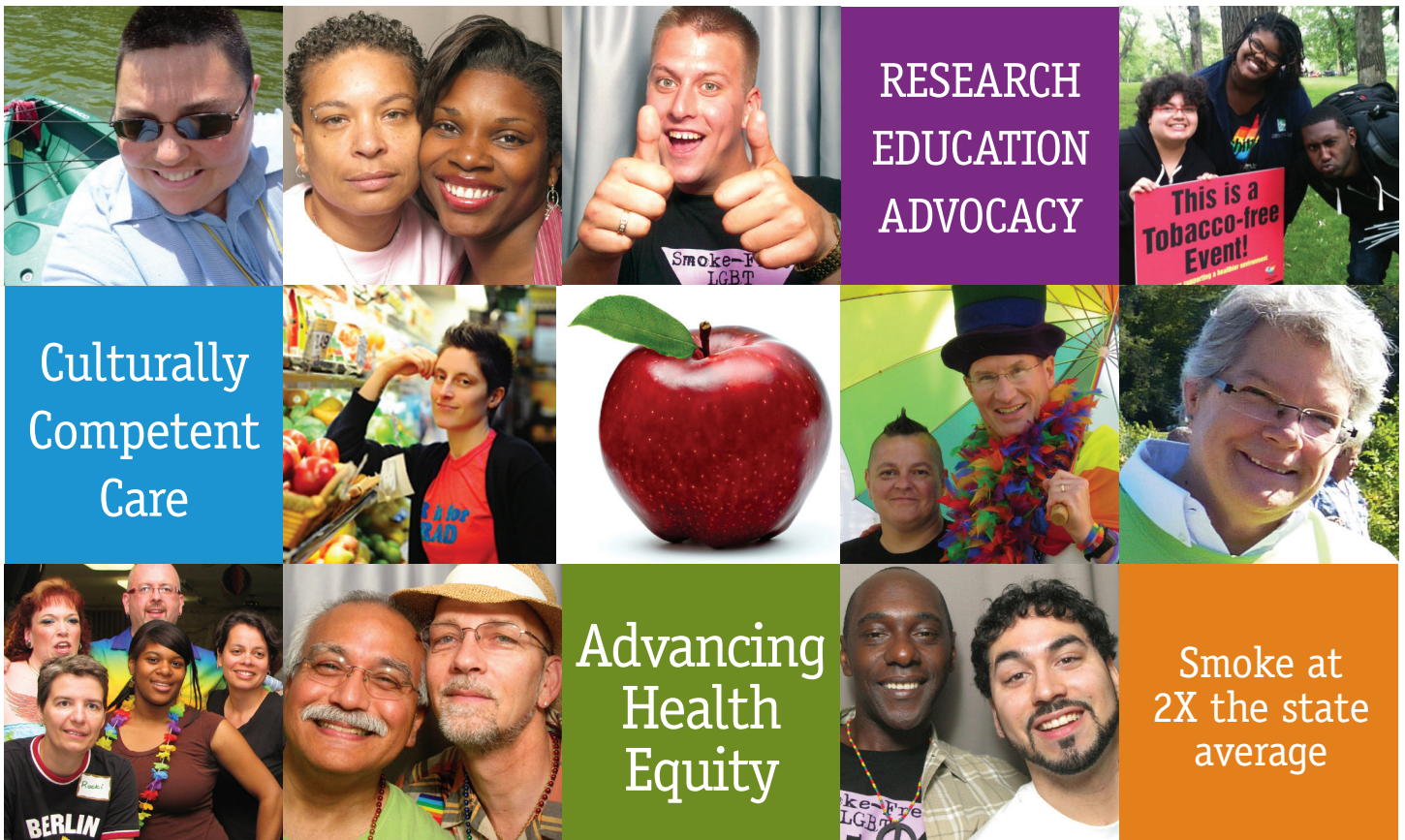




Advancing Health Equity

Voices of Health

A survey of LGBTQ health in Minnesota



Rainbow Health Initiative 2012

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"Seeking help with depression, feeling like hell, no/low coping skills...when I told the psychiatrist I was in a committed relationship for the past six years she said, 'I didn't think gay relationships lasted that long.' I had waited three weeks to see a provider and she had the script I needed, so I took it."

Rainbow Health Initiative

Terms used in this report

BISEXUAL: A person who is attracted to people who identify as men and to people who identify as women.

CISGENDER, "CIS": A person who identifies with the gender they were assigned at birth.

GAY: A person who identifies as a man who is romantically and/or sexually attracted to people who identify as men. 'Gay' can also be used as an umbrella term to refer to a non-heterosexual person.

GENDER IDENTITY: A person's sense of maleness, femaleness, or other place along the gender spectrum, which is separate from the sex and gender roles that are assigned at birth.

GENDER MINORITY: A general term that refers to people who do not identify with the gender they were assigned at birth.

INTERSEX: A person born with genitalia and/or secondary sexual characteristics determined as neither exclusively male nor female.

LESBIAN: A person who identifies as a woman who is romantically and/or sexually attracted to people who identify as women.

LGBTQ: Lesbian Gay Bisexual Transgender Queer

QUEER: An umbrella term that can refer to anyone who transgresses society's view of gender or sexuality. A queer person may be attracted to people of multiple genders and/or identify with any gender along the gender spectrum. Queer may also be used as a political identity that refers to a disruption of social norms.

RHI: Rainbow Health Initiative

SEXUAL MINORITY: A general term that refers to non-heterosexual people.

SEXUAL ORIENTATION: A culturally defined set of meanings through which people describe their romantic and/or sexual attraction to people of certain sex, sexes, gender, or genders.

TRANSGENDER: A person who identifies with a gender that is divergent from their gender assigned at birth.

TRANS: An umbrella term inclusive of diverse identities along the gender continuum such as transgender, transvestite, transsexual, genderqueer, and gender non-conforming.

Executive Summary

The mission of Rainbow Health Initiative (RHI) is to advance health equity for all LGBTQ people. RHI works with healthcare professionals, businesses, organizations, and policy makers to increase awareness of LGBTQ health disparities and create safe, healthy spaces for LGBTQ people. To inform this work, RHI conducts an annual LGBTQ community health survey. In 2012, 1,867 people completed the survey 1,144 of whom identified as LGBTQ. The results show here that healthcare professionals, community members, and policy makers need to address significant health disparities in the LGBTQ community.

Demographics:

- Of those LGBTQ people who disclosed their sexual orientation, 33.8% identified as gay, 28.9% as lesbian, 18.1% as bisexual, 13.4% as queer, and 5.5% wrote in another identity.
- 54% were cisgender female, 35% were cisgender male, and 10% were transgender.
- Of LGBTQ people who disclosed their race, 83.6% were white and 16.4% were people of color, which included black (6%), Latino (3.5%), and Native American (3.2%) respondents.
- 51.6% of the LGBTQ people in the sample reported holding college and advanced degrees.

Individual Health:

- **30.8%** (n = 352) of LGBTQ Minnesotans in the sample **smoked every day or some days per week.**
 - Of those, 61% (n = 206) want to quit.
- The average LGBTQ respondent ate only 2.5 cups of fruits and vegetables per day; the recommended serving is 4.5 cups.
- 41.3% (n=472) of LGBTQ people have been diagnosed with depression and 37% have diagnosed with anxiety.

Health Attitudes:

- LGBTQ people said their top health issues were: HIV/AIDS, Bullying, and Mental Health
- **The majority (59.7%, n = 672) of LGBTQ respondents did not know that there are higher rates of tobacco use among LGBTQ people than non-LGBTQ people.**
- 56.5% (n = 583) of LGBTQ people said that they saw expense as a major barrier to eating more fruits and vegetables.
- 13.6% of respondents (n = 148) said they saw a lack of safe and convenient places to exercise.

Experiences with Healthcare:

- 81.2% (n = 905) of LGBTQ respondents have health insurance.
- Only 61.7% of LGBTQ respondents were “out” to their doctor about their sexual orientation and gender identity. Bisexual people were the least likely to be ‘out’ (48.6%, n = 103) compared to 72% of gay (n = 291) and 74.4% of lesbian (n = 250) people.
- 33% (n = 369) of LGBTQ respondents thought their doctor was “very competent” about LGBTQ health issues while 7.9% (n = 88) thought their doctor was “not at all competent.”
- **One in four LGBTQ respondents (26.2 %, n = 292) reported receiving poor quality care because of their sexual orientation or gender identity.**
 - Queer (43.2%, n = 64) people reported the highest rates of poor quality care among sexual minority (LGBQ) identities, compared to gay (22.3%, n = 84) and lesbian (26.7%, n = 87) people. Trans people experienced poor quality care at a higher rate (44%, n = 48) than cisgender people (24.5%, n = 239).
- More than one in every six LGBTQ people (17.4%, n = 196) said that they had been discriminated against by a health care provider because of their sexual orientation or gender identity.

Introduction

LGBTQ people experience health disparities because of stigma, discrimination, and a lack of understanding of LGBTQ health issues.¹ In 2011, the Institute of Medicine (IOM) released a landmark report that analyzed the available health research about LGBTQ people. The IOM found that “most areas [of LGBT health] are lacking research altogether or require considerable additional work.”² In addition to a lack of research, there is a lack of culturally competent medical professionals. In a study of 150 medical schools, medical students received a paltry 5 hours of LGBT-related training, on average.³ The purpose of this report is to provide baseline data for LGBTQ health in Minnesota. By making LGBTQ health visible, this report aims to inspire health professionals, community members, and policy makers to strive for statewide LGBTQ health equity.

One of the reasons that LGBTQ health disparities remain invisible is the fact that few mainstream health studies have recognized the importance of including questions about sexual orientation and gender identity. Fortunately, with the passage of the Affordable Care Act, the Department of Health and Human Services (HHS) has implemented a plan to integrate sexual orientation and gender identity questions within federally funded health and human services surveys. A sexual orientation question has been developed and will be incorporated in 2013 data collection. Questions about gender identity are still undergoing cognitive testing and will be released in 2014.⁴ The Hennepin County Public Health Department’s SHAPE survey, which covers Minneapolis and other urban and suburban areas in the metro area, began asking about LGBT identity in 2006. It is crucial that more federal, state, and local studies follow this example and commit to collecting accurate data on LGBTQ populations.

Rainbow Health Initiative (RHI) is a nonprofit organization based in Minneapolis, Minnesota. At RHI, we aim to advance health equity for all LGBTQ people by:

- promoting essential resources to improve community health;
- expanding access to and availability of culturally competent care;
- improving the health of the LGBTQ community; and
- ensuring that LGBTQ health is part of the public dialogue.

Data is the foundation upon which RHI builds our programs. To advance health equity, we offer competency trainings and presentations on health disparities. RHI works with businesses, events, and organizations to develop and implement tobacco-free, healthy eating and active-living policies. We work with health advocates of all ages to encourage decision- and policy-makers to improve health. We train coaches and support individuals who are in recovery. Our provider directory connects individuals with culturally competent healthcare providers.

We know that we cannot achieve these goals alone. RHI works with many coalitions, collaborations, and partners to build awareness of the health disparities experienced by the LGBTQ community and to ensure that LGBTQ issues become part of the public dialogue.

We are thankful to many people for the structure of this survey, the analysis and presentation. We are also grateful for the support we receive from Blue Cross Blue Shield’s Center for Prevention, our board of directors, and our donors.

Working together we can advance health equity for all members of the lesbian, gay, bisexual, transgender and queer communities.

Thank you!

Joann M. Usher, Executive Director

1 Lambda Legal. (2010) When health care isn’t caring: Lambda Legal’s survey on discrimination against LGBT people and people living with HIV. New York: Lambda Legal.

2 IOM (Institute of Medicine). (2011). The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding. Washington, DC: The National Academies Press.

3 Lim, F., & Bernstein, I. (2012). Promoting awareness of LGBT issues in aging in a baccalaureate nursing program. *Nursing Education Program*, 33(3), 170-175.

4 U.S. Department of Health and Human Services. (2011, June 29). Improving Data Collection for the LGBT Community. Retrieved January 1, 2013, from Healthcare.gov: <http://www.healthcare.gov/news/factsheets/2011/06/lgbt06292011a.html>

Rainbow Health Initiative Community Health Survey Results 2010 & 2011

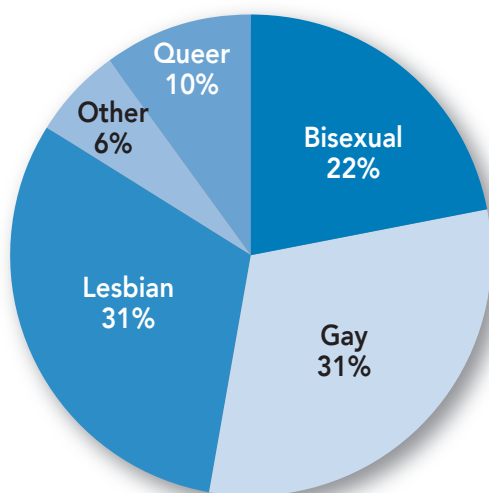
Prepared by e.shor, MPH and Alex Ianstaffi, PhD, LMFT Program in Human Sexuality, University of Minnesota

Rainbow Health Initiative collected community surveys in 2010 and 2011. Because the 2010 and 2011 surveys were significantly different than the 2012 survey, their results are presented in this summary report. In this document you will find information about the demographics of our LGBTQ communities, community priorities around health issues, and tobacco in our communities.

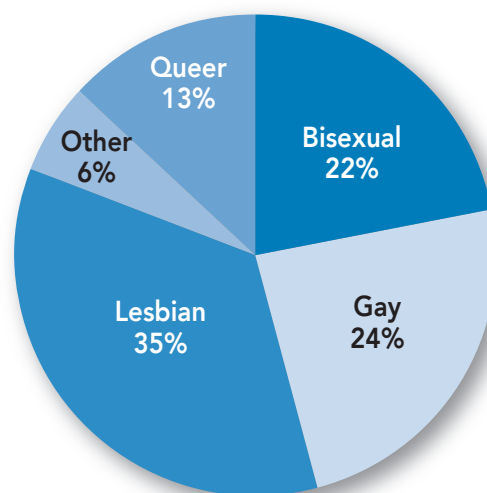
There were 1,393 respondents to the 2011 survey and 929 identified as LGBTQ. There were 1,105 respondents in 2010 and 759 identified as LGBTQ. Only LGBTQ respondents were used in analysis.

LGBTQ Health Through Pictures: Community Demographics 2010 & 2011

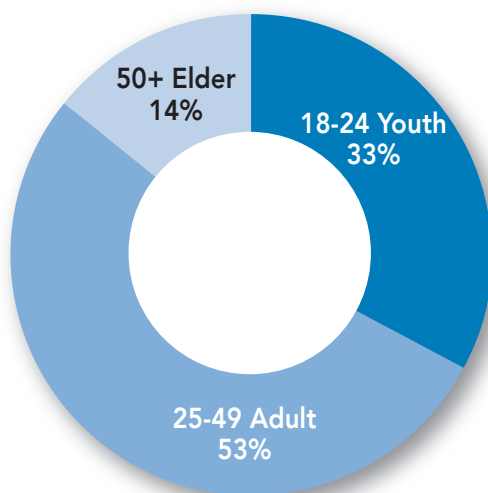
Sexual Orientation (2010)



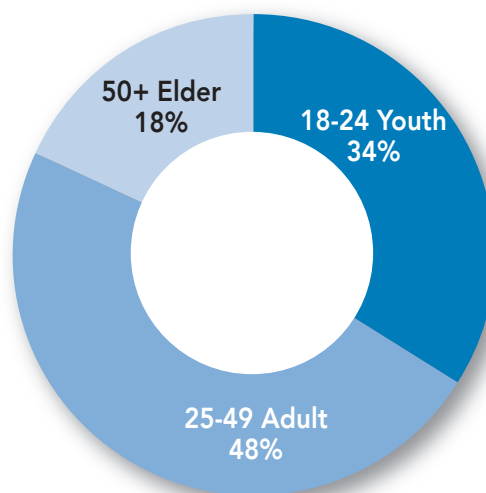
Sexual Orientation (2011)



Age of LGBTQ Respondents (2010)

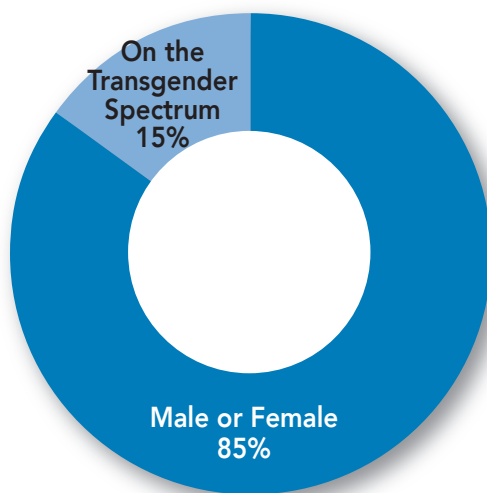


Age of LGBTQ Respondents (2011)

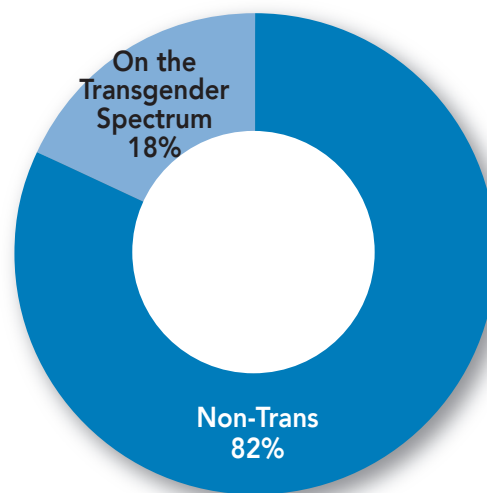


LGBTQ Health Through Pictures: Community Demographics 2010 & 2011

Transgender Respondents (2010)



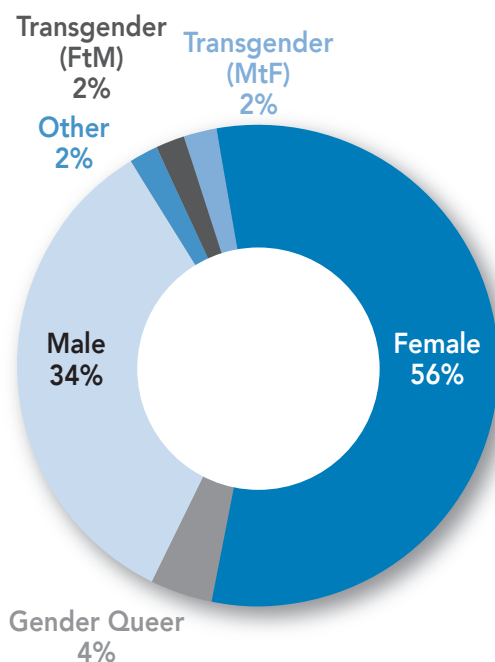
Transgender Respondents (2011)



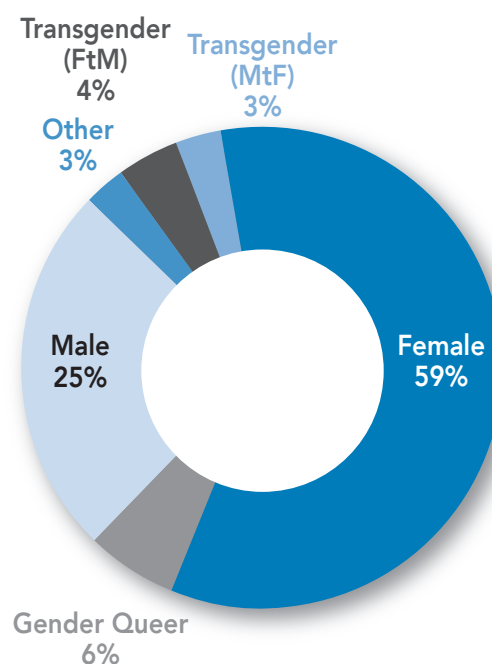
The **Transgender Spectrum** encompasses any respondents that identified a **gender identity** other than male and female, but it also accounted for those people who were assigned male or female at birth and currently identify as the opposite gender.

The percent of respondents who identified as **genderqueer**, **transgender (MtF)**, **transgender (FtM)** and **other** increased from 2010 to 2011.

Gender Identities (2010)

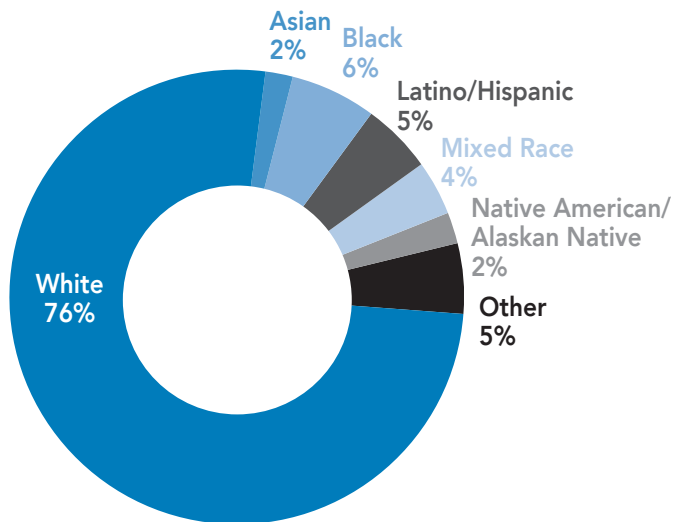


Gender Identities (2011)

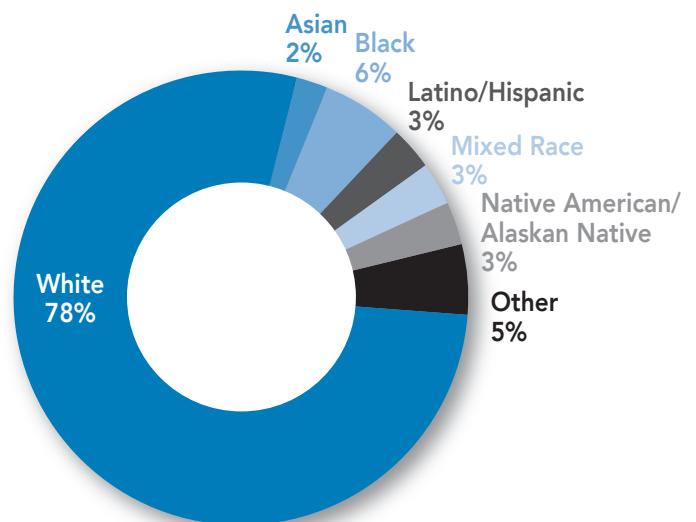


LGBTQ Health Through Pictures: Community Demographics 2010 & 2011

Race and Ethnicity of
LGBTQ Respondents (2010)



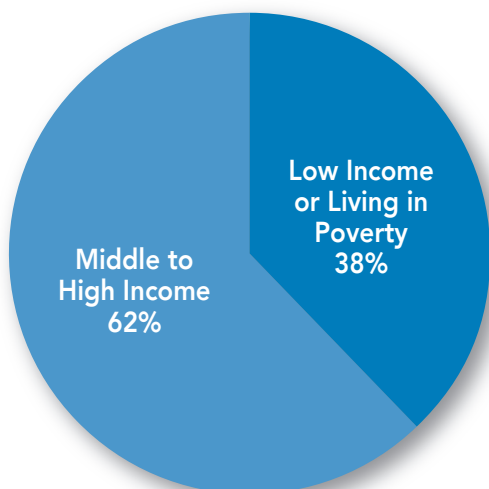
Race and Ethnicity of
LGBTQ Respondents (2011)



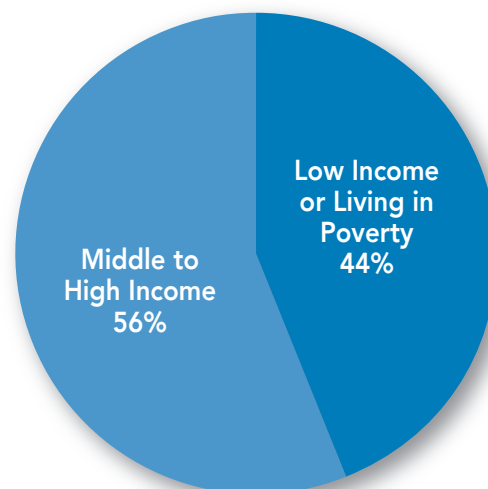
Race and ethnicity have stayed consistent over the two-year period, and the proportions are consistent with the overall population in Minnesota.

The overall income of respondents did change between 2010 and 2011 with more people identifying that they are **low income or living in poverty** in 2011 than in 2010.

Income of LGBTQ Respondents (2010)

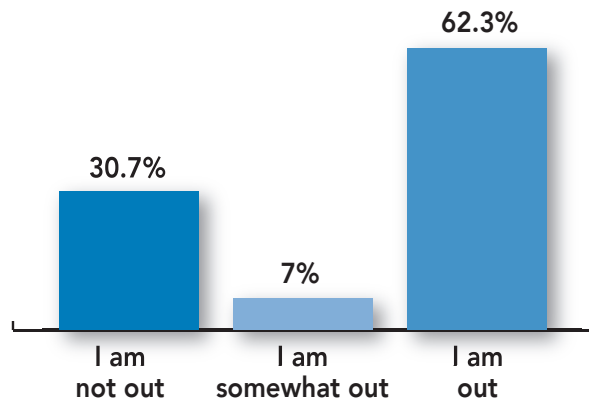


Income of LGBTQ Respondents (2011)

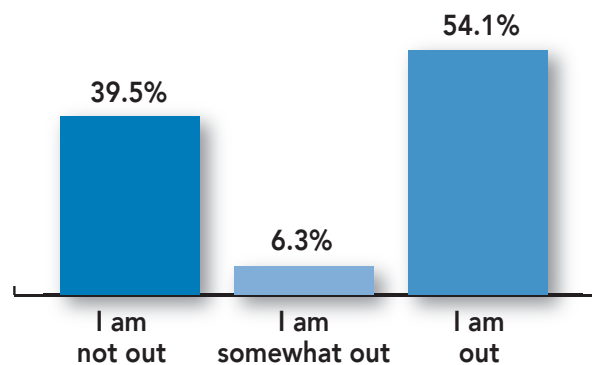


LGBTQ Health Through Pictures: Community Demographics 2010 & 2011

Are you out to your health care provider? (2010)



Are you out to your health care provider? (2011)

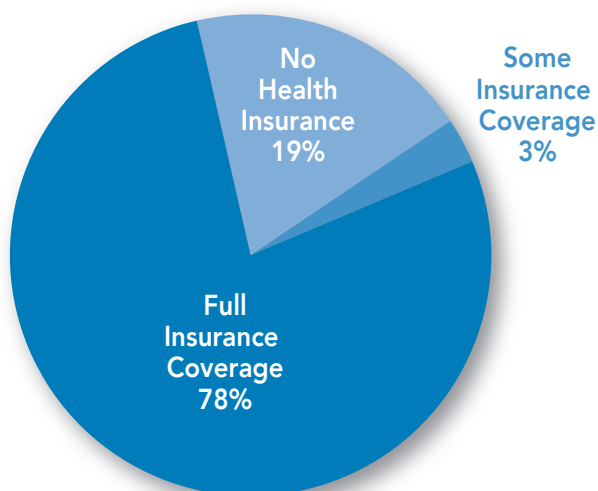


Understanding how LGBTQ people interface with health care systems and providers is an important part of creating safe spaces and access to health care.

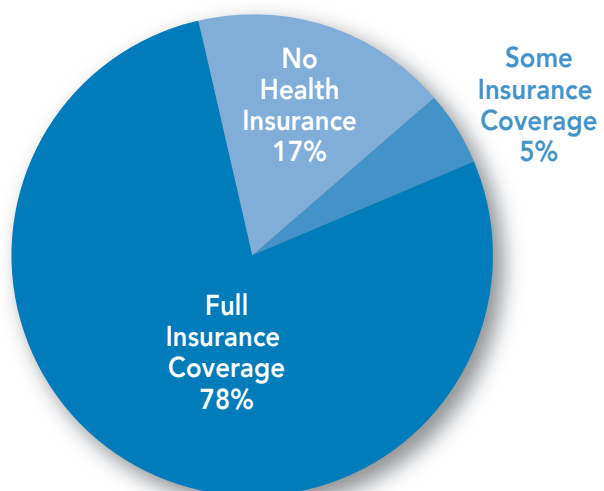
There were fewer respondents who were **"out to their provider"** in 2011 than there were in 2010, demonstrating a potential need for more provider competency.

There appear to be consistent levels of **access to health insurance** at high rates of 78% both years.

Health Insurance Coverage of LGBTQ Respondents (2010)



Health Insurance Coverage of LGBTQ Respondents (2011)



LGBTQ Health Through Pictures: Priorities in the LGBTQ Communities 2010 & 2011

This table depicts **priorities** of **LGBTQ** respondents from both the 2010 and 2011 health assessments. Respondents consistently state that **mental health, access to health care, provider competency, and HIV/AIDS** are their top priorities.

Health Priorities in the LGBTQ Community: 2010 and 2011

Community priorities about health issues	2010	2011
I believe that mental health is a high priority health issue for LGBTQ communities		
Agree	81.2%	80.7%
Disagree	18.8%	19.3%
I believe that access to health care is a high priority health issue for LGBTQ communities		
Agree	86.0%	87.6%
Disagree	14.0%	12.4%
I believe that provider competence is a high priority health issue for LGBTQ communities		
Agree	86.7%	88.2%
Disagree	13.3%	11.8%
I believe that obesity is a high priority health issue for LGBTQ communities		
Agree	55.1%	58.5%
Disagree	44.9%	41.5%
I believe that HIV/AIDS is a high priority health issue for LGBTQ communities		
Agree	88.5%	88.1%
Disagree	11.5%	11.9%
I believe that drug use and abuse is a high priority health issue for LGBTQ communities		
Agree	69.6%	67.8%
Disagree	30.4%	32.2%
I believe that alcohol use and abuse is a high priority health issue for LGBTQ communities		
Agree	62.0%	60.6%
Disagree	38.0%	39.4%

LGBTQ Health Through Pictures: Tobacco in LGBTQ Communities 2010 & 2011

This table depicts **priorities** of **LGBTQ** respondents from both the 2010 and 2011 health assessments. Respondents consistently state that **mental health, access to health care, provider competency, and HIV/AIDS** are their top priorities.

Tobacco in the LGBTQ Community: 2010 and 2011

Tobacco Use	2010	2011
Current Smoker (at least 100 cigarettes)	28.6%	27.3%
Former Smoker (quit, had smoked 100 cigarettes)	25.0%	29.1%
Never Smoker	46.4%	43.6%
Community attitudes about Corporate Tobacco	2010	2011
I agree, there is NOT enough emphasis on Tobacco as an LGBTQ issue	45.2%	41.5%
I agree, Corporate Tobacco has been a friend to LGBTQ Communities	15.9%	14.1%
I agree, Pride Celebrations should be smoke free	47.3%	57.7%
I agree, it is a problem for LGBTQ organizations to accept money from Corporate Tobacco companies	49.7%	54.3%
I agree, It is a problem for bars to take money from Corporate Tobacco companies	37.9%	45.0%
I agree, LGBTQ people smoke more than the general population	41.1%	39.0%
I believe that tobacco use is a high priority health issue for LGBTQ communities	53.1%	54.4%

Tobacco use in LGBTQ communities is often quite a bit higher than in the general population. The 2010 and 2011 assessments present findings that hold true to this trend with **53.6% of 2010 respondents being current or former smokers and 56.4% in 2011.**

There has been an increase in the number of respondents who believe **Pride Celebrations should be smoke free from 2010 to 2011.** As well as an increase in the number of respondents who believe that **it is a problem for LGBTQ organizations and LGBTQ bars to accept money from Corporate Tobacco.** It appears that the number of respondents who believe **tobacco is a high priority health issue** has also increased from 2010 to 2011.

Rainbow Health Initiative Community Health Survey Results 2012

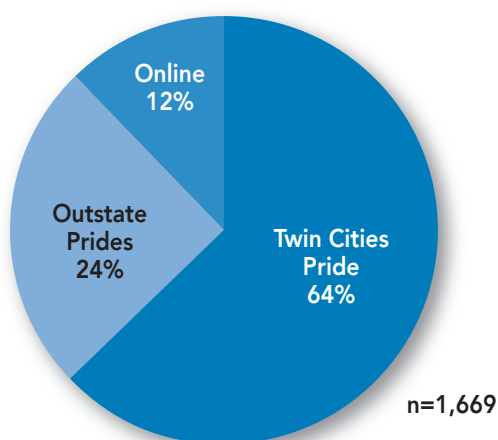
Prepared by Dylan Flunker, MPP candidate & Sheila Nezhad, MDP, Research and Education Manager at Rainbow Health Initiative

Methods

The 2012 RHI survey was designed with input from LGBTQ community members and national LGBTQ health leaders, including the Network for LGBT Health Equity. The survey was designed to gather as much information as possible while being easy to understand, comparable to other studies, and relevant to the work of Rainbow Health Initiative.

The 2012 survey collected both quantitative and qualitative data using a convenience sampling technique. Between June and November 2012, Rainbow Health Initiative (RHI) collected 1,867 community health surveys. 87.7% (n = 1464) of complete surveys were collected on paper and 12.3% (n = 205) were collected online through SurveyMonkey.com.

The paper surveys were collected at an RHI table during pride festivals. RHI attempted to capture the experience of LGBTQ people living throughout Minnesota by collecting 393 (23.6%) surveys at outstate pride events in Duluth, Mankato, Rochester, and St. Cloud. Respondents were informed that their answers would be anonymous and were given a clipboard with the survey. In exchange for completing the survey, respondents were offered a small prize such as a flying disk, bubbles, pens, or a t-shirt. A link to the online survey was sent to the RHI email list and advertised on social media and flyers around the Twin Cities. RHI intentionally reached out to transgender communities and communities of color during online survey collection due to the underrepresentation of those populations in LGBTQ research.⁵ There continues to be room for improvement in reaching these populations; 16.5% (n = 189) of the LGBTQ sample were people of color and 9.7% (n = 111) identified under the trans umbrella.



Survey Type Response Rates by Location

people face very different barriers to health. Similarly, transmasculine, transfeminine, gender non-conforming, and people of different racial backgrounds face unique barriers to health. Unfortunately, breaking down the analysis by sexual orientation, gender identity, or racial category restricted the response pool to a small number of respondents, which limited the generalizability of the results. Transmasculine, transfeminine and gender nonconforming people were grouped together under the "trans" category. Similarly, the sample was divided into "white" and "people of color" categories.

The paper surveys were coded into a numeric dataset by the RHI Research and Education Manager. Nine percent of surveys (n = 135) were double-coded by a researcher contracted by RHI. Unfortunately, RHI was unable to have a larger portion of surveys double-coded due to limited capacity. 198 surveys were excluded from the sample because they were incomplete or the respondent was under 18. 1,669 surveys were used for final analysis.

The "LGBTQ" category in this report includes people who identify as *non-heterosexual* (lesbian, bisexual, queer, or self-defined) and/or identify as *trans* (transgender, transsexual, genderqueer, gender nonconforming, or self-defined).

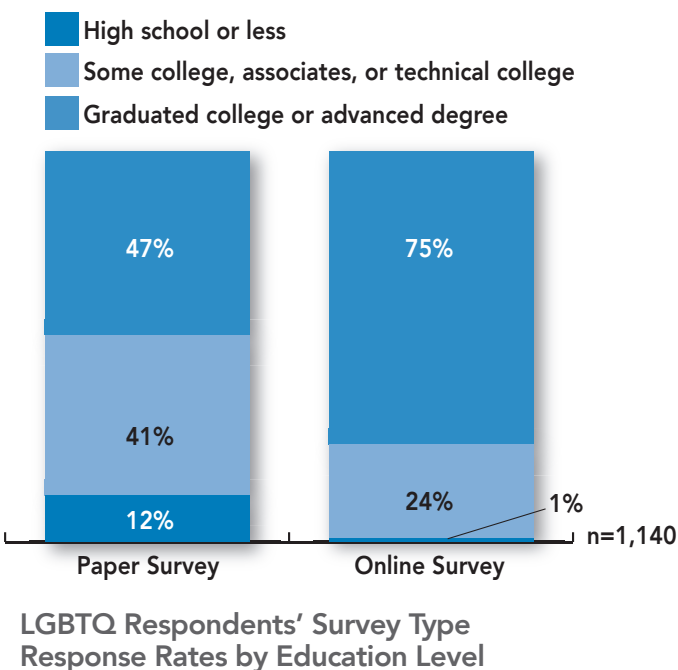
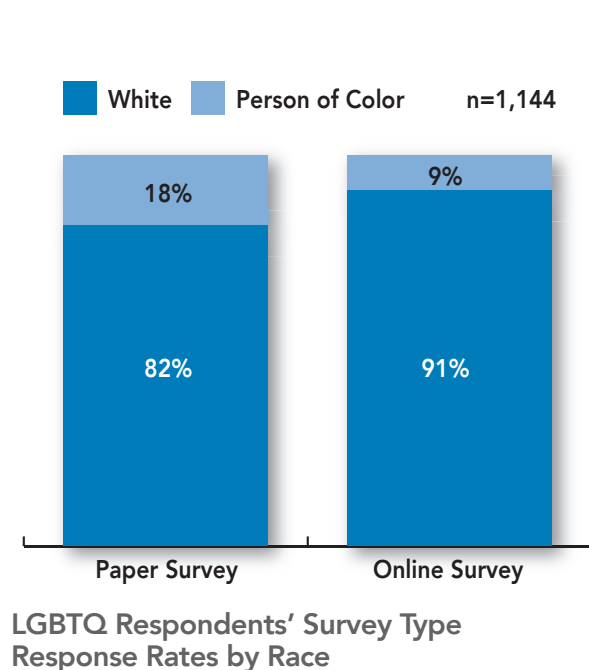
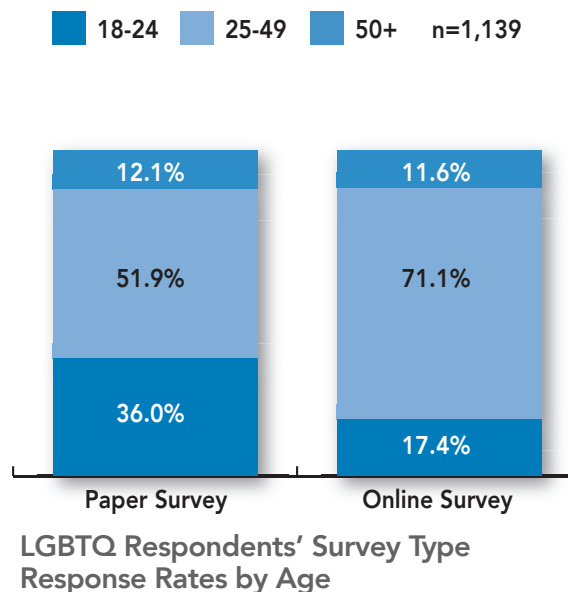
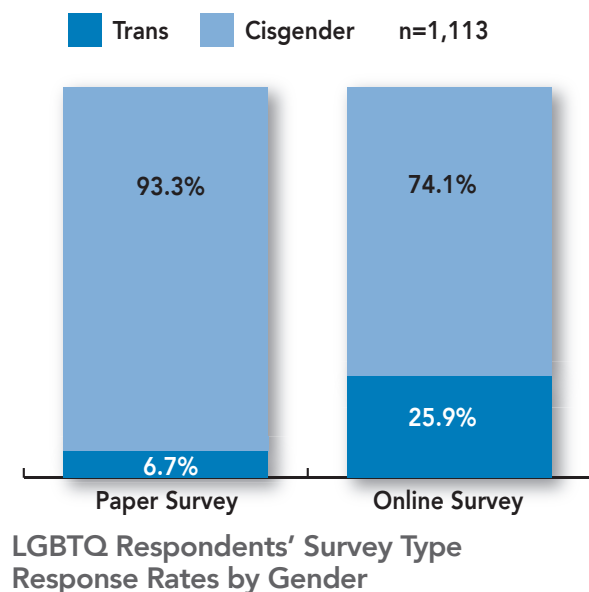
While many of the figures in this report refer to sexual and gender minorities people as groups ("LGBQ" and "trans"), RHI recognizes that lesbian, gay, bisexual, trans, and queer

5 National Coalition for LGBT Health. (2010). All of the above: LGBT people of color. Retrieved from <http://lgbthealth.webolutionary.com/sites/default/files/LGBT%20POC.pdf>.

Demographics

Data collection and demographics

RHI opted to use both paper and online survey methods because the different methods attracted different types of respondents. A much higher percentage of LGBTQ people who answered the online survey identified as trans (25.9%, n = 49), compared to those who answered the paper survey (6.7%, n = 62). The online survey respondents were also more likely to be between 25 and 49 years old (figure 3), to be white (figure 4), and to have higher formal education levels than the paper survey respondents (figure 5).



The LGBTQ Population

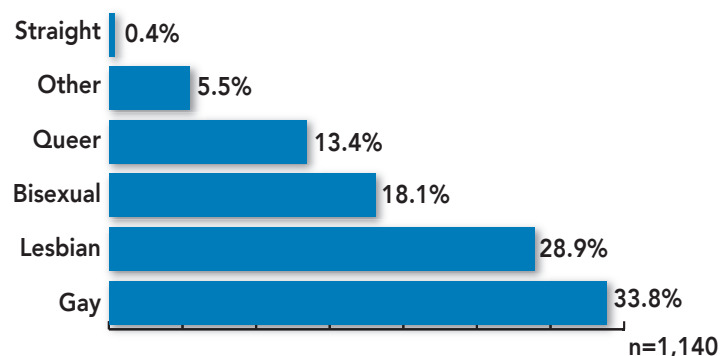
A total of 1,144 LGBTQ people completed the survey. "LGBTQ" refers to people who identified as non-heterosexual (lesbian, bisexual, queer, or self-defined) and/or identified as trans (transgender, transsexual, genderqueer, gender nonconforming, or self-defined). Sexual orientation and gender identity were asked in separate questions (e.g. a person could identify as straight and also as trans).

There was a large proportion of heterosexual, cisgender, respondents (30.8%, $n = 510$). The high response rate of heterosexual and cisgender respondents provides a comparison group for LGBTQ respondents. However, cisgender and heterosexual respondents that complete LGBTQ health surveys may be engaged in LGBTQ communities in ways that influence behaviors that impact their health outcomes, such as using alcohol or tobacco. Therefore, being aware that this group is not necessarily representative of the greater straight-cisgender population in Minnesota, the authors infrequently used data from straight-cisgender respondents as a loose comparison.

Sexual orientation

Of those LGBTQ people who disclosed their sexual orientation, 33.8% ($n = 387$) identified as gay, 28.9% ($n = 330$) as lesbian, 18.1% ($n = 207$) as bisexual, and 13.4% ($n = 153$) as queer.

In addition to the categories of lesbian, gay, bisexual, and queer, 5.5% ($n = 650$) of LGBTQ respondents chose an "other" option where respondents could write in the orientation with which they identified most closely. Many people ($n = 23$) used this space to indicate another 'LGBTQ' identity (e.g. "lesbian and gay" or "queer and bisexual"). Further identities listed were: **Pansexual, Trans/Transgender, Asexual, Dyke, Fluid, Hot people, Human, Omni, Unlabeled, Two-Spirit, Heteroflexible, Unsure, and Genderqueer.**⁶



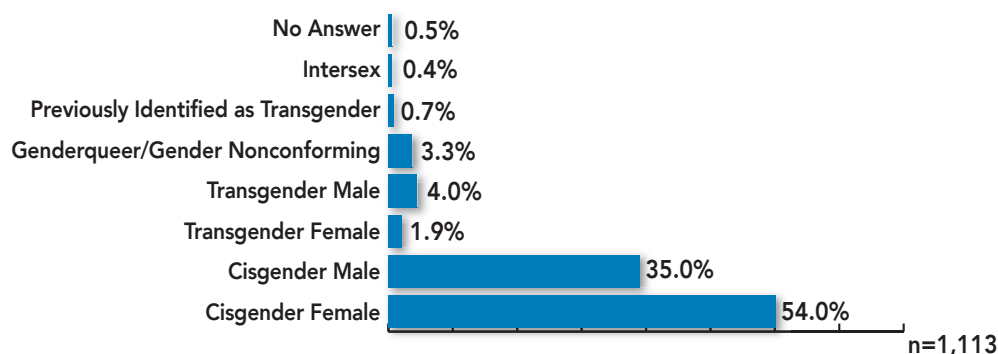
Sexual orientation within the LGBTQ Sample

⁶ Full list of sexual orientations available upon request



Gender Identity

Of the LGBTQ respondents who answered questions about gender identity, the majority identified as cisgender (90%, 1,002). Fifty-four percent (n = 601) of LGBTQ respondents identified as cisgender female; 35% (n = 390) as cisgender male. Four percent (n = 45) of LGBTQ respondents identified as transgender along the feminine spectrum or as male-to-female; 1.9% (n = 21) identified as transgender along the masculine spectrum or as female-to-male. Four percent (n = 37) identified as genderqueer, gender-non-conforming, or other.



LGBTQ Gender Identity

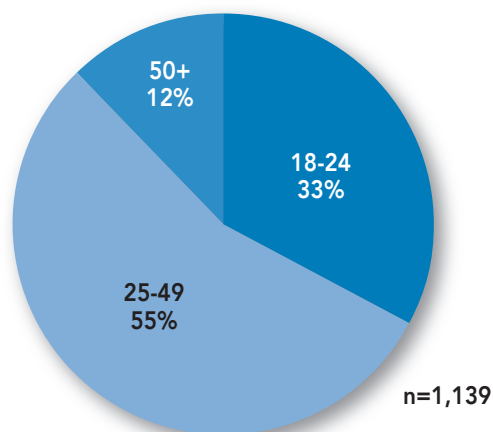
Trans demographics

Of the 111 respondents who identified under the trans umbrella, 18.9% (n = 21) identified as male-to-female or along the feminine spectrum. 40.5% (n = 45) identified as female-to-male or along the masculine spectrum. 33.3% (n = 37) identified as genderqueer, gender-non-conforming, or other. Respondents who identified as genderqueer, gender-non-conforming, or other, were more likely to be assigned female at birth (83.8%, n = 31) than assigned male at birth (13.3%, n = 6).

7.2% (n = 8) of respondents who answered yes to the question “Do you currently identify as, or have you ever identified as, transgender, transsexual, genderqueer, or gender-non-conforming?” wrote that they identify with the gender they were assigned at birth. This suggests that they identified as trans at some point in the past.

Age

The majority (55.1%, n = 628) of LGBTQ respondents were between 25 and 49 years old. 32.9% (n = 375) of respondents were between the ages of 18 and 24. One percent (n = 137) of respondents were 50 or older.

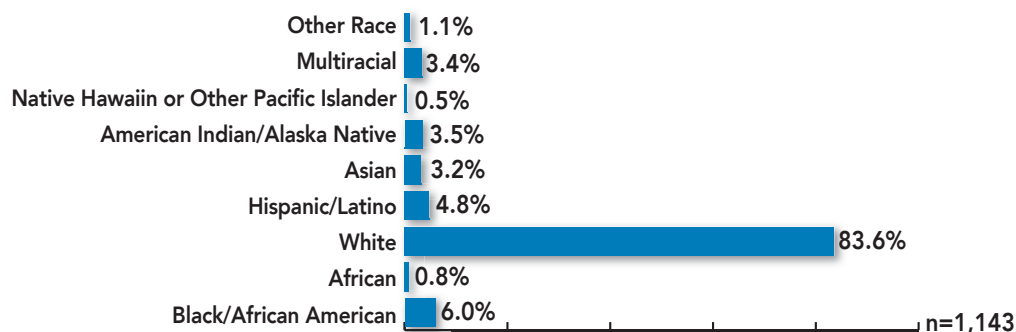


“I used to tell hospital people that my partner was my sister to avoid problems.”

LGBTQ Age Distribution

Race

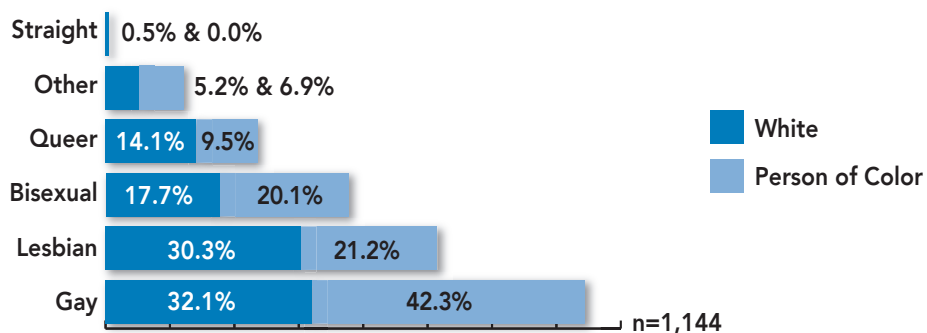
83.6% (n = 955) of LGBTQ respondents who disclosed their race were white. Of the 16.4% of respondents who identified as people of color, 6.0% (n = 69) identified as black, 4.8% (n = 55) as Hispanic/Latino, 3.5% (n = 40) as American Indian/Alaskan Native, 3.2% (n = 37) as Asian, and 3.4% (n = 39) as multiracial. Statewide, 86.9% of Minnesotans are white, 5.4% are black, 4.9% are Hispanic/Latino, 1.3% are American Indian/Alaskan Native, 4.2% are Asian, and 2.2% are multiracial.⁷ There was also an option for respondents to write in the race with which they identify most closely. Responses included: *Middle Eastern, Arab American, Greek American, British, Human, Jewish, Russian, Me/ (Person's name), Irish, and Hmong.*



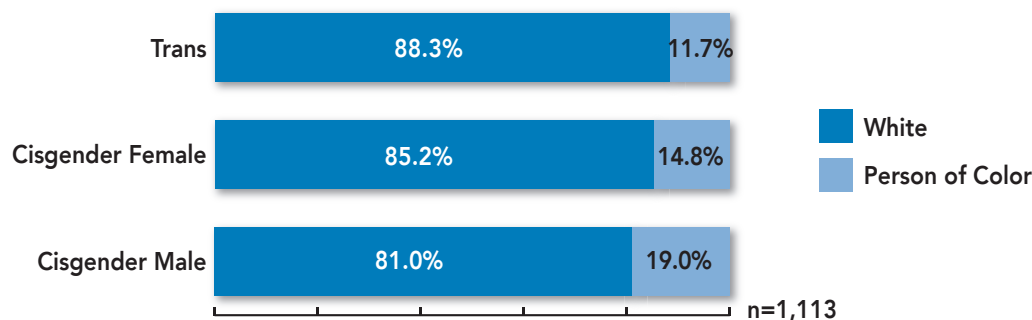
Race within the LGBTQ Sample

Race, sexual orientation, and gender identity

People of color were most likely to identify as gay or lesbian, and as cisgender. People of color comprised 42% (n = 80) of gay respondents, 21.1% (n = 40) of lesbian respondents, 20.1% (n = 38) of bisexual people, and 9.5% (n = 18) of queer people. People of color comprised 11.7% of trans respondents, 19% of cis male respondents, and 14.8% of cis female respondents.



LGBTQ Race and Sexual Orientation

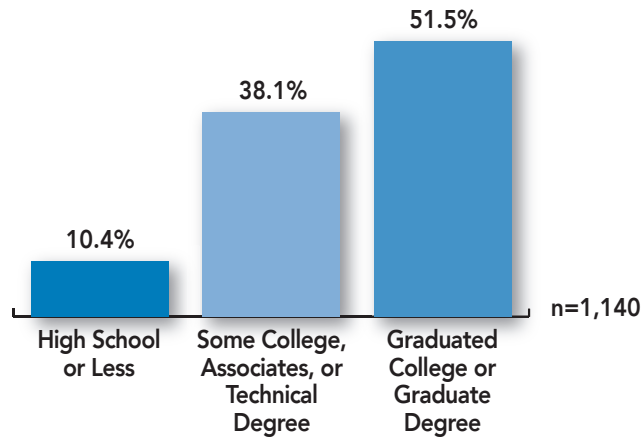


LGBTQ Race and Gender Identity

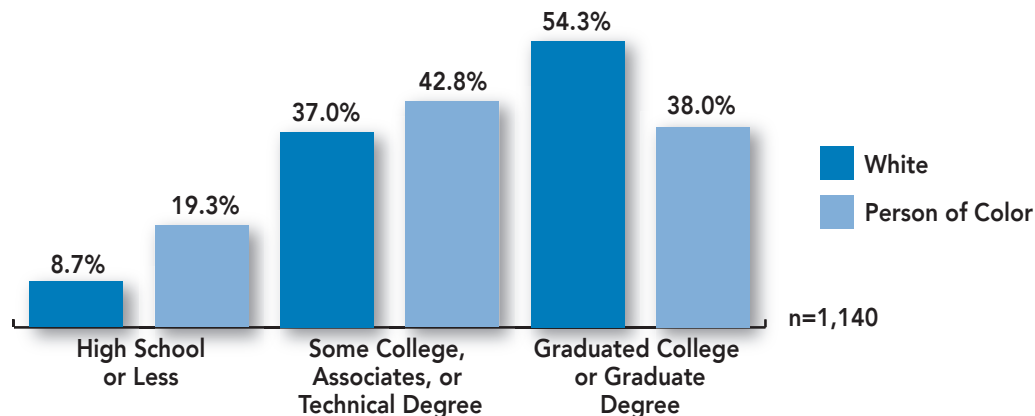
7 U.S. Census Bureau. (2010). State & County Quickfacts. Retrieved from <http://quickfacts.census.gov/qfd/states/27000.html>

Education

LGBTQ respondents reported high formal education levels. The majority of respondents (51.6%, n = 588) held an undergraduate or graduate degree. 38.1% (n = 434) had attended some college or have an associate's or technical degree. 10.4% (n = 119) of respondents had a high school degree or less. In comparison, only 32.3% of Minnesotans have an undergraduate degree or higher, 32.7% have some college or an associate's degree, and 34.9% have a high school degree or less.⁸ LGBTQ people of color (38%, n = 71) were less likely to have a college or advanced degree than white LGBTQ people (54.3%, n = 517). Neither sexual orientation nor gender identity had a statistically significant effect the likelihood of LGBTQ respondents to hold higher education degrees.⁹



Education Levels among LGBTQ Respondents



Education Levels by Race

"I have found it nearly impossible to find competent, responsible, affordable health care practitioners."

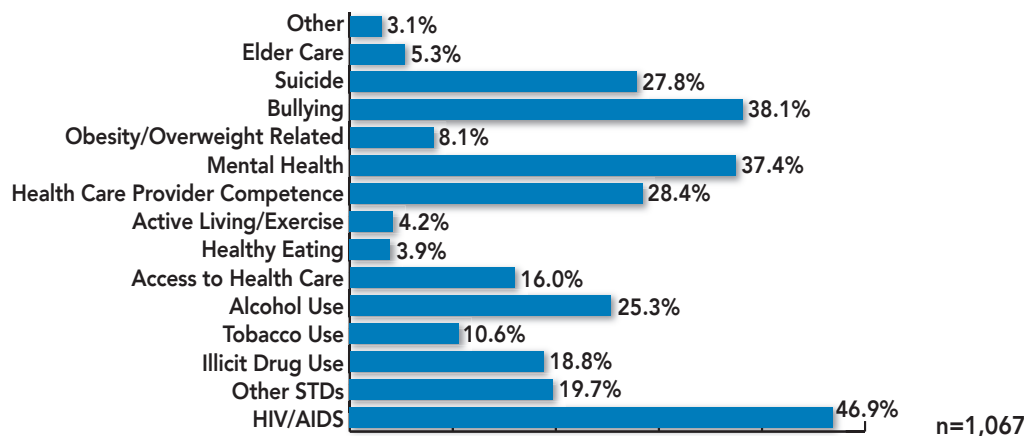
8 U.S. Census Bureau. (2011). Selected social characteristics in the United States: 2011 American Community Survey 1-year estimates. Retrieved from American Factfinder: <http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>

9 Tested at a .05 significance level

Health attitudes

Top LGBTQ health issues

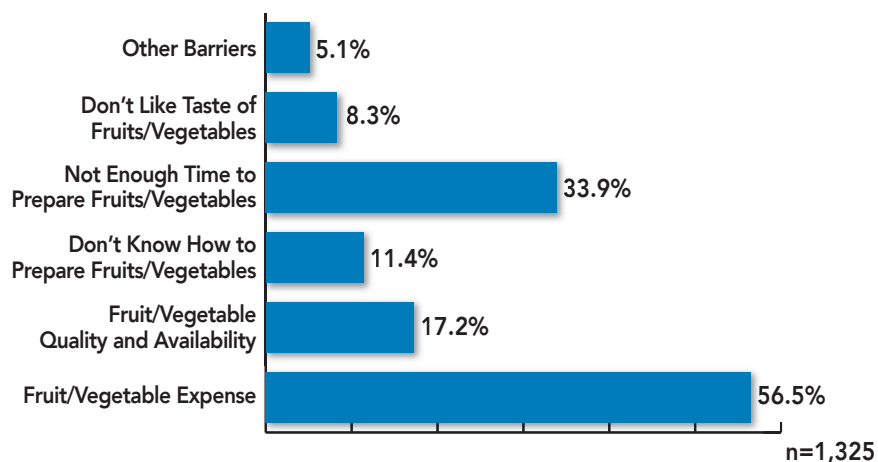
LGBTQ people were asked to identify three important LGBTQ health issues from a list of fourteen common issues. Respondents also had the option to write in other issues. The most frequently selected issues were: **HIV/AIDS, bullying, and mental health issues**. HIV/AIDS and mental health were also selected as top issues in RHI's 2010 and 2011 surveys. Common 2012 write-in issues were: **equal rights/civil rights, marriage/domestic partnerships, and social support**.¹⁰



LGBTQ Health Issues

Attitudes toward healthy eating

Respondents were asked, "In your opinion, what are the barriers to eating fruits and vegetables?" They could select multiple barriers from a list of five common reasons or could write in other barriers. The most common barrier for LGBTQ respondents was expense, followed by not having enough time to prepare produce, and then not having good quality fruits and vegetables available where they usually shop for food. Common barriers that respondents wrote in were: **inconvenience/laziness, fruits and vegetables spoil quickly, and difficulty of getting fruits and vegetables when eating out, eating at meetings, or at work**.¹¹



LGBTQ Respondents' Barriers to Healthy Eating

respondents (20.4%, n = 20) were nearly twice as likely as cisgender respondents (10.6%, n = 96) to state that not knowing how to prepare produce was a barrier to eating more fruits and vegetables. No other significant differences in barriers to eating fruits and vegetables emerged between transgender and cisgender respondents.¹²

LGBTQ people of color (24.4%, n = 41) were more likely to say that good quality fruit and vegetables were not available where they usually shop for food than white LGBTQ people (15.8%, n = 136). White LGBTQ respondents (36%, n = 311) were more likely than LGBTQ respondents of color (23.2%, n = 28) to respond that they had no time to prepare fruits or vegetables. Transgender

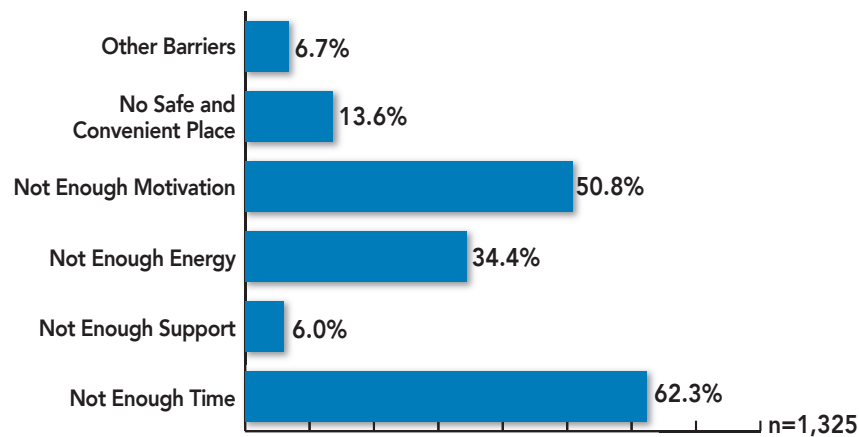
¹⁰ Full list of issues available upon request.

¹¹ Full list of barriers available upon request.

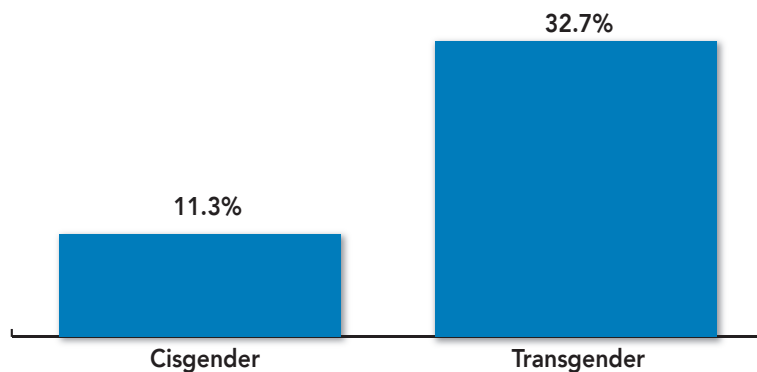
¹² Tested at a .05 significance level

Attitudes toward physical activity

Respondents were asked, “In your opinion, what are the barriers to getting a satisfactory amount of exercise?” They could select multiple barriers from a list of five common reasons identified by the survey design team. Respondents could also write in other barriers. Two-thirds (62.3%, n = 677) of LGBTQ respondents who answered the question said that not having enough time was a barrier. Other top barriers were not having enough energy (34.4%, n = 374) and not having a safe and convenient place to exercise (13.6% of responses, n = 148). Safety and convenience was identified as a barrier by more trans people (32.7%, n = 36) than cisgender people (11.3%, n = 109). Common barriers that respondents wrote in were: **physical restrictions (mobility, injury, etc.), cost, and time conflicts (children, work, etc.)**.^{13,14}



LGBTQ Respondents' Barriers to Exercise



LGBTQ Respondents' Barriers to Exercise by Gender Identity

¹³ Full list of barriers available upon request.

¹⁴ Respondents could select more than one barrier, therefore the sum of percentages is greater than 100%.

Attitudes toward LGBTQ smoking and the tobacco industry

The survey revealed that LGBTQ people's attitudes vary widely when it comes to smoking and the tobacco industry. 42.6% (n = 475) of LGBTQ respondents disagreed or strongly disagreed with the statement *"The tobacco industry has been a friend to the LGBTQ communities."* However, over one-third of respondents (n = 380) were ambivalent about the influence of the tobacco industry. More LGBTQ people thought it was wrong for LGBTQ organizations and events to accept tobacco sponsorship (46.5%, n = 524) than for LGBTQ bars and nightclubs to accept sponsorship (37.1%, n = 419).

The results revealed that the majority (59.7%, n = 672) of LGBTQ respondents disagreed or were unsure that LGBTQ people smoke at higher rates than their heterosexual peers. This lack of awareness is concerning because there is a large body of evidence that supports the finding that LGBTQ people smoke more than straight people because of stigma and targeting by tobacco companies.^{15,16} However, 46.5% (n = 531) of LGBTQ respondents agreed or strongly agreed that there is too little emphasis on smoking as a health issue in the LGBTQ community.

The majority of respondents (52.3%, n = 597) said that pride celebrations should be smoke-free events. This provides strong support for pride events with tobacco-free festival and funding policies like Twin Cities Pride and South Central Pride and encourages other LGBTQ events to adopt tobacco-free policies.

Table # LGBTQ attitudes on smoking and the tobacco industry			
	Disagree (%)	Neutral (%)	Agree (%)
The tobacco industry has been a friend to the LGBTQ communities	42.6	34.1	23.2
LGBTQ people smoke more than the general population	23.7	36.0	40.3
There is nothing wrong with LGBTQ organizations/events accepting sponsorship money from tobacco companies	46.5	25.3	28.2
Pride celebrations should be smoke-free events	26.4	20.5	53.1
There is nothing wrong with LGBTQ bars and nightclubs accepting sponsorship money from tobacco companies	37.1	31.8	31.1
There is too little emphasis on smoking as a health issue in the LGBTQ community.	19.1	33.7	46.5

"The results revealed that the majority (59.7%, n = 672) of LGBTQ respondents disagreed or were unsure that LGBTQ people smoke at higher rates than their heterosexual peers."

15 American Lung Association. (2008). Smoking out a deadly threat: Tobacco use in the LGBT community. Washington DC.

16 Legacy. (2012). Tobacco control in LGBT communities. Washington, DC: Legacy.

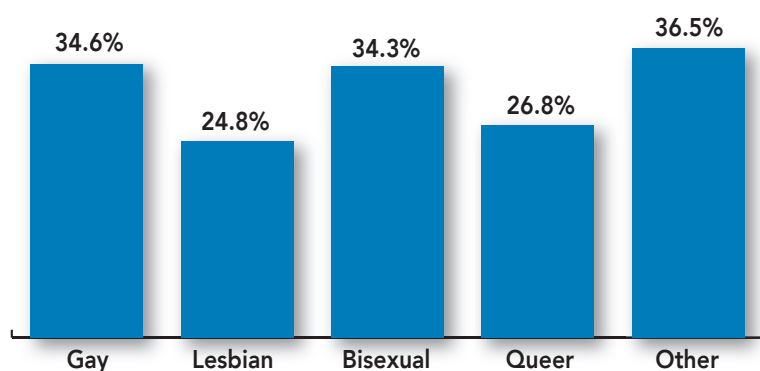
Individual health

Tobacco use

The results showed an alarmingly high rate of tobacco use among LGBTQ respondents. 48.5% (n = 531) of LGBTQ respondents are “ever-smokers,” meaning they have smoked at least 100 cigarettes (five packs) in their lifetime. This rate is down from 56.4% in 2011, suggesting that fewer LGBTQ people are starting to smoke. 30.8% (n = 352) of 2012 LGBTQ respondents currently smoke every day or some days per week. This shows a slight increase from 2011 RHI data (27.3%), suggesting that LGBTQ people who were occasional smokers in 2011 became frequent smokers by 2012. According to the 2010 Minnesota Adult Tobacco Survey, 16.1% of adult Minnesotans smoke every day or some days.¹⁷ This means that LGBTQ respondents smoke at nearly twice the rate of the general population.¹⁸

Identity and smoking frequency

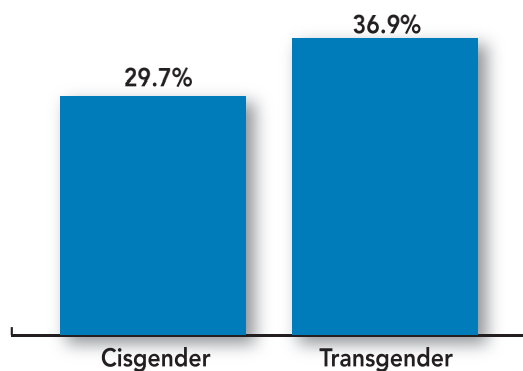
While smoking rates were high across the sexual minority (LGBQ) spectrum, they were highest among gay respondents, bisexual respondents, and respondents who wrote in another sexual orientation. 36.5% (n = 23) of respondents who wrote in a sexual orientation reported frequent smoking.¹⁹ 34.6% (n = 134) of gay people and 34.3% (n = 71) of bisexual people reported frequent rates, compared to 26.8% (n = 41) of queer-identified respondents and 24.8% (n = 82) of people who identified another sexual orientation.



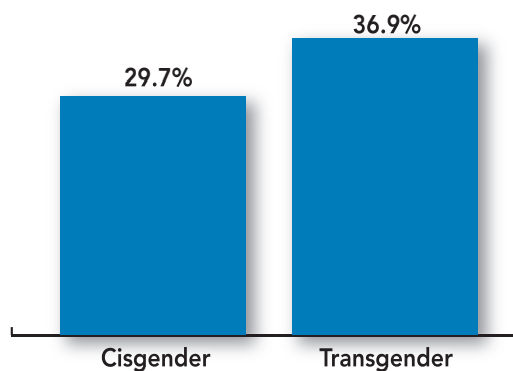
Transgender people smoked at the highest rates of all LGBTQ respondents. 36.9% (n = 41) of transgender respondents smoked every day or some days, compared to 29.7% (n = 298) of cisgender LGBQ respondents.

LGBTQ people of color (36.5%, n = 69) also reported higher rates of frequent smoking than white LGBTQ people (29.6%, n = 283).

LGBTQ Respondents' Rates of Smoking by Sexual Orientation



LGBTQ Respondents' Rates of Smoking by Gender Identity



LGBTQ Respondents' Rates of Smoking by Gender Identity

17 Cigarette Smoking and Secondhand Smoke Exposure Among Adult Minnesotans Continues to Decline. Retrieved from <http://www.mnadulttobaccosurvey.org/>

18 The straight, cisgender respondents to the RHI survey reported smoking at 24.5% (n = 128), a higher rate than the state average. However, it is possible that straight, cisgender people with ties to LGBTQ communities smoke at higher rates than straight, cisgender people without strong connections to the LGBTQ community.

19 Defined as smoking “every day” or “some days” per week

The survey showed that smoking rates declined significantly with higher education levels, both for LGBTQ respondents and heterosexual cisgender respondents.²⁰ 36.5% fewer LGBTQ people with some college, technical, or associate's degrees smoked than LGBTQ who had a high school degree alone. 47.5% fewer LGBTQ people with college or graduate degrees smoked than those with some college, technical, or associate's degrees. This is consistent with findings from the Minnesota Adult Tobacco Survey conducted by ClearWay Minnesota and the Minnesota Department of Health.²¹

Table # Percentage of people who smoke daily or some days per week, by education level		
	% of LGBTQ (non-LGBTQ) who smoke	% change in smoking frequency associated with increase in education level
High school or less	59.7% (47.1)	—
Some college, technical or associate's degree	37.9% (27.8)	-36.5% (-41%)
Graduated college or graduate degree	19.9% (16.5)	-47.5% (-40.6%)

20 Significant at a .05 significance level

21 Cigarette Smoking and Secondhand Smoke Exposure Among Adult Minnesotans Continues to Decline. Retrieved from <http://www.mnadulttobaccosurvey.org/>



"LGBTQ respondents smoke at nearly twice the rate of the general population."

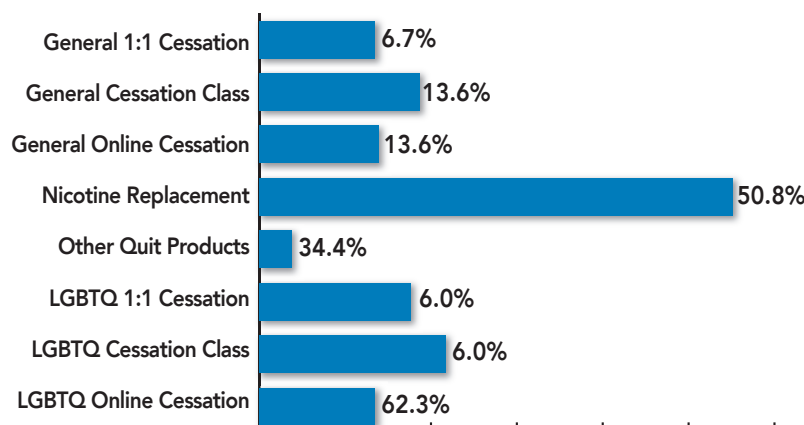
Other tobacco products

8.9% (n = 99) of LGBTQ respondents reported using other tobacco products than cigarettes. The LGBTQ sample used other tobacco products at a slightly higher rate than the state average (7.5%).²² Commonly used products included: hookah/shisha, cigars, chewing tobacco and pipe tobacco.²³ There were no statistically significant differences in rates of other tobacco product use by sexual orientation, gender identity, or race among LGBTQ respondents.²⁴

Plans to Quit

Of LGBTQ people who smoked every day or some days per week, 61% (n = 206) said that they want to quit. Of those LGBTQ people who wanted to quit, 34.4% (n = 68) intended to utilize quit line services.

Respondents were also asked about what other quit support services or products they would use. LGBTQ respondents identified nicotine replacement gums or patches as their most desired quit product (55.1% of responses, n = 147).²⁵ There was moderate interest in cessation classes and one-on-one counseling; there was no significant difference in interest between LGBTQ-specific and general population classes or counseling.²⁶ This finding may suggest that respondents were unsure if classes or counseling pitched as LGBTQ-specific would be truly LGBTQ-competent. Also, it may suggest that because LGBTQ respondents were unaware that LGBTQ people smoke at higher rates, they may not understand the need for LGBTQ-specific cessation programs.



LGBTQ Respondents' Desired Quit Products

"It is extremely stressful for me to go the doctor to the point where I will avoid going to the doctor at all costs."

22 Cigarette Smoking and Secondhand Smoke Exposure Among Adult Minnesotans Continues to Decline. Retrieved from <http://www.mnadulttobaccosurvey.org/>

23 Full list of all reported other tobacco products used by LGBTQ respondents in appendix

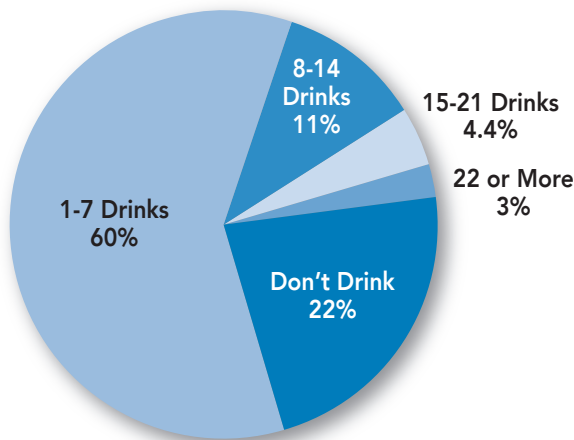
24 Not significant at a .05 significance

25 Questions where respondents could select multiple options do not add up to 100%. For example, in this case a respondent could say both "LGBTQ specific quit classes" and "nicotine replacement patches" are desired quit products.

26 Tested at a .05 significance

Alcohol

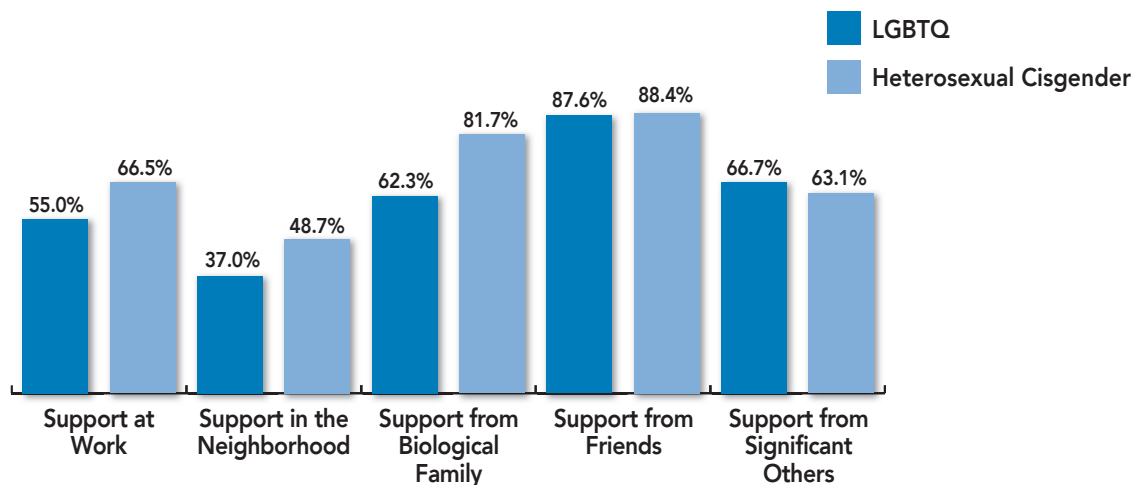
LGBTQ respondents reported low levels of alcohol consumption. 22.5% (n = 250) of LGBTQ respondents said that they do not drink alcohol. 59.8% (664) reported consuming between 1-7 drinks per week, and 10.8% (n = 120) reported consuming 8-14 drinks per week. 4.3% (n = 49) have 15-21 drinks per week and only 2.5% (n = 28) have 22 or more drinks per week. However, these numbers likely underestimate the prevalence of alcohol use in LGBTQ communities in Minnesota. Research findings of alcohol consumption in LGBTQ communities find that LGBTQ individuals frequently consume alcohol at higher rates than heterosexual cisgender individuals.²⁷ Other research indicates people are more likely to underreport heavy alcohol use.²⁸ Additionally, the question used in this study reports drinks per week rather than drinks per sitting, which makes it difficult to identify binge drinking behavior. This question will be redesigned in future surveys to better capture alcohol use in LGBTQ communities.



LGBTQ Respondents' Rates of Alcohol Use Per Week

Social support

RHI asked respondents which of their social settings made them feel supported: at work, in their neighborhood, among their friends, with their biological families, or with their significant others. The question was phrased broadly and was intended as a precursor to more in-depth research. LGBTQ respondents and non-LGBTQ respondents reported similar rates of support from friends and significant others. However, LGBTQ respondents reported less support at work, in their neighborhood, and by their biological families than non-LGBTQ respondents.²⁹



LGBTQ Respondents' Rates of Social Support

27 Hughes, T. L. & Eliason, M. (2002) Substance use and abuse in lesbian, gay, bisexual and transgender populations. *Journal of Primary Prevention*, 22, 263-298.

28 McElduff, P., & Dobson, A. J. (1997). How much alcohol and how often? Population based case-control study of alcohol consumption and risk of a major coronary event. *Bmj*, 314(7088), 1159.

29 Tested at a .05 significance

Healthy eating

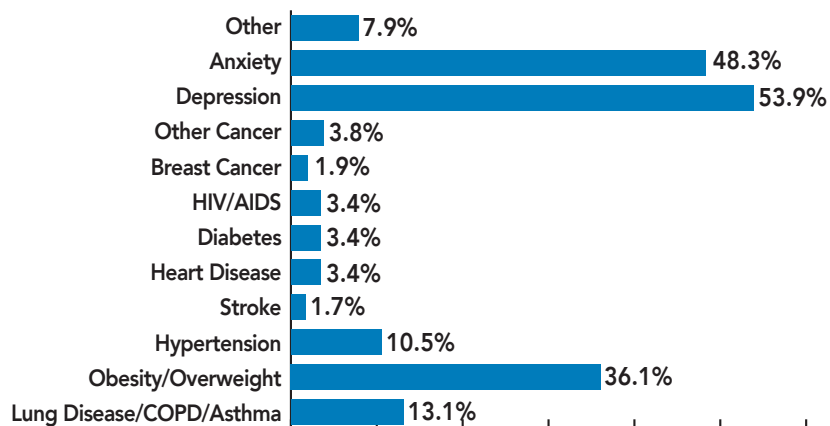
LGBTQ respondents reported eating far fewer fruits and vegetables than is recommended. The Minnesota Department of Health recommends eating 4.5 cups of fruits and vegetables each day.³⁰ The average LGBTQ respondent ate 2.5 cups of fruits and vegetables per day. The survey also asked respondents to identify barriers to eating fruits and vegetables. However, there was no significant correlation between the number of barriers reported and the rate of fruit and vegetable consumption.³¹ This is likely because the barriers question was phrased *“In your opinion, what are the barriers to eating fruits and vegetables?”* Therefore, respondents may have listed barriers that apply to people other than themselves.

Physical activity

74.6% of LGBTQ people reported exercising at least once a week. 52.5% of LGBTQ people report exercising three times per week or more. The Centers for Disease Control recommend at least 150 minutes of moderate-intensity aerobic activity and muscle-strengthening exercises twice a week.³² Unfortunately, the second part of the survey’s physical activity questions about respondents’ duration of exercise did not result in consistent or accurate data. Therefore, it is difficult to present a strong comparison with the CDC guidelines. However, even with the limited data, it is likely that at least half of LGBTQ respondents are not able to participate in an adequate level of physical activity.

Health Conditions

In order to better inform prevention efforts, RHI asked survey respondents if they had ever been diagnosed with various health conditions. The most common condition reported by LGBTQ respondents was depression (53.9%, n = 472), followed by anxiety (48.3%, n = 423), obesity (27.6%, n = 316), lung disease/COPD/asthma (13.1%, n = 115) and hypertension (10.5% of responses, n = 92). 36.1% of LGBTQ people who reported being diagnosed with lung disease, COPD, and/or asthma also smoke every day or some days per week. There were no significant differences in obesity rates among different sexual orientations or gender identities.



Depression was most prevalent among respondents who identified their sexual orientation as queer (54.9%, n = 84), bisexual (44.4%, n = 92), or lesbian (40.6%, n = 134). Additionally, 55% (n = 61) of respondents who identify under the transgender umbrella have been diagnosed with depression at some point. LGBTQ respondents were similarly affected by anxiety.

LGBTQ Respondents’ Rates of Health Conditions

Depression and anxiety rates in the LGBTQ sample were nearly double than rates indicated by the available data on the non-LGBTQ population. According to the 2012 SHAPE survey, only 23.2% of non-LGBTQ people in Hennepin County have been diagnosed with depression and 16% with anxiety or panic attacks.³³

30 Physical Activity and Healthy Eating in Minnesota: Addressing Root Causes of Obesity, St. Paul, MN. Blue Cross and Blue Shield of Minnesota, Minnesota Department of Health; May 2010.[Change to APA]

31 Tested at a .05 significance

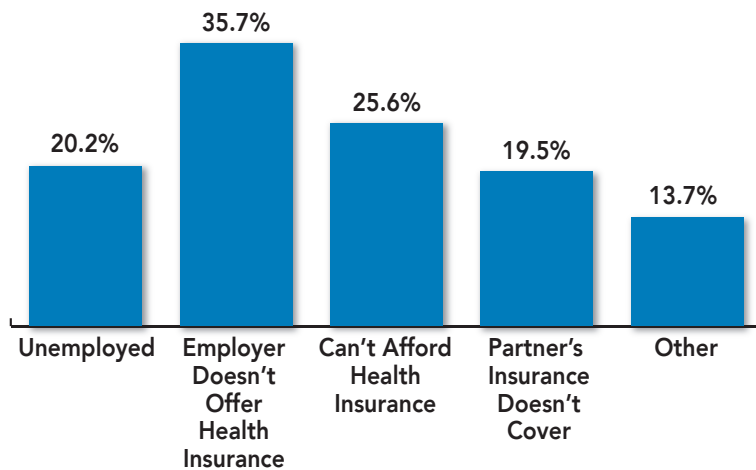
32 Centers for Disease Control (2011). How much physical activity do adults need? Retrieved from <http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html>.

33 Hennepin County Human Services and Public Health Department. (2011). SHAPE 2010 adult data book: survey of the health of all the population and the environment. Minneapolis.

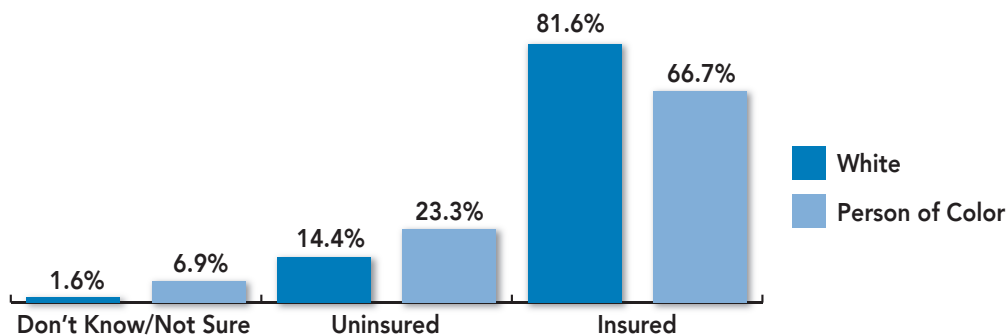
Experiences with healthcare

Insurance coverage

LGBTQ respondents were insured at lower rates than both the state and Hennepin County averages. 79.1% (n = 906) of LGBTQ respondents reported having some form of health insurance coverage. Insurance coverage was similar in 2010 (78%) and 2011 (78%). In comparison, the 2011 American Community Survey found that 91.2% of Minnesotans had health insurance coverage.³⁴ The SHAPE 2010 survey found 87.5% of residents of Hennepin County were insured.³⁵ Of those LGBTQ respondents who did not have health insurance: 20.2% (n = 34) were unemployed but ineligible for government assistance, 35.7% (n = 60) said that their employer did not offer health insurance, 25.6% (n = 43) said that they could not afford the health insurance offered, 19.5% (n = 16) said their partner's plan does not cover them, and 13.7% (n = 23) listed another reason why they were uninsured.³⁶ LGBTQ people of color were insured at a dramatically lower rate (68.2%, n = 131) than their white LGBTQ counterparts (83.9%, n = 805). There were no significant differences in health coverage by sexual orientation or gender identity.



Uninsured LGBTQ Respondents



LGBTQ Insurance Rates by Race

"My biggest concern is paying health premiums for myself and daughter...we only have an 'emergency' policy so don't go regularly for check-ups."

34 U.S. Census Bureau. (2011). Selected social characteristics in the United States: 2011 American Community Survey 1-year estimates. Retrieved from American Factfinder: <http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>

35 Hennepin County Human Services and Public Health Department. (2011). SHAPE 2010 adult data book: survey of the health of all the population and the environment. Minneapolis.

36 Respondents could select more than one reason for being uninsured, therefore the sum of percentages is greater than 100%.

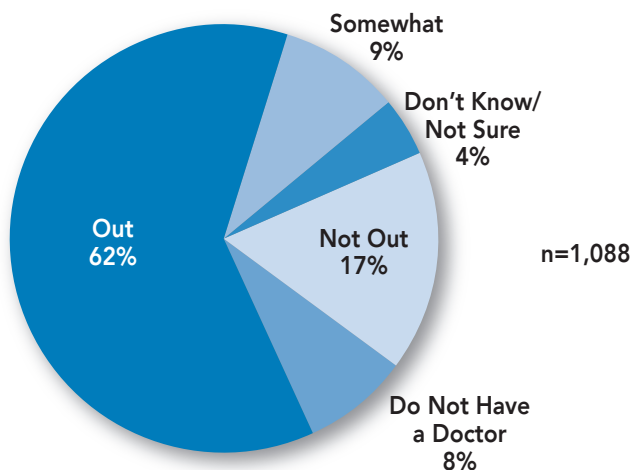
Out to Healthcare Providers

If LGBTQ people are “out” about their sexual orientation and gender identity to a culturally-competent provider, they are able to receive more effective treatment and relevant preventative care. This case presented by the National Research Council illustrates the importance of being “out” to healthcare providers:

“...a 55-year-old man who came to his physician with pain and on X-ray appeared to have metastases from an unknown primary cancer. Evaluation ultimately showed that he had developed cancer in his residual breast tissue that remained after having “top surgery” to remove his breasts. None of his physicians were aware that he was a transgender man, so he had not been advised to have routine breast screening even though his mother and sister had also had breast cancer.”³⁷

Many LGBTQ respondents, especially bisexuals, were not completely out to their provider. 61.7% (n = 671) of LGBTQ respondents said that they were completely “out” about their sexual orientation and/or gender identity to their doctor/healthcare provider, while 16.6% (n = 185) said they were not out to their doctor or healthcare provider at all. 9.2% (n = 100) of LGBTQ respondents said they were “somewhat out” to their doctor or healthcare provider and 4.5% (n = 49) said that they were unsure if their doctor knew about their LGBTQ identity. 8% (n = 87) of respondents said that they do not have a doctor or healthcare provider to whom they could be out. The number of people who were completely out to their provider has remained relatively steady from 2010 (62.3%), 2011 (54.1%) and 2012 (61.7%).

Bisexual people were the least likely to be out to their doctor. Only 48.6% (n = 103) of bisexual people were completely or somewhat out to their doctor, compared to 72% (n = 291) of gay and 74.4% (n = 250) of lesbian people.³⁸ White people (78.3%, n = 712) were more likely to be somewhat or completely out than people of color (66.5%, n = 119).³⁹ Trans people reported being completely or somewhat out (75.5%, n = 80) at slightly higher frequencies than cisgender people (70.2%, n = 668), however this difference is not statistically significant.⁴⁰



“I don’t want my doctor to know because I fear they will treat me different.”

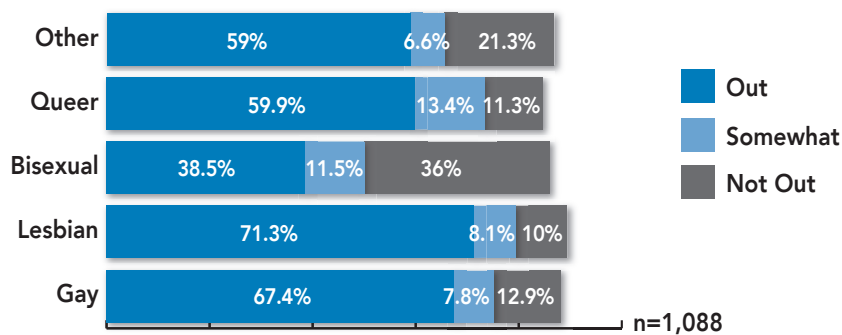
LGBTQ Respondents Out to Doctor

37 National Research Council (2012). Collecting sexual orientation and gender identity in electronic health records: Workshop summary. Washington, DC: National Academies Press, 7.

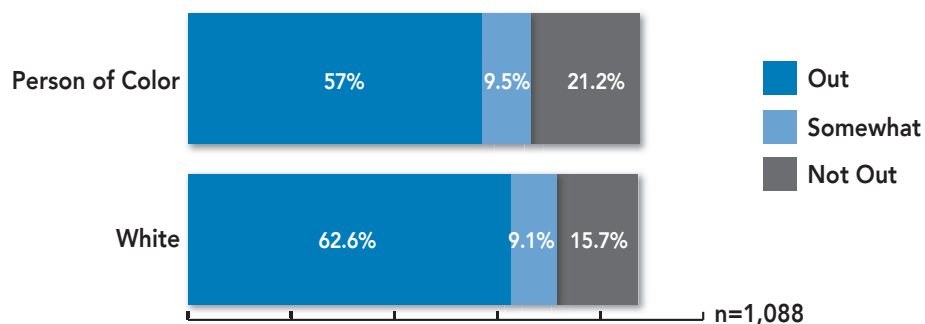
38 Significant at a .05 significance level

39 Significant at a .05 significance level

40 Tested at a .05 significance level



LGBTQ Respondents Out to Doctor by Sexual Orientation



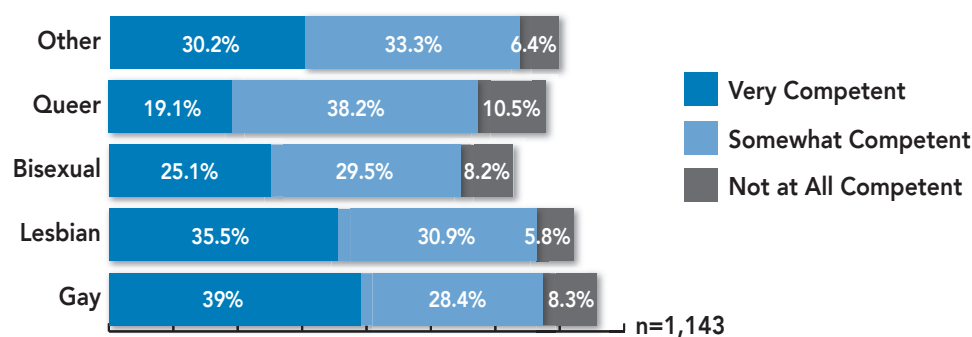
LGBTQ Respondents Out to Doctor by Race

"I've been to three different psychologists in the past 10-12 years. All were O.K. to discuss me being gay at their next appointment. All three cancelled that next appointment. I never saw them again."

Doctor competency

Respondents were asked, "How competent do you feel that your doctor/healthcare provider is about LGBTQ health issues?" Thirty-three percent (n = 369) of LGBTQ respondents thought their doctor was "very competent," 31.6% (n = 353) thought their doctor was "somewhat competent," and 7.9% (n = 88) thought their doctor was "not at all competent." 19.9% (n = 222) of respondents selected "don't know/not sure." 7.7% (n = 86) of respondents said they do not have a doctor or healthcare provider.

LGBTQ people of color (11.6%, n = 22) reported that their doctor was "not at all competent about LGBTQ health issues" at a higher rate than white LGBTQ people (6.9%, n = 66). People who identified as gay were the most likely to report competence (39%, n = 151), while bisexual (25.1%, n = 52) and queer (19.1%, n = 29) were the least likely to report competence. There were not significant differences in perceptions of doctor competency between transgender and cisgender respondents.⁴¹



LGBTQ Respondents' Perception of Doctor Competency by Sexual Orientation

41 Tested at .05 significance level

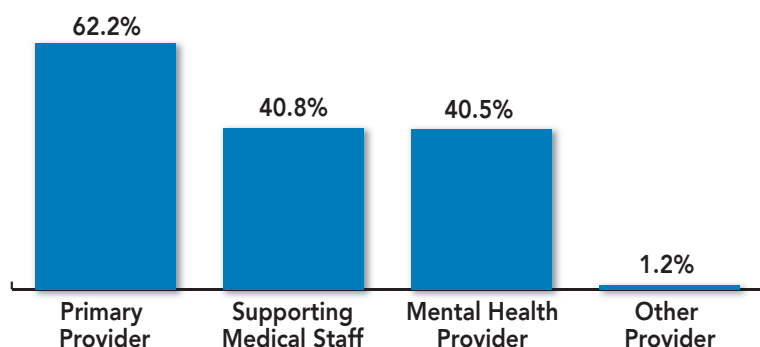
"I feel like a diagnosis was given based on my sexual orientation rather than an open minded and comprehensive exam."

Experiences of poor quality health care

Over one in four LGBTQ respondents (26.2%, $n = 292$) reported receiving poor quality care because of their sexual orientation or gender identity. This number is unacceptably high, but unsurprising in light of national evidence. In a survey of 4,916 LGBT people and people living with HIV, Lambda Legal found that 56% of LGB people and 70% of transgender people experienced some form of discrimination in healthcare.⁴² The National Transgender Discrimination survey found out of 6,450 respondents, 19% were denied service altogether because of their identity, 28% were verbally harassed in a medical setting, and 2% were physically attacked in a doctor's office.⁴³

Out of the LGBTQ respondents who reported receiving poor care, 57.9% ($n = 165$) specified that they received that care from a primary care provider such as a doctor, dentist, nurse practitioner, physician's assistant, or pharmacist. 38.2% ($n = 109$) received poor quality care from supporting medical staff such as a nurse, paramedic, medical assistant, or laboratory person. 37.2% ($n = 106$) received poor quality care from a mental health care provider such as a psychiatrist, counselor, therapist, or social worker. 8.1% ($n = 23$) received poor quality care from another provider.^{44,45}

Queer identified respondents (43.2%, $n = 64$) reported the highest rates of poor quality care among sexual minority (LGBQ) identities, compared to 22.3% ($n = 84$) of gay and 26.7% ($n = 87$) of lesbian people. Almost half of all transgender respondents (44%, $n = 48$) reported poor quality care, compared to a quarter of cisgender people (24.5%, $n = 239$). There were no significant differences between LGBTQ people of color and white respondents in experiences of poor quality care.



LGBTQ Respondents' Source of Poor Quality Care

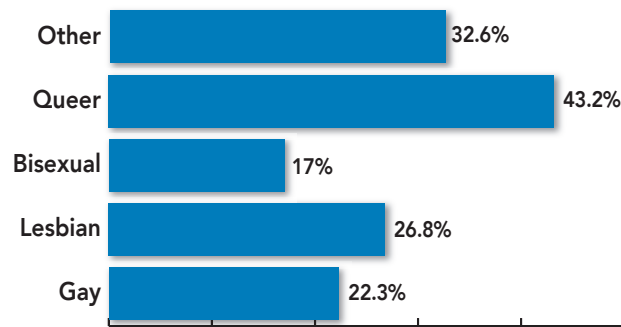
"I informed the physician of my sexuality. The warmth of the room chilled dramatically."

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

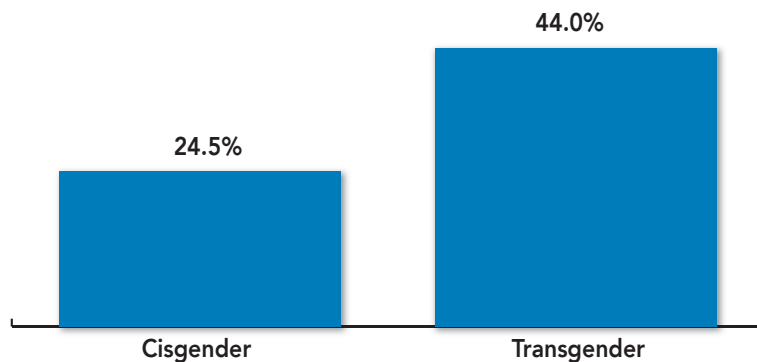
43 Grant J. M., Mottet L.A., Tanis J., et. al. (2011). Injustice at Every Turn: A Report of the National Transgender Discrimination Survey. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force.

44 Respondents could select more than one source of poor quality care, therefore the sum of percentages is greater than 100%.

45 Full list of sources of poor quality care available upon request.



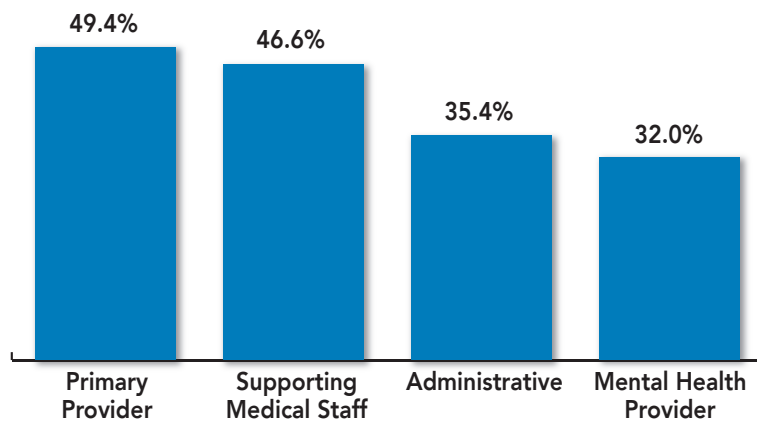
LGBTQ Respondents Receiving Poor Quality Care by Sexual Orientation



Source of LGBTQ Respondents Receiving Poor Quality Care by Gender Identity

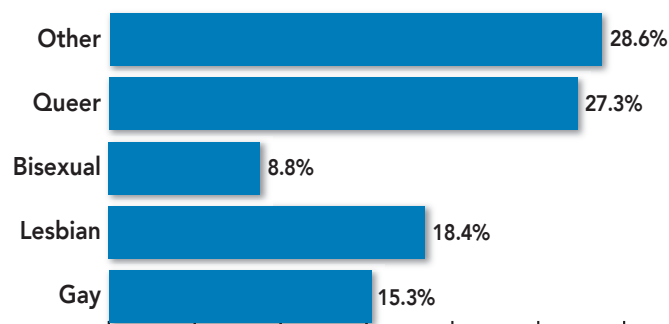
Experiences of discrimination in health care

More than one in every six LGBTQ people (17.4%, n = 196) said that they were discriminated against by a health care provider because of their sexual orientation or gender identity. Of those who experienced discrimination, 45% (n = 90) specified that they were discriminated against by a primary care provider such as a doctor, dentist, nurse practitioner, physician's assistant, or pharmacist. 42.5% (n = 85) reported that they were discriminated against by supporting medical staff such as a nurse, paramedic, medical assistant, or laboratory person. 32% (n = 64) were discriminated against by administrative or clinical staff such as a front desk, scheduling, or security person. 29% (n = 57) were discriminated against by a mental health care provider such as a psychiatrist, counselor, therapist, or social worker, and 8.5% were discriminated against by another provider.^{46,47}

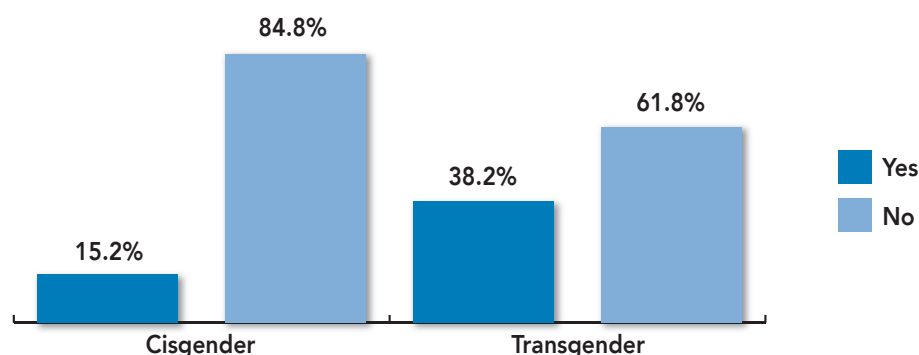


LGBTQ Respondents' Source of Discriminatory Care

Among sexual minority (LGBQ) identities, queer (27.3%, n = 41) people and respondents who wrote in a sexual orientation (28.6%, n = 18) reported the highest rates of discrimination, compared to 18.4% (n = 60) of lesbian and to 15.3% (n = 58) of gay people. Trans people experienced discrimination in healthcare at dramatically higher rates (38.2%, n = 42) than cisgender people (15.2%, n = 150).⁴⁸ There were no significant differences in experiences of discrimination based on race.⁴⁹



LGBTQ Respondents Experiencing Discrimination in Health Care by Sexual Orientation



LGBTQ Respondents Experiencing Discrimination in Health Care by Gender Identity

"Every time I go to the doctor I end up wasting time having to justify my gender and the changes I've made to my body to the doctor, even if I am seeing a doctor for something unrelated to my gender."

46 Respondents could select more than one source of discrimination, therefore the sum of percentages is greater than 100%.

47 Full list of sources of discriminatory care available upon request.

48 Significant at a .05 significance level

49 Tested at a .05 significance level

Limitations

The results have limited generalizability to the LGBTQ population as a whole because data were collected via a convenience sampling technique rather than randomized sampling. Unfortunately, it is extremely difficult to randomly sample LGBTQ people because there is limited information about the size, composition, and location of the LGBTQ population. However, the high number of responses lends credibility to the generalizability of the results to the LGBTQ population in Minnesota. Because paper surveys were only collected at events in the state and distributed among local list serves, it is probable that the majority of respondents lived in Minnesota. However, this cannot be stated conclusively because the survey did not include a place-of-residence question. A proxy variable for rural location was created by identifying paper surveys collected in St. Cloud, Rochester, Duluth, or Mankato. This variable assumed that few people travel from urban areas to rural areas for pride events, however it is possible that people from other rural areas traveled to these pride locations.

The survey offers limited information about socioeconomic status. Although it asked about education level, studies have shown that LGBTQ people earn less than the average income associated with their education level.⁵⁰ Additionally, the survey does not ask about housing status and thus does not offer information about health disparities associated with homelessness.

Question 11, which asks about alcohol consumption, has limited comparability to national statistics. The Centers for Disease Control defines binge drinking based on gender: 5 or more drinks for men, or 4 or more drinks for women in about two hours. RHI does not use this definition because it is exclusive of trans respondents.

Questions 15 and 16 about exercise offered limited usable data. Because the questions did not specify the intensity of physical activity, some respondents reported moderate activity such as standing or walking eight hours a day, while others reported only vigorous activity, such as one hour at the gym. The Centers for Disease Control recommends 150 minutes per week of moderate-intensity aerobic activity and muscle-strengthening exercises on all major muscle groups two or more times weekly.⁵¹ Also, it appeared that some respondents confused the “times exercised per month” and “times exercised per week category.” This question will be changed in future surveys to more accurately capture moderate and vigorous physical activity.

Question 17, which asked about barriers to exercise, failed to include differences in ability as an answer option. Question 18, which asked about health conditions, failed to differentiate among type 1 and type 2 diabetes. The “Asian” demographic category in question 5 failed to differentiate among the many Asian subpopulations living in Minnesota such as Vietnamese, Hmong, Lao, and Chinese. Question 9(c), “Do you want to quit smoking?” failed to include an option for “already quit.” The number of people who have already quit was estimated by looking at people who have smoked over 100 cigarettes, but now do not smoke at all.

A general limitation of this study was the low response rate of trans people and people of color. Although RHI made an intentional effort to reach trans respondents, only 9.7% (n = 111) of the sample identified as trans, which prevented analysis to determine differences between transfeminine, transmasculine, and gender nonconforming identities. Similarly, although the RHI survey had a higher proportion of non-white respondents (16.4% n = 188) than the proportion of non-white people in Minnesota (13.1%), the pool remained too small to analyze by racial identity.⁵²

50 e.shor. (2012). Understanding transgender health needs: Barriers to accessing health care. Minnesota Transgender Health Coalition.

51 CDC 2008 Physical Activity Guidelines for Americans. <http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html>

52 U.S. Census Bureau. (2010). State & County Quickfacts. Retrieved from <http://quickfacts.census.gov/qfd/states/27000.html>

Conclusion

Seeing Minnesota's LGBTQ communities

This survey allows health professionals, community members, and policy makers to see a snapshot of the LGBTQ population in Minnesota. The community is not dominated by any one identity or group, but rather has a diverse array of identities, experiences, and health needs. Of those LGBTQ people who disclosed their sexual orientation, 33.8% were gay, 28.9% were lesbian, 18.1% were bisexual, 13.4% were queer, and 5.5% wrote in another identity. Fifty-four percent were cisgender female, 35% were cisgender male, and ten percent were transgender. 83.6% of LGBTQ people who disclosed their race are white; 16.4% are people of color including black (6%), Latino (3.5%) and Native American (3.2%). LGBTQ people in the sample hold college and advanced degrees at dramatically higher rates (51.6%) than the statewide population (32.3%).⁵³

The harms of tobacco

An alarming majority (59.7%) of LGBTQ respondents disagreed or were unsure that LGBTQ people smoke at higher rates than their heterosexual peers. The reality is that LGBTQ respondents reported frequent smoking (30.8%) at nearly double the statewide rate (16.1%).⁵⁴

61% of LGBTQ smokers said they want to quit. One way to support cessation is to expand access to smoke-free LGBTQ spaces. In fact, 52.3% of LGBTQ people said they support pride events with tobacco-free festival and funding policies like Twin Cities Pride and South Central Pride. More LGBTQ-serving businesses and events should formally support LGBTQ health by adopting tobacco-free, general healthy living, and workplace wellness policies.

Structural barriers to health

The average LGBTQ respondent eats only 2.5 cups of fruits and vegetables per day while the recommended serving is 4.5 cups. LGBTQ people of color reported that it is hard to eat more fruits and vegetables because quality produce was not sold where they normally shop for food. All LGBTQ people reported they are less likely to eat fruits and vegetables because they're too expensive. Decision makers need to be aware of LGBTQ needs when designing programs to expand access to healthy foods (e.g. trans people may not have access to the identification they need to access government food subsidies).

Two-thirds (62.3%) of LGBTQ people reported that they don't have enough time to exercise. For transgender people, a lack of safe and convenient spaces to exercise was identified as a major barrier to physical activity. Fitness facilities and recreation areas need to adopt LGBTQ-inclusive policies, to train their staff in LGBTQ competency, and to modify their physical space to become safe for everyone (e.g. gender-neutral changing rooms).

Stigma and discrimination take their toll on LGBTQ mental health. 41.3 % (n = 472) of the LGBTQ sample have been diagnosed with depression and 37% (n = 423) have been diagnosed with anxiety. Depression was most prevalent among people who identify as queer (54.9%), bisexual (44.4%), or lesbian (40.6%). 55% (n = 61) of trans people have been diagnosed with depression at some point in their life. People must address the fact that homophobia and transphobia cause LGBTQ people to be diagnosed with depression at nearly twice the rate of the non-LGBTQ population (23.2%).⁵⁵

53 U.S. Census Bureau, 2011

54 Cigarette Smoking and Secondhand Smoke Exposure Among Adult Minnesotans Continues to Decline. Retrieved from <http://www.mnadulttobaccosurvey.org/>

55 Hennepin County Human Services and Public Health Department. (2011). SHAPE 2010 adult data book: *survey of the health of all the population and the environment*. Minneapolis.

Underserved by the healthcare system

LGBTQ people were insured at lower rates (79.1%) than the state average (91.2%). Even if LGBTQ people had access to healthcare, they received worse care than non-LGBTQ people simply because of their identity. One in four LGBTQ respondents (26.2%) reported receiving poor quality care because of their sexual orientation or gender identity. Almost half (44%) of transgender respondents received poor quality care. More than one in every six LGBTQ people (17.4%, n = 196) said that they had been discriminated against by a health care provider because of their sexual orientation or gender identity. Healthcare providers need to know about their clients' sexual orientation and gender identity to provide medically relevant care, and to avoid unnecessary tests or procedures. However, only 61.7% of LGBTQ respondents were completely "out" to their doctors. Furthermore, only 64.6% of LGBTQ people thought their doctor was somewhat or very competent about LGBTQ health. It should be required that healthcare professionals and staff receive LGBTQ cultural competency training. Additionally, there needs to be more support for LGBTQ health research so providers can be better informed of LGBTQ health issues.

All of us—LGBTQ people, allies, healthcare professionals, community members, and policy makers—must use the results of this report to work for LGBTQ health equity. We need to insist that sexual orientation and gender identity information be collected on all health-related surveys so LGBTQ health disparities are visible. We must use tobacco-free policy as well as cessation services to reduce the harms of tobacco on LGBTQ communities. We need to address the intersectional systems that keep LGBTQ people from accessing healthy food, physical activity and mental health. Finally, we must work to make our healthcare system capable to provide competent care for LGBTQ people. By working at the individual, community, and system level, we can promote health equity for all LGBTQ people.

Acknowledgement and thanks

Rainbow Health Initiative would like to thank all of the people who contributed to the 2010, 2011, and 2012 surveys. Specifically we would like to thank Dylan Flunker, e.shor, Alex Iantaffi, Rachel Fletcher, Pete Gokey, Blue Cross Blue Shield Center for Prevention, the Network for Network for LGBT Health Equity, all of the volunteers who collected surveys, those who provided comments on this report, and the many community members who have supported the work of Rainbow Health Initiative.

THE COMMUNITY BEAT: A Survey on LGBTQ Health in MN

The Community Beat is an effort of the Rainbow Health Initiative to document health disparities that affect Minnesota's Lesbian, Gay, Bisexual, Transgender, and Queer communities.

1. How old are you? _____
2. What best describes your sexual orientation?
 - ☐ Gay
 - ☐ Straight/Heterosexual
 - ☐ Lesbian
 - ☐ Bisexual
 - ☐ Queer
 - ☐ Other (write in): _____
3. Do you currently identify as, or have you ever identified as, transgender, transsexual, gender queer, or gender non-conforming? (Check one)
 - ☐ Yes, and I was assigned *male* at birth. What is your current gender ID?
(write in) _____
 - ☐ Yes, and I was assigned *female* at birth. What is your current gender ID?
(write in) _____
 - ☐ Yes, and I was assigned *intersex* at birth. What is your current gender ID?
(write in) _____
 - ☐ No
4. What is your sex assigned at birth? (Check one)
 - ☐ Male
 - ☐ Female
 - ☐ Intersex
5. What best describes your racial/ethnic background? (Check all that apply)
 - ☐ Black/African American
 - ☐ African-born
 - ☐ White/Caucasian
 - ☐ Hispanic/Latino
 - ☐ Asian
 - ☐ American Indian/Alaskan Native
 - ☐ Native Hawaiian or other Pacific Islander
 - ☐ Multiracial
 - ☐ Other (please write in) _____
6. What is the highest level of education you have completed? (Check one)
 - ☐ High school or less
 - ☐ Some college, associate's degree, or technical degree
 - ☐ Graduated college or graduate degree+

7. In your opinion, what are the top five LGBT health issues that need more resources? (check five)

- ☐ HIV/AIDS
- ☐ Other STDs, including HPV
- ☐ Illicit drug use (cocaine, meth, etc)
- ☐ Tobacco use and/or second hand smoke exposure
- ☐ Alcohol use
- ☐ Access to health care
- ☐ Healthy eating
- ☐ Active living/exercising
- ☐ Competence of health care providers regarding LGBTQ issues
- ☐ Mental health issues
- ☐ Obesity/overweight related health consequences
- ☐ Bullying
- ☐ Suicide
- ☐ Elder care
- ☐ Other _____

8. Please tell us whether you disagree or agree with the following statements:

1: Strongly disagree to 5: Strongly agree

		1	2	3	4	5
1	The tobacco industry has been a friend to the LGBTQ communities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	LGBTQ people smoke more than the general population.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	There is nothing wrong with LGBTQ organizations/events accepting sponsorship money from tobacco companies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Pride celebrations should be smoke-free events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	There is nothing wrong with LGBTQ bars and nightclubs accepting sponsorship money from tobacco companies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	There is too little emphasis on smoking as a health issue in the LGBTQ community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- ☐ Yes
- ☐ Don't know / not sure
- ☐ No (SKIP REST OF BOX & GO TO QUESTION 10)

9a. 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

9b. Did you smoke any cigarettes in the past three months?

- ☐ Yes
- ☐ No
- ☐ Don't know / not sure

9c. Do you want to quit smoking?

- ☐ Yes
- ☐ No

9d. What best describes your intentions regarding calling the quit line in the future?

- ☐ Intend never to call. If so, why not? _____
- ☐ Will not call in next 6 months. If so, why not? _____
- ☐ Will call in next 6 months
- ☐ Will call in next month

9e. Which types of smoking cessation resources would you be most likely to use to quit smoking, if they were available to you? (Check all that apply)

- ☐ General smoking cessation class or program
- ☐ LGBTQ-tailored smoking cessation class or program
- ☐ General 1:1 smoking cessation counseling
- ☐ LGBTQ-tailored 1:1 smoking cessation counseling
- ☐ General online smoking cessation resources
- ☐ LGBTQ-tailored online smoking cessation resources
- ☐ Nicotine replacement therapies (patch or gum)
- ☐ Other (describe) _____

10. Do you currently use any tobacco products other than cigarettes?

- a. Yes. If yes, which products? (write in) _____
- b. No
- c. Don't know / not sure

11. On average, how many drinks do you have weekly? (Check one)

- ☐ I don't drink alcohol
- ☐ 1-7
- ☐ 8-14
- ☐ 15-21
- ☐ 22-28
- ☐ 28 or more

12. In general, do you feel you have enough social support:

		YES	NO
1	At work?	<input type="checkbox"/>	<input type="checkbox"/>
2	In your neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>
3	From your biological family?	<input type="checkbox"/>	<input type="checkbox"/>
4	From friends?	<input type="checkbox"/>	<input type="checkbox"/>
5	From your romantic partner(s)?	<input type="checkbox"/>	<input type="checkbox"/>

13. On average, how many servings of fruits and vegetables do you eat per day? A serving is approximately 1/2 cup of chopped vegetables, 1 cup of leafy greens, or 1 medium piece of fruit. Please do not include potatoes or juice. (Check one)

- ☐ Less than 1
- ☐ 1-2
- ☐ 3-4
- ☐ 5 or more

14. In your opinion, what are the barriers to eating fruits and vegetables? (Check all that apply)

- ☐ Fresh fruits and vegetables are often too expensive
- ☐ Good quality fresh fruits and vegetables are not usually available where I usually shop for food
- ☐ Don't know enough about how to prepare fruits and vegetables
- ☐ Don't have enough time to prepare fruits and vegetables
- ☐ Don't like the taste of fruits and vegetables
- ☐ Other: _____

15. How many times per week or per month did you take part in physical activity during the past month? (Check only one)

- ☐ _____ Times per week OR
- ☐ _____ Times per month
- ☐ Don't know / not sure

16. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

- ☐ ____:____ Hours and minutes
- ☐ Don't know / not sure

17. In your opinion, what are the barriers to getting a satisfactory amount of exercise? (Check all that apply)
- ☐ Not enough time
 - ☐ Not enough support from friends and family
 - ☐ Not enough energy
 - ☐ Not enough motivation
 - ☐ No safe and convenient place to exercise
 - ☐ Other (write in): _____
18. Please indicate if you have/had any of the following conditions:
- ☐ Lung disease/COPD/asthma
 - ☐ Obesity/overweight
 - ☐ Hypertension
 - ☐ Stroke
 - ☐ Heart disease
 - ☐ Diabetes
 - ☐ HIV/AIDS
 - ☐ Breast cancer
 - ☐ Other cancers
 - ☐ Depression
 - ☐ Anxiety
 - ☐ Other (please write in): _____
19. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Indian Health Services? (Check one)
- ☐ Yes
 - ☐ No. If no, why not? (Check all that apply)
 - ☐ I am unemployed but not eligible for government assistance
 - ☐ My employer does not offer insurance
 - ☐ My employer offers health insurance, but I cannot afford it
 - ☐ My partner's insurance does not cover me
 - ☐ Other (write in): _____
 - ☐ Don't know / Not sure
20. If you are LGBTQ, are you "out" to your 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. How competent do you feel that your doctor/healthcare provider is about LGBTQ health issues? (Check one)
- ☐ Very competent
 - ☐ Somewhat competent
 - ☐ Not at all competent
 - ☐ Don't know / Not sure
 - ☐ N/A – do not have a doctor or healthcare provider
22. Do you think you have ever received poor quality health care because of your sexual orientation or gender identity?
- ☐ Yes. If yes, by whom? (Check all that apply)
 - ☐ Primary health care provider (doctor, dentist, nurse practitioner, physician's assistant, pharmacist)
 - ☐ Supporting medical staff (nurse, paramedic, medical assistant, laboratory person)
 - ☐ Mental health care provider (psychiatrist, counselor, therapist, social worker)
 - ☐ Other, please specify: _____
 - ☐ No
- *If you have a story or experience to share, RHI collects these to use with training health care providers. There is space on the back of this survey to write a brief description of your experience.**
23. Do you think you have ever been discriminated against by a health care provider because of your sexual orientation or gender identity?
- ☐ Yes. If yes, by whom? (Check all that apply)
 - ☐ Primary health care provider (doctor, dentist, nurse practitioner, physician's assistant, pharmacist)
 - ☐ Supporting medical staff (nurse, paramedic, medical assistant, laboratory person)
 - ☐ Administrative/clinical staff (front desk, scheduling, security person)
 - ☐ Mental health care provider (psychiatrist, counselor, therapist, social worker)
 - ☐ Other, please specify: _____
 - ☐ No
24. What Rainbow Health Initiative Programs are you familiar with? (Check all that apply)
- ☐ Health Promotion
 - ☐ Training and Education
 - ☐ Research
 - ☐ Tobacco
 - ☐ Policy Initiatives
 - ☐ Events
 - ☐ Recovery Support
 - ☐ Community Funding
 - ☐ Other (please write in) _____
 - ☐ None

If you have a story or experience to share regarding poor quality health care or healthcare discrimination based on your gender identity or sexual orientation, please share here:

Appendix B

Resources

Rainbow Health Initiative & RHI Provider Directory—RainbowHealthInitiative.org

LGBTQ Health Resources in Minnesota:

Family Tree Clinic—familytreeclinic.org

Minnesota Transgender Health Coalition—MNtranshealth.org

MN LGBTQ Health Collaborative—mnlgbtqhealthcollaborative.wordpress.com

Training to Serve—www.trainingtoserve.org

State-level LGBTQ health research outside of Minnesota:

Missouri Foundation for Health, Responding to LGBT Health Disparities—<http://www.mffh.org/mm/files/LGBTHealthEquityReport.pdf>

One Colorado, 2010 Needs Assessment—one-colorado.org/issues/2010-needs-assessment

New Mexico Department of Health, LGBT Health Data—nmhealth.org/erd/healthdata/pdf/2010_LGBT_Report.pdf

National LGBTQ health resources:

The National Coalition for LGBT Health—lgbthealth.webrevolutionary.com

The National Trans Discrimination Survey—endtransdiscrimination.org

The Network for LGBT Health Equity—lgbthealthequity.org

Appendix C

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