and involvement in school activities.[68] Insufficient protective factors are associated with poor school adjustment, suicidal ideation, and high smoking rates, among other risk factors that lead to poor outcomes.[69-71] Therefore, strengthening various protective factors at the individual, interpersonal, and community levels is essential for building resiliency among sexual and gender minority youth. Critical supports discussed elsewhere in this report, such as the presence of school Gay-Straight Alliances (GSA), policies that protect youth from bullying and harassment, the presence of caring teachers and staff with whom they feel comfortable discussing SM & TG/GNC issues, and family acceptance, positively influence a young person's ability to build resiliency and overcome adversity.[45,53,59,72]

HAWAI'I SUMMARY

About two thirds of all youth in Hawai'i report having an adult figure in school they can talk to if they have a problem. LGB, questioning, and heterosexual youth have similar access to support in school. However, LGB and questioning youth are significantly less likely to have an adult figure outside of school with whom they can talk to about things they care about compared to heterosexual youth. Less than half of all youth report having a parent or adult with whom they have discussed the dangers of tobacco, alcohol, or drugs in the past year. No significant differences are evident by sexual orientation for this indicator.



HAVE AN ADULT OUTSIDE OF SCHOOL TO TALK TO

DO NOT HAVE AN ADULT FIGURE OR TEACHER IN SCHOOL THEY CAN TALK TO ABOUT THINGS IMPORTANT TO THEM

OF QUESTIONING YOUTH HAVE NOT TALKED TO A PARENT OR OTHER ADULT ABOUT THE DANGERS OF TOBACCO, ALCOHOL, OR DRUGS

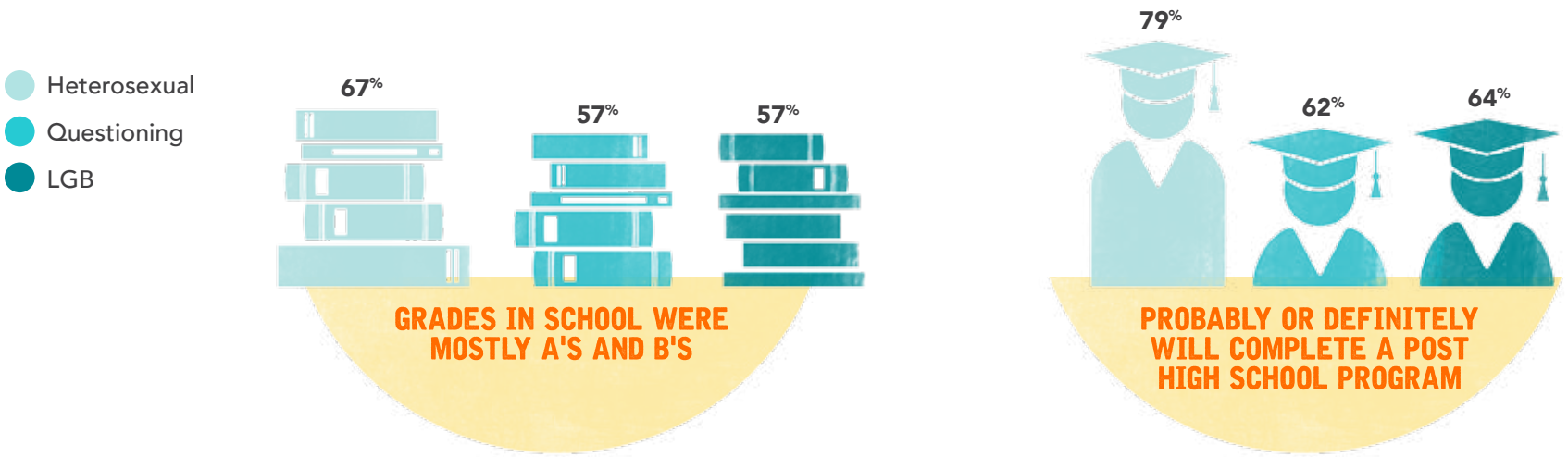
Detailed data tables for youth may be found in Appendix I.

ACADEMIC ACHIEVEMENT

Numerous studies have documented the close relationship between health and academic achievement.[73] Inequities in education may negatively impact an individual's earning potential and quality of life. School health programs have the potential to contribute to academic success.[74] Attaining higher levels of education is associated with greater income, lower rates of obesity and chronic diseases, and longer life expectancy.[75,76] While schools must strive to provide a safe atmosphere for learning to all students, many SM & TG/GNC students experience a hostile climate at school and may choose to miss school to avoid unpleasant and negative experiences that threaten their safety and well-being. Studies show that experiencing negative school climates and victimization are related to lower academic performance and self-esteem among SM & TG/GNC youth.[57] School-located resources, such as GSA clubs, that address these issues have a positive impact on school climate for SM & TG/GNC students.[72] Sexual minority youth who attend schools with GSAs are less likely to hear homophobic remarks or report feeling unsafe at school, less likely to experience dating violence or feel threatened or injured at school, less likely to miss school days out of fear, more likely to experience a positive school environment with supportive teachers, faculty and staff, and feel a greater sense of belonging to their school communities.[72] In turn, sexual minority students who feel more supported in school have higher grade point averages and are more likely to intend to pursue post-high school education.[72]

HAWAI'I SUMMARY

Heterosexual youth in Hawai'i report significantly greater rates of high educational achievement and intent to pursue higher education than LGB youth. LGB youth are less likely to report earning mostly A's or B's in the past year. LGB and questioning youth are significantly less likely than their heterosexual peers to report that they will probably or definitely complete a post high school program such as a vocational training program, military service, community college, or 4-year college.



Detailed data tables for youth may be found in Appendix I.

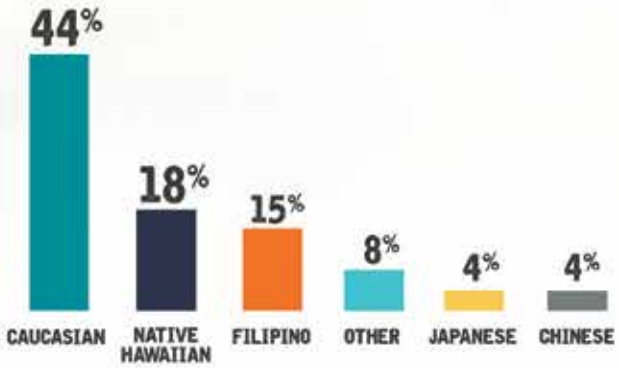
Over 3% of adults, approximately 30,200 persons in Hawai'i, identify as lesbian, gay, or bisexual. Furthermore, 5,600 (0.6%) adults identify as transgender or gender non-conforming. Hawai'i's LGB adults are racially and ethnically diverse, with less than half of LGB identifying as Caucasian, and approximately 18% identifying as Native Hawaiian, 15% as Filipino, and 9% as Japanese. Additionally, more than half of LGB adults have received higher education, with 30% having a four-year college degree or higher. LGB adults, however, earn less than heterosexual adults overall. Nearly 60% of LGB adults have a household income less than $50,000 per year compared to just under half of all heterosexual adults. LGB adults are also more likely to be younger and to report never being married. LGB adults are geographically distributed similarly to heterosexual adults, with representation across all counties in Hawai'i.

30,200 ADULTS
IDENTIFY AS LGB WHICH IS 3X THE CAPACITY OF THE STAN SHERRIF CENTER --->

5,600 ADULTS
IDENTIFY AS TRANSGENDER OR GENDER NON-CONFORMING

60% OF LGB ADULTS
HAVE A HOUSEHOLD INCOME OF LESS THAN $50,000

RACE/ETHNICITY OF LGB ADULTS



Detailed data tables for adults may be found in Appendix II.

HEALTHCARE ACCESS

Historically, the lack of legal recognition of same-sex families, under acts such as the Family Medical Leave Act (FMLA), has led to healthcare access issues including denial of health insurance coverage by employers.[77] Recent national landmark initiatives, such as repeal of the Defense of Marriage Act (DOMA) and passage of the Affordable Care Act (ACA), have reduced gaps in access to healthcare coverage and embedded additional protections to prohibit discrimination on the basis of sexual orientation and gender identity.[77] Still, transgender individuals are less likely to have health insurance, and many transgender-specific healthcare needs such as gender-affirming medical interventions continue to be denied by several health plans.[77]

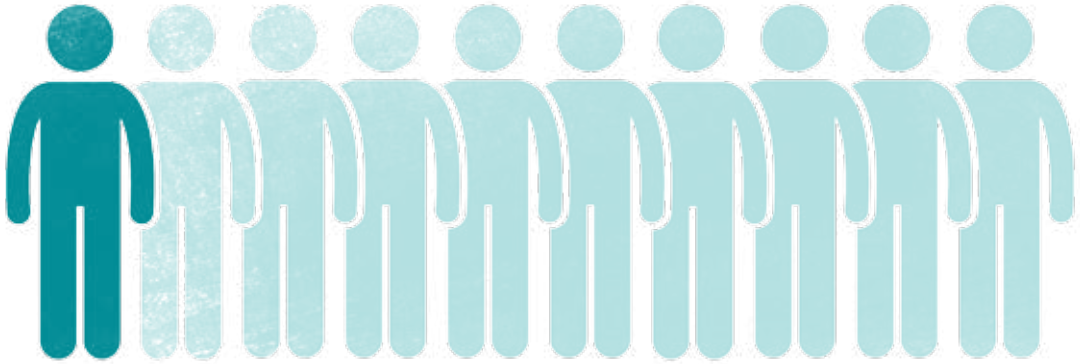
SM & TG/GNC individuals continue to experience other personal and systemic inequalities limiting healthcare access. More than half of SM individuals and the majority of those identifying as TG/GNC report having been denied health services, treated with contempt by their healthcare providers, blamed or shamed for their health status, or denied access to necessary services (including hormone therapy).[40] An even higher proportion of SM & TG/GNC people of color report experiencing discriminatory or substandard care.[40] In Hawai'i, over half (55%) of transgender people report experiencing healthcare discrimination.[78] SM & TG/GNC individuals are less likely to have a regular healthcare provider.[77]

Strategies for improving healthcare access for SM & TG/GNC people include establishment of policies that explicitly protect SM & TG/GNC people in the healthcare setting; staff training on SM & TG/GNC-specific health issues and cultural competency; and promulgation of best practices such as those developed by the World Professional Association for Transgender Health and the Substance Abuse and Mental Health Services Administration.[40,77,79]

HAWAI'I SUMMARY

LGB adults in Hawai'i are just as likely as heterosexual adults to have health insurance and an ongoing source of primary care, such as a consistent primary care provider. However, when analyzing differences among men and women separately, a significantly lower proportion of lesbian or bisexual women have an ongoing source of care than heterosexual women.

1 IN 10
LGB ADULTS DO NOT HAVE HEALTH INSURANCE



Detailed data tables for adults may be found in Appendix II.

Research has shown poorer health outcomes among SM & TG/GNC adults than heterosexual people.[1] In many instances, SM & TG/GNC individuals may encounter humiliating or harsh situations with their healthcare system, which discourages them from seeking healthcare services and disclosing their minority identities.[77,80] These behaviors can lead to inadequate care.[40]

SM & TG/GNC individuals are also less likely to receive timely medical care and have lower rates of preventive screenings.[40] SM individuals rate their health as poor more often than heterosexual people and have more chronic conditions.[77] Lesbian and bisexual women report poorer physical health, have higher rates of obesity, and are at greater risk for heart disease and certain cancers than heterosexual women. Gay and bisexual men are more likely to have HIV and/or acquired immunodeficiency syndrome (AIDS), more likely to be diagnosed with and less likely to survive cancer, and are more likely to have cardiovascular disease than heterosexual men.[1,77] TG/GNC individuals are even more likely than SM to report poor health outcomes.[77]

Possible strategies to increase healthcare engagement include employing community-based, peer-led outreach models focused on SM & TG/GNC individuals; using communications campaigns to normalize and promote respect for SM & TG/GNC people; and involving SM & TG/GNC consumers in development of policy and service delivery models.[81]

HAWAI'I SUMMARY: "SCREENING & PREVENTIVE BEHAVIORS"

LGB adults in Hawai'i are as likely as heterosexual adults to meet daily fruit and vegetable consumption (defined as eating 5 or more fruits and vegetables per day) and meet physical activity recommendations (defined as engaging in 150 minutes of moderate-intensity, 75 minutes of vigorous intensity, or any equivalent combination of physical activity per week and additionally performing muscle strengthening exercises 2 times per week). However, sex-specific differences exist for fruit and vegetable consumption. Gay or bisexual men are significantly more likely to meet recommended daily fruit and vegetable consumption compared to heterosexual men.

Despite recommendations for annual HIV testing among men who have sex with men, fewer than three in five gay or bisexual men in Hawai'i have been screened for HIV in the past two years, which is not significantly higher than the proportion of heterosexual men screened for HIV over the same time period.[44] LGB women are significantly less likely to adhere to breast cancer screening guidelines (mammogram in the past two years) compared to heterosexual women. Adherence to cervical cancer (a pap test in the past three years) and colorectal cancer screening guidelines (defined as having a blood stool test in the past year, a sigmoidoscopy in the past 5 years and blood stool test in the past 3 years, or a colonoscopy in the past 10 years) are comparable in both populations.[82] Overall, LGB adults are as likely as heterosexual adults to have visited a dentist in the past year.

Detailed data tables for adults may be found in Appendix II.

SCREENING & PREVENTIVE BEHAVIORS

2 IN 5
GAY OR BISEXUAL MEN
(ages 18-64)

have not been screened for HIV in the past two years

26%
LESBIAN OR BISEXUAL WOMEN

- (ages 21-65) **have not** had a pap smear in the past three years
- (ages 50-74) **have not** had a mammogram in the past 2 years

1 IN 3
LGB ADULTS

- **do not** meet national colorectal cancer screening recommendations
- **have not** visited a dentist in the past year

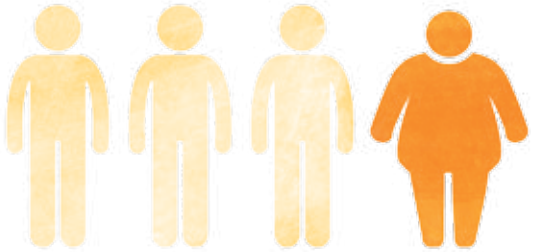
ABOUT 75%
OF LGB ADULTS

- **do not** meet physical activity guidelines
- **do not** meet recommended daily fruit and vegetable intake

HAWAI'I SUMMARY: "CHRONIC DISEASES"

Overall, there is no significant difference in self-reported general health status between LGB and heterosexual adults in Hawai'i. However, a significantly higher proportion of LGB adults are limited in their activities due to poor physical or mental health. Additionally, the prevalence of any type of cancer and asthma is significantly higher among LGB adults. LGB adults have higher rates of several other chronic conditions compared to heterosexual adults, although these differences are not statistically significant. These include high blood cholesterol; history of heart attack; chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis; and being diagnosed with three or more chronic conditions. On the other hand, LGB adults are significantly less likely than heterosexual adults to report having high blood pressure.

When the data is analyzed by sex, several sex-specific differences emerge. For example, gay or bisexual men are significantly more likely than heterosexual men to report their health status to be excellent. Conversely, lesbian or bisexual women are more likely than heterosexual women to report being in poor health. Lesbian or bisexual women also have higher rates of obesity; prediabetes; asthma; arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia; and a history of stroke compared to heterosexual women. They are also more likely to be diagnosed with two or more chronic conditions and have activity limitations due to poor physical or mental health.



1 IN 4
LGB ADULTS HAVE OBESITY

1 IN 5
LGB ADULTS HAVE ASTHMA

11%
OF LGB ADULTS HAVE EVER HAD CANCER

Detailed data tables for adults may be found in Appendix II.


38% OF LGB ADULTS
HAVE 2 OR MORE
CHRONIC CONDITIONS.

LESBIAN OR BISEXUAL WOMEN ARE LESS LIKELY TO HAVING AN ONGOING SOURCE OF PRIMARY CARE COMPARED TO HETEROSEXUAL WOMEN

IN ADDITION, LESBIAN OR BISEXUAL WOMEN ARE MORE LIKELY TO:

BE VICTIMS OF
PHYSICAL & SEXUAL VIOLENCE

- PHYSICAL ABUSE BY A CURRENT OR FORMER PARTNER — 33%
- RAPE OR ATTEMPTED RAPE — 30%

HAVE
POOR MENTAL HEALTH

2x MORE LIKELY TO HAVE:

- A DEPRESSIVE DISORDER
- 14 OR MORE POOR MENTAL HEALTH DAYS

29% LESBIAN OR BISEXUAL WOMEN

12% HETEROSEXUAL WOMEN

SMOKE CIGARETTES

OVER HALF DRINK ALCOHOL

20% BINGE DRINK

1 IN 3 LESBIAN OR BISEXUAL WOMEN HAVE OBESITY

THEY ARE LESS LIKELY TO RECEIVE PREVENTIVE SCREENINGS SUCH AS:

MAMMOGRAMS

1 IN 4 LESBIAN OR BISEXUAL WOMEN HAVE NOT HAD A MAMMOGRAM IN THE PAST 2 YEARS (VS. 1 IN 6 HETEROSEXUAL WOMEN)

HEALTH INEQUITIES AMONG

LESBIAN OR BISEXUAL WOMEN ARE AT INCREASED RISK FOR POOR HEALTH OUTCOMES. IN FACT, LESBIAN OR BISEXUAL WOMEN ARE ALMOST 3X MORE LIKELY TO REPORT POOR OVERALL HEALTH.

CHRONIC CONDITIONS

2 OUT OF 5 LESBIAN OR BISEXUAL WOMEN HAVE 2 OR MORE CHRONIC CONDITIONS

STROKE

LESBIAN OR BISEXUAL WOMEN ARE NEARLY:

3X MORE LIKELY TO HAVE A STROKE COMPARED TO HETEROSEXUAL WOMEN

INFLAMMATORY DISEASES

MORE THAN A **QUARTER** OF LESBIAN OR BISEXUAL WOMEN HAVE ARTHRITIS, RHEUMATOID ARTHRITIS, LUPUS, GOUT, OR FIBROMYALGIA

1 OUT OF 5 WOMEN WHO IDENTIFY AS LESBIAN OR BISEXUAL HAVE **PREDIABETES**

BECAUSE OF THEIR POOR PHYSICAL OR MENTAL HEALTH:

LIMITED ACTIVITIES

1 IN 3 LESBIAN OR BISEXUAL WOMEN ARE LIMITED IN THEIR ACTIVITIES

ASTHMA

28% OF LESBIAN OR BISEXUAL WOMEN HAVE ASTHMA (VS. 19% HETEROSEXUAL WOMEN)

LESBIAN AND BISEXUAL WOMEN

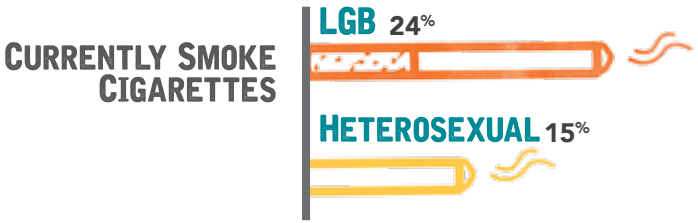
BEHAVIORAL RISK FACTORS

Nationally, SM & TG/GNC people report significantly higher rates of substance use compared to heterosexual and cisgender populations.[83] Research demonstrates that minority stress and past experiences of discrimination are closely related to substance abuse in these populations.[80,84-86] Overall, SM communities report more than twice the rate of illicit drug use,[84] with bisexuals reporting the highest risk for substance use. Lesbian and bisexual women are also three times more likely to use illicit drugs,[87] and two times more likely to binge drink than heterosexual women.[88] Finally, SM & TG/GNC adults smoke cigarettes at significantly higher rates than the general population, and those who identify as bisexual are more than twice as likely to smoke.[80,89]

Some recommendations to address these disparities include culturally sensitive and respectful systems of care, treatment of co-occurring mental health disorders, confidentiality for persons with HIV/AIDS, peer supports, suicide prevention efforts, and engagement of participants in recovery from substance use and mental health disorders in healthy activities that promote social engagement.[81]

HAWAI'I SUMMARY

Overall, LGB adults in Hawai'i are significantly more likely to smoke cigarettes and consume alcohol than heterosexual adults. While rates of binge drinking are higher, the difference between LGB and heterosexual adults overall is not statistically significant. When analyzed by sex, lesbian or bisexual women are significantly more likely to consume alcohol, binge drink, and are more than twice as likely to smoke cigarettes as heterosexual women.



Detailed data tables for adults may be found in Appendix II.

INJURY & VIOLENCE

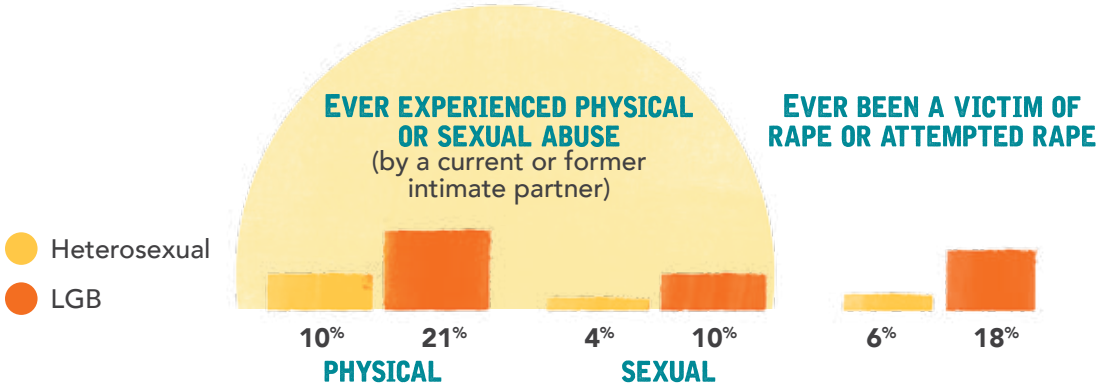
SM & TG/GNC people are especially vulnerable to experiencing hate crimes and intimate partner violence.[20,90] A national survey found that almost three quarters of SM individuals have been targets of verbal abuse and one third reported experiencing physical violence because of their sexual orientation.[91] A second survey found that 38% of transgender persons have experienced physical violence.[14] In Hawai'i, 73% of transgender women and 41% of transgender men surveyed have been victims of a hate crime.[78] Hate crimes against SM & TG/GNC communities are under-reported. Half of all survivors do not report the crime to the police, and the police are less likely to classify violence against SM & TG/GNC people of color as hate crimes.[92] In 2015, 1 in 5 hate crimes were found to be the result of sexual orientation or gender identity bias.[93] SM & TG/GNC persons of color are more than twice as likely to be victims of hate crimes.[92]

Studies show that individuals who experienced childhood abuse or witnessed domestic violence are significantly more likely to either perpetrate or be victims of intimate partner violence in adulthood.[94] Nationally, between 20-35% of SM & TG/GNC adults are, or have been, in relationships where they experienced intimate partner violence.[94] The majority of domestic violence victims (2 out of 3) among SM and TG/GNC adults are people of color, with transgender persons more likely to face threats, intimidation, and police violence related to their domestic violence.[95]

Strategies to reduce violence include cultural competency training for emergency responders and employees of the justice system, public education campaigns on intimate partner violence that are inclusive of SM & TG/GNC individuals, and laws to increase protection for SM & TG/GNC communities.[92,95,96]

HAWAI'I SUMMARY

LGB adults in Hawai'i are significantly more likely than heterosexual adults to experience both physical and sexual abuse by an intimate partner. LGB adults are more than twice as likely to experience sexual abuse and nearly three times as likely to experience physical abuse in intimate relationships compared to heterosexual adults. When examined by sex, lesbian or bisexual women are significantly more likely to report physical abuse by a current or former intimate partner compared to heterosexual women. Gay or bisexual men are significantly more likely to report being sexually abused by their partners compared to heterosexual men. Additionally, LGB adults are significantly more likely to have been victims of rape or attempted rape compared to heterosexual adults. These disparities are statistically significant between gay or bisexual and heterosexual men, as well as between lesbian or bisexual and heterosexual women.



GAY OR BISEXUAL MEN ARE 7X MORE LIKELY TO EXPERIENCE SEXUAL ABUSE BY A PARTNER COMPARED TO HETEROSEXUAL MEN

10% OF GAY OR BISEXUAL MEN REPORT BEING A VICTIM OF RAPE OR ATTEMPTED RAPE COMPARED TO 3% OF HETEROSEXUAL MEN

Detailed data tables for adults may be found in Appendix II.

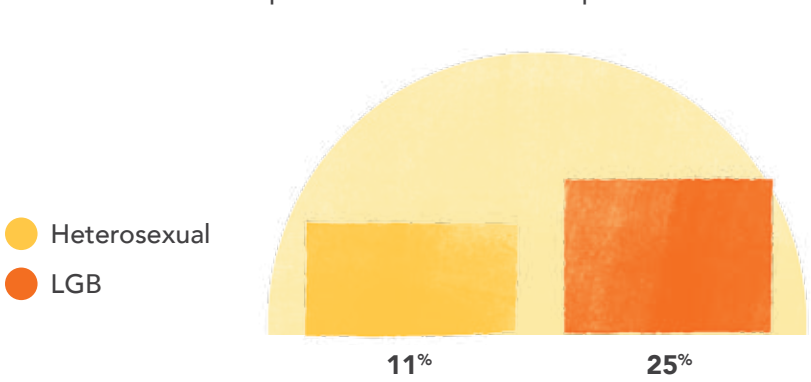
MENTAL HEALTH

Mental health is a vital component of a person's well-being. Multiple studies demonstrate that SM & TG/GNC individuals experience depression, anxiety, and psychological distress at higher rates than those who identify as heterosexual or cisgender.[97-99] Not surprisingly, SM & TG/GNC persons have higher rates of suicide attempts, with 41% of TG/GNC respondents and 8.3% of LGB respondents having attempted suicide, compared to less than 2% of the general population.[81] These negative health outcomes are often worse for those who are not open about their minority identity.[80,98,100] Factors that explain these disparities include higher rates of discrimination, victimization, and societal and familial rejection experienced by SM & TG/GNC communities.[80,81,99,101,102] In addition, minority stress, isolation, chronic exposure to invalidating stereotypes, multiple minority statuses, and a history of childhood abuse may compound the trauma experienced.[80,101] Although SM & TG/GNC adults have greater mental health needs and use mental health services to a larger extent compared to the general U.S. population, research has found that SM & TG/GNC populations are more likely to be dissatisfied with the mental health services they receive, possibly due to experienced discrimination in their interactions with mental health providers.[81,99]

Access to appropriate and effective treatment by culturally competent mental health providers who have received SM & TG/GNC-specific training is a key factor in promoting recovery among SM & TG/GNC individuals suffering from mental health issues.[81]

HAWAI'I SUMMARY

Hawai'i LGB adults report significantly greater prevalence of depressive disorders and are more likely to have experienced 14 or more days of poor mental health in the past month compared to heterosexual adults. More than twice the proportion of lesbian or bisexual women and gay or bisexual men report having a depressive disorder compared to heterosexual women and men respectively. Additionally, lesbian or bisexual women are more likely than heterosexual women to have experienced 14 or more days of poor mental health in the past month.

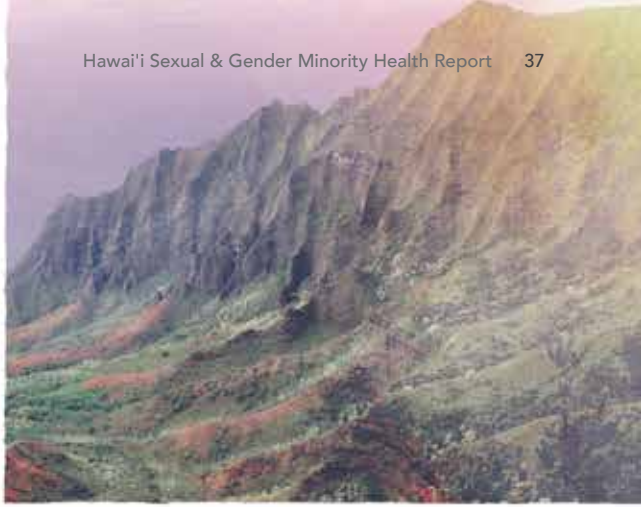


EVER TOLD THEY HAVE A DEPRESSIVE DISORDER

LGB ADULTS ARE 2X MORE LIKELY TO HAVE A DEPRESSIVE DISORDER COMPARED TO HETEROSEXUAL ADULTS

LGB ADULTS ARE MORE LIKELY TO HAVE 14 OR MORE DAYS IN A MONTH WHEN THEIR MENTAL HEALTH WAS POOR

Detailed data tables for adults may be found in Appendix II.



This report provides an initial in-depth look at the health of sexual minority populations in Hawai'i. It reveals that the health of sexual minorities in our state mirrors many national trends. LGB youth in Hawai'i experience bullying in school and electronic bullying at rates that are much higher than heterosexual students. Accordingly, they are more likely to skip school because of feeling unsafe. LGB youth are also less likely than heterosexual students to receive good grades (As and Bs) in school, less likely to be physically active and participate on sports teams, and less likely to believe that they will pursue vocational or academic training after completing high school. They are less likely to have access to supportive adults at home, and less likely to be in relationships where they feel safe. More LGB youth have experienced emotional, physical, and sexual violence or abuse in their relationships. Almost one in five LGB youth report having been forced to have sexual intercourse against their will.

Not surprisingly, on all indicators of mental health, LGB youth perform worse than heterosexual youth. **Every year, nearly one in three youth identifying as LGB, and nearly one in five identifying as questioning in Hawai'i, attempt suicide.** In addition, LGB youth in Hawai'i drink alcohol, engage in binge drinking, smoke cigarettes, and use drugs at rates that are significantly higher than heterosexual youth. They are also more likely to be at risk for substance use disorders. Particularly alarming are the significantly higher rates of injection drug use and prescription drug misuse, and use of new and emerging tobacco products such as e-cigarettes in this population. LGB youth are also less likely to engage in protective behaviors: they are less likely to visit a doctor for routine check-ups, less likely to receive routine oral healthcare, and less likely to use condoms. Despite expanded testing recommendations, they are not receiving HIV testing at a higher rate than heterosexual youth.[44]

Youth classified as questioning follow many of the same trends as LGB youth, but have fewer areas where they are significantly different from heterosexuals. However, the lower number of indicators where questioning youth are significantly different from heterosexual youth may not indicate fewer areas of disparities. This is because the Hawai'i sample contains fewer youth who are classified as questioning, and the data may not be robust enough to discern finer differences in the population at this time. Moreover, questioning youth are typically younger and in lower grades. Therefore, the indicators where disparities are seen are particularly alarming.

The health of LGB adults in Hawai'i mirrors trends reported in LGB youth. LGB adults are more likely to have suffered adverse experiences that are risk factors for poor health outcomes, such as sexual violence in intimate partner relationships and a history of rape or attempted rape. LGB adults engage in risk behaviors such as smoking and drinking to a greater extent, and women identifying as lesbian or bisexual are more likely to engage in problematic drinking than heterosexual women. As seen among youth, LGB adults have worse mental health outcomes than heterosexual adults. Also, despite having comparable educational attainment as heterosexual adults, a greater proportion of LGB than heterosexual adults in Hawai'i earn less. While an overwhelming majority of LGB and heterosexual adults have healthcare coverage and regularly go to the doctor, lesbian or bisexual women are significantly less likely than heterosexual women to have an ongoing source of primary care. On indicators of preventive healthcare – receipt of some cancer screenings and HIV tests – LGB adults fare worse than the heterosexual population. LGB adults are more likely to be limited in their activities due to poor physical or mental health. They suffer higher rates of cancer and asthma than the heterosexual population. Lesbian or bisexual women suffer disproportionately from obesity; prediabetes; stroke; asthma; and arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia. They are more likely to be diagnosed with multiple chronic conditions than heterosexual women and more likely to report being in poor general health.

In some instances, LGB adults fare better than heterosexual adults in Hawai'i. For example, LGB adults are less likely to have been diagnosed with high blood pressure than heterosexual adults. Gay or bisexual men are more likely to eat adequate servings of fruits and vegetables per day and rate their overall health status as excellent compared to heterosexual men. For a number of other health indicators, LGB adults are not significantly different from heterosexuals. The small sample size for LGB adults (only 3% of adults identified as LGB) may have obscured some true differences. In other cases, there may truly be an absence of a disparity, but more years of data collection are needed to discern between these possibilities. Also, because we combined all years for which data was available, we did not assess trends over time. Lastly, we continue to await sufficient data collection before being able to report on the health of Hawai'i's TG/GNC population.

The State of Hawai'i has made tremendous progress in passing policies to protect SM & TG/GNC people in Hawai'i. Many recent policies, including marriage rights, parity in health insurance coverage, and protections from discrimination, are critical successes to be preserved and built upon. Current trends in policymaking are increasingly in alignment with the needs of local SM & TG/GNC communities.

A recent survey of these communities prioritized the following as important policy issues: safety in schools and institutions, transition services for transgender people, education for parents, access to culturally appropriate care, and more.[3] In addition, as more data is collected and the disparities in this population are documented, greater resources are being dedicated to prioritize and target community efforts to improve the health of SM & TG/GNC people. For example, the Hawai'i State Department of Health's Tobacco Prevention & Education Program identified LGBT adults as a priority population to target for smoking prevention and cessation resources in its recently released 5-year strategic plan.[103] In 2016, the Hawai'i Department of Education developed guidance for schools to provide adequate support to transgender students that highlights students' rights "to privacy and confidentiality with respect to their gender identity and expression."[104] An enhanced effort to understand, systematically address, and consistently monitor disparities in health risk factors and outcomes in SM & TG/GNC communities of Hawai'i is needed to achieve and maintain positive health outcomes for the population.

Table 1: Demographic Characteristics of Hawai'i Youth, by Sexual Orientation

Characteristics	Heterosexual N (%)	Questioning N (%)	LGB N (%)
TOTAL	36,780 (88.7%)	1,590 (3.8%)	3,100 (7.4%)
GRADE LEVEL			
9th	10,200 (28.0%)	620 (40.1%)	810 (26.7%)
10th	9,540 (26.2%)	290 (18.3%)	640 (21.0%)
11th	8,420 (23.1%)	280 (18.1%)	810 (26.7%)
12th	8,260 (22.7%)	360 (23.5%)	770 (25.6%)
SEX			
Boys	18,360 (50.1%)	760 (48.8%)	1,180 (38.5%)
Girls	18,320 (49.9%)	800 (51.2%)	1,890 (61.5%)
RACE/ETHNICITY			
Caucasian	5,100 (14.2%)	270 (17.9%)	510 (17.1%)
Native Hawaiian	8,350 (23.3%)	210 (14.1%)	790 (26.8%)
Filipino	9,860 (27.5%)	420 (28.0%)	650 (22.0%)
Japanese	2,910 (8.1%)	150 (10.3%)	150 (4.9%)
Other Asian†	1,530 (4.3%)	90 (6.1%)	80 (2.7%)
Other Pacific Islander††	1,030 (2.9%)	100 (6.8%)	80 (2.6%)
Black	320 (0.9%)	10 (0.9%)	20 (0.7%)
Other†††	6,800 (19.0%)	240 (15.8%)	680 (23.2%)

Data Source: YRBS, 2011-2015. †Other Asian includes Korean, Vietnamese, Chinese, Asian Indian, and others identifying as Asian; ††Other Pacific Islander includes Samoan, Tongan, Guamanian/Chamorro, and others identifying as Pacific Islanders. †††Hispanic/Latino, Alaskan Native/Native American, Don't know/Not sure, and Refused. Totals may not add up to 100% due to rounding. Population counts have been rounded to nearest ten.

Table 2: Youth Health Indicator Definitions & Prevalence, by Sexual Orientation

Indicator	Survey Question(s)	YRBS Year(s)	Heterosexual†	Questioning†	LGB†
HEALTHCARE ACCESS			% (95% CI)	% (95% CI)	% (95% CI)
Saw a doctor/nurse (past year)	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?	2013, 2015	72.8% (71.1-74.5)	**49.5% (41.9-57.0)**	**64.1% (59.4-68.8)**
Saw a dentist (past year)	When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?	2013, 2015	78.9% (77.5-80.4)	**67.5% (58.7-76.3)**	**63.3% (56.0-70.7)**
Ever had an HIV test	Have you ever been tested for HIV, the virus that causes AIDS? (Do not count tests done if you donated blood.) *Includes young men only.*	2013	13.2% (11.6-14.8)	18.5% (8.5-28.5)	**23.0% (16.3-29.7)**
GENERAL HEALTH					
Overweight or obese	Calculated based on self-reported height and weight, based on a series of questions: "How tall are you without your shoes on? How much do you weigh without your shoes on?" The CDC BMI-for-Age Growth Charts were used to calculate youth who are overweight (between 85th and 95th percentile for youth of the same age and sex) and obese (greater than 95th percentile for youth of the same age and sex).	2011, 2013, 2015			
Overweight			14.3% (13.4-15.3)	16.8% (11.2-22.5)	14.8% (11.9- 17.7)
Obese			12.8% (11.4-14.2)	17.3% (12.1-22.5)	15.2% (12.5-18.0)
Ate 5 or more fruits and vegetables per day	Based on a series of questions: "During the past 7 days, how often did you…drink 100% fruit juices such as orange juice, apple juice or grape juice? eat fruit? eat cooked or canned beans, such as refried beans, baked beans…? eat dark green vegetables, such as broccoli, romaine…? eat orange-colored vegetables such as sweet potatoes…? eat other vegetables such as tomatoes, corn…? eat green salad?"	2013, 2015	19.8% (18.2-21.4)	25.7% (19.8-31.6)	20.1% (16.2-23.9)

†Highlighted estimates indicate a statistically significant difference between LGB or questioning youth and heterosexual youth (reference group). % (95% CI) are provided.

	YRBS Year(s)	Heterosexual†	Questioning†	LGB†
Met aerobic and muscle strengthening physical activity guidelines Based on a series of questions: "During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.) On how many of the past 7 days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?"	2013, 2015	18.0% (17.0-19.0)	12.9% (7.0-18.9)	**12.5%** **(9.8-15.3)**
Played on at least one sports team (past year) During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)	2011, 2013, 2015	53.8% (52.2-55.4)	46.0% (38.9-53.1)	**48.0%** **(44.2-51.7)**
Watched TV, played video games, or used a computer (>2 hours per day) Based on a series of questions: "On an average school day, how many hours do you watch TV? On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, PlayStation, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.)"	2011, 2013, 2015	67.4% (65.9-68.9)	61.3% (54.8-67.7)	65.6% (61.0-70.2)
BEHAVIORAL RISK FACTORS				
Currently drink alcohol (1 or more days) During the past 30 days, on how many days did you have at least one drink of alcohol?	2011, 2013, 2015	24.9% (23.3-26.5)	27.4% (21.9-32.8)	**44.8%** **(39.8-49.9)**
Currently binge drink (past month) During the past 30 days, what is the largest number of alcoholic drinks you had in a row that is within a couple of hours? (4+ drinks on at least one occasion for girls, 5+ drinks for boys)	2011, 2013, 2015	10.0% (9.1-10.9)	13.7% (8.0-19.3)	**19.8%** **(13.8-25.7)**
Currently smoke cigarettes (1 or more days) During the past 30 days, on how many days did you smoke cigarettes?	2011, 2013, 2015	8.4% (7.6-9.3)	14.0% (9.1-18.9)	**23.8%** **(20.1-27.5)**
Currently use electronic vapor product (1 or more days) During the past 30 days, on how many days did you use an electronic vapor product?	2011, 2013, 2015	23.7% (21.9-25.5)	27.2% (18.6-35.7)	**29.7%** **(25.6-33.9)**
Currently use marijuana (1 or more times) During the past 30 days, how many times did you use marijuana?	2011, 2013, 2015	18.5% (17.1-20.0)	21.1% (15.9-26.3)	**34.2%** **(29.7-38.8)**
Ever injected any illegal drug (1 or more times) During your life, how many times have you used a needle to inject any illegal drug into your body?	2011, 2013, 2015	1.8% (1.5-2.2)	**8.3%** **(3.2-13.4)**	**8.9%** **(6.6-11.2)**
Ever took prescription drugs without a doctor's prescription (1 or more times) 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?	2011, 2013, 2015	11.5% (10.6-12.5)	17.1% (11.0-23.1)	**27.7%** **(23.3-32.1)**

†Highlighted estimates indicate a statistically significant difference between LGB or questioning youth and heterosexual youth (reference group). % (95% CI) are provided.

	YRBS Year(s)	Heterosexual†	Questioning†	LGB†
Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT) (score of 2 or higher) Based on the following questions: (C) Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs? (R) Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? (A) Do you ever use alcohol/drugs while you are by yourself, ALONE? (F) Do you ever FORGET things you did while using alcohol or drugs? (F) Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use? (T) Have you gotten into TROUBLE while you were using alcohol or drugs?	2011, 2013, 2015	26.3% (24.7-27.9)	29.8% (23.0-36.5)	**43.0% (38.8-47.1)**
Used a condom during last sexual intercourse The last time you had sexual intercourse, did you or your partner use a condom?" *Limited to sexually active youth; excludes sexually active young women who identify as lesbian.*	2011, 2013, 2015	52.6% (48.1-57.2)	no data	**31.2% (23.8-38.6)**
INJURY AND VIOLENCE				
Physical dating violence (1 or more times) During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)	2013, 2015	8.9% (7.9-9.8)	16.8% (5.1- 28.5)	**18.1% (13.8-22.3)**
Sexual dating violence (1 or more times) During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)	2013, 2015	11.6% (10.2-13.0)	19.9% (10.2-29.6)	**21.6% (16.7-26.4)**
Emotional or psychological dating abuse (1 or more times) During the past 12 months, how many times did someone you were dating or going out with purposely try to control you or emotionally hurt you? (Count such things as being told who you could and could not spend time with, being humiliated in front of others, or being threatened if you did not do what they wanted.)	2015	29.2% (24.9-33.5)	**45.9% (34.5-57.2)**	**50.5% (40.5-60.5)**
Physically forced to have sexual intercourse Have you ever been physically forced to have sexual intercourse when you did not want to?	2011, 2013, 2015	7.0% (6.2-7.7)	**12.5% (7.9-17.1)**	**18.0% (14.6-21.4)**
Bullied on school property (past year) During the past 12 months, have you ever been bullied on school property?	2011, 2013, 2015	18.0% (16.8-19.2)	**25.6% (19.4-31.7)**	**29.2% (25.5-33.0)**
Electronically bullied (past year) During the past 12 months, have you ever been electronically bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting.)	2015	13.7% (12.8-14.7)	**22.2% (16.2-28.2)**	**26.4% (22.3-30.6)**
Bullied (either on school property or electronically) (past year) Based on the following questions: During the past 12 months, have you ever been bullied on school property? During the past 12 months, have you ever been electronically bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting.)	2015	23.1% (21.2-25.0)	31.4% (22.8-39.9)	**43.3% (33.0-53.7)**

†Highlighted estimates indicate a statistically significant difference between LGB or questioning youth and heterosexual youth (reference group). % (95% CI) are provided.

	YRBS Year(s)	Heterosexual†	Questioning†	LGB†
Skipped school because they felt unsafe (1 or more days) 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?	2011, 2013, 2015	6.5% (5.5-7.5)	**18.1% (12.2-24.0)**	**16.2% (13.5-18.9)**
MENTAL HEALTH				
Felt sad or hopeless (past year) 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?	2011, 2013, 2015	27.3% (26.1-28.6)	**42.5% (35.6-49.5)**	**50.4% (46.1-54.7)**
Purposely hurt themselves (1 or more times) During the past 12 months, how many times did you do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?	2013, 2015	19.0% (17.8-20.2)	**34.0% (27.4-40.6)**	**43.5% (37.1-49.9)**
Seriously considered suicide (past year) During the past 12 months, did you ever seriously consider attempting suicide?	2011, 2013, 2015	14.2% (13.2-15.1)	**24.1% (19.2-29.1)**	**36.5% (31.6-41.4)**
Made a suicide plan (past year) During the past 12 months, did you make a plan about how you would attempt suicide?	2011, 2013, 2015	12.9% (12.1-13.8)	**26.6% (20.7-32.5)**	**35.0% (31.0-38.9)**
Attempted suicide (1 or more times) During the past 12 months, how many times did you actually attempt suicide?	2011, 2013, 2015	7.8% (6.9-8.7)	**16.9% (11.3-22.5)**	**29.0% (24.4-33.6)**
PROTECTIVE FACTORS				
Have an adult outside of school to talk to Outside of school, is there an adult you can talk to about things that are important to you?	2011, 2013, 2015	77.5% (76.2-78.8)	**61.4% (54.8-68.0)**	**64.6% (60.0-69.3)**
Have an adult in school to talk to Is there at least one teacher or adult in your school you can talk to if you have a problem?	2011, 2013, 2015	66.6% (65.4-67.9)	60.5% (54.3-66.6)	64.3% (59.6-68.9)
Talked with parents or another adult about dangers of substance abuse (past year) During the past 12 months, have you talked with at least one of your parents or another adult in your family about the dangers of tobacco, alcohol, or drugs?	2011, 2013, 2015	41.2% (39.5-42.9)	35.1% (28.6-41.7)	42.9% (38.2-47.6)
ACADEMIC ACHIEVEMENT				
Mostly A and B grades (past year) During the past 12 months, how would you describe your grades in school?	2011, 2013, 2015	66.6% (63.6-69.5)	56.5% (48.9-64.1)	**56.8% (51.2-62.4)**
Complete a post high school program (definitely or probably will) How likely is it that you will complete a post high school program such as a vocational training program, military service, community college, or 4-year college? NOTE: Students who responded they were not sure if they would complete a post-high school program were included in the denominator.	2011, 2013, 2015	79.0% (77.7-80.2)	**62.2% (56.9-67.5)**	**64.4% (60.2-68.5)**

†Highlighted estimates indicate a statistically significant difference between LGB or questioning youth and heterosexual youth (reference group). % (95% CI) are provided.

Table 3: Demographic Characteristics of Hawai'i Adults, by Sexual Orientation

Characteristics	Heterosexual N (%)	LGB N (%)
TOTAL	904,800 (96.8%)	30,200 (3.2%)
AGE (YEARS)		
18 to 39	331,300 (36.9%)	15,500 (51.5%)
40 to 64	387,900 (43.2%)	11,500 (38.2%)
65+	178,600 (19.9%)	3,100 (10.3%)
SEX		
Men	455,100 (50.3%)	15,400 (51.1%)
Women	449,700 (49.7%)	14,800 (48.9%)
EDUCATION LEVEL		
College Graduate	256,000 (28.3%)	9,000 (30.0%)
Some College/Tech	307,900 (34.1%)	9,700 (32.2%)
High School Graduate	264,900 (29.3%)	8,100 (26.8%)
Did Not Graduate High School	74,400 (8.3%)	3,300 (10.9%)
RACE/ETHNICITY		
Caucasian	296,700 (33.7%)	12,900 (43.9%)
Native Hawaiian	105,500 (12.0%)	5,300 (17.8%)
Filipino	136,000 (15.5%)	4,300 (14.5%)
Japanese	200,600 (22.8%)	2,600 (8.8%)
Chinese	55,000 (6.3%)	1,100 (3.6%)
Other Asian†	20,900 (2.4%)	n/r
Other Pacific Islander††	19,600 (2.2%)	n/r
Other†††	45,600 (5.2%)	2,400 (8.3%)

Data Source: BRFSS, 2011-2015. †Other Asian includes Korean, Vietnamese, Asian Indian, Laotian, Malaysian, Thai, and others identifying as Asian. ††Other Pacific Islander includes Samoan, Tongan, Guamanian or Chamorro, Micronesian, and others identifying as Pacific Islander. †††Other includes Hispanic/Latino, Alaskan Native/Native American, Black, and other. Column percentage totals may not add up to 100% due to rounding. n/r, values are not reportable if the unweighted number of responses to a question is less than 50 or if the relative standard error is greater than 30%. Population counts have been rounded to the nearest hundred.

Table 3: Demographic Characteristics of Hawai'i Adults, by Sexual Orientation (continued)

Characteristics	Heterosexual N (%)	LGB N (%)
HOUSEHOLD INCOME		
$75,000+	289,900 (35.4%)	8,000 (29.0%)
$50,000 to $74,999	141,800 (17.3%)	3,400 (12.4%)
< $50,000	386,900 (47.3%)	16,200 (58.7%)
MARITAL STATUS		
Married	474,000 (52.5%)	4,900 (16.5%)
Unmarried Couple	26,800 (3.0%)	5,000 (16.5%)
Never Married	245,000 (27.1%)	16,000 (53.3%)
Separated/Divorced	99,600 (11.0%)	3,300 (10.9%)
Widowed	57,300 (6.3%)	900 (2.9%)
ISLAND		
Hawai'i (Big Island)	125,700 (14.1%)	4,600 (15.4%)
Kaua'i	42,900 (4.8%)	1,800 (5.9%)
Lana'i	2,100 (0.2%)	n/r
Maui	92,500 (10.4%)	3,400 (11.3%)
Moloka'i	6,600 (0.7%)	n/r
O'ahu	623,600 (69.8%)	19,900 (66.6%)

Data Source: BRFSS, 2011-2015. †Other Asian includes Korean, Vietnamese, Asian Indian, Laotian, Malaysian, Thai, and others identifying as Asian. ††Other Pacific Islander includes Samoan, Tongan, Guamanian or Chamorro, Micronesian, and others identifying as Pacific Islander. †††Other includes Hispanic/Latino, Alaskan Native/Native American, Black, and other. Column percentage totals may not add up to 100% due to rounding. n/r, values are not reportable if the unweighted number of responses to a question is less than 50 or if the relative standard error is greater than 30%. Population counts have been rounded to the nearest hundred.

Table 4: Adult Health Indicator Definitions & Prevalence, by Sexual Orientation

Indicator	Survey Question(s)	BRFSS Year(s)	Heterosexual†	LGB†
HEALTHCARE ACCESS			**% (95% CI)**	**% (95% CI)**
Healthcare coverage	Do you have any kind of healthcare coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?	2011-2015	91.2% (90.7-91.7)	90.6% (87.9-92.7)
Ongoing source of care	Do you have one person you think of as your personal doctor or healthcare provider?	2011-2015	83.8% (83.1-84.5)	83.1% (79.6-86.1)
GENERAL HEALTH *Screening & Preventive Behaviors*				
Ate 5 or more fruits and vegetables per day	Based on a series of questions: "During the past month, how many times per day, week or month did you…drink fruit juice? eat fruit? eat cooked or canned beans? eat dark green vegetables? eat orange-colored vegetables? eat other vegetables?"	2011, 2013, 2015	18.6% (17.8-19.4)	23.4% (18.9-28.6)
Met aerobic and muscle strengthening physical activity guidelines	Based on an indicator created by CDC from a series of survey questions to estimate aerobic physical activity minutes and assess muscle strengthening: "During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? (Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.)	2011, 2013, 2015	25.4% (24.5-26.4)	25.4% (20.7-30.6)
Ever had HIV test (past 2 years)	Have you ever been tested for HIV? *Includes men age 18-64 years.*	2011-2015	50.4% (48.2-52.6)	57.6% (49.4-65.4)
Mammogram (past 2 years)	Based on a series of questions: "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?" *Includes women age 50-74 years.*	2011-2015	84.3% (83.2-85.3)	**73.9% (63.8-82.0)**
Pap smear (past 3 years)	Based on a series of questions: "Have you had a hysterectomy? A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? How long has it been since you had your last Pap smear?" *Includes women age 21-65 years.*	2011-2015	79.4% (78.0-80.8)	73.6% (67.9-78.6)

†Highlighted estimates indicate a statistically significant difference between LGB adults and heterosexual adults (reference group). % (95% CI) are provided.
All indicators are age-adjusted using the 2000 Standard Population, Distribution 8.[38]

	BRFSS Year(s)	Heterosexual†	LGB†
Colorectal cancer screening Based on an indicator created to measure adherence to the U.S. Preventive Services Task Force Guidelines for colorectal cancer screening, using a series of questions: "A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? How long has it been since you had your last blood stool test using a home kit? Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? Was your most recent exam a sigmoidoscopy or a colonoscopy? How long has it been since you had your last sigmoidoscopy or colonoscopy?" *Includes persons age 50-75 years.*	2011-2015	66.7% (65.7-67.7)	67.2% (61.5-72.6)
Visited dentist/dental clinic (past year) How long has it been since you last visited a dentist or a dental clinic for any reason?	2012, 2014	70.4% (69.1-71.6)	67.3% (60.5-73.4)
GENERAL HEALTH *Chronic Diseases*			
General health status Would you say that in general your health is Excellent, Very Good, Good, Fair or Poor?	2011-2015		
Excellent health		19.8% (19.1-20.5)	23.1% (19.5-27.0)
Poor health		3.1% (2.8-3.4)	4.7% (3.2-7.0)
Overweight or obese Calculated body mass index (BMI) based on self-reported height and weight using a series of questions: "How tall are you without your shoes on? How much do you weigh without your shoes on?"	2011-2015		
Overweight (BMI 25.0-29.9)		34.0% (33.2-34.9)	**29.0% (25.2-33.2)**
Obese (BMI ≥ 30.0)		23.2% (22.5-24.0)	24.9% (21.3-29.0)
Number of chronic conditions Based on a series of questions: "Have you ever been told by a doctor, nurse, or other health professional that…you have high blood pressure? your blood cholesterol is high? you have diabetes? you have COPD, emphysema or chronic bronchitis? you have a depressive disorder? you have kidney disease? you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? you had a heart attack? you had angina or coronary heart disease? you had a stroke? you had asthma? you had skin cancer? How many different types of cancer have you had?"	2011-2015		
2 or more chronic conditions		32.9% (32.0-33.8)	37.5% (32.4-42.8)
3 or more chronic conditions		17.3% (16.6-17.9)	19.2% (15.4-23.7)
4 or more chronic conditions		8.3% (7.9-8.9)	9.1% (6.5-12.6)

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	BRFSS Year(s)	Heterosexual†	LGB†
Activities limited by poor physical or mental health Are you limited in any way in any activities because of physical, mental, or emotional problems?	2011-2015	15.8% (15.2-16.4)	**22.4%** **(19.0-26.2)**
Diabetes Have you ever been told by a doctor, nurse, or other health professional that you have diabetes?	2011-2015	7.8% (7.4-8.2)	6.5% (4.9-8.7)
Prediabetes Have you ever been told by a doctor, nurse, or other health professional that you have prediabetes or borderline diabetes?	2011-2014	12.6% (12.0-13.2)	15.5% (12.0-19.7)
Heart attack Have you ever been told by a doctor, nurse, or other health professional that you had a heart attack?	2011-2015	2.8% (2.5-3.0)	3.1% (1.9-5.1)
Stroke Have you ever been told by a doctor, nurse, or other health professional that you had a stroke?	2011-2015	2.4% (2.2-2.6)	3.9% (2.2-6.6)
Ever had cancer Based on a series of questions: "Have you ever been told by a doctor, nurse, or other health professional that you had skin cancer? Ever been told you had any other types of cancer?"	2011-2015	8.5% (8.2-8.9)	**11.1%** **(9.0-13.6)**
Asthma Have you ever been told by a doctor, nurse, or other health professional that you have asthma?	2011-2015	16.6% (16.0-17.3)	**21.0%** **(17.5-25.1)**
COPD, emphysema, or chronic bronchitis Have you ever been told by a doctor, nurse, or other health professional that you have COPD, emphysema or chronic bronchitis?	2011-2015	5.9% (5.4-6.3)	7.6% (5.2-11.0)
Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia Have you ever been told by a doctor, nurse, or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	2011-2015	18.4% (17.8-18.9)	18.5% (15.8-21.6)
High blood pressure Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?	2011, 2013, 2015	27.8% (27.0-28.7)	**20.8%** **(17.1-25.1)**
High blood cholesterol Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?	2011, 2013, 2015	31.6% (30.5-32.8)	32.8% (27.2-39.0)

†Highlighted estimates indicate a statistically significant difference between LGB adults and heterosexual adults (reference group). % (95% CI) are provided.
All indicators are age-adjusted using the 2000 Standard Population, Distribution 8.[38]

	BRFSS Year(s)	Heterosexual†	LGB†
BEHAVIORAL RISK FACTORS			
Currently drink alcohol (1 or more days) During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?	2011-2015	52.5% (51.7-53.4)	**57.9%** **(53.6-62.2)**
Currently binge drink (past month) Considering all types of alcoholic beverages, how many times during the past 30 days did you have 4 [for women; or 5 for men] or more drinks on an occasion?	2011-2015	20.4% (19.7-21.1)	23.6% (20.2-27.4)
Currently smoke cigarettes Based on a series of questions: "Have you smoked at least 100 cigarettes in your entire life? Do you now smoke cigarettes every day, some days, or not at all?" (some days or every day)	2011-2015	14.8% (14.2-15.5)	**24.0%** **(20.5-28.0)**
INJURY & VIOLENCE			
Physical abuse by an intimate partner Has an intimate partner ever hit, slapped, pushed, kicked, or hurt you in any way?	2013	9.6% (8.5-10.7)	**21.4%** **(14.2-31.0)**
Sexual abuse by an intimate partner Have you ever experienced any unwanted sex by a current or former intimate partner?	2013	3.5% (2.8-4.3)	**9.6%** **(4.7-18.7)**
Victim of rape or attempted rape Based on a series of questions: "Has anyone ever had sex with you, or attempted to have sex with you, after you said or showed that you didn't want them to or without your consent? Has anyone ever attempted to have sex with you after you said or showed that you didn't want to or without your consent, but sex did not occur?"	2013	5.5% (4.7-6.4)	**17.7%** **(11.3-26.7)**
INJURY & VIOLENCE			
Depressive disorder Have you ever been told by a doctor or other health professional that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?	2011-2015	10.8% (10.3-11.4)	**24.7%** **(21.1-28.7)**
14 or more days when mental health was poor (past month) Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?	2011-2015	8.5% (8.0-9.0)	**13.7%** **(10.8-17.3)**

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All indicators are age-adjusted using the 2000 Standard Population, Distribution 8.[38]

Table 5: Adult Health Indicators, by Sex and Sexual Orientation

Indicator / Survey Question(s)	Heterosexual men†	Gay or bisexual men†	Heterosexual women†	Lesbian or bisexual women†
HEALTHCARE ACCESS	**% (95% CI)**	**% (95% CI)**	**% (95% CI)**	**% (95% CI)**
Healthcare coverage	90.0% (89.2-90.8)	89.6% (85.0-92.9)	92.5% (91.8-93.2)	91.2% (87.7-93.8)
Ongoing source of care	79.7% (78.7-80.7)	82.8% (77.6-86.9)	88.3% (87.4-89.1)	**83.0% (78.2-87.0)**
GENERAL HEALTH *Screening and Preventive Behaviors*				
Ever had HIV test (past 2 years among men)	50.4% (48.2-52.6)	57.6% (49.4-65.4)	--	--
Mammogram (past 2 years among women)	--	--	84.3% (83.2-85.3)	**73.9% (63.8-82.0)**
Pap smear (past 3 years among women)	--	--	79.4% (78.0-80.8)	73.6% (67.9-78.6)
Colorectal cancer screening	66.0% (64.4-67.4)	71.0% (63.9-77.3)	67.5% (66.0-68.9)	59.9% (49.7-69.2)
Visited dentist/dental clinic (past year)	67.1% (65.3-68.8)	69.4% (59.9-77.5)	73.8% (72.1-75.5)	65.4% (55.7-74.0)
Ate 5 or more fruits and vegetables per day	15.7% (14.6-16.9)	**25.7% (19.2-33.3)**	21.2% (20.0-22.4)	21.9% (16.1-29.1)
Met aerobic and muscle strengthening physical activity guidelines	30.2% (28.8-31.7)	29.4% (22.4-37.4)	20.3% (19.1-21.6)	20.5% (15.4-26.7)
GENERAL HEALTH *Chronic Diseases*				
Excellent general health status	20.5% (19.5-21.5)	**27.6% (22.2-33.7)**	18.9% (18.0-19.9)	18.7% (14.4-23.9)
Poor general health status	3.3% (2.9-3.7)	2.9% (1.4-5.9)	2.9% (2.5-3.3)	**8.0% (5.0-12.7)**
Overweight	40.4% (39.2-41.6)	34.9% (29.2-41.0)	27.3% (26.2-28.4)	21.8% (17.2-27.3)
Obese	26.2% (25.1-27.3)	20.3% (15.9-25.6)	20.1% (19.1-21.0)	**30.1% (24.6-36.3)**
Two or more chronic conditions	33.6% (32.3-34.9)	33.8% (27.6-40.7)	32.2% (31.0-33.4)	**42.3% (34.6-50.4)**
Three or more chronic conditions	17.5% (16.5-18.6)	18.2% (13.4-24.4)	17.0% (16.1-17.9)	21.4% (15.5-28.8)
Four or more chronic conditions	8.8% (8.0-9.6)	7.7% (4.9-11.9)	8.0% (7.3-8.6)	11.3% (6.9-17.8)
Activities limited by poor physical or mental health	16.0% (15.2-16.9)	17.7% (13.7-22.6)	15.6% (14.8-16.4)	**29.1% (23.5-35.3)**
Diabetes	8.2% (7.7-8.9)	5.3% (3.5-7.9)	7.4% (6.9-7.9)	7.9% (5.2-11.9)
Prediabetes	13.5% (12.6-14.4)	12.8% (9.1-17.8)	11.8% (11.0-12.5)	**18.0% (12.6-25.0)**

†Highlighted estimates indicate a statistically significant difference between LGB adults and heterosexual adults (reference group). % (95% CI) are provided.
All indicators are age-adjusted using the 2000 Standard Population, Distribution 8.[38]

	Heterosexual men†	Gay or bisexual men†	Heterosexual women†	Lesbian or bisexual women†
GENERAL HEALTH *Chronic Diseases (continued)*	**% (95% CI)**	**% (95% CI)**	**% (95% CI)**	**% (95% CI)**
Heart attack	4.0% (3.6-4.4)	3.7% (2.2-6.0)	1.6% (1.4-1.9)	2.0% (0.6-6.0)
Stroke	2.7% (2.4-3.0)	2.3% (1.2-4.2)	2.2% (1.9-2.4)	**5.5% (2.5-11.7)**
Ever had cancer	7.7% (7.3-8.2)	10.7% (7.9-14.3)	9.3% (8.8-9.9)	11.8% (8.7-16.0)
Asthma	14.3% (13.4-15.2)	15.6% (11.8-20.3)	19.1% (18.1-20.1)	**27.7% (21.9-34.3)**
COPD, emphysema, or chronic bronchitis	5.7% (5.0-6.4)	5.6% (3.0-10.0)	6.1% (5.5-6.7)	10.8% (6.6-17.2)
Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	17.6% (16.8-18.4)	13.9% (10.8-17.8)	19.0% (18.3-19.8)	**25.9% (21.4-31.1)**
High blood pressure	30.7% (29.3-32.0)	23.9% (19.0-29.5)	24.8% (23.8-25.9)	17.1% (11.9-24.1)
High blood cholesterol	34.4% (32.7-36.2)	34.1% (26.4-42.7)	28.7% (27.3-30.1)	30.7% (22.9-39.8)
BEHAVIORAL RISK FACTORS				
Currently drink alcohol (1 or more days)	60.9% (59.8-62.1)	61.9% (55.8-67.6)	44.0% (42.9-45.2)	**53.4% (47.4-59.3)**
Currently binge drink (past month)	27.9% (26.8-29.1)	26.7% (21.6-32.6)	12.6% (11.8-13.4)	**20.3% (16.1-25.2)**
Currently smoke cigarettes	17.4% (16.4-18.3)	19.9% (15.5-25.1)	12.1% (11.3-12.9)	**28.5% (23.0-34.7)**
INJURY AND VIOLENCE				
Physical abuse by an intimate partner	6.8% (5.5-8.3)	13.0% (6.5-24.1)	12.3% (10.7-14.1)	**32.5% (20.5-47.2)**
Sexual abuse by an intimate partner	0.7% (0.4-1.1)	**4.9% (1.6-14.0)**	6.3% (5.0-7.8)	15.5% (6.5-32.4)
Victim of rape or attempted rape	2.9% (2.1-3.9)	**9.5% (5.3-16.4)**	8.1% (6.8-9.6)	**29.5% (18.1-44.1)**
MENTAL HEALTH				
Depressive disorder	8.6% (8.0-9.3)	**19.9% (15.3-25.4)**	13.1% (12.4-13.9)	**31.2% (25.5-37.5)**
14 or more days when mental health was poor (past month)	8.0% (7.3-8.7)	8.8% (5.9-12.9)	9.1% (8.4-9.8)	**19.5% (14.7-25.6)**

†Highlighted estimates indicate a statistically significant difference between LGB adults and heterosexual adults (reference group). % (95% CI) are provided.
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