

LGBT Health: Community Cares



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What does it mean to be healthy? For some, health means having no pain and no physical struggle. For others, health is broader and includes one's mental health, sense of family and community, and overall feeling of safety and wellness. Are there specific healthcare needs for lesbian, gay, bisexual and transgender people? If so, what are they? And, what are the resources available to support health and wellness for LGBT communities in the Twin Cities?

These are the kinds of questions that PFund Foundation set out to explore. After conducting site visits in 2007 and 2008 with health organizations serving LGBT communities, PFund learned that most of these organizations felt they were working in silos and disconnected from their partners and community members. Each organization had a sense of the overall health disparities facing LGBT communities, but lacked connection to other agencies doing this important work. Staff at each agency expressed a desire to meet and learn with other agencies around issues of LGBT health, but didn't have a mechanism to do so. PFund saw an opportunity to help connect these organizations and to then share information about the healthcare needs of LGBT communities with a broader audience. By convening health agencies serving LGBT communities, PFund's hope was to put those agencies in a better position to do what they do best. Instead of working in isolation from other organizations, they would now have a connection to advance the overall health and wellness for LGBT communities in a collaborative fashion. This report is part of this effort.

First step: Looking at LGBT health care around the nation

In 2007, the National Coalition on Health Care reported that approximately 46 million people under the age of 65 in the United States had no health insurance. Since then, this number has risen, especially among working adults, as many businesses cut back or dropped their employee health coverage programs or charged employees coverage rates workers could not afford. The percentage of people (employees and dependents) with employment-based health insurance dropped from 70 percent in 1987 to 62 percent in 2007. But the problem goes far beyond just access to health insurance. Even when coverage is obtained, there are often severe limitations in coverage, exclusions for pre-existing conditions, and high deductibles that place appropriate, accessible health care out of reach for many people in this country. These problems are further exacerbated by a growing crisis in public health care. In March 2009, the Trust of America's Health (TFAH) and the Robert Wood Johnson Foundation reported that public health programs, traditionally supported through a combination of federal, state, and local resources, will be severely affected by state budget shortfalls in 2009 and beyond. Health programs at risk for cuts include chronic disease prevention (such as cancer, diabetes and obesity), infectious disease prevention (including HIV/AIDS), and food and water safety.

Lesbian, gay, bisexual and transgender people are affected by the same health care access issues as other Americans. At the same time, there are health care experiences and needs that are specific to LGBT people:

- According to a Harris Interactive nationwide poll, one in four gay and lesbian adults lack health insurance and are nearly twice as likely as their heterosexual counterparts to have no health insurance coverage. Source: Harris Interactive Poll, May 19, 2008
- High rates of joblessness and poverty in transgender populations, especially those of transgender people of color and trans youth, often result in a lack of health insurance or underinsurance. There also is anecdotal evidence suggesting that post-operative transsexual men and women are less likely to be able obtain or keep health insurance if their transsexual status is revealed to their insurers. In addition, even when insured, the coverage is not appropriate to respond to the needs, as nearly all U.S. health care insurers exclude gender transition/confirmation services such as hormonal therapy and sex reassignment surgery. Source: "An Overview of U.S. Trans Health Priorities: A Report by the Eliminating Disparities Working Group," August 2004 Update, National Coalition for LGBT Health

There is still a lot we don't know about LGBT communities and the complexity of LGBT health needs, especially when sexual orientation and gender identity is interconnected with race, gender, age, disability and economic status. Few general health-related studies include sexual orientation and gender identity on surveys at either the local, state or national-level. The absence of quality comprehensive data collection is a significant barrier to:

- Identifying LGBT specific health concerns
- Determining barriers to LGBT health and identifying systemic inequities
- Development of a clear policy and advocacy agenda that would be helpful in articulating health needs, focusing resources, and developing programs.

Bringing it home: LGBT health care issues in Minnesota

Even without comprehensive data or the resources to carry out large-scale local research studies, Minnesota organizations have worked hard to better understand the health needs of the individuals and communities they represent. At this point in time, the greatest healthcare issue affecting LGBT people in Minnesota is similar to the issue impacting many people across the country – access to health insurance or healthcare coverage. In addition, other issues that negatively impact LGBT people's access to appropriate health care include fear of coming out to physicians, fear of negative reactions from medical personnel, lack of domestic partner benefits or LGBT inclusive family coverage, language barriers, geographic and transportation issues, and provider racism, homophobia, and transphobia. Some local data confirms these issues:

A survey conducted by Rainbow Health Initiative of over 1100 respondents, 834 of whom identified as LGBT/Queer and 48 percent of whom were people of color, indicated that the top three health priorities for the LGBT community are:

- HIV/AIDS, particularly for men of color who have sex with men
- Sexually transmitted diseases and infections (in addition to HIV)
- Chemical dependency, including tobacco addiction

Additionally:

- More than 20% percent of LGBT adults said they did not have health insurance coverage, compared to 6.7 percent of heterosexual adults in Minnesota statewide.
- Almost one-third (32%) had not disclosed their sexual orientation or gender identity to their health care provider.
- The majority of respondents (79%) prefer that their medical provider/clinic be LGBT competent, yet over one-third (36%) felt that their medical provider/clinic are not knowledgeable and/or competent about LGBT health
- Another significant finding in this study that deserves to be noted is that over 39% of respondents (that is 328 LGBT Minnesotans) reported having been diagnosed or treated for depression, and 25% percent for anxiety. A provider or clinic that is knowledgeable and competent on LGBT health issues would know to look for these and other disparities.



Garrett Boardman, Antonio Cardona, Gilbert Achay

Midwest Health Center for Women reported that in comparison to heterosexual women, lesbian and bisexual women have a higher risk of contracting uterine, breast, cervical, endometrial and ovarian cancers due to:

- Higher rates of smoking
- Higher rates of alcohol use
- Higher levels of stress
- Poorer nutrition and increased rates of obesity
- Less likelihood of having been pregnant or given birth, thus do not benefit from the hormones released during pregnancy that protect against breast and ovarian cancers
- Less likelihood of receiving gynecological services than heterosexual women

Data collected by the Minnesota Transgender Health Coalition indicated that the most significant health concerns for transgender people are:

- Limited coverage by both private and public sources of transgender transition related medical services
- Access to and quality of medical procedures associated with gender affirmation surgeries and body modification
- Health issues correlated with long-term hormone use
- Redefinition of Gender Identity Disorder in the Diagnostic and Statistic Manual (DSM)

Additional LGBT specific health issues identified by panelists and participants at a recent PFund sponsored community convening about LGBT health include:

- Challenges for veterans accessing appropriate care as a result of the Department of Defense's "Don't Ask Don't Tell" policy.
- Challenges regarding privacy and safety for LGBT people with disabilities or elderly who rely on care attendants.



Beth Zemsky and Garrett Boardman

How do we improve the wellness of LGBT communities in Minnesota?

Minnesota has the beginning of an LGBT responsive health system. Some of the components of this system include: Rainbow Health Initiative, Minnesota Transgender Health Coalition, a number of HIV/AIDS service organizations, LGBT community organizations such as OutFront MN, PFund, Rainbow Families, and District 202, and many LGBT identified and LGBT sensitive individual providers in the Twin Cities area. These organizations, and the many knowledgeable and committed practitioners, constitute a strong base from which to build a health system that will better address LGBT communities' needs.

There are, however, significant gaps as documented by the above data. The gap is even larger regarding LGBT supportive health care that is culturally relevant and

appropriate to the multiple diverse communities that live in the region. Without more information, training, and best practice models for providers on how the intersections of complex sexual, gender, social, racial, ethnic, class, and geographic identities impact access to health care and health outcomes, the health and wellness needs of LGBT communities will continue to be unmet. Some programs that might be developed to address this problem include:

- Improved pre-service and inservice education of physicians, nurses, allied health professionals and office staff about unique LGBT health issues and respectful, culturally appropriate communication with LGBT people.
- Availability of materials and promotions (in multiple languages) that represent diverse LGBT communities, their unique health issues, and the barriers experienced.
- Increased availability of appropriate care outside the Twin Cities Metro area

LGBT consumers also need to be educated about their options, understand prevention and wellness education specific to LGBT needs, and know how to find care that is accessible, appropriate, and sensitive to their needs. This might someday happen within the space of a one stop healthcare resource specific to the LGBT community, such as exists in other cities like Los Angeles, Chicago, and Washington, D.C. Such an LGBT health center could provide a range of healthcare services including mental health support. In the meantime, there are individual health care providers who are willing and able to provide LGBT sensitive healthcare; however, it's often difficult to know how to find them. A transparent and easily accessible system that identifies LGBT sensitive and knowledgeable providers and clinic staff would help to address this need.

There is work that LGBT communities can do together to create these programs and contribute to the creation of a broader LGBT health movement. For example, it is vital to have authentic inclusion of transgender concerns in the overall LGBT movement, including understanding the difference and interplay between sexual orientation and gender identity. It is equally important to continue to address the unique health needs of LGBT communities of color, including the creation of partnerships to address racism and homophobia in all LGBT communities. It is possible that by using HIV and tobacco community assets, Minnesota could expand the base of an LGBT health movement in Minnesota. This would include advocating for institutional funders and individual donors to provide more broad-based support and to view LGBT health and wellness more holistically.



Jeff Myers, M.D. and Alfonso Wenker

Creating a future where LGBT health really matters

The specific programming and culture changes suggested above could be put in place over the next 5 years with an expanded level of funder and donor support. Without question, these changes would positively affect the health and wellness of LGBT communities in Minnesota. But what about looking further into the future? What might emerging health issues be for LGBT communities in the next 5 to 10 years?

Health experts suggest that community wellness is greater than what happens in a doctor's or therapist's office. Our wellness is about the entirety of our lives.

As the overall economy continues to worsen, and then slowly to reverse its decline, the number of unemployed or underemployed LGBT individuals and families who will be uninsured or underinsured will continue to rise. And as the cost of healthcare also continues to increase, adequate health insurance coverage will be further out of reach of many LGBT community members.

As funding for community health programs decreases and existing resources become more strapped, there is an increasing need for research and documentation of the needs of LGBT individuals in order to create the programs that will address those needs.

Access to ongoing healthcare and LGBT specific prevention programs dealing with chronic illness, addictions and mental health issues, aging and other concerns must be supported. LGBT youth continue to need support as there is an increase in the abuse of prescription drugs and an increased HIV risk associated with high-risk activities while under



Janet Bystrom, Keith Pederson, Amy Lange

the influence of drugs and alcohol. These issues continue to grow in the youth communities. Better supportive and accessible care for LGBT people of color, particularly non-English speaking and immigrant communities is key to a broad LGBT healthcare agenda. And finally, parenting support, family strengthening, youth support and wellness programs are essential as more LGBT individuals choose parenting.

Using policy change to support the broader wellness of the LGBT community

There is no doubt that health care reform that creates a universal health care policy guaranteeing accessible healthcare to all living in the United States would build a stable foundation for LGBT communities. Yet, even with broadly accessible healthcare, LGBT health advocates would still have work to do to guarantee the appropriateness of

the available services for all members of our diverse LGBT communities.

In addition to addressing issues related to the accessibility and appropriateness of palliative care, policy initiatives that focus on prevention, community well-being, and ameliorating the negative impact of institutionalized homophobia, heterosexism and transphobia would go a long way to supporting the broader wellness of LGBT communities. Policy changes that would be key to this work include:

- Policy initiatives to mandate data collection that would include appropriately worded questions about sexual orientation and gender identity to close the data gap and support the creation of LGBT specific health initiatives.
- Maintaining and expanding human rights and non-discrimination protection for all LGBT people at the local, state and federal level.
- De-medicalization of transgender identity through removal of Gender Identity Disorder from the Diagnostic and Statistical Manual.
- Inclusion of LGBT senior issues in aging policy initiatives.
- Support for marriage equality as it relates to family recognition and well-being, mental health, and access to health insurance and other economic benefits.
- Improved domestic partner benefits (where marriage equality does not exist) and related tax inequality issues associated with IRS regulations regarding imputed income.

How you can be a part of this change

From the policy level to the type of care received, it is clear that an essential component of LGBT health and wellness is an end to the experiences of discrimination, isolation and marginalization that many of us experience. Our ability to also address issues of racism, xenophobia and poverty that many of our community members experience is one very important part of achieving wellness. Along the way, there are multiple programs and support systems that will make the overall healthcare system safer and more accessible to members of the LGBT community. Our strength comes from understanding that our individual wellness stems from us being connected to each other – and working to make sure that all of us have the access and support we need.

Finally, there are significant intersections between the issues identified as key for the health of LGBT communities and the issues facing other marginalized communities. Therefore, comprehensive LGBT health planning will require developing alliances across sectors of the population to advocate for, and work towards, common health and wellness goals. The LGBT communities' history responding to other health crisis such as HIV/AIDS would suggest that we have the knowledge, skills and experience to build these partnerships and improve the health of all in our communities.

LGBT Health Convening

Part I: On January 20, 2009, 20 individuals from health organizations serving LGBT communities met at Marnita's Table to engage in discussion around issues of tobacco use and other health issues in LGBT communities. During the evening, over an interactive meal, groups formed and reformed around health topics and shared the work they are doing and how they can work more collaboratively. As a result, agencies are identifying opportunities to collaborate around tobacco use and other health issues in LGBT communities and building on existing relationships to more efficiently address health issues in LGBT communities

Part II: On February 18, 2009, PFund held a community forum to discuss issues such as LGBT tobacco use and other health disparities. The specific goal of the convening was to link donors and community members at large with LGBT health service providers and PFund grantee partners to engage in a facilitated discussion about LGBT health issues and how attendees could support each other to advance the health of LGBT communities.

Forty-two (42) community members participated in the convening. The event began with a light dinner and time for informal networking. This was followed by a panel of community LGBT health experts who shared their perspectives on key health issues facing LGBT communities. Following some large group discussion and questions addressed to the panel, the participants reconvened in small groups to have deeper conversation about the issues addressed by the panel. The event concluded with a large group summary report of the small group discussions.

The discussion throughout the evening was energetic, exciting, textured, and nuanced. While it may be impossible to capture the stimulating energy of the convening, the summary above attempts to capture the major themes and highlights of the panel discussion as well as the information and insights generated by the small groups.

The panel included:

Gilbert Achay – Technical Assistance Coordinator, APPEAL

Joshua E. Breeding, Pharm.D., BCPS – Co-Chair, Minnesota Transgender Health Coalition

Loretta Worthington, MA, MSP – Director, Rainbow Health Initiative

Jessica Zaldivar – Midwest Health Center for Women

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Resources

Minnesota AIDS Project
mnaidsproject.org

Minnesota Tobacco-Free Lavender Communities
mntlc.org

Minnesota Transgender Health Coalition
mntranshealth.org

Midwest Health Center for Women
midwesthealthcenter.org

OutFront Minnesota
outfront.org

Rainbow Health Initiative
rainbowhealth.org

Rural AIDS Action Network
raan.org

Trans Youth Support Network
transyouthsupportnetwork.org

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