

2023



A Primer on LGBTQ+ Health Disparities



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About Eidos

The Eidos LGBTQ+ Health Initiative at the University of Pennsylvania cultivates and engages emerging and experienced leaders from community, academic, civic, and business spheres to create innovative solutions for the LGBTQ+ community. We use social enterprise, community engagement, education, and research to further the well-being of the LGBTQ+ community.

Introduction

In recent decades, LGBTQ+ people in the US have won long-fought battles for recognition and rights. A majority of the public—along with many scientists, medical professionals, and policymakers—now recognize LGBTQ+ identities as natural expressions of human diversity. Important legal victories have secured marriage equality and other important non-discrimination protections. Yet people in our communities continue to face discrimination, stigma, violence, restricted health care access, and other threats to their overall well-being. Despite legal victories, this constellation of factors continues to drive significant health disparities for LGBTQ+ people.

OFFICIAL DEFINITIONS ACCORDING TO THE CDC

Health Disparities	Health Equity
Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.	The state in which everyone has a fair and just opportunity to attain their highest level of health.

Along with progress in our culture’s understanding of the humanity of LGBTQ+ people has come a growing understanding that gender and sexuality are universal human experiences. Healthcare related to gender and sexuality is therefore also a universal need. Promoting health equity for LGBTQ+ and other socially disadvantaged people is not just the right thing to do. It’s in society’s best interest.

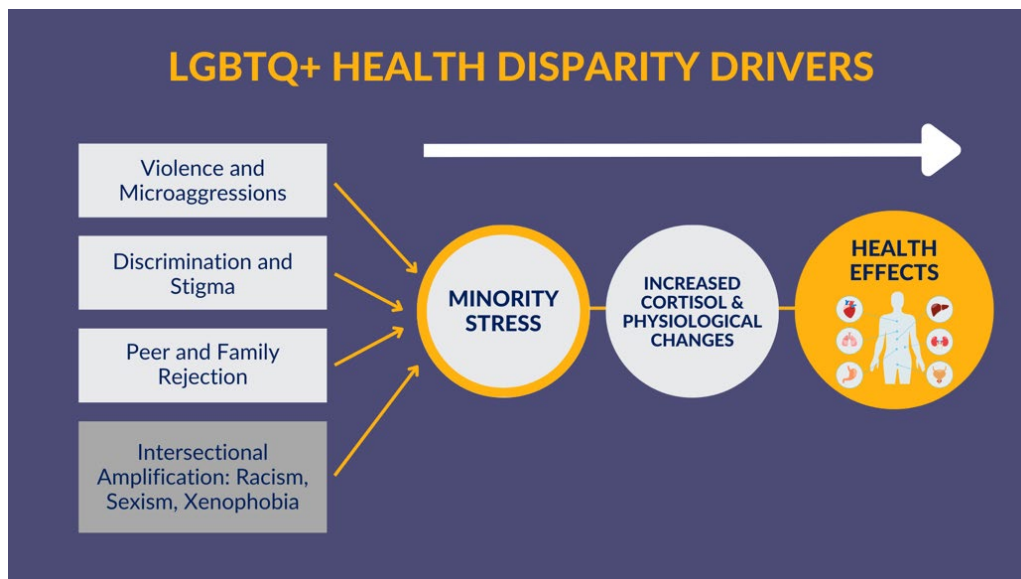


The LGBTQ+ Population Is Growing—Quickly

According to the definitive report by the National Academies of Sciences, Engineering, and Medicine, [Understanding the Well-Being of LGBTQI+ Populations \(2020\)](#), more than 11 million self-identified LGBTQ+ people currently live in the US. This number is increasing rapidly. A recent [Gallup poll](#) indicated that the percentage of US adults self-identifying as LGBT or something other than heterosexual is now at 7.2%, doubling between 2012 and 2022. With 1 in 10 millennials and 1 in 5 Gen Zs identifying as LGBTQ+, that percentage is expected to surpass 10% in the coming years and continue to grow. For millennials, Gen Z, and the generations to come, LGBTQ+ health will be a routine consideration in care. If society is to be prepared to meet these growing health care needs, we must begin to build the knowledge, workforce, and infrastructure to do so now.

LGBTQ+ Disparity Drivers

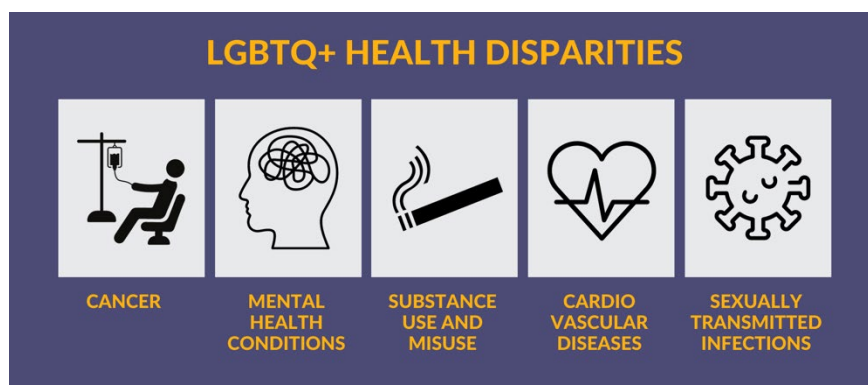
LGBTQ+ individuals exist in a system which reinforces and compounds existing health disparities. Factors like discrimination and stress put these individuals at higher risk for physical and mental health problems. Lack of adequate training and healthcare services then lead those individuals to subsequently struggle to find the care they need when they become ill, leading to even poorer health.



- **Minority stress:** Stigma, discrimination, violence, and victimization, and family and peer rejection affect LGBTQ+ individuals over their lifespan, resulting in cumulative **minority stress**. Intersectional aspects of identity such as race, gender, and age amplify this stress significantly.
- **Cortisol dysregulation:** Prolonged stress wreaks havoc in our bodies by contributing to the dysregulation of the stress hormone cortisol. Cortisol affects every major organ system, and its dysregulation negatively impacts our metabolism and immune function as well as our cognition and mood.
- **Limited access to healthy lifestyle options:** LGBTQ+ individuals lacking the financial means to access healthier lifestyle options (e.g., psychotherapy, gym memberships, etc.) may resort to using tobacco, alcohol, and other substances to cope with their stress. Using substances excessively can cause physical and mental health status to deteriorate even further.
- **Limited access to culturally competent care:** Finally, LGBTQ+ people may not know how to find the gender-affirming and culturally competent health care they need. Many shy away from medical settings because of negative experiences with health care providers. A [2019 review](#) indicated that across eight studies, 27% of transgender individuals reported having been denied health care outright. Lack of insurance coverage may pose another significant barrier to healthcare access.

LGBTQ+ Health Disparities, Explained

The existing evidence points to LGBTQ+ disparities in several areas.



Cancer

Some cancers are more common in LGBTQ+ communities due to a complex combination of risks. Gay and bisexual men face higher rates of anal cancer, especially if they have HIV. Evidence also suggests that LGBTQ+ communities have less access to preventive services. For example, [studies have indicated](#) that sexual minority women are less likely to receive cervical cancer screening than their cisgender, heterosexual counterparts.

Mental Health Disparities

The cumulative stress that LGBTQ+ individuals face during their lifetimes predisposes them to a variety of mental health conditions. They experience more anxiety, depression, and suicidality than their heterosexual or cisgender counterparts and are less likely to report healthy sleep.

Substance Use and Abuse

LGBTQ+ individuals are also more likely to binge drink and use tobacco. [One study](#) reported a result from the National Health Interview Survey that 21% of lesbian, gay, or bisexual adults self-identified as current cigarette smokers compared with 15% of heterosexuals. But there is much more to this story than meets the eye. For example:

- Tobacco companies have targeted LGBTQ+ communities in their marketing campaigns, contributing to the problem.
- For many LGBTQ+ individuals, the only places to safely gather and socialize have been bars, where substance use and abuse are more prevalent.
- LGBTQ+ individuals may turn to alcohol and other substances to help them deal with cumulative trauma and minority stress.

To eliminate disparities related to substance use and abuse, interventions must dive beneath the surface of the statistics to address root causes and drivers.

Cardiovascular Disease

Cardiovascular disease (CVD) in LGBTQ+ communities is related to chronic stress and behavioral responses to that stress such as binge drinking and smoking. Stress and substance use can precipitate high blood pressure and



elevated levels of C-reactive protein, which increase the risk of CVD. Lesbian and bisexual women have more CVD risk factors than heterosexual women. Transgender individuals also appear to have high rates of CVD, but more data is needed to confirm this.

Sexually Transmitted Infections

In the past, a substantial portion of the LGBTQ+ health disparities research focused on sexually transmitted infections (STIs) such as HIV. In the beginning of the HIV epidemic, treatments emerged based on paradigms that held individuals responsible for their health behaviors, unfortunately resulting in stigma and shame for those with HIV and exacerbating homophobia and discrimination. This has made it harder for those in LGBTQ+ communities—particularly gay men, bisexual men, and transgender individuals—to seek and receive high-quality preventive services, HIV testing, and HIV treatment.

Over the years, biomedical technology has evolved, and effective HIV treatments are now widely available. But social norms have yet to catch up with the science. Ensuring safe and welcoming health care environments for LGBTQ+ individuals with HIV and at risk for HIV and other STIs is essential to addressing these STI-related health disparities.

STEPS TOWARD LGBTQ+ HEALTH EQUITY

COLLECT DATA AND CONDUCT RESEARCH

- ✓ Establish data collection efforts and remove barriers to data access and sharing.
- ✓ Conduct more health research to better understand LGBTQ+ health disparities and conceptualize interventions.

DEVELOP CULTURALLY COMPETENT INTERVENTIONS

- ✓ Develop interventions to foster resilience in LGBTQ+ communities and address their specific health care needs.
- ✓ Train health care personnel in culturally competent delivery in the health care interventions.

EVALUATE AND SCALE INTERVENTIONS

- ✓ Refine interventions based on most recent evidence.
- ✓ Evaluate the interventions and more widely deploy the successful ones in health care systems throughout the US.



Steps Toward LGBTQ+ Health Equity

Some progress has already been made in addressing LGBTQ+ health disparities. For example:

- **Breaking down systemic barriers:** Advances in making clinical environments welcoming, nonjudgmental, and affirming for LGBTQ+ patients has been an important step in building medical trust and encouraging people to seek care.
- **National initiatives:** The national initiative [Healthy People 2030 Goal on LGBT Health](#) through the Department of Health and Human Services has committed to improving the health, safety, and well-being of LGBT people. It sets forth specific goals, indicators related to each goal, and the data to use to monitor progress.
- **Definitive reports:** The National Academies of Sciences, Engineering, and Medicine convened a panel of experts in 2020 to summarize the current state of LGBTQ+ health disparities. The resulting report [Understanding the Well-Being of LGBTQI+ Populations \(2020\)](#) outlines a series of additional steps we must take to further us along the path toward LGBTQ+ health equity.
- **Cultural-competence training:** Health organizations and medical schools have begun to incorporate training for staff and students in delivering culturally competent, evidence-based care for LGBTQ+ individuals.

Despite some progress in recent years, we still have a long way to go to achieve LGBTQ+ health equity. Eidos is working to address health disparities by catalyzing innovation in the following areas:

Data

More data is needed on the health of each LGBTQ+ sub-population. Currently, LGBTQ+ populations are often considered together in many research analyses, despite existing evidence that each subpopulation has unique health needs, risks, and protective factors. Without population-specific data, we cannot meaningfully measure or address health disparities. Organizations that collect demographic data in the private, non-profit, and government sectors should



add items on sexual orientation and gender identity to their survey scales. Additionally, mechanisms should be put in place to maximize the usefulness of this data. Data sharing policies and infrastructure should allow researchers to access and link data across institutions, allowing for more impactful research.

Health Research

More health research specific to LGBTQ+ communities is needed to shed light on the full range of issues affecting their health. Funds should be made available for experimental, observational, and qualitative studies along with other kinds of investigations to fill in critical data gaps as needed.

Evidence-Based, Culturally Competent Interventions

Health professionals should use the most current data and research findings to develop evidence-based, culturally competent interventions to improve the physical and mental health of LGBTQ+ people. Training in these interventions should be widespread across the health care system:

- **Educational sector:** More medical and nursing schools and health paraprofessional training programs should incorporate training on providing culturally competent care for LGBTQ+ communities.
- **Health care systems:** Public and private health care systems should train health care providers and other staff in the most up-to-date approaches to culturally competent care.
- **Private and non-profit sectors:** Insurance companies, pharmaceutical companies, and other private and non-profit entities should innovate to design and customize products and services to address the unique needs of LGBTQ+ communities.
- **Evaluate and scale:** The interventions should be evaluated and refined based on the most current data available. Ultimately, successful interventions should be scaled and more widely deployed.







Resources

The following websites and resources were used to develop this report. Please refer to them for more detailed information on LGBTQ+ health disparities.

1. [National Academies Report: Understanding the Status and Well-being of Sexual and Gender Diverse Populations](#): The National Academies of Sciences, Engineering, and Medicine convened a panel of health experts in 2020 to summarize the current state of LGBTQI+ health and well-being. The resulting report, *Understanding the Well-Being of LGBTQI+ Populations (2020)*, is a review of eight separate domains of LGBTQI+ well-being, and the literature on LGBTQ+ health disparities and interventions. The report also identifies key areas for future work.
2. [Healthy People 2030 Goal on LGBT Health](#): This initiative through the Department of Health and Human Services promotes the health, safety, and well-being of LGBT people. It has established specific goals related to LGBT well-being, defined indicators related to each goal, and specified data that can be used for monitoring progress.
3. [American Psychological Association Office on Sexual Orientation and Gender Identity](#): This page's resources are part of the APA Office on Sexual Orientation and Gender Diversity's efforts to summarize recent and ongoing policy and advocacy work in LGBT health disparity areas—both in government agencies and the non-profit health care community.

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