

# Rainbow Health Initiative

## *Impacts and opportunities: Results from a discussion of Rainbow Health Initiative's health equity work*

In 2013, the Rainbow Health Initiative (“RHI”) received funding from the Center for Prevention at Blue Cross and Blue Shield of Minnesota through the Health Equity in Prevention (HEiP) initiative. Through their work, they are focusing on improving LGBTQ health by influencing policy and legislation, leveraging coalitions and networks to expand awareness, providing training and presentations to health professionals, and conducting a survey on health attitudes and individual health for LGBTQ people in Minnesota.

In December 2014, a group of 18 project stakeholders were invited to a Ripple Effect Mapping discussion about RHI's health equity work. The discussion participants included RHI staff and board members, and representatives from the office of Senator Al Franken, Lavender Magazine, the PRIDE Institute, the Association for Nonsmokers, and OutFront Minnesota. The discussion was intended to not only provide the participants a chance to consider how successful the project has been in achieving its intended goals, but also to identify the indirect or unexpected project impacts.

### PROJECT IMPACTS

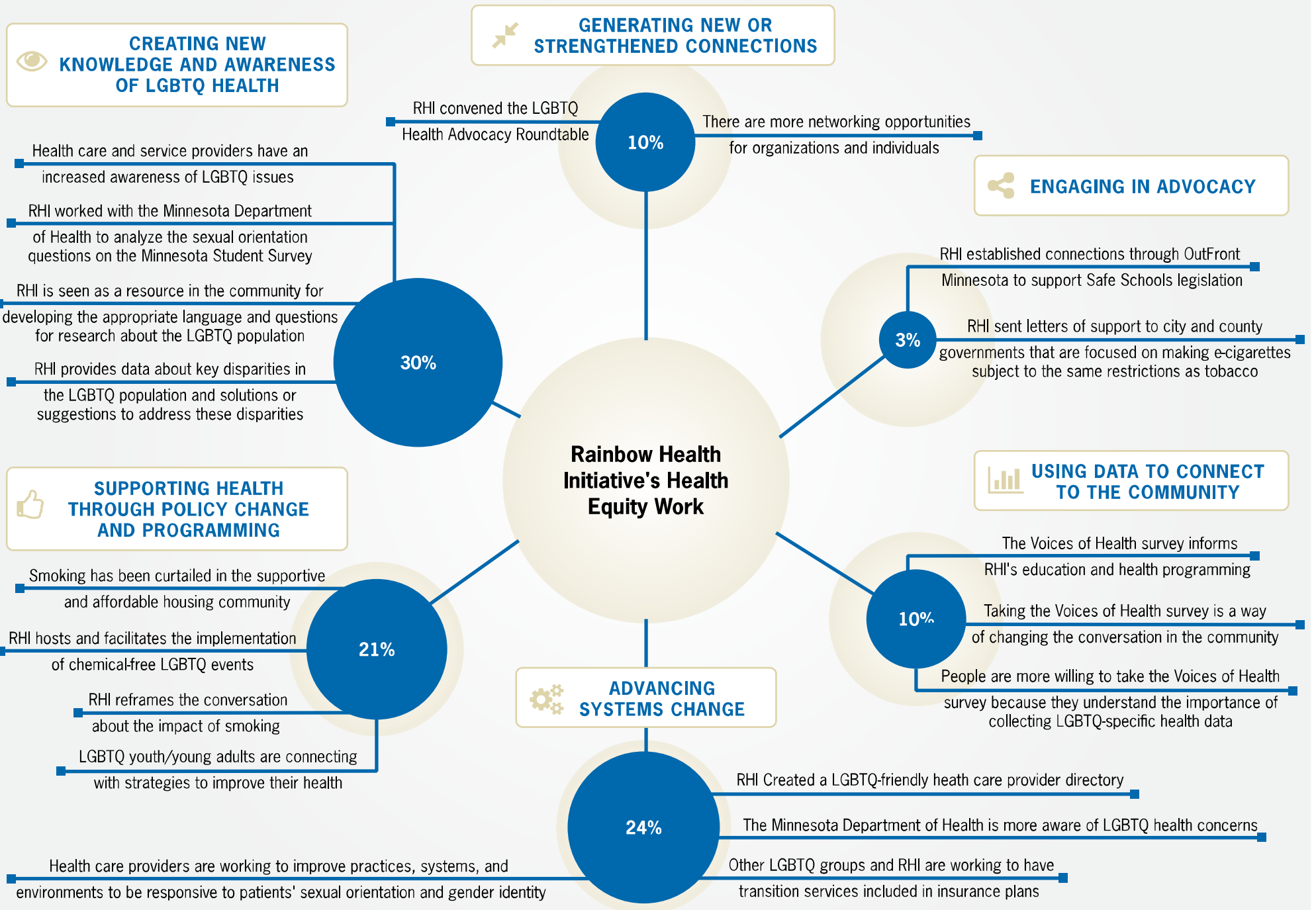
During the discussion, all participants had opportunities to describe RHI's achievements and to discuss the indirect impacts of its work. The participants grouped each of these observed impacts into six main types of changes that had taken place as a result of RHI's work: engaging in advocacy; using data to connect to the community; supporting health through policy change and programming; advancing systems change; creating new knowledge and awareness of LGBTQ health; and generating or strengthening connections. Participants were not asked to rank the relative importance of these impacts in relationship to one another. However, the graphic included in this summary does show how many times the participants identified a change in each key area and offers a few examples of key impacts identified by the participants. A summary of the discussion related to each area of change is included in the summary, and the specific impacts identified by the participants during the mind mapping exercise are listed in the appendix.

#### **What is Ripple Effect Mapping?**

Ripple Effect 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



## Engaging in advocacy

RHI's political and public policy advocacy work includes a strong focus on health and well-being. Participants noted that RHI sent letters of support to three city councils and one county board considering policies to regulate e-cigarette use in public spaces and workplaces. In addition, RHI worked in partnership with OutFront MN to build support for Safe Schools legislation. RHI's work also extended to economic security when it informed the campaign to increase the minimum wage by presenting data on the high rates of low-wage work among members of the LGBTQ community.

*RHI established connections through OutFront Minnesota to support Safe Schools legislation and other legislation at the state level, which could have impacts at a national level, as well.*

## Using data to connect to the community

Participants highlighted that one of the key areas of RHI's health equity work involves collecting and using data to connect to the community. RHI uses its Voice of Health survey data to show how many LGBTQ people have experienced discrimination while receiving health care. Some participants noted that the survey has led people to reflect more deeply on discrimination they have faced within the health care system or aspects of their gender identity. A participant who works in the mental health field shared that after her clients take the survey they often ask for more information about LGBTQ health resources. RHI also uses the Voices of Health survey data to inform the development and offerings of its health care provider training, which helps providers create physical spaces, procedures, and systems that are more inclusive of the LGBTQ community.

*Taking the Voices of Health survey is a way of changing the conversation in the community.*

## Supporting health through policy change and programming

Throughout the discussion, participants shared multiple examples of how RHI has supported health through policy changes and programming. RHI worked with Clare Housing, an affordable housing organization for HIV positive individuals, and the Association for Nonsmokers (ANSR) to help implement a smoke-free policy at Clare Housing. A participant pointed out that as result of this policy change, other low-income housing programs are considering changes they could make to go smoke free. RHI is also addressing the high rates of smoking among the LGBTQ community by refocusing the conversation on the impact of second-hand smoke. For example, staff developed cards about the impact of second-hand smoke on pets, which have been helpful talking points especially when working with older adults. Several participants also highlighted the positive impact of RHI's chemical-free events. During Pride, RHI hosts Fruit Bowl, a chemical-free bowling event for families. Many people enjoy this event because they do not feel the pressure to drink or smoke.

*When people can't smoke during LGBTQ events, they realize how much control smoking has over their lives.*



## Advancing systems change

Participants underscored how RHI has started to shift the health system to be more inclusive of the LGBTQ population. RHI's health care provider directory has connected LGBTQ individuals to LGBTQ-friendly health care providers. A participant shared how a provider recently joined the directory and was beginning to receive more calls for appointments from LGBTQ individuals. Participants also noted how RHI has helped the Minnesota Department of Health become more aware of LGBTQ health concerns. Through its data collection and analysis of its Voices of Health survey, RHI has demonstrated key health disparities within the LGBTQ community. As a result of this work, the Minnesota Department of Health added sexual orientation and gender identity questions to the Minnesota Survey on Adult Substance Use. RHI is also working with the Minnesota Departments of Health and Education to ensure there will be a gender identity question the next time the Minnesota Student Survey is administered.

*When RHI started collecting data, there was very little collection of health data about sexual orientation or gender identity. RHI has done a lot of work in collecting this data and identifying health disparities within the LGBTQ population.*



## Creating new knowledge and awareness of LGBTQ health

Participants shared several examples of how RHI is creating new knowledge and awareness of LGBTQ health issues. RHI is seen as a resource for providing insight and guidance into developing appropriate language and questions for research about the LGBTQ population. In addition to the work RHI has done to include sexual orientation and gender identity questions into statewide surveys, it has helped the Minnesota Department of Health analyze the sexual orientation questions from the Minnesota Student Survey and is planning to help publicize data from the survey to bring greater awareness about LGBTQ youth. RHI also helped a local organization form questions about gender identity and sexual orientation for its internal employee survey. Similarly, RHI staff are working with the Maternal and Child Health Planning Group to help form questions about gender identity for a series of community feedback sessions.

Participants also reported that RHI has worked closely with health care and service providers to increase their knowledge about LGBTQ health. For example, RHI has provided training to health care staff on LGBTQ health disparities and approaches to creating more welcoming and inclusive spaces. Moreover, RHI is working with medical and nursing schools to include LGBTQ health as part of the curriculum. RHI also organized a training for the federal prison in Rochester focused on how the prison administration could improve the way they work with people with diverse gender and sexual orientation.

*There is a perception that it "gets better" for LGBTQ youth; however, the Minnesota Student Survey data show that for some there is still a problem.*

## Generating new or strengthened connections

Participants reported that RHI is a convener that builds and strengthens connections among organizations and individuals. RHI facilitated the formation of the LGBTQ Health Advocacy Roundtable, a group of organizations and stakeholders who address health disparities and bring awareness to the health issues facing the LGBTQ community. The Roundtable informed the Advancing Health Equity in Minnesota report and worked to ensure that the implementation of MNsure, Minnesota's health insurance marketplace, addressed the needs of the LGBTQ community. RHI staff members have also deepened connections with other health equity researchers, which has increased their knowledge about research and survey design.

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*RHI convenes key organizations related to health, thus creating a space that brings different groups together to advance health equity.*

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## FOOD FOR THOUGHT

Some of the challenges identified during the discussion related to RHI's image. Participants pointed out that there is a perception in the community that RHI is not always transgender-friendly or is viewed as the "tobacco police," focused on controlling people's health and "taking the fun" out of events and celebrations. Another participant mentioned the difficulties RHI faces in engaging people of color. Staff members acknowledged that more work is needed to bring greater racial equity to RHI's work. Similarly, RHI would like to extend its work to those living in more rural areas outside of the metro; however, its reach is currently limited by its staff capacity. Lastly, given RHI's focus on advocacy, policy, and systems change, staff members shared that at times they find it difficult to explain RHI's work in a way that is understandable and engaging for others.

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 racial equity? 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 generates excitement and understanding? To what degree does RHI need to address the negative views of its work?
- What current or potential partners could RHI connect with around supporting LGBTQ health in areas outside of the metro? What role could RHI play given its limited capacity?

# APPENDIX: Project impacts identified by discussion participants

## ENGAGING IN ADVOCACY

RHI sent letters of support to city and county governments that are focused on making e-cigarettes subject to the same restrictions as tobacco.

Beltrami County

Duluth City Council

Bemidji City Council

Minneapolis City Council

RHI's work informed the coalition focused on increasing the minimum wage by presenting data on the rates of low-wage work for the LGBTQ community. In addition, RHI found that one of the biggest predictors of tobacco use and negative health outcomes for the LGBTQ population was low-income status.

RHI established connections through OutFront Minnesota to support Safe Schools legislation and other legislation at the state level, which could have impacts at a national level as well.

## USING DATA TO CONNECT TO THE COMMUNITY

People are more willing to take the Voices of Health survey because they understand the importance of collecting LGBTQ-specific health data.

Initially people were skeptical about taking the survey; however, they are now more interested and see the importance of it on influencing policy or informing educational programs, organizations, prisons, and health care systems.

Taking the Voices of Health survey is a way of changing the conversation in the community.

The survey helps participants reflect on their own experiences and key questions around gender, for example, thinking about the difference between an individual's current gender identity and the gender identity assigned to them at birth.

A local service provider whose clients take the survey often ask for more information about LGBTQ health resources.

The survey has led to greater awareness about issues that LGBTQ people face and led some to reflect on their own experiences with the health care system, and whether they have faced discrimination when they see a doctor or other provider.

More people at non-RHI events are asking about the Voices of Health survey data and how they can help collect responses. As a result, RHI is able to do more outreach.

The Voices of Health survey data inform RHI's education programming and help identify the areas of health that are the focus of RHI's work.

RHI uses the Voice of Health data to show how many LGBTQ people have experienced discrimination, which provides a reason why health care providers should take RHI's provider training.



## ADVANCING SYSTEMS CHANGE

Over the past two years, there have been more conversations between RHI, OutFront Minnesota, and the Minnesota Transgender Health Coalition about how to include transition services in insurance plans and make improvements to plans.

There was a situation in which an individual's health plan wouldn't cover a procedure unless they followed specific criteria laid out by the insurer. OutFront Minnesota worked with the Minnesota Department of Commerce to determine that the insurer's criteria was not correct and that they had to cover the procedure.

Another individual who faced a similar struggle with their insurer to cover a procedure was also helped based on the success of this case.

RHI created a LGBTQ-friendly health care provider directory.

Provider directory led to a partnership between RHI and the Minnesota Transgender Health Coalition.

An RHI employee went to an eye doctor who asked about the directory. He mentioned he had just come out, and wanted to place his name in the directory. He shared that as a result of putting his name in the directory he was getting a lot more calls.

LGBTQ individuals in Minnesota have gained access to LGBTQ-friendly providers.

The Minnesota Department of Health is becoming much more aware of LGBTQ health concerns.

When RHI started collecting data, there was very little collection of health data about sexual orientation or gender identity. RHI has done a lot of work in collecting this data and identifying health disparities within the LGBTQ community.

The Behavioral Risk Factor Surveillance System (BRFSS) added sexual orientation and gender identity survey questions.

The Minnesota survey of adult substance use added sexual orientation and gender identity questions. They would not have added these had RHI not brought greater awareness to the health disparities in the LGBTQ community.

RHI is working with the Minnesota Department of Education and the Department of Health to ensure that there will be a gender identity question in the next round of the Minnesota Student Survey. This question was not included in the previous version of the survey.

In January of 2015, RHI will bring together the Minnesota Health Advocacy Roundtable and community members to discuss how to best use the Minnesota Student Survey data.

RHI was influential in making sure that the LGBTQ community was included in the Minnesota Department of Health Equity report. The report ultimately contained recommendations for addressing health disparities for the LGBTQ community.

The Center for health equity is advocating for money for an LGBTQ liaison.

An RHI stakeholder shared that the Minnesota Department of Health used RHI's data in a seminar presentation that they attended.

RHI is working with health care providers to improve practices, systems, and environments to be responsive to patients' sexual orientation and gender identity.

Increased awareness of LGBTQ issues leads to better care for all patients.



## SUPPORTING HEALTH THROUGH POLICY CHANGE AND PROGRAMMING

RHI has helped curtail smoking in the supportive and affordable housing community.

RHI facilitated a conversation between Clare Housing and the Association for Nonsmokers (ANSR) about Clare Housing going smoke free. RHI helped make the case for going smoke free and ANSR helped implement the smoke free policy. This was important given that Clare Housing hosts HIV positive residents and data show that people who have HIV and smoke often die as a result of tobacco, not HIV/AIDS.

Social workers who work at Clare Housing have seen the importance of going smoke free for the community they serve, and for marginalized communities in general. As a result, they have shared the idea of going smoke free with other organizations and colleagues.

Other low-income housing programs are considering changes they can make to going smoke free as a result of the work Clare Housing has accomplished.

RHI is helping grow awareness of healthy eating policies through its work with other organizations.

RHI implemented its own healthy eating policy. The staff is focused on educating themselves and gaining confidence around carrying out healthy food policies and then expanding their work outward to other organizations.

When organizations sponsor events, RHI encourages them to use sponsorship money to purchase healthy food. They provide suggestions of places to go to get healthy food. A lot of people and organizations don't know what is available in terms of healthy eating.

RHI creates safe environments which connect LGBTQ youth/young adults with strategies to improve their health, such as creating a quit plan for tobacco, access to free or reduced-cost exercise and teaching them how to prepare a budget for healthy foods.

Part of RHI's work is showing that the LGBTQ community smokes at a higher rate. RHI tries to reframe the conversation for the community by showing people the system that works against them.

RHI created cards about the impact of second-hand smoke on pets. Using pets is a good way to demonstrate the impact of secondhand smoke.

The cards are used as a key talking point for other housing work, especially when working with the elderly community.

RHI hosts and facilitates the implementation of chemical-free LGBTQ events.

People are grateful that RHI hosts Fruit Bowl, a chemical-free bowling event for families during Pride. Participants enjoy this event because they do not feel the pressure to drink or smoke.

RHI is planning to incorporate a sand volleyball event in the future.

Participants at Pride are thankful that RHI has no smoking signs. People reference the signs in telling others that they can't smoke.

When people can't smoke during LGBTQ events, they realize how much control smoking has over their lives.

RHI staff have heard positive feedback about other organizations that have smoke-free events or areas specifically for smoking at Pride.

RHI creates toolkits to support LGBTQ health.

RHI is viewed as a leader in the community. It will be focused on creating toolkits related to LGBTQ issues for recovery facilities.

RHI developed pride recovery toolkits that provide guidance for organizations on how to create recovery-friendly events.

The toolkits have not been as popular, but there is growing sensitivity to this issue.





## CREATING NEW KNOWLEDGE AND AWARENESS OF LGBTQ HEALTH

RHI provides digestible data about where key disparities exist in the LGBTQ population and solutions or suggestions to address the disparities, such as through health care provider education.

RHI helps frame the conversation geared towards priority setting and community-based work by drawing on its Voices of Health survey and any health-related data about the LGBTQ population in Minnesota. It also makes its Voices of Health survey data publicly available.

RHI is beginning to be seen as a resource in the community for developing the appropriate language and questions for research about the LGBTQ population.

RHI fields requests about how to ask about sexual orientation or gender identity from other organization or entities (e.g., the City of Brooklyn Park).

Affirms the identities of community members who participate in surveys.

Increases awareness among staff about LGBTQ identities.

RHI helped a local organization form questions about gender identity and sexual orientation for its internal employee survey in a way that was not stigmatizing. It also helped the organization think through how to use the information from the survey.

RHI is working with the Maternal and Child Health Planning Group to help form questions about gender identity for community feedback sessions they are organizing.

A participant shared that after engaging with RHI, he realized how important it was to have more surveys include questions about LGBTQ issues. This is especially true in Hennepin County and with the Minnesota Student Survey.

The Association for Nonsmokers used RHI's research to identify inequities in its work and to help inform its work moving forward.

An RHI staff member shared that they became more familiar with Minnesota Department of Health data and how the department is including information about LGBTQ health in working on the Voices of Health survey.

RHI's work brought to light the need for more education and awareness about LGBTQ health issues.

RHI showed that health issues have to be prioritized, for example you can't always focus on chemical free work.

RHI helped the Minnesota Department of Health analyze the sexual orientation questions on the Minnesota Student Survey. RHI's goal is to help publicize and share the data from the survey.

The data from this survey are powerful because LGBTQ youth are facing issues such as suicide, bullying, and feeling unsafe.

As researchers, advocates, and service providers learn more about how trauma works, it will be very important to look at the LGBTQ community in terms of the long-term health impacts of bullying.

There is a perception among some in the LGBTQ community that with the establishment of marriage equality there is not a great need for other advocacy work. However, data can confirm that there is still prejudice that LGBTQ youth face.

There is a perception that it "gets better" for LGBTQ youth; however, the survey data show that for some there is still a problem.

A mental health service provider observed that her older LGBTQ clients feel that young LGBTQ people "have it so much easier" compared to when they were growing up. Her younger clients observe that they don't necessarily have it easier in terms of bullying and prejudice, particularly with the use of social media.

There is increased awareness in the LGBTQ community of the issues that high school youth face.

RHI worked with OutFront Minnesota on their Safe Schools campaign using the Minnesota Student Survey LGBTQ data.

RHI has helped increase awareness of LGBTQ issues among health care and service providers.

RHI provides training and resources about LGBTQ health disparities, how to create welcoming spaces for LGBTQ patients, and inclusion practices for staff. RHI is also working with health care providers as they get trained in medical and nursing schools by helping adapt the curriculum.

An RHI staff member did a training at a health care organization and subsequently sought health care at this organization. She noticed that the organization shifted its practices as a result of the training.

Each training that RHI completes leads to one or two more additional trainings. New groups want the training, or groups want more trainings.

RHI organized a training for the federal prison in Rochester. The training focused on starting a conversation about how the prison administration could improve the way they work with people who are diverse in their gender and sexual orientation.

 **GENERATING NEW OR STRENGTHENED CONNECTIONS**

RHI was asked to join the board for Quorum, an organization that focuses on supporting businesses in the Twin Cities that are LGBTQ-owned or owned by allies. RHI helps integrate health as part of the conversation for Quorum and other LGBTQ organizations.

RHI offers networking opportunities.

RHI convenes key organizations related to health, thus creating a space that brings different groups together to advance health equity.

An RHI staff member made deepened connections with other health equity researchers, which increased his knowledge about how to compose survey questions. He learned that there isn't always clear guidance on forming the "right" question, but was able to have his questions validated by the researchers he connected with.

RHI helped convene the LGBTQ Health Advocacy Roundtable to address health equity for the LGBTQ community. Other organizations on the Roundtable include the University of Minnesota, the Minnesota Department of Health, and the Minnesota Department of Education.

The Roundtable worked on the Advancing Health Equity in Minnesota report.

The Roundtable worked to make sure that the implementation of MNsure addressed LGBTQ needs.

A member of the RHI Board of Directors shared that he has had the opportunity to talk with more people about RHI's work and that they are really interested in the research and training. They see value in the work.

Visibility and commitment from RHI's allies is validating. People are getting together in the same space to get healthy through Out in the Backyard, part of the Backyard initiative with Allina Health. Those who have explicitly voiced prejudice are starting to shift. There is power in showing up, being visible and having a conversation.