

Understanding the Well-Being of LGBTQI+ Populations

HEALTH AND HEALTH CARE ACCESS

Over the past decade, there have been remarkable changes in the social, political, and legal status of lesbian, gay, bisexual, transgender, queer, intersex, and other sexual and gender diverse (LGBTQI+) populations. In 2020, the National Academies of Sciences, Engineering, and Medicine convened an expert committee to explore what is currently known about LGBTQI+ populations. The resulting report, *Understanding the Well-Being of LGBTQI+ Populations*, highlights the need for attention to the social and structural inequities that drive disparities affecting sexual and gender diverse populations and argues for new research on the full range of sexual and gender diversity, especially among LGBTQI+ people at the intersections of multiple marginalized identities. This brief discusses the report's findings regarding the current body of research on the physical and mental health of LGBTQI+ people and assesses issues related to evidence-based health care access and utilization. Citations and further information can be found in Chapters 11 and 12 of the report.

Physical and Mental Health of LGBTQI+ People

Since the release of the 2011 Institute of Medicine report on LGBT health, recent research has yielded a better understanding of the physical and mental health of sexual and gender diverse populations, including factors that influence health outcomes and drivers of health-related disparities. The physical and mental health of LGBTQI+ people is substantially affected by factors that include interpersonal and structural stigma; minority stress exposures such as discrimination; and other social, political, and economic determinants of health. These influences have led to well-documented physical and mental health disparities between LGBTQI+ and non-LGBTQI+ populations. Because health surveys, clinical trials, electronic medical records, administrative data systems, and public health surveillance rarely include measures of sexual orientation, gender identity, and intersex status, however, the full scope and magnitude of physical and mental health disparities and their impact across and within LGBTQI+ populations remain unknown.

PHYSICAL HEALTH

In comparison with heterosexual, cisgender, and nonintersex populations, sexual and gender diverse populations report worse overall health and higher rates of conditions that include cardiovascular disease, certain cancers, and HIV and other sexually transmitted infections. Gay and bisexual men and other men who have sex with men, as well as transgender women, continue to bear the greatest burden of HIV in the United States today. Of men living with HIV in the United States, 76 percent are gay, bisexual, and other men who have sex with men, and 26,000 men who have sex with men acquire HIV each year. Young Black and Latinx men are overrepresented in these numbers. Transgender people, particularly Black and Latina transgender women, are also heavily affected by HIV. A 2019 study found that one in seven (14%) transgender women in the United States is living with HIV; the rates were 44 percent for Black transgender women and 25 percent for Latina transgender women.

Compared to heterosexual women, lesbian and bisexual women have higher risk of developing conditions such as hypertension and other forms of cardiovascular disease, diabetes, and breast cancer. Transgender adults may have elevated rates of cardiovascular disease and myocardial infarction compared with cisgender adults.

LGBTQ people and people with intersex traits are at risk of violence from family members, peers, intimate partners, and strangers as a result of their sexual orientation, gender identity, or intersex status, and some of the highest risks of violence affect bisexual women and transgender people, particularly transgender women of color. In fact, many of the health disparities affecting LGBTQ+ populations are exacerbated by exposure to racism, sexism, and other forms of structural oppression.

HIV+ RATES

1 in 7

transgender women are living with HIV

1 in 2

of Black transgender women are living with HIV

1 in 4

of Latina transgender women are living with HIV

A number of health issues are not well studied in LGBTQI+ people, including chronic diseases, such as dementia; health behaviors, such as diet, exercise, and sleep; mortality; quality of life; the physical, emotional, and sexual health and well-being of people with intersex traits; and the physical and mental health of transgender and nonbinary people. In many of these areas, reliable instruments and scales validated for use with LGBTQI+ populations have not yet been developed. Groups for which research is especially lacking include Black, Indigenous, and other people of color; people with intersex traits; asexual, bisexual, and nonmonosexual people; and nonbinary people.

MENTAL AND BEHAVIORAL HEALTH

Research indicates that LGBTQI+ people experience more mental and behavioral health concerns than non-LGBTQI+ people. Mental health disparities in sexual and gender diverse populations include heightened anxiety, depression, and suicidality among LGBTQ people as compared to heterosexual or cisgender individuals, especially among LGBTQ youth—which is a particular concern because mental health disparities that begin in adolescence can persist



far into adulthood. In comparison with cisgender adults, transgender adults report elevated rates of mental health concerns that include depression, anxiety, post-traumatic stress disorder, and eating disorders. There is evidence that mental health risks are greater for bisexual and transgender people compared to lesbian/gay or cisgender adults: For instance, there is evidence of higher rates of eating disorders and suicidality among bisexual people relative to lesbian and gay people. LGBT military veterans also report higher rates of suicidality and other mental health concerns compared to cisgender and heterosexual veterans.

Substance use and behavioral health disparities include greater use of tobacco, alcohol, and other drugs among LGBT people than among heterosexual or cisgender individuals. Similar to mental health disparities, substance use disparities are of particular concern among youth. For example, in one survey of 316,766 students in 1,500 middle and high schools (grades 7, 9, and 11), gender- and sexuality-based harassment at school was higher for LGB youth relative to heterosexual youth, was associated with greater odds of substance use in every grade, and explained many disparities in substance use between LGB and heterosexual youth. Retrospective reports of bullying and other adverse childhood experiences are also correlated with negative mental and behavioral health outcomes among LGBT adults. A review and meta-analysis of 73 studies that included more than 47,000 LGBT adults found high rates of such events, including interpersonal stigma and victimization, among LGBT participants. Exposure to adverse childhood experiences is a known driver of mental and behavioral health concerns across the life course.

Very little research has examined mental or behavioral health among people with intersex traits, though the dsd-LIFE Group, a multicenter European study looking at intersex health, found

higher rates of depression and anxiety among intersex people relative to country-specific reference populations. Most mental health research in relation to intersex traits, however, has focused on the mental health of parents of infants and children with intersex traits rather than on the well-being of the children themselves.



ADDRESSING THE ROLE OF MINORITY STRESS IN LGBTQI+ HEALTH DISPARITIES

The disparities affecting LGBTQI+ people are not innately related to or caused by sexual orientation, gender identity, or intersex status. Instead, they are driven by experiences of minority stress, which include stigma, prejudice, discrimination, violence, and trauma. The consequences of minority stress are particularly severe for Black, Indigenous, and other LGBTQI+ people of color, who are affected by exposure to compounded levels of racism, race-related stress, and trauma from multiple sources. These groups may face stressors that adversely affect their health in ways that differ from and may exceed the disparities facing White LGBTQI+ populations or non-LGBTQI+ populations of color.

Although a substantial amount of intervention research has been done in some areas of LGBTQI+ population health, such as HIV among gay and bisexual men, there are gaps in the development of evidence-based interventions that comprehensively address the influences of stigma, discrimination, and intersectional minority stress both on HIV and on other areas of health. Rigorous scientific evaluation of existing and new programs, clinical care and service delivery, and policy and legal changes can help inform future opportunities to improve LGBTQI+ population health. Leveraging resilience, including building upon strategies LGBTQI+ people have used to resist societal oppression, is also an important part of optimizing LGBTQI+ health and well-being.

Coverage, Access, and Utilization of Health Care Among LGBTQI+ People

LGBTQI+ people need access to a full range of preventive, chronic, and acute health care services delivered in settings that are welcoming, affirming, and both clinically appropriate and culturally responsive. Unfortunately, LGBTQI+ people continue to experience substantial discrimination throughout the U.S. health care system. In one study, for instance, 25 percent of transgender respondents reported insurance discrimination on the basis of their gender identity. Their experiences included being denied coverage for what are often construed as “gender-specific” services, such as mammograms, cervical cancer screenings, and prostate exams (13%); being denied coverage for care not related to gender affirmation (7%); and being denied coverage for gender-affirming surgery (55%) or hormone therapy (25%). Another study found that 33 percent of transgender people who had seen a health care provider in the previous year had at least one negative experience related to being transgender, such as being verbally harassed, physically assaulted, or refused treatment.

Ensuring equitable access to care for LGBTQI+ people requires building supportive and protective structures at both the structural and individual levels. At the structural level, laws that guarantee access to health care services, health insurance coverage, and public health programs for all, regardless of sexual orientation, gender identity, and intersex status, are essential to the health and well-being of LGBTQI+ people. Laws and policies that provide affordable, comprehensive health insurance coverage, such as Medicaid expansion by all states or some form of universal coverage, could also help combat health risks such as uninsurance and poverty among the LGBTQI+ population.

At the individual level, health services and procedures that are important for the health and well-being of LGBTQI+ populations include pre- and post-exposure prophylaxis for HIV; treatment and care for HIV; abortion, fertility, and other reproductive health services; and mental and behavioral health care services, among others. Transgender people, as well as lesbians and bisexual women, also need access to timely and anatomically appropriate preventive screenings. Gender-affirming care for transgender people, including nonbinary and other gender diverse people, is an essential and medically necessary intervention to improve health and well-being. This care needs to be individualized and conducted in partnership between patients and providers. Insurance coverage of gender-affirming services and procedures by public and private payers, according to the most updated expert standards in the field and without inappropriate age or other restrictions, is necessary to facilitate access to these services and to avoid discrimination based on sex and gender identity.

Conversion therapy to change sexual orientation or gender identity, by contrast, can cause significant and life-long trauma. Elective genital surgeries on children with intersex traits who cannot participate in consent are similarly detrimental to health and well-being, and neither conversion therapy or elective genital surgeries on infants or children with intersex traits should be promoted or performed.

DISCRIMINATION TOWARD TRANSGENDER PEOPLE

33%

with at least one negative health care provider experience related to being transgender in the last 12 months

25%

reported insurance discrimination based on gender identity





Key Research Areas

- Means of collecting more and better-quality data on sexual orientation, gender identity, and intersex status through health surveys, clinical trials and other research, electronic medical records, administrative data systems, and public health surveillance
 - Physical and mental health disparities affecting LGBTQI+ populations, particularly in understudied areas such as chronic conditions, health behaviors, quality of life, and mortality and among Black, Indigenous, and other LGBTQI+ people of color; people with intersex traits; asexual, bisexual, and nonmonosexual people; and transgender and nonbinary people
 - The influence of other factors, such as age, race, ethnicity, geography, and disability, on LGBTQI+ health disparities
 - The role of different minority stressors, including violence and anti-LGBTQI+ discrimination as well as racism, sexism, and other structural forms of oppression, in driving these disparities
 - Development and evaluation of interventions to address these disparities at the individual, community, and structural levels
 - Evidence-based practices for training health care providers to offer culturally responsive and clinically appropriate care for sexual and gender diverse people in welcoming and affirming environments
 - Optimal care delivery models for gender-affirming care, including hormone therapy, puberty delay medications, mental health counseling, and surgeries
 - The risks and trauma associated with sexual orientation or gender identity conversion therapy and with elective genital surgeries on children with intersex traits who are too young to consent
-

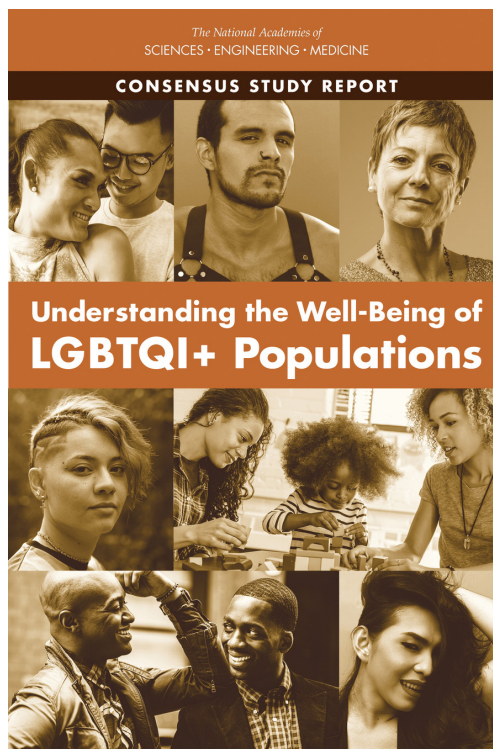
Resources

Read the report highlights and the full report online, download a free PDF, or order the paperback publication today.

[*Understanding the Well-Being of LGBTQI+ Populations*](#) (2020)

View the project's interactive [resource](#), highlighting the key findings of the report.

Learn more about the Committee on Population [#PopulationResearch](#)



The National Academies of
SCIENCES • ENGINEERING • MEDICINE

The nation turns to the National Academies of Sciences, Engineering, and Medicine for independent, objective advice on issues that affect people's lives worldwide.

www.national-academies.org

