Penn Nursing
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Better Together: LGBTQ+ Health and Social Connection

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Introduction

LGBTQ+ communities have long known that health is more than a good provider and a prescription pad. Being well requires safe environments, supportive caregivers, and a meaningful social circle. This knowledge is echoed by the Surgeon General's recent warning on how loneliness and social isolation can derail our personal health and is derailing the Nation's health. Social connection is essential to human flourishing. Investing in belonging is a crucial strategy in eliminating health disparities and securing a future in which all of us can thrive.

Foundational Terms and Concepts

Social (dis)connection is understood through a number of related concepts. In this brief, we use a number of the definitions laid out in the U.S. Surgeon General's advisory:[1]

Social Connection	A continuum of the size and diversity of one's social network and roles, the functions these relationships serve, and their positive or negative qualities.
Belonging	The subjective feeling of deep connection with social groups, physical places, and individual and collective experiences.
Social Isolation	Objectively having few social relationships, social roles, group memberships, and infrequent social interaction.
Loneliness	A subjective distressing experience that results from perceived isolation or inadequate meaningful connections, where inadequate refers to the discrepancy or unmet need between an individual's preferred and actual experience.
Social Support	The perceived or actual availability of informational, tangible, and emotional resources from others, commonly one's social network.

Marginalization, Loneliness, and Health Disparities in the LGBTQ+ Community

Studies across LGBTQ+ sub-populations and age groups consistently show higher levels of loneliness and isolation compared to those found in surveys of the general population or cisgender and/or heterosexual comparison groups.[2-7]

For example, a global survey of 7,856 sexual minority adults across 85 countries found that 75% reported feeling at least moderately lonely.[4] LGBTQ+ individuals who report isolation and loneliness are more likely to report chronic disease, poor self-rated health, mental health conditions, and suicidality.[6,8,9]

This lack of social connection and related negative health outcomes exists in the context of historical social marginalization. LGBTQ+ people have less access to social resources and opportunities because of historical stigmatization and discrimination.[4,9]

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Despite growing social acceptance of the LGBTQ+ populations, research continues to show that they are less likely to be treated with respect, offered help, or genuinely cared for by others.[8] These experiences can contribute to their chronic vigilance against potential threats, social insecurity, negative self-perceptions, and withdrawal from relationships to avoid negative reactions and rejection, which only leads to further isolation.[4,8]

The effects of social disconnection are compounded for LGBTQ+ people with intersectional risks based on age, access to social resources, and prejudice.

LGBTQ+ Sub-Populations at Increased Risk for Marginalization

Gender Minorities

- **Discrimination** in healthcare settings **leads to mistreatment** by healthcare providers and negative outcomes, including **exacerbation of gender dysphoria**;[10] denial of insurance coverage and delays or avoidance of seeking medical care when injured;[11] and an unsafe clinical environment in which trans and non-binary people's physical and mental health needs are not appropriately met.[10,12]

- Discrimination in workplaces results in unfair treatment including loss of job, denial of promotion, and harassment. **Trans workers report being denied access to public restrooms or avoiding using them** for the fear of negative experiences.[11]

Youth

- Report higher rates of victimization, family rejection, bullying, and abuse of all types compared to their heterosexual and cisgender peers.[9,13] In the 2023 U.S. National Survey on the Mental Health of LGBTQ Young People, **53%** of participants reported being **verbally harassed, 32% were not allowed to dress the way they wanted,** and **25% receive disciplines for standing up to bullies.**[14]

- Bullying by peers, both in person and online, has been identified as a major contributor for LGBTQ+ youth' experiences of social isolation and loneliness.[13] **LGBTQ+ youth reported higher rates of bullying** compared to heterosexual youth leading to outcomes including substance use, risk taking, non-suicidal self-injury, and depression and anxiety.

Elders

- LGBTQ+ elders are more likely to be **vulnerable to small social network size**.[15]

- They are less likely to be married[7] or to have children.[16]

- **LGBTQ+ elders report fears about identity-based discrimination** from providers in care facilities and healthcare settings.[15]

- LGBTQ+ elders from ethnic minorities are more likely to report more difficulty accessing services and cultural spaces that meet their intersecting identity needs.[17]

People of color

- **LGBTQ+ youth of color experience more marginalization and victimization** than their white peers.[13]

- Intersecting agism, racism, and anti-LGBTQ+ stigma result in complex barriers to belonging for LGBTQ+ elders of color.[17]

- Across age groups, very **little research addresses the unique health needs of LGBTQ+ people of color**.[13,17]

When Connection is Restored: The Health Benefits of Belonging

Research has repeatedly shown across sub-populations that when LGBTQ+ people have access to social support and belonging, they experience better physical and mental health outcomes.[8,18-23] Specifically, social connection and belonging have been shown to buffer against the negative effects of marginalization, discrimination, and victimization.[8,13,24,25]

- ✓ Positive social relationships are predictors of **improved** physical and mental health and positive self-perceptions.[8,18,25,26]
- ✓ Among gender minority populations, **positive** relationships with peers, family, and the LGBTQ+ community enhance psychological resilience, decreased depression and anxiety, lower likelihood of suicidality and self-harm, and improve life satisfaction and self-esteem.[20,23]
- ✓ Support and connection are particularly important for LGBTQ+ **youth** as they navigate developmental tasks related to identity development. Social connection in the forms of parental support inclusive school climate, peer relationships and LGBTQ-affirming social environments all act as protective factors against negative health outcomes including depression, suicidality, self-harm, and substance abuse.[8,21,22,27]
- ✓ Positive social connections among LGBTQ+ **elders** are associated with lower internalized homophobia, improved quality of life, and greater acceptance toward themselves as well as the aging experience.[19,28,29]

Importantly, studies on social support among LGBTQ+ youth have begun to document that the presence of acceptance, belonging, and social safety can prevent some health disparities entirely. Trans youth who socially transition with the support of their parents report rates of depression no different than their cisgender peers.[30] LGBTQ+ youth who report parental support do not show the elevated risks of depression, anxiety, non-suicidal self-injury, and suicidality that are otherwise documented among LGBTQ+ youth.[8] These findings are extremely promising, suggesting that **addressing the social root of LGBTQ+ health disparities can profoundly impact the trajectory of those disparities.**

The Challenges of the Current LGBTQ+ Health Paradigm

The evidence regarding LGBTQ+ health disparities demonstrates that these disparities are at their root problems of social origin rather than of individual behavior or disorder. Marginalization, discrimination, and violence lead not just to added physiological stress for LGBTQ+ people but lack of access to the cultural resources that make individual health possible, resources like family support, safe educational settings, routine health care, and basic legal protections. Mental and physical disparities emerge over time as people are deprived of social resources and subjected to discrimination, violence, and stigma.

When these social supports are made available, they reduce or even prevent these health disparities. Individual health behavior can mitigate the impact of these health disparities but are insufficient to eliminate them. Ending LGBTQ+ health disparities requires a fundamentally ***social*** approach.

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Despite the persistent evidence, our existing cultural approach to addressing LGBTQ+ health disparities remains focused on individual health and behavior, leaving the fundamental, social drivers of those disparities largely unaddressed. Standing in the way is a complex of values and perspectives that impede cultural momentum toward addressing social aspects of health, not just for LGBTQ+ people, but for all populations:

Individualized view of health. Though we acknowledge that individual health emerges from a complex web of individual, social, environmental, and temporal factors, emphasis is regularly placed on the individual's behavior and responsibility. Prioritization of biomedical understandings of health lead to a view that individual biological and psychological factors are more important than social and structural influences on health. Through this understanding of health, responsibility for negative outcomes is placed largely on the individual rather than on their relational, social, cultural, and structural environment.

Deficit-oriented priorities. As wellness and positive psychology initiatives have recently highlighted, our health priorities center the elimination of negative health outcomes over the promotion of positive ones. This means it is easier to get buy-in, funding, and support for eliminating a disease than it is for promoting health and preventing disease.

While neither of these perspectives are inherently about LGBTQ+ people, because of the unique history of LGBTQ+ identities being pathologized and stigmatized, they create a context in which this individualization of responsibility is reinforced by cultural bias and stigma.

The historical categorization of homosexuality and diverse gender identities as mental disorders, the stigmatization of HIV, the use of conversion therapy, the criminalization of gender affirming care— are all examples of a persistent cultural framing of LGBTQ+ people as disordered. In this context, our seemingly benign individualizing and deficit-oriented view of health plays into a fundamentally false but convincing cultural narrative that health disparities can be chalked up to LGBTQ+ people's poor behavioral choices, psychological weakness, and/or moral failures.

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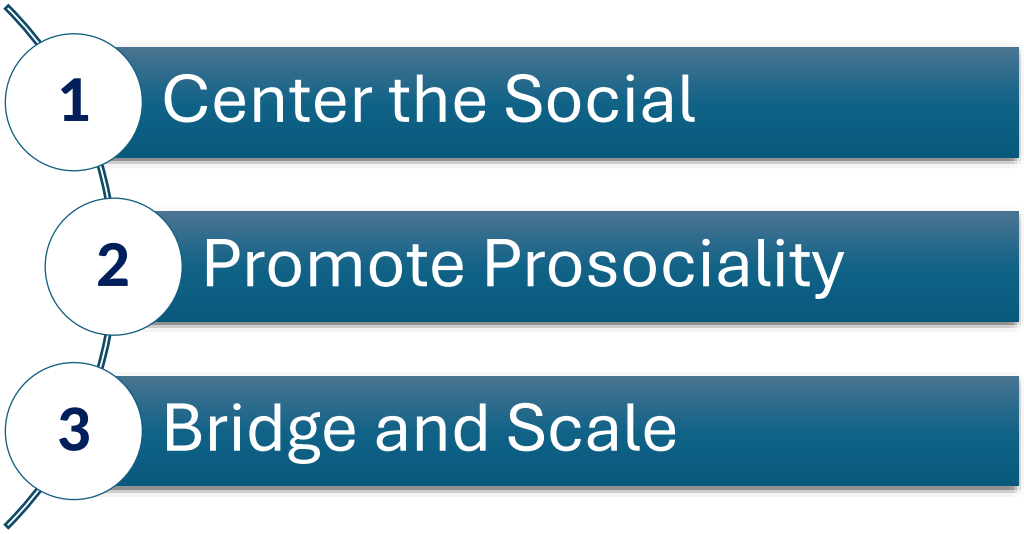
This de-prioritization of social responsibility in favor of an individual view is also, if not intentional, at least culturally convenient. Culturally, we have not had the will to directly address our history of marginalization and discrimination, so **placing implicit responsibility for health disparities on the individual becomes a way to minimize the need for human rights reform**.[13] This context makes the centering of social solutions to LGBTQ+ health disparities all the more crucial. Doing so isn't just a response to research evidence. It also builds a counternarrative and generates cultural momentum towards a shared responsibility for and shared ability to remediate these persistent health disparities.

To date, our actions to address LGBTQ+ health disparities have been misaligned with the empirical and cultural evidence. There is **significant opportunity to impact health disparities across populations if we center social strategies**. Lack of meaningful engagement with social and structural drivers of health has so far limited our ability to alleviate associated negative health outcomes.

Broadening the frameworks we use to understand, evaluate, and intervene on health so that they include asset-oriented social and structural factors is necessary to addressing the pressing social health deficits that have been firmly established.

Shifting the Paradigm toward Social Health

Addressing the social drivers of health disparities necessitates the intentional selection of tools and strategies that prioritize social solutions. As demonstrated by the research literature, some tools already exist and simply need to be adapted for new uses. Innovations are possible but require that we focus our attention and effort on shifting the individualizing health paradigms that limit the possibility of social change. Working collectively, we can generate momentum in this direction by taking specific, purposeful actions to align our work with a new health paradigm:



1. Center the social

Because our existing strategies to address health disparities have a bias towards the individual, shifting the paradigm requires that we all actively prioritize solutions that center the social. In our current moment, this also means strategically de-centering individuals and individual behavior.

It doesn't mean eliminating a focus on individuals, but rather contextualizing them within a social view of health. Achieving this will look different across sectors and roles in the health ecosystem, but includes common elements:

- ✓ **Identify social leverage points.** Connect the dots between your work and its social context. Identify products, programs, or initiatives that already leverage social support, community building, or multilevel interactions to promote LGBTQ+ health. Map out opportunities for your work to grow in these social directions and include them in your strategic planning.

- ✓ **Use social models of health.** Work across sectors is developed and justified using theoretical models of health and behavior change, models which frequently center individual views of health. When building the basis for your work, choose models that will inform a social approach to health disparities. Some examples include: Positive Youth Development, the Belonging/Othering framework, Social-ecological health models, and Social safety models. These are examples evidence-based frameworks that contextualize individual health within relational, community, and systemic dynamics.

- ✓ **Aim for social impact.** When developing programs, services, or products that target LGBTQ+ health disparities, explore opportunities to increase social safety, connection, belonging, and social resourcing or to intervene on a social or structural level. If you are targeting individual customers, patients, users, or community members, consider how your product, service, or program can safely impact social elements of their behavior and health.

- ✓ **Evaluate social outcomes.** Use social metrics to evaluate your work's impact on social outcomes. We measure and track what we value. Incorporating measures of social support, relational dynamics, and structural-individual interactions will allow you to quantify, track, and refine your ability to address the social roots of LGBTQ+ health disparities.

- ✓ **Fund and support social innovation.** Direct resources, whether that be time, attention, effort, partnership, philanthropy, investment, or grant dollars toward efforts to those working directly on the social causes of health disparities. Weight your portfolio of work and investments towards social solutions.

- ✓ **Communicate social implications.** How we talk about this work also matters. Attempts to center LGBTQ+ individuals and their health needs, we can inadvertently play into individualizing and pathologizing cultural discourse. Actively focusing on the social determinants of LGBTQ+ health disparities and reframing them as social problems is also required to shift this paradigm. For example, highlighting "vulnerability-inducing relational dynamics" rather than "vulnerable individuals"[2] and similar changes in our language can support the shift from a cultural view of individual responsibility to one of shared social responsibility.

Shifting from individually-focused health frameworks to social ones will require us actively cultivate socially-framed alternatives through the investment of attention, effort, and funding. Doing so is not only an investment in the elimination of LGBTQ+ health disparities, but in the development of strategies that have health applications across populations.

2. Promote prosociality

Just as the absence of disease does not equal positive health, the absence of discrimination does not equal belonging. Research has shown that the cultivation of social assets like supportive relationships and access to safe environments both buffers against the negative effects of marginalization and discrimination and supports positive development across the lifespan.

LGBTQ+ health disparities driven by marginalization will be best addressed through the active cultivation of social inclusion, belonging, and access to cultural resources. Because our current health system is not designed to promote these kinds of assets, truly addressing LGBTQ+ health disparities will require us to make innovative investments in prosocial solutions.

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Prosociality, or "positive other-regarding behaviours and beliefs…such as altruism, trust, reciprocity, compassion and empathy" has been shown to be a valuable, evidence based framework for impacting public health across populations and risk groups.[31]

Research on prosocial interventions has covered a wide range of positive social initiatives from the development of positive relational beliefs and values like empathy and collaboration to the promotion of social behaviors like relationship building and volunteering. Examples span individual, organizational, and community level initiatives across social environments. The research has also shown it to impact health through biological, behavioral, and social pathways, making it a versatile tool for addressing complex health needs.

Just like the emphasis on social elements of health combats cultural narratives of individualized pathology, promoting prosocial solutions addresses another important cultural narrative. Othering is a term that has been used to describe the devaluing and dehumanization of marginalized groups, notably described by john a. powell:

> "Placement within the circle [of human concern] determines the status of belonging. Those within the circle are cared for, seen as one with the social self, and seen as part of an integrated ecosphere. Those outside the circle are othered—devalued, degraded, scapegoated, and marginalized… [This process] demarcates those whose full humanity is recognized and who will receive the concern and attention of society."[32]
>
> **-john a. powell**

In addition to addressing the social health needs of LGBTQ+ people, investing in prosocial solutions to increase empathy, trust, and social belonging directly addresses the cultural othering that makes LGBTQ+ marginalization socially acceptable. Prosocial initiatives re-placing LGBTQ+ people within the circle of human concern and make their health and wellbeing culturally valuable.

3. Choose solutions that bridge and scale

We cannot expect these cultural paradigms to shift overnight, so maximizing the efficiency and impact of our chosen solutions is vital. In their recent commentary calling for investment in "an epidemiology of prosociality", Kubzansky, Epel, and Davidson point to exemplar interventions like the Experience Corps (a program pairing older adults and youth at risk of social disconnection through a tutoring program), highlighting the importance of solutions that creatively address the social needs of multiple groups simultaneously and are replicable across multiple contexts.[31] Selecting these kinds of high-impact solutions maximizes the effect our investments of effort, support, and funding to enact social change.

As you evaluate opportunities to address LGBTQ+ health disparities by centering social solutions and promoting prosocial asset development, you should also consider how well the opportunity capitalizes on bridging and scaling.

Bridging. In this context in which building social connection and belonging is essential to success, solutions are uniquely powerful when they not only build coalitions but build coalitions between groups separated by cultural tension or division. Bridging solutions have the ability to meet the needs of multiple groups simultaneously while also building prosocial connection between the groups. Finding common ground and co-creating mutually-beneficial solutions between groups is itself an act of system-level, prosocial intervention.

Scaling. Similar paradigm shifts in public health, such as HIV destigmatization, have relied on building cultural momentum through effective, scalable strategies. Learning from these models, evaluating potential solutions for both their effectiveness and their ability to be applied and scaled across contexts is an important way to maximize the impact you have. As the research shows, this also means that we don't have to start from scratch; in addition to creating new viable solutions, there are already evidence-based solutions ready to be integrated into your existing work.

KEY TAKEAWAYS:

1. **Social connection is vital to LGBTQ+ health**

   LGBTQ+ health disparities are rooted in social dynamics of marginalization and discrimination. Eliminating those disparities requires social solutions that create greater social belonging.

2. **Intersectionality matters**

   Risk of social disconnection compounds across marginalized identities. Addressing these disparities fully requires prioritizing intersecting aspects of identity including age, race, disability, sexuality, and gender identity.

3. **Shift from individual to social solutions**

   Meaningful progress requires moving away from individualizing approaches and instead prioritizing social solutions aimed at creating relational change.

4. **Promote prosocial solutions**

   Invest in prosocial solutions that foster social inclusion, empathy, trust, and altruistic action within and across communities.

5. **Maximize impact through bridging and scaling**

   Shifting these paradigms will require scalable change across cultural settings. Prioritize coalition building and replicability to maximize your impact.

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Endnotes

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