

## Video Transcript

### LGBT Community Perspectives

**Mod:** *Well, Dr. Marshall, I appreciate you spending some time in talking with us. As you know, this is a class in social determinants of health, and we appreciate you taking the time. I wonder if we might start first with you just sort of talking about your background in thinking about issues involving social minorities.*

**Dr. Marshall:** I'll take it way back to growing up here in Arkansas in a suburb of Little Rock and predominate rural area. Very conservative values and, at the same time, the high school I grew up in, I was very active in a variety of programs after school. Very involved in the arts community in Little Rock. Came to befriend people from a variety of backgrounds during those experiences.

Actually it was, in my senior year, my best male friend at the time came out to me that he was gay. And he said that he was only able to share that with three people and I was one of those three. The other two, neither of which were even members of his own family, and that was something that was bothersome to me in that I thought "how sad that you can't feel like you can be yourself with members of your own family and you're going to let three people know your true sense of self." So that was very formative for me, I think. Also, too, I can recall a time when I was in maybe second or third grade and my mom had an acquaintance who she took me with her to the hospital to visit who was dying of AIDS. And that was also a formative experience.

So I think through those encounters plus a handful of others, I made a decision after getting my MPH here in the College of Public Health to get an advanced degree, a professional degree, PhD specifically, in Health Behavior so I could study why people do what they do that affect not only the health of themselves, but of others. And how we can formulate our sense of identity and what that means. And how that could put us on a trajectory for a certain statement of health long-term.

**Mod:** *Are terms like sexual identity, sexual orientation, appropriate terms and what do they mean?*

**Dr. Marshall:** Sexual orientation specifically refers to our behaviors and attractions towards another gender. The typical categories of sexual orientation are heterosexual and homosexual. That can be defined based upon behaviors or it can be defined based upon attractions. The reason I say that is because that is determined by the data collector and how they define that. That also can be defined based upon past 30 days' experiences or a lifetime of experiences. But as far as homosexual orientation goes, you tend to be attracted towards the same sex, and then heterosexually, you tend to be attracted towards the other sex. Then there are labels that we

give to people. Whether it is gay, lesbian, straight, bi-sexual -- if you tend to have an equal attraction towards the same or other sex. And then too there is pansexual -- you could be almost non-discriminate in your attractions or behaviors with others.

**Mod:** *Is sexual minority an appropriate broad term to apply to everyone across the LGBT community?*

**Dr. Marshall:** I think it can be appropriate depending upon the way it is used and the purpose for which it is used. Sexual minority could be sexual minority orientation, like the orientation for a particular sub-population. A phrase I also see a lot, too, is sexual or gender minority because that is encompassing a behavior-based label, sexual minority. And then gender minority being how the individuals identify themselves as being male or female.

**Mod:** *This course is about how different social determinants really affect risk factors and affect health overall. Are there differences in exposures or risk behaviors in, maybe to kind of characterize the entire GLBT range is too global, but by subgroup overall?*

**Dr. Marshall:** Sure. We tend to group LGBT individuals together and we know, through research, that there tends to be dominate participation in substance use and abuse including tobacco, alcohol, and other drugs. We know that they tend, all LGBT groups, to also be heavily diagnosed with depression and a few other mental health issues. And I don't know at this point if you want to go into why that is.

**Mod:** *Sure.*

**Dr. Marshall:** Okay. Because we also know that group tends to experience a lot of discrimination and harassment. And a lot of substance abuse has been shown to be coping mechanisms and we also know that the discrimination and harassment that they experience tends to lead to depression and other suicidal ideation or other mental health related issues.

**Mod:** *But we hear a lot from people that are in racial and ethnic minority groups that discrimination is a factor leading to a lot of stress in their lives and it's commonly felt that that leads to greater risk factors for a variety of diseases, mostly chronic, but other types, mental health as you mentioned. Is that true of...?*

**Dr. Marshall:** Yes. That's also definitely related. When you have stress, it is a risk factor for a variety of things. It can lead to again substance use. Tobacco use. Alcohol. We know that stress has been linked to obesity and diabetes. We know that it's certainly a risk factor that needs to be watched and LGBT individuals, just like other minority groups.

**Mod:** *How about preventive health care? People from sexual minority groups, do they receive preventive care in the same ways that people from other groups receive preventive care?*

**Dr. Marshall:** Not to my knowledge. What I have read in the literature indicates that LGBT individuals tend to not seek general health care, preventive care for fear that their health care provider will be discriminatory. That they will not receive adequate or appropriate care.

Something that I came across recently from a colleague who identifies as transgender female that it's difficult to go to, say, a new health care provider and feel the need to have to "explain" yourself or your situation. That a lot of the conversation tends to be based around your biology, your genitals, and it's difficult too for just any general health care that she has to undergo a full mental health evaluation. So that creates a tedious environment.

**Mod:** *Yeah. I can imagine. Now when we talk to people from racial and ethnic groups culture always comes up. Can you talk a little bit about the culture of people that are in GLBT groups?*

**Dr. Marshall:** Okay. I think from my understanding when you are talking about LGBT culture, I think of building a sense of community and bonding over shared experiences, over events. So there tends to be a lot of pride displayed through signs and songs and events and everything, including t-shirts. But the community though, just like any other community, is also very diverse so I think it would be erroneous to just assume that all members in the LGBT community at large share the same values and sense of pride. At the same time, lesbian is very different from the bisexual community which is also very different from the transgender community. So each of those subdivided groups have their own culture as well.

**Mod:** *I suspect that there's a lot of heterogeneity within groups as well, overall. As you know, as I mentioned before, this course is really about the social determinants of health. Are there other aspects that sort of tie into other social determinants that you think are important?*

**Dr. Marshall:** Oh, absolutely. What comes to mind immediately is the issues of employment and housing and general policies at large like legislation that's in place that can either facilitate or provide a barrier to health care in general. It can also, when we don't have antidiscrimination policies in place, those influence decisions that employers are allowed to make to keep members of the LGBT community from securing a job. If you don't have a job, it's difficult to afford housing and, conversely, if you're feeling out a housing form, you need to indicate you have employment, typically, or if you're wanting to set up utilities for your home, you need to show pay-stubs, and you can't do that if you don't have a job. So it creates a vicious cycle for the members of the LGBT community. Insurance would certainly be an issue.

I know that there are community organizations that serve LGBT members as well as, and we know that HIV has a disproportionate impact on members of the LGBT community, and there are groups that serve HIV positive individuals. And they have taken it upon themselves to learn the Affordable Care Act, how to be navigators to get people properly insured through the different mechanisms that are available through that act. I was talking not long ago to someone who knew someone who was transgender and had transitioned and was really talking about the whole experience and a lot of the mental health issues that the individual was dealing with.

**Mod:** *Is that something you're familiar with?*

**Dr. Marshall:** Well, I know that, according to the DSM-5, there's gender dysphoria that individuals can be diagnosed with having if they are very confused about their gender, if

mentally they see themselves in a different way than what their genitals are typically ascribed to be. And that can be, understandably I think, confusing, but aside from once, I think, individuals become resolved and resolute in their self-identity and take on the label of transgender and embrace what that means to them then mental health tends to be perhaps less of an issue.

**Mod:** *Anything else that you can think of that you want to add or that we left out?*

**Dr. Marshall:** I think, for me, since I tend to focus on adolescence and how that's a very formative time in development and being the fact that every young person goes through this phase in their lives when they're trying to reconcile who they are and what they're about and who they like and how they're received by others. All the messages that this body produces to people and how that's either accepted or rejected and then the information that you get back. That cycle is very developmental and you can, if constantly the message you're putting out is not well received about who you are, why you think you're that way, what you're trying to do, and who you're trying to be, then that would be difficult to constantly have to reconcile. And whether or not you're going to accept that rejection and then you develop low self-esteem and a poor self-image and that has consequences.

Or, alternatively, you're going to embrace who you are regardless of what other people say about you, the amount of support you get and that will, in turn, build a very different identity and a different level of self-esteem. That would send you on a trajectory for a different health status so I just hope that through my work I'm able to really help youth form their best sense of self and put them on a path to a quality health status long term.

**Mod:** *Wonderful. Well I want to thank you a lot and, for the class, I want to thank you a lot for taking the time to tape this interview.*

**Dr. Marshall:** Sure. Happy to do it. Thank you very much.