Resolution on Eliminating Health Inequities for Sexual and Gender Diverse Populations

Call for the elimination of health inequities for Sexual and Gender Diverse populations through increased education, visibility, surveillance, and representation.

Adopted by the SOPHE Board of Trustees
July 14, 2021

Whereas, the Society for Public Health Education (SOPHE) recognizes that the health and well-being of communities and the individuals within them is dependent not only on biological but also on social and environmental factors; and

Whereas, underrepresented communities, including sexual and gender diverse minorities, have been historically silenced, ignored, and disenfranchised with regard to economic opportunity, justice, safety, health care access and service delivery, housing, employment, and education (Sue, 2010); and

Whereas, Healthy People 2030 Objectives for the United States recognizes the need to eliminate health disparities, regardless of race/ethnicity, gender identity, sexual orientation, geographic location, income level, etc., and that all people are entitled to the same level of health and the best health outcomes that can be achieved (U.S. Department of Health and Human Services [USDHHS], 2020); and

Whereas, despite the fact that Healthy People 2030 calls for data on populations negatively impacted by such health disparities (USDHHS, 2020), such sound scientific information is absent for many populations, including people who identify as lesbian, gay, bisexual, transgender, gender diverse, and/or other sexual and gender diverse populations (LGBTQIAA2+), hereinafter referred to collectively as SGD; and

Whereas, most population-based health surveys fail to accurately collect sexual orientation and gender identity information often forcing public health researchers and practitioners to rely on smaller, less generalizable studies (Sell, 2017); and

Whereas, discriminatory policies, practices, and beliefs have resulted in significant, state-to-state differences with regards to knowledge of SGD communities and their experiences, particularly among SGD identified youth (Sell 2017); and

Whereas, institutionalized prejudice against SGD people plays a critical role in perpetuating the disconnect between research and effective health promotion practice (Glasper, 2016); and

Whereas, to be openly SGD can mean additional risk of discrimination, erasure, and stressors that may lead to physical or psychological harm (Russell & Fish, 2016), and the alternative to remain hidden can increase stresses due to the challenge of continually living a dual life in which social
support is lacking from family, co-workers, or religious organizations (National Academies of Sciences, Engineering, & Medicine, 2020); and

Whereas, SGD relationships are not universally recognized as authentic “next of kin,” despite marriage equality becoming legal in 2015 at the federal level (Georgetown Law Library, 2021), insurance companies, government, hospitals, and health clinics may deny SGD families the privileges granted to married heterosexual families, therefore creating stress and barriers to care and prohibiting honest disclosure of identity (Caceres et al., 2020; Glasper, 2016); and

Whereas, due to stigma and other inequities, SGD communities experience behavioral health disparities including greater risk for suicidal thoughts and completion, mood disorders and anxiety, eating disorders, and substance abuse (Grant et al., 2011); In SGD youth, 20 to 30% attempt suicide compared to 10% of the general adolescent population and SGD youth account for up to 30% of completed suicides each year (IMPACT, 2010); and

Whereas, despite progress, SGD communities still experience inequities in physical health including a greater likelihood in reporting poor overall health and chronic illness, as well as higher rates of HPV, cervical cancer, anal cancer, obesity, HIV, AIDS, and breast cancer. These differences vary greatly even within these communities (Grant et al., 2011; Centers for Disease Control and Prevention, 2013); and

Whereas, SGD populations are frequently the subjects of hate violence and victimization, for example, the rate of violent victimization for SGD populations is 71.1 per 1000 people compared to 19.2 per 1000 people who do not identify as SGD (Flores et al., 2020). Approximately 50% of gay youth and 20% of lesbian youth are verbally or physically assaulted in secondary schools (McDonald, 2018); each episode of SGD victimization, such as physical or verbal harassment or abuse, increases the likelihood of self-harming behavior by 2.5 times on average (IMPACT, 2010); and

Whereas, intersectionality between SGD and other minoritized social identities (such as race, class, educational attainment, etc.) can create exponential risk (Parra, 2018); for example, Black people who also identify as transgender experience poverty, homelessness, violence and HIV at some of the highest rates in the SGD community (James et al., 2015); and

Whereas, it is well documented that not enough states require medically accurate, religious and bias-free sexual health education, particularly education that affirms and addresses SGD related topics (Guttmacher Institute, 2021); and

Whereas, it is the mission of SOPHE to provide global leadership to the profession of health education and health promotion and to promote the health of society, therefore be it resolved that SOPHE will:

External Activities:
Advocate for –
- Large scale national and local surveillance of SGD communities, including SGD youth.
- Increased funding opportunities for medically accurate training for public health educators and other health professionals working with SGD populations.
- Increased protections for SGD populations from discrimination in matters of employment, housing, health care access, and other public services.

Internal Activities:
- Increase awareness of the SGD health and social issues among the membership of SOPHE through conferences, curricula, webinars, and publications.
• Designate a workgroup to systematically review current health education curricula regarding accurate and affirming education for and about SGD populations on being delivered in K-12 settings throughout the nation. This workgroup would then make recommendations for the ways in which curricula may need to be updated or adopted based on their findings.

• Adopt a social impact policy to strategically assess sites for the Annual Meeting or other SOPHE sanctioned events through a critical lens. Prior to a decision being made, a report will be presented to the Board on a potential location’s friendliness to SGD communities, including anti-queer and anti-trans laws in order to ensure a climate that is safe and welcoming to SGD people within all SOPHE organization and events.

• Provide professional training opportunities for public health and healthcare professionals to increase comfort, sensitivity, and knowledge with regard to SGD communities.

References


**Recommended Citation:**
Society for Public Health Education. (2021). *Resolution on Eliminating Health Inequities for Sexual and Gender Diverse Populations*. URL.