

STATE SPOTLIGHT

NORTH CAROLINA

AUGUST 2021

The 2019 Southern LGBTQ Health Survey is a project of the Southern LGBTQ Health Initiative, led by the Campaign for Southern Equality and Western NC Community Health Services.





This report features the voices of 927 LGBTQ people from North Carolina

who participated in the 2019 Southern LGBTQ Health Survey. In total, more than 5,600 LGBTQ Southerners took part in the survey, making it the largest survey to focus on LGBTQ health in the South.

North Carolina is home to an estimated 382.000 LGBTO people, a community diverse in race, gender, economic background, and residing in rural communities, small towns, and large metro areas.1 Five years ago North Carolina became globally infamous for passing a first-of-its-kind anti-LGBTQ law, HB2, known as the "bathroom bill." In addition to restricting restroom access for transgender people, the law also preempted local governments from passing LGBTQ-inclusive nondiscrimination ordinances. This extreme law belied the reality that public support for LGBTQ equality in NC continues to increase as leadership and visibility of LGBTQ people grows across all spheres of life, from elected political leadership to the faith and business sectors.

In the years since, the political situation has continued to evolve. The ban on local nondiscrimination ordinances expired in December 2020, freeing municipalities to begin implementing protections – and a growing number are doing so, including three of the largest cities, Charlotte, Greensboro, and Durham. Local lawmakers are building momentum toward lived and legal equality, and now it's important that lawmakers enact express and enduring protections for LGBTQ North Carolinians in more municipalities and at the state level.²³

Our survey findings are a call to action to immediately improve LGBTQ North Carolinians' access to quality and inclusive physical and mental health care and services. The data illustrate how LGBTQ North Carolinians face disproportionate barriers to positive health outcomes. Some of these barriers relate to the different types of stigma that LGBTQ people experience, while others are related primarily to a lack of adequate training among healthcare providers. Still others are due to state policies that leave LGBTQ people vulnerable, including a lack of nondiscrimination protections for LGBTQ people. Recent attempts to restrict LGBTQ+ access to school sports and healthcare contribute directly to the negative health outcomes of LGBTO North Carolinians.

At the same time, some findings among North Carolina respondents highlight the progress that has been made in increasing access to LGBTQ-affirming care and services, as providers such as community health centers and university health systems implement best practices in LGBTQ health.

This social, cultural, and political environment impacts the ability of LGBTQ North Carolinians to access quality and affirming health care in their local communities. The Southern LGBTQ Health Survey is about understanding these specific challenges and developing tailored strategies to address them and thus ensure that LGBTQ people in North Carolina – and across the South – can access the care they need and deserve.

Quality health care is a basic human right, one that every LGBTQ Southerner deserves and should be able to access within their hometowns. Health care matters because our health matters—it's a foundational part of all of our lives. It's about how we care for our physical, mental, emotional, and spiritual well-being. It's about who we are and who we love. It's about how we confront issues of illness, wellness, and mortality.

And it's central to the ultimate vision that drives our work with the Southern LGBTQ Health Initiative: A South where all people have an equal opportunity to thrive.

¹ https://www.lgbtmap.org/equality_maps/profile_state/NC 2 https://charlottenc.gov/NonDiscrimination/Pages/default.aspx 3 https://www.nbcnews.com/feature/nbc-out/lgbtq-rights-fight-reignited-4-years-after-n-c-s-n1250390

FREY FINDINGS IN INCRUMANTE CAROLINA

While many of the specific data points in North Carolina were consistent with responses from the overall survey sample, several state-level findings diverged significantly:



Black and Trans LGBTQ North Carolinians experience significant barriers to **ACCESSING QUALITY HEALTH CARE**.

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Being LGBTQ in the South uniquely informs LGBTQ North Carolinians' **COMFORT SEEKING HEALTH CARE** in their local communities.

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LGBTQ North Carolinians experience high rates of poor MENTAL HEALTH outcomes, with alarming rates of SUICIDAL IDEATION, DEPRESSION, and ANXIETY.

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LGBTQ North Carolinians fear and experience **HARASSMENT AND VIOLENCE** due to their LGBTQ identity at alarming rates, especially trans respondents and respondents of color.

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LGBTQ North Carolinians report high rates of not knowing their HIV STATUS and INFREQUENT HIV TESTING.

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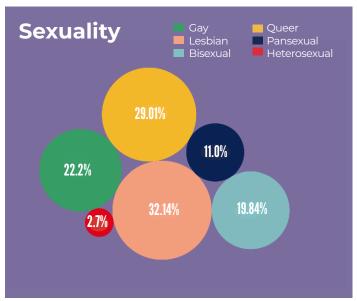
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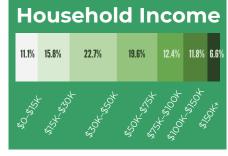
DEMOGRAPHICS OF CA RESPONDENTS

927 Respondents from North Carolina

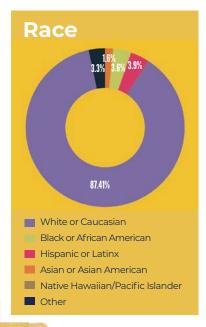
Non-Binary/Gender-Nonconforming 14.93% Woman/Feminine 55.19% Man/Masculine 27.88%













Institute: North Carolina is home to **382,000 LGBTQ people**, 26% of whom are raising children. North

Carolina's LGBTQ population reflects the state's racial diversity: Black,

22%; Latino/a, 11%; White, 58%; More than one race, 6%; All Other Races, 3%.

LGBTQ adults in North Carolina experience disparities in core areas relative to non-LGBTQ adults:



No Access to Health Insurance:

21% – LGBTQ adults 14% – Non-LGBTQ adults



Insufficient Money to Buy Food:

29% – LGBTQ adults 16% – Non-LGBTQ adults



Unemployed:

8% – LGBTQ adults 6% – Non-LGBTQ adults

Black and Trans LGBTQ North Carolinians experience significant barriers to ACCESSING QUALITY HEALTH CARE.

Access to quality health care, however, differs across race and gender identity.

Quality health care is a basic human right. And yet, we find that LGBTQ Southerners continue to face barriers to accessing such care in their local communities. In our overall sample, nearly one third (32%) of LGBTQ Southerners rated their overall quality of medical care as *fair* or *poor*, and under half (47.3%) of respondents felt that their health care needs were being met.

Among the respondents who live in North Carolina, we find a slightly better outlook. Almost 29% of LGBTQ North Carolinans rate their overall quality of medical care as *fair* or *poor*, 11.2% *rarely* or *never* feel comfortable seeking medical care in their community, and just over half (50.1%) feel that their health care needs are being met.

Black and trans respondents living in North Carolina reported notably worse experiences accessing care. For example, while 27.8% of all North Carolina respondents worry about losing their health care coverage, significantly higher percentages of trans (36.0%), Black (43.3%), and Black trans (54.5%) respondents in North Carolina said they worry about losing coverage.

Black and trans respondents were also more likely to delay seeking medical care due to high out-of-pocket cost costs (B: 50.0%, T: 52.3%, NC: 41.2%).

Fig. NC1: "How would you rate your overall quality of medical care?"

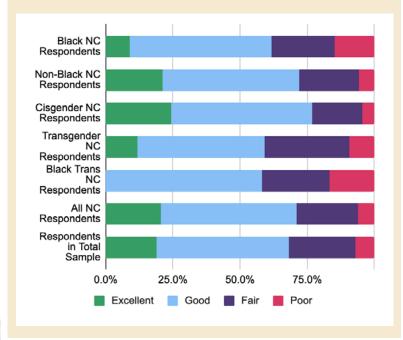
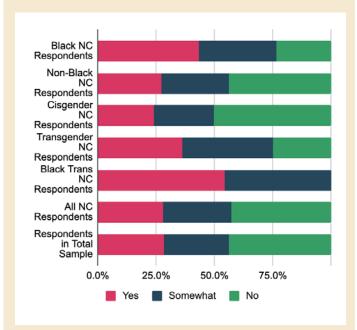


Fig. NC2: "Do you worry about losing your health insurance coverage?"



Being LGBTQ IN THE SOUTH uniquely informs LGBTQ North Carolinians' COMFORT SEEKING HEALTH CARE

in their local communities.

Access to quality care also requires receiving care that is knowledgeable, informed, and affirming for LGBTQ communities. It is notable - and a sign of progress - that 74% of NC respondents reported rarely or never having to deal with mistreatment due to their identity in order to receive care, more than the overall survey sample of 71%. At the same time, a slight majority of respondents indicated that being in the South makes it harder for LGBTQ individuals to access quality medical care (Total sample: 52%, NC respondents: 52%).

But disparities emerged for transgender respondents in NC, who were more likely than cis respondents to say that being LGBTQ in the South made it harder to access quality care (Trans respondents: 72.6%, Cis respondents: 43.5%). Trans respondents in NC also reported high rates of having to educate their medical providers about their LGBTQ identity (48%), dealing with mistreatment (41% always, often, or sometimes), and delaying seeking care due to their identity (56.3%).

Black respondents in NC reported that their LGBTQ identity was a factor in their medical care more often than non-Black respondents. Just over half of non-Black (50.2%) respondents in NC believed that doctors in their community are *always* or *often* able to provide medical care to LGBTQ individuals, compared to one-third of Black LGBTQ respondents (32.3%). Black respondents in the state (41.1%) also reported that being LGBTQ *always* or *often* changes how a medical professional interacts with them at a higher rate than non-Black respondents (35.4%).

Fig. NC3: "I am comfortable seeking medical care within my community."

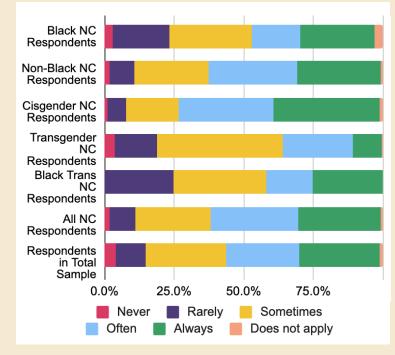
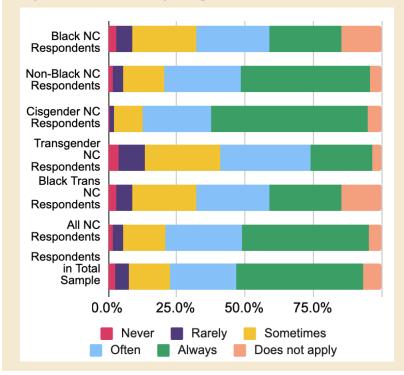


Fig. NC4: "I deal with mistreatment due to my LGBTQ identity to get medical care."





E LGBTQ North Carolinians experience high rates of poor MENTAL HEALTH outcomes, with alarming rates of SUICIDAL IDEATION, **DEPRESSION, and ANXIETY.**

LGBTQ people are at an increased risk of negative mental health outcomes due to factors including their exposure to stigma and discrimination. In the South, these minority stressors may be more pronounced. 12

North Carolina respondents reported experiencing poor mental outcomes at higher rates than our overall sample. These disparities are most visible relative to depression (NC: 68%, Total Sample: 55%); anxiety (NC: 59%, TS: 46%); suicidal ideation (NC: 33%, TS: 26%); self-harming behaviors (NC: 24%, TS: 20%), and PTSD (NC: 5%, TS: 3%).

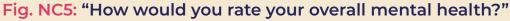
1 Meyer, I. H. (2003). Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence. Psychological Bulletin, 129(5), 674-697

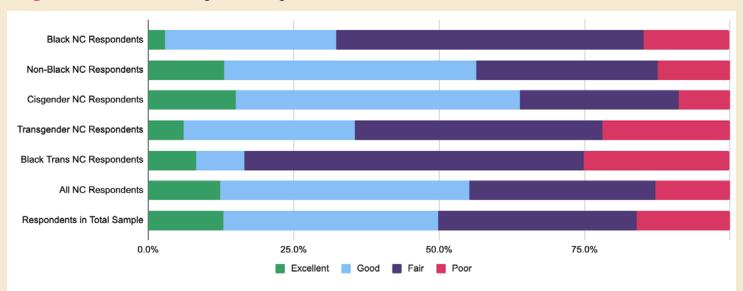
2 Hendricks M. L., and R. J. Testa. (2012). A Conceptual Framework for Clinical Work with Transgender and Gender Nonconforming Clients: An Adaptation of the Minority Stress Model. Professional Psychology: Research and Practice, 43(5), 460-467.

Black and trans respondents were more likely to report experiencing poor mental health outcomes. While 44.7% of all North Carolina respondents rated their mental health as fair or poor, 67.6% of Black respondents in NC and 64.5% of trans respondents in NC reported the same. When looking specifically at Black transgender respondents in NC, this rate rises even further to 83.3% rating their mental health fair or poor, with 100% of Black trans respondents reporting experiencing depression, 83.3% anxiety, 58.3% suicidal ideation, and 41.7% self-harming behaviors.

If you are in need of immediate help, use these resources from anywhere.

- If you are thinking about hurting yourself, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).
- ◆ If you are a LGBTQ youth who is thinking about hurting yourself or is in crisis, call The Trevor Project's 24-Hour Suicide Prevention Hotline at 866-488-7386.
- If you are a transgender person in crisis or needing. support, call Trans Lifeline at 877-565-8860.







LGBTQ North Carolinians fear and experience HARASSMENT AND VIOLENCE due to their LGBTQ identity at alarming rates, especially trans respondents and respondents of color.

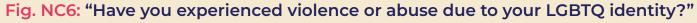


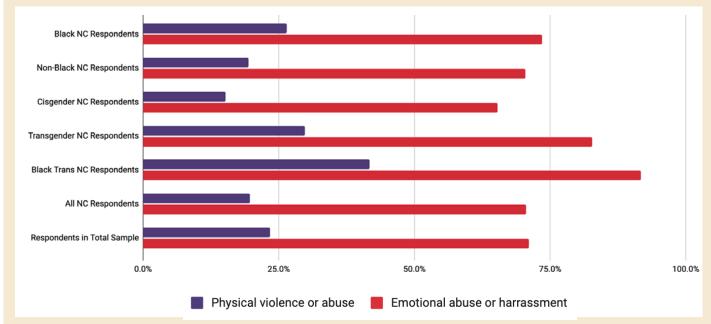
Nearly one-fifth (19.7%) of North Carolinians said they have experienced physical violence or abuse, and three-quarters (70.6%) said they have experienced emotional abuse or harassment due to their LGBTQ identity.

North Carolina respondents to the survey reported often or always being afraid of physical (20%) and emotional (35%) violence, abuse, or harassment due to their identity. These numbers are alarming and point to a need for increased education and awareness in the state.

Experiences of both physical and emotional abuse were higher for Black respondents (Physical abuse [P]: 27%, Emotional abuse [E]: 74%) and trans respondents (P: 30%, E: 83%), compared to non-Black respondents (P: 19%, E:71%) and cisgender respondents (P:15%, E:65%). Approximately 34% of both Black and trans respondents were afraid of experiencing physical violence, and 41% of Black and 54% of trans respondents were afraid of experiencing emotional violence.

Black trans respondents from North Carolina reported an even more pronounced fear of and experience with abuse. Among Black trans respondents, 42% said they have experienced physical abuse, and an alarming 91.7% said they have experienced emotional abuse. Black trans respondents were two times more likely to report being afraid of always or often experiencing physical violence (58.3%) and emotional violence (66.7%) than all North Carolina respondents.





LGBTQ North Carolinians reported high rates of INFREQUENT HIV TESTING and not knowing their HIV STATUS.



The South is the modern-day epicenter of the HIV crisis in the United States. Participants of the Southern LGBTQ Health Survey reported disproportionately high rates of living with HIV. Of our full survey sample, 5% indicated that they were living with HIV, four points higher than the general U.S. population.

North Carolina respondents reported living with HIV at a lower rate than our total sample, at 3%. Black respondents in NC, however, reported higher rates, at 5.9%, compared to 3.0% of non-Black respondents in NC.

A moderate proportion of respondents living in North Carolina did not know their HIV status (7.9%). Respondents in NC who did not know their status were less likely to be tested (91.8% never or every three-five years) and felt less comfortable talking with their medical care provider about HIV prevention (12.3% always or often).

Less than one-third of NC respondents who did not know their status said they can easily access HIV testing (24.7%) or that they know where to access treatment in their community (30.1%).

Fig. NC7: "What is your HIV status?"

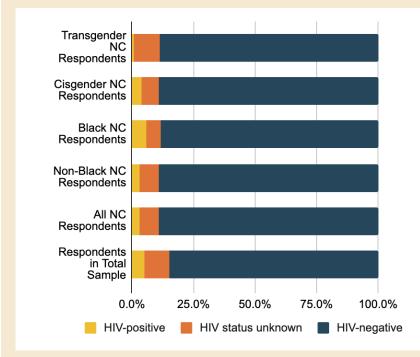
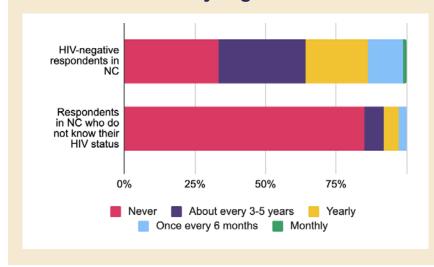
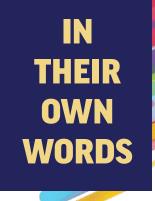


Fig. NC8: "Which of the following best describes how often you get tested for HIV?"





Qualitative Responses from Respondents in

NORTH CAROLINA

Hearing directly from LGBTQ North Carolinians in their own words provides a better context of their health and healthcare experiences. The following quotes represent moments when their healthcare needs were not met, including providers not affirming their identity or having to travel far distances for care.

"...I was subjected to a "genital inspection" before being given access to hormones (which I later learned was completely unnecessary). My top surgery provider was also transphobic and misgendered his patients."

"Health care in NC for LGBTQ folks is centered at the capital and surrounding areas. Not one provider where I live has ever treated a transgender person and most choose not to or make up some random policy to keep them from having to. I literally drive 2 hours for my HRT..."

"I travel long distances (~1.5 hours) to see LGBT-friendly healthcare providers and receive transitionrelated care." "I haven't seen a primary care doctor in over 5 years because my last one gave me a lecture about how god didn't make me a trans man and that I should just be the woman he made me. I was going to her for anxiety/depression medication. I never took any of the meds she prescribed me because I didn't trust her at all."

"I've had healthcare providers tell me that I don't need HIV testing because I'm a female-bodied individual sleeping with other female-bodied individuals...even though someone in my situation is less likely to contract HIV, I still can be at risk..."

"I sought out mental health care for substance abuse problems, and my provider immediately informed me that all of my problems stemmed from my "confused" identity, and that she could help me get back to the right identity and solve my problems."

For more qualitative responses from respondents, read the full report at www.southernequality.org/Survey



Qualitative Responses from Respondents in

NORTH CAROLINA

Respondents also shared experiences where they felt supported or affirmed by their provider. Often, these experiences included being addressed with empathy and an understanding of LGBTQ health, while not feeling stigmatized due to their sexual orientation or gender identity.

"I have a provider who was very affirming and did not assume that my relationship was heteronormative. He also did not make me explain my bisexuality and asked questions that ensured therapy was centered on my value system, which was awesome."

"All of my doctors are aware of my sexual identity; my husband and I both use the same care teams. They do not appear to treat us any differently than they would a couple who is not same-sex. Same applies to our dentist. We feel like we are treated equally and as well as anyone who might walk into their practices."

"[My provider] checks in about chosen name and pronouns verbally, even though there are fields on the intake paperwork as well; asks me respectfully about my contraceptive needs (not assuming sexual behavior based on identity or anatomy); reflects the language I use for my period; when i needed to get undressed, asks me to take off my shirt and "anything you have underneath" (instead of saying bra / assuming binder / etc)."

"A female general practitioner, upon learning about my queer identity, was neutrally informative regarding birth control and STD testing options, rather than being insistent/pushy or judgmental."

"My current OB/GYN took me on as her first trans patient and educated all of her staff about working with trans people beforehand so there was no awkwardness, from scheduling to treatment to billing."

For more qualitative responses from respondents, read the full report at www.southernequality.org/Survey

NORTH CAROLINA'S LCETO LANDSCAPE

Legal Landscape for LGBTQ People in North Carolina

- North Carolina is one of 29 states where LGBTQ people are not fully protected from discrimination.
- Locally, ten communities across the state have passed measures protecting LGBTQ people from discrimination in housing, employment, and/or public accommodations, providing protections to a very small portion of the state's population (as of Aug. 2021).
- A 2018 PRRI poll shows that 67% of North Carolinianss support nondiscrimination laws related to housing, employment and public accommodations.

Get Involved in the Work to Secure Protections in NC

Through the NC is Ready for LGBTQ Protections campaign, led by Equality North Carolina and the Campaign for Southern Equality, a diverse array of voices has spoken out for LGBTQ protections at the local, state, and federal levels.

In 2021 the effort has led to ten different local communities – including Apex, Asheville, Buncombe County, Carrboro, Chapel Hill, Charlotte, Durham, Greensboro, Hillsborough, and Orange County – passing strong nondiscrimination ordinances.

A broad coalition of social justice organizations, community groups, faith organizations, and more support these efforts.

Want to get involved? Visit www.NCisReady.org.

Other Campaign for Southern Equality Resources



2018 Southern Trans Health Focus Group Project: A series of focus groups with trans and non-binary Southerners, this project identified widespread barriers to

www.southernequality.org/FocusGroup



Trans in the South: A Guide to Resources and Services is a directory of 400+ Southern health and

legal service providers, coordinated by the Campaign for Southern Equality.

www.transinthesouth.org

RECOMMENDATIONS FOR NORTH CAROLINA

In closing, we offer recommendations for best practices in combating the health disparities that LGBTQ Southerners face, with a particular emphasis on key recommendations to address specific challenges in North Carolina. We can all do something to ensure that all LGBTQ people can access quality, affirming health care and experience positive health outcomes.

- Everyone can advocate for local, state, and federal policies that guarantee access to LGBTQ-affirming health care and that protect LGBTQ people from discrimination in public accommodations, employment, housing, and healthcare/health care settings.
- North Carolina should expand Medicaid, which can save lives, increase access to care (including behavioral health care), and save public funding.
- Everyone can be tested for HIV and encourage friends, family members, patients, and community members to get tested regularly.
- HIV screening, testing, and treatment (including offering PrEP and PEP) should be integrated into primary care settings.
- Medical institutions should offer telemedicine or teletherapy to patients who are unable to access mental health services in their local communities. Everyone can talk about mental health issues and help reduce the stigma around seeking support and help around mental health needs.

- Providers should seek out training opportunities and resources to provide LGBTQ-friendly and culturally competent care.
- Everyone can advocate for local, state, and federal policies that promote racial justice and racial equity, including in health care settings.
- Providers should seek out trainings and resources related to anti-racism practices in health care, as well as the intersectional needs of Black transgender people, including primary care and transition-related care.

GET MORE RECOMMENDATIONS IN THE FULL REPORT

The full report includes recommendations that can be led by different community groups, including:

- Health Care Facilities and Institutions
- Health Care Providers, Medical Support Staff, and Administrative Staff
- Medical Training Institutions
- Mental Health Providers
- LGBTQ Advocacy Organizations and Funders
- ♦ Researchers
- ◆ Government Officials
- Businesses



As we work each day to build a North Carolina where LGBTQ people survive and thrive, we also honor those we have lost. In the past two years our community has mourned the deaths of at least six transgender or gender non-conforming people murdered in North Carolina:

Monika Diamond

Jaida Peterson

Remy Fennell

Jenna Franks

Chanel Scurlock

Bubba Walker

Approximately one half of the trans women of color who are murdered each year live in the South.

The community also mourns the passing of LGBTQ North Carolinians, including youth, who have died by suicide.



Recommended Citation

Nanney, M., A. Bowen, A.H. Johnson, C. Harless, A. Polaski, and J. Beach-Ferrara. 2021. "The Report of the 2019 Southern LGBTQ Health Survey: North Carolina State Spotlight." Campaign for Southern Equality: Asheville, NC.

Campaign for Southern Equality

The Campaign for Southern Equality (CSE) is based in Asheville, North Carolina, and works across the South to promote full LGBTQ equality – both legal and lived. Our work is rooted in commitments to empathy and to equity in race, class, and gender.

Western North Carolina Community Health Services

Western North Carolina Community Health Services, Inc. (WNCCHS) is a federally-qualified health center that provides primary healthcare, HIV/AIDS care, and transgender healthcare to residents of Western North Carolina.

Southern LGBTQ Health Initative

The Southern LGBTQ Health Initiative is a collaboration between CSE and WNCCHS that works to achieve health equity for LGBTQ Southerners by increasing access to LGBTQ-friendly primary care, HIV prevention and treatment, transgender health care and support services. Learn about the initiative at: www.southernlgbtqhealthinitiative.org.

Press Inquiries

For media and other inquiries, contact Adam Polaski, Communications Director at the Campaign for Southern Equality, by phone (610-306-7956) or email (adam@southernequality.org).

Don't Miss the Full Report of the 2019 Southern LGBTQ Health Survey

A complete analysis is available in the full 150+ page Report of the 2019 Southern LGBTQ Health Survey, which includes:

- ◆ In-depth discussion of respondents' physical health, mental health, health insurance, healthcare behaviors and experiences, experiences with HIV, experiences with gender-affirming hormone therapy, and regionality.
- Detailed description on participant demographics, methodology, and limitations.
- More qualitative responses from participants on their individual experiences with health and healthcare.
- Glossary of terms.
- ◆ Full text of the Survey instrument.
- Appendix with tables of all responses, including demographic cross-tabs.

www.southernequality.org/Survey



We owe a debt of gratitude to the 5,617 LGBTQ people who shared their experiences and time in taking the Southern LGBTQ Health Survey. We also want to thank our community partners. This research would not be possible without these organizations and their community leaders, who are building a strong network of LGBTQ people across the South. This project was also made possible by the collaborative efforts of a dedicated team of researchers, project staff and consultants, and Survey Ambassadors.

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Community Partners

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