



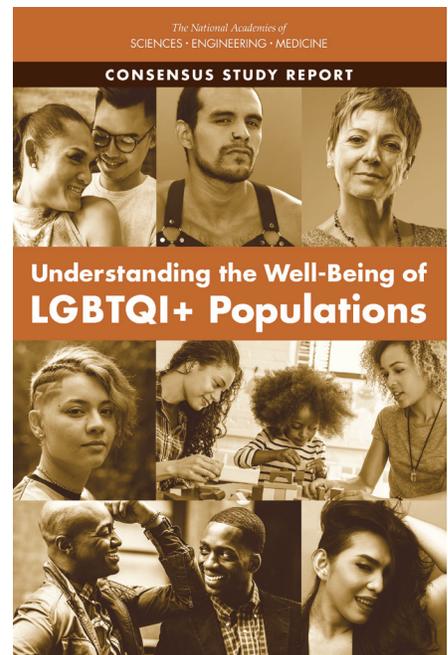
Understanding the Well-Being of LGBTQI+ Populations

Over the past decade, there have been remarkable changes in the social, political, and legal status of lesbian, gay, bisexual, and transgender (LGBT) individuals. Today, a majority of Americans approve of same sex relationships and support legal protections to ensure fundamental civil liberties for LGBT people. Similarly, the laws have changed to reflect this move toward acceptance; just recently, the Supreme Court ruled that the prohibition of sex discrimination in Title VII of the Civil Rights Act protects individuals from discrimination based on sexual orientation or gender identity in employment.

Despite estimates that there are over 11 million LGBT individuals in the United States, many national surveys and other data collection instruments lack measures that capture the diversity of sexual orientation and gender identity, making it difficult to ascertain the size and other characteristics of sexual and gender diverse (SGD)¹ populations, i.e., lesbian, gay, bisexual, transgender, queer, intersex and other sexual and gender diverse people such as asexual persons (LGBTQI+). Current instruments do not collect information about sexual orientation and gender identity in a consistent manner. Also, among numerous other data gaps, little to no data are available on trends in transgender and asexual populations over time, or on people with intersex traits.

To address these issues, the National Academies of Sciences, Engineering, and Medicine convened an expert committee to explore what is currently known about lesbian, gay, bisexual, transgender, queer, and intersex populations—to examine the available data on and significant research needs relevant to persons of diverse sexualities and genders, and persons with differences in sex development, across multiple dimensions over the course of their lives. The committee’s report, *Understanding the Well-Being of LGBTQI+ Populations* (2020), identifies the need for heightened attention to the social and structural inequities that exist for LGBTQI+ people and argues for new research on the full range of sexual and gender diversity, especially those at the intersection of multiple marginalized identities, such as SGD people of color.

¹For the purposes of this brief and the committee’s report, the phrase “sexual and gender diverse,” or SGD, is used to describe individuals who identify as lesbian, gay, bisexual, transgender, queer, intersex, non-binary, or who exhibit attractions and behaviors that do not align with heterosexual or traditional gender norms.



UNDERSTANDING DATA GAPS: A LOOK ACROSS DOMAINS OF LGBTQI+ WELL-BEING

To examine available evidence and identify future research needs related to SGD populations, the committee assessed what is known across eight domains of well-being, described below.

Changes to the legal landscape. Despite recent legal reforms in areas such as employment, the effect of the legal system on the well-being of SGD populations is uneven and, at times, contradictory. Moreover, the remaining gaps in the law tend to disproportionately harm people of color, low-income people, and transgender people.

Public policy and stigma. The emergence of more inclusive laws and policies is often perceived as a sign that society has changed to be less critical of SGD populations. However, the pursuit of inclusive policies that are favorable to the general public can further stigmatize certain SGD groups, such as bisexual and transgender men and women. Stigma, which can occur at individual, interpersonal, and structural (institutional) levels, continues to have a significant impact on the well-being of SGD populations.

Community and civic engagement. Access to inclusive and affirming spaces contributes to feelings of connectedness to community, which play an important role in reducing health disparities among SGD groups. Community mobilization and sociopolitical involvement have been key to the struggle for equality, inclusion, and social justice for SGD populations. By some measures, LGBT adults tend to be more involved than their heterosexual peers in civic and political issues.

Families and social relationships. Throughout life, close, supportive, and stable family relationships are associated with well-being among SGD individuals. Peer relationships are important across the life course; maintaining friendships throughout the coming out process supports positive adjustment for SGD youth. SGD adults may rely more on support and caregiving from friends and “chosen families” than from blood families. In addition, the legal status of romantic unions is associated with the health and well-being of SGD populations.

Educational environments. Experiences that SGD students have in school affect mental and behavioral health, and this sets the foundation for educational attainment, future occupational achievement, and socioeconomic status. State and local education policies that include language to protect SGD students from bullying and discrimination are associated with improved student well-being.

Economic stability. Research on individual earnings suggests that gay and bisexual men earn less than heterosexual men, while lesbian and bisexual women earn less than heterosexual men but more than heterosexual women. Evidence also suggests that transgender people have lower incomes and higher poverty rates than lesbian, gay, and cisgender heterosexual people. SGD people may also face barriers in homeownership, credit, and rental housing markets.

Physical and mental health. In comparison with heterosexual and cisgender populations, SGD populations have less favorable overall health and higher rates of cardiovascular disease, certain cancers, exposure to violence, and HIV and other STIs. Mental health disparities in SGD populations include higher rates of anxiety, depressive symptoms and suicidality than among their heterosexual and cisgender counterparts. However, because many studies do not include measures of sexual orientation, gender identity, and intersex status, the full magnitude of health disparities and their effects on SGD populations is not known. The physical and mental health of SGD populations is particularly affected by factors such as discrimination, stigma, prejudice, and other social, political, and economic determinants of health.

Health care coverage, access, and utilization. Access to comprehensive, affirming, and high-quality health care services, and laws that guarantee access to health care services, health insurance coverage, and health care for all, regardless of sexual orientation, gender identity, and intersex status, are critical to the health and well-being of SGD people. Conversion therapy to change sexual orientation or gender identity can cause significant and life-long trauma, as can elective genital surgeries on children with intersex traits that are performed early in life before children can participate in consent. Culturally responsive and clinically appropriate care for SGD populations is vital.

RESEARCH RECOMMENDATIONS

The report makes recommendations to address deficits in SGD population research through a robust and comprehensive approach that could illuminate current disparities and advance equity both within and across SGD population groups.

Population Data

To more fully capture data on SGD populations, researchers, policy makers, and practitioners need accurate, consistent, and representative population-level data.

RECOMMENDATION 1: Entities throughout the federal statistical system; other federal agencies; state, local, and tribal departments and agencies; private entities; and other relevant stakeholders should consider adding measures of sexual orientation, gender identity, and intersex status to all data collection efforts and instruments, such as population-based surveys, administrative records, clinical records, and forms used to collect demographic data.

Measurement Challenges

Race, class, sex, gender identity, sexual orientation, and other factors interact in complicated ways to create people's experiences. Current measures to collect these data do not sufficiently reflect the lived experiences of SGD populations.

RECOMMENDATION 2: Federal statistical agencies, state, local, and tribal departments and agencies, private entities, and other relevant stakeholders should fund and conduct methodological research to develop, improve, and expand measures that capture the full range of sexual and gender diversity in the population—including but not limited to intersex status and emerging sexual and gender identities, sexual behaviors, and intersecting identities—as well as determinants of well-being for sexual and gender diverse populations.

Critical Data Gaps

Alternative methods such as observational, experimental, and qualitative studies may be needed to capture adequate samples, especially for small SGD population groups, such as transgender women of color, Native American Two-Spirit people, and people with intersex traits.

RECOMMENDATION 3: Public and private funders should support, and researchers should conduct, studies using a variety of methods and sampling techniques driven by the questions under study, in order to examine family and other social relationships, community, health, education, economic, and legal issues that will enhance understanding of sexual and gender diverse populations.

Data Use

Ensuring that researchers can access, link, and use data across agencies and industries is essential to developing a more complete picture of the prevalence, distribution, and lived experiences of SGD populations.

RECOMMENDATION 4: The U.S. Office of Management and Budget should convene federal, state, and private funders, as well as other relevant stakeholders, to address significant problems in linking data from different datasets to facilitate research on the health status and well-being of sexual and gender diverse people. These stakeholders will differ by content area but could include researchers, legal advocacy groups, research institutions and centers, think tanks, policy tracking groups, health, and surveillance organizations.

Evidence-Based Programming and Interventions

Finally, comprehensive and accurate data are needed to support the development, implementation, and evaluation of programs, services, and interventions that support the health and well-being of SGD populations.

RECOMMENDATION 5: Public and private research funders, together with federal statistical agencies, should prioritize research into the development, implementation, and evaluation of evidence-based services, programs, and interventions that promote the well-being of SGD populations.

COMMITTEE ON UNDERSTANDING THE STATUS AND WELL-BEING OF SEXUAL AND GENDER DIVERSE POPULATIONS

CHARLOTTE J. PATTERSON (*Cochair*), Department of Psychology, and Center for Children, Families, and the Law, University of Virginia; **MARTÍN-JOSÉ SEPÚLVEDA** (*Cochair*), Health Systems and Policy Research, IBM Corporation (retired), CLARALUZ Consulting LLC; **M.V. LEE BADGETT**, Department of Economics, University of Massachusetts, Amherst; **MARLON M. BAILEY**, Department of Women and Gender Studies, School of Social Transformation, Arizona State University; **KATHARINE B. DALKE**, Department of Psychiatry, Pennsylvania State University College of Medicine; **ANDREW R. FLORES**, Department of Government, American University; **GARY J. GATES**, Williams Institute (retired); **ANGELIQUE C. HARRIS**, Department of Medicine, Boston University Medical Campus, Boston University; **MARK L. HATZENBUEHLER**, Department of Psychology, Harvard University; **NAN D. HUNTER**, Georgetown University Law Center; **TONIA C. POTEAT**, Department of Social Medicine, University of North Carolina Chapel Hill; **SARI L. REISNER**, Brigham and Women’s Hospital, Harvard Medical School, Harvard T.H. Chan School of Public Health, and Fenway Health; **STEPHEN T. RUSSELL**, Department of Human Development and Family Sciences, University of Texas at Austin; **DEBRA J. UMBERSON**, Population Research Center, University of Texas at Austin; **JORDYN WHITE**, *Study Director*; **KENNE DIBNER**, *Senior Program Officer*; **TARA BECKER**, *Program Officer*; **MARY GHITELMAN**, *Senior Program Assistant*; **MALAY K. MAJMUNDAR**, *Director, Committee on Population*; **KELLAN BAKER**, *Consultant, Bloomberg School of Public Health, Johns Hopkins University*.

For More Information . . . This Consensus Study Report Highlights was prepared by the Committee on Population based on the Consensus Study Report, *Understanding the Well-Being of LGBTQI+ Populations* (2020). The study was sponsored by the Robert Wood Johnson Foundation, Gilead Sciences, the Sexual and Gender Minority Research Office of the National Institutes of Health, the TAWANI Foundation, and the Tegan and Sara Foundation. Any opinions, findings, conclusions, or recommendations expressed in this publication do not necessarily reflect the views of any organization or agency that provided support for the project. Copies of the Consensus Study Report are available from the National Academies Press, (800) 624-6242; <https://nationalacademies.org/SGDiversity>.

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