

Rainbow Health Initiative

Reflections on the achievements and impacts of Rainbow Health Initiative's work to advance LGBTQ health equity

Rainbow Health Initiative (RHI) influences policy and legislation related to LGBTQ health and leverages new and existing coalitions and networks to expand awareness of LGBTQ health issues. RHI also analyzes and reports on LGBTQ health data from its Voices of Health survey, engages in a variety of communications strategies to activate a base of supporters and advocates, and creates sustainable tobacco-free environments. With funding support through the Health Equity in Prevention (HEiP) initiative through the Center for Prevention at Blue Cross and Blue Shield of Minnesota they have:

- Educated legislators on health equity and its impact on the LGBTQ population, which contributed to the passage of anti-bullying legislation, protections for LGBTQ people in the state health insurance marketplace, and the addition of questions about gender identity and sexual orientation to the Minnesota Student Survey.
- Led the LGBTQ Health Advocacy Roundtable, a group of organizations and stakeholders who address health disparities and issues facing LGBTQ communities.
- Provided assessment and training to health care providers to encourage long-term systemic change in how the health care system works with LGBTQ patients.
- Administered the Voices of Health survey every year since 2011 online and at Pride events across the state.

In March 2018, 12 project stakeholders, including RHI staff, board members, and project staff were invited to a Ripple Effects Mapping discussion about the project's impact in the community. The discussion was intended not only to provide the participants a chance to consider how the project has achieved its intended goals, but also to identify indirect or unexpected impacts.

PROJECT IMPACTS

During the discussion, participants had opportunities to discuss RHI's achievements and other impacts of the organization's work. The observed impacts fell into four main categories:

- Advancing LGBTQ health equity through policy and systems changes
- Serving as a resource to organizations and institutions for LGBTQ health equity work
- Building connections with other organizations
- Putting research into action

A summary of the discussion related to each area of change is included in this report, and the specific impacts identified by the participants during the mind mapping exercise are listed in the Appendix.

What is Ripple Effects Mapping?

Ripple Effects Mapping (REM) is an evaluation tool used to better understand the intended and unintended impacts of a project. It is particularly helpful when evaluating complex initiatives that both influence, and are impacted by, the community. REM is a facilitated discussion with project staff and local stakeholders that creates a visual "mind map" during the discussion that shows the linkages between program activities and resulting changes in the community.

This approach is intended to help demonstrate the project's impacts more holistically and to describe the degree to which different types of impacts are observed by project staff and community stakeholders.

Ripple Effect Mapping: Rainbow Health Initiative

BUILDING CONNECTIONS WITH OTHER ORGANIZATIONS

RHI has successfully connected organizations working to address health disparities. This has given these organizations opportunities to join forces to better advance LGBTQ without duplicating efforts.

RHI has been indispensable as a convener and a connector, which has allowed for connections between organizations and for specialization and variation in the work of other LGBTQ organizations.

Rainbow Health Initiative

PUTTING RESEARCH INTO ACTION

Many other organizations have used the data collected by RHI to push for policy changes to improve the lives of LGBTQ communities. These data have also given organizations and legislators a broader understanding of health disparities in LGBTQ communities.

RHI is the exclusive organization putting numbers to the LGBTQ community to pinpoint their health needs and outcomes.

SERVING AS A RESOURCE TO ORGANIZATIONS AND INSTITUTIONS ADDRESSING LGBTQ HEALTH EQUITY WORK

RHI has worked to advance LGBTQ health equity by serving as a resource to other organizations working with LGBTQ communities and other priority populations. This has included sharing their data with other organizations, serving on committees focused on health equity, and developing a directory for LGBTQ patients looking for health care providers who can meet their needs.

Data and organizing from RHI has helped Representative Keith Ellison understand the scope of discrimination within the health care system and how to strategize to elicit change.

ADVANCING LGBTQ HEALTH EQUITY THROUGH POLICY AND SYSTEMS CHANGES

RHI's work has contributed to policy and systems changes that have advanced health equity in LGBTQ communities in Minnesota. These policies include: tobacco-free Pride policies, changes to the Minnesota Student survey, policies protecting LGBTQ individuals from experiencing discrimination when seeking health insurance, and allowing gender to be changed on Minnesota birth certificates.

Minnesota went from the state with the weakest bullying legislation in the nation to the strongest. [This was due to] having data available from the Minnesota Student Survey to counter arguments from legislators that there were no LGBTQ kids in their districts.

DISCUSSION THEMES

Advancing LGBTQ health equity through policy and systems changes

During the discussion, participants shared examples of how RHI has advanced health equity in LGBTQ communities by contributing to policy and systems changes. RHI's work has led to an increase in the number of Pride events around the state that have tobacco-free policies. RHI advocated for changes in the Minnesota Student Survey (MSS), which now asks students questions about gender identity and sexual orientation. The data gathered through this survey was essential in passing statewide anti-bullying legislation. Data from the survey provided new information about the percentages of LGBTQ youth in Minnesota and the need for this legislation.

Participants also discussed how the work of RHI has contributed to other policy changes, such as the Minnesota Department of Health policy allowing for gender on birth certificates to be changed. RHI's work has led to other health care systems changes. RHI has worked with the Minnesota Department of Commerce to ensure that health care plans on the state exchange do not discriminate against transgender individuals. In addition, RHI now has contracts with almost every health care system in Minnesota to do LGBTQ health education and training. LGBTQ health will be included as part of Augsburg College's physician assistant program.

Minnesota went from the state with the weakest bullying legislation in the nation to the strongest. [This was due to] having data available from the Minnesota Student Survey to counter arguments from legislators that there were no LGBTQ kids in their districts.

[One success was] getting the State Department of Commerce to make it illegal for MNSure to sell health plans that discriminate against trans people.

Serving as a resource to organizations and institutions on addressing LGBTQ health equity work

Discussion participants noted that RHI has become a resource for other organizations who work with LGBTQ individuals. Health care systems have been using the training and education provided by RHI to better serve their patients. LGBTQ patients are using the provider directory developed by RHI to find the right provider for their health care needs. In addition, RHI has worked to advance health equity by helping other organizations understand the intersection between the communities they serve and the LGBTQ population. Another example of RHI's health equity work has been the appointment of RHI's executive director to the Minnesota Department of Health's Health Equity Advocacy Leadership committee. Participants also discussed how RHI has used their own data to educate others on the existence of health disparities between LGBTQ people and other groups. For example, one participant noted that this data has helped Minnesota congressional representatives better understand how LGBTQ individuals are experiencing discrimination in the health care system.

RHI is a "go-to" resource for expertise in working with LGBTQ people.

Data and organizing from RHI has helped Representative Keith Ellison understand the scope of discrimination within the health care system and how to strategize to elicit change.

Building connections among other organizations

Participants discussed how partnerships have been integral to RHI's health equity work. In addition to building connections with other organizations who work with LGBTQ individuals, RHI has also successfully connected organizations who address health disparities affecting LGBTQ communities via the LGBTQ Health Advocacy Roundtable. This has resulted in increased trust between the participating organizations and helped them identify roles they can each play in advancing LGBTQ health equity without duplicating efforts. Congressional staff have also participated in this group, allowing them to stay in touch with the multiple organizations working on this topic at once.

RHI has been indispensable as a convener and a connector, which has allowed for connections between organizations and for specialization and variation in the work of other LGBTQ organizations.

The relationships that have happened as a result of the Health Advocacy Roundtable would not have happened otherwise.

Putting research into action

Discussion participants brought up the many ways that the data generated by RHI through the Voices of Health annual survey have been used to advance LGBTQ health equity. RHI's partners have been able to use these data to push for policy change (as mentioned above with statewide legislation) and participants noted that awareness of issues facing LGBTQ communities has grown because of the research that RHI has done. One participant mentioned that organizations now have a broader understanding of health disparities than they did before RHI's work. In addition, these data have provided the foundation for other researchers to move forward work in LGBTQ communities.

RHI is the exclusive organization putting numbers to the LGBTQ community to pinpoint their health needs and outcomes.

Our foundational data has been the impetus for expanded research at the university level.

CHALLENGES

Participants identified several challenges to their work. They noted that they have struggled with a lack of diversity on their staff and board. In addition, collaborating with organizations who work with LGBTQ communities of color has been difficult because those organizations are typically underfunded and do not have the capacity for additional work.

RHI and other LGBTQ-serving organizations have experienced an overall decline in funding as well. One participant noted that there is the perception that Minnesota is “doing well” with regard to LGBTQ issues compared to other states and so funding has shifted. Overall, getting funding to do research has been a challenge for RHI. In addition, many funders want to fund evidence-based practices, which is challenging for organizations who are doing innovative work.

The following questions may be helpful for RHI and its partners to consider as they plan their future work:

- What individuals, organizations, or groups should RHI reach out to as it seeks to improve its focus on racial equity and its impact on LGBTQ communities? What changes could RHI make to its organization or work that would support racial equity?
- What are some strategies RHI could use to frame its work in a way that emphasizes the need for action on and understanding of issues still facing LGBTQ communities in Minnesota?
- What are the impacts of RHI’s work to improve the practices of health care providers? How can RHI build this research base so this work can be considered an evidence-based practice? Who are the funders most likely to support this type of work and what other partnerships are needed?

FUTURE DIRECTIONS

In late 2017, RHI merged with the MN AIDS Project as a way to ensure the stability and financial health of RHI and their health equity work. Participants discussed the importance of this merger in protecting the work of RHI. One participant noted that this move might pave the way for other small organizations to do something similar as a way to advance the work. Participants expressed that the merger was a bold decision and one that was successful because of RHI’s leadership and focus on serving all LGBTQ communities.

APPENDIX: Project impacts identified by discussion participants



ADVANCING LGBTQ HEALTH EQUITY THROUGH POLICY AND SYSTEMS CHANGES

Tobacco policy work
Tobacco-free Prides
Flavored tobacco and menthol policy: being able to use data from the LGBTQ community to result in those policies
MDH policy on birth certificates: allows gender on birth certificates to be changed, making it an easier and more accessible process
Standards of inclusion: RHI has contracts for some level of education and training with almost every health care system in the state
Bush Grant: Integration of LGBTQ health as part of Augsburg's physician's assistant program
Safe Schools bill: MN went from weakest bullying legislation in the nation to the strongest
Having data available from MSS to counter arguments from legislators that there were no LGBTQ kids in their districts made it more difficult to disagree with creation of Safe Schools policies
Working with Department of Health on first Health Equity report to ensure that disparities within the LGBTQ community were included
Getting the State Department of Commerce to make it illegal for plans on MNSure to sell plans that discriminate against trans people-RHI is working with orgs and got governor to sign it



SERVING AS A RESOURCE TO ORGANIZATIONS AND INSTITUTIONS ADDRESSING LGBTQ HEALTH EQUITY WORK

RHI is a "go-to" resource for expertise on working with LGBTQ+ individuals
Created LGBTQ provider directory
Clinical gold standard with community innovation grant (clinical and public health practice)
Marketing campaigns have used RHI statistics for educational purposes
Partners have discussed the expertise they have gotten from RHI
Advocacy work to advance health equity
Helping other organizations that work with priority populations understand the integration and overlap within their communities for LGBTQ folks to add that to their work
Before marriage equality, there was work on a number of issues that became moot as a result of that law (for example, visitation rights)
Data and organizing from RHI helped Keith Ellison understand the scope of discrimination within the health care system and how to strategize to elicit change
Education about that fact that health disparities exist--the Opportunity Conference is an example of that



BUILDING CONNECTIONS WITH OTHER ORGANIZATIONS

RHI has been indispensable as a convener and as a connector. It allows for connections between organizations and allows for specialization and variation within LGBTQ organizations.
Convening via roundtable
Roundtable as a learning space and helped to identify roles that they can play
Roundtable connects policy-makers, not just policy advocates
Congressional staff wouldn't be able to stay in touch with organizations due to time demands

Relationships as a result of health advocacy roundtable wouldn't have happened if those organizations hadn't talked to each other

Merger

The kind of organization that we are and the leadership that we have is unique and has made it possible for us to merge, which is a bold and courageous move that very few other organizations even attempt. That's something we need to celebrate.

A number of other nonprofit leaders commented on appreciating the bold move in considering the merger but hoping that they will become a central point in others considering joining RHI to serve the broader community

Ego-less boards and institutions and executives have egos. You have to be able to enter the discussion with the greater good and community in mind

Synergies from merger will be better for the community, hope that other compatible organizations will join

PUTTING RESEARCH INTO ACTION

RHI is exclusive organization putting numbers to the LGBTQ community to pinpoint their health needs and outcomes

Education (networking through the Opportunity Conference)

Working with the state to make sure questions are included

Being useful to lots of organizations (state, university) promoting data collection

Connections with the state have been impactful on policy and on tactical things to measure

Our understanding of health disparities and health issues has grown, has gotten broader, and more

Awareness of issues has grown within the LGBTQ community

Behavioral health and substance use as part of the health equation

Voices of Health survey

Foundational data has been the impetus for expanded research at the university level

Response to diverse communities to ensure outreach and data reflect communities

CHALLENGES AND UNINTENDED OUTCOMES

Most funders want evidence-based practices; RHI is creating that. For the most part, those organizations (funded) are creating them

Learning curve with distinguishing with POC communities within the LGBTQ communities? Understanding differences

In a very small organization, it's very hard to have a lot of representation in staff, and the board has struggles with diversity as well

We have recognized that we haven't done a good job in connecting with communities of color to get sufficient numbers to disaggregate data. We are getting better but still struggle with it. Related to working with communities of color and getting them to ask them because of cultural differences

Other factors (political climate, secular trends, communities)

POC organizations have challenges in getting the same level of funding as RHI, which makes it harder for RHI to work with communities of color, because of the fundamental racial disparities in MN's backbone

The Midwest is turning colder toward us

RHI has suffered like many LGBTQ organizations from general homophobia and heterosexism (e.g. foundations being conservative and not wanting to fund queer stuff, being seen as a second-class set of populations, such as Proud Recovery-we have \$35,000 and other organizations got \$170,000). Nobody would ever admit it but there's definitely a bias against it. It's going away but it could be coming back.

MN has experienced a decline in funding for racial disparities, and is a direct result of focus on funding on LGBTQ people in the South. That funding has shifted from states that are perceived to be doing well.

In 2016, data saw 28 states experiencing a decline in funding

Funding research is challenging-why can't organizations give the money to do it

Disappointing that BCBS has not figured out a way to sustain the work they have been funding