



Brief to the Standing Committee on Health: LGBTQ2 Health in Canada Prepared by Statistics Canada

Overview

As part of its commitment to align with the Canadian government's approach to collect and disseminate information by sex and gender, Statistics Canada released new data collection standards for measuring sex and gender (identity) in 2018. These standards aim to ensure consistency within all Statistics Canada's social statistics programs and as well as providing leadership to other Federal, Provincial and Territorial departments on best practises for the collection of gender and sex.

Many programs within Statistics Canada have already adopted these standards as part of their process for elaborating and implementing collection strategies to support information needs relevant to sex and gender issues. For example:

- In preparation for Canada's 2021 Census of Population, Statistics Canada is testing questions on sex at birth and gender to allow respondents to report their identity in a non-binary fashion.
- As well, several general-population surveys at Statistics Canada (e.g., Canadian Community Health Survey, General Social Survey, Survey of Safety in Public and Private Spaces, Survey on Individual Safety in the Postsecondary Student Population) collect information on sexual orientation (i.e., heterosexual, homosexual, bisexual). These surveys collect both the respondents' sex at birth and their gender identity (including a write-in option). These surveys also allow for a write-in response to the sexual orientation question in order to collect information beyond heterosexual/homosexual/bisexual.
- The Canadian Health Survey on Children and Youth (CHSCY), currently in collection, includes questions on sex at birth and gender for the selected child respondent, in addition to asking these questions of the parent and their spouse (if married or common-law). The CHSCY is also collecting information on sexual attraction including the response options of being only attracted to males or females, being mostly attracted to one or equally attracted to both, instead of asking respondents to indicate if they are heterosexual/homosexual/bisexual or other.

Current data available at Statistics Canada can be profiled by sex and gender using a population health approach.

For several decades, Statistics Canada has been providing population health information to a wide and diversified audience of partners, including the Public Health Agency of Canada, Health Canada, the provincial & territorial health ministries as well as local health region-level administrations and Canadians in general. The agency's health information framework recognizes a broad spectrum of

population health information needs spanning the life cycle -- from prevention and promotion to health protection, health outcomes (prevalence), treatment and care. Within this framework, population health refers to the health of a population as measured by health status indicators and as influenced by social, economic and physical environments, personal health practices, individual capacity and coping skills, and health services.

The following provides a high level summary of recent and selected findings on health-related information profiled by sexual orientation. Within the health statistics program, the main source of information is the Canadian Community Health Survey (CCHS), an annual cross-sectional survey that collects information related to health status, health care utilization, and health determinants. The survey relies upon a large sample of respondents (approximately 65,000 per year) and is designed to provide reliable estimates at the health region level every 2 years.

In terms of gender-based analysis within the CCHS, the new collection standards mentioned above have been implemented for the 2019 cycle and will allow for population health analysis based on respondents' reported gender, in addition to sex at birth. Prior to 2019, only the sex of the respondent was collected. Information on sexual orientation (either heterosexual, homosexual, or bisexual) has been collected since 2003 in the survey, first looking only at the population aged 18 to 59, and then starting in 2015, for the population aged 15 or older.

The 2012 Mental Health Survey was a focused population health survey that provided a comprehensive look at mental health with respect to who is affected by selected mental disorders as well as positive mental health. The survey also examined access to and utilization of formal and informal mental health care services. A sample of 27,500 Canadians aged 15 and older were selected for the survey, providing enough data to look more closely at mental health conditions by characteristics such as sexual orientation (which was asked of all respondents).

In 2014, the General Social Survey (GSS) collected information on the topic of Canadians' safety, looking at how they perceive crime and the justice system, as well as capture information about their experiences with victimization. This survey is the only national survey of self-reported victimization, and since not all crimes are reported to police, it provides an important complement to officially recorded crime rates. This survey sample size was over 60,000 households, giving enough data to look at reported victimization by respondent sexual orientation (which was asked to those aged 18 or older).

Results from existing data sources

Reporting on sexual orientation via the Canadian Community Health Survey:

In 2015-2016, the CCHS found that 89.3% of the population aged 15 or older were heterosexual, 1.4% were homosexual, and 1.5% were bisexual (with 2.1% not covered due to non-response and 5.8% not covered due to the question not being asked when the interview was conducted with a proxy respondent).

Generally speaking, the health status of Canadians varies according to their sexual orientation.

Well-being indicators from the CCHS provide information on the overall health status, both physical and mental, based on respondents' perceptions of their general health. According to the results from the 2015-2016 CCHS, 62% of both heterosexuals and homosexuals considered their overall general health to be good or excellent, while among the bisexual population the rate was 51%. Looking specifically at self-perceived mental health, an overall rating of very good or excellent was reported for 72% of heterosexuals, 68% of homosexuals, and 44% of bisexuals.

When comparing prevalence rates of diagnosed mental disorders, we observe a similar pattern across the same three groups. In other words, both homosexuals and bisexuals are more likely to report a diagnosed mental disorder. For mood disorders (depression, bipolar, mania, or dysthymia), the prevalence rate ranged from 8% for heterosexuals to 15% for homosexuals and 28% for bisexuals. Similarly, anxiety disorders (such as phobias, obsessive compulsive disorder (OCD), or panic disorders) differed across these groups from 7.5% to 14% and 27% respectively.

These differences seen in the 2015-2016 CCHS are consistent with the results from a 2012 survey that focused on mental health. In 2012, 28% of lesbian, gay, and bisexual (LGB) Canadians reported symptoms that meet the criteria for having any of the measured mood disorders (major depressive episode, bipolar I, bipolar II, hypomania) in their lifetime. Among heterosexual Canadians, 12% met the criteria for these lifetime mood disorders.

With the exception for asthma, there are no large differences observed in the prevalence rates between the sexual orientation groups for most other physical health conditions. For asthma, the prevalence rate was 16% among lesbian/bi females compared to 9% for heterosexual females. The prevalence of overweight/obesity based on BMI was lower for the homosexual and bisexual population (53%), compared to heterosexuals (62%).

Information on deaths provides another perspective on the health status of Canadians. In particular, the rate of suicide in the population has been used over time as a key indicator. Current information on deaths is compiled via administrative data sources. While generally speaking these data sources are not considered reliable to report on sexual orientation, information on self-reported suicidal ideation/thoughts (seriously considering suicide) is available in the 2015-2016 CCHS and can be profiled by sexual orientation. The World Health Organization estimates that for every suicide death, there are as many as 20 attempts. The prevalence of lifetime suicidal ideation/thoughts was found to be four times higher for the bisexual population (45%), and two times higher for the homosexual population (27%) when compared to 11% among heterosexuals.

Differences in health behaviors, living conditions, and personal resources are also observed based on sexual orientation.

The CCHS collects information on a number of social determinants that have been shown to affect the health of Canadians and their utilization of health care services. Health behaviors, such as cigarette smoking and heavy drinking are known to have a negative impact on health. In 2015-2016, the CCHS found that the cigarette smoking rate was higher among bisexuals (34%) compared to the rate observed for heterosexuals (18%) and homosexuals (22%)¹. In regards to heavy drinking, defined as the activity of having multiple drinks² in one occasion on a monthly basis, we observed different rates across all three sexual orientation groups – from 20% among heterosexuals to 30% for homosexuals and 27% of bisexuals.

Differences based on sexual orientation were also observed in the 2012 mental health survey in regards to alcohol or drug abuse or dependence. Results of the 2012 survey on mental health showed that the criteria for past 12-month substance use disorder, which looked at abuse or dependence of alcohol or drugs, was met for 18% of homosexual and bisexual Canadians. This was significantly higher than among heterosexuals (4%).

Behaviors related to sexual health also showed significant differences between the populations. Among those aged 15 to 64 who were sexually active, condom use (as reported for the last time they had sex) was significantly higher for homosexuals and bisexuals (47%) compared to 26% for heterosexuals. Having multiple sexual partners in the past year was reported among 33% of homosexual and 42% of bisexuals compared to 11% of heterosexuals. Testing for sexually transmitted infections (STI) and human immunodeficiency virus (HIV) was reported more often for the LGB population (73% for lifetime testing; 35% for past year testing) compared to the heterosexual population (46% for lifetime testing; 11% for past year testing). While the rates for STI and HIV testing were higher amongst LGB Canadians, they were less likely to have been tested if they were living in a rural area (21% instead of 36% in urban areas).

When focusing on other health behaviors, homosexuals and bisexuals were more likely to be physically active at or above the recommendations of the Canadian Physical Activity Guidelines. Around 71% of homosexual adults and 64% of bisexual adults completed at least 150 minutes of moderate-to-vigorous activity per week compared with 60% of heterosexual adults.

Living conditions, such as household income and education, are also known to be determinants of health. Household food insecurity is an important public health issue and has been associated with a number of negative health outcomes. In 2017, the CCHS found that 7% of heterosexuals lived in a food insecure household, while the rate was 15% among the LGB population.

Social support, as a form of a personal resource, shows a high correlation to positive physical and mental health, and can be expressed in terms of Canadian's feelings of belonging to their local community. Around 68% of heterosexuals reported feeling a strong or somewhat strong connection to their local community, while 57% of homosexual and bisexual Canadians felt they had a strong or somewhat strong connection.

¹ Note that there is no significant difference in the smoking rates between heterosexuals and homosexuals.

² 4 drinks in one occasion for females, 5 for males.

Health care accessibility and service use is also correlated with sexual orientation.

For many Canadians, the first point of contact for medical care is their doctor or primary health care provider. Being without a regular health care provider can reduce the likelihood that Canadians get access to early screening for conditions and treatment of existing health problems. In 2015-2016, fewer LGB Canadians (78%) reported having a regular health care provider who they could see or talk to about a health problem compared to 83% for heterosexuals.

Despite being less likely to have a primary health care provider in general, LGB Canadians were more likely to consult a health care professional about their mental health. Results from 2015-2016 show that 14% of heterosexuals consulted a health professional about their emotional or mental health in the past year, while 25% of homosexuals and 37% of bisexuals did so.

This is somewhat consistent with the results from the 2012 mental health survey which showed that homosexual and bisexual Canadians were more likely (44%) than heterosexuals (17%) to report needing help because of problems related to their emotions, mental health, or use of alcohol or drugs. Among those who reported needing such help, 68% of heterosexuals reported having all their needs met compared with 50% of LGB Canadians.

Reports on victimization and feelings of safety from crime are different based on sexual orientation.

Beyond the information available on health, Statistics Canada is also able to provide statistical profiles on victimization and feelings of safety from crime.

According to the 2014 GSS on Victimization, Canadians aged 18 and over who identified as lesbian, gay and bisexual (LGB) were significantly more likely to report experiencing violent victimization than those who identified as heterosexual. While rates of violence were higher among LGB people in general, findings show that bisexual individuals were particularly over represented as victims of violent crime. For example, in 2014, bisexual Canadians were almost nine times more likely than their heterosexual counterparts to report experiencing sexual assault (151 versus 17 incidents per 1,000 population). There were no statistically significant differences between the rates of physical assault for heterosexual and LGB individuals.

Overall, the large majority (88%) of Canadians reported being either "satisfied" or "very satisfied" with their personal safety from crime. However, bisexual individuals reported lower levels of satisfaction than their heterosexual and lesbian and gay counterparts, and were less likely to rate their satisfaction with their personal safety as being either "very satisfied" or "satisfied" (77% versus 88% and 86%).

Meanwhile, those who identified as bisexual were slightly more worried about their safety when home alone at night, walking alone in their neighborhood at night and using public transportation alone at night. Further, bisexual individuals were almost twice as likely as their heterosexual counterparts to report staying home at night as a way of making themselves safer from crime (11% versus 6%).

Data sources:

- [Canadian Community Health Survey \(CCHS\)](#)
- [2012 Mental Health Survey](#)
- [2014 General Social Survey on Victimization](#)