RAINBOW Health Initiative

Advancing Health Equity

Voices of Health

A survey of LGBTQ health in Minnesota

2013 Data Update

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Introduction

In 2013, Rainbow Health Initiative published the results of its 2012 Voices of Health survey. This update supplements that report and discusses new findings based on RHI's 2013 Voices of Health Survey. New findings are largely based on changes and expansions to the survey between 2012 and 2013. As expected, with a nearly identical survey instrument and data collection methods from 2012, there were not many significant changes in the results. For example, in 2012, 30.8% (n=352) of LGBTQ respondents reported currently smoking, compared to 29.9% (n=356) in 2013. Where the 2012 report drew conclusions about LGBTQ health disparities by contrasting reported rates among LGBTQ respondents to data on the general population from other research, this update will only report rates from the LGBTQ population from the 2013 survey. Further analysis is available and will be reported in future fact sheets and presentations on specific health-related topics.

Terms Used in this Report

BISEXUAL: A person who has the potential to be attracted – romantically and/or sexually – to people of more than one sex and/or gender, not necessarily at the same time, not necessarily in the same way, and not necessarily to the same degree."

CISGENDER : 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.

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.

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.

2013 Demographics

RHI collected surveys in person at Minnesota Pride festivals, community events and online. Of the surveys, 61.9% (n=1,070) were collected in person at events in the Twin Cities. 25.8% (n=447) were collected at Pride festivals outside of the Twin Cities in St. Cloud, Mankato, Rochester, Duluth, Pine City and Fargo-Moorhead. Surveys were also collected in the Twin Cities at the Minnesota Transgender Health and Wellness Conference and through Shades of Yellow. 12.3% (n=213) of the surveys were collected online through SurveyMonkey.com.

The use of paper surveys and online surveys once again attracted different populations of respondents. Trans identified respondents were more likely to respond online (29.8%, n=37). The online respondents were also more likely to be older, white, and have more years of formal education.

The LGBTQ Population

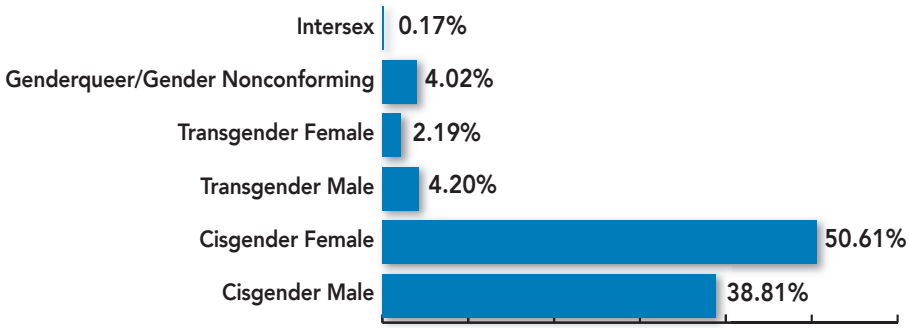
Of the 1,716 people who completed the survey, 69.29% (n=1,189) self-identified as non-heterosexual (lesbian, gay, bisexual, queer, and/or self-defined) and/or trans (transgender, transsexual, genderqueer, gender nonconforming, or self-defined).

Sexual Orientation

This year, if respondents selected more than one identity (e.g. lesbian and queer) both were included, so the total amount of responses is more than 100%. Of LGBQ respondents who chose to disclose their sexual orientation, 36.11% (n=416) identified as gay, 31.08% (n=358) as lesbian, 18.32% (n=211) as bisexual, 13.72% (n=158) as queer, 2.00% (n=23) as pansexual, and less than one percent (n=1) as asexual.

Gender Identity

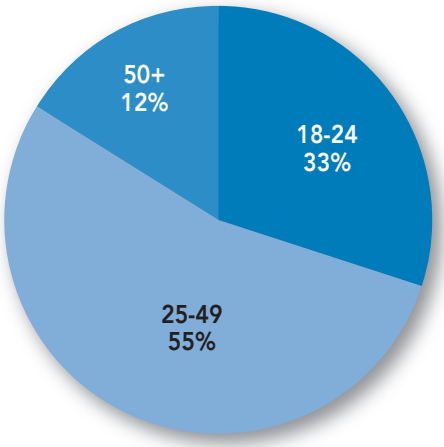
Of the LGBTQ respondents who answered the questions about gender identity, the majority identified as cisgender, 89.21% (n=1,033). 10.79% (n=125) identified as transgender. 4.20% (n=48) of all respondents identified as transgender along the masculine spectrum or as female-to-male. 2.19% (n=25) of all respondents identified as transgender along the feminine spectrum or as male-to-female. 4.02% (n=46) identified as genderqueer or gender nonconforming. Less than one percent (n=2) identified as intersex.



Gender Indentity

Age

The majority of LGBTQ respondents in 2013, 53.70% (n=638), were 25-49. 29.88% (n=355) were 18-24. 16.41% (n=195) of respondents were 50+.

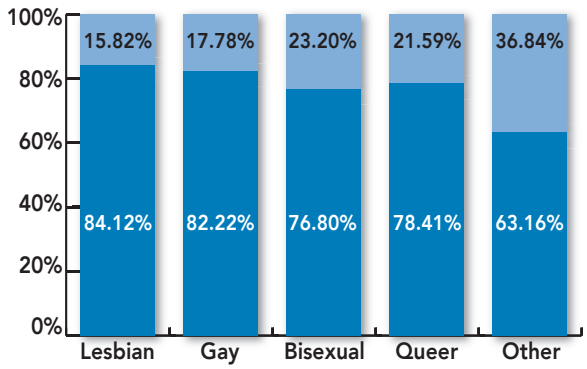


Age

Race

Of LGBTQ respondents, 80.94% (n=960) disclosed their race as white. 19.06% (n=226) of respondents who identified as a person of color, up from 16.4% of respondents in 2012. This year, survey collection focused on reaching communities of color to improve representation. Respondents were able to select more than one race. Of respondents identifying as a person of color, 4.85% (n=57) identified as black, 4.59% (n=54) identified as Latino/Hispanic, 4.25% (n=50) identified as American Indian/Alaska Native, 3.23% (n=38) as multiracial. This year the Asian category was disaggregated into separate ethnic and national identities. The largest Asian identity category was Hmong, with 1.45% (n=17) of LGBTQ respondents identifying as Hmong.

Race, sexual orientation, and gender identity

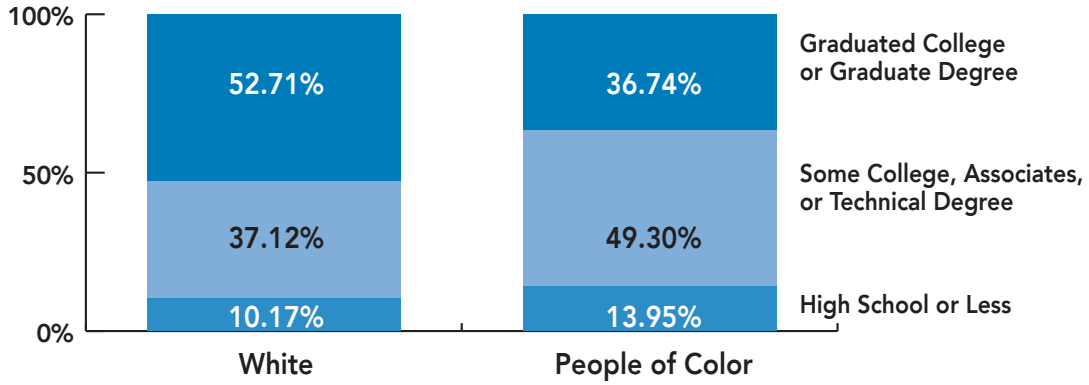


Race & Sexual Orientation

The respondents on last year's survey were more likely to identify as gay or lesbian if they were people of color. This year's survey found that LGBQ people of color were more likely to identify as bisexual, queer, or another category. This year there was no significant difference by race between LGBTQ cisgender and transgender respondents. LGBTQ respondents of color were more likely to be younger. 24.29% (n=86) of all LGBTQ respondents 18-24 were people of color, while only 7.18% (n=14) of LGBTQ respondents over 50 were people of color.

Education

LGBTQ respondents on the 2013 survey reported similar levels of education as in 2012. Overall, 10.89% (n=124) reported a high school education or less; 39.42% (n=449) reported some college, associates, or technical degree; and 49.69% (n=556) of all LGBTQ respondents reported having graduated college or a graduate degree. While LGBTQ respondents overall continued to report high levels of formal education, the gap between white and people of color's level of education remained high.



Education Levels by Race

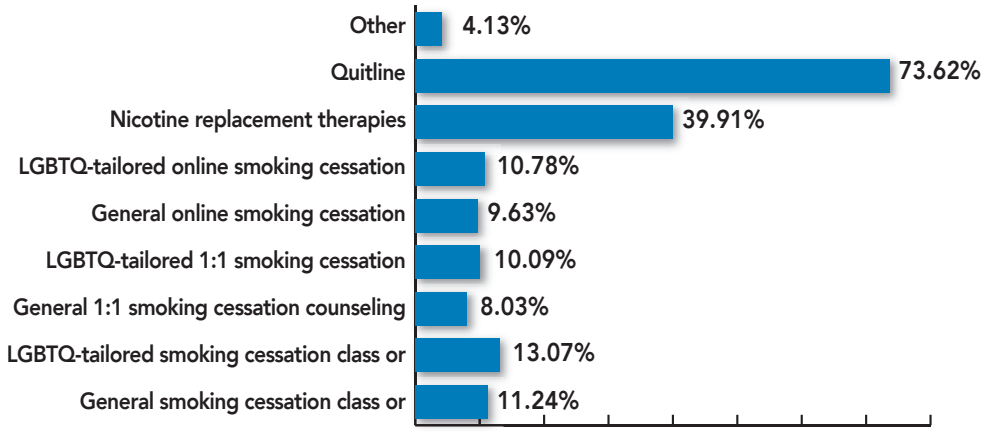
Changes to the 2013 Survey

Much of the survey remained the same between 2012 and 2013 with a few changes made to improve the quality of the data being collected. The use of a quit line for current smokers was included as one of several possible smoking cessation methods, in addition to being asked as a stand-alone question. Data from the 2013 survey was also used to calculate quit rates for smoking. Alcohol consumption was measured in two ways: number of binges and average drinks per week. The use of two questions attempted to mitigate a possible bias from collecting surveys at Pride Festivals and also collect more accurate information on alcohol consumption. Last year the information gathered about exercise was inconsistent and so questions about exercise were altered this year to align with national exercise guidelines. Also the question in which respondents were asked about social support from various sources was changed from a "yes/no" question to a Likert scale to better understand the amount of social support people receive.

Three additions were made to the 2013 survey. The survey asked for participant's zip code. This was used to ensure that the sample only included residents of Minnesota. Participants were also asked to select their individual income range. While the question did not line up exactly with federal poverty guidelines, for analysis purposes we determined low income respondents to be in either the $0-$14,999 or $15,000-$24,999 ranges. The 2013 survey also asked respondents to identify their debt load. However, based on participant feedback, further question refinement may be necessary. Many respondents reported that their debt came from different sources and in future years, this question may be reworded to differentiate between different types of debt (mortgages, student loans, medical, credit cards, etc.)

Quit Methods for Smoking

If respondents indicated that they intended to call a quit line in the next month or six months, they were designated as being interested in using a quit line as a method to quit smoking. Participants could select as many resources as they were interested in. Of LGBTQ respondents, the three smoking cessation supports that were most preferred were using a quit line at 73.62% (n=321), nicotine replacement therapies at 39.91% (n=174), and 13.07% (n=57) LGBTQ-tailored smoking cessation classes and programs.



Quit Methods

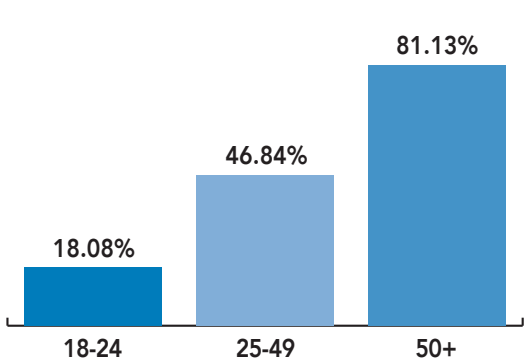
Quit Rates for smoking

This year the data were used to estimate the rates of successful quitting by determining what proportion of respondents who were ever smokers still reported being current smokers. Of LGBTQ respondents who had ever smoked, 55.2% (n=340) reported still being current smokers. Overall, 44.8% (n=276) of LGBTQ respondents who had ever smoked were no longer smoking.

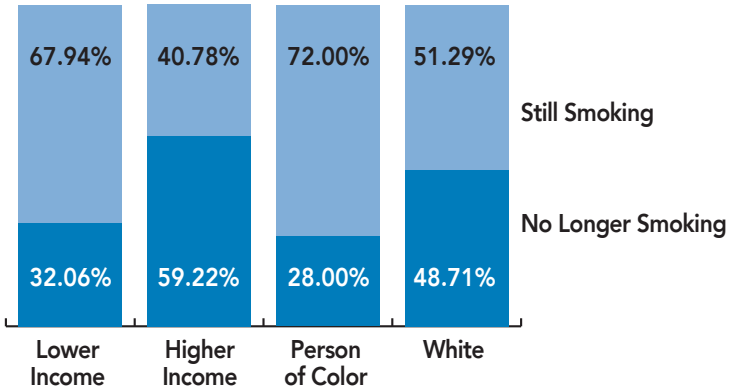
Age was a significant factor in rates of successfully quitting smoking. Only 18.1% (n=32) of youth ages 18-24 who had ever smoked were no longer current smokers. For young adults ages 25-49, 46.8% (n=163) were no longer smoking. Respondents over 50 who had ever smoked were no longer smoking at a rate of 81.1% (n=86).

There was also a significant difference in quit rates based on racial category. White LGBTQ respondents who had ever smoked reported no longer being current smokers at a rate of 48.7% (n=246). LGBTQ people of color reported having quit at only a rate of 28.0% (n=35).

A similar difference was reported between lower and higher income respondents. Higher income LGBTQ respondents reported no longer smoking at a rate of 59.2% (n=167) while lower income respondents only reported a 32.06% (n=101) quit rate.



Estimated Quit Rates by Age



Estimated Quit Rates by Income and Race

Alcohol

Drinks per Week

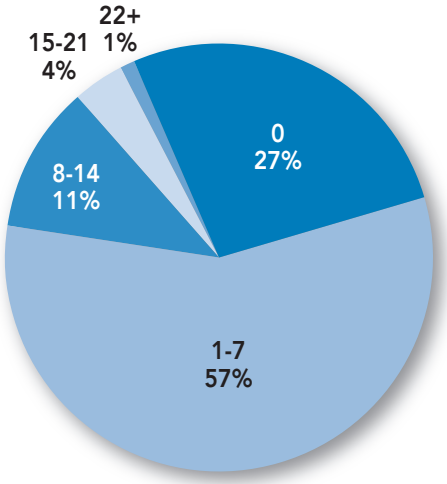
According to our sample, 26.9% (n=283) of LGBTQ respondents reported not consuming alcohol in the past week. 57.1% (n=601) of respondents drink 7 or fewer drinks per week. 10.8% of respondents reported drinking 8-14 (n=114) drinks per week. Only 3.9% (n=41) reported drinking 15-21 drinks per week and 1.3% reported drinking 22 or more.

Binge Drinking

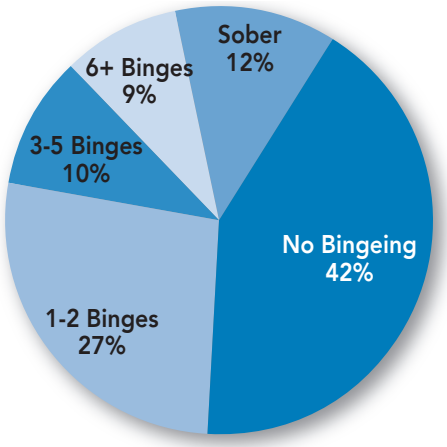
Participants were asked about how many times during the past two weeks they had consumed five or more drinks in one sitting.

LGBTQ participants reported being sober at a rate of 12.4% (n=147). 41.8% (n=497) of respondents reported no bingeing. 26.8% (n=318) of respondents reported 1 to 2 binges over the past two weeks. 9.7% (n=115) reported 3 to 5 binges in the past two weeks and 9.4% (n=112) reported 6 or more binges.

The two questions asked about alcohol consumption over two different time frames. One asked participants to report average consumption per week and the other, in the past two weeks. Many of the surveys were collected during Pride Festivals, where drinking is common. While participants may consume lower amounts of alcohol during the year, the location and timing of the data collection may have skewed the amount of bingeing reported as higher than at other points of the year. This is perhaps why participants who took the survey online had significantly lower reports of binge drinking than participants at Pride Festivals.



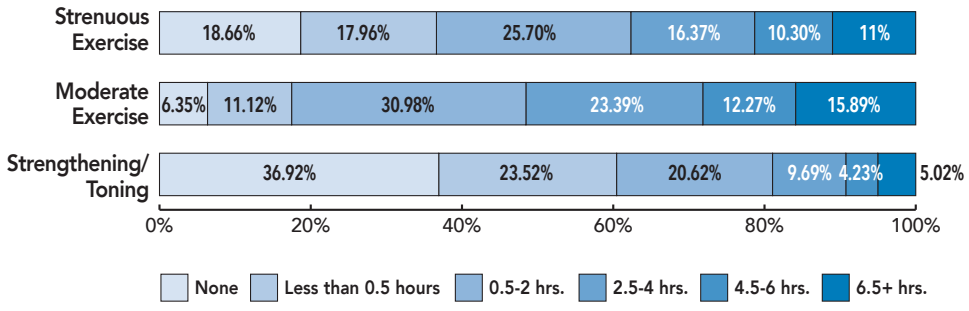
Drinks per Week



Binges Over Two Weeks

Exercise

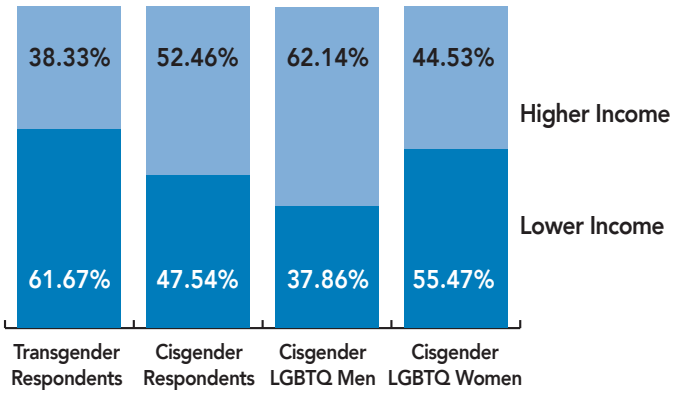
Participants were asked how much time they spent doing strenuous activity, moderate activity, and strengthening/toning. For all LGBTQ respondents, they were least likely to report strengthening and toning and most likely to report moderate exercise.



Time Spent Exercising

Income

This year participants were asked to disclose their annual individual income level. Of LGBTQ respondents, 5.59% (n=64) chose not to disclose; 30.92% (n=354) reported incomes between $0-$14,999; 17.38% (n=199) between $15,000-$24,999; 12.05% (n=138) between $25,000-$34,999; 12.14% (n=139) between $35,000-$49,000; 14.59% (n=167) between $50,000-$79,999; and 7.34% (n=84) above $80,000 annually. For our purposes, we determined the bottom two income brackets to be considered lower income. 50.84% (n=572) of LGBTQ respondents reported incomes in the lower income range and 49.16% (n=553) reported incomes of $25,000 or greater. Income disparities are greater between trans and cisgender LGBTQ respondents and between cisgender men and women.

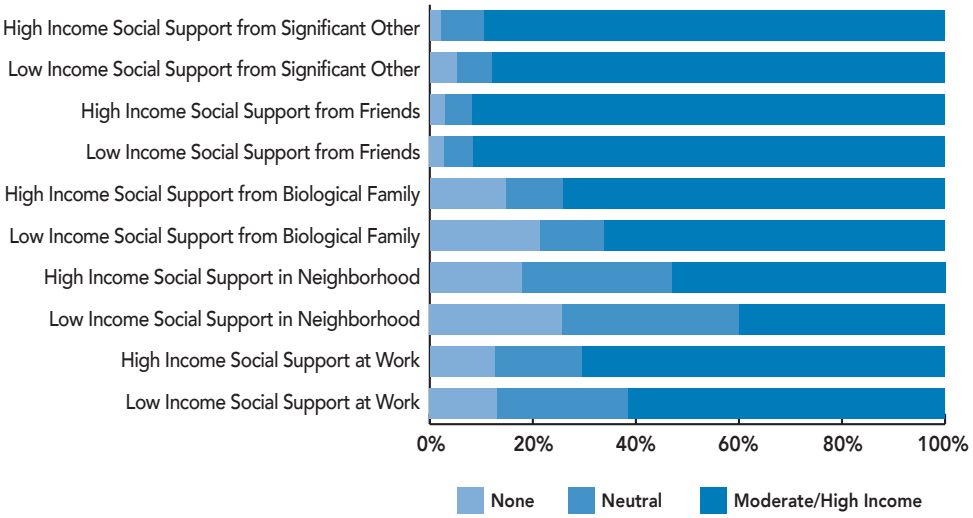


Income Disparities by Gender Identities

Lower income LGBTQ respondents, in general, had worse health outcomes than higher income respondents. While rates of ever having smoked were similar between lower and higher income respondents (58.88% and 53.01% relatively), lower income participants were more likely to still be smoking. 59.22% (n=167) of higher income participants had quit smoking, but only 32.06% (n=101) of lower income participants had quit smoking.

There were few noticeable differences in drinking patterns between lower and higher income respondents.

Levels of social support from friends and significant others were similar among higher and lower income participants. Levels of social support from work, in the neighborhood, and from biological family were lower among lower income participants.



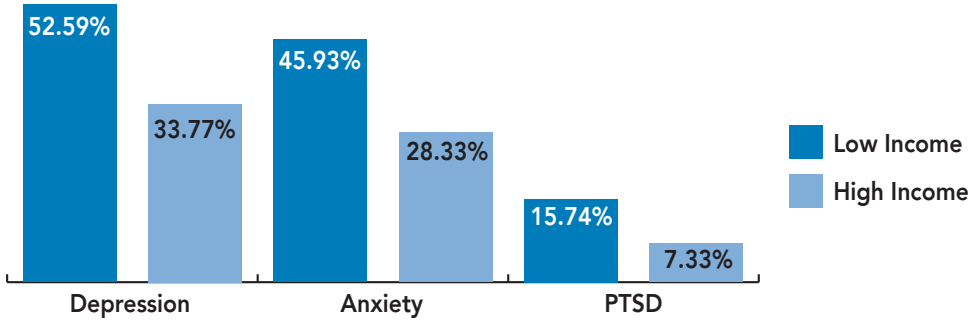
Levels of Social Support

Lower income respondents reported eating fewer servings of fruits and vegetables than higher income respondents. Notably, 14.84% (n=81) of lower income respondents reported eating an average of less than one serving of fruits or vegetables daily, while only 7.08% (n=38) of higher income respondents reported eating fewer than one serving a day. Similarly, while 20.30% (n=109) of higher income respondents reported eating five or more servings of fruits and vegetables daily, only 12.82% (n=70) of lower income respondents did. LGBTQ people who reported lower incomes were significantly more likely to report that expense (53.94% versus 34.91%) and availability of good quality fruits and vegetables (18.68% versus 10.92%) were barriers to consuming fruits and vegetables. However, LGBTQ

people who reported higher incomes were significantly more likely to report not having enough time to prepare fruits and vegetables (22.64% for higher income versus 28.63 for lower income).

Reported average time exercising per week was similar between income groups.

In terms of health-related conditions low income respondents were much more likely to report depression (52.59% versus 33.77%), anxiety (45.93% versus 28.33%), and PTSD (15.74% versus 7.33%) than higher income respondents.



Reported Rates of Mental Health Problems

Lower income LGBTQ respondents were also less likely to have health insurance. 91.76% (n=490) of higher income respondents reported having health insurance while only 77.36% (n=468) reported having health insurance. This sampling took place before the Affordable Care Act's health insurance exchanges took effect, so this number may have changed, however it provides a baseline of coverage before the law went into effect.

People without insurance are more likely to rely on emergency and urgent care and not have a primary doctor or medical home. These factors likely influenced the fact that lower income respondents were less likely to report being out to their doctor. 71.89% (n=381) of higher income respondents reported being out to their doctor while only 51.60% (n=306) of lower income respondents did. Notably, nearly twice as many (11.47% versus 6.79%) lower income respondents reported that they do not have a doctor or healthcare provider. Similarly, lower income respondents were less likely to report their doctor as very competent in LGBTQ health issues (25.29% versus 37.62%) than higher income respondents. Lower income respondents also reported higher rates, 18. 53% (n=91), of poor quality because of their sexual orientation or gender identity than higher income respondents, 13.92% (n=65). Even more strikingly, 14.29% (n=69) of lower income respondents reported being discriminated against by a healthcare provider because of their sexual orientation or gender identity while only 7.99% (n=37) of higher income respondents did.

Conclusion

Data is the foundation upon which RHI builds our programs, but without the many people who took the time to fill out this survey across the state, there would be no data to help us build awareness of the health disparities experienced by the LGBTQ communities and to ensure that LGBTQ issues become part of the public dialogue.

We are also thankful to many people who helped with 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, volunteers and our donors.

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

For more information about Rainbow Health Initiative's data and programs, please contact John Salisbury (john.salisbury@rainbowhealth.org) or visit RHI's website at www.rainbowhealth.org.