



When Health Care Isn't Caring:

Low-Income or Uninsured LGBT People and People 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 a 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 completed 4,916 surveys.

Two important factors that determine access to health care are insurance coverage and income. As a whole, LGBT people are more likely to be uninsured than their heterosexual, non-transgender counterparts.¹ They are also more likely to be in poverty.² **This fact sheet describes the discrimination, substandard care and barriers to health care experienced by LGBT people and people with HIV who are either low-income (with an annual household income of less than \$20,000) or uninsured.** Seventeen percent of the survey participants (826 people) were low-income; 10 percent (502 people) were uninsured; and almost 5 percent (228 people) were both low-income and uninsured.

Discrimination and Substandard Care

In nearly every category covered in this survey, being low-income or uninsured put respondents at greater risk for experiencing discrimination and substandard care because of their sexual orientation, gender identity or HIV status than respondents with higher incomes and/or insurance.

- Eleven percent of lesbian, gay or bisexual (LGB) respondents who were low-income or uninsured reported being refused the care they needed, compared to nearly 8 percent for the overall group of LGB respondents. Similarly, 26 percent of low-income or uninsured respondents living with HIV were refused care, compared to 19 percent of the

overall respondents living with HIV, and 35 percent of low-income or uninsured transgender or gender-nonconforming (TGNC) respondents were refused care, compared to 19 percent of the overall TGNC respondents.

- Low-income or uninsured survey respondents were more than 50 percent more likely than their higher income and insured counterparts to encounter health care professionals who used harsh or abusive language toward them. Ten percent of low-income or uninsured TGNC respondents, 8 percent of low-income or uninsured respondents living with HIV and 6 percent of low-income or uninsured LGB respondents experienced physically rough or abusive treatment by a health care professional. Low-income or uninsured respondents living with HIV were nearly three times more likely than their higher-income and insured counterparts to experience this kind of treatment.
- Seventy percent of low-income or uninsured transgender respondents reported that health care providers were unaware of the specific health concerns of transgender people.

Intersecting Forms of Discrimination

It is well documented that low-income and uninsured people have less access to quality health care services and as a result suffer significant health disparities due to lack of resources, bias against low-income people and other factors. At the same time, LGBT people and people living with HIV may experience discrimination based on a multiplicity of factors including economic status, age, health status, race, ethnicity and national origin.

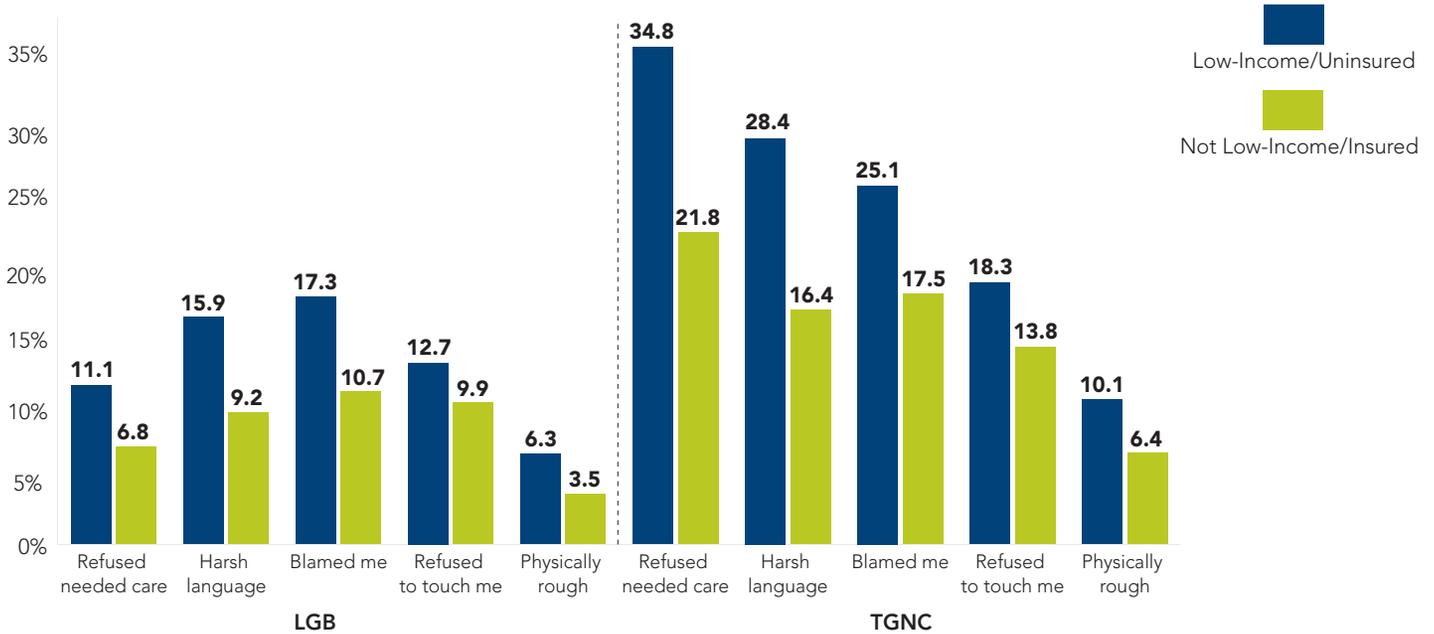
Intersectionality theory makes it clear that it is impossible to separate different types of discrimination and oppression because they intersect and interact to create, sustain or deepen negative outcomes. In fact, the intersectional experience is greater than the sum of the different types of discrimination.³

1 Mayer, K.H.; Bradford, J.B.; Makadon, H.J.; Stall, R.; Goldhammer, H. and Landers, S. (2008). "Sexual and Gender Minority Health: What We Know and What Needs to Be Done." *American Journal of Public Health*, 98(6), 989-995.

2 Albelda, R.; Badgett, M.V.L.; Schneebaum, A. & Gates, G.J. (2009). "Poverty in the Lesbian, Gay, and Bisexual Community." Retrieved January 13, 2010, 2009, from www.law.ucla.edu/williamsinstitute/pdf/LGBPovertyReport.pdf; Carey, R. & National Gay and Lesbian Task Force Action Fund. (2009). Testimony of the NGLTF Action Fund. Retrieved January 16, 2010

3 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.

Discrimination and Substandard Care: Lesbian, Gay or Bisexual (LGB) and Transgender or Gender-Nonconforming (TGNC)



The intersectionality of discrimination based on economic status plus homophobia, transphobia and/or stigma based on HIV status can help explain why survey respondents who were low-income and uninsured were more likely to experience discrimination and barriers to care than higher-income or insured respondents.

By taking intersectionality into account, policies and programs can more effectively address the particular ways in which low-income or uninsured LGBT people and people living with HIV experience discrimination.

Barriers to Health Care

Low-income or uninsured survey respondents were more likely than higher-income or insured respondents to be worried about not having access to health care because they are LGBT. These fears and concerns are barriers to care and can lead to a reluctance to seek care and, as a result, poorer health outcomes.

- Concern about being refused needed health care services is a significant barrier for low-income or uninsured respondents. Almost 16 percent of low-income or uninsured LGB respondents (compared to 7 percent of higher income or insured LGB respondents) and 60 percent of low-income or uninsured TGNC respondents (compared to 47 percent of higher-income or insured TGNC respondents) share this concern.
- Over 80 percent of low-income or uninsured TGNC respondents feel providers will treat them differently because of their gender identity or expression, compared to 68 percent of higher income or insured

TGNC respondents. Thirty-nine percent of low-income or uninsured LGB respondents share the same concern, compared to 26 percent of higher-income or insured LGB respondents.

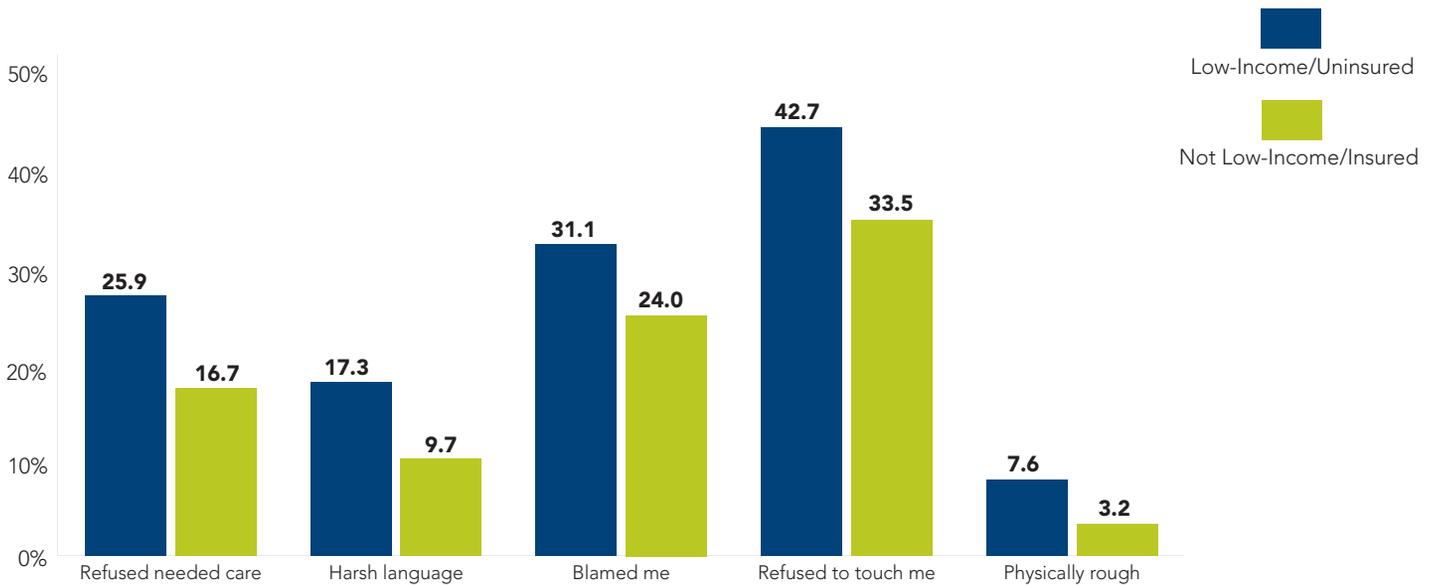
- Low-income or uninsured respondents have greater concerns about their access to mental health services. Thirty-six percent of all low-income or uninsured respondents have concerns that there are not enough mental health providers for their needs compared to 27 percent of higher-income or insured respondents. In addition, over 31 percent of low-income or uninsured LGB respondents and nearly 62 percent of low-income TGNC respondents feel there are not enough psychological support groups for people like themselves.

Demographics

Following national trends, survey respondents who were low-income or uninsured were *more* likely to be:

- **Young**—Fifty-nine percent of all survey respondents aged 18-24 were low-income or uninsured.
- **People of color**—Twenty-seven percent of all low-income or uninsured LGBT respondents and respondents living with HIV were people of color. Low-income and uninsured people represented 38 percent of American Indian respondents, 31 percent of Asian respondents, 34 percent of black respondents, 33 percent of Latino/a respondents, 28 percent of Middle Eastern/Arab American respondents and 34 percent of multiracial respondents.

Discrimination and Substandard Care: People Living with HIV



- Immigrants—**
 Twenty-six percent of respondents born outside of the United States were low-income or uninsured.
- Unemployed—**
 Forty-one percent of all unemployed survey respondents were low-income or uninsured.
- TGNC—**
 Forty-two percent of transmasculine respondents (individuals who were assigned the sex “female” at birth, but whose gender identity is along the masculine spectrum of gender), 37 percent of transfeminine respondents (individuals who were assigned the sex “male” at birth, but whose gender identity is along the feminine spectrum of gender), 35 percent of gender-nonconforming respondents and 36 percent of two-spirit respondents were low-income or uninsured.

The low-income or uninsured respondents chose to identify themselves with the following sexual orientations and gender identities:

Sexual Orientation

- Gay: 519 (48 percent)
- Lesbian: 294 (27 percent)
- Queer: 260 (24 percent)
- Bisexual: 186 (17 percent)
- Same-gender-loving: 89 (8 percent)
- Heterosexual: 24 (2 percent)

Gender Identity

- Non-transgender male: 493 (45 percent)
- Non-transgender female: 340 (31 percent)
- Transgender: 158 (14 percent)
- Gender-nonconforming: 77 (7 percent)
- Two-spirit: 30 people (3 percent)

Survey respondents who were low-income or uninsured were also less likely to have a college education. Fifty-eight percent of respondents who had only a high school degree, GED or less formal education were low-income or uninsured.

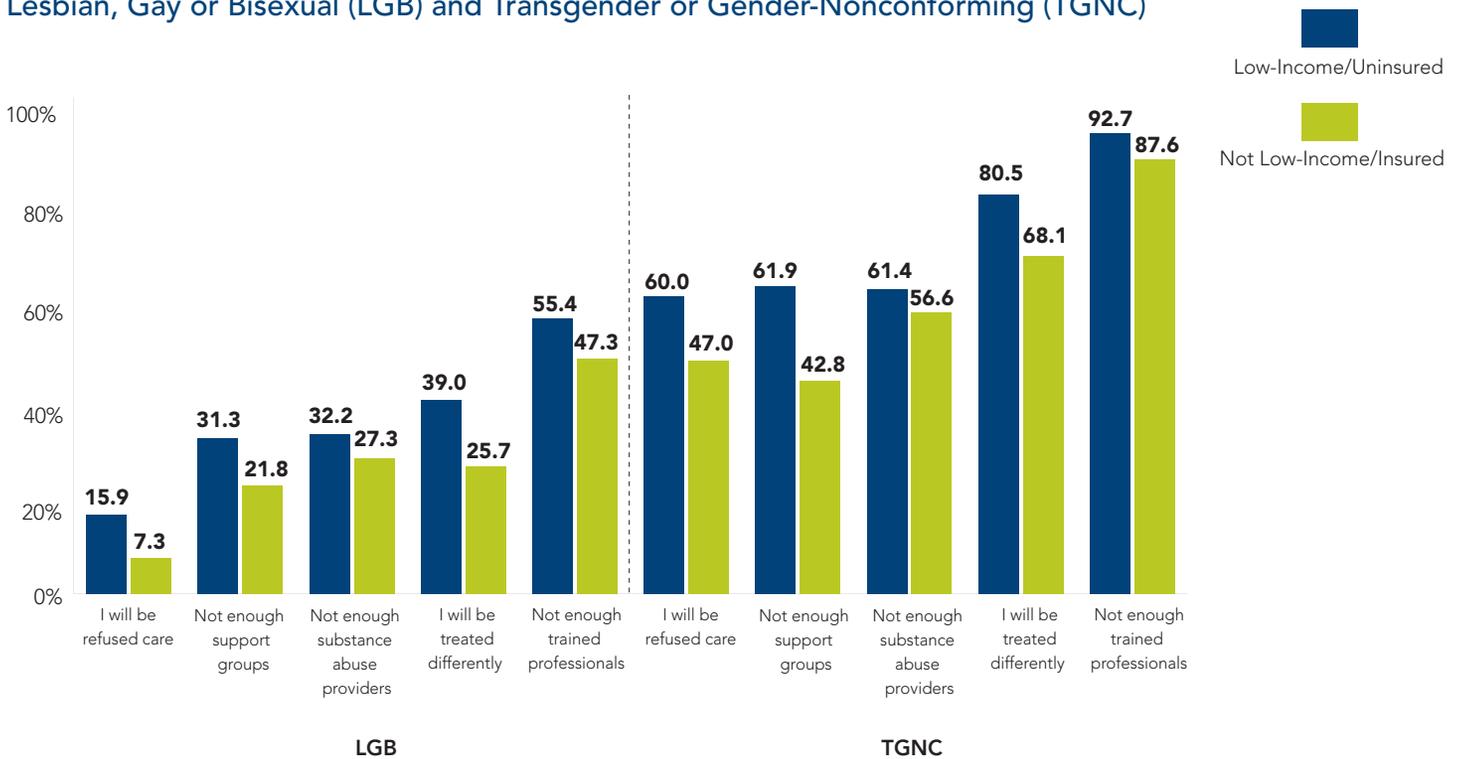
Seventeen percent of low-income or uninsured respondents (180 people) reported they were living with HIV.

Key Recommendations

Health care institutions should:

- Establish nondiscrimination, employment, fair visitation and other policies that prohibit bias and discrimination based on sexual orientation, gender identity and 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 students; include information about the ways LGBT people and people living with HIV who are also low-income, uninsured or members of other marginalized populations may experience discrimination in health care settings; and provide strategies to eliminate such discrimination.
- Take intersectionality into account when developing policies, programs and services.
- Advocate for improved laws and accreditation standards.

Fears and Concerns About Accessing Health Care: Lesbian, Gay or Bisexual (LGB) and Transgender or Gender-Nonconforming (TGNC)



Governments should:

- Include equal coverage of LGBT people, people living with HIV and people of color in all antidiscrimination 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 and people living with HIV from discrimination in health care settings.
- Prohibit discriminatory practices that deny or limit coverage for needed care by LGBT people and people living with HIV by insurance providers, especially those sponsored or directly regulated by the government such as Medicaid and exchanges created to make health insurance more accessible.

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 bias against low-income people and other forms of discrimination as well as the concept of intersectionality and ways LGBT people and people living with HIV who are also low-income are affected 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