The State of LGBTQ Health and Well Being: Strengthening Schools and Families to Build Resilience

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Division of HIV/AIDS Prevention

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Overview

- 2015 YRBS Report
- YRBS trends (all youth) and 2015 data (LGB vs. Hetero) for select behaviors
  - Sexual risk behaviors
  - Alcohol and drug use
  - Violence and suicide
- Behavioral clustering of risks
- HIV and STDs among LGBT youth
- Schools and families; Leveraging potentially positive influences
- Research gaps and CDC research on LGBT youth
2015 National YRBS Characteristics

- Sample size – 15,624
- 9th through 12th graders
- Anonymous
- Self-administered, computer-scannable questionnaire or answer sheet
- Completed in one class period (45 minutes)

- School response rate – 69%
- Student response rate – 86%
- Overall response rate (school X student) – 60%
### Distribution of sexual identity and sex of sexual contact subgroups among high school students in the US, 2015

<table>
<thead>
<tr>
<th>Sexual Identity</th>
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<th>Sex of Sexual Contacts</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual</td>
<td>Gay or Lesbian</td>
<td>Opposite Sex Only</td>
<td>Same Sex Only</td>
</tr>
<tr>
<td>Total</td>
<td>88.8%</td>
<td>48.0%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Male</td>
<td>93.1%</td>
<td>53.3%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Female</td>
<td>84.5%</td>
<td>42.6%</td>
<td>2.1%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bisexual</td>
<td>Both Males and Females</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>6.0%</td>
<td>4.6%</td>
<td>45.7%</td>
</tr>
<tr>
<td>Male</td>
<td>2.4%</td>
<td>1.9%</td>
<td>43.6%</td>
</tr>
<tr>
<td>Female</td>
<td>9.8%</td>
<td>7.4%</td>
<td>47.9%</td>
</tr>
<tr>
<td></td>
<td>Not sure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>2.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>3.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Never Had Sexual Contact</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>45.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>43.6%</td>
<td></td>
<td></td>
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</table>

1.3 million high school students Identify as LGB!!
Transgender Students and YRBS

- CDC has been working with advocates and researchers for several cycles to develop a transgender question
- A proposed question is being piloted during the 2017 cycle
- Assuming a prevalence of approximately 0.5% to <1%
  - National YRBS sample – from 75 to 150 transgender students
- These small numbers may not allow reliable estimates so it is unclear if the YRBS is the right mechanism to collect health behavior data on transgender youth → pilot will help answer these questions
- Other relevant data on transgender persons:
  - CDC targeted studies, programmatic and surveillance activities
  - NIH and community research on risk behaviors
Sexual Risk Behaviors
Sexual Risk Behaviors and Condom Use Declined in the Past 10 Years, YRBS 2005-2015

- Ever had sex
- Sex before 13
- 4+ partners
- Currently sexually active
- Used a condom

- Ever had sexual intercourse:
  - Heterosexual: 11.2%
  - Gay, lesbian, or bisexual: 40.9%

- Had intercourse with 4+ persons:
  - Heterosexual: 14.7%
  - Gay, lesbian, or bisexual: 50.8%

- Current sexual activity*:
  - Heterosexual: 30.1%
  - Gay, lesbian, or bisexual: 35.1%

- Condom use**:
  - Heterosexual: 57.8%
  - Gay, lesbian, or bisexual: 47.5%

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*Had sexual intercourse during the 3 months before the survey.
**Among students who were currently sexually active.

2015 National Youth Risk Behavior Survey
Alcohol and Drug Use
Alcohol Use Has Declined in the Last 10 Years, YRBS, 2005-2015
Percentage of High School Students Who Drank Alcohol and Used Marijuana, by Sexual Identity, 2015

- Ever drank alcohol: 62.5% (Heterosexual) vs. 75.3% (Gay, lesbian, or bisexual)
- Currently drank alcohol: 32.1% (Heterosexual) vs. 40.5% (Gay, lesbian, or bisexual)
- Ever used marijuana: 37.5% (Heterosexual) vs. 52.9% (Gay, lesbian, or bisexual)
- Currently used marijuana: 20.7% (Heterosexual) vs. 32.0% (Gay, lesbian, or bisexual)

*At least one drink of alcohol on at least 1 day during their life.
**At least one drink of alcohol on at least 1 day during the 30 days before the survey.
***One or more times during their life.
****One or more times during the 30 days before the survey.
Use of Other Substances Shows Flat or Declining Trends
YRBS, 2005-2015

Marijuana
Cocaine*
Heroin
Meth*
Prescription*
Injection
Percentage of High School Students Who Used Drugs, by Sexual Identity, 2015

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>Heterosexual</th>
<th>Gay, lesbian, or bisexual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever used cocaine*</td>
<td>4.2%</td>
<td>10.6%</td>
</tr>
<tr>
<td>Ever used methamphetamine**</td>
<td>2.1%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Ever used heroin**</td>
<td>1.3%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Ever used a needle to inject an illegal drug**</td>
<td>1.1%</td>
<td>5.4%</td>
</tr>
</tbody>
</table>

*Any form of cocaine (e.g., powder, crack, or freebase) one or more times during their life.
**One or more times during their life.
Percentage of High School Students Who Used Drugs, by Sexual Identity, 2015

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>Heterosexual</th>
<th>Gay, lesbian, or bisexual</th>
<th>Gay and bisexual males</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever used cocaine*</td>
<td>4.2</td>
<td>10.6</td>
<td>18.1</td>
</tr>
<tr>
<td>Ever used methamphetamines**</td>
<td>2.1</td>
<td>8.2</td>
<td>14.8</td>
</tr>
<tr>
<td>Ever used heroin**</td>
<td>1.3</td>
<td>6.0</td>
<td>13.7</td>
</tr>
<tr>
<td>Ever used a needle to inject an illegal drug**</td>
<td>1.1</td>
<td>5.4</td>
<td>10.1</td>
</tr>
</tbody>
</table>

*Any form of cocaine (e.g., powder, crack, or freebase) one or more times during their life.
**One or more times during their life.
Suicide, Violence, and Bullying
Suicide Risk has Increased, YRBS, 2005-2015

- Seriously considered suicide*
- Planned suicide*
- Attempted suicide
- Attempted suicide resulting in injury*

*Note: The data represents the percentage of students who reported experiencing each type of suicide risk.
Percentage of High School Students Who Reported Suicide-Related Behaviors, by Sexual Identity, 2015

- Felt sad or hopeless*
  - Heterosexual: 26.4%
  - Gay, lesbian, or bisexual: 60.4%

- Seriously considered attempting suicide**
  - Heterosexual: 14.8%
  - Gay, lesbian, or bisexual: 42.8%

- Planned a suicide attempt**
  - Heterosexual: 11.9%
  - Gay, lesbian, or bisexual: 38.2%

- Attempted suicide***
  - Heterosexual: 6.4%
  - Gay, lesbian, or bisexual: 29.4%

*Almost every day for ≥2 weeks in a row so that they stopped doing some usual activities during the 12 months before the survey.
**During the 12 months before the survey.
***One or more times during the 12 months before the survey.
Interpersonal and Sexual Violence Trends are Mixed, YRBS, 2005-2015
<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Ever forced to have sexual intercourse</th>
<th>Sexual dating violence*</th>
<th>Physical dating violence*</th>
<th>Did not go to school because of safety concerns**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual</td>
<td>5.4</td>
<td>9.1</td>
<td>8.3</td>
<td>4.6</td>
</tr>
<tr>
<td>Gay, lesbian, or bisexual</td>
<td>17.8</td>
<td>22.7</td>
<td>17.5</td>
<td>12.5</td>
</tr>
</tbody>
</table>

*Among students who dated or went out with someone during the 12 months before the survey.
**On at least 1 day during the 30 days before the survey.
Percentage of High School Students Who Experienced Bullying, by Sexual Identity, 2015

<table>
<thead>
<tr>
<th></th>
<th>Heterosexual</th>
<th>Gay, lesbian, or bisexual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronically bullied*</td>
<td>14.2</td>
<td>28.0</td>
</tr>
<tr>
<td>Bullied on school property**</td>
<td>18.8</td>
<td>34.2</td>
</tr>
</tbody>
</table>

*Counting being bullied through e-mail, chat rooms, instant messaging, Web sites, or texting during the 12 months before the survey.

**During the 12 months before the survey.
Behavioral Clustering of Risk
Clustering of Risk Behaviors

- Condom non-use
- Injection drug use
- NMPD
- Illicit drug use
- Dating/sexual violence
- Bullying
- Attempted suicide
Most Youth Have Zero or a Few Risk Behaviors; Almost 14% Report 3 or More
Youth Who Experience 4 or More Risks:

- Are more likely to be from older grades than younger grades
- Are more likely to identify as lesbian, gay or bisexual
- Have poorer academic grades
- This analysis highlights the existence of co-occurring risk factors and behaviors among a small group of youth, particularly LGB youth
- This work complements sophisticated research on “syndemics” among young gay/bi men by Mustanski et al. (2017)
In Sum…

- Consistently higher levels risk behaviors among LGB youth
- High absolute levels of risk behaviors/clusters among LGB youth
- Other research with transgender youth finds very similar results
- This type of research does not explain these differences for LGBT youth
- Other research suggests potential explanations:
  - Social isolation and stigma
  - Lack of caregiver or parental support
  - Lack of safety or support at school
  - Rigid norms about masculinity and femininity
- Due to multiple risk factors, interviews with LGBT youth suggest that a holistic approach to interventions is key (Steinke et al., 2017)
HIV and STDs
HIV Incidence 2008-2014

- Overall Incidence declined 18%
  - 36% decrease among heterosexuals
  - 56% decrease among persons who inject drugs
  - No change for gay and bisexual men overall:
    • No change for African American gay/bi men
    • 18% decrease for White gay/bi men
    • 20% increase for Hispanic gay/bi men
  - Signs of progress for youth → 18% decrease for 13-24 year olds
Annual HIV infections are falling among gay and bisexual men aged 13-24, but rising among those aged 25-34 years.
HIV Diagnoses

- Over 39k diagnoses in 2015
  - 22% among 13-24:
    - 4% among 13-19
    - 18% among 20-24
- >85% of youth diagnoses among males
- >90% of male youth diagnoses attributed to male-male sex
- 14% of adolescent males in the U.S. were black/African American in 2015, yet 64% of diagnoses of HIV infection in 13–19 year olds males were in black/African American adolescents
- CDC estimates that 15% of HIV-positive people are not diagnosed
  - But 50% of youth (13-24) with HIV are have not been diagnosed
Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years 2015—United States and 6 Dependent Areas

N = 1,729  Total Rate = 5.8

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data for the year 2015 are preliminary and based on 6 months reporting delay.
Transgender Persons and HIV (all ages)

- 2351 HIV diagnoses from 2009-2014
  - 84% transgender women, 15% transgender men, 1% other GI
  - Almost half of diagnoses occurred in the South
- 2013 report estimated 22% HIV prevalence among adult transgender women
- CDC’s testing data:
  - Over 3.3M tests per year funded in CBOs and HDs
  - Proportion of transgender persons receiving an HIV diagnosis was 3 times higher than other groups
STDs in 2015: Highest among Youth and Gay/Bi Men

- Overall, CDC estimates 20M new STD infections each year in the US
- Many STDS not diagnosed, some diseases not routinely reported to CDC
- Three diseases that are reported routinely, 2015 data show:
  - Chlamydia – over 1.5 million cases diagnosed
    - 65% among ages 15-24 (26% among 15-19 year olds)
  - Gonorrhea – over 400k cases diagnosed
    - 50% among ages 15-24 (18% among 15-19 olds)
  - Syphilis – almost 24k cases diagnosed
    - 90% of cases among men
    - 82% among MSM in those cases where sex of partner is known
Schools and Families; Leveraging Positive Influences
The Big Picture

Social Context
- e.g., culture, religion, policies and laws

Community Context
- e.g., neighborhood, school, prevalence of HIV/STD

Relationships
- e.g., sexual partner(s), family, peers, teachers

Individual Characteristics
- e.g., gender, race/ethnicity, sexual behavior/orientation

Health System

Developmental Context

Youth HIV/STD Prevention and Sexual Health Outcomes*
- Improve knowledge and attitudes about HIV/STD, unintended pregnancy and sexual violence prevention
- Increase protective factors (e.g., family connectedness, parent-child/partner communication)
- Decrease sexual risk behavior (e.g., not using a condom)
- Increase access to health services, (e.g., HIV/STD testing and treatment, HPV vaccination, contraception uptake)
- Reduce incidence and prevalence of HIV/STD, unintended pregnancy, and sexual violence among youth
- Increase emotional and mental well-being among youth
- Reduce disparities/increase health equity among youth

*Not an exhaustive list
CDC School-Based Programmatic Support

- CDC’s Division of Adolescent and School Health (DASH) currently funds 18 states, DC, and 17 large urban school districts to address school-based HIV/STD prevention; many programs address LGBTQ youth
- Funding supports four broad evidence-based approaches:
  - Providing exemplary sexual health education
  - Increasing access to key sexual health services
  - Establishing safe and supportive environments for students and staff
  - Educating decision makers on policy and implementing and tracking policies related to school-based HIV/STD prevention
CDC Recommended Strategies to Meet the Needs of LGBT Youth

- Provide health education curricula or supplemental materials that include HIV, other STD, or pregnancy prevention information that is relevant to LGBT youth (e.g., curricula or materials that use inclusive language or terminology)

- Identify “safe spaces” such as a counselor’s office, designated classroom, or student organization where LGBT youth can receive support from administrators, teachers, other school staff, or other students

- Prohibit harassment and bullying based on a student’s perceived or actual sexual orientation or gender expression

- Facilitate access to providers not on school property who have experience providing health services, including HIV/STD testing and counseling and reproductive health care, to LGBT youth

- Facilitate access to providers not on school property who have experience in providing social and psychological services to LGBT youth

- Encouraging staff members to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation, gender identity, or gender expression
Supporting LGBT Youth in Schools

Targeted → Specific activities to reach LGBT youth
Supportive → Visible allies/LGBT-inclusion
Safe → Safe and bullying-free environments
SAFE: Prevention of Bullying and Harassment

- Promote, implement, and monitor
  - anti-bullying policies
  - policies to prevent sexual harassment
- Consider promoting programs to prevent bullying
- Anti-bullying policies; broad vs. enumerated
- Enumerated policies refer to the listing of traits or characteristics of students on the basis of which bullying is prohibited
  - Concern that enumerated policies can be used to leave important groups out and apparently unprotected
Program Example: Prohibiting Bullying and Harassment

- LGBTQ Critical Support Guide for School Staff
  - Broward County Public Schools
  - Statistics, terminology, policies/laws, strategies for improving the school environment, guidelines for inclusive curriculum, accommodations for transgender students, and suggested responses to parental concerns
SUPPORTIVE: Inclusive Sexual Health Education

- CDC’s 2014 School Health Profiles found that the status of sexual health education varies throughout the US:
  - In most states, fewer than half of high schools teach all 16 topics recommended by CDC
  - Many curricula do not include prevention information for young gay and bisexual males
  - The % of schools in which students are required to receive instruction on HIV prevention decreased from 64% in 2000 to 41% in 2014
- A recent HRCF/PP (2017) study found that:
  - 12% of millennials received info on same-sex relationships in class
  - <5% of LGBTQ students reported positive representations of LGBTQ-related topics in health class
Program Example: LGBT-Inclusive Course Content

- LGBT-inclusive lessons and materials
  - San Francisco Unified School District
  - Applies to any subject area (language arts, history, health, etc.)
    - Includes voices of, contributions from, and the needs and perspectives of LGBTQ individuals

http://www.healthiersf.org/LGBTQ/InTheClassroom/curriculum.html
SUPPORTIVE: School Connectedness

- The belief held by students that adults and peers in the school care about their learning as well as about them as individuals
- Promoting school connectedness:
  - Encourage positive conduct that benefits others (pro-social behavior)
  - Facilitate linking students to mentorship and service learning
  - Support student participation in clubs/extracurricular activities

http://www.cdc.gov/healthyyouth/protective/school_connectedness.htm
Program Example: Creating Safe Spaces & Visible Allies

- Out for Safe Schools
  - Los Angeles Unified School District & Gay-Straight Alliance (GSA) Network
  - Uses badges, whistles
  - Ties these to staff training

http://www.glsen.org/safespace
http://outforsafeschools.org/
SUPPORTIVE: Gay Straight Alliances

- Develop and support GSAs
  - GSA Network
  - Student-led, school-based clubs
  - Can provide social support and connection for LGBTQ youth and GSA activities can help improve the school environment for LGBTQ youth

More info on GSAs: https://gsanetwork.org/resources/building-your-gsa/what-gsa
https://gsanetwork.org/resources/building-your-gsa/10-steps-starting-gsa
SUPPORTIVE – Parent Engagement in Schools

- Parents and school staff working together to support and improve the learning, development, and health of youth
- Promoting engagement:
  - Provide parenting support
  - Communicate with parents
  - Provide a variety of volunteer opportunities
  - Support learning at home
  - Encourage parents to be part of decision making
  - Collaborate with the community
Resources for Parents of LGB Youth

TARGETED: Staff referrals to LGBTQ-friendly providers

- School staff referral for HIV and STD prevention, testing, and treatment
  - Based on the Project Connect model\(^3\)
  - Uses detailed resource guides that clearly identify LGBTQ-friendly providers and LGBTQ-serving organizations

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Research Gaps and CDC Research on LGBT Youth
Research Gaps

- Given longstanding focus on risk, need to identify direct links between the broad array of potential protective factors, particularly aspects of school and family environments, and good health and sexual health outcomes.

- Intervening on protective factors is a huge gap.
  - In general, and particularly in school settings.
  - Some of the potentially most influential protective factors (e.g., parental monitoring, school connectedness) do not have available intervention strategies that can be widely implemented.

- Some risk factors are poorly understood (e.g., injection among YMSM).

- Structural and policy factors that best provide a foundation for parental and school support of LGBT youth.
Research Gaps

- Sexual and gender minority youth are understudied in general, but particularly girls, bisexual youth, and the broad gender spectrum, including transgender youth
  - Development of gender identity and expression across teen development
- Reaching this small group of students in schools without stigmatizing them
- Identifying the best messengers and messages to help keep LGBT teens safe
- How to increase comfort and ability of adults in LGBT teens’ lives to help them stay well
  - Can/do school staff provide sex ed or referrals to sexual health services and health care providers
RESILIENCE AND TRANSGENDER YOUTH

Objectives
- Describe the protective factors that transgender youth identify as important to keeping them healthy, happy, and strong.
- Generate hypotheses about how these protective factors influence the health of transgender youth to inform future quantitative research.

Methods
- 48 in-depth interviews with transgender youth (age 15-24) living or using social services in the Atlanta-metro area.
- Partnered with ICF International and several local CBOs serving transgender youth.

Status
- In the field; 32 interviews completed.
SCHOOL-CENTERED HIV/STD PREVENTION FOR ADOLESCENT SEXUAL MINORITY MALES

Objectives

• To reduce HIV infection and other STDs among Black and Latino SMM aged 13-19 through school and community partnerships.
• Increase the number tested and treated for HIV and STDs; reduce sexual risk behaviors; reduce absenteeism and drop out.

Methods

• Broward County Public Schools (BCPS), Los Angeles Unified School District, San Francisco Unified School District, Advocates for Youth, and ICF International
• Youth survey (>11,000 BCPS high school students)
• Qualitative school climate assessment (44 BCPS staff members)
• School staff survey (321 staff members in BCPS, LA, & SF)
• CBO/SBHC survey (20 CBOs/SBHCs partnering with BCPS, LA, & SF)

Status

• Year 4 (of 5)
SURVEY OF TODAY’S ADOLESCENT RELATIONSHIPS AND TRANSITIONS (START)

Objective

• Understand adolescent sexual minority males (ASMM) and transgender (TG) youth’s prior experience with and preferences for HIV prevention strategies.
• Characterize effective programmatic approaches for HIV prevention and develop educational tools for providers working with this population.

Methods

• Web-Survey: 1,500 ASMM, age 13-18, and 1,000 TG youth age 13-24 recruited through social media.
• Focus Groups: 5 with young sexual minority men age 13-18 and 2 with transgender youth age 3-24.

Status

• Currently under review with OMB; data collection to begin late 2017.
NIH ADOLESCENT BRAIN COGNITIVE DEVELOPMENT (ABCD) STUDY

Objectives

• Characterize developmental trajectories of adolescents.
• Understand health behavior over time.
• For CDC: Understand developmental trajectories of sexual and gender minority youth and sexual health.

Methods

• Recruit 10,000 healthy children, ages 9 to 10 across the United States, and follow them into early adulthood.
• Examine how biology and environment interact and relate to developmental outcomes such as physical health, mental health, and life achievements including academic success.

Status

• Currently enrolling 9 and 10 year olds into the first wave.
Resources
YRBS Resources: Available at www.cdc.gov/yrbs

- **Youth Online** allows users to analyze YRBS data. Can help you monitor trends, set research priorities, and plan programs.
- Lots of other technical resources for researchers.
Other CDC Resources

- Many fact sheets
- LGBT youth
- Parental influence on LGBT Youth
- Protective Factors (multiple)
- HIV among youth
- HIV among transgender persons
- PrEP 101
- Testing 101
Acknowledgements

- NCHHSTP colleagues who have been involved in collecting and analyzing data presented and who have overseen relevant programmatic efforts
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  - Michelle Johns
  - Lamont Scales
  - Riley Steiner
  - Sharon Wong
Thank you!

For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.