

When Health Care Isn't Caring: LGBT People of Color and People of Color Living with HIV

Results from Lambda Legal's Health Care Fairness Survey

In 2009, Lambda Legal conducted a survey, with the help of over 100 partner organizations, as part of a national Health Care Fairness Campaign. **This survey is the first to examine experiences with refusal of care and barriers to health care access among LGBT and HIV communities on a national scale.** The information in this report is gleaned from the valid 4,916 surveys. Over 18 percent of the respondents to this survey (892 people) were people of color, meaning that they selected a racial or ethnic category other than or in addition to white.

Forty-two percent of all people of color respondents (373 people) identified as Latino/a; 26 percent (231 people) identified as Black; nearly 20 percent (176 people) identified as Native American; over 17 percent (153 people) identified as Asian and 5 percent (48 people) identified as Middle Eastern. In addition, 32 percent of all respondents of color (285 people) indicated that they are multiracial.

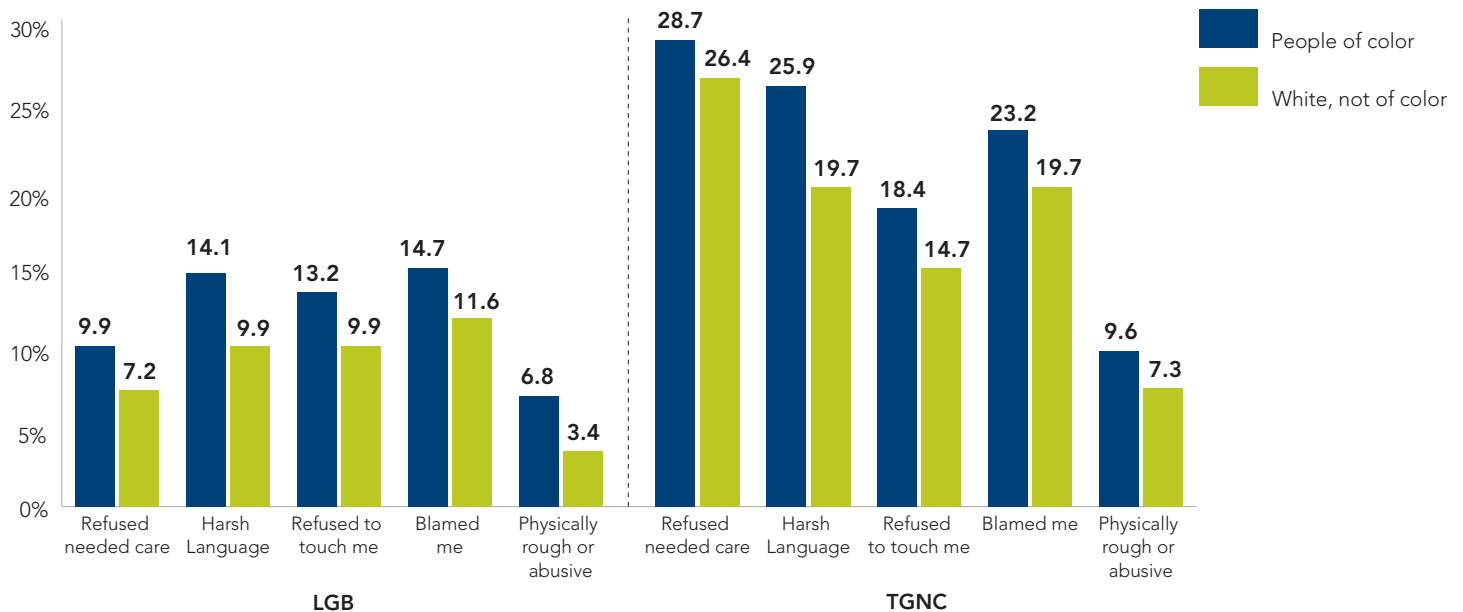
Discrimination and Substandard Care

The results of this survey overall show that disturbing numbers of lesbian, gay, bisexual and transgender

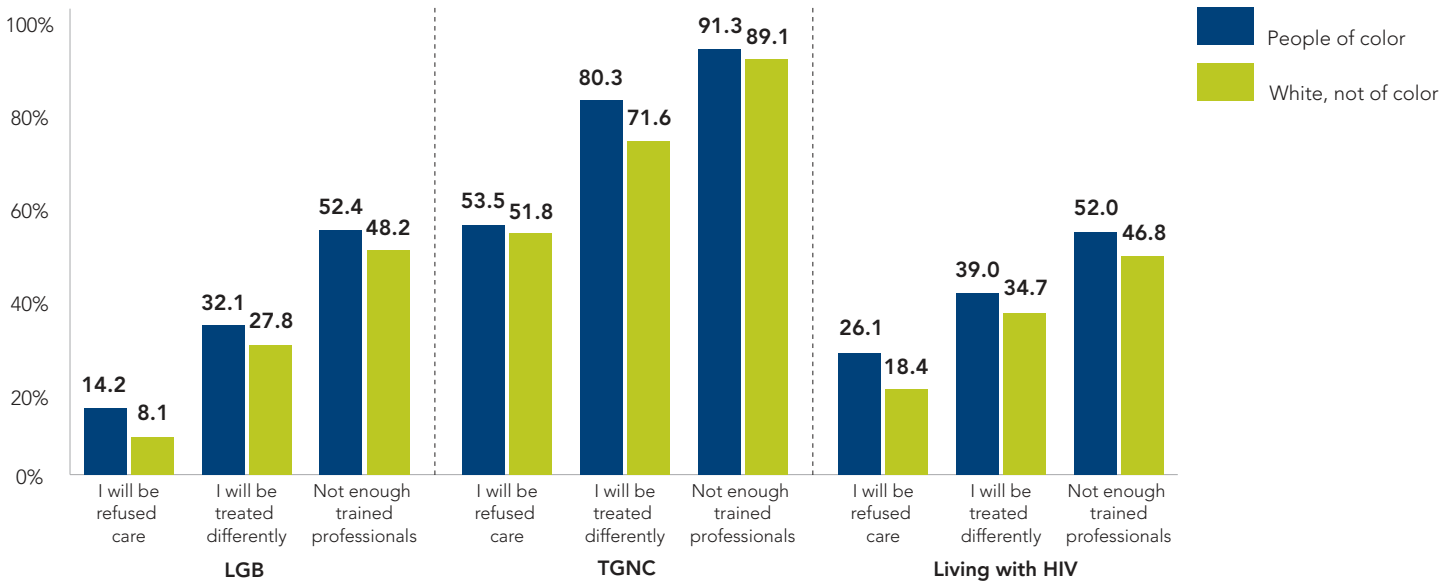
respondents as well as those living with HIV have experienced significant health care discrimination. In addition, **in nearly every category of discrimination covered in this survey, people of color respondents were more likely than their white counterparts to experience discrimination and substandard care.**

- Ten percent of lesbian, gay or bisexual (LGB) respondents of color and over a quarter (29 percent) of transgender or gender-nonconforming (TGNC) respondents of color reported being refused the care they needed.
- Seven percent of LGB respondents of color reported that medical professionals were physically rough or abusive when treating them, making them more than twice as likely as white LGB respondents to experience this kind of discrimination.
- Ten percent of TGNC respondents of color experienced physically rough or abusive treatment.
- Over a quarter (26 percent) of TGNC respondents of color reported that health professionals used harsh or abusive language toward them.

Discrimination and Substandard Care



Fears and Concerns about Accessing Health Care



- Respondents of color living with HIV were over two times more likely than white respondents living with HIV to experience physically rough or abusive treatment by medical professionals with 8 percent reporting this type of substandard care.

Respondents from some racial and ethnic groups were significantly more likely to experience certain types of discrimination.

- Of all people of color groups, Native American respondents were far more likely to experience discrimination and substandard care. Native American respondents who identified as LGB were most likely to be refused care (14 percent); to experience harsh or abusive language (22 percent); to be blamed for their health status (23 percent); and to experience physically rough or abusive treatment (12 percent). Alarming numbers of TGNC Native American respondents reported discrimination. Nearly half (46 percent) were refused care and 20 percent experienced physically rough or abusive treatment. Native American respondents living with HIV were four times more likely than other respondents living with HIV to experience physically rough or abusive treatment (16 percent).
- Black respondents were also among the ethnic groups that were most likely to experience discrimination. Thirty-four percent of Black TGNC respondents experienced harsh or abusive language and seven percent of Black LGB respondents experienced physically rough or abusive treatment.
- Latino/a LGB respondents were the most likely of all LGB respondents to experience the refusal of

providers to touch them or to have providers use excessive precautions (18 percent).

Intersecting Forms of Discrimination

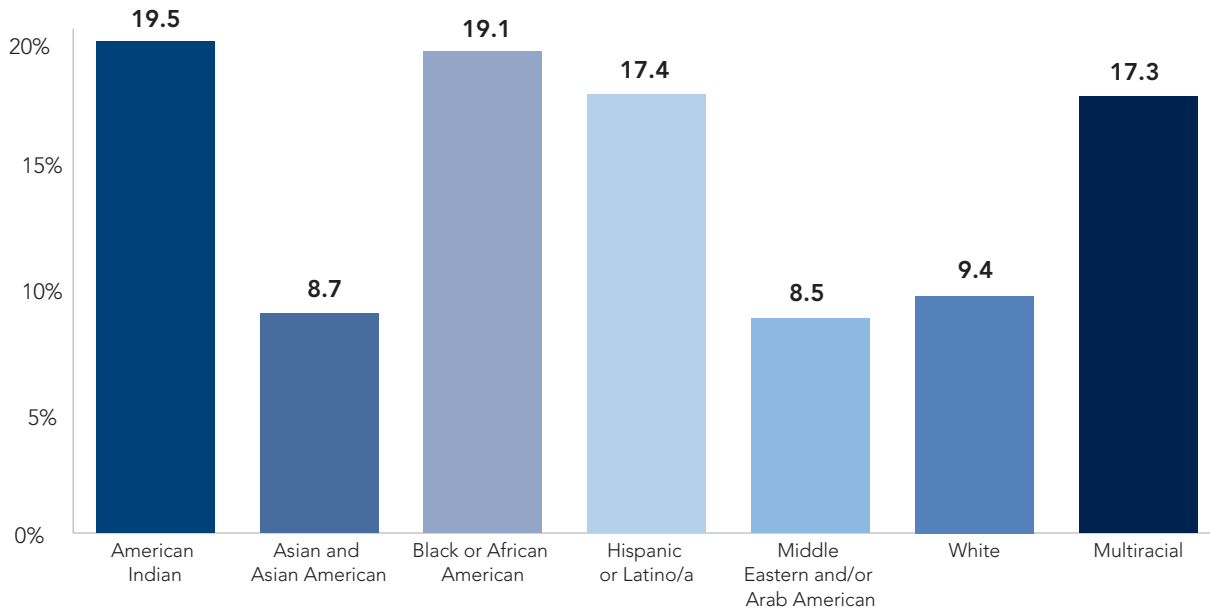
It is well documented that people of color experience significant health disparities due to racism and other factors. While this survey was designed to examine the discrimination LGBT people and people living with HIV experience in health care based on their sexual orientation (homophobia), gender identity (transphobia) and/or HIV status (HIV stigma), it is important to point out that LGBT people and people living with HIV experience discrimination based on a multiplicity of factors including age, health status, race, ethnicity, class and national origin.

Intersectionality theory makes it clear that it is impossible to separate different types of discrimination and oppression because they intersect and interact to create, sustain or deepen negative outcomes. In fact, the intersectional experience is greater than the sum of the different types of discrimination.¹

The intersectionality of racism and homophobia, transphobia and/or stigma based on HIV status can help explain why LGBT survey respondents of color and respondents of color living with HIV were more likely to experience some discrimination and barriers to care than white respondents. It can also help us understand why some racial and ethnic groups were more affected by particular types of discrimination.

¹ Kimberle Crenshaw, *Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory, and Antiracist Politics*, 1989 U. CHI. LEGAL.F. 139,140.

Uninsured



LGBT people of color have unique experiences that may not be best addressed by policies and programs designed with the incorrect assumption that all LGBT people are white. Similarly, programs designed for heterosexual people of color may not meet the needs of LGBT people of color. By taking intersectionality into account, policies and programs can more sufficiently address the particular ways in which LGBT people of color and people of color living with HIV experience discrimination as well as other LGBT people and people living with HIV who are members of multiple marginalized groups.

Barriers to Health Care

People of color survey respondents were more likely than white respondents to have concerns about their ability to obtain needed health care because of their sexual orientation, gender identity or HIV status. These fears and concerns are **barriers to care** and can lead to a reluctance to seek care and, as a result, poorer health outcomes.

- An overwhelming 99 percent of LGB respondents of color, 91 percent of transgender respondents of color and 97 percent of respondents of color living with HIV reported experiencing one or more barriers to care, significantly more than white respondents.
- LGB respondents of color and respondents of color who are living with HIV were nearly twice as likely as their white counterparts to be concerned about being refused medical services because of their sexual orientation or HIV status, respectively. More than 14 percent of LGB respondents of color and 26 percent of respondents of color living with HIV share this concern.

- Over 80 percent of transgender or gender-nonconforming respondents of color fear medical professionals will treat them differently based on their gender identity.

Health Care Access

Even though respondents of color were equally likely to be employed as those who identified as white only, they were much more likely to be low income and uninsured and, as a result, much less likely to have access to quality health care. They are also more likely to be living with HIV and reported having less formal education.

- Twenty-five percent of respondents of color reported having a household income of less than \$20,000, compared to 15 percent of white respondents.
- Sixteen percent of respondents of color are uninsured compared to 9 percent of white respondents.
- Nine percent of respondents of color have only a high school degree or less formal education compared to 3 percent of white respondents.
- Eighteen percent of respondents of color are living with HIV compared to 13 percent of white respondents. Among all respondents of color, Black (25 percent) and Latino/a (20 percent) respondents were most likely to be living with HIV.

Other Demographics

The 892 respondents of color chose to identify themselves with the following sexual orientations and gender identities.

Sexual Orientation

- Gay: 474 (54 percent)
- Lesbian: 232 (26 percent)
- Queer: 142 (16 percent)
- Bisexual: 120 (14 percent)
- Same Gender-Loving: 72 (8 percent)
- Heterosexual: 20 (2 percent)

Gender Identity

- Non-transgender male: 466 (52 percent)
- Non-transgender female: 273 (31 percent)
- Transgender: 71 (8 percent)
- Gender-nonconforming: 47 (5 percent)
- Two Spirit: 32 (4 percent)

Overall, survey respondents were somewhat more privileged than the LGBT population as a whole (in terms of income level, educational level, and access to health insurance).

Because those who are affluent, educated and insured are more likely to be well-served by health care systems, this report likely understates the discrimination and barriers to health care experienced by LGBT people of color and people of color living with HIV.

Key Recommendations

Health care institutions and providers should:

- Establish nondiscrimination, fair visitation and other policies that prohibit bias and discrimination based on sexual orientation, gender identity or expression and HIV status, recognize families of LGBT people and their wishes and provide a process for reporting and redressing discrimination if it occurs.
- Mandate cultural competency training for all staff and health profession students about sexual orientation, gender identity or expression and HIV status.
- Include training about the specific ways LGBT people and people living with HIV who are also people of color or members of other marginalized populations may experience discrimination in health care settings and establish policies to prevent that discrimination.
- Take “intersectionality” into account when developing policies, programs and services.
- Advocate for improved laws and accreditation standards.

Governments should:

- Include coverage of LGBT people, people living with HIV and people of color in all anti-discrimination and equal opportunity mandates.
- Require all health care facilities and education programs that receive government funding to develop and implement goals, policies and plans to ensure that LGBT people and people living with HIV are treated fairly and provide ongoing cultural competency training for all health care profession students and staff.
- Change laws to require recognition of the families of LGBT people, including those who live within less common family structures, and require health care providers to do the same.
- Pass laws that explicitly protect LGBT people, people living with HIV and people of color from discrimination in health care settings.
- Prohibit discriminatory practices by insurance providers that deny or limit coverage for needed care by LGBT people and people living with HIV.

Individuals and organizations should:

- Educate themselves and each other about LGBT rights, and when possible, educate health care providers about the needs of LGBT patients.
- Become educated about racism, other forms of discrimination and the concept of intersectionality and ways LGBT people of color and people of color living with HIV are impacted by multiple types of discrimination.
- Advocate for improved laws and policies.
- Report unfriendly and discriminatory practices, share stories of health care discrimination and pass on referrals to friendly providers and institutions.
- Use existing mechanisms — such as advance directives and other documents — to create as much protection as possible for themselves and their loved ones.

From *When Health Care Isn't Caring: Lambda Legal's Survey of Discrimination Against LGBT People and People with HIV* (New York: Lambda Legal, 2010). Available at www.lambdalegal.org/health-care-report

For the complete survey report, visit www.lambdalegal.org/health-care-report. If you feel you have been discriminated against, contact Lambda Legal's Help Desk at 866-542-8336 or send an email via our web form at www.lambdalegal.org/help/online-form.