



**The Family Tree Clinic and Rainbow Health co-sponsored report
on COVID-19 for LGBTQ+ Minnesotans**

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Authors, Organizations

Dylan Flunker
Research & Policy Manager
Rainbow Health

El Wilde
Patient Resources Manager
Family Tree Clinic

Maxwell Johnson
Patient Resources Specialist
Family Tree Clinic

Megan Mueller, MPH
Director of Education & Prevention
Rainbow Health

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General Information

COVID-19 is disproportionately impacting the LGBTQ+ community. According to a research brief published by the Human Rights Campaign¹ in March 2020, those in the LGBTQ+ community are more likely to work in industries that have high exposure rates (such as the restaurant industry), are less likely to have adequate health coverage, and have higher rates of chronic illnesses such as asthma - health conditions that have higher likelihoods of COVID-19 complications and poorer health outcomes

According to research published by the Williams Institute, LGBTQ+ individuals entered the pandemic facing economic disparities.² In their October 2019 analysis of the Behavioral Risk Factor Surveillance System data:

- LGBTQ+ people collectively have a poverty rate of 21.6%, which is much higher than the rate for cisgender straight people of 15.7%.
- Among LGBTQ+ people, transgender people have especially high rates of poverty—29.4%. Lesbian (17.9%) and straight (17.8%) cisgender women have higher poverty rates than gay (12.1%) and straight (13.4%) cisgender men.

Historically, the LGBTQ+ community has been less likely to receive governmental support for public health than the cisgender and/or straight community. This historic disregard has shown up recently in the state of Minnesota in the confusion and controversy around the collection of sexual orientation and gender identity (SOGI) data for the State's voluntary Vaccine Connector program. For forms where this information is supposed to be collected, it isn't collected consistently, with reports of SOGI questions making people uncomfortable. After rounds of trainings and internal and external advocacy, SOGI demographic questions were included in the contact tracing interview guidelines and in the Vaccine Connector, as optional questions. Even this was objected to by some legislators and officials, with MN Sen. Karin Housley and MN Sen. Carrie Ruud advocating for the removal of SOGI questions. On March 6, 2021, the StarTribune posted an editorial advocating for not collecting SOGI data³, which was quickly answered by a counterpoint editorial on March 8, 2021, written by eight LGBTQ+ community leaders, including people from Family Tree Clinic and Rainbow Health. When SOGI data is disregarded, we can no longer see what disparities exist in these communities, making it difficult or impossible to provide the necessary resources or aid. This lack of data leads to the continued perpetuation of health disparities, stigma, and lack of resources.

Along with concrete data about higher rates of job loss, general unemployment, and lower wages that are disproportionately impacting LGBTQ+ communities, it is also important to note that broad discrimination is the root of inequity. Long before COVID-19 came to our

¹<https://www.hrc.org/resources/the-lives-and-livelihoods-of-many-in-the-lgbtq-community-are-at-risk-amidst-covid-19-crisis>

² <https://williamsinstitute.law.ucla.edu/publications/lgbt-poverty-us/>

³ <https://www.startribune.com/remove-state-s-vaccine-query-on-sexual-orientation/600030920/> and <https://www.startribune.com/editorial-counterpoint-stance-supporting-removal-of-sexual-orientation-question-is-ignorant/600031902/>

communities, trans people have been treated inhumanely when trying to access routine medical care. Binary and heteronormative healthcare systems inadequately serve LGBTQ+ communities because they were not built to be inclusive of those communities. Implicit bias, electronic health record systems, and lack of education all contribute to the health care disparities within the LGBTQ+ community.

Despite this, the LGBTQ+ community continues to show up for themselves. The creativity, resilience, and care that the community shows for each other positively impacts the health of many people who do not feel seen by the current health care system. From building mutual aid networks to ongoing advocacy work, the people have been caring for themselves every way they can. Organizations such as Family Tree Clinic and Rainbow Health have partnered with the Minnesota Department of Health (MDH) to do continued advocacy work, communicate the needs of the LGBTQ+ community, provide messaging and information from a trustworthy community source, and distribute needed supplies directly to community members that need them. Grants from MDH have played a part in reducing health disparities and increasing communication to the LGBTQ+ community.

Overview of Family Tree Clinic

Family Tree Clinic began in 1971 in response to the community's need for sexual health care services in St. Paul. Our clinic provides sexual and reproductive healthcare, gender-affirming hormone care, limited primary care, and multiple educational programs - including the only free health education program for Deaf, Deafblind, and Hard of Hearing communities in the state. We know that poverty, oppression, lack of access, discrimination, and mistrust in the medical system are just a handful of the barriers the people we serve face when it comes to getting their healthcare needs met, and we are determined to change that. Family Tree believes that each individual person is deserving of not only high-quality and affordable services, but of affirming, individualized, and respectful care - no matter their gender, sexual orientation, weight/size, or ability to pay.

Our Response to the COVID-19 Pandemic

The COVID-19 pandemic has disproportionately impacted the communities Family Tree Clinic serves and has created many additional barriers to care. We've implemented a variety of projects and community partnerships to help bridge these gaps and promote wellness for our patients and community members during this time. Recognizing Family Tree's involvement and trust within the local LGBTQ+ community, MDH partnered with us at the onset of COVID-19 in 2020. This partnership aimed to provide resources and information to the LGBTQ+ community and collect feedback and data from this historically forgotten and underserved demographic. Throughout several grants from April 2020–June 2021, patient resources staff have been engaging with the LGBTQ+ community to provide the information and resources most needed and obtain critical feedback.

The LGBTQ+ demographic has been historically left out of conversations and gathering their experiences is vital. Utilizing Google Forms, we created a 21-question long anonymous survey that collected demographic data and asked a variety of yes/no, multiple-choice, and short answer questions to gain direct insight into the community's needs and experiences. We then compiled the data and shared it with MDH so they could hear directly from community members about their needs and experiences.

Our continued work with MDH has included a grant where we distributed over 5,000 masks and nearly 1,000 bottles of hand sanitizer to local individuals and communities that needed them. Another project allowed people in Minnesota to request a kit be mailed to them that includes a reusable cloth mask, hand sanitizer, and information sheets that address COVID-19, testing sites, safety concerns, and other relevant topics. A webpage was also created and put up on Family Tree Clinic's website full of resources and information specific to the LGBTQ+ community such as mutual aid groups, safe chest binding during a respiratory pandemic, how to access local care, tips for advocating for yourself during medical visits, mental health resources, and LGBTQ+ and BIPOC therapists. LGBTQ+ and BIPOC communities face ongoing barriers to accessing safe and competent care, with COVID-19 further exacerbating these issues. Our projects with MDH have helped give these communities education, information, and the resources needed to help bridge this gap to the extent that we can.

Moving forward, we are planning paid listening sessions for LGBTQ+ people in the metro area as another avenue for amplifying the community's voice. It's incredibly important for those in power to listen directly to the needs of people. We will also be commissioning local LGBTQ+ artists to create pieces about their experiences during the pandemic as a way to promote healing through art while amplifying LGBTQ+ voices and experiences.

FTC Survey Results

Family Tree Clinic's survey was divided into two main sections. One section collecting demographics information and another collecting information about experiences with COVID-19 and access to resources. The survey was distributed via an informal push across Family Tree's social media platforms such as Facebook and Instagram, crossposted by Rainbow Health's social media pages, and posted in large local queer and trans exchange Facebook groups. There were no incentives to take the survey and it was estimated to take around 10-15 minutes to complete.

We received a total of 155 viable responses. A few respondents reported not identifying as LGBTQ+ so we did not count them in result statistics. Of our viable respondents, 19% identified as having at least one BIPOC (Black, Indigenous, People of Color) race/ethnicity, 80% identified as white/of European descent only, and 1 respondent did not report any race/ethnicity information. We collected responses from an age range of 15 to 60 years old with the majority of respondents being in their early 20s to early 30s. Other important demographic breakdowns included:

- 38% identified as having a disability
- 5% were Deaf, DeafBlind, or Hard of Hearing
- 51% were transgender or questioning
- Self-reported identities included mentally ill, Jewish, neurodivergent, fat, autistic, HIV-positive, polyamorous, aromantic, low-income, first-generation college student, child of refugees, intersex, orphan, sexual assault survivor, and more.

The most common response of where people in the community are getting their information about COVID-19 was social media. Family Tree has produced various posts throughout the pandemic so far about COVID-19, testing, and the vaccine to help circulate reputable and correct information on these platforms. While our social media usually focuses on sexual health, we expanded our public health focus during the pandemic to better meet the information needs of our patients and community.

The main theme that appeared throughout the survey results was lack of access. Even though many folks reported knowing where to get tested for COVID-19, cost was a barrier to obtaining a test for 60% of respondents. General healthcare, including mental health care, had been difficult or impossible to access during the pandemic for 64% of respondents. Other prevalent access issues noted were:

- 23% of respondents reported having trouble affording food

- 28% reported having trouble affording basic necessities
- 43% reported having trouble finding and getting to stores with the items they need

These access disparities were further exacerbated when the data was broken down between white and BIPOC respondents. Food accessibility was a notable discrepancy with 33% of BIPOC respondents having reported trouble affording food vs. 20% of white respondents. Lack of access to basic needs is often correlated to a person's ability to financially provide for themselves through employment. This was also demonstrated in the data:

- 25% of respondents were unemployed at the time of the survey
- 41% of respondents were furloughed or unemployed for some amount of time due to COVID-19
- 51% of those who needed it were unable to access unemployment benefits
- 13% of respondents reported experiencing housing instability during COVID-19 (not being able to afford rent, losing housing, experiencing homelessness, etc.)

3% more BIPOC respondents than white respondents reported being unemployed either at the time of the survey or at some point during the pandemic.

This survey was conducted throughout July and August 2020, which was after the murder of George Floyd on May 25th, 2020 in Minneapolis and during the subsequent uprisings, protests, and increased police presence and violence. The survey also collected data on the community's experience with and perception of these incidents. 21% of all respondents reported feeling as safe as they usually do in their communities and neighborhoods during the time of the survey. 67% of BIPOC respondents reported some decrease in sense of safety and 78% of white respondents reported some degree of decrease. Our survey also asked for data on direct police interaction. 48% of respondents reported having direct interactions with police during COVID-19, with roughly 70% of those reporting interactions having negative interactions. Sense of safety was also assessed in questions about experiences around domestic and sexual violence. 2% of respondents reported experiencing domestic, sexual, or intimate partner violence during the pandemic with 1% in need of resources for safety planning, shelter, and fleeing.

Another major focus of the survey was the impact of COVID-19 on mental health. The LGBTQ+ community already faces significant mental health disparities as well as access barriers to competent mental healthcare, which we expect to be magnified during this time. Only one respondent reported that their mental health had not been affected during COVID-19 at all. The most common effects were experiences of:

- Stress and anxiety (92%)
- Depression (70%)
- Fear for themselves or loved ones (77%)
- Trouble concentrating (66%)
- Trouble sleeping (65%)
- Worsening of mental health condition(s) (64%)

These results highlight the importance of support resources during COVID-19 as we are seeing impacts on mental health. We asked at the end of the survey what resources people are looking for the most, and many people said mental health resources and LGBTQ+ support groups. Due to COVID-19, therapy and some support groups have gone virtual, making these resources more accessible for many. But the heightened need for mental health support during COVID-19 along with many people losing jobs or experiencing a reduction in income causes additional barriers. Family Tree has heard from community members that no access to the internet has been a barrier to receiving virtual support. We received a wide variety of answers in relation to needed resources but the most common ones were:

- Mental health resources (67%)
- LGBTQ+ virtual support groups (54%)
- Information on COVID-19 testing and test sites (54%)
- Information on crowdfunding/mutual aid opportunities (37%)

Overall, the survey results offered a window into some of the lived experiences within the LGBTQ+ community during the COVID-19 pandemic. The results here are not all-encompassing of all answers and results we received but rather a breakdown of the biggest questions, main themes, and highest racial discrepancies. Hearing directly from the community how their experiences have been and what they are needing in terms of information, medical care, and support helps Family Tree Clinic and MDH be more responsive to community needs.

This survey was not a scientific study and has many limitations, such as small sample size, even smaller BIPOC sample size, and no control group or survey from the larger Minnesota community for comparison. With such small numbers and some respondents' answers having to be discounted, the percentages and results reported in this summary only give a glimpse into what is happening in the greater LGBTQ+ community. Small sample sizes can cause misrepresentation and skewed percentages. All percentages were rounded to the nearest whole number.

Family Tree Clinic is continuing their partnership with MDH through June 2021 to continue offering opportunities to gather feedback from the LGBTQ+ community and provide them with resources and information. We plan on executing listening sessions in the spring of 2021 to talk directly with community members to gain more in-depth knowledge of their experiences. We will continue to provide information on COVID-19 and add information on the vaccine rollout.

Overview of Rainbow Health

Rainbow Health (previously JustUs Health) was created in 2018 through the merger of three entities: the Minnesota AIDS Project (MAP), Rainbow Health Initiative, and Training to Serve. Our mission is to work for equitable health care access and outcomes for people who experience injustice at the intersection of health status and identity. The work of Rainbow Health centers individuals and communities at risk of and living with HIV or facing barriers to equitable health care access and outcomes because of their identity as gender, sexual, and/or racial minorities.

With over 20 different unique programs and services built for the communities we serve, we're committed to stepping up where our current healthcare systems have left service gaps. Some of our programs fill direct client needs such as case management, benefits counseling, emergency financial assistance, transportation, and housing. Other programs work to impact systems-level change such as educating providers, a diverse legal team (from inequitable insurance practice to workplace discrimination), health research (like our annual Voices of Health survey), and care navigators.

Our Response to the COVID-19 Pandemic

Rainbow Health has been working with the Minnesota Department of Health (MDH) through 2 projects aimed primarily at assisting the LGBTQ+ community access information and resources. Additionally, our annual Voices of Health survey included several questions related to people's experience during the pandemic (results below).

Our first project began in mid-summer of 2020, aimed at funneling details about COVID-19 testing to the communities we serve. We partnered with local artists to translate the CDC and MDH information into more relatable content that was inclusive of various identities and simplified. As part of this project, we developed a group of key stakeholders to interview in order to identify and amplify the main concerns from the community. We recruited a diverse group of individuals, conducted one-on-one interviews, and then compiled that feedback to incorporate it into our creative brief for our local artists to base their projects on (details on the results of the key stakeholder interviews below).

Our COVID hotline (612-254-0116) has been up and running since November 2020 and is assisting the LGBTQ+ community and people living with HIV navigate available resources, find testing sites, and help navigate the vaccination landscape. The team stays in close contact with MDH, community vaccination sites, and other community organizations to stay up to date on what types of assistance are available to people experiencing hardships related to COVID-19. The COVIDLine team is familiar with the vaccine eligibility requirements as well as how folks can navigate the healthcare system to access a vaccine when an individual does become eligible. We're additionally able to advocate for the needs of the community from within the MDH infrastructure, such as advocating for people living with HIV or syringe exchange workers to be included in higher tiers of vaccine eligibility.

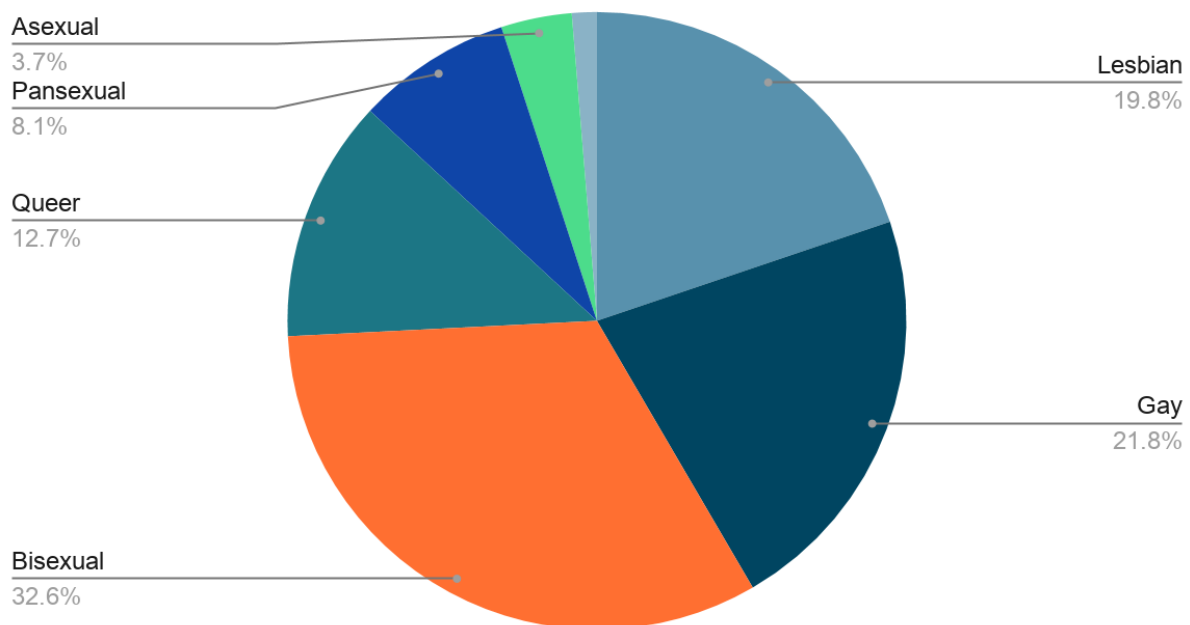
Voices of Health Survey Results

Voices of Health is an annual LGBTQ+ community health survey that seeks to examine the gaps in knowledge about LGBTQ+ communities' experiences and access to health care. In 2020, we were especially interested to see the impact of COVID-19 on LGBTQ+ people in Minnesota.

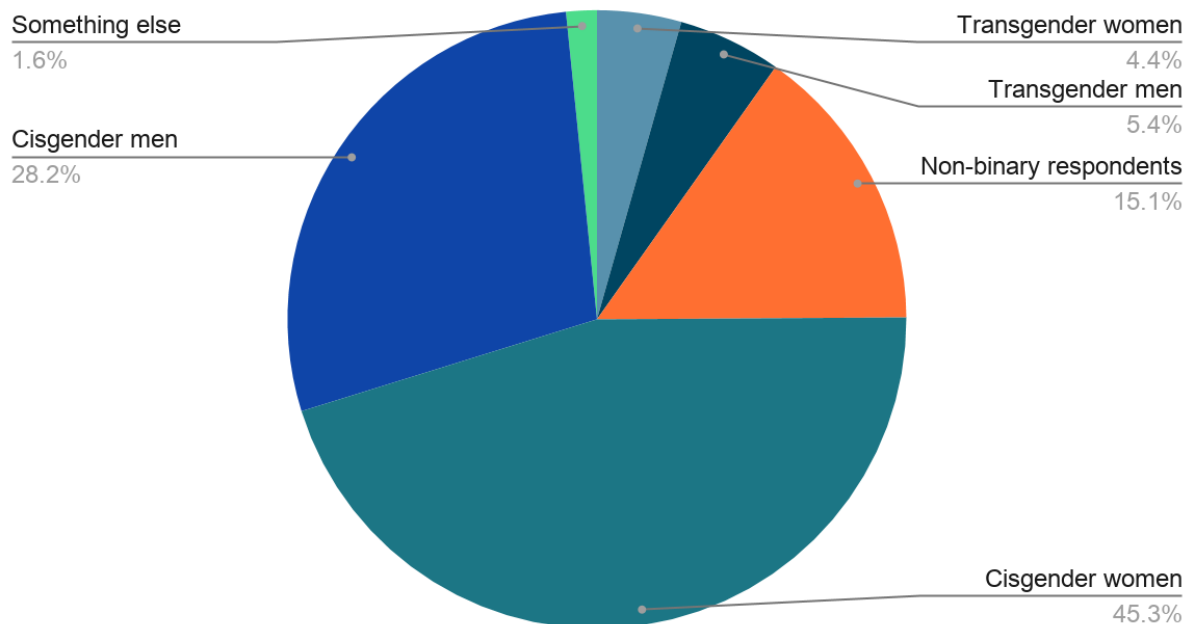
The 2020 survey was conducted online using SurveyMonkey. Respondents were recruited through email, word of mouth, and targeted social media advertising to ensure we had a sample that captured the broad diversity of LGBTQ+ people and communities. The survey was live between June and October of 2020. This is particularly salient to considering the rates of having COVID-19 because it was before the surge in cases that occurred in November and December.

The survey captured a robust cross-section of sexual orientation and gender in the broader LGBTQ+ community.

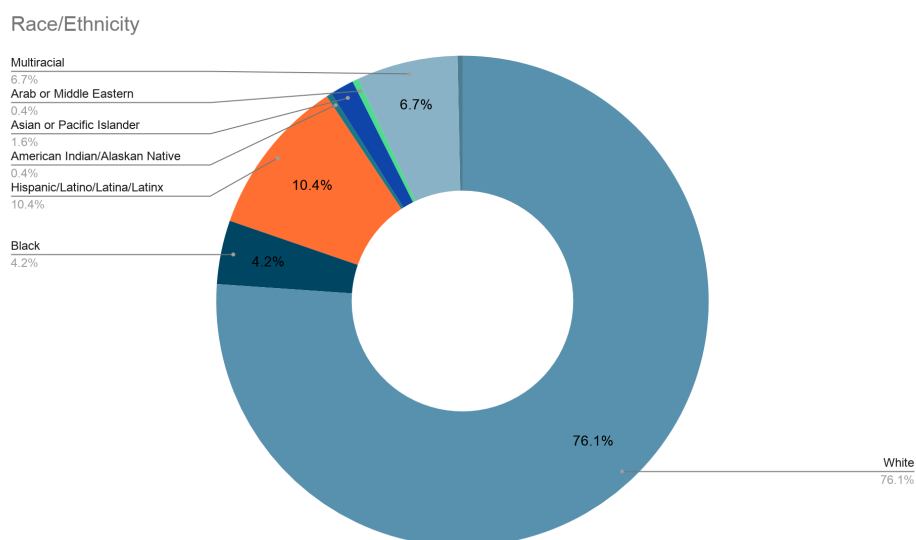
Survey Respondents by Sexual Orientation



Survey Respondents by Gender Identity



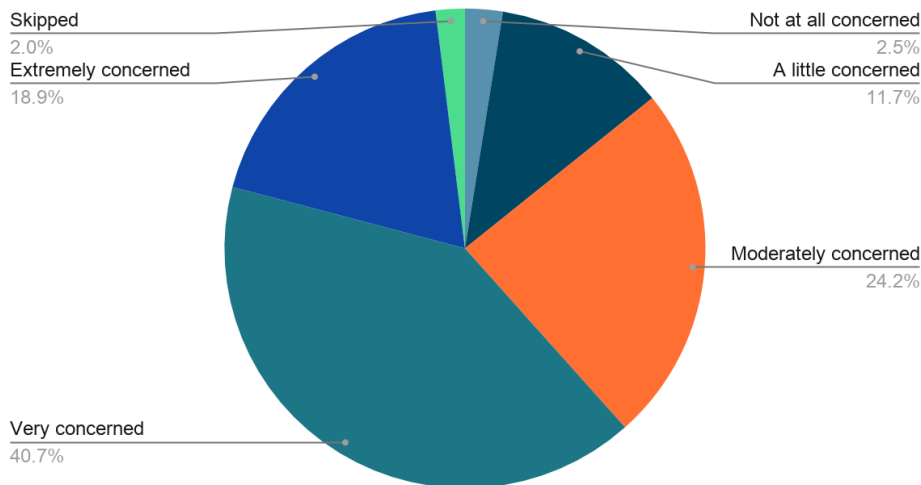
In 2020, we had 2,806 LGBTQ+ respondents. 24% of respondents were BIPOC and 76% were white.



Concern about COVID-19

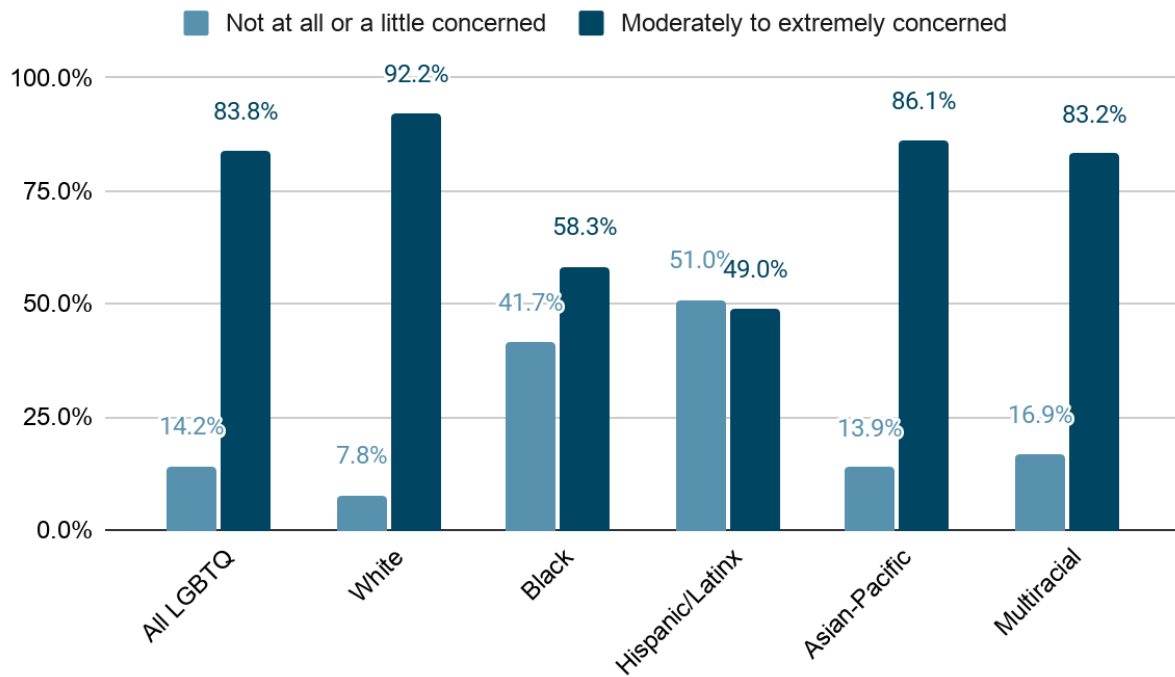
When asked how concerned they felt about COVID-19, 19% of respondents felt extremely concerned, 41% felt very concerned, and 24% felt moderately concerned. Only 12% felt a little concerned and an additional 3% felt not at all concerned about COVID-19.

How concerned are you about COVID-19?



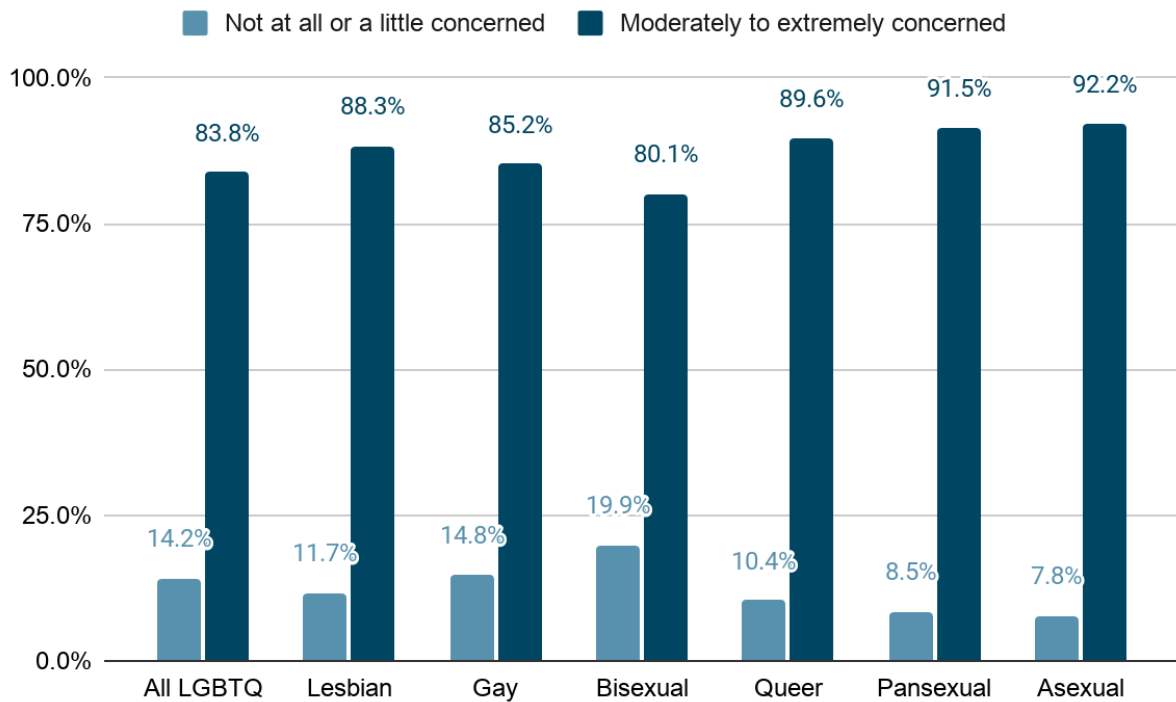
Respondents' concern about COVID-19 did vary depending on race, with Black and Hispanic/Latinx respondents more likely to report they were not at all or a little concerned about COVID-19.

	All LGBTQ+	White	Black	Hispanic/Latinx	Asian/Pacific Islander	Multiracial
Not at all concerned	2.5%	1.5%	12.9%	5.1%	0%	3.2%
A little concerned	11.7%	6.1%	28.5%	45.9%	13.6%	12.8%
Moderately concerned	24.2%	22.2%	25.9%	35.9%	27.3%	27.3%
Very concerned	40.7%	46.9%	22.4%	9.3%	34.1%	32.6%
Extremely concerned	18.9%	21.45	9.5%	3.8%	22.7%	19.3%

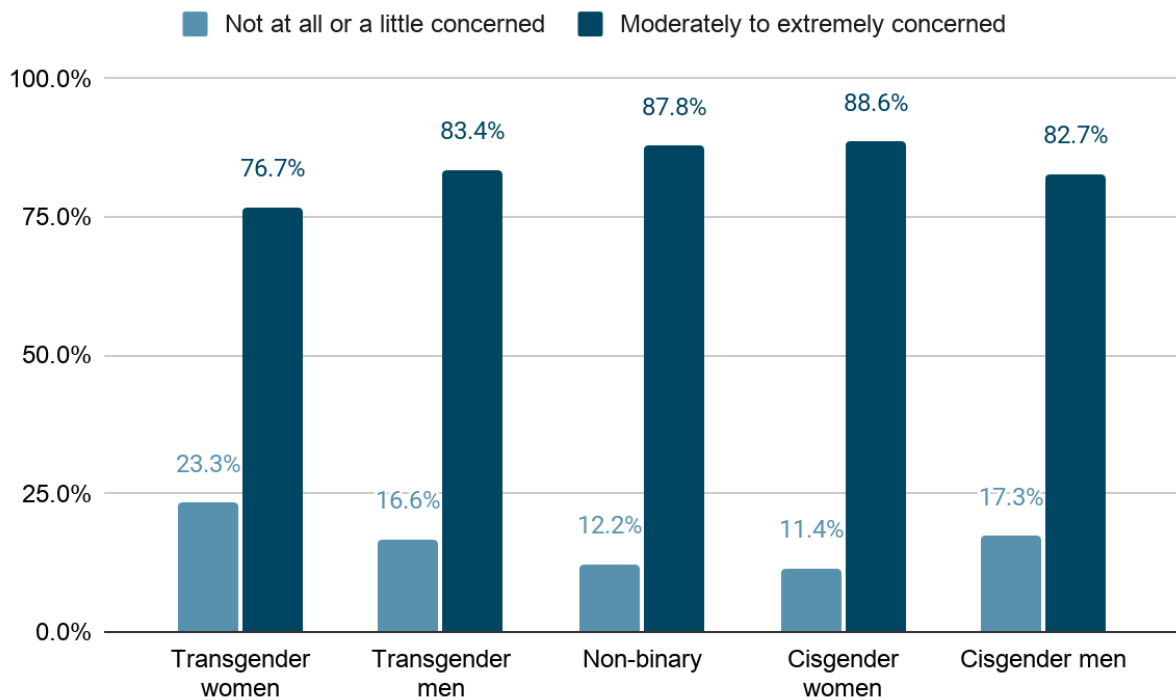


Rural and urban respondents reported similar rates of concern about COVID-19, with 10.2% of urban and 11.5% of rural respondents reporting no to little concern about COVID and 89.8% of urban respondents and 88.5% of rural respondents reporting moderate to extreme concern about COVID-19.

Bisexual respondents were less likely to report concern about COVID-19.



Cisgender women and Non-binary respondents reported higher levels of concerns about COVID-19.



Changes to Lifestyle or Daily Activities

91% of LGBTQ+ respondents reported making changes to their lifestyle or daily activities due to COVID-19. Of respondents who were not at all concerned or a little concerned about COVID-19, 40.5% of respondents haven't made any changes in their lifestyle. In contrast, of respondents who are moderately to extremely concerned about COVID-19, 96% have made changes to their lifestyle.

Similar to reporting concerns about COVID, Black and Hispanic/Latinx respondents were less likely to report making changes to their lifestyle or daily activities. 94.2% of white respondents, 95.5% of Asian-Pacific Islander respondents, and 82.9% of multiracial respondents reported making changes compared to 77.6% of Black respondents and 57.9% of Hispanic/Latinx respondents. This likely reflects that Black and Hispanic/Latinx respondents may be more likely to be essential workers, especially in child care, grocery stores, and health care systems.

Of respondents who reported changes to their lifestyle:

- 73.7% More hand washing and cleaning
- 79.9% Avoiding social gatherings
- 41.7% Working from home
- 39.8% Avoiding going to the doctor or dentist for routine care
- 51.4% Avoiding public transportation
- 63.5% Avoiding or canceling travel
- 12.1% Not attending classes
- 40.5% Stocking up on food and supplies
- 30.2% Attending school/classes online
- 33.4% Contributing to the response (e.g. donating financially, buying groceries, or caring for elderly or immunosuppressed family members or neighbors)
- 5% wrote in another change or impact of COVID-19

The most common write-in response about changes was about wearing masks in public spaces.

Difficulties due to COVID-19

LGBTQ+ respondents were asked about challenges or difficulties they faced due to COVID-19. 78.5% of LGBTQ+ respondents experienced challenges or difficulties due to COVID-19.

Out of all LGBTQ+ respondents,

- 40.6% reported reduced income
- 22.7% reported losing a job
- 9.9% experienced difficulties with childcare
- 24.5% experienced difficulties getting food
- 27.5% experienced difficulties getting supplies
- 17.8% experienced difficulties getting routine/essential medications
- 15% experienced transportation difficulties
- 18.9% experienced difficulties accessing healthcare

75.9% of white respondents experienced difficulties compared to 87.9% of BIPOC respondents.

	White	Black	Hispanic/ Latinx	Asian-Pacific Islander	Multiracial
Reported COVID-19 difficulties	75.9%	93.1%	97.3%	56.8%	77.5%

Asexual respondents reported slightly lower rates of experiencing difficulties related to COVID, but there were no other substantive differences across sexual orientation. Looking at gender identity, transgender women reported higher rates of experiencing one or more of the difficulties we asked about.

Sexual Orientation	Percentage reported a COVID-19 difficulty
Lesbian	78.3%
Gay	78.9%
Bisexual	80.1%
Queer	77.3%
Pansexual	80.9%
Asexual	71.2%
Gender Identity	Percentage reported a COVID-19 difficulty
Transgender women	87.6%
Transgender men	82.7%
Non-binary	80.1%
Cisgender women	74.6%
Cisgender men	82.8%

Social Distancing / Self-Isolating

Respondents were asked to what extent they were social distancing or self-isolating. 15.9% reported self-isolating “all of the time, I am staying at home nearly all the time.” 37.7% of respondents reported self-isolating “most of the time, I only leave my home to buy food and

other essentials.” 39.3% of the respondents reported self-isolating “some of the time, I have reduced the amount of times I am in public spaces, social gatherings, or at work.” Only 3.9% of respondents reported “none of the time, I am doing everything that I normally do.”

When asked why they weren’t social distancing or self-isolating more, LGBTQ+ respondents overall reported the following:

- 18.2% I am a healthcare worker, first responder, or essential worker
- 41% I’m only leaving for household essentials like food and toiletries
- 30% I cannot afford to miss work and can’t work from home
- 11.8% I do not have my own space to self-isolate in
- 6.2% I do not think self-isolation is effective in preventing the spread of COVID-19
- 8.5% I do not believe I am at high risk for COVID-19
- 6.2% I have to care for others outside of my home

	White	Black	Hispanic/ Latinx	Asian-Pacific Islander	Multiracial
I am a healthcare worker, first responder, or essential worker	19.3%	9.5%	9.6%	31.8%	20.3%
I’m only leaving for household essentials like food and toiletries	44.4%	29.3%	21.2%	47.7%	38.5%
I cannot afford to miss work and can’t work from home	28.1%	47.4%	34.6%	29.6%	35.8%
I do not have my own space to self-isolate in	9.5%	17.2%	22.6%	11.4%	16.1%
I do not think self-isolation is effective in preventing the spread of COVID-19	3.6%	19%	19.5%	2.3%	9.1%
I do not believe I am at high risk for COVID-19	8.1%	16.4%	6.9%	9.1%	9.6%
I have to care for others outside of my home	6.6%	12.1%	1%	0%	8.6%

When looking at the reasons respondents weren't social distancing or self-isolating by sexual orientation there aren't as many significant differences. Of particular note, queer respondents were more likely to report being a healthcare worker, first responder, or essential worker. Bisexual, queer, and asexual respondents were more likely to report not having their own space to self-isolate. Pansexual respondents more frequently reported needing to care for others outside of their own home.

	Lesbian	Gay	Bisexual	Queer	Pansexual	Asexual
I am a healthcare worker, first responder, or essential worker	16.3%	17.2%	16.2%	25.3%	22.1%	20.2%
I'm only leaving for household essentials like food and toiletries	42.4%	43.7%	37.1%	39.9%	45.6%	45.2%
I cannot afford to miss work and can't work from home	27.5%	28.3%	30.5%	29.5%	37.2%	37.5%
I do not have my own space to self-isolate in	7.2%	8.7%	14%	18.5%	9.7%	17.3%
I do not think self-isolation is effective in preventing the spread of COVID-19	5.4%	8.4%	5.6%	9.6%	3.1%	1.9%
I do not believe I am at high risk for COVID-19	8.8%	11.3%	7%	7.3%	8%	7.7%
I have to care for others outside of my home	7.2%	6.1%	4.5%	7%	11.1%	3.9%

When looking at reasons why people aren't social distance/self-isolating more by gender, there is some variation, especially between transgender respondents. Of particular note, transgender respondents were more likely to report they cannot afford to miss work and can't work from home. Transgender women, transgender men, and non-binary respondents were more also likely to report not having their own space to self-isolate than cisgender respondents. Cisgender men and non-binary respondents are the most likely to think that self-isolation isn't a good strategy to prevent the spread of COVID-19.

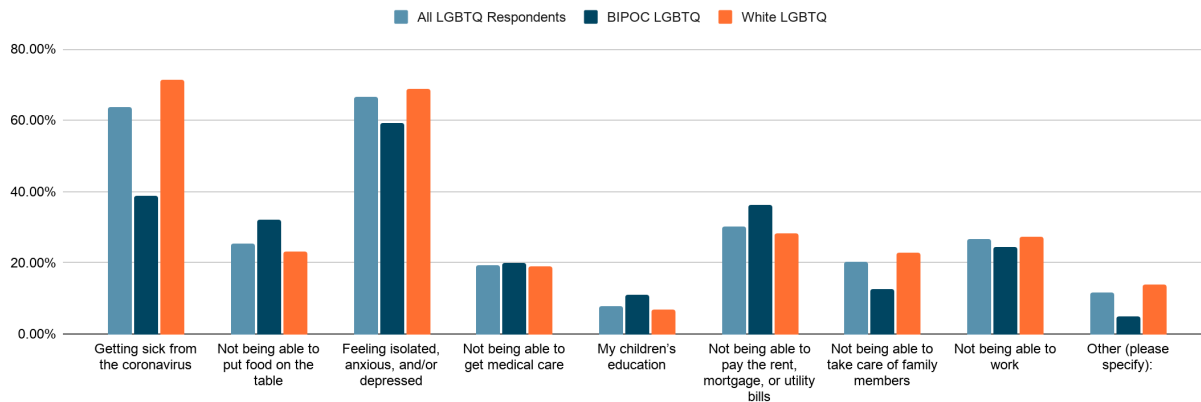
	Transgender women	Transgender men	Non-binary people	Cisgender women	Cisgender men
I am a healthcare worker, first responder, or essential worker	17.4%	25.3%	18.5%	20%	14.7%
I'm only leaving for household essentials like food and toiletries	35.5%	36%	46.6%	41.6%	40.8%
I cannot afford to miss work and can't work from home	37.2%	33.3%	31.3%	28.9%	28%
I do not have my own space to self-isolate in	12.4%	15.3%	19.2%	9.9%	8.4%
I do not think self-isolation is effective in preventing the spread of COVID-19	6.6%	6%	7.9%	4.1%	8.4%
I do not believe I am at high risk for COVID-19	9.1%	10.7%	7.2%	8.4%	9.4%
I have to care for others outside of my home	3.3%	6%	7%	7.1%	3.3%

Top COVID-19 related concerns

Respondents were asked to select their top three concerns related to COVID-19 out of a list of potential concerns along with a write-in option. The most frequently reported concern was “feeling isolated, anxious, and/or depressed” followed closely by “getting sick from the coronavirus.”

There are some significant differences in the top three concerns when we looked at the race and ethnicity of respondents. A higher percentage of BIPOC respondents included “not being able to put food on the table,” “not being able to pay the rent, mortgage, or utility bills,” and “my children’s education” in their top three concerns. A much higher percentage of white respondents included “getting sick from the coronavirus” in their top three than black respondents, and a slightly higher percentage of white respondents included “feeling isolated, anxious, and/or depressed” and “not being able to take care of family members” in their top three than black respondents.

Top Three COVID-19 Concerns



The write-in responses were analyzed to identify additional themes of COVID-19 concerns. The main themes that emerged were concern about potentially infecting others (4% of all respondents) and concern about friends and family getting sick or dying from COVID-19 (3% of all respondents).

Additional write-in themes include fear of dying, concern for general community health, concern for respondents' education, job concerns, others not taking the pandemic seriously, and frustrations and fears over the political, social, and economic impacts of the pandemic.

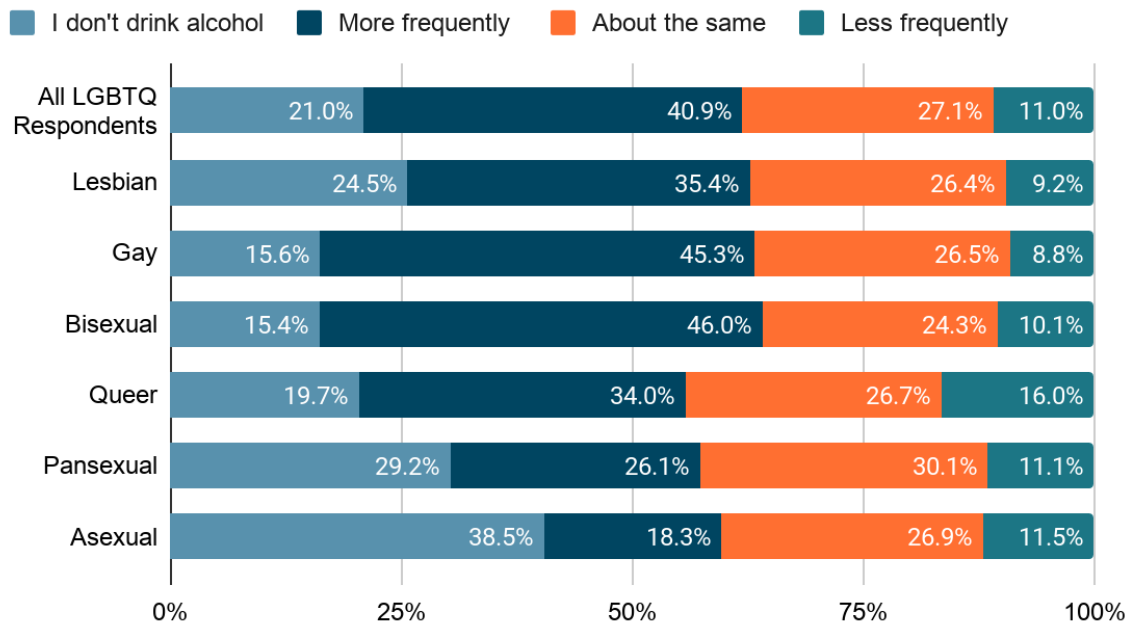
Substance Use

Respondents were asked if they thought they were using alcohol, marijuana, tobacco or nicotine products, or other substances more frequently, less frequently, or about the same as before the pandemic. In all four areas respondents were asked about (alcohol use, marijuana use, tobacco use, and other illicit substances) we saw a trend of increased use during the pandemic, likely as a coping mechanism to stress. LGBTQ+ specific interventions and supports for addressing substance abuse will be key to reducing these rates.

Alcohol Use

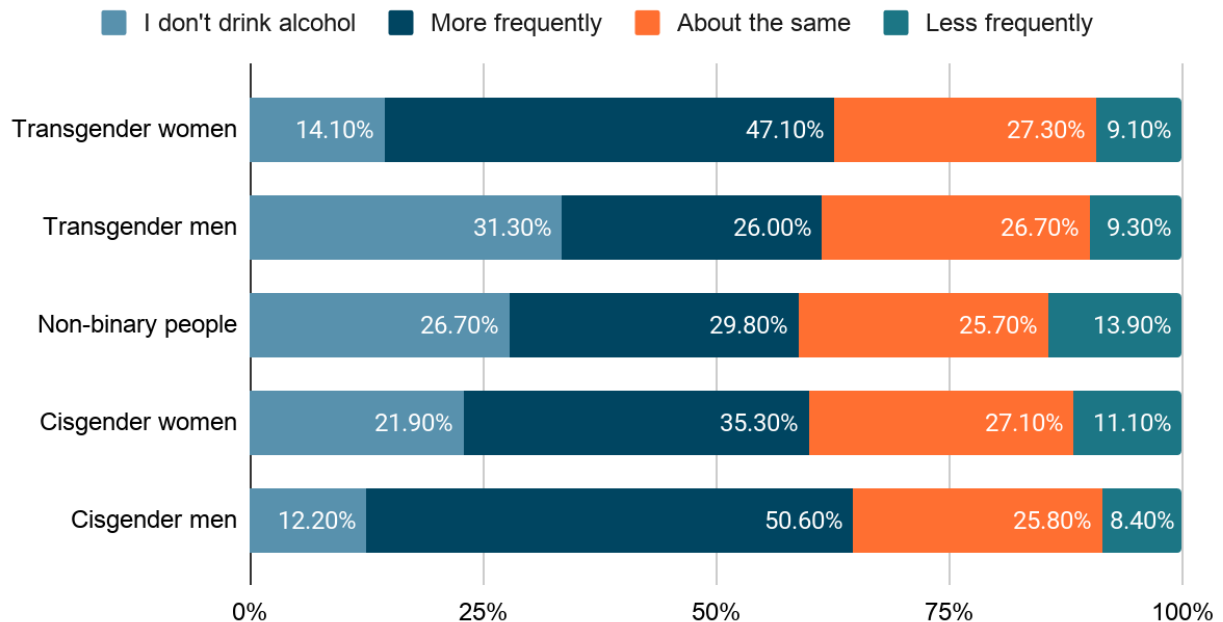
Overall, an alarming percentage of respondents reported they were using alcohol more frequently than before the pandemic. In particular, bisexual and gay respondents reported more frequent alcohol use.

Alcohol Use by Sexual Orientation



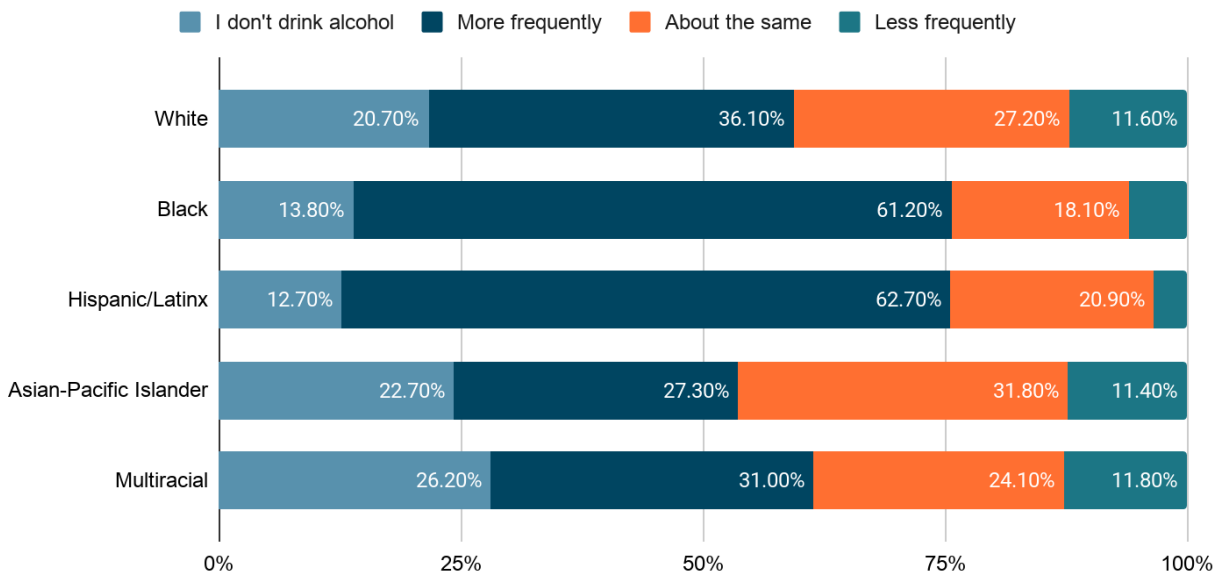
Half of all cisgender men report drinking alcohol more frequently than before the pandemic. Almost half of transgender women also report more alcohol use.

Alcohol Use by Gender



Looking at alcohol use by race and ethnicity, Black and Hispanic/Latinx respondents report drinking alcohol more frequently than before the pandemic at higher rates than white, Asian-Pacific Islander, and Multiracial respondents.

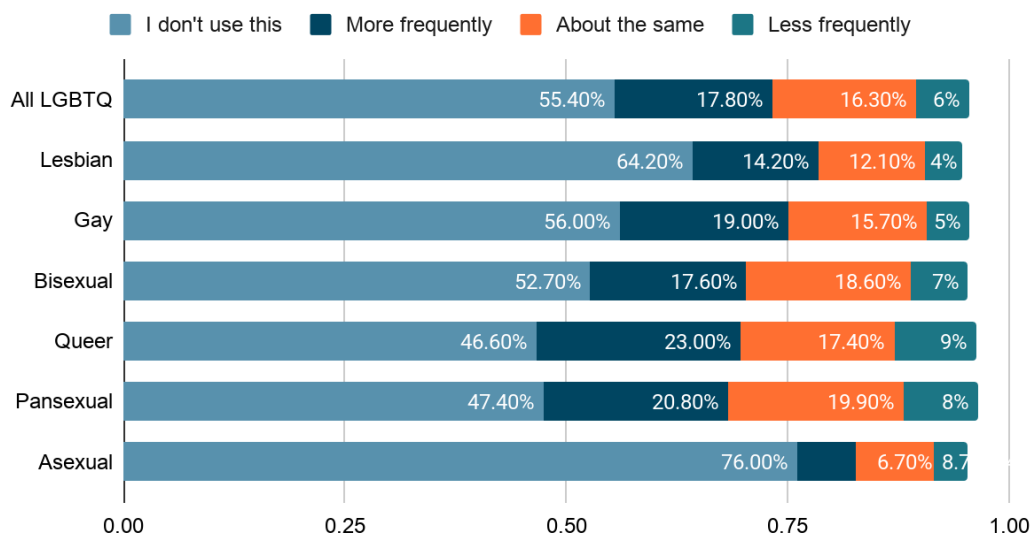
LGBTQ Alcohol Use by Race/Ethnicity



Marijuana Use

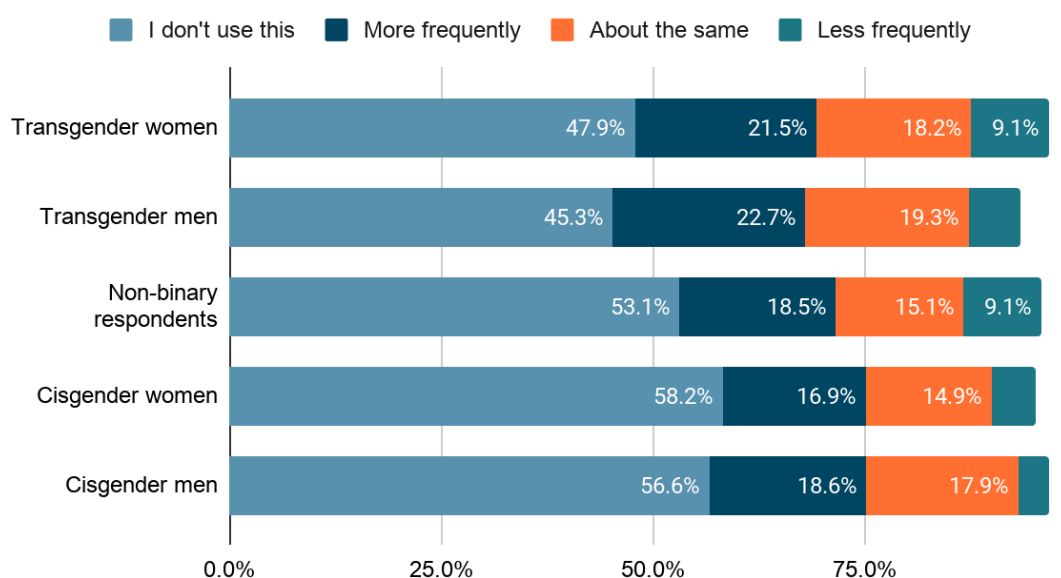
While over half of LGBTQ+ respondents reported not using marijuana, almost a fifth of respondents reported using marijuana more frequently than before.

Marijuana Use by Sexual Orientation



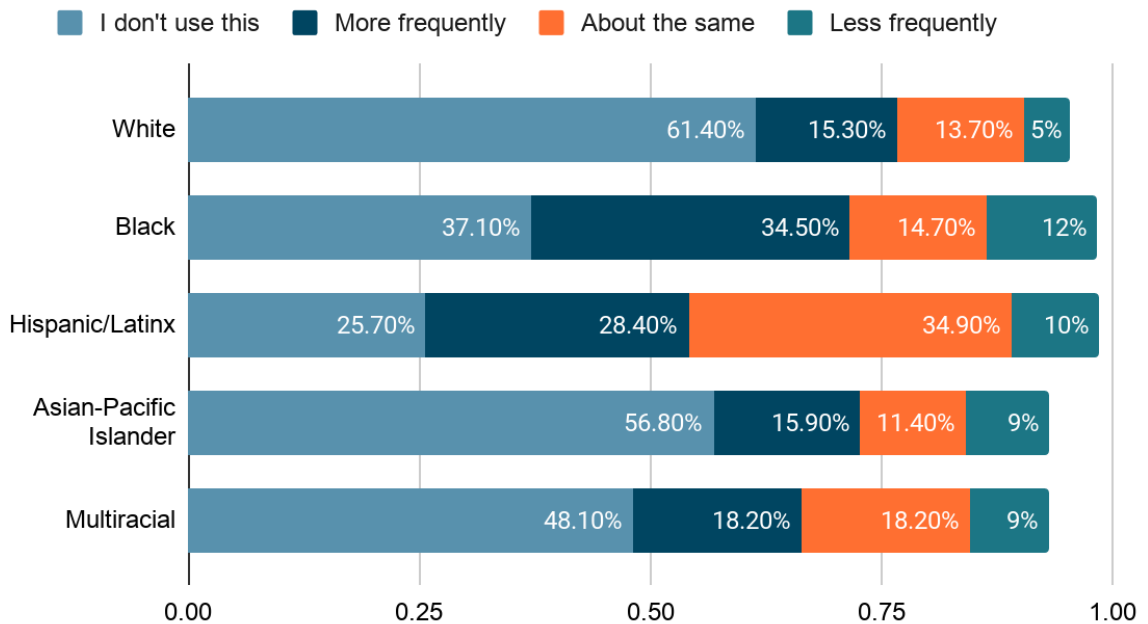
There isn't as much variation across gender identity in marijuana use frequency after the pandemic began,

Marijuana Use by Gender Identity



Similar to alcohol use, Black and Hispanic/Latinx respondents were more likely to report increased marijuana use.

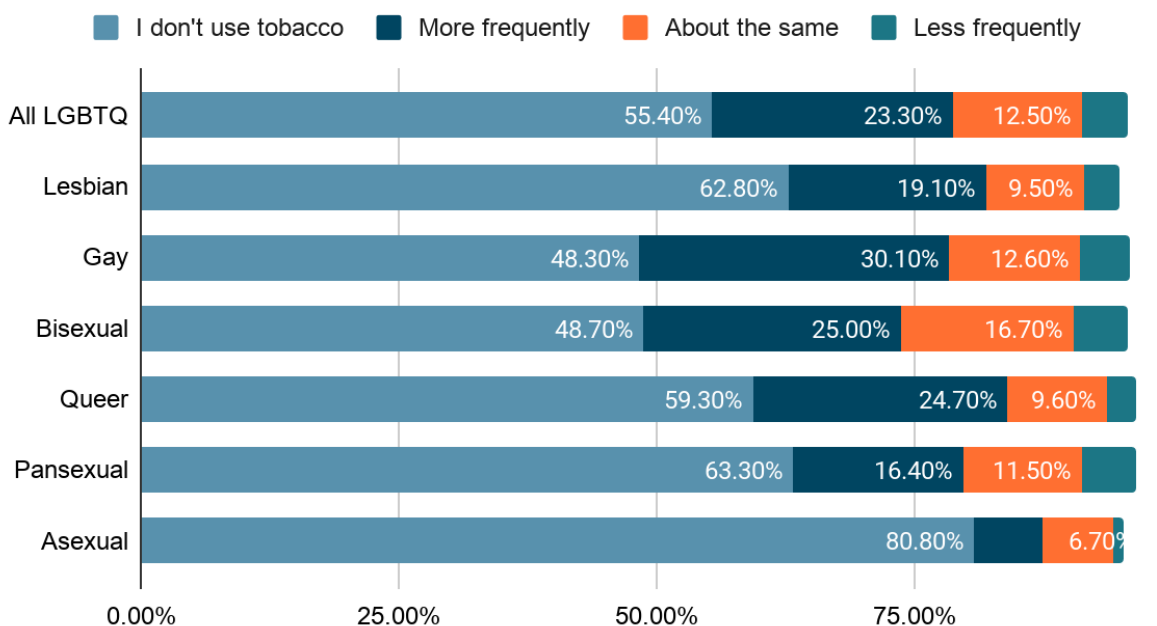
Marijuana Use by Race/Ethnicity



Tobacco Use

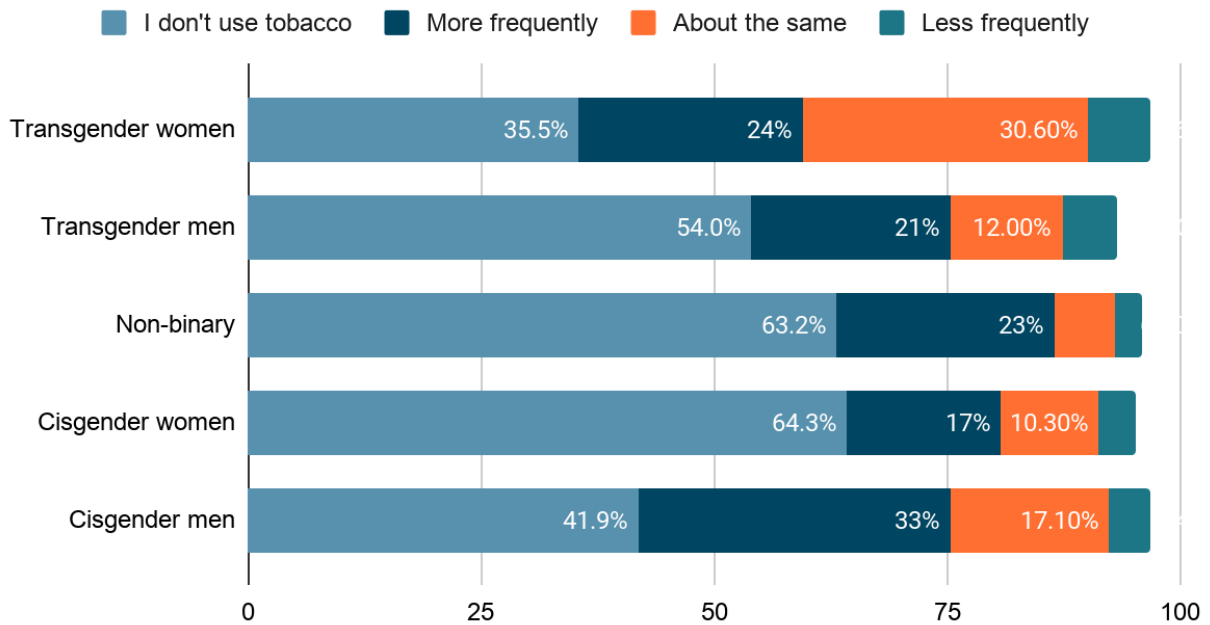
Tobacco use also increased by almost 25% for LGBTQ+ respondents as a whole. Gay respondents in particular reported the highest rate of increased tobacco use.

Tobacco Use by Sexual Orientation



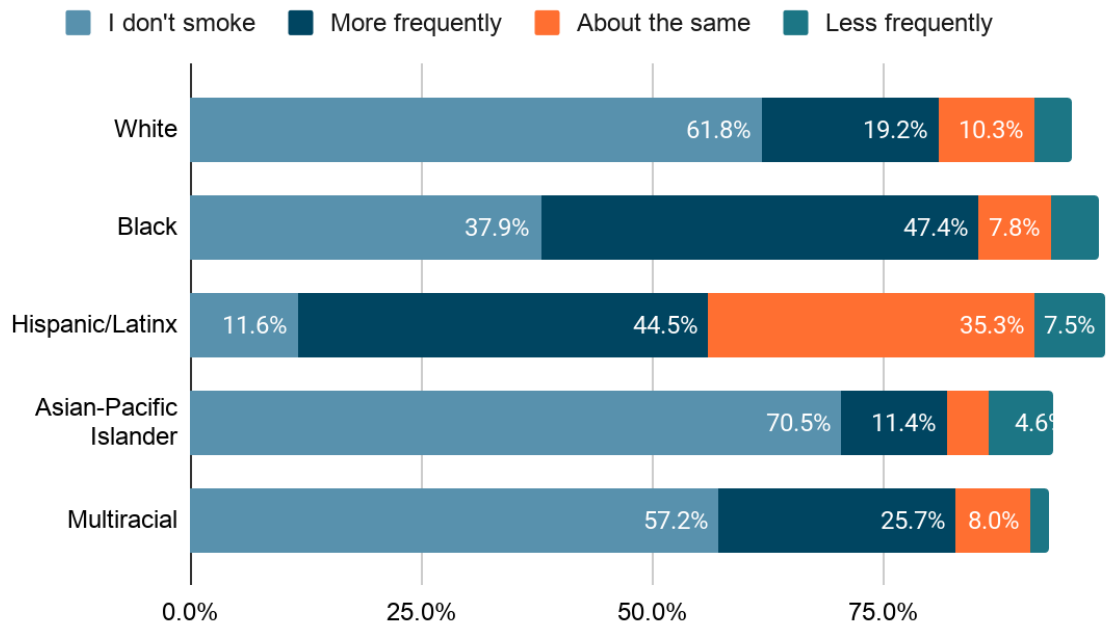
Cisgender men reported the highest rate of increased tobacco use. Transgender women reported the highest rates of smoking about the same frequency but also reported higher rates of smoking overall.

Tobacco Use by Gender



Black, Hispanic/Latinx, and multiracial respondents all reported increased frequency of tobacco use at higher rates than White and Asian-Pacific Islander respondents. Hispanic/Latinx respondents reported the highest rates of tobacco use overall.

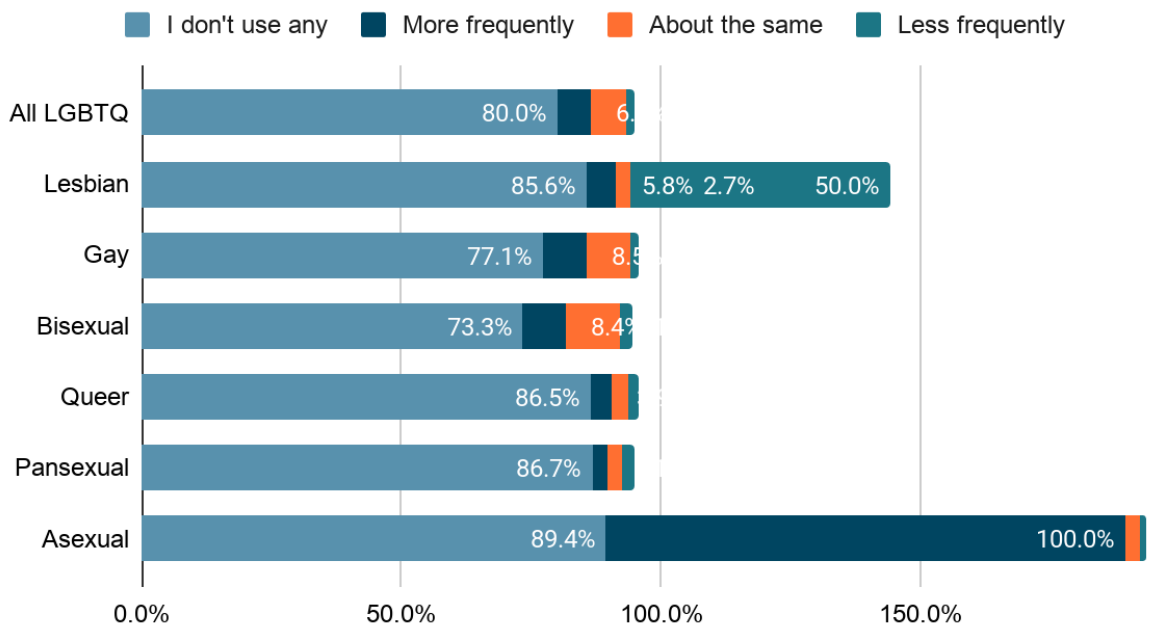
Tobacco Use by Race/Ethnicity



Other Substance Use

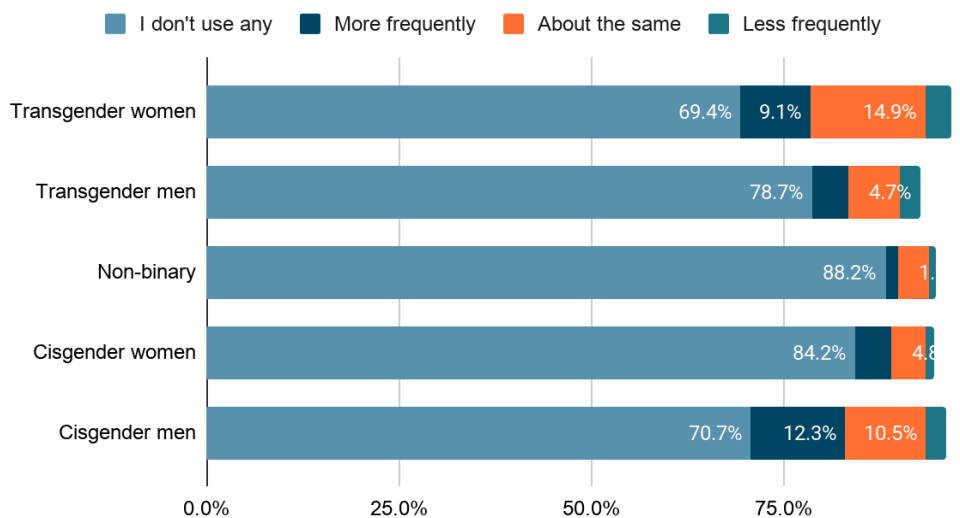
A lower percentage of respondents reported increasing their use of other substances during the pandemic. Bisexual and gay respondents reported higher rates of increase.

Other Substance Use by Sexual Orientation



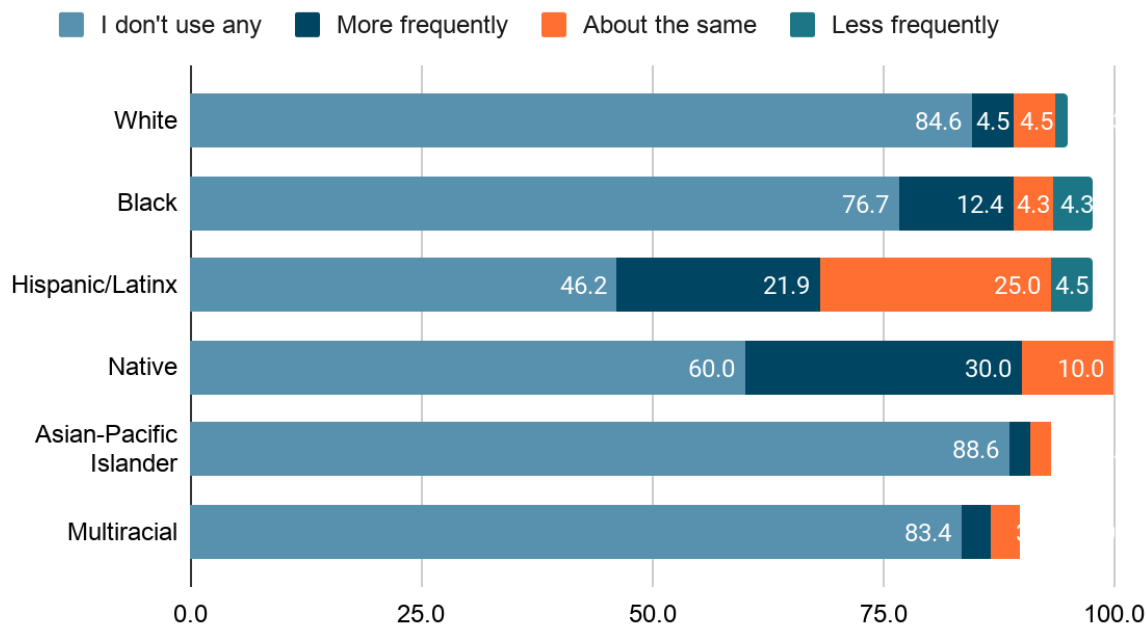
Cisgender men, transgender women, and transgender men had higher rates of other substance use overall, and cisgender men and transgender women both reported high rates of more frequent use. Non-binary respondents reported the lowest rates of other substance use overall.

Other Substance Use by Gender



Hispanic/Latinx respondents reported using other substances more frequently since the pandemic began at a higher rate, followed by Black respondents.

Other Substance Use by Race/Ethnicity



Rates of COVID-19 Diagnosis

6.5% of all LGBTQ+ respondents reported that they've had COVID-19 and another 3.9% report they're unsure if they've had COVID-19. Bisexual respondents were more likely to report having had COVID-19, while queer respondents were more likely to be unsure if they've had COVID-19.

	I've had COVID-19	I haven't had COVID-19	I'm unsure if I've had COVID-19
All LGBTQ+	6.5%	85.1%	3.9%
Lesbian	4.1%	90.5%	1.1%
Gay	3%	90%	3%
Bisexual	12.5%	77.6%	5.4%
Queer	3.7%	84.8%	7.6%
Pansexual	4.4%	88.5%	2.2%
Asexual	2.9%	90.4%	1.9%

Almost a quarter of transgender women reported having had COVID-19, much higher than other respondents. Non-binary respondents and transgender women also reported being unsure if they had had COVID-19 more frequently.

	I've had COVID-19	I haven't had COVID-19	I'm unsure if I've had COVID-19
Transgender women	23.1%	66.9%	7.4%
Transgender men	7.3%	86%	0%
Non-binary respondents	2.2%	84.6%	8.9%
Cisgender women	5.7%	87.7%	1.8%
Cisgender men	8%	86.4%	2.3%

33.9% of Hispanic/Latinx respondents reported having had COVID-19, compared to 6% of Black respondents, 3.4% of White respondents, and 0% of Asian-Pacific Islander respondents. Black and Hispanic/Latinx respondents also reported higher rates of being unsure if they had had COVID-19.

	I've had COVID-19	I haven't had COVID-19	I'm unsure if I've had COVID-19
White	3.4%	90%	1.7%
Black	6%	77.6%	15.5%
Hispanic/Latinx	33.9%	54.5%	11.3%
Asian-Pacific Islander	0%	93.2%	0%
Multiracial	2.1%	81.3%	9.6%

Rates of Household Members COVID-19 Diagnosis

Respondents are also asked if anyone in their household (partner, spouse, child, roommate, etc) had had COVID-19. 8.6% of respondents reported someone in their household had had COVID-19 and another 4.8% were unsure if someone in their household had had COVID-19.

Over a tenth of bisexual respondents have had a household member who has had COVID-19. Queer respondents were more likely to be unsure if someone in their household had had

COVID-19.

	A household member has had COVID-19	No household members have had COVID-19	I'm unsure if someone in my household has had COVID-19
All LGBTQ+ respondents	8.6%	82.1%	4.8%
Lesbian	8.3%	81.2%	1.1%
Gay	7.2%	85.4%	3.3%
Bisexual	11%	77.9%	6.7%
Queer	5.9%	78.7%	11.5%
Pansexual	8.9%	84.5%	1.8%
Asexual	6.7%	85.6%	2.9%

Transgender women reported someone in their household having had COVID-19. More non-binary respondents were unsure if someone in their household had had COVID-19.

	A household member has had COVID-19	No household members have had COVID-19	I'm unsure if someone in my household has had COVID-19
Transgender women	15.7%	76%	5.8%
Transgender men	8%	82%	2.7%
Non-binary respondents	4.3%	79.3%	12%
Cisgender women	9.2%	84.3%	1.8%
Cisgender men	9.1%	84.1%	3.6%

One in five Black LGBTQ+ respondents reported they were unsure if someone in their household has had COVID-19. 30% of Hispanic/Latinx respondents say someone in their household has had COVID-19.

	A household member has had COVID-19	No household members have had COVID-19	I'm unsure if someone in my household has had COVID-19
White	6.3%	86.5%	2.3%
Black	6%	73.3%	19.8%
Hispanic/Latinx	29.5%	56.2%	13.7%
Asian-Pacific Islander	2.3%	88.6%	2.3%
Multiracial	5.4%	77%	10.7%

Death of Family or Friends from COVID-19

Respondents were also asked if they have had a family member or close friend pass away from COVID-19 or a respiratory illness since March 1, 2020. 15.4% of all LGBTQ+ respondents have had a family member or close friend die from COVID-19.

Have you had a family member or close friend die from COVID-19 or respiratory illness since March 1, 2020?			
	Yes	No	Unsure
All LGBTQ+ respondents	15.4%	74.3%	5.5%
Lesbian	15.7%	77%	3.1%
Gay	18.2%	70.9%	6.9%
Bisexual	16.7%	72.2%	6.6%
Queer	12.6%	76.1%	5.6%
Pansexual	9.3%	80.5%	5.3%
Asexual	10.6%	81.7%	1.9%

Have you had a family member or close friend die from COVID-19 or respiratory illness since March 1, 2020?

	Yes	No	Unsure
Transgender women	16.5%	72.7%	8.3%
Transgender men	12.7%	77.3%	3.3%
Non-binary respondents	12.5%	74.3%	7.2%
Cisgender women	14%	78.5%	2.7%
Cisgender men	19.2%	69.5%	8.1%

Similar to the rates of having had COVID-19, Black and Hispanic/Latinx respondents reported having lost family and close friends to COVID-19 more frequently.

Have you had a family member or close friend die from COVID-19 or respiratory illness since March 1, 2020?			
	Yes	No	Unsure
White	11.9%	79.8%	3.5%
Black	31%	40.5%	25.9%
Hispanic/Latinx	35.6%	54.5%	8.2%
Asian-Pacific Islander	18.2%	72.7%	2.3%
Multiracial	15%	64.7%	12.8%

This small section of the Voices of Health survey shows that COVID-19 has and continues to deeply impact LGBTQ+ people and communities across Minnesota. Job loss, stress, death, and increased substance use are only some of the signs we see in the Voices of Health data. We see these impacts landing unevenly in our communities—as in the general population—LGBTQ+ people of color are experiencing more rates of illness and loss of friends and family.

The attitudes of different segments of LGBTQ+ communities toward social distancing show that different messaging is required to clearly communicate the need for continued social distancing.

Key Stakeholder Interviews

Rainbow Health conducted key stakeholder interviews with seven diverse members of the LGBTQ+ community in October 2020 to gain insight into personal experiences of the COVID-19 pandemic. As an organization funded by the Minnesota Department of Health to relay testing and contact tracing details to the LGBTQ+ community, we were particularly interested to gain information and insight on those topics in order to better meet community needs and interests.

Stakeholders were asked the following questions (in addition to some project-specific questions):

- What are your general thoughts on COVID-19 and how are you feeling about COVID-19? What feels overwhelming, what do you still have space for (emotionally)?
- What are your general thoughts related to testing and contact tracing?
- What are your and your community's fears when it comes to testing and contact tracing?
- What do you think your community needs to hear when it comes to these topics?

A few trends emerged while coding and analyzing the details of the key stakeholder interviews. One main theme was paranoia and fear. Several folks noted that the most marginalized individuals were taking the biggest "hit" with the COVID pandemic, which was leading to fear for friends and loved ones who hold these identities, worry over their ability to access healthcare, and concern over the lack of social support that has happened for many. Several people noted that watching the country's response to the pandemic was triggering and that there wasn't enough state and federal support for people, similar to pandemics in the past that have left our communities with unmet needs (such as the HIV epidemic).

Most people shared that they would feel comfortable getting tested if they knew that they had been exposed to the virus and that they would feel OK participating in contact tracing. Some folks had experienced contact tracing in the past and were familiar with the process. Many people reported that they would be uncomfortable having to tell their friends and family that they got COVID, as they've noticed stigma after someone gets diagnosed.

Several people talked about the strength of the LGBTQ+ communities and talked about our joint resilience together, sharing positive messaging, and uplifting each other. There were also comments about people desiring to see people who look like them in messaging about COVID, as well as a general dislike for the very infection-focused, hyper-medicalized, "spikey-ball" virus images and news stories. Many folks reported staying away from watching local news and vocalized a preference for written news articles and social media for gathering information.

Discussion

Given the unique needs and disparities experienced by the LGBTQ+ community, the response of those with power should have been similarly unique. However, we have seen the government fail the LGBTQ+ community similarly to how they did during the AIDS epidemic. And just as the work of activists then helped bring the community together to care for themselves during the 1980s and following decades, the LGBTQ+ community has gathered together to care for itself again in 2020. It's past time for this community care to be extended, and for the LGBTQ+ community to be given additional support.

Recommendations for this support include:

- Direct financial assistance to individuals.
- Free mental health services.
- Prioritized vaccine access for LGBTQ+ community members and those living with HIV.
 - If you feel comfortable and have personally decided to get vaccinated, tell your network and spread the word about the safety of vaccines.
- Donations to organizations directly working with the LGBTQ+ community such as Family Tree Clinic, Rainbow Health, RECLAIM,
- Advocate for the appropriate collection, analysis, and reporting of sexual orientation and gender identity in your personal and professional spheres. Data is vital to making structural and funding changes.