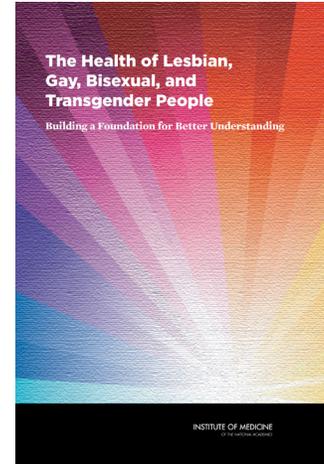


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The Health of Lesbian, Gay, Bisexual, and Transgender People

Building a Foundation for Better Understanding



At a time when lesbian, gay, bisexual, and transgender individuals—often referred to under the umbrella acronym LGBT—are becoming more visible in society and more socially acknowledged, clinicians and researchers are faced with incomplete information about their health status. While LGBT populations often are combined as a single entity for research and advocacy purposes, each is a distinct population group with its own specific health needs. Furthermore, the experiences of LGBT individuals are not uniform and are shaped by factors of race, ethnicity, socioeconomic status, geographical location, and age, any of which can have an effect on health-related concerns and needs.

While some research about the health of LGBT populations has been conducted, researchers still have a great deal to learn. To help assess the state of the science, the National Institutes of Health (NIH) asked the Institute of Medicine (IOM) to assess current knowledge of the health status of lesbian, gay, bisexual, and transgender populations; to identify research gaps and opportunities; and to outline a research agenda to help NIH focus its research in this area. A committee of experts was convened by the IOM to consider this task, and its findings are presented in its report, *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*.

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Conducting Research on LGBT Populations

Researchers face a number of challenges in understanding the health needs of LGBT populations, including a lack of data. In order to address this, the

committee recommends collecting data on sexual orientation and gender identity in health surveys administered by the U.S. Department of Health and Human Services (HHS) and other relevant federally funded surveys. Data on sexual and gender minorities should be included in the battery of demographic information that is collected in federally funded surveys, in the same way that race and ethnicity data are collected. In addition, data on sexual orientation and gender identity should be collected in electronic health records and could be included among other demographic information collected. While all data collected in electronic health records are subjected to high levels of privacy and security protections, information on sexual orientation and gender identity could be perceived by some as more sensitive than other information.

Asking study participants about their sexual orientation and gender identity also presents a challenge for researchers. While questions designed to elicit this information have been developed and used, the committee recommends that NIH support research to evaluate the questions and develop additional measures. Similarly, questions about sexual orientation and gender identity on federally funded surveys should be standardized to allow for the comparison and combination of data across large studies.

Another challenge for researchers is the relatively small proportion of the U.S. population that LGBT populations represent; therefore, it is labor intensive and costly to recruit a large enough sample in general population surveys for meaningful analysis of these populations and sub-populations. The NIH should support methodological research aimed at developing innovative ways to conduct research with small populations and determining the best ways to collect information on sexual and gender minorities in research, health care, and other settings.

Currently, opportunities for conducting NIH-sponsored research on LGBT health are limited. To encourage more research on LGBT health issues, the NIH should create a compre-

hensive research training program that would raise awareness of LGBT health issues among researchers. The committee recommends that the NIH encourage researchers to include sexual and gender minorities explicitly in their samples, using the NIH policy on the inclusion of women and racial and ethnic minorities in clinical research as a model. This would prompt researchers to consider these groups more frequently when applying for research grants.

Implementing a Research Agenda

As an overarching goal, the committee calls for implementing a research agenda to advance knowledge and understanding of LGBT health. To account for the many areas in LGBT health that require research, the committee's research agenda reflects the most pressing areas, specifically demographic research, social influences, health care inequities, intervention research, and transgender-specific health needs (see figure for priority research areas). To develop a more complete understanding of LGBT health issues, the committee recommends applying cross-cutting perspectives to the priority research areas to further the evidence base on LGBT health. The committee's work was guided by the following four conceptual perspectives:

- the *minority stress model* calls attention to the chronic stress that sexual and gender minorities may experience as a result of their stigmatization;
- the *life course perspective* looks at how events at each stage of life influence subsequent stages;
- the *intersectionality perspective* examines an individual's multiple identities and the ways in which they interact; and
- the *social ecology perspective* emphasizes that individuals are surrounded by spheres of influence, including families, communities, and society.

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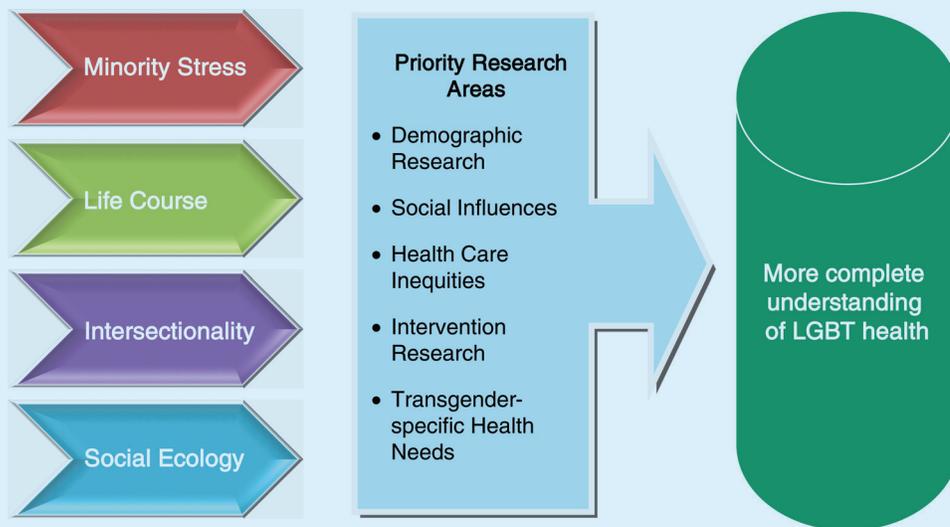
LGBT Health Status Throughout the Life Course

While there are many different ways to present information about the health status of LGBT populations, the committee used the life course perspective to examine the health status of these populations in three life stages: childhood and adolescence, early/middle adulthood, and later adulthood. At each life stage, the committee studied mental health, physical health, risks and protective factors, health services, and contextual influences.

Overall, the committee finds that research has not been conducted evenly across sexual and gender minority populations, with more research focusing on gay men and lesbians than on bisexual and transgender people. Research has not adequately examined subpopulations, particularly racial and ethnic groups. And most research has been conducted among adults, with a modest number of studies on adolescents and less attention on LGBT elders.

From the available research, the committee noted a number of findings. Among others, these

Figure 1: Research Agenda



A number of different conceptual perspectives can be applied to priority areas of research in order to further the evidence base for LGBT health issues.



Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities

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The National Institutes of Health

include that LGBT youth may have an elevated risk for attempted suicide and depression, and sexual minority youth may have higher rates of substance use than heterosexual youth; that one of the barriers to accessing quality health care for LGBT adults is a lack of providers who are knowledgeable about LGBT health needs as well as a fear of discrimination in health care settings; and that LGBT elders are more likely to rely on friends and others as caregivers rather than biological family members, at least in part because they are less likely to have children.

Conclusion

Lesbian, gay, bisexual, and transgender individuals have unique health experiences and needs, but as a nation, we do not know exactly what these experiences and needs are. To advance understanding of the health needs of all LGBT individuals, researchers need more data about the demographics of these populations, improved methods for collecting and analyzing data, and an increased participation of sexual and gender minorities in research. Building a more solid evidence base for LGBT health concerns will not only benefit LGBT individuals, but also add to the repository of health information we have that pertains to all people.

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