



LGBTQA+ Needs Assessment Survey 2014 Campus Health Service Report

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INTRODUCTION

The LGBTQA+¹ Needs Assessment Survey was developed out of a need to learn more about LGBTQA+ experiences, wellness, and needs at the University of Arizona. This is the first survey of its kind on our campus, and the most rich and in-depth information that has been collected to date on this population. The survey was developed through collaboration between LGBTQ Affairs and Campus Health Service, and with the support and feedback of a wide array of partners across campus. LGBTQA+ and allied students, staff, faculty, and community members were invited to participate. The survey was conducted online and was open during the period of 4/15 – 6/15, 2014. 303 students and 230 faculty and staff completed the survey (community members are not included in this report).

The Campus Health Service Report below is one of a series of sub-reports that our team is completing to ensure that the relevant data is made available to departments and stakeholders on campus. Campus Health Service is one of the largest, making it a priority for our team to make that data available to the department. The data presented herein will be informative for all Campus Health Service administration and staff.

Major Findings:

- **Unmet health care needs for LGBTQA+ students**
- **Higher utilization of some CHS services for LGBTQA+ students and higher proportions of LGBTQA+ students indicating that some CHS services helped with retention**
- **A high degree of comfort discussing sexual and gender identity with CHS providers, but more work to do in ensuring comfort in the clinic**
- **Students are less likely to refrain from seeking care at CHS vs other providers due to fear surrounding discussing their identities with their provider, but some fear remains and must be addressed**

Findings suggest opportunities and areas of focus for the Campus Health Service administration and staff.

Below is a detailed presentation of the data which addresses use of and experience with Campus Health Service. Demographics follow at the end of the report along with expanded tables. Although this is the largest sample of LGBTQA+ students, staff, and faculty that we have collected in such a survey at the UA, when split into sub-groups based on sexual identity or gender identity, many subsamples are too small to run significance tests. Therefore, significance tests are only run comparing LGBTQA+ vs. non-LGBTQA+, trans vs. cisgender, and LGBQ+ vs. non-LGBQ+. A full list of abbreviations and definitions of language used throughout the report can be found at the end of the report (on page 22). Below is a detailed discussion of the data, with breakdowns by identity group.

¹ Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Asexual, and other non-heterosexual AND gender non-conforming identities

FINDINGS

Student utilization of Campus Health Service

WHAT IS YOUR EXPERIENCE WITH THE FOLLOWING RESOURCES? (VARIOUS CAMPUS HEALTH SERVICE RESOURCES WERE INCLUDED IN A LIST OF 16 OTHER CAMPUS RESOURCES):

- Use
- Need but do not use
- Neither need nor use

Generally speaking, differences were found between LGBTQA+ identified respondents and non-LGBTQA+ identified respondents, and among subgroups. Table 1 describes the use of Counseling and Psych Services (CAPS). Among all respondents, 20% of students indicated that they used CAPS, 24% needed it but did not use it, and 56% neither needed nor used it. More than twice the proportion of LGBQ+ students indicated using CAPS than heterosexual students, a pattern also seen overall for LGBTQA+ students (likely because LGBQ+ students make up the majority of this sample). Trans students had the highest percentage of use, with more than a third reporting using CAPS services. In addition to the highest use, these students also had the highest percentage in the ‘need but do not use’ category, at 40%. One fifth to ¼ of all other students reported needing but not using CAPS services. Among cisgender participants, female students had 3 times the reported use of CAPS services than males. The reasons that students cited for not using CAPS when they needed to included anxiety of seeking help, fear, time limitations, preference to manage their problems on their own, financial concerns, and use of counseling services outside the university. No students mentioned any reasons that related to their sexual or gender identity. Ten percent of students who needed but did not use CAPS were not aware of it as a resource.

Table 1: Use of Counseling and Psych Services, Students	Use		Need but do not use		Neither need nor use	
	n	%	n	%	n	%
LGBTQA+	41	26.3	39	25.0	76	48.7
Not LGBTQA+	10	10.5	21	22.1	64	67.4
Trans	12	37.5	13	40.6	7	21.9
Cisgender female	33	21.6	31	20.3	89	58.2
Cisgender male	5	7.9	16	25.4	42	66.7
LGBQ+²	41	26.6	39	25.3	74	48.1
Heterosexual	10	10.5	21	22.1	64	67.4

² LGBQ+: Lesbian, Gay, Bisexual, Queer, Questioning, and any other non-heterosexual identities (excludes gender identities).

Table 2 describes the reported use of the counseling component of the Oasis Program Against Sexual Assault and Relationship Violence. While use of Oasis was similar across groups, it is notable that 22% of Trans identified students reported needing but not using this service, as compared with 9-13% in all other groups. This is an important unmet need worth addressing in this population. Reasons that students mentioned for not using Oasis services when they needed to related to fear or anxiety over the trauma or abuse they experienced, unwillingness to accept a victim role which they identified seeking help as indicative of, or time constraints. Fifteen percent of those who needed but did not use it were not aware of Oasis as a resource.

Table 2: Use of Oasis Program services, Students	Use		Need but do not use		Neither need nor use	
	n	%	n	%	n	%
LGBTQA+	12	7.7	21	13.5	123	78.8
Not LGBTQA+	7	7.4	10	10.6	77	81.9
Trans	3	9.4	7	21.9	22	68.8
Cisgender female	14	9.2	18	11.8	120	78.9
Cisgender male	2	3.2	6	9.5	55	87.3
LGBQ+	12	7.8	21	13.6	121	78.6
Heterosexual	7	7.4	10	10.5	78	82.1

While self-reported utilization of sexual health counseling services was similar across groups, almost twice the proportion of LGBTQA+ and LGBQ+ students indicated a need but did not use these services (table 3). One third of Trans students indicated they needed but didn't use sexual health counseling services. Thirty three percent of students who answered in this category said they didn't use it because they were unaware that it existed as a resource. Among those who were aware but still didn't use sexual health counseling services, the most common reason was lack of time and low priority for seeking these services. Two responses were notable for this report. One student mentioned that "it seems as if it only applies to heterosexual couples more than same-sex relations," which might indicate an opportunity for making the inclusiveness of Campus Health's sexual health counseling services more widely known. Second, a different student appeared to be confused about the difference between sexual health counseling through Health Promotion and Preventive Services (HPPS) and the medical clinic: "I have gone for (an) STD test, but was offered no counseling or discussion of risk. I was experiencing a high level of anxiety after exposure. The doctor asked a few cursory questions about my sexual history, but did not offer any counseling or support." This may be an isolated circumstance, but it may also point to an opportunity for more connection to support services offered within the clinic and through Health Promotion and Preventive Services.

Table 3: Use of Sexual health counseling services, Students	Use		Need but do not use		Neither need nor use	
	n	%	n	%	n	%
LGBTQA+	15	9.6	32	20.5	109	69.9
Not LGBTQA+	6	6.3	13	13.5	77	80.2
Trans	3	9.4	10	31.3	19	59.4
Cisgender female	13	8.4	25	16.2	116	75.3
Cisgender male	4	6.3	11	17.5	48	76.2
LGBQ+	15	9.7	32	20.8	107	69.5
Heterosexual	6	6.2	13	13.4	78	80.4

UTILIZATION OF CHS BY STUDENTS

Students were asked two separate questions on basic use of CHS services – first, whether they used CHS at all, and second, whether CHS was their primary care service. Among all students, 65% used CHS and 56% used it as their primary care service. There were very few differences across groups in the utilization of CHS (table 4), although cisgender males indicated the lowest usage at 59%. The use of CHS as primary care provider was also similar across groupings, although trans students reported substantially lower usage than all other groups, at 43%.

Table 4: Use of CHS medical services	Do you use CHS?		Is CHS your primary care provider?	
	n	%	n	%
LGBTQA+	99	63.9	55	56.7
Not LGBTQA+	61	65.6	33	54.1
Trans	21	65.6	9	42.9
Cisgender female	101	66.0	61	61.6
Cisgender male	36	59.0	19	52.8
LGBQ+	98	64.8	55	57.3
Heterosexual	62	66.0	33	53.2

Students were asked a follow up question about why CHS was not their primary provider. The majority of students indicated that they used a different primary care provider (69% overall), although the amount of students who indicated that they do not seek care is an important finding (28% overall). LGBTQA+ students were 20% less likely to have a different primary care provider as a reason for not seeking care. Alarming, 35% of LGBTQA+ students indicated that they didn't seek medical care, although trans students were less likely than the average to mark this as a reason (18%). Few students wrote in the other reasons that they had for not using CHS as their primary care provider, but those reasons included anxiety related to seeking medical care, financial concerns, fear of contagion, and not

needing medical services. No students indicated that their identity was related to their reasons for not utilizing CHS.

Table 5: Why isn't CHS your primary care provider?	I have a different primary care provider		I do not seek medical care		Other reasons	
	n	%	n	%	n	%
LGBTQA+	33	61.1	19	35.2	9	16.7
Not LGBTQA+	26	81.3	5	15.6	4	12.5
Trans	8	72.7	2	18.2	2	18.2
Cisgender female	39	75.0	14	26.9	6	11.5
Cisgender male	11	45.8	8	33.3	6	25.0
LGBQ+	32	60.4	19	35.8	9	17.0
Heterosexual	26	81.3	5	15.6	4	12.5

COMFORT BEING OUT WITH CHS PROVIDER

In order for LGBTQA+ students to receive quality care from CHS providers, it is important that they feel comfortable discussing their sexual identity and/or gender identity with their provider. While a slight majority of students indicated that they were comfortable discussing their sexual identity with their CHS provider, only 43% felt comfortable discussing their gender identity. A much smaller proportion indicated explicitly that they were not comfortable discussing these things with their provider, although this amounted to 10% of trans students, which warrants attention. Around 20% said that while they weren't out to their CHS provider, they would like to be, indicating an opportunity to make students feel more comfortable discussing their identity in the clinic. Almost 30% of students did not want to be out to their medical provider about their gender identity.

Table 6: Are you out about your sexual or gender identity with your CHS medical provider?	Yes, and I am comfortable discussing my identity with them		Yes, but I am <u>not</u> comfortable discussing my identity with them		No, but I would like to be		No, and I do not wish to be out to my medical provider	
	N	%	n	%	n	%	n	%
Sexual Identity	56	56.6	5	5.1	22	22.2	16	16.2
Gender Identity	18	42.9	4	9.5	8	19.0	12	28.6

Students were also asked whether they had ever refrained from seeking medical care when they needed it as a result of fear surrounding having to discuss their sexual or gender identity with a provider. On the one hand, a much smaller proportion of students indicated having not sought care for this reason at CHS vs another provider. Only 2% reported having avoided care seeking at CHS to avoid discussing their sexuality, while 12% reported doing so to avoid discussing their gender identity. Twelve percent is enough to raise concern; at the same time, 19% and 28% had avoided seeking care at another provider, and these numbers are troubling. While there is little CHS providers or administration could do about student’s experiences seeking care elsewhere, it is helpful to know the context of experiences that students may have had related to health care seeking when they walk through the door and confide in CHS to provide them effective and non-discriminating services. At the same time, these numbers also appear to reflect a potentially greater degree of trust in CHS providers versus providers in the community.

Table 7: Have you ever refrained from seeking medical care for fear of having to discuss your sexual or gender identity?	Yes, at CHS		Yes, at another provider	
	n	%	n	%
Sexual Identity	3	1.9	30	19.4
Gender Identity	5	11.6	12	27.9

STUDENTS IN TRANSITION AND AWARENESS OF THE TRANSGENDER HEALTH BENEFIT

Of the 43 trans identified respondents in this survey, 26% (n=11) indicated that they were in the process of transitioning from one gender to another at the time of the survey. Of those 11 transitioning students, 27% were aware of and utilizing the transgender health benefit, 18% were aware but had other insurance, 36% were aware but were not using the benefit, and 18% were not aware of the benefit. Of those who were aware but were not utilizing the benefit, all of the reasons offered related to financial concerns or eligibility. One student said “Due to their exemption of those with Medicare, I am not eligible to enroll in the Student Health Plan that covers transgender health needs.” Another student noted that they weren’t able to afford it previously, but planned to enroll in the fall. These findings overall indicate opportunities to make trans students more aware of the health benefit.

HAS CHS OR CAPS HELPED YOU TO REMAIN A STUDENT AT THE UA?

Before breaking out into subgroups, among all students about 20% indicated that CHS had helped them remain a student at the UA. A slightly smaller proportion of LGBTQA+ students indicated that CHS helped them stay a student than non-LGBTQA+ students, but this difference was not significant. More than a quarter of trans students said that CHS helped with retention, and more than twice as many LGBQ+ students indicated the same as compared with their heterosexual counterparts (table 8).

Table 8: Has the use of the following resources helped you remain a student at the UA? (% yes)	CHS		CAPS		Oasis	
	n	%	n	%	n	%
LGBTQA+	27	17.9	35	23.2	9	6.0
Not LGBTQA+	21	23.3	9	10.0	3	3.3
Trans	9	28.1	12	37.5	3	9.4
Cisgender female	28	18.9	25	16.9	9	6.1
Cisgender male	10	16.9	6	10.2	0	0
LGBQ+³	35	23.5	35	23.5	9	6.0
Heterosexual	9	9.9	9	9.9	3	3.3

CAPS use showed a slightly different pattern, where LGBTQA+ students were more than twice as likely to state that CAPS helped them remain a student. At the same time, almost 40% of trans students indicated that CAPS helped with retention, and more than twice as many LGBQ+ students than heterosexual students said the same. Less than 10% of all students indicated that Oasis helped them to remain a student, but this is to be expected given that many students either do not need this service or do not access it due to the reasons mentioned above. Still, trans students were the most likely to indicate that Oasis helped them remain a student.

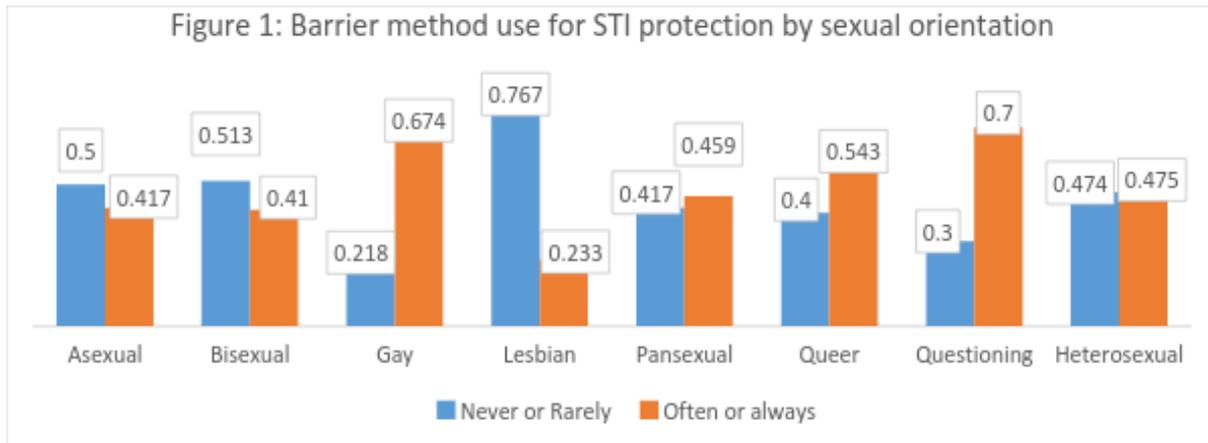
LGBTQA+ STUDENT HEALTH

Mental and emotional health

As part of a comprehensive health questionnaire, students were asked a number of questions about sexual behaviors and sexual health. The questions reviewed below relate to Sexually Transmitted Infection and HIV Risk Perceptions, knowledge, and prevention. First, a great deal of variation was found among students by identity groups regarding whether a barrier method (condom, dental dam, gloves, etc.) was used during sex. Before discussing this data point, a caveat is necessary – out of all students answering this question, only 47% indicated that they always or often used a barrier method during sex. This compares to 69% found in the Health and Wellness 2014 survey, suggesting students here may not have understood what a ‘barrier method’ was. This will be fixed in future years to ensure the validity of the data. This figure is still presented, however, because although use of barrier methods to prevent STIs may be underreported, some important variation is found and is likely to be reflected in a more valid measure as well (figure 1). Namely, gay and questioning students reported the highest use of barrier

³ LGBQ+: Lesbian, Gay, Bisexual, Queer, Questioning, and any other non-heterosexual identities (excludes gender identities).

methods (67% and 70%), while lesbian students reported the lowest (23%). This suggests some areas for targeted prevention within the community, despite issues with this data point.



Risk perception among sexually active students suggests that although the majority of all students perceive themselves to have low risk, LGBTQA+ students are more likely to report perceiving their risk of HIV and other STIs as high or moderate than non-LGBTQA+ students. 11% vs 3% indicated moderate risk for contracting HIV, and 20% vs 6% rated themselves at moderate risk for other STIs.

Table 9: How high do you think your risk of contracting the following is?

		LGBTQ+		Not LGBTQ+	
		n	%	n	%
HIV	High	2	1.7%	0	0%
	Moderate	13	11.1%	2	2.5%
	Low	102	87.1%	77	97.4%
STI other than HIV	High	6	5.0%	2	2.5%
	Moderate	24	20.3%	5	6.4%
	Low	88	74.5%	71	91.0%

For STIs, perceived higher risk among LGBTQA+ students doesn't appear to translate into prevention in the form of STI screenings. While about the same amount of all students, around 24%, had an STI test in the last 6 months (the recommended time interval for screening), 60% of LGBTQA+ students had not had an STI test within the past 12 months, compared with 54% of non-LGBTQA+ students. However, LGBTQA+ students were more likely to have had an HIV test within the past 12 months, with 39% saying they had done so as compared with 32% of non-LGBTQA+ students. Among all students, the proportion of those who had been tested in the last 6 months is only from 15-24% for both types of test, indicating a need for more education and access to prevention for all students. Additionally, only 35% of students were aware of Post-Exposure Prophylaxis for HIV prevention, highlighting another opportunity for education.

		LGBTQ+		Not LGBTQ+	
		n	%	n	%
STI Test	NA, Have never had an STI test	59	38.8%	34	36.6%
	In the last 6 months	35	23.0%	23	24.7%
	Between 6 and 12 months ago	26	17.1%	20	21.5%
	More than 12 months ago	32	21.1%	16	17.2%
HIV Test	NA, Have never had an HIV test	63	41.4%	45	48.4%
	In the last 6 months	36	23.7%	14	15.1%
	Between 6 and 12 months ago	23	15.1%	16	17.2%
	More than 12 months ago	30	19.7%	18	19.4%

While approximately the same proportion of all students indicated that they had the information necessary for practicing safer sex, LGBTQA+ students were less likely to describe themselves as ‘very competent’ in practicing safer sex skills (table 11). This highlights a potential need for more safer sex education opportunities for LGBTQA+ students.

		LGBTQ+		Not LGBTQ+	
		n	%	n	%
Do you feel you have the information necessary to practice safer sex?	Yes	140	92.7%	87	94.6%
	No	11	7.3%	5	5.4%
How confident do you feel in your ability to practice safer sex skills?	Very confident	99	65.1%	75	80.6%
	Somewhat confident	28	18.4%	8	8.6%
	Not at all confident	2	1.3%	0	0%

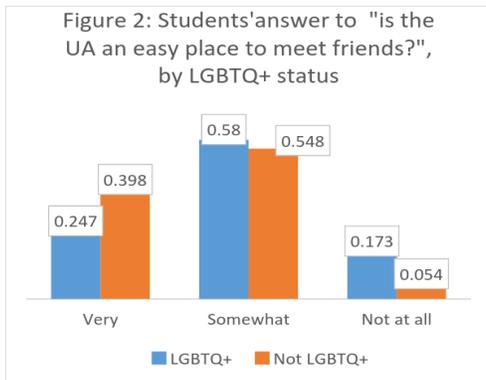
Mental and emotional health

A number of disparities were found between LGBTQA+ students and non-LGBTQA+ students in the area of mental health and wellness. While 10% of LGBTQA+ students said they rarely or never get the social or emotional support they need, only 1% of non-LGBTQA+ students said the same. On the flipside of this question, only 58% said that they often or always got the support they need, compared with 83% of non-LGBTQA+ students. When asked about their most common sources of social support, only 56% of

LGBTQA+ students mentioned family, as opposed to 82% of other students. LGBTQA+ students rated the internet and counselors/therapists more highly for sources of social and emotional support.

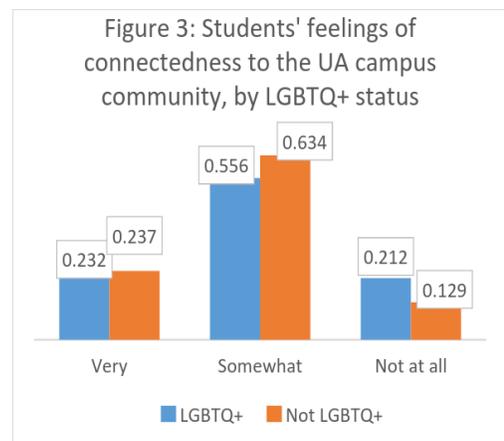
Table 12: Social and emotional support

		LGBTQ+		Not LGBTQ+	
		n	%	n	%
How often do you get the social and emotional support you need?	Never	2	1.3%	0	0%
	Rarely	14	9.3%	1	1.1%
	Occasionally	47	31.1%	15	16.1%
	Often	71	47.0%	56	60.3%
	Always	17	11.3%	21	22.6%
From whom do you normally get the social and emotional support you need?	Friends	139	92.1%	90	96.0%
	Family	85	56.3%	76	81.7%
	Partners	73	48.3%	63	67.7%
	The internet	54	35.8%	26	28.0%
	Coworkers/colleagues	38	25.2%	36	38.7%
	Counselors/therapists	39	25.8%	15	16.1%
	University staff	25	16.6%	17	18.3%
	Professors/faculty	19	12.6%	17	18.3%
	Other	10	6.6%	3	3.2%



Following this, more than 3 times the percentage of LGBTQA+ students said that the UA was not an easy place to make friends (17% vs 5%), and significantly less said that it was a very easy place to make friends (figure 2). While this speaks to social and emotional support at the UA, it also touched on the topic of campus climate insofar as students are able to connect with others and find community at the UA. LGBTQA+ students were significantly more likely to indicate they didn't feel connected to the UA campus

community (figure 3). However, about the same amount of all students felt very connected to the campus community at the UA.



When looking in depth at the amount and types of stress that students experience, a picture emerges of college being a generally stressful time for all students. The most common stressors for both groups of students were coursework and money/financial worries. However, there appear to be some differences in both the levels and types of stress students experience (table 13). While 77% of non-LGBTQA+ students said they experienced more than average or tremendous stress in the past school year, 83% of LGBTQA+ students said the same, with the biggest gap being among those experiencing ‘tremendous stress’. LGBTQA+ students were also more likely to indicate money/financial insecurity, problems in the workplace, acceptance from family, a diagnosed mental health issue, trauma, and all forms of discrimination as key stressors. More than 4 times the proportion of LGBTQA+ students mentioned diagnosed mental health issues as stressors, and almost 4 times the amount mentioned family acceptance – both reflected almost a third of all LGBTQA+ respondents. 14% said that trauma was a significant stressor, compared with only 3% of non-LGBTQA+ students. 10% of LGBTQA+ students mentioned discrimination based on sexual identity or gender identity as major stressors.

While the top ways of reducing stress were the same for both groups, LGBTQA+ students were less likely to use socially-based stress coping strategies than non-LGBTQA+ students. While both groups use alcohol equally to relieve stress, 6 times the proportion of LGBTQA+ students rely on other drugs to cope, amounting to 12% of these respondents.

Table 13: Stress and stressors

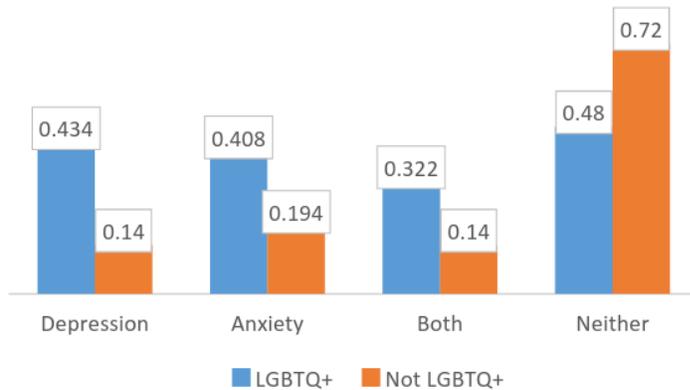
		LGBTQ+		Not LGBTQ+	
		n	%	n	%
Within the past school year, please rate the amount of stress you have experienced	No stress	0	0%	0	0%
	Less than average stress	4	2.6%	1	1.1%
	Average stress	22	14.5%	20	21.5%
	More than average stress	75	49.3%	45	48.4%
	Tremendous stress	51	33.6%	27	29.0%
		LGBTQ+		Not LGBTQ+	
		n	%	n	%
In the past school year, what have been the most significant stressors in your life?	Coursework or work related to your degree	137	90.1%	88	94.6%
	Money or financial insecurity	115	75.7%	63	67.7%
	Balancing school, work and/or relationships	110	72.4%	78	83.9%
	Relationship issues	63	41.4%	38	40.9%
	Diagnosed mental health issue	43	28.3%	6	6.5%
	Acceptance from family	42	27.6%	7	7.5%

	LGBTQ+		Not LGBTQ+		
	n	%	n	%	
Problems in the workplace	29	19.1%	11	11.8%	
Illness	28	18.4%	18	19.4%	
Trauma	21	13.8%	3	3.2%	
Discrimination related to your sexual orientation	14	9.2%	0	0%	
Acceptance from friends	14	9.2%	6	6.5%	
Discrimination related to your gender identity or expression	12	8.6%	2	2.2%	
Discrimination related to your race/ethnicity	11	7.2%	2	2.2%	
Discrimination related to your disability	9	5.9%	1	1.1%	
Other discrimination	4	2.6%	2	2.2%	
What method(s) do you typically use to reduce stress? (check all that apply)	Eat	114	75.5%	75	80.6%
	Talk to a friend	111	73.5%	76	81.7%
	Exercise	86	57.0%	66	71.0%
	Spend time alone	97	64.2%	55	59.1%
	Socialize	76	50.3%	58	62.4%
	Have sex	48	31.8%	29	31.2%
	Drink alcohol	47	31.1%	27	29.0%
	Meditate or use relaxation techniques	44	29.1%	24	25.8%
	Do yoga	31	20.5%	28	30.1%
	Write in a journal	25	16.6%	14	15.1%
	Play a sport	19	12.6%	16	17.2%
	Use other drugs	18	11.9%	2	2.2%
	Smoke cigarettes	10	6.6%	6	6.5%

LGBTQA+ students reported being diagnosed with anxiety and/or depression at much higher rates than the non-LGBTQA+ sample, and being more affected by it in their day-to-day lives. Twice the amount or more of LGBTQA+ students were diagnosed with depression or anxiety, or both (figure 4). Furthermore, 33% indicated that anxiety and/or depression made it very difficult to work, study, go to class, or get along with other people, as compared with 23% of non-LGBTQA+ students. The question on difficulty does not require a diagnosis. 91% said they had some difficulties from anxiety or depression, as compared with 85% of other students.

Probably one of the most concerning pieces of data collected in this survey can be found in table 14. Students were asked how many times in the past school year they have considered and attempted suicide. Fully **one quarter of LGBTQA+ students reported seriously considering suicide one or more times in the last school year**. This is compared with 8% of other students, more than 3 times the

Figure 4: % students diagnosed with depression and/or anxiety, by LGBTQA+ status



percentage. 3% of LGBTQA+ students have attempted suicide in the past year, as compared with 1% - a lower but very troubling figure as well. While any amount of students considering or attempting suicide is too high, the amount of LGBTQA+ students considering suicide in this sample is staggering and is a call to action for any stakeholder across campus concerned with student safety and wellbeing. While LGBTQ Affairs and Campus Health Service work to make suicide prevention available to all students, there remains a strong need here.

Table 14: Considering and attempting suicide

		LGBTQ+		Not LGBTQ+	
		n	%	n	%
How many times during the last school year have you seriously considered attempting suicide?	0 times	113	74.8%	85	92.4%
	1-4 times	26	17.2%	7	7.6%
	5-8 times	6	4.0%	0	0%
	9+ times	6	4.0%	0	0%
How many times during the past school year have you attempted suicide?	0 times	143	96.0%	91	98.9%
	1 time	5	3.4%	1	1.1%
	2 times	1	.7%	0	0%

Alcohol and other drug use

While there are not substantial differences in the Alcohol and Other Drug (AOD) use between LGBTQA+ and non-LGBTQA+ students, the following data give a sense for what AOD use looks like in this sample and the disparities which do appear to exist. A slightly higher percentage of LGBTQA+ students reported having 5 or more drinks in one sitting at least once in the last 2 weeks (17% vs 15%), but the difference was not significant (figure 5). For alcohol use in the past 30 days, 66% of LGBTQA+ vs 57% of other students indicated that they have drunk in the past 30 days (table 15).

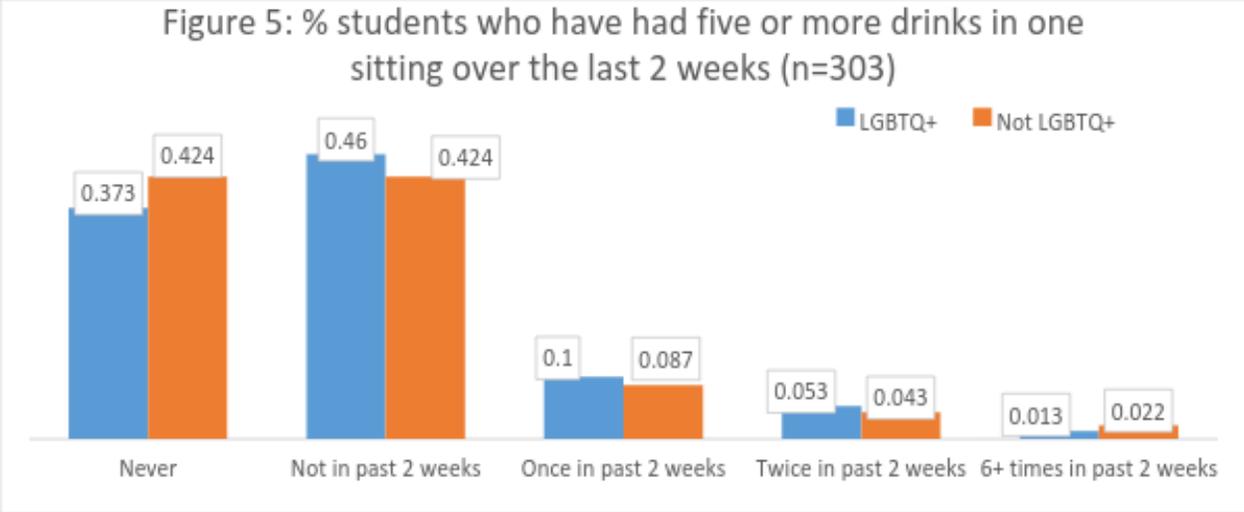


Table 15 shows 30 day and year use of a number of different substances, many of which showed no differences between groups. Of note is a slightly higher use of tobacco and sedatives among LGTBQA+ students, and a substantially higher use of marijuana.

Table 15: How often have you used the following substances NOT prescribed to you by your physician? (n=303)

		LGBTQ+		Not LGBTQ+	
		n	%	n	%
Tobacco	Not used	121	80.1%	70	77.8%
	Used in past year	30	19.8%	20	22.3%
	Used in past 30 days	15	9.9%	6	6.7%
Alcohol	Not used	20	13.2%	18	19.6%
	Used in past year	131	86.8%	74	80.4%
	Used in past 30 days	99	65.6%	52	56.5%
Marijuana	Not used	97	64.2%	64	71.9%
	Used in past year	34	35.8%	25	28.1%
	Used in past 30 days	29	19.2%	7	7.9%
Cocaine	Not used	146	97.3%	83	95.4%
	Used in past year	4	2.7%	4	4.6%
	Used in past 30 days	0	0%	2	2.3%
Heroin	Not used	151	100%	88	98.9%
	Used in past year	0	0%	1	1.1%
	Used in past 30 days	0	0%	1	1.1%

		LGBTQ+		Not LGBTQ+	
		n	%	n	%
Pain pills	Not used	133	88.1%	84	93.3%
	Used in past year	11	7.3%	4	4.4%
	Used in past 30 days	7	4.6%	2	2.2%
Sedatives	Not used	130	86.1%	84	93.3%
	Used in past year	21	13.9%	6	6.6%
	Used in past 30 days	9	6.0%	4	4.4%
Ritalin/Adderall/ Concerta	Not used	141	93.4%	81	90.0%
	Used in past year	10	6.6%	9	10.0%
	Used in past 30 days	5	3.3%	2	2.2%
Ecstasy/MDMA/Molly	Not used	147	97.4%	84	94.4%
	Used in past year	4	2.6%	5	5.6%
	Used in past 30 days	0	0%	2	2.2%
Methamphetamines	Not used	150	99.3%	87	98.9%
	Used in past year	1	.7%	1	1.1%
	Used in past 30 days	0	0%	1	1.1%
Other Illegal drugs	Not used	143	96.6%	87	97.8%
	Used in past year	5	3.4%	2	2.2%
	Used in past 30 days	3	2.0%	1	1.1%

Overall, the above depicts an LGBTQA+ student population with both resilience and unmet needs regarding health and wellness. While college can be a stressful period in any student’s life, health disparities between LGBTQA+ and non-LGBTQA+ students were found in a number of the areas investigated here. This is a prime starting point to better understand gaps in health and wellness in order to address those disparities in the UA student population.

Summary

The above details some important differences in utilization, experiences with, and comfort using the UA Campus Health Service for students. The work that CHS has been doing to make their services more inclusive is a key part of making the campus community as a whole more inclusive. This report highlights further areas of opportunity that CHS can seize to make services which all students are entitled to more accessible for LGBTQA+ students. We feel this report highlights both the successes of the efforts already being made, as well as the gaps that still remain to be filled.

General Demographics

SAMPLE SIZE

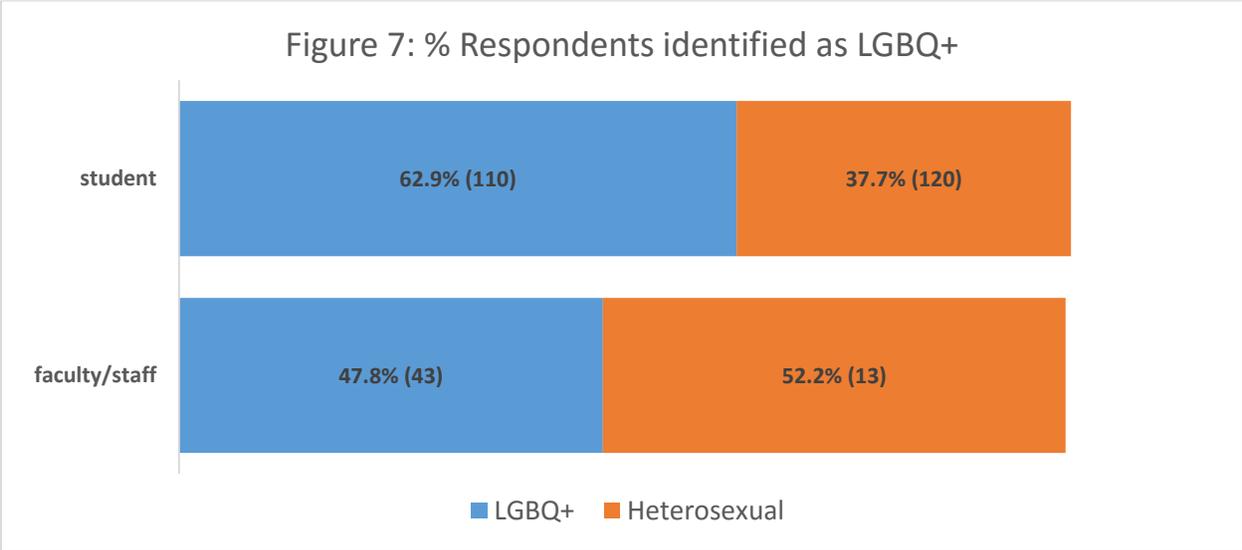
The total n of the sample collected was 589, after data was cleaned. 79 cases were removed for being less than 20% complete. The breakdown by group is as follows:



The remainder of this report will focus on Students and Faculty/Staff, since community members are not users of Campus Health Service.

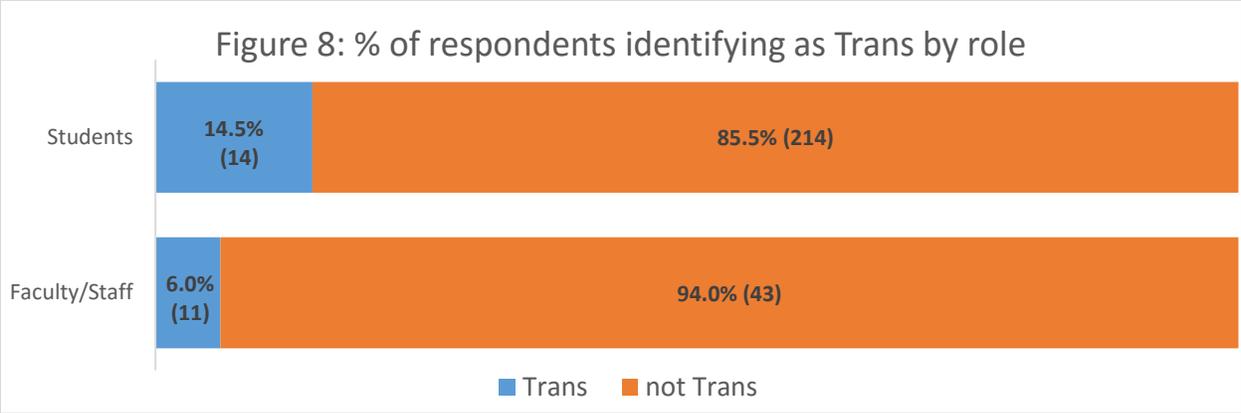
SEXUAL ORIENTATION

While the majority of student respondents identified as Lesbian, Gay, Bisexual, Queer or another sexual identity (LGBQ+) different from heterosexual (63%), slightly less than half of faculty/staff identified as LGBQ+ (48%). The spectrum of how LGBQ+ respondents identified can be found in figure 2.



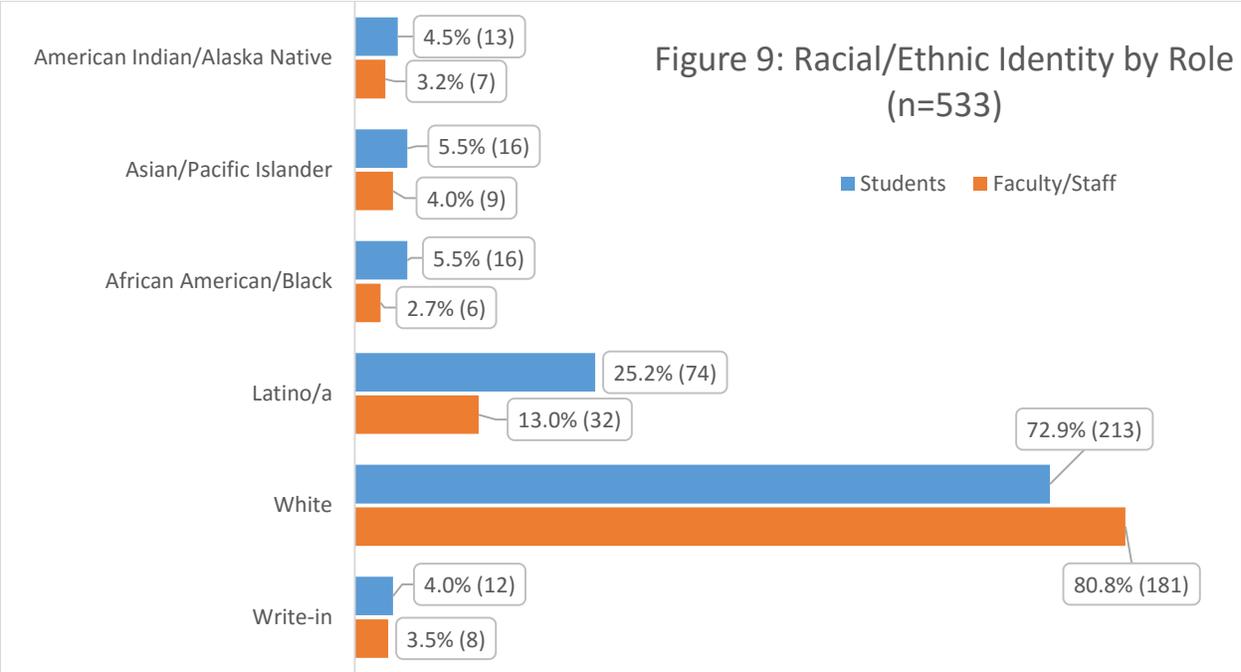
GENDER IDENTITY

While the majority of each subgroup identified as cisgender, a higher percentage of students than faculty/staff identified as trans (Figure 3). Of the cisgender sample, the vast majority were female vs male (61% and 67% vs 24% and 27%, respectively) in both student and faculty/staff groups. No respondents identified as intersex in either group.



RACE/ETHNIC IDENTITY

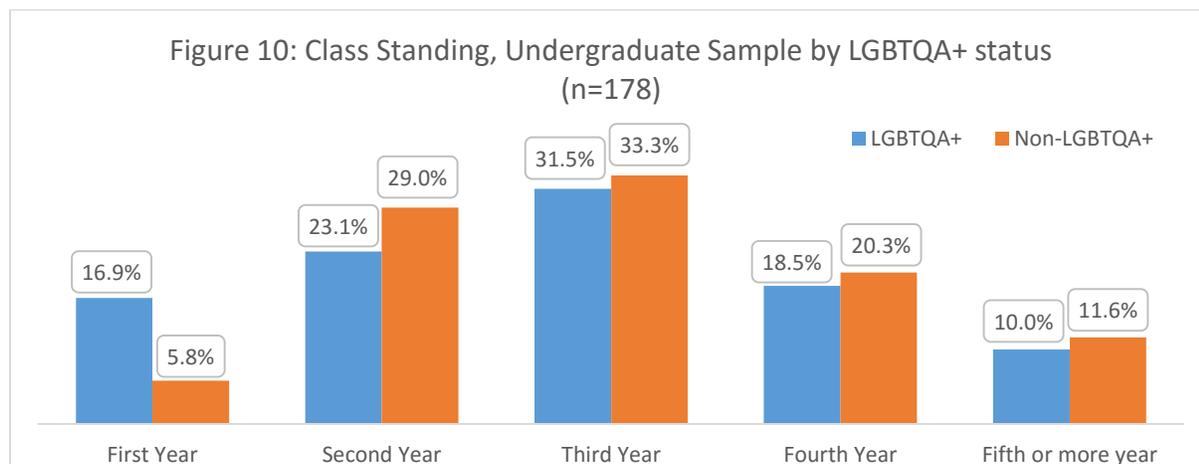
The majority of respondents identified as white or Caucasian (70%-78%), with Latino/a identified respondents being the second most represented (14%-24%) as seen in Figure 9. This question was ‘mark all that apply’. Racial/ethnic distribution matches UA Factbook data fairly closely. Faculty/Staff respondents were less ethnically diverse than student respondents, and LGBTQA+ respondents were more diverse than non-LGBTQA+ respondents for both students and faculty/staff.



CLASS STANDING

The majority of student respondents were undergraduate students (66 %), and 34% of student respondents indicated that they were in a graduate program. Among undergraduates, the majority of students were either

second or third year, though all classes were well represented. Figure 10 highlights the breakdown of class standing among LGBTQA+ students and non-LGBTQA+ students.



DEFINITIONS AND ABBREVIATIONS ⁴	
LGBTQA+	Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Asexual, and other non-heterosexual AND gender non-conforming identities
LGBQ+	Lesbian, Gay, Bisexual, Queer, Questioning, and other non-heterosexual identities.
Heterosexual	Sexual identity in which attraction is to the opposite sex
Transgender	Umbrella term indicating a gender identity different from the one assigned at birth
Cisgender	Gender identity the same as the one assigned at birth
Agender	A person who identifies as without gender
Asexual	Sexual identity in which a person does not experience sexual attraction
Bisexual	A person who is sexually, romantically, intellectually, and/or spiritually attracted to male and female genders
FtM	Female to Male transsexual individual
Gay	A person who is sexually, romantically, intellectually, and/or spiritually attracted to the same gender as the one they identify (often refers to male-identified people)
Genderqueer	Outside of or beyond a binary gender identity
Lesbian	A woman-identified person who is sexually, romantically, intellectually, and/or spiritually attracted to other woman-identified people
MtF	Male to Female transsexual individual

⁴ This is a list of definitions and abbreviations for language that is used in this report. This is NOT a comprehensive list of language used to identify sexual and gender diversity.

Pansexual	Sexual identity in which a person is attracted to multiple or all genders
Queer	An umbrella term often used to identify one that is outside or beyond traditional sexual identities
Questioning	In the process of discovering gender or sexual identity
Two-Spirit	Native American gender identity in which both genders are manifest

APPENDIX: Expanded Tables

Table 1: Use of Campus Health Service, Students	Use		Do not use	
	n	%	n	%
Not LGBTQA+	61	65.5	32	34.4
LGBTQA+	99	63.9	56	36.1
Cisgender female	101	66.0	52	34.0
Cisgender male	36	59.0	25	41.0
Trans	21	65.5	11	34.4
Agender	7	70.0	3	30.0
FtM	6	60.0	4	40.0
Genderqueer	9	75.0	3	25.0
Two-Spirit	1	25.0	3	75.0
Questioning	2	40.0	3	60.0
Non-LGBQ+	62	66.0	32	34.0
LGBQ+	98	64.1	55	35.9
Asexual	11	84.6	2	15.4
Bisexual	26	66.7	13	33.3
Gay	31	63.3	18	36.7
Lesbian	16	51.6	15	48.4
Pansexual	17	70.8	7	29.2
Queer	30	78.9	8	21.1
Questioning	6	60.0	4	40.0
QPOC	39	60.0	26	40.0

Table 2: Use of Campus Health Service, Faculty/Staff	Use		Do not use	
	n	%	n	%
Not LGBTQA+	24	25.5	70	74.5
LGBTQA+	19	20.0	76	80.0
Cisgender female	27	21.8	97	78.2
Cisgender male	15	27.3	40	72.7
Trans	43	24.4	11	100.0
Agender	0	0	2	100.0
FtM	0	0	1	100.0
Genderqueer	0	0	6	100.0
Two-Spirit	0	0	2	100.0
Questioning	0	0	1	100.0
Non-LGBQ+	24	25.3	71	74.7
LGBQ+	19	20.2	75	79.8
Asexual	0	0	3	100.0
Bisexual	4	20.0	16	80.0
Gay	6	18.2	27	81.8
Lesbian	4	17.4	19	82.6
Pansexual	3	42.9	4	57.1
Queer	6	31.5	10	62.5
Questioning	1	20.0	4	80.0
QPOC	3	15.0	17	85.0

Table 3: Are You out about your sexual identity with your CHS provider? Students	Yes, and I am comfortable discussing my sexuality with them		Yes, but I am NOT comfortable discussing my sexuality with them		No, but I would like to be		No, and I do not wish to be out to my medical provider	
	n	%	n	%	n	%	n	%
LGBQ+	55	56.1	5	5.1	22	22.4	16	16.3
Asexual	4	36.4	1	9.1	2	18.2	4	36.4
Bisexual	14	53.8	1	3.8	7	26.9	4	15.4
Gay	22	71.0	0	0	8	25.8	1	3.2
Lesbian	9	56.3	1	6.3	5	31.3	1	6.3
Pansexual	10	58.8	1	5.9	3	17.6	3	17.6
Queer	19	63.3	4	13.3	2	6.7	5	16.7
Questioning	3	50.0	0	0	0	0	3	50.0

Table 4: Are You out about your sexual identity with your CHS provider? Faculty/Staff	Yes, and I am comfortable discussing my sexuality with them		Yes, but I am NOT comfortable discussing my sexuality with them		No, but I would like to be		No, and I do not wish to be out to my medical provider	
	n	%	n	%	n	%	n	%
LGBQ+	9	50.0	1	5.6	1	5.6	7	38.9
Asexual	9	50.0	1	5.6	1	5.6	7	38.9
Bisexual	1	25.0	0	0	0	0	3	75.0
Gay	3	50.0	0	0	1	16.7	2	33.3
Lesbian	3	75.0	0	0	0	0	1	25.0
Pansexual	2	66.7	0	0	0	0	1	33.3
Queer	2	40.0	1	20.0	0	0	2	40.0
Questioning	0	0	0	0	0	0	1	100

Table 5: Are You out about your gender identity with your CHS provider? Students	Yes, and I am comfortable discussing my sexuality with them		Yes, but I am NOT comfortable discussing my sexuality with them		No, but I would like to be		No, and I do not wish to be out to my medical provider	
	n	%	n	%	n	%	n	%
Trans	14	45.2	4	12.9	7	22.6	6	19.4
Agender	4	40.0	0	0	3	30.0	3	30.0
FtM	4	40.0	3	30.0	2	20.0	1	10.0
Genderqueer	6	50.0	2	16.7	2	16.7	2	16.7
Two-Spirit	3	200.0	0	0	0	0	0	0
Questioning	0	0	0	0	2	40.0	3	60.0

Table 6: Are You out about your gender identity with your CHS provider? Faculty/Staff	Yes, and I am comfortable discussing my sexuality with them		Yes, but I am NOT comfortable discussing my sexuality with them		No, but I would like to be		No, and I do not wish to be out to my medical provider	
	n	%	n	%	n	%	n	%
Trans	3	60.0	0	0	2	40.0	0	0
Agender	1	50.0	0	0	1	50.0	0	0
FtM	1	100	0	0	0	0	0	0
Genderqueer	1	50.0	0	0	1	50.0	0	0
Two-Spirit	1	50.0	0	0	1	50.0	0	0
Questioning	0	0	0	0	1	100	0	0

Table 7: Do you feel connected to the UA community? (students)	Not at all connected		Somewhat connected		Very connected	
	n	%	n	%	n	%
LGBTQA+	32	21.2	84	55.6	35	23.2
Not LGBTQA+	12	12.9	59	63.4	22	23.7
Cisgender female	26	17.2	97	64.2	28	18.5
Cisgender male	10	16.7	32	53.3	18	30.0
Trans	6	19.4	14	45.2	11	35.5
Agender	0	0	5	50.0	5	50.0
FtM	2	22.2	4	44.4	3	33.3
Genderqueer	5	41.7	2	16.7	5	41.7
Two-Spirit	2	50.0	1	25.0	1	25.0
Questioning	3	60.0	2	40.0	0	0
Non-LGBQ+	12	12.8	59	62.8	23	24.5
LGBQ+	32	21.5	83	55.7	34	22.8
Asexual	2	15.4	8	61.5	3	23.1
Bisexual	8	20.5	21	53.8	10	25.6
Gay	9	19.6	22	47.8	15	32.6
Lesbian	8	27.6	18	62.1	3	10.3
Pansexual	10	41.7	7	29.2	7	29.2
Queer	7	18.4	19	50.0	12	31.6
Questioning	0	0	5	50.0	5	50.0
QPOC	16	25.8	31	50.0	15	24.2

Table 8: Is the UA an easy place to make friends? (students)	Not at all easy		Somewhat easy		Very easy	
	n	%	n	%	n	%
LGBTQA+	26	17.3	87	58.0	37	24.7
Not LGBTQA+	5	5.4	51	54.8	37	39.8
Cisgender female	21	13.9	90	59.6	40	26.5
Cisgender male	5	8.3	31	51.7	24	40.0
Trans	4	12.9	18	58.1	9	29.0
Agender	1	10.0	4	40.0	5	50.0
FtM	1	11.1	5	55.6	3	33.3
Genderqueer	3	25.0	6	50.0	3	25.0
Two-Spirit	1	25.0	2	50.0	1	25.0
Questioning	1	25.0	2	50.0	1	25.0
Non-LGBQ+	5	5.3	51	54.3	38	40.4
LGBQ+	26	17.6	86	58.1	36	24.3
Asexual	2	16.7	7	58.3	3	25.0
Bisexual	5	12.8	24	61.5	10	25.6
Gay	7	14.9	21	44.7	19	40.4
Lesbian	9	31.0	15	51.7	5	17.2
Pansexual	6	25.0	12	50.0	6	25.0
Queer	6	15.8	22	57.9	10	26.3
Questioning	0	0	4	40.0	6	60.0
QPOC	11	17.5	34	54.0	18	28.6