

Webinar Focus

The Partners for Advancing Health Equity Collaborative hosted the webinar, *LGBTQ+ Health and Policy* on June 21, 2022. Panelists engaged in discussions on how engaging LGBTQ+ and Black, Indigenous, and people of color (BIPOC) populations in research can help mitigate disparities in health policy and practice. The discussion emphasized engagement and fostering more inclusive spaces in health care to effectively address the disparities among people in the LGBTQ+ community. This report provides a synthesis of key takeaways, solutions, and action steps identified from the webinar.

Webinar Voices

- › **Toni Newman**, Interim President and CEO, [Black AIDS Institute](#)
- › **Brad Sears**, Founding Executive Director, [Williams Institute](#)
- › **Annaliese Singh**, Chief Diversity Officer, [Office of Equity, Diversity, and Inclusion, Tulane University](#)
- › **Kristefer Stojanovski**, Assistant Professor and Research Director, P4HE, [Tulane School of Public Health & Tropical Medicine](#)

Key Resources

- [LGBTQ+ Mental Health](#)
- [Legislation](#)
- [Intersectionality](#)

Your Voice

P4HE values collaboration. If there is a resource on this topic that you would like to share with us, provide it [here](#).

Key Takeaways

The history of sexually and gender diverse individuals has been filled with wide ranging experiences of victimization and stigma. LGBTQ+ persons continue to experience a wide range of health disparities, as compared to the general population, including, higher smoking rates, elevated HIV risk, and poor mental health. These disparities are driven by the social and legal disadvantages experienced by LGBTQ+ individuals. Homophobia and transphobia have a tremendous impact on perpetuating higher rates of poor health among LGBTQ+ globally, and, [despite advances made over the last decade, LGBTQ+ rights continue to be under threat.](#)

Researchers focused on LGBTQ+ issues can and should engage with policy makers to advance outcomes for LGBTQ+ persons. Today, this collaboration is particularly critical as the level of anti LGBTQ+ rhetoric [continues to rise](#) both within the United States and globally. LGBTQ+ health inequities can be addressed through the development of collaborative efforts to make change thorough research, [policy](#), and national movements.

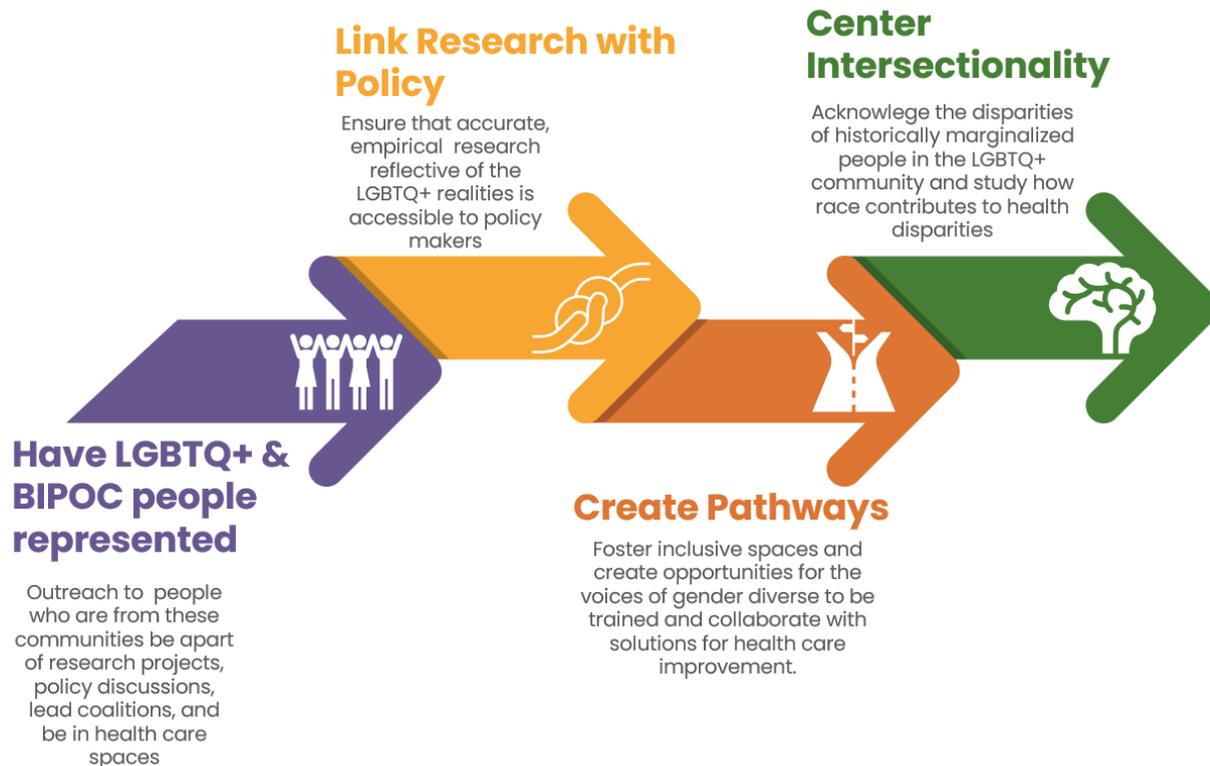
Call To Action



"I want to keep building towards a world where trans and non-binary folks don't just feel safe, but we feel loved

deeply and that society builds intuitions form that love ethic." Annaliese Singh, Chief Diversity Officer, Office of Equity, Diversity, and Inclusion, Tulane University

Below we've summarized immediate steps to be taken to advance LGBTQ+ justice and health.



> Develop a better understanding of the state of LGBTQ+ health research and use that understanding to dispel misconceptions about LGBTQ+ populations.



"Data gives us the truth, the authentic truth of what's happening."

Toni Newman, Interim President and CEO, Black AIDS Institute

Expand knowledge around what research exists and identify the gaps and limitations of current research. By providing empirical studies and data to policymakers and health care providers, we can help dispel misconceptions that often have a negative impact on LGBTQ+ people. To effectively combat health inequities through research and policy engagement, research and policy need to accurately highlight the status of the LGBTQ+ community. Conduct impactful, actionable, research by including LGBTQ+ and ethnically diverse individuals as research and policy partners rather than just participants. LGBTQ+ persons have been rooted in activism to combat homophobia and transphobia for decades. Research on LGBTQ+ populations is critical, but it should also originate from LGBTQ+ perspectives and incorporate community assets. Findings should also be used to help develop and execute training for medical professionals.



"...Resilience is resistance. We've got to study liberation and always have our eyes on liberation... and, it has to be Black liberation...because when Black and transgender, non-binary folks experience liberation in this world, that means we will have all

experienced it." Anneliese, PhD, Associate Provost for Faculty Development and Diversity/Chief Diversity Officer, Office of Equity, Diversity and Inclusion, Tulane University

> Include and center trans, non-binary BIPOC voices.



"Doing rigorous research that tells the truth about LGBTQ+ people will make a difference, wherever that research leads. We've had 20 years of experience, plus, showing that to be true. Showing the reality of what happens when you provide gender affirming care, and the physical and mental health consequences if you don't. The negative impact goes beyond just transgender and non-binary people. A lot of things get asserted about who LGBTQ+ people are, and those assertions can often be proven or disproven with empirical research and that's why it's so important. ...We need to link it up to policy discussions." Brad Sears, Founding Executive Director, Williams Institute, UCLA

The progression of LGBTQ+ health and rights require the inclusion and centering of trans, non-binary BIPOC voices in future research and policy efforts. Collaboration across ethnically and gender diverse groups must be at the center of equity efforts to have effective solutions that are reflective of their needs.

> Address historical and ongoing systemic factors that contribute to health inequities.

Challenges to LGBTQ+ health equity are deeply rooted in historical stigmatism, homophobia, transphobia, and prejudice. Black transgender women as well as women of color are [affected disproportionately](#), having higher levels of health disparities compared to the general population and within LGBTQ+ populations. The lived and professional experiences of discriminated groups, such as LGBTQ+ persons, are critical to understanding how to best address health disparities. Intersectionality must be at the core of research and policy discussions to create solutions that improve the health of LGBTQ+ individuals while also affirming their race, gender, and identity. A myriad of national LGBTQ+ movements have ties to health equity, including those that seek to build affirming spaces for LGBTQ+ people online and in-person.



"The first time we did a deeper dive [on employment experiences] it revealed different patterns of discrimination and high levels of verbal harassment and physical harassment of bisexual men... I think, if earlier on we had had some people on the team who could have brought that experience to the research, it wouldn't have taken us several years to highlight those findings, which are really important." Brad Sears, Founding Executive Director, Williams Institute, UCLA

State of the Science

Barriers to LGBTQ+ Health Equity



Disproportionate effects.



"We know that homophobia and racism are the root causes of LGBTQ+ inequities in health," Kristefer Stojanovski, Assistant Professor and Research Director, P4HE, Tulane School of Public Health & Tropical Medicine

Homophobia and transphobia over the life course have a tremendous impact on perpetuating higher rates of poor health among LGBTQ+ globally. Research has reported that LGBTQ+ individuals experience a higher number of diagnoses for conditions such as cancer, [cardiovascular conditions](#), and mental health conditions. These conditions, and their severity, are compounded by the ongoing stigmatization and discrimination faced by members of these

communities¹. Affirming community spaces including healthcare institutions, workplaces, and schools have been associated with lower rates of suicide attempts among LGBTQ+ youth.

Discriminatory policies.

The recent wave of anti-LGBTQ+ movements across the United States and world is harmful to the safety and well-being of members of the community. There have been over 300 pieces of anti-LGBTQ+ legislation including bans on gender affirming care, restrictions on students participating in sports, and parents facing prosecution for supporting their child.



“Not allowing someone to be their authentic self, whether it is health, education, medical practices - that to me is a health inequity.” Toni Newman, Interim President and CEO, Black AIDS Institute

Discriminatory policies shape the health inequities of people who identify as LGBTQ+. Policies that are rooted in homophobia and transphobia, racism against people of color in the community, stigmatization, and underrepresentation in health care spaces are some such policies that contribute to health inequities.

Intersectionality.

The [intersectionality framework](#) is centered on acknowledging that human identities are complex and multi-dimensional. The framework highlights that identities need to be considered when assessing power structures and systemic barriers that contribute to things like health inequities. Research [seeking to advance intersectionality as a framework](#) is ongoing.

About P4HE

The P4HE Collaborative harmonizes goals, advances learning, and facilitates collaboration to improve health equity. It is led by the Tulane University School of Public Health and Tropical Medicine and is part of the Tulane Institute for Innovations in Health Equity. Support for this program is provided by ICF. Funding is provided by a grant from the Robert Wood Johnson Foundation.



Foster

the co-creation and spread of knowledge.



Sharpen

our research tools to focus on solutions; facts and stories.



Disrupt

traditional research approaches.



Harmonize

our voices.



Challenge

the status quo.



Shine

light on practices that are indefensible, irrational and inconsistent.

¹ [Discrimination Based on Sexuality and Gender Identity - Healthy People 2030](#)