RAINBOW Health Initiative

VOICES OF HEALTH

2015 Survey Results

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CONTENTS

GLOSSARY

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 different from their gender assigned at birth.

EXECUTIVE SUMMARY

This report presents data from Rainbow Health Initiative's 2015 Voices of Health Survey. RHI has conducted an annual survey collecting information on social determinants of health and individual health outcomes for LGBTQ Minnesotans since 2010. The 2015 survey found encouraging evidence of improvements in rates of LGBTQ tobacco use and insurance coverage. However, the survey results showed little progress reducing the very high rates of depression and anxiety in the LGBTQ community, as well as disparities in food security, homelessness, and access to culturally responsive medical care.

DEMOGRAPHICS

1,288 LGBTQ Minnesotans completed the 2015 Voices of Health survey. Within the sample, 15% of respondents identified as transgender, 27% of respondents identified as lesbian, 33% identified as gay, 21% identified as bisexual, 16% identified as queer, 4% identified as pansexual, 1% identified as straight and 1% wrote in another sexual orientation. 24% of respondents identified as people of color, 22% identified as having a disability, and 47% of respondents hold a college degree or higher.

> **While the RHI survey presents a snapshot of LGBTQ health in Minnesota, it is the responsibility of government institutions and public health organizations to start collecting sexual orientation and gender identity data in all of their data collection instruments. Our communities must be visible to develop systems of support so that all Minnesotans can be healthy.**

FOOD SECURITY

Nearly one in every four LGBTQ respondents said that they couldn't afford enough food at least once in the past year. LGBTQ people of color were 1.5 times as likely to experience this form of food insecurity than white LGBTQ people.

> **LGBTQ people need to have access to education and job opportunities that will allow them to afford enough food. We need to take apart the systems of institutionalized racism that restrict LGBTQ people of color's access to affordable, healthy food. This includes eliminating food deserts, paying a livable minimum wage, and placing emergency food assistance in LGBTQ- and POC-welcoming spaces.**

HOMELESSNESS

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> **38% of LGBTQ respondents have experienced homelessness at least once in their lives. This is over twice the estimated rate of homelessness in Minnesota (3%) . 8% of all LGBTQ respondents–84 individuals–reported that they were homeless at the time of the survey.**

[1]Wilder Research. Minnesota homelessness: Minnesota homelessness study. Retrieved from:http://mnhomeless.org/minnesota-homeless-study/homelessness-in-minnesota.php

TOBACCO

Our survey found that smoking rates declined 4.5% since the 2014 survey. One in every five (20.5%) LGBTQ respondents reported being a current smoker. The decrease in LGBTQ respondent smoking rates may be related to the increase in the tobacco tax in Minnesota, norm-changing efforts such as the RHI "Love Notes" campaign, and several landmark legal protections passed for LGBTQ people in 2015. However, LGBTQ respondents are still 46% as likely to smoke than the state general population (14%)[2]. LGBTQ respondents (7.1%) also use e-cigarettes at higher rates than the general population (5.9%)[3].

> **While LGBTQ tobacco use rates are dropping, they still remain much higher than the general population. Further emphasis on tobacco use prevention for LGBTQ youth and access to culturally responsive cessation resources are necessary to reduce the impact of tobacco on LGBTQ communities.**

MENTAL HEALTH

For the past four years of Voices of Health surveys, respondents have identified that increased mental health resources are a top issue for the LGBTQ community. Depression and anxiety rates have remained consistently high throughout the years of RHI surveys. One in every four LGBTQ respondents are currently seeing a health care provider and/or taking medication to manage their depression. 7.7% of LGBTQ respondents meet the criteria for major depression. Additionally, LGBTQ respondents experiencing major depression were more likely to report that cost was a barrier in seeking care, even if they had insurance.

> **Therapists, psychologists and psychiatrists need to increase their knowledge of LGBTQ identities so that more LGBTQ people feel comfortable accessing mental health support services. There is also a need for more free or sliding-scale LGBTQ mental health services. Additionally, general practitioners should use resources such as the Minnesota LGBTQ Directory[4] to refer patients to LGBTQ-competent mental health providers.**

[2] Minnesota Adult Tobacco Survey. (2015). Tobacco Use in Minnesota: Minnesota Adult Tobacco Survey 2014. Retrieved from mnadulttobaccosurvey.org

[3] Ibid

[4] mnlgbtqdirectory.org

UNWANTED SEX

Half of respondents reported that they had experienced unwanted sexual contact during their lifetime. This staggering statistic is consistent with national statistics on sexual assault and domestic violence experienced by LGBTQ people. For example the 2010 National Intimate Partner and Sexual Violence Survey found that nearly half (46%) of bisexual women have been raped in their lifetime, compared to 17% of heterosexual women[5].

There is a need to dispel the myth that sexual violence doesn't happen in LGBTQ relationships and to provide resources to support healthy relationships. Additionally, domestic violence shelters need to accept transgender people as the gender they identify with and house each person in a way that best serves their individual needs.

"I'm trans and it would make me more comfortable seeking medical treatment if I know that staff had undergone training & I won't be asked inappropriate/unnecessary questions."

—survey respondent

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

ACCESSING HEALTH CARE

95% of LGBTQ respondents reported that they have health insurance. Despite this, nearly one in every five (18%) LGBTQ people reported that they delayed getting health care in the last year because they couldn't afford it.

One-fifth of respondents said that they are not out to their doctor about their LGBTQ identity. This rate is consistent with findings from the 2012, 2013, and 2014 surveys. This indicates that despite a change in political climate and national attitudes towards sexual and gender minorities, medical spaces continue to feel like an unsafe space for LGBTQ folks to be open about their identities.

Trans people are most heavily impacted by a lack of trans cultural responsiveness and anti-trans discrimination among health care providers. Nearly one in ever four trans respondents reported that they had to teach their doctor about their trans identity in the past year. 12.3% of trans respondents said they delayed getting care when they were injured or sick because of previous discrimination, compared to 5.4% of cisgender LGBTQ respondents.

LGBTQ people need access to the education and employment that allows them to afford healthcare. There is also a need for more free or sliding-scale health care services with LGBTQ providers, especially preventative services, because cost continues to present a barrier even when LGBTQ people have insurance.

Providers need trainings on LGBTQ cultural responsiveness so that they can provide quality care to all of their patients. Simply encouraging providers to solicit trainings has not been effective on a broad scale. Policy makers need to explore solutions that require training that covers LGBTQ health.

SURVEY DESIGN AND SAMPLING

1,288 LGBTQ Minnesotans completed the 2015 Rainbow Health Initiative Voices of Health. The majority of survey responses (88%) were collected through paper surveys at Pride events throughout the state and online through Survey Monkey from February 1st to October 2nd, 2015. As in past years, collecting data online allowed RHI to reach more trans respondents (25% of online respondents identified as trans vs. 9% of paper survey respondents), while the in-person survey reached more people of color (26% vs. 12%) and people without a college degree (55% vs. 34%).

The survey was collected through a convenience sampling technique, which is common in research with the LGBTQ community due to the difficulty of achieving a sufficiently large random sample[6]. Through intentional sampling, RHI collected surveys from LGBTQ people of diverse age, race, education, gender identity, and sexual orientation backgrounds. The figures below present the details of the sample demographics.

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

DEMOGRAPHICS

LOCATION

46% of respondents live in urban areas[7] while 54% of respondents live in rural areas.

SEXUAL ORIENTATION

Major sexual orientation groups were well represented in the survey sample. 27% of respondents identified as lesbian, 33% identified as gay, 21% identified as bisexual[8], 16% identified as queer, 4% identified as pansexual, 1% identified as straight and 1% wrote in another sexual orientation.

GENDER IDENTITY

Respondents were asked about their current gender identity and their sex assigned at birth. 15% of respondents identified as transgender. Of those, the majority (57%) identified as genderqueer, 25% identified as transmasculine, transmen, FTM or male-identified and assigned female at birth. 16% of trans respondents identified as transfeminine, transwomen, MTF, or female-identified and assigned male at birth. 3% of trans respondents identified as intersex. Of cisgender respondents, 58% identified as female and 42% identified as male.

AGE

Half of respondents were between 25 and 49 years old. 35% were 18-24 years old and 15% were 50 years old or older.

ABILITY

22% of LGBTQ respondents reported that they are living with a disability.

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

[8] The majority (75%) of bisexual people identified as cisgender female people.

RACE/ETHNICITY

24% of respondents identified as people of color. Overall, 76% of respondents identified as white, 7% identified as Latino, 6% identified as Black/African-American, 4% identified as Asian/Pacific Islander, 4% identified as Native American and 1% identified as African or Middle Eastern.

EDUCATION

47% of respondents held a college degree or higher. 38% had a technical or associates degree or had attended some college. 15% of respondents had a high school diploma or less. This is consistent with the state average of people with a college degree or higher (45%)[9].

LOCATION

85% of respondents had some form of employment. This is significantly lower than the state average (95%)[10]. 10% of respondents specified that their employment was part-time or seasonal.

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

[10] Bureau of Labor Statistics. (2015). Economy at a glance: Minnesota. Retrieved December 20, 2015 from bls.gov/eag/eag.mn.htm

FINDINGS

FOOD SECURITY

Respondents were asked a series of questions related to reliable access to nutritious food, or "food security.[11]" Overall, 24% of respondents reported that they couldn't afford enough food at least once in the past year. Of those, 70% reported that they cut meals, ate less, or went hungry some months or almost every month in the past year.

Pansexual people were dramatically more likely to report experiencing food security issues (44%). Additionally, 28% of bisexual and queer people reported being food insecure in the past 12 months. Transgender people (36%), especially transwomen (44%), reported high rates of food insecurity. People of color were 1.5 times as likely to experience food insecurity than white people. Additionally, nearly a third of young people (ages 18-24) reported food insecurity. There was also a strong connection between food security and being a current smoker. 42% of current smokers reported food insecurity issues, over twice the rate of former smokers (15%) and those who had never smoked (19%).

FOOD SECURITY IN THE PAST TWELVE MONTHS

In the past 12 months in your household:

Did you or other members of your household ever cut the size of your meals or skip meals because there wasn't enough money for food?	22%
Did you ever eat less than you felt you should because there wasn't enough money for food?	27%
Were you ever hungry but didn't eat because there wasn't enough money for food?	24%

[11] We use the World Health Organization's definition of food security to shape our understanding of food access. "The World Food Summit of 1996 defined food security as existing 'when all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life'." Retrieved from who.int/trade/glossary/story028/en

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

NUTRITION ACCESS IN THE PAST TWELVE MONTHS

In the past 12 months in your household:	Often true	Sometimes true	Never true
The food that I/we bought just didn't last, and I/we didn't have money to get more.	9%	27%	16%
I/we couldn't afford to eat balanced meals.	15%	28%	14%
I/we didn't have time to prepare and eat balanced meals.	23%	43%	8%

Overall, one out of every five respondents reported that two or more of these problems happened "often." Trans, bisexual, queer, pansexual, and young (18-24) people were least likely to have access to nutritious foods. Higher education levels were strongly associated with lower nutrition issues. 9% of those with a college degree or higher reported nutrition access issues, compared to 30% of those with some college or a high school degree or less.

These figures provide further evidence that there is a serious need to increase access to affordable, healthy food for LGBTQ people. A study of LGBTQ health in the Midwest found that three out of every ten LGBT Midwesterners reported not having enough money to buy food. This means that LGBT Midwesterners are 82% more likely to experience food insecurity than straight, cisgender residents[12].

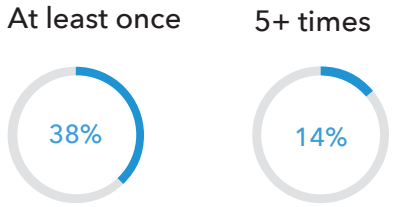
[12] Fisher, C. M., Irwin, J. A., & Coleman, J. D. (2014). LGBT health in the Midlands: A rural/urban comparison of basic health indicators. Journal of homosexuality, 61(8), 1062-1090.

HOMELESSNESS

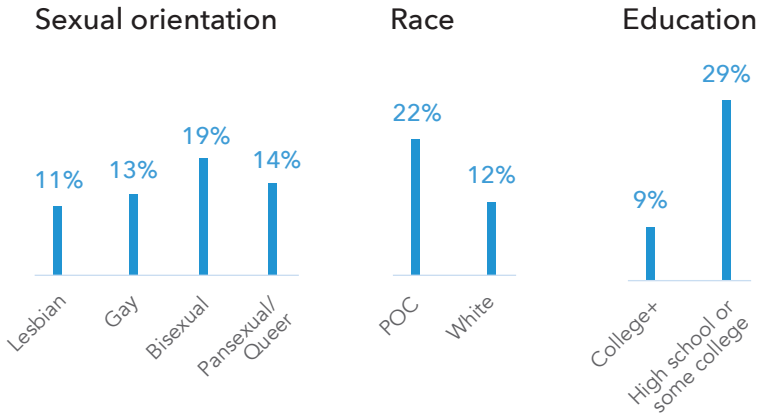
8% of all LGBTQ respondents—84 individuals—reported that they were homeless at the time of the survey. This is over twice the most recent estimate of statewide homelessness, 2-3%[13]. Trans respondents were more than twice as likely to report being homeless than cis respondents (15% vs. 7%). Additionally, those without higher education were twice as likely to be currently homeless than those with some college education or higher degrees.

38% of LGBTQ respondents have been homeless at least once in their lives. A shocking 14% of LGBTQ respondents have been homeless five or more times throughout their lives.

OVERALL LGBTQ HOMELESSNESS



HOMELESS 5+ TIMES



[13] Wilder Research. Minnesota homelessness: Minnesota homelessness study. Retrieved from: mnhomeless.org/minnesota-homeless-study/homelessness-in-minnesota.php

Nearly one in every 5 bisexual respondents has been homeless five or more times in their lifetime. Race was strongly related to high rates of homelessness. 22% of LGBTQ people of color have been homeless 5 or more times, compared to 12% of white respondents.

These figures likely underestimate the total number of homeless LGBTQ people in Minnesota because they don't capture responses from LGBTQ people under 18. Nearly half of people experiencing homelessness in Minnesota are 21 years old or younger[14] and the existing literature has found high rates of homelessness among LGBTQ youth, especially trans and gender-nonconforming youth[15]. There is a need for sexual orientation, gender identity, and gender expression measures to be included in all homelessness research so we can better understand how to prevent and address homelessness for LGBTQ youth and adults.

> "8% of all LGBTQ respondents—84 individuals—reported that they were homeless at the time of the survey. This is over twice the most recent estimate of statewide homelessness, 2-3%."

[14] Wilder Research. Minnesota homelessness: Minnesota homelessness study. Retrieved from: mnhomeless.org/minnesota-homeless-study/homelessness-in-minnesota.php

[15] Durso, L. E., & Gates, G. J. (2012). Serving our youth: Findings from a national survey of services providers working with lesbian, gay, bisexual and transgender youth who are homeless or at risk of becoming homeless.

MENTAL HEALTH

The survey found high rates of mental health problems among LGBTQ respondents. 51% of respondents reported that they have been diagnosed with depression in their lifetime. Half of these people are currently seeing a health care provider and/or taking medication to manage their depression. In contrast, approximately 18% of all Minnesotans report ever being told they had a form of depression[16].

46% of LGBTQ respondents have been diagnosed with anxiety. One in every four LGBTQ respondents have been diagnosed with both depression and anxiety and 43% of these people are currently seeking care for both conditions.

In order to gauge whether they were currently experiencing depression at the time they completed the survey, respondents were asked to complete a standard depression test (PHQ-8) that assessed the degree to which they experienced eight common depression symptoms in the past two weeks.

We analyzed current depression rates in two ways. First, we looked at rates of "major depression." Participants were considered to be experiencing major depression if they reported at least five of the eight PHQ-8 depression criteria for "more than half the days," including at least one of the following: 1) "little interest or pleasure in doing things" or 2) "feeling down, depressed, or hopeless"[17]. Second, we analyzed the severity of depression levels, ranging from none/mild depression to severe depression.

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

[17] Centers for Disease Control and Prevention (CDC. (2010). Current depression among adults---United States, 2006 and 2008. MMWR. Morbidity and mortality weekly report, 59(38), 1229.

A 2008 study of U.S. Behavioral Risk Factor Surveillance Study data found that 3.4% of U.S. respondents and 2.1% of Minnesotans reported "major depression." In comparison, 15.4% of LGBTQ respondents reported experiencing major depression at the time of this survey, meaning that LGBTQ respondents are seven times as likely to experience depression as the general population

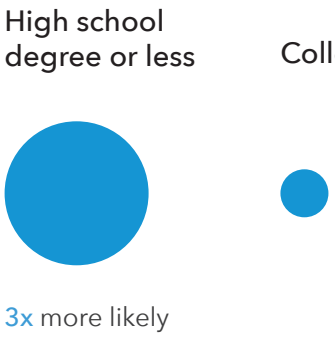
LGBTQ RESPONDENTS CURRENTLY EXPERIENCING MAJOR DEPRESSION

LGBTQ	15.4%
Transgender people	16%
Bisexual respondents	21.5%
People with a high school degree or less	14.8%
LGBTQ young adults (18-24)	11%
Current LGBTQ smokers	10%

We analyzed the severity of depression for each participant according to the PHQ-8 scale, which categorizes depression as: "None-minimal depression," "Mild depression," "Moderate depression," "Moderately severe depression," and "Severe depression"[18,19].

Trans respondents were more than twice as likely to experience "severe depression" than cisgender respondents (6.4% vs. 3%). This rate was especially high for transfeminine respondents (13.3%). Pansexual (9.6%), bisexual (5.7%), and queer (4.1%) respondents were significantly more likely to report severe depression than lesbian (2.4%) or gay (2.0%) respondents. Severe depression was also higher among LGBTQ young adults (5.1%) and LGBTQ elders (4.5%) than LGBTQ people ages 25-49 (1.3%). As seen in other health outcomes, those respondents with access to higher education had dramatically better outcomes. Only 2.3% of those with a college degree were experiencing severe depression, compared to 7.1% of those with a high school degree or less.

SEVERE DEPRESSION BY EDUCATION



[18] The results of the PHQ-8 are scored such that for each symptom "several days" is scored as 1, "more than half the "days" is scored as 2, and "nearly every day" is scored as 3 The burden of depression is categorized as (0-4) "None-Minimal depression," (5-9) "Mild depression," (10-14) "Moderate depression" (15-19) "Moderately severe depression" (20-24) "Severe depression."

[19] See Appendix 3 for full tables.

Respondents were asked to choose the top three LGBTQ health issues that they thought needed more attention and resources, chosen from a list of 18 issues. Over one-third of respondents chose mental health and homelessness as top issues. One-quarter of respondents identified suicide as a top issue. These three issues are growing in prominence in the LGBTQ movement as activists consider what is next after marriage equality to ensure equity and wellbeing for all LGBTQ people.

Increased LGBTQ mental health resources has been a top issue for the past four years of data collection, which indicates that this continues to be a pervasive need for LGBTQ people. In addition to the high rates of depression and anxiety found over the past 4 years of this survey, the 2015 Minnesota Student Survey found that LGBQ youth are 2 to 4 times as likely to report having considered suicide in the last year[20]. The National Transgender Discrimination Survey found that 41% of transgender respondents had attempted suicide at some point in their lives[21]. There is a need for community and medical support to address the root causes of depression and suicide for LGBTQ people, including discrimination and a lack of culturally responsive LGBTQ care.

> "I have many mental health problems as do many of my LGBTQ friends, and I know many of them do not feel able/ comfortable seeking help because of cost and discrimination."
>
> —survey respondent

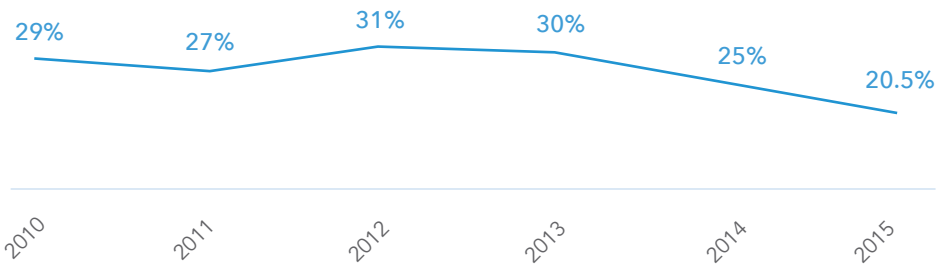
[20] Hanson, B. (2015) Invisible youth: The health of lesbian, gay, bisexual, and questioning adolescents in Minnesota. Minneapolis, MNL Rainbow Health Initiative.

[21] Haas, A. P., Rodgers, P. L., & Herman, J. L. (2014). Suicide Attempts among Transgender and Gender Non-Conforming Adults. The Williams Institute and the American Foundation for Suicide Prevention

TOBACCO USE

We continue to find a high rate of tobacco use among LGBTQ respondents. 20.5% of LGBTQ respondents smoke every day or some days per week. Even though this represents the lowest rate in the past four years of RHI data—a decrease of 4.5% from last year—LGBTQ respondents are still 46% more likely to smoke as the state general population (14%)[22].

LGBTQ CURRENT SMOKERS



The decrease in LGBTQ respondent smoking rates is very exciting and may indicate that tobacco control efforts such as the increase in the tobacco tax in Minnesota and norm-changing efforts such as the RHI "Love Notes" campaign may have influenced LGBTQ smoking behavior.

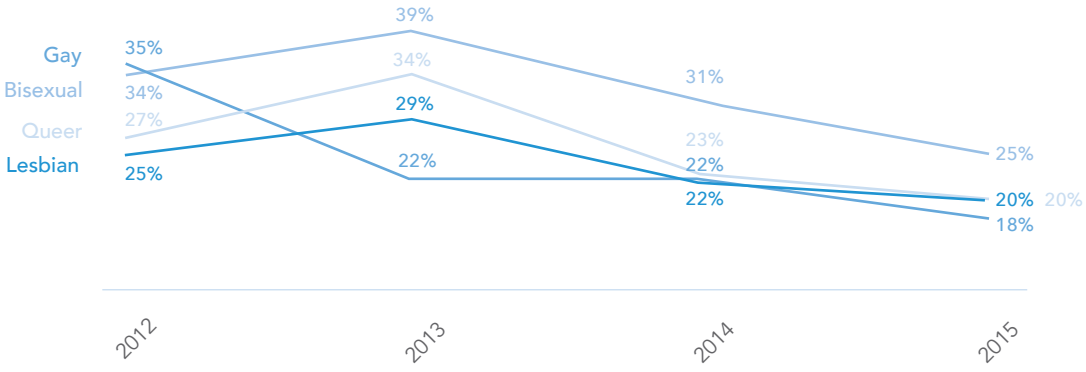
[22] Minnesota Adult Tobacco Survey. (2015). Tobacco Use in Minnesota: Minnesota Adult Tobacco Survey 2014. Retrieved from mnadulttobaccosurvey.org

Additionally, several landmark legal protections happened in 2015, including nationwide legalization of same-sex marriage and the termination of the military's ban on transgender service. The presence of these protections and rising social acceptance for LGBTQ people may have decreased LGBTQ people's motivation to smoke as a stress-relieving mechanism.

Demographics and smoking frequency

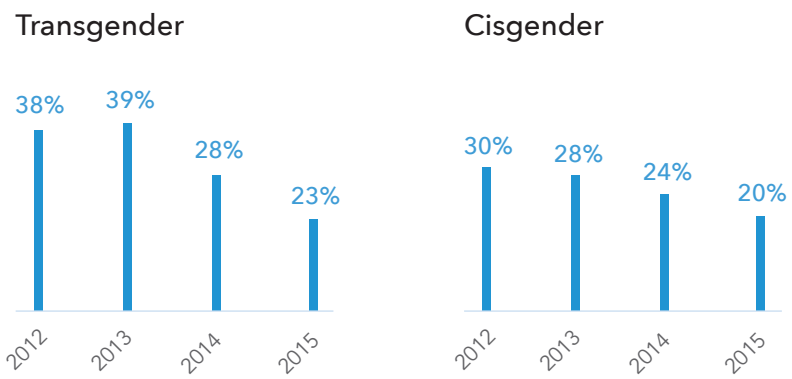
Among sexual orientation groups, bisexual and pansexual respondents reported the highest rates of smoking. Pansexual respondents reported the highest rates of current smoking (27%) and one in every four bisexual respondents currently smokes.

2012-2015 RATES OF CURRENT SMOKING BY SEXUAL ORIENTATION

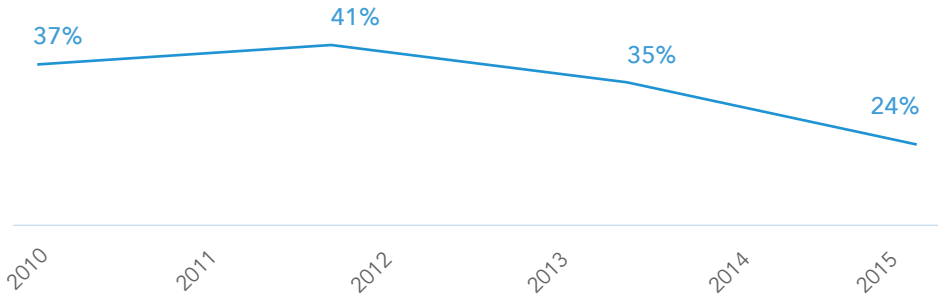


The percentage of transgender and gender non conforming respondents who are current smokers also decreased significantly over the past four years, narrowing the gap between transgender and cisgender smoking rates. 23% of trans respondents are current smokers compared to 20% of cisgender LGBTQ respondents.

2012-2015 RATES OF CURRENT SMOKING BY GENDER IDENTITY



2012-2015 LGBTQ POC CURRENT SMOKERS



This year's survey saw a large decline in smoking rates among LGBTQ people of color (24%, compared to 35% in 2014, 41% in 2013, and 37% in 2012).

As in previous years, our results show that lower smoking rates are strongly associated with higher education levels. 35.5% of LGBTQ respondents who have an educational level of high school or less currently smoke. 25.7% of LGBTQ respondents with some college or a two-year associate's or technical degree smoke, and 10.5% of LGBTQ respondents with a four year degree or more currently smoke.

CURRENT SMOKING AND EDUCATION

1 in 5 LGBTQ respondents smoke overall

1 in 4 respondents with some college or a two-year degree smoke

More than **1 in 3** respondents with a high school degree or less smoke

Respondents with a four year degree or more were 2.5x less likely to be current smokers

Other tobacco products

In addition to asking about traditional cigarette use, we asked about use of other tobacco products such as cigars, snus, e-cigarettes, hookah, and chewing tobacco. Historically, tobacco companies have used LGBTQ communities, and specifically youth, as test markets and targeted markets not only for traditional cigarettes but also for new nicotine products[23,24].

13.6% of LGBTQ respondents reported using tobacco products other than cigarettes. 7.1% of all LGBTQ respondents reported using e-cigarettes. This rate is slightly higher than the 5.9% of people in the state general population who reported using e-cigarettes[25].

6.4% of all LGBTQ respondents reported smoking hookah. This rate is much higher than the 1.9% of the general population who report using water pipes. 3.3% of respondents reported smoking cigars, which is similar to the rate in the general population (2.9%)[26].

> "42% of current smokers reported that they cut meals, ate less, or went hungry some months or almost every month in the past year. This is over twice the rate of those who had never smoked (19%)."

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

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

[25] Minnesota Adult Tobacco Survey

[26] Minnesota Adult Tobacco Survey. (2015). Tobacco Use in Minnesota: Minnesota Adult Tobacco Survey 2014. Retrieved

Tobacco's broader impact

While the 2015 survey found an encouraging 4.5% decline in LGBTQ smoking rates, one in every five respondents still reported being current smokers. We know that tobacco use is related to increased rates of health conditions such as chronic respiratory illnesses and cancer. However, the results of this survey show that tobacco use is strongly related with disparities beyond those directly related to the physical effects of tobacco.

For example, 42% of current smokers reported that they cut meals, ate less, or went hungry some months or almost every month in the past year. This is over twice the rate of those who had never smoked (19%). There is a two-way relationship between food security and smoking. Those with lower incomes and less access to food are more likely to use tobacco as a response to stress. Additionally, the financial burden of tobacco addiction reduces smokers' ability to purchase food.

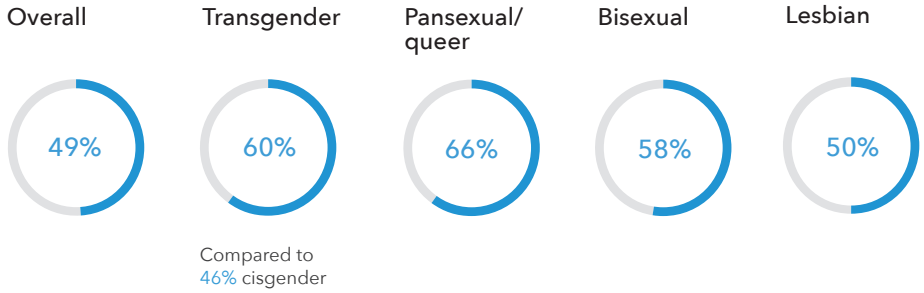
Those who currently use tobacco experience moderate to severe depression at might higher rates (13%) than non-smokers (4%) Again, this indicates a need to increase mental health services for LGBTQ people who may smoke as a coping mechanism. However, 27% of current LGBTQ smokers have postponed preventative health care and 24% have postponed care when they are sick or injured because of previous discrimination by health care professionals. Because of the health risks associated with smoking, it is important that current smokers have access to culturally responsive medical care.

UNWANTED SEX

Experiences of unwanted sexual contact and sexual violence can have long-term, harmful effects for individuals. Survivors of sexual violence have experienced higher rates of chronic psychological issues, social isolation, increased high-risk behavior and physical health conditions such as chronic pain, gastrointestinal issues, and pregnancies resulting from rape[27].

Due to the sensitive nature of questions related to sexual violence and the public setting of data collection for this survey, respondents were asked a broad question: "Have you experienced any unwanted sexual contact during your lifetime?" An alarming 49% of respondents reported that they had experienced unwanted sexual contact during their lifetime. 60% of transgender people reported unwanted sexual contact during their lifetime, compared to 46% of cisgender LGBQ people. Higher rates of unwanted sexual contact were also found among queer and pansexual-identified people (66%), bisexual-identified women (58%), and lesbian women (50%)[28].

UNWANTED SEXUAL CONTACT



[27] Centers for Disease Control and Prevention. (2015). Sexual violence: Consequences. Retrieved from: cdc.gov/violenceprevention/sexualviolence/consequences.html

[28] These figures include both trans and cis-identified women.

These staggering statistics show that LGBTQ people in Minnesota are experiencing the same high rate of unwanted sexual activity as LGBTQ people across the United States. For example, the Centers for Disease Control and Prevention 2010 National Intimate Partner and Sexual Violence Survey the 2010 found that nearly half (46%) of bisexual women have been raped in their lifetime, compared to 17% of heterosexual women[29].

ACCESSING HEALTH CARE

LGBTQ people are at a higher risk for several chronic conditions such as asthma, osteoarthritis, some cancers and cardiovascular than their straight/cisgender counterparts[30,31]. It is important that LGBTQ people are able to access affordable, culturally responsive checkups where they can be screened for and manage chronic conditions before they turn into more serious health issues. This year's data shows that cost and a lack of culturally responsive services are leading to LGBTQ people getting less preventative care and delaying care when they are sick or injured.

Insurance

95% of LGBTQ respondents reported that they have health insurance, which is consistent with rates within the general population of Minnesota. This is an exciting improvement from last year, when only 88% of LGBTQ people reported being insured. 53% of respondents have insurance through an employer (theirs or someone else's) and 30% have state healthcare, Medicare, or Medicaid.

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

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

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

However, the rise in insurance rates does not mean that LGBTQ people are accessing healthcare at greater rates. Of those LGBTQ respondents who have insurance, 39% said that expenses such as high co-pays or prescription costs still present a barrier when they need healthcare. This rate was much higher among transgender respondents (54%), who also face barriers to care such as lack of insurance coverage for transgender-related care and providers who refuse to work with transgender patients[32].

Health care utilization

Respondents were asked where they go most often when they need health care or health care advice. Significantly, 7% of respondents said that they most often go to the emergency room. This means that these respondents are likely not getting the preventive care and monitoring that comes with having a consistent health care provider and is associated with higher long-term health outcomes[33].

Sexually transmitted infections, including HIV, continue to be important issues in LGBTQ health. The most effective way to reduce STI transmission is through education and testing, which is why it is important that LGBTQ people talk to a health care provider about their sexual health[34]. However, 28% of respondents said that they had never talked to a doctor about their sexual health. Additionally, 35% of respondents said that they had not talked to a doctor about their sexual health in the last 12 months.

[32] Cray, A., & Baker, K. (2012). FAQ: Health insurance needs for transgender Americans. Center for American Progress. October.

[33] Pew Research Center. (2008). Utilization of a usual health care provider and satisfaction with health care. Retrieved from pewhispanic.org/2008/08/13/iii-utilization-of-a-usual-health-care-provider-and-satisfaction-with-health-care

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

PATIENT-PROVIDER RELATIONSHIP

Out to doctor

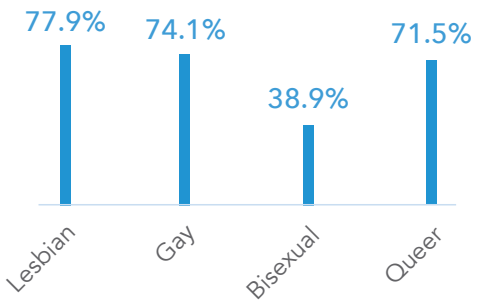
When patients are able to be open with the health care provider about their LGBTQ identity, they have a better chance of receiving appropriate care and preventive screenings. However, one-fifth of respondents said that they are not out to their doctor about their LGBTQ identity. This rate is consistent with findings from the 2012, 2013, and 2014 surveys. This indicates that, despite a change in political climate and national attitudes towards sexual and gender minorities, LGBTQ folks remain cautious about revealing their identity in health care settings.

Bisexual people were dramatically less likely to be somewhat or completely out (38%) to their doctors than lesbian (77%), gay (74%), or queer (71%) people. This disparity is significant because bisexual people have the worst health outcomes of any sexual orientation group in tobacco and alcohol use, rates of mood disorders, suicide attempts, experiences of sexual assault, and poverty rates[35].

> "It'd be great to know my doctor would treat me with respect so I didn't have to feel nervous coming out to physicians and other providers."
>
> —survey respondent

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

OUT TO DOCTOR



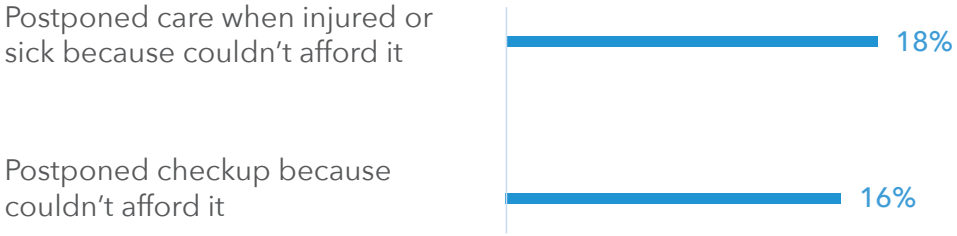
People over 24 years old were more likely to be somewhat or completely out to their doctors (80%) than young LGBTQ people (48%). This discrepancy may point more to the fact that young adults are less likely to have established a relationship with a primary care provider. It is import to provide information to empower LGBTQ patients in health care settings, especially when they first begin assuming responsibility for scheduling appointments and selecting care providers.

Financial barriers

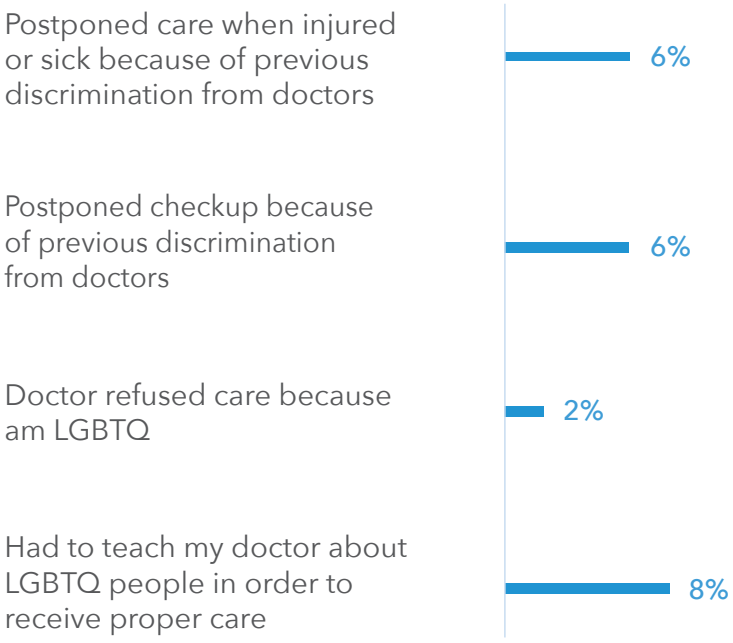
Financial barriers posed a significant barrier to healthcare access for LGBTQ people. Nearly one in every five (19%) LGBTQ people reported that, in the last year, they delayed getting needed medical care when they were injured or sick because they couldn't afford it. This is despite the fact that 95% of LGBTQ people reported having health insurance. Additionally, 17% of respondents reported that they postponed getting a regular checkup because they couldn't afford it. Trans and bisexual people were the most likely to report that cost posed a significant barrier to accessing healthcare.

BARRIERS TO CARE EXPERIENCED IN THE PAST YEAR

Financial barriers



Cultural barriers



Culturally responsive care

A patient's relationship with their provider is significantly restricted when there is a lack of provider understanding about LGBTQ identities and health[36]. Trans people are most heavily impacted by a lack of trans cultural responsiveness and anti-trans discrimination. Trans people were 75% more likely than cis people to report that they had to teach their doctor about their trans identity in the past year. They were 60% more likely to report that previous experiences of discrimination from doctors caused them to delay checkups and 52% more likely to report that they delayed care when they were injured or sick. This is consistent with past RHI data that shows a lack of competent care for trans people. For example, the 2014 survey found that trans people were twice as likely to report that their doctor is "not at all competent" on LGBTQ health issues and 25% had received poor quality care in the past year because of their gender identity[37]. Additionally, LGBTQ people of color were 41%-47% more likely to report that they postponed care or checkups because of past discrimination than their white counterparts.

> "If things weren't heteronormative it would be more comfortable to seek help."
>
> —survey respondent

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

[37] Rainbow Health Initiative. (2015). Voices of health: A survey of LGBTQ health in Minnesota. Minneapolis, MN.

CONCLUSIONS AND RECOMMENDATIONS

The 2015 Voices of Health survey found that there is a serious need for education, prevention and treatment efforts in all areas of LGBTQ health. LGBTQ people are disproportionately burdened by tobacco use, mental health issues, homelessness, sexual violence, food insecurity, and a lack of access to culturally competent medical care. In order to improve the health and wellness of LGBTQ Minnesotans, we offer the following recommendations.

COLLECT LGBTQ DATA

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

ACCESS TO EDUCATION AND EMPLOYMENT

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

HEALTH LITERACY AND SELF ADVOCACY

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

LGBTQ AND LGBTQ YOUTH SPECIFIC TOBACCO CONTROL METHODS

LGBTQ youth smoke at higher rates than their peers, a disparity that extends into adulthood. Emphasizing tobacco prevention work for LGBTQ youth and access to LGBTQ competent cessation resources are both necessary to continue to reduce the impact of tobacco on LGBTQ communities.

"LGBTQ people are disproportionately burdened by tobacco use, mental health issues, homelessness, sexual violence, food insecurity, and a lack of access to culturally competent medical care.

INCREASE ACCESS TO LGBTQ CULTURALLY RESPONSIVE CARE

LGBTQ people experience significant disparities in accessing health care. There is a clear need for LGBTQ competent and affirming services for both mental health and preventative medical care, especially increased access for free and/or sliding scale services for low income LGBTQ people. Transgender and gender-non-conforming people consistently report needing to teach their providers about their identity, and also much more likely to delay getting both needed medical care and check ups because of previous discrimination. Exploring policy solutions to include training on how to provide care to LGBTQ patients is critical to improving access to quality care for LGBTQ people, especially transgender and gender non-conforming people.

> There is a serious need for education, prevention, and treatment efforts in all areas of LGBTQ health."

APPENDIX 1: SURVEY INSTRUMENT AND SURVEY NOTES

☐ **Check if you took this survey last year**

(1) What year were you born?_____

(2) What best describes your sexual orientation?
- ☐ Lesbian
- ☐ Gay
- ☐ Bisexual
- ☐ Queer
- ☐ Straight / Heterosexual
- ☐ Other (write in):_____

(3) What is your current gender identity?
- ☐ Female
- ☐ Male
- ☐ Trans female/Trans woman
- ☐ Trans male/Trans man
- ☐ Genderqueer/Gender non-conforming
- ☐ Different identity (write in) _____

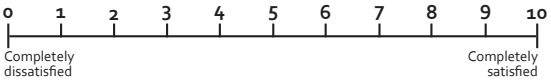
(4) What is your sex assigned at birth?
- ☐ Male
- ☐ Female
- ☐ Intersex

(5) What best describes your racial/ethnic background? (Check all that apply)
- ☐ Black / African American
- ☐ African-born
- ☐ White / Caucasian
- ☐ American Indian /Alaskan Native (enrolled or principal tribe(s)?) _____
- ☐ Asian or Pacific Islander_____
- ☐ Arab or Middle Eastern_____
- ☐ Other (please write in)_____

(6) Are you of Hispanic, Latino, or Spanish origin?
- ☐ Yes, Mexican, Mexican American, Chicano/Chicana
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino/Latina, or Spanish origin (please write in)_____
- ☐ No, not of Hispanic, Latino, or Spanish origin

(7) What state do you live in?_____

(8) Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole?



(9) In your opinion, what are the top three LGBTQ health issues that need more resources? (check three)
- ☐ Homelessness/ housing insecurity
- ☐ Violence
- ☐ Aging issues
- ☐ Access to health care
- ☐ Transgender health
- ☐ Active living / exercising
- ☐ Domestic violence/ abuse
- ☐ HIV/AIDS
- ☐ Sexual health (reproductive health, pregnancy, sexual education, HPV, STIs, etc.)
- ☐ Poverty
- ☐ Immigration
- ☐ Drug use (cocaine, meth, etc.)
- ☐ Tobacco use and/or second hand smoke exposure
- ☐ Alcohol use
- ☐ Health care provider's knowledge of LGBTQ issues
- ☐ Mental health
- ☐ Bullying
- ☐ Suicide
- ☐ Racial justice
- ☐ Other (write in): _____ _____

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

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

(11) If you answered yes to any of the parts of (10) on the last page, how often did this happen?

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

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

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

(13) Where do you get most of your food?

- □ Supermarket chain
- □ Neighborhood store
- □ Gas station/convenience store
- □ Food cooperative
- □ Farmer's market/local food market
- □ Friends/family
- □ Food shelf
- □ My yard
- □ Other_____

Cigarette Use Questions:

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

- □ Yes
- □ Don't know / not sure
- □ No (Skip rest of box & go to question 15)

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

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

(b) During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- □ Yes. If yes, how many times? (write in best guess)_____
- □ No

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

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

(d) Do you want to quit smoking?

- □ Yes, and I have a plan (Please write in plan. Ex: support group, patches, cold turkey, etc.) _____
- □ Yes, but I don't have a plan yet.
- □ No
- □ I have already quit. What method did you use? _____

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

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

(16) How often do you have a drink containing alcohol?

- □ Never
- □ Monthly or less
- □ 2-4 times a month
- □ 2-3 times a week
- □ 4 or more times a week

(17) How many standard drinks containing alcohol do you have on a typical day?

- □ None/I do not drink alcohol
- □ 1 or 2
- □ 3 or 4
- □ 5 or 6
- □ 7 or 9
- □ 10 or more

(18) How often do you have five or more drinks on one occasion?

- □ Never
- □ Less than monthly
- □ Monthly
- □ Weekly
- □ Daily or almost daily

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

□ Yes □ No

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

_____

(21) Do you consider yourself disabled? The ADA defines as individual with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.

- □ Yes
- □ No
- □ Don't know

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

- □ Yes
- □ No
- □ Don't know

(23)The following set of questions relates to some of the medical conditions you may have been diagnosed with in your lifetime, and whether or not you are currently receiving care from a health care provider to manage those conditions. Please check statements that apply to you.

Please check all statements that apply	I have been diagnosed with this condition	I am currently seeing a health care provider to manage this condition	I am taking medication, regularly or occasionally, for this condition
Lung disease/ COPD/asthma			
Obesity			
Anorexia/ bulimia			
Hypertension			
Stroke			
Heart disease			
Diabetes			
HIV/AIDS			
Breast cancer			
Other cancers			
Depression			
Anxiety			
PTSD			
Other (please write in) _____			

(24) Over the last two weeks, how often have you been bothered by any of the following problems? (check one box on each line)

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things				
Feeling down, depressed, or hopeless				
Trouble falling asleep, staying asleep, or sleeping too much				
Feeling tired or having little energy				
Poor appetite or overeating				
Feeling bad about yourself, that you are a failure, or have let yourself or your family down				
Trouble concentrating on things, such as reading the newspaper or watching television				
Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual				

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

- □ I have NO health insurance coverage
- □ Insurance through a current or former employer (employee health plan, COBRA, retiree benefits)
- □ Insurance through someone else's employer (spouse, partner, parents, etc.)
- □ Insurance you or someone in your family purchased from healthcare.gov or MNsure.
- □ Insurance you or someone in your family purchased through a broker or directly from an insurance company
- □ Medicare
- □ Medicaid / public insurance you get from the state or county
- □ Military health care / Champus / Veterans Administration / Tri-Care
- □ Student insurance through college or university
- □ Other, please specify _____
  _____

(26) Even if you have health insurance, is cost a barrier when you want or need health care? (ex: expensive co-pays for prescriptions or visits, can't afford better insurance coverage, etc.)

- □ Yes
- □ No
- □ Don't know

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

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

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

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

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

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

(30) Because you are LGBTQ, have you had any of the following experiences? (Please check an answer for each row. If you have NEVER needed medical care, please check "not applicable".)

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

(31) What is your ZIP Code?_____

(32) 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

(33) Are you currently employed?

- □ No
- □ Yes, full-time
- □ Yes, part-time
- □ Yes, seasonal
- □ Other: _____

(34) How many people live in your household?:
Adults: _____
Children *(under 18 years old)*: _____

(35) What is your household annual income?
_____

(36) What is your individual annual income?
_____

(37) What is your estimate of the combined outstanding balance on your student loans, credit cards, or other forms of credit, excluding a mortgage? _____

While the survey spanned a wide range of topics and yielded an abundance of important and informative data on LGBTQ health, some of the questions yielded unusable data that wasn't valid. Specifically, our survey questions about income and alcohol use yielded invalid data. These two sets of questions were different from questions we had asked in previous years.

Our income questions were structured with the intent of capturing household size, individual, and household income in order to present a clearer picture of income for individuals and LGBTQ households. However, responses were inconsistent, and we cannot be certain that household and individual income was reported correctly by enough respondents to use income as a variable in our analyses. In the future, we intend to find a better question for ascertaining income that will yield valid data.

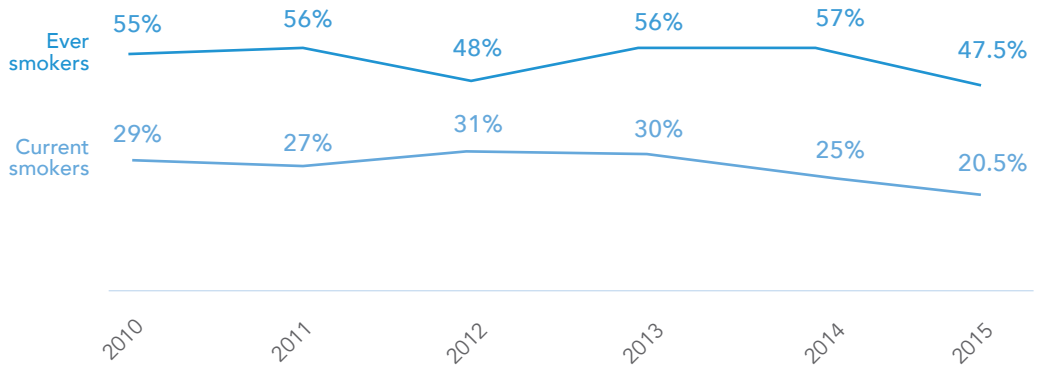
Similarly, the alcohol questions yielded invalid data. We asked three questions about alcohol use, intending to ascertain frequency of drinking and frequency of binge drinking. Many of the responses were internally inconsistent. Additionally, as many of the surveys were collected at Pride events where there are areas set aside for alcohol consumption, we cannot guarantee that survey respondents had not consumed alcohol prior to completing the survey. As with our income data, we will use different measures more appropriate to our survey questionnaire and methodology for future surveys.

APPENDIX 2: ADDITIONAL TOBACCO DATA

Similar to the RHI survey findings from 2010-2014, about half of LGBTQ respondents (47.5%) 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." While the percentage of LGBTQ Minnesotans who have ever smoked shows a decrease from 2013 and 2014, it's consistent with the 2012 rate.

It's unclear whether the percentage in how many LGBTQ respondents reported being "ever smokers" is varying over time due to the expected challenges of using a convenience sample of respondents surveyed at Pride festivals and events, or whether there were additional factors. Future data collection will allow a further trend line to more accurately measure the percentage of LGBTQ people who have ever smoked.

LGBTQ CURRENT SMOKERS AND EVER SMOKERS 2010-2015



APPENDIX 3: PHQ-8 TABLES

PHQ-8 SCALE FOR LGBTQ RESPONDENTS BY SEXUAL ORIENTATION

In the past 12 months in your household:	Lesbian	Gay	Bisexual	Queer	Straight[38]	Other
None to minimal depression	56.9%	60.1%	40.5%	40.5%	50%	30.9%
Mild depression	22.3%	25.8%	32.6%	38%	31.3%	29.4%
Moderate depression	13.5%	8.4%	14.4%	8%	6.3%	16.2%
Moderate to severe depression	4.9%	3.7%	6.8%	8.5%	12.5%	16.2%
Severe depression	2.5%	2%	5.7%	5%	0%	7.4%

[38] Some transgender respondents' sexual orientation is heterosexual/straight, hence why straight respondents appear in tables on LGBTQ experiences of depression

PHQ-8 SCALE FOR LGBTQ RESPONDENTS BY GENDER IDENTITY

In the past 12 months in your household:	Transgender	Cisgender
None to minimal depression	35.8%	53.7%
Mild depression	32.1%	27.4%
Moderate depression	12.3%	11.3%
Moderate to severe depression	13.4%	4.6%
Severe depression	6.4%	3%

ACKNOWLEDGMENTS

Rainbow Health Initiative would like to thank all of the people who helped make this study possible. Thank you to Koal Williams for entering the survey data and conducting an analysis of the qualitative data. Thank you to Joann Usher, Deb LeMay, EJ Olson, and Heidi Johnson for reviewing early versions of this report. Finally, thank you to the dozens of volunteers who helped to distribute the survey at Pride events in the Twin Cities, Mankato, Duluth, Fargo-Moorhead, Rochester, Brainerd, Pine City and St. Cloud.

If you are a researcher and are interested in accessing the 2012, 2013, 2014 or 2015 datasets, please contact dylan.flunker@rainbowhealth.org