



VOICES OF HEALTH

A Survey of LGBTQ Health in Minnesota

Rainbow Health Initiative 2014 Results

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EXECUTIVE SUMMARY

Rainbow Health Initiative (RHI) is committed to advancing the health and wellness of the lesbian, gay, bisexual, transgender and queer communities through research, education and advocacy. RHI works with healthcare providers, 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 collects an annual Voices of Health survey about LGBTQ health access, experiences, and disparities in Minnesota in person at Pride events around the state and online. In 2014, 1,859 people completed the survey, 1,351 of whom identified as LGBTQ. The results show that there are persistent and significant health disparities that need to be addressed by community members, healthcare professionals, and policymakers.

Demographics

- Of the LGBTQ people who disclosed their sexual orientation, 32% identified as lesbian, 32% as gay, 18% as bisexual, 13% as queer, and 3% identified as pansexual.
- 50% identified as cisgender women, 34% identified as cisgender men, and 17% identified as transgender.
- Of transgender respondents, 29% identify as transfeminine or trans women, 29% identify as transmasculine or trans men, 37% identify as genderqueer, and 6% identify as intersex.
- Of LGBTQ people who disclosed their race and ethnicity, 78% were white and 22% were people of color, which included 5% Black/African American, 2% Hmong, 2% multiracial, and 5% Latino.
- 42% of LGBTQ respondents reported an annual income of less than \$25,000
- 51% of LGBTQ people in the survey reported holding college and advanced degrees.

Individual Health

- 25% of LGBTQ Minnesotans in the sample smoked every day or some days per week.
- 33% reported binge drinking in the past two weeks.
- The average LGBTQ person ate only 2.4 cups of fruits and vegetables per day; the recommended serving is 4.5 cups.
- 60% of LGBTQ respondents report being diagnosed with depression and 50% report being diagnosed with anxiety.

Health Attitudes

- Half of LGBTQ respondents identified mental health as a priority health issue, and approximately a third also identified bullying, HIV, and health care provider's knowledge of LGBTQ issues as top LGBTQ health issues.
- 60% of LGBTQ respondents said cost was a major barrier to eating fruits and vegetables
- Not having a safe and convenient place to exercise was more of a barrier for queer, bisexual, low-income, and trans respondents than for lesbian, gay, higher income, and cisgender respondents.

Insurance Coverage 2010-2014

- 88% of LGBTQ respondents have health insurance, compared to 95% of the general population of Minnesota
- Only 62% of LGBTQ respondents were "out" to their doctor about their sexual orientation or gender identity. Only 40% of bisexual people and 50% of queer people are out to their doctor, compared to 71% of both gay and lesbian people.
- Only 49% of LGBTQ people of color were out to their doctor compared to 65% of white LGBTQ respondents.
- 32% thought their doctor was "very competent," 33% thought their doctor was "somewhat competent", and 7% thought their doctor was "not at all competent."
- 12% of LGBTQ respondents had experienced poor quality care in the past 12 months
 - Queer people (27%) reported the highest rates of poor quality care, compared to gay (6%), lesbian (12%) and bisexual (10%) people. Transgender people experienced poor quality care (25%) more than cisgender people (11%).

- 9% of LGBTQ respondents experienced health care discrimination in the past 12 months.
 - 17% of queer people experienced discrimination compared to 8% of lesbians, 9% of bisexuals and 5% of gay respondents.
 - 15% of transgender respondents experienced discrimination compared to 7% of cisgender people.

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.

METHODS

The 2014 RHI survey was designed with input from LGBTQ community members and national LGBTQ health leaders. The survey was designed to gather as much information as possible while being easy to understand, comparable to both other studies and RHI’s previous surveys, and relevant to the work of Rainbow Health Initiative.

The 2014 survey collected both quantitative and qualitative data using a convenience sampling technique. Between June and November 2014, Rainbow Health Initiative (RHI) collected a total of 2,215 surveys. 86% (n=1607) of complete surveys were collected on paper at Prides and other community events, and 14% (n=252) were collected online through SurveyMonkey.com.

The paper surveys were coded into a numeric dataset by a contracted researcher. 356 surveys were excluded from the sample. Surveys were excluded from the sample when the survey was more than 75% incomplete, if the respondent lived outside of Minnesota, or if the respondent was under 18. 1,859 surveys were used for final analysis.

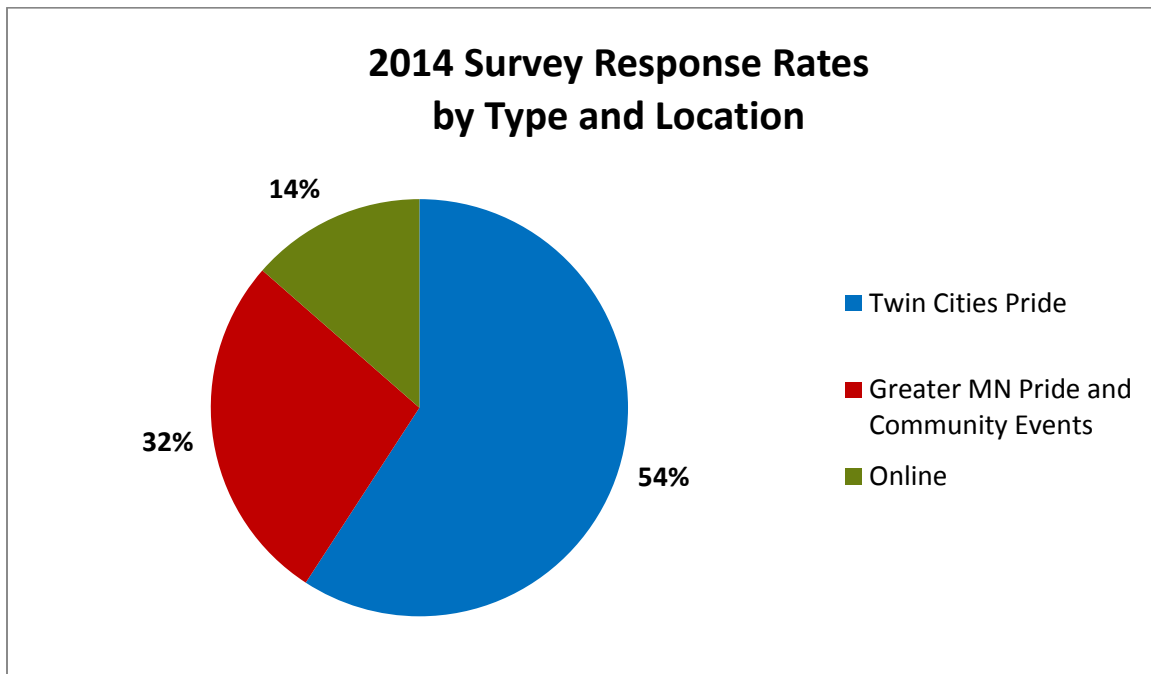
The “LGBTQ” category in this report includes people who identify as *non-heterosexual* (lesbian, bisexual, queer, or self-defined) and/or identify as *trans* (transgender, transsexual, genderqueer, gender nonconforming, or self-defined). While many of the figures in this report refer to sexual and gender minorities people as groups (“LGBQ” and “trans”), RHI

recognizes that lesbian, gay, bisexual, trans, and queer people face very different barriers to health. Similarly, transgender men, transgender women, genderqueer or gender non-conforming people, and people of different racial backgrounds face unique barriers to health. Unfortunately, breaking down the analysis by sexual orientation, gender identity, or racial categories restricted the response pool to a small number of respondents, which limited the generalizability of the results. Transmasculine, transfeminine and gender nonconforming folks were grouped together under the “trans” category. Similarly, the sample was divided into “white” and “people of color” categories.

DEMOGRAPHICS

Data collection

Over the course of six months in 2014, Rainbow Health Initiative (RHI) collected 1,859 community health surveys. 86% (n=1607) surveys were administered on paper at Pride events or other community events; 14% (n=252) were administered online through SurveyMonkey.com. Out of the paper surveys, 32% (n=507) were collected either at Pride events outside of the Twin Cities in Moorhead, Duluth, Mankato, Rochester, and St. Cloud or other LGBTQ community events. Since 2012, the number of total LGBTQ respondents has grown steadily from 1,144 in 2012 and 1,189 in 2013.

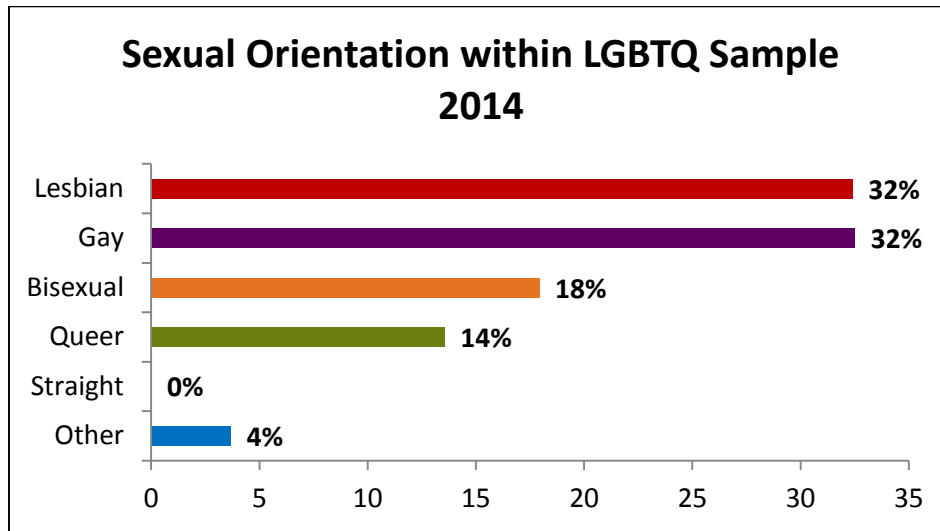


As in previous years, RHI opted to use both paper and online survey methods because the different methods capture different populations. A much higher percentage (25%) of LGBTQ people who answered the online survey identified as transgender¹, versus 11% of those who answered the paper survey. As in previous years, online respondents were also more likely to be white (87% vs. 75%), somewhat older (67% vs. 46% in the 25-49-year-old range) and have dramatically higher formal education levels than those who took paper surveys (75% vs. 46% had an undergraduate degree or higher).

¹ For the purposes of this report, we use “transgender” as an umbrella term to capture people whose current gender identity differs from their sex assigned at birth. These include, but are not limited to, people who identify as transgender, transsexual, genderqueer, agender, etc.

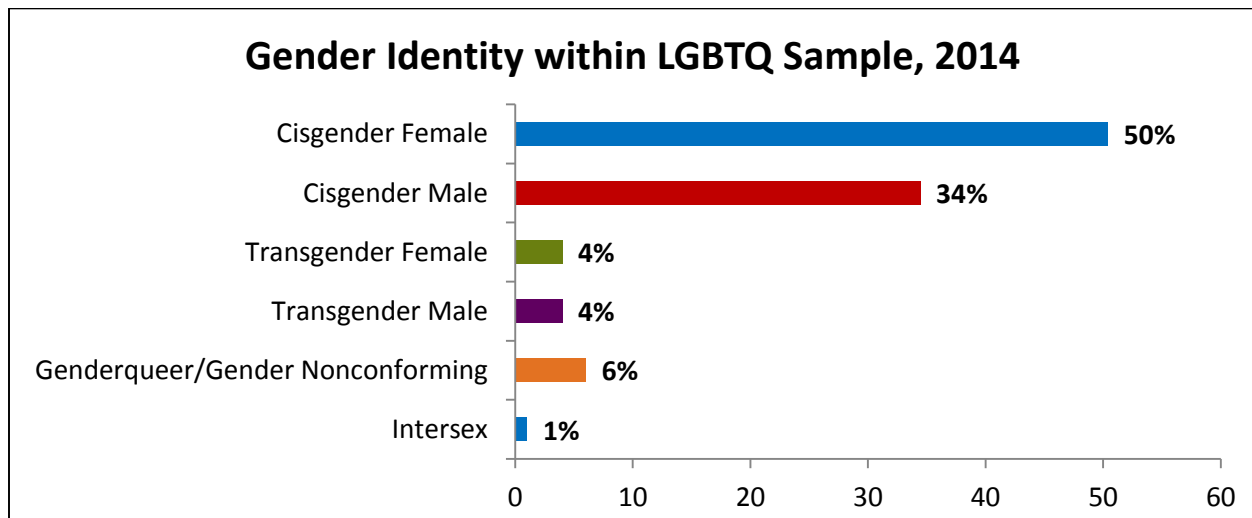
Sexual orientation

A total of 1,351 LGBTQ² people completed the survey. Respondents were most likely to identify as gay (32%) or lesbian (32%). Eighteen percent of respondents identified as bisexual, 13% identified as queer, and 3% identified as pansexual. These percentages are consistent with past years



Gender identity

The majority of LGBTQ respondents in the 2014 survey identified as cisgender women (50%) and cisgender men (34%). 17% of LGBTQ respondents currently identify as transgender. This is consistent with past years, although the overall percentage of transgender respondents has grown since 2012, particularly in the percentage of respondents who identify as genderqueer or gender nonconforming (3.3% in 2012; 6% in 2014).

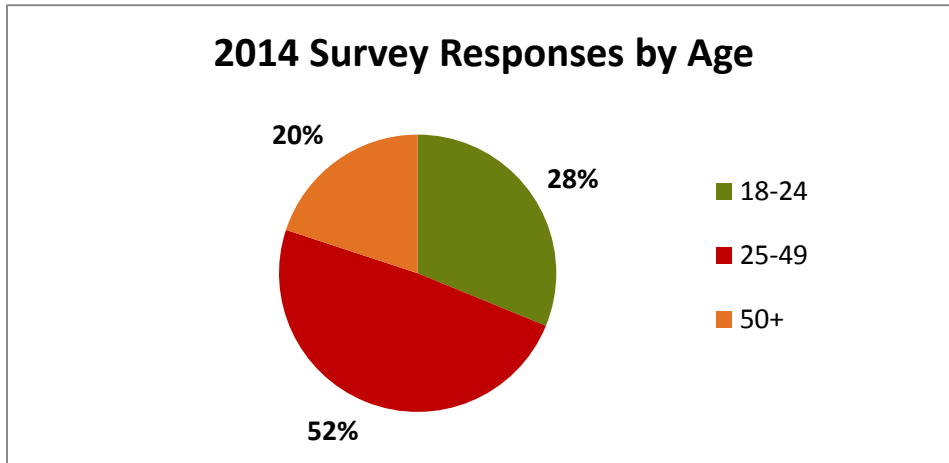


Of the transgender respondents, 29% respondents identify as transfeminine, 29% identify as transmasculine, 37% identify as genderqueer and 6% identify as intersex. Bisexuals were significantly more likely to identify as cisgender women (78%, n=181) and as transfeminine (4%). Transgender respondents were significantly more likely to be low income (52%) than cisgender LGBTQ respondents (40%).

² Defined as people who identified their sexual orientation as lesbian, gay, bisexual, queer, or self-defined and/or identified as transgender, transsexual, gender non-conforming, or genderqueer.

Age

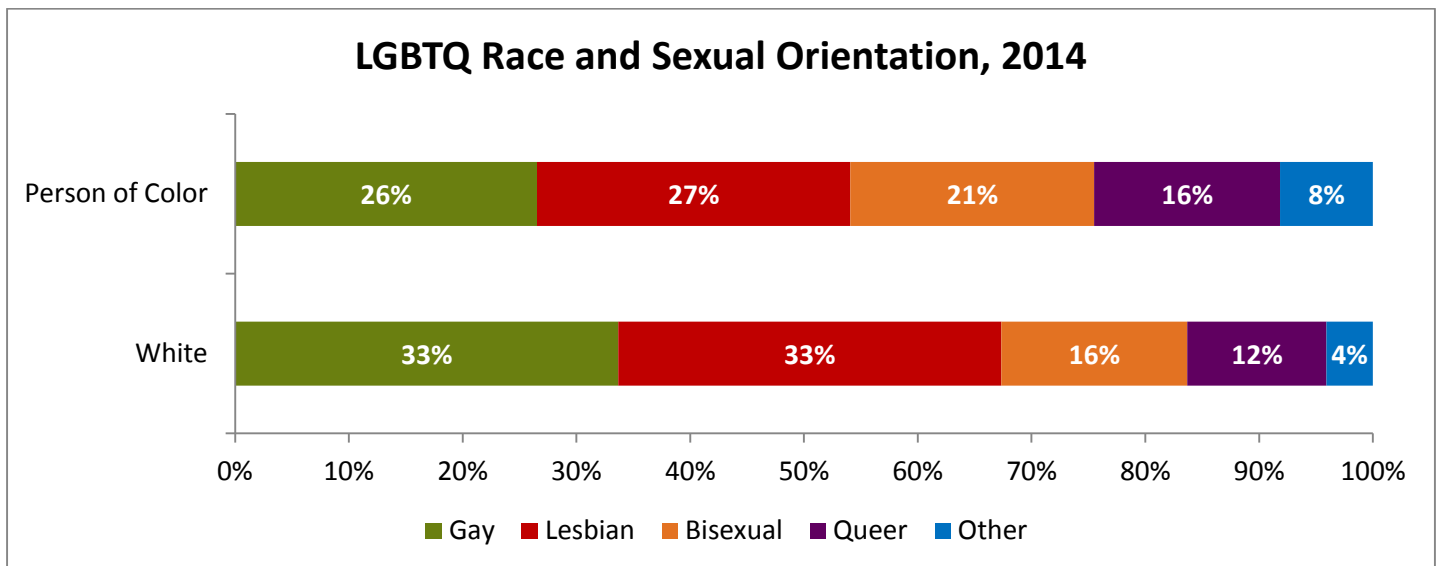
The majority (52%, n=697) of our LGBTQ respondents were between 25 and 49 years old. 28% (n=378) of respondents were between the ages of 18 and 24 and 20% (n=276) respondents were 50 or older.



Race

78.23% (n=1120) of LGBTQ respondents who disclosed their race are white. Twenty-two percent of LGBTQ respondents identified as people of color.

Among LGBTQ respondents of color: 26% (n=77) identified as gay, 27% (n=79) identified as lesbian, 21% (n=62) identified as bisexual, 16% (n=48) identified as queer, and 8% (n=13) identified as another sexual orientation. LGBTQ white respondents were slightly more likely to identify as gay (33%, n=342) or lesbian (33%, n=342) and less likely to identify as bisexual (16%, n=171), queer (12%, n=129), or as another sexual orientation (4%, n=40).



LGBTQ people of color were significantly more likely to be low income³ (53%, n=207) compared to white LGBTQ respondents (38%, n=503). There were no significant differences in gender identity between people of color and white respondents.

³ For this report, "low income" is defined as earning an individual income less than \$25,000 per year

Education

LGBTQ respondents reported high formal education levels. 36% of LGBTQ respondents (n=469) have attended some college or have an associate's or technical degree. 13% (n=166) of respondents have a high school degree or less. The majority of respondents (51%, n=650) hold an undergraduate or graduate degree. In comparison, according to the 2013 American Community Survey, only 33% of Minnesotans ages 25 and older have an undergraduate degree or higher. However, 32% (n=223) of respondents with a college degree still fell within the "low income" category (meaning they make less than \$25,000 per year); the median income for Minnesotans who have a bachelor's degree is \$50,433.⁴

ATTITUDES ABOUT HEALTH

Top LGBTQ health issues

LGBTQ people were asked to identify three top LGBTQ health issues from a list of 14 common issues. The top three issues were mental health, bullying, and health care providers' knowledge of LGBTQ issues. Half of respondents identified mental health (50%) as a priority issue area while approximately a third of respondents also identified bullying (31%) and health care providers' knowledge of LGBTQ issues (31%) as important health topics.

The fourth and fifth ranked top health issues were HIV (30%) and suicide (27%). This is particularly interesting because in previous years HIV was in the top three issues, and we suspected there may be some survey design bias because HIV had been the first answer choice. For 2014 we chose to rearrange the choices and did see the percentage of respondents selecting HIV decrease.

Attitudes about healthy eating

Respondents were asked, *"In your opinion, what are the barriers to eating fruits and vegetables?"* They could choose their answers from a list of five common reasons or to write in other barriers. Sixty percent of LGBTQ respondents said cost was a major barrier to eating fruits and vegetables, followed by not having enough time to prepare food and not having quality produce available where respondents shop for food. Cost was a significant issue for LGBTQ youth (51% of 18-24-year-olds vs. 35% of 25-49-year-olds and 25% of those 50+) and for current smokers (45% vs. 33% of non-smokers).

LGBTQ people of color were more likely to say that good quality fruit and vegetables were not available where they usually shop for food than white LGBTQ people (16% vs. 9%).

31% of queer people reported that not having enough time to prepare fruits and vegetable is a barrier. This is significantly higher than the rates reported by gay (20%), bisexual (19%) and lesbian (19%) people. Queer people do report higher levels of poverty, so the increased rate may point to having to spend more time working. LGBTQ respondents with some college or a college degree more frequently reported time as a barrier than LGBTQ respondents with a high school degree or less (24% and 20% vs. 10%).

Attitudes about physical activity

Respondents were asked, *"In your opinion, what are the barriers to getting a satisfactory amount of exercise?"* They could choose their answers from a list of five common reasons or to write in other barriers. Sixty percent said that not having enough time was a barrier. Other major barriers were not having enough motivation (49%) and not having enough energy (35%).

⁴ US Census Bureau, American Community Survey 2012 5-year estimate

Not having a safe and convenient place to exercise was a more common barrier for queer (13%) and bisexual (12%) people than lesbian (7%) and gay (5%) people, low income (14%) vs. non-low income (6% people, and transgender (17%) vs. cisgender (7%) people.

INDIVIDUAL HEALTH

Healthy eating

The Minnesota Department of Health recommends eating 4.5 cups of fruits and vegetables each day.⁵ The average LGBTQ respondent eats 2.4 cups of fruits and vegetables per day.

Physical activity

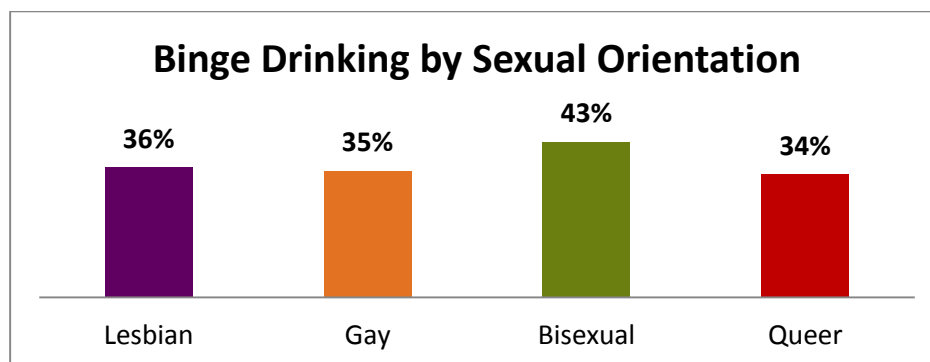
The survey asked about what types of physical activity respondents engaged in, and for how long. As in 2013, LGBTQ respondents were more likely to report engaging in moderate exercise than in strengthening or toning exercise. The CDC recommends people are moderately active at least 150 minutes or vigorously active for 75 minutes per week, or some combination of the two. A little over a third of LGBTQ Minnesotans (35%) do not meet the CDC guidelines for physical activity, which is slightly higher than the 31% of adult Minnesotans who do not get enough physical activity per week.

Alcohol use

When asked how many alcoholic drinks they consume per week on average, 56% of LGBTQ respondents said they drink 7 or fewer drinks per week on average. 7% of respondents reported drinking 8-14 drinks per week. Only 3% reported drinking 15-21 drinks per week. 33% reported that they don't have any alcoholic drinks per week.

Participants were also asked how many times during the past two weeks they had consumed five or more drinks in one sitting, or binge drinking. Overall, 38% of LGBTQ respondents reported binge drinking. In comparison, 21% of the general population of Minnesota reported binge drinking.⁶ Out of all LGBTQ respondents 27% of respondents reported 1-2 binges over the past two weeks, 6% reported 3-5 binges in the past two weeks, and 5% reported 6 or more binges. 41% of respondents reported no bingeing and 21% of LGBTQ respondents said that they do not drink alcohol.

Bisexual respondents, transgender respondents, and LGBTQ people of color were all more likely to report binge drinking. 43% of bisexual respondents reported binge drinking, compared to 36% of lesbian respondents, 35% of gay respondents, and 34% of queer respondents. 44% of trans respondents reported binge drinking compared to 37% of cisgender LGBTQ respondents. While 25% of LGBTQ people of color reported being sober compared to 20% of white LGBTQ respondents, 45% LGBTQ people of color reported binge drinking, compared to 36% of white LGBTQ respondents.



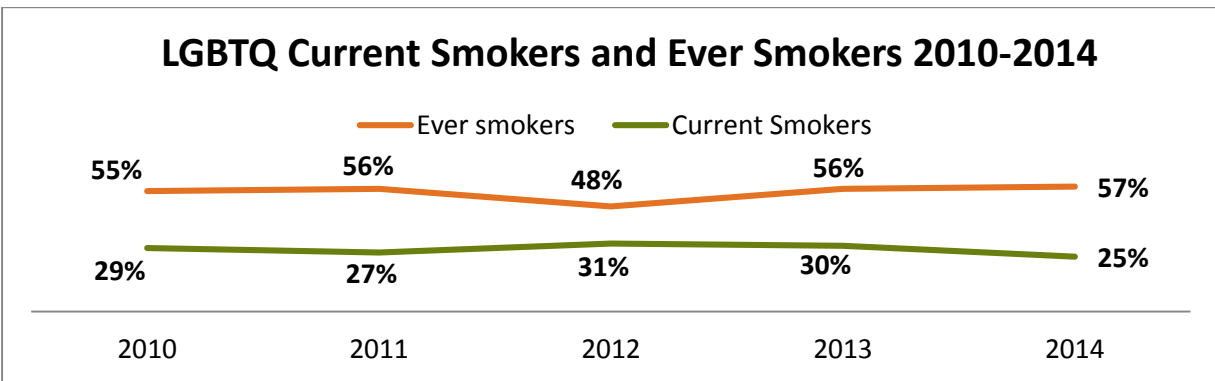
⁵ *Physical Activity and Healthy Eating in Minnesota: Addressing Root Causes of Obesity*, St. Paul, MN. Blue Cross and Blue Shield of Minnesota, Minnesota Department of Health; May 2010.

⁶ BRFSS 2013

Tobacco use

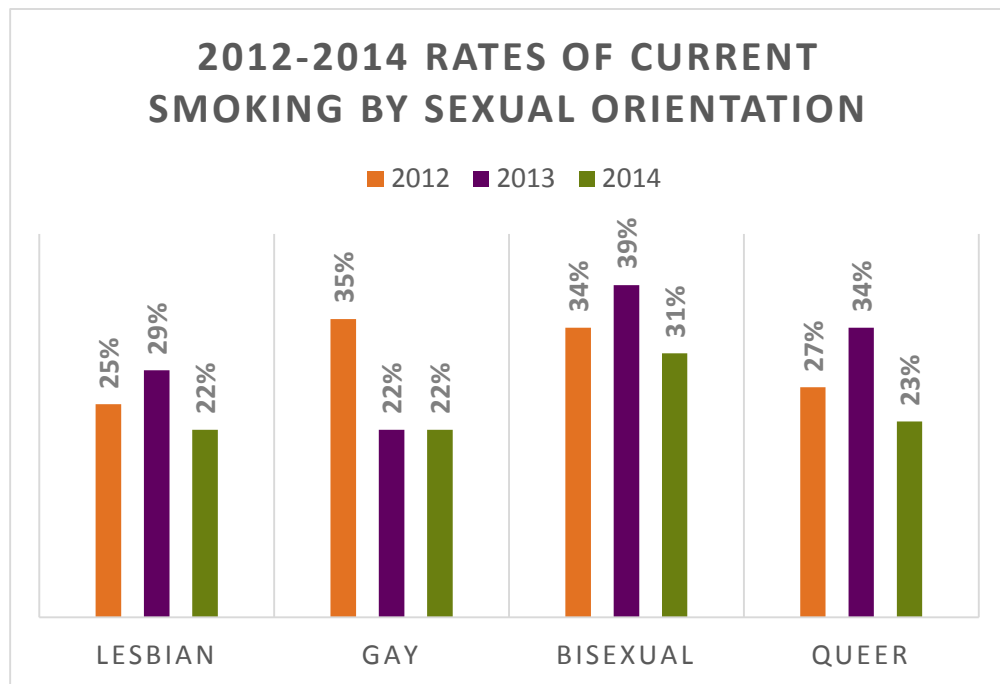
We found a high incidence of tobacco use among LGBTQ respondents. Similar to the 2011, 2012, and 2013 RHI survey findings, about half of LGBTQ respondents (57%) of LGBTQ people have smoked at least 100 cigarettes (five packs) in their lifetime. Smoking at least 100 cigarettes is the standard measure of being an “ever smoker.” 43% of LGBTQ Minnesotans have never smoked, while 58% of the general population of Minnesota have never smoked.⁷

25% of LGBTQ respondents smoke every day or some days per week, which represents the lowest rate in the past four years. In comparison, 14% of the general population of Minnesota currently smoke. While the percentage of LGBTQ Minnesotans who have ever smoked has remained fairly consistent, there is a slight decrease in current smokers. Part of this decrease may be attributed to the increased cigarette tax in Minnesota that went into effect in July of 2013, after the 2013 Twin Cities Pride event. This tax increase has had the impact of decreasing smoking rates throughout the state. The smoking rate in the state overall has dropped from 16% to 14%



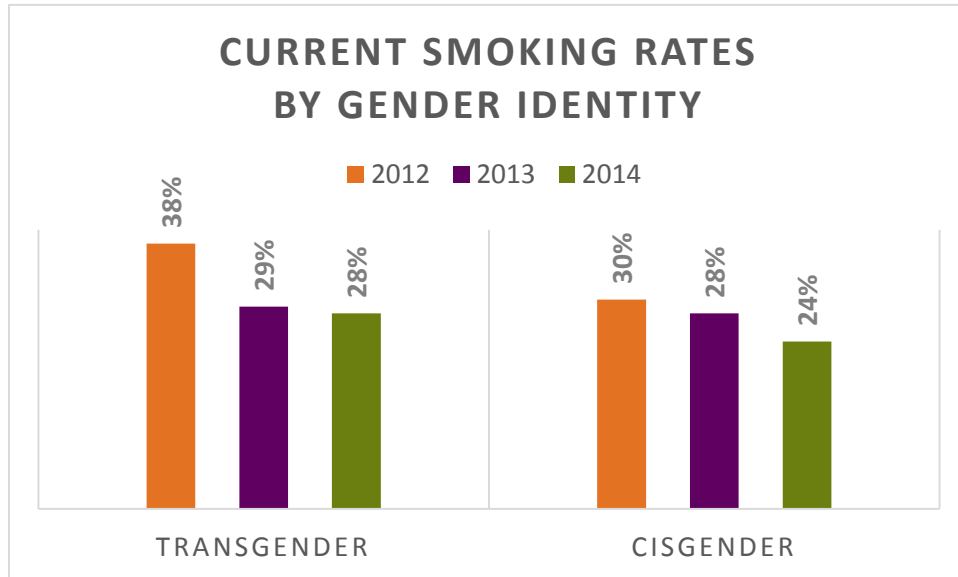
Demographics and smoking frequency

While we saw declines in current smoking rates among all LGBTQ identities, bisexual respondents have consistently reported higher rates of smoking than any other sexual orientation.



⁷ Minnesota Adult Tobacco Survey 2014. Retrieved from www.mnadulttobaccosurvey.org

28% of trans* respondents are current smokers compared to 24% of cisgender LGBTQ respondents.



This year's survey saw a slight decline in smoking rates among LGBTQ people of color (35%, compared to 41% in 2013 and 37% in 2012)

As in previous years, our results show that lower smoking rates are associated with higher education levels. Holding a college degree makes LGBTQ respondents 54% less likely to smoke than people with only some college.

Low income respondents smoke at a much higher rate (32%) than respondents who are not low income (19%).

Quitting

While quitting smoking is challenging for everyone, RHI's data reflects the reality that quitting is easier with more social and economic resources. We found that of current LGBTQ smokers, 61% want to quit smoking. 39% of LGBTQ respondents who have ever smoked have successfully quit. Lesbian (44%) and gay (44%) people were more likely to successfully quit smoking than bisexual (28%) or queer (27%) people. Trans people (33%) were less likely to successfully quit than cisgender people (41%). White LGBTQ people reported successfully quitting at higher rates than LGBTQ people of color (43% vs. 26%). Similar to the 2013 findings, age played a significant role in ability to quit smoking. Those with a college degree (47%) or some college (34%) had greater success quitting than those with a high school degree or less (28%). Additionally, low income LGBTQ respondents were less likely to be able to quit than not low income LGBTQ respondents (30% vs. 47%).

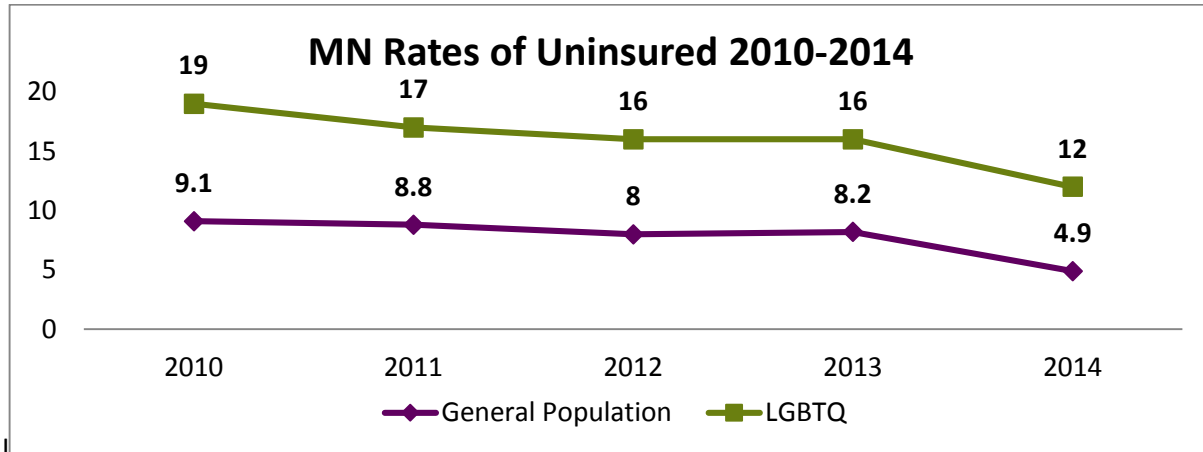
Other Tobacco Products

16% of LGBTQ respondents reported using tobacco products other than cigarettes. This represents a steady large increase from 2013 (13%) and 2012 (8%), possibly due to the increased promotion of smokeless tobacco products. 9% of LGBTQ respondents reported using e-cigarettes.

EXPERIENCES WITH HEALTHCARE

Insurance Coverage 2010-2014

In 2014 12% of LGBTQ people in RHI’s sample reported having not having any kind insurance coverage. The percentage of uninsured LGBTQ respondents has decreased since 2010 (19%), but still remains high, even after the implementation of the Affordable Care Act (ACA). In comparison, the overall percentage of uninsured Minnesotans decreased from 8% before the implementation of the ACA to 5% after implementation.⁸



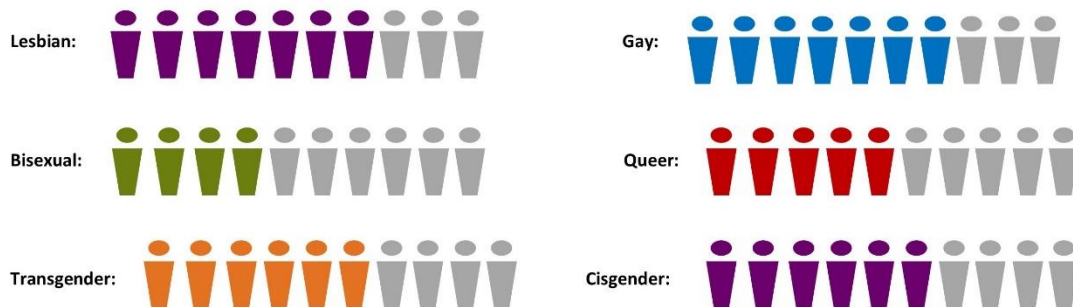
Bisexual respondents, low income respondents, and respondents who are people of color continue to be uninsured at higher rates. Bisexual individuals were uninsured at higher rates (19%) than their gay and lesbian peers (12% and 11%, respectively). LGBTQ people of color continue to be uninsured at dramatically higher rates than their white LGBTQ counterparts (21% vs. 9%). Lower Income (<\$25,000 individual income) LGBTQ were uninsured at higher rates (15%) than higher income LGBTQ individuals (8%)

We did find that there was no significant difference between the rates of uninsured transgender and cisgender respondents within the LGBTQ respondents of our survey.

Out to Doctor

Six out of ten (62%) of LGBTQ respondents said that they were completely “out” about their sexual orientation and gender identity to their doctor/healthcare provider, which has been consistent with the 2012 and 2013 rates. 19% said they were not out at all to their care provider, which is consistent with the 2012 and 2013 rates as well.

Out to Doctor LGBTQ by Sexual Orientation and Gender Identity



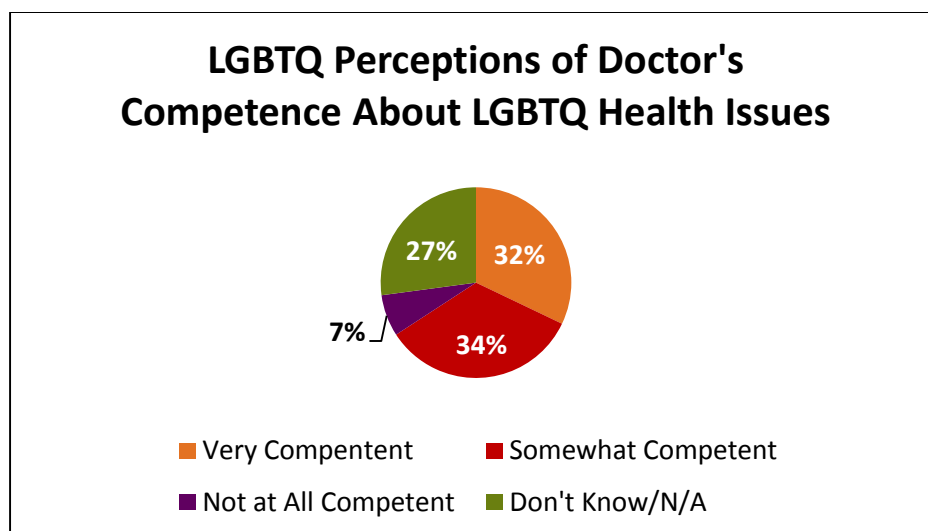
⁸ State Health Access Data Assistance Center, “Early Impacts of the Affordable Care Act on Health Insurance Coverage in Minnesota” <http://www.shadac.org/files/shadac/publications/ACA%20Impacts%20Report.pdf>

Bisexual and queer respondents were out to their doctor at much lower rates (40% and 50%) than gay and lesbian respondents (71%). A similar gap between gay and lesbian respondents and bisexual and queer respondents was found in past years. The rate that transgender individuals reported being out to their doctor was not significantly different from the rate of cisgender respondents.

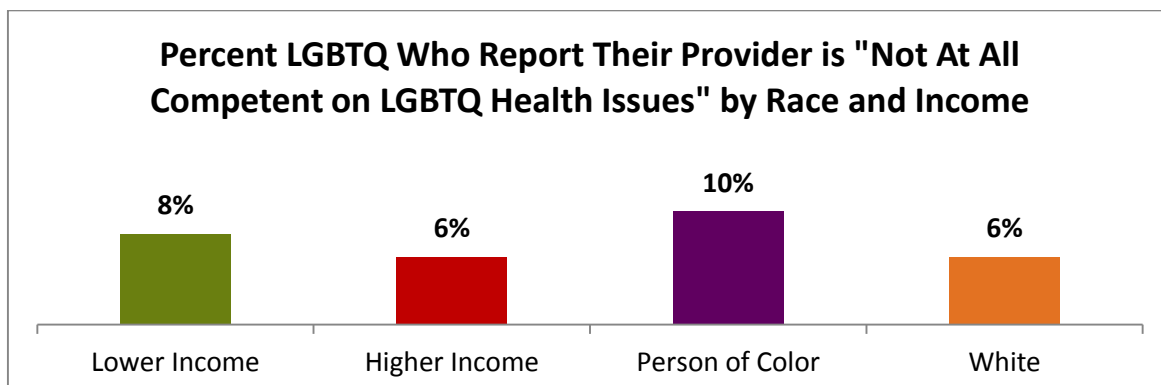
We did find that race, age, income, and education impacted whether or not LGBTQ respondents were out to their doctor. Only 49% of LGBTQ people of color were out to their doctor, compared to 65% of white LGBTQ people. LGBTQ young adults (ages 18-24) represent the demographic group that is out to their doctors at the lowest rate (37%), much lower than the rate among LGBTQ people 25 and older (71%). Lower income LGBTQ people (>\$25,000) are only out to their doctors at a 48% rate, compared to 74% of higher income LGBTQ people. 46% of LGBTQ people with a high school education or less were out to their doctor, compared to 70% of people with a college degree.

Doctor Competency

Respondents were asked, "How competent do you feel that your doctor/healthcare provider is about LGBTQ health issues?" Of LGBTQ respondents, 32% thought their doctor was "very competent," 33% thought their doctor was "somewhat competent", and 7% thought their doctor was "not at all competent."

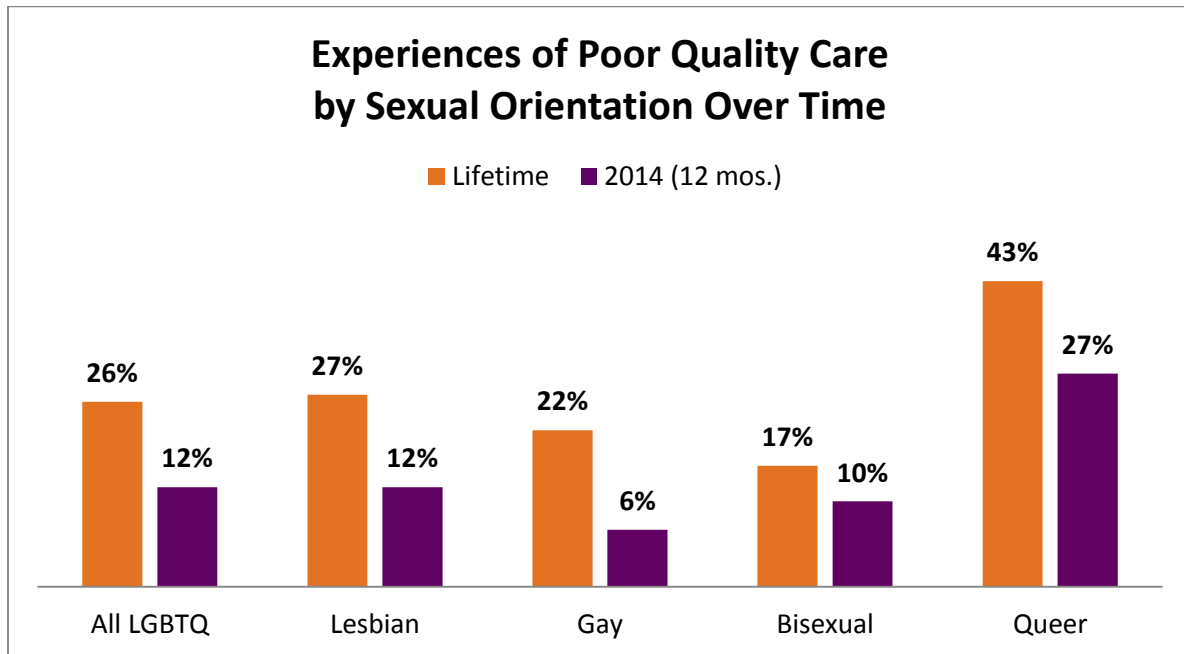


Our survey indicates that doctors are least competent around providing medical care to queer and transgender respondents. Queer individuals were most likely to report that their provider was not at all competent on LGBTQ health issues, 11%, compared to gay (4%), lesbian (8%) and bisexual (6%). Transgender people were more likely to report that their provider was not at all competent on LGBTQ health issues than cisgender people (11% vs 6%). Lower income and LGBTQ people of color were also more likely to report more likely to report that their provider was not at all competent on LGBTQ health issues than higher income and white counterparts, which may also be impacted by lack of competence around race or economic status.

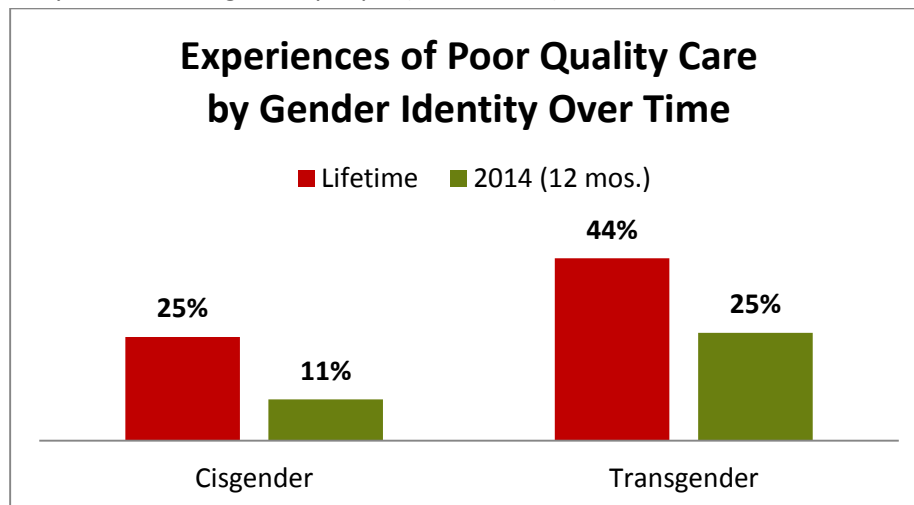


Experiences of Poor Quality Health Care

Respondents were asked if they have received poor quality health care because of their sexual orientation or gender identity. In 2012, respondents were asked about their experiences with poor quality care over their entire lifetime and in 2014 we asked respondents their experiences with poor quality care in the last twelve months. Overall, of LGBTQ who had received health care in the past 12 months, 12% reported experiencing poor quality care. However, when you look at the other layers of identity within the broad LGBTQ community, we see that sexual orientation, gender identity, race, and income impact experiences of poor quality care.



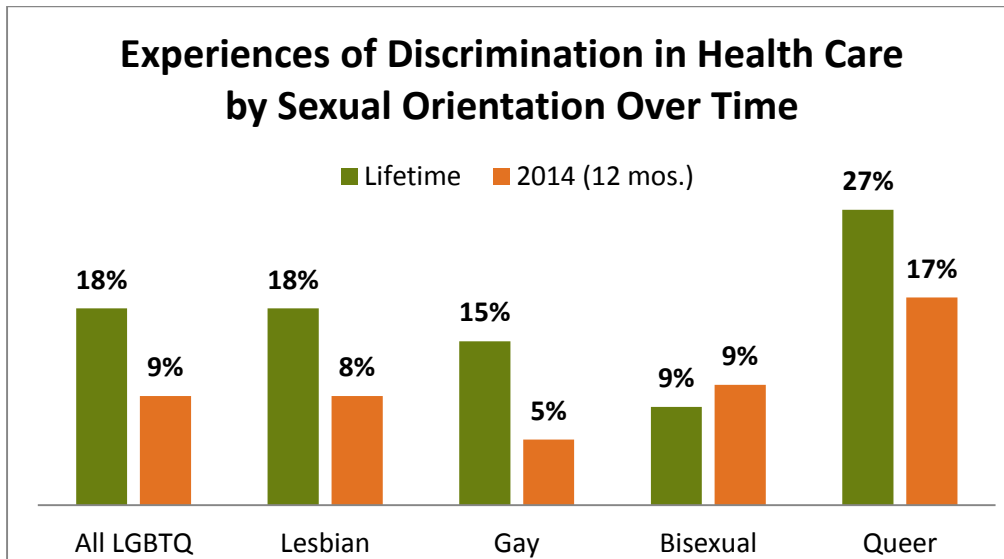
In 2014, of all LGBTQ people who receive health care queer people reported the highest rates of poor quality care (27%), compared to gay (6%), lesbian (12%) and bisexual (10%) people. Transgender people were more than twice as likely to have received poor quality care than cisgender people (25% vs 11%).



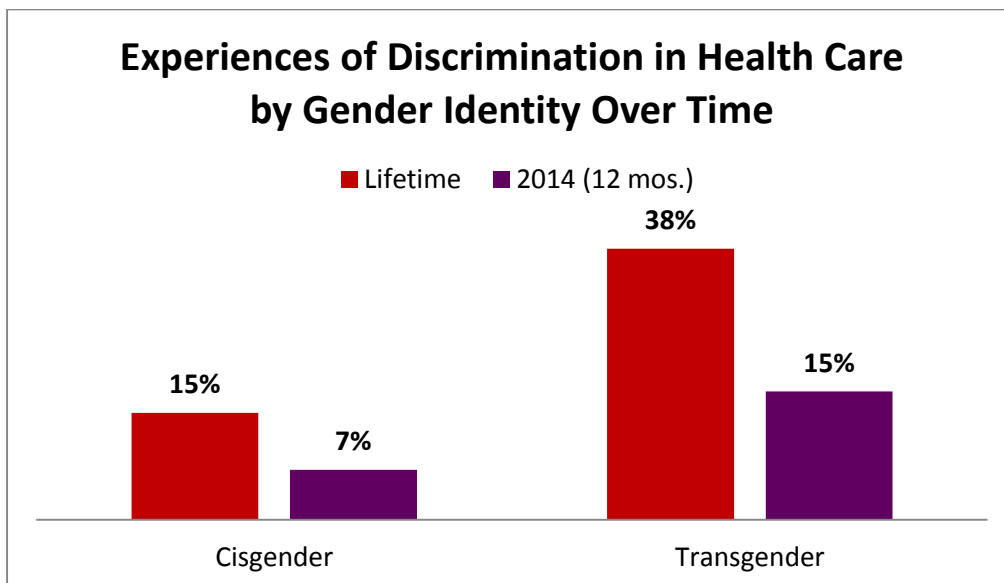
While sexual orientation and gender identity impact whether or not LGBTQ respondents experienced poor quality care, we also found that race and income impacted the quality of health care received. In 2014 we found that 16% of LGBTQ people of color experienced poor quality health care compared to 11% of white LGBTQ respondents. 15% of low income (<\$25,000) LGBTQ respondents experienced poor quality care compared to 11% of higher income respondents.

Experiences of Discrimination in Health Care

Respondents were also asked whether they had experienced discrimination in health care against them because of their sexual orientation or gender identity. In 2012, respondents were asked to report on lifetime experiences with discrimination and in 2014 respondents were asked to about discrimination in the last twelve months. Of LGBTQ respondents who had received health care in the past year, 9% of all LGBTQ respondents experienced discrimination in health care because of their sexual orientation or gender identity. However, queer individuals (17%) experienced discrimination at a higher rate than lesbian (8%), gay (5%), or bisexual (9%) respondents.



Transgender respondents experienced discrimination in health care at much higher rates than cisgender respondents. 15% of transgender respondents experienced discrimination in the past year compared to 7% of cisgender respondents.



As with poor quality care, whether or not LGBTQ respondents experienced discrimination in health care was also impacted by race. 12% of LGBTQ people of color experienced discrimination in health care in the past twelve months, compared to 8% of white LGBTQ respondents.