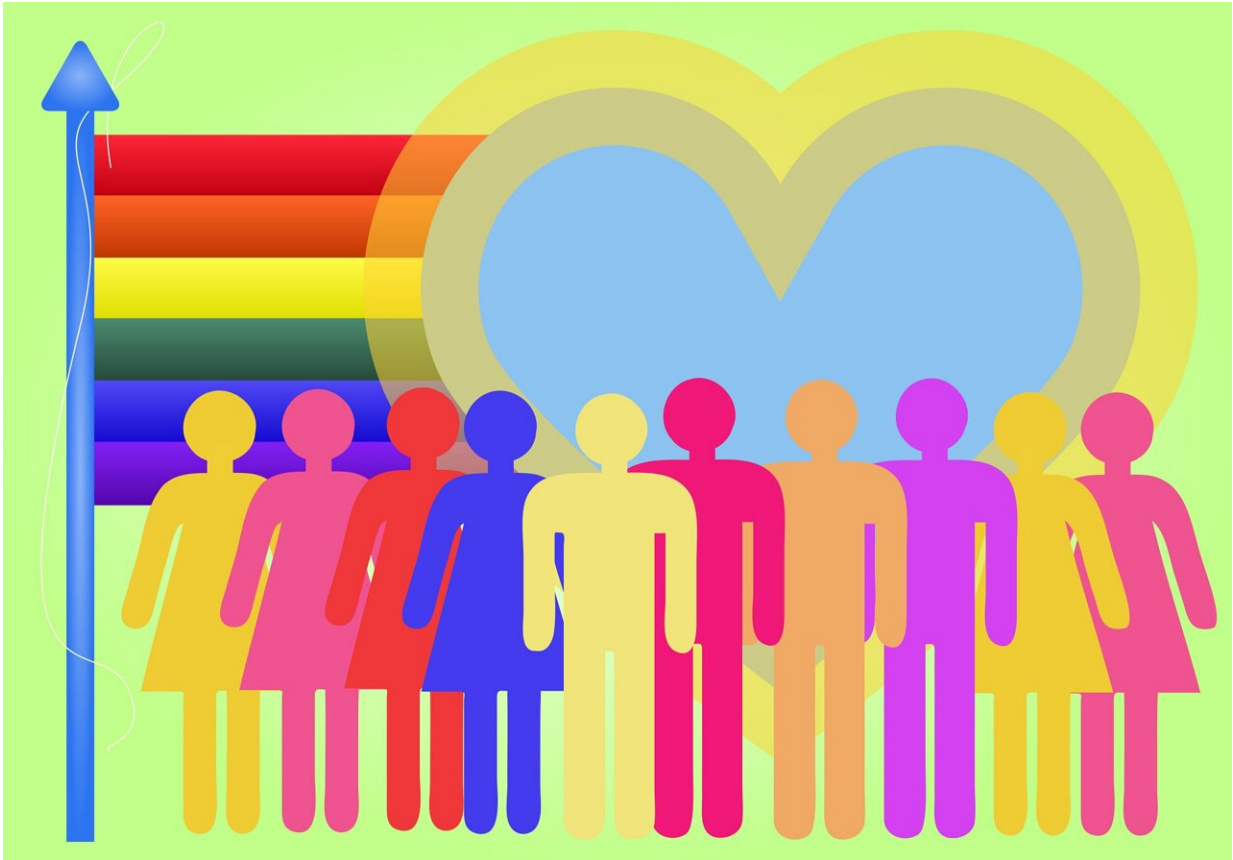


# Health disparities persist for LGB people

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Lesbian, gay, and bisexual people in the United States continue to have worse health and less access to health care than their heterosexual peers, according to an analysis led by researchers from Harvard Medical School published in *JAMA Internal Medicine*.

The findings are particularly disheartening, the study authors said, given recent policy and social advances in sexual minority rights and acceptance.

"When I look forward to becoming a physician, I want to make sure that all of my patients get the best possible health care and are able to live healthy lives," said report co-author Sahil Sandhu, an MD student at HMS. "For LGB people in America, that is not yet the case."

## **Inequities driven by social forces, not biological differences**

For many years a growing body of research has shown that lesbian, gay, and [bisexual people](#) are at greater risk of dying by suicide, of cardiovascular disease, of some cancers, and of a cascading list of other health problems.

Existing research shows that LGB people are dying earlier and getting sicker than their non-LGB neighbors, family, and friends because of structural barriers to care, stigma, and the damage caused by stress associated with belonging to marginalized groups.

"Many of these disparities arise from preventable systemic factors that can be treated by social and structural changes, both within the [medical community](#) and across society," said lead author Michael Liu, an MD student at HMS. "We need to do everything we can to make sure that all people in this country have equitable access to health care and an equal chance of living a healthy life regardless of how they identify or who they love."

A 2014 study showed that LGB people living in communities with the highest levels of prejudice against [sexual minorities](#) die, on average, 12 years sooner than peers in communities with the lowest anti-LGB

prejudice, even when other individual-level and community-level factors such as preexisting illness are accounted for.

## **Are things getting better for LGB health?**

In recent years, there have been many consequential social, legislative, and judicial advances in efforts to protect the rights of LGB people, most notably the landmark U.S. Supreme Court decision of 2015 that made marriage equality the law of the land. Many health care and educational institutions have since sought to reduce barriers to care and break the cycle of prejudice and discrimination both in medicine and across society.

The current study looked at a nationally representative sample of 183,020 adult participants in the U.S. Centers for Disease Control and Prevention's National Health Interview Survey, including 177,100 (93.8 percent) who were classified as heterosexual, 3,176 (1.6 percent) as lesbian or gay, and 1,744 (0.93 percent) as bisexual. The researchers asked whether and how [health status](#) and health care access have changed from 2013 through 2018 among U.S. adults who identify as LGB, then looked at how these changes compare with those experienced by their heterosexual counterparts during the same period of time.

The analysis showed that gaps in health status and health care access between sexual minorities and their heterosexual counterparts did not improve from 2013 through 2018. Nearly all subgroups of LGB adults continued to report higher levels of poor or fair health status, functional limitation, severe psychological distress, and difficulties with health care affordability than their heterosexual counterparts, the researchers found.

## **How to improve health for LGB people**

The researchers noted that while there has been significant progress for

LGB equality and acceptance on some fronts, countervailing forces continue to push LGB people to the margins.

The persistence of these disparities in access to care and self-reported health status, the researchers said, highlights the need to sustain efforts geared at improving health outcomes for this still-marginalized group.

The authors of the study note that there is more to be done in the health sector to promote health among sexual minority groups, such as making clinical environments more inclusive, ensuring that all clinicians receive adequate LGB-related training, and increasing access to practitioners with expertise in sexual minority health care.

They also note that there are important roles to play for those outside the health sector. For example, [federal legislation](#) through the proposed Equality Act could relieve minority group stress by explicitly prohibiting discrimination based on sexual orientation.

"If the goal is equity, full inclusion, and full access to [health care](#) and well-being, there is still a long way to go," said Alex Keuroghlian, HMS associate professor of psychiatry at Massachusetts General Hospital. "Getting there will be a job for all of us, both in medicine and across society."

**More information:** Michael Liu et al, Health Status and Health Care Access Among Lesbian, Gay, and Bisexual Adults in the US, 2013 to 2018, *JAMA Internal Medicine* (2023). [DOI: 10.1001/jamainternmed.2022.6523](#)

Provided by Harvard Medical School

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