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ANA-NY White Paper on LGBTQIA+ Health Equity

Overview

All patients have the right to safe and compassionate care. 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.

LGBTQA+ Health Equity

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 in order to be able to support the patient, reduce risk of self-harm, and promote their well-being.

Arguments for Promotion of LGBTQA+ Health Equity

Addressing GNC health disparities is upholding social justice in health policies (Lim, et al., 2018).

Examples of health disparities in this community are:

- Between 19% and 40% of all homeless youth identify as LGBTQ (Wilson, 2015).
- 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).
- There is a high prevalence of bullying among sexual minority children and adolescents based on their perceived sexual orientation or gender (Barrett & Wholihan, 2016).
- 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).
- Nearly 4 out of 10 LGBTQ older adults have contemplated suicide at some point during their lives (Fredriksen-Goldsen, et al., 2013).

Current Environment

- Early in the 21st century improvements were made in the provision of routine and gender-affirming care for patients with gender-nonconforming (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.

Current 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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