5-1-2019

Lesbian, Gay, Bisexual, and Transgender (LGBT) Health and Equity in the United States

Shannon Jezusko
Winona State University

Lesbian, Gay, Bisexual, and Transgender (LGBT) Health and Equity in the United States

Shannon Jezusko

A Capstone Project submitted in partial fulfillment of the

requirements for the Master of Science Degree in

Counselor Education at

Winona State University

Spring 2019

Winona State University

College of Education

Counselor Education Department

CERTIFICATE OF APPROVAL

CAPSTONE PROJECT

Lesbian, Gay, Bisexual, and Transgender (LGBT) Health and Equity in the United States

This is to certify that the Capstone Project of

Shannon Jezusko

Has been approved by the faculty advisor and the CE 695 – Capstone Project

Course Instructor in partial fulfillment of the requirements for the

Master of Science Degree in

Counselor Education

Capstone Project Supervisor: Moore, PhD

Mitch Moore, PhD

Approval Date: 05-02-2019

Abstract

Lesbian, gay, bisexual, and transgender (LGBT) individuals have marked health disparities compared to equivalent heterosexual populations. These disparities are contextual and linked to historical and systematic discrimination in the United States, particularly the legal and medical sectors. Health equity for LGBT people may be addressed in two levels, by healthcare providers and through changes and protections in United States policy.

Key Words

Bisexual, gay, gender identity, gender minorities, health disparities, health equity, health promotion, lesbian, marginalization, mental and physical health, minority health, sexual identity, sexual minorities, sexual orientation, transgender.

Contents

Lesbian, Gay, Bisexual, and Transgender (LGBT) Health and Equity in the United States

Introduction

The lesbian, gay, bisexual, and transgender (LGBT) individuals comprise a significant portion of the United States Population. Three and one-half percent (3.5%) of Americans identify themselves as lesbian, gay, or bisexual and 0.3% identify themselves as transgender, for a combined total of about 9 million US citizens. This prevalence increases to 11% of the US population when accounting for those who have engaged in LGBT sexual behavior and attraction (Fredriksen-Goldsen, et al., 2014). Despite the high prevalence of LGBT people, pervasive stigma against sexual minorities continues to exist in our country and this stigma causes marginalization and discrimination that has been institutionally legitimized by psychology, medicine, and national and state policy (Herek, 2010; Bogart et al, 2014).

These structural and systematic disparities are routed in cultural norms, laws, policies, and institutions, which are often influenced by negative views and perceptions of LGBT individuals. The interactions between these factors is additive and complex. For example, a state that votes against the legalization of gay marriage would not only have the institutional barrier of equal legal marriage right for LGBT individuals, but also can promote negative stereotyping and discrimination. These legal policies and social norms allow for marginalization to persist in the LGBT community and unfortunately can cause adverse health outcomes (Hatzenbuehler, Gates, & Flores, 2017). The focus of this capstone will be on marginalization and health disparities in LGBT adults in the United States.

The term LGBT is used throughout this capstone as it is the accepted term for peer-reviewed research at this time to define a population that is statistically identifiable, which is a methodological barrier (Cochran & Mays, 2017). Additionally, this term is acceptable to people

who identify themselves as being LGBT, which is reflected in the increased number of community events for LGBT people. This capstone does not intend to limit the scope research and activism for other sexual orientations, identities, or genders, but the capstone project needs to be limited to the available research restraints. The capstone concludes that more pervasive and inclusive research must take place to properly address comprehensive equity for all or any sexual and gender minorities.

LGBT Historical Discrimination

Despite living in a society which highly values freedom and personal choice, disparities in the LGBT community have been systemic and ever-present in American society. Yet, these disparities were not identified until the turn of the century as part of public health surveillance and sexual risk behaviors research (Cochran & Mays, 2017). The lack of legal protections and societal equality for sexual and gender minorities have led to a distrust of institutions, including healthcare. Acknowledging the historic effect of the discriminatory treatment of the LGBT community provides a framework of understanding of the legal, psychological, and social inequities for healthcare providers to adequately treat LGBT individuals and to address the barriers to receiving adequate healthcare (Knauer, 2012).

Prior to the Civil Rights movement in the 1960s in the United States, anti-homosexuality policies were vigorously enforced, and it was common practice in many states to legally arrest LGBT individuals on charges of disorderly conduct, vagrancy, public lewdness, and solicitation. Being arrested and charged with these discriminatory laws had the significant potential to negatively impact and LGBT person's financial, employment, and community standing. Additionally, and more detrimental to the mental health of LGBT individuals, homosexuality was also regarded as a mental illness, which allowed unlimited incarceration in a psychiatric

institution until they were deemed cured. Furthermore, regulations were passed in many states and districts to prevent LGBT individuals from gaining employment or professional licensure, including institutional employment such as teachers, government employees, and hospital workers (Herek, 2010). Not only did the United States government not protect LGBT people, but the government and medical societies actively discriminated and marginalized LGBT individuals.

One significant historical event that initiated changed for LGBT people was the Stonewall Riots. The Stonewall Riots in 1969 marked the first nationally recognized act of the Gay Liberation Movement in the United States. Prior to the Stonewall Riots, homosexual relations and not wearing at least three pieces of gender-appropriate clothing were illegal in New York City, and LGBT meeting places, such as bars like the Stonewall Inn in Greenwich Village, often faced constant police harassment, raids, and brutality. During one such police raid, the gay, lesbian, and transgender community members rioted outside the Stonewall Inn, instead of dispersing as normal and letting their peers be arrested and face legal and criminal charges. This was the first instance of varied sexual minority groups uniting under a single cause and galvanized the LGBT movement (Encyclopedia Brittanica, 2018). As history shows, social activism has been crucial in reducing, and hopefully eliminating, bias and discrimination against LGBT individuals.

Though the events at The Stonewall Inn catalyzed activism for future generations, it has taken decades for the LGBT movement to gain a semblance of equality in our legal and social policies and systems. Another example from the medical profession is that homosexuality was considered a mental illness in the Diagnostic and Statistical Manual of Mental Disorders (DSM) until 1973 (Herek, 2010). Potentially due to this psychiatric diagnosis, homosexual relations

were not federally decriminalized until 2003 by the Supreme Court (Lawrence vs. Texas, 2003). Four decades after the Stonewall riots, "crimes motivated by a victim's actual or perceived gender, sexual orientation… or gender identity" were not legally considered hate crimes until 2009 (Hate Crimes Prevention Act, 2009, para. 5). These are just a few examples of legal discrimination against the LGBT community that legitimized societal stigma against sexual minorities for decades beyond the Civil Rights Movement and that continue persist today.

Despite these events and changes, LGBT individuals continue to be discriminated against by various legal and social systems in the United States. For examples, in the United States, there are no legal protections, often afforded to other minorities, for housing, marriage, retirement benefits, employment, and health insurance (Knauer, 2012; ODPHP, 2019). These legal and social barriers perpetuate distrust between LGBT people, other groups, social systems, and institutions. One of the significant consequences of this social land legal discrimination is that LGBT individuals are less likely to seek or delay seeking medical care when sick and injured. When they do decide to seek healthcare, they often encounter significant barriers to accessing healthcare (Fredricksen-Goldsen et al, 2014). These historical and current structures of discrimination are essential to understanding health disparities for LGBT people that exist in the United States today.

LGBT Health Disparities

Health disparities are defined as "preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations (CDC, 2018, para. 1). The first indication that LGBT individuals have health disparities was not identified until the turn of the century, as sexual preference and

gender identity were omitted from public survey data. These disparities are linked to sexual orientation and gender for both men and women (Cochran & Mays, 2017).

The National Institute of Health (NIH), which was conducting research to eliminate health disparities for marginalized groups, reported LGBT members as an at-risk group for negative health outcomes for the first time in 2010. The NIH concluded that sexual and gender minorities have significant health disparities compared to equivalent heterosexual populations and that a lack of recognition of LGBT people as an underserved community perpetuates these disparities and prevents health promotion (Fredriksen-Goldsen, et al., 2014). Identified health disparities are linked to both mental and physical health.

Mental Health

It has been well established that LGBT people are at higher risk of having poor mental health. Mental health disparities are routed in stressors faced by LGBT people, including being the victim sexual trauma, violence, microaggressions, and rejection from family and peers. Measured disparities include psychological distress, active suicidal ideation, mental health disorders, depression, anxiety, and substance abuse disorders, when compared to heterosexual individuals of similar age and socioeconomic status. In examining differences in the LGBT population, transgender people have also been shown to have higher rates of depression, anxiety, and overall psychological distress compared to LGB individuals (Wilson et al., 2014; Fredricksen-Goldsen et al, 2014; Mule et al, 2009; ODPHP, 2019).

LGBT people also have mental health disparities related to adverse health behaviors, including the highest rates of smoking, excessive drinking, and drug use, which are all contributors to the leading causes of preventive deaths in the United States (ODPHP, 2019; Fredricksen-Goldsen et al, 2014). When looking at healthcare issues within the LGBT

population, transgender individuals are less likely to have health insurance than other LGB and heterosexual individuals, and lesbian and transgender individuals report the highest levels of postponing or not seeking medical care (ODPHP, 2019; Friedman, et al., 2015; Fredricksen-Goldsen et al, 2014).

Physical Health

LGBT individuals also have disparities in physical health when compared to heterosexual individuals. These disparities include higher rates of disability, physical limitations, poor general health, incidence of cancer, cardiovascular disease, asthma, and sexually transmitted diseases. Physical health outcomes may also be identity and gender specific. Gay and bisexual men and transgender women have elevated rates of HIV, anal cancers, and Hepatitis A & B. Lesbian and bisexual women have higher rates of obesity. Health issues can also be related to medical care. For example, transgender people also have physical disparities related to long-term hormone use. LGBT people also have low adherence to treatment and utilization of healthcare. (Bogart et al, 2014; ODPHP, 2019; Wilson et al, 2014; Fredricksen-Goldsen et al, 2014; Mule et al, 2009).

These health disparities are routed in individual and societal stigma that discriminates against LGBT people that stem from the policy level, the community level, and the interpersonal level (Bogart et al, 2013). This "process through which persons are peripheralized based on their identities, associations, experiences, and environment" is referred to as marginalization (Baah et al, 2019, p. 1). Marginalized communities have distinct systemic disadvantages that cause long-term stressors and proliferated stressors, which, in turn, impact health and well-being (Fredricksen-Goldsen, et al., 2014, p. 5). By evaluating the marginalization of LGBT people,

factors that create, define, maintain, and enforce these margins can exposed and potentially changed (Baah et al, 2018).

LGBT Marginalization

In the United States, all marginalized groups, including devalued sexual minorities, are at elevated risk for adverse outcomes, particularly adverse health outcomes and poor quality of life (Fredricksen-Goldsen, et al, 2014). Marginalized groups have poor general health, including comorbidities, and early mortality rates, which is compounded by numerous barriers to accessing health services (Luchenski et al, 2018). The LGBT community is recognized as one of these marginalized groups and face their own unique health disparities, barriers, and health outcomes. LGBT people experience marginalization with higher rates of being the victim of sexual abuse, victimization, homelessness, suicide rates, underemployment, unemployment compared to heterosexuals (ODPHP, 2019; Fredricksen-Goldsen, et al, 2014).

LGBT individuals also encounter institutional obstacles with respect to relationship formation, parenting issues, immigration status, housing, eligibility for government benefits, taxes, employment, education, and safety (ODPHP, 2019; Knauer, 2012). Institutions have historically discriminated against LGBT people, yet there may be hope as the psychological and psychiatric professional communities has greatly changed their stance on LGBT being a mental health disorder. Hopefully this reversal in discrimination and diagnoses by the psychological community will stand as an example of change to the social, legal, and medical institutions to further eliminate health disparities and marginalization of the LGBT community (Herek, 2010).

Policy Implications

Due to the discrimination and stigma faced by the LGBT community, social support and political activism have increased recently in the United States and within the LGBT community.

Health disparities in LGBT communities, and their outcomes, have been mitigated by protective factors that increase resiliency, particularly LGBT community involvement (Luchenski et al, 2018; Friedman, et al, 2015). The psychological community once discriminated against and actively institutionalized LGBT people in the United States. However, with decades of empirical research that lead to changes to the DSM diagnostic criteria and changing cultural view on sexual minorities, the psychological and psychiatric professional societies are now a pillar of support and understanding specific issues related to LGBT marginalization and cultural trauma. The scientific and clinical expertise provided by the psychological community continues to influence courts, legislative bodies, and the general public. The consequences of these policy changes continue to have effect and show the necessity for creating protective factors through public policy (Herek, 2010).

Policy

Several policy changes are needed to promote health equity, including nondiscrimination laws in employment, health insurance, housing opportunities, employment, adoption, and retirement benefits and legislation to support non-kin caregivers (ODPHP, 2019; Herek, 2010, Fredricksen-Goldsen, et al, 2014). Public policy must also change to afford protections to LGBT youth to reduce marginalization and victimization, such as anti-bullying laws and programs (ODPHP, 2019). Social programs based in LGBT communities that are targeted to appropriate sub-populations (such as age, race, ethnicity, or sexual/gender identity) have been shown to contribute to reducing health disparities (Brach & Fraserirector, 2000). Policy changes should also include monitoring of social inequalities in health, receipt of healthcare, healthcare funding, and allocation of healthcare services to ensure that the policy changes are promoting health equity for LGBT people (ODPHP, 2019).

Healthcare Providers

Health disparities are also linked to individual discrimination and biases of healthcare providers (Fredricksen-Goldsen, et al, 2014; Brach & Fraserirector, 2000). Healthcare providers can promote health equity by completing multi-cultural competency courses and institutions can mandate these courses for their healthcare employees. Healthcare providers and institutions should also continue to research LGBT health disparities in their communities and nationally to understand the causation and correlations of marginalization and health disparity that are unique for LGBT individuals. Healthcare providers can conduct interventions in their communities with LGBT leaders to promote health services and programs to increase the health of their local communities, and specifically their local LGBT communities. Healthcare institutions should mandate diverse hiring of staff members, as minorities have been shown to have better health when treated by healthcare providers of their same race, ethnicity, or sexual orientation. Healthcare providers should also consider assigning their LGBT patients to a case manager, as marginalization of LGBT people can cause a disparaged encompassing health model, such as payment and resources for healthcare (Wilson, et al., 2014; Fredricksen-Goldsen, et al, 2014; Brach & Fraserirector, 2000; ODPHP, 2019)

Conclusion

LGBT people have a long history of discrimination and stigmatization in the United States. Marginalization of LGBT individuals creates an environment of health inequality, even when factoring for socio-economic, geographic, and gender differences. Health promotion and equality for LGBT people is essential in the United States, as it is a fundamental believe of the United states that all people will be treated equally. Reducing health disparities for LGBT people will reduce disease transmission and progression, particularly for sexually transmitted

disease, increase mental and physical well-being, reduce healthcare costs caused by disparities and postponing treatment, and increase longevity (ODPHP, 2019; Fredricksen-Goldsen, et. al, 2014). Health promotion can be reached through changes in policy and healthcare services, but also at individual and community levels. As this is an emergent field of research, further research needs to be conducted to be more inclusive of all gender and sexual minorities to understand the breadth and depth of these health disparities and health monitoring of these groups must continue to ensure health equity.

References

Baah, F. O., Teitelman, A. M., & Riegel, B. (2019). Marginalization: Conceptualizing patient vulnerabilities in the framework of social determinants of health—An integrative review. *Nursing Inquiry*, 26, 1-9. Doi: 10.1111/nin.12268.

Bogart, L. M., Revenson, T. A., Whitfield, K. E., & France, C. R. (2013). Introduction to the Special Section on Lesbian, Gay, Bisexual, and Transgender (LGBT) Health Disparities: Where We Are and Where We're Going. *Annals of Behavioral Medicine*, 47, 1-4. Retrieved from: http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.879.3916&rep=rep1&type=pdf

Brach, C. & Fraserirector, I. (2000). Can Cultural Competency Reduce Racial and Ethnic Health Disparities? A Review and Conceptual Model. *Medical Care Research and Review,* 57(1), 181-217. doi: 10.1177/1077558700057001S09. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5091811/

Center for Disease Control (CDC) (2018). Health Disparities. Retrieved from: https://www.cdc.gov/healthyyouth/disparities/index.htm

Cochran, S. D. & Mays, V. M. (2017). Advancing the LGBT Health Research Agenda: Differential Health Trends Within the Lesbian, Gay, and Bisexual Populations. *American Journal of Public Health*, 107(4), 497-498.

Fredriksen-Goldsen, K. I., Hoy-Ellis, C. P., Goldsen, J., Emlet, C.A., & Hooyman, N. R. (2014). Creating a Vision for the Future: Key Competencies and Strategies for Culturally Competent Practice with Lesbian, Gay, Bisexual, and Transgender (LGBT) Older Adults in the Health and Human Services. *Journal of Gerontological Social Work*, 57(0), 80-

107. doi: 10.1080/01634372.2014.890690. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4091982/

Fredriksen-Goldsen, K. I., Simoni, J. M., Kim, H., et al. (2014). The Health Equity Promotion Model: Reconceptualization of Lesbian, Gay, Bisexual, and Transgender (LGBT) Health Disparities. *American Journal of Orthopsychiatry,* 84(6), 652-663. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4350932/

Friedman, M. R., Dodge, B., Schick, V., et al. (2015). From Bias to Bisexual Health Disparities: Attitudes Toward Bisexual Men and Women in the United States. *LGBT Health*, 1(4), 309-318.

Hatzenbuehler, M. L., Flores, A. R., & Gates, G. J. (2017). Social Attitudes Regarding Same-Sex Marriage and LGBT Health Disparities: Results from a National Probability Sample. *Journal of Social Issues*, 73(3), 508-528. doi: 10.111/josi.12229.

Herek, G. A. (2010). Sexual Orientation Differences as Deficits: Science and Stigma in the History of American Psychology. *Perspectives on Psychological Science,* 5(6), 693-699. Retrieved from: http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.866.1077&rep=rep1&type=pdf

King, M., Semlyen, J., Tai, S. S., Killaspy, H., Osborn, D., Popelyuk, D., & Nazareth, I. (2008). A systematic review of mental disorder, suicide, and deliberate self-harm in lesbian, gay, and bisexual people. *BMC Psychiatry*, 8(70). Retrieved from: https://bmcpsychiatry.biomedcentral.com/articles/10.1186/1471-244X-8-70

Knauer, N. J. (2012). Legal Consciousness and LGBT Research: The Importance of Law in the Everyday Lives of LGBT Individuals. *Journal of Homosexuality*, 59. Retrieved from: https://www.researchgate.net/profile/Nancy_Knauer/publication/224964758_Legal_Cons

ciousness_and_LGBT_Research_The_Role_of_the_Law_in_the_Everyday_Lives_of_LGBT_Individuals/links/54e618240cf2bff5a4f2cd92/Legal-Consciousness-and-LGBT-Research-The-Role-of-the-Law-in-the-Everyday-Lives-of-LGBT-Individuals.pdf

Lawrence et al vs. Texas. 539 US 558 (2003). Retrieved from: https://www.loc.gov/item/usrep539558/

Luchenski, S., Maguire, N., Aldridge, R. W., Hayward, A., Story, A., Perri, P., Withers, J., Clint, S., Fitzpatrick, S., & Hewett, N. (2018). What Work in Inclusion Health: Overview of Effective Interventions for Marginalized and Excluded Populations. *The Lancet*, 391, 266-280.

The Matthew Shepard and James Byrd, Jr., Hate Crimes Prevention Act of 2009, 18 U.S.C. § 249.

Mule, N. J., Ross, L. E., Deeprose, B., et al. (2009). Promotion LGBT health and wellbeing through inclusive policy development. *International Journal for Equity in Health,* 8(18). Retrieved from: https://equityhealthj.biomedcentral.com/articles/10.1186/1475-9276-8-18

Office of Disease Prevention and Health Promotion (ODPHP) (2019). Lesbian, Gay, Bisexual, and Transgender Health. Retrieved from: https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health

The Encyclopedia Brittanica. (2018). Stonewall Riots. Retrieved from: http://www.citationmachine.net/bibliographies/425295898?new=true

Wilson, C. K., West, L., Stepleman, L., et al. (2014). Attitudes Toward LGBT Patients Among Students in the Health Professions: Influence of Demographics and Discipline. *LGBT Health,* 70-77. Retrieved From:

https://www.researchgate.net/profile/Lara_Stepleman/publication/286526176_Attitudes_Toward_LGBT_Patients_Among_Students_in_the_Health_Professions_Influence_of_Demographics_and_Discipline/links/57ac800108ae7a6420c2ec6b/Attitudes-Toward-LGBT-Patients-Among-Students-in-the-Health-Professions-Influence-of-Demographics-and-Discipline.pdf