

Voices of Health 2018

Full Report

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Introduction

LGBTQ people experience health disparities because of stigma, discrimination, and a lack of understanding of LGBTQ health issues.¹ The Institute of Medicine's (IOM) landmark report "The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding" found that "most areas [of LGBT health] are lacking research altogether or require considerable additional work".² In addition to a lack of research, there is a lack of culturally competent medical professionals. In a study of 150 medical schools, medical students received a paltry 5 hours of LGBT-related training, on average.³

JustUs Health was formed in 2018 by the joining of Minnesota AIDS Project and Rainbow Health Initiative. Later that same year, the nationally recognized education curriculum of Training to Serve was added to JustUs Health's education programs.

JustUs Health continues to provide a full range of prevention, education, advocacy, and support services for people at risk of or affected by HIV, while incorporating the innovative research and education programs of Rainbow Health Initiative and Training to Serve.

Just Us Health envisions a Minnesota where people from diverse gender, sexual, and cultural communities experience health and wellness in powerfully inclusive environments. Our mission is to lead the work to achieve health equity for diverse gender, sexual, and cultural communities.

Voices of Health is an annual community-based survey on LGBTQ health in Minnesota that has been conducted annually since 2010. By making LGBTQ health visible, this report aims to inspire health professionals, community members, and policy makers to strive for statewide LGBTQ health equity.

Methods

In order to continue to understand trends in LGBTQ community health over time, the 2018 survey questionnaire was based primarily on the 2017 Voices of Health questionnaire.

JustUs Health worked with partner organizations throughout the state to publicize the survey and send out links to their communities. The survey was also shared on social media and

¹ Lambda Legal. (2010) When health care isn't caring: Lambda Legal's survey on discrimination against LGBT people and people living with HIV. New York: Lambda Legal.

² IOM (Institute of Medicine). (2011). The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding. Washington, DC: The National Academies Press.

³ Lim, F., & Bernstein, I. (2012). Promoting awareness of LGBT issues in aging in a baccalaureate nursing program. *Nursing Education Program*, 33(3), 170-175.

promoted at Pride events across the state. Participants were able to enter drawings for gift cards if they completed the survey. In order to boost completion rates, participants who completed the survey were able to view a page with a secret image, then send an email with a description of the image in order to enter the drawing. This ensured participants that their contact information was separate from their survey data.

The data from Survey Monkey was downloaded, cleaned, and checked for duplicates before being analyzed.

Demographics

A total of 1,526 surveys were captured in Survey Monkey, however not all the respondents completed their surveys. Additionally, some surveys were completed by straight and cisgender people. These were dropped from the final data set, leaving 1,222 complete surveys by LGBTQ people living in Minnesota.

Sexual Orientation

Respondents were asked to select what best described their sexual orientation from the options provided, or to write in something else. 18% of respondents identified as lesbian, 19% identified as bisexual, 16% identified as queer, 32% identified as gay, and 8% identified as pansexual. An additional 4% identified as asexual, 2% identified as something else and wrote in their sexual orientation, and 1% identified as straight.

Gender

29% of LGBTQ respondents identified as transgender and 70% identified as cisgender. Cisgender means their current gender matches their sex assigned at birth.

Overall, 38% of respondents are cisgender women and 4% are trans women. 33% of respondents are cisgender men, and 8% are trans men. 17% of respondents are non-binary, genderqueer, gender non-conforming, or genderfluid. 1% of respondents chose not to respond to the question about gender.

Intersex

2% of respondents report they have been diagnosed with a medically-recognized intersex condition.

Race and Ethnicity

Respondents were asked "what best describes you (check all that apply)" with a list of possible responses, including a write in option.

Overall, 3% of respondents are black, 2.5% are Latinx⁴ or Hispanic, 1% are Native American, 2.4% are Asian or Pacific Islander, .3% are Arab or Middle Eastern, and 6.1% identified as mixed race or checked two or more racial/ethnic categories. 83% of respondents are white. 2% chose not to respond to the question about race and ethnicity.

Location

Of LGBTQ respondents who chose to provide their zip code, 32% live in the Twin Cities Metropolitan Area. 10% live in cities outside of the Twin Cities Metro Area (Duluth, Moorhead, Mankato, Rochester, and St. Cloud), while 59% live in small towns.

Age

At the time of the survey, 28% of respondents were 18-24, 52% of respondents were 25-49, 11% of respondents were 50-59, and 9% of respondents were 60 or older.

Education

As in previous years, LGBTQ respondents generally reported high levels of post-secondary education. Of all LGBTQ respondents 25 and up, only 7% reported having a high school diploma or less as their highest level of education completed. 16% reported some college being their high level of education. 64% reported having a college degree or more. 6% held a trade or technical associate's degree. 8% chose to not report information on educational attainment.

While rates of reporting some college or an associate's degree were comparable between LGBTQ people of color and white respondents, LGBTQ people of color were slightly more likely (11%) to have a high school diploma or less than white LGBTQ people (6%). White LGBTQ people (65%) did report slightly higher rates of earning a college degree or higher than LGBTQ people of color (62%).

Transgender respondents (12%) were almost three times as likely as cisgender respondents (5%) to report high school or less being their highest level of education. 66% of cisgender respondents had college degrees or more, compared to 60% of transgender respondents.

Employment and Income

Employment

Respondents were asked whether or not they were currently employed, and if so if they were employed full time or part time. 20% of all respondents said they were not employed. 52% of respondents said they were employed full time, and 20% said they were employed part time. 8% of respondents chose not to share their employment status.

⁴ <https://www.merriam-webster.com/words-at-play/word-history-latinx>

Looking just at respondents age 25-59, only 15% were unemployed. 67% were employed full time, and 11% were employed part-time. 7% chose not to share information about their employment status.

Employment by Race/Ethnicity

	Black	White	Hispanic/Latinx	Asian - Pacific Islander	Multiracial
Not employed	38%	20%	23%	10%	14%
Employed full time	27%	54%	40%	52%	43%
Employed part time	27%	18%	33%	24%	36%
No response	8%	8%	3%	14%	7%

*The number of Native American and Arab-Middle Eastern respondents was too low to report employment percentages as an accurate reflection of the community

Individual Income

Respondents were also asked to enter their individual annual income before taxes. This measure doesn't capture multiple-earner households, or account for household size. Respondents were more reticent to offer income information, with 18% of respondents choosing not to respond to the income question. The median individual wage for LGBTQ respondents was \$30,000. In Minnesota, the per capita income is \$34,712 and the median household income is \$65,699.⁵

As the tables below indicates, as LGBTQ respondents exit young adulthood the distribution of individual income shifts, with LGBTQ respondents moving into holding more consistent positions with higher pay.

⁵ US Census Bureau. QuickFacts tool. Retrieved from <https://www.census.gov/quickfacts/fact/table/mn> April 2019.

Income by Age

	LGBTQ 25 and up	LGBTQ 18-24
\$0-\$14,999	13%	50%
\$15,00-\$24,999	13%	26%
\$25,000-\$34,999	13%	12%
\$35,000-\$49,999	20%	7%
\$50,000-\$79,999	27%	4%
\$80,000+	15%	<1%

Bisexual (51%), queer (44%), pansexual (65%), and asexual (58%) respondents reported individual incomes of \$25,000 or less more frequently than lesbian (35%) or gay (31%) respondents.

30% of cisgender men reported an individual income of \$25,000 or less, compared to 41% of cisgender women, 58% of transgender men, 47% of transgender women, and 57% of non-binary/ genderqueer/ gender non-conforming respondents.

Overall, LGBTQ people of color (58%) report incomes of \$25,000 or less more frequently than white LGBTQ people (40%). Further breaking out LGBTQ respondents by race and ethnicity shows how LGBTQ Black, Hispanic/Latinx, Asian- Pacific Islander, White, and Multiracial respondents have differing experiences.

Income by Race/Ethnicity

	Income greater than \$25,000	Income \$25,000 or less
Black	32%	68%
Hispanic/Latinx	35%	65%
Asian-Pacific Islander	60%	40%
White	61%	39%
Multiracial	46%	54%

Findings

Food Security

Food security in the past 12 months is measured by whether or not the respondent skipped meals, ate less than they felt they should, or didn't eat because there wasn't enough money for food. If the respondent reported one or more of these occurrences, they are considered to have experienced food insecurity.

Overall, 35% of LGBTQ respondents experienced some form of food insecurity in the past 12 months.

Experiences of Food Insecurity for all LGBTQ respondents

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?	30%
Did you ever eat less than you felt you should because there wasn't enough money for food?	33%
Were you ever hungry but didn't eat because there wasn't enough money for food?	28%

LGBTQ people of color experienced food insecurity (46%) at higher rates than white LGBTQ people (33%). Black respondents (54%) experienced the highest rates of food insecurity, followed by Latinx/Hispanic (47%) respondents. Respondents who identified as multiracial or checked multiple options to describe their race/ethnicity (42%) and Asian-Pacific Islander respondents (41%) both had similar rates of food insecurity, still at higher rates than white respondents.

As could be expected, completing a college degree or higher was correlated with experiencing food security. 25% of LGBTQ respondents with a college degree or higher experienced food insecurity, compared to the 50% of LGBTQ people with a high school degree or lower, some college, or a trade/technical school 2 year degree who experienced food insecurity.

The following table illustrates how LGBTQ people who identified as something other than lesbian or gay experienced food insecurity at much higher rates. Transgender people also experienced higher rates of food insecurity than their cisgender peers.

Experiences of Food Insecurity by Sexual Orientation and Gender Identity

Lesbian	26%	Cisgender Women	31%
Gay	28%	Cisgender Men	28%
Bisexual	38%	Transgender Women	46%
Queer	43%	Transgender Men	47%
Pansexual	47%	Non-binary	48%
Asexual	50%		

LGBTQ respondents were less likely to report food insecurity as they aged, however regardless of age gay and lesbian and cisgender respondents experienced food insecurity less frequently. Overall, 45% of LGBTQ people 18-24 experienced food insecurity. 32% of 25-

49-year olds experienced food insecurity. 23% of 50-59-year-old reported food insecurity, and 25% of LGBTQ people age 60 and up experienced food insecurity.

Tobacco and E-Cigarette Use

40% of LGBTQ respondents are “ever smokers” (have smoked 100 cigarettes or more in their lifetime), and 15% of all LGBTQ respondents are current smokers. Of the 40% of LGBTQ people who have ever smoked, 62% have quit smoking.

There were no differences in rates of smoking between LGBTQ people living in urban or rural areas.

Cigarette Use by Sexual Orientation

	Lesbian	Gay	Bisexual	Queer	Pansexual	Asexual
Never smoked	63%	55%	64%	53%	62%	88%
Former smoker	25%	28%	20%	27%	22%	8%
Current smoker	12%	17%	16%	20%	16%	4%

17% of transgender respondents are current smokers, and 14% of cisgender respondents are current smokers. 62% of cisgender respondents have never smoked, compared to 57% of transgender respondents. 26% of transgender respondents and 24% of cisgender respondents have quit smoking. Transgender men report the highest rates of ever smoking, and also the highest rates of quitting.

Cigarette Use by Gender

	Cisgender Women	Cisgender Men	Transgender Women	Transgender Men	Non-binary/ genderqueer/ gender non-conforming
Never smoked	68%	54%	54%	51%	61%
Former smoker	19%	30%	26%	34%	22%
Current smoker	13%	16%	20%	15%	17%

15% of white LGBTQ people and 15% LGBTQ people of color are current smokers. 60% of white LGBTQ and 65% LGBTQ people of color have never smoked, and 25% of white LGBTQ

people and 20% of LGBTQ people of color are former smokers. However, when people of color are disaggregated out differences in rates of current smoking emerge.

Cigarette Use by Race/Ethnicity

	Black	White	Hispanic/Latinx	Asian - Pacific Islander	Multiracial
Never smoked	59%	59%	73%	59%	65%
Former smoker	19%	25%	17%	21%	24%
Current smoker	22%	15%	10%	21%	11%

Younger LGBTQ respondents are more likely to report never smoking. In part, this demonstrates how tobacco prevention policies, like the Clean Indoor Air Act, restricting the sale of flavored tobacco products to 18+ shops, have reduced the percentage of people ever smoking.

Cigarette Use by Age Category

	18-24	25-49	50-59	60+
Never smoked	76%	57%	50%	40%
Former smoker	10%	27%	33%	51%
Current smoker	15%	16%	17%	10%

34% of LGBTQ respondents reported having ever used an e-cigarette/vaping, and 13% had used an e-cigarette/vaped in the past 30 days.

Vaping is more common in younger LGBTQ people. Almost half of LGBTQ respondents age 18-24 (49%) have ever used an e-cigarette, and 19% have vaped in the past 30 days. This is similar to the 21.9% 18-24 year olds in the general population who have vaped in the past 30 days.⁶

E-cigarette Use by Age

	18-24	25-49	50-59	60+
Ever used e-cigarette	49%	32%	15%	9%
Used e-cigarette in the past 30 days	19%	12%	4%	3%

⁶ ClearWay Minnesota. 2018 Minnesota Adult Tobacco Survey. Retrieved from <http://clearwaymn.org/2018-minnesota-adult-tobacco-survey-mats/>

Bisexual, pansexual, and queer respondents report both ever using and using an e-cigarette in the past 30 days at higher rates than gay and lesbian respondents.

E-cigarette Use by Sexual Orientation

	Lesbian	Gay	Bisexual	Queer	Pansexual	Asexual
Ever used e-cigarette	22%	30%	38%	42%	57%	17%
Used e-cigarette in the past 30 days	11%	11%	18%	14%	22%	2%

Transgender men and non-binary/genderqueer/gender non-conforming respondents were more likely to report ever trying e-cigarettes, and transgender men and cisgender women reported higher rates of using e-cigarettes in the past 30 days.

E-cigarette Use by Gender

	Cisgender Women	Cisgender Men	Transgender Women	Transgender Men	Non-binary/genderqueer/gender non-conforming
Ever used e-cigarette	30%	32%	36%	43%	43%
Used e-cigarette in the past 30 days	14%	12%	8%	14%	13%

While more LGBTQ people of color (40%) than white LGBTQ people (33%) reported ever using an e-cigarette, 12% of LGBTQ people of color and 13% of white LGBTQ people used an e-cigarette in the past 30 days.

Asian-Pacific Islander and multiracial LGBTQ respondents reported ever trying e-cigarettes at higher rates than other LGBTQ respondents. Multiracial LGBTQ respondents were most likely to report using an e-cigarette in the past 30 days.

E-cigarette Use by Race/Ethnicity

	Black	White	Hispanic/Latinx	Asian - Pacific Islander	Multiracial
Ever used e-cigarette	32%	33%	37%	45%	45%
Used e-cigarette in the past 30 days	11%	13%	13%	10%	15%

Health-Related Quality of Life

Health-related quality of life is measured by a set of four questions developed by the CDC that examine an individual's perceived physical and mental health over time.⁷ These questions help assess the burden of physical and mental health problems that aren't disease-specific.

When asked about their general health 6% of LGBTQ people rated their general health as excellent, 35% rated their health as very good, and 37% rated their health as good. 18% rated their health as fair and 3% rated their health as poor. In the general population, 19% of all Minnesotans rated their health as excellent, 36% rated their health as very good, 32% rated their health as good, 10% rated their health as fair, and 3% rated their health as poor.⁸

17% of lesbian respondents, 18% of gay respondents, and 18% of bisexual respondents reported their health as poor or fair, compared to 24% of queer respondents, 35% of pansexual respondents, and 38% of asexual respondents.

21% of White respondents, 23% of Hispanic/Latinx respondents, and 16% of multiracial respondents reported poor or fair health, compared to 27% of Black respondents and 31% of Asian-Pacific Islander respondents.

Only 17% of cisgender men and women and 18% of transgender women reported their health as poor or fair, compared to 29% of transgender men and 30% of non-binary/genderqueer/gender non-conforming respondents.

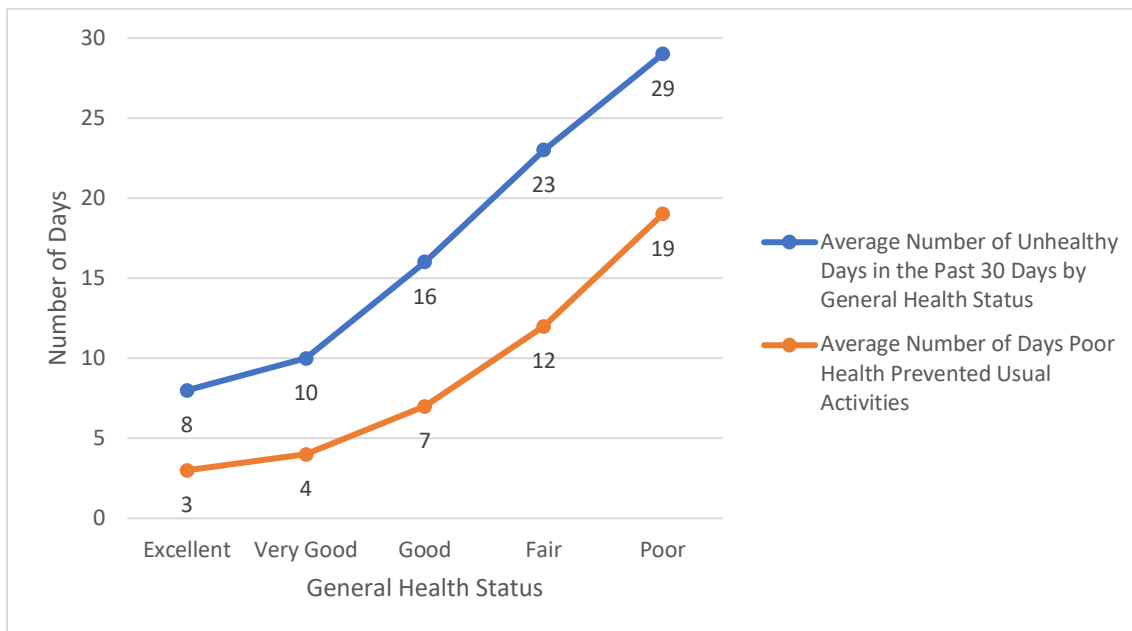
LGBTQ respondents were also asked about how many bad mental health and/or bad physical health days they experienced in the past 30 days. Combining bad mental and

⁷ Centers for Disease Control and Prevention. Health-Related Quality of Life (HRQOL). Retrieved from <https://www.cdc.gov/hrqol/index.htm> in April 2019

⁸ Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [2017].

physical health days together identifies how many unhealthy days a respondent experienced in the past month. Respondents were also asked how many days in the past 30 days their poor health kept them from their usual activities.

This chart shows how the average number of unhealthy days and days where poor health prevents respondents from their usual activities changes between people who ranked their health as excellent, very good, good, fair, or poor. For example, respondents who rated their health as very good still reported experiencing an average of 10 unhealthy days in the past month, and that their poor health prevented them from their usual activities an average of 4 days a month.



Homelessness

2% of respondents were homeless at the time they took the survey. 29% of LGBTQ respondents had experienced homelessness at least once in their life. Homelessness in this survey includes couch surfing or living out of a car.

26% of White LGBTQ respondents had ever experienced homelessness, compared to 51% of Black respondents, 37% of Hispanic/Latinx respondents, 42% of Asian-Pacific Islander respondents, and 38% of Multiracial respondents.

Lesbian (23%) and gay (23%) respondents reported lower rates of ever experiencing homelessness than bisexual (28%), queer (39%), pansexual (38%), and asexual (35%) respondents.

Cisgender women (23%) and cisgender men (24%) also reported lower rates of homelessness than transgender women (50%), transgender men (43%), and non-binary/genderqueer/gender non-conforming respondents (36%).

Rural respondents (30%) reported slightly higher rates of ever experiencing homelessness than urban respondents (27%).

Unwanted Physical Sexual Activity

60% of LGBTQ respondents have experienced unwanted physical sexual activity in their lifetime. Research in sexual assault shows that survivors often don't label sexual assault as sexual assault, so we've chosen to ask about unwanted physical sexual activity.

Lesbian (58%), bisexual (70%), queer (77%), and pansexual (69%) respondents reported higher rates of unwanted physical sexual activity than gay (48%) and asexual (50%) respondents.

50% of cisgender men, 65% of cisgender women, 58% of transgender men, 64% of transgender women, and 71% of non-binary/genderqueer/gender non-conforming respondents have experienced unwanted physical sexual activity.

59% of White respondents and 57% of Multiracial respondents experienced unwanted physical sexual activity, compared to 76% of Black respondents, 77% of Hispanic/Latinx respondents, 69% of Asian-Pacific Islander respondents.

Urban and rural respondents have experienced similar rates of unwanted physical sexual activity.

Physical Assault

49% of LGBTQ respondents have experienced physical assault in their lifetime.

46% of lesbian respondents and 42% of gay respondents have experienced physical assault. Bisexual (54%), queer (55%), pansexual (61%), and asexual (52%) respondents have experienced physical assault at higher rates.

43% of cisgender men and 49% of cisgender women have experienced physical assault compared to 60% of transgender women, 58% of transgender men, and 54% of non-binary/genderqueer/gender non-conforming respondents.

62% of LGBTQ respondents age 60 and up have experienced physical assault. 55% of respondents 50-59, 48% of respondents 25-49, and 42% of respondents 18-24 have experienced physical assault.

47% of White LGBTQ respondents have experienced physical assault, compared to 59% of Black respondents, 73% of Hispanic/Latinx respondents, 52% of Asian-Pacific Islander respondents, and 54% of Multiracial respondents.

HIV and PrEP

70% of all LGBTQ respondents have ever been tested for HIV. 8% of all LGBTQ respondents have had a doctor tell them they are HIV positive. Of respondents who have been told they are HIV positive, 94% have received treatment for HIV.

67% of all LGBTQ respondents are familiar with PrEP. 6% of all LGBTQ respondents are currently taking PrEP.

HIV Testing by Demographics

88% of gay respondents, 54% of lesbian respondents, 63% of bisexual respondents, 74% of queer respondents, 69% of pansexual respondents, and 35% of asexual respondents have ever been tested for HIV.

87% of cisgender men, 59% of cisgender women, 72% of transgender men, 72% of transgender women, and 61% of non-binary/genderqueer/gender non-conforming respondents have ever been tested for HIV.

68% of Black respondents, 80% of Hispanic/Latinx respondents, 69% of Asian-Pacific Islander respondents, 64% of Multiracial respondents, and 71% of White respondents have ever been tested for HIV.

75% of respondents who live outside of a larger city have ever been tested for HIV, compared to 68% of respondents who live in urban areas.

PrEP Knowledge by Demographics

87% of gay respondents and 76% of queer respondents are familiar with PrEP, compared to 50% of lesbian respondents, 48% of bisexual respondents, 54% of pansexual respondents, and 48% of asexual respondents.

66% of White respondents and 68% of Black respondents are familiar with PrEP, compared to 60% of Hispanic/Latinx respondents, 59% of Asian-Pacific Islander respondents, and 62% of Multiracial respondents.

85% of cisgender men and 73% of transgender men are familiar with PrEP, compared to 50% of cisgender women, 60% of transgender women, and 63% of non-binary/genderqueer/gender non-conforming respondents.

71% of respondents living outside of a larger city are familiar with PrEP, compared to 64% of respondents who live in urban areas.

Mental Health

3 in 4 LGBTQ respondents were experiencing moderate to severe mental distress at the time of the survey. 46% were experiencing moderate mental distress and 29% were experiencing severe mental distress at the time of the survey. 25% were experiencing no mental distress or mild mental distress at the time of the survey.

Mental distress is measured by the Kessler 6 scale, developed with support from the National Center for Health Statistics.⁹ The scale was designed to help identify between cases and non-cases of serious mental illness.

Mental Distress by Sexual Orientation

	Lesbian	Gay	Bisexual	Queer	Pansexual	Asexual
No or mild mental distress	30%	36%	19%	14%	9%	8%
Moderate mental distress	48%	45%	46%	52%	38%	50%
Severe mental distress	21%	19%	34%	34%	53%	42%

⁹ Kessler, R.C., Barker, P.R., Colpe, L.J., Epstein, J.F., Gfroerer, J.C., Hiripi, E., Howes, M.J, Normand, S-L.T., Manderscheid, R.W., Walters, E.E., Zaslavsky, A.M. (2003). Screening for serious mental illness in the general population Archives of General Psychiatry. 60(2), 184-189.

Mental Distress by Gender

	Cisgender Women	Cisgender Men	Transgender Women	Transgender Men	Non-binary/ genderqueer/ gender non-conforming
No or mild mental distress	24%	37%	18	11%	9%
Moderate mental distress	48%	45%	48%	43%	50%
Severe mental distress	28%	18%	34%	46%	42%

Mental Distress by Race/Ethnicity

	Black	White	Hispanic/Latinx	Asian - Pacific Islander	Multiracial
No or mild mental distress	27%	26%	10%	21%	16%
Moderate mental distress	38%	47%	43%	38%	51%
Severe mental distress	35%	27%	47%	41%	32%

28% of rural respondents reported no or mild mental distress, compared to 22% of urban respondents. 45% of urban respondents and 47% of rural respondents reported moderate mental distress. 25% of rural respondents reported severe mental distress, compared to 33% of urban respondents.

Income is correlated with experiencing no or mild mental distress and with experiencing severe mental distress, the higher individual income someone has the less likely they are to report severe mental distress and the more likely they are to report no to mild mental distress.

Mental Distress by Income

	\$0- \$14,999	\$15,000- \$24,999	\$25,000- \$34,999	\$35,000- \$49,999	\$50,000- \$79,999	\$80,000+
No or mild mental distress	14%	15%	16%	22%	36%	51%
Moderate mental distress	38%	51%	50%	57%	50%	38%
Severe mental distress	49%	34%	34%	22%	13%	11%

Accessing Health Care

Only 37% of all LGBTQ respondents reported seeing a doctor or healthcare provider in the past year.

74% of LGBTQ respondents reported having a primary care provider or one place they go for routine care.

Health Insurance

9% of LGBTQ respondents didn't have health insurance. In comparison, roughly 6% of the general population of Minnesota is uninsured.¹⁰

63% of all LGBTQ respondents had insurance through their employer or someone else's employer. 10% had Medicare, Medicaid, Medical Assistance, or MinnesotaCare and 1% were on a military insurance plan. 2% had student insurance and 15% had purchased a plan through MNsure.

There were no substantive differences in rates of insurance between geographic location. 94% of lesbian respondents, 92% of gay respondents, and 94% of queer respondents had health insurance. Only 90% of bisexual respondents, 87% of pansexual respondents, and 81% of asexual respondents had health insurance.

93% of cisgender men and 90% of cisgender women had health insurance. 88% of transgender men and 92% of transgender women had health insurance. 91% of non-binary/genderqueer/gender non-conforming respondents had health insurance.

¹⁰ Minnesota Health Access Survey. 2017. Retrieved from <https://www.health.state.mn.us/data/economics/hasurvey/index.html>

There were also differences by race and ethnicity. 92% of White respondents and 92% of Multiracial respondents had health insurance, compared to 70% of Black respondents, 73% of Hispanic/Latinx respondents, and 86% of Asian - Pacific Islander respondents.

54% of all LGBTQ respondents said that cost was a barrier to accessing health care, whether or not they had health insurance.

Distance to Care

LGBTQ people with a primary care provider travel an average of 8 miles to their provider’s office. The median distance travelled is 5 miles, though participants ranged from less than a mile to traveling 98 miles to a primary care provider. Surprisingly, residents in urban areas travel an average of 10 miles to their provider, compared to the 7 miles residents outside of rural areas travel.

On average, it takes LGBTQ people 19 minutes to get to their provider’s office. The median time is 15 minutes, but participants reported travelling as many as 3 hours to reach their primary care provider.

Out to Doctor

Of all LGBTQ respondents with a primary care provider, 67% say they are out to their care provider as LGBTQ. 18% say they are not out to their doctor. 9% say they are somewhat out and 46% are unsure if they are out to their provider.

Gay and lesbian respondents with primary care providers were more likely to be out to their provider than other respondents. Bisexual, queer, pansexual, and asexual respondents were more likely to report being somewhat out to their providers. Bisexual respondents were the most likely to report being unsure if they were out to their primary care provider.

Out to Doctor by Sexual Orientation

	Lesbian	Gay	Bisexual	Queer	Pansexual	Asexual
Yes	81%	83%	41%	66%	37%	30%
No	9%	8%	36%	13%	43%	45%
Somewhat	6%	4%	11%	18%	10%	21%
Don't Know/ Unsure	1%	3%	10%	2%	7%	3%
No response	3%	2%	2%	1%	1%	0%

Cisgender women and non-binary/genderqueer/gender non-conforming respondents reported being out to their primary care providers at much lower rates than cisgender men and transgender men and women.

Out to Doctor by Gender Identity

	Cisgender Women	Cisgender Men	Transgender Women	Transgender Men	Non-binary/genderqueer / gender non-conforming
Yes	82%	52%	82%	98%	49%
No	9%	28%	12%	3%	21%
Somewhat	3%	10%	3%	0%	25%
Don't Know/ Unsure	3%	7%	0%	0%	2%
No response	2%	2%	3%	0%	1%

Black respondents reported being out to their primary care provider less frequently than all other respondents. Asian or Pacific Islander respondents were out to their provider at higher rates than other respondents.

Out to Doctor by Race/Ethnicity

	Black	White	Hispanic/Latinx	Asian - Pacific Islander	Multiracial
Yes	38%	67%	72%	81%	60%
No	42%	17%	22%	13%	21%
Somewhat	8%	9%	6%	6%	15%
Don't Know/ Unsure	4%	4%	0%	0%	0%
No response	4%	2%	0%	0%	4%

Experiences of care

In the past 12 months, 10% of LGBTQ people had to teach their health care providers about LGBTQ people in order to get appropriate care. An additional 23% of LGBTQ respondents have needed to teach a provider previously in their life. Ideally, 1 in 3 LGBTQ people

wouldn't need to teach their providers in order to receive appropriate care. However, the fact that these providers are willing to learn is a good sign.

There weren't significant differences across race and ethnicity for LGBTQ people needing to teach their doctor about their sexual orientation or gender identity. Rural and urban respondents also experienced similar rates of needing to teach their provider about their identity.

Queer, pansexual, and asexual respondents reported needing to teach their provider in the past year more frequently than lesbian, gay, and bisexual respondents.

Teach Provider by Sexual Orientation

	Lesbian	Gay	Bisexual	Queer	Pansexual	Asexual
Yes, in the past 12 months	6%	4%	8%	21%	16%	17%
Yes, in my lifetime	26%	19%	14%	42%	16%	12%
No	62%	71%	72%	31%	61%	63%
No response	6%	6%	6%	6%	7%	8%

Transgender people reported needing to teach their provider about their identity more frequently than cisgender people, whether in the past year or their lifetime.

Teach Provider by Gender Identity

	Cisgender Women	Cisgender Men	Transgender Women	Transgender Men	Non-binary/genderqueer / gender non-conforming
Yes, in the past 12 months	3%	4%	26%	29%	22%
Yes, in my lifetime	21%	19%	35%	42%	24%
No	71%	68%	28%	32%	50%
No response	8%	6%	0%	8%	4%

1.5% of LGBTQ people had a provider refuse to treat them in the past 12 months because they were LGBTQ, and an additional 8% of LGBTQ people reported being denied treatment in their lifetime.

Queer (18%), pansexual (15%), and asexual (15%) respondents were more likely to have a provider refuse to treat them in their lifetime than gay (6%) and lesbian (7%) respondents.

Transgender respondents were much more likely to have had a provider refuse to treat them than cisgender respondents, both in the past year and over their lifetime.

Provider Refused to Treat by Gender Identity.

	Cisgender Women	Cisgender Men	Transgender Women	Transgender Men	Non-binary/genderqueer / gender non-conforming
Yes, in the past 12 months	1%	<0%	4%	2%	3%
Yes, in my lifetime	5%	5%	16%	22%	12%
No	87%	89%	67%	80%	81%
No response	8%	5%	0%	9%	3%

Asian - Pacific Islander respondents (17%) and Black respondents (14%) were more likely to report having a provider refuse to treat them in their lifetime because of their sexual orientation or gender identity than Hispanic/Latinx respondents (3%), Multiracial respondents (9%), and White respondents (9%).

There was no difference between rural and urban respondents having a provider refuse to treat them.

LGBTQ people who made \$25,000 or less were more likely to have a provider refuse to treat them. 3% of LGBTQ respondents who made \$25,000 or less had a provider refuse to treat

them in the past year, and an additional 10% had experienced a provider refusing to treat them previously in their lifetime. For LGBTQ respondents who made more than \$25,000, less than 1% had a provider refuse to treat them in the past year, and an additional 8% had a provider refuse to treat them previously in their lifetime.

5% of LGBTQ respondents have had a provider ask them unnecessary or invasive questions about their sexual orientation or gender identity unrelated to the purpose of their visit in the past 12 months, and an additional 21% have been asked such questions previously in their lifetime.

Queer, bisexual, and pansexual respondents were more likely to have provider ask them unnecessary and invasive questions than lesbian, gay, and asexual respondents in the past year. Queer respondents were also more likely to have had a provider ask them unnecessary or invasive questions previously in their lifetime.

Invasive Questions by Sexual Orientation

	Lesbian	Gay	Bisexual	Queer	Pansexual	Asexual
Yes, in the past 12 months	3%	3%	5%	9%	10%	4%
Yes, in my lifetime	21%	15%	18%	41%	16%	17%
No	70%	76%	72%	44%	67%	71%
No response	6%	6%	6%	6%	7%	8%

Transgender respondents were more likely than cisgender respondents to have providers ask them unnecessary or invasive questions, both in the past 12 months and previously in their lifetimes.

Invasive Questions by Gender Identity

	Cisgender Women	Cisgender Men	Transgender Women	Transgender Men	Non-binary/genderqueer / gender non-conforming
Yes, in the past 12 months	3%	4%	26%	29%	22%

Yes, in my lifetime	21%	19%	35%	42%	24%
No	71%	68%	28%	32%	50%
No response	8%	6%	0%	8%	4%

There was no difference in the rates of being asked invasive questions by providers between respondents making \$25,000 or more or less than \$25,000. Rural and LGBTQ respondents had similar rates of providers asking them unnecessary or invasive questions.

Black (35%) and Asian - Pacific Islander (35%) LGBTQ respondents reported higher rates of ever having providers ask unnecessary or invasive questions than White (26%), Hispanic/Latinx (20%), and Multiracial (18%) respondents.

In the past 12 months, 3% had a provider use harsh or abusive language when treating them. An additional 11% have experienced harsh or abusive language from a provider in their lifetime.

Rural and urban respondents experienced similar rates of abusive language from providers in the past year and in their lifetime.

Over their life time, Black respondents (30%) were much more likely to have had a provider use harsh or abusive language when treating them compared to White respondents (14%), Hispanic/Latinx respondents (13%), Asian - Pacific Islander respondents (14%), and Multiracial respondents (12%).

Queer respondents (25%) also reported more lifetime experiences of verbal harassment from providers than lesbian (12%), gay (9%), bisexual (15%), pansexual (16%), and asexual (17%) respondents.

Transgender respondents have experienced a provider using harsh or abusive language more frequently than cisgender respondents. 21% of transgender men, 24% of transgender women, and 24% of non-binary/genderqueer/gender non-conforming respondents have experienced abusive language from providers in their whole lifetime compared to 13% of cisgender women and 9% of cisgender men.

1% of LGBTQ respondents have had a provider be physically rough or abusive when treating them in the past 12 months. An additional 5% have experienced rough or abusive treatment from a health care provider in their lifetime.

11% of LGBTQ respondents have ever been verbally harassed in a health care setting. 2% have been physically attacked in a health care setting in their lifetime.