

Health Disparities in the LGBTQ Community

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Abstract: This paper examines the health disparities faced by LGBTQ individuals, with a specific focus on healthcare access, prevalent health issues and diseases, and the social factors contributing to these disparities. The research highlights the barriers LGBTQ individuals face in accessing healthcare services, including discrimination, lack of culturally competent care, and legal impediments. It explores prevalent health issues such as mental health disorders (e.g., depression, anxiety, substance abuse) and the unique healthcare needs of gender-nonconforming individuals. Furthermore, the paper discusses the social determinants of health, including economic inequity, discrimination, lack of legal protection, and their impact on the overall well-being of LGBTQ individuals. The findings underscore the need for equitable healthcare access, inclusive policies, and the creation of supportive environments to address the health disparities faced by LGBTQ individuals and enhance their overall health outcomes.

Keywords: Health Disparities, Healthcare Access, LGBTQ, LGBTQ Healthcare, LGBTQ Mental Health, Social Determinants of Health.

I. INTRODUCTION

1.1 Scope of Study

LGBTQ is an acronym that stands for Lesbian, Gay, Bisexual, Transgender, and Queer (or Questioning). It is important to note that this acronym is not exhaustive, and that additional identities and terms are used to describe various aspects of human sexuality and gender diversity.

This paper will specifically seek to understand the health disparities for LGBTQ individuals in the United States only. According to a study conducted by the Williams Institute at UCLA School of Law, which specializes in research on sexual orientation and gender identity law and public policy, an estimated 4.5% of adults in the United States identify as LGBTQ.¹ While this paper pertains to the LGBTQ community in the United States, learnings from healthcare inequalities in the United States can still provide valuable insights and guidance for addressing similar issues in other countries.

1.2 Significance of Study

LGBTQ individuals have historically faced systemic discrimination and marginalization, including in healthcare settings. Until the mid-20th century, Homosexuality was considered a criminal offense in many states. However, ongoing challenges persist for this demographic, such as ensuring comprehensive healthcare services and access.

LGBTQ individuals often face barriers to accessing healthcare services, which can be due to a lack of LGBTQ-inclusive policies, limited availability of culturally competent healthcare providers, and fear of discrimination or mistreatment by healthcare professionals. Healthcare disparities can have severe consequences for the health and well-being of LGBTQ individuals. Studies on healthcare disparities in the LGBTQ community provide valuable insights for policymakers, healthcare providers, and organizations. The findings can inform the development and implementation of LGBTQ-inclusive policies, guidelines, and practices within healthcare systems.

II. PREVALENT HEALTH ISSUES AND DISEASES IN THE LGBTQ COMMUNITY

2.1 Overview

This section will discuss the specific health issues and diseases that disproportionately affect LGBTQ individuals. It will explore mental health concerns such as depression, anxiety, and suicidality, as well as the elevated rates of substance abuse within the LGBTQ community. It will also address the increased risk of sexually transmitted infections (STIs), including HIV/AIDS, among certain LGBTQ populations. Furthermore, it will address the unique healthcare needs of transgender and gender-nonconforming individuals, including access to gender-affirming care.

2.2 Mental Health and Drug Use

LGBTQ individuals often face minority stress, which refers to the chronic stressors associated with experiencing stigma, discrimination, and prejudice due to their sexual orientation or gender identity. This stress can contribute to mental health challenges. A study published in the *American Journal of Public Health* (2014) found that individuals who identify as LGBTQ had higher rates of mood and anxiety disorders compared to heterosexual individuals.²

Furthermore, LGBTQ youth, are more likely to experience bullying, harassment, and victimization, which can have detrimental effects on their mental health and increase the risk of substance abuse. The National School Climate Survey by GLSEN (2019) reported that 87.3% of LGBTQ students experienced verbal harassment, 37.1% experienced physical harassment, and 24.5% experienced physical assault based on their sexual orientation or gender identity.³ LGBTQ individuals who lack supportive social networks, including family and friends, may face increased mental health challenges and are more susceptible to substance use as a coping mechanism. A report published in the *Journal of Consulting and Clinical Psychology* (2008) found that lack of family acceptance was significantly associated with higher levels of depression and substance use among LGBTQ youth.⁴

Hence, many LGBTQ individuals use substances as coping mechanisms for dealing with discrimination and mental health challenges. According to a national study conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA) in the United States, LGBTQ adults were more likely to report past-year substance use compared to their heterosexual counterparts.⁵ Cochran (2007) also indicates that LGBTQ individuals face unique substance abuse disparities, including higher rates of polydrug use, higher severity of substance use disorders, and greater difficulty accessing substance abuse treatment.⁶

2.3 Increased Risk of STIs

Certain segments of the LGBTQ community, particularly gay and bisexual men, transgender women, and individuals engaging in same-sex activity, are at higher risk of acquiring HIV/AIDS and other sexually transmitted infections (STIs). According to the CDC, gay and bisexual men accounted for the majority of new HIV diagnoses in the United States in recent years. In 2019, this demographic also made up around 69% of all new HIV diagnoses.⁷ Among transgender individuals, certain populations, such as transgender women of color, also face a higher risk of HIV infection. The higher risk of acquiring STIs among the LGBTQ community is attributed to various factors, including higher rates of risky sexual behaviors, lack of comprehensive sexual health education, and limited access to HIV prevention measures. LGBTQ individuals tend to have a higher number of sexual partners on average compared to heterosexual individuals. The *Gay Community Periodic Surveys* found that in 2019, gay and bisexual men reported an average of 14 sexual partners in the past six months.⁸ Increased partner numbers can increase the potential for exposure to STIs, particularly in the absence of consistent condom use or other preventive measures. Furthermore, LGBTQ individuals may face barriers to accessing comprehensive sexual health services, including STI testing, treatment, and prevention. These barriers can include discrimination, lack of culturally competent healthcare providers, and limited availability of LGBTQ+-friendly healthcare facilities.

2.4 Gender-Affirming Healthcare

LGBTQ individuals may encounter disparities in reproductive healthcare. For example, transgender and non-binary individuals often face challenges in accessing gender-affirming care, including hormone therapy or gender-affirming surgeries. Lesbians and bisexual women may face barriers in obtaining appropriate sexual

health information and inclusive reproductive healthcare. Healthcare providers may lack knowledge and cultural competence in addressing the unique sexual and reproductive health needs of LGBTQ+ individuals. This can lead to inadequate or inappropriate care. Additionally, LGBTQ individuals may encounter barriers such as discrimination, stigma, and lack of access to LGBTQ-friendly healthcare providers or inclusive healthcare settings.

Insurance coverage for gender-affirming care, which includes the medical interventions and treatments that support the gender transition process, can be limited, or exclude certain procedures, making them financially unaffordable for many individuals. For example, coverage for gender-affirming surgeries, such as chest masculinization or breast augmentation, genital reconstruction (e.g., vaginoplasty, phalloplasty), or facial feminization surgeries, can vary widely. Some insurance plans offer coverage for these procedures, while others may have more restrictive policies or require specific criteria to be met for coverage. Requirements may include recommendations from mental health professionals, a specific period of hormone therapy, or proof of living in the affirmed gender for a certain duration. Sometimes, certain procedures may be considered "cosmetic" and not covered, or there may be age restrictions or other specific criteria that must be met. Insurance plans may also have restrictions based on geographical location or specific healthcare providers within their network. Thus, this inconsistency and limitation in insurance coverage can create significant disparities in access to sexual and gender-affirming healthcare.

III. SOCIAL DETERMINANTS OF HEALTH

3.1 Overview

This section will examine the social determinants of health that contribute to the disparities faced by the LGBTQ community. It will discuss how social factors such as economic inequity, discrimination, and lack of legal protections can negatively affect the mental and physical health of LGBTQ individuals. It will address the importance of supportive social environments, including family acceptance and inclusive policies, in reducing health disparities.

3.2 Economic Inequality

LGBTQ individuals experience higher rates of poverty, unemployment, and economic disparities compared to the general population. According to a report by the Williams Institute at UCLA School of Law, LGBTQ adults in the United States have higher poverty rates compared to their non-LGBTQ counterparts. In 2019, approximately 21.6% of LGBTQ adults experienced poverty, compared to 15.7% of non-LGBTQ adults.⁹ LGBTQ individuals also experience a higher incidence of wage disparities. Research by the Human Rights Campaign Foundation found that LGBTQ people face wage disparities. LGBTQ men earn, on average, 11% less than their non-LGBTQ counterparts, while LGBTQ women earn 9% less than their non-LGBTQ counterparts.¹⁰ Those in the LGBTQ community more often experience unemployment and workplace discrimination. Transgender individuals, especially, experience higher unemployment rates than the general population. All these economic challenges can impact access to quality healthcare, housing, nutrition, and other resources that are crucial for overall health and well-being.

3.3 Stigma and Discrimination

LGBTQ individuals often experience stigma, prejudice, and discrimination based on their sexual orientation, gender identity, or expression. This can lead to higher levels of psychological distress, limited social support, and reluctance to seek healthcare, resulting in disparities in mental health and overall well-being.

3.4 Lack of Legal Protection

Insufficient legal protection, including the absence of anti-discrimination laws or laws that recognize and protect the rights of LGBTQ individuals, can contribute to health disparities. Legal barriers may impede access to healthcare, employment, housing, and other resources, negatively impacting health outcomes.

In some regions, LGBTQ individuals face legal vulnerabilities when it comes to accessing housing and public accommodations. They may encounter difficulties renting or buying homes or be denied services in

public establishments. According to a study conducted by the National LGBTQ Task Force and the Center for American Progress, 27% of transgender respondents reported being denied housing, and 19% reported being homeless at some point in their lives.¹¹ The Williams Institute at UCLA School of Law also found that approximately 29% of LGBTQ adults reported experiencing discrimination in public accommodations, including restaurants, hotels, and stores, based on their sexual orientation or gender identity.¹²

Furthermore, many jurisdictions lack comprehensive laws prohibiting employment discrimination based on sexual orientation and gender identity. As a result, LGBTQ individuals may face discrimination in hiring, promotion, and workplace conditions. Without legal protections, they may experience unfair treatment, harassment, or even termination based on their sexual orientation or gender identity. Additionally, insufficient legal protection against hate crimes and violence based on sexual orientation and gender identity leaves LGBTQ+ individuals vulnerable to targeted acts of violence, harassment, and discrimination. Inadequate legislation and enforcement can create an environment of fear and insecurity.

3.5 Family and Social Support

Many LGBTQ individuals experience rejection or lack of acceptance from their families when they come out or express their gender identity or sexual orientation. Family members' negative attitudes, lack of understanding, or cultural and religious beliefs can contribute to this rejection. The absence of familial acceptance can lead to strained relationships, emotional distress, and feelings of isolation and alienation from the support system that families typically provide. Hence, the lack of acceptance and limited social support can have detrimental effects on mental health and overall health outcomes. LGBTQ individuals who experience rejection or lack of support may be at higher risk for depression, anxiety, suicidal ideation, and substance abuse. According to a study published in the *Journal of Homosexuality*, LGBTQ individuals who reported high levels of family acceptance had significantly lower rates of depression, suicidal ideation, and substance abuse compared to those who reported low levels of family acceptance. Specifically, LGBTQ youth with highly accepting families were 57% less likely to experience depression, 40% less likely to report suicidal ideation, and 32% less likely to engage in substance abuse.¹³ This study underscores the importance of supportive and accepting familial environments in promoting the well-being and mental health of LGBTQ individuals.

IV. STRATEGIES TO IMPROVE HEALTH DISPARITIES

4.1 Overview

This section focuses on identifying solutions that address health disparities faced by LGBTQ individuals. Addressing health disparities faced by LGBTQ individuals requires a multi-faceted approach that involves involvement from healthcare providers, policymakers, data researchers, and national organizations.

4.2 Healthcare Provider Training and Reforms

Identify healthcare professionals who are LGBTQ advocates and allies within each hospital to help spearhead and execute training and reforms. With their guidance, collaborate on implementing comprehensive training programs for healthcare providers to enhance their understanding of LGBTQ health issues. This training should cover topics such as sexual orientation, gender identity, and the healthcare needs of LGBTQ individuals. Additionally, hospitals should offer services fulfilling the needs of LGBTQ individual, including primary care, mental health support, HIV/STI testing, hormone therapy, and gender-affirming care.

Lastly, it is important to encourage greater representation of LGBTQ healthcare professionals in the workforce. This can be achieved through targeted recruitment efforts, scholarships, mentorship programs, and initiatives to create inclusive and affirming workplaces. For instance, hospitals can actively recruit LGBTQ individuals into healthcare professions through targeted outreach programs, partnerships with LGBTQ organizations, and participation in LGBTQ job fairs and events. Additionally, ensure inclusive hiring practices and create an inclusive workplace culture that values and supports LGBTQ employees. Hospital organizations can also develop mentorship programs and professional networks that connect LGBTQ healthcare professionals with aspiring individuals. Mentoring relationships can provide guidance, support, and opportunities for career advancement, while networks foster a sense of community and facilitate professional connections.

4.3 Policies and Community Outreach

Advocate for and implement policies that explicitly prohibit discrimination based on sexual orientation and gender identity in healthcare settings. These policies can focus on ensuring equal access to healthcare services, protecting patient confidentiality, and fostering a supportive and inclusive environment for LGBTQ individuals. To directly address many of the social determinants of health such as economic inequality, advocacy efforts can include promoting policies that pertain to anti-discrimination, equal access to housing, employment, healthcare, education, and public accommodations for LGBTQ individuals.

To advance policies, it is also key to mobilize grassroots efforts and engage in community outreach. Outreach programs for LGBTQ communities can raise awareness about available healthcare services, rights, and resources. These initiatives can include community workshops, health fairs, and collaborations with LGBTQ organizations to disseminate information and promote health-seeking behaviors.

4.4 Collaboration Among Health Disparity Researchers

On a more macro-level, it is also important to improve data collection and sharing to include sexual orientation and gender identity information in health surveys and research studies. This data will help identify and address health disparities, guide resource allocation, and inform evidence-based policies and interventions. Several organizations are already actively involved in collecting data on LGBTQ health disparities. For example, the Centers for Disease Control and Prevention (CDC) conducts national surveys and research studies to gather data on health disparities among various populations, including LGBTQ individuals. Their National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) specifically focuses on monitoring and addressing health disparities related to HIV/AIDS, sexually transmitted infections (STIs), and viral hepatitis among LGBTQ populations. Advocates can thus encourage more collaboration among healthcare institutions to collect and share data on LGBTQ health disparities. By sharing this type of data with other hospitals and healthcare institutions, it may help to inform evidence-based interventions, promote equality, and improve the overall health and well-being of LGBTQ individuals.

V. CONCLUSION

In summary, LGBTQ individuals face significant health disparities; they experience a unique subset of prevalent health issues and are influenced by certain social determinants of health, all of which can negatively affect their access to and quality of healthcare. The impact of these issues on the well-being of LGBTQ individuals necessitates a comprehensive approach that promotes an equitable healthcare environment.

A significant knowledge gap still exists when it comes to understanding the healthcare needs of LGBTQ. More empirical evidence and data on LGBTQ health disparities is needed to elucidate the contributors of disparities and guide the development of effective interventions. Thus, next steps should involve implementing evidence-based interventions that address the identified disparities. This includes increasing awareness and education among healthcare providers, promoting LGBTQ-inclusive healthcare policies, and working towards legal changes that protect the rights of LGBTQ individuals. Therefore, it is imperative that all stakeholders, including healthcare professionals, policymakers, advocacy organizations, and the broader society, collaborate to create a more inclusive and supportive healthcare system for LGBTQ individuals.

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