

Health of lesbian and bisexual women in Minneapolis

Awareness of lesbian health issues has grown in the past several years as health concerns specific to this community are identified. Some health care needs include reproductive health and parenting, mental health, and substance use. Continued examination and attention to lesbian health issues is needed to ensure optimal health for all city residents.

The City of Minneapolis has a rare opportunity to use population-based data to look at the health and well-being of lesbian and bisexual women in the city. A local survey, the Survey of the Health of Adults, the Population, and the Environment (SHAPE), was conducted in 2002. Sexual orientation was asked of all individuals less than 65 years of age.

This Research Brief focuses on the health and well-being of lesbian and bisexual women in Minneapolis between the ages of 25 and 64 years.

Social environment

Factors affecting a person's health include the social environment in which they live and the people surrounding them. Women, more commonly than men, tend to have stronger ties to their communities and to each other. According to SHAPE 2002 data, lesbian and bisexual women tend to have even stronger ties than their heterosexual female counterparts.

Table 1: Community engagement

	Lesbian and bisexual women	Heterosexual women
Get together with others in their community (at least weekly)	90%	83%
Are involved in school, community, or neighborhood activities (at least several times per year)	69%	68%
Feel they can have a moderate to large impact in their community	81%	66%

Table 2: Community connections – percentage of women who agreed/strongly agreed with statements

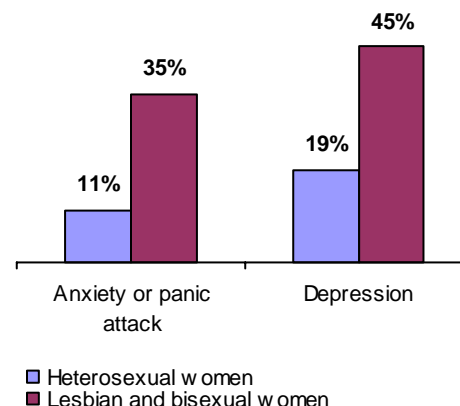
	Lesbian and bisexual women	Heterosexual women
People can depend on each other in this community	88%	81%
Living in this community gives me a secure feeling	91%	82%
I can get help from my community if I am in trouble	72%	76%
This is a good community in which to raise children	83%	77%

Health

When asked to rate their own health, 86% of lesbian and bisexual women reported their health to be 'good,' 'very good,' or 'excellent,' which was similar to heterosexual women (89%).

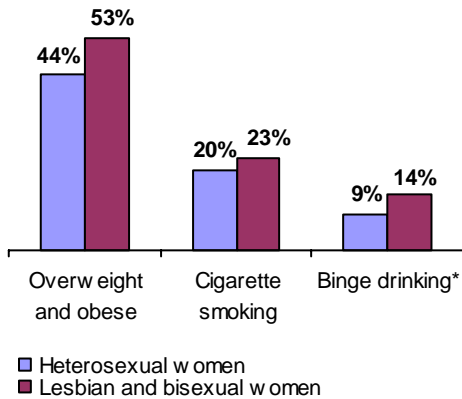
However, a high percentage of lesbian and bisexual women reported conditions affecting their mental health. The percentage of lesbian or bisexual women diagnosed with depression is over two times higher than heterosexual women. And, the percentage of lesbian or bisexual women diagnosed with anxiety or panic attacks is over three times higher.

Figure 1: Health conditions – percentage of women with doctor-diagnosed condition



Obesity is a growing concern among all groups of people in the United States. In the lesbian and bisexual community in Minneapolis, over half (53%) are overweight or obese. Cigarette smoking and binge alcohol drinking (having 5 or more drinks on one occasion) are also areas of concern in the lesbian and bisexual community.

Figure 2: Health behaviors – percentage of women with the following behaviors



*Drinking 5 or more drinks on one occasion

Health care

A higher percentage of lesbian and bisexual women saw a health provider in the past year than heterosexual women, despite a smaller percentage having health care insurance. Almost one out of five (19%) lesbian and bisexual women did not have health insurance at least part of the year, compared with 13% of heterosexual women.

A much higher percentage of lesbian and bisexual women (43%) saw a mental health provider in the past year compared with heterosexual women (19%). And, lesbians and bisexual women were more likely than their heterosexual counterparts to use complementary forms of health care, such as meditation and herbal medicines.

Table 3: Health care – percentage who have done any of the following in the past 12 months

	Lesbian and bisexual women	Heterosexual women
Saw a doctor, nurse practitioner or physician’s assistant	93%	87%
Used meditation or relaxation therapies	62%	37%
Used herbal medicines	53%	33%
Saw a mental health provider	43%	19%
Attended self-help or support groups	31%	13%

Implications and recommendations

The benefits of social engagement and social connections are important for maintaining and improving health among all people.

- The public health community should use the formal and informal connections of lesbian and bisexual women to disseminate health information and education.

Lesbian and bisexual women are at increased risk for certain health conditions – particularly mental health conditions.

- Health care providers should discuss issues of sexuality, and increase screening for mental health conditions among their lesbian and bisexual clients.
- Efforts to address health behaviors of improved nutrition and exercise, smoking cessation, and reduction of alcohol use need to include the lesbian and bisexual community.

Women in general are more likely than men to seek health care when needed. Lesbian and bisexual women are even more likely to use both traditional and complementary forms of health care.

- Increased efforts to expand health care coverage to include lesbian and gay families are needed.
- Health care professionals should be aware of the high percentage of lesbian and bisexual patients using herbal medicines, and take this into account when prescribing medications.
- Mental health care providers should encourage the use of informal support systems for dealing with mental health conditions in addition to other forms of services.

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The data for this document was based on information from the Survey of the Health of Adults, the Population, and the Environment (SHAPE 2002), a collaborative effort of the Minneapolis Department of Health and Family Support, the Blooming Division of Public Health, and the Hennepin County Community Health Department.

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