


Research Brief

Messaging Lesbian, Gay, Bisexual, and Transgender Health Inequities: A Qualitative Exploration

Israel M. Mendez, BS¹
Paige E. Averett, PhD, MSW¹
Joseph G. L. Lee, PhD, MPH¹ 

Background. *There are substantial health inequities for lesbian, gay, bisexual, and transgender (LGBT) people compared to their straight/cisgendered counterparts. As evidence of these inequities has become unequivocal, better strategies to address them are needed. One approach is to leverage communications and media advocacy efforts to raise awareness about inequities. However, some research suggests that highlighting health inequities can have negative consequences. This study aimed to explore how LGBT leaders view communication about health inequities.* **Method.** *We used an inductive qualitative approach and conducted 12 semistructured phone interviews with LGBT community leaders in North Carolina between September and October 2017.* **Results.** *Four themes emerged in the data. There was support for reporting health differences between LGBT and straight/cisgendered people to raise awareness of health issues facing LGBT communities. However, participants were concerned about the stigmatizing effects of messages and worried about their effectiveness.* **Conclusion.** *Emphasizing health differences between LGBT and straight people can be problematic; our findings suggest that health educators (1) must be cautious, (2) must be aware of the audience, and (3) should consider focusing messages on finding a solution to the identified problem. Future work should explore how to best craft messages that address health inequities for LGBT communities.*

Keywords: *lesbian; gay; bisexual; transgender; disparity; inequality; community; message*

► INTRODUCTION

For the 10 million adults in the United States who identify as lesbian, gay, bisexual, or transgender (LGBT), there are substantial health inequities compared to their straight and cisgender counterparts (Institute of Medicine, 2011). These inequities are posited to exist as a result of stigma and discrimination across the life course (Fredriksen-Goldsen et al., 2014). It is important to develop evidence-based ways to address them (Stall et al., 2016). One challenge is how to use media advocacy to address health inequities.

There are two conflicting approaches to communicating about health inequities in the media. First, it is clear that efforts to address problems can be driven by their presence in the media and how they are talked about in the media (Cacciatore, Scheufele, & Iyengar, 2016; Dorfman & Krasnow, 2014; Downs, 2016). Second, a growing body of evidence suggests that highlighting health inequities could have negative, unintended effects (Chō & Salmon, 2007; Niederdeppe, Bigman, Gonzales, & Gollust, 2013) such as negative emotional reactions, worsening of stigma, and rejection of the message (Friedman, Uhrig, Poehlman, Scales, & Hogben, 2014; Landrine & Corral, 2015; Lee et al., 2017;

¹East Carolina University, Greenville, NC, USA

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Nicholson et al., 2008). This article aimed to inform media-based health promotion efforts by exploring how LGBT community leaders view health inequities messaging.

► METHOD

Data Collection

We developed and piloted a semistructured interview guide (online: <https://dataverse.unc.edu/dataverse/ECU>, doi:10.15139/S3/8UQM6X) based on prior work (Friedman et al., 2014). The interview guide first prompted discussion of how participants talked about health inequities. Participants were then asked to respond to three messages that were systematically presented in different order: “LGBT young adults are nearly twice as likely to use tobacco as other young adults” (Food and Drug Administration, Center for Tobacco Products, 2016), “Half of Black gay men and a quarter of Latino gay men are projected to be diagnosed with HIV within in their lifetime” (Centers for Disease Control and Prevention, 2016), and a positive and less specific contrasting message of “LGBT communities are working to address health problems in our community.” We developed a sampling frame of LGBT leaders in North Carolina using Internet searches and the authors’ knowledge. We defined leader broadly to include non-governmental organization executives, influential community members, government officials, university LGBT office officials, and community celebrities (e.g., drag performers). We recruited by phone and e-mail. From the initial frame, we snowball sampled. Of 39 people contacted, the first author conducted 12 phone interviews (response rate: 31%) ranging from 10 to 32 minutes ($M = 21.4$, $SD = 6.4$). Table 1 presents participant characteristics. No incentives were provided. Interviews were professionally transcribed. The authors established saturation. The study protocol was approved by the East Carolina University and Medical Center Institutional Review Board (#17-000247).

Analysis

The data were analyzed with a constant comparison method and grounded theory perspective (Strauss & Corbin, 1998). The second author, a qualitative methodologist and social work researcher, first conducted thematic coding. Initial themes were collapsed into larger themes based on similarity and connection. Feedback on the initial themes was sought from the other research team members, and a consensus was reached on four themes. The authors brought experience as social work and health researchers who focus on LGBT health inequities and well-being.

TABLE 1
Participant Demographics ($n = 12$), 2017

<i>Demographic</i>	<i>% (n)</i>
Gender	
Male	58 (7)
Female	33 (4)
Nonbinary	8 (1)
Race/ethnicity	
Non-Hispanic White	83 (10)
Non-Hispanic Black	17 (2)
Role	
Executive position	42 (5)
Coordinator	25 (3)
Board chair	8 (1)
Attorney	8 (1)
Advocate	8 (1)
Government leader	8 (1)
Sexual orientation	
Gay	33 (4)
Lesbian	33 (4)
Queer	25 (3)
Bisexual	8 (1)

NOTE: Percentages may not add up 100% due to rounding.

► RESULTS

Theme 1: Educating the LGBT Community About Their Health Inequities: Critically Important

Participants supported education and awareness regarding health inequities to increase knowledge of individual health risks:

I think because as people become more aware of the differences of the disparities in health outcomes, then it at least begins to create awareness . . . (Government leader)

I think it’s really important to educate the LGBTQ community about health problems that we may be at higher risk for and helping people understand why that is, that it’s not people’s identities, it’s behaviors or it’s societal problems. (Executive)

Theme 2: Reporting Health Differences Between the LGBT Community and Straight Community: Problematic Yet Needed

Yet the support in Theme 1 was tempered by a concern that inequity messages could exacerbate stigma and reinforce perceptions of difference.

I think it's important to provide information on differences as they really exist. I also think it's important not to focus all the time on how LGBT people are different than straight people. (Attorney)

We don't address them head-on like that because I feel like it kind of differentiates them. (Coordinator)

Theme 3: Inequity-Focused Health Messages: Stigmatizing, Probably Ignored, and Yet Important to Know

When presented with specific health messages that represent how LGBT health inequities are talked about, participants continued to report the importance of building awareness but again had concerns about stigma and the effectiveness of inequities messaging. For example, in response to the message "LGBT young adults are nearly twice as likely to use tobacco as other young adults," participants were concerned that the message would mostly stigmatize LGBT youth:

[I]f people were homophobic or heterosexist and they were seeing that, it would just probably further reinforce their false notions of the LGBTQ community being deviant or sick or whatever kind of negative thoughts they have, and this would just kind of perhaps fall into that, it would just reinforce that thinking. (Executive)

And other participants did not see the message as helpful because they questioned if it would actually affect LGBT youth and smoking rates.

I'm not sure how just sharing the information would shape behavior. I think, in general, it would be seen and ignored. (Government leader)

[M]y first initial reaction is I wonder if that's going to be of impact to anyone? (Coordinator)

However, some participants did believe it was important to share that message so that education and intervention could occur.

I think we need to make sure people know these stories throughout the communities. I think that that question is one I struggle with, but I think generally LGBT stories need to be told in the popular media and popular press. (Executive)

Similarly, our participants had conflicted reactions to another problem-focused message, "Half of Black gay men and a quarter of Latino gay men are projected

to be diagnosed with HIV within their lifetime." Reactions included seeing it as mostly stigmatizing, easily dismissed by members of the community, yet important information to know in targeting services.

Theme 4: Strengths-Based Health Message: Has Potential

When presented with a contrasting message that was more positive and strengths-based about LGBT communities, "LGBT communities are working to address health problems in our community," our participants' responses still had an element of conflict to them, and participants also wanted the message to be more specific and impactful:

I'd say, great, and what is it? I think we'd wonder what's going on more specifically. I think that's actually good. People know that they're working on those issues. (Executive)

► DISCUSSION

Principal Findings

Participating LGBT leaders were supportive of messages to raise awareness of LGBT health inequities, especially among medical and social services providers. However, we identified a clear concern that, when shown to the public, the messages would be stigmatizing to LGBT communities and limited in their effectiveness. Reactions depended, in part, on who they considered as the audience. The messages we presented, two of which are used by public health agencies, could be problematic.

Thus, our findings suggest that the tension in the research literature between highlighting inequities to promote change and risking potential negative reactions to inequities messages is also borne out in the thinking of LGBT community leaders. Our findings suggest that careful attention is needed to *what* messages are going to *which* audiences. Understanding health inequities is critically important for health care providers, advocates, and community leaders. In the views of our participants, more effective approaches may be needed for messages directed toward the general LGBT public, specific LGBT communities, and, especially, the general public.

Our findings are consistent with the Robert Wood Johnson Foundation's (2010) work on how to talk about the social determinants of health, which is an important resource for health educators. The Robert Wood Johnson Foundation report explicitly advises against highlighting inequities, stating that highlighting ineq-

unities could result in the inequity being ascribed to negative stereotypes. Instead, it suggests using seven strategies to develop messages that resonate with the public. These include focusing on how issues affect everyone rather than a specific population and focusing on solutions more than problems.


Limitations

This research may not generalize outside of North Carolina, to leaders not included in the study, or to community members. As a qualitative study, we cannot quantify perceptions. Our study did not take into account targeting of specific LGBT communities (e.g., HIV messages may be most relevant for gay/bisexual men), and there may be important differences in messaging by sexual orientation and gender identity. We did not have the opportunity to complete member checks.

► CONCLUSION

Health educators should use caution in developing messages about LGBT health inequities. In particular, attention to whom the message is directed toward deserves special consideration. This study adds to the small existing literature on potential pitfalls of messaging about health inequities. Additional efforts on message framing and best practices for using the media to address health inequities are indicated.

ORCID iD

Joseph G. L. Lee  <https://orcid.org/0000-0001-9698-649X>

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