

North Dakota

2022 Behavioral Risk

Factor Surveillance

System LGBTQ+ Report

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Introduction

The 2022 Behavioral Risk Factor Surveillance System (BRFSS) LGBTQ+ Report is the first time we've collected adult healthcare outcome data for LGBTQ+ populations in North Dakota across our state. In data, we refer to LGBTQ+ data more commonly as Sexual Orientation and Gender Identity (SOGI) data.

The author of this report submitted SOGI questions to the [2022 BRFSS Survey](#) with significant help from Alice Musumba, the former BRFSS Program Director. SOGI questions were requested again in 2023 by the Tobacco Prevention and Control Program who provided funding for the additions in both 2022 and 2023.

The 2022 BRFSS data is provided by the North Dakota Health and Human Services. Data analysis provided by Clint Boots, Research Analyst with North Dakota Department of Health and Human Services.



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Limitations and Considerations

The data collected in the BRFSS is obtained through landline and cellphone surveys and while capturing adult populations, approximately half of the respondents are over 65 years of age. The data collected for SOGI populations is relatively small due to both a smaller survey size and the LGBTQ+ individuals being a population minority.

While the strength of the data does vary within the survey, all data should be understood to be suggestive and not definitive of LGBTQ+ experiences. We, however, do not have any other data set and this data should be used to inform our understanding and approach until we collect more and better data, which we will be doing through future BRFSS surveys.

While having more respondents would stabilize the data and allow us to know that no experience is overrepresented, the experiences we see reflected in the data set still happened. They may not reflect our whole population, but they reflect the surveyed population.

Key Data Considerations

When considering LGBTQ+ adults, the most meaningful things one can expect to take away from this report include:

- Demographic Data for North Dakota
- Behavior for How Queer Adults Cope with Stress
- Behavior for Where Queer Adults Go for Healthcare
- Exposure and Frequency of Adverse Childhood Experiences

Hosting and Use

This report is hosted on <https://www.fayeseidlerconsulting.com/state-data.html>, including the spreadsheet of all of the questions that were cross tabulated. Please use this report in whatever way you see fit to improve outcomes for LGBTQ+ individuals within North Dakota.

LGBTQ+ Demographics

The two major sources of national LGBTQ+ population data come from William Institute and Gallup polls. William Institute suggests that North Dakota Adult LGBTQ+ population is 4.9% and represents 28,400 individuals at time of measurement in 2021. The data is noted to be based on model estimates and is much higher than presumed in previous data metrics by William Institute years prior. (1)

William Institute based their data off of BRFSS, while Gallup conducts 1000 person surveys over the phone and has their own LGBTQ+ breakdown (2). We can look at both national data sets below. The age brackets unfortunately do not neatly line up.

NATIONAL LGBTQ+ DATA SETS

Table 1. William Institute LGBTQ+ 2021 Data

Age	LGBTQ+ Adults
18 to 24	15.2%
25 to 34	9.1%
35 to 49	4.1%
50 to 64	2.7%
65 and older	1.8%

Table 2. Gallop LGBTQ+ 2022 Data

Age	LGBTQ+
18-24	19.7%
25-40	11.2%
41-56	3.3%
56-75	2.7%
75+	1.7%

Looking at our national data, we can see how that compares to local data. The local data set includes data from the 2021 Youth Risk Behavior Survey (3) and the 2022 BRFSS (4) on the tables to the right.

Within those tables, the total refers to total amount of individuals in the given survey to help show the weight and limitation of our data. Namely, our adult data is significantly lacking in comparison to our youth data.

Since every demographic measurement is slightly different across all of these surveys, it's difficult to align the data exactly. It does suggest consistent trends and shows North Dakota isn't far off from what we expect nationally.

If we were to put all LGBTQ+ folks from North Dakota into one place, it would be the fifth largest city in North Dakota, barely behind Minot. While ND does appear to follow national trends, the limited data could indicated we're slightly better at retaining an older population and worse at retaining a younger population.

Table 3. YRBS Demographic Data

Grades	LGBTQ+	Total in Survey
7th-8th	19.1%	1095
9th-12th	15.1%	1139
Estimated ND Population		10,466

Table 4. BRFSS LGBTQ+ Data

Age	LGBTQ+	Total in Survey
18-24	13.0%	34
25-34	12.7%	53
35-44	5.1%	24
45-54	2.8%	14
55-64	3.4%	24
65+	3.3%	49
All	5.1%	198
Estimated ND Population		30,643

Adverse Childhood Experiences

The 2022 BRFSS asks a number of questions around Adverse Childhood Experiences (ACEs). Although the nature of ACEs is complex, the simple way to understand it is for each adverse experience a child has the worse they will do across all health measurements.

Looking at Figure 1 and Figure 2 below, we see that 38.8% of LGBTQ+ adults did not have their needs met all of the time and that only 36.7% reported feeling safe and protected all of the time. Comparatively, BRFSS indicates that 84.6% of straight adults reported their needs were met all of the time, while 73.5% reported their parents always tried to make sure they were safe and protected.

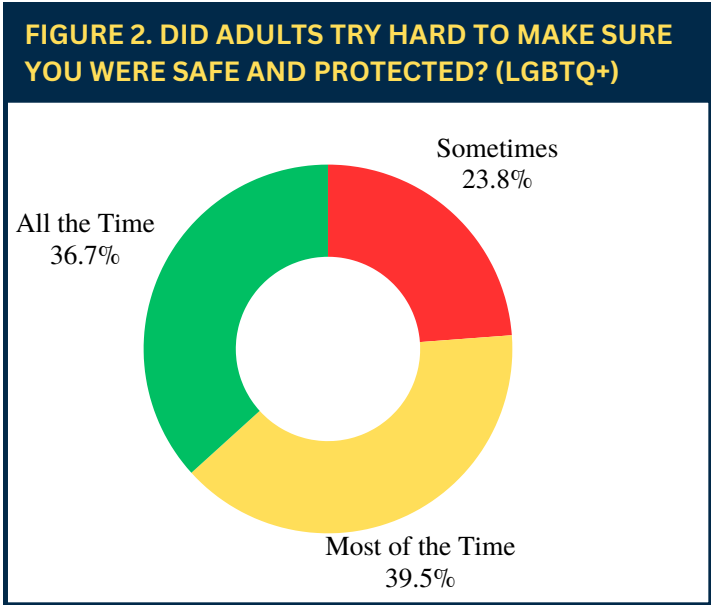
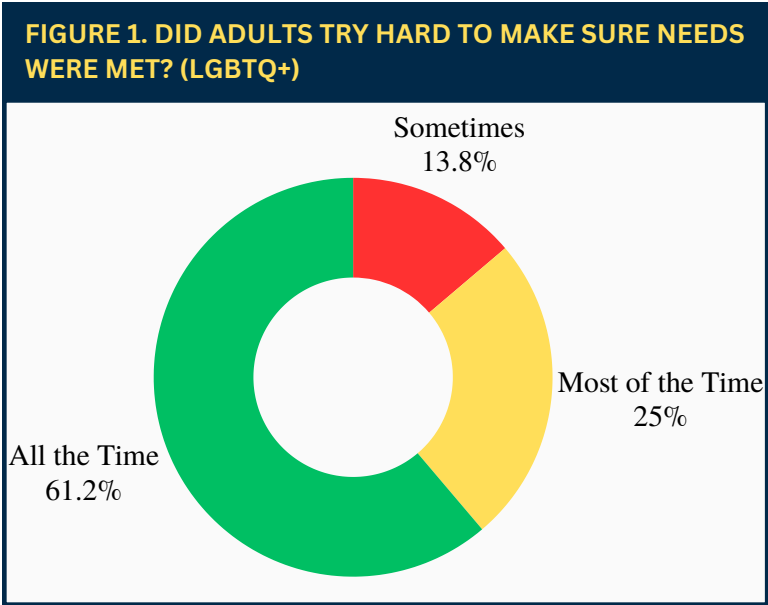
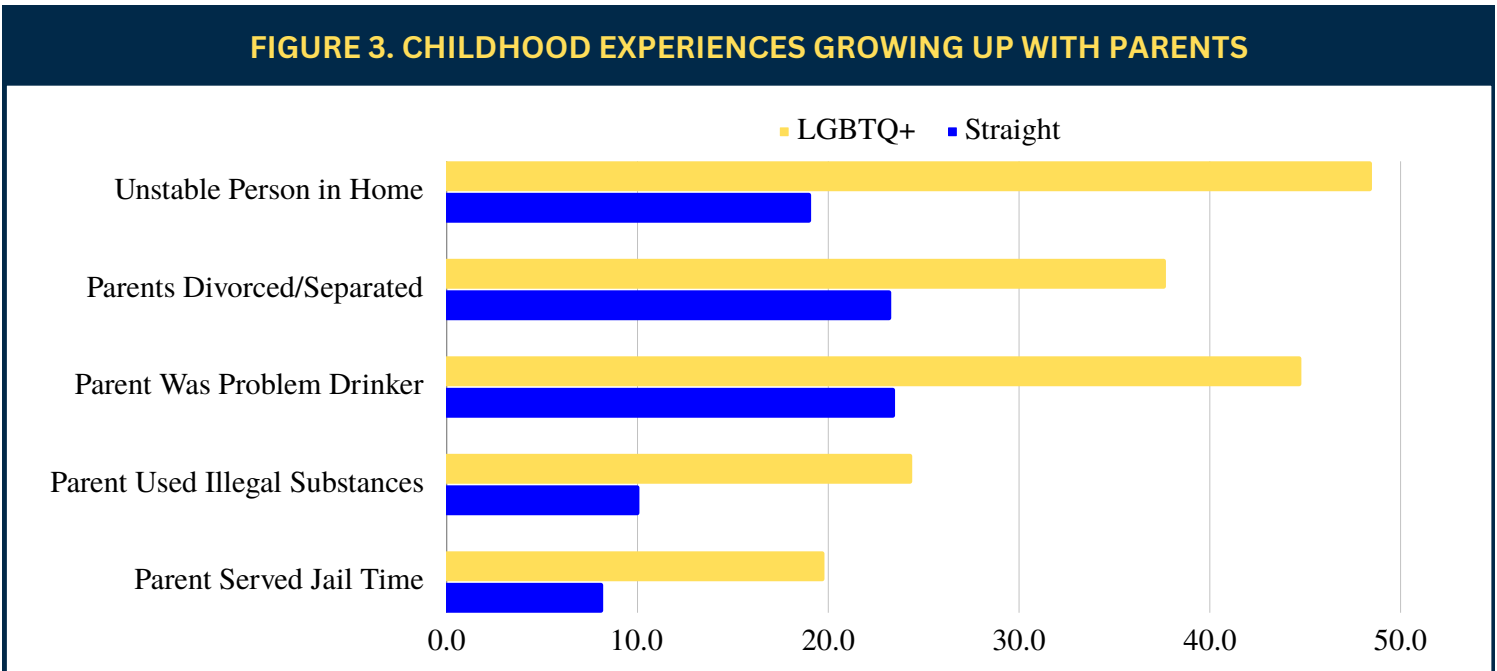


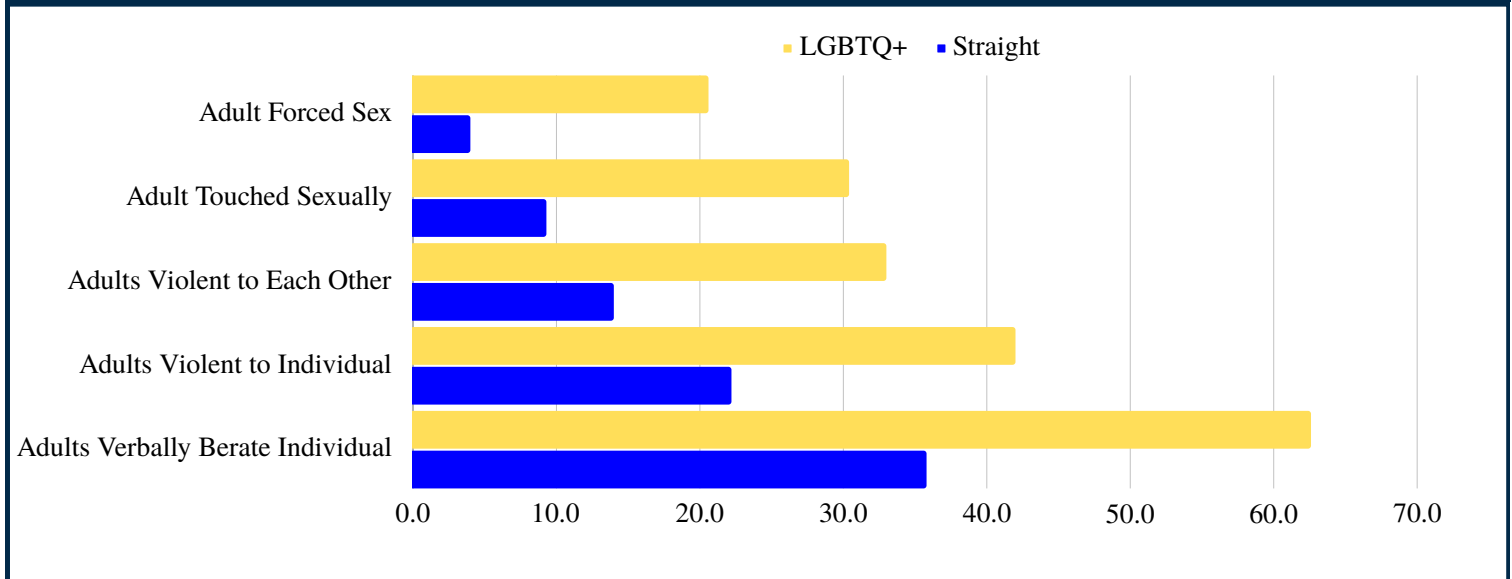
Figure 3 shows that overall LGBTQ+ adults have had less stable homes growing up, significantly more problems with unsafe living conditions, and are more likely to have separated parents, parents who abuse substances, or who are serving jail time. As noted previously this could be a reflection of generational differences where more investigation and data would be needed to untangle relationships and risk factors appropriately.



Adverse Childhood Experiences

The questions within the BRFSS pertaining to sexual abuse, rape, and violence asked individuals if the experience was either “never” or “once or more.” What is represented in Figure 4 is both straight and LGBTQ+ adults who answered they had experienced these various forms of trauma at least once or more.

FIGURE 4. CHILDHOOD EXPERIENCES WITH PARENT OR ADULT FIVE YEARS OLDER ACROSS MULTIPLE FACTORS WITH ONE OR MORE ENCOUNTER



A common mistake when looking at LGBTQ+ data is the belief that these ACEs cause someone to be queer. There is a multitude of factors that might make queer youth more likely to experience violence or sexual abuse. It is worth reflecting that the significant majority of our LGBTQ+ Adults do not have ACEs and therefore these experiences are not an explanation for LGBTQ+ identity. Further, there are many straight youth that do experience trauma that do not grow up to have an LGBTQ+ identity.

Within data we often focus on the negative outcomes because that is instructive for ways to improve population outcomes and helps to drive solutions, but approximately half of the LGBTQ+ adults surveyed across multiple factors answered in ways we’d consider positive across these metrics. This means with as many struggles as we identify for LGBTQ+ populations, half or more have had relatively good outcomes.

One alternative consideration with this data is it is possible that adults who experience ACEs have less incentive to perform straightness. That is to say they would be less likely to pretend to be straight or cisgender, because they don’t have healthy relationships with parents that could be compromised by them coming out as gay or transgender.

While significantly more data will be needed to make any conclusion, we can presume LGBTQ+ individuals have a higher risk factor for abuse and we should act accordingly to mitigate those risks by increasing awareness and ensuring LGBTQ+ youth have safe adults to talk to.

MENTAL HEALTH

Consistent with YRBS data sets, we see that LGBTQ+ adults have discrepancy in mental health outcomes when compared to straight populations across a number of measured factors.

As seen in Table 5, adult LGBTQ+ individuals are 2.5 times more likely to have been told they have a depressive disorder and 3 times more likely to have difficulty concentrating due to a physical or mental health condition.

Overall, they reported being nearly twice as likely to have had bad mental health days in the last thirty days before the survey and much less likely to enjoy activities across the same time period.

LGBTQ+ adults report that they are over 4 times more likely than straight adults to be intentionally harmed by another person. Behavior with maintaining consistent sleep and dental hygiene check-ups is less likely for LGBTQ+ populations but not to the same degree as the other factors measured with health.

When looking at Figure 5, we can see the various ways LGBTQ+ individuals cope with the stress, with family/friends, counseling, and exercise being the top identified ways they relieve stress.

When comparing LGBTQ+ adults to straight adults, LGBTQ+ adults are five times more likely to use counseling to relieve stress. They're about half as likely to use exercise or religion as straight adults.

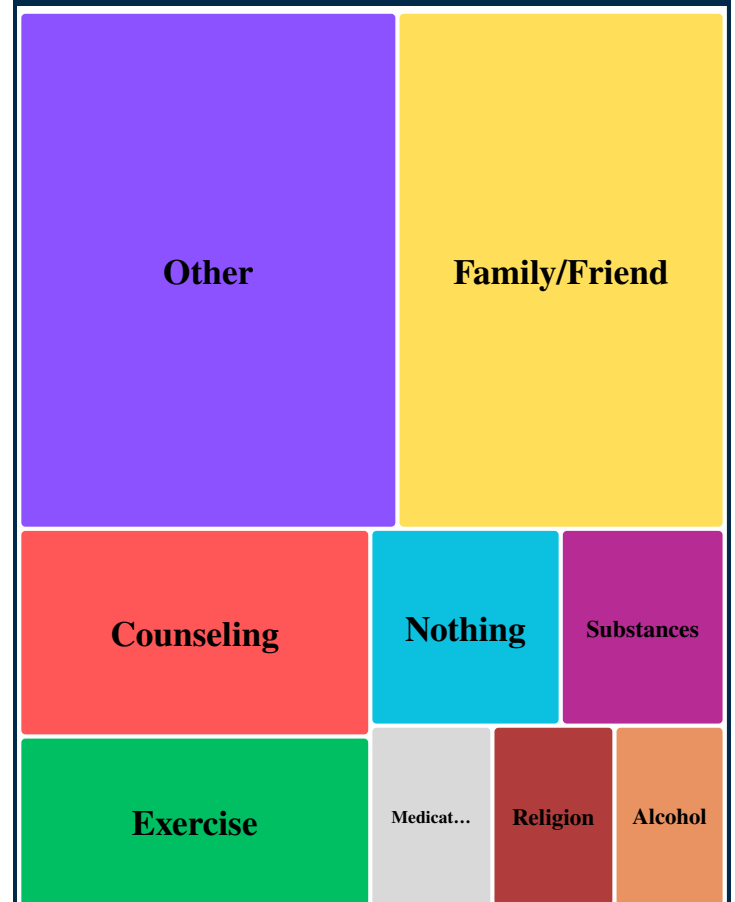
Otherwise the numbers do not vary significantly for ways that straight and adult populations cope with stress. It is surprising to see medication or drug use being so low for stress relief, given the LGBTQ+ youth are at a higher risk. This will be explored in the next section.

This indicates that developing strong core friends, supportive families, and access to counseling services are productive in helping LGBTQ+ adults cope with stressors.

Table 5. Mental Health Outcomes

Questions	LGBTQ+	Straight
Told Has Depressive Disorder	51.2%	19.6%
Has Difficulty Concentrating	30.9%	9.6%
Bad Mental Health More Than 1 Day in Month	72.6%	37.1%
Unable to Enjoy Activities More Than 1 Day in Month	70.6%	39.8%
Intentionally Harmed by Another	9.0%	1.9%
Been to Dentist Within 12 Months	56.8%	68.0%
Sleep More Than 7+ Hours	51.0%	68.6%

Figure 5. Ways LGBTQ+ Adults Cope With Stress



SUBSTANCE USE

As mentioned in the previous session, the data we see in Figure 6 doesn't show significant discrepancy between our adult LGBTQ+ and straight populations for substance use. While the question on drinking did ask a number of parameters around alcohol use, the outcomes were similar between populations surveyed.

The only significant discrepancy appears to be LGBTQ+ adults are twice as likely to use e-cigarettes, which is more commonly referred to as vaping. While being more likely to smoke in general.

This does hold consistent with the data above on the ways our LGBTQ+ population is coping with stress. It is encouraging to see, even though the data is limited and not fully representative of larger LGBTQ+ populations, this cross section of folks surveyed were not doing worse or significantly worse than generational populations with substance use.

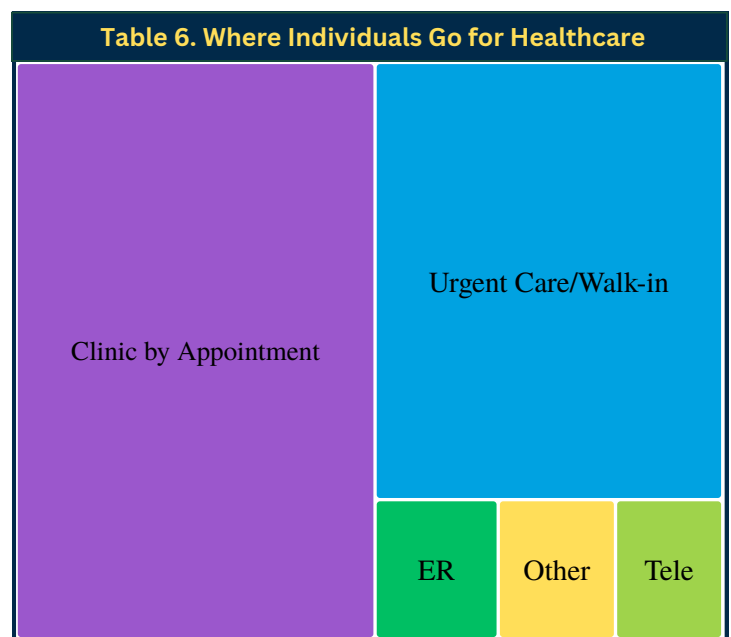
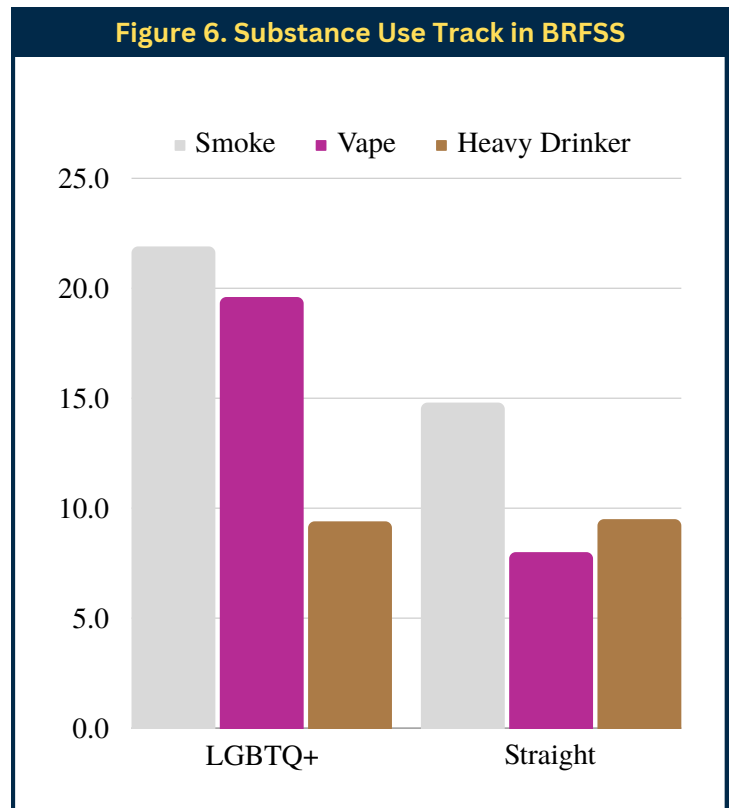
The same cannot be said of our LGBTQ+ Youth who in general report being more likely to try illicit substances, to try them at a younger age, and to consume them in greater quantities. (5)

This leads us to a final look at health for LGBTQ+ populations, focusing on where they typically go when seeking healthcare.

Table 6 indicates that the majority of LGBTQ+ individuals seek healthcare by appointment, with over one third indicating they typically use urgent care or walk-in services. When compared to the straight population, LGBTQ+ adults were more likely to use urgent care.

While further research would be needed, this could indicate that they may have less stable relationships with traditional healthcare and only use it on a needed basis. It is unclear if that is due to cost, fear of discrimination, or even issues with transportation.

When we consider the other metrics of ER visits, "other" or telehealth the outcomes were similar between both populations. The major discrepancy was between Clinic by Appointment and Urgent Care/Walk-ins



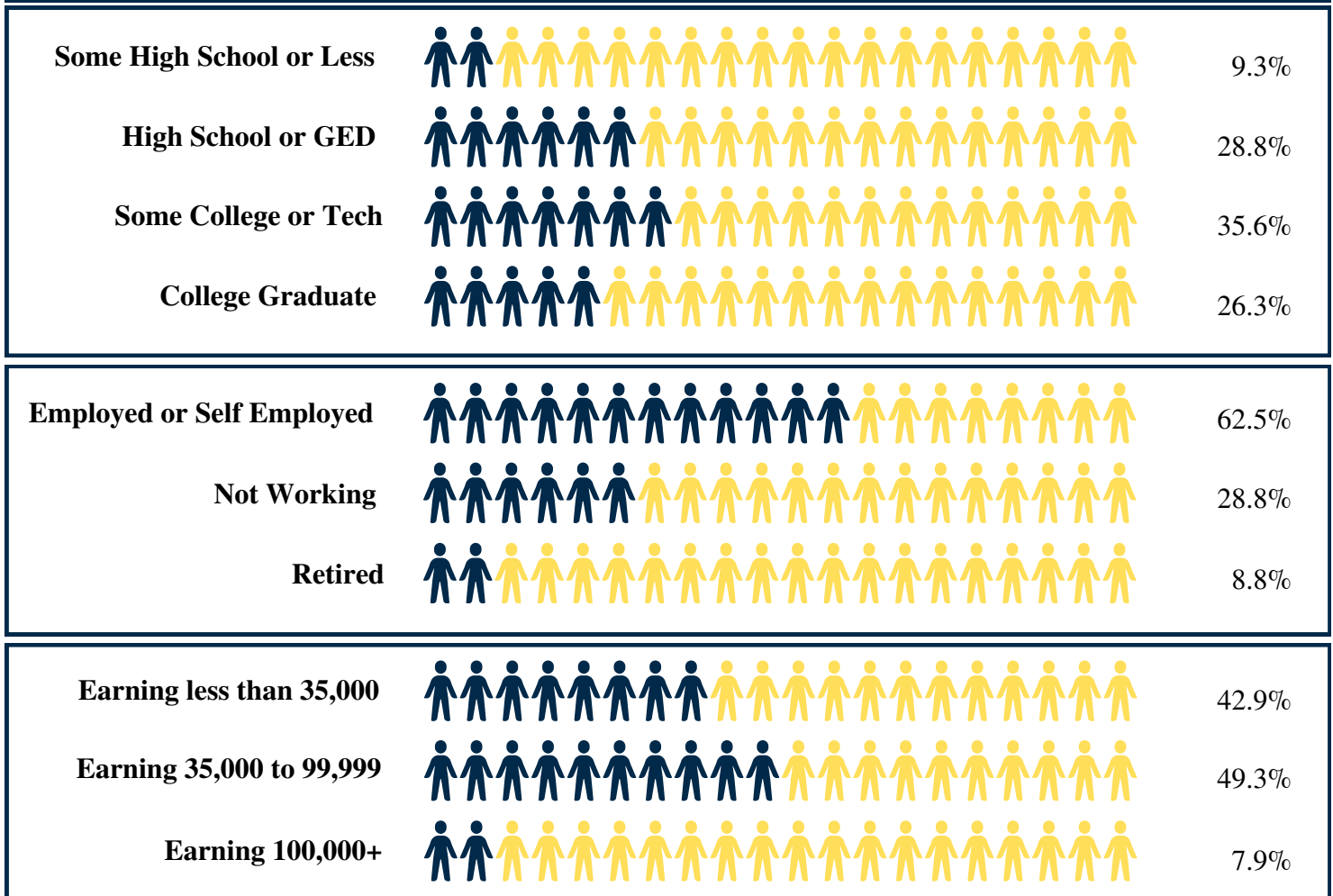
EDUCATION/WORKFORCE

When looking at education, employment, and earnings we don't see a stark difference in educational attainment between straight and LGBTQ+ populations. However, LGBTQ+ populations reported being twice as likely to not be working as straight populations. Further straight populations identified being 2.5 times more likely to be retired.

While this could likely be explained by having significantly older population within the survey, it could also be related to income insecurity forcing older LGBTQ+ adults to continue working or not being able to retire early. LGBTQ+ adults are approximately twice as likely as straight adults to be making \$35,000 or less. Straight adults are a little more than three times as likely to be making more than \$100,000.

What isn't measured and would be productive in future surveys are questions on if discrimination has impacted an individual's ability to obtain education, work, or earnings. While the data is too limited to make strong conclusions, the similar academic attainment level not resulting in a similar employment or wealth level could be explained partially with discrimination and anti-queer bias.

Figure 7. Education and Workforce Data for LGBTQ+ Populations in North Dakota



END NOTES - Author

This report is an informal look at our BRFSS Data for LGBTQ+ adults. The only thing I'm reporting on is the cross-tabulation of LGBTQ+ adults vs straight adults. One could dig deeper into finding the significant relational value between different measured factors. However, that would take time and very likely additional funding.

This report was created as a volunteer effort and thus has a number of limitations. The hope of this report is not to be definitive, but rather suggestive of the outcomes that our queer adults face in North Dakota. I hope that we consider this data and from it take more intentional steps towards recognizing and addressing the discrepancies we see for LGBTQ+ adults.

We may not be able to exactly state the problems our queer adults face with pinpoint accuracy, yet all available data suggests this population struggles in significant ways that will require unique intervention or we will only continue to see the same discrepancies in our outcomes.

Thank you,
Faye Seidler

Discussion References

- 1.LGBT Demographic Data Interactive. (January 2019). Los Angeles, CA: The Williams Institute, UCLA School of Law.
2. Jones, B. J. M. (2024, February 7). U.S. LGBT identification steady at 7.2%. Gallup.com. <https://news.gallup.com/poll/470708/lgbt-identification-steady.aspx>
3. Centers for Disease Control and Prevention. [survey year] Youth Risk Behavior Survey Data. Available at: www.cdc.gov/yrbs
- 4.Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [2022]. <https://www.hhs.nd.gov/public-health/behavioral-health/north-dakota-behavioral-risk-factor-surveillance-system/brfss-data>
5. Seidler, F (2022) *YRBS 2021 Complete LGTQ+ Data Outcome*. Faye Seidler Consulting. Fayeseidlerconsulting.com

To Cite this Report

Seidler, F (2023) *North Dakota 2022 Behavioral Risk Factor Surveillance System LGBTQ+ Report*. Faye Seidler Consulting. Fayeseidlerconsulting.com

Please Email fayeseidler@gmail.com for Any Corrections!

ND 2022 Behavioral Risk Factor Surveillance System LGBTQ+ Report

Adverse Childhood Experiences - Parents	LGBTQ+	Straight
Was there an adult in your household who always tried hard to make sure your basic needs were met?	61.2%	84.6%
Was there an adult in your household who always made you feel safe and protected?	44.1%	73.5%
Did you live with anyone who was depressed, mentally ill, or suicidal?	48.5%	19.1%
Were your parents separated or divorced?	37.7%	23.3%
Did you live with anyone who was a problem drinker or alcoholic?	44.8%	23.5%
Did you live with anyone who used illegal street drugs or who abused prescription medications?	24.4%	10.1%
Did you live with anyone who served time or was sentenced in a prison, jail, or other correctional facility?	19.8%	8.2%

Adverse Childhood Experiences - Sexual Abuse and Violence	LGBTQ+	Straight
Has anyone at least 5 years older than you or an adult, force you to have sex?	20.6%	4.0%
Has anyone at least 5 years older than you or an adult, ever touch you sexually?	30.4%	9.3%
Has anyone at least 5 years older than you or an adult, tried to make you touch them sexually?	28.9%	6.4%
Have your parents or adults in your home ever slapped, hit, kicked, punched or beaten each other up?	33.0%	14.0%
Not including spanking, (before age 18), has a parent or adult in your home ever hit, beat, or kicked you?	42.0%	22.2%
Has a parent or adult in your home ever sworn at, insulted, or put you down?	62.6%	35.8%

Adult Health and Behaviors	LGBTQ+	Straight
(Ever told) (you had) a depressive disorder?	51.2%	19.6%
Did you have days during the past 30 days where your mental health was not good?	72.6%	37.2%
Did you have days during the past 30 days, where poor health kept you from doing your usual activities?	70.6%	39.9%
In the past 12 months, have you been intentionally harmed or hurt by another person?	9.0%	1.9%
For a non-emergency healthcare problem, would you choose a walk-in clinic as first choice?	37.4%	27.8%
Have you been to the dentist in the last year?	51.6%	68.6%
Do you sleep more than 7 hours a night?	56.8%	68%

Substance Use and Employment	LGBTQ+	Straight
During the past 30 days, have you ever had alcohol?	61.8%	57.9%
Adults who are current cigarette smokers?	21.9%	14.8%
Adults who are current electronic cigarette users?	19.6%	8.0%
Have you completed college?	26.3%	27.9%
Are you not working? (Out of work, Homemaker, Student, or Unable to work?)	28.8%	13.4%
Is your annual income less than \$35,000 a year?	42.9%	21.1%

Note: Questions summarized to fit data into a single sheet and create binary answers. Full report can be found on website. The 2022 BRFSS data is provided by the North Dakota Health and Human Services. Data analysis provided by Clint Boots, Research Analyst with North Dakota Department of Health and Human Services.