

Massachusetts Department of Public Health

COVID-19 COMMUNITY IMPACT SURVEY: SEXUAL ORIENTATION, GENDER IDENTITY, AND TRANSGENDER EXPERIENCE

Presented by: Sabrina Selk
Topic Leads: Caroline Stack and Amy Flynn



Results as of June 8, 2021

REMINDER

This webinar is meant to be watched after you have already seen the [CCIS Introduction Webinar](#).

The introduction contains important background information explaining how to interpret these results, how we did the survey, and how to frame these findings with a racial justice lens so that we can all turn the CCIS data into action!

Visit <http://mass.gov/covidsurvey> for more!

CCIS TEAM MEMBERS

CCIS Project Leads

W.W. Sanouri Ursprung, Lauren Cardoso, Beth Beatriz, Glory Song, Caroline Stack, Kathleen Fitzsimmons, Emily Sparer-Fine, Ben Wood, Lisa Bandoian, Heather Nelson, Amy Flynn, Lisa Arsenault, Abby Atkins

CCIS Analytic Team

Beth Beatriz, Glory Song, Caroline Stack, Kathleen Fitzsimmons, Emily Sparer-Fine, Ziming Xuan, Matthew Tumpney, Rebecca Han, Lauren Larochele, Arielle Coq, Anne Marie Matteucci, Lauren Fogharty, Vera Mouradian, Melody Kingsley, Ta Wei Lin, Anna Agan, Justine Egan, Allison Guarino, Elizabeth Showalter, Beatriz Pazos Vautin, Priyokti Rana, Mayowa Sanusi, Emily Lawson, Alana LeBrón, Lauren Cardoso, W.W. Sanouri Ursprung

CCIS Steering Committee

Lauren Cardoso, W.W. Sanouri Ursprung, Beth Beatriz, Abbie Averbach, Ruth Blodgett, Ben Wood, Sabrina Selk, Nicole Daley, Lisa Bandoian

CCIS Data to Action Workgroup

Jessica del Rosario, Kim Etingoff, Lisa Bandoian, Andrea Mooney, Ben Kingston, Lauren Cardoso; Dawn Fukuda, Lamar Polk, Hermik Babakhanlou-Chase, Glennon Beresin, Mahsa Yazdy, Emily White, Timothy St. Laurent, Fareesa Hasan, Nicole Roos

CCIS Data Dissemination Workgroup

Beth Beatriz, Glory Song, Emily Sparer-Fine, Ta Wei Lin, Vera Mouradian, Rebecca Han

CCIS COMMUNITY PARTNERS

Many groups that were critical in the success of this effort and gave important input on the development and deployment of the survey:

- Health Resources in Action (HRiA)
- John Snow International (JSI)
- Academic Public Health Volunteer Corps and their work with local boards of health and on social media
- Mass in Motion programs, including Springfield, Malden, and Chelsea
- Cambodian Mutual Assistance
- The Mashpee Wampanoag Tribe
- The Immigrants' Assistance Center, Inc
- Families for Justice as Healing
- City of Lawrence Mayor's Health Task Force
- The 84 Coalitions, including the Lawrence/Methuen Coalition
- Boys and Girls Clubs, including those in Fitchburg and Leominster and the Metro South area
- Chinatown Neighborhood Association
- Father Bill's
- UTEC
- MassCOSH
- Stavros Center for Independent Living
- Greater Springfield Senior Services
- Center for Living and Working
- DEAF, Inc.
- Massachusetts Commission for the Deaf and Hard of Hearing
- Viability, Inc.



PURPOSE AND INTENT

SEXUAL ORIENTATION, GENDER IDENTITY, AND TRANSGENDER EXPERIENCE

This webinar will share some key findings from the COVID-19 Community Impact Survey (CCIS) around the pandemic's impacts on the LGBTQ+ community. The goal is that these findings:

- Inform immediate and short-term actions
- Identify ways to advance new, collaborative solutions with community partners to solve the underlying causes of inequities
- Provide data that stakeholders at all levels can use to "make the case" for a healthy future for ALL.

Remember to watch the [CCIS Introduction Webinar](#) for important background, tools, and tips to frame these findings with a racial justice lens to turn the CCIS data into action!

Visit <http://mass.gov/covidsurvey> for all things CCIS!



POPULATION SPOTLIGHT:
Sexual Orientation, Gender Identity, and Transgender
Experience

June is Pride Month.

The Pride Parade honors the Stonewall Riots of 1969, led by Black, Transgender, and Nonbinary activists like Marsha P. Johnson and Sylvia Rivera.

Boston held its first Pride Parade two years later.



Figure 1. Marsha P. Johnson and Sylvia Rivera.¹

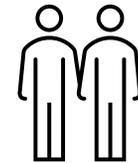
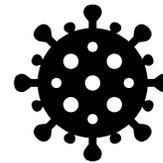
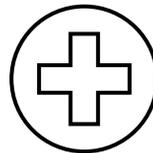
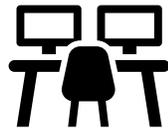
Since 1971, MA has made overall admirable progress in social, cultural and legislative advances to promote LGBTQ+ protections:

- Sexual orientation nondiscrimination law for employment, housing and public accommodations (1989)
- Safe Schools Program for Gay and Lesbian Students (1992)
- Legalized same-sex marriage (2003)
- Creation of Special Legislative Commission on LGBT Aging (2014)

¹Figure 1. Marsha P. Johnson and Sylvia Rivera at the Christopher Street Liberation Day March. Photo by Leonard Fink, Courtesy of LGBT Community Center National History Archive, 1973, retrieved from "<https://www.nps.gov/articles/000/marsha-p-johnson-sylvia-rivera.htm>."

This progress has not been enough.

LGBTQ+ youth and adults experience inequities in multiple domains: housing, employment, healthcare access, chronic disease, mental health, discrimination, and violence.



People in MA continue to commit acts of violence against individuals within the LGBTQ+ community, particularly against trans-identified individuals and against people of color.

MA continues to lag behind other states in responding to the needs of the Transgender community.

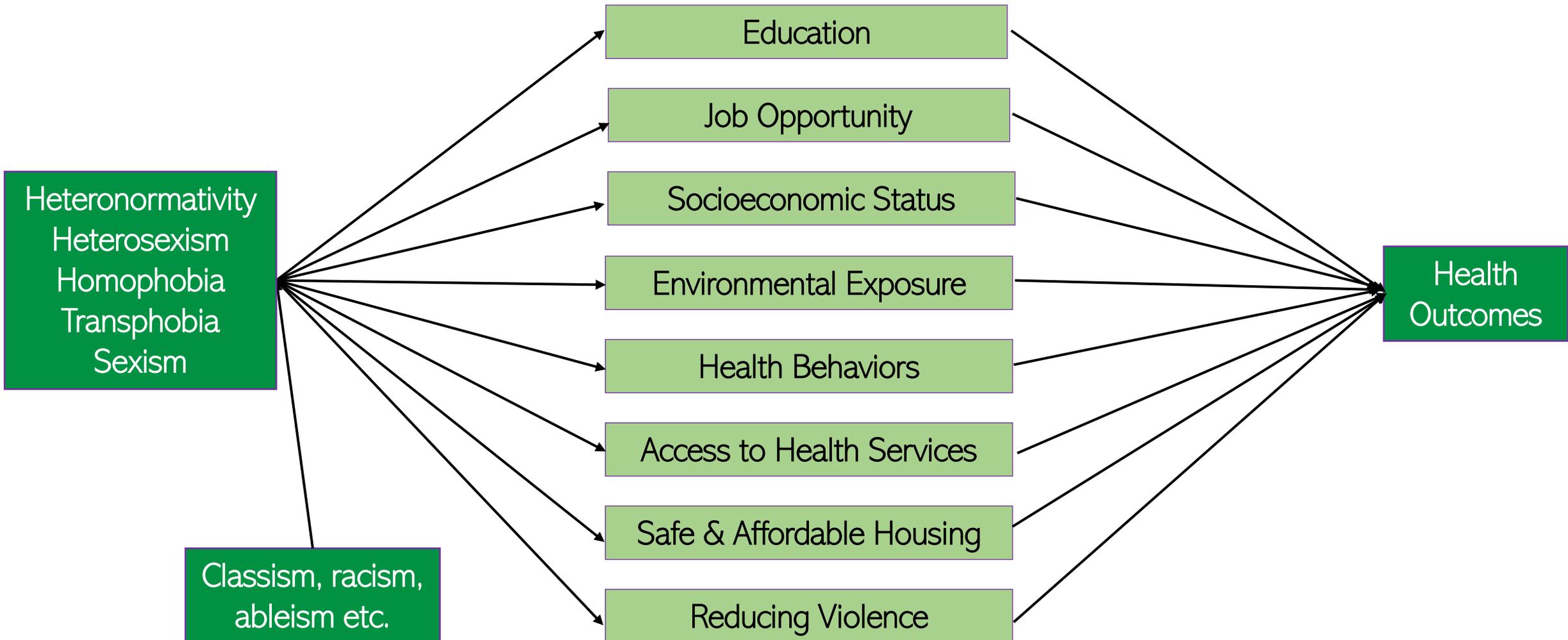
Already in 2021, at least 27 transgender or nonbinary people have been killed by violent means nationally.¹

This persistent exclusion forces people into survival mode: LGBTQ+ folks may have to disown their sexual orientation and gender identity for fear of losing access to essential supports and services.

These exclusionary conditions, and the resulting inequities, have been exacerbated by the pandemic.

Actions are needed now: to aid this community in recovery, to address inequities, and to prevent this from happening again.

Systems of oppression impact the social determinants of health inequities:



Heteronormativity, heterosexism, transphobia, and other oppressions act at multiple levels:

INTERNALIZED

- Conforming to normative views of relationships
- Following heteronormative scripts of binary masculinity/femininity



INTERPERSONAL

- Family rejection
- Bullying
- Domestic violence



INSTITUTIONAL

- Lack of affirmative medical care
- Denial of insurance coverage for trans-specific care
- Gatekeeping through gendered stereotypes or required therapist approval



STRUCTURAL

- Discrimination in legal benefits, tax codes, immigration policies
- Exclusion of those of trans experience from bathroom access, education, & sports opportunities



FRAMING MATTERS

Despite the dominant perception that LGBTQ+ health inequities in MA have all been addressed through the implementation of progressive LGBTQ+-supportive laws and policies, the data show that Massachusetts LGBTQ+ adults and youth continue to be systematically discriminated against and excluded from the systems that drive the social determinants of health, causing inequities in multiple domains. This persistent exclusion, and the resulting impacts on health, have been further exacerbated by the pandemic.

REACHING LGBTQ+ COMMUNITIES ON CCIS

Through intentional outreach efforts conducted by CCIS partners, LGBTQ+ adults and youth participated in the survey at unprecedented rates:

4,102 Adults (aged 25+) identifying as:

Asexual (n=639)	Queer (n=464)
Bisexual and/or pansexual (n=1242)	Questioning (n=213)
Gay or lesbian (n=1351)	Other (n=107)
Of transgender experience (n=242) or not sure of transgender experience (n=108)	
And/or of non-binary, genderqueer, or not exclusively male or female gender (n=312); questioning gender (n=53), and other gender (n=26)	

923 Youth (aged 14-24) identifying as:

Asexual (n=71)	Queer (n=81)
Bisexual and/or pansexual (n=445)	Questioning (n=137)
Gay or lesbian (n=175)	Other (n=15)
Of transgender experience (n=103) or not sure of transgender experience (n=36)	
And/or of non-binary, genderqueer, or not exclusively male or female gender (n=124); questioning gender (n=31); and other gender*	

*Suppressed due to low sample size.

- Sexual orientation and gender identity (SOGI) survey questions:
 - Developed under the guidance and recommendation of the MDPH SOGI Data Standards Group.
 - 3 separate measures: sexual orientation, gender identity, transgender experience
- The development of SOGI data collection and analysis recommendations are part of an on-going process that will continue to incorporate lessons learned and feedback of community members.

Thank you to our community partners and the MDPH SOGI Data Standards Group for this effort.

** Suppressed due to small count*

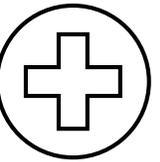
The pandemic has inequitably impacted LGBTQ+ youth and adults across multiple domains affecting the social determinants of health.

Addressing any domain in isolation will not work.

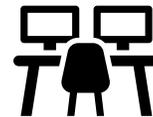
Economic Stability



Access to Healthcare



Employment



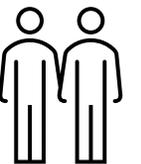
Mental Health



Housing Stability



Social Inclusion and Support



Employment support and equitable benefits are needed to address job loss, hour reduction, and lack of employment protections.

Context	Impact	What we can do
<p>Discrimination within social services, hiring practices, and places of employment affect adult job stability.</p> <p>LGBTQ individuals are more likely to experience risk factors as youth that are associated with unstable employment:²</p> <ul style="list-style-type: none"> • Homelessness • School bullying • Lack of proper ID • Carceral system involvement 	<p>Lack of Paid Sick Leave:</p> <ul style="list-style-type: none"> • Among currently employed adults: 14 - 20% of nonbinary and trans-identified adults reported <u>not having paid sick leave</u> <p>Job Loss:</p> <ul style="list-style-type: none"> • 1 out of 5 working adults of trans experience and nonbinary gender identity lost their job (vs. 1 out of 10 cisgender and 1 out of 10 male) <p>Reduced Hours/Took leave:</p> <ul style="list-style-type: none"> • Out of employed adults, nonbinary (20%) and bi/pansexual (20%) adults and adults of trans experience (23%) were more likely to report reduced hours of work/took leave (1.5-1.6 x as likely) when compared to male, straight, and cis-gender adults, respectively 	<p>Policy & organizational change</p> <ul style="list-style-type: none"> • Address any gaps in state/federal paid sick leave benefits • Promote job opportunities for LGBTQ+ youth² • Provide career readiness resources for LGBTQ+ youth and adults who face barriers to employment²

Economic resources are needed now to mitigate financial impacts.

Context	Impact	What we can do
<ul style="list-style-type: none"> Exclusion from social determinants of health leads to exclusion from the economy. Homelessness, bullying, discrimination affect youth education and future employment. Family rejection and experiences in the foster care system can cause LGBTQ youth and adults to have fewer savings to draw from in an emergency. 	<ul style="list-style-type: none"> More than 1 out of 2 BTQA/NB adults were worried about paying a bill in the next few weeks  Over 30% of trans, NB, asexual, bi/pansexual, and adults questioning gender or sexual orientation worried about getting food in the next few weeks  Out of youth 18+ who reported they may not continue their education in the fall, NB youth were over 2x as likely as male youth to name tuition expenses as the reason for discontinuing  	<p>Resource Provision</p> <ul style="list-style-type: none"> Trans, non-binary, asexual, and bi/pansexual adults were up to 1.4x as likely* as cis-, male, and straight adults, respectively, to request free or cheaper food and other supplies <p>Policy & organizational change</p> <ul style="list-style-type: none"> Provide LGBTQ cultural competency training to social, educational, and direct service providers ²

*Compared to respective reference groups: Trans-identifying respondent rates were compared to not trans [cisgender] respondent rates; nonbinary or questioning gender rates were compared to male gender rates; asexual, bisexual and/or pansexual, lesbian or gay, queer, or questioning rates were compared to straight [heterosexual] rates.

Safe, stable housing is needed now.

Context	Impact	What we can do
<ul style="list-style-type: none"> Economic and employment instability affects one’s ability to attain or maintain safe housing. Family rejection and violence in the home or may require LGBTQ+ individuals to move to attain safety-- but a lack of resources may prevent them from doing so. 	<ul style="list-style-type: none"> LGBTQA and NB adults were 2x as likely* to report worrying about needing to move for any reason in the next few weeks. BTQA and NB adults were up to 4x as likely* to be worried about needing to move because of having trouble paying rent/mortgage LGBTQA and NB adults were 2-10x as likely* to report worrying about needing to move because of conflict with family/roommates LGBTQ youth were 2 – 5x as likely* to report experiencing violence in their household during COVID <div data-bbox="652 1133 1793 1268" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>“My housemate was openly transphobic to me. They have since moved out, but the tension was at times hard to bear during the shelter-in-place.”</p> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;">    </div>	<p>Resource Provision</p> <ul style="list-style-type: none"> LGBTQA/NB adults and LGBQ youth were up to 3x as likely* to report that a safe place to stay if they had to move would be helpful now <p>Policy & organizational change</p> <ul style="list-style-type: none"> Provide LGBTQ+ cultural competency training to staff and providers of shelter and housing programs² Promote safety and privacy of LGBTQ+ youth and/or those transitioning genders in shelters²

*Compared to respective reference groups: Trans-identifying respondent rates were compared to not trans [cisgender] respondent rates; nonbinary or questioning gender rates were compared to male gender rates; asexual, bisexual and/or pansexual, lesbian or gay, queer, or questioning rates were compared to straight [heterosexual] rates.

LGBTQ adults and youth need affirming, accessible healthcare.

Context	Impact	What we can do
<p>LGBTQ residents experience barriers to healthcare due to discrimination and the lack of:</p> <ul style="list-style-type: none"> • Insurance coverage • Technology needed for telehealth • Affirming accessible care 	<ul style="list-style-type: none"> • BTQ and NB adults and adults questioning gender or sexual orientation were more likely to report delaying any health care (up to 3x*) • LGB and NB youth were up to 6.2x as likely* to be very worried about getting medicine 	<p>Resource Provision</p> <ul style="list-style-type: none"> • Increase access to technology needed for telehealth services: 1 out of 4 trans & NB adults reported needing technology resources (up to 1.7x that of cisgender and male adults, respectively)
<p>"I was denied care on the basis of being transgender and disabled ... or refusal to make disability accommodations and cannot find anyone to help me so I can get the care I need"</p>		<p>Policy & organizational change</p>
<p>In the CCIS, the top reasons for which LGBTQ adults or those questioning gender/sexual orientation identified for their delayed healthcare were[†]:</p>	<ul style="list-style-type: none"> • Out of adults reporting delayed routine care, BTQ and NB adults were more likely to delay a sexual/reproductive health concern (up to 6x*) <ul style="list-style-type: none"> • 1 out 5 trans adults who delayed routine care reported delaying sexual/reproductive health care 	<ul style="list-style-type: none"> • Train healthcare and social service providers on LGBTQ cultural competency²
<ol style="list-style-type: none"> 1. Appt. cancelled or delayed (61%) 2. Worried about getting COVID (31%) 3. Worried about cost/insurance coverage (12%) 4. No private place for phone call/video chat (10%) 5. Didn't have safe transportation(8%) <p><small>†Within LGBTQ+ group described, ranking of reasons differed by sexual orientation, gender, and trans experience.</small></p>	<ul style="list-style-type: none"> • Among those who had never been tested for COVID, LGBTQ adults were up to 5.7x as likely* to report never getting tested because they didn't know where to go 	<ul style="list-style-type: none"> • Improve outreach of health services to LGBTQ youth and adults (e.g., through using social media and dating apps)²

*As likely compared to respective reference groups: Trans-identifying respondent rates were compared to not trans [cisgender] respondent rates; nonbinary or questioning gender rates were compared to male gender rates; asexual, bisexual and/or pansexual, lesbian or gay, queer, or questioning rates were compared to straight [heterosexual] rates.

Accessible, affirming mental health and substance use resources are also needed now.

Context	Impact	What we can do
<ul style="list-style-type: none"> Violence, victimization, and family rejection increase LGBTQ individuals' risk of needing mental health and substance use support² Discrimination during previous care and the lack of affirming accessible care, insurance coverage, & technology needed for telehealth affect LGBTQ folks' ability to access this behavioral health support. <p>Many LGBTQ adults expressed financial barriers to accessing mental health care:</p> <p>"Therapy is frankly too expensive. I had to stop previous sessions since insurance doesn't cover it."</p>	<p>LGBTQA and NB adults were up to 3x as likely* to report:</p> <ul style="list-style-type: none"> 15+ days of poor MH in past 30 days 3+ PTSD-like reactions to COVID 68% of NB adults reported 15+ poor MH days in past 30 days 83-84% of NB and queer youth reported feeling sad or hopeless for 2+ weeks in past year  <p>Poor mental health and substance use may have been exacerbated by the pandemic's impact on delayed care:</p> <p>LGBT adults and youth reported delaying care for stress, nervousness or anxiety, or depression</p> <ul style="list-style-type: none"> Out of trans adults who delayed urgent care, 50% delayed care for <u>severe</u> stress/depression Out of trans youth who delayed care, 67% delayed care for stress/depression <p>Among lesbian, gay and/or transgender adults who reported past-month substance use, those who reported delaying healthcare were up to 1.4x as likely to report that their substance use had increased during COVID than those who had not delayed any healthcare.</p>	<p>Resource Provision</p> <ul style="list-style-type: none"> LGBA, NB, and trans-identified adults who reported substance use requested substance use resources at rates up to 1.7x that of straight, male, or cisgender adults, respectively, who reported substance use Among those with persistent poor mental health[†]: trans, queer and questioning sexual orientation adults were 3-5 x as likely* to request suicide resources as male and straight adults, respectively <p>Policy & organizational change</p> <ul style="list-style-type: none"> Train healthcare and social service providers on LGBTQ cultural competency²

*Compared to respective reference groups: Trans-identifying respondent rates were compared to not trans [cisgender] respondent rates; nonbinary or questioning gender rates were compared to male gender rates; asexual, bisexual and/or pansexual, lesbian or gay, queer, or questioning rates were compared to straight [heterosexual] rates. [†]Persistent poor mental health = 15+ days of poor mental health in past month.

We need to prioritize social inclusion and support in our families, schools, and communities.

Context	Impact	What we can do
<p>Daily Discrimination</p> <p>LGBTQ experience interpersonal, organizational, and structural exclusion daily:</p> <p>“Being trans and gay I experience microaggressions. People pointedly do not 'notice' me when I am waiting to be helped. Sometimes they are openly rude.”</p> <p>“I am a lesbian and I have been publicly targeted, harassed and threatened due to my sexual orientation.”</p>	<p>Relationships</p> <ul style="list-style-type: none"> • BTQA and NB adults and those questioning their sexual orientation were up to 4x as likely* to report experiencing intimate partner violence during COVID • LGBTQ <u>youth</u> were more likely to report: <ul style="list-style-type: none"> ○ Experiencing violence at home during COVID (2 -5x) ○ Being very worried about social interactions & connection to community (up to 2x)[†] <p><small>†Difference between queer and straight youth was not significant at p<0.05 level.</small></p>	<p>Resource Provision</p> <ul style="list-style-type: none"> • Tailored social supports for LGBTQ folks: <div data-bbox="1319 536 2221 608" style="border: 1px solid gray; padding: 5px; margin: 5px 0;"> <p>“social support events for transgendered people”</p> </div> • Mentorship for LGBTQ youth: <ul style="list-style-type: none"> • Bi and/or pansexual, queer and non-binary youth were up to 2x as likely* to report that an adult mentor would be helpful right now • Social services for older adults: <ul style="list-style-type: none"> • Among adults aged 65+: gay, lesbian, (43%) or questioning (61%) adults were more likely to request <u>online services for older adults</u> – including social services –than straight adults 65+ (28%) <div data-bbox="1319 973 2405 1268" style="border: 1px solid gray; padding: 5px; margin-top: 10px;"> <p>Policy & organizational change²</p> <ul style="list-style-type: none"> • Implement LGBTQ-inclusive curriculum in public schools • Expand staff trainings on LGBTQ inclusion and competency • Recognize gender identity diversity in workplaces • Collaborate to address family rejection in LGBTQ youth • Strengthen protections against bullying of LGBTQ youth </div>

*Compared to respective reference groups: Trans-identifying respondent rates were compared to not trans [cisgender] respondent rates; nonbinary or questioning gender rates were compared to male gender rates; asexual, bisexual and/or pansexual, lesbian or gay, queer, or questioning rates were compared to straight [heterosexual] rates.

Within the LGBTQ+ community, some groups, particularly those at the intersections of oppressions, have experienced more severe impacts.

Transgender, nonbinary, and queer adults and youth

Compared to cis, male, and straight respondents, respectively, individuals identifying as trans, nonbinary, and/or queer:

- Were **2x** as likely to have lost their job during COVID (adults)
- Were more likely to report **experiences of violence during COVID**:
 - **6-9%** of youth reported experiencing violence at home[†]
 - Adults were up to **3x** as likely to report experiencing intimate partner violence

“Two concierges routinely discriminate both my husband and I, for being inter racial and gay.”

People of color

- POC reported experiences of racism, heterosexism, and homophobia
- Gay or lesbian adults who were AI/AN, Hispanic/Latinx, Black nH/nL, or Multiracial nH/nL were up to **2x** as likely to report worrying about any expense in the next few weeks than gay or lesbian white adults.

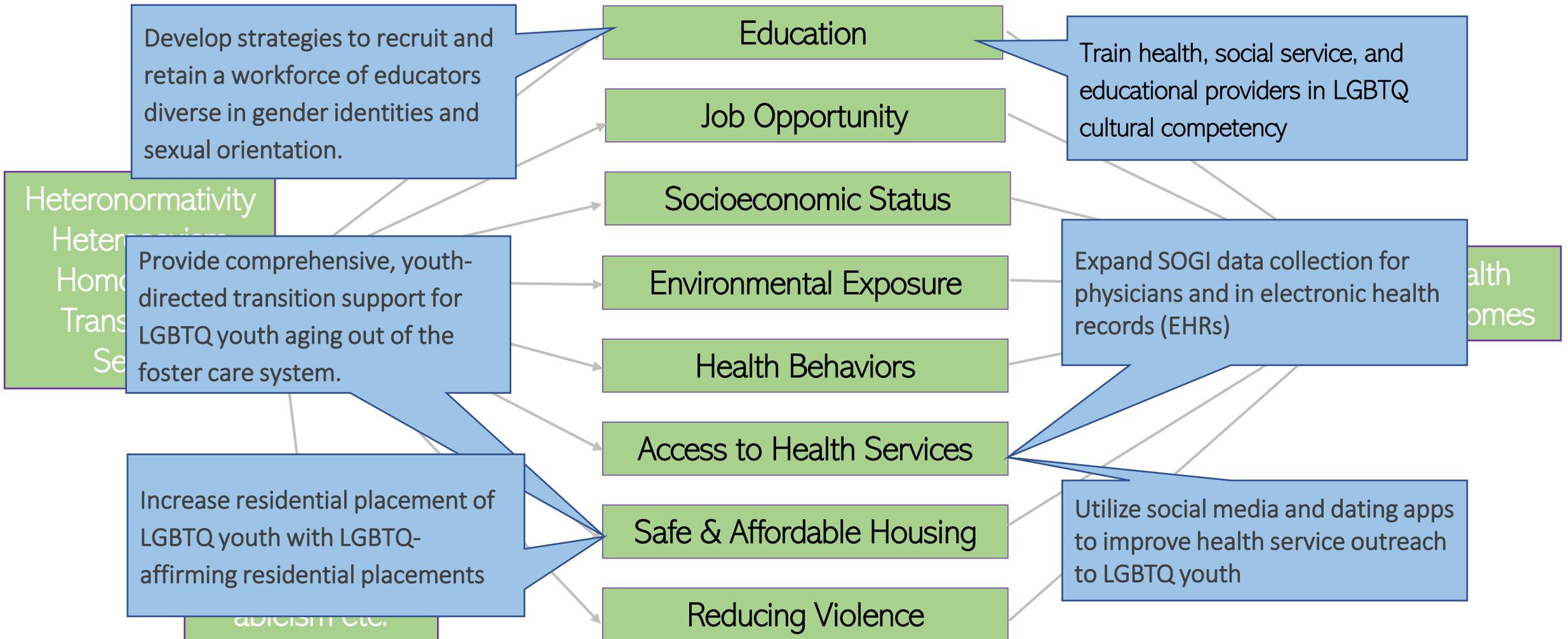
Older LGBT Adults

- Among LGBQA adults, those 65+ were **up to 4x** as likely to live alone as those under 65
- Gay or lesbian and questioning sexual orientation older adults were **up to 2x** as likely to request services for older adults, including social services, than straight older adults.

[†]Difference for non-binary youth was not significant from male youth at p<0.05 level.

Resources that meet basic needs, including those that address mental & behavioral health, are needed now to aid recovery.

Policy and systems-level changes are needed to address structural determinants:



KEY TAKEAWAYS

LGBTQ+ adults and youth have been disproportionately impacted by the pandemic, particularly POC and persons of trans experience

We need to prioritize inclusion of LGBTQ+ residents in all areas – families, schools, state entities, healthcare, social services, and data systems –

- 1) To support pandemic recovery, and
- 2) To address the conditions that contributed to these inequitable impacts
- 3) To promote optimal health and quality of life of LGBTQ+ individuals and families

KEY TAKEAWAYS: LGBTQ+ RESIDENTS

- Continued and new initiatives to **collect and utilize SOGI data** is critical to ensure an equitable COVID-19 recovery and to prevent future harm
- Short-term **resources tailored for LGBTQ+ community** are needed NOW: financial, housing, mental health, healthcare, substance use, social inclusion
- Long-term **policy, system, and legislative change** is necessary to create a social environment fully inclusive of LGBTQ+ individuals

Thank you.

References

1. Fatal Violence Against the Transgender and Gender Non-Conforming Community in 2021. HRC.
<https://www.hrc.org/resources/fatal-violence-against-the-transgender-and-gender-non-conforming-community-in-2021>.
Accessed June 3, 2021.
2. Massachusetts Commission on Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning Youth.
(2020). *Massachusetts Commission on LGBTQ Youth: 2021 Report and Recommendations*. Retrieved
from <https://www.mass.gov/annual-recommendations>

WANT TO KNOW MORE?

Visit <http://mass.gov/covidsurvey> for more information on how residents of Massachusetts have been impacted by the pandemic and how we can all work together to turn these data into action!