

SGIM Position Statement in Support of the LGBTQIA+ Community

Noelle Marie Javier, Lucille M Torres-Deas, Celeste Newby, Safiya Richardson

According to the most recent 2021 Gallup Poll, 7.1% of Americans identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ). This is consistent with the Human Rights Commission (HRC) Household Pulse Survey whereby the estimated proportion of LGBTQIA+ people approaches 20 million with bisexuals as the most prevalent cohort. In 2011, the National Academy of Medicine (formerly Institute of Medicine) identified significant gaps in research focused on the unique needs, concerns, and priorities in the provision of optimal healthcare for the LGBTQIA+ population.³ This need was further reinforced in 2016 when the National Institute on Minority Health and Health Disparities (NIMHD) designated sexual and gender minorities as a health disparity population for ongoing research.⁴

The LGBTQIA+ community experiences multiple societal barriers to health and well-being, which include living life fully, authentically, and safely. Members are more likely to experience significant stressors including various forms of trauma, widespread oppression, outright prejudice, perpetual victimization, and blatant abuse.⁵⁻⁶ A poll in 2019 revealed that the LGBTQIA+ population in the United States has faced heightened discrimination including vicious hate crimes.⁷ There is a high prevalence of behavioral health and death by suicide among individuals who identify as LGTBQIA+.⁸ A 2015 national survey on the transgender community reported a 41% prevalence for suicide attempt compared to the general population at 1.6%.⁹ Moreover, the discrimination has permeated the healthcare infrastructure leading to disparate and inequitable access to healthcare resulting in undesirable physical and mental health outcomes. There is also considerable data on physical health disparities experienced by this vulnerable population. Overall, there is a higher proportion of physical disability compared to heterosexual counterparts.¹⁰ Sexual and gender minority (SGM) women have a higher risk of cardiovascular disease, obesity, gynecologic, and breast neoplasms.¹¹ SGM men have higher rates of cardiovascular disease, hypertension, diabetes, and physical disability.¹² Gay men have a higher risk of anal cancer and HIV-related malignancies.¹³ Bisexual and transgender older men reported poorer overall physical health compared to cisgender and gay men.¹⁰

There have been more than 600 anti-LGBTQIA+ bills filed in our legislature since 2018 with 238 anti-LGBTQ bills filed in 2022 alone.¹⁴ Most of these bills target the transgender and gender non-conforming communities (TGNC). Gender affirming care, especially for children and adolescents, is being curtailed by defenders of conservative values. Twenty-nine states do not have non-discriminatory policies for the LGBTQIA+ population in the areas of housing, employment, and/or public accommodations.¹⁵ In addition, healthcare workers and medical centers are being targeted for providing gender affirming care to transgender, non-binary, and gender diverse patients.¹⁶

There continues to be ongoing gaps in the education and training of healthcare professionals on LGBTQIA+ medicine. Sexual orientation and gender identity collection are not uniformly included in state, national, and federal surveys.¹⁷ This lack of inclusion will lead to further invisibility and lack of representation. The call to action to narrow gaps in suboptimal care could not be more relevant and urgent than at this moment.

In this regard, SGIM recognizes that the disparities and gaps in the provision of high quality healthcare for the LGBTQIA+ community is a health justice issue. The organization supports and recommends the

following concrete steps in advancing health justice and protecting the rights of this marginalized and oppressed population.

1. SGIM advocates for the right of this minority population to be seen and recognized through the standardized collection of sexual orientation and gender identity (while respecting the preference to opt out) in the electronic health records as well as national surveys and other research-related endeavors.
2. SGIM recommends a formalized LGBTQIA+ curriculum for healthcare professionals-in-training. In addition, SGIM will continue to advance the knowledge base and clinical skill set for practicing healthcare professionals through national conferences, boot camp training sessions, continuing medical education, and other strategies for training.
3. SGIM provides unwavering support for all healthcare providers practicing inclusive and affirming medical care for transgender, non-binary, and gender diverse patients of all age groups and backgrounds. SGIM condemns any form of assault targeting these providers and their patients.
4. SGIM recognizes the importance of close partnerships and collaboration with existing organizations that already champion the rights of the LGBTQIA+ community including but not limited to Human Rights Campaign (HRC), GLMA: Health Professionals Advancing LGBTQ Health Equality, Services and Advocacy for Gay and Lesbian Elders (SAGE), World Professional Organization for Transgender Health (WPATH), and others.
5. SGIM will work with local, state, and national administrative organizations to ensure the passage of the Equality Act and the LGBTQ Data Inclusion Act.
6. SGIM's Health Equity Commission will work closely with the LGBTQ+ SIG to augment projects and initiatives pertaining to the protection of the rights for this community.
7. SGIM is fully committed to working with community boards in hearing the voices and lived experiences of the LGBTQIA+ community while collaborating closely to ensure that gaps in these recommendations are mitigated.
8. SGIM supports work towards policies around payment reform and equitable healthcare access for the LGBTQIA+ community through partnerships with local, national, and federal organizations.

References:

1. <https://news.gallup.com/poll/389792/lgbt-identification-ticks-up.aspx>. Last accessed June 5, 2022.
2. <https://hrc-prod-requests.s3-us-west-2.amazonaws.com/We-Are-Here-120821.pdf>. Last accessed June 5, 2022.
3. Institute on Medicine. The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding. Washington, DC: The National Academies Press. 2011.
4. <https://www.reliasmedia.com/articles/139578-nih-designates-lgbt-community-as-health-disparity-group>. Last accessed June 5, 2022.
5. Fredriksen-Goldsen KI, Kim HJ, Bryan AEB, Shiu C, & Emlet CA. The cascading effects of marginalization and pathways of resilience in attaining good health among LGBT older adults. *Gerontologist*. 2017;57(S1):S72-A83.
6. Yarns BC, Abrams JM, Meeks TW, Sewell DD. The mental health of older LGBT adults.

- Curr Psychiatry Rep. 2016;18(60):1-11.
7. GLAAD: Accelerating Acceptance 2019: A survey of American Acceptance and Attitudes toward LGBTQ Americans. New York, NY: GLAAD 2019.
 8. Meyer IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychol Bull.* 2003;129(5):674-697.
 9. James SE, Herman JL, Rankin S et al. The report of the 2015 US Transgender Survey. Washington, DC: National Center for Transgender Equality, 2016. <http://www.ustranssurvey.org/>. last accessed. July 30, 2022.
 10. Wallace S, Cochran S, Durazo E, Ford C. the health of aging lesbian, gay, and bisexual adults in California. Los Angeles: UCLA Center for Health Policy Research. 2011.
 11. Fredriksen-Goldsen KI. Resilience and disparities among lesbian, gay, bisexual, and transgender older adults. *Public Policy Aging Rep.* 2011;21(3):3-7.
 12. Fredriksen-Goldsen KI, Kim HJ, Barkan SE, Muraco A, & Hoy-Ellis CP. Health disparities among lesbian, gay, and bisexual older adults: Results from a population-based study. *Am J Pub Health.* 2013;103(10):1802-1809.
 13. Anderson JS, Vajdic C, Grulich AE. Is screening for anal cancer warranted in homosexual men? *Sex Health.* 2004;1:137-140.
 14. <https://www.nbcnews.com/nbc-out/out-politics-and-policy/nearly-240-anti-lgbtq-bills-filed-2022-far-targeting-trans-people-rcna20418>. Last accessed July 30, 2022.
 15. <https://freedomforallamericans.org/states/>. Last accessed July 30, 2022.
 16. <https://www.healthcarefinancenews.com/news/hospital-and-physician-groups-ask-doj-investigate-threats-gender-affirming-care>. Last accessed October 10, 2022.
 17. Haider AH, Schneider EB, Kodalek LM, Adler RR, Ranjit A et al. Emergency departmental query for patient-centered approaches to sexual orientation and gender identity: The EQUALITY Study. *JAMA Intern Med.* 2017;177(6):819-828.