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NASPA

The Need for College-Specific Data to Inform LGBTQ Student Health and Wellness

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Online Programs, Data & Services for Wellness and Success



EDUCATE

Online Programs for
Students, Faculty & Staff

800+

Evidenced-based online programs
that drive improvements to
knowledge, attitudes, and
behaviors

**institutional
partners**



UNDERSTAND

Data & Analytics to
Inform Prevention Efforts

1.5 Million

Real-time, self-service data and
analytics to inform strategy and
drive student and institutional
success

educated in the last year



IMPROVE

Advisory Services to
Improve Your Strategy

**Haven
Climate Survey**

DePaul University experts to
support design, implementation, and
evaluation of strategic
programs

University at Buffalo: Promoting Health for Student Success

WELLNESS EDUCATION SERVICES

Your campus health promotion program

Alcohol and Tobacco Harm Reduction

Sexual Violence Prevention

Healthy Eating

LGBTQ Wellness

Stress Reduction

The mission of Wellness Education Services is to advance the health of students and contribute to the creation of an institutional and community climate of health and social justice.

Council for the Advancement of Standards in Higher Education (2012).

Big Picture View

Questions Driving Today's Presentation



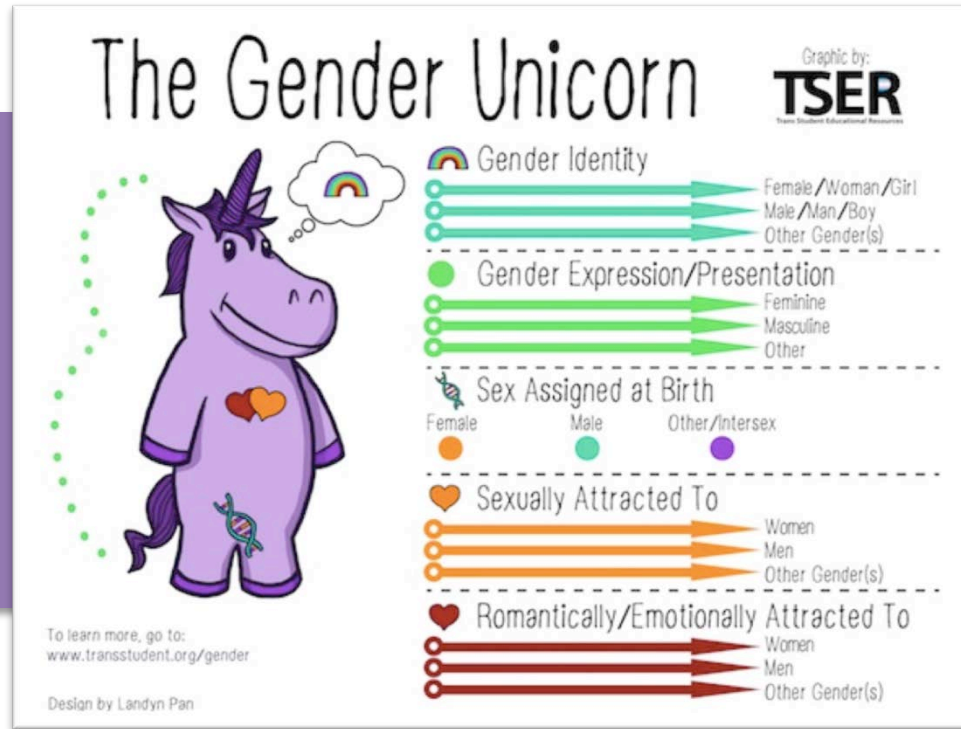
How might what we are learning impact our programs?

How do we gain more insights into how our students experience campus programs?

How can we help our staff & faculty serve LGBTQ students?

How can we work with LGBTQ colleagues and students in a knowledgeable way?

One Size Doesn't Fit All



Association of Title IX Administrators Join The Conversation



ATIXA Position Statement on Title IX, Gender Identity and Gender Expression

ATIXA posits that intentional discrimination against a transgender individual because that person is transgender is, by definition, discrimination “based on sex.” In that case, evidence of gender stereotyping would not be necessary in order to establish that sex discrimination occurred against a transgender person. This is a position that the Equal Employment Opportunity Commission is now starting to take more broadly, and one which we hope OCR will follow.

Source:

<https://atixa.org/wordpress/wp-content/uploads/2012/01/2015-Position-Statement-on-the-Title-IX-Protection-for-Gender-Identity-for-AB.pdf>

Research Limitations Present Challenges



SAMPLING

Small convenience samples of a hidden population

Transgender and bisexual-specific research limited

College LGBT samples not generalizable due to low response rate

Participants often recruited in bars so overestimate pathology

Source: The Fenway Institute



SURVEY/QUESTION DESIGN

Terminology used to determine sexual orientation varies

Examples:

Do you identify as lesbian or bisexual?

Have you had at least one female sex partner in the year before the survey?

Who are you more attracted to?

Source: McCabe et al. (2003).

Distinctions between self-identifications, sexual attractions, and sexual behaviors have not been adequately incorporated into the literature (Talley, 2012).

“At a time when lesbian, gay, bisexual, and transgender (LGBT) individuals are an increasingly open, acknowledged, and visible part of society, clinicians and researchers are faced with incomplete information about the health status of this community.”

2011 Institute of Medicine Report Provides a Roadmap

RECOMMENDATIONS

1. A research agenda
2. Data on sexual orientation and gender identity in federal surveys
3. Data on sexual orientation and gender identity in electronic health records
4. Standard sexual orientation and gender identity measures
5. NIH should develop methodologies
6. NIH should support research training
7. NIH should encourage grant applications

REPORT CONCLUSIONS

Early intervention is important because harm happens early.

Familial support and school support are key factors

Because of social bias, we need to continually learn and relearn about gender variance and sexual orientation because otherwise cultural assumptions trip us up

Invisibility gets in the way of communication.

Thorough assessment is necessary because all LGBTQ people are not the same.

CDC's Youth Risk Behavior Survey Moves The Conversation



2001-2009 OPTIONAL QUESTIONS

Sexual Orientation
Sex of Sexual Partners

10 RISK BEHAVIORS MEASURED

behaviors that contribute to unintentional injuries, behaviors that contribute to violence, behaviors related to attempted suicide, tobacco use, alcohol use, other drug use, dietary behaviors, physical activity, sexual behaviors, and weight management



Compared to heterosexual students, prevalence of risk behaviors more likely to be higher for:

Gay and Lesbian Students (7)

behaviors that contribute to violence, behaviors related to attempted suicide, tobacco use, alcohol use, other drug use, sexual behaviors, and weight management

Bisexual students (8)

behaviors that contribute to unintentional injuries, behaviors that contribute to violence, behaviors related to attempted suicide, tobacco use, alcohol use, other drug use, sexual behaviors, and weight management



Compared to students who reported sexual contact with the opposite sex only, prevalence of risk behaviors more likely to be higher for:

Students who had sexual contact with both sexes (6)

behaviors that contribute to violence, behaviors related to attempted suicide, tobacco use, alcohol use, other drug use, and weight management

Students who only had sexual contact with the same sex (2)

behaviors related to attempted suicide and weight management

Source: Kann et al. (2011)

ask us any questions
about gender
identity, gender
expression and
sexual orientation

The Current Research Landscape on LGBTQ College Student Health

Risks Identified

CONCERN FOR SAFETY



Compared to heterosexual students, LGB students report:



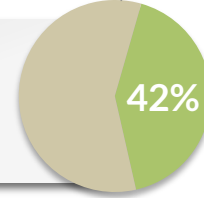
- Harassment
- Fear for safety
- Victimization from violence

Source: Rankin, 2002; Garcia et al., 2002; Williams et al., 2003.

SEXUAL VIOLENCE



Nearly half of LGBT students report being forced to have sex against their will.



Source: NSVRC Research Brief 2012

SIGNIFICANT RISK FOR ATHLETES



2x more likely than their heterosexual teammates to experience harassment.

25%

21%

feel **pressured** to stay silent about their sexual identity
report being targets of derogatory remarks via social media

Source: Campus Pride 2012 LGBTQ National College Athlete Report

RESULTING EMOTIONAL TRAUMA



Psychological effects of victimization include **anxiety, depression, low self-esteem,** behavioral problems including **substance abuse**

Source: Fenway Institute Guide to LGBT Health, Module 3.

Fluctuating Sexual Identity a Potential Risk Factor

TALLEY ET AL. (2012)

Sexual orientation subgroups based on three facets of sexual orientation assessed over time

self-identification
sexual attraction
sexual behavior

EXAMPLES OF FEMALE SUBGROUP MODELS:

Class 1 – predominantly lesbian/bisexual over time
Class 4 – attractions/behaviors/identities consistently exclusively heterosexual, stable over time.

“Bisexuals and students whose sexual orientation was in flux reported the heaviest drinking and most negative consequences from alcohol use. Those groups reported drinking to relieve anxiety and depression at higher rates than strictly heterosexual or homosexual individuals.”

“Completely heterosexual” “Completely homosexual”

FERGUSON ET AL. (2005)

Identified three classes of individuals in emerging adulthood (i.e., roughly ages 18–25):

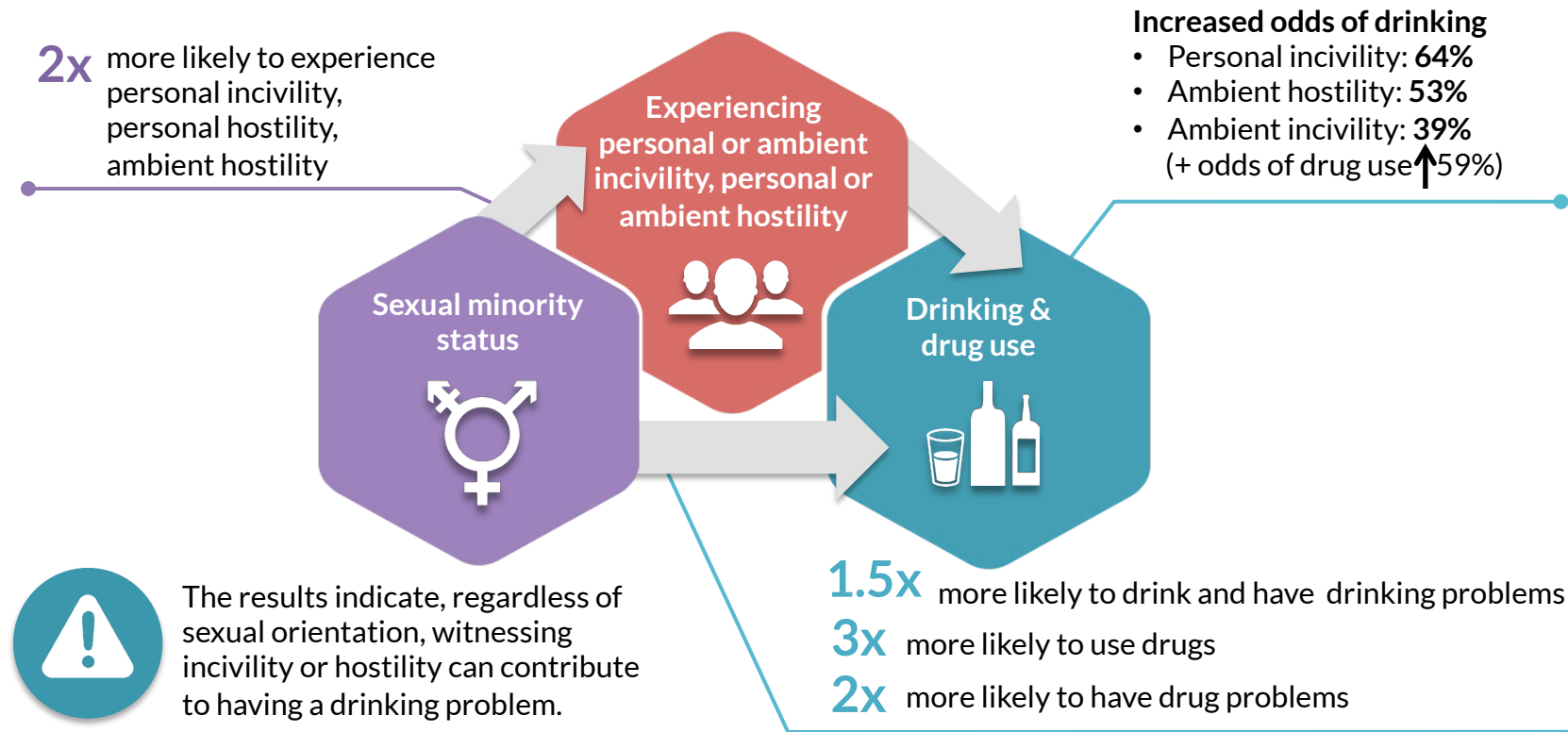
1. exclusively heterosexual
2. predominately heterosexual
3. predominately homosexual

No significant differences in rates of alcohol dependence found between classes.

CORLISS ET AL. (2008)

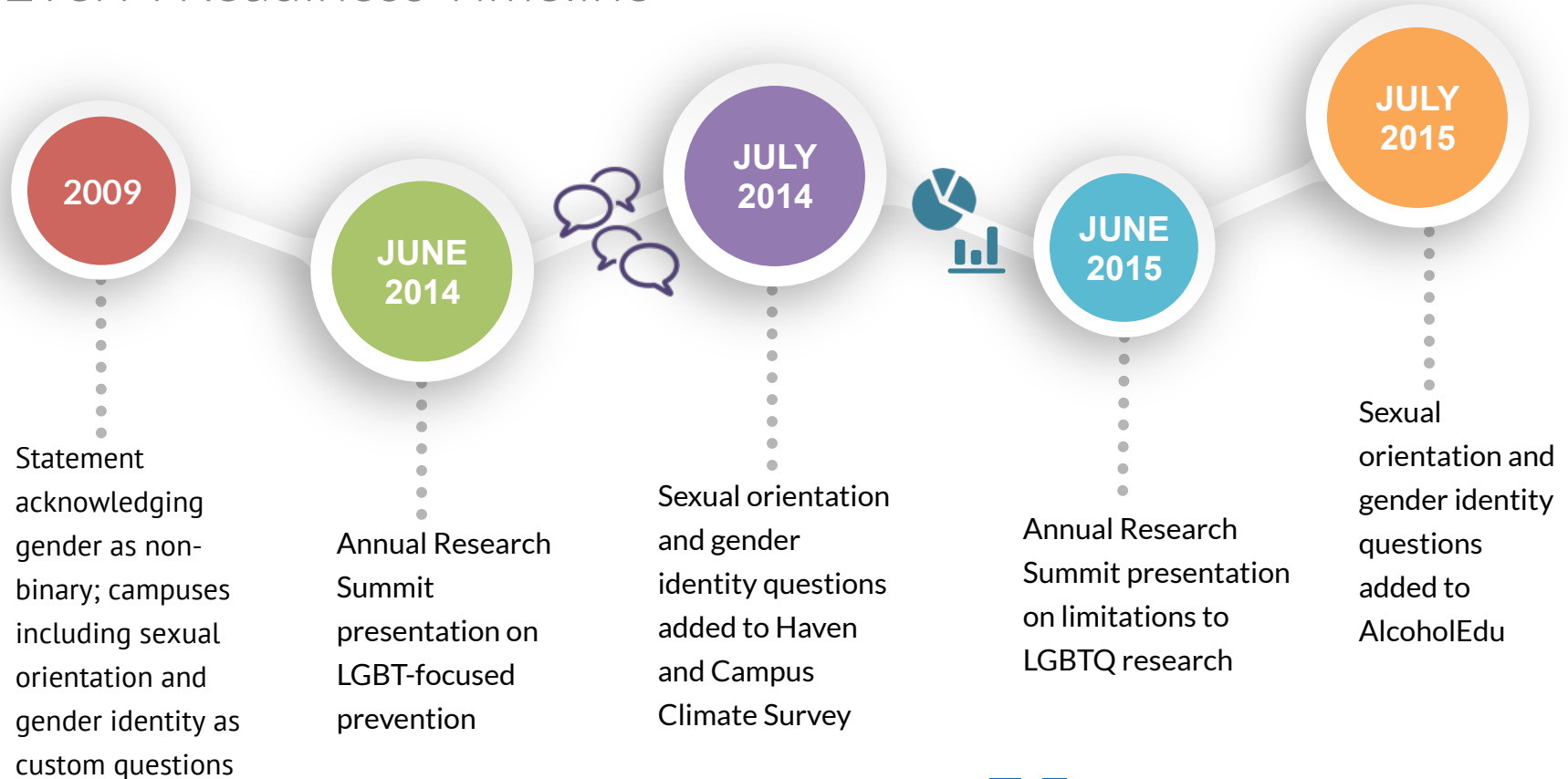
Higher levels of alcohol involvement among mostly straight men and women and among bisexual women compared with their exclusively heterosexual counterparts.

Exploring the Connection Between Incivility and Substance Use



What We Are Learning About the Health of LGBTQ Students: Findings from The EverFi Dataset

EverFi Readiness Timeline




Our Understanding: Student & Institutional Insights

2014 HAVEN SURVEY n=505,000

Do you consider yourself to be:

Bisexual	3%
Gay	1%
Heterosexual/Straight	92%
Lesbian	1%
Questioning	1%
Other (please specify)	1%

 Responses included: "Asexual" (900 students), references to Kinsey scale, or variations such as "30% heterosexual, 70% homosexual"

What is your current gender identity?

Male	44%
Female	56%
Transgender	<1%
Other (please specify)	<1%

2015 EVERFI CAMPUS CLIMATE SURVEY n=14,174

Do you consider yourself to be:

Asexual	6.1%
Bisexual	5%
Gay	1.8%
Heterosexual/Straight	83.2%
Lesbian	1.2%
Questioning	.9%
Other (please specify)	1.8%

What is your current gender identity?

Female	66%
Male	32.4%
Transgender	.3%
Genderqueer	.4%
Gender non-conforming	.4%
Other (please specify)	.5%

2015 ALCOHOLEDU SURVEY n=513,092

Do you consider yourself to be:

Bisexual	3%
Gay	1%
Heterosexual/Straight	89%
Lesbian	1%
Questioning	1%
Other (please specify)	1%
I'd prefer not to answer	3%

What is your current gender identity?

Man	42%
Woman	57%
Transgender	<1%
Other gender (please specify)	<1%
Prefer not to answer	<1%

Positive Distinctions in Key Attitudes and Behaviors

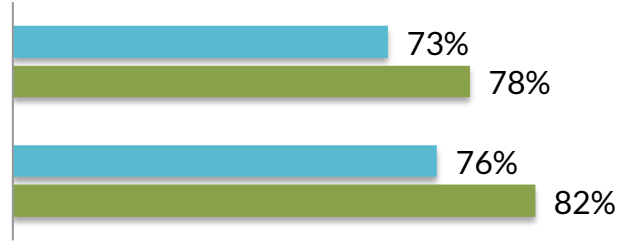
■ Pre = Survey 1 (pre-matriculation) ■ Post = Survey 2 (30-45 days post-matriculation)

Knowledge/Awareness

definitions, role of alcohol,
understanding consent, awareness of
LGBT assaults, impact of sexist jokes &
language (% responding positively)

Heterosexual

Non-heterosexual



National
Average
(Post)

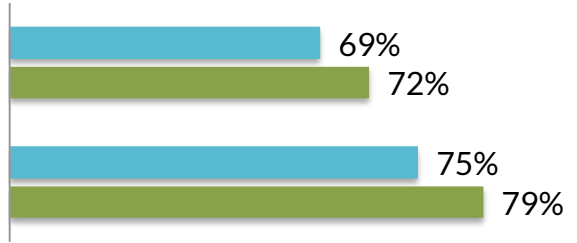
78%

Victim Empathy & Support

confidence in ability to support a friend,
do not victim-blame, feel sorry for
victims (% responding positively)

Heterosexual

Non-heterosexual



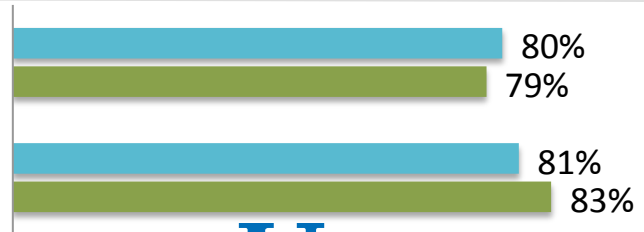
72%

Bystander Intervention/Action

confidence to say/do something, help
prevent sexual violence, comfort/
respect for intervening, ability to take
action (% responding positively)

Heterosexual

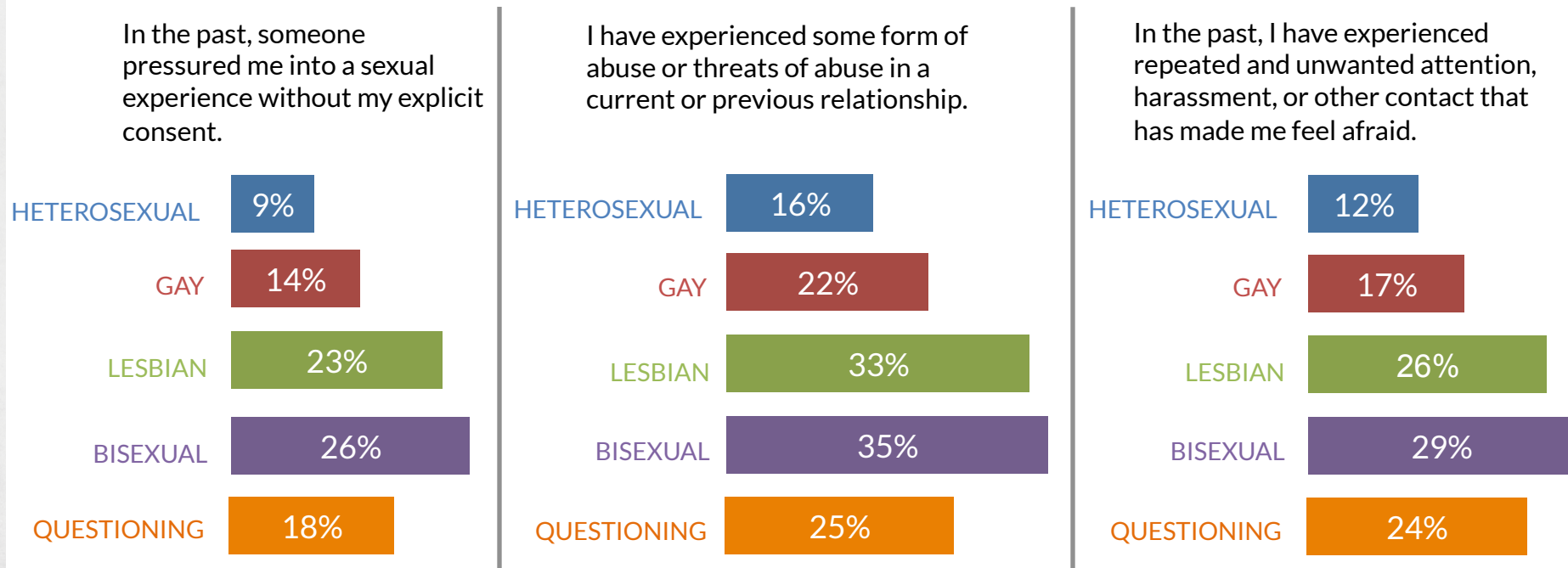
Non-heterosexual



79%

GLB Students Arriving On Campus at Greater Risk

Student responses of “Yes, before coming to campus” for each question in Survey 1.



Source: 2014 Haven Data from EverFi National Survey Database

Connectedness and Safety Highlighted

CONNECTEDNESS/SUPPORT

Faculty, staff, and administrators respect what students on this campus think.

I feel close to people on this campus.

I feel like I am a part of this college/university.

Administrators are genuinely concerned about student welfare.

Agree/Strongly Agree:

Heterosexual

64%

Lesbian

58%

Gay

59%

Bisexual

55%

Among those experiencing unwanted sexual contact since arriving at school...

<10% utilized their campus' formal procedures to handle it well

My campus' formal procedures "Completely solved the problem" or "Helped me a lot"

Heterosexual

33%

Non-heterosexual

10%

Lesbian

54%

Gay

57%

Bisexual

53%

Early Results Identify Similar Themes

TRANSGENDER STUDENTS

- More likely than men or women to black out from drinking, play drinking games, be taken advantage of sexually.
- Place a higher level of importance than men or women on drinking to: relieve stress, feel more attractive, feel comfortable pursuing an opportunity to have sex to

QUESTIONING STUDENTS

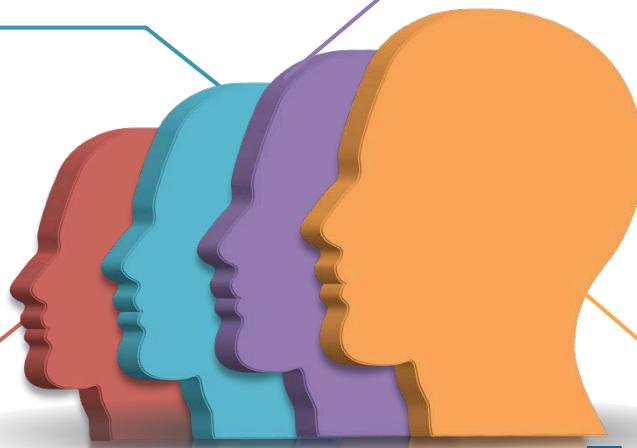
- Place a higher level of importance than all other students on drinking to: get drunk, relieve stress, experiment, feel more attractive, feel more confident, feel more connected, feel comfortable pursuing an opportunity to have sex.
- More likely than all other students to be taken advantage of sexually.

NON-HETEROSEXUAL STUDENTS

- Place a higher level of importance than heterosexual students on drinking to: relieve stress, experiment, decrease inhibitions

HETEROSEXUAL STUDENTS

More likely that non-heterosexual students to pregame, pass out, or black out



Using Data About the Health of LGBTQ Students at UB
to Drive Programmatic Decisions

UB Campus Readiness



2002: NY state passes Sexual Orientation Nondiscrimination Act (SONDA)

UB's non-discrimination policy updated to include gender identity and expression in addition to sexual orientation

Title IX office works in collaboration with LGBTQ Wellness on education and outreach

2014: Custom questions on AlcoholEdu and HAVEN identifies 10% of student population other than heterosexual

2015: SONDA expanded to include gender identity

2015: SUNY institutes annual demographic survey that includes sexual orientation, gender identity

2016: AVP establishes a university committee to implement policies in support of preferred pronouns and names for students

Review of Multiple Data Sources

2013 NCHA

n=5,200 (all students)

Sexual Orientation

+ Heterosexual 93%

+ Gay/Lesbian 3%

+ Bisexual 3%

+ Unsure 2%

Gender Identity

+ Transgender <1%

2015 AlcoholEdu

n=3,872 (first-year only)

Sexual Orientation

+ Heterosexual 90%

+ Asexual 4%

+ Bisexual 3%

+ Gay 1.4%

+ Pansexual 1.2%

+ Lesbian .5%

+ Queer .2%

Also...

35% of students have LGBTQ family or friends

63% of students went to a high school with a Gay and Straight Alliance



Mental Health Indicators



LGBU students (compared to other students) more frequently reported negative emotional and mental health indicators for all measures, including:

	LGBU students	Other students
SAD	73%	55%
LONELY	70%	53%
HOPELESS	63%	43%
CONSIDERED SUICIDE	18%	6%
ANXIETY (DIAGNOSED OR TREATED)	19%	10%
DEPRESSION	20%	8%
2+ MENTAL HEALTH DISORDERS	27%	13%

LGBU students (compared with other students) more frequently reported the following indicators to be traumatic or difficult to handle:

	LGBU students	Other students
ACADEMICS	59%	45%
FINANCES	43%	31%
CAREER-RELATED	38%	27%
SLEEP	40%	23%
INTIMATE RELATIONSHIPS	41%	28%
FAMILY PROBLEMS	38%	22%

Translating Data Into Action

1. Provide programs, services and messages that develop and maintain a campus climate that is safe, welcoming and inclusive of LGBTQ students.
2. Develop, implement and update LGBTQ cultural competency training for students, staff and faculty.
3. Improve, develop and deliver programs and services that support the wellbeing of LGBTQ students.

Program changes as a result of LGBTQ specific data

- ✦ Increased collaboration with Counseling Services for suicide prevention and mental health outreach activities.
- ✦ Monthly LGBTQ dinner club to increase access to services and programs on and off campus, as well as provide a meal that encourages fruit and vegetable consumption and community building.
- ✦ LGBTQ Cultural Competency for Helping Professions – 3 credit course as part of the Health and Wellness Minor for undergraduate students.
- ✦ Peer led LGBTQ chat groups for Queer Women, People of Color, Queer Men, Bi, Pan & Queer Sexualities, and Trans Advocacy.
- ✦ Semester newsletter with upcoming programs, how to get involved, health/wellness/counseling contact info.



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Additional Resources

How Ready is Your Campus?

- Stage 1: Community Tolerance/No Knowledge
- Stage 2: Denial
- Stage 3: Vague Awareness
- Stage 4: Pre-Planning
- Stage 5: Preparation
- Stage 6: Initiation
- Stage 7: Institutionalization/Stabilization
- Stage 8: Confirmation/Expansion
- Stage 9: Professionalism

<http://www.samhsa.gov/capt/tools-learning-resources/stages-community-readiness>

Slide References

Slide: Research Limitations Present Challenges

The Fenway Guide to LGBT Health Module 3: Health Promotion and Disease Prevention. Boston, MA: The Fenway Institute. Retrieved from: <http://www.lgbthealtheducation.org/wp-content/uploads/Module-3-Health-Promotion-and-Disease-Prevention.pdf>
McCabe, S.E., Boyd, C., Hughes, T.L., d'Arcy, H. (2003). Sexual identity and substance use among undergraduate students. *Substance Abuse*, 24 (2).

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Slide: 2011 Institute of Medicine Report Provides a Roadmap

"The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. Retrieved from: <https://iom.nationalacademies.org/~media/Files/Report%20Files/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People/LGBT%20Health%202011%20Report%20Brief.pdf>

Slide: CDC's Youth Risk Behavior Survey Moves the Conversation

Kann, L., Olsen, E.O., McManus, T. (2011). Sexual identity, sex of sexual contacts, and health-risk behaviors among students in grades 9-12. *Youth risk behavior surveillance, selected sites, United States, 2001-2009. MMWR Surveillance Summary* 1(60),1-134.

Slide References, cont'd

Slide: Risks Well-Documented

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Slide: Fluctuating Sexual Identity a Potential Risk Factor

Talley, A.E., Sher, K.J., Steinley, D., Wood, P.K., Littlefield, A.K. (2012). Patterns of alcohol use and consequences among empirically derived sexual minority subgroups. *Journal of Studies on Alcohol and Drugs*, 73(2), 290–302.

Corliss, H. L., Rosario, M., Wypij, D., Fisher, L. B., & Austin, S. B. (2008). Sexual orientation disparities in longitudinal alcohol use patterns among adolescents: Findings from the Growing Up Today Study. *Archives of Pediatrics & Adolescent Medicine*, 162, 1071–1078.

Fergusson, D. M., Horwood, L. J., Ridder, E. M., & Beautrais, A. L. (2005). Sexual orientation and mental health in a birth cohort of young adults. *Psychological Medicine*, 35, 971–981.

Slide: Exploring the Connection Between Incivility and Substance Use

Woodford, M.R., Krentzman, A.R., Gattis, M.N. (2012). Alcohol and drug use among sexual minority college students and their heterosexual counterparts: the effects of experiencing and witnessing incivility and hostility on campus. *Substance Abuse and Rehabilitation*, 3, 11–23.

“The Health of Lesbian, Gay,
Bisexual, and Transgender
People: Building a Foundation for
Better Understanding”

Institute of Medicine Report 2011

Sherri Darrow, Ph.D., Director, Wellness
Education Services

“At a time when lesbian, gay, bisexual, and transgender (LGBT) individuals are an increasingly open, acknowledged, and visible part of society, clinicians and researchers are faced with incomplete information about the health status of this community.”

What is an Institute of Medicine report?

- IOM reports provide
 - objective and straight-forward advice
 - decision makers and the public
- Independent review
 - Objectivity
 - Evidence
 - Candid and critical commentary

Statement of Task and Scope

- Review and prepare a report assessing the state of the science on the health status of LGBT populations
- Identify research gaps and opportunities related to LGBT health
- Outline a research agenda that will assist NIH in enhancing its research efforts in this area.

IOM Panel Recommendations

1. A research agenda
2. Data on sexual orientation and gender identity in federal surveys
3. Data on sexual orientation and gender identity in electronic health records
4. Standard sexual orientation and gender identity measures

Recommendations continued

- 5. NIH should develop methodologies
- 6. NIH should support research training
- 7. NIH should encourage grant applications

Framework

Conceptual Perspectives

Life Course

Minority Stress

Intersectionality

Social Ecology

Priority Research Areas

- Demographic Research
- Social Influences
- Health Care Inequities
- Intervention Research
- Transgender-specific Health Needs

More complete
understanding
of LGBT Health

Life Course

- Experiences of individuals at every stage of their life inform subsequent experiences
- Constantly revisiting issues from earlier points in the life course
- 4 key dimensions
 - Linked lives
 - Life events as part of an overall trajectory
 - Personal decisions
 - Historical context

Minority Stress

- Sexual minorities experience chronic stress arising from stigmatization
- Two types of stress processes
 - Distal – e.g., discrimination and violence
 - Proximal – e.g., internalized homophobia
- Attributes the higher prevalence of anxiety, depression, and substance use to the additive stress resulting from nonconformity with prevailing sexual orientation and gender norms

Intersectionality

- Individual and group identities are complex
- Acknowledges simultaneous dimensions of inequality
- Focuses on understanding how they are interrelated and how they shape and influence one another
- Look at points of cohesion and fracture
 - Within groups
 - Between groups
 - With dominant group culture

Social Ecology

- Influences on individuals can be much broader than the immediate environment
- Behavior both affects the social environment and is affected by it
- Multiple levels
 - Individual
 - Families
 - Relationships
 - Community
 - Society

Conclusions

- Early intervention is important because harm happens early.
- Establishment of life long health behaviors starts in high school and continues in college
- Alcohol, Tobacco, Sexual Health & Healthy Relationships

Conclusions

- Familial support and school support are key factors
 - Families negatively or positively impact students
 - University has a powerful role to play

Conclusions

- Because of social bias, we need to continually learn and relearn about gender variance and sexual orientation because otherwise cultural assumptions trip us up

Conclusions

- Invisibility gets in the way of communication.
 - In order to create trust, in order to deliver appropriate services, questions about sexual orientation and gender identity need to be proactively addressed
 - Leadership and Leadership Checklist from “The Field Guide”

Conclusions

- Thorough assessment is necessary because all LGBTQ people are not the same.
 - Economic status, race, ethnicity, regionalism, nationality, age cohort
 - Impacts risk & protective factors, etc.

Conclusions

- Federal government recognition of need for population-based collection of sexual orientation and gender identity in order to measure and describe LGBTQ health – this is a landmark report

Questions

- How might what we are learning impact our programs?
- How do we gain more insights into how our patients experience health care delivery?
- How can we help our students serve LGBT patients?
- How can we work with LGBT colleagues and students in a knowledgeable way?