Confronting LGBTQ+ Health Disparities: An Interdisciplinary Approach for Policy and Practice

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Abstract

Research demonstrates that the LGBTQ+ populations face significant health disparities compared to the general population (e.g., smoking, substance abuse, STI/STDs, depression, anxiety, and suicide). When an individual experiences one health disparity they are at increased risk of experiencing other disparities, which leads to a concept called a health disparity spiral. On a surface level, health disparity spirals are often seen as differences between groups due to member deficits. Historically, LGBTQ+ populations have encountered stigma related to their identities impacting their respective identity development due to negative messages and discrimination, which is overtly and covertly maintained by systematic regulations (federal and state laws), organizations, and peers. Stigma towards LGBTQ+ populations impacts a LGBTQ+ individual's attitudes, beliefs, and values toward themselves. Inevitably, this produces various internalized negative messages about an LGBTQ+ individual's own identity, which in turn affects well-being, health disparities, and perpetuates stigma on inter- and intrapersonal levels. The consequences of these messages are enhanced through feedback loops that interact at different levels of analysis, thus impacting the stigma associated with this population's identity development, experience of health disparities, and overall well-being. Stigma's impact on well-being notably contributes to increased risk of experiencing health disparities as individuals are more prone to poorer physical and mental health and shorter lifespans. This poster presents a multidisciplinary perspective, including representatives from the fields of political science, medicine, public health, and psychology, on potential reforms to improve current health disparities LGBTQ+ populations face through the impact of stigma. A collaborative multidisciplinary intervention model will be used to discuss the impacts of proposed interventions on a systems, organization, provider, peer, and individual on LGBTQ+ health and well-being.

key terms: LGBT+ Intervention Model, Interdisciplinary Approach, Systems Theory, Provider Interventions, Policy Interventions, Health Disparity Spirals, Multiculturalism, Microaggressions, Minority Stress, LGBT Health Disparities

Introduction

Disparities are inequalities in the access, treatment, and outcomes of health care due to individual differences such as sexual orientation, gender, gender identity, socioeconomic status, race, ethnicity, geographic location, or myriad other factors (Braveman, 2006; Elliott, 2013). These inequities may manifest in systemic policies, laws, workplace protections, and relationships with healthcare providers. As a marginalized group, lesbian, gay, bisexual, transgender, and queer identified individuals encounter and endure minority stress and disparities due to the highly political nature of their identities on an individual, group, organizational, and systemic level (Fingerhut, Peplau, & Gable, 2010, Meyer, 2003; Meyer & Frost, 2013). They may become victim to health disparity spirals, which we define as a feedback loop in which individuals who face one disparity become vulnerable to facing others in a slippery slope of inequity. Health disparities experienced by LGBT+ individuals are influenced by a network of interactions in that are within their experienced environment (e.g., systems, organizations, providers, and peers) that collectively impact health outcomes.

Systemic Model Impacts

The Systems Level of the Model concerns policies and laws that govern the rights individuals do and do not have within the country where they reside. Laws/Policy have impacted the health of this population through a lack of protection, allowing for discrimination, and or restricting disclosure of sexual or gender identity. Drawing upon proposed models of LGBT+ development (Cass, 1979; Cass, 1984; D'Augelli, 1994), we hypothesize that oppressive messages from legal bodies create a negative feedback loop regarding inter and intrapersonal stigma associated with the LGBT+ development. This stigma may result in a reduction of help seeking behavior due to fears of discrimination or , resulting in uninformed treatment or low treatment adherence (Shindel & Parish, 2013). Additionally, this contributes to the spread of disease (e.g. HIV, syphilis, gonorrhea, etc.) due to fear of being harmed by a provider and internalized stigma about one's identity. This may further result in a created barrier to appropriate care (e.g., health/mental health care and hormone replacement therapy)., Rural LGBTQ+ individuals may face additional barriers and health disparities due to disjointed LGBTQ+ social networks and social norms within rural culture (Hastings & Hoover-Thompson, 2011; Willging, Salvador, & Kano, 2006; Slama 2004). Further, lack of protections in the workplace and a lack of explicit protection in nondiscrimination statements may act as a persistent stressor for gender and sexual minorities, especially when this lack of protection is is housed within a heterosexist or gender normative system (O'Neil, McWhirter, & Cerezo, 2008). One such lack of protection is the lack of access to gender neutral restrooms, which may result in negative consequences (such as verbal or physical assault) towards transgender and gender nonconforming individuals (O'Neil, McWhirter, & Cerezo, 2008; Pepper & Lorah, 2008).

Stigma and fear associated with the identifying as LGBT+ further contributes to the inter/intrapersonal struggle experienced by this population, which decreases help seeking behaviors and increases distress (Meyer, 1995; Willging, Salvador, & Kano, 2006). Internalized negative messages from society can lead to internalized phobias/negative self-concept , which contributes further to experienced health disparities: mental health impacting physical health/ability to connect-social support/feelings of hopelessness and depression/ability to recover from ailments (Cohen, Turner, Alper, & Skoner, 2003; Fredrickson, 1998; Fredrickson, 2003; Ridley, 2005). Additionally, these messages can impact identity development and prevent them from understanding themselves and peers in the community. In the Systemic Model, this results in higher likelihood of overall negative well-being due to stigma associated with the LGBT+ identity that is increasingly magnified from the uppermost levels (see Figure 1).

Systemic/Organizational Interventions

Policy is needed to reduce stigma and attain meaningful change in the perception, treatment, rights, and health of the LGBT+ population (Cahill, South, &Spade, 2009; Healthy People 2020). Although legal interventions and change may be gradual, arduous processes, they are influenced by public opinion and climate. as it influences which issues are brought to the attention of courts, advocated and lobbied for or against, or made into proposed laws or bills. Public awareness must first be targeted to ensure problems and disparities faced by LGBTQ+ individuals are noticed. Advocates of the community (e.g., community speakers and allies) can push for law and policy reform.

Provider Interventions

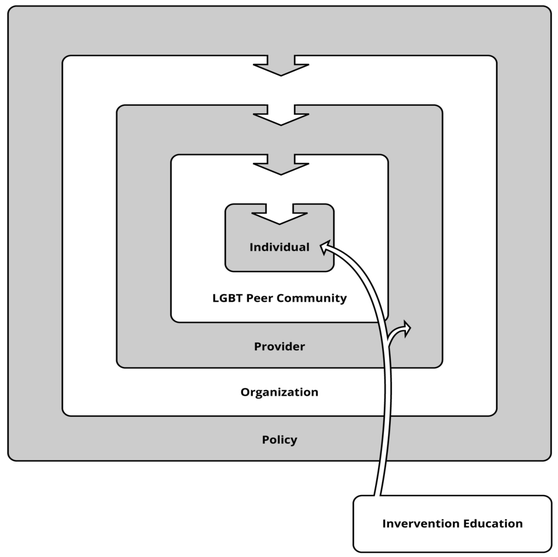
Healthcare providers may also address the health disparity spiral by engaging in education and outreach efforts and developing affirming practices and policies. Proposed interventions for healthcare providers include the following: First, healthcare providers may invite panels of people from their local communities who identify as LGBT+ as well as local affirming mental and medical professionals to provide education and feedback to providers regarding their policies and procedures, as well as to create a safe space for providers to ask questions, to increase their competency in and understanding of issues impacting the LGBTQ+ community, and to develop affirming policies and procedures (e.g., LGBTQ+ inclusive intake paperwork) to better meet the needs of their communities. Networks of providers across disciplines may also be formed to facilitate interdisciplinary collaboration and consultation is integral to work with this population. For example, working with local LGBTQ+ leaders and professionals of other disciplines who are knowledgeable about the LGBT+ populations may increase informed care. The utilization of an"actor" or volunteer who is a part of the LGBT+ community and to walk through patient scenarios with providers could also be effective, as instantaneous feedback regarding their experienced interactions can be obtained. Additionally, interactive webinars, seminars, and didactics may be held in group settings to increase provider knowledge. Opportunities to process personal reactions to the information provided, group discussions regarding potential organizational change, reflection upon the culture of a provider's home organization, and group building exercises can increase empathy and understanding regarding the community and its needs.

LGBT Inter/Intra Individual Interventions

As minority stress has been associated with negative mental health outcomes (e.g., Meyer, 1995), it is imperative that providers address it directly in working with LGBTQ+ individuals. Proposed interventions with LGBTQ+ individuals include the following: (1) Provision of psychoeducation regarding microaggressions, heterosexism, homophobia, health disparities, and systematic oppression; (2) Provision of a safe space in which the client is able to process how these terms and concepts apply to their individual experience and their impact on mental health and wellbeing; (3) Facilitation of social support and engagement in outreach and advocacy efforts. Although LGBTQ+ individuals may experience overt or covert microaggressions in their daily lives (Sue, 2010), they may lack knowledge of the concept and language by which they may more fully describe their experiences. Provision of psychoeducation on microaggressions may aid individuals in connecting their emotions and experiences, assigning meaning to their experiences, and giving them a sense of power over their experiences (Lepore & Smith, 2008, Pennebaker, Mehl, & Niederhoffer, 2003; Ricoeur, 1976; Smith, 2006). As fear of provider bias and discrimination hinders help-seeking behavior (Willging et al., 2006; Hastings & Hoover-Thompson, 2011), providers should strive to create safe spaces for LGBTQ+ clients. This may involve creating trust in the working alliance by communicating competence in LGBTQ+ issues or showing cultural sensitivity (Morgan, 1997; Sauliner, 2002). As social support and emotional processing have both been found to be associated with greater wellbeing and may intersect with identity development processes (D'Augelli, 1994), providers may encourage clients to develop supportive networks of LGBTQ+ individuals (Beals, Peplau, & Gable, 2009).

Health Disparities Spiral

Systemic Model



Conclusion

LGBTQ+ individuals may be vulnerable to networks of discrimination that leave them vulnerable to facing health disparities and to falling into a health disparity spiral. Just as these disparities may be present on individual, group, organizational, and systemic levels, so too are opportunities for intervention and change. Providers may engage with individual clients, groups or communities of LGBTQ+ individuals, their organizations and workplaces, and their systems to counter the impact of systemic marginalization or oppression and change patterns to better serve the needs of the LGBTQ+ community.