


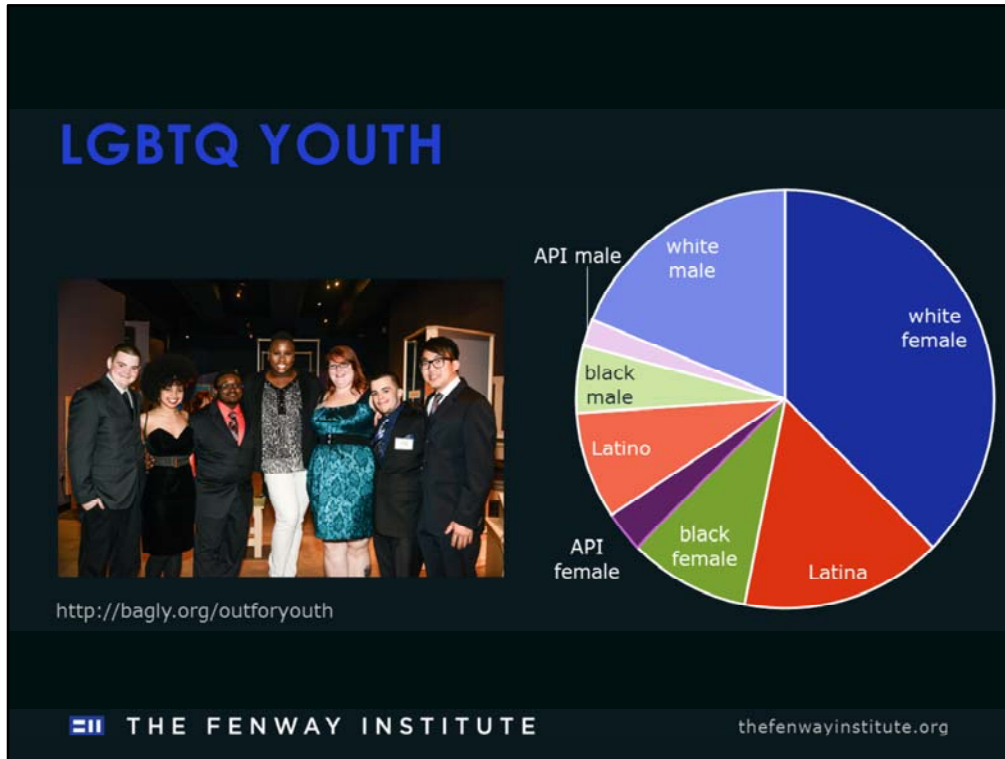


A HEALTH EQUITY AGENDA TO REDUCE CHILDHOOD ADVERSITY AND PROMOTE THE HEALTH OF DIVERSE LGBTQ YOUTH

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About 7% of 13 to 29 year olds self-identify as LGBTQ (2/3 of whom are women)

The vast majority of these youth have MULTIPLE IDENTITIES

For this reason, an intersectional approach that considers intersecting systems of privilege and oppression, as well as sources of resilience, is necessary.

6.4% of 18-29 YO (Gallup), women outnumber men 2 to 1


8.2% of high school aged youth across 25 states (2015 YRBS, Kahn et al., 2016); women outnumber men 3 to 1

http://www.cdc.gov/mmwr/volumes/65/ss/ss6509a1.htm#T3_down

BACKGROUND

- LGBTQ youth are exposed to multiple adversities related to LGBTQ stigma.
- LGBTQ youth of color also experience racism and discrimination.
- Efforts to promote the health of diverse LGBTQ youth must address social determinants of health.



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LGBTQ youth are exposed to multiple adversities, including violence and rejection from parents and peers, **which are rooted in LGBTQ stigma and impact health across the life course.**

LGBTQ youth of color, as youth of color, experience race-related stigma and discrimination and are over-represented in low-income families and low-opportunity neighborhoods.

Efforts to promote the health of diverse LGBTQ youth should address social determinants of health and focus on altering the landscape of risk and opportunity, **with attention to multiple axes of inequality.**

LGBTQ youth have high rates of victimization, suicidality, substance abuse, homelessness, and HIV infection compared to heterosexual youth.²⁻⁸ Among LGBTQ youth, the risks that contribute to health disparity conditions disproportionately affect youth of color (YOC). LGBTQ YOC are exposed to LGBTQ-related stressors (LGBTQ-related violence, family rejection, discrimination), as well as racial-ethnic minority stressors (race-related discrimination⁹, community violence¹⁰) and over-representation in low-income families and low opportunity neighborhoods.^{11,12}

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COMMUNITY-BASED PARTICIPATORY RESEARCH

- An orientation that emphasizes equitable engagement of partners (those affected by the problem) throughout the research process in order to affect change. Partners are involved in:
 - problem definition
 - data collection and analysis
 - dissemination and use of findings

(Minkler, 2010)



**OUR
HEALTH
MATTERS**

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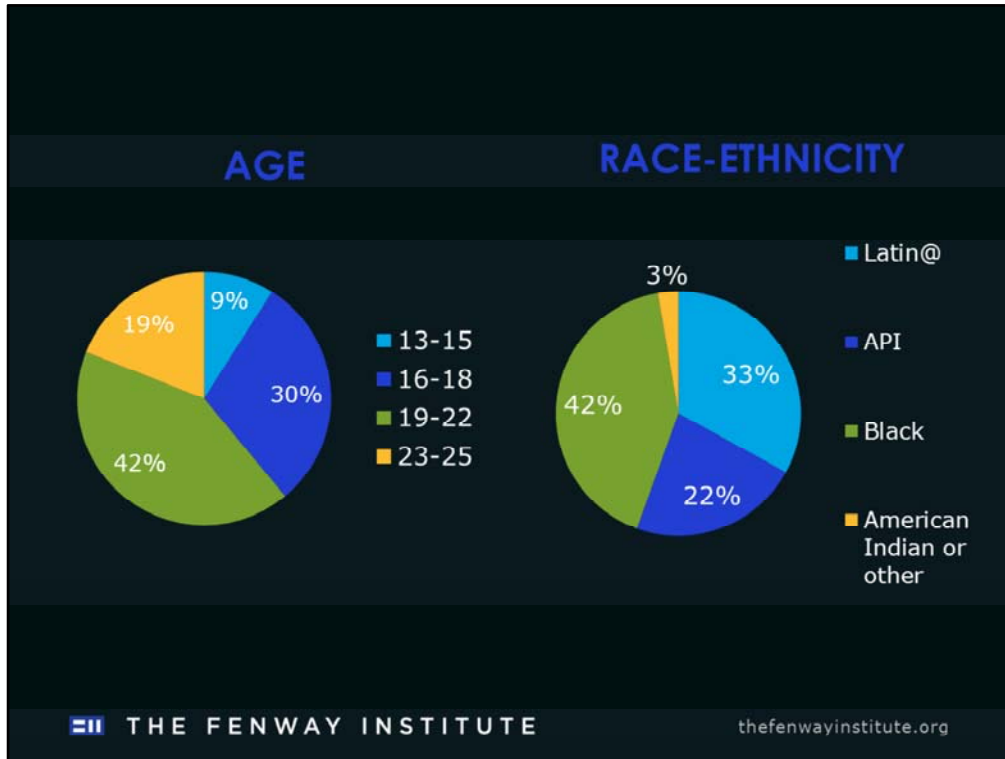
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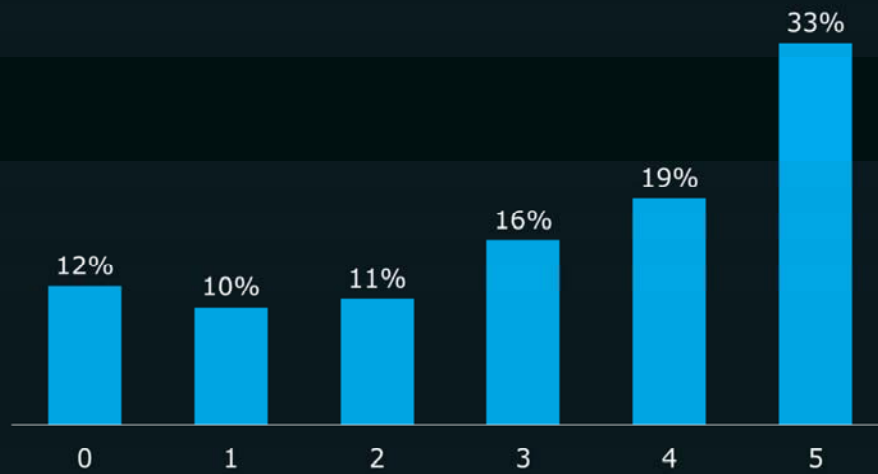
METHODS

- 294 LGBTQ youth of color ages 13 to 25 completed an anonymous, self-report survey and received \$20.
- Youth recruited over 6 months through Boston LGBTQ youth events and organizations.
- Survey focus: Minority Stressors, Positive Youth Development constructs, and mental health.



Roughly one-third cis male, cis female, trans

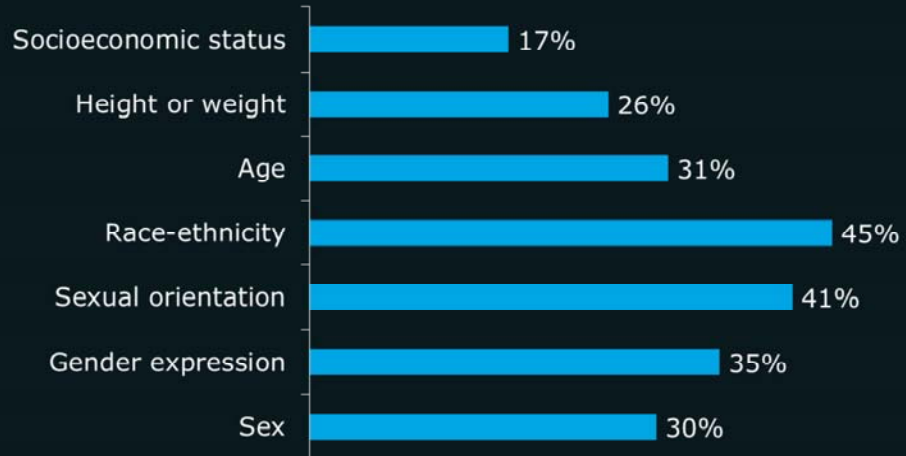
NUMBER OF TYPES OF EVERYDAY DISCRIMINATION



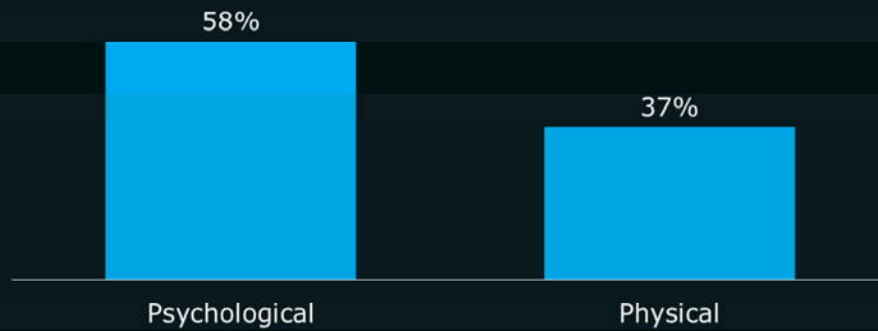
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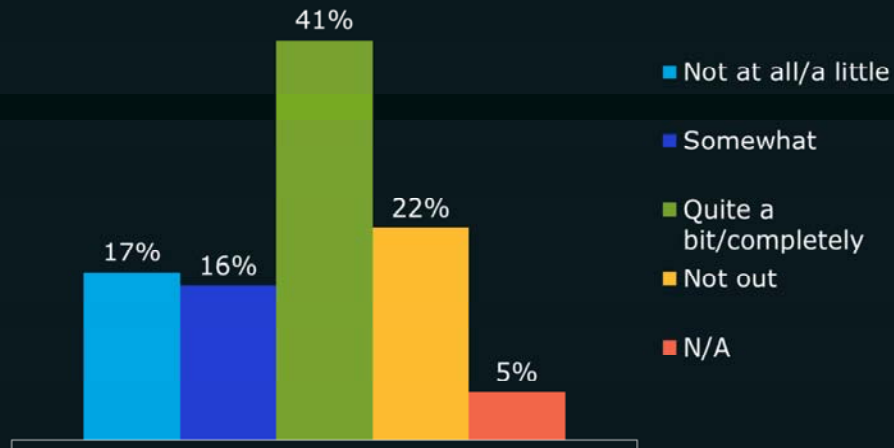
MAIN REASONS FOR DISCRIMINATION



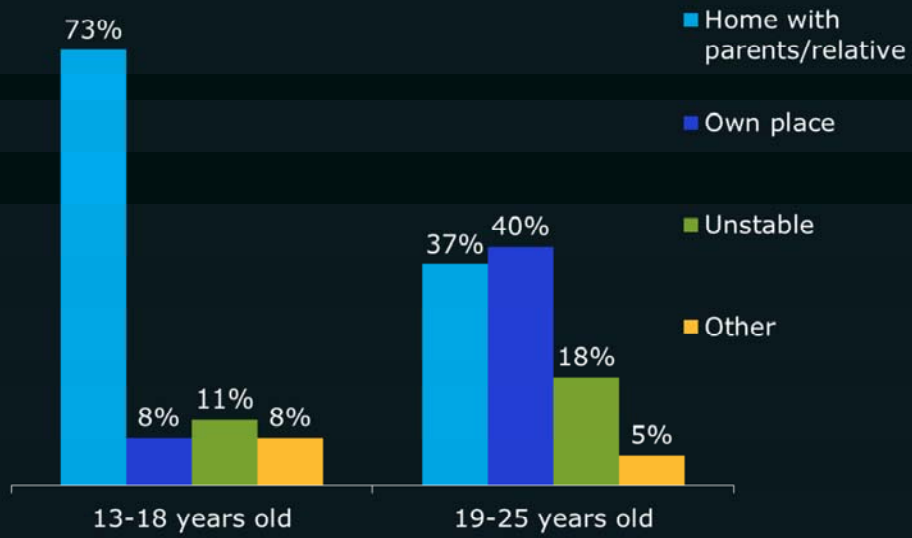
PARENT/CAREGIVER PERPETRATED ABUSE THROUGH AGE 18 (MORE OFTEN THAN ONCE OR TWICE)



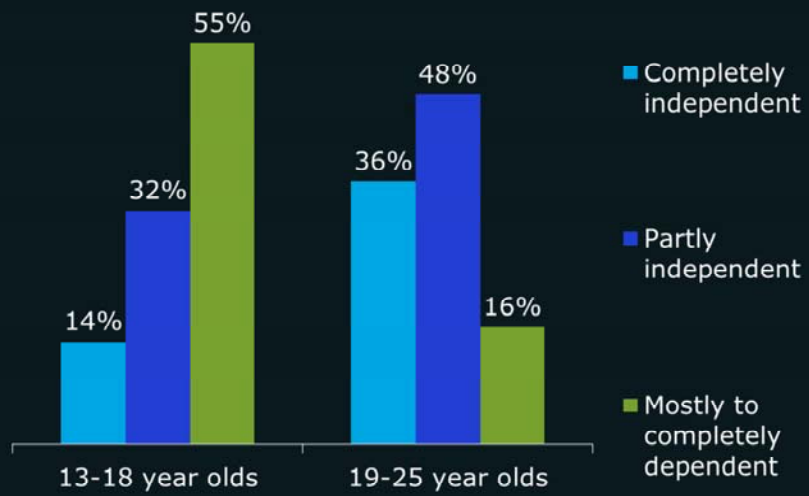
CURRENT MATERNAL ACCEPTANCE



HOUSING



FINANCIAL DEPENDENCE ON PARENTS/GUARDIANS



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SURVIVAL SEX AND FOOD INSECURITY

- 21% of 19 to 25 year olds and 8% of 13 to 18 year olds reported exchanging sex for a place to sleep, money, food, drugs or other resources in the prior 3 months.
- 31% of all youth reporting cutting the size of meals or skipping meals because there wasn't enough money for food either some months or almost every month in the prior 12.

Many (52.6%) youth reported current receipt of public benefits/governmental assistance, including MassHealth insurance, food stamps (SNAP), public housing, Section 8 or rent vouchers, or Supplemental Security Income (SSI).

Age-adjusted Odds of Poor Mental Health (N=294)						
	Depression		Anxiety		12-month Suicide Attempt	
	OR	95% CI	OR	95% CI	OR	95% CI
Any frequent psychological or physical child abuse	2.6	1.4, 4.8	3.0	1.6, 5.8	3.5	1.5, 8.3
12-month everyday discrimination	1.1	1.0, 1.4	1.1	0.9, 1.3		
12-month food insecurity (\geq some vs. \leq 2 months)	2.2	1.3, 4.0	1.9	1.1, 3.4	2.6	1.3, 5.5
LGBTQ pride	0.9	0.8, 0.9			0.9	0.7, 0.9
Racial/ethnic pride			0.7	0.4, 1.1		
Housing in own place vs. home with a caregiver					0.5	0.2, 1.5
Housing elsewhere vs. home with a caregiver					2.0	0.9, 4.4

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Risk and protective factors associated with a given mental health outcome in bivariate analyses ($p < 0.05$) were included in logistic regression models for that outcome.

Variables that were not associated with any of the three mental health outcomes were: sex/gender identity group, race-ethnicity, maternal acceptance, and religion as a source of coping.

RECOMMENDATIONS

- Reduce racism, ableism, and anti-LGBTQ prejudice through social activism, norm change campaigns, and community engagement efforts that reduce stigma and promote institutional inclusion and shared decision-making power.



NAME IT, RESIST IT, REPLACE IT

(J WARD)



<http://www.riverfronttimes.com/newsblog/2015/05/19/someone-is-stealing-black-lives-matter-signs-from-churches-and-homes>

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RECOMMENDATIONS

- Include youth as active partners in developing strategies to improve the health and social conditions of their lives.
 - Pay them to participate in program development and delivery, research, and policy-making.



RECOMMENDATIONS


- Support LGBTQ/POC-lead organizations that work with LGBTQ youth.
- Promote, monitor, and enforce nondiscrimination and anti-bullying protections.
- Promote and create access to:
 - Jobs, livable minimum wage
 - Affordable housing
 - Scholarships and tuition waivers for higher education
- Provide support to enable sustained success and growth.



RECOMMENDATIONS

- Ensure that culturally-competent and affirming prevention and treatment services are available.
- Monitor the health of in high school and young adulthood.
- Fund research to study the impact of these activities.



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Ensure that culturally-competent and affirming **mental health and substance use prevention and treatment services** are available to all youth who need them.

Monitor the health of LGBTQ youth of color in high school and beyond **by including questions on assigned sex at birth, gender identity, and sexual orientation in all surveillance systems and oversampling racial-ethnic and sexual and gender minorities.**

CONTACT INFORMATION

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SUPPLEMENTAL

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WHY CBPR WORKS: LESSONS FROM THE FIELD



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- Prior to participation, some youth expressed:
 - research burnout
 - concerns about how participating in research would be of benefit to self and larger community
- Among youth who opted to participate (most of those approached), the response to our survey has been positive. During pilot testing, young LGBTQ adults of color expressed surprise and appreciation for the content of the survey.
- We believe that our process of obtaining youth input, working with partners, and engaging youth in the data collection process contributed to our success

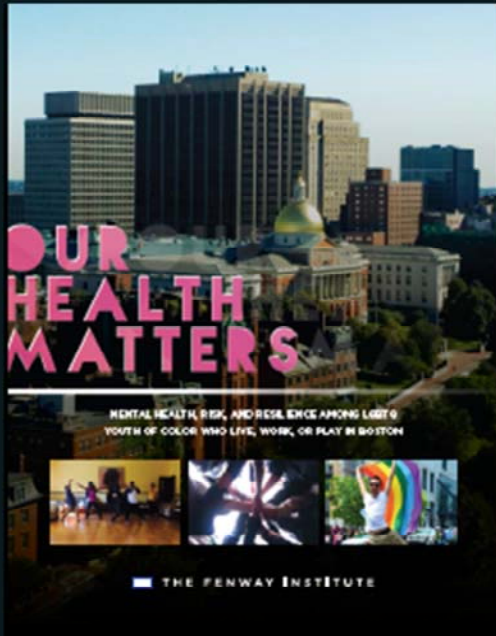
HOW CBPR WORKS: LESSONS FROM THE FIELD




Panel on reducing health disparities impacting LGBTQ Asian/Pacific Islander youth

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