



# SOCIETY FOR PUBLIC HEALTH EDUCATION

*Global Leadership for Health Education & Health Promotion*

## **Resolution on Eliminating Health Inequities for Sexual and Gender Diverse Populations**

*Call for the elimination of health inequities for Sexual and Gender Diverse populations through increased education, visibility, surveillance, and representation.*

**Adopted by the SOPHE Board of Trustees  
July 14, 2021**

**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 on social and environmental factors; and

**Whereas**, underrepresented communities, including sexual and gender diverse minorities, have been historically silenced, ignored, and disenfranchised with regard to economic opportunity, justice, safety, health care access and service delivery, housing, employment, and education (Sue, 2010); and

**Whereas**, *Healthy People 2030 Objectives* for the United States recognizes the need to eliminate health disparities, regardless of race/ethnicity, gender identity, 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 (U.S. Department of Health and Human Services [USDHHS], 2020); and

**Whereas**, despite the fact that *Healthy People 2030* calls for data on populations negatively impacted by such health disparities (USDHHS, 2020), such sound scientific information is absent for many populations, including people who identify as lesbian, gay, bisexual, transgender, gender diverse, and/or other sexual and gender diverse populations (LGBTQIAA2+), hereinafter referred to collectively as SGD; and

**Whereas**, most population-based health surveys fail to accurately collect sexual orientation and gender identity information often forcing public health researchers and practitioners to rely on smaller, less generalizable studies (Sell, 2017); and

**Whereas**, discriminatory policies, practices, and beliefs have resulted in significant, state-to-state differences with regards to knowledge of SGD communities and their experiences, particularly among SGD identified youth (Sell 2017); and

**Whereas**, institutionalized prejudice against SGD people plays a critical role in perpetuating the disconnect between research and effective health promotion practice (Glasper, 2016); and

**Whereas**, to be openly SGD can mean additional risk of discrimination, erasure, and stressors that may lead to physical or psychological harm (Russell & Fish, 2016), 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 (National Academies of Sciences, Engineering, & Medicine, 2020); and

**Whereas**, SGD relationships are not universally recognized as authentic “next of kin,” despite marriage equality becoming legal in 2015 at the federal level (Georgetown Law Library, 2021), insurance companies, government, hospitals, and health clinics may deny SGD families the privileges granted to married heterosexual families, therefore creating stress and barriers to care and prohibiting honest disclosure of identity (Caceres et al., 2020; Glasper, 2016); and

**Whereas**, due to stigma and other inequities, SGD communities experience behavioral health disparities including greater risk for suicidal thoughts and completion, mood disorders and anxiety, eating disorders, and substance abuse (Grant et al., 2011); In SGD youth, 20 to 30% attempt suicide compared to 10% of the general adolescent population and SGD youth account for up to 30% of completed suicides each year (IMPACT, 2010); and

**Whereas**, despite progress, SGD communities still experience inequities in physical health including a greater likelihood in reporting poor overall health and chronic illness, as well as higher rates of HPV, cervical cancer, anal cancer, obesity, HIV, AIDS, and breast cancer. These differences vary greatly even within these communities (Grant et al., 2011; Centers for Disease Control and Prevention, 2013); and

**Whereas**, SGD populations are frequently the subjects of hate violence and victimization, for example, the rate of violent victimization for SGD populations is 71.1 per 1000 people compared to 19.2 per 1000 people who do not identify as SGD (Flores et al., 2020). Approximately 50% of gay youth and 20% of lesbian youth are verbally or physically assaulted in secondary schools (McDonald, 2018); each episode of SGD victimization, such as physical or verbal harassment or abuse, increases the likelihood of self-harming behavior by 2.5 times on average (IMPACT, 2010); and

**Whereas**, intersectionality between SGD and other minoritized social identities (such as race, class, educational attainment, etc.) can create exponential risk (Parra, 2018); for example, Black people who also identify as transgender experience poverty, homelessness, violence and HIV at some of the highest rates in the SGD community (James et al., 2015); and

**Whereas**, it is well documented that not enough states require medically accurate, religious and bias-free sexual health education, particularly education that affirms and addresses SGD related topics (Guttmacher Institute, 2021); and

**Whereas**, it is the mission of SOPHE to provide global leadership to the profession of health education and health promotion and to promote the health of society, **therefore be it resolved** that SOPHE will:

#### **External Activities:**

*Advocate for –*

- Large scale national and local surveillance of SGD communities, including SGD youth.
- Increased funding opportunities for medically accurate training for public health educators and other health professionals working with SGD populations.
- Increased protections for SGD populations from discrimination in matters of employment, housing, health care access, and other public services.

#### **Internal Activities:**

- Increase awareness of the SGD health and social issues among the membership of SOPHE through conferences, curricula, webinars, and publications.

- Designate a workgroup to systematically review current health education curricula regarding accurate and affirming education for and about SGD populations on being delivered in K-12 settings throughout the nation. This workgroup would then make recommendations for the ways in which curricula may need to be updated or adopted based on their findings.
- Adopt a social impact policy to strategically assess sites for the Annual Meeting or other SOPHE sanctioned events through a critical lens. Prior to a decision being made, a report will be presented to the Board on a potential location's friendliness to SGD communities, including anti-queer and anti-trans laws in order to ensure a climate that is safe and welcoming to SGD people within all SOPHE organization and events.
- Provide professional training opportunities for public health and healthcare professionals to increase comfort, sensitivity, and knowledge with regard to SGD communities.

## References

- Caceres, B. A., Travers, J., Primiano, J. E., Luscombe, R. E., & Dorsen, C. (2020). Provider and LGBT individuals' perspectives on LGBT issues in long-term care: A systematic review. *Gerontologist, 60*(3), 169-183. <https://doi-org.libdata.lib.ua.edu/10.1093/geront/gnz012>
- Centers for Disease Control and Prevention, National Health Statistics Reports. (2013). *Sexual orientation and health among U.S. adults: National Health Interview Survey*.
- Flores, A. R., Langton, L., Meyer, I. H., & Romero, A. P. (2020). Victimization rates and traits of sexual and gender minorities in the United States: Results from the National Crime Victimization Survey, 2017. *Science Advances, 6*(40). doi:10.1126/sciadv.aba6910
- Georgetown Law Library. (2021). *A Timeline of the Legalization of Same-Sex Marriage in the U.S.* <https://guides.ll.georgetown.edu/c.php?q=592919&p=4182201>
- Glasper, A. (2016). Ensuring optimal health care for LGBT patients. *British Journal of Nursing, 25*(13), 768-769. doi:10.12968/bjon.2016.25.13.768
- Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at every turn: A report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force. <http://www.transequality.org/issues/resources/fullreport>
- Guttmacher Institute. (2021). Sex and HIV Education. <https://www.guttmacher.org/state-policy/explore/sex-and-hiv-education#>
- IMPACT. (2010). Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and transgender youths. *American Journal of Public Health, 100*(12), 2426-32.
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2015). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.
- McDonald, K. (2018). Social support and mental health in LGBTQ adolescents: A review of the literature. *Issues in Mental Health Nursing, 39*(1), 16-29.
- National Academies of Sciences, Engineering, and Medicine. (2020). *Understanding the Well-being of LGBTQ+ Populations*. The National Academies Press: Washington, D.C. <https://doi.org/10.17226/25877>.
- Parra, L. A. & Hastings, P. D. (2018). Integrating the neurobiology of minority stress with an intersectionality framework for LGBTQ-Latinx populations. *New Directions for Child and Adolescent Development, 161*, 91-108. <https://doi.org/10.1002/cad.20244>
- Russell, S. T. and Fish, N. J. (2016). Mental health in lesbian, gay, bisexual, and transgender (LGBT) youth. *Annual Review of Clinical Psychology, 12*, 465-87. doi:10.1146/annurev-clinpsy-021815-093153
- Sell, R. L. (2017). Challenges and solutions to collecting sexual orientation and gender identity data. *American Journal of Public Health, 107*(8), 1212-1214.
- Sue, W. D. (2010). *Microaggressions in Everyday Life: Race, Gender, and Sexual Orientation*. John Wiley & Sons, Inc, Hoboken, New Jersey.
- US Department of Health and Human Services. (2020). *Healthy People 2030*. Washington,

DC: US Government Printing Office.

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