LGBTQIA Health Equity

Introduction

Eliminating health disparities and enhancing efforts to improve health among people who are lesbian, gay, bisexual, transgender, and queer or questioning, intersex or asexual (LGBTQIA) is necessary to ensure that all individuals can lead long, healthy lives. Understanding LGBTQIA health starts with understanding the history of and present-day oppression and discrimination LGBTQIA people face.

Social determinants affecting the health of LGBTQIA individuals include:

- Legal discrimination in access to health insurance, employment, housing, marriage, adoption, and retirement benefits
- Lack of laws protecting against bullying in schools
- Lack of social programs targeted to and/or appropriate for LGBTQIA youth, adults, and elders
- Shortage of health care providers who are knowledgeable and culturally competent in LGBTQIA health

Physical environments that contribute to people being healthy, including LGBTQIA people, include:

- Safe schools, neighborhoods, and housing
- Access to recreational facilities and activities
- Availability of safe meeting places
- Access to health services

ICHD defines health equity as a fair, just distribution of resources and opportunities needed to achieve well-being, and social justice as the absence of unfair, unjust advantage or privilege based on race, class, gender or other forms of difference.

Disparities and Equity

- Health disparities are differences in health (or in key determinants of health) that adversely affect marginalized or excluded groups.
- Health equity is the principle or value that motivates us to eliminate health disparities.

This factsheet was developed by Ingham County Health Department using excerpts from materials developed by the U.S. Department of Health and Human Services Healthy People 2020 initiative, Robert Wood Johnson Foundation, University of California San Francisco, Southern Poverty Law Center Teaching Tolerance project, Human Rights Campaign, GLSEN, The Trevor Project and The Williams Institute.
Sexual Orientation and Gender Identity (SOGI) Key Concepts

Birth sex/biological sex - A specific set of genetic, chemical and anatomical characteristics that we are either born with or that develop as we mature. Types of birth/biological sex include female, male and intersex. Usually is the same as “assigned sex”.

Bisexual - A person emotionally, romantically or sexually attracted to more than one sex, gender or gender identity though not necessarily simultaneously, in the same way or to the same degree. Because bisexual assumes a binary, male/female paradigm, many individuals now use the term pansexual.

Cis/cisgender - A person whose gender identity aligns with those typically associated with the sex assigned to them at birth. ie “Cisgender Female” means a person born with female sex organs who expresses themselves in ways that conform to socially defined behaviors and norms typically associated with being feminine.

Gay - Describes a person whose emotional, romantic and sexual attractions are primarily for individuals of the same sex and/or gender, typically in reference to men and boys, sometimes used as a general term for gay men and lesbians.

Gender expression - External appearance of one’s gender identity, usually expressed through behavior, clothing, haircut or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.

Gender identity - One’s innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One’s gender identity can be the same or different from their sex assigned at birth.

Gender non-conforming - A broad term referring to people who do not behave in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category.

Heterosexism - The societal/cultural, institutional and individual beliefs and practices that privilege heterosexuals and subordinate and denigrate lesbians, gay men and bisexual/pansexual people. The critical element that differentiates heterosexism (or any other “ism”) from prejudice and discrimination is the use of institutional power and authority to support prejudices and enforce discriminatory behaviors in systematic ways with far-reaching outcomes and effects.

LGBTQIA - An acronym, which stands for “Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual”
Sexism - The societal/cultural, institutional and individual beliefs and practices that privilege men and subordinate and denigrate women.

Sexual minority - a person whose sexual identity, orientation or practices differ from the majority of the surrounding society. It can also refer to transgender, genderqueer or intersex individuals.

Sexual orientation - An inherent or immutable enduring emotional, romantic or sexual attraction to other people. Gender identity and sexual orientation are not the same. Trans and gender-variant people may identify with any sexual orientation, and their sexual orientation may or may not change before, during or after gender transition.

Transgender - An umbrella term that describes people whose gender identity and/or gender expression differs from the sex they were assigned at birth. Transgender people may or may not choose to alter their bodies hormonally and/or surgically. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.

Ways to Improve LGBTQIA Health

1. Collect SOGI data in health-related surveys and health records in order to identify health disparities.

2. Appropriately inquire about and be supportive of a patient’s sexual orientation and gender identity, including pronouns.

3. Provide medical students with training to increase provision of culturally competent care.

4. Implement anti-bullying policies in schools.

5. Provide supportive social services to reduce suicide and homelessness among youth.

6. Curb HIVs and STIs with interventions that work.

7. Create LGBTQIA protections in employment, housing, education and health care.

THE SPECTRUM

Our sexuality and gender identity aren’t set in stone. In fact, people’s identities can be fluid. THE SPECTRUM can help you visualize how you feel at any given time. Mark how you identify today on each line, but don’t feel limited – it’s ok to mark something different tomorrow!

BIOLOGICAL SEX
(What the doctor assigned you at birth)

MALE
INTERSEX
FEMALE

GENDER IDENTITY
(How you feel on the inside)

MAN (FTM)
GENDERFLUID AND TRANS* TRANSGENDER / GENDERQUEER / NON-BINARY WOMAN (MTF)

GENDER EXPRESSION
(How you present yourself to others)

MASCULINE
ANDROGYNOUS
NON-BINARY FEMININE

GENDER PRESENTATION
(How the world sees you)

MAN TRANSGENDER GENDERQUEER / NON-BINARY WOMAN

SEXUAL ORIENTATION
(Who you like)

ATTRACTED TO WOMEN
BISEXUAL / PANSEXUAL ASEXUAL
ATTRACTED TO MEN

The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning youth.

TheTrevorProject.org

LGBTQ Health Equity
SCHOOLS ARE UNSAFE AND UNWELCOMING FOR THE MAJORITY OF LGBT STUDENTS.

65% heard homophobic remarks like “fag” or “dyke” frequently or often

30% missed at least one day of school in the past month because they felt unsafe or uncomfortable

85% were verbally harassed in the past year

LEARN MORE IN GLSEN’S LATEST NATIONAL SCHOOL CLIMATE SURVEY AT GLSEN.ORG/NSCS

LGBTQ Health Inequities

- LGBTQ youth are 2 to 3 times more likely to attempt suicide
- LGBTQ youth are more likely to be homeless
- Lesbians are less likely to receive preventive services for cancer
- Gay men are at higher risk of HIV and other STDs, especially among communities of color
- Lesbians and bisexual females are more likely to be overweight or obese
- Transgender individuals have a high prevalence of HIV and STIs, victimization, mental health issues and suicide and are less likely to have health insurance than heterosexual or LGB individuals
- Elderly LGBTQ individuals face additional barriers to health because of isolation and a lack of social services and culturally competent providers
- LGBTQ populations have the highest rates of tobacco, alcohol and other drug use

Sources for numerical references online at https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health