

Testimony of Sean Cahill to the Boston City Council regarding the importance of services funded and provided by the Mayor's Office of LGBTQIA2S+ Advancement

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Hello. I'm Sean Cahill, Director of Health Policy Research at the Fenway Institute at Fenway Health. The work of MOLA is incredibly important to the LGBTQ+ community in Boston. According to a report that we published last year with the Equality Fund at the Boston Foundation, 10.2% of adults in Suffolk County identify as lesbian, gay, bisexual, another sexual orientation but not heterosexual, and/or transgender, or LGBT+. Statewide 9.2% of adults identify as LGBT+, according to the Mass. Behavioral Risk Factor Surveillance System survey (BRFSS). Young people are more likely to be LGBT+: 23.4% of 18-24 year olds in Massachusetts are LGBT+, and a separate Mass. Youth Health Survey found that 23.2% of high school students in Massachusetts are LGBT or unsure of the sexual or gender identity. LGBT+ people are about as racially and ethnically diverse as the general population.

Here are some disparities experienced by LGBT+ adults in Massachusetts, which likely exist among LGBT+ people in Boston. They:

- Are **60% more likely** than straight, cisgender people **to report that their health is fair or poor**;

- Are **twice as likely to report having received a depression diagnosis** and to say that their **mental health was not good for at least 15 days in the past month**;
- Are **30% more likely to use tobacco and to drink heavily** in the past 30 days;
- Report **higher rates of asthma and COPD**; and
- Are **four times as likely to report seriously considering suicide** in the past year.

LGBT+ youth in Massachusetts are three times as likely to report self-injury, and four times as likely to report seriously considering suicide in the past year. They also report higher rates of victimization, homelessness, and substance use.

Both LGBT+ youth and adults reported **higher rates of lifetime sexual violence**.¹

Many factors contribute to the disproportionate behavioral health burden that I describe. We have conducted research documenting that stigma and social prejudice are major factors which contribute to social anxiety, PTSD, depression, and global psychological distress.² Other contributors are

¹ Cahill S, Crebase W, and Knox MS (2025). *LGBTQ+ people in Massachusetts: Strengths, challenges, and opportunities in a diverse community*. Boston: The Equality Fund at the Boston Foundation and the Fenway Institute.

² Hughto JMW, Pletta D, Gordon L, Cahill S, Mimiaga MJ, Reisner SL. Negative Transgender-Related Media Messages Are Associated with Adverse Mental Health Outcomes in a Multistate Study of Transgender Adults. *LGBT Health*. 2021 Jan;8(1):32-41.

family rejection,³ social isolation, and loneliness,⁴ which make the services and activities funded and programmed by MOLA so critically important. People in our communities need socialization opportunities that are culturally responsive and trauma-informed.

I also want to speak to Veterans' Services, which have been the subject of discussion here. An analysis we did of BRFSS data looking at LGBT+ people 50-75 compared to straight, cisgender people 50-75 in Massachusetts found that LGBT+ older adults were about as likely as their straight, cisgender age peers to be veterans.⁵ National research has found that despite anti-gay policies in place for decades until 2010, LGB people are about as likely to be veterans, and lesbian and bisexual women and especially Black sexual minority women are more likely to be veterans than straight women.⁶ A recent study in the *American Journal of Preventive Medicine* found that LGB veterans are:

more likely to screen positive for post-traumatic stress disorder, depression, anxiety, binge eating, problematic anger, multiple somatic symptoms, and insomnia than heterosexual individuals.⁷

LGBT veterans who experience discrimination in health care are more likely to smoke and less likely to disclose their sexual orientation or gender

³ Conron K, Wilson J, Cahill S, Flaherty J, Tamanaha M, Bradford J (2015). *Our health matters: Mental health, risk, and resilience among LGBTQ youth of color who live, work, or play in Boston*. Fenway Institute.

⁴ Marshall A, Cahill S. Barriers and opportunities for the mental health of LGBT older adults and older people living with HIV: a systematic literature review. *Aging Ment Health*. 2022 Sep;26(9):1845-1854.

⁵ Cahill S (2020). *LGBT Aging 2025: Strategies for Achieving a Healthy and Thriving LGBT Older Adult Community in Massachusetts*. Boston: The Fenway Institute, LGBT Aging Project.

⁶ Lehavot K, Simpson TL. Incorporating lesbian and bisexual women into women veterans' health priorities. *J Gen Intern Med*. 2013 Jul;28 Suppl 2(Suppl 2):S609-14.

⁷ Carey F, LeardMann C, Lehavot K et al. Health Disparities Among Lesbian, Gay, and Bisexual Service Members and Veterans. *American Journal of Preventive Medicine*, 2022; 63, 521-531.

identity to their health care provider,⁸ which undermines quality of care. So it's important that Boston's Veterans' Services be welcoming and affirming to all veterans, including LGBTQ veterans.

Thank you.

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⁸ Ruben, Livingston, Berke et al. Lesbian, Gay, Bisexual, and Transgender Veterans' Experiences of Discrimination in Health Care and Their Relation to Health Outcomes: A Pilot Study Examining the Moderating Role of Provider Communication. *Health Equity*. 2019 Sep 26;3(1):480-488.