



HEALTH DISPARITIES **PROJECT**

GLBT Youth of Color Community Health Assessment

Final Report
July 1, 2007 – June 30, 2011

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Table of Contents

- I. Introduction
- II. Research Design and Methodology
- III. Findings
- IV. Conclusions and Recommendations

“As a person of color, that is what people see and that identity has to be there — even if I wanted to deny it, I can’t. So I feel like if you’re queer and of color...it’s another way people can alienate and isolate you. So when I come out to people, sometimes I get the reaction of, ‘Why are you doing that to yourself? You’re already black — why are you adding on to that?’”

— 22 y/o trans MTF youth of color



INTRODUCTION

Researchers and evaluators of the Health Division of Justice Resource Institute (JRI Health), in collaboration with the research funder, Massachusetts Department of Public Health (DPH) Office of Health Equity, developed and instituted a research project to address the health disparities facing youth and emerging adults who identify as both a sexual minority (GLBT) and racial/ethnic minority in the Greater Boston area. The purpose of this study was to explore what youth themselves believe are the barriers and concerns that they are facing on a regular basis within the community. The research study looked to focus on areas beyond sexual health research and interventions typically seen when working with this population. The exploratory project aimed to better inform conversations surrounding health disparities and to identify, from a community perspective, the primary areas of concern for GLBT youth of color.

This report is based on work conducted from July 2007 through June 2011 which explored the peer-identified health disparities facing GLBT youth of color in the Greater Boston area. Heterosexism – the ideological system that denies, denigrates and stigmatizes any non-heterosexual form of behavior, relations, identity, community¹ – like all forms of oppression, affects the health and well-being of GLBT youth. This occurs most saliently through acts of violence, particularly for young people who are subjected to bullying, harassment, and physical abuse in multiple settings²: neighborhoods, schools³, home⁴. Economic disadvantages may also be experienced by those in the GLBT community as a result of discrimination. The social determinants of health theory articulate this etiology: systematic oppression (or social and economic inequality) mitigates access to societal goods and leads to internalized oppression, which can lead to low self-esteem, deprecating behavior and engaging in high risk situations – factors known to impact health and well-being⁵.

GLBT individuals of color may experience multiple layers of oppression, often times experiencing non-acceptance and marginalization from their racial/ethnic community because of their sexual orientation and also from the white GLBT community for being a racial/ethnic minority. Stigma management strategies often include concealing aspects of identity, which may provide short-term protections, but the ability to achieve a positive, integrated identity can result in healthier functioning and improved well-being in the long run⁶.

Empirical studies on the physical and mental health of GLBT people of color are scant in American Psychological Association (APA) journals and even more so for young GLBT people of color. In a review of manuscripts from 1992 to 2002, only 0.04% of the 14,482 empirical articles published in APA journals focused on GLBT people of color (n=6). Furthermore, the empirical research on transgendered individuals was nearly non-existent in APA journals⁷.

Nevertheless, other relevant literature provides compelling evidence that GLBT youth have higher rates of suicide attempt, victimization in school violence, drug and alcohol abuse, early onset of sexual behavior, eating disorders and teen pregnancy⁸. It is also known that youth of color make up approximately 80% of new HIV infections among youth and that men who have sex with men (MSM) and heterosexual young women comprise the bulk of that incidence⁹. There is also significant HIV infection among transgender women (often lumped under MSM). Furthermore, there is a gap in what we know to be quality care and the care that is received -- this quality gap is wider for racial/ethnic minorities¹⁰.

Barriers to care for racial/ethnic minorities and GLBT individuals include factors such as cost, stigma, perceptions regarding clinicians' lack of cultural awareness, clinician bias and miscommunication, and client fear and mistrust of the health care system. We also know that despite negative experiences, youth of color exhibit strength, resilience, hope, and optimism.

In the state of Massachusetts and, more specifically, in the city of Boston, similar to the rest of the country, there have continued to be sweeping changes in public health and health care in part due to the budget crisis. Unfortunately, this has led the state to institute cuts to funding that support direct care service providers. The programs that have been most affected by these changes include those affecting the elderly, children, the disabled, people of color, and GLBT youth¹¹. As a

result, those programs most in jeopardy are those that serve the most hard-to-reach and those facing the most disparities. This study explored and illuminated the diversity and complexity of the experiences of GLBT youth of color relative to health and well-being. It is thought that this information could be used to identify key focal areas for future research and intervention for individuals working with members of this population¹².



*Massachusetts Commission on Gay and Lesbian Youth swearing-in ceremony
at the State House on January 8, 2007*

PART II: **RESEARCH DESIGN AND METHODOLOGY**

GLBT Youth of Color Community Health Assessment Research Model

The researchers chose to utilize a community-based participatory research (CBPR) approach as the methodological design in this study. CBPR is an interdisciplinary perspective whereby researchers, community members, and advocates work together in a collaborative process to develop, implement, analyze, and disseminate information to the community¹³. The researchers, with the assistance of community-based programs that primarily serve members of the target population, identified a core set of GLBT youth of color who would be trained in various aspects of research design and would work collaboratively with the project investigators to explore identified health disparities for members of their community. The GLBT youth of color served as research assistants and started working with the investigators early in the development process. Specifically, the youth community members serving as research assistants worked with the project investigators to select the study design and to develop both the specific research questions and areas of inquiry, as well as had direct involvement in participant recruitment, data collection, and data analysis tool development. In addition, the researchers met with individuals who have served or currently serve as advocates and/or service providers working with GLBT youth of color. The advocates and/or service providers provided insight and support to the research team at various times over the course of the funding period.

Program Goals and Objectives

This research study was designed to identify the areas where GLBT youth of color face the most disparities as well as examine the reasons why these aforementioned areas serve as concern for members of this community. The study employed qualitative research methods to gain a deeper understanding of public health, health care and mental health issues impacting GLBT youth of color in the Greater Boston area. The primary goal was to address the following research questions:

Research Question One: What are the safety issues facing GLBT youth of color, and how do GLBT youth of color characterize a safe public or private environment within schools, neighborhoods, and housing/home?

Research Question Two: How do GLBT youth of color characterize and perceive their social supports, self-esteem, and sense of multi-identity, and what is the relationship among these three concepts?

Research Question Three: What are GLBT youth of color's perceptions of health care providers?

Methodology

The CBPR approach was utilized in this study in order to provide an accurate account of issues and concerns related to health disparities among GLBT youth of color. The primary data sources for this study were focus groups and interviews of members of this target population.

The community members who served as research assistants and were involved in the study development process engaged in venue-based and social networking recruitment strategies to identify potential participants. The research assistants relied both on a combination of purposive and snowball sampling techniques. The research assistants reached out to youth via social networking websites (e.g., Facebook) and by conducting information sessions at community-based organizations (e.g., Boston GLASS, BAGLY, MAP for Health, Cambridge Cares/Youth on Fire), as well as by outreaching at various area universities, colleges, clubs, bars, and local community events. The research assistants pre-screened study subjects on-site or provided contact information to the JRI Health study staff where they could later be screened for eligibility.

Eligibility criteria included:

- Between the ages of 16 to 25 years of age
- Self-identified as a racial/ethnic minority
- Self-identified as gay, lesbian, bisexual, or questioning or
- Self-identified as transgender, gender-questioning
- Residing in the Greater Boston area

Once the participants met the eligibility criteria they were provided with a brief description about the study and further logistical information about the focus group or interview. Study staff

followed up with the pre-screened individuals via telephone to confirm eligibility and to remind individuals of both focus group or interview logistics as well as to answer any questions regarding the study procedures. Prior to participating in the focus group or interview the study participants completed the informed consent process with the research staff and were provided with a copy of the signed consent form for their personal records. Additionally, at the completion of the sessions the focus group participants were given a stipend while those who completed phone interviews made specific arrangements with study staff to receive their compensation. Over the course of the study, JRI's Institutional Review Board provided continual oversight and guidance to the research team.

Male Study Participants

From July 2009 to September 2009 focus groups were conducted with male GLBT youth of color at the Center for Professional Development, which is a program of the JRI Health division. The research team conducted a total of four (4) focus groups, reaching a total of 21 men who have sex with men (MSM)/behaviorally-identified gay and bisexual youth and 2 FTM (female-to-male) transgender youth. Specifically, there were 6 MSM study participants from 16 to 18 years old, 7 who were 19 to 21 years old, 8 who were 22 to 25 years old, and the FTM study participants were 20 and 23 years old (for more detailed data on each of the study participants, including ethnic background, see [Table 1](#)).



JRI Health hosts a variety of workshops throughout the year aimed at helping youth in need

During the focus group sessions, two trained youth research assistants facilitated the discussion. Additionally, two trained research staff members took notes to gather both verbal as well as observational qualitative data. The focus group sessions were tape recorded to capture participant responses, which were used for qualitative inquiry. The research staff members moderating the focus groups were matched as closely as possible on both gender and ethnicity to the focus group participants to assist in facilitating an easier conversation with the youth focus group members. The focus groups were approximately 75 to 120 minutes in length. Upon arrival, the youth participants signed in and research team staff re-screened the youth participants to ensure that they were still eligible to participate in the study. Youth participants were provided with light refreshments while they awaited the start of the focus group.

Female Study Participants

Since it was logistically more complicated to convene the female study participants in one location, individual phone interviews were conducted with each female, as opposed to the focus group discussions which were conducted with the male study participants. A total of twelve (12) phone interviews were conducted reaching a total of 10 women who have sex with women (WSW)/behaviorally-identified gay and bisexual youth and 2 MTF (male-to-female) transgender youth. Specifically, there were 2 WSW study participants from 16 to 18 years old, 5 who were 19 to 21 years old, 3 who were 22 to 25 years old, and the 2 MTF study participants were 19 years old (for more detailed data on each of the study participants, including ethnic background, see [Table 1](#)).

The female study participants were contacted by a research staff member to schedule an appointment to complete the interview with the Co-Investigator. The research staff member also obtained signed consent from the youth participants prior to setting up an interview time. The phone interviews were approximately 75 to 90 minutes in length. Upon contact, the interviewees were re-screened to ensure that they were still eligible to participate in the study. Prior to beginning the phone interview, the Co-Investigator reviewed the consent with the participants and obtained verbal consent to support the documented written consent obtained by the research staff member. During the interview session, the Co-Investigator facilitated the discussion. The interview sessions were digitally recorded to capture the participant responses to be used for further qualitative inquiry.

Since the Principal Investigator (female) was unavailable at the time of the female study participant interviews, the research staff was unable to match interviewees and interviewers based on gender. Despite this, the Co-Investigator (male) was well-qualified to complete the interviews with the female participants due to previous experience working with this population. At the completion of the phone interview, the Co-Investigator contacted the research staff member to request that the stipend be provided to the participant.

Data Review — Study Participant Analysis

At the completion of the data collection phase, youth research assistants were trained in basic principles of qualitative data analysis. Specifically, youth research assistants worked with investigators to develop an initial set of preliminary codes to be used to identify key themes throughout the focus group and interview data. The preliminary themes were used by the investigators to complete an initial review of the data and to gather general thoughts and focal points that were most pertinent to the study participants. The information provided within this report reflects the outcome of that data review process.

"I think that being both a sexual minority and an ethnic minority can really bring down someone's self-esteem when you're out in the real world. Especially being a person of color, you get looked down on a lot. So white people already look down on me because I'm black — and when I'm walking around with a girl and holding hands, that's even more of an issue. It can really have you messed up in the head...like, maybe if I wasn't black and gay, things would be better. It's very difficult for me to express everything when I am out in society and in the world. I think straight people look at us like we're nasty because not only are we gay, but we're black."

— 19 y/o lesbian of color

PART III: **FINDINGS**

This section describes each of the research questions and the specific outcomes based on the feedback of the study participants. The discussion topics included safety, social support, self-esteem, identity, well-being, and perceptions of health care providers. The findings from this report may be used to inform aspects of advocacy for GLBT youth of color, youth program development, and public health prevention and intervention strategies.

Research Question One: What are the safety issues facing GLBT youth of color, and how do GLBT youth of color characterize a safe public or private environment within schools, neighborhoods, and housing/home?

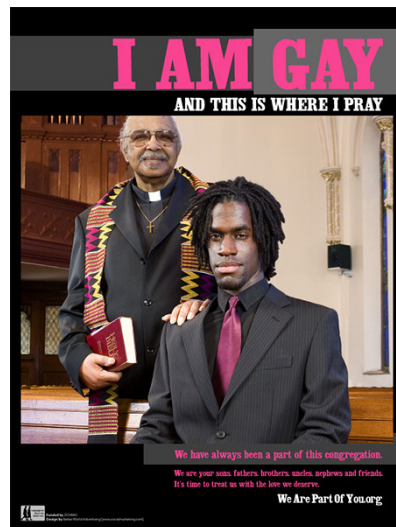
Outward Self-Expression & Safety

The study participants expressed that GLBT youth of color are only able to express themselves in specific spaces and in certain public environments. The public spaces where they are readily able to express themselves are generally those where individuals are more knowledgeable of GLBT issues or issues facing people of color. Additionally, more acceptable places are often those that are GLBT-specific or have individuals that are supportive of GLBT youth of color, such as Boston GLASS and BAGLY. The study participants expressed



Youth at the Boston GLASS Community Center in 2010

that often young men, as opposed to young women, are more in danger of physical harm because of societal gender norms. The more individuals push away from traditional gender roles the more potential there is for expressions of hatred from heterosexual members of society. Also, the study participants expressed that more racially diverse or less ethnically-centered locations are more accepting of GLBT youth of color. The study participants further expressed that GLBT youth of color are unable to express themselves in ethnically-centered environments often because of the strong cultural and religious beliefs of these segments of the larger population. It is important to be subtle and to be somewhat cautious within public spaces. There has been a lot of growth and change within society, but not enough to feel totally secure. Moreover, the youth participants engagement with others in their public surroundings is impacted by the individuals in that space, which is a reflection of their own sense of personal safety. Youth participants stated that those environments where individuals are less open, non-accepting, and judgmental reflect a lack of understanding and create a sense of uneasiness and fear within them.



An ad from Boston's "We Are Part of You" campaign. This ad was placed in Dorchester on Blue Hill Avenue "because of the high number of churches in the area," said MA State Senator Dianne Wilkerson.

Indicators of Safety

The youth participants expressed that the key to any safe environment is having a sense of feeling at ease. Individuals feel most safe when they can express who they are both sexually and racially. The study participants stated that they often felt on guard and on edge, but when they felt supported or protected these aforementioned sensations are alleviated, which allows them to flourish and further develop a stronger sense of self. Additionally, the youth expressed that in larger, more diverse environments there is a sense of anonymity that gives them the ability to be more expressive. Also, larger, more diverse places contain more resources for GLBT youth of color to build community and create safe spaces. To a lesser extent, some expressed that the key to a safe environment is having self-confidence because when one exudes this and presents it to others then there is nothing to fear with regard to one's personal sense of safety.

Unsafe Indicators

The participants expressed that in unsafe places they are unable to be themselves and there is an overwhelming and constant sense of having to hide who they are inside. The participants further expressed that unsafe places and circumstances often revolve around more ethnically-centered environments as well as those locations where individuals are under the influence of substances, or have stronger cultural and religious beliefs that seem to make individuals less tolerant and less respectful of individuality and personal life decisions. To a lesser extent, some study participants stated that there are no truly safe or unsafe places, but rather it is dependent upon personal boundaries as well as an individual's fear of the unknown or of what may happen to him or her.

Self-Protective Strategies to Remain Safe

The participants spoke to the fact that GLBT youth of color are always cognizant and aware of their surroundings. GLBT youth of color have to be prepared for any situation and therefore must plan well in advance to ensure that they have taken the proper precautions for their personal safety. GLBT youth, with the advent of technology, are able to use cell phones, networking websites and word of mouth to make sure that people are aware of where they are or where they are going to ensure that another individual can check up on them if they are in trouble. Additionally, participants expressed that they may be more likely to travel in groups and to get rides from people that they know compared to traveling alone.

Safety & Public Servants Protections

The participants express a strong distrust of institutions that are supposed to protect them or a limitation in the amount of protection that can be provided to them when they are not around the institution. A majority expressed an equally strong distrust of the public safety sector, stating that public safety officers are often biased and insensitive to their situation. The primary sense is that their concerns or issues are often ignored by public safety officers, and the assumption is that public safety officers are unwilling to help because they are biased against this population for several reasons. The first bias faced by the study participants is that they are individuals of color, the second bias is the fact that they are sexual minorities, and the third bias is the fact that they are youth. The systems that should protect these individuals are often neglectful. In fact, several study participants remarked that these systems that have been developed to protect them should actually be feared by GLBT youth of color.

On the other hand, the GLBT youth of color interviewed expressed more positive views of teachers and guidance counselors at school. These individuals are largely described as being supportive, as are those individuals found in more advocacy-type positions such as social service agents. However, they stated that the social service agencies which tend to serve heterosexual members of their ethnic/racial communities are less supportive and less inclined to provide adequate support and safety for GLBT members of the same ethnic/racial communities. There is a marginally favorable view of family members, but this is tempered by the sense that they are less understanding and accepting of the participants because of their sexual orientation. Overall, GLBT youth of color, both female and male, acknowledged a lack of sensitivity from safety and public servants and expressed that it affects males more than it does females.



Sixth-grader Carl Joseph Walker-Hoover took his own life as a result of relentless anti-gay bullying by students at the New Leadership Charter School in Springfield, Massachusetts on April 9, 2009.

Housing Needs & Safety

The study participants discussed the many difficulties that GLBT youth of color face in acquiring, securing, and maintaining housing. A major problem is the lack of adequate and appropriate housing for this population. The study participants expressed that it is not enough to merely be a GLBT person of color, but that you often must have an illness or disability (such as HIV) to secure stable housing. It should be noted that for many individuals, family dynamics create situations where young people are displaced because of issues related to their sexual orientation, which in turn creates the need for alternative housing. Often, GLBT youth of color live double lives while living with their family members because they fear being kicked out or creating an unsafe home environment. The participants who are out or are partially open about their sexual orientation report being homeless, couch surfing or living with friends. However, at times even staying with friends is often not the best situation, as one may be forced to turn to prostitution in order to pay some portion of the rent or to afford to keep their space in the house if they are unable to find employment that provides a living wage. There are a few emergency shelters or independent living programs that are safe, but the spaces are limited. Most of the housing is mixed heterosexual and GLBT, and it is potentially not safe for GLBT youth because they risk being placed among homophobic adults (shelters) or surrounded by homophobic youth (foster care). Additionally, the study participants expressed that this situation becomes more difficult when dealing with those under the age of 15 because they are often totally reliant and dependent on an adult in their lives, with that person often being a caregiver. In these situations, the young person is unable to come out and is not open to discussing what it means for them to be who they are sexually.

The participants expressed the need to have a sense of home life. The study participants described a warm, welcoming and stress-free environment as an ideal living situation. The participants stated that an ideal home life would include being surrounded by friends or possibly a partner as well as supportive family members who would allow them to develop naturally into the person that they want to be in life. The youth participants focused on physical safety, material security, and comfort as the primary characteristics of an ideal home life.

“One time I was having a discussion with some people and a black woman asked what I was attracted to. I said that I am still deciding, but I am attracted to women, so I’m pretty sure I’m gay, and she said, ‘Well aren’t you Jamaican? They kill gay people in Jamaica. And don’t you have a religious upbringing, because then it doesn’t make any sense that you’re gay. You’ll grow out of it.’ It’s hard to deal with that. Your race shouldn’t factor into who you fall in love with and how you want to identify. But Boston is very oppressive — it’s very difficult.”

— 20 y/o lesbian of color

Research Question Two: How do GLBT youth of color characterize and perceive their social supports, self-esteem, and sense of multi-identity, and what is the relationship among these three concepts?

Identity

The study participants expressed a wide range of responses to this question. However, the general sense was that many of the participants focused on their GLBT identity as the primary component of their sense of being because although many feel that they are born GLBT, it is a more individualized process of development compared to ethnicity. People often grow up surrounded by members of the same ethnic or racial background whereas it is rarer to grow up in an environment that is totally accepting of a non-heterosexual identity, which makes the developmental process of their sexual identity more involved and more of a focal point. Additionally, the youth participants stated that through continued efforts to educate society sexual orientation may eventually be thought of more similarly to ethnic identity and be less of a taboo. Participants also shared that GLBT youth of color find gay society to be more superficial and more judgmental of individuals than mainstream society. The youth expressed that the superficial and judgmental nature of gay society may actually be a defense mechanism used by some members of gay society to attempt to boost their personal self-esteem.

Identity Integration

The study participants varied in their response to this question, as well. However, many of the youth expressed that the various aspects of one's personal identity (e.g., race/ethnicity, sexual orientation, gender) are all important, but each is dependent upon the situation one is in at a particular moment in time. Furthermore, the youth did not express a sense of uneasiness or stress when having to code switch between their different identities based on the specific situation. The youth stated that each identity varies on how important it is based on the situation that you are in at a specific time. For example, one's sexual orientation may become more of an issue and more in conflict when one is at home with family that is Latino and has a strong sense of machismo compared to when on the train and being sexually attracted to another person and feeling that being a GLBT person of color is not an issue. In terms of gender, young women expressed that their

gender is less prominent in their overall sense of identity. Additionally, they stated that they are more able to hide or control the expression of their sexual orientation due to their gender. The youth participants also commented that over time there has been a shift in societal culture whereby gayness is more visible in part based upon the larger representations of sexual orientation in media compared to ethnicity. However, there tends to be less visibility of GLBT people of color, especially young people.

Self-Esteem

The youth expressed that self-esteem is affected by the people and situations that they expose themselves to on a regular basis rather than because of a conflict between identities or because they have different minority identities. Self-esteem is relative to each identity as each aspect of identity has its own associated self-esteem as it relates to the overall person. Additionally, the study participants stated that self-esteem can only be affected if a person relies on the views and perceptions that others have of them. For several of the youth participants, they have learned to trust and believe only in themselves and, as a part of that process, disregard external influences on their sense of self-worth.



South Boston T.E.A.M. (Together Engaging Adolescents through Mentoring) works to enhance the resiliency of youth by fostering increased self-esteem, school attachment, and the ability to make positive life choices.

Social Support & Sense of Community

The study participants expressed that there are very few support structures for them. Many said that Boston GLASS is one of the few places where they can find people who understand and support who they are both ethnically and sexually. The participants stated that there is often support around being a person of color or possibly around being gay, but there are few resources around being a GLBT person of color. Part of the reasoning for the lack of support is that there is not a public figure or positive media representation for members of this community. Each person looks to himself as providing primary support, followed by the individuals that they select as members of their supportive structure.

The study participants expressed that there is not much of a community in the Greater Boston area among GLBT youth of color. They stated that the only community that exists relates to two segments of society. One of these segments of society which creates a sense of community is comprised of the social service agencies that primarily serve this population. The second segment that creates a sense of community is ball culture and the ball room scene. Ball culture is comprised primarily of GLBT persons of color who participate in competitive, elaborate events (called balls) and compete in a variety of categories. Many ball participants express that the ball room scene allows them to escape the oppression of homophobia and hate on the “outside,” because ball culture creates “a community that’s...amorphous, inclusive, and diverse...a space where gender, class, sexuality, and race coalesce and collide for one moment in time¹⁴.” However, due to in-fighting among the social service agencies for limited resources and in-fighting among the houses within ball culture to recruit new house members from a limited pool of individuals, rifts are created and cliques appear within the GLBT youth of color community. The youth participants stated that there needs to be a stronger emphasis on building bridges across different parts of the public health sector to create a more comprehensive approach to health and well-being of GLBT youth of color.

“Most people have biases and choose to overlook or ignore situations. For example, I was being harassed with a group of my friends by a bunch of straight guys. We went to a nearby police officer and he ignored us. The fact that we were both gay and black, he did not take us seriously.”

— 22 y/o MSM of color

Research Question Three: What are GLBT youth of color's perceptions of health care providers?

The study participants expressed a generally positive perception of health care providers. Several of the youth participants stated that they access health care facilities that are GLBT-focused because they feel that the providers in these settings are more knowledgeable about their needs. Similar to general trends in health care engagement and gender, females seem to have more regular and open communication with their primary care providers than males. Furthermore, females tend to seek out medical care more often than males. However, the youth did express concerns around behavioral health. Youth participants expressed reluctance to engage in behavioral health care services because of the lack of health care providers' personal knowledge of GLBT people of color. Additionally, the youth discussed the difficulties in being able to openly talk about and express their concerns to any type of provider for fear of shame, pain, or embarrassment. These aforementioned sentiments usually serve as barriers to regular engagement in health care. Along with this is the potential for health care providers to not include or be sympathetic to the needs of GLBT individuals.

The participants stated that the key to any relationship with a health care provider is feeling confident that the health care provider will have a high level of professionalism. The participants want to be able to trust their providers, want to be able to build a strong rapport with their health care provider, and desire to actively participate in their own healthcare. GLBT youth of color do not want to be preached to about what they are doing that is wrong or right, but rather, they want to be provided with information that they can use to make personal decisions and informed choices about their health.

PART IV:
CONCLUSIONS AND RECOMMENDATIONS

JRI Health researchers and youth research assistants designed this study to identify and explore the health disparities (beyond HIV and sexual health) that are of most concern to GLBT youth of color in the Greater Boston area. With the input and assistance of trained youth research assistants, the JRI Health team developed a research study created from the voice of the community members themselves. This study serves as an initial step into further exploring the needs of the GLBT youth of color community. It should be mentioned that this work is not reflective of the entire community in terms of age, sexual orientation, or ethnicity as there may be more specific needs or concerns attributed to other segments of this population. Despite these limitations, the results of this study are an important first step in helping the public health system respond to the call from the Massachusetts Commission on GLBT Youth in their fiscal year 2012 recommendation that efforts must be focused on health equity in the area of GLBT youth of color.

At the completion of this exploratory study the following conclusions were shared:

- Safety is a major concern for GLBT youth of color, and they expressed that safe environments are those which are supportive and which provide a place where individuals can express a personal sense of self to others.
- Unsafe environments are often found in religiously centered communities, as well as in various other specific locations within the city.
- The study participants stated that communities where programs and services predominantly serve heterosexual ethnic minorities can be less accepting and raise concern for personal safety.
- The study participants expressed a strong distrust of public safety officers and stated that they can only rely upon themselves for personal safety. They expressed more positive views toward teachers, guidance counselors, and school administration in advocating for their needs and understanding their concerns.
- GLBT youth of color have devised self-protective strategies, including using technology to stay in contact with friends when traveling and going to places in groups with people that they feel have their best interest at heart.

- Study participants identified a lack of adequate housing for GLBT youth of color. The amount of housing available to them is often small in number and may also require that they be diagnosed with a disability or illness in order to be eligible.
- Youth study participants recognized that for many individuals housing needs are a result of being expelled from their family homes because of conflict with family members regarding their sexual orientation. Family supports and counseling interventions need to be provided and suggested more often by service providers.
- Youth study participants stated that housing needs are further hampered by a lack of advocacy around their specific housing needs as well as a lack of support for them as GLBT individuals when accessing the limited services that are available to them. These factors in turn threaten their sense of personal safety.
- Many of the study participants stated that there is not a conflict between their various identities. In fact they expressed an ease of code switching between the expression of different aspects of their identity and feel that identity expression is largely dependent on situational and contextual factors within any given environment at a given moment.
- Study participants expressed that self-esteem is mostly affected by the various situations and scenarios that they are in at a specific moment. Youth express that self-esteem is not affected by a conflict between multiple identities, but rather by people around them. However, youth participants also stated that they are able to disregard what others have to say about them and focus more on an internal locus of control whereby they feel what is most important is how they feel about themselves.
- Study participants remarked that there are very few support structures and advocates for them within society, stating that more support exists within society for their ethnic identity and less around their sexual orientation. Furthermore, the study participants expressed that there is little to no support for their unique needs as a GLBT person of color.
- The study participants stated that there is no true community among GLBT youth of color in the Greater Boston area and that a lack of funding and in-fighting for the few available resources within the area serve as barriers to the development of a larger, cohesive community.
- Youth may turn to more non-traditional support structures like the ballroom and web-based communities to find places which create a sense of belonging.

- The GLBT youth of color interviewed for this study possessed a generally positive view of health care providers and stated that they understand their needs. However, they expressed a less positive view of behavioral health care providers, specifically, and feel that the stigma attached to accessing behavioral health services may be partially the reason why there is a lack of comfortable feelings toward behavioral health.
- The study participants stated that the key to positive relationships with health care providers is providing information and knowledge to the youth enabling the youth to make informed decisions and to fully engage in their own health care.

To help ensure that there is action taken and to begin addressing the community-identified health disparities facing GLBT youth of color, the following actions are recommended:

- Develop and implement sensitivity training with social service providers and public safety officers who regularly work with members of this community.
- Implement a continuum of care model to address the range of needs from physical, mental, emotional, and social health. The continuum of care should include physicians, behavioral health practitioners, social service providers (e.g., housing), and academic professionals (e.g., teachers, guidance counselors).
- Devise prevention strategies that are strengths-based and which target general issues such as self-esteem and self-efficacy. This will create an increased sense of self and will provide more resiliency in GLBT youth of color when facing situations that may place their personal well-being in jeopardy, such as engaging in at-risk activities in an attempt to cope with stress related to a poorer personal sense of self.
- Create opportunities through collaborative funding to begin strengthening the relationships among providers who work with GLBT youth of color.
- Provide opportunities to create a stronger sense of community for GLBT youth of color.
- Create systems whereby regular input and feedback can be provided to providers and funders from GLBT youth of color in order to adjust and refine prevention and intervention practices to address ever-changing needs (e.g., community forums, community feedback surveys, community assessment evaluations).

In conclusion, the GLBT Youth of Color Community Health Assessment has shed light on issues facing members of the GLBT youth of color community. Our hope is that the Massachusetts Department of Public Health Office of Health Equity will use this information to identify ways to intervene and further develop public policy responses, system change, enhanced regulations, and practices that will shrink the disparities of access to care for these youth. Members of this population are resilient and focusing on strengths-based strategies to engage individuals will be most successful.

Research Team

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TABLE 1: HEALTH DISPARITIES PROJECT RESEARCH PARTICIPANTS

Target Group	Data Collection Method	# of Participants
MSM – 16-18 y.o. 1 - male, African-American, 17 years of age 2 - male, Asian-American, 17 year of age 3 - male, Latino, 16 years of age 4 - male, Asian-American, 16 years of age 5 - male, African-American, 16 years of age 6 - male, African-American, 18 years of age	focus group	6
MSM – 19-21 y.o. 1 - male, African-American, 21 years of age 2 - male, African-American, 21 year of age 3 - male, Latino, 20 years of age 4 - male, African-American, 19 years of age 5 - male, African-American, 20 years of age 6 - male, African-American, 21 years of age 7 - male, African-American, 20 years of age	focus group	7
MSM – 22-25 y.o. 1 - male, African-American, 24 years of age 2 - male, Latino, 22 year of age 3 - male, Latino, 23 years of age 4 - male, African-American, 22 years of age 5 - male, African-American, 23 years of age 6 - male, African-American, 25 years of age 7 - male, African-American, 23 years of age 8 - male, African-American, 22 years of age	focus group	8
FTM (Transmen) 1 - biological female, African-American, 20 years of age 2 - biological female, African-American, 23 years of age	focus group	2
WSW – 16-18 y.o. 1 - female, Black, 18 years of age 2 - female, Mixed (Puerto Rican, African-American, Native American), 17 years of age	interviews	2
WSW – 19-21 y.o. 1 - female, Mixed (Black, Portuguese), 20 years of age 2 - female, Mixed (Black, Latina, Southeast Asian), 20 years of age 3 - female, African-American, 21 years of age 4 - female, African-American, 21 years of age 5 - female, African-American, 19 years of age	interviews	5
WSW – 22-25 y.o. 1 - female, Black/Haitian-American, Caribbean, 25 years of age 2 - female, African-American, 23 years of age 3 - female, African-American, 23 years of age	interviews	3
MTF (Transwomen) 1 - biological male, Mixed (African-American, European-American), 19 years of age 2 - biological male, Mixed	interviews	1 (2 with partial)

Endnotes

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- ² Kosciwk, J.G., Cullen, M.K. 2002. *The GLSEN 2001 National School Climate Survey: The school-related experiences of our nation's lesbian, gay, bisexual, and transgender youth*. New York: GLSEN.
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- ⁴ Rivers, I., D'Augelli, A.R. 2001. The victimization of lesbian, gay, and bisexual youths: Implications for intervention. In A.R. D'Augelli & C.J. Patterson (Eds.) *Lesbian, Gay, and Youths: Psychological perspectives*. New York: Oxford University (pp. 199-223).
- ⁵ Marmot, M. G., Wilkinson, R.G. 2006. *Social determinants of health*. London, Oxford University Press.
- ⁶ Crawford, I., Allison, K.W., Zamboni, B.D. 2002. The influence of dual-identity development on the psychosocial functioning of African-American gay and bisexual men. *Journal of Sex Research*, 39, (pp. 179-189).
- ⁷ Harper, G.W., Schneider, M. 2003. Oppression and discrimination among lesbian, gay, bisexual, and transgendered people and communities: a challenge for community psychology. *American Journal of Community Psychology*, 31, (pp. 243-252).
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- ⁹ Gavin, L., MacKay, A.P., Brown, K., Harrier, S., Ventura, S.J., et al. 2009. Sexual and reproductive health of persons aged 10-24 years – United States, 2002-2007. *Morbidity and Mortality Weekly Report*, 58(SS06), 1-58.
- ¹⁰ Smedley, B.D., Stith, A.Y., Nelson, A.R. (Eds.). 2001. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, D.C.: Institute of Medicine of National Academies Press.
- ¹¹ Johnson, N., Oliff, P., & Williams, E. An Update on State Budget Cuts At Least 46 States Have Imposed Cuts That Hurt Vulnerable Residents and the Economy. *Center on Budget and Policy Priorities*. Retrieved from <http://cbpp.org/cms/index.cfm?fa=view&id1214>.
- ¹² This study intended to reach individuals that were questioning their sexuality as well as younger persons as their input and feedback is important to include in this work. However, due to limited access and ability to reach these segments of the GLBT community they are not referenced in this piece. As a result, the study outcomes may be limited in their application to only GLBT members and those at the mid-to higher age range of this youth community.
- ¹³ The researchers in this study are immersed in the community through their direct connections to the Black community and/or the GLBT community. This is unlike the traditional CBPR model, which relies on researchers as outsiders coming into a community.
- ¹⁴ Monforte, Ivan, *House Ball Culture Goes Wide*, *The Gay & Lesbian Review Worldwide* 17 no5 S/O 2010, (pp. 28-30).