

Chronic Disease and LGBTQ+ Vermonters

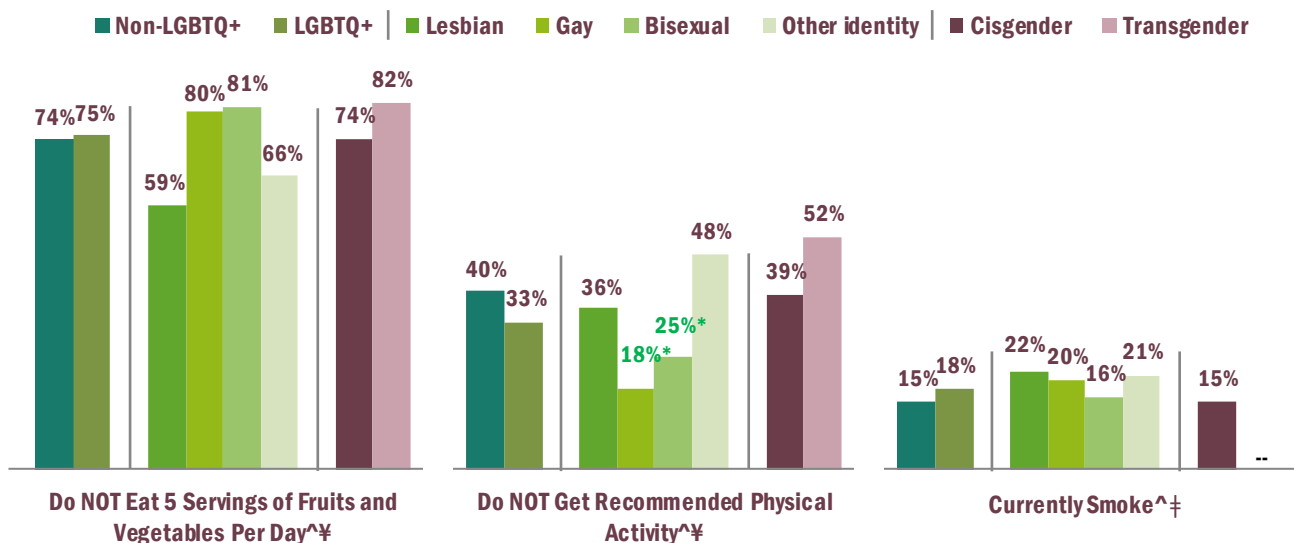
Knowledge about health outcomes and behaviors among Vermonters who are lesbian[^], gay^{^^}, bisexual, transgender, and queer (LGBTQ+) is limited. Members of the LGBTQ+ community face unique barriers to health, which are often related to experiences of stress, stigma, and discrimination in accessing care. While Vermont has the seventh highest population of LGBTQ+ people in the nation,¹ information on rates of chronic disease within this community is not widely known. Increasing awareness about disease burden among LGBTQ+ Vermonters will help ensure that everyone has equal opportunities for health, regardless of sexual orientation or gender identity. 3-4-50 is a simple concept to help us grasp the reality that **3 health behaviors** contribute to **4 chronic diseases** that claim the lives of more than **50 percent** of Vermonters. This data brief looks at some of these measures among LGBTQ+ and non-LGBTQ+ Vermont adults.

3 BEHAVIORS

Poor nutrition, lack of physical activity and tobacco use are three health behaviors that contribute to the development and severity of chronic disease. Three out of four (75%) LGBTQ+ Vermonters do not eat the recommended amount of fruits and vegetables, one third (33%) do not get enough physical activity, and nearly one in five (18%) currently smoke cigarettes. Roughly one in five gay Vermonters (18%) and one in four (25%) bisexual Vermonters do not get the recommended amount of physical activity, statistically lower compared to non-LGBTQ+ Vermonters (40%). LGBTQ+ adults have higher rates of smoking than non-LGBTQ+ adults, though these differences are not significant.

[^] Vermont adults who self-identify as female and lesbian/gay, ^{^^} Vermont adults who self-identify as male and lesbian/gay

Health Behaviors that Contribute to Chronic Disease



Data Sources: [†] BRFSS, 2019; [‡] BRFSS, 2018-2020; [^] Age-adjusted to the U.S. 2000 population

* Statistical difference from non-LGBTQ+ Vermont adults

-- Value suppressed because sample size is too small or relative standard error (RSE) is > 30.

LEAD TO 4 CHRONIC DISEASES

Lung disease, diabetes, cancer, and cardiovascular disease (CVD) impact many Vermonters.

- Compared to non-LGBTQ+ Vermonters, LGBTQ+ Vermonters have significantly higher rates of lung disease (19% vs. 15%) but lower rates of cancer (5% vs. 8%). Among LGBTQ+ adults, lesbian Vermonters have the highest rate of lung disease (21%).
- Bisexual Vermonters have roughly half the rates of diabetes (5%), CVD (4%), and cancer (4%) compared to those of non-LGBTQ+ Vermonters.
- Vermont adults who identify with another sexual orientation have significantly lower rates of cancer (5%) than non-LGBTQ+ adults.
- Twenty-six percent of transgender Vermonters have ever been diagnosed with lung disease, statistically higher compared to 15% among cisgender Vermonters.

Chronic Disease Diagnosis	Lung Disease (Asthma/COPD)	Diabetes	CVD	Cancer
Non-LGBTQ+	15%	9%	8%	8%
LGBTQ+	19%*	7%	7%	5%*
Lesbian	21%*	6%	6%	9%
Gay	17%	10%	13%	6%
Bisexual	17%	5%*	4%*	4%*
Other identity	20%	10%	11%	5%*
Cisgender	15%	9%	8%	8%
Transgender	26%**	--	--	--

Data Source: BRFSS, 2016-2020

*Statistical difference from non-LGBTQ+ Vermont adults ** Statistical difference from cisgender Vermont adults

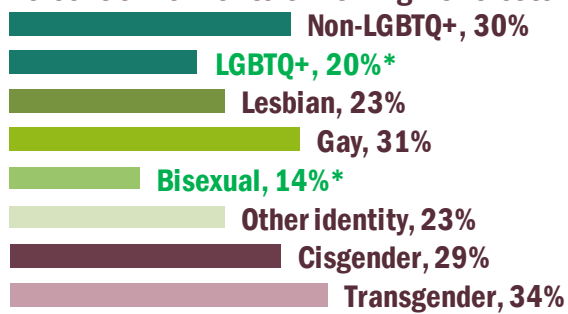
-- Value suppressed because sample size is too small or relative standard error (RSE) is > 30.

Statistical comparisons are not completed on suppressed values.

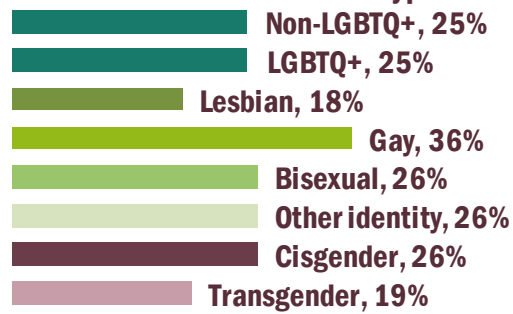
RISK FACTORS FOR CHRONIC DISEASE

- One in five (20%) LGBTQ+ Vermonters have high cholesterol, significantly lower than non-LGBTQ+ Vermonters (30%). The prevalence of high cholesterol is lowest among bisexual Vermonters (14%).
- Vermont adults who identify with another sexual orientation or who are transgender have significantly higher rates of no leisure time physical activity (32% and 33%, respectively) than non-LGBTQ+ and cisgender Vermont adults (both 18%).
- Rates of hypertension, obesity, and being overweight are statistically similar across sexual orientation and gender identity.

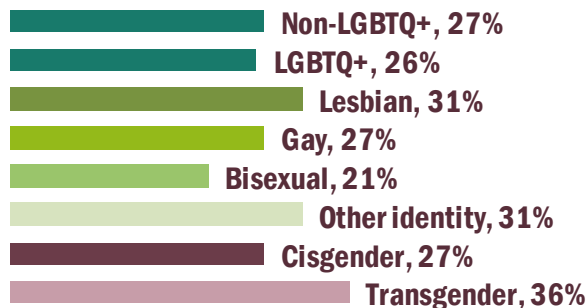
Percent of Vermonters with High Cholesterol[‡]



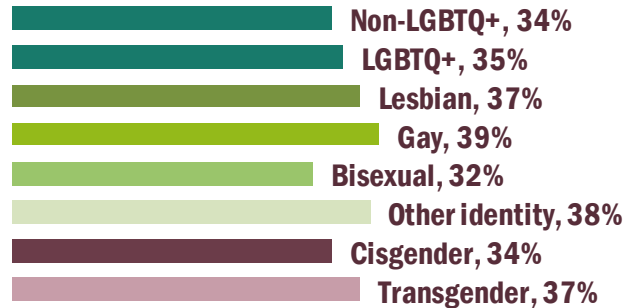
Percent of Vermonters with Hypertension^{‡^}



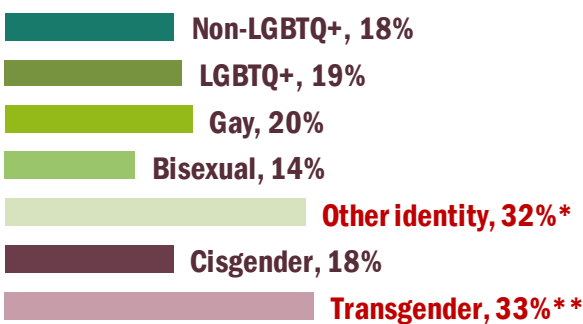
Percent of Vermonters with Obesity^{‡^}



Percent of Vermonters who are Overweight^{‡^}



Percent of Vermonters with No Leisure Time Physical Activity^{‡^}



Data Sources: [‡] BRFSS, 2017 and 2019; [‡] BRFSS, 2019 and 2020; [^] Age-adjusted to the U.S. 2000 population

* Statistical difference from non-LGBTQ+ Vermont adults ** Statistical difference from cisgender Vermont adults

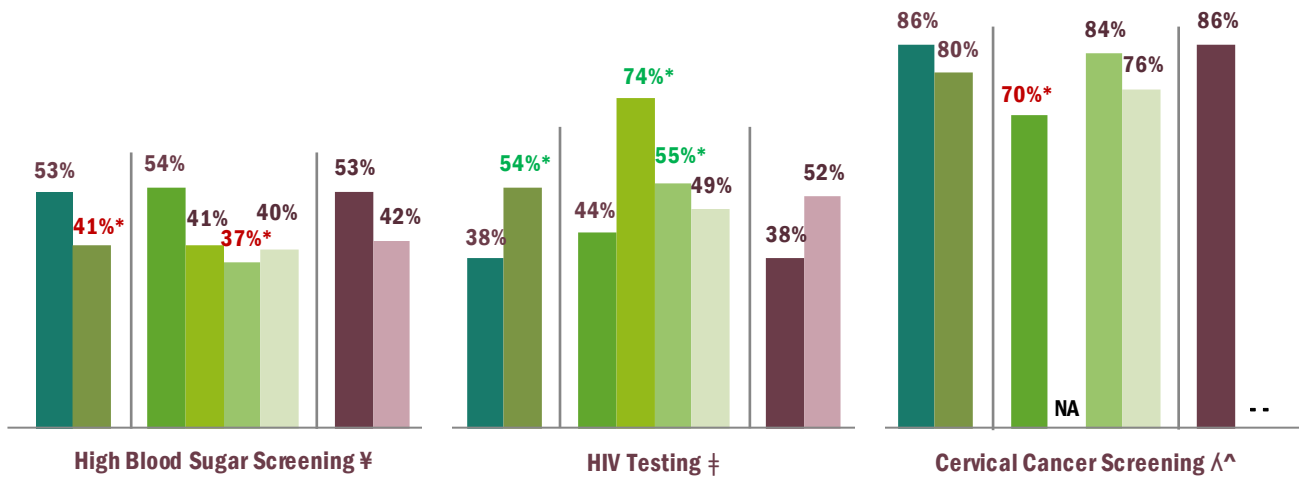
Note: Estimate for no leisure time physical activity not available for lesbian Vermonters because sample size is too small or relative standard error (RSE) is > 30.

PREVENTATIVE HEALTH BEHAVIORS

- Compared to non-LGBTQ+ Vermont adults, LGBTQ+ Vermont adults are significantly less likely to have had a screening for high blood sugar in the past three years (41% vs. 53%). Among LGBTQ+ adults, bisexual Vermonters have the lowest blood sugar screening rates (37%).
- LGBTQ+ Vermonters are significantly more likely to have ever been tested for HIV in their lifetime (54%) compared to non-LGBTQ+ Vermonters (38%), with testing rates highest among gay and bisexual Vermonters (74% and 55%, respectively).
- Seventy percent of lesbian Vermonters have been screened for cervical cancer in the past five years, statistically lower than non-LGBTQ+ Vermonters (86%).
- There are no statistical differences in alcohol use screening, smoking quit attempts, having a hypertension self-management plan, cholesterol screening, breast cancer screening, or colorectal cancer screening by sexual orientation and gender identity (*data not shown*).

Preventative Health Behaviors

■ Non-LGBTQ+ ■ LGBTQ+ | ■ Lesbian ■ Gay ■ Bisexual ■ Other identity | ■ Cisgender ■ Transgender



Data Sources: † BRFSS, 2017 and 2019; ‡ BRFSS, 2019 and 2020; ^ BRFSS, 2018 and 2020; ^Age-adjusted to the U.S. 2000 population

* Statistical difference from non-LGBTQ+ Vermont adults NA = Not applicable

-- Value suppressed because sample size is too small or relative standard error (RSE) > 30

For questions related to the data presented here, email 3-4-50@vermont.gov.

Reference:

1. [LGBT Demographic Data Interactive](#). (January 2019). Los Angeles, CA: The Williams Institute, UCLA School of Law.