

September 14, 2021

Elizabeth Barr, Ph.D  
Office of Research on Women's Health  
6707 Democracy Boulevard, Suite 400  
Bethesda, MD 20817  
WHCC@od.nih.gov

**Re: Inviting Comments To Inform the Women's Health Consensus Conference (WHCC)**

Dear Dr. Barr:

Thank you for the opportunity to provide information to assist in the planning of ORWH's Women's Health Consensus Conference (WHCC). The undersigned are co-authors and scientific advisors of a recent report on sexual minority women's health and wellbeing. Many of the undersigned are scholars at or affiliated with the Williams Institute, an academic research center at UCLA School of Law dedicated to conducting rigorous and independent research on sexual orientation and gender identity.

In our report, *Health and Socioeconomic Well-Being of LBQ Women in the US*, we used multiple national datasets to document population characteristics and prevalence of key health and socioeconomic outcomes among lesbian, bisexual and queer (LBQ) women and lesbian, bisexual, queer, and questioning (LBQQ) girls. Below are several key findings relevant to the WHCC's focus on rising maternal morbidity and mortality rates, increasing rates of chronic debilitating conditions in women, and stagnant cervical cancer survival rates.

**Demographics and Socioeconomic context of health disparities**

- About 5% of women are LBQ and 22% of girls are LBQQ in the U.S. (transgender and cisgender women and girls combined)
- Among LBQ women, 2.7% are transgender and 97.3% are cisgender.
- 72% of LBQ women identify as bisexual; among LBQQ girls, 62% identify as bisexual and 25% as questioning.
- Approximately 39% of LBQ women are Latinx, Black, Asian American and Pacific Islander (AAPI), American Indian, or other ethnic minority identified. 57% of LBQQ girls are Latinx, Black, AAPI, American Indian, or other ethnic minority identified.
- About 75% of all LBQ women experienced at least one everyday discriminatory event in the past year.
  - Bisexual and queer women were more likely to report everyday discrimination compared with lesbian women.
  - However, lesbians were significantly more likely to report sexual orientation-based discrimination events than bisexual and queer women (57% vs 31%).
- Nearly 46% of LBQ women reported an experience of being physically or sexually assaulted since they were 18 years old, compared with 35% of GBQ men.
- Approximately 24% of LBQQ girls experienced sexual violence in the last year, compared to 15% of both heterosexual girls and GBQQ (gay, bisexual, queer, and questioning) boys.

- 48% of LBQ women are living in a lower income household (with an income less than 200% of the federal poverty line), compared with 42% of straight women, 38% of GBQ men, and 34% of straight men.
  - Among LBQ women who are parents, the lower income rates are even higher.
- Fewer LBQ women (46%) were employed than heterosexual women (52%) and either heterosexual (64%) or GBQ (55%) men.

## Health

- 44% LBQ girls reported having considered suicide in the last year, compared to 18% of straight girls, 13% of straight boys, and 32% of GBQ boys.
- More LBQ women (46%) had been diagnosed with depression compared to straight women (23%), straight men (13%), and GBQ men (31%).
- Nearly 29% of LBQ women described their health as fair or poor, compared to 19% of straight women.
  - A higher proportion of Black, Latinx, and American Indian LBQ women described their health as fair or poor compared with White LBQ women.
  - Bisexual women were more likely to report fair or poor health.
- More LBQ women (35.3%) reported up to 14 days a month of limited mobility due to physical health (i.e., mild disability), compared to straight women, straight men, and GBQ men (28%, 25%, and 30%, respectively).
- More LBQ women than all other groups reported having been diagnosed with asthma, arthritis, or cancer, but significantly fewer reported high blood pressure compared with heterosexual and GBQ men.
- More LBQ women reported a diagnosis of heart disease, high blood pressure, and diabetes compared to straight women.

## Health Care Access

- 14.3% of LBQ women were uninsured compared with 10% of heterosexual women.
  - Women of color were generally more likely to be uninsured compared with White women.
  - Lesbian and bisexual women had similar rates of being uninsured.
- Over half of LBQ women fear being negatively judged by their health care provider, and many feared anti-LGBT bias might impact their care.

## Reproductive Health

- 27% of LBQ women had a child under 18 in their household.
  - 32% of LBQ women of color had minor children in their home.
- Cisgender LBQ women of childbearing age (18–49 years) used abortion services at similar rates to heterosexual cisgender women.
- With regard to screenings for reproductive-related cancers, such as cervical cancer and breast cancer, we find that LBQ women are less likely to have gotten a Pap test within a minimum recommended timeframe (five years) (13% vs 19%) and less likely to have had a mammogram (43% vs 71%).

Our research highlighted the significance of sexual orientation in the lives of women in the U.S. Across the many issues we covered, it is clear that there are multiple areas of vulnerability in every domain of health and wellbeing for LBQ women and girls. Though many of the findings are not specific to maternal health and chronic illness, these data nonetheless provide important context for the ORWH's efforts to assess

current and needed research on these topics as it pertains to a core area of intersectionality among women- sexual orientation. Further, the data gaps in our report highlight an important point of discussion for this conference – the need for sampling and measurement in maternal health and mortality research that includes sexual and gender minority women. We appreciate the opportunity to comment on the plans for the WHCC.

We have linked the full report for reference: <https://williamsinstitute.law.ucla.edu/publications/lbg-women-in-us/>

Sincerely,



Bianca D.M. Wilson, Ph.D., Rabbi Barbara Zacky Senior Scholar of Public Policy, UCLA Williams Institute

The following have also signed on to the letter as written:

Madina Agénor, ScD, MPH, Assistant Professor, Department of Behavioral and Social Sciences, Brown University School of Public Health

Lee Badgett, PhD, Professor of Economics, University of Massachusetts Amherst

Allegra Gordon, ScD, MPH, Assistant Professor, Department of Community Health Sciences, Boston University School of Public Health

Christy Mallory, JD, Director State Policy, UCLA Williams Institute