

Society for Public Health Education

Resolution on Eliminating Health Disparities Based on Sexual Orientation

*Adopted by the SOPHE Board of Trustees and House of Delegates
May 3, 2001*

Whereas the Society for Public Health Education (SOPHE) recognizes that the health and well-being of communities and the individuals within them is dependent not only on biological but also social and environmental factors and that under-represented communities of people in which health disparities are most evident have been historically silenced and ignored and their trust has been violated with regard to economic opportunity, environmental safety, health care access, health care service delivery, housing, employment, and education; and

Whereas SOPHE recognizes that the systematic silencing, disregard, and violation of trust has a negative effect on health and well-being of under-represented communities, including sexual orientation minority communities, by continuing to perpetuate institutional oppression and health disparities; and

Whereas Healthy People 2010 Objectives for the Nation recognizes the need to eliminate health disparities, regardless of race/ethnicity, gender, sexual orientation, geographic location, income level, etc., and that all people are entitled to the same level of health and the best health outcomes that can be achieved (1); and

Whereas despite the fact that Healthy People 2010 Objectives for the Nation calls for data on populations negatively impacted by such health disparities (1), such sound scientific information is absent for many populations, including people who identify as lesbian, gay, bisexual, or transgender (LGBT); and

Whereas methods and efforts to assess sexual orientation are limited in most population-based health surveys (2) and no large scale surveys of the LGBT population have ever been conducted, forcing public health researchers and planners to rely on small studies using convenience sampling (3); and

Whereas institutionalized homophobia and heterosexism play a critical role in creating and maintaining the disconnect between research and effective health promotion practice; and

Whereas to be openly LGBT means one risks being considered “sinful, immoral, repugnant, and abhorrent” in society in general and by health care providers and practitioners in particular (4), and the alternative to remain hidden can increase stresses due to the challenge of continually living a dual life in which social support is lacking from family, co-workers, or religious organizations (5); and

Whereas LGBT relationships are not recognized as authentic family support networks, and insurance companies, government, hospitals, and health clinics often deny LGBT families the privileges granted to married heterosexual families, therefore creating stress and barriers to care and prohibiting honest disclosure of identity (6); and

Whereas LGBT populations are frequently the subjects of hate violence and victimization, and lesbians and gay men are among the most frequent victims of hate violence in the U.S. (7), and approximately 50% of gay youth and 20% of lesbians are verbally or physically assaulted in secondary schools; and

Whereas 20 to 30% of LGBT youth attempt suicide compared to 10% of the general adolescent population (5,7,8) and LGBT youth account for up to 30% of completed suicides each year (5); and

Whereas young lesbians under the age of 35 across all education levels are less likely to receive Pap smears relative to the general U.S. population, with percentages of lesbians receiving Pap smears ranging from 37% to 52.1% compared to 70.2% or 76.2% for heterosexual women (9); and

Whereas lesbian and bisexual women are more likely to use tobacco use and to consume more alcohol than the general female population (10,11); and

Whereas after 15 years of HIV prevention efforts, rates of new HIV infection of gay men in San Francisco and other AIDS epicenters are increasing, along with alarming rates of infections in urban African American men who have sex with men (12); and

Whereas gay males are at higher risk for lung cancer and heart disease than heterosexual males due to higher rates of smoking, and gay bisexual men are at increased risk for anal cancer, non-Hodgkin's lymphoma, and Hodgkin's disease (13); and

Whereas the mission of SOPHE is to support and contribute to the health of ALL people,

Now therefore be it resolved that SOPHE will:

External Activities:

Advocate for –

- **Increased research on and about the social, health care, and health disparities of LGBT people including support for a large-scale national health survey of such populations.**
- **Increased funding opportunities for training public health educators and other health professionals about working with LGBT populations.**
- **Increased protection of LGBT people against discrimination based upon sexual orientation in matters of employment, housing, health care access, and public services.**
- **Increased protection of LGBT people against hate crimes.**

Internal Activities:

- **Increase awareness of the LGBT health and social issues among the membership of SOPHE through conferences and publications.**
- **Encourage broader discussions of institutionalized homophobia and heterosexism as they relate to SOPHE.**
- **Foster a climate that is safe and welcoming to LGBT people.**
- **Provide professional training opportunities to increase cultural competency of public health and health care professionals with regard to LGBT communities.**

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