ADVANCING HEALTH EQUITY FOR LGBTQ PEOPLE

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How many LGBTQ people are there in the US?

2017: An estimated 4.5% of the US adult population identified as LGBT.

CA - largest number of LGBT residents (1,615K); Wyoming - the smallest (15K).

Largest population (3,868K) in the South; smallest in the Northeast (2,079K).
Size of the sexual minority population depends on a number of factors.

Compared with the number of adults who identify as LGB, 2X as many report same-sex behavior and about 3X as many report same-sex attraction.

- Younger people & women more likely to identify as LGB.
- Hispanics, Blacks & Asians more likely than Whites to identify as LGB.
- Adults with lower incomes more likely to identify as LGB.
Bisexual identity is more common than lesbian or gay identity

Slightly more than 1/2 of sexual minorities identify as bisexual.

**Women** are more likely to identify as bisexual than lesbian; **men** are more likely to identify as gay than bisexual.


#BiHealthMonth
www.lgbtmap.org bihealthmonth.wordpress.com
The way sexual minorities identify is changing...

Characteristics of sexual minority adults who identify as queer in the US

- Race: 15% Black, 30% Latinx/Hispanic, 55% White
- Gender: 34% Genderqueer/nonbinary, 10% Man, 56% Woman
- Age: 76% 18-25, 22% 34-41, 2% 52-59

6% of sexual minority adults in the US identify as queer.
An estimated 0.6% of the US adults (~1.4 million) identify as transgender

- Younger people more likely than older people
- People of color more likely than white people

Largest transgender populations

- District of Columbia: 2.77%
- Hawaii: 0.78%
- California: 0.76%
- New Mexico: 0.75%

Williams Institute, June 2016
LGBTQ Health Disparities
Lesbian & bisexual women more likely to be overweight or obese; less likely to receive preventive screenings; more likely to be heavy / hazardous drinkers.

Gay men, esp. Black & Latino men, higher risk of HIV/STDs.

Transgender people: high prevalence of HIV/STDs, violent victimization, mental health issues, and suicide.

Institute of Medicine, 2011
LGBT Health Disparities

• **Older LGBT people** face additional health risks because of isolation and lack of social services.

• **LGBT people** overall have a disproportionately high prevalence of alcohol, tobacco, and other substance use.

Institute of Medicine, 2011
LGBT Youth at Elevated Risk for Suicide

Lifetime Suicide Attempts for Highly Rejected LGBT Young People
(One or more times)

Level of Family Rejection

Ryan, Family Acceptance Project, 2009
LGBTQ Youth at Much Greater Risk of Homelessness

Up to 40% Homeless Youth Population

Up to 7% General Youth Population
Major Drivers of Health Care Disparities

Institute of Medicine, 2011
Social Determinants of LGBTQ Health

- Neighborhood and Built Environment: Crime, safe spaces for LGBTQ youth
- Health and Health Care: Access to quality health care
- Social and Community Context: Policies that protect or discriminate
- Social Determinants of Health
- Economic Stability: Employment non-discrimination; workplace climate
- Education: Gay/straight alliances, anti-bullying policies

Adapted from: Healthy People 2020
Advances in the US That Support Health Equity for LGBTQ People
Advances in LGBTQ Health

- 1999, IOM - Lesbian Health. Current Assessment and Directions or the Future

- 2001, Healthy People 2010 - LGBT health researchers, under auspices of GLMA, developed the HP2010 LGBT Companion Document (29 objectives)

- 2011, Healthy People 2020 included LGBT health as new topic area

- 2011, Joint Commission - Advancing effective communication, cultural competence and patient & family centered care for the LGBT community: A field guide
Advances in LGBTQ Health

- 2011, IOM report: *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding.*

- 2015, NIH established the Sexual & Gender Minority Research Office (SGMRO).

- 2016, SGMs formally designated a health disparity population by NIH.
Other Important Advances

- **2009, Hospital visitation rights.** DHHS regulations prohibit discrimination based on “race, color, national origin, religion, sex, sexual orientation, gender identity, or disability.”

- **2010,** Congress ended the military’s “Don’t Ask, Don’t Tell” policy.

- **2013** Affordable Care Act (ACA). Uninsured SGMs decreased by > 1/3.

- **2014** AAMC released the first guidelines for the care of LGBT, GNC & DSD.

- **2015** U.S. Supreme Court struck down all state bans on same-sex marriage, legalized in all 50 states.
...Still More Work To Do
LGBTQ Employment Discrimination

- Prohibit discrimination based on SGM status (21 states)
- Prohibit discrimination based on sexual orientation only (1 state)
- Prohibit discrimination against public employees based on SGM status (7 states)
- Prohibit discrimination against public employees based on SO only (4 states)

Human Rights Campaign, June 7, 2019
In 28 states, it is legal to fire an employee for being gay, lesbian, or bisexual.

In 29 states, employers have the legal right to fire people who are transgender.
Discrimination Against Transgender People

- Access to appropriate facilities, including restrooms
- Full participation in school and sports
- Healthcare for transgender youth
- Religiously-motivated discrimination
- Barriers to ID documents with name and gender
March 2018  Trump administration announced new policy that bans most transgender people from serving in the military.

After several court battles, the Supreme Court allowed the ban to go into effect in January 2019.
17% of Hate Crimes Target LGBT People
Advances in Health Care Practice
Nursing Care of LGBT people

Integrative literature review - 24 articles: focused on nurses and on LGBT people’s perceptions of nursing care

- Clear evidence of homophobia, biphobia, and transphobia.
- Many LB women (half), GB men (third), transgender (two-thirds) respondents reported previous negative healthcare experiences.

Inadequate care linked to a culture of heteronormativity & lack of education about SGM health.

Stewart & O’Reilly, 2017
Health Care Providers’ Implicit and Explicit Attitudes Toward LGB people

- Implicit preferences for heterosexual vs lesbian and gay people common among heterosexual HCPs
  - Implicit preferences for heterosexual women weaker than for heterosexual men.
  - Heterosexual nurses held the strongest implicit preference for heterosexual vs gay men.

Sabin et al., 2015, AJPH
LGB people are reluctant to disclose their sexual identity to HCPs

- 39% of bisexual men
- 33% of bisexual women
- 13% of gay men
- 10% of lesbians

REPORTED NOT DISCLOSING THEIR SEXUAL ORIENTATION TO ANY MEDICAL PROVIDER
LGBT Experiences with HCPs

Table 2: Health care professionals refused to touch me or used excessive precautions

Table 3: Health care professionals used harsh or abusive language

Table 4: Health care professionals blamed me for my health status

Table 5: Health care professionals were physically rough or abusive
LGBTQ Health Clinics
Human Rights Campaign
Healthcare Equality Index

Healthcare Equality Index 2019
Promoting Equitable and Inclusive Care for Lesbian, Gay, Bisexual, Transgender and Queer Patients and Their Families

A record 680 healthcare facilities actively participated to have their facilities rated on their commitment to LGBTQ equality and inclusion.
In 2019, 406 healthcare facilities received the LGBTQ Healthcare Equality Leader designation.
Community Health Centers that provide LGBT-specific services

- 213 LGBT centers in 37 states. Most provide services related to wellness (72%), HIV/STIs (65%), and counseling (52%).

- Red circles - LGBT health centers.

- Darker shades - higher density of same-sex couples

Williams Institute, 2017
Assessment of Internal Medicine Resident Preparedness to Care for LGBTQ Patients

“… trainees conflated sexual orientation, gender identity, and gender expression, were unaware of health disparities unique to sexual and gender minorities, including substance use and mental health issues, and were unfamiliar with preventive healthcare options for sexual and gender minorities.”

Streed et al. (2019). Journal of General Internal Medicine
LGBTQ Health Education: Nursing

National survey of nursing faculty knowledge, experience, and readiness to teach LGBT health

1200 faculty teaching in BSN programs

- 75% said LGBT content was absent or very limited in the courses they taught;
- 50% lacked knowledge or awareness of LGBT health issues.

Lim, Johnson & Eliason, 2015
The positive impact of LGBT-specific content in medical education is well documented Ard & Makadon (2012).

Even a small amount of seminar content affected a positive change in resident physicians’ attitudes toward the care of LGBT people McGarry et al., 2002.
Training to Reduce LGBTQ-Related Bias Among Medical, Nursing, & Dental Students & Providers

Systematic Review of 60 articles on educational interventions

- **Bias-focused interventions** effective at increasing knowledge of health issues.
- **Experiential learning interventions** effective at increasing comfort in working with LGBTQ patients.
- **Intergroup contact** effective at promoting more tolerant attitudes.

Morris et al. (2019). BMC Medical Education
Examples of Programs with Model SGM Health Curricula

- Boston University School of **Medicine**: Model for Teaching Trans Healthcare
- Columbia University School of **Nursing**: Transgender Health post-grad certificate for nurse practitioners
- Harvard **Medical** School: Sexual, Gender Minority Health Equity Initiative.
- Johns Hopkins School of **Nursing**: LGBTQ+ Health Initiative
- University of Louisville School of **Medicine**: eQuality project
- Vanderbilt University **Medical** Center Program for LGBTQ Health
Advances in Health Research
Early Studies of Sexual Minority People

Maud’s—Lesbian Bar in San Francisco (Circa 1966)
NIH Funded Research 1989-2011

628 funded studies related to LGBT health

• 541 (86%) focused on SMM (most on HIV/AIDS)
• 85 (13.5%) focused on SMW
• 43 (7%) focused on Trans health

Coulter et al., 2014, AJPH
Conclusion: “Far too little is known about the health needs of LGBT people”
IOM Report: Five Priority Research Areas

Figure 1: Research Agenda

Minority Stress
Life Course
Intersectionality
Social Ecology

Priority Research Areas
- Demographic Research
- Social Influences
- Health Care Inequities
- Intervention Research
- Transgender-specific Health Needs

More complete understanding of LGBT health

A number of different conceptual perspectives can be applied to priority areas of research in order to further the evidence base for LGBT health issues.
SGM Funded Research by IOM Priority Research Areas

- Intervention Research: 42%
- Social Influences: 37%
- Methodological Research: 20%
- Inequities in Health Care: 19%
- Exposure to Stigma or Violence: 15%
- Demographic Research: 12%
- Resilience: 8%
- Transgender-Specific Health Needs: 8%

N = 279 Projects

SGMRO Portfolio Analysis of NIH-Funded Grants, 2012
Advances in Research with Sexual Minority Women

Chicago Health & Life Experiences of Women (CHLEW) Study 1999-2022
• SMW’s rates of lifetime victimization are **2-3 times higher** than those of heterosexual women

• CSA and CPA appear to be **much more severe** among SMW than heterosexual women

Drabble et al., 2013; Hughes et al., 2010a, 2010b; 2014; Kaysen et al., 2012; Szalacha et al., in review; Wilsnack et al., 2008

Alvy et al., 2013; Wilsnack et al., 2012.
Interpersonal Violence

Australia Longitudinal Survey of Women’s Health (ALSWH)

- Interpersonal Violence (IPV) strongly predicted poor mental health.

- Experiences of multiple types of IPV was the single strongest predictor of stress, anxiety and depression.

- Among heterosexual and SM women who had never experienced IPV, mental health indicators were not significantly different.
Health Risk Behaviors and Outcomes Vary Across Subgroups of SMW

- Risk behaviors and negative health outcomes vary substantially across sexual minority subgroups; **bisexual women** tend to show the highest risks & poorest health outcomes
- Women who **identify as lesbian and report only female partners** look very similar to heterosexual women in terms of health risks and outcomes

Bostwick et al., 2010; Drabble et al., 2013; Alvy et al., 2013; Hughes et al., 2010; McCabe et al., 2009; Wilsnack et al., 2008

Bostwick et al., 2010
Health Risks and Outcomes Vary Based on How Questions are Asked

**Sexual Identity Response Options**

- Exclusively lesbian
- Mostly/mainly lesbian
- Bisexual
- Mostly/mainly heterosexual
- Exclusively heterosexual

Hughes et al., 2010, 2015; McCabe et al., 2011; McNair et al., 2011; Wilsnack et al., 2008
Mostly Heterosexual Women Also at Elevated Risk

- Women who identify as “mostly” heterosexual differ in important ways from women who identify as exclusively heterosexual

Hughes et al., 2015; McNair et al., 2011; Talley et al., 2016; Wilsnack et al., 2008
## National Study of Health and Life Experiences of Women

<table>
<thead>
<tr>
<th>Substance Use</th>
<th>Only Heterosexual</th>
<th>Mostly Heterosexual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana (ever)</td>
<td>18%</td>
<td>46%**</td>
</tr>
<tr>
<td>Marijuana (12 mo)</td>
<td>6%</td>
<td>26%**</td>
</tr>
<tr>
<td>Cocaine (ever)</td>
<td>3%</td>
<td>11%**</td>
</tr>
<tr>
<td>Cocaine (12 mo)</td>
<td>1%</td>
<td>6%*</td>
</tr>
<tr>
<td>Heavy drinking (12 mo)</td>
<td>4%</td>
<td>15%***</td>
</tr>
<tr>
<td>Intoxication (12 mo)</td>
<td>28%</td>
<td>57%*</td>
</tr>
<tr>
<td>Binge drinking (12 mo)</td>
<td>13%</td>
<td>33%*</td>
</tr>
<tr>
<td>Adverse drinking consequences (12 mo)</td>
<td>13%</td>
<td>33%*</td>
</tr>
<tr>
<td>Alcohol dependence symptoms (12 mo)</td>
<td>10%</td>
<td>33%**</td>
</tr>
<tr>
<td>Ever concerned about having a drinking problem?</td>
<td>19%</td>
<td>37%*</td>
</tr>
<tr>
<td>Since last interview, concerned about having a drinking problem?</td>
<td>7%</td>
<td>22%*</td>
</tr>
</tbody>
</table>

* *p<.05
** *p<.01
*** *p<.001

Hughes et al., 2015
Australia Longitudinal Survey of Women’s Health

Mostly heterosexual women:

• More than 3 times as likely as exclusively heterosexual women to have been in a violent relationship in the previous 3 years;

• Significantly higher on stress, anxiety and depression;

• Significantly lower on overall mental health and life satisfaction.

Szalacha, Hughes et al., 2017
Major Dimensions of Sexual Identity

- Identity
- Attraction
- Behavior
Many Factors affect Health/Health Risks

- Women whose sexual identity matches their sexual behavior and attraction are at lower risk of hazardous drinking than those whose identity does not match the other two major sexual orientation dimensions. (Talley et al. 2015)

- Women whose sexual identity remains stable have lower risk profiles than do those whose identity changes over time, regardless of the direction of the change. (Everett et al. 2016)
Influence of Gender Presentation

**Higher femininity scores**
associated with lower levels of discrimination but higher levels of internalized stigma and depression

**In Contrast**
women who rate themselves as more masculine report lower levels of internalized stigma and depression, but higher levels of discrimination, victimization and hazardous drinking

Everett et al., 2018
Risk of Pregnancy among Young SMW
Rates of Unintended Pregnancy - CHLEW

- 20% report high rates of unintended pregnancy
- Highest risk: SMW who are bisexual, Black or have high school education
- 50% identify as mostly or exclusively lesbian.

Everett et al., 2016
Women interviewed after bill enacted show better outcomes, including lower levels of perceived stigma and discrimination, depressive symptoms and hazardous drinking.

These benefits most apparent for Black and Latina women and women without college level education.

Everett et al. (2016)
Model Research Programs

Northwestern

Institute for Sexual and Gender Minority Health and Wellbeing

University of Pittsburgh

Columbia University Program for the Study of LGBT Health

University of Pittsburgh

Center for LGBT Health Research

Fenway Health

UCLA

School of Law

Williams Institute
There is still much more to do to achieve health equity for LGBTQ people
Thank You!

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