



VOICES OF HEALTH

2016 Survey Results

Dylan Flunker



Rainbow Health Initiative has conducted the annual Voices of Health survey of LGBTQ health in Minnesota since 2010.

2,219 LGBTQ Minnестоans completed the survey in 2016, more than have been collected by any previous VoH survey.

ACKNOWLEDGMENTS

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SURVEY DESIGN AND SAMPLING

Rainbow Health Initiative has conducted the annual Voices of Health survey of LGBTQ health in Minnesota since 2010.

2,219 LGBTQ Minnesotans completed the survey in 2016, more than any previous VoH survey. This year, 1,383 respondents completed their surveys online through Survey Monkey, while 836 filled out paper surveys at Pride events throughout the state.

The survey was collected through a convenience sampling technique, which is common in research with the LGBTQ community due to the difficulty of achieving a sufficiently large random sample.¹ Through intentional sampling, and targeted boosted posts on Facebook and Instagram, RHI sought to collect surveys from LGBTQ people of diverse age, race, education, gender identity, and sexual orientation backgrounds.

Paper surveys were coded to a spreadsheet, combined with the downloaded data from Survey Monkey, and analyzed.

¹ Institute of Medicine (US) Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. Washington (DC): National Academies Press (US); 2011. 3, Conducting Research on the Health Status of LGBT Populations. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK64802/>

DEMOGRAPHICS

- **Location:** 41.5% of respondents live in urban areas² while 58.5% of respondents live in rural areas. Only 31.3% of all respondents live in the Twin Cities metropolitan area.
- **Sexual Orientation:** 23.1% of respondents identify as lesbian, 25.23 % identify as bisexual, 25% identify as gay, 18.05% identify as queer, and 8.62% wrote in another sexual orientation (including pansexual, asexual, and questioning).
- **Gender Identity:** Respondents were asked about their current gender identity and their sex assigned at birth. 24.71% of LGBTQ respondents identified as transgender and 75.3% identified as cisgender. Overall, respondents are predominantly cisgender women (48.95%). 4.7% of respondents are trans women. Cisgender men make up 28.34% of respondents, and trans men make up 4.84% of respondents. 13.9% of respondents are nonbinary/genderqueer/gender non-conforming/genderfluid.
- **Age:** 53.9% of LGBTQ respondents were between 25 and 49 years old. 29.2% were 18-24 years old. 10.5% were between 50-59 years old, and 6.5% were 60 years old or older.
- **Race/Ethnicity:** While the number of LGBTQ people of color who completed the survey was higher than in previous years, proportionally we had fewer LGBTQ people of color in the sample. 17.2% of respondents are people of color while 82.80% are white. Overall, 2.66% are Black, 3.57% are Latina/o or Hispanic, 1% are Native Americans, 1.17% are Asian or Pacific Islander, .5% are Arab or Middle Eastern, and 7.99% either identified as mixed or checked two or more races.

² Participants were considered living in urban areas if their zip code fell within one of the following metropolitan statistical areas as defined by the U.S. Census Bureau: Minneapolis-Saint Paul-Bloomington, Duluth-Superior, Fargo-Moorhead, LaCrosse-Onalaska, Mankato, Rochester, or St. Cloud.



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- **Education:** The Voices of Health survey sample this year tended to be more educated than the general population of Minnesota. 10.88% of LGBTQ respondents had obtained a high school diploma or less. 36.55% had some college or a degree from a two-year institution, and 52.52% had a college degree or higher. The state average of people with a college degree or higher is 45%.³ However, LGBTQ people of color were less likely to have completed a college degree or higher. 34.86% of LGBTQ people of color have completed a four year degree or higher, 49.46% have some college or a 2 year degree, and 15.41% have a high school diploma or less. 56.23% of white LGBTQ respondents have a four year degree or higher, 33.81% have some college or a 2 year degree, and 9.97% have a high school diploma or less.
 - **Employment:** 55.24% of LGBTQ respondents were employed full-time when they took the survey, 23.71% were employed part time, 20.44% weren't employed, and the remainder didn't know. This is significantly lower than the state average unemployment rate of 4%.⁴ While LGBTQ people of color (24.32%) and white LGBTQ respondents (23.55%) were employed part time at similar rates, white respondents (56.81%) were more likely to be employed full time than people of color (48.11%). This is also reflected in the rates of unemployment, with 27.03% of people color reporting no employment and 19.07% of white respondents reporting no employment.
 - **Income:** 42.62% of LGBTQ respondents reported an annual income of \$0-24,999, while 57.38% reported an annual income of \$25,000 or more. LGBTQ people of color were much more likely to be making less than \$25,000 a year. 56.03% of LGBTQ people of color reported an annual income of \$0-24,999, compared to only 39.92% of white LGBTQ respondents.

³ United States Census. (2015). Minnesota educational attainment: 2010-2014 American Community Survey 5-year estimates. Retrieved December 20, 2015, from http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_S1501

⁴ Bureau of Labor Statistics. (2017). Economy at a glance: Minnesota. Retrieved March 17, 2017 from <http://www.bls.gov/eag/eag.mn.htm>

Income category **Percent of all LGBTQ respondents**

\$0-\$14,999	21.25 %
\$15,000-\$24,999	16.71 %
\$25,000-\$34,999	15.25 %
\$35,000-\$49,999	17.40 %
\$50,000-\$79,999	18.22 %

Sexual orientation	\$0-\$14,999	\$15,000-\$24,999	\$25,000-\$34,999	\$35,000-\$49,999	\$50,000-\$79,999	\$80,000+
Lesbian	14.64%	14.89%	12.90%	17.62%	24.57%	15.38%
Gay	12.95%	13.64%	16.82%	17.73%	20.23%	18.64%
Bisexual	28.10%	18.97%	14.75%	17.8%	13.82%	6.56%
Queer	25.78%	18.94%	18.01%	16.77%	16.15%	4.35%
Other	41.41%	16.16%	11.11%	15.15%	10.10%	6.06%

Gender Identity

Trans women	29.85%	19.4%	13.43%	14.93%	11.94%	10.45%
Trans men	32.47%	22.02%	11.69%	15.58%	16.88%	1.30%
Genderqueer/gendernonconforming	34.30%	21.26%	14.49%	12.56%	12.56%	4.83%
Cis women	20.45%	16.29%	14.98%	18.55%	19.74%	9.99%
Cis men	12.30%	14.34%	17.42%	18.24%	19.67%	18.03%



LOCATION

Rural and urban areas were determined according to if their zip code fell within the metropolitan statistical areas as defined by the US Census Bureau.

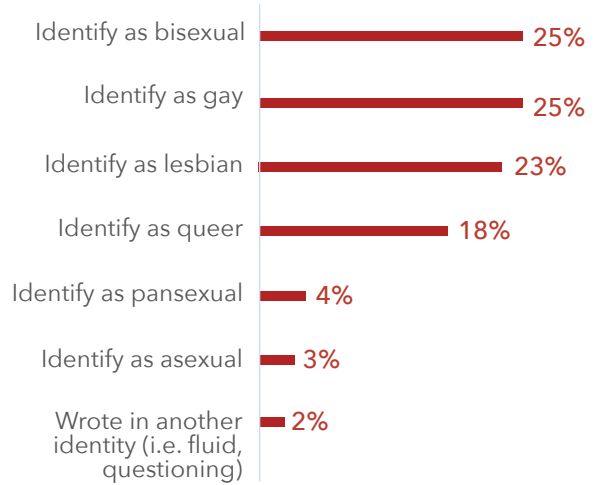


41%
of respondents live in urban areas.

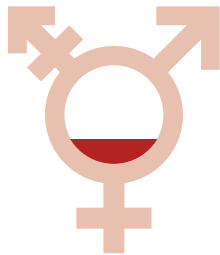


59%
of respondents live in rural areas.

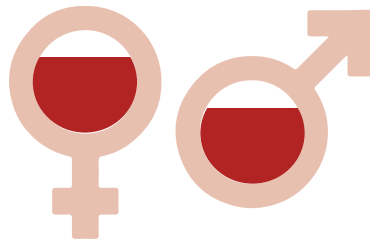
SEXUAL ORIENTATION



GENDER



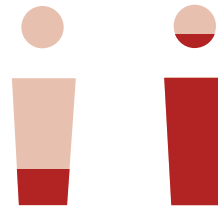
25%
of LGBTQ respondents identified as transgender



75%
Identified as cisgender

BREAKDOWN: Overall, respondents are predominantly cisgender women (48%). 5% of respondents are trans women. Cisgender men make up 28% of respondents, and trans men make up 5% of respondents. 14% of respondents are nonbinary, genderqueer, gender non-conforming, or genderfluid.

RACE



17% People of color
83% White

BREAKDOWN: Overall, 3% are Black, 3% are Latina/o or Hispanic, 1% are Native Americans, 1% are Asian or Pacific Islander, .5% are Arab or Middle Eastern, and 8% either identified as mixed race or checked two or more races.

FINDINGS

FOOD SECURITY

Respondents were asked a series of questions related to reliable access to food, or “food security.”⁵ Overall, 30.8% of respondents reported that they couldn’t afford enough food at least once in the past year. Of those, 72.3% reported that they cut meals, ate less, or went hungry some months or almost every month in the past year.

FOOD SECURITY IN THE PAST TWELVE MONTHS

In the past 12 months in your household:

Did you or other members of your household ever cut the size of your meals or skip meals because there wasn’t enough money for food? **24.50%**

Did you ever eat less than you felt you should because there wasn’t enough money for food? **29.11%**

Were you ever hungry but didn’t eat because there wasn’t enough money for food? **24%**

⁵ We use the World Health Organization’s definition of food security to shape our understanding of food access. “The World Food Summit of 1996 defined food security as existing ‘when all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life.’” Retrieved from <http://www.who.int/trade/glossary/story028/en/>



Pansexual people were dramatically more likely to report experiencing food security issues (47.7%). 18.8% of lesbian respondents and 16.3% of gay respondents reported experiencing food security issues. Additionally, 28.3% of bisexual respondents and 26.6% queer respondents reported being food insecure in the past 12 months. Transgender people (35.4%), reported high rates of food insecurity. People of color were 1.5 times as likely to experience food insecurity than white people. Food security also varied over age. 31.4% of 18-24 year olds reported experiencing food insecurity, compared to 23.3% of 25-49 year olds, 15% of 50-59 year olds, and 7.7% of 60+ respondents. There was also a strong connection between food security and being a current smoker. 40.1% of current smokers reported food insecurity issues, twice the rate of former smokers (20.3%) and those who had never smoked (18.6%).

Respondents were also asked questions about their ability to access nutritious food. Overall, one in every four LGBTQ respondents said they have not been able to afford balanced meals or did not have sufficient time to prepare balanced meals at some point in the last year.

NUTRITION ACCESS IN THE PAST TWELVE MONTHS

In the past 12 months in your household:	Often true	Sometimes true	Never true
The food that I/we bought just didn't last, and I/we didn't have money to get more.	6.13%	23.96%	68.50%
I/we couldn't afford to eat balanced meals.	13.14%	26.68%	59.73%
I/we didn't have time to prepare and eat balanced meals.	24.30%	39.56%	35.72%

Overall, one out of every five respondents reported that two or more of these problems happened “often.” Trans, bisexual, queer, pansexual, and young (18-24) people were least likely to report access to nutritious foods. Higher education levels were strongly associated with lower nutrition issues. 15.2% of those with a college degree or higher reported nutrition access issues, compared to 36.2% of those with some college, and 41.2% with a high school degree or less.

These figures provide further evidence that there is a serious need to increase access to affordable, healthy food for LGBTQ people. A study of LGBTQ health in the Midwest found that three out of every ten LGBT Midwesterners reported not having enough money to buy food. This means that LGBT Midwesterners are 82% more likely to experience food insecurity than straight, cisgender residents.⁶

HOMELESSNESS

3.2% of all LGBTQ respondents—70 individuals—reported that they were homeless at the time they completed the survey.

While 67.69% of respondents reported that they had never been homeless, 23.30% reported they had been homeless 1-2 times in their life. 4.6% reported being homeless 3-5 times in their life, and 4.42% reported being homeless 5 or more times.

Race was related to experiencing homelessness. 29% of white LGBTQ respondents have ever been homeless, compared to 48.9% of LGBTQ people of color.

Experiencing homelessness was not unique to urban respondents; in fact, 33.1% of LGBTQ respondents in rural areas have experienced homelessness compared to 29.6% of urban LGBTQ respondents.

⁶Fisher, C. M., Irwin, J. A., & Coleman, J. D. (2014). LGBT health in the Midlands: A rural/urban comparison of basic health indicators. *Journal of homosexuality*, 61(8), 1062-1090.



Sexual orientation	Never homeless	Ever homeless
Lesbian	69.92%	30.08%
Gay	74.91%	25.09%
Bisexual	63.15%	36.85%
Queer	65.25%	34.75%
Other (Pan, Ace, etc.)	63.16%	36.84%

Gender Identity

Trans women	51.69%	48.31%
Trans men	55.66%	44.34%
Genderqueer/gender-nonconforming	61.43%	38.57%
Other gender identity	45.45%	54.55%
Cis women	69.00%	31.00%
Cis men	73.87%	26.13%

These figures likely underestimate the total number of homeless LGBTQ people in Minnesota because they don't capture responses from LGBTQ people under 18. Nearly half of people experiencing homelessness in Minnesota are 21 years old or younger⁷ and the existing literature has found high rates of homelessness among LGBTQ youth, especially trans and gender-nonconforming youth.⁸ There is a need for sexual orientation, gender identity, and gender expression measures to be included in all homelessness research so we can better understand how to prevent and address homelessness for LGBTQ youth and adults.

⁷ Wilder Research. Minnesota homelessness: Minnesota homelessness study. Retrieved from: <http://mnhomeless.org/minnesota-homeless-study/homelessness-in-minnesota.php>

⁸ Durso, L. E., & Gates, G. J. (2012). Serving our youth: Findings from a national survey of services providers

HOMELESSNESS



32% of respondents reported they had been homeless at least once in their lifetime. **3%** of respondents were currently homeless at the time they took the survey.

MENTAL HEALTH

The survey found high rates of mental health diagnoses among LGBTQ respondents. 60.7% of respondents reported that they have been diagnosed with depression in their lifetime. In contrast, approximately 18% of all Minnesotans report ever being told they had a form of depression.⁹ 45% of LGBTQ respondents reported being diagnosed with PTSD at some point in their lifetime, and 35.8% reported being diagnosed with some form of anxiety disorder.

Sexual orientation	Diagnosed with depression	Diagnosed with PTSD	Diagnosed with anxiety
Lesbian	59.64%	41.52%	37.17%
Gay	43.17%	29.89%	22.18%
Bisexual	67.28%	51.85%	39.78%
Queer	71.17%	59.95%	45.01%
Other (Pan, Ace, etc.)	75.68%	45.64%	41.22%

Gender Identity

Trans women	71.76%	60.71%	35.29%
Trans men	69.52%	69.52%	50.00%
Genderqueer/gendernonconforming	74.91%	60.52%	46.30%
Cis women	65.10%	47.51%	38.65%
Cis men	43.23%	27.89%	22.48%

⁹ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [accessed Feb 02, 2016]. URL: <http://www.cdc.gov/brfss/brfssprevalence/>.



There were no significant differences in the rates of depression and PTSD between LGBTQ people of color and white LGBTQ people, however 34.5% of white LGBTQ respondents reported being diagnosed with anxiety, compared to 42.1% of LGBTQ people of color.

In addition to the high rates of depression and anxiety found over the past 4 years of this survey, the 2013 Minnesota Student Survey found that LGBTQ youth are 2 to 4 times as likely to report having considered suicide in the last year¹⁰. The 2015 National Transgender Survey found that 40% of transgender respondents had attempted suicide at some point in their lives¹¹. There is a need for community and medical support to address the root causes of depression and suicide for LGBTQ people, including discrimination and a lack of culturally responsive LGBTQ care.

MENTAL HEALTH



61% of all LGBTQ respondents reported being diagnosed with depression.

45% reported being diagnosed with PTSD.

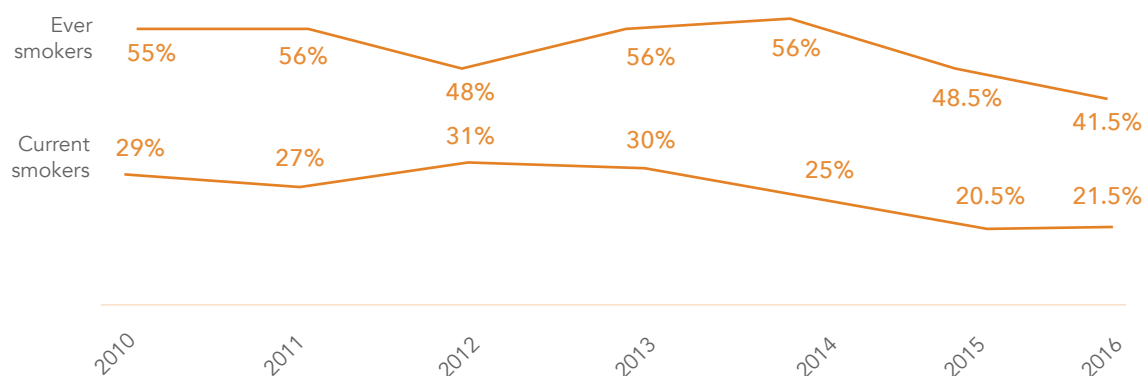
36% reported being diagnosed with some form of anxiety disorder.

TOBACCO USE

We continue to find a high rate of tobacco use among LGBTQ respondents. 21.5% of LGBTQ respondents smoke every day or some days per week. Even though this rate is very close to the 20.5% of LGBTQ respondents last year who were current smokers, LGBTQ respondents are still more likely to smoke as the state general population (14%).¹²

41.45% of all LGBTQ respondents are “ever smokers,” someone who has smoked 100 cigarettes (five packs) or more in their lifetime. Of the 41.45% of LGBTQ respondents who are “ever smokers,” 49.12% have quit smoking.

LGBTQ CURRENT SMOKERS AND EVER SMOKERS



Demographics and smoking frequency

While there were decreases in the smoking rates of lesbian and bisexual respondents, gay respondents and queer respondents reported increased rates of smoking. It's unclear if this is a result of the usual challenges of using a shifting convenience sample from year to year. Further research in coming years will help establish accurate trend lines in LGBTQ smoking rates.

¹⁰ Hanson, B. (2015) Invisible youth: The health of lesbian, gay, bisexual, and questioning adolescents in Minnesota. Minneapolis, MNL Rainbow Health Initiative.

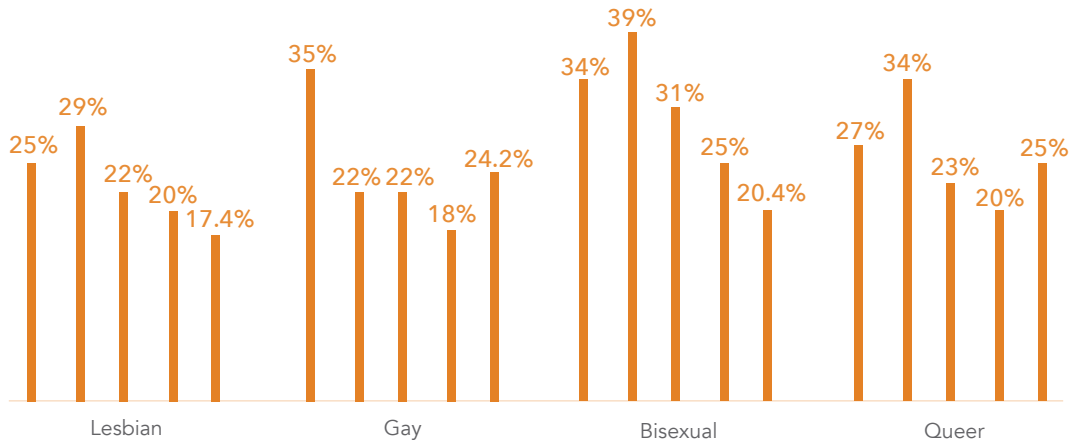
¹¹ James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The Report of the 2015 U.S.

¹² Transgender Survey. Washington, DC: National Center for Transgender Equality.

Minnesota Adult Tobacco Survey. (2015). Tobacco Use in Minnesota: Minnesota Adult Tobacco Survey 2014. Retrieved from <http://www.mnadulttobaccosurvey.org/>

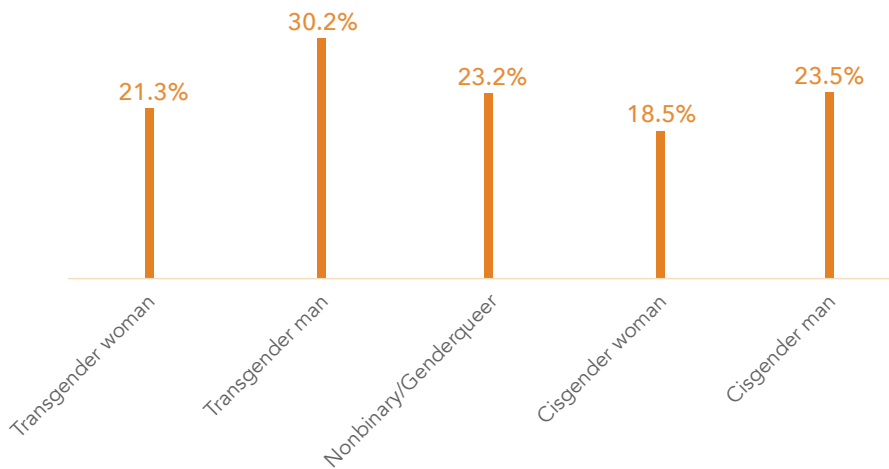


RATES OF CURRENT SMOKING BY SEXUAL ORIENTATION FROM 2012-2016



The percentage of transgender and gender non conforming respondents who are current smokers also decreased significantly over the past four years, narrowing the gap between transgender and cisgender smoking rates. 24.5% of trans respondents are current smokers compared to 20% of cisgender LGBTQ respondents. However, trans men (30.2%) currently smoked at higher rates than trans women (21.4%) and nonbinary/genderqueer/gender non conforming people (23.2%)

2016 RATES OF CURRENT SMOKING BY GENDER



This year's survey saw an increase in LGBTQ people of color who were currently smokers. (28.4%, compared to 24% in 2015, compared to 35% in 2014, 41% in 2013, and 37% in 2012). In comparison, 20.2% of white LGBTQ respondents are current smokers.

As in previous years, our results consistently show that lower smoking rates are strongly associated with higher education levels. 36.9% of LGBTQ respondents who have an educational level of high school or less currently smoke. 26.5% of LGBTQ respondents with some college or a two-year associate's or technical degree smoke, and 14.8% of LGBTQ respondents with a four year degree or more currently smoke.

There was no significant difference in the rates of smoking in any category between rural and urban LGBTQ respondents.

Menthol

Of current smokers, 38.28% prefer menthol cigarettes, 55.86% prefer non-menthol cigarettes, and the remainder report no usual brand. This is fairly consistent across gender identities and sexual orientations, with lesbians and trans men who are current smokers reporting a preference for menthol cigarettes at slightly higher rates. Given the increased rate of menthol use among many different communities of color, it is unsurprising that 43.9% LGBTQ people of color who are current smokers reported preferring menthols compared to 36.8% of white LGBTQ people.

22.54% of all LGBTQ respondents are former smokers. Of former smokers, 19.33% reported preferring menthol cigarettes when they smoked, with 61.54% having preferred non-menthols and the remainder having no usual brand. This supports other research showing that smoking menthols is connected to lower rates of success in quitting.

Other tobacco products

In addition to asking about traditional cigarette use, we asked about use of other tobacco products such as cigars, snus, e-cigarettes, hookah, and chewing tobacco. Historically, tobacco companies have used LGBTQ communities, and specifically youth, as test markets and targeted markets not only for traditional cigarettes but also for new nicotine products^{13,14}.

¹³ Washington, H. A. (2002). Burning Love: Big Tobacco Takes Aim at LGBT Youths. *American Journal of Public Health*, 92(7), 1086–1095.

¹⁴ American Lung Association. (2010) Smoking Out a Deadly Threat: Tobacco Use in the LGBT Community. Retrieved online from <http://www.lung.org/our-initiatives/research/lung-health-disparities/tobacco-use-lgbt-community.html>



10.3% of LGBTQ respondents reported using tobacco products other than cigarettes. 4.7% of all LGBTQ respondents reported using e-cigarettes. 4% of all LGBTQ respondents reported smoking hookah. This rate is higher than the 1.9% of the general population who report using water pipes. 2.2% of respondents reported smoking cigars, which is similar to the rate in the general population (2.9%)¹⁵. Less than 1% reported using snus or chewing tobacco.

Tobacco's broader impact

One in every five LGBTQ respondents reported being current smokers. We know that tobacco use is related to increased rates of health conditions such as chronic respiratory illnesses and cancer. However, the results of this survey show that tobacco use is strongly related with disparities beyond those directly related to the physical effects of tobacco.

For example, 37% of current smokers reported that they cut meals, ate less, or went hungry some months or almost every month in the past year. This is over twice the rate of those who had never smoked (16.8%). There is a two-way relationship between food security and smoking. Those with lower incomes and less access to food are more likely to use tobacco as a response to stress. Additionally, the financial burden of tobacco addiction reduces smokers' ability to purchase food.

TOBACCO USE



41% of LGBTQ respondents are "ever smokers" (have smoked 100 cigarettes or more), and **22%** of all LGBTQ respondents are current smokers. Of the **41%** of LGBTQ respondents who are "ever smokers," **49%** have quit smoking.

Of current smokers, **38%** prefer menthol cigarettes, **56%** prefer non-menthol cigarettes, and the remainder report no usual brand.

¹⁵ Minnesota Adult Tobacco Survey. (2015). Tobacco Use in Minnesota: Minnesota Adult Tobacco Survey 2014. Retrieved from <http://www.mnadulttobaccosurvey.org/>

UNWANTED SEX

Experiences of unwanted sexual contact and sexual violence can have long-term, harmful effects for individuals. Survivors of sexual violence have experienced higher rates of chronic psychological issues, social isolation, increased high-risk behavior and physical health conditions such as chronic pain, gastrointestinal issues, and pregnancies resulting from rape¹⁶.

Due to the sensitive nature of questions related to sexual violence and the public setting of data collection for this survey, respondents were asked a broad question: “Have you experienced any unwanted sexual contact during your lifetime?”

A staggering 58.08% of LGBTQ respondents reported experiencing an unwanted sexual act at some point in their life. 37.26% did not report any unwanted sexual acts, and 4.65% didn’t know if they had experienced any unwanted sexual acts. This was consistent between LGBTQ people of color and white LGBTQ respondents.

Bisexual (64.34%) and queer respondents (71.32%) were more likely to report experiencing an unwanted sexual act at some point in their life. By gender, genderqueer/ gender non conforming respondents (72.16%) reported the highest rates of unwanted sexual contact, followed by transgender men (68.27%), cisgender women (63.99%), transgender women (53.49%), and cisgender men (39.57%).

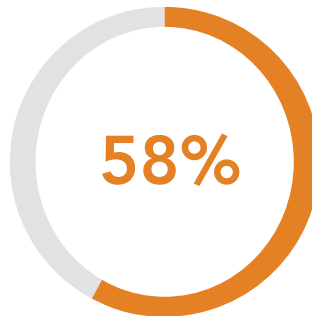
These statistics show that LGBTQ people in Minnesota are experiencing the same high rate of unwanted sexual activity as LGBTQ people across the United States. For example, the Centers for Disease Control and Prevention 2010 National Intimate Partner and Sexual Violence Survey the 2010 found that nearly half (46%) of bisexual women have been raped in their lifetime, compared to 17% of heterosexual women¹⁷.

¹⁶ Centers for Disease Control and Prevention. (2015). Sexual violence: Consequences. Retrieved from: <http://www.cdc.gov/violenceprevention/sexualviolence/consequences.html>

¹⁷ National Center for Injury Prevention and Control. (2011). NISVS: An overview of 2010 findings on victimization by sexual orientation. Retrieved from: http://www.cdc.gov/violenceprevention/pdf/cdc_nisvs_victimization_final-a.pdf



UNWANTED SEX



A staggering **58%** of LGBTQ respondents reported experiencing an unwanted sexual act in their lifetime.

ACCESSING HEALTH CARE

LGBTQ people are at a higher risk for several chronic conditions such as asthma, osteoarthritis, some cancers, and cardiovascular than their straight/cisgender counterparts^{18,19}. It is important that LGBTQ people are able to access affordable, culturally responsive checkups where they can be screened for and manage chronic conditions before they turn into more serious health issues. This year's data shows that cost and a lack of culturally responsive services are leading to LGBTQ people getting less preventative care and delaying care when they are sick or injured.

Insurance

6.4% of LGBTQ respondents reported having no insurance. This is fortunately similar to the 4.3% of all Minnesotans who don't have health insurance.²⁰ 39.5% of all LGBTQ survey respondents reported having insurance through their employer. 20.3% reported having insurance through someone else's employer, whether a partner, spouse, or parent. White respondents reported receiving insurance through their job 18.8% reported having medical assistance, Minnesota Care, or Medicare. 6.4% reported purchasing health insurance through MNsure, and 5.5% reported purchasing insurance through a broker or directly from an insurance company. The remaining 3.1% got health insurance through a student health plan or military health care.

¹⁸ Lick, D. J., Durso, L. E., & Johnson, K. L. (2013). Minority stress and physical health among sexual minorities. *Perspectives on Psychological Science*, 8(5), 521-548.

¹⁹ Denney, J. T., Gorman, B. K., & Barrera, C. B. (2013). Families, Resources, and Adult Health Where Do Sexual Minorities Fit?. *Journal of Health and Social Behavior*, 0022146512469629

²⁰ Minnesota Department of Health. Percent Of Minnesotans Without Health Insurance Drops To Historic Low. 2016. Available at: <http://www.health.state.mn.us/news/pressrel/2016/insurance022916.html>. Retrieved March 17, 2017.

There was no significant difference in rates of uninsurance between rural and urban respondents.

Unfortunately, LGBTQ people of color were uninsured (11.9%) at twice the rate of white LGBTQ people (5.3%), adhering to the trend in the general population of higher rates of uninsurance among people of color. 24.9% of LGBTQ people of color reported being insured through medical assistance, Minnesota Care, or Medicare compared to 17.4% of white LGBTQ people.

8.3% of transgender respondents reported being uninsured, compared to 5.9% of cisgender respondents. Almost a quarter (22.3%) of transgender respondents reported using medical assistance, Minnesota Care, or Medicare compared to 16.8% of cisgender respondents.

50.5% of LGBTQ respondents reported that even if they had insurance, cost was a barrier to accessing health care.

Sexual Health Care

Sexually transmitted infections, including HIV, continue to be important issues in LGBTQ health. The most effective way to reduce STI transmission is through education and testing, which is why it is important that LGBTQ people talk to a health care provider about their sexual health²¹. However, 20.8% of respondents said that they had never talked to a doctor about their sexual health. Additionally, 35.2% of respondents said that they had not talked to a doctor about their sexual health in the last 12 months.

Strikingly, while 46-49% of bisexual, queer and gay respondents reported talking to a provider about their sexual health in the past year, only 33.9% of lesbian respondents had discussed sexual health with a provider in the past year. 29% of lesbians had never discussed sexual health with their providers, compared to 16-18% of queer, bisexual, and gay respondents.

PATIENT-PROVIDER RELATIONSHIP

Out to Doctor

When patients are able to be open with the health care provider about their LGBTQ identity, they have a better chance of receiving appropriate care and preventive screenings. However, approximately one in six respondents (17.1%)

²¹ Ard, K. L., & Makadon, H. J. (2012). Improving the health care of lesbian, gay, bisexual and transgender (LGBT) people: Understanding and eliminating health disparities. Boston: The Fenway Institute.



said that they are not out to their doctor about their LGBTQ identity. This rate is fairly consistent with findings from the 2012, 2013, 2014, and 2015 surveys. This indicates that, despite a change in political climate and national attitudes towards sexual and gender minorities, LGBTQ folks remain cautious about revealing their identity in health care settings.

Bisexual people were dramatically less likely to be out (33.7%) to their doctors than lesbian (76.5%), gay (74.8%), or queer (52.31%) people. This disparity is significant because bisexual people often have some of the worst health outcomes of any sexual orientation group in tobacco and alcohol use, rates of mood disorders, suicide attempts, experiences of sexual assault, and poverty rates²².

Encouragingly, the percentage of LGBTQ people out to their primary care provider increases over age cohorts. Only 32.5% of 18-24 year olds are out to their doctor, while 62.4% of 25-49 year olds, 81.5% of 50-59 year olds, and 87.8% of LGBTQ respondents 60+ were out to their doctor. This discrepancy may point more to the fact that young adults are less likely to have established a relationship with a primary care provider. Regardless, this supports that it is important to provide information to empower LGBTQ patients in health care settings, especially when they first begin assuming responsibility for scheduling appointments and selecting care providers.

Financial Barriers

Financial barriers posed a significant barrier to healthcare access for LGBTQ people. One in every five (22%) LGBTQ people reported that, in the last year, they delayed getting needed medical care when they were injured or sick because they couldn't afford it. Additionally, 21% of respondents reported that they postponed getting a regular checkup because they couldn't afford it. Trans and bisexual people were the most likely to report that cost posed a significant barrier to accessing healthcare.

²² Gorman, B. K., Denney, J. T., Dowdy, H., & Medeiros, R. A. (2015). A new piece of the puzzle: sexual orientation, gender, and physical health status. *Demography*, 52(4), 1357-1382.

BARRIERS TO CARE EXPERIENCED IN THE PAST YEAR

Postponed care when injured or sick because couldn't afford it	22.0%
Postponed checkup because couldn't afford it	21.0%
Postponed care when injured or sick because of discrimination from healthcare providers	7.9%
Postponed checkups because of discrimination from healthcare providers	7.8%
Doctor refused care because I am LGBTQ	1.9%
Had to teach my doctor about LGBTQ people in order to receive proper care	7.9%

Culturally Responsive Care

A patient's relationship with their provider is significantly restricted when there is a lack of provider understanding about LGBTQ identities and health²³. In the past year, 7.91% LGBTQ respondents reported postponing or not getting needed medical care when injured or sick because of disrespect or discrimination from healthcare providers. 7.78% reported postponing or not getting checkups or other preventative medical care because of disrespect or discrimination from doctors or other healthcare providers. 1.87% reported a provider refusing to treat them because they are LGBTQ. 7.89% reported having to teach their provider about LGBTQ people in order to get appropriate care. These percentages are consistent with the 2015 data.

²³ Lambda Legal (2010). When health care isn't caring: Lambda Legal's survey of discrimination against LGBT people and people with HIV. New York: Lambda Legal.



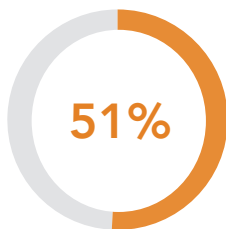
In their lifetime, 30.87% of LGBTQ respondents reported delaying getting needed medical care when they were injured or sick because they couldn't afford it. 31.67% reported delaying a check-up or preventative care because they couldn't afford it. 18.53% reported postponing or not getting needed medical care when injured or sick because of disrespect or discrimination from healthcare providers. 19.9% reported postponing or not getting checkups or other preventative medical care because of disrespect or discrimination from doctors or other healthcare providers. 5.18% reported a provider refusing to treat them because they are LGBTQ. 24.32% reported having to teach their provider about LGBTQ people in order to get appropriate care.

Trans people are most heavily impacted by a lack of trans cultural responsiveness and anti-trans discrimination. Trans people (21.4%) were significantly more likely than cis people (3.3%) to report that they had to teach their doctor about their LGBTQ identity in the past year. They were more likely to report that previous experiences of discrimination from doctors caused them to delay checkups and to delay care when they were injured or sick. This is consistent with past RHI data that shows a lack of competent care for trans people. For example, the 2014 survey found that trans people were twice as likely to report that their doctor is "not at all competent" on LGBTQ health issues and 25% had received poor quality care in the past year because of their gender identity²⁴.

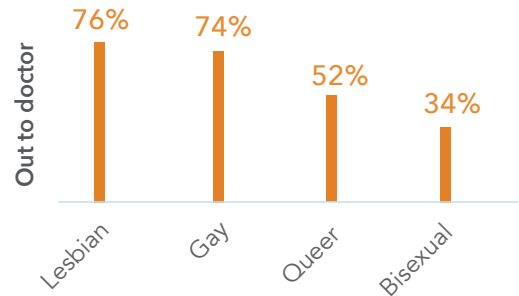
HEALTH ACCESS



57% of LGBTQ respondents are “out” to their doctor or primary care provider. **17%** said they were not out to their doctor. **12%** reported being somewhat out to their doctor, and **5%** were unsure if they were out. **9%** reported having no primary care provider.



51% of LGBTQ respondents reported that cost was a barrier to accessing health care, even if they had insurance.



While **76%** of lesbians, **74%** of gay, and **52%** of queer people men reported being out to their doctors, only **34%** of bisexuals reported being out to their doctor.



In the past year, **32%** of LGBTQ respondents delayed getting preventative care or medical care when they were injured or sick because they couldn’t afford it. **10%** postponed or didn’t get preventative medical or medical care when sick or injured because of disrespect or discrimination from providers. **2%** had a provider refuse to treat them because they are LGBTQ. **8%** had to teach their provider about LGBTQ people in order to get appropriate care.



CONCLUSIONS AND RECOMMENDATIONS

The 2016 Voices of Health survey found that there is an ongoing need for education, prevention and treatment efforts in all areas of LGBTQ health. LGBTQ people are disproportionately burdened by tobacco use, mental health issues, homelessness, sexual violence, food insecurity, and a lack of access to culturally competent medical care. In order to improve the health and wellness of LGBTQ Minnesotans, we offer the following recommendations.

Collect LGBTQ data

Sexual orientation and gender identity data should be appropriately collected and analyzed in public health data collection, medical systems, and social support systems. While some public health surveys are beginning to include sexual orientation (and more rarely gender identity), when sexual orientation and gender identity are not asked, health disparities are hidden. This is especially pertinent for bisexual and pansexual communities, who experience higher rates of smoking, depression, and homelessness.

Access to education and employment

Increasing LGBTQ access to education and employment has the potential to increase food security, decrease homelessness, and enable LGBTQ people to afford healthcare costs, even when they have insurance. Access to education in particular is connected to better health outcomes across the board for LGBTQ people throughout our data.

Health literacy and self-advocacy

Increase LGBTQ communities' health literacy and self-advocacy skills and knowledge related to accessing health and wellness care, with connecting resources for how to handle experiences of discrimination and poor quality care. These self-advocacy skills are especially important for bisexual, pansexual, transgender, and gender non-conforming respondents.

LGBTQ and LGBTQ youth specific tobacco control methods

LGBTQ youth smoke at higher rates than their peers, a disparity that extends into adulthood. Emphasizing tobacco prevention work for LGBTQ youth and access to LGBTQ competent cessation resources are both necessary to continue to reduce the impact of tobacco on LGBTQ communities. In particular, further work to address the role of menthol in ongoing LGBTQ tobacco use will be needed.

Increase access to LGBTQ culturally responsive care

LGBTQ people experience significant disparities in accessing health care. There is a clear need for LGBTQ competent and affirming services for both mental health and preventative medical care, especially increased access for free and/or sliding scale services for low income LGBTQ people. Transgender and gender-non-conforming people consistently report needing to teach their providers about their identity, and also much more likely to delay getting both needed medical care and check-ups because of previous discrimination. Providing more opportunities for health care providers to learn how to best work with LGBTQ patients will be critical to increasing health access for LGBTQ communities.

Implement the Minnesota LGBTQ Standards of Inclusion for Health and Human Services

The Minnesota LGBTQ Standards of Inclusion for Health and Human Services represent a vision of health equity for Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) communities in Minnesota. These Standards of Inclusion are best practices and policy recommendations for all types of clinics, hospitals, and organizations within the Health and Human services sector. The standards provide a comprehensive framework to improve systems, policies, and professional development to advance equitable and inclusive health care for LGBTQ Minnesotans. For a copy of the Standards of Inclusion, a case study, and more information, please visit www.rainbowhealth.org.



APPENDIX 1: SURVEY INSTRUMENT

(1) How old are you?

(2) What best describes your sexual orientation?

- Lesbian
- Gay
- Bisexual
- Queer
- Two Spirit/Native LGBTQ
- Straight/Heterosexual
- Other (write in): _____

(3) What is your current gender identity?

- Female
- Male
- Trans female/Trans woman
- Trans male/Trans man
- Genderqueer/Gender non-conforming
- Different identity (write in) _____

(4) What is your sex assigned at birth?

- Male
- Female
- Intersex

(5) What best describes your racial/ethnic background? (Check all that apply)

- Black/African American
- White/Caucasian
- Hispanic or Latino _____
- American Indian/Alaskan Native (enrolled or principal tribe(s)?) _____
- Asian or Pacific Islander _____
- Arab or Middle Eastern _____
- Other (write in) _____

(6) In the past 12 months in your household:

	Yes	No	Don't know
Did you or other members of your household ever cut the size of your meals or skip meals because there wasn't enough money for food?			
Did you ever eat less than you felt you should because there wasn't enough money for food?			
Were you ever hungry but didn't eat because there wasn't enough money for food?			

(7) If you answered yes to any of the parts of (6), how often did this happen?

- Almost every month
- Only 1 or 2 months
- Some months but not every month
- Don't know
- Did not happen

(8) In the past 12 months in your household:

	Often true	Sometimes true	Never true	Don't know
The food that I/we bought just didn't last, and I/we didn't have money to get more				
I/we couldn't afford to eat balanced meals				
I/we didn't have time to prepare and eat balanced meals				

**The following questions about tobacco use ask about recreational tobacco use, or use of other nicotine products, not to ceremonial/medicinal/traditional use of tobacco by First Nations People/Native Americans*

Cigarette use

(9) Have you smoked at least 100 cigarettes in your entire life? 5 packs = 100 cigarettes.

(check one)

- Yes
- Don't know/not sure
- No **(skip rest of box & go to question 10)**

(a) Do you now smoke cigarettes every day, some days, or not at all? (check one)

- Every day
- Some days
- Not at all
- Don't know/not sure

(b) How long has it been since you last smoked a cigarette, even one or two puffs?

(check one)

- Within the past month
- Within the past three months
- Within the past six months
- Within the past year
- Within the past five years
- Within last ten years
- Ten years or more
- Don't know / not sure

(c) Is your usual cigarette brand menthol or non-menthol? If you've quit, was your usual cigarette brand menthol or non-menthol?

- Menthol
- Non-menthol
- No usual brand
- Don't know / not sure

(d) If menthol, why do you prefer menthols? (check all that apply)

- Peers/friends/family use menthols
- Menthols are cool/more stylish
- It has a soothing effect
- It has a cooling sensation
- They have a medicinal effect (better for a sore throat; loosens up a stuffed nose; fever or asthma)
- It tastes better than non-menthol cigarettes
- I saw advertisements
- Special promotions, rebates, or coupons are available
- I think it is less harmful
- Less expensive compared to other brands
- I don't smoke menthol cigarettes
- I don't smoke
- Other _____

(e) Which of the following would you be most likely to do if menthol cigarettes were no longer sold in stores? Would you: (check all that apply)

- Quit smoking
- Switch to non-menthol cigarettes
- Switch to some other non-menthol tobacco product
- Switch to menthol electronic cigarettes
- Switch to some other menthol tobacco products
- Buy menthol cigarettes online
- Buy menthol cigarettes from another country
- I don't smoke menthols
- I don't smoke



(10) Do you currently use any tobacco/nicotine delivery products other than cigarettes?

- Yes
 - Hookah/water pipe
 - E-cigarettes
 - Snus
 - Cigars/cigarillos
 - Chewing tobacco/dip/snuff
 - Other (write-in) _____
- No
- Don't know/not sure

(11) During the last 12 months, how often did you usually have any kind of drink containing alcohol? By a drink we mean a 12 ounce can or glass of beer, a 5 ounce glass of wine, or a drink containing 1 shot of liquor. (choose one)

- | | |
|--|--|
| <input type="checkbox"/> Every day | <input type="checkbox"/> Once a month |
| <input type="checkbox"/> 5 to 6 times a week | <input type="checkbox"/> 3-11 times in the past year |
| <input type="checkbox"/> 3 to 4 times a week | <input type="checkbox"/> 1-2 times in the past year |
| <input type="checkbox"/> Twice a week | <input type="checkbox"/> Never |
| <input type="checkbox"/> Once a week | |
| <input type="checkbox"/> 2-3 times a month | |

(12) During the last 12 months, how many alcoholic drinks did you have on a typical day when you drank alcohol? Remember, a drink is a 12 ounce can or glass of beer, a 5 ounce glass of wine, or a drink containing 1 shot of liquor.

- | | |
|--|--|
| <input type="checkbox"/> 25 or more drinks | <input type="checkbox"/> 7 to 8 drinks |
| <input type="checkbox"/> 19 to 24 drinks | <input type="checkbox"/> 5 to 6 drinks |
| <input type="checkbox"/> 16 to 18 drinks | <input type="checkbox"/> 3 to 4 drinks |
| <input type="checkbox"/> 12 to 15 drinks | <input type="checkbox"/> 2 drinks |
| <input type="checkbox"/> 9 to 11 drinks | <input type="checkbox"/> 1 drink |

(13) During the last 12 months, how often do you have five or more drinks containing any kind of alcohol in one sitting?

- | | |
|---|--|
| <input type="checkbox"/> Every day | <input type="checkbox"/> 2 to 3 days a month |
| <input type="checkbox"/> 5 to 6 days a week | <input type="checkbox"/> 1 day a month |
| <input type="checkbox"/> 3 to 4 days a week | <input type="checkbox"/> 3 to 11 days in the past year |
| <input type="checkbox"/> 2 days a week | <input type="checkbox"/> 1 or 2 days in the past year |
| <input type="checkbox"/> 1 day a week | |

(14) Are you currently homeless (this includes couch surfing or living in your car)?

- Yes
- No

(15) In your lifetime, how many times have you considered yourself to be homeless? (write in)

(16) Have you ever experienced any form of unwanted sexual activity at any time in your life?

- Yes
- No
- Don't know

(17) Have you ever been told by a doctor, nurse, or other health professional that you have any of the following conditions? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Breast cancer | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> Other cancers | <input type="checkbox"/> Anxiety (including generalized anxiety disorder, acute stress disorder, social anxiety disorder) |
| <input type="checkbox"/> HIV/AIDS | |
| <input type="checkbox"/> Depression | |

(18) What type of health insurance do you have? If you have more than one type, check the ONE that you usually use to cover doctor and hospital bills.

- I have NO health insurance coverage
- Insurance through a current or former employer (employee health plan, COBRA, retiree benefits)
- Insurance through someone else's employer (spouse, partner, parents, etc.)
- Insurance you or someone in your family purchased from healthcare.gov or MNsure.
- Insurance you or someone in your family purchased from an insurance company
- Medicare, for people 65 and older, or people with certain disabilities
- Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
- Military health care/Champus/Veterans Administration/Tri-Care
- Student insurance through college or university
- Other (write-in) _____

(19) Even if you have health insurance, is cost a barrier when you want or need health care?

(ex: expensive co-pays for prescriptions or visits, can't afford better insurance coverage, etc.)

- Yes
- No
- Don't know

(20) If you are LGBTQ, are you "out" to your primary doctor/healthcare provider as an LGBTQ person?

(check one)

- Yes
- No
- Somewhat
- Don't know / not sure
- N/A - do not have a doctor or healthcare provider
- I am not LGBTQ

(21) Have you ever talked with a doctor or health professional about sexual health?

- Yes, but not in the last 12 months
- Yes, within the last 12 months
- No, never

(22) Where do you go most often when you are sick or need advice about your health? (check one)

- Emergency room
- Doctor's office
- Health clinic or health center that I or my insurance pays for
- Free health clinic
- V.A. (Veteran's) clinic or hospital
- Alternative medicine provider (acupuncture, herbalist)
- Not applicable. I do not use any health care providers

(23) Because you are LGBTQ, have you had any of the following experiences?

(Check an answer for each row. If you have NEVER needed medical care, please check "not applicable".)

	Yes, in the past year	Yes, in my lifetime	No	Not applicable
I have postponed or not tried to get needed medical care because I could not afford it				
I have postponed or not tried to get checkups or other preventative medical care because I could not afford it				
I have postponed or not tried to get needed medical care when I was sick or injured because of disrespect or discrimination from doctors or other healthcare providers				
I have postponed or not tried to get checkups or other preventative medical care because of disrespect or discrimination from doctors or other healthcare providers				
A doctor or other provider refused to treat me because I am lesbian, gay, bisexual, and/or transgender/gender non-conforming				

(24) What is your ZIP Code? _____

(26) Are you currently employed?

(25) What is the highest level of education you have completed? (check one)

- High school or less
- Some college, associates degree, or technical degree
- Graduated college or graduate degree

- Yes, full-time
- Yes, part-time
- No
- Don't know

(27) What is your individual annual income, before taxes?
