Improving the Health of LGBTQ Youth: Creative Solutions

Margaret Rosario, PhD

The City University of New York—The City College and Graduate Center
New York, NY

August 27, 2021

Presented to the National Academies of Science, Engineering, and Medicine (NASEM)
Reducing Inequalities Between LGBTQ Adolescents and Cisgender, Heterosexual Adolescents: A Workshop

Purpose

- To reduce the documented mental and physical health disparities of LGBTQ youth via interventions.
- To propose interventions indirectly focused on the youth and directly focused on the systems affecting the youth.
- To design and achieve the aims of the interventions, partnership with non-health professionals will be needed.

Societal Interventions

- The aim is to increase positive attitudes toward sexual minority and gender diverse individuals.
- Empirical data support such efforts.
- Such efforts are grounded in social psychological theories.
- Community attitudes and the behaviors associated with them affect the health of both LGBT and cisgender, heterosexual individuals.

Other Interventions

- Other interventions to improve the health of LGBTQ youth are more proximal to the youth.
- Again, partnerships with non-health professionals will be needed to design and implement them.

Schools : Gay-Straight Alliances (GSAs)

- GSAs affect more than just its participants.

- College students who attended high schools with GSAs reported more positive attitudes toward LGBT individuals than those who attended high schools without GSAs (Worthen, 2014).

- Thus, GSAs may have an indirect effect on the health of LGBT youth via their positive effect on the school climate. They also may have more long-term and far-reaching implications.

Parents & Conversion or Reparative Therapy

- Such "therapy" aims to change what cannot be changed. The biological roots of same-sex sexuality have been documented in literature reviews (e.g., Bailey et al., 2016; Rosario & Schrimshaw, 2014). The genetic markers of same-sex behavior have been identified (Ganna et al., 2019).

- Attempts by parents to send or actually send youth to such "therapy" is related to youths' poor health, less educational attainment, and lower income (Ryan et al., 2020).

- Such "therapy" can be prevented. Legal bans have been implemented or proposed by various US states (Moss, 2014).

Parents

- As the above makes clear, parents must be targeted, especially given the elevated adverse childhood experiences reported by LGB individuals (Friedman et al., 2011; Merrick et al., 2018).

- Interventions for parents may be designed and implemented through, for example, Parent-Teacher Associations (PTAs).

- The interventions should aim
  - To improve positive attitudes toward LGBT individuals.
  - To address whatever concerns parents may have about potentially having an LGBT child.

Conclusions

- We cannot tell LGBT youth to wait until they become adults or to reach out to a gay community center, the closest of which may be far removed from where they live.

- We need to intervene to enhance their well-being. It is our responsibility as health professionals to do so.

Conclusions (cont.)

- We need to think beyond the individual to the systems affecting the individual.

- Interventions at macro levels are needed to provide LGBT youth with the supportive space to explore and integrate their sexual or gender identities. The ability to do so will have positive effects on their health, as has been found (Rosario et al., 2011).

- The interventions should improve the health and other adaptive outcomes of both LGBT youth and their cisgender, heterosexual peers.

Thank You

Margaret Rosario, PhD
mrosario@gc.cuny.edu