

Study: Functional health difficulties among lesbian, gay and bisexual people in Canada

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Released today, a new study using the Canadian Community Health Survey (2017 to 2018) examines self-reported functional health difficulties among the lesbian, gay and bisexual (LGB) and heterosexual populations aged 18 and older in Canada.

Functional difficulties refer to restrictions in an individual's functioning that hinder their ability to perform tasks or activities, which may limit their full participation in society. This study addresses an information gap on the prevalence of functional difficulties among the LGB population, providing data that can be used to foster a more inclusive society.

In the study, six domains of functional health were examined—vision, hearing, mobility, cognition, self-care and communication—by level of difficulty ("no difficulty," "some difficulty," "a lot of difficulty" or "cannot do at all").

According to age-standardized data from 2017 to 2018, over half (52.2%) of LGB adults reported experiencing at least some difficulty in one or more functional health domains, significantly higher than heterosexual adults (38.3%). Among the LGB population, bisexual people (59.6%) were the most likely to report at least some difficulty in any functional health domain, followed by gay or lesbian individuals (43.0%).

A higher proportion of bisexual individuals and lesbian women report at least some difficulty in functional health

The age-standardized prevalence of functional difficulties varied by both sexual orientation and gender. Over half of bisexual women (61.6%), bisexual men (56.6%) and lesbian women (50.6%) reported having at least some difficulty in any functional health domain—significantly higher than heterosexual men (36.6%), heterosexual women (39.9%) and gay men (38.6%).

Further, when it came to more severe difficulty (i.e., responses of "a lot of difficulty" or "cannot do at all"), age-standardized results show that bisexual women (12.7%) were more likely than heterosexual women (7.3%) and heterosexual men (5.4%) to report severe difficulty in one or more functional health domain.

Among the different domains of functional health, the most notable findings were seen for difficulty in the cognition domain. Women of all sexual orientations were more likely than men of the same sexual orientation to report having at least some difficulty remembering or concentrating. Notably, nearly 4 in 10 bisexual women (39.5%) reported having at least some difficulty remembering or concentrating—higher than all other groups studied.

As well, LGB adults, particularly bisexual women, were more likely to report poorer mental health and show a higher prevalence of mood and anxiety disorders than their heterosexual counterparts. A larger share of bisexual individuals than heterosexual and gay or lesbian people considered their general health to be fair or poor.

While this study did not look at the factors associated with functional difficulties, previous studies have found that LGB individuals are more likely to experience income or food insecurity, precarious housing, homelessness, violent victimization, discrimination, and social exclusion. These factors could be causes or impacts of the functional health difficulties seen among the LGB population.



Note to readers

This study was funded by Women and Gender Equality Canada. It uses data from the Canadian Community Health Survey (CCHS), combining the 2017 and 2018 cycles to increase the sample size of the lesbian, gay and bisexual (LGB) population. The six-item Washington Group Short Set on Functioning (WG-SS) was used to collect data on functional difficulties. The Washington Group on Disability Statistics was established by the United Nations to address the need for cross-nationally comparable statistics on disability and to address the equalization of opportunities. The most recent WG-SS module data available in the CCHS are for the 2017 and 2018 cycles.

This study examines sexual orientation data but does not report results specific to transgender and non-binary people. In 2019, the CCHS began collecting data on both self-reported sex at birth and gender identity, which are required to identify the transgender and non-binary population. Prior to 2019, the CCHS only collected information on the sex of respondents (male or female), as recorded by the interviewer. Although sex and gender refer to two different concepts, the terminology related to gender is used in this release to make it easier for readers.

Age standardization was conducted to account for the younger age structure of the LGB population relative to the heterosexual population.

Further details about the data and concepts used can be found in the article.

Definitions, data sources and methods: survey number [3226](#).

The article "[Functional health difficulties among lesbian, gay and bisexual people in Canada](#)" is now available in *Studies on Gender and Intersecting Identities* (45-20-0002).

For more information, or to enquire about the concepts, methods or data quality of this release, contact us (toll-free 1-800-263-1136; 514-283-8300; infostats@statcan.gc.ca) or Media Relations (statcan.mediahotline-ligneinfomedias.statcan@statcan.gc.ca).