

Racial and Ethnic Health Care Inequities: Sexual and Gender Minorities Perspective

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LGBTQ+ Health Needs

1. Research documenting disparities across diverse health outcomes is growing.
 - The absence of population-based data limits the ability to understand LGBTQ+ health holistically and/or hinders generalizability of many studies' findings.
2. Field is not growing symmetrically and representatively.
 - SGM and racial/ethnic minority groups are underrepresented across a multitude of health disparities and outcomes.
3. Limited theoretical growth outside of minority stress hypotheses
 - Etiology of inequities and disparities might differ among LGBTQ+ groups.
4. Insufficient evidence-based interventions and/or EBPs to address:
 - Disparities in SGM health and/or Racial/ethnic disparities among SGM populations.

Healthy People 2030

4 Improving

4 Little or No Change

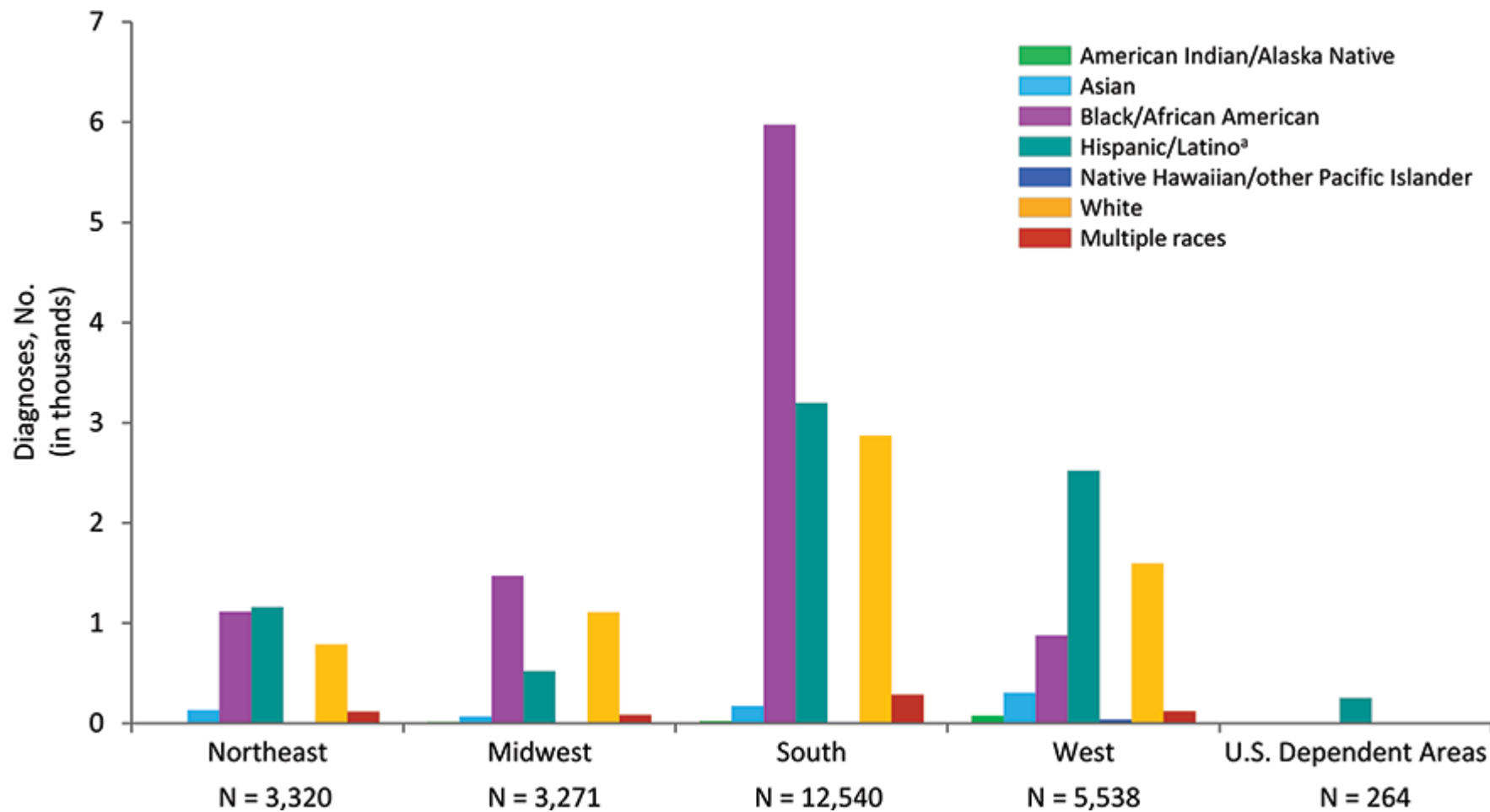
1 Getting Worse

4 Baseline Only

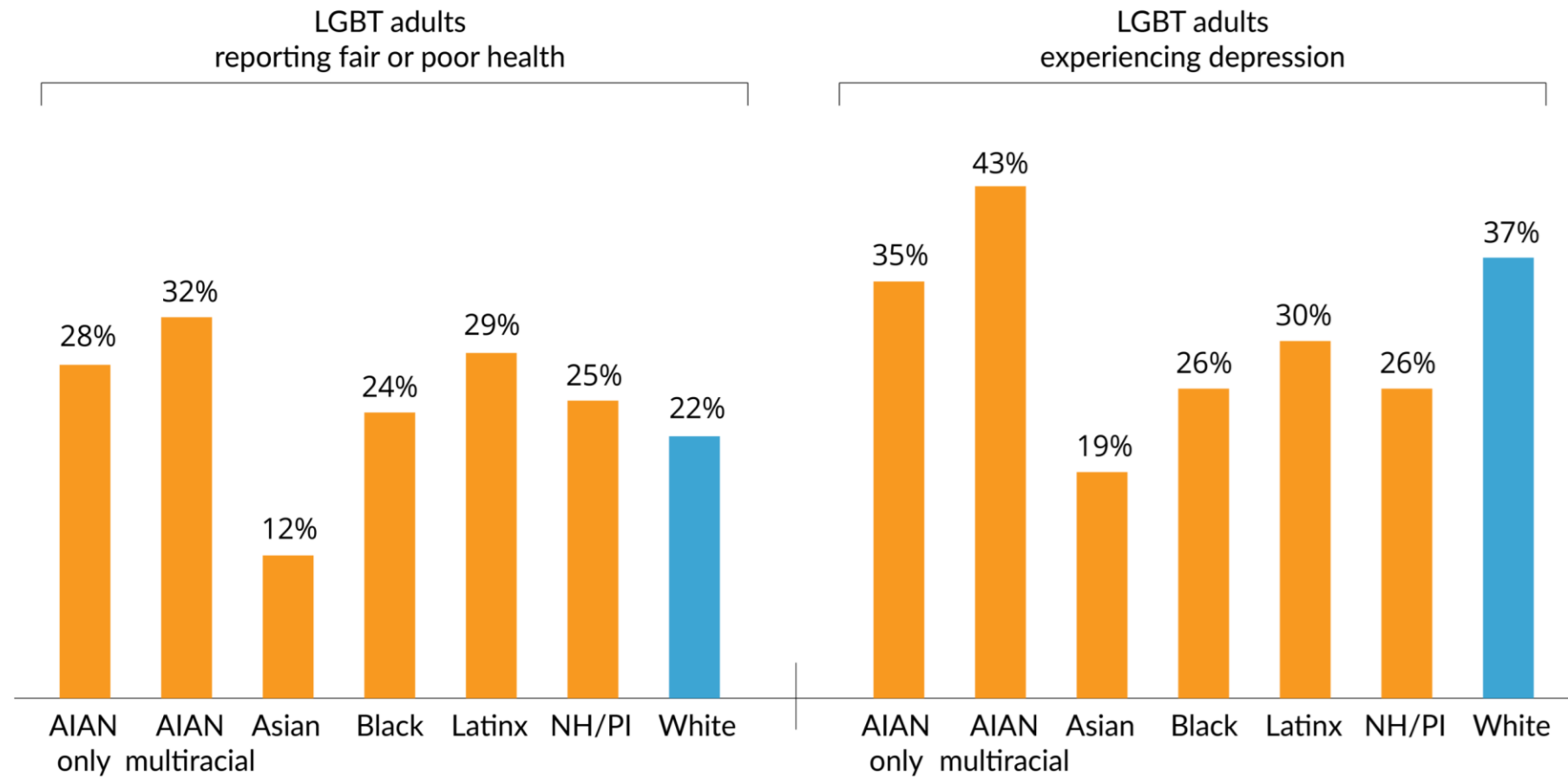
3 Developmental

- Adolescent Bullying
 - + Change in LGB
 - Developmental in trans
- Drug and Alcohol Use
 - - Change in LGB
 - Developmental in trans
- Mental Health
 - ∅ Change in suicidal ideation LGB
 - Developmental in trans
- HIV/STIs
 - + Change in Care Continuum
 - ∅ Change in HIV Awareness, Incidence, Viral Suppression
- Public Health Infrastructure
 - Baseline: Inclusion of SOGI data

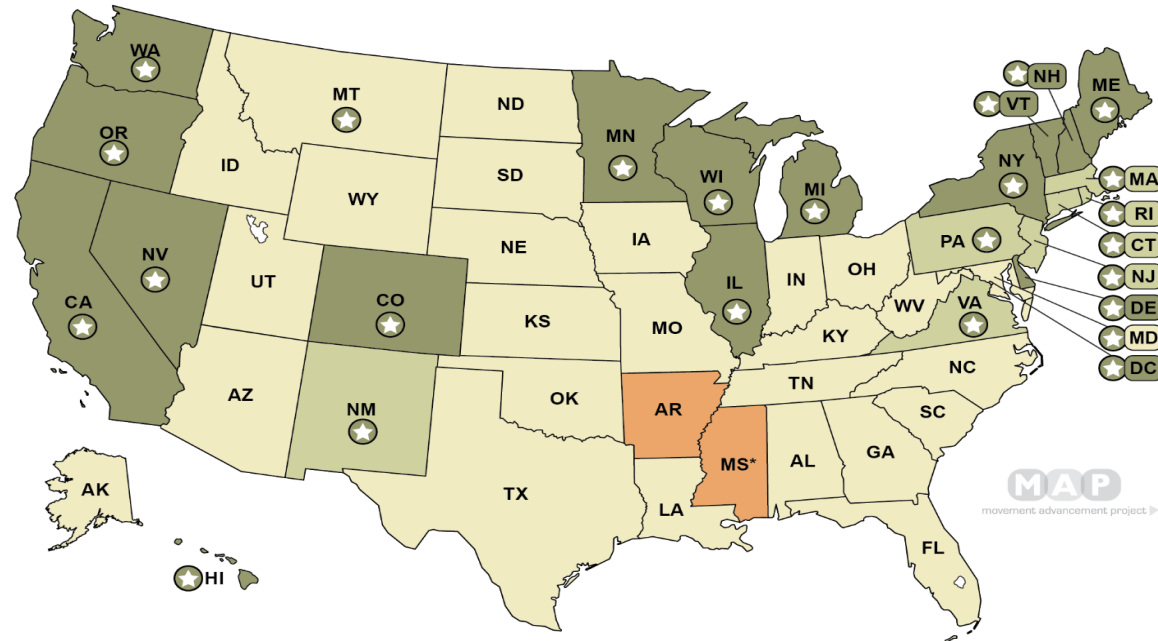
Exemplar: Diagnoses of HIV Infection among MSM by Region of Residence and Race/Ethnicity, 2018 US and 6 Dependent Areas



Social Determinants of Health



Healthcare Inequities



★ Transgender exclusions in health insurance service coverage prohibited (24 states + D.C.)

Law prohibits health insurance discrimination based on sexual orientation and gender identity (15 states, 1 territory + D.C.)

Law prohibits health insurance discrimination based only on gender identity only (7 states)

Law prohibits health insurance discrimination based only on sexual orientation only (0 states)

No law providing LGBTQ inclusive insurance protections (26 states, 4 territories)

Law explicitly permits insurers to refuse to cover gender-affirming care (2 states)

U.S. Territories

American Samoa

Commonwealth of the Northern Mariana Islands

Guam

Puerto Rico

U.S. Virgin Islands

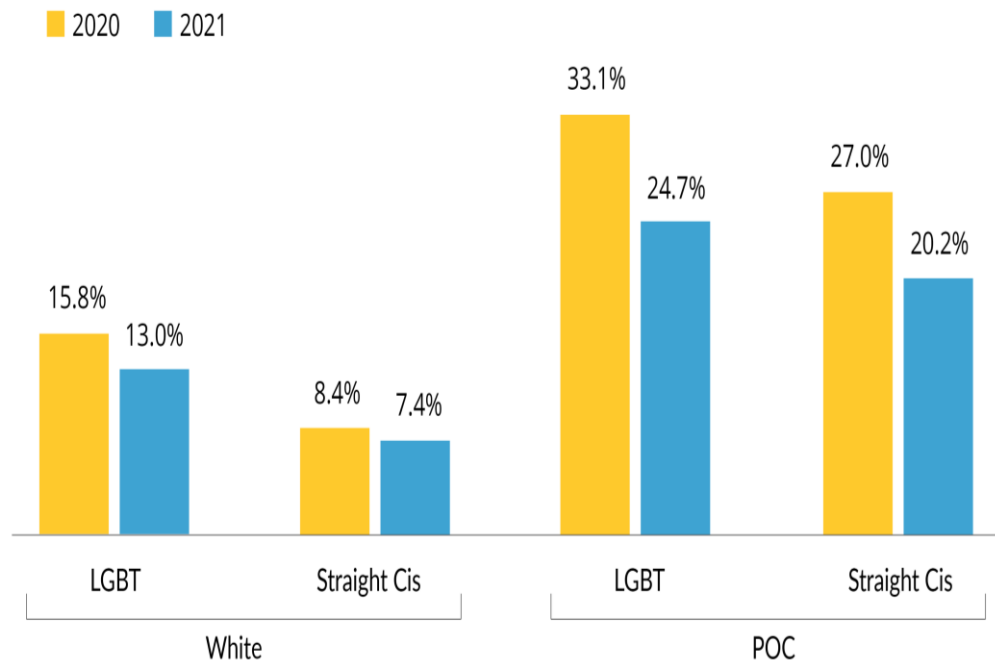
[Citations & More Information](#)

Social Obstacles

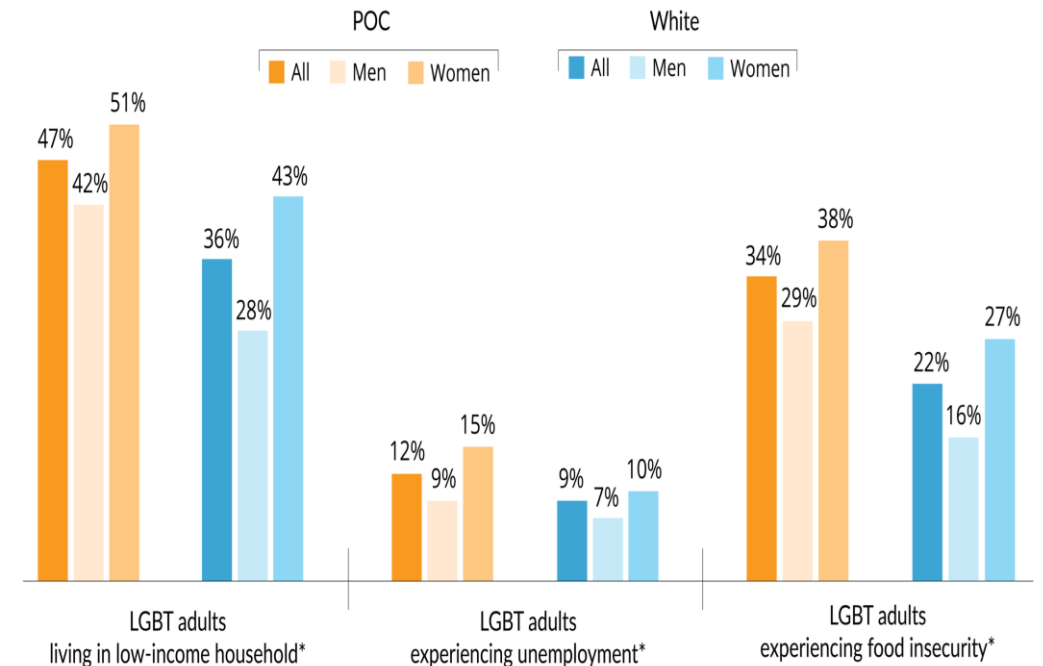
- Social disadvantage across the life course:
 - Educational experiences
 - Employment opportunities
 - Income inequities
 - Residential ownership
 - Business ownership
 - Aging in place resources
- LGBTQ+ people also more likely to experience social obstacles:
 - Safe and supportive spaces in their communities
 - Access to gender affirming care
 - Culturally-competent and culturally humble service delivery
 - Family formation

Social Factors

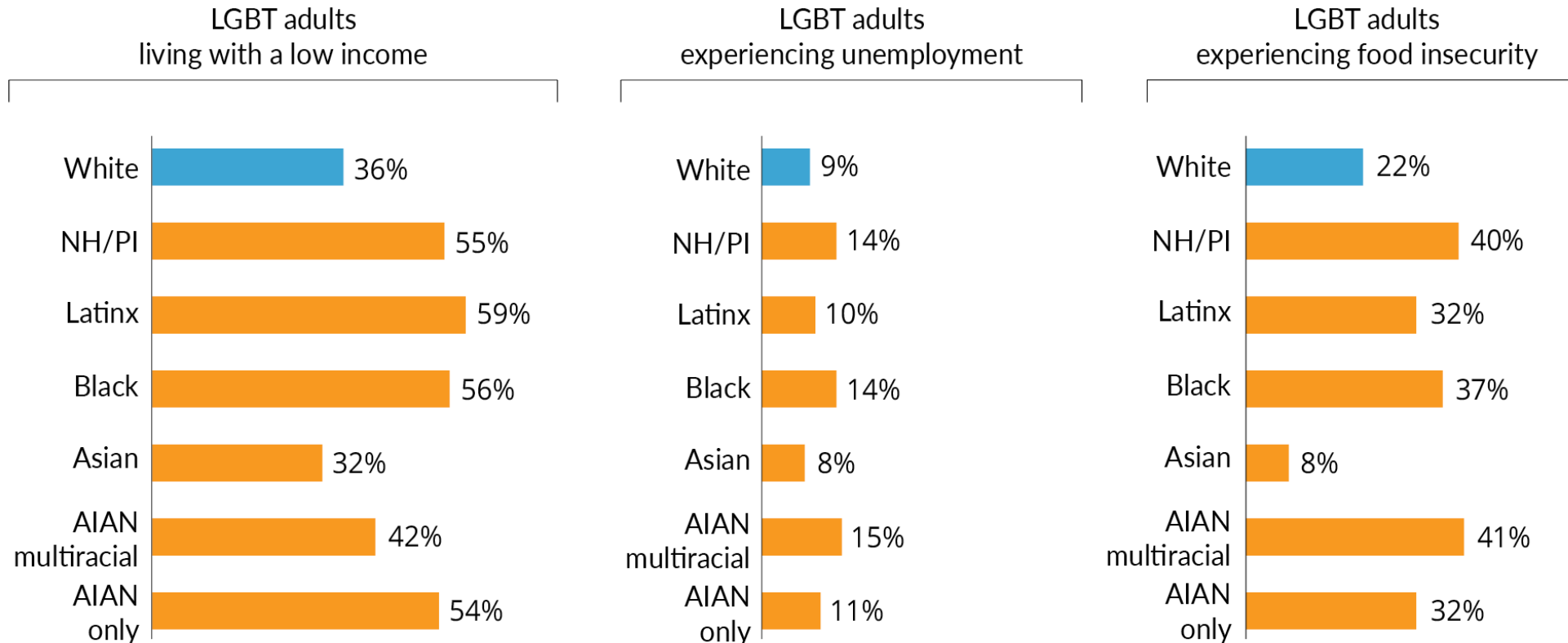
US Poverty Rate (2020-2021)



LGBT POC and White Adults Experiencing Economic Instability (January 2022)



Social Factors



Investments in Racial/Ethnic Inequities in SGM Health

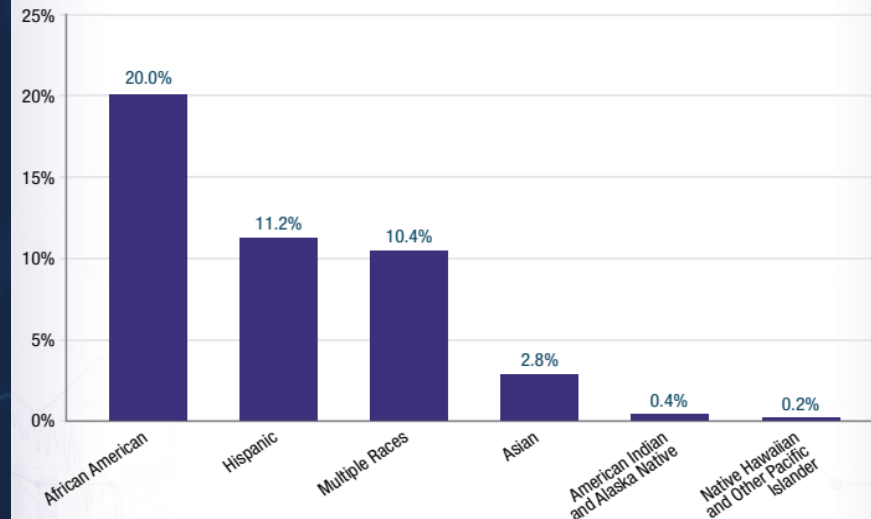
Need for greater diversity and inclusion in the NIH SGM Health Portfolio.

Allocation of non-federal funding is needed:

- For every \$100 awarded by U.S. foundations in 2021, only 28 cents specifically supported LGBTQ+ communities and issues.
- Only 0.5% of \$2.1 Trillion in funding for startups went to LGBTQ+ entrepreneurs.

Research, Condition, and Disease	Number of SGM Projects	Total Number of Projects at NIH	SGM as a Percentage of All NIH Projects
Sexually Transmitted Infections	82	798	10.3%
Violence Research	36	392	9.2%
HIV/AIDS	299	3,832	7.8%
Suicide	17	281	6.0%
Mental Health	208	7,389	2.8%
Substance Abuse (Use)	115	4,588	2.5%
Alcoholism, Alcohol Use, and Health	39	1,592	2.4%
Teenage Pregnancy	1	42	2.4%
Contraception/Reproduction	33	1,387	2.4%
Eating Disorders	3	132	2.3%
Depression	15	1,221	1.2%
Tobacco Smoke and Health	7	714	1.0%
Obesity	9	2,635	0.3%
Aging	34	10,086	0.3%
Cancer	34	14,896	0.2%
Dementia	9	4,464	0.2%
Opioids	2	1,155	0.2%

Figure 17. FY 2020, Proportion of SGM Projects, by Race and Ethnicity (*N* = 529)



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