



National Coalition for LGBT Health

NATIONAL HEADQUARTERS

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MEMBERS

Advocates for Youth
AIDS Action of Massachusetts
AIDS Institute
American Psychological Association-LGBT Concerns
Office
Atlanta Lesbian Health Initiative
BAGLY
BIENESTAR
Bisexual Resource Center
Boston Public Health Commission
Callen-Lorde Health Center
Cambridge Cares about AIDS
CenterLink
Chase Brexton Health Services
Chicago Department of Health
Community HIV/AIDS Mobilization Project
Compass, Inc.
Diverse & Resilient
Fenway Community Health Center
Gay and Gender Research
Gay and Lesbian Medical Association
Gay Men's Health Crisis
Hartford Gay & Lesbian Health Collective
Howard Brown Health Center
Human Rights Campaign
International Federation of Black Pride
JSI Research and Training Institute
L. A. Gay & Lesbian Center
Legacy Community Health Services
Lesbian Health and Research, UCSF
Lesbian, Gay Bisexual, Transgender and Intersex
Resources, UCSF, Center for Gender Equity
LGBT Cancer Network
LGBT Caucus of APHA
Long Island Lesbian Cancer Initiative (LILCI)
Lyon-Martin Health Services
Mass. Asian and Pacific Islanders for Health
Massachusetts Department of Public Health
Mazzoni Center
Metro Charities
Metro Health
Multnomah County Health Department
nbgmac
National Alliance of State and Territorial AIDS
Directors (NASTAD)
National Association of Lesbian & Gay Addiction
Professionals, Inc.
National Center for Transgender Equality
National Gay and Lesbian Task Force
National Youth Advocacy Coalition
New York LGBT Community Center
New York State Dept. of Health, AIDS Institute
OutHealth- A Program of Healthcare of Southeastern
Massachusetts
Philadelphia Health Department, AACO
Pride Center of WNY
Rainbow Access Initiative
Rainbow Heights Club
San Francisco Department of Public Health
Senior Action in Gay Environment Inc (SAGE)
St Cloud University
Stonewall Democrats
Tapestry Health
The AIDS Institute
The Mautner Project
The SafeGuards Project & LGBT Health Resource
Center
Transgender Law Center
UMSH-Comprehensive Gender Services Program
Verben
Whitman-Walker Clinic
Woodhull Freedom Foundation

All of the Above: LGBT People of Color

Lesbian, gay, bisexual, and transgender (LGBT) people of color are left vulnerable to cumulative negative health outcomes by a combination of persistent racism and the stigma attached to their sexual orientation and/or gender identity. The available studies are unambiguous about the disparities affecting the health of LGBT people of color: research indicates that Black and Latino LGBT people are more likely to be in poor health than both their heterosexual and non-transgender counterparts within communities of color and their White counterparts within the LGBT community.ⁱ

Asian and Pacific Islander American LGBT and Native American LGBT/Two-Spirit communities undoubtedly bear similarly disproportionate burdens, though there is a serious lack of research in this area. Factors contributing to these disparities include limited access to health care and insurance, lower average socioeconomic status, fear of experiencing bias from providers, a lack of provider competence in the particular health concerns of the LGBT community and different racial and ethnic groups, and the stress of managing multiple types of societal discrimination.^{ii iii} For example, a Black gay man faces disparities common to the African-American community as well as those suffered by the LGBT community, and a transgender Spanish-speaking woman, regardless of her sexual orientation, must navigate multiple instances of discrimination based on language, ethnicity, and gender.

The Importance of Data Collection

The full extent of the health disparities affecting LGBT people of color remains unknown. Federal, state, and local health surveys collect data on a range of demographic information, including age, sex, race, and socioeconomic status. These data sets determine funding and program priorities for efforts to address health disparities. Because the importance of LGBT data collection continues to go unrecognized, health surveys collecting data that can identify racial and ethnic disparities do not ask respondents about their sexual orientation and/or gender identity, while research exploring LGBT health disparities must often rely on anecdotal data and convenience samples. What little data can thus be collected cannot be fully representative of the experiences of LGBT people of color. The omission of sexual orientation and gender identity measures from surveys leaves LGBT people, particularly people of color, with a serious lack of tools to assess and improve their health.

Health Disparities Affecting LGBT People of Color

A lack of access to high-quality health care delivered by competent providers is a major factor in the poorer health status of many LGBT people of color, and the primary obstacle to care is a lack of access to insurance coverage. The ratio of uninsured gay and lesbian adults to heterosexuals in America is estimated at 2 to 1.^{iv} For LGBT people of color, discriminatory hiring and firing practices based on race, sexual orientation, and/or gender identity regularly prevent them from enjoying the protection of steady employment and employer-provided health insurance. In a recent study of 1,000 men, for example, 64 percent of Latino gay and bisexual men had some college education or more, but more than a quarter of them were

unemployed.^v For transgender people, who enjoy few legal protections from workplace discrimination and whose healthcare needs are often explicitly denied coverage by insurance companies, accessing and retaining health insurance coverage can be almost impossible. A recent survey found that almost 50 percent of predominantly Black transgender people in the Washington, D.C. area were without health insurance.^{vi} Moreover, the lack of government recognition of same-sex relationships and alternate family configurations denies same-sex partners and other family members access to benefits that are extended to heterosexual married couples and their families.

Even when LGBT people of color are able secure insurance coverage, barriers to health care remain. Fear of bias and mistreatment from health care providers plays a significant role in preventing LGBT people from seeking care in a timely manner.^{vii} Reluctance to seek care compounds the seriousness of conditions such as heart disease and diabetes and worsens the prognosis for diseases such as cancer. In one study, lesbians were found to have had their first Pap test at an older age, to have had fewer Pap tests in the previous five years, and to report a longer interval between their two most recent Pap tests than heterosexual women.^{viii} Elevated rates of smoking and obesity in the LGBT community also take a high toll: LGBT people smoke at rates of up to 200 percent of the general population and are thus disproportionately at risk for several kinds of cancer.^{ix} Native American communities in particular are heavily impacted by tobacco use.^x Black and Latina lesbian and bisexual women were much more likely to be overweight than their heterosexual peers in an L.A.-based study, and several studies indicate that women who are overweight or obese are less likely to be screened for breast and cervical cancer in primary care settings.^{xi} HIV/AIDS also continues to take a devastating toll among LGBT people of color, particularly Black gay and bisexual men and transgender women.^{xii xiii}

Such statistics only hint at the scope of the problem. Until questions about sexual orientation and transgender status are routinely included on all health and demographic surveys, these health disparities will continue to exacerbate the divide between LGBT people of color and others in America. Ensuring that LGBT people of color are consistently counted both as LGBT people and people of color is crucial to documenting and addressing the disparities that affect the health of LGBT people of color and recognizing their well-being as an integral part of a healthy America.

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iii Institute of Medicine, Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: National Academy Press; 2003.

iv Heck JE, Sell R, Gorin SS. Health care access among individuals involved in same-sex relationships. *Am J Public Health* 2006; 96 (6): 1111-1118.

v Diaz RM, Ayala G, Bein E, Henne J, Marin B. The impact of homophobia, poverty, and racism on the mental health of gay and bisexual Latino men: findings from 3 US cities. *Am J Public Health* 2001; 91 (6): 927-932.

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vii Clark ME, Landers S, Linde R, Sperber J. The GLBT Health Access Project: A State-Funded Effort to Improve Access to Care. *Am J Public Health* 2001; 91 (6): 895-896.

viii Marrazzo JM, Koutsky LA, Kiviat NB, Kuypers JM, Stine K. Papanicolaou test screening and prevalence of genital human papillomavirus among women who have sex with women. *Am J Public Health* 2001; 91 (6): 947-952.

ix Buchting FO et al. *Lesbians, Gays, Bisexuals, and Transgenders of Color Sampling Methodology: Strategies for Collecting Data in Small, Hidden, or Hard-to-Reach Groups to Reduce Tobacco-Related Health Disparities*. Bethesda, MD: National Cancer Institute; 2008.

x Tobacco Disparities Planning Project. *Closing the Gaps: Identifying and Eliminating Tobacco-Related Disparities in Oregon*. Department of Human Services Tobacco Prevention and Education Program; 2002.

xi Mays VM, Yancey AK, Cochran SD, Weber M, Fielding JE. Heterogeneity of health disparities among African American, Hispanic, and Asian American women: Unrecognized influences of sexual orientation. *Am J Public Health* 2002; 92 (4): 632-639.

xii Centers for Disease Control. HIV incidence among young men who have sex with men in seven U.S. cities, 1994-2000. *Morbidity and Mortality Weekly Review* 2001; 50 (21): 440-444.

xiii Clements-Nolle K, Guzman R, Katz M. HIV prevalence, risk behaviors, health care use, and mental health status of transgender persons: Implications for public health intervention. *Am J Public Health* 2001; 91 (6): 915-921.

