

# What we heard: LGBTQ Community Conversation

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# Agenda

- About Center for Health Equity
- The Community Conversation Process & Collaboration
- The Conversation Itself
- What we learned: Key themes and stories

# About CHE

- **MDH's mission** is protecting, maintaining and improving the health of all Minnesotans.
- **MDH's vision** is for health equity in Minnesota, where all communities are thriving and all people have what they need to be healthy.
- The **Center for Health Equity's mission** is to **CONNECT, STRENGTHEN & AMPLIFY** health equity efforts within MDH and across the state of MN.

# CHE Mission

The Center for Health Equity's mission is to **CONNECT, STRENGTHEN & AMPLIFY** health equity efforts within MDH and across the state of MN.

We are a **network hub**, leading, connecting and strengthening networks of health equity leaders and partners across MDH and Minnesota communities.



**CONNECT**

**STRENGTHEN**

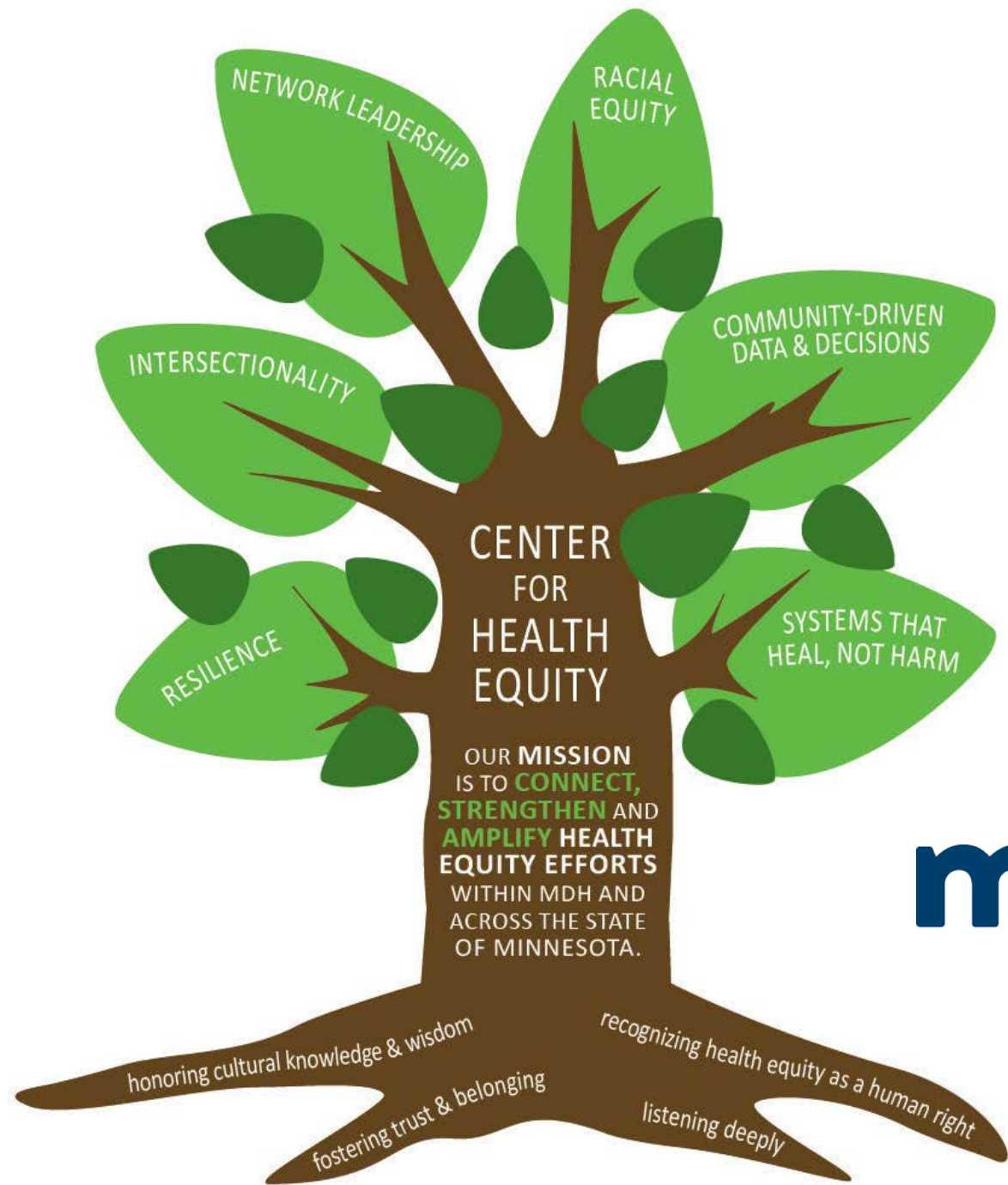
**AMPLIFY**



We provide **leadership in advancing health equity** and cultivate health equity leaders within MDH and across Minnesota communities.



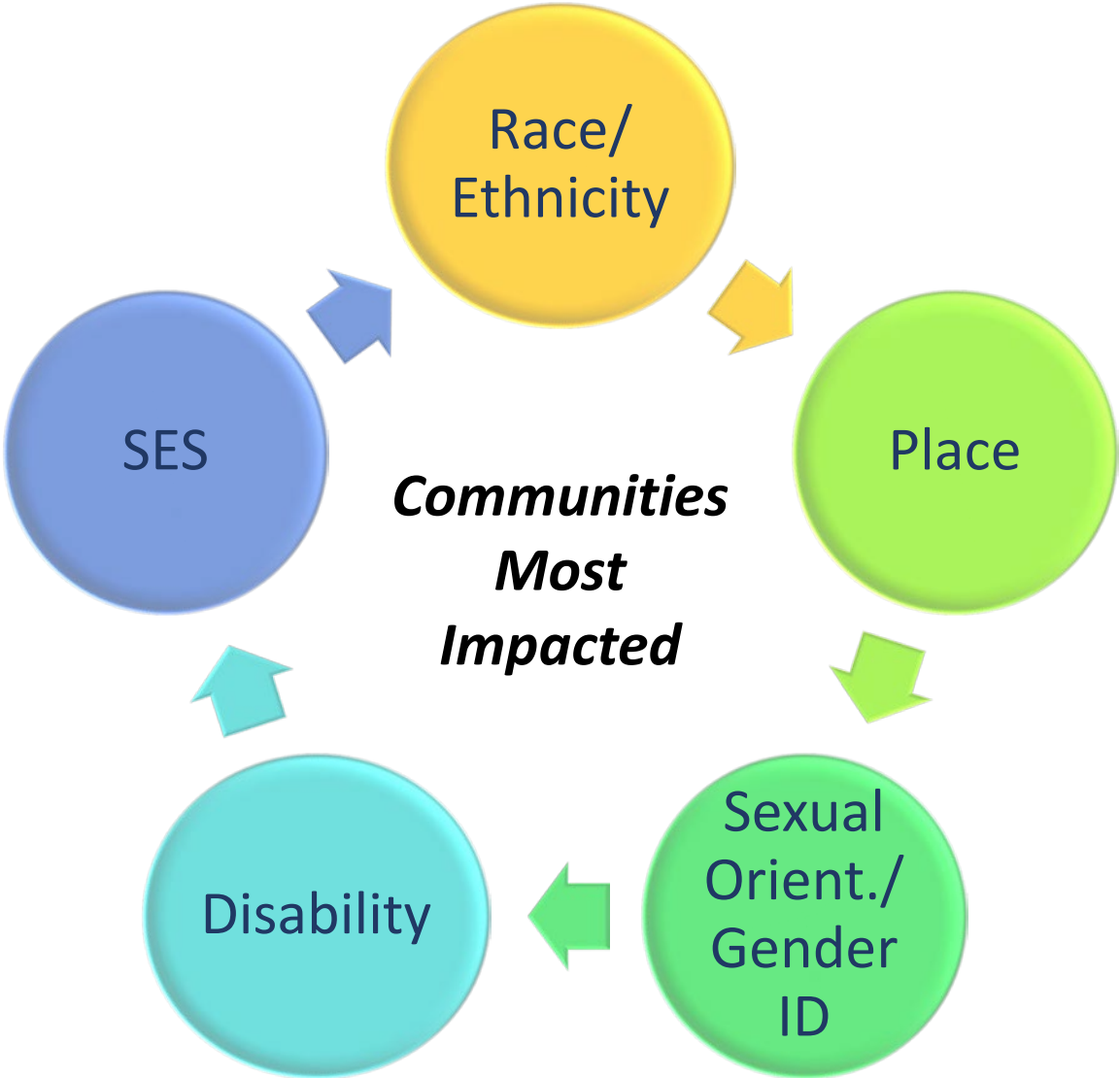
We **amplify the work of communities** most impacted by health inequities and support them to drive their own solutions.



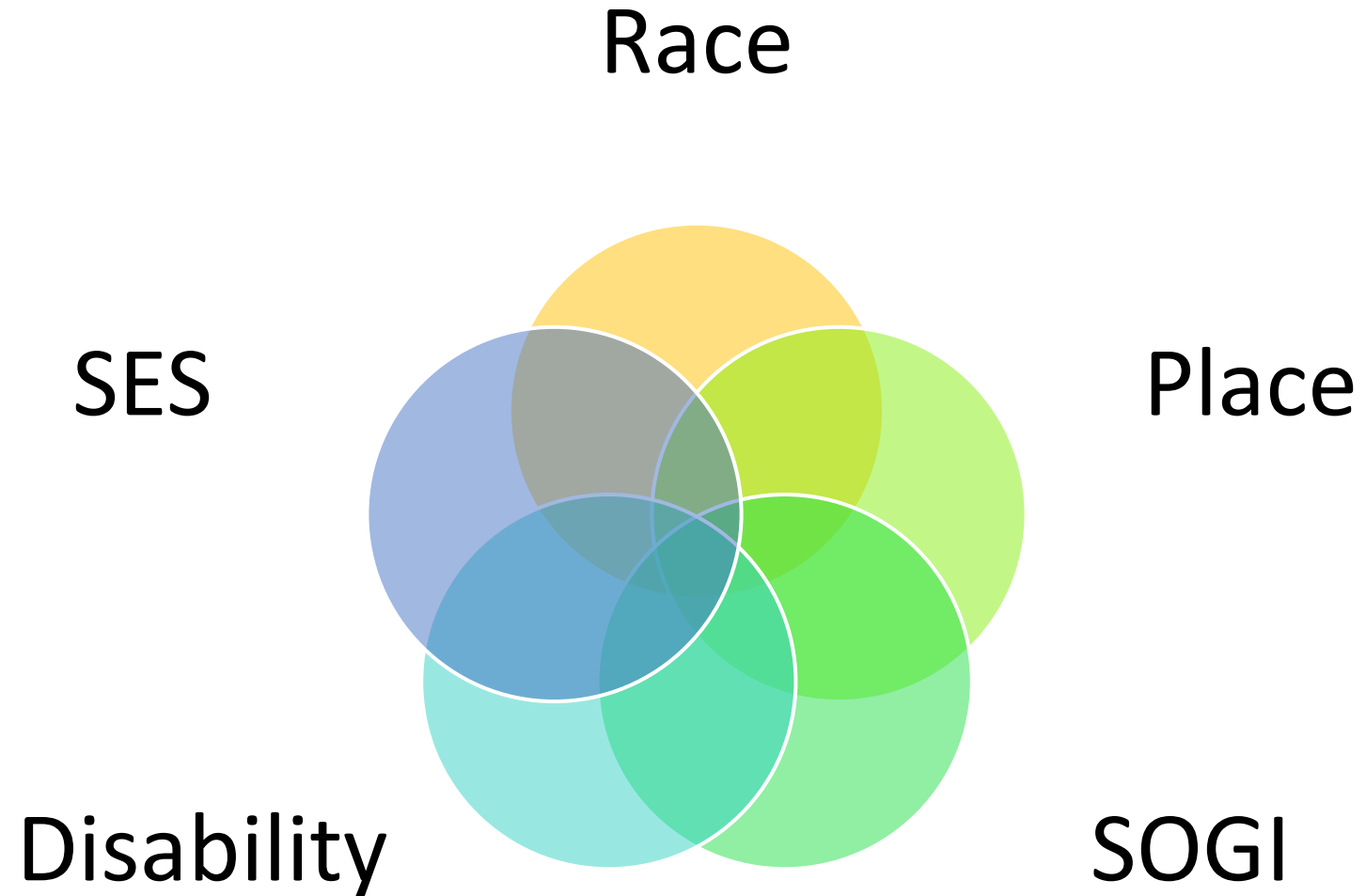
**mn** DEPARTMENT OF HEALTH  
CENTER FOR HEALTH EQUITY

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# Priority Populations



# Intersectionality



# Community Conversation Process

- JustUs Health approached CHE to collaborative co-host and explore what is happening in LGBTQ communities around health and health equity
- The two agencies planned the agenda together and brought together a diverse group of community members to engage in the conversation
- Purpose was to continue to inform how to best support LGBTQ communities and to build trust with CHE and MDH



# The Community Conversation

- World Café style discussion with tables set up around pre-selected topics, also allowing participants to create their own topics.
- Participants rotated through two rounds of conversations, using these two questions as a guide.
  - **What are important or salient issues that are impacting health for this community?**
  - **What are the conditions that are impacting those health issues?**

# The Community Conversation

- Table topics included Intersex Health, Transgender Health, Gay Health, Lesbian Health, LGBTQ People of Color and Indigenous Peoples Health, System Failure, and Aging LGBTQ Health.
- After having two rounds of conversations, the participants came together to identify and discuss the main themes that emerged.

# What we learned: BIPOC LGBTQ Health

- Challenges finding providers of color and programs that support BIPOC and providers who look like them
  - Competency; language; understanding where people are
  - Providers often have a difficult time bridging the gap if identities do not match
  - Need to know where to find competent providers
- Gatekeeping with providers is a huge problem for BIPOC LGBTQ people
- There are systemic barriers for BIPOC providers to become providers
  - Clinical hours
  - Paid internships
  - Respect
- Addiction, not talked about with Native LGBTQ/Two-Spirit community
- Lack of support groups or community conversations for cultural groups with family members who are LGBTQ

# What we learned: BIPOC LGBTQ Health

- Data: there are many systemic issues with data collection and accountability
  - Who holds the data about our communities? LGBTQ organizations should have it
  - Returning the data to communities
- Black folks don't see medical systems as a healing place.
  - Healing comes from family, home, community
- Grant systems prevent appropriate and authentic work and data to be done by communities of color
- Government funding doesn't ask communities what they need
- Including the community in next steps (improving engagement) and in sustained community engagement
- Public and state health departments must look like communities they serve
- Funding connected to competency and agency make up
  - So White agencies don't get funded to serve POC and LGB don't get funded to serve Trans when they don't have capacity or cultural competency to do so
  - Funding should go to BIPOC orgs to do the work

# What we learned: **Transgender Health**

- Food access for trans and gender nonconforming people
- Federal regulations (example: military ban) that impact mental health
- Kids coming out as trans/gender nonconforming at younger ages
  - Health systems not prepared/able to help them
  - Magnified impact for kids whose families aren't supportive
  - Schools can help or harm depending on how they approach trans/GNC students
- What is the capacity for HRT providers, counseling, support groups in Minnesota? Is there truly a scarcity?
  - Need to: Map out statewide where are providers for HRT and trans/GNC-friendly care? Where do we not have access?
- Frontline staff at clinics are part of patient experience are misgendering people

# What we learned: **Transgender Health**

- Electronic medical record doesn't necessarily support best practices around caring for transgender/gender nonconforming patients
- Aging-related issues with trans/GNC folks
  - HRT-related questions about best practice
  - Aging-related services and housing
- Insurance is an issue related to getting affirming providers covered and getting coverage in general
  - Billing staff need to be able to assist patients with getting services covered and coded correctly
  - Difficulty with coverage for puberty related treatments
- Problematic demographic checkboxes on forms

# What we learned: **Intersex Health**

- Concerns that children are subject to invasive, unnecessary, traumatic procedures without consent
- Concerns about ongoing care and aging as doctors lack expertise and need more training
- Concerns about Mental Health and access to resources and support
- Stigma is an enormous issue and we need to culturally address awareness around intersex issues in Minnesota
- Few resources in Minnesota, but communities are slowly growing a group and support systems
- Ways to Move Forward
  - Intersex folks need to be invited to the table to give input to processes
  - Legislation to ban medically unnecessary surgery on intersex infants
  - Need more conversations
  - Patient advocates in hospitals to guide families and intersex people
  - Families need culturally relevant support and support groups
  - “Nothing about us without us”

# What we learned: **Aging LGBTQ Health**

- Lack of info and misinformation in aging communities
- Shame and fear are more prevalent in the aging generation
- Identity often works differently in aging populations than in younger populations and who is queer is less clear
- Need for intergenerational support systems
- Elders need support to stay informed, around isolation and trauma, sexuality and aging, and to stay connected to community
- Lack of infrastructure to support elders such as long-term facilities and care centers, organizations, medical community, and some do not have family networks for support
- Many long-term care facilities do not understand HIV/AIDS



# What we learned: **Lesbian Health**

- Need to be addressing Intimate Partner Violence as it is often silenced
- Concerns about seeking health care because providers do not understand and accept, and often times need to be educated
  - Sexual health for women always starts with reproductive health, and there is a different type of shaming around promiscuity
- Higher rates of breast/cervical/ovarian cancer in lesbians, discovered later; obesity
- Non-heterosexual clients receive poor care and are reluctant to receive care
- Lack of data about WSW, Bisexual, Intersex, trans health
- WSW in mental health spaces
  - Practitioners do not know how to address unique experiences of WSW from the general LGBTQ+ body

# What we learned: **Gay Health**

- Navigating the insurance process
- Healthcare about profit
- Cumulative lifetime traumas
- Substance use
- Long-term medication use and doctors recognizing impacts
- Affordable housing

# What we learned: **Themes across conversation**

- Need for ongoing support – Participants in all discussion tables affirmed the need for ongoing support of LGBTQI people, programs, and organizations. While what support is needed or wanted varies and is shaped by sexual orientation and gender identity, race, class, location, age, and other social determinants of health, ongoing support
- Medical Provider Competency – Many conversations included the need for competent providers. Participants spoke about the impact of provider bias and assumptions on their health and wellness. Participants highlighted the need for competency across the health care system and not just medical doctors, from insurance, to front desk staff, to support services.

# What we learned: **Themes across conversation**

- Addressing intersectionality – The entwined impacts of racism, classism, ableism, and other social power structures on LGBTQ people and communities was a common thread. Participants articulated a clear need to be seen, heard, and accepted as their whole selves, not just their sexual orientation or gender identity. Health, wellness, and healing require addressing racism, classism, and ableism in addition to addressing homophobia and transphobia.
- Trauma and mental health – Participants discussed trauma and its impact on mental health play out across the life span. Participants spoke of both individual instances of trauma, and the cumulative impact of systems that don't work for LGBTQI people on health.

# What we learned: **Themes across conversation**

- Lack of research/data – While strides have been made in collecting better LGBTQ health information, there's still a huge lack of non-stigmatizing research and information on LGBTQ communities as a whole. Participants especially highlighted the lack of information on transgender aging, aging in general, lesbian specific health concerns, and the impact of racism on the health of LGBTQ people of color.
- Stigma/shame/fear – The impact of internalized and external stigma on health and wellness was also a commonly discussed theme at the tables. Stigma, shame, and fear were often mentioned when discussing avoiding or delaying accessing health, but also connected with employment and housing.

**What's next?!?**

**Thank you!**