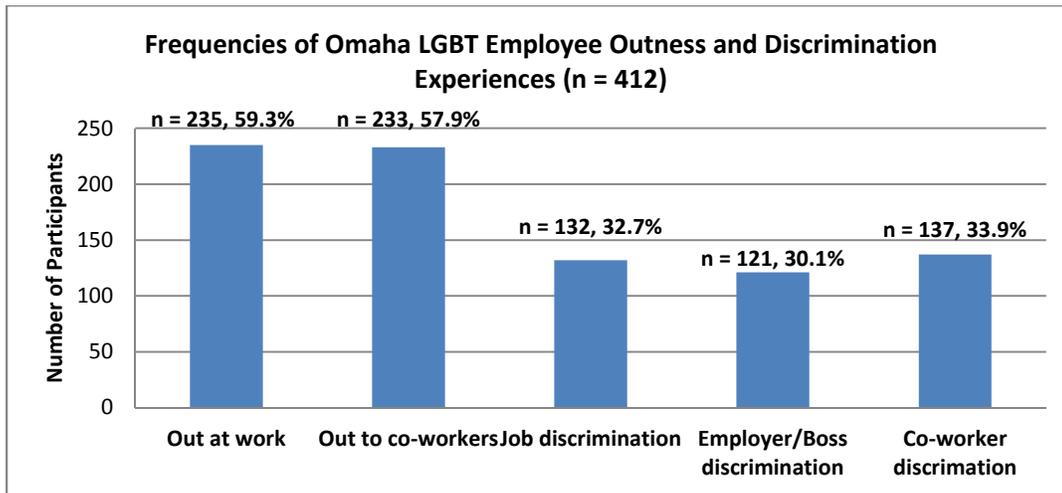


**Addendum A: Employment-related discrimination experiences for LGBT Omaha residents**

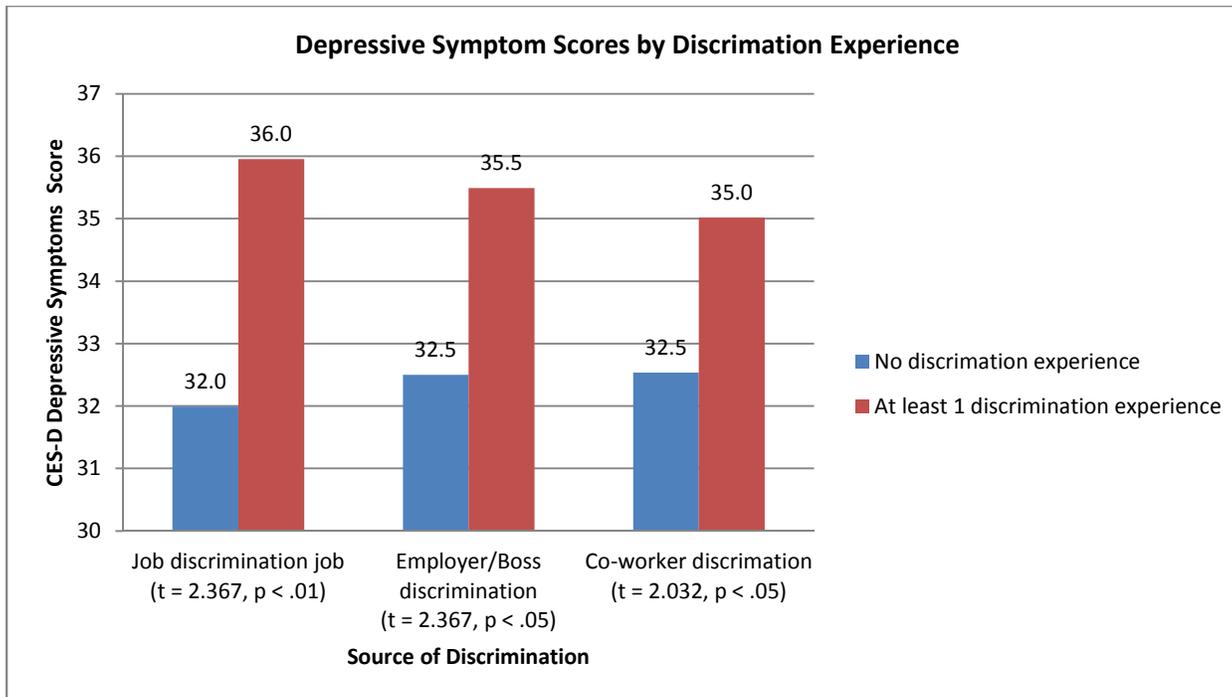
This addendum serves as an addition to the data analysis presented in the June 25, 2011 Midlands LGBT (lesbian, gay, bisexual, and transgender) Needs Assessment Community Report prepared by the directors (Drs. Fisher, Irwin and Coleman) and student researchers (Ms. McCarthy and Chavez) of the Midlands Sexual Health Research Collaborative (MSHRC) based in the College of Public Health at UNMC. The study was conducted in 2010 via an online survey. The aim of the broader study was to assess the physical, mental, social and sexual health of LGBT persons who lived, worked, and/or “played” in Nebraska.

As identified in the original report (see Appendix F), nearly a third of respondents indicated some experience with job discrimination *because* of their sexual orientation and/or gender identity. As of this writing, Omaha as a municipality and the state of Nebraska as a whole do not provide employment protections based on sexual orientation or gender identity. Currently, 16 states, including Iowa, and the District of Columbia offer such protections with an additional 5 states providing protections only based on sexual orientation (<http://sites.hrc.org/sites/passendanow/index.asp>). The findings reported in this addendum are based solely on the scientific analysis of the data and supporting scientific literature.

Of the 770 survey respondents, 412 (53.3%) were from Omaha (proper, not metro). Measures of experienced employment discrimination were included in the survey. Over half of the respondents from Omaha had disclosed their sexual orientation and/or gender identity to their employers (n = 235, 59.3%) and their co-workers (n = 233, 57.9%). Many respondents indicated, due to their LGBT identity, having been discriminated against in a job at least once (n = 132, 32.7%), treated unfairly by an employer, boss or supervisor (n = 121, 30.1%) and treated unfairly by coworkers (n = 137, 33.9%).



Respondents who indicated at least one experience of job-related discrimination were significantly more likely to have reported higher depressive symptoms on the standardized depression scale (see table below; see page 23 for more details on depression scale) than those who did not experience job-related discrimination. Other analyses from this study showed that participants with higher depressive symptoms were more likely to report higher numbers of sick days and generally they indicated illness interfered with their normal daily activities on more days than those with lower depressive symptoms scores (see page 25).



It's important to note these relationships are correlational and not causal; we cannot infer from this data that the job-related discrimination led to greater depressive symptoms. However, there is sufficient evidence in other studies to suggest that experienced discrimination, regardless of where it is happening, is indeed strongly related to subsequent bouts of increased depression (Shulz, et al., 2006; Almeida et al., 2009) which has been shown in other studies to lead to increased work impairment due to physical health (e.g., Keenan-Miller, Hammen, & Brennan, 2007).

Based on the scientific literature and the results of the Omaha-specific data, it is possible that a lack of legal protections from discrimination may have negative outcomes for LGBT persons. A lack of policy likely does not promote discrimination. However, it potentially creates a work-place environment that is unsupportive of LGBT identities and thus does not stop or discourage discriminatory practices from happening. A good portion of survey respondents experienced discrimination due to their sexual orientation and/or gender identity. Those experiences may have led to increased depressive symptoms which led to increased illnesses which reduced productivity in the workplace. Finally, increased depression has been shown to be correlated to a number of other negative health outcomes (Moussavi et al., 2007) for the individual which may also impact workplace productivity.

References

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