

# Vermont State Health Assessment Community Engagement Data

## LGBTQ+ Vermonters

The data in this slide deck is specific to the health needs of  
**LGBTQ+ Vermonters.**

May 2024

# Where does this data come from?

**This data was collected as part of the 2024 [Vermont State Health Assessment](#).**

We are grateful to the people of Vermont who participated in focus groups and interviews for the State Health Assessment. The following information comes from individuals who identify as and/or support the LGBTQ+ community.

The information presented here are the expressed opinions of Vermonters based on their lived and professional experiences. They are not the opinions of the Vermont Department of Health, but rather the people who make up the communities with whom we work.

# How can I use this data?

Please use this data freely! We hope that it is useful for our partners in your efforts to improve health and well-being.

You can use this data to:

- Elevate the voices of people with lived experience to provide context to quantitative data.
- Understand the factors that impact health and well-being.
- Identify solutions to address some of the most important health needs facing people in Vermont.
- Inform planning and decision-making for your organization or community.
- Identify opportunities for collaboration with other organizations or sectors.

Visit [How Healthy Are We? Data Resources | Vermont Department of Health](#) to access other Health Department data. Access local data, trends over time, visualizations and maps, equity and disparities information, topic-specific data and more.

# Who participated in the State Health Assessment?

## Geographic representation of focus group participants

County	Focus group involvement	% of State population
Addison	7%	6%
Bennington	<b>13%</b>	6%
Caledonia	7%	5%
Chittenden	25%	26%
Grand Isle	<1%	1%
Lamoille	4%	4%
Missing	6%	
Orange	<b>1%</b>	5%
Orleans	6%	4%
Rutland	6%	9%
Washington	8%	9%
Essex	1%	1%
Franklin	6%	8%
Windham	<b>4%</b>	7%
Windsor	<b>5%</b>	9%

## Community representation of focus group participants

Community	Focus group involvement
Older Vermonters	19%
Vermonters with a disability	19%
LGBTQ+ Vermonters	15%
Vermonters of color	14%
Missing data	11%
Unhoused Vermonters	10%
None of the above	8%
Indigenous Peoples	4%

## Community representation of interviewees

Community	Key informants
No specific community	23%
Vermonters of color	18%
Older Vermonters	15%
Vermonters with a disability	14%
Unhoused Vermonters	13%
LGBTQ+ Vermonters	11%
Indigenous Peoples	5%

# LGBTQ+ Vermonters: Key Drivers & Health Impacts

## (slide 1 of 4)

Key drivers are important factors that contribute to a health need. These were identified by the community.

Key Drivers	Health Impacts
<b>1. Doctors, hospital systems, and billing systems assume a binary system,</b> a pre-determined script, and consequently base healthcare decisions around that.	Numerous service gaps such as finding ovarian cancer and breast cancer too late, or not being reimbursed for pap smears.
<b>2. Provider ignorance and lack of awareness.</b> The experience of going to a provider who has no idea what the healthcare needs are of someone who is transgender is challenging. The patients need to inform and educate the providers rather than be able to seek help and resources. "It sounds like a simple thing, but when somebody is misgendering you every single time, when it feels like it's purposeful, then it feels like the healthcare system is purposefully not going to be providing you appropriate care."	Giving up trying to find care. Not having access to knowledgeable and qualified healthcare services. Mistrust.
<b>3. Small set of available and qualified providers.</b> Very few available medical and mental health providers in VT in general. Even less so providers who are LGBTQ+ accepting. Even less so providers who are knowledgeable.	Delay medical care, not get care at all, or travel very far or out of state to get the care needed. People are going out of state to give birth, to get emergency care, to get life-affirming procedures, and to get mental health care through telehealth.
<b>4. Not being believed and being discriminated against.</b> Experiences with medical and mental health professionals in which providers do not believe them, think pronouns are a preference, surgeries are elective, and identities are a choice. Some providers say outright they will not serve them. Others refer to specialists, like endocrinologists instead of spending time to treat them directly.	Interviewees said they do not feel safe enough to talk about what is going on with their body if they know they are not going to be believed, are discriminated against, or if a provider does not believe in transgender care. One bad experience can result in future lack of access.

# LGBTQ+ Vermonters: Key Drivers & Health Impacts

## (slide 2 of 4)

Key Drivers	Health Impacts
<b>5. A great need for information, support, and resources from providers.</b> For youth and supportive parents, resources on safe tucking and compression, access to puberty blockers.	Bypassing prescriptions and getting meds online, taking high rates of birth control pills, using household materials like duct tape for tucking and compression, using substances to self-medicate.
<b>6. Medicaid does not cover life-affirming procedures and labels them as cosmetic.</b> Medicaid does not cover reproductive material storage for people in transition. Many receive unexpected denials of claims, for example when trans people are pregnant, and their gender does not match what Medicaid is expecting.	Needed health care is unavailable and unaffordable. Extra hassle and advocacy to try to get needs met.
<b>7. Added financial barriers for LGBTQ+ youth and young adults.</b> They may be disconnected from families, and not have that support and financial safety net. There may be added barriers around employment due to discrimination.	Less able to make ends meet when starting out as an adult, less able to rebound when there's a crisis.
<b>8. Higher proportion of LGBTQ+ in the unhoused population.</b> A huge learning curve for staff in shelters, where there's confusion on where to house them in a binary housing setup.	Impacts sense of safety, belonging, mental health, substance use.
<b>9. LGBTQ+ elderly need housing with services and programming</b> that address their needs, and where they can continue to safely be out are largely nonexistent.	Health challenges that come with aging are exacerbated.

# LGBTQ+ Vermonters: Key Drivers & Health Impacts

## (slide 3 of 4)

Key Drivers	Health Impacts
<b>10. Living with discrimination on regular basis</b> at school, job, in encounters with the healthcare system.	Active discrimination on regular basis becomes an obstacle to being yourself, to being content with yourself, and there are internalized messages that harm confidence, sense of control, self-image, self-esteem, and the way one interacts with a medical environment that is potentially hostile. “If families were using this kid's name and pronouns, would they have the acute need for medication? If the communities that these young people were navigating were accepting of their whole authentic selves, including their gender identity, would they experience that same level of anxiety?”
<b>11. Barriers to wellness: needing to navigate discrimination in places others enjoy healthy physical and social activities</b> , such as afterschool activities.	Isolation. Higher rates of anxiety, depression, and insomnia, and use of self-harm and substance use as coping strategies, particularly among youth. Suicidality is an enormous concern.
<b>12. High levels of stress</b> from discrimination, political climate, lack of support, internalized messages about being bad or a burden.	Substance use.
<b>13. For youth, lack of power and control over their circumstances</b> , hard to navigate participation access.	Anorexia, self-harm. In one area reported more than half of queer kids have attempted suicide in junior high.

# LGBTQ+ Vermonters: Key Drivers & Health Impacts

## (slide 4 of 4)

Key Drivers	Health Impacts
<b>14. No mental health care available in general and for people in acute crisis.</b> Families at a loss about who there is to assist, where to go. Being told mental health is an option in VT, not a requirement during a crisis. Being told to wait 6 months for care. Going to ER only to be released.	Stop taking medications because cannot get to see a psychiatrist. Only available care is out of state through telehealth. Harm to self and property.
<b>15. Climate crisis increasing and not being addressed</b> is enormously stressful, especially to youth. “This has real implications for mental health concerns and for suicidal ideation. As young people think about the future that they are poised to head into, they are seeing very little action from the adults in their lives to take these crises seriously. And that is enormously stressful. [...] could we all have a stake in helping make the world better for the young people who are about to inherit it and don't want to inherit this burning trash ball that we have created?”	Anxiety, depression, hopelessness, suicidal ideation around climate change. Weight of inheriting this huge burden they did not cause.
<b>16. Youth ‘DIY’ management of puberty in the absence of gender-affirming care</b> and accessible pubertal blockers (do not want to grow breast, hips, get period, grow Adam’s apple, facial hair, etc.). “When young people can't get their needs met by adults, they are evil geniuses at DIY jobs.”	Anorexia, disordered eating, dehydration, bladder issues, skin concerns, breathing problems resulting from not doing tucking and compression safely and from delaying using bathrooms.
<b>17. A variety of cancers</b> such as breast, ovarian, colon, and stomach <b>misdiagnosed</b> or not at all thought of as an option.	Cancers found at an advanced stage.



# LGBTQ+ Vermonters: Summary of Key Drivers

#	Key drivers (not in order of importance)
1	Assumption of a binary system results in service gaps.
2	Provider ignorance and lack of awareness.
3	Small set of available and qualified providers.
4	Not being believed, being discriminated against.
5	A great need for information, support, and resources from providers.
6	Medicaid does not cover life-affirming procedures and labels them as cosmetic.
7	Added financial barriers for LGBTQ+ youth and young adults.
8	Higher proportion of LGBTQ+ in the unhoused population, with shelters set up in a binary manner.
9	LGBTQ+ elderly need housing with services and programming.
10	Living with discrimination on a regular basis.
11	Needing to navigate discrimination in places others enjoy healthy physical and social activities.
12	High levels of stress from discrimination, political climate, lack of support, internalized messages about being bad or a burden.
13	For youth, lack of power and control over their circumstances.
14	No mental health care available in general and for people in acute crisis.
15	Climate crisis increasing and not being addressed.
16	Youth 'DIY' management of puberty in the absence of gender-affirming care.
17	Misdiagnosis or delayed diagnosis of cancer.

# LGBTQ+ Vermonters: Possible Solutions

“Having that availability to ask questions freely, to not feel like you're going to be dismissed or rejected or outed based on your questions, and then to access those resources freely are really pivotal.”

These solutions were identified by participants of the focus groups and interviews.

## Possible solutions

- Offer more sliding scales and more cost transparency for health services.
- Expand the current database of existing LGBTQ providers to include all of VT and make it more widely available.
- Educate providers to have extra care with LGBTQ+ community (e.g., create a safe space, check in around pronouns, safety at home).
- Offer preventive health services where people are – home, work, and in the community – to make increase access.
- Embrace modalities of care such as group therapy, group wellness, peer counseling, acupuncture, Reiki, and joy filled events.
- Recruit and retain a diverse mental health and healthcare workforce through increased salaries, loan repayment, and housing support.
- Legislate against short term rentals so there are more housing units available to rent.
- Cap rent prices and amount of profit allowed from rent.
- Help current landlords and construction companies rehab units so they are up to code and livable and can go back on the market.
- Create a state database of buildings that are un- or under-underutilized and incentivize developers to create housing.
- Think through what a thriving wage is, not just a livable wage.
- Build processes to handle school discrimination that are educational rather than punitive in nature.
- Talk clearly about access to abortion, contraception, and gender-affirming care.
- Provide more information on Narcan and get more wound care into Narcan kits.