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## ANA-NY White Paper on LGBTQIA+ Health Equity

### Overview

All patients have the right to safe and compassionate care. More than 7% of the US population identify as gender non-conforming (GNC) including one-in-five Gen Zer's (Dawson, et al., 2023). LGBTQIA+ individuals share the same health needs as the rest of society (Lim, et al. 2018). The need for appropriate and safe health care does not discriminate between individuals by race, color, creed, gender, gender identity or expression, genetic information, sexual orientation, age, disability, veteran or active military status, marital status, national origin, ethnicity, citizenship, immigration status, or employment status.

### Arguments for Promotion of LGBTQIA+ Health Equity

Addressing GNC health disparities is upholding social justice in health policies (Lim, et al., 2018). Examples of health disparities in this community:

- Forty-four percent of LGBT+ people earn less than 200% of the federal poverty level (\$13,590 individual annual in 2022) compared to 36% non-LGBT+ people (Dawson, et al., 2023)
- Between 19% and 40% of all homeless youth identify as LGBTQ (Wilson, 2015).
- Twenty-five percent of LGBT+ people reported being in fair or poor health compared to 18% of non-LGBT+ people (Dawson, et al., 2023).
- Fifty percent of LGBT+ people reported that they had an ongoing health condition that requires on-going intervention (comparison: 45% of non-LGBT+ people) (Dawson, et al., 2023).
- Forty-five percent of LGBT+ people who visited a health care provider in the past two years reported a negative experience during the visit (comparison: 33% of non-LGBT+ people). These negative experiences were most commonly reported by women, younger people, those with low incomes, and those with chronic conditions or disability (Dawson, et al., 2023).
- Twelve percent of LGBT+ people reported being discriminated against during a health care visit (comparison: 6% of non-LGBT+ people) (Dawson, et al., 2023).
- Twenty-five percent of LGBT+ people reported having a disability or chronic disease that limits their full participation in activities (comparison: 16% of non-LGBT+ people) (Dawson, et al., 2023).
- Young gay and bisexual men show significant elevations in biomarkers of cardiovascular disease compared with heterosexual men (Hatzenbuehler, et al., 2013).
- Gay and bisexual men accounted for 82% of new HIV diagnoses among males and 67% of all diagnoses in 2015. Black gay and bisexual men accounted for the largest number of HIV diagnoses (CDC, 2017).
- Smoking prevalence is higher in the LGBTQ community than the general population (Lee, et al., 2012).

- Lesbian, gay, and bisexual adults have 1.5 times the risk of asthma compared with heterosexual adults (Conron, et al., 2010).
- Sixty-seven percent of LGBT+ people reported needing mental health services in the past two years (comparison: 39% of non-LGBT+ people). Of the 67% reporting the need for mental health services, only 65% of them sought out the service. (Dawson, et al., 2023).
- There is a high prevalence of bullying among sexual minority children and adolescents based on the individual's perceived sexual orientation or gender (Barrett & Wholihan, 2016).
- Nearly 4 out of 10 LGBTQ older adults have contemplated suicide at some point during their lives (Fredriksen-Goldsen, et al., 2013).
- Globally, suicide is the 4<sup>th</sup> leading cause of death for people aged 15 – 29 and it is estimated to be 20% higher for LGBTQ young adults (Adelson, et al., 2021; Marzetti, et al., 2022)

### Current Environment

- Early in the 21<sup>st</sup> century improvements were made in the provision of routine and gender-affirming care for patients with GNC identities and expressions. Recently, many states have rolled back these improvements and overall tolerance (Weber, 2023). Even in the states that continue to voice support for GNC patients, the health care system continues to be based on a binary gender framework (Eckstrand, Ng, and Potter, 2016). Even though many providers expressed competence in providing care to members of this community, they described and exhibited microaggressive behaviors and attitudes that influence patient-provider interactions and contribute to healthcare inequities.
- All patients, across the lifespan, have the right to be called by their preferred name and pronouns. Gender identity is only one aspect of a person and rarely has anything to do with their medical conditions. Involved family members and caregivers should be provided with accurate information to support the patient, reduce risk of self-harm, and promote their well-being.

### Current (2023) New York Legislative Activity

- S5636 (Webb)/A6269 (Rosenthal): Provides an exception from professional misconduct for the performance, recommendation, or provision of any reproductive health services or gender-affirming care by a health care practitioner performing in the scope of their duties.
  - Senate and Assembly Higher Education Committees
- S7382 (Hoylman-Sigal)/A7355 (Simone): Adds gender identity or expression as a protected class for purposes of the human rights law
  - Signed by the Governor
- A282 (Rosenthal): Requires every physician, physician assistant, specialist assistant, registered nurse and licensed practical nurse to complete course work or training regarding human immunodeficiency virus and sexually transmitted infections testing and the elements of sexual health including sexual orientation and gender identity
  - Assembly Higher Education Committee

- S5532 (May)/A1273 (Kelles): Establishes the LGBTQ+ advisory board to make recommendations, conduct research, and more regarding the LGBTQ+ community in New York state.
  - Passed Assembly, Senate Finance Committee.
- S259 (Serrano)/A548 (Cruz): Requires cultural awareness and competence training for medical professionals, including training on gender expression
  - Passed Senate, Assembly Higher Education Committee
- S1445 (Sanders)/AS5993 (Solages): Requires diversity, inclusion and elimination of bias training for physicians, physician assistants and nurses as part of continuing medical education requirements; establishes such training shall be a biennial requirement.
  - Senate and Assembly Higher Education Committees

### Recommendations

- Actively engaged leadership
- Policies to protect LGBTQIA+ people
- Welcoming physical and virtual environments
- Forms that reflect the population and their relationships
- Partnering with the LGBTQIA+ community
- Widespread training on affirming communication and care
- Collection and use of sexual orientation and gender identity data to improve health care outcomes
- Routine and inclusive sexual health histories
- Availability of services to meet health care needs
- Recruitment and retention of a diverse workforce (National..., 2021).

## Resources

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