

Gays, Lesbians, and Bisexuals in Maine

A BEHAVIORAL AND HEALTH PROFILE

2011



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Maine LGBTI

HealthSummit

CHALLENGES / OPPORTUNITIES / CHANGES

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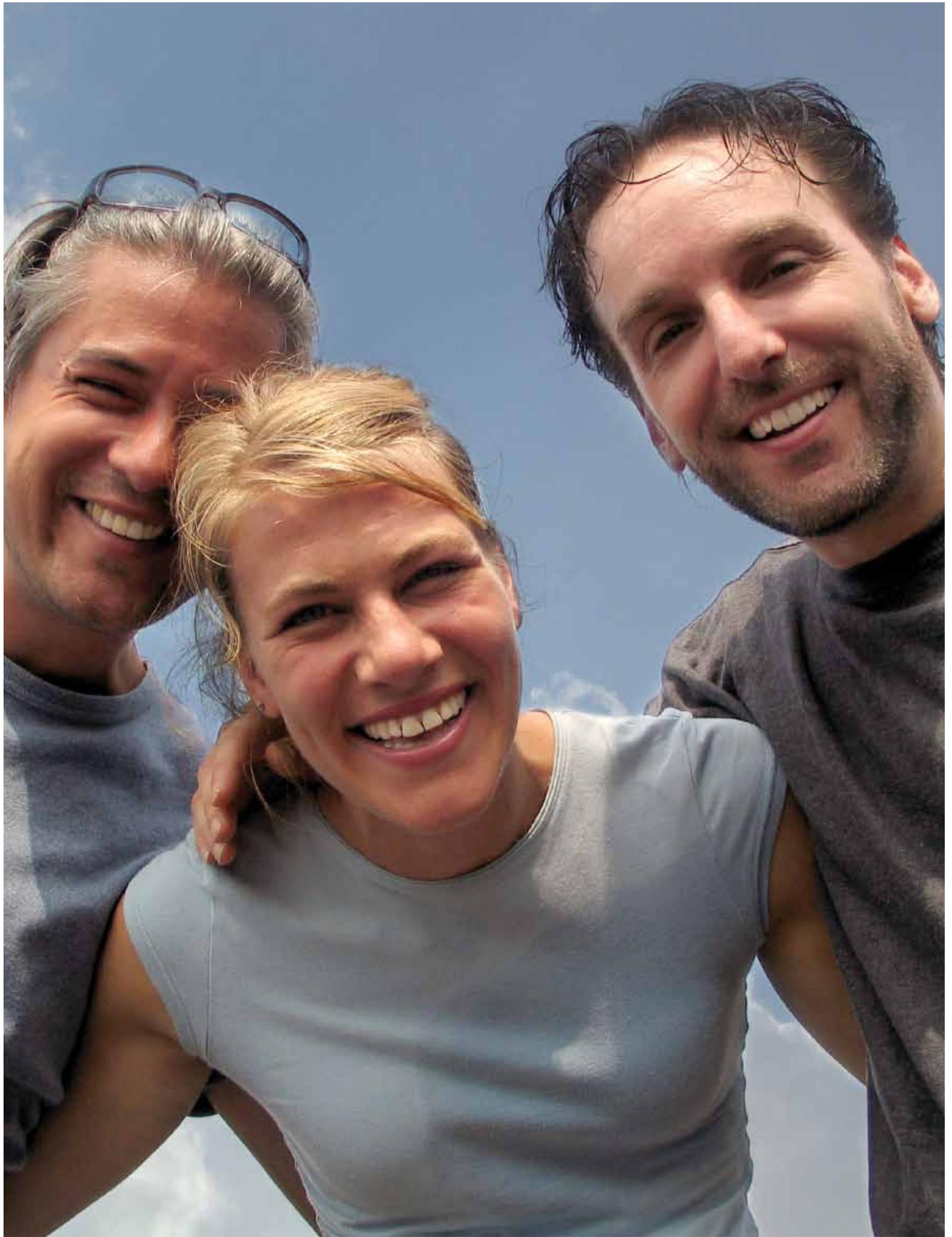


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Executive Summary

Introduction

Recent census and survey data suggest that Maine has a sizable population of gay, lesbian, and bisexual (GLB) people.^{1,2} Public health research also shows that significant health disparities exist between GLB populations and their heterosexual counterparts.²⁻⁵ These disparities may stem from differences in access to or utilization of quality health care, differences in health status or behaviors, or social inequities such as stigma and discrimination.⁶ ⁷ These disparities deserve scrutiny and should be evaluated from a public health perspective in order to achieve the Healthy People 2020 goal of “[Improving] the health, safety, and well-being of lesbian, gay, bisexual, and transgender (LGBT) individuals.”⁸ While we recognize that transgendered individuals also face health disparities and inequities, there is currently no Maine-specific data on this group.

Public health action to rectify health inequalities associated with sexual orientation can be limited by a lack of data that identify and describe population health disparities.⁹ Healthy Maine 2010 highlighted the GLB population in the document, “Opportunities for All” to raise awareness of health disparities in this population relative to other populations.² In response, the Maine CDC began to collect sexual orientation data in 2004 using Maine’s adult health behavior survey, the Behavioral Risk Factor Surveillance System (BRFSS). Data collection on adolescent sexual orientation began in 2007. Prior to 2007, adolescent same-sex and opposite-sex sexual contact questions were part of Maine’s Youth Risk Behavior Survey. To date, data on sexual identity and sexual orientation using these two data systems have not been analyzed and disseminated in a comprehensive manner.

The purpose of this report is two-fold:

- To provide the first population-based demographic, behavioral, and health profile of adolescents who have had same-sex sexual contact and adults who identify as gay, lesbian or bisexual.
- To examine disparities that may exist among the GLB population with regards to health risk behaviors and outcomes.

The finding that a population has a disparity in health status, when compared to another population, does not imply negative attributes to the population. Rather, it highlights the need for increased public health attention to the population in need. Public health strives for health equality; this goal cannot be achieved without first identifying areas of inequality.

Data Sources and Limitations

Nearly all of the data in this report come from the 1995-2007 Youth Risk Behavior Surveys (YRBS) for adolescents (specifically Maine high school students) and the 2004-2007 Behavioral Risk Factor Surveillance System (BRFSS) for adults 18 years and older. Not all questions were available for all years. YRBS is administered to middle and high school students who attend public schools. BRFSS is a telephone survey of non-institutionalized Maine residents, aged 18 years and older and excludes those living in institutions such as college dormitories or prisons. These are the only two sources that provide population-based sociodemographic, health, and behavior data on Maine’s GLB population.

The YRBS and BRFSS differ in their measurement of GLB status. The YRBS asks high school students the sex of the person with whom the respondent has had sexual contact. This, along with the respondent’s self-reported sex, allows us to group high school respondents as having sexual contact with partners of the opposite sex only (OSP), partners of

the same-sex only (SSP), or partners of both sexes (BSP). We recognize that same sex sexual contact does not necessarily imply GLB sexual identity and vice versa. In 2007, a sexual identity question was added to the YRBS, but due to the small number of students who identified themselves as homosexual or bisexual, this question was not used for the analyses in this report. The BRFSS asks adult respondents directly about their sexual identity (heterosexual, homosexual (gay or lesbian), or bisexual). Data on same-sex and opposite-sex sexual contact are not available in BRFSS.

Even with multiple years of YRBS data, the samples of SSP and BSP adolescents were small. Similarly, the sample of adults who identified themselves as bisexual, gay or lesbian was small. As a result, there was limited power to detect statistical differences between sub-groups, such as males and females.

The YRBS and BRFSS questionnaires do not include questions on gender identity. Therefore the analyses in this report do not include transgender issues, or a discussion of gender-based disparities. While other surveys may have alternative ways of asking about sexual orientation or gender identity, both the BRFSS and the YRBS are limited in their ability to study these complexities in depth. Thus, the data presented in this report should be considered an approximation of the health disparities experienced by sexual minorities.

Findings

Combining data from 1995-2007, four out of ten (42%) Maine adolescents reported that they had never had sexual contact; 44% had sexual contact with an opposite sex partner only (OSP), 11.4% with a same sex partner only (SSP), and 2.6% with partners of both sexes (BSP). In the 2007 YRBS 3.8% of adolescents identified themselves as gay, lesbian, or bisexual on a sexual identity question.¹⁰

Using combined data from the 2004-2007 BRFSS, among adults, an estimated 97.2% of respondents identified themselves as heterosexual, 1.3% as homosexual (gay or lesbian), and 0.9% as bisexual.¹¹ The apparent difference between the sexual contact estimates on the YRBS and BRFSS estimates of the GLB population is noteworthy, and there are several possible explanations. Having had sexual contact with a member of the same sex does not necessarily imply GLB sexual identity, and defining one's sexual identity as gay, lesbian or bisexual does not necessarily imply same-sex sexual contact.

The findings in this report demonstrated that disparities existed among adolescents according to their sexual contact and adults by their sexual identity with respect to several demographic and health indicators. For many indicators, the disparity was restricted to the bisexual population, rather than the GLB population as a whole.

Sociodemographic Profile

- There were no statistically significant differences in adolescents by their sexual contact with respect to gender and age. Questions on other sociodemographic indicators were not included on the YRBS.
- Adults who identified themselves as bisexual were more likely to be younger, female, unemployed, and have less than a high school education, compared to their heterosexual counterparts.
- Compared to heterosexual adults, fewer bisexual adults reported an annual household income of \$50,000 or more.
- There were no statistically significant differences in age, gender, income, and employment between gay/lesbian adults and heterosexual adults, but adults who identified themselves as gay or lesbian were more likely than heterosexual adults to be college graduates.

Access to health care

- The percentage of uninsured adults among heterosexuals, homosexuals, and bisexuals was not significantly different.
- A significantly higher percentage of bisexual adults reported being insured by Medicaid or MaineCare compared to heterosexuals.
- The percentage of gay/lesbian adults insured by Medicaid or MaineCare was not significantly different compared to heterosexual adults.

General health status and health-related quality of life

- Compared to heterosexual adults, a significantly higher percentage of bisexual adults had days when their physical or mental health status was not good.
- The percentage of gay/lesbian adults who had days when their physical or mental health was not good was not significantly different from heterosexual adults.

Substance use including tobacco, alcohol and other drugs

- Compared to adolescents who had sexual contact with an opposite sex partner only (OSP), a significantly higher percentage of adolescents who had sexual contact with partners of both sexes (BSP) engaged in risky health behaviors such as smoking or tobacco use, alcohol drinking, and illegal substance use.
- Conversely, a significantly lower percentage of adolescents who had sexual contact with a same sex partner only (SSP) engaged in health risk behaviors as compared to OSP adolescents.
- This pattern of health risk behavior was seen not only in adolescents but also in adults where a significantly higher percentage of bisexual adults were engaged in smoking and binge drinking as compared to heterosexual adults, and a significantly lower percentage of gay/lesbian

adults were engaged in smoking, heavy alcohol use, or binge drinking compared to heterosexual adults.

- Overall, the results suggest significant disparities on measured health behaviors among bisexual adults, but not gay/lesbian adults.

Health promotion activities

- There were no significant differences in adolescents by their sexual contact or in adults by their sexual identity when it came to weight status and health promotion activities like eating 5-10 fruits or vegetables a day, and engaging in regular physical activity.

Sexual behavior

- Compared to OSP adolescents, a significantly higher percentage of BSP adolescents started sexual intercourse at a young age (12 years or younger), had sexual intercourse with four or more people during their life, and used alcohol or other drugs before sexual intercourse.
- A significantly lower percentage of BSP adolescents used condom before last sexual intercourse compared to OSP adolescents.
- There were no significant differences between SSP adolescents and OSP adolescents with regards to starting sexual intercourse at a young age (12 years or younger), sexual intercourse with four or more people during their life, use of alcohol or other drugs before sexual intercourse, or condom use before last sexual intercourse.

Preventive care practices and cancer screenings

- There were no significant differences in heterosexual, gay/lesbian, or and bisexual adults with regard to preventive care practices such as having cholesterol checked or being screened for cancer.
- Compared to heterosexual adults, a significantly higher percentage of bisexual adults had received a hepatitis B vaccination and had been tested for HIV infection.

- A significantly higher percentage of gay/lesbian adults had been tested for HIV infection compared to heterosexual adults.

Injury, violence and victimization

- BSP adolescents were significantly more likely to have been in a physical fight in school in the past year and been injured in a fight at school compared to OSP adolescents.
- A significantly higher percentage of SSP adolescents were injured in a physical fight at school compared to OSP adolescents.
- Compared to OSP adolescents, a significantly higher percentage of BSP adolescents were victimized by having their property stolen or damaged at school, threatened by a weapon, had offensive comments made towards them, or attacked because of their perceived sexual orientation.
- A significantly higher percentage of BSP adolescents were physically abused by a dating partner compared to OSP adolescents.
- The percentage of BSP adolescents who were ever forced to have sexual intercourse when they did not want to was more than three times higher than OSP adolescents.
- There were no significant differences in the percent of SSP adolescents and OSP adolescents who had property stolen or damaged at school, were threatened by a weapon, had offensive comments made towards them or attacked because of their perceived sexual orientation, were physically abused by a dating partner, or were forced to have sexual intercourse.
- Among adults, the percentage of bisexual and gay/lesbian adults forced to have sexual intercourse when they did not want to was five times higher than heterosexual adults.

Mental health and suicidal behavior

- BSP adolescents reported significantly higher symptoms of depression and suicidal behavior compared to OSP adolescents.
- Compared to OSP adolescents, a significantly higher percentage of BSP adolescents seriously considered, planned, attempted or were injured due to suicide attempt.
- Conversely, a significantly lower percentage of SSP adolescents seriously considered, planned, attempted or were injured due to suicide attempt compared to OSP adolescents.

Conclusion

The findings in this report show that in both adolescents and in adults, considerable demographic, social, behavioral and health disparities exist based on sexual contact and sexual identity respectively. Adolescents who had sexual contact with partners of both sexes and adults who identified themselves as bisexual reported more risk behaviors and poorer health outcomes compared to adolescents who had sexual contact with opposite sex partners only and adults who identified themselves as heterosexual. There were significantly fewer disparities between adolescents who had sexual contact with partners of same sex and adolescents who had sexual contact with partners of opposite sex only and between adults who identified themselves as gay or lesbians and adults who identified themselves as heterosexual. In a few cases, adolescents who had sexual contact with same sex partners only and gay/lesbian adults actually reported better health outcomes compared to adolescents who had sexual contact with opposite sex partners only and adults who were heterosexuals.

The findings in this report provide an opportunity to use data to develop, enhance, and prioritize health promotion and disease prevention programs and activities for GLB population which can lead to achieving the goal of improved health and quality of life among all Maine residents.

Recommendations

1. In Maine, data on sexual contact and identity in adolescents and adults should be collected continuously and consistently each year. This will enable aggregation of sexual contact and sexual identity data in both adolescents and adults over time. Aggregation of data will provide large enough sample size to report reliable estimates by certain subpopulation groups (e.g., age, gender, race/ethnicity, education, income).
2. Ongoing analysis of the YRBS and BRFSS data is needed to provide additional information about adolescents and adult health and behavior by both their sexual contact and identity.
3. There is a need for more data sources that provide population based information on behaviors and health related issues in adolescents and adults by their sexual contact and sexual identity. There is also a need for data sources that examine gender identity of adolescents and adults.
4. Over-sampling of the GLB population should be considered in current or future population based surveys to provide larger sample size to analyze and report GLB data by population subgroups.
5. The health profile in this report can be used as baseline data and information to develop an ongoing public health surveillance system of adolescents and adults by their sexual contact and identity.
6. Appropriate funding and other public health resources should be allocated to address health-related disparities that were identified in this report. In particular, there is a need to identify and fund effective strategies for addressing the disparities in the bisexual population.
7. A multidisciplinary partnership should continue to convene in order to address some of the health related disparities and issues identified in this report. That partnership may include members of the public health system, healthcare providers, school administrators and staff, business leaders, elected officials, community workers, families in Maine, and should be inclusive of the GLBT population.

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Introduction

Recent data suggest that Maine has a sizable population of gay, lesbian, and bisexual (GLB) people.^{1,2} Studies of the 2010 Census data have shown as many as 7.1 per 1,000 Maine households were of a “same-sex couple” composition.¹² The 2007 Maine Youth Risk Behavior Survey found that 4.6% of female high school students and 2.8% of male high school students described themselves as gay, lesbian, or bisexual. Alternatively, 8% of female high school students and 5% of male high school students surveyed reported having had sexual contact with members of the same gender or with members of both genders. The rate of same-sex only contact for high school students was 3% for both females and males.¹³

Public health research also shows that significant health disparities exist between GLB populations and their heterosexual counterparts.²⁻⁵ These disparities may stem from differences in access to or utilization of quality health care, differences in health status or behaviors, or social inequities such as stigma and discrimination.^{6,7} These disparities deserve scrutiny and should be evaluated from a public health perspective in order to achieve the Healthy People 2020 goal of “[Improving] the health, safety, and well-being of lesbian, gay, bisexual, and transgender (LGBT) individuals.”⁸

Despite increasing recognition that gay, lesbian and bisexual people are members of a population with health disparities, there is very little representative population-based data in Maine that identifies and describes the behavioral and health experiences of this population. The policies, programs and interventions used to promote health, prevent disease, and ensure access to quality health care among GLB residents of Maine can be improved by providing population-based scientific information and data on the GLB population in Maine.

Several studies conducted at the national and state level have found that both GLB adolescents and adults are at risk for significant health disparities in many areas as compared to heterosexual persons.^{4, 5, 14-26} GLB youth or adolescents are at higher risk for health and behavior issues such as tobacco or alcohol use, and substance use. Compared to heterosexual peers, they are more likely to engage in suicide and suicidal behavior and to experience harassment and violence.^{24, 25, 27} Adults who identified themselves as gay or lesbian or bisexual experience disparities with regards to health care access, health promotion, substance use, preventive care practices and mental health as compared to heterosexual population.^{4, 5, 15-23, 28} A 2010 study conducted in Massachusetts, found that when compared to heterosexual adults, GLB adults fared worse in 16 of 22 health indicators. Considerable variability in disparities was observed within the GLB community, especially in regards to gender.²⁹ Some similarities and differences between this report and the literature are noted throughout results section.

The purpose of this report is two-fold:

- Provide the first population-based demographic, behavioral, and health profile of adolescents who have had same-sex sexual contact and adults who identify as gay, lesbian or bisexual.
- Examine any disparities that may exist among the GLB population with regards to health risk behaviors and outcomes.

While examining the health profile of GLB populations in this report, it is important to consider two points. First, the finding that a population has a disparity in health status, when compared to another population, does not ascribe negative attributes to the population. Rather, it highlights the need for increased public health attention to the population in need. Public health strives for health equality; this goal cannot be achieved without first identifying areas of inequality.

Second, the report is limited to data that are currently collected in Maine. This means that many other questions or areas of interest may not be included in the present report. This includes an examination of the many positive attributes that exist in the GLB community. Like many other populations, the GLB population has displayed resilience and built strong community ties when faced with adversity. We recognize this and believe that it deserves discussion. However, it is beyond the scope of the present report, which focuses on findings from public health data collection systems. Public health is increasing moving toward inclusion of positive attributes in data collection, but our current survey questions focus on health behaviors and outcomes.

There are no health data sources in Maine that collect information on gender identity, and therefore the analyses in this report do not include transgender issues, or a discussion of gender-based disparities. Sexual and gender identity are a complex concepts, and while other data sources may have alternative ways of asking about sexual orientation or gender identity, Maine-based data sources are limited in their ability to study this complexity in depth. Thus, the data presented in this report should be considered an approximation of the health disparities experienced by sexual minorities.

While many national studies have presented disparities for Gay, lesbian and bisexuals as one group, our data analyses demonstrated significant differences between gays and lesbians as a group and bisexuals as a separate group. Sample size prevented analyses of gay and lesbians separately, and male and female bisexuals, even though the national studies show gender differences exist.

Defining GLB among adolescents and adults

There are several ways to define gay, lesbian and bisexual people. Sexuality and sexual orientation can be defined in terms of one's sexual behavior, or one's self-identity, or one's desire and attraction.^{1, 9, 25, 27, 28}

Studies reporting health risk and behaviors among adolescents have used three measures to identify those that are gay, lesbian or bisexual. One of them is self-reported sexual identity such as gay, lesbian, bisexual or heterosexual. Another measure is sexual orientation which includes fantasies, social and political affiliations and reports of romantic and sexual attraction to members of the same or opposite sex. A third measure to define GLB population among adolescents is called sexual behavior which includes sexual contact with members of same or opposite sex.^{1, 9, 25, 27, 28}

The availability of data in Maine is limited in terms of measures that define GLB adolescent population by sexual identity and sexual orientation measures. Sexual identity measures in the adolescent population are relatively new and do not allow for aggregation over multiple years, which was necessary for the analyses in this report. Therefore, in this report GLB adolescent population is generally defined by sexual contact. The three categories of sexual contact are sexual contact with 1) opposite sex partners only (OSP), 2) same sex partners only (SSP) and 3) partners of both sexes (BSP).

In comparison, the BRFSS Survey asked adults to select a sexual identity. A person's sexual identity does not reveal whether she/he is sexually active nor does it define her/his specific sexual behaviors. Sexual behaviors are not always an indication of a person's self-identification. Sexual behavior data is not available for the adult population. Therefore, this report defines the adult GLB population among adults using their self-reported sexual identity (gay, lesbian, bisexual, heterosexual, or any other).

The percentage of SSP adolescents (11.4%) was higher than the percentage of adults who identified themselves as gay or lesbian (1.3%). This difference may be a product of the question wording in the YRBS which asks an adolescent with whom he or she had had sexual contact during their life, which may include a wide range of behaviors and include

heterosexual youth who have participated in some level of sexual experimentation. Is it also worth noting that the YRBS question is not limited to consensual sexual contact, and thus some of contact, both same sex and opposite sex may have been coerced.

The percentage of adults who identified themselves as gay or lesbian is small. Beginning in 2007, YRBS added a question on sexual identity. The percentage (3.8%) of adolescents who identified themselves as gay or lesbian from the sexual identity question was very similar to what was reported for adults.

For detailed description of identity questions and methods used to define the GLB population among adolescents and adults, please refer to methods/technical notes section.

A word about terminology

The health profile of GLB population in this report is discussed using various health indicators. Each indicator provides information on both adolescents and adults, however there are few indicators for which only adolescent or adult information is presented. The terms “adolescence” and “adolescents” refers to the high school students in grades 9-12.

When comparing indicators of GLB groups in adolescents and as adults, the term “no significant difference” means that although percentage values may differ, they were not statistically significant at 95% confidence interval. The terms “statistically higher or lower difference” or “significantly higher or lower” mean that the percentages were statistically significant at the 95% confidence interval. Due to the small sample sizes, there may be large percentage differences that are not statistically significant. In these cases, the small numbers may mask practical difference that would show if the surveys had larger sample sizes. In cases where significant differences did not exist between groups by sexual identity or contact, detailed discussion of those results may be

limited. In these instances, readers will be referred to the appropriate data tables in the appendix.

Throughout this report, the word “disparity” is used in a way that is consistent with broad public health usage of the term. A population has health disparities when it is quantitatively worse off when compared to other population groups on health measures. In the current report, this determination is made by comparing the percentage of the GLB population with a specific health behavior or outcome to the percentage of the non-GLB population with that health behavior or outcome.^{6, 30, 31} This method of identifying a health disparity is used by the U.S. Department of Health and Human Services, as in Healthy People 2020. We recognize the validity of other, non-quantitative methods to identify disparities, such as documented social history, but such discussion is beyond the scope of this report.

Methods/Technical Notes

The two major data sources for this report were Maine's Youth Behavior Risk Survey (YRBS) and the Behavioral Risk Factor Surveillance System (BRFSS).

Youth Risk Behavior Survey^{32, 33}

The Maine YRBS is a school-based biennial survey conducted by the Maine Department of Education, with funding from the federal Centers for Disease Control and Prevention (CDC). Publicly-funded Maine schools are selected proportional to their enrollment size. Then classrooms within those schools are randomly selected and all students within those classrooms are invited to participate. The Maine YRBS consists of two separate surveys: one for middle school (7th-8th grades) and one for high school (9th-12 grades). The purpose of the survey is to collect data on adolescent health behaviors. Both middle and high school surveys have been administered every two years since 1993. Data from Maine's 1995, 1997, 2001, 2003, 2005 and 2007 high school YRBS were combined for these analyses. Maine's 1993 and 1999 surveys were not included because they did not achieve a response rate of 60%, (required by the federal CDC to be considered representative). The six years of surveys included in these analyses included 8,955 high school respondents. Some questions may not have been asked in all years.

Maine's YRBS was incorporated into the Maine Integrated Youth Health Survey (MIYHS) in 2009. More information on the Maine YRBS may be found on the website www.mainecshp.com/survey.html.

Since 1995, YRBS questionnaires administered to high school students included a question about the sex of adolescents' sexual partners:

Q. The person(s) with whom you have had sexual contact during your life is:

- a. I have never had sexual contact
- b. Female
- c. Male
- d. Male and female

The response to above question was combined with the question about the sex of the respondent to create a four category sexual contact variable:

- a. Adolescents who never had sex
- b. Adolescents who had sexual contact with an opposite sex partner only
- c. Adolescents who had sexual contact with a same sex partner only
- d. Adolescents who had sexual contact with partners of both sexes

From this point forward the following acronyms will be used to describe these groups:

OSP = Adolescents who have had sexual contact with an opposite sex partner(s) only

SSP = Adolescents who have had sexual contact with a same sex partner(s) only

BSP = Adolescents who have had sexual contact with partners of both sexes

Behavioral Risk Factor Surveillance System³⁴

The Behavioral Risk Factor Surveillance System (BRFSS) is a random-digit dial-telephone survey among non-institutionalized Maine residents, age 18 years and older. Prior to 2009, this survey was limited to landlines. From 2009 to 2010, a separate cell phone survey was conducted, but the data was not combined with the landline survey. From 2011 on, it is planned that cell phone will be included in the data set. The BRFSS is partially funded by the

federal CDC. It is conducted and coordinated by individual states, the District of Columbia, and several United States Territories. Maine has conducted the BRFSS survey annually since 1987.

The overall goal of the BRFSS is to develop and maintain the capacity to track health conditions and risk behaviors in Maine. BRFSS data are used for the following:

- Monitoring the leading contributors to morbidity and premature death
- Tracking health status and assessing trends
- Measuring knowledge, attitudes, and opinions
- Developing policy
- Evaluation
- Program planning
 - Needs assessment
 - Developing of goals and objectives
 - Identifying target or subpopulation groups

Data from BRFSS are weighted to account for the sampling design and non-response bias and to make the responses representative of the underlying population. For more information about the Maine BRFSS, please visit:

www.maine.gov/dhhs/mecdc/public-health-systems/data-research/brfss/index.shtml.

The survey consists of three types of questions: (a) *Core* questions included in all state BRFSS surveys; (b) *Optional Modules* that include questions on a specific health topic. The CDC provides states a pool of questions from which they can select. States have the option of adding these questions to their survey; (c) *State added* questions are based on public health needs of each state. State added questions include questions not available as supported optional modules in that year or emerging health issues that are specific to each state.

Since 2004, Maine’s BRFSS has included a question on sexual identity:

Q. Now I’ll read a list of terms people sometimes use to describe themselves: heterosexual or straight; homosexual (gay or lesbian); and bisexual. As I read the list again, please stop me when I get to the term that best describes how you think of yourself:

1. Heterosexual or straight
2. Homosexual (gay or lesbian)
3. Bisexual
4. Other
7. Don’t Know
9. Refused

Between 2004-2007, 18,360 BRFSS respondents were asked the question. About two percent either did not know their sexual identity or refused to answer the question and were excluded from these analyses. Not all of the variables analyzed in relation to sexual identity were asked every year.

Data Analysis

SAS® survey procedures³⁵ were used to analyze both the YRBS and BRFSS data to appropriately reflect the complex sampling designs of both surveys.

Limitations

YRBS is administered to only middle and high school students who attend public schools. Many high-risk youth, such as those who drop out of school or those with frequent absences, may not be captured by this data system. Since the rate of high school drop-out is higher for GLB students than their heterosexual classmates,³⁶ this exclusion may cause undercounts in the data presented. BRFSS is a telephone survey of non-institutionalized Maine residents, age 18 years and older and excludes those

living in institutions such as college dormitories or prisons. These are the only two data sources that are currently able to provide population-based sociodemographic, health, and behavior data on Maine's GLB population.

Even with multiple years of YRBS and BRFSS data, the sample of SSP or BSP adolescents was relatively small. Similarly, the sample of adults who identified themselves as bisexual, gay, or lesbian was small. As a result, there was limited power to detect statistical differences between groups. This is noted in the report for some of the indicators. Because data from several years were combined to increase the sample sizes, we could not identify changes over time. Also, because of small sample sizes, we could not conduct sub-population analyses, such as sex-specific analyses.

YRBS and BRFSS data are self-reported, which may be prone to bias, because we are relying on participants' ability to recall events/behaviors and the honesty of their responses. However, several researchers who have studied the quality, validity, and reliability of YRBS and BRFSS data have generally found them to be valid and reliable population based estimates.³²⁻³⁴ Further, the findings of this report are consistent with reports from other states and national data.²⁹

As previously mentioned, the YRBS and BRFSS questionnaires do not include questions on gender identity, and therefore the analyses in this report do not include transgender issues, or a discussion of gender-based disparities.

Sociodemographic Profile

What does the data tell us?

Adults who identified as bisexual were younger than their heterosexual counterparts. They were also more likely to be female, have less than a high school education, and were more likely to be unemployed. Compared to heterosexual adults, fewer bisexual adults reported an annual household income of \$50,000 or more.

Fewer differences were found between gay/lesbian adults and heterosexual adults. Gay and lesbian adults were more likely than heterosexual adults to be college graduates. There were no statistically significant differences in age, gender, income, and employment between heterosexual and gay/lesbian adults.

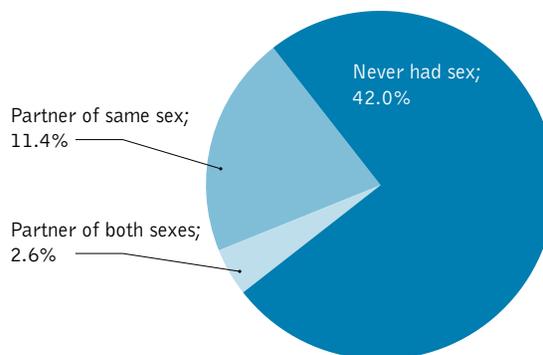
There were no statistically significant differences in adolescents by their sexual contact with respect to gender and age. Questions on other sociodemographic indicators are not included on the YRBS.

What is the overall prevalence of sexual contact in Maine adolescents?

In Maine, four out of ten (42.0%) adolescents had no sexual contact and a similar percent 44.1% had sexual contact with an opposite sex partner only (OSP). One in eight (11.4%) adolescents had sexual contact with a same sex partner only (SSP) and 2.6% adolescents had sexual contact with persons of both sexes (BSP; Figure 1). Because of the small sample sizes in a single year's survey, we are not able to conduct in-depth analyses of the 2007 sexual identity question in the YRBS. However, in 2007, 3.8% of adolescents identified themselves as gay or lesbian.

Figure 1.

Sexual contact among adolescents, Maine, 1995-2007



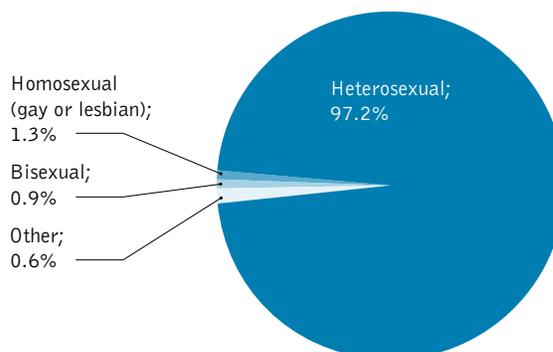
Source: 1995-2007 YRBS

What is the overall prevalence of GLB sexual identity in Maine adults?

Based on the BRFSS, an estimated 1,008,900 (97.2%) adults 18 years and older in Maine identify as heterosexual, 13,500 (1.3%) identify as homosexual (gay or lesbian), and 9,350 (0.9%) identify as bisexual (Figure 2). This prevalence rate is similar to that of a 2010 Massachusetts BRFSS report, which found 95% of respondents identified as straight, 2% as gay or lesbian, and 1% as bisexual.²⁹

Figure 2.

Self-reported sexual orientation of adults (18+ years), Maine, 2004-2007



Source: 2004-2007 Maine BRFSS

Demographic characteristics of adolescents by their sexual contact

Age, sex, and grade

There were no statistically significant differences in adolescents by their sexual contact with respect to age, sex, or grade level. A quarter (24.0%) of BSP adolescents, 26.8% of OSP adolescents, and 23.1% of SSP adolescents were 15 years or younger. About half of the BSP adolescents (51.2%), OSP adolescents (50.2%) and SSP adolescents (47.8%) were male. Please refer to the socio-demographic table in the appendix for more data on sexual contact by adolescent grade level.

Demographic characteristics of adults by their sexual orientation

Age

Adults who identified themselves as bisexual tended to be younger than their gay, lesbian or heterosexual counterparts. The vast majority (71.5%) of bisexual adults were in the younger age group (18-44 years old); less than half of gay/lesbian (49.3%) and heterosexual (45.6%) adults were in this age group. There was no significant difference between gay/lesbian and heterosexual adults with respect to age.

Sex

Compared to heterosexual adults, bisexual adults were more likely to be female. Nearly seven out of ten (68.2%) bisexual adults were female, while 54.4% gay/lesbian and 51.6% heterosexual adults were female. There was no significant difference between heterosexual and gay/lesbian adults with regard to sex.

Ethnicity/race

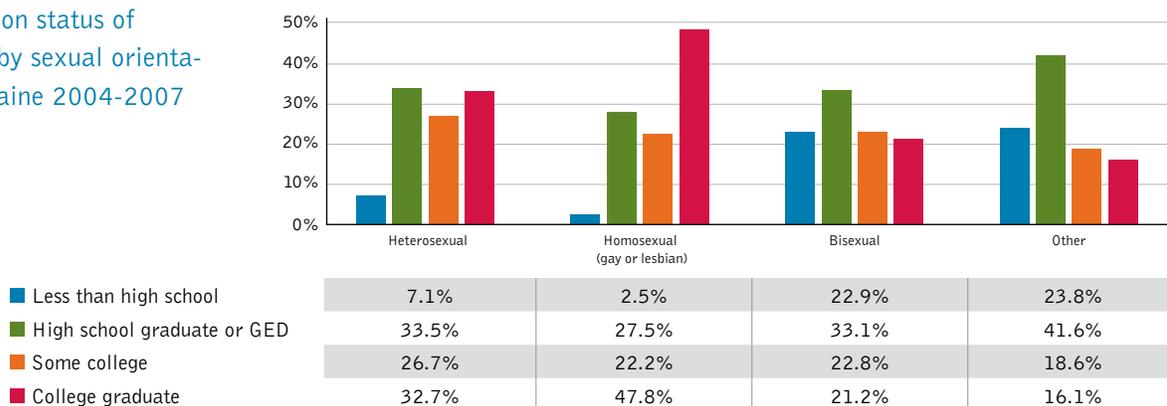
Nearly 96% of Maine's population identifies as white. Therefore, having enough survey respondents to produce reliable and stable estimates that reflect the true population of GLB adults by different racial and ethnic groups is limited. For this reason, GLB population data in adults by different ethnic and racial groups are not reported here.

Education

Bisexual adults had less education compared with gay/lesbian or heterosexual adults. Nearly one in four (22.9%) bisexual adults had less than a high school education, compared to 2.5% gay/lesbian adults and 7.1% heterosexual adults. One in five (21.2%) bisexual adults were college graduates, compared to nearly half of the gay/lesbian adults (47.8%) and 32.7% of heterosexual adults (Figure 3). All of these differences were statistically significant.

Figure 3.

Education status of adults, by sexual orientation, Maine 2004-2007



Source: 2004-2007 Maine BRFSS

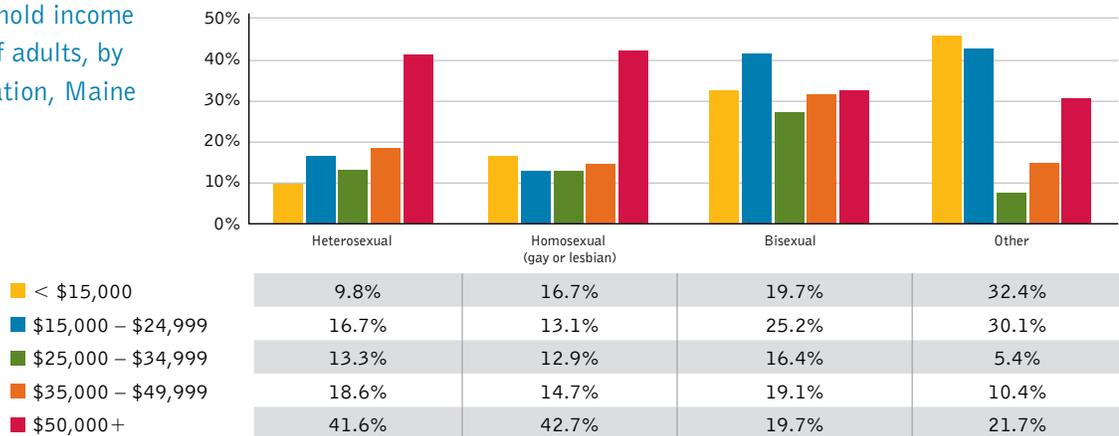
Income

Bisexual adults had lower household income compared to gay/lesbian or heterosexual adults. While 42.7% of gay/lesbian adults and 41.6% heterosexual adults had annual household income \$50,000 or greater, only one in five (19.7%) bisexual adults had

that same level of household income (Figure 4). The difference between bisexual adults and other groups was significant, while the difference between gay, lesbian and heterosexual adults was not.

Figure 4.

Annual household income distribution of adults, by sexual orientation, Maine 2004-2007



Source: 2004-2007 Maine BRFSS

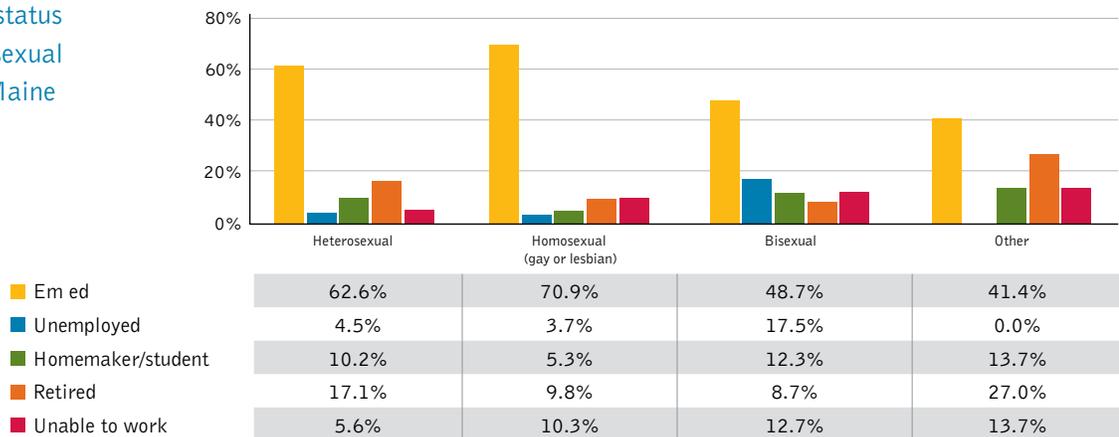
Employment

Bisexual adults were less likely to be employed than gay/lesbian or heterosexual adults. About one in six (17.5%) bisexual adults was unemployed, compared to 3.7% of gay or lesbian adults and 4.5% of hetero-

sexual adults (Figure 5). Once again, the difference between bisexual adults and other groups was significant, but the difference between gay or lesbian and heterosexual adults was not.

Figure 5.

Employment status of adults, by sexual orientation, Maine 2004-2007



Source: 2004-2007 Maine BRFSS

Relationship status

Compared to bisexual and gay/lesbian adults, heterosexual adults were more likely to be married or be a member of an unmarried couple, and less likely to report never being married. Almost two-thirds of 65.7% of heterosexual adults reported being married or member of unmarried couple, compared to 45.5% of the bisexual adults and 42.1% of gay or lesbian adults. Four out of ten bisexual adults (38.6%) and 41.3% of gay or lesbian adults were never married, while 15.5% of heterosexual adults were never married.

Public health district

Overall, there were no statistically significant differences in the geographic location of adults by their sexual identity. Please refer to sociodemographic table in the appendix for data on geographic distribution in adults by their sexual identity.

Access to Health Care

What does the data tell us?

Differences in the percent of uninsured among heterosexual, homosexual, and bisexual adults were not statistically significant. However, a significantly higher percentage of bisexual adults reported being insured by Medicaid or MaineCare compared to heterosexual adults.

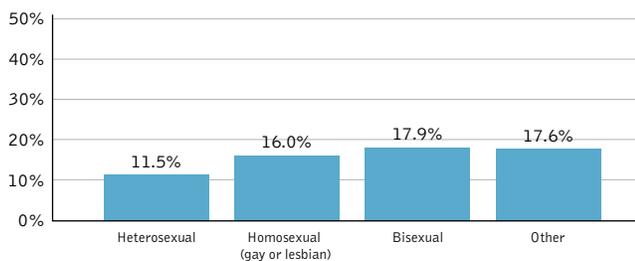
Health care access

Access to health care can be defined as “the timely use of personal health services to achieve the best possible health outcomes.”^{37,38} This includes both use and effectiveness of services such as health information and preventive treatment.^{37,38} Access to quality care is necessary to eliminate health disparities and increase the number of years and quality of life. Included among factors that affect access to care are health insurance status, having a regular healthcare provider and regular visits to the physicians’ office for routine medical checkups.^{37,38}

Health insurance and MaineCare or Medicaid status

Differences in health insurance status were not statistically significant. Less than 1 in 5 bisexual, gay/lesbian and heterosexual adults reported being uninsured (Figure 6).

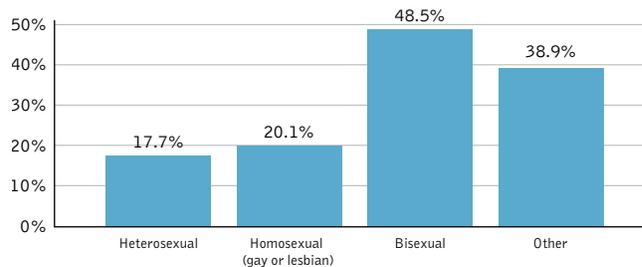
Figure 6.
Percent of adults without health insurance, by sexual orientation, Maine 2004-2007



Source: 2004-2007 Maine BRFSS

Compared to heterosexual adults and gay/lesbian adults, bisexual adults were more likely to receive Medicaid or MaineCare. Nearly half (48.5%) of bisexual adults reported being on MaineCare or Medicaid, which was significantly higher than heterosexual adults (17.7%). One in five (20.1%) gay/lesbian adults reported being on MaineCare or Medicaid, which was similar to the prevalence among heterosexual adults (Figure 7).

Figure 7.
Percent of adults enrolled in Medicaid or MediCare, by sexual orientation, Maine 2004-2007



Source: 2004-2007 Maine BRFSS

Regular healthcare provider and recent healthcare visit

Differences in regular health care provider utilization and recent health care visitation were not statistically significant by sexual identity. About one in seven (16.7%) bisexual adults, one in seven (15.7%) gay/lesbian adults and one in nine (11.2%) heterosexual adults reported being without a regular health care provider. About one in seven (14.8%) bisexual adults, one in five (20.2%) gay/lesbian adults and one in seven (14.6%) heterosexual adults had their last routine medical checkup more than two years ago.

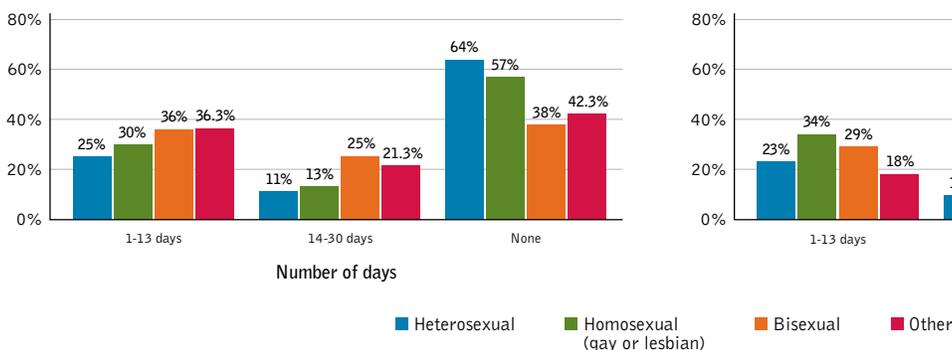
General Health Status and Health Related Quality of Life

One of the overarching goals of Healthy People 2020 is to improve the quality of life of all people in the United States. More than 40 million people in the United States experience physical or mental impairments that affect their quality of life. The concept of health related quality of life refers to a person's perceived physical and mental health.³⁹

What does the data tell us?

The percentage of gay or lesbian adults who had days when their physical or mental health was not good was not significantly different from heterosexual adults. Compared to heterosexual adults, significantly higher percentage of bisexual adults had days when their physical or mental health status was not good. Disparities between bisexual adults and other sexual orientation groups appear elsewhere in the literature. A 2010 Massachusetts study of GLB adults found that bisexual adults reported frequent tension, worry, or sadness 2 to 3 times as frequently as heterosexual adults.²⁹

Figure 8. Percent of adults reporting that physical health was "not good" in the past 30 days, by number of days sexual orientation, Maine 2004-2007



Source: 2004-2007 Maine BRFSS

General health status

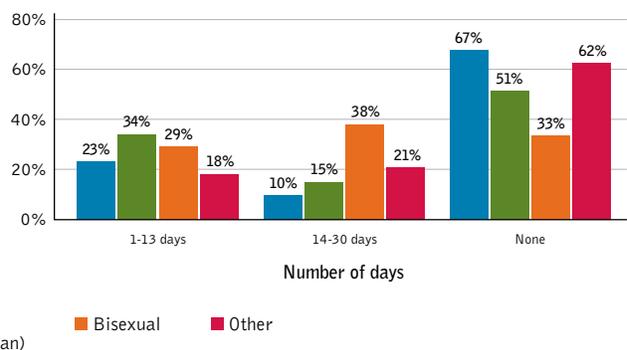
Differences in general health status were not statistically significant. One in five (21.2%) bisexual adults, 13.9% of gay/lesbian adults, and 14.2% of heterosexual adults rated their general health as either fair or poor.

Physical and mental health status

Bisexual adults were more likely to report poor physical and mental health. About four out of ten (38.4%) bisexual adults reported that their mental health was not good for 14-30 days during the past 30 days, which was almost four times higher than reported by heterosexual adults (10.4%). One in four (25.3%) bisexual adults reported that their physical health was not good for 14-30 days during the past 30 days, which was significantly higher than heterosexual adults (11.2%).

Gay/Lesbian adults were just as likely as heterosexual adults to report days of poor physical or mental health. One in eight (12.9%) gay/lesbian adults reported that their physical health was not good and 1 in 7 (15.2%) reported that their mental health was not good for 14 or more days during the past 30 days (Figures 8-9).

Figure 9. Percent of adults reporting that mental health was "not good" in the past 30 days, by number of days sexual orientation, Maine 2004-2007



Substance Use, including Tobacco, Alcohol and other Drugs

What does the data tell us?

Compared to OSP adolescents, a significantly higher percentage of BSP adolescents were engaged in risky health behaviors such as smoking or tobacco use, alcohol drinking, and illegal substance use. Conversely, a significantly lower percentage of SSP adolescents were engaged in health risk behaviors as compared to OSP adolescents.

This pattern of health risk behavior was not only seen in adolescents but also in adults. A significantly higher percentage of bisexual adults were engaged in smoking and binge drinking as compared to heterosexual adults. And a significantly lower percentage of gay/lesbian adults were engaged in smoking, heavy alcohol use, or binge drinking as compared to heterosexual adults. The results suggest that disparities exist for measured health behaviors among bisexual, but not gay/lesbian adults.

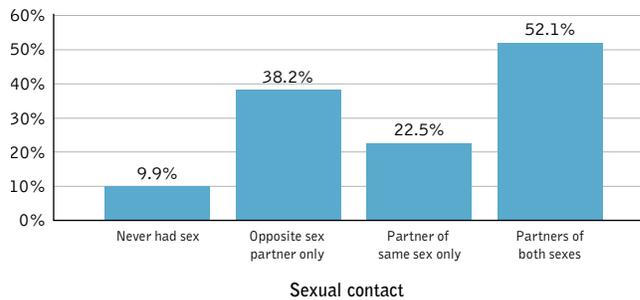
This finding contrasts with the results of a 2010 study of Massachusetts GLB adults which found that rates of smoking, drinking, and illicit drug use were higher for gay and lesbian adults as well as bisexual adults when compared to heterosexual adults.²⁹

Adolescent smoking

Based on high school student responses, current smoking was defined as having smoked one or more cigarettes in the past 30 days. Any tobacco use was defined as having smoked one or more cigarettes, cigars, cigarillos, little cigars, or having used chewing tobacco, snuffs, or dips on one or more of the past 30 days.

OSP adolescents were more likely to be current smokers than SSP adolescents (38.2% vs. 22.5%), and BSP adolescents were more likely to be current smokers compared to both groups (52.1%; Figure 10).

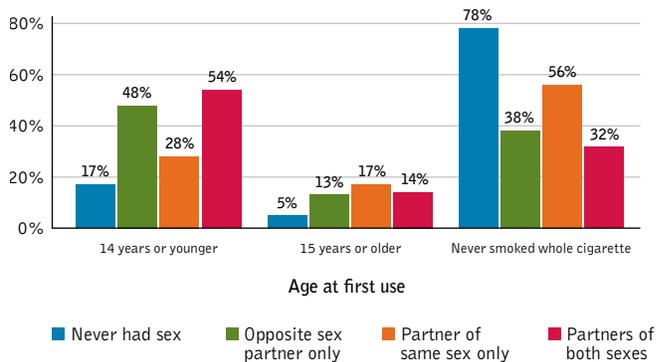
Figure 10. Percent of adolescents who smoked cigarettes one or more days during the past 30 days, by sexual contact, Maine 1995-2007



Source: 1995-2007 Maine YRBS

Compared to OSP and BSP adolescents, SSP adolescents were less likely to have had their first cigarette at age 14 or younger. One in four (27.4%) SSP adolescents had their first cigarette when they were 14 years or younger, which was significantly lower than OSP adolescents (48.3%). The majority (53.8%) of BSP adolescents had their first cigarette when they were 14 years or younger, which was not significantly different from about half (48.3%) of the OSP adolescents (Figure 11).

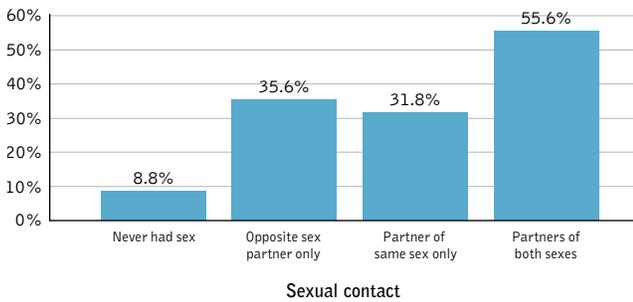
Figure 11. Prevalence of cigarette use in adolescents, by age at first use and sexual contact, Maine 1995-2007



Source: 1995-2007 Maine YRBS

BSP adolescents were the most likely to have used tobacco in the last 30 days, followed by OSP adolescents and SSP adolescents. More than half (55.6%) of BSP adolescents had used any tobacco during the past 30 days, which was significantly higher than OSP adolescents (35.6%). About one third (31.8%) of SSP adolescents had any tobacco use during the past 30 days, similar to OSP adolescents and significantly lower than BSP adolescents (Figure 12).

Figure 12.
Percent of adolescents with “any tobacco use” in last 30 days, by sexual contact, Maine 1995-2007



Source: 1995-2007 Maine YRBS

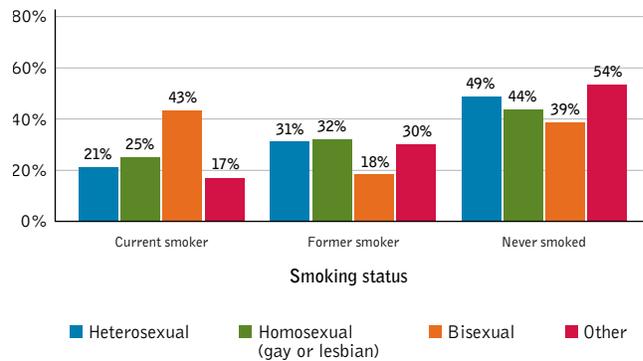
Adult smoking

Based on the responses to two smoking questions that asked adults whether they smoked at least 100 cigarettes in their entire life and whether they now smoke cigarettes every day, some days, or not at all, adults were placed into one of the three categories of smoking:

- Current smoker: Smoked at least 100 cigarettes during their lifetime and now currently smoke every day or some days.
- Former smoker: Smoked at least 100 cigarettes during their lifetime but do not currently smoke.
- Never smoked: Did not smoke at least 100 cigarettes in their lifetime.

Compared to heterosexual and gay/lesbian adults, bisexual adults were more likely to be current smokers. Four out of ten (43.4%) bisexual adults were current smokers which was significantly higher than heterosexual (20.6%) adults (Figure 13). One in four (25%) gay or lesbian adults was a current smoker. There was no significant difference in the percentage of gay/lesbian adults who were current smokers compared to heterosexual adults.

Figure 13.
Smoking status in adults, by sexual orientation, Maine 2004-2007

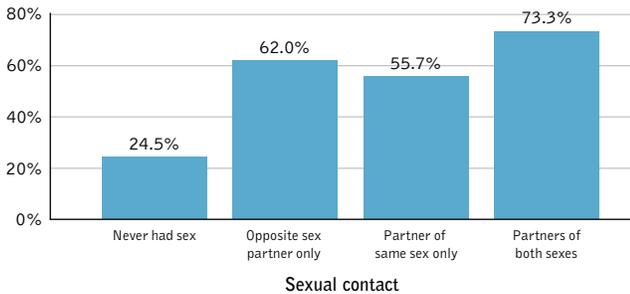


Source: 2004-2007 Maine BRFSS

Adolescent alcohol use and binge drinking

BSP adolescents were the most likely to have used alcohol one or more times in the past 30 days, while SSP adolescents were the least likely. Three out of four (73.3%) BSP adolescents drank alcohol one or more times in the past 30 days, which was significantly higher than OSP adolescents (62.0%). More than half of SSP adolescents (55.7%) drank alcohol one or more times in the past 30 days, which was significantly lower than OSP adolescents and BSP adolescents (Figure 14).

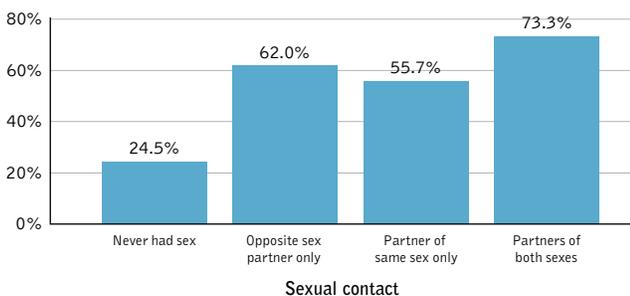
Figure 14.
Percent of adolescents who used alcohol one or more times during the past 30 days, by sexual contact, Maine 1995-2007



Source: 1995-2007 Maine YRBS

A significantly lower percentage of SSP adolescents reported binge drinking, compared to OSP adolescents. There was no significant difference in binge drinking between BSP and OSP adolescents. Half (50.8%) of BSP adolescents had five or more drinks of alcohol in a row (binge drinking) on one or more days in the past 30 days, while one in three (35.5%) SSP adolescents and 41.9% of OSP adolescents reported binge drinking (Figure 15).

Figure 15.
Percent of adolescents who had 5+ drinks of alcohol in a row one or more times during the past 30 days, by sexual contact, Maine 1995-2007



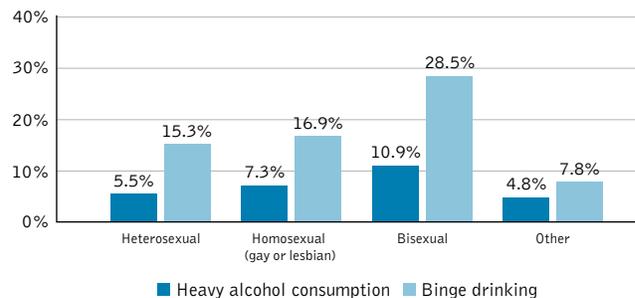
Source: 1995-2007 Maine YRBS

Adult alcohol use and binge drinking

There were no statistically significant differences between gay/lesbian, bisexual, and heterosexual adults for heavy alcohol consumption (more than two drinks per day for men and more than one drink for women). One in nine (10.9%) bisexual adults, 7.3 % of gay/lesbian adults and 5.5 % of heterosexual adults reported heavy alcohol consumption (Figure 16).

Bisexual adults did more binge drinking (5 more drinks on one occasion for men and 4 or more drinks for women) compared to gay/lesbian or heterosexual adults. One in four (28.5%) bisexuals reported binge drinking, which was significantly higher than heterosexual (15.3%) or gay/lesbian adults (16.9%; Figure 16).

Figure 16.
Percent of adults who reported heavy alcohol consumption or binge drinking, by sexual orientation, Maine 2004-2007

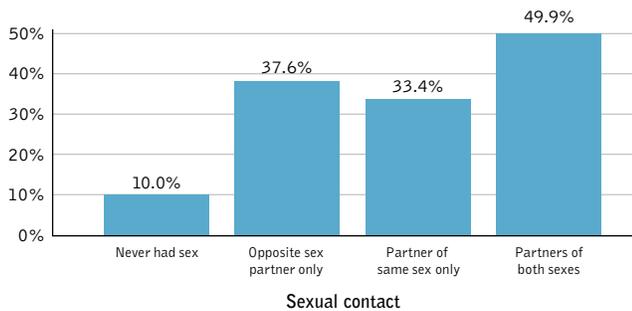


Source: 2004-2007 Maine BRFSS

Adolescent marijuana use

Half (49.9%) of BSP adolescents used marijuana one or more times during the past 30 days which was significantly higher than usage reported by OSP adolescents. That level of marijuana use was reported by one in three (33.4%) SSP adolescents and 37.6 % of OSP adolescents (Figure 17), however the differences between these two were not statistically significant.

Figure 17.
Percent of adolescents who used marijuana one or more times during the past 30 days, by sexual contact, Maine 1995-2007

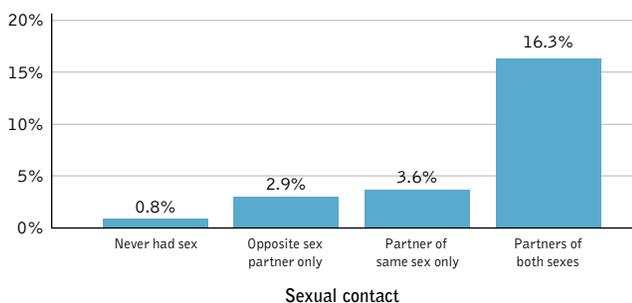


Source: 1995-2007 Maine YRBS

Adolescent injected drug use

Compared to SSP and OSP adolescents, BSP adolescents were more likely to have used injected drugs. One in seven (16.3%) BSP adolescents used a needle to inject any illegal drug into their body in their lifetimes, which was significantly higher than OSP adolescents (2.9%) or SSP adolescents (3.6%; Figure 18).

Figure 18.
Percent of adolescents that injected illegal drugs one or more times during their life, by sexual contact, Maine 1995-2007

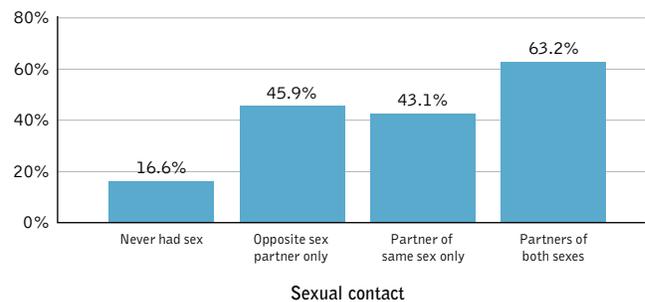


Source: 1995-2007 Maine YRBS

Adolescents who used any substance

“Any substance use” includes the use of marijuana, cocaine, glue, or the use of injected illegal drugs during an adolescent’s lifetime. Compared to SSP and OSP adolescents, BSP adolescents were much more likely to have used any substance during their lifetime. Two-thirds (63.2%) of BSP adolescents reported any substance use, which was significantly higher than OSP adolescents (45.9%) or SSP adolescents (43.1%; Figure 19).

Figure 19.
Percent of adolescents who used any substance, by sexual contact, Maine 1995-2007



Source: 1995-2007 Maine YRBS

Physical Activity, Nutrition, and Weight Status

What does the data tell us?

There were no significant differences in adolescents by their sexual contact or in adults by their sexual identity in health promotion activities like eating 5-10 fruits or vegetables a day, engaging in regular physical activity, and weight status. For detailed information on these health indicators, consult tables 7 & 8 in the appendix.

A 2010 Massachusetts study of GLB adults found that there were significant differences in weight within these GLB groups when gender was examined. For example, gay men were less likely to be overweight or obese than straight men, but lesbians were more likely to be obese when compared to straight women. They found that weight did not differ between bisexual and heterosexual adults of either gender.²⁹ Because the Maine data did not allow for gender-based analyses, these differences may be masked in this report.

Sexual Behavior

What does the data tell us?

Compared to OSP adolescents, a significantly higher percentage of BSP adolescents started sexual intercourse at an earlier age (12 years or younger), had sexual intercourse with four or more people during their life, and used alcohol or other drugs before sexual intercourse. A significantly lower percentage of BSP adolescents used a condom before last sexual intercourse as compared to OSP adolescents. There was no significant difference in SSP adolescents and OSP adolescents with regards to starting sexual intercourse at an earlier age (12 years or younger), sexual intercourse with four or more people during their life, use of alcohol or other drugs before sexual intercourse and condom use before last sexual intercourse.

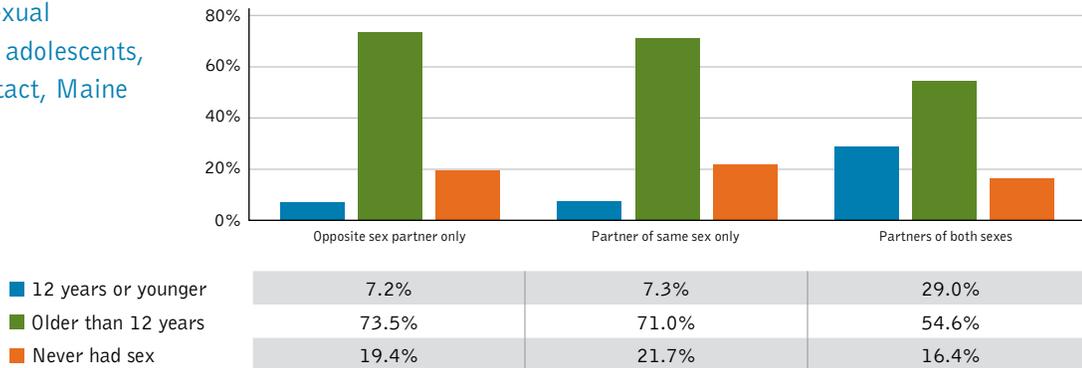
Adolescent sexual intercourse

There were no statistically significant differences between SSP, OSP, and BSP adolescents in ever having sexual intercourse. Eight out of ten (83.7%) BSP adolescents reported ever having sexual intercourse, while 78.3% of SSP adolescents and 80.7% of OSP adolescents reported ever having sexual intercourse.

Adolescent age of first sexual intercourse

Compared to OSP adolescents, BSP adolescents were more likely to have had their first sexual intercourse at age 12 years or younger. Three out of ten (29.0%) BSP adolescents had their first sexual intercourse at age 12 or younger, which was significantly higher than the OSP adolescents (7.2%). One in twelve (7.3%) SSP adolescents had their first sexual intercourse at 12 years or younger age which was not significantly different from OSP adolescents (Figure 20).

Figure 20.
Age of first sexual intercourse in adolescents, by sexual contact, Maine 1995-2007



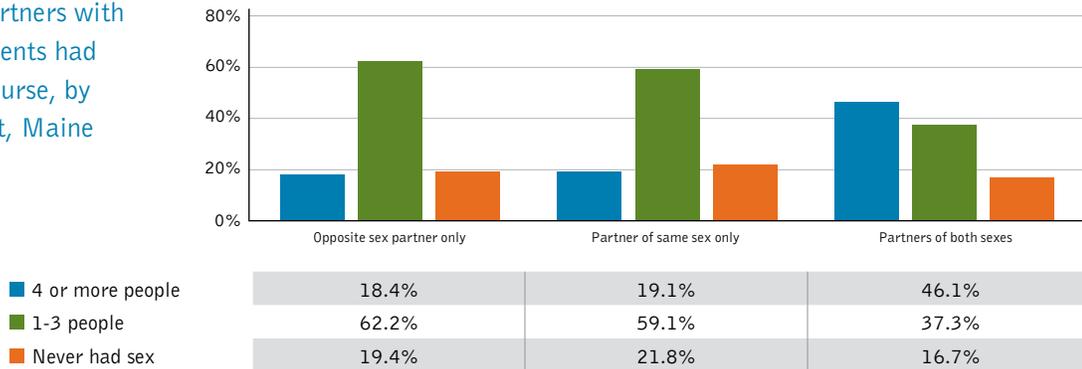
Source: 1995-2007 Maine YRBS

Adolescent number sexual partners

BSP adolescents were more likely to have four or more sexual partners compared to OSP adolescents. Nearly half (46.1%) of the BSP adolescents had sexual intercourse with four or more people during their life, which was significantly higher than 18.4%

of OSP adolescents. About one in five (19.1%) SSP adolescents reported sexual intercourse with four or more partners during their life (Figure 21).

Figure 21.
Number of partners with whom adolescents had sexual intercourse, by sexual contact, Maine 1995-2007

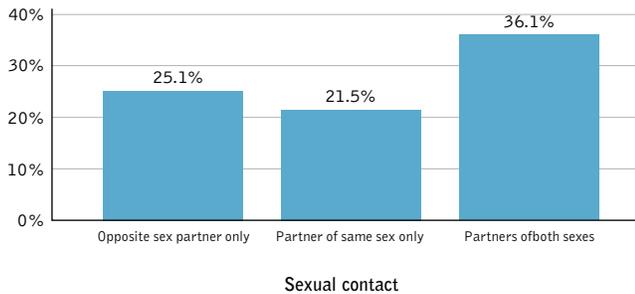


Source: 1995-2007 Maine YRBS

Adolescent number sexual partners

BSP adolescents were more likely to have four or more sexual partners compared to OSP adolescents. Nearly half (46.1%) of the BSP adolescents had sexual intercourse with four or more people during their life, which was significantly higher than 18.4% of OSP adolescents. About one in five (19.1%) SSP adolescents reported sexual intercourse with four or more partners during their life (Figure 21).

Figure 22.
Adolescent alcohol or drug use before last sexual intercourse, by sexual contact, Maine 1995-2007

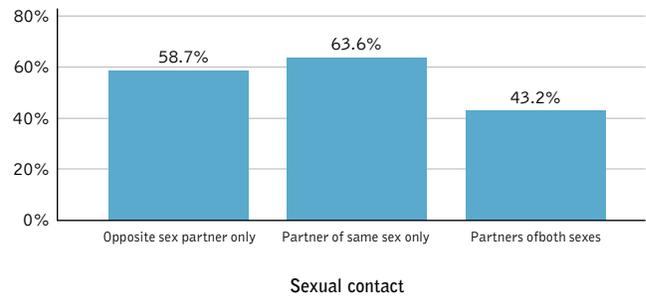


Source: 1995-2007 Maine YRBS

Adolescent condom use

Once again, the results show that BSP adolescents engaged in riskier behaviors than than OSP adolescents. Four out of ten (43.2%) BSP adolescents used condom before last sexual intercourse, while two thirds (63.6%) of SSP adolescents and about six out of ten (58.7%) OSP adolescents used condom before last sexual intercourse (Figure 23). Although SSP adolescents had higher percentage of condom use compared to OSP adolescents, it was not statistically significant at the 95% confidence interval.

Figure 23.
Adolescent condom use before last sexual intercourse, by sexual contact, Maine 1995-2007



Source: 1995-2007 Maine YRBS

Adult Preventive Care Practices and Cancer Screenings

What do the data tell us?

There were no significant differences between heterosexual, gay/lesbian, or and bisexual adults with regard to preventive care practices such as having cholesterol checked or being screened for cancer. Compared to heterosexual adults, a significantly higher percentage of bisexual adults have received a hepatitis B vaccination and been tested for HIV infection; a significantly higher percentage of gay/lesbian adults have been tested for HIV infection compared to heterosexual adults.

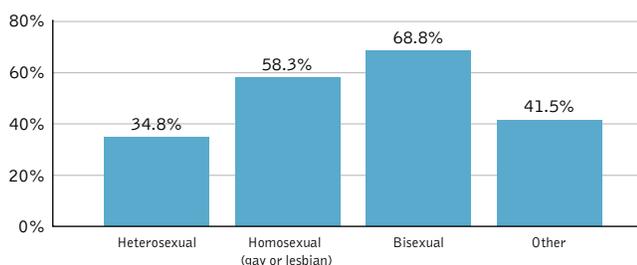
Hepatitis B vaccination

More than half (55.5%) of bisexual adults have ever received vaccination against hepatitis B virus infection. This is significantly higher than 47.1% of heterosexual adults who ever had vaccination against hepatitis B infection. About half of (47.1 %) of gay/lesbian adults a have ever had vaccination against hepatitis B virus infection, which was not significantly different from heterosexual adults.

HIV test

A significantly higher percentage of bisexual and gay/lesbian adults have ever had an HIV test, compared to heterosexual adults. About seven out of ten (68.8%) bisexual adults have ever had an HIV test, compared to 58.3% of gay/lesbian adults and 34.8% of heterosexual adults (Figure 24).

Figure 24.
Percent of adults who had ever had HIV test, by sexual orientation, Maine 2004-2007



Source: 2004-2007 Maine BRFSS

Cholesterol checked

Although the percentage of bisexual adults who ever had their cholesterol checked was lower than heterosexual adults, it was not statistically significant. Similarly, although the percentage of gay/lesbian adults who ever had their cholesterol checked was higher than heterosexual adults, it was not statistically significant. More than three fourths of bisexual adults have ever had their blood cholesterol checked, compared to 90.5% of gay/lesbian adults and 84.7% of heterosexual adults.

Cancer screenings

Pap test

There were no significant differences in rates of pap testing. More than 90% of bisexual females, lesbians, and heterosexual females have ever had a pap test.

Sigmoidoscopy/colonoscopy

There were no significant differences in rates of sigmoidoscopy or colonoscopy utilization. More than two-thirds (66.2%) of bisexual adults age 50 years or older have ever had a sigmoidoscopy or colonoscopy, similar to gay/lesbian adults (63.6%) and heterosexual adults (64.7%).

Blood stool test

There were no significant differences in rates of blood stool test utilization. About two-thirds (61.1%) of bisexual adults age 50 years or older have ever had a blood stool test, compared to 51.5% of gay/lesbian adults and 52.4% of heterosexual adults.

Adult Chronic Disease and Related Risk Factors

What does the data tell us?

There were no significant differences in selected chronic diseases and their risk factors among different sexual identity groups in adults. Detailed descriptions of those results are not provided here, however interested readers may consult Table 12 in the appendix to view the data.

The lack of significant differences in these results stands in contrast to findings from a similar 2010 Massachusetts study of GLB adults. That study found that lesbian and bisexual adults of both genders were more likely than heterosexual adults to report multiple risks for cardiovascular disease.²⁹

The questions on diabetes, high blood cholesterol and high blood pressure are not asked in YRBS survey; therefore data on adolescents is not available.

Injury, Violence and Peer Victimization

What does the data tell us?

BSP and SSP adolescents were significantly more likely to have been in a physical fight in school in the past year and be injured in a fight at school compared to OSP adolescents. Compared to OSP adolescents, a significantly higher percentage of BSP adolescents were victimized by having their property stolen or damaged at school, being threatened by a weapon, suffering offensive comments or being attacked because of their perceived sexual orientation. Compared to OSP adolescents, BSP adolescents were significantly more likely to be physically abused by their partner or forced to have sexual intercourse when they did not want to. There was no significant difference in SSP adolescents and OSP adolescents with regards to property stolen or damaged at school, threatened by a weapon, having offensive comments made towards them or attacked because of their perceived sexual orientation, or physical abuse by their partner.

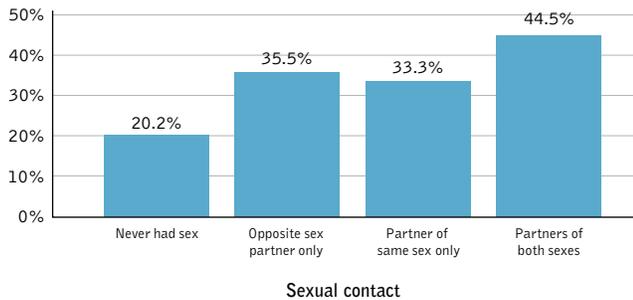
Compared to heterosexual adults, a significantly higher percentage of bisexual adults were forced to have sexual intercourse when they did not want to.

Adolescent physical fight and injury

Adolescents who reported never having sexual intercourse were least likely to report getting in a fight at school compared to the other groups. Among BSP adolescents, four in ten (44.5%) were in a physical fight, about one in four (23.8%) were in physical fight at school and one in eight (12.8%) were injured in a physical fight in the last 12 month. This was significantly higher than OSP adolescents for which one in three (35.5%) were in a physical fight, one in seven (13.8%) were in physical fight at school and 3.9% were injured in a physical fight in the last 12 months (Figures 25-27).

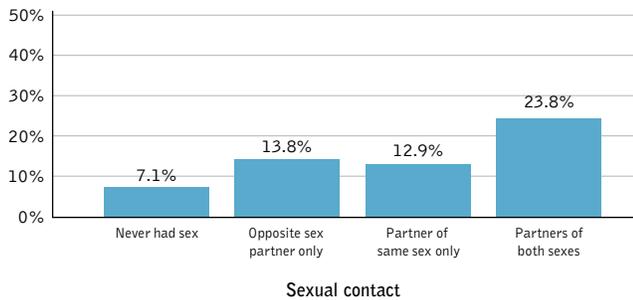
Among SSP adolescents, one in three (33.3%) were in a physical fight, while one in eight (12.9%) were in physical fight at school in the last 12 months. This was not significantly different from OSP adolescents. 14.4% of SSP adolescents were injured in a physical fight in the last 12 month which was significantly higher than OSP adolescents (Figures 25-27).

Figure 25.
Percent of adolescents in a physical fight one or more times in the past 12 months, by sexual contact, Maine 1995-2007



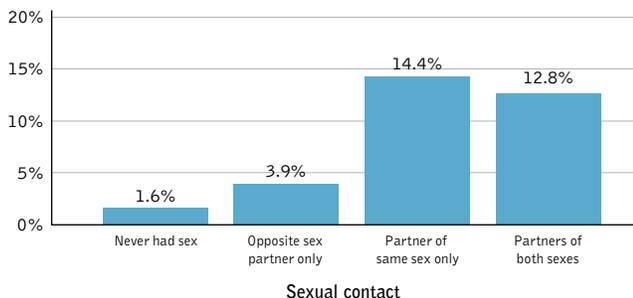
Source: 1995-2007 Maine YRBS

Figure 26.
Percent of adolescents in a physical fight in school one or more times in the past 12 months, by sexual contact, Maine 1995-2007



Source: 1995-2007 Maine YRBS

Figure 27.
Percent of adolescents injured in a fight, by sexual contact, Maine 1995-2007



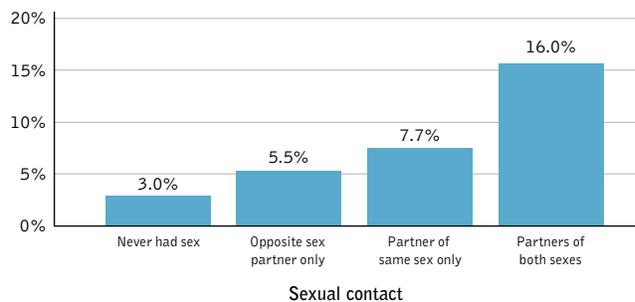
Source: 1995-2007 Maine YRBS

Adolescent peer victimization

Safety issues

SSP adolescents were twice as likely to report feeling unsafe at school or on their way to or from school at least once during the past month, compared to adolescents who had never had sex. BSP adolescents were five times as likely to report feeling unsafe at school compared to adolescents who had never had sex. One in seven (16.0%) BSP adolescents reported one or more days when it was unsafe to go to school which was two times higher compared to 7.7% of SSP adolescents. About one in twenty (5.5%) OSP adolescents reported one or more days when it was unsafe to go to school, which was not significantly different from SSP adolescents (Figure 28).

Figure 28.
Percent of adolescents reporting it was unsafe to go to school one or more days, by sexual contact, Maine 1995-2007



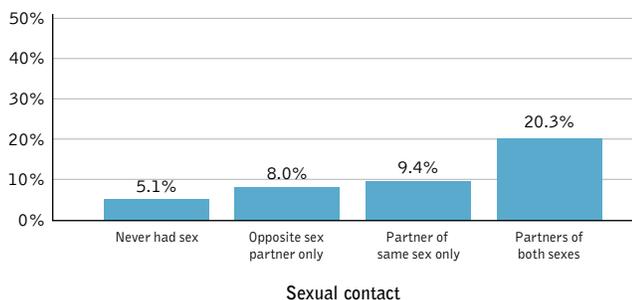
Source: 1995-2007 Maine YRBS

Threatened by a weapon

One in five (20.3%) BSP adolescents had been threatened or injured by a weapon one or more times in the past 12 months, which was more than twice as high as OSP adolescents (8%).

One in eleven (9.4%) SSP adolescents were threatened or injured by a weapon one or more times in the past 12 months, which was not significantly different from OSP adolescents (8.0%; Figure 29).

Figure 29. Percent of adolescents threatened or injured by a weapon in the past 12 months, by sexual contact, Maine 1995-2007



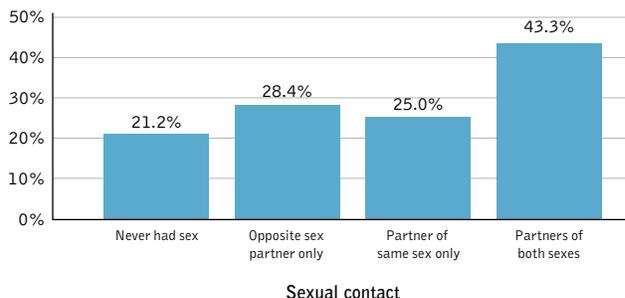
Source: 1995-2007 Maine YRBS

Stolen or damaged property

Four out of ten (43.3%) BSP adolescents had their property stolen or deliberately damaged on school property one or more times in the past 12 months, which was significantly higher than OSP adolescents (28.4%; Figure 30). Among those who had never had sex, one in five (21.2%) had their property stolen or damaged. BSP adolescents were significantly more likely than any other group to have had their property stolen or deliberately damaged on school property one or more times in the past 12 months (Figure 30).

One in four (25.0%) SSP adolescents had their property stolen or deliberately damaged on school property one or more times in the past 12 months, which was not significantly different from OSP adolescents (28.4%).

Figure 30. Percent of adolescents who had their property stolen or damaged on school property, by sexual contact, Maine 1995-2007

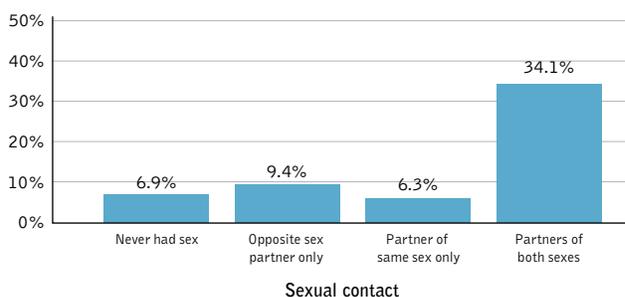


Source: 1995-2007 Maine YRBS

Offensive comments/attacked

Although levels of offensive comments and attacks by sexual orientation appeared to vary, there were no statistically significant differences between BSP, SSP, and OSP adolescents. One in three (34.1%) BSP adolescents reported that someone at their school had made offensive comments or attacked them because of their perceived sexual orientation at school. This is more than five times higher than SSP adolescents (6.3%) and about four times higher than OSP adolescents (9.4%; Figure 31).

Figure 31. Percent of adolescents hearing offensive sexual orientation comments by sexual contact, Maine 1995-2007

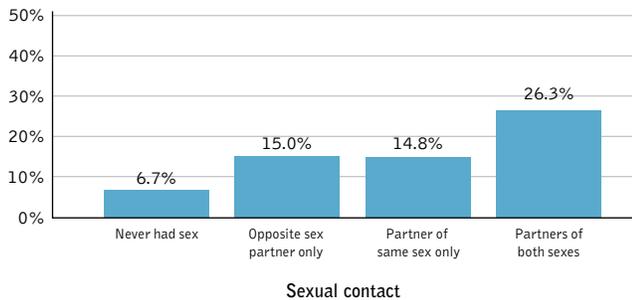


Source: 1995-2007 Maine YRBS

Partner abuse

One in four (26.3%) BSP adolescents had been hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the past 12 months. This is significantly higher than SSP adolescents (14.8%), OSP adolescents (15.0%), and adolescents who had never had sex (6.7%; Figure 32).

Figure 32.
Percent of adolescents experiencing intimate partner abuse, by sexual contact, Maine 1995-2007



Source: 1995-2007 Maine YRBS

Adult peer victimization

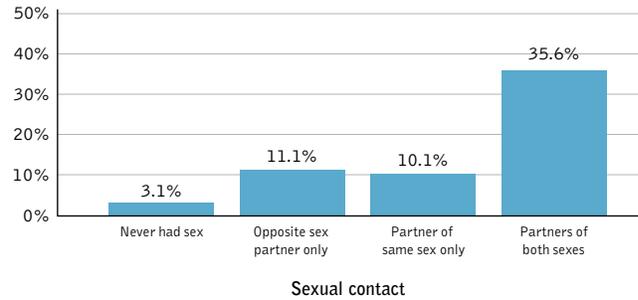
Adult data on intimate partner violence and peer victimization were not available for the years for data analysis.

Adolescent forced sex

One in three (35.6%) BSP adolescents were forced to have sexual intercourse when they did not want it. This was more than three times higher than SSP adolescents (10.1%) and OSP adolescents (11.1%; Figure 33). The prevalence of forced sex was significantly higher for BPS adolescents but there was no significant difference between SSP and OSP adolescents.

Figure 33.

Percent of adolescents forced to have sexual intercourse, by sexual contact, Maine 1995-2007



Source: 1995-2007 Maine YRBS

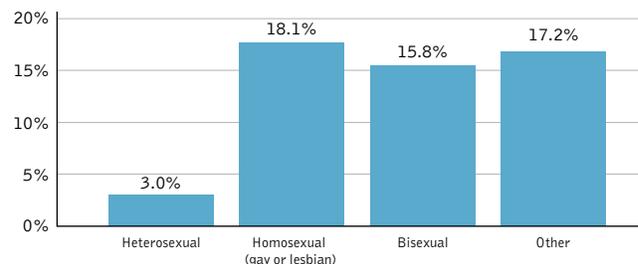
Adult sexual assault

The rate of sexual assault among homosexual and bisexual adults was more than 5 times higher than among heterosexual adults and the difference was significant. One in seven (15.8%) bisexual adults, one in six (18.1%) gay/lesbian adults and 3.0% of heterosexual adults had ever been forced to have sexual intercourse when they did not want to (Figure 34). There was no significant difference in the rate of sexual assault between homosexual and bisexual adults.

A 2010 study of GLB adults in Massachusetts produced similar results. It found that GLB respondents were more likely than heterosexual respondents to report lifetime incidence of sexual assault. Gay and lesbian adults were twice as likely to be a victim, and bisexual adults were three times as likely.²⁹

Figure 34.

Percent of adults forced to have sexual intercourse, by sexual orientation, Maine 1995-2007



Source: 1995-2007 Maine YRBS

Mental Health and Suicidal Behavior

What do the data tell us?

In general, BSP adolescents reported significantly higher symptoms of depression and suicidal behavior compared to OSP adolescents. Compared to OSP adolescents, a significantly higher percentage of BSP adolescents seriously considered, planned, or attempted suicide, or were injured due to a suicide attempt. In contrast, a significantly lower percentage of SSP adolescents seriously considered, planned, or attempted suicide or were injured due to a suicide attempt compared to OSP adolescents.

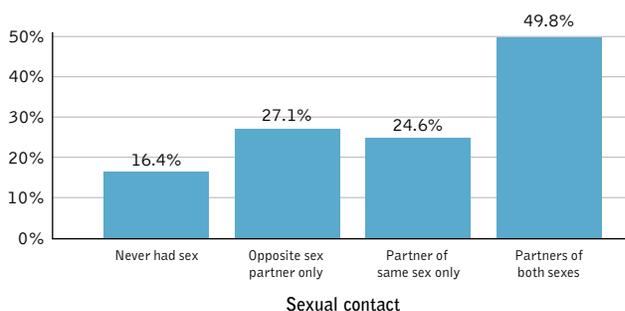
The sample size was not sufficient for BRFSS data analysis of mental health and suicidal behavior in adults by their sexual identity.

Adolescents who felt sad or hopeless

Depression was defined as feeling so sad or hopeless almost every day for two weeks or more during the past 12 months that someone did not engage in some of their usual activities. The differences in depressive symptoms reported by BSP adolescents and OSP were not statistically significant. BSP adolescents were at least two times more likely to report symptoms of depression compared to other adolescents. Half (49.8%) of BSP adolescents reported symptoms of depression while one in four (24.6%) SSP adolescents and 27.1% of OSP adolescents reported depressive symptoms (Figure 35).

Figure 35.

Percent of adolescents who felt sad or hopeless almost every day for 2 weeks in the past 12 months, by sexual contact, Maine 1995-2007



Source: 1995-2007 Maine YRBS

Adolescent suicidal behavior

BSP adolescents were significantly more likely to have considered a suicide attempt in the past year compared to OSP adolescents. Nearly half (45.4%) of BSP adolescents had seriously considered attempting suicide during the past 12 months compared to 22.0% of OSP adolescents. SSP adolescents were significantly less likely to report considering suicide in the past year (14.3%) compared to OSP adolescents.

A similar pattern was detected among adolescents who reported making a plan to commit suicide within the previous year. More than one third (37.3%) of BSP adolescents made a plan to commit suicide during the past 12 months compared to 14.6% of SSP adolescents and 17.9% of OSP adolescents.

More than one fourth (28.0%) of BSP adolescents attempted suicide one or more times during the past 12 months. This was more than four times higher than SSP adolescents (6.6%) and almost three times higher than OSP adolescents (9.6%)—both differences were statistically significant. SSP

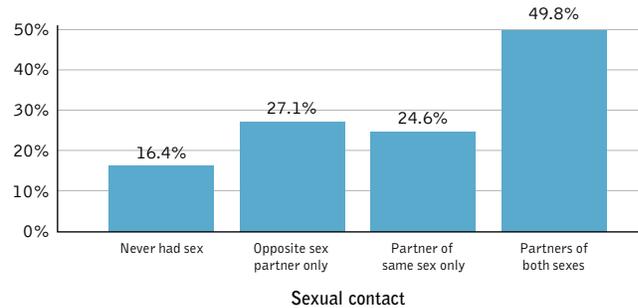
adolescents were significantly less likely to report attempting suicide in the past year compared with OSP adolescents.

About one in seven (14.4%) BSP adolescents were injured due to suicide attempt during the past 12 months, which was significantly higher than OSP adolescents (3.6%). A significantly lower percentage (1.6%) of SSP adolescents were injured due to suicide attempt during the past 12 months compared to adolescents in other sexual contact groups.

More than half (52.0%) of BSP adolescents had either seriously considered, planned or attempted suicide or were injured due to suicide attempt during the past 12 months (Figure 36), which was two times higher than the percentage of OSP adolescents (26.7%). A significantly lower percentage of adolescents who had never had sex (16.7%) had either seriously considered or planned or attempted suicide or were injured due to suicide attempt during the past 12 months compared to adolescents in other sexual contact groups.

Figure 36 .

Percent of adolescents who had considered, planned or attempted suicide or were injured by suicide attempt in the past 12 months, by sexual contact, Maine 1995-2007



Source: 1995-2007 Maine YRBS

Emotional and Social Support

What does the data tell us?

Compared to OSP adolescents, a significantly higher percentage of BSP adolescents disagreed or strongly disagreed that they get the emotional and social support from their parents, guardians or teachers and that they matter in the community.

In adults, compared to heterosexuals, a significantly higher percentage of bisexual adults rarely or never get emotional or social support and were dissatisfied or very dissatisfied with their life.

Adolescent help and support from parents or guardians

One in five (21.8%) BSP adolescents disagreed or strongly disagreed that their parents or guardian really care and give them help and support when they need it. This was significantly higher than the 9.3% of OSP adolescents who disagreed or strongly disagreed that their parents or guardian really care and give them help and support when they need it. OSP and SSP responses to this question were not significantly different.

Adolescent help and support from teachers

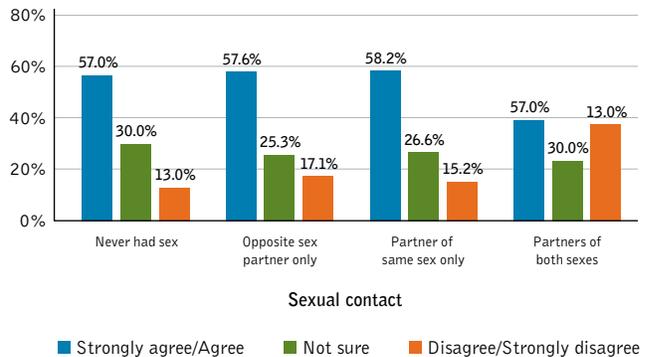
One in seven (15.9%) BSP adolescents disagreed or strongly disagreed that at least one teacher in school really cared about them and gave them a lot of encouragement. This was significantly higher than both OSP and SSP adolescents. One in eleven (9.4%) SSP adolescents and 9.9% OSP adolescents disagreed or strongly disagreed that at least one teacher in school really cared about them and gave them a lot of encouragement. The difference between SSP and OSP adolescents with regards to help and support by teacher was not significant.

Adolescent community involvement

More than one third (37.5%) of BSP adolescents disagreed or strongly disagreed that they felt like that they matter to people in their community. This was two times higher than SSP and OSP adolescents. One in seven (15.2%) SSP adolescents and 17.1% of OSP adolescents disagree or strongly disagree that they felt like that they matter to people in their community (Figure 37). The difference between SSP adolescents and OSP adolescents with regards to community involvement was not significant.

Figure 37.

Percent of adolescents who agree, disagree or aren't sure that they matter to their community, by sexual contact, Maine 1995-2007

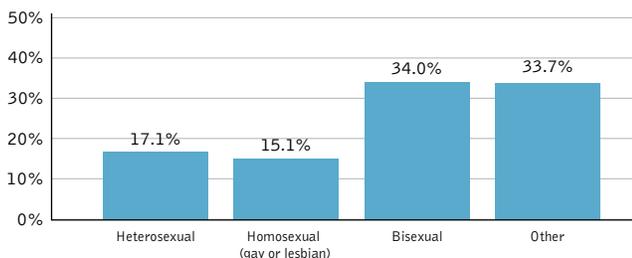


Source: 1995-2007 Maine YRBS

Adult emotional and social support

Compared to gay/lesbian and heterosexual adults, bisexual adults were significantly less likely to get the emotional and social support they needed. One in three (34.0%) bisexual adults sometimes, rarely or never got the emotional and social support that they needed, compared to 15.1% of gay and lesbian adults and 17.1% of heterosexual adults (Figure 38).

Figure 38.
Percent of adults that sometimes/rarely/never get emotional and social support they need, by sexual orientation, Maine 1995-2007

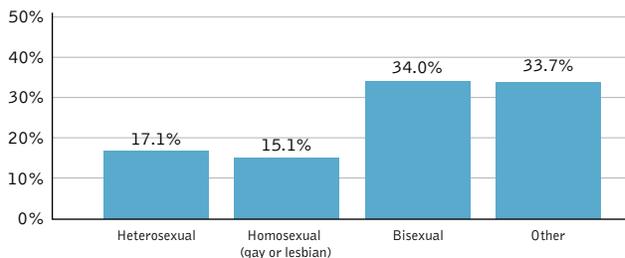


Source: 1995-2007 Maine YRBS

Adult life satisfaction

A significantly higher percentages of bisexual and gay/lesbian adults reported they were dissatisfied or very dissatisfied from their life compared to heterosexual adults. One in seven (15.3%) bisexual adults was dissatisfied or very dissatisfied with their life, compared to 12.1% gay/lesbian and 4.8% heterosexual adults who were dissatisfied or very dissatisfied with their life (Figure 39).

Figure 39.
Percent of adults that were dissatisfied/very dissatisfied with life, by sexual orientation, Maine 1995-2007



Source: 1995-2007 Maine YRBS

Conclusion

The findings in this report show that in both adolescents and adults, considerable demographic, social, behavioral and health disparities exist by their sexual contact and sexual identity respectively. The health-related disparities that adolescents face by their sexual contact continue into adulthood for those who go on to identify themselves as bisexual, gay or lesbian. BSP adolescents and bisexual adults had worse social, demographic, behaviors, health problems and outcomes compared to OSP adolescents and heterosexual adults. There were significantly fewer disparities between SSP adolescents and OSP adolescents and between heterosexual and homosexual adults. In a few

cases, the SSP adolescents and gay and lesbian adults actually fared better compared to OSP adolescents and heterosexual adults.

The findings in this report provide an opportunity to use the data to develop or enhance and prioritize health promotion and disease prevention programs and activities for GLB population which can lead to achieving the goal of improved health and quality of life among all Maine residents.

Recommendations

1. In Maine, data on sexual contact and identity in adolescents and adults should be collected continuously and consistently each year. This will enable aggregation of sexual contact and sexual identity data in both adolescents and adults over time. Aggregation of data will provide large enough sample size to report reliable estimates for certain subpopulation groups (e.g., age, gender, race/ethnicity, education, income).
2. Ongoing analysis of the YRBS and BRFSS data will be needed to provide additional information about adolescents and adult health and behavior by both their sexual contact and identity.
3. More data sources are needed to provide population based information on behaviors and health related issues in adolescents and adults by their sexual contact and sexual identity. There is also a need for data sources that examine gender identity of adolescents and adults.
4. Over-sampling of the GLB population should be considered in current or future population based surveys in order to provide larger sample sizes with which to analyze and report GLB data by population subgroups.
5. The health profile in this report can be used as baseline data with which to develop an ongoing public health surveillance system of adolescents and adults by their sexual contact and identity.
6. Appropriate funding and other public health resources should be allocated to address health related disparities that were identified in this report. In particular, there is a need to identify and fund effective strategies for addressing the disparities in the bisexual adult and BSP adolescent populations.
7. A multidisciplinary partnership should continue to convene in order to address some of the health related disparities and issues identified in this report. That partnership may include members of the public health system, healthcare providers, school administrators and staff, business leaders, elected officials, community workers, families in Maine, and should be inclusive of the GLBT population.

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Appendix: Data Tables

Sociodemographic Profile

Table 1. Demographic profile of high school students by their sexual contact, Maine 1995-2007 YRBS

Sociodemographic characteristics	Never had sex (n=3693)***		Opposite sex partner only (n=3870)***		Same sex partner only (n=828)***		Partner of both sexes (n=227)***	
	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI
Total	42.0	40.8-43.1	44.1	42.9-45.2	11.4	10.6-12.2	2.6	2.2-2.9
Age Group								
15 years or younger	47.3	45.5-49.0	23.1	21.8-24.5	26.8	23.6-30.1	24.0	18.1-29.8
16-17 years	43.7	42.0-45.4	54.6	52.9-56.3	54.6	50.7-58.4	58.3	51.1-65.4
18+	9.0	7.9-10.1	22.3	20.8-23.8	18.6	15.3-22.0	17.8	11.9-23.6
Gender								
Males	52.0	50.2-53.7	50.2	48.5-51.9	47.8	44.0-51.7	51.2	43.9-58.5
Females	48.0	46.3-49.8	49.8	48.1-51.5	52.2	48.3-56.0	48.8	41.5-56.1
Race								
White	95.5	95.0-96.1	94.7	94.1-95.3	93.8	92.5-95.0	89.3	86.0-92.6
African Americans	0.5	0.3-0.6	0.8	0.6-1.1	1.0	0.5-1.6	2.5	0.9-4.2
Asian, NA, PI, NH	0.5	0.3-0.6	0.7	0.5-0.9	0.4	0.1-0.7	*	*
Other or Multiple	1.7	1.4-2.1	1.7	1.4-2.1	1.7	1.0-2.3	2.8	1.2-4.5
Hispanics	1.8	1.5-2.1	2.1	1.7-2.4	3.1	2.3-3.9	4.6	2.4-6.8
Grade								
9 th grade	39.2	37.5-40.8	18.7	17.5-19.9	19.8	16.8-22.8	21.4	15.6-27.2
10 th grade	27.2	25.7-28.8	24.7	23.2-26.1	23.3	20.3-26.4	25.2	19.1-31.3
11 th grade	20.3	18.9-21.7	26.9	25.4-28.4	25.6	22.5-28.7	30.6	23.8-37.3
12 th grade	13.3	12.0-14.6	29.7	28.1-31.4	31.2	27.3-35.2	22.9	16.1-29.7

Among all high school students excluding missing. NA= Native American, PI= Pacific Islander, NH= Native Hawaiian

*Data not shown as respondents were less than 6

*** Sample size

Table 2. Sociodemographic profile of adults 18 years and older by their sexual orientation, Maine 2004-2007 BRFSS

Sociodemographic characteristics	Heterosexual (straight) (n=17456)***		Homosexual (gays or lesbians) (n=264)***		Bisexual (n=148)***		Other (n=119)***	
	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI
Total	97.2	96.8-97.5	1.3	1.1-1.5	0.9	0.7-1.1	0.6	0.5-0.8
Age Group								
18-44 years	45.6	44.7-46.6	49.3	41.8-56.7	71.5	63.4-79.6	33.7	21.2-46.2
45-64 years	35.8	35.0-36.7	43.8	36.6-50.9	20.3	13.7-26.8	34.5	24.0-44.9
65+	18.5	17.9-19.2	7.0	3.7-10.3	8.2	3.7-12.7	31.9	21.2-42.5
Gender								
Males	48.4	47.4-49.3	45.6	38.1-53.1	31.8	22.1-41.5	45.7	33.9-57.5
Females	51.6	50.7-52.6	54.4	46.9-61.9	68.2	58.5-77.9	54.3	42.5-66.1
Ethnicity								
Hispanic	1.0	0.8-1.3	2.2	0.0-4.4	*	*	*	*
Non-Hispanic	99.0	98.7-99.2	97.8	95.6-99.9	99.2	97.6-99.9	97.7	94.4-99.9
Race								
White only	96.5	96.2-96.9	94.4	90.3-98.4	89.3	82.0-96.6	84.2	72.3-96.0
Non white only**	3.5	3.1-3.8	5.6	1.6-9.7	10.7	3.4-18.0	15.8	4.0-27.7
Education								
Less than high school	7.1	6.6-7.7	2.5	0.2-4.9	22.9	11.1-34.7	23.8	11.9-35.6
High school graduate or G.E.D	33.5	32.6-34.4	27.5	20.2-34.8	33.1	22.2-43.8	41.6	29.8-53.4
Some college	26.7	25.8-27.5	22.2	15.9-28.5	22.8	15.0-30.7	18.6	10.6-26.5
College graduate	32.7	31.8-33.5	47.8	40.4-55.2	21.2	14.0-28.5	16.1	8.9-23.3
Relationship status								
Married / Member of Unmarried Couple	65.7	64.8-66.7	42.1	34.7-49.5	45.5	34.3-56.8	39.2	27.3-51.0
Divorced / Separated	12.0	11.4-12.5	15.3	10.3-20.2	13.7	8.3-19.0	23.7	14.9-32.5
Widowed	6.8	6.4-7.1	1.4	0.2-2.7	2.2	0.4-4.0	12.4	6.2-18.6
Never married	15.5	14.7-16.4	41.3	33.8-48.6	38.6	27.1-50.1	24.7	13.5-36.0

Sociodemographic characteristics	Heterosexual (straight) (n=17456)***		Homosexual (gays or lesbians) (n=264)***		Bisexual (n=148)***		Other (n=119)***	
Annual household income								
< \$ 15,000	9.8	9.2-10.3	16.7	11.1-22.3	19.7	11.4-27.9	32.4	20.7-44.1
\$15,000 - \$24,999	16.7	16.0-17.5	13.1	7.9-18.3	25.2	14.0-36.4	30.1	18.3-41.9
\$25,000 - \$34,999	13.3	12.6-14.0	12.9	7.4-18.3	16.4	7.7-25.1	5.4	1.0-9.9
\$35,000 - \$49,999	18.6	17.9-19.4	14.7	8.7-20.7	19.1	11.1-27.1	10.4	3.3-17.6
>= \$50,000	41.6	40.6-42.5	42.7	35.2-50.1	19.7	11.0-28.3	21.7	10.1-33.2
Employment status								
Employed for wages / Self-employed	62.6	61.7-63.5	70.9	63.7-78.1	48.7	37.5-60.0	41.4	30.0-52.7
Out of work (unemployed)	4.5	4.1-5.0	3.7	0.9-6.5	17.5	5.8-29.3	*	*
Homemaker / Student	10.2	9.5-10.9	5.3	0.0-10.8	12.3	5.2-19.4	13.7	1.9-25.5
Retired	17.1	16.5-17.7	9.8	5.9-13.7	8.7	3.8-13.6	27.0	16.9-37.1
Unable to work	5.6	5.2-6.0	10.3	5.9-14.6	12.7	6.6-18.7	13.7	6.9-20.4
District								
York	13.4	12.8-13.9	13.3	8.4-18.1	17.1	6.9-27.2	13.2	4.1-22.3
Cumberland	18.8	18.3-19.3	25.2	18.7-31.7	25.9	15.1-36.7	21.0	10.9-31.1
Western Maine	15.0	14.3-15.6	12.1	7.4-16.8	15.4	7.8-22.9	10.6	3.6-17.7
Mid Coast	12.7	12.3-13.1	12.3	8.4-16.2	8.9	3.8-13.9	11.5	4.5-18.4
Central Maine	14.2	13.6-14.8	18.9	12.3-25.4	11.7	5.4-18.0	10.0	4.1-15.1
Penquis	12.8	12.2-13.3	10.0	5.1-14.9	11.0	4.2-17.8	18.2	7.0-29.5
Downeast	7.3	6.9-7.7	3.9	1.8-6.0	8.0	2.5-13.4	12.6	5.5-19.6
Aroostook	6.0	5.5-6.4	4.4	0.8-8.0	2.2	0.0-4.8	*	*

Among all adults excluding unknowns and refusals

*Data not shown as respondents were less than 6

**Non-white include African Americans, Native Hawaiians, Pacific Islanders, Alaska Natives, Asians and more than one race

*** Sample size

Access to Health Care

Table 3. Healthcare access status of adults 18 years and older by their sexual orientation, Maine 2004-2007 BRFSS

Characteristics	Heterosexual (straight) (n=17456)***		Homosexual (gays or lesbians) (n=264)***		Bisexual (n=148)***		Other (n=119)***	
	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI
Total	97.2	96.8-97.5	1.3	1.1-1.5	0.9	0.7-1.1	0.6	0.5-0.8
Health insurance								
Yes	88.2	87.5-88.8	84.0	77.7-90.3	82.1	73.7-90.5	82.4	73.4-91.4
No	11.5	11.2-12.5	16.0	9.7-22.3	17.9	9.5-26.3	17.6	8.6-26.6
MaineCare or Medicaid								
Yes	17.7	17.0-18.4	20.1	13.8-26.5	48.5	37.2-59.7	38.9	27.3-50.4
No	82.3	81.6-83.0	79.9	73.5-86.2	51.5	40.3-62.8	61.1	49.7-72.7
Personal (regular) healthcare provider								
One or more	88.8	88.1-89.5	84.3	78.2-90.4	83.8	73.7-93.9	78.6	66.7-90.5
None	11.2	10.5-11.9	15.7	9.6-21.8	16.2	6.1-26.3	21.4	9.5-33.3
Time since last routine checkup								
Within the past 2 years	85.0	84.2-85.8	79.2	72.0-86.5	85.2	76.2-94.2	85.2	76.8-93.6
2 or more years ago	14.6	13.8-15.4	20.2	13.0-27.5	14.8	5.8-23.8	13.7	5.4-21.9
Never	0.4	0.3-0.5	*	*	*	*	*	*

Among all adults excluding unknowns and refusals

*Data not shown as respondents were less than 6

*** Sample size

General Health and Health-related Quality of Life Status of Adults by Their Sexual Orientation

Table 4. General health and health related quality of life status of adults 18 years and older by their sexual orientation, Maine 2004-2007 BRFSS

Sociodemographic characteristics	Heterosexual (straight) (n=17456)***		Homosexual (gays or lesbians) (n=264)***		Bisexual (n=148)***		Other (n=119)***	
	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI
Total	97.2	96.8-97.5	1.3	1.1-1.5	0.9	0.7-1.1	0.6	0.5-0.8
General health								
Excellent, very good or good	85.8	85.1-86.4	86.1	81.1-91.1	78.8	70.5-87.0	71.9	62.3-81.5
Fair or poor	14.2	13.6-14.9	13.9	9.0-18.9	21.2	13.0-29.5	28.1	18.5-37.7
Days physical health not good during the past 30 days								
1-13 days	24.5	23.7-25.4	29.9	22.6-37.2	36.4	25.1-47.7	36.3	23.8-48.8
14-30 days	11.2	10.6-11.8	12.9	8.2-17.6	25.3	16.2-34.3	21.3	12.0-30.7
None	64.3	63.4-65.2	57.2	5.0-64.7	38.3	27.4-49.1	42.3	30.4-54.3
Days mental health not good during the past 30 days								
1-13 days	22.8	22.0-23.7	34.0	26.7-41.4	28.5	18.7-38.3	17.7	7.0-28.5
14-30 days	10.4	9.8-10.9	15.2	10.1-20.2	38.4	26.3-50.4	20.6	11.3-29.8
None	66.8	65.9-67.7	50.8	43.3-58.3	33.1	23.7-42.5	61.7	49.5-73.8

Among all adults excluding unknowns and refusals

*** Sample size

Health Risk Behavior Activities

Table 5. Health risk behavior activities of high school students by their sexual contact, Maine 1995-2007 YRBS

Characteristics	Never had sex (n=3693)***		Opposite sex partner only (n=3870)***		Same sex partner only (n=828)***		Partner of both sexes (n=227)***	
	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI
Total	42.0	40.8-43.1	44.1	42.9-45.2	11.4	10.6-12.2	2.6	2.2-2.9
Cigarette smoking during the past 30 days (Current cigarette smoker)								
1 or more times	9.9	8.9-10.9	38.2	36.5-39.9	22.5	19.2-25.9	52.1	44.4-59.7
No	90.1	89.1-91.1	61.8	60.1-63.5	77.5	74.1-80.8	47.9	40.3-55.6
Any tobacco use (cigarette, cigar or chewing tobacco) in the past 30 days								
Yes	8.8	7.5-10.1	35.6	33.3-38.0	31.8	27.9-35.7	55.6	46.7-64.6
No	91.2	89.9-92.5	64.4	62.0-66.7	68.2	64.3-72.1	44.4	35.4-53.3
Cigarette per month**								
30 or fewer	41.3	34.4-48.2	30.4	27.2-33.5	43.0	33.9-52.1	22.0	12.6-31.3
31-200	34.5	27.9-41.2	32.4	29.2-35.7	29.6	21.1-38.0	31.6	20.2-43.0
More than 200	24.2	17.9-30.5	37.2	33.9-40.5	27.4	19.3-35.6	46.4	34.7-58.2
Age at first cigarette use								
Never smoked whole cigarette	78.2	76.6-79.7	38.4	36.5-40.3	55.8	51.9-59.7	32.1	24.8-39.5
14 years or younger	17.1	15.6-18.5	48.3	46.3-50.3	27.6	24.2-31.0	53.8	45.9-61.6
15 years and older	4.8	3.9-5.6	13.3	12.0-14.7	16.6	13.5-19.7	14.1	8.5-19.7
Alcohol use in past 30 days								
1 or more times	24.5	23.0-26.0	62.0	60.3-63.7	55.7	51.7-59.7	73.3	66.7-80.0
No	75.5	74.0-77.0	38.0	36.3-39.7	44.3	40.3-48.3	26.7	20.0-33.3

Characteristics	Never had sex (n=3693)***		Opposite sex partner only (n=3870)***		Same sex partner only (n=828)***		Partner of both sexes (n=227)***	
	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI
Binge drinking in past 30 days								
1 or more times	10.9	9.8-11.9	41.9	40.1-43.6	35.5	31.8-39.3	50.8	43.3-58.2
No	89.1	88.1-90.2	58.1	56.4-59.9	64.5	61.0-68.2	49.2	41.8-56.7
Marijuana use in past 30 days								
1 or more times	10.0	8.9-11.1	37.6	35.9-39.3	33.4	29.8-37.1	49.9	42.4-57.4
No	90.0	88.9-91.1	62.4	60.7-64.1	66.6	62.9-70.2	50.1	42.6-57.6
Injectable drug use during life time								
1 or more times	0.8	0.5-1.1	2.9	2.3-3.5	3.6	2.3-5.0	16.3	10.8-21.7
No	99.2	98.9-99.5	97.1	96.5-97.7	96.4	95.1-97.7	83.7	78.3-89.2
Any substance use+								
Yes	16.6	15.2-17.8	45.9	44.2-47.6	43.1	39.3-46.9	63.2	56.0-70.4
No	83.5	82.2-84.8	54.1	52.4-55.8	56.9	53.1-60.7	36.8	29.6-44.0

Among all high school students excluding missing

**Among those who smoked at least one day in the last 30 days

*** Sample size

+ includes marijuana, cocaine glue and injectable drugs. Other substances were excluded because questions were not asked in all years.

Comments: "Never had sex" lower percentages may be the function of younger age rather than the behavior itself.

Bisexual group has significantly higher percentages than other groups

Table 6. Substance use status of adults 18 years and older by their sexual orientation, Maine 2004-2007 BRFSS

Characteristics	Heterosexual (straight) (n=17456)***		Homosexual (gays or lesbians) (n=264)***		Bisexuals (n=148)***		Other (n=119)***	
	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI
Total	97.2	96.8-97.5	1.3	1.1-1.5	0.9	0.7-1.1	0.6	0.5-0.8
Smoking status								
Current smoker	20.6	19.8-21.4	25.0	18.2-31.7	43.4	32.1-54.7	16.5	6.9-26.1
Former smoker	30.7	29.8-31.5	31.5	25.2-37.8	18.1	11.0-25.1	29.9	19.1-40.6
Never smoker	48.7	47.8-49.7	43.5	36.0-51.1	38.5	27.3-49.7	53.6	41.7-65.5
Heavy alcohol consumption								
Yes	5.5	5.0-6.0	7.3	3.3-11.3	10.9	4.5-17.2	4.8	0.6-9.0
No	94.5	94.0-95.0	92.7	88.7-96.7	89.1	82.8-95.5	95.2	91.1-99.5
Binge drinking								
Yes	15.3	14.6-16.1	16.9	10.9-23.0	28.5	16.8-40.3	7.8	2.5-13.0
No	84.7	83.8-85.4	83.1	77.0-89.1	71.5	59.7-83.2	92.2	87.0-97.5

Among all adults excluding unknowns and refusals

*** Sample size

Health Promotion Activities

Table 7. Health promotion activities of high school students by their sexual contact, Maine 1995-2007 YRBS

Characteristics	Never had sex (n=3693)***		Opposite sex partner only (n=3870)***		Same sex partner only (n=828)***		Partner of both sexes (n=227)***	
	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI
Total	42.0	40.8-43.1	44.1	42.9-45.2	11.4	10.6-12.2	2.6	2.2-2.9
Fruits and vegetable consumption								
5 or more times/day	20.7	18.9-22.5	21.6	19.5-23.6	20.3	17.0-23.5	32.4	24.3-40.5
Less than 5 times/day	79.3	77.5-81.1	78.4	76.4-80.5	79.7	76.5-83.0	67.6	59.5-75.7
Moderate physical activity								
Five or more days a week for 30 minutes	27.3	25.3-29.3	27.5	25.3-29.6	28.0	24.4-31.7	22.9	15.6-30.2
Less than five days a week for 30 minutes	72.7	70.7-74.7	72.5	70.4-74.7	71.9	68.3-75.6	77.1	69.8-84.4
Vigorous physical activity								
Three or more days a week for 20 minutes	63.7	62.0-65.5	62.6	61.0-64.3	59.7	55.9-63.6	53.5	46.1-60.8
Less than three days a week for 20 minutes	36.3	34.5-38.0	37.4	35.7-39.0	40.3	36.4-44.1	46.5	39.2-53.9
Physical education classes participation at school								
5 days a week	7.4	6.4-8.3	7.5	6.5-8.4	7.0	4.8-9.2	8.2	4.0-12.3
Less than 5 days a week	92.6	91.7-93.6	92.5	91.6-93.5	93.0	90.8-95.2	91.8	87.7-96.0

Among all high school students excluding missing

*** Sample size

Table 8. Health promotion activities of adults 18 years and older by their sexual orientation, Maine 2004-2007 BRFSS

Characteristics	Heterosexual (straight) (n=17456)***		Homosexual (gays or lesbians) (n=264)***		Bisexuals (n=148)***		Other (n=119)***	
	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI
Total	97.2	96.8-97.5	1.3	1.1-1.5	0.9	0.7-1.1	0.6	0.5-0.8
Weight status								
Normal or under-weight (BMI < 25.0)	39.0	38.1-40.0	39.7	32.2-47.2	48.1	36.5-59.7	44.7	32.0-57.5
Overweight (BMI 25.0-29.9)	37.4	36.4-38.3	36.2	28.9-43.5	27.2	17.0-37.5	27.7	18.4-37.0
Obese (BMI ≥ 30.0)	23.1	22.8-24.4	24.1	18.1-30.1	24.7	16.3-33.0	27.5	17.3-37.8
Recommended physical activity								
Meet recommendation	55.2	53.9-56.5	57.8	47.8-67.8	54.1	37.9-70.2	55.1	39.3-71.0
Insufficient physical activity	35.0	33.8-36.3	34.7	24.9-44.4	38.7	22.8-54.6	26.0	13.0-39.0
No physical activity	9.8	9.1-10.5	7.8	2.6-12.5	7.3	0.9-13.6	18.9	8.3-29.4
Fruits and vegetables consumption								
Consume < 5 servings per day	71.6	70.5-72.7	66.2	57.1-75.3	72.0	57.0-87.0	72.5	57.5-87.5
Consume 5 or more servings per day	28.4	27.3-29.5	33.8	24.7-43.0	28.0	13.0-43.0	27.5	12.5-42.5

Among all adults excluding unknowns and refusals

*** Sample size

Sexual Behavior

Table 9. Sexual behavior profile of high school students by their sexual contact, Maine 1995-2007 YRBS

Characteristics	Never had sex (n=3693)***		Opposite sex partner only (n=3870)***		Same sex partner only (n=828)***		Partner of both sexes (n=227)***	
	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI
Total	42.0	40.8-43.1	44.1	42.9-45.2	11.4	10.6-12.2	2.6	2.2-2.9
Ever had sexual intercourse								
Yes	**	**	80.7	79.3-82.1	78.3	75.1-81.5	83.7	78.1-89.3
No	**	**	19.3	17.9-20.7	21.7	18.5-24.9	16.3	10.7-21.9
Age of first sexual intercourse								
12 years or younger	**	**	7.2	6.3-8.1	7.3	5.1-9.5	29.0	21.9-36.1
Older than 12 years	**	**	73.5	71.9-75.0	71.0	67.4-74.6	54.6	46.7-62.4
Never	**	**	19.4	17.9-20.7	21.7	18.5-24.9	16.4	10.8-22.0
Number of people had sexual intercourse during life								
4 or more people	**	**	18.4	17.1-19.8	19.1	15.8-22.5	46.1	38.0-54.1
1- 3 people	**	**	62.2	60.5-63.9	59.1	55.1-63.1	37.3	29.5-45.0
Never	**	**	19.4	18.0-20.8	21.8	18.6-25.0	16.7	11.0-22.4
Use alcohol or drugs before last sexual intercourse								
Yes	**	**	25.1	23.4-26.9	21.5	17.6-25.4	36.1	27.6-44.6
No	**	**	74.9	73.1-76.6	78.5	74.6-82.4	63.9	55.4-72.4
Condom use before last sexual intercourse								
Yes	**	**	58.7	56.7-60.7	63.6	59.0-68.2	43.2	34.5-51.8
No	**	**	41.3	39.3-43.3	36.4	31.8-41.0	56.8	48.2-65.5

Among all high school students excluding missing

*** Sample size

Preventive Care Practices

Table 10. Preventive care practices in adults 18 years and older by their sexual orientation, Maine 2004-2007 BRFSS

Characteristics	Heterosexual (straight) (n=17456)***		Homosexual (gays or lesbians) (n=264)***		Bisexuals (n=148)***		Other (n=119)***	
	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI
Total	97.2	96.8-97.5	1.3	1.1-1.5	0.9	0.7-1.1	0.6	0.5-0.8
Ever had Hepatitis B vaccination								
Yes	39.0	37.6-40.4	47.1	37.0-57.1	55.5	40.5-70.4	16.2	3.8-28.5
No	61.0	59.6-62.4	52.9	42.9-63.0	44.5	29.6-59.5	83.8	71.5-96.2
Ever had HIV test								
Yes	34.8	33.7-35.8	58.3	50.3-66.2	68.8	57.4-80.2	41.5	26.0-57.0
No	65.2	64.2-66.2	41.7	33.8-49.7	31.2	19.8-42.6	58.5	43.0-74.0
Ever had blood cholesterol checked								
Yes	84.7	83.6-85.7	90.5	84.3-96.7	76.5	62.0-91.1	*	*
No	15.3	14.3-16.4	9.5	3.3-15.7	23.5	8.9-38.0	*	*

Among all adults excluding unknowns and refusals

*Data not shown as respondents were less than 6

*** Sample size

Cancer Screenings

Table 11. Cancer screening in adults 18 years and older by their sexual orientation, Maine 2004-2007 BRFSS

Characteristics	Heterosexual (straight) (n=17456)***		Homosexual (gays or lesbians) (n=264)***		Bisexuals (n=148)***		Other (n=119)***	
	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI
Total	97.2	96.8-97.5	1.3	1.1-1.5	0.9	0.7-1.1	0.6	0.5-0.8
Ever had Sigmoidoscopy/colonoscopy (>=50 year)								
Yes	64.7	63.5-65.9	63.6	53.2-74.0	66.2	51.7-80.6	63.8	49.0-78.5
No	35.3	34.1-36.5	36.4	26.0-46.8	33.8	19.4-48.3	36.2	21.5-51.0
Ever had blood stool test (>=50 year)								
Yes	52.4	51.1-53.6	51.5	40.1-62.8	61.1	46.7-75.4	55.1	39.0-71.2
No	47.6	46.4-48.9	48.5	37.2-59.9	38.9	24.6-53.3	44.9	28.7-61.0

Among all adults excluding unknowns and refusals

*** Sample size

Chronic Disease and Their Risk Factors

Table 12. Chronic diseases and their risk factors in adults 18 years and older by their sexual orientation, Maine 2004-2007 BRFSS

Characteristics	Heterosexual (straight) (n=17456)***		Homosexual (gays or lesbians) (n=264)***		Bisexuals (n=148)***		Other (n=119)***	
	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI
Total	97.2	96.8-97.5	1.3	1.1-1.5	0.9	0.7-1.1	0.6	0.5-0.8
Diabetes								
Yes	7.3	6.9-7.7	6.3	3.5-9.1	9.0	4.0-14.0	12.1	6.1-18.1
No	92.7	92.3-93.1	93.7	90.9-96.5	91.0	86.0-96.0	87.9	81.9-93.9
High blood cholesterol								
Yes	38.1	36.8-39.3	38.6	28.6-48.6	33.3	18.1-48.4	45.6	30.2-61.0
No	61.9	60.7-63.2	61.4	51.4-71.4	66.7	51.5-81.9	54.3	39.0-69.8
High blood pressure								
Yes	27.1	26.1-28.2	22.6	14.5-30.7	18.5	9.2-27.9	33.8	19.6-48.1
No	72.9	71.8-73.9	77.4	69.3-85.5	81.5	72.1-90.8	66.2	51.9-80.4

Among all adults excluding unknowns and refusals

*** Sample size

Injury, Violence and Peer Victimization

Table 13. Injury, violence and victimization of high school students by their sexual contact, Maine 1995-2007 YRBS

Characteristics	Never had sex (n=3693)***		Opposite sex partner only (n=3870)***		Same sex partner only (n=828)***		Partner of both sexes (n=227)***	
	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI
Total	42.0	40.8-43.1	44.1	42.9-45.2	11.4	10.6-12.2	2.6	2.2-2.9
Times in physical fight in past 12 months								
0 times	79.8	78.4-81.2	64.5	62.8-66.1	66.7	63.0-70.3	55.5	48.1-62.9
1 or more times	20.2	18.8-21.6	35.5	33.9-37.2	33.3	29.7-37.0	44.5	37.1-51.9
Times fought in school in past 12 months								
0 times	92.9	92.0-93.8	86.2	85.1-87.4	87.1	84.6-89.6	76.2	70.0-82.3
1 or more times	7.1	6.2-8.0	13.8	12.6-14.9	12.9	10.4-15.4	23.8	17.7-30.0
Times injured in fight								
0 times	98.4	97.9-98.8	96.1	95.4-96.7	85.6	78.7-92.4	87.2	82.0-92.3
1 or more times	1.6	1.2-2.1	3.9	3.3-4.6	14.4	7.6-21.3	12.8	7.7-18.0
Times carried a weapon in past 30 days								
0 times	86.9	85.7-88.1	79.1	77.6-80.5	82.7	79.8-85.7	72.1	65.6-78.7
1 or more times	13.1	11.9-14.3	20.9	19.5-22.4	17.3	14.3-20.2	27.9	21.3-34.4
Days when unsafe to go to school								
0 days	97.0	96.4-97.6	94.5	93.7-95.3	92.3	90.4-94.2	84.0	78.3-89.3
1 or more days	3.0	2.4-3.6	5.5	4.7-6.3	7.7	5.8-9.6	16.0	10.7-21.3
Times threatened/injured in past 12 months								
0 times	94.9	94.1-95.7	92.0	91.1-92.9	90.6	88.6-92.7	79.7	74.0-85.4
1 or more times	5.1	4.3-5.9	8.0	7.1-8.9	9.4	7.3-11.4	20.3	14.6-26.1

Characteristics	Never had sex (n=3693)***		Opposite sex partner only (n=3870)***		Same sex partner only (n=828)***		Partner of both sexes (n=227)***	
	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI
Times property stolen at school								
0 times	78.8	77.3-80.4	71.6	69.9-73.3	75.0	71.7-78.3	56.7	49.0-64.4
1 or more times	21.2	19.6-22.7	28.4	26.7-30.1	25.0	21.7-28.3	43.3	35.6-51.0
Offensive sexual orientation comments								
Yes	6.9	5.8-8.1	9.4	8.0-10.7	6.3	4.5-8.2	34.1	26.1-42.1
No	93.1	91.9-94.2	90.6	89.0-92.0	93.7	91.8-95.5	65.9	58.0-73.9
Offensive racial/ethnic comments								
Yes	9.3	8.1-10.6	11.4	9.9-12.8	11.8	9.4-14.3	18.4	12.3-24.4
No	90.7	89.4-91.9	88.6	87.2-90.1	88.2	85.7-90.6	81.6	75.6-87.7
Partner abuse in past 12 months								
Yes	6.7	5.6-7.7	15.0	11.8-17.7	14.8	11.8-17.7	26.3	18.9-33.8
No	93.3	92.3-94.4	85.0	82.3-88.2	85.2	82.3-88.2	73.7	66.2-81.1
Forced sex								
Yes	3.1	2.4-3.8	11.1	9.6-12.6	10.1	7.8-12.4	35.6	27.5-43.7
No	96.9	96.2-97.6	88.9	87.4-90.4	89.9	87.6-92.2	64.4	56.3-72.5

Among all high school students excluding missing
 *** Sample size

Table 14. Forced sex in adults 18 years and older by their sexual orientation, Maine 2004-2007 BRFSS

Characteristics	Heterosexual (straight) (n=17456)**		Homosexual (gays or lesbians) (n=264)***		Bisexuals (n=148)***		Other (n=119)***	
	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI
Total	97.2	96.8-97.5	1.3	1.1-1.5	0.9	0.7-1.1	0.6	0.5-0.8
Forced sex								
Yes	3.0	2.5-3.4	18.1	7.7-28.4	15.8	5.4-26.2	17.2	2.0-32.5
No	97.0	96.6-97.5	81.9	71.6-92.3	84.2	73.8-94.6	82.8	65.5-98.1

Among all adults excluding unknowns and refusals

*** Sample size

+ Questions on forced sex were asked on the 2006 BRFSS only.

Mental Health and Suicidal Behavior

Table 15. Mental health profile of high school students by their sexual contact, Maine 1995-2007 YRBS

Characteristics	Never had sex (n=3693)***		Opposite sex partner only (n=3870)***		Same sex partner only (n=828)***		Partner of both sexes (n=227)***	
	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI
Total	42.0	40.8-43.1	44.1	42.9-45.2	11.4	10.6-12.2	2.6	2.2-2.9
Feel sad or hopeless								
Yes	16.4	14.8-18.0	27.1	25.0-29.2	24.6	21.2-27.9	49.8	41.3-58.2
No	83.6	82.0-85.2	72.9	70.8-75.0	75.4	72.1-78.8	50.2	41.8-58.7
Considered attempting suicide								
Yes	12.4	11.2-13.5	22.0	20.6-23.3	14.3	11.7-16.9	45.4	38.0-52.8
No	87.6	86.5-88.8	78.0	76.7-79.4	85.7	83.1-88.3	54.6	47.2-62.0
Planned for suicide								
Yes	11.2	10.1-12.3	17.9	16.7-19.2	14.6	12.0-17.2	37.3	30.1-44.5
No	88.8	87.7-89.9	82.1	80.8-83.3	85.4	82.8-88.0	62.7	55.5-69.9
Attempted suicide								
Never attempted	96.2	95.5-96.9	90.4	89.4-91.4	93.4	91.6-95.2	72.0	65.1-79.0
One or more times	3.8	3.1-4.5	9.6	8.6-10.6	6.6	4.8-8.4	28.0	21.0-35.0
Injury due to suicide attempt								
yes	1.1	0.8-1.5	3.6	3.0-4.3	1.6	0.8-2.5	14.4	8.6-20.1
No	98.9	98.5-99.2	96.4	95.7-97.0	98.4	97.5-99.2	85.6	79.9-91.4
Considered or planned or attempted suicide or injured due to suicide attempt								
Yes	16.7	15.4-18.0	26.7	25.2-28.2	21.3	18.3-24.4	52.0	44.7-59.4
No	83.3	82.0-84.6	73.3	71.8-74.8	78.7	75.6-81.7	48.0	40.6-55.3

Among all high school students excluding missing

*** Sample size

Emotional and Social Support

Table 16. Emotional and social support status at home and school of high school students by their sexual contact, Maine 1995-2007 YRBS

Characteristics	Never had sex (n=3693)***		Opposite sex partner only (n=3870)***		Same sex partner only (n=828)***		Partner of both sexes (n=227)***	
	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI
Total	42.0	40.8-43.1	44.1	42.9-45.2	11.4	10.6-12.2	2.6	2.2-2.9
Parents/Guardians give help/support								
Strongly agree/Agree	89.2	87.2-91.2	82.2	78.9-85.5	84.6	81.5-87.6	71.1	61.0-81.2
Not sure	7.2	5.5-8.9	8.5	6.1-10.9	7.2	5.0-9.4	7.1	2.1-12.0
Disagree/strongly disagree	3.6	2.5-4.7	9.3	6.8-11.8	8.2	5.9-10.5	21.8	12.3-31.3
Teacher cares/encourages								
Strongly agree/Agree	73.0	70.1-75.9	70.6	66.6-74.6	74.1	70.4-77.7	64.7	54.0-75.3
Not sure	20.0	17.4-22.6	19.5	16.0-23.0	16.5	13.4-19.7	19.4	10.9-28.0
Disagree/strongly disagree	7.0	5.3-8.7	9.9	7.3-12.5	9.4	7.2-11.7	15.9	7.6-24.2
You matter in community								
Strongly agree/Agree	57.0	53.8-60.2	57.6	53.4-61.8	58.2	54.0-62.3	39.2	28.3-50.0
Not sure	30.0	27.0-32.9	25.3	21.6-29.0	26.6	23.0-30.2	23.3	13.9-32.8
Disagree/strongly disagree	13.0	10.8-15.3	17.1	13.9-20.4	15.2	12.3-18.2	37.5	26.7-48.3

Among all high school students excluding missing

*** Sample size

+ Questions on parent/guardian support, teacher encouragement and community support were asked in 2005 and 2007 YRBS only.

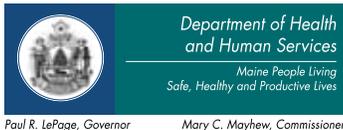
Table 17. Emotional and life satisfaction status of adults 18 years and older by their sexual orientation, Maine 2004-2007 BRFSS

Sociodemographic characteristics	Heterosexual (straight) (n=17456)***		Homosexual (gays or lesbians) (n=264)***		Bisexuals (n=148)***		Other (n=119)***	
	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI	Weighted %	95% CI
Total	97.2	96.8-97.5	1.3	1.1-1.5	0.9	0.7-1.1	0.6	0.5-0.8
Get emotional and social support								
Always/usually	82.9	82.1-83.7	84.9	79.4-90.5	66.0	53.8-78.3	66.3	54.4-78.2
Sometimes/Rarely/ Never	17.1	16.3-17.9	15.1	9.5-20.6	34.0	21.7-46.2	33.7	21.8-45.6
Life satisfaction								
Very satisfied/satisfied	95.2	94.7-95.6	87.9	82.3-93.5	84.7	74.3-95.1	90.2	83.9-96.4
Dissatisfied/Very Dissatisfied	4.8	4.4-5.2	12.1	6.5-17.7	15.3	4.9-25.7	9.8	3.6-16.1

Among all adults excluding unknowns and refusals

*** Sample size

+ Questions on emotional support and life satisfaction were asked in 2005, 2006 and 2007 BRFSS only.



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