



# Health Promotion Research Report

## FINDINGS

December 2020



## INTRODUCTION

During November and December 2020, as follow-up to Our Fund Foundation's LGBT community assessment administered from January 2020 to March 2020, additional research was conducted to better understand LGBT community health conditions and responsive health promotion. This research further examined the health factors among communities of color and the impact of the COVID-19 pandemic on LGBT individuals. The goal of this research is to identify the most critical health challenges and the most effective health promotion interventions in order to guide Our Fund's grant program to improve the health and well-being of LGBT individuals in South Florida.

### **Review of Health and Wellness Needs of the South Florida LGBT Community**

Every decade, the U.S. Department of Health and Human Services develops science-based 10-year objectives to improve the health of all Americans. First developed in 1990, the initiative is called Healthy People. In 2020, Healthy People had the following four broad goals:

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death
- Achieve health equity, eliminate disparities, and improve health for all groups
- Create social and physical environments that promote good health for all
- Promote quality of life, healthy development, and healthy behavior across life stages

Maintaining health and wellness is a complex matrix of social needs, interventions, and services. Factors leading to high levels of physical and mental health and wellness include adequate income, safe and affordable housing, good nutrition and frequent exercise, positive and strong social networks, comprehensive health insurance, and culturally competent health services and practitioners.

Healthy People 2020 noted that discrimination and societal rejection has led to bars becoming a major social meeting place for LGBT individuals, causing alcohol misuse to become an ongoing problem. In addition, the following specific social issues were identified as barriers to attaining optimum health and wellness:

- Legal discrimination in access to health insurance, employment, housing, adoption, and retirement benefits
- Lack of anti-bullying laws
- Lack of social programs for LGBT youth, adults, and elders
- Shortage of culturally competent health providers

Numerous studies have shown that the LGBT population as a whole experiences poorer health than its heterosexual counterpart, making it difficult to meet the Healthy People 2020 goals. Research suggests that LGBT individuals face health disparities linked to social stigma, discrimination, and denial of civil and human rights. Because of these factors, Healthy People 2020 notes that LGBT individuals have high rates of mental health



issues, substance abuse, and suicide and are frequent targets of violence and victimization, leading to long-lasting negative effects on both individuals and the LGBT community overall.

Many local and state community health surveys do not include LGBT individuals, making it difficult to precisely identify their health status and needs. To address this gap, Healthy People 2020 noted an increase in research and data collection on LGBT health needs, citing the inclusion of sexual orientation in at least the following eight national health surveys:

- Behavioral Risk Factor Surveillance Survey
- National Health and Nutrition and Examination Survey
- National Survey of Family Growth
- Youth Risk Behavior Survey
- National Crime Victimization Survey
- American Community Survey
- National Health Interview Survey
- National Survey of Drug Use and Health

While earlier Healthy People reports included lesbians, gay men, and bisexuals, 2020 was the first report to note that transgender individuals faced significant health disparities.

With the increasing inclusion of LGBT individuals in health surveys, the following disparities have been identified:

- LGBT youth are 2 to 3 times more likely to attempt suicide
- LGBT youth are more likely to be homeless, as many as 40% of all homeless youth are LGBT
- Lesbians are less likely to get preventive services, especially for cancer
- Gay men are at higher risk for HIV and other STD's, especially among communities of color
- Lesbians and bisexual females are more likely to be overweight
- Transgender individuals have a high prevalence of HIV and STD's, mental health issues, victimization, and suicide and are less likely to have health insurance
- LGBT individuals live under higher stress, leading to higher rates of asthma, allergies, and gastrointestinal problems
- LGBT individuals smoke more and consume more alcohol, contributing to higher rates of cardiovascular disease and some cancers
- Elderly LGBT individuals are frequently isolated without adequate social services
- All members of the LGBT community lack culturally competent services and providers

While all LGBT individuals have common health problems and needs because of shared discrimination, recent research has identified unique issues affecting specific groups of the community. LGBT people of color face the double negative effects of systemic racism and the stigma attached to sexual orientation and gender identity. Information on the health needs of people of color is limited as a review of surveys of health needs of the



LGBT community found that 85% of the studies omitted information for race or ethnicity. However, a few studies have found much higher rates of poor health, morbidity, and mortality among LGBT Black and Latino individuals than their white counterparts, most likely due to low income, poor housing, and rates of health insurance half that of white individuals. There is almost no data on the special health needs of Asian and Pacific Islander and Native American LGBT people, but research on general communities of color has found that it is extremely difficult to maintain good health in environments rife with poverty, pollution, and violence.

LGBT youth are at high risk for poor health outcomes. A recent report from Mental Health America reported that only 37% of LGBT youth report being happy compared to 67% of non-LGBT youth. The Centers for Disease Control and Prevention (CDC) reports that 34% of LGBT youth were bullied at school, 28% were bullied electronically, and 18% had been forced to have sexual intercourse. In addition, 40% of all homeless youth are LGBT. Furthermore, there is little sex education that focuses on the needs of LGBT youth.

Older lesbians also have special health needs. Many neglected health needs for years because of negative experiences with health care providers, and with life-long earning much lower than men, they were more likely to be uninsured. The CDC reports that lesbians have higher rates of cancer, especially breast cancer, due to smoking, alcohol consumption, and obesity. In old age, lesbian couples have incomes 30 times lower than their male peers and nine percent live in poverty.

As transgender individuals become more open members of the LGBT community, their special health care needs are becoming more well known. Because of low incomes and unemployment rates double the national average, many transgender individuals lack health insurance. Even when insured, transgender individuals have great difficulty in finding culturally competent health providers and those with experience in hormone administration or sexual reassignment surgery. With such high levels of unemployment, one in eight transgender individuals work in the underground economy such as sex or drug work greatly increasing their risk for HIV, STDs, and violence.

### **Substance Misuse in the LGBT community**

The CDC reports that, when compared to the general population, gay and bisexual men, lesbians, and transgender individuals are more likely to use alcohol and drugs, have higher rates of substance misuse, and continue heavy drinking later in life. The American Addiction Center estimates that the rate of substance misuse is between 20 and 30 percent for LGBT individuals, as compared to 9 percent of the general population. Use of methamphetamines (meth) and amyl nitrates (poppers) is particularly prevalent as are drugs to treat erectile dysfunction, increasing the risk for HIV infection.

These findings are attributed to a wide range of factors related to discrimination and the negative experiences for individuals in a marginalized social group. Factors include homophobia, trauma from the coming out process, family rejection, personal struggles with body image, and violence due to their sexual orientation. In particular, reliance on



bars and clubs where drugs and alcohol are a significant focus of socialization often leads to peer pressure and heavy alcohol and drug use.

While LGBT individuals are at high risk to substance, there are major barriers to receiving effective treatment. Most substance abuse programs do not specialize in treating the unique social and psychological factors leading to increased substance abuse in the LGBT community and treatment staff are often not trained to be culturally competent in helping LGBT individuals. This forces most LGBT individuals to adjust to traditional treatment systems that do not include partners or address challenging family dynamics. Many forgo care altogether. Prevention, early intervention, and treatment programming tailored to and competent to serve LGBT individuals are sorely needed.

Based upon a review of recent studies, the following health issues as outlined in the table below have been identified for LGBT individuals:

POPULATION	PRIMARY HEALTH ISSUES
Lesbians	High rates of breast and cervical cancer; Low income; High rates of depression, anxiety, and substance misuse; Domestic violence; Obesity and lack of exercise
Gay Men	Depression, anxiety, and suicide; High rates of HIV and other STDs; Eating disorders and body image concerns; Substance misuse
Bisexual People	Mental health and suicide; Eating disorders and body image concerns; Substance misuse; Cancer; HIV and other STDs
Transgender Individuals	Cancer; Mental health; Substance misuse; Lack of health insurance; Lack of access to special health services including hormones and surgery; HIV and STDs; Low levels of employment and income; Inadequate housing; Lack of culturally competent providers; Violence
LGBT Youth	Bullying and violence prevention; Homelessness; Substance misuse; Low levels of formal education and job training; Inadequate disease prevention especially for HIV and other STDs; Lack of culturally appropriate sex education
LGBT Elders	Social isolation; Low income; Elder abuse, both physical and financial; Hiding sexual orientation from service providers; Need for health monitoring and maintenance
LGBT People of Color	Systemic racism; Stress leading to mental health issues; Very high rates of HIV and other STDs; Low income and unemployment; Poor housing; Very low rates of health insurance; Reduced access to health care and preventive health screenings

The Florida Health Justice Project has identified some unique challenges facing the LGBT community. Florida LGBT individuals experience higher rates of unemployment, food insecurity, and low income than their national LGBT counterparts and non-LGBT Floridians. Factors that create a complex array of challenges affecting Florida’s LGBT population include the following:

- More than 10% of LGBT Floridians were unemployed
- Nearly 30% were food insecure
- Nearly 30% earned less than \$24,000 annually



- More than 20% had no health insurance
- Minorities with special needs represent almost one-third of all LGBT individuals
- Over 30% are elderly with special needs

### **Impact of the COVID-19 pandemic on the LGBT community**

It should be noted that the health statistics presented above were collected before the COVID-19 pandemic, and conditions have worsened since. It has been well documented that the pandemic has had a hugely disproportionate impact on people of color and other marginalized communities. The LGBT community has been particularly vulnerable both to the virus itself and economic and social upheaval. A recent report from the Movement Advancement Project (MAP) highlighted these impacts.

In July and August 2020, NPR, The Robert Wood Johnson Foundation, and the Harvard T.H. Chan School of Public Health conducted a series of polls to examine the impact of COVID-19 on households in the United States, allowing respondents to identify as LGBT. The MAP report highlighted the poll's findings about the experiences of LGBT people and their households compared to non-LGBT respondents. LGBT people were more likely to experience job losses and economic challenges, have difficulty accessing health care, and struggle with social isolation.

The LGBT community's employment losses were severe because of COVID-19. In total, 64% of LGBT people reported that they or an adult in their household had employment loss compared to 45% of non-LGBT people. This is especially alarming considering higher rates of employment discrimination prior to COVID-19. LGBT people of color fared even worse with 71% reporting loss of employment. LGBT people who continued to work reported serious concerns about their safety at work likely due to high rates of employment in industries with extensive personal contact such as health care and retail. These concerns were raised by 47% of LGBT respondents compared to 28% of non-LGBT people.

The polls found that LGBT families were twice as likely as non-LGBT families to have very low income both before and during the pandemic as 22% of LGBT families reported incomes under \$15,000 compared to 11% of non-LGBT families and 62% had incomes below \$50,000 compared to 47% of non-LGBT respondents. Two-thirds of LGBT people reported at least one serious financial problem since the pandemic began, and these numbers rose to 95% for Black LGBT families and 70% for Latino families. Because of COVID-19, nearly 20% of LGBT families reported not getting enough food and 25% reported problems with heating or cooling their homes.

As noted in this report, many LGBT people have always experienced problems accessing health care. The COVID-19 pandemic has worsened these problems. The MAP report found that 13% of LGBT people lost health insurance compared to 6% of non-LGBT, leading 28% of LGBT households to report serious problems with affording health care, twice the rate of non-LGBT. In addition, 38% of LGBT respondents reported having to forgo or delay getting medical care for a serious health problem compared to 10% of non-



LGBT, and 25% of LGBT respondents reported they were unable to get prescription drugs. As with other negative impacts of the COVID-19 pandemic, LGBT people of color have the greatest health access problems. More than half (54%) of Black LGBT people reported they were unable to get medical care because of COVID-19.

LGBT respondents reported more problems coping with social and physical isolation compared to non-LGBT people, 44% compared to 23%. These results may be due to LGBT people being more likely than non-LGBT people to live alone or lack extended family networks. This is a particular problem for LGBT elders who are half as likely to have life partners or close family members to call for help and four times less likely to have children to provide care as non-LGBT elders.

## Suggested Interventions to Address LGBT Health Concerns in South Florida

The preceding brief review of the health needs of the South Florida LGBT community has been prepared for Our Fund to help agencies focus limited resources on the greatest areas of needs. It is a starting point upon which community leaders can build. Our Fund grants addressing health and wellness will use these identified needs to help focus its grantmaking. Agencies are encouraged to request support to meet these identified needs (and others that may have yet to be determined) through these recommended interventions.

### Health Promotion Factors

HEALTH CONCERN*	POPULATION AFFECTED*	INTERVENTIONS**
COVID-19 Impact  <i>(Food Insecurity, Financial Problems/Bill Paying, Medical Care Access, Remote Access - School/Work, Unemployment)</i>	All LGBT+ Individuals	Case management Employment assistance Nutrition services Transitional financial support
Emotional Distress / Stress	All LGBT+ Individuals particularly Transgender Individuals and Youth	Mental health screening Affirmative therapy Early and brief intervention Peer support Telehealth initiatives
HIV/STD	Gay Men and Transgender Individuals	Case management Pre-exposure prophylaxis Safe sex education and practices Testing
Homelessness	Youth	Case management Affordable housing and supportive services Housing first and supportive housing models ( <i>Evidence-based</i> ) Life coaching
Obesity	Lesbians	Health screening Nutrition coaching Whole Health Action Management Program ( <i>Evidence-based</i> )





Preventable Diseases / Cancer	Lesbians, Bisexual Individuals, and Transgender Individuals	Health and cancer screening Health navigators / health coaches Care Coordination & Transition Models ( <i>Evidence-based</i> ) Chronic Disease Self-Management Program ( <i>Evidence-based</i> ) Whole Health Action Management Program
Social Isolation	Particularly LGBT+ Elders	Outreach and risk identification initiatives Gatekeeper models Re-assurance telephone calls Remote programming
Substance Misuse	All LGBT+	Harm Reduction Motivational Interviewing Substance misuse screening ( <i>SBIRT - Evidence-based screening, brief intervention, and referral to treatment</i> )
Suicide	Gay Men, Transgender Individuals, and Youth	Suicide prevention screening Suicide prevention chat services Antibullying initiatives

**Note:** *\*Intensified among communities of color and with increased social determinants of health (poverty, poor housing, nutrition insecurity, health insurance/care access, social networks, coping & resilience)*

*\*\*LGBT+ Person-centered approaches, practitioner training, and health messaging are recommended in all areas*

## Additional Reading

1. US Department of Health and Human Services. Healthy People 2020.
2. LGBT Health Link. Historic inclusion of LGBT people in federal Healthy People, 2020 Health Policy Blueprint.
3. National Center for Health Statistics. National Health Interview Survey 2013; Sexual orientation and health among US adults.
4. US Substance Abuse and Mental Health Services Administration. Sexual orientation and estimates of adult substance abuse and mental health from the 2015 National Survey on Drug Use and Mental Health, October 2016.
5. Steele LS, Timmouth JM, Lu A. Family Practice 2006;23:631-6. Regular health care use by lesbians: A path analysis of predictive factors.
6. Mededge Pediatrics, January 2019, Homelessness among LGBT youth in the United States.
7. The National LGBT Health Education Center. The Fenway Institute, Boston.
8. American Psychological Association. Lesbian, Gay, Bisexual and Transgender Aging.
9. Florida Justice Project. Florida LGBT Health Care: Specific challenges and potential impact on Medicaid expansion, June 2019.
10. Centers for Disease Control and Prevention. Lesbian, gay, bisexual, and transgender health.
11. Mobilization Advancement Project. The Disproportionate Impacts of Covid-19 on LGBTQ Households in the US: results from a July/August 2020 national poll.