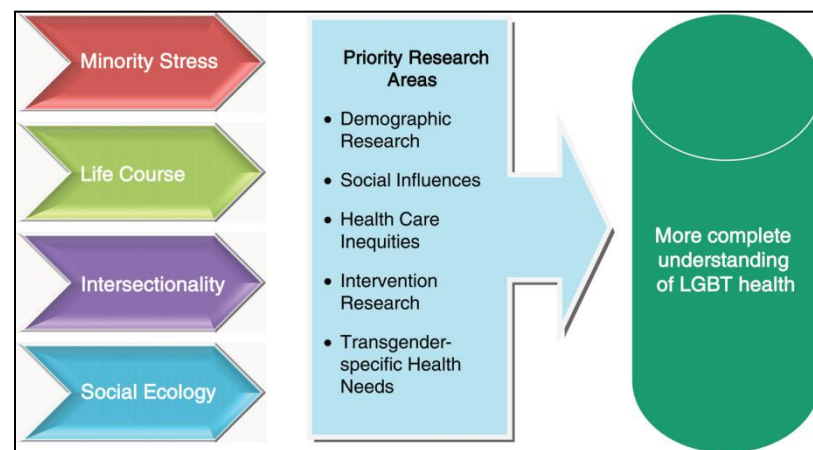


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## Introduction

LGBT youth of color are often framed in health communication campaigns in terms of risks that they represent: for disease, for mental illness, and substance abuse. HIV infection rates have been increasing dramatically among young MSM of color in the U.S. [1] and contemporary health communication campaigns addressed to LGBT youth of color focus on HIV testing and individual responsibility for health outcomes. LGBT health requires specific attention from health care and public health professionals to address a number of disparities including: gay or lesbian high-school students higher rates for behaviors that contribute to violence, behaviors related to attempted suicide, tobacco use, alcohol use, other drug use, sexual behaviors, and weight management as compared to heterosexual high school students [2]. Recent calls for culturally competent communication to reduce health disparities of the LGBT population [3-5] requires greater understanding of the unique health experiences and needs of underserved sub-groups like LGBT youth of color. This paper compares current health communication campaigns to the interactions and experiences of LGBT youth of color with their health and the health care system and how these data could inform a more holistic communication campaign for LGBT health.



IOM conceptual model of Priority LGBT Health Research Issues

### Research questions:

- What are the current health narratives for LGBT youth of color as constructed by public health authorities?
- What are the interactions and experiences of LGBT youth of color with their health and the health care system?
- How could new narratives inform a more holistic healthcare communication for LGBT youth of color?

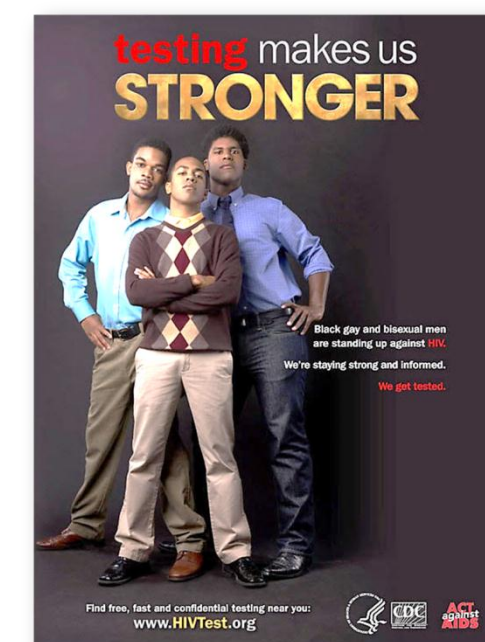
## Methods

Mixed-method approach, which encompassed secondary data analysis of a nation-wide survey of LGBT people of color (N=4,953) and selected youth of color (ages 18-24) from that sample. Ultimately, 959 cases were selected for analysis. Purposeful sample of 5 health campaigns (2010-2012) from local health departments, Centers for Disease Control and Prevention and GHMC were analyzed for how LGBT youth of color health narratives were constructed in the media.

## Results



It's Never Just HIV, NYC Department of Health 2010



Testing Makes Us Stronger, CDC 2011



MetroTeenAIDS website, 2012



I Love My Boo, GMHC 2008-2010

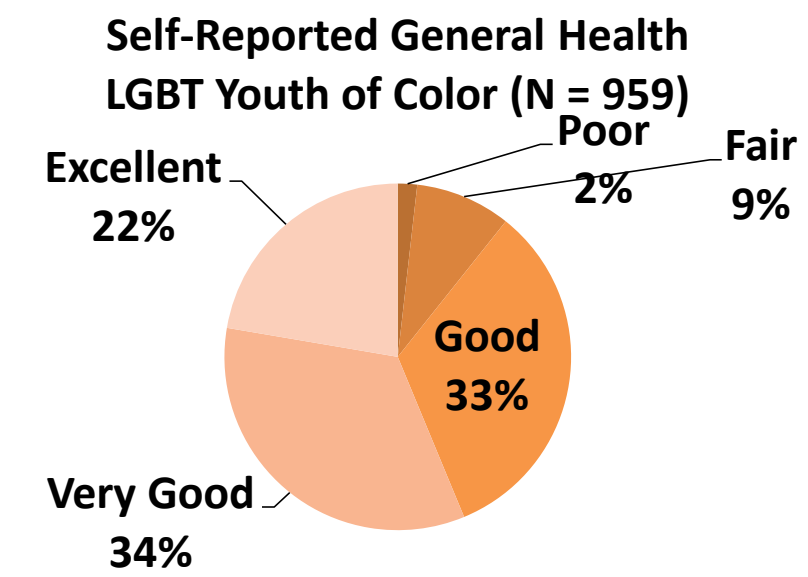


Kiss and Tell, GMHC 2012

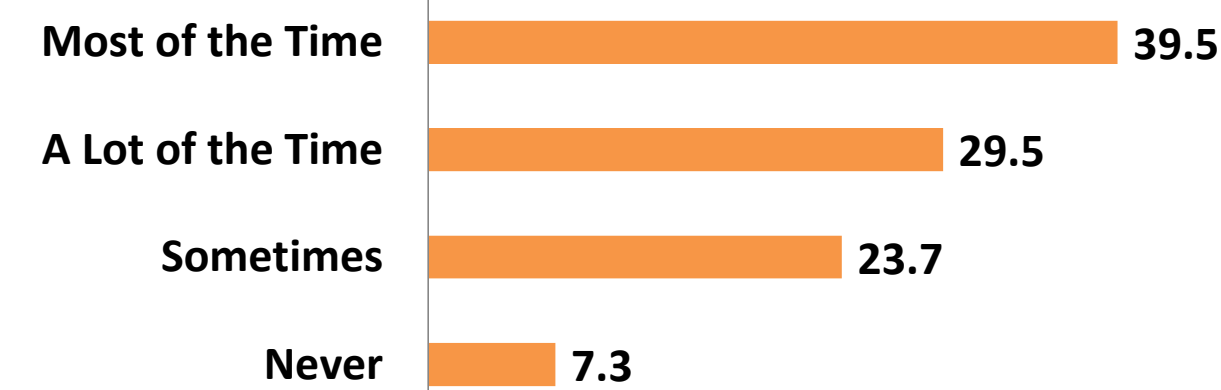
### Summary of narratives from communication campaigns:

- HIV main focus: emphasis on testing and education
- Focus on individual responsibility for health: what happens after you get tested?
- Though more campaigns are using strength-based approaches, a fear-centered deficit model and images pack a bigger punch
- Little to no representation of health issues for lesbians and transgender youth
- Health issues that LGBT youth of color at greater risk for not addressed: chronic disease, mental health, homelessness

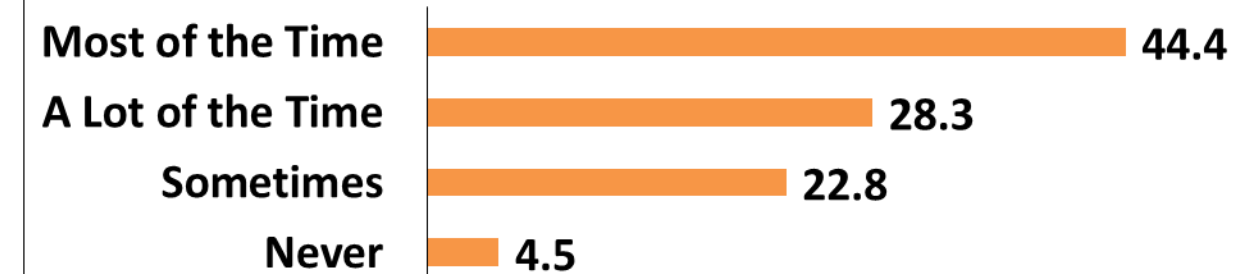
## Results



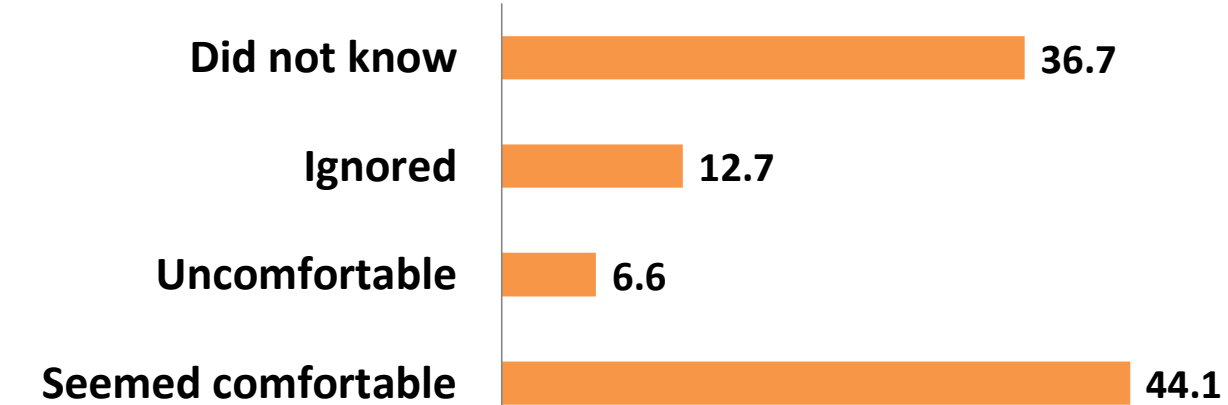
### Self-Reported Mental Health "Felt just as good as others" LGBT Youth of Color (N = 959)



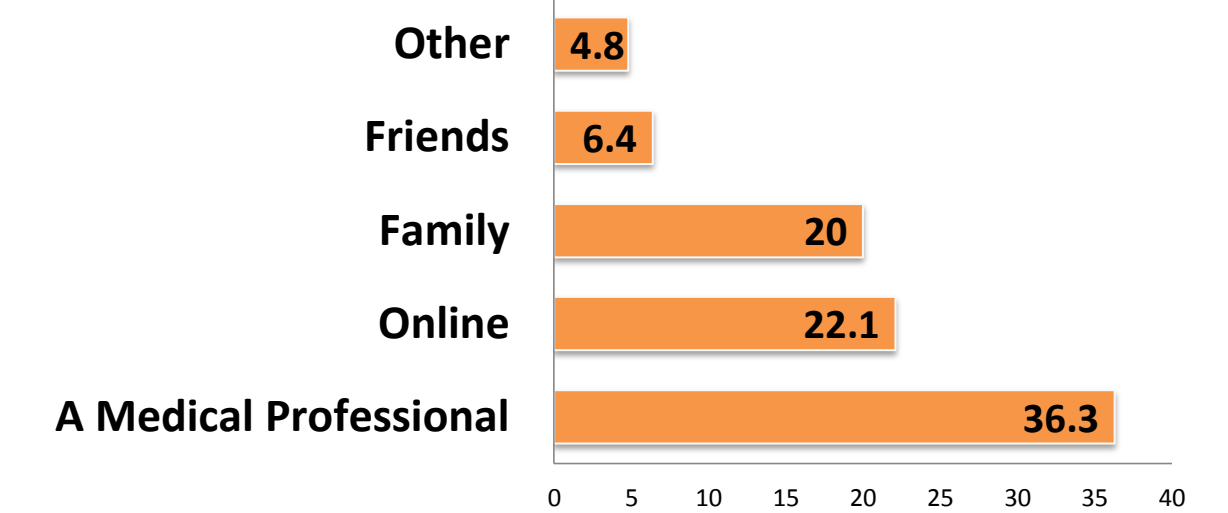
### Self-Reported Mental Health "Felt hopeful about the future" LGBT Youth of Color (N = 959)



### Perceived comfort level of medical provider at last visit LGBT Youth of Color (N = 959)



### Source of Health Information LGBT Youth of Color (N = 959)



## Conclusion

Most health campaigns targeted to LGBT youth of color focus on issues of HIV and testing; other important health issues are not addressed. Some of the areas identified that would help to create a more holistic approach to improving health outcomes for LGBT youth of color include improving healthcare provider comfort level; disseminate health information in different places--particularly online and through family members--not just from medical professionals; and health communication messages should focus on the positive perceptions that most LGBT youth of color have of their own health, their sense of self and that are hopeful about the future.

Characteristics of a wellness model for LGBT youth of color would communicate stories about health and wellness from where they are, not where they should be. This approach would move beyond blame to:

- Reflect a contemporary, holistic image of LGBT youth of color in health communication materials.
- Bring their authoritative selves and have an active role in patient-provider communication.
- Use narratives of their experiences to frame health messages using friends, family and online sources.
- Address other pressing health issues beyond HIV using a social ecological perspective that goes beyond individual blame.

## Literature cited

- [1] Centers for Disease Control and Prevention. CDC Fact Sheet "HIV and AIDS among Gay and Bisexual Men". September 2011. <http://www.cdc.gov/nchhstp/newsroom/docs/FastFacts-MSM-FINAL508COMP.pdf>. Accessed July 30, 2012.
- [2] Kann, L., Olsen, E., McManus, T., Kinchen, S. et al. "Sexual Identity, Sex of Sexual Contacts, and Health Risk Behaviors Among Students in Grades 9-12 in Selected Sites--Youth Risk Behavior Surveillance, United States, 2001-2009." *MMWR Surveillance Summary*. June 2011, 60(SS07); 1-133.
- [3] Institute of Medicine. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington DC: March 2011. [http://books.nap.edu/openbook.php?record\\_id=13128](http://books.nap.edu/openbook.php?record_id=13128)
- [4] US Department of Health and Human Services. HHS LGBT Coordinating Committee 2012 Report. [http://www.hhs.gov/secretary/about/2012\\_lgbt\\_an\\_rpt.pdf](http://www.hhs.gov/secretary/about/2012_lgbt_an_rpt.pdf). Accessed July 30, 2012
- [5] The Joint Commission. *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: A Field Guide*. Oak Brook, IL, Oct. 2011. *LGBTFieldGuide.pdf*.

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