National LGBTI Health Alliance
lesbian, gay, bisexual, transgender, intersex and other
sexuality, sex and gender diverse people and communities
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Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Madam/Sir

The National LGBTI Health Alliance is pleased is make a brief submission to the Senate inquiry on the WHO Commission on Social Determinants of Health report *Closing the gap in a generation: health equity through action on the social determinants of health.* I apologise for the lateness of the submission.

The Alliance is the national peak health organisation for a range of organisations and individuals from across Australia that work together to improve the health and well-being of lesbian, gay, bisexual, trans/transgender, intersex and other sexuality, sex and gender diverse (LGBTI) people and communities. We strongly support any measures which contribute to improved health and well-being for LGBTI Australians.

Formed in 2007, the Alliance includes the major providers of specialist services for LGBTI people in Australia, with Members drawn from each State and Territory. The Alliance provides a representative national voice to: develop policy and advocate on LGBTI health issues; seek increased commitment to services for LGBTI people; develop the capacities of LGBTI organisations; and support evidence-based decision-making through improved data collection covering sexuality, sex and gender identity.

The WHO report is a wide-ranging comprehensive document, with significant implications for international bodies, governments, NGOs, the private sector, communities, families and individuals.

Members of the Alliance are very aware of the social determinants of health as they impact upon LGBTI people in Australia. The health status of LGBTI people in Australia is summarised below. This different health does not, however, qualify the fact that LGBTI people and communities have displayed substantial resilience in the context of unfavorable social contexts including stigma and discrimination. LGBTI people have frequently displayed considerable individual and personal responsibility for our health, and that of our partners, friends and wider networks of support and interdependency.

Although the available data is inadequate and requires substantial improvement, the health of LGBTI Australians has been demonstrated to be lower than the wider population in a number of key areas. Considerable research is required to fully understand the relationship between those health outcomes and social determinants of health.

1. **Physical health**

Studies comparing the health of sexual minorities with that of heterosexuals shows that bisexual, lesbian and gay people have poorer overall health than heterosexuals.[i] Transgender and intersex people also have poorer overall health and wellbeing.[ii]

Obesity, cardiovascular disease, hypertension and Type 2 Diabetes

Obesity in lesbians is higher than the national average. Cardiovascular disease and respiratory disease are higher in lesbian and bisexual women than heterosexual women, which is associated with obesity, tobacco use and alcohol use.[iii] Transgender people on hormones are at increased risk of cardiovascular disease. Other health risks for transgender people associated with hormone use include hypertension and Type 2 diabetes.[iv]

Cancer

There is an increased risk of cervical and breast cancer in lesbian and bisexual women which may be associated with reduced cervical and breast screening. Recent Australian research has found that the rates of screening for cervical cancer for lesbians in Australia has improved and is now similar to those of women overall.[v] There are higher rates of anal cancer in gay and bisexual men than heterosexual men due to exposure to the Human Papillomavirus Virus (HPV). The Alliance welcomes the recent Australian government decision to extend the HPV vaccine to school aged boys in addition to girls to help prevent future anal cancers.[vi]

Sexual health, and HIV

Young Australian bisexual women are more likely to report abnormal pap tests, sexually transmitted infections, urinary tract infections, and Hepatitis B or C virus infections compared to young lesbian or heterosexual women.[vii] Gay and bisexual men also report increased rates of sexually transmitted infections such as chlamydia.[viii] Transmission of HIV in Australia occurs mainly through sexual contact between men, but the public health response of the gay community and Australian governments has meant that the transmission incidence in Australia has been far lower than in comparable wealthy countries. More information can be found on the Australian Federation of AIDS Organisations website http://www.afao.org.au/ and the Kirby Institute on Infection and Immunity in Society http://www.kirby.unsw.edu.au/.

2. **Mental Health and suicide**

Mental health

LGBTI people are at risk of depression or anxiety as a result of discrimination, violence or marginalization. The *National Survey of Mental Health and Wellbeing* (2007)[ix] found that "homosexual and bisexual" people had a higher incidence of all types of mental illness in the previous twelve months compared to heterosexual people. 31.5% of "homosexual and bisexual" people had an Anxiety Disorder, compared to 14.1% of heterosexual people; 19.2% of "homosexual and bisexual" people compared to 6% of heterosexual people had an Affective Disorder; and 58.6% of "homosexual and bisexual" people reported no mental health disorder in the previous 12 months compared to 80.4% of heterosexual people. Transgender and intersex people also have a high risk of poor mental health, with rates of distress higher than that of bisexual, lesbian or gay people.[x]

Suicide, suicide ideation, suicide attempts and self-harm

Research suggests that LGBTI people have 3.5 to 14 times higher rates of suicide than the general population.[xi] In the 2009 position statement on suicide and self-harm amongst LGBTI communities, Suicide Prevention Australia emphasised that to achieve reduction in the rate of LGBTI suicide and suicide attempts, strategies that promote socially inclusive and supportive environments are required. Furthermore, mental health and crisis intervention strategies need to be accessible and, where appropriate, culturally specific to diverse sexuality, sex and gender cultures.

3. Alcohol, tobacco and other drug use

There is an increased risk of substance misuse in LGBTI populations, which is linked to discrimination and violence against LGBTI people. The National Drug Strategy Household Survey[xii] found that gay, lesbian and bisexual (GLB) people had significantly higher risk of misuse of alcohol including binge drinking, risk of smoking, and risk of recent use of an illegal drug than the general population. The categories of GLB were reported on together, so it is not possible from this research to identify health risks for specific sub-populations.

Transgender and intersex people were not included as separate categories in the National Drug Strategy Household Survey. Other Australian research[xiii] found that transgender people reported high risk rates of drug and alcohol use. Research from overseas also suggests high risk of alcohol or drug misuse in transgender communities linked to the high levels of violence and discrimination that transgender people experience.[xiv]

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As indicated in the above research findings, social determinants are applicable to the health of LGBTI Australians. Sexuality and gender identity should be recognised as social determinants of health, alongside other determinants including Indigenous and ethnic status. The stigma, discrimination and other forms of exclusion experienced by LGBT people influences health behaviours and access to health services. Tailored approaches and services will be required to reach LGBT communities. Researchers, policy makers and the public health and primary care workforce will need training and development to enable them to include and understand the needs of LGBT Australians. Without this the social exclusion of LGBT people will continue.

Recommendation: That the Australian domestic response to the WHO report propose a specific discussion of sexual orientation and gender identity as one additional component in any comprehensive approach to the social determinants of health, whether by the WHO or the Australian Government.

Feel free to contact me if the Alliance can be of further assistance.

Yours sincerely

Warren Talbot
GENERAL MANAGER

[i] 'Health Status, Health Service Use, and Satisfaction According to Sexual Identity of Young Australian Women.' (2011) Ruth McNair and colleagues. *Women's Health Issues* 21(1): pp.40-47.

[ii] 'Private Lives 2: The Second National Survey of the Health and Wellbeing of Gay, Lesbian, Bisexual, and Transgender (GLBT) Australians.' William Leonard and colleagues http://www.glhv.org.au/report/private-lives-2-report

[iii] McNair (2011) op.cit.

[iv] Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, The World Professional Association of Transgender Health, 7th version www.wpath.org

[v] Leonard (2012) op.cit p.43

[vi] 'Immunise Australia Program, Human Papillomavirus (HPV)' (nd) Australian Government Department of Health and Ageing, http://www.health.gov.au/internet/immunise/publishing.nsf/Content/immunise-hpv

[vii] McNair (2011) op.cit

[viii] Pitts (2006) op.cit

[ix] '2007 National Survey of Health and Wellbeing' 'Summary of Results' Australian Bureau of Statistics, no. 43260DO001

[x] Pitts op.cit.

[xi] 'Suicide and Self-harm among Gay, Lesbian, Bisexual and Transgender Communities', Position Statement, Suicide Prevention Australia, Leichardt, NSW.

[xii] Australian National Drug Strategy Household Survey Report (2010) Australian Institute of Health and Welfare, http://www.aihw.gov.au/publication-detail/?id=32212254712&tab=2

[xiii] Leonard (2012) op.cit

[xiv] 'Attempted Suicide Among Transgender Persons: The Influence of Gender-Based Discrimination and Victimization,' (2006) Kristen Clements-Nolle and colleagues *Journal of Homosexuality*, 51(3): pp.53-69.