Youth Engagement Project

Addressing Barriers to Care through the Voices of LGBTQ+ Youths of Color

James Vamboi, MSW, Boston College
Jasmin Nalim Choi, MSW, Boston University

2017

Massachusetts Department of Public Health
Bureau of Infectious Disease and Laboratory Sciences

Table of Contents

Background

Massachusetts Department of Public Health (DPH), Justice Resource Institute Health (JRI Health), and Connect 2 Protect (C2P) Coalition are developing a community engagement project on HIV/AIDS prevention among LGBTQ youths. This project centers around young voices from the community through an assessment and series of discussions around youth access to infectious disease prevention and treatment, and access to PrEP. According to the Center for Disease Control, youths aged 13 to 24 diagnosed with HIV in 2014, 80% (7,828) were gay and bisexual males. Of those newly diagnosed young gay and bisexual males, 55% (4,321) were black, 23% (1,786) were Hispanic/Latino, and 16% (1,291) were white (CDC, 2015). Particularly, LGBTQ youths of color face more challenges and risks as evidenced by the racial justice framework and systemic racism.

More specific to Massachusetts, the data from the Office of HIV/AIDS in Massachusetts Department of Public Health reports an increase in the number of newly diagnosed HIV infections among men who have sex with men (MSM) under the age of 30 years. Among all the newly diagnosed HIV infections among MSM who are under 30, the proportion of youth group under 30 years old has increased from 21% in 2004 to 41% in 2014 (MDPH, 2016). Unlike their White counterparts, the Black and Hispanic/Latino youths MSM from age 13 to 24 years old had higher HIV infection diagnosis when compared to the older generation (MDPH, 2016). According to the Massachusetts Youth Risk Behavior Survey (MYRBS), multiracial youths and Latino youths are more likely to identify as LGBTQ or have same-sex contact. With around 12.5% of Multiracial, 12.2% of Latin American, 9% of Black, 8.8% of White, and 8.1% of Asian youths, these numbers show that intersecting identities with race, gender, and sexual orientation should be acknowledged in HIV/AIDS prevention model (Massachusetts Commission on LGBTQ Youth, 2016).

Purpose

This youth engagement project aims to utilize the feedback and recommendation of constituents around access to PrEP and infectious disease prevention and treatment. The partnership with these community-based organizations and youths will provide a more comprehensive approach to the community engagement project. By collaborating with the established institutions that work with LGBTQ youth population, the recruitment and facilitation of these discussions will be productive, impactful, and organized. Moreover, the experience of LGBTQ youths of color brings focus to racial justice framework, which incorporates the awareness and prevention model to address the systemic racism that further marginalizes LGBTQ community. Finally, this project addresses LGBTQ health through the social determinants of health framework by engaging with a target group that has a higher prevalence and risk (CDC, 2015).

Description

This project engages Black and Hispanic LGBTQ youths and young adults between the ages 13 to 24. The series of three discussions with 5-8 LGBTQ youths of color in each group will start from February 6 and conclude on March 26. The discussions will be facilitated by these two interns at each of the agency sites along with the provided refreshments and meals by DPH. The discussions centered around three major inquiries: needs and experiences related to health access, sexual health, and what culturally inclusive health care looked like in Boston. The well-structured topics and questions probed and elicited thoughtful responses, led to new insights and reflections, and generated productive discussions among young participants. The findings on this report call for more inclusive and progressive change to LGBTQ+ health care in the greater Boston area, especially for youths of color.

Methodology

This assessment integrated the quantitative and qualitative methods for a mixed method approach. This approach was necessary in order to acquire a full understanding of barriers and needs among LGBTQ youth community. The quantitative method was the Google survey form, which provided a secured platform for questionnaires and responses. The survey was advertised on Facebook via two social groups: Queer Exchange and Queer Exchange POC (People of Color). The groups cater specifically to the LGBTQ community in Boston and are hubs for information related to the LGBTQ experience. Furthermore, the community partner sites send out the survey to their memberships. Those two processes were the primary quantitative approaches for distributing the questionnaire, which provided the bulk of the data. The online assessments on google survey forms were available from March 30, 2017, to April 25, 2017.

The qualitative method consisted of two group discussions with the community partners GLASS and BAGLY at their respective locations. The youth participants joined the discussion with the facilitators for an hour. To create friendlier and casual atmosphere, the dinner was provided for the youth members prior to the discussion. The discussion with GLASS members took place on April 19 and BAGLY discussion took place on April 21. During these discussions, LGBTQ youths of color will be guided with four structured questions: *(1) What do you think are current barriers? (2) What are your experiences? (3) Can you recommend sustainable strategies for access? (4) Can you recommend strategies for retention in care for young people?* Along with these questions, further discussion revolved around topics of PrEP, and infectious disease prevention and treatment.

Findings

Online Assessment

Characteristics:

The online assessment yielded 56 responses. Characteristics of the study respondents are shown in Table 1. The average age of the respondents was 21 years old (range = 17 - 28, SD = 2.55). The majority of respondents were cis-woman (45%) and people of color (59%). Their sexual orientations varied widely from gay (13%), queer (38%), bisexual and pansexual (23%). Respondents were asked to rate their health as excellent, very good, good, fair, or poor. The majority positively rated their health as good (48%) and very good (30%).To assess their health service utilization, respondents were asked about the time they were last seen by the doctor. The majority (88%) of the respondents were seen by the providers less than a year ago. Most (80%) of the respondents reported that their provider's race was White. Due to the small number of responses of Black (N=22) and Hispanic (N=11), the following results are aggregated to combine racial minority groups as "people of color" group to compare to their White counterparts. The small statistical sample size may reduce the power of a study and increases the margin of error. Thus, the statistical analysis below is not conducive to establishing statistical significance.

Table 1. Respondent characteristics (N=56)

Variable	Mean (range, SD)	Percentage
Age	21.25 (17-28, 2.55)	
Race		
Non-Hispanic White		41%
Black, Hispanic		39%
Gender		
Transgender		18%
Cis Man		16%
Cis Woman		45%
Genderqueer		9%
Sexual orientation		
Gay		13%
Bisexual, pansexual		23%
Queer		38%
Lesbian		5%
Straight		7%
Perceived-Health		
Excellent		7%
Very Good		30%
Good		48%
Fair		9%
Poor		4%
Health Service Utilization		
Less than a year ago		88%
1 to 2 years		11%
2 to 5 years		2%
Race of the provider		
White		80%

Healthcare Experience:

Table 2 shows the results of the respondents' reports of their health care interactions compared to their racial groups. These perceived variables were examined to support the assumption that LGBTQ youths of color have more difficult experiences in healthcare setting than their White counterparts. Both groups reported a wide variety of their experience with provider's awareness of community issues, such as gentrification, trauma, policing and transportation limitations. Most answered positively (White=30%, POC=42%), but the negative responses were also present (White=22%, POC=24%). Both groups (White=22%, POC=18%) reported some negative experiences with the office (such as feeling disrespected or ignored), although the majority respondents reported positive interactions with the office. Although not statistically significant (p-value=0.1), less LGBTQ youths of color (39%) reported that they sometimes felt safe (White=61%) in health care setting compared to their White peers. More than one out of five respondents from both White and POC groups had to teach their providers about LGBTQ+ issues to get appropriate care (White=22%, POC=21%).

Table 2. Respondents' reports of their health care interactions by racial group

Perceived characteristics	White (N=23)	People of color (N=33)	P-value (α=0.05)
Provider's awareness of community issues			
Positive	30%	42%	0.36
Neutral	26%	24%	0.86
Negative	22%	24%	0.86
Experience with office			
Listened, responded	78%	82%	0.71
Disrespected, ignored	22%	18%	0.71
Safety in health care setting			
Often	30%	42%	0.36
Sometimes	61%	39%	0.10
Rarely	9%	18%	0.34
Had to teach providers about LGBTQ+			
Yes	22%	21%	0.93
No	43%	55%	0.37

Sexual Health:

As shown in Table 3, the sexual health traits were compared between the LGBTQ White youths and LGBTQ youths of color. It is worth noting that there are still many youths in greater Boston area that have not been tested in their lifetime. Also, the majority of respondents of color (67%) had their HIV and STI testing less than a year ago (White=43%). For the test results, LGBTQ youths of color had significantly greater STI positive status (White=0%, POC=24%). Both groups reported that only 9% of them were recommended PrEP by their providers. However, none of the White respondents were using PrEP while 6% of the respondents of color were using PrEP. Most respondents reported that they are not taking PrEP because they are: (1) in low-risk circumstances, and (2) are in a committed relationship and trust their partners. LGBTQ youths of color were more likely to report that they are not taking PrEP because of affordability issue compared to their White peers (White=3, POC=6). LGBTQ youths of color were more likely to report that they are not taking PrEP because they do not want to take a pill every day compared to their White peers (White=2, POC=8). More, LGBTQ youths of color reported that they are not taking PrEP because condoms protect them from other STI (White=3, POC=8). Few LGBTQ White youths reported that they are not taking PrEP

Table 3. Respondents' reports of sexual health by racial group

Sexual health characteristics	White (N=23)	People of color (N=33)	P-value (α=0.05)
Last HIV and STI testing			
Less than a year ago	43%	67%	0.07
1 to 2 years	22%	16%	0.57
2 to 5 years	9%	0%	0.08
More than 5 years ago	4%	0%	0.24
Never	22%	18%	0.71
Positive results			
HIV	4%	6%	0.74
Other STI	0%	24%	0.01
PrEP			
Recommended PrEP by their providers	9%	9%	1
Reported using PrEP	0%	6%	0.23
Reasons for not taking PrEP	(multiple responses)		
I am at a low risk circumstances	17	13	
In a committed relationship and trust my partner	9	8	
Condoms protect me from other STI	3	8	
I don't want to take a pill everyday	2	8	
Can't afford it, no insurance coverage	3	6	
Don't want others to find out	2	0	

because they do not want others to find out while none of the respondents of color reported that same reason (White=2, POC=0).

Discussion Groups

The qualitative findings are based on the responses from a group of 15 LGBTQ youth participants. At GLASS, the discussion group composed of six youths of color. At BAGLY, there were six youths of color and three White youths. All the participants from both groups are LGBTQ community members in greater Boston area. The following quotes are salient key themes that came from the discussion group conducted at each site with the youth members.

Validation and Respect:

A number of participants shared their frustrations around a lack of validation and respect from health care professionals in general. Some youths tended to feel dismissed about their health concerns from the providers:

> *"I know what I am talking about because it's my body"*
>
> *"People need to listen to what I am saying and make me feel validated"*

When healthcare providers do show validation and respect, they leave a positive impression:

> *"My therapist asked me for preferred name and pronoun, and that really helped me"*

The youth participants shared their experience of being invalidated as a patient because of their age and identity. Some youths commented on positive experiences with their healthcare providers when the providers make attempts to listen, validate, and acknowledge the patient.

Stigma and Stereotype:

Almost all participants had personal stories of how they perceived stigma in a healthcare setting. Following examples illustrate their perceived stigma and stereotype:

> *"I just wish that they asked me what I'm here about without assuming."*
>
> "*They think it's just a phase and no one takes it seriously"*
>
> *"You go to the hospital and you are Black effeminate then they ask directly 'oh did you have HIV testing?'"*

Given the notable perceived experience of stigma and stereotype, many are hesitant to disclose their identity. Most youths shared a similar experience of feeling othered and stereotyped: Many revealed that these repeated events make it difficult for them to be connected to care. These tangible and vital quotes help assess the current climate and environment of health care for LGBTQ youths of color.

Recommendations

The following recommendations are presented to the MDPH, Office of HIV/AIDS to advance health equity and reduce sexual health disparities among LGBTQ youths. Our approach to focus on LGBTQ youths of color produced recommendations that are culturally and racially inclusive for this population. The recommendations presented in this report are based on the in-depth information, feedback, and insight from individual experience and mutual feelings shared during the group discussions.

Recommendation 1:
Incorporate LGBTQ+ inclusive resources in the clinical care setting

The most salient issue illustrated when the youths discussed inclusivity in healthcare settings was gender, and specifically fear of being misgendered by their healthcare provider. Defining their gender for themselves is particularly important because it validates their existence in the way that they see it. Validating one's gender is crucial in developing a relationship with their healthcare provider according to the youth members. The youths expressed that they were very nervous and apprehensive about the care they receive. Some youth members pointed to LGBTQ inclusive practice as a win-win situation for all:

> "*Having doctor that makes me feel comfortable will make it easier for them to do their job"*
>
> *"If I don't feel comfortable with you then I'm not going to tell you things"*

The participants also noted that physical environment can be another factor in LGBTQ inclusive practice. Many youth members mentioned how having an LGBTQ poster or LGBTQ inclusive intake form can make a big difference. For example:

> *"It was a small poster at my old PCP. 'We accept all gender and sexuality.' I decided to come out to my doctor when I saw that small poster. I saw this small card form that shows my gender and*

sexuality and preferred name for me to write in. That made me feel welcomed."

"Preferred name and gender on their intake form makes me feel comfortable"

"If I were to go to the office and I see nothing related to LGBTQ, then I already feel isolated and scared that there will be an assumption about my gender and sexuality. I seriously look for those posters when I walk in."

Youths identified that asking and using one's pronoun and preferred name is one of many ways to validate one's LGBTQ+ identity. LGBTQ affirming illustrations in the waiting room, lobby, and other clinical settings prove to be effective in allowing youth the ability to safely open up about their gender and sexuality, which would allow a more thorough and receptive appointment.

Recommendation 2:
Standardize and enhance the cultural competence of staff at all levels

Youths expressed that the LGBTQ+ training is not consistent across the board. Notably, these participants highlighted their negative experiences with the non-clinical staff members, especially in the Emergency Department where it is much more fast-paced and disorderly than in the outpatient setting. For example:

"You don't want to go to ER because they misgender and assume things about you"

"You don't want the receptionists, triage nurses to misgender you and assume things about you"

"Not only the clinicians should be culturally competent but security officers and other personnel besides healthcare providers"

These examples illustrate the apparent gap in LGBTQ inclusivity training among all staff members who may come in contact with patients at any point in their visit. The youth participants pointed out that the non-clinical personnel does not have the same standard of cultural competency and cultural knowledge as healthcare providers. This gap in training and standards may provide awkward encounters, negative experiences, and unwelcoming experiences.

As for clinicians, the participants mostly had a positive experience with their primary care providers. However, few recommendations were given regarding clinical staff competency. Some commented on the heteronormativity among clinicians and lack of discussion of safe sex:

"Heterosexual assumption is still there even if your doctor talks about safe sex"

"They just tested me for gonorrhea but we never talked about safe sex."

The participants noted that there is a gap in patient education and patient-centered care model.

Recommendation 3:
Engage in meaningful interaction and interpersonal communication with youths in healthcare setting

The youths want to be in control of their narrative when it comes to their gender and sexuality. When healthcare providers mimic, bring up certain topics or shift their tone in language to appear more familiar with the LGBTQ community, the youth members perceived it as inauthentic. Additionally, these shifts in tone may be based on stereotypes related to the LGBTQ community, which is singular experiences not fully reflective of the vast LGBTQ community. One youth participant recounts their experience as a Black queer person:

"Nurses and health care providers change their demeanor when they find out you are queer...maybe they felt more comfortable to change tones (code-switching) once they know that you are gay...but it shows unprofessionalism. Why do people in upper power change once they find out if you are different? People use certain slangs to me if they find out you are queer to be more friendly...it's uncomfortable."

Regarding communication, most youths mentioned that they are more comfortable with healthcare practitioners who were trauma-informed, client-centered, and empathetic. The following examples illustrate the importance of active listening in improving interpersonal communication:

"I think doctors need to be more empathetic and actively listen. I felt that nurse practitioner are more good at bedside manner. Women medical professionals are more easy to talk to and they listen."

"As a woman of color, I feel more comfortable with women doctor because they take time to understand and listen to my concerns. I can tell who is there to help people or they just want a paycheck."

"Trauma-informed care is important because I had physicians not believe me when I tell them

things."

As evident from these quotes, the youth participants value authentic interpersonal communication skills in their patient-provider relationships. Healthcare providers need to incorporate trauma-informed care into their practice and avoid assumptions when interacting with LGBTQ youths.

Recommendation 4:
Identify opportunities and resources to prevent and divert youth homelessness

During the discussion, the youth members point out an apparent gap in addressing social determinants of health for LGBTQ youth community. Many youth participants shared their own experience and experience of their friends as homeless LGBTQ youths. The discussion called for an emphasis on shelter resources, but youth participants also believe that the opportunities for employment are critical. The youth members gave following examples to address homelessness among LGBTQ youth community and to develop more opportunities and resources, not just for survivability but, for sustainability:

"Let's get homeless shelters up for LGBTQ youth of color. Let's get more job opportunities for LGBTQ youth of color. A lot of people contracting HIV is because they are escorting, working on the streets, and getting high."

"Health care providers specifically for homeless youths are always helpful. I'm couch surfing and they would be okay with it if I tell them that. They wouldn't be ignorant about my parents being abusive or me being homeless. Some pamphlet or poster to show that they are aware of this youth homeless issue. It makes me feel comfortable telling them about my environment. Like being homeless puts me at more risks for tuberculosis but if I can't tell them that I am homeless then it's bad for medical practice."

The youth participants expressed that LGBTQ youths of color are at higher risk because they are forced to put themselves in risky situations due to limited economic opportunities. Many stated that jobs are prevention as a part of social determinants of health. Similar to the staff competency and inclusive environment themes, the youth participants prefer homeless-friendly and informed healthcare providers and settings.

Recommendation 5:
Explore and provide innovative ways to educate youths on sexual health through race-positive, LGBTQ+ inclusive, and tailored practices

PrEP is an effective tool in preventing the transmission of the HIV virus, but the youth participants from the discussion were not settled on its universal effectiveness of other sexually transmitted infections. They tended to feel that it would be more appealing to them if PrEP shielded them from other threats in addition to HIV disease. These examples illustrate the concerns youths had with the recent effort to encourage PrEP under "prevention as treatment" model:

> *"I would prefer more condom ads as prevention - since it protects everything - than just pushing for PrEP."*
>
> *"I think PrEP works but either way I'm still going to take a pill - even when I am positive or negative. Even if I do get HIV then I still have to take a pill."*

Another youth participant shared that the HIV testing and awareness campaign was not enough to actually address the stereotype and stigma that the HIV+ community faces daily:

> *"I think HIV testing is already being pushed enough. There should be campaigns about stopping stigma around HIV/AIDS. There are people who would rather sit there with it and not deal with it because they do not want to come to terms with their HIV results. It's kind of like when you identify as gay and you go into this community space for LGBTQ...all you hear about is HIV, HIV, HIV… but you don't hear it elsewhere. If more people come out as HIV+ as a role model status then that's number one way to stop the stigma of HIV."*

Additionally, they expressed that regardless of PrEP, there was not a lot of same-sex education in their public schooling. For example:

> *"School needs more sex ed. I had no sex ed. It was nothing. I had one sex ed class, and it was very medical, textbook-based and technical. They need to talk about AIDS. Don't label it as gay sex but talk about anal sex and same-sex interactions."*

The youths called for practical information pertaining to sex, transmission, and prevention tailored for LGBTQ youths. The stigma surrounding gay sex is saturated with notions of HIV and death, which is not

the reality of the ailment, but it still prevents people from entering any type of dialogue related to it and forces youths to figure it out on their own.

Limitations

It is important to note some of the limitations of this project from the methodological and implementation point of view. First, the funding for this project was limited. A monetary compensation would have been another way to thank the youth participants for their time and create incentives for greater participation. Second, the small sample size in the quantitative assessment made it difficult to find significant relationships from the data. As a result, the low number of respondents limited the validity, rigor, and significance of the data and statistical testing. Due to the lack of sizable representative of certain groups, the results of the findings are generalized. For example, there were more women respondents than men, which skewed the data on PrEP questions. There was no group differentiation within the transgender group, such as transmen and transwomen, due to the limited number of responses. Third, the self-reported data for both quantitative and qualitative research may contain potential sources of bias. Fourth, the data collection method could have been improved with more sophisticated survey tools and software. Although there is no evidence that suggests multiple entries, it is worth noting that the Google Form for this project was susceptible to multiple entries by individuals. Lastly, the authors had limited access, resource, and time to conduct this project. During this period, both authors were interns and graduate social work students, which made it difficult for them to devote more time and energy for data collection, research outreach, and community partnership.

Acknowledgements

We would like to thank BAGLY and GLASS staff and youth participants, and the respective youth advisory boards that granted us the privilege to hear their stories. We would like to extend our gratitude to all those who participate in the online assessment and discussion groups. This report would not have been possible without your individual voices. We also want to thank the Massachusetts Department of Public Health (DPH), specifically the Office of HIV/AIDS who are committed to addressing racial disparities across the Commonwealth. The meals provided at the discussion groups were sponsored by DPH. Lastly, we want to acknowledge our supervisors, Barry Callis (DPH), John Gatto (JRI) and Katie Johnson (JRI) for their guidance and advice throughout this project.

James Vamboi, Jasmin Nalim Choi, May 2017

Author Biographies

James Vamboi

James Vamboi is the Manager of Individual Giving at Health Leads. Health Leads envisions a healthcare system in which all patients' essential needs are addressed as a standard part of quality care. Prior to Health Leads, James interned with Massachusetts Department of Public Health within the Office of HIV/AIDS for a year and worked on major gift strategy at Newton-Wellesley Hospital Charitable Foundation for two years. James received his BA in Political Science and English from Indiana University of Pennsylvania and his MSW from Boston College in 2017.

Jasmin Nalim Choi

Originally from Seoul, South Korea, by way of Los Angeles, Jasmin Choi now resides in Boston to pursue her passion as a public health social worker. Jasmin works for Boston University School of Public Health as a researcher in their Community Health Sciences department. In 2017, Jasmin earned her MSW from Boston University, with a concentration in Macro Social Work and a certificate in Group Work. Jasmin is graduating in 2018 with a Master's degree in Public Health with a concentration in Biostatistics and Epidemiology.

Bibliography

CDC. (2015) Diagnoses of HIV infection in the United States and dependent areas, 2014. *HIV Surveillance Report* 2015;26. Vol. 26. Retrieved from http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-us.pdf

Massachusetts Commission on LGBTQ Youth. (2016). Annual Policy Recommendations FY 16 Summary. Retrieved from http://www.mass.gov/cgly/FY16RecommendationsSummary%20readable.pdf

Massachusetts Department of Public Health. (2016). *Massachusetts Integrated HIV Prevention and Care Plan. HIV/AIDS Services in the Commonwealth: 2017-2021.* Massachusetts Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences, Office of HIV/AIDS. Retrieved from http://www.mass.gov/eohhs/docs/dph/aids/mass-hiv-aids-plan.pdf

APPENDIX

Appendix A:
Additional Guided Discussion Questions

1. Which qualities of health care providers are important to you?
2. Which environmental qualities are important to you in a healthcare setting?
3. What experiences (good or bad) have you had in the health centers where you receive care?
4. Is PrEP the best strategy in decreasing HIV infections in the state? If not, what do you think the state should explore?

Appendix B:
Assessment Questions and Answer Choices from Google Form

1. I am affiliated with
    a. GLASS
    b. BAGLY
    c. Both
    d. Neither or Not sure
2. I identify as
    a. African descent/Black/Caribbean
    b. Arab/Middle Eastern
    c. Asian or Pacific Islander
    d. Latina/o/x
    e. Native/Indigenous
    f. Multi-Racial
    g. White/European descent
    h. Race or ethnicity not listed
    i. Other
3. I identify most as
    a. Androgynous
    b. Genderqueer
    c. Two-spirit
    d. Transgender
    e. As a woman or on the feminine spectrum
    f. As a man or on the masculine spectrum
    g. Not sure about my gender identity
    h. Gender identity not listed
    i. Other
4. I identify most as
    a. Bisexual or pansexual
    b. Gay
    c. Lesbian
    d. Queer
    e. Questioning (not sure about my sexual orientation)
    f. Straight
    g. Sexual orientation not listed
    h. Other
5. What zipcode do you live in?
6. How old are you?
7. On average, how would you rate your current health status?
    a. Excellent
    b. Very Good
    c. Good
    d. Fair
    e. Poor
8. Where do you go to receive health care?
    a. Planned Parenthood
    b. Boston Medical Center (BMC)
    c. Mass General Hospital (MGH)
    d. Beth Israel Medical Center
    e. Brigham Women's
    f. Boston Children's Hospital
    g. Fenway Community Health Center (and/or Sidney Borum Health Center)
    h. Codman Square Health Center
    i. Southern Jamaica Plain Health Center
    j. Mattapan Community Health Center

k. Dimock Community Health Center
l. Whittier Street Health Center
m. Cambridge Health Alliance
n. None, I do not receive health care
o. Rather not say
p. Other

9. When was the last time you saw a health provider?
    a. 1 Year ago and less
    b. More than 1 year ago but less than 2 years ago
    c. More than 2 years ago but less than 5 years ago
    d. More than 5 years ago
    e. Never
    f. Don't know
10. What is the ethnic/racial background of your recent health care provider?
    a. African descent/Black/Caribbean
    b. Arab/Middle Eastern
    c. Asian or Pacific Islander
    d. Latina/o/x
    e. Native/Indigenous
    f. Multi-Racial
    g. White/European descent
    h. Race or ethnicity not listed
    i. Other
11. I feel my health provider is aware of the issues in my community. (By issues, we mean gentrification, trauma, policing and transportation limitations)
    a. Strongly agree
    b. Agree
    c. Neutral
    d. Disagree
    e. Strongly disagree
    f. Not applicable or Don't know
12. What was your experience like the last time you visited your health care provider's office?
    a. My provider listened and responded to my needs
    b. Disrespected
    c. Ignored
    d. Treated like I was disgusting
    e. Verbally harassed
    f. Physically attacked or assaulted
    g. Not applicable. I have not tried to access health care
    h. Other
13. How often do you feel safe in healthcare setting?
    a. Never
    b. Rarely
    c. Sometimes
    d. Often
    e. Not applicable
14. I had to teach my health provider about LGBQ and/or transgender/gender nonconforming people in order to get appropriate care.
    a. Yes
    b. No
    c. Not applicable or Not sure
15. Do you know where to go to find affirming healthcare? (By affirming, we mean supportive of you as an LGBTQ and/or person of color)
    a. Yes
    b. No
16. When was the last time you had an HIV or STI test?
    a. 1 Year ago and less
    b. More than 1 year ago but less than 2 years ago
    c. More than 2 years ago but less than 5 years ago
    d. More than 5 years ago

e. Never
f. Rather not say

17. What were the results of the last HIV or STI test?
    a. HIV negative
    b. HIV positive
    c. Chlamydia negative
    d. Chlamydia positive
    e. Gonorrhea negative
    f. Gonorrhea positive
    g. Syphilis negative
    h. Syphilis positive
    i. Don’t know
18. Has your health care provider ever recommended or mentioned PrEP to you? (PrEP is Pre-exposure Prophylaxis and it's the use of anti-HIV medication that keeps HIV negative people from becoming infected)
    a. Yes
    b. No
    c. Don’t know
19. Do you currently use Truvada as PrEP?
    a. Yes
    b. No

If YES, then skip Question 20 and end assessment.
If NO, then continue.

20. I don’t use PrEP because
    a. I don’t want to take a pill everyday
    b. I’m uncomfortable asking my healthcare provider about it
    c. My insurance company doesn’t fully cover it
    d. Can't afford it
    e. I take other pills daily
    f. Condoms protect me from other sexually transmitted infections, not just HIV
    g. My current circumstances and behaviors put me at a low risk of HIV infection
    h. I'm in a committed relationship, and I trust my partner
    i. I don’t want my parent/guardian/caregiver to discover I’m sexually active
    j. Not applicable
    k. Other

Appendix C:
Data Tables

Table 1. Respondent characteristics (N=56)		
Variable	Mean (range, SD)	Percentage
Age	21.25 (17-28, 2.55)	
Race		
Non-Hispanic White		41%
Black, Hispanic		39%
Gender		
Transgender		18%
Cis Man		16%
Cis Woman		45%
Genderqueer		9%
Sexual orientation		
Gay		13%
Bisexual, pansexual		23%
Queer		38%
Lesbian		5%
Straight		7%
Perceived-Health		
Excellent		7%
Very Good		30%
Good		48%
Fair		9%
Poor		4%
Health Service Utilization		
Less than a year ago		88%
1 to 2 years		11%
2 to 5 years		2%
Race of the provider		
White		80%

Table 2. Respondents' reports of their health care interactions by racial group			
Perceived characteristics	White (N=23)	People of color (N=33)	P-value (α=0.05)
Provider's awareness of community issues			
Positive	30%	42%	0.36
Neutral	26%	24%	0.86
Negative	22%	24%	0.86
Experience with office			
Listened, responded	78%	82%	0.71
Disrespected, ignored	22%	18%	0.71
Safety in health care setting			
Often	30%	42%	0.36
Sometimes	61%	39%	0.10
Rarely	9%	18%	0.34
Had to teach providers about LGBTQ+			
Yes	22%	21%	0.93
No	43%	55%	0.37

Table 3. Respondents' reports of sexual health by racial group			
Sexual health characteristics	White (N=23)	People of color (N=33)	P-value (α=0.05)
Last HIV and STI testing			
Less than a year ago	43%	67%	0.07
1 to 2 years	22%	16%	0.57
2 to 5 years	9%	0%	0.08
More than 5 years ago	4%	0%	0.24
Never	22%	18%	0.71
Positive results			
HIV	4%	6%	0.74
Other STI	0%	24%	0.01
PrEP			
Recommended PrEP by their providers	9%	9%	1
Reported using PrEP	0%	6%	0.23
Reasons for not taking PrEP	(multiple responses)		
I am at a low risk circumstances	17	13	
In a committed relationship and trust my partner	9	8	
Condoms protect me from other STI	3	8	
I don't want to take a pill everyday	2	8	
Can't afford it, no insurance coverage	3	6	
Don't want others to find out	2	0	