Pride month and Pride events offer lesbian, gay, bisexual, transgender, and queer (LGBTQ) people to promote their self-affirmation, dignity, equality rights, increase their viability as a social group, build community, and celebrate sexual orientation, diversity and gender identity. In the spirit of Pride, The Center for Health Equity, Program in Health Disparities Research, and Rainbow Health Initiative are releasing the first annual Pride Edition LGBTQ Health Newsletter to raise awareness about LGBTQ health disparities, highlight current LGBTQ research, and promote opportunities to be an ally. LGBTQ health facts will be highlighted throughout the newsletter. All of the facts are from the Rainbow Health Initiative’s 2012 and 2013 data of over 1,100 LGBTQ respondents.

The Inspiration for this Issue

Only 61.7% of LGBTQ respondents were “out” to their doctor about their sexual orientation and gender identity.

As a provider some things you can do to better ensure a safe environment for LGBTQ patients are:
- Provide forms to all patients that ask about sexual orientation and gender identity.
- Visually show support with an Human Rights Campaign (HRC) sticker, rainbow flag, and/or Lavender Magazines in the lobby.
- Have gender neutral bathrooms.
Despite a persistent myth that lesbians and gay men are more affluent than the general population, research indicates that lesbian, gay and bisexual (LGB) people are more likely to live in poverty than their non-LGB counterparts, and that transgender people are even more likely to live in poverty than the rest of the LGBTQ community. Differences in income have a unique effect on an LGBTQ person’s experiences in healthcare settings.

Recent research by the Williams Institute, national data from the American Community Survey and other surveys all point to persistent income inequality for LGB people in America.

- 7.6% of lesbian couples, compared to 5.7% of married different-sex couples, live in poverty.

- African American same-sex couples have poverty rates more than twice the rate of different-sex married African Americans.

- Almost one in four children living with a male same-sex couple and 19.2% of children living with a female same-sex couple live in poverty, compared to 12.1% of children living with married different-sex couples.

- 14.1% of lesbian couples and 7.7% of gay male couples receive food stamps, compared to 6.5% of different-sex married couples.

Comparable data for transgender people does not exist due to lack of inclusion of gender identity on most national surveys, but data from the National Gay and Lesbian Task Force finds that transgender and gender non-conforming people have double the rate of unemployment and are four times more likely to live in poverty than the general population.

The link between lower socioeconomic status and poorer health outcomes is well known. For lower income LGBTQ people in Minnesota, the disparity can be magnified by the profound impact that income can have on an LGBTQ person’s experience when accessing healthcare.

According to Rainbow Health Initiative’s 2013 Voices of Health Survey, lower income (individuals reporting annual incomes of $25,000 or less) LGBTQ respondents were less likely to have health insurance. 91.8% of higher income respondents reported having health insurance, while only 77.4% of lower income respondents reported having health insurance. This sampling took place prior to the Affordable Care Act’s health insurance exchanges took effect, providing a baseline of coverage before the law went into effect.

People without insurance are more likely to rely on emergency and urgent care and not have a primary doctor or medical home. These factors likely influence the fact that lower income respondents were less likely to report being out to their doctor. Similarly, lower income respondents were less likely to report their doctor as very competent in LGBTQ health issues (25.29% versus 37.62%) than higher income respondents. Lower income respondents also reported higher rates (18.5%) of poor quality care because of their sexual orientation or gender identity than higher income respondents (13.9%). Even more strikingly, 14.2% of lower income respondents reported being discriminated against by a healthcare provider because of their sexual orientation or gender identity while only 8% of higher income respondents did.
As implementation of the Affordable Care Act (ACA) reduces the number of uninsured people in the United States, Minnesota physicians can expect new patients, including those who are lesbian, gay, bisexual, transgender, or queer (LGBTQ). Expanded insurance coverage is a welcome step toward rectifying health disparities faced by uninsured people. However, gaining coverage is only the first step to accessing health care. Hurdles remain in the form of discrimination in medical settings.

Every year, Rainbow Health Initiative conducts a survey measuring the health of the state’s LGBTQ community. This survey of more than 1,800 participants is one of the only sources of information about this population’s health statewide. The survey asks questions about health behaviors, attitudes about health, and respondents’ experiences with health care. Based on this data, we know that LGBTQ people often have a complicated and problematic relationship with the health care system.

In the 2013 survey, more than one of every ten respondents reported being discriminated against by a health care provider because of sexual orientation or gender identity in the last twelve months. This compares to more than one in six LGBTQ respondents who reported being discriminated against by a health care provider because of sexual orientation or gender identity in their lifetime. These experiences can cause LGBTQ people to forgo medical care. As one respondent wrote, “It is extremely stressful for me to go to the doctor, to the point where I will avoid going to the doctor at all costs.” Another respondent wrote, “Every time I go to the doctor, I end up wasting time having to justify my gender and the changes I’ve made to my body to the doctor, even if I am [there] for something unrelated to my gender.”

Even more common is the perception among members of this population that they receive substandard medical care because of their sexual orientation or gender identity. In the words of one survey respondent, “I feel like a diagnosis was given based on my sexual orientation rather than an open-minded and comprehensive exam.” One in four respondents (16.3%) reported receiving poor quality care because of their sexual orientation or gender identity in the last twelve months. This number is even higher among transgender patients (46.3%).

Past experience with discrimination and poor quality care may cause LGBTQ people to be extremely wary when interacting with health professionals, especially in a clinical environment that is new to them. Even the most open and affirming health care provider needs to be aware of the impact of years of past discrimination and poor treatment when treating such patients.

There are steps that a provider should take to create a welcoming environment for LGBTQ clients. These include posting non-discrimination policies prominently in the clinic, using inclusive language on intake forms, avoiding assumptions about a client’s gender identity or sexual orientation, and providing bathroom facilities that are not gender specific.
Despite widespread progress in reducing overall smoking rates in Minnesota, lesbian, gay, bisexual, transgender and queer (LGBTQ) Minnesotans are still smoking at much higher rates than the general population.

In 2013, Rainbow Health Initiative’s annual Voices of Health Survey asked 1,189 LGBTQ Minnesotans a series of questions about their use of tobacco. The results showed an alarmingly high rate of tobacco use among LGBTQ respondents. 55.9% (n = 531) of LGBTQ respondents are “ever-smokers,” meaning they have smoked at least 100 cigarettes (five packs) in their lifetime and 29.9% of LGBTQ respondents currently smoke every day or some days per week. According to the 2010 Minnesota Adult Tobacco Survey, 43.4% of adult Minnesotans are “ever-smokers” and 16.1% are current smokers . This means that LGBTQ respondents currently smoke at nearly twice the rate of the general population. This disparity is magnified in LGBTQ communities of color and among lower income Minnesotans. LGBTQ people of color smoke at higher rates than their white LGBTQ counterparts (41.51% versus 27.29%), and LGBTQ people reporting individual annual incomes of less than $25,000 report higher rates of current smoking than their higher-earning counterparts (39.1% versus 20.1%).

This disparity can also be seen in data from the 2013 Minnesota Student Survey. This data shows that high school age lesbian, gay, bisexual, and questioning (LGBQ) youth smoke at much higher rates than their non-LGBQ counterparts with the greatest disparity being between heterosexual females who smoke at 8.1% and bisexual females who smoke at 33.3%.

National research shows that people who start smoking at an earlier age have a much harder time quitting later in life, which might partly explain the reason why LGBTQ people in Minnesota have a lower quit rate than their non-LGBTQ counterparts.

According to Rainbow Health Initiative, of LGBTQ people who have ever smoked, only 44.8% have quit smoking compared to an overall 62.9% quit-rate from the Minnesota Adult Tobacco Survey.

The effect of this disparity on the LGBTQ community cannot be understated. The long- term effects of tobacco use are well-known: increased rates of lung cancer, cardiovascular disease, and stroke. Other effects include increased mortality among persons with HIV; recent studies have shown that an HIV-positive person who smokes loses more years of life due to tobacco than HIV.
Alex Iantaffi, PhD, LMFT

Alex is an Assistant Professor in the Program in Human Sexuality: Current studies include an Internet-based HIV testing needs assessment of Deaf Men who have Sex with Men in American Sign Language (dparkstudy.org), funded by the National Institutes of Health (NICHD 1R21HD072788-01), and a CBPR project on knowledge, acceptability of and interest in pre-exposure prophylaxis (PrEP) in trans* communities, funded by the Developmental Center for AIDS Research Project at the University of Minnesota. He is also working on studies focusing on the sexual health of gender and sexual minority populations. Alex is an inter-disciplinary, mixed methods researchers who loves to collaborate with colleagues who are passionate about LGBT health.

Marla Eisenberg, ScD, MPH

Marla Eisenberg, ScD, MPH, Associate Professor in the Department of Pediatrics in the Division of Adolescent Health. Dr. Eisenberg’s new study, “Multilevel Protective Factors in the lives of LGB Youth in North America,” will explore family, peer, school and community characteristics that protect young people from substance use, HIV risk behaviors and suicide behaviors. They will conduct “go-along” interviews with youth in diverse settings to learn about supportive elements in their schools and communities; gather information about policies, programs, resources and other supports for LGB youth in these settings; and link these data with existing student survey data from a population-based sample of approximately 4,000 LGB adolescents to test whether a supportive social environment is associated with lower levels of health risk behaviors.

LGBTQ people smoke at twice the rate of the Minnesota state average

29.9% vs. 16.1%

LGBTQ people are twice as likely to have been diagnosed with depression or anxiety.

Depression

41.3% vs. 23.2%

Anxiety

37% vs. 16%
The LGBT community is diverse and cuts across race and ethnicity groups. Yet, despite making up a sizeable proportion of the U.S population and of Minnesota in particular (~12.5%), no large-scale federal and few state data collection apparatuses exist (Gates, 2006; Harcourt, 2006). Even in large scale public health surveys, questions/methods that assess sexual orientation and gender identity remain absent. These issues directly contribute to the research-policy information gap and further intensify prevailing health inequities; especially for LGBT identified groups who also identify with other oppressed identities.

Over the course of the past couple of months a partnership was established to address this in the region between a University of Minnesota team made up of faulty and staff, Minnesota Health Equity Working Committee (HEWC), Shades of Yellow (SOY) and Café Southside. This partnership was focused on active living/active commuting issues faced by LGBT populations of color in the twin cities with intentional inclusion of those that identified as transgender or two-spirit. HEWC was the lead community partner, and is a collaborative of nonprofits, academia, and community leaders from or serving Asian, African, African American, American Indian, Latino, LGBT and allied communities who have a mission that is anchored on eliminating all health disparities and in promote health equity by providing community supported solutions to decision makers. Informed by community based participatory research (CBPR) practices, the partnership was centered around gathering community feedback in the form of listening sessions around the aforementioned issues, creating policy handouts for policy making bodies and further engaging the community in dissemination efforts.

Building on research conducted by Dr. Susie Nanney and Dr. Nancy Gollust of the Program in Health Disparities Research and of the School of Public Health respectively, the project sought to model effective ways of reducing the culturally specific information gap between research and policy. Funded by Blue Cross Blue Shield, this project sought to utilize findings from the project to promote health equity by bridging the information gaps that exist between underserved communities, research, and health policy. The researchers and community partners focused on active living/active commuting and the built environment since public policy related to these issues mediates most spheres of public and private life. Project partners hoped to elicit open-ended and valuable community feedback on mitigants of physical activity by focusing on the built environment. A community convening was conducted at Café Southside in March, 2014. The convening attracted more than 60 LGBT local community members of color. The conversation was mediated and
facilitated by the lead community partner, Joo Hee Pomplun (HEWC).

Findings from the project revealed the following dominant themes,

- Hate crimes and sexual violence rooted in homophobia and transphobia were consistently cited as sources of fear and stress amongst community members. Many community members reported first hand experiences of slurs, harassments and even violence on buses, on streets and in other public spaces.

- Buses and public transportation were experienced as unsafe spaces. Many community members reported witnessing and/or being the target of homophobic/transphobic harassment. Bus drivers in particular were cited as not competent or empowered enough to address harassment.

- Police/peace officers were sources of prejudice and stress. Many community members reported witnessing and/or being the target of police harassment. Community members also expressed concerns about the disproportionate profiling of trans feminine folks of color as sex workers by police/peace officers.

- Poor quality of infrastructure likes roads and lighting were also cited as concerns.

The project findings revealed that LGBTQA people in the twin cities still face persistent marginalization, particularly those who identify as people of color and/or transgender/gender non-conforming/two-spirit. Prejudice, discrimination and violence were found to permeate most transitory public spaces.

Recommendations from Community members encompassed the following domains;

- Transit Safety: Community members expressed a need for improved policies that hold no tolerance for homophobic and transphobic behaviors or language on transit.

- Police training: Community members expressed a strong need for peace officers who were culturally competent and for peace officers who reflected the diversity of their communities.

- Better Communication: Community members expressed a need for consistent and open communication between public safety agencies and the community organizations that serve LGBTQAI folks of color.

- Better lighting: Particularly on busy roads like Chicago Avenue, Portland, Franklin etc.

This project is expected to be completed by mid-July. Current project activities revolve around the collaborative development of a policy handout for policy makers. For more information on this project, please reach out to Khalid Adam (Project Coordinator) adam0773@umn.edu or Huda Ahmed, MS (Project Manager) ahmed177@umn.edu.
Rainbow Health Initiative

Rainbow Health Initiative is a community-based non-profit organization committed to advancing the health and wellness of the lesbian, gay, bisexual, transgender and queer communities through research, education and advocacy.

RHI was founded in 2001 by a group of community activists, health care providers, and health advocates who noted the significant health disparities facing members of Minnesota’s gay, lesbian, bisexual and transgender communities and determined to do something about it. Rainbow Health Initiative’s work is focused on Research, Education and Advocacy. All of RHI’s programs and activities fit into its impact goals of promoting essential resources to improve community health, expanding access to and availability of culturally competent care, improving the health of LGBTQ communities, and ensuring that LGBTQ health is part of the public dialog. Each year, RHI conducts a community health assessment at Minnesota pride festivals, community events and online. The RHI survey is currently the only report on the statewide health of LGBTQ Minnesotans. RHI offers LGBTQ health and cultural competency training to health professionals, social service workers, community members and is available to present at health fairs and events. RHI also maintains an online directory of LGBTQ health care providers. Finally, on behalf of LGBTQ people, RHI advocates for the inclusion of LGBTQ communities within mainstream/non-LGBTQ funding streams. Requests for proposals or grants do not always name LGBTQ community organizations as possible fund recipients when it is appropriate to do so. RHI makes a case for LGBTQ inclusion by raising our voices when these situations occur, and encouraging others to do so as well.

For more resources about LGBTQ training, please contact Rainbow Health Initiative or visit one of the following websites:

The Fenway Institute
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