LGBTQ Health Disparities

An Analysis of Factors that Contribute to Health Disparities within the U.S. LGBTQ Population

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Fall 2019

HPBR 5010

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**Research Question:**

*What are the main factors that contribute to health disparities for the LGBTQ community in the U.S., and what can be done to mend this health gap?*

INTRODUCTION:

The LGBTQ population in the United States is a diverse and multidimensional population with unique identities and experiences, and variations by race, age, and other characteristics. Within the LGBTQ community there are subpopulations classified by race, ethnicity, socioeconomic status, and age, among other factors. Each letter of “LGBTQ” represents a distinct subgroup with its own health identity and related concerns. Regardless, all LGBTQ individuals face a common set of challenges within the health care system. Understanding LGBTQ health requires an understanding of the oppression and discrimination that the community has endured (Healthypeople.gov, 2019). The LGBTQ population as a whole is a vulnerable community due to the stigma and discrimination members of the population experience. LGBTQ individuals experience notable health disparities when compared to their heterosexual peers, with variance in the type and degree of disparities within subgroups (WHO, 2013). In comparison to the heterosexual population, members of the LGBTQ community are at an elevated risk for numerous health threats, with some of the health disparities accounted for by sexual behavior differences and others by social and structural inequities (CDC, 2014). For example, LGBTQ populations have higher rates of tobacco, alcohol, and other drug use when compared to the general population (Healthypeople.gov, 2019). Additionally, LGBT individuals experience more depression, mental distress, and suicide idealization than their heterosexual counterparts (LGBThealtheducation.org, 2016). These are just examples of commonly referenced health disparities within the LGBTQ community, though many exist and are evident to health researchers. Research has traditionally lacked in terms of the LGBTQ community, but efforts towards data collection and research to understand the health care needs of the LGBTQ community have increased in the past couple years. To fully understand the population specific health problems that the LGBTQ community faces, more research needs to be conducted. Past research has found that though the LGBTQ community faces many of the same health concerns as the general population, they experience some health problems at higher rates, and face certain unique health challenges (annals.org, 2015). There are many benefits to addressing health disparities in the LGBTQ community, including: reductions in disease transmission, increased mental and physical well-being, decreased health care costs, and increased longevity (Healthypeople.gov, 2019). Eliminating LGBT health disparities and improving efforts towards LGBT health are vital to ensure maximum quality of life for LGBT individuals (WHO, 2013).

LGBTQ Population in the United States

It is difficult to get an actual, accurate measurement on the size of the LGBTQ population in the United States. Data regarding the size of the LGBTQ population in the U.S. varies. The overall lack of reliable data on the LGBTQ community and the exclusion of sexual and gender minorities' identification on federal health surveys is a major obstacle in identifying health problems within the LGBTQ American population (Annals.org, 2015). Some health surveys have asked about sexual orientation, but it has not been routine to collect and analyze data on sexual orientation and gender identity in major health surveys, particularly nationally representative ones. Much of the data available to date on the LGBTQ population comes from smaller, non-representative studies and convenience samples (kff.org, 2018). For the first time in 2010, the U.S. Census Bureau did not change the data reporting the number of same-sex couples that identified as being married (Annals.org). The census before this, the 2000 U.S. Census, changed the relationship status of same-sex partners identifying as being the spouse of the head of household to an "unmarried partner”. This suggests that we are making progress in including LGBTQ individuals in population data collection. There has been increased recognition in the past couple of years towards efforts to gather population data on the LGBTQ community. The National Health Interview Survey, a nationally representative survey and the main source of health information regarding the U.S. population, first included a question on sexual orientation in its 2013 survey and the first set of results was released in 2014 (kff.org, 2018). The most recent data from the NHIS indicate that 2.8% of adults ages 18 and older in the U.S. identify as lesbian, gay, or bisexual, equating to more than 5.5 million people (kff.org, 2018). The Williams Institute of UCLA estimated 4.5 percent of the adult population in the United States–around 11,343,000 people–identify as LGBTQ in 2019 (The Williams Institute, 2019). Estimates on these numbers vary because different methodologies have been employed for data collection. One downfall of most data on LGBTQ data is that most surveys include only those who self-identify as LGB and do not include those who may have engaged in same-sex behavior or have same-sex attraction but do not identify as gay, lesbian, or bisexual (kff.org, 2018). There is an indication that standard survey measures may significantly underestimate non-heterosexual identity and same-sex sexual experiences (kff.org, 2018). Individuals who may have same-sex attractions or experiences but do not self-identify as LGBTQ can still fall into the category of sexual minorities, facing similar health disparities associated with the LGBTQ community (annals.org, 2015). In order to work to alleviate the problems the LGBTQ community faces, it is important for researchers to fully understand the scope of the LGBTQ population in terms of size and demographics.

METHODS

A literature search was conducted utilizing the University of Georgia’s Galileo Library Database to find relevant articles with information regarding LGBTQ health disparities. Within the Galileo database, “research by subject” was selected. The “Health and Medicine” subject was then chosen, and the “Public Health” subheading option was used. Within the “Public Health” subheading, the PubMed database was selected. PubMed was utilized due to personal familiarity with the database and the credibility of the database for providing useful and reliable health information. The first search was then conducted with the term “LGBT\* AND health”. This search initially yielded 1405 results. The search criteria were then narrowed down to journal articles that were published in the past 10 years, yielding 1347 results. To further narrow down the results the term “AND United States” was added to the first search, keeping the search criteria consistent. This search produced 708 results. To further exclude articles that were not relevant to the topic, the term “ AND disparities” was added behind the word “health” in the search bar. This search produced 177 results that were then analyzed for relevance to the research. Of this search in PubMed, ten articles were chosen for inclusion in the final results section.

To find the remaining articles, the ScienceDirect database was utilized. This database was used because it is a reputable database with relevant scientific and medical research. Peer-reviewed articles published within the past 10 years were chosen for review. The first search conducted was with the term “LGBT”. The search criteria was narrowed down to only include articles published in the past 10 years and research articles. This search yielded 1,033 results. In order to narrow these results down more the term “health” was added behind “LGBT” in the search bar. Keeping the criteria consistent, this narrowed the results down to 823 articles. The search was narrowed down even further in order to make article selection easier. The term “disparity” was added at the end of the last search phrase, making the current search read “LGBT health disparity”. This search produced 338 results after the search criteria were applied. In order to pick the most relevant research articles, inclusion and exclusion criteria were applied. All the articles that were reviewed had to pertain to the United States. There were no exclusion criteria regarding the LGBTQ population, meaning no specific subpopulation within the LGBTQ community was focused on. For an article to be considered, it had to discuss the LGBTQ population in general. The review did not focus on a specific race/ethnicity, age, geographical region within the United States or other subpopulation within the LGBTQ community.

RESULTS

22 peer-reviewed articles were chosen and reviewed that were relevant to the subject of LGBTQ health disparities in the United States. Among the twenty articles that were reviewed, multiple themes were identified as common factors that contribute to LGBTQ health disparities: discrimination and stigma, provider competency or lack of, and environment.

Discrimination and Stigma

After reviewing the articles, the theme of discrimination was a consistent factor in many of the studies as both a direct and an indirect force affecting LGBTQ health disparities. It is important to note that discrimination and stigma are known contributors to negative health outcomes in the LGBTQ community, and could be the underlying root of other factors that are mentioned hereafter. Discrimination not only directly affects individual health, but also acts as a determinant around quality of healthcare or personal utilization of it. In a study to examine LGBTQ student experiences with university health services, over half of the sample reported either personal experiences or secondhand knowledge of LGBTQ-specific discrimination from staff at the health center. The perception of discrimination was unclear between unintentional and intentional discrimination, but found to be a factor that would discourage future utilization of the health center services (Hood, Sherrell, Pfeffer, & Mann, 2019). Another study reported that experiences of interpersonal discrimination were common for LGBTQ adults, with more than one in six LGBTQ adults reporting avoiding health care due to anticipated discrimination, and 16% of the LGBTQ sample reporting discrimination in past health care encounters (Casey et al., 2019). Ruben and associates focused research on LGBT veterans, finding that a majority of LGBT veterans reported experiencing LGBT-related discrimination in health care at the VHA, and associated higher rates of tobacco use and less comfort in disclosing LGBT identity to providers with discrimination. Experiences of past discrimination were linked with future intention of comfort to seek care and to disclose important health information such as LGBT identity (Ruben, Livingston, Berke, Matza, & Shipherd, 2019). Discrimination experiences and care postponement among trans individuals were associated in research done by Glick and colleagues, finding that cumulative discrimination experiences were found to be strongly associated with postponement of care-seeking for preventive health in a dose–response manner (Glick, Theall, Andrinopoulos, & Kendall, 2018).

 Discrimination also impacts health status outside of healthcare utilization. Research on sexual orientation-based discrimination on excessive alcohol and substance use disorders found that among sexual minority adults, higher frequency of sexual orientation-based discrimination was associated with greater odds of any substance use disorder and alcohol use disorder (Slater, Godette, Huang, Ruan, & Kerridge, 2017). LGBTQ population emotional and mental health status has also been linked to discrimination. LGBT youth show a substantially increased prevalence of perceived discrimination compared to heterosexual, non-transgendered youth. Researchers concluded that LGBT youth have notably higher levels of emotional distress than heterosexual counterparts, and that the “perception” of being discriminated against based on sexual orientation is a contributor to that distress (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009).

Provider Competency

Health provider knowledge and training regarding the LGBTQ community is an apparent contributor to adverse health outcomes in the population. Cultural competency in LGBTQ healthcare is a major issue restricting healthcare quality. Provider attitude, practices, and knowledge regarding the LGBTQ community were assessed in a study, finding that many providers did not feel well informed about specific LGBTQ health needs. The results revealed significant disparities between providers’ attitudes and clinical practices on the subject of the LGBTQ community (Nowaskie & Sowinski, 2018). Other research reflects significant gaps in cultural competency for the majority of service providers. After analyzing conversations with community stakeholders and policy makers, researchers in a highly-LGBT populated city concluded that the majority of organizations lack appropriate focus on the specific needs of the LGBT adult population (Portz et al., 2014). The same conclusion was reached in research that explored provider competency in providing LGBTQ specific care in Tennessee, concluding there is a general lack of provider knowledge on the LGBTQ community (Patterson, Jabson Tree, & Kamen, 2019). Provider attitudes and education contribute to inequities in the health care of LGBT populations. The findings from a survey at the VHA suggest that PCPs believe they have a lack of competency and knowledge regarding LGBT specific care (Rowe, Ng, O'Keefe, & Crawford, 2017).

In other research exploring health care utilization and access for the LGBT population, it was concluded that LGB adults were more likely not to delay obtaining needed health care. Differences in health care utilization and quality of care were explored, suggesting that improved health care services for LGBT patients are needed to promote health equity and health utilization for LGBT populations (Jennings, Barcelos, McWilliams, & Malecki, 2019). The competency of providers to deal with the transgender population also proves to be lacking. The majority of physician respondents reported personally providing care to members of the transgender population and most of these respondents lacked basic clinical knowledge about the population (Chisolm-Straker et al., 2018). Health service and LGBT community health center access was explored in another study, discovering that gaps in service for the LGBT population still remain today, and that LGBT community health centers may require significant transformations going forward in order to continue serving LGBT people (Martos, Wilson, & Meyer, 2017).

Researchers have also explored the existence of procedures and policies for LGBT competent physicians at US academic faculty practices. It was concluded that there is a need for US academic faculty practices to develop procedures and programs that improve access to LGBT-competent physicians and to train physicians to become LGBT-competent (Khalili, Leung, & Diamant, 2015).

Environment: Political, Social, Familial

 Environment encompasses a few different spheres, including political, social, and familial. All three unique environments affect LGBTQ health outcomes. It is no new concept that political environment affects the LGBTQ community in multiple ways, including its impact on health outcomes. Only one study focused on political environment, documenting differences in health by state policy environment. The findings support the notion that there is an association between state policy environments and self-rated health for sexual minorities in the LGBT community (Gonzales & Ehrenfeld, 2018).

Familial environment was a major factor contributing to LGBTQ health outcomes, in terms of family support or parental support. Macapagal and colleagues conducted research on sexual and gender minority adolescents, concluding that outness and parental acceptance were linked with willingness to engage in sexual health research among LGBTQ youth. This reflects the idea that family environment could affect members in LGBTQ community’s comfort and action regarding individual personal health (Macapagal et al., 2019). Another study sought to explore variability in circumstances around suicide deaths among youth and young adults in the LGBT community, hypothesizing that family problems are common precursors to LGBT suicides. The findings support the notion that family environment has an affect on LGBTQ mental health, affecting LGBTQ health outcomes as a whole (Ream, 2019).

A study conducted on LGBT health in the midland region of the United States found that rural participants were noticeably different from urban counterparts in that they exhibited lower levels of social engagement, were out to fewer people in their familial and social circles, and had lower levels of self- acceptance (Fisher, Irwin, & Coleman, 2014). The researchers concluded that the reported lower social engagement could be related to feelings of isolation and familial acceptance, ultimately leading to more depressive symptoms and mental health distress.

Research on parental support, quality of life, and depression in transgender youth found that parental support was significantly correlated with higher life satisfaction and fewer depressive symptoms, and that interventions which promote parental support could significantly impact the mental health of transgender adolescents (Simons, Schrager, Clark, Belzer, & Olson, 2013). Social and family support of LGBT youth were explored, finding that youth identifying in low and nonfamily support categories reported greater distress. LGBT youth who lack family support early in adolescence, even with high levels of other forms of social support, remain at higher risk for adverse mental health outcomes (McConnell, Birkett, & Mustanski, 2016). These study findings reflect the importance of family support for LGBT youth.

Lower total social support was significantly associated with greater depressive symptoms in another longitudinal study on LGBTQ youth (Birkett, Newcomb, & Mustanski, 2015). The researchers discovered that social support was significantly associated with lower levels of psychological distress, concluding the results were consistent with other studies that have correlated social support and mental health in LGBTQ youth. Social support from parents, but not from peers, was identified as a protective factor with reduced risk for lifetime suicide attempts in other research, reflecting prior research on LGBT youth that found that the influence of parental support is important for mental health outcomes (Higa et al., 2014).

DISCUSSION

The purpose of this review was to identify the top factors or forces that contribute to LGBTQ health disparities in the United States.

Implications of Research

This research focuses on LGBTQ health research across a broad range of geographical locations and LGBTQ specific populations. Future research should explore LGBTQ health disparities regionally to understand modes of intervention based off of regional access to LGBTQ comprehensive services*.* Future research should be focused on provider knowledge and attitude toward the LGBTQ population. More research should be conducted to learn more about provider knowledge, attitude, and education regarding this specific population. This factor, provider competency, appears to be the most important contributor to LGBTQ health disparities that could be improved upon through implementation of education and training processes for medical students or other health care providers. Future research should also work to lessen the effect of discrimination on health outcomes for this population.

Limitations

This literature review has certain limitations that should be discussed and considered. One limitation of this review is that it only included 22 journal articles for consideration. Twenty-two articles were reviewed and ultimately selected for inclusion in the final draft of this literature review. This means that this literature review may have missed valuable research pertinent to the research topic. This review also focused on a specific population, the LGBTQ community living in the United States. All the selected articles for this review were specific to the U.S. LGBTQ community, making this review less generalizable or relevant to LGBTQ communities in different countries or worldwide. It is also vital to consider that certain articles that were reviewed and used in this paper were specific to certain subpopulations of the LGBTQ community. This makes the certain findings or articles less generalizable to the LGBTQ community as a whole.

CONCLUSION

To address poor health outcomes and disparities that the LGBTQ community faces in the United States, it is vital to consider the factors that contribute to these health indicators. Mental and physical health of LGBTQ community members is affected by a wide array of factors, existing in structural, societal, and personal spheres. Three consistent factors were found to contribute to LGBTQ disparities: discrimination and stigma, provider competency or lack of, and environment. Future research on LGBTQ health disparities should focus on addressing these factors to make structural, societal, and individual changes for the LGBTQ population.

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