NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

00-10

STATEMENT OF POLICY

LGBT Health

Policy

The National Association of County and City Health Officials (NACCHO) supports the incorporation and adoption of principles of social justice into social policy, public health curricula, workforce development initiatives, and the design of program evaluation measures as strategies to eliminate health inequities. Based on those principles, NACCHO encourages local health departments to act on the social injustices at the root of health inequities among lesbian, gay, bisexual, transgender and queer (LGBTQ) (including gender identity and gender expression) individuals, families, and communities.

As part of that work, NACCHO specifically supports the following:

- The development by the Department of Health and Human Services and other governmental agencies of an expanded research agenda on LGBTQ health, including (1) comprehensive training programs to build research capacity; (2) the identification and inclusion of LGBTQ individuals in local, state, and federal research efforts; and (3) research on how to reach inaccessible communities to improve prevention efforts and access to care.
- The development, tracking, and regular presentation of indicators that measure social health and well-being of LGBTQ populations, including inequities in health status.
- Strategies for and trainings on data collection for analysis of the health of LGBTQ individuals, families, and communities.
- City and county policies and ordinances that are inclusive of sexual orientation and gender identity and expression and prohibit all discrimination on the basis of sexual orientation and gender identity and expression.[1, 2]

Justification

State of health among LGBTQ populations

In 2010, approximately 594,000 same-sex households were reported in the American Community Survey.[3] Same sex couples live in 99 percent of U.S. counties.[4]Approximately two to five percent of the U.S. population identifies as lesbian, gay, bisexual, or transgender (including gender identity and expression).[4] Despite progress in the advancement of civil rights for some LGBTQ populations, members of the LGBTQ community continue to experience exclusion, isolation, discrimination, injustice, and worse health outcomes than their heterosexual counterparts. Within findings about the health of LGBTQ populations relative to heterosexual people, health inequities emerge from the intersection of fundamental injustices overlapping with structural racism, class oppression, and gender oppression.

There is an alarming dearth of research about LGBTQ communities as documented in the 2011 Institute of Medicine report, *The Health of LGBT People: Building a Better Foundation*.[5] Few representative health-related surveys include questions about sexual orientation and there are no representative surveys that include questions about gender identity or expression. However, applying national data findings from national institutions such as the Williams Institute at the University of California at Los Angeles, Center for Population Research in LGBT Health at the Fenway Institute, the National Coalition for LGBT Health, the Institute of Medicine, Human Rights Campaign, Healthy People 2020, LGBT Health, and the Center for American Progress indicate that significant areas of health inequity and public health are concerning, include the following:

- LGBTQ youth are two to three times more likely to attempt suicide.[6]
- LGBTQ youth are more likely to be homeless.[7]
- Lesbians are less likely to get preventive services for cancer.[8]
- Gay men are at higher risk of HIV and other STDs, especially among communities of color.[9]
- Lesbians and bisexual females are more likely to be overweight or obese.[10]
- Transgender individuals have a high prevalence of HIV/STDs,[11] victimization,[12] mental health issues,[13] and suicide,[14] and are less likely to have health insurance than heterosexual or LGB individuals.[15]
- Elderly LGBTQ individuals face additional barriers to health because of isolation and a lack of social services and culturally competent providers.[16]
- LGBTQ populations have the highest rates of tobacco, alcohol, and other drug use.[17,18,19]
- Homophobia and HIV/AIDS stigma are drivers of poorer health outcomes among LGBTQ populations.[20]

Lack of data about the health of LGBTQ populations

While LGBTQ individuals have unique needs and health experiences, "as a nation, we do not know exactly what these experiences and needs are."[21] There are sparse data about the impact of health inequities within LGBTQ communities, particularly health inequities faced by transgender people of color, who are the most vulnerable because of stigma and discrimination; in addition, there continue to be challenges in ensuring that language and data classification used in public health tracking are not reflective of discrimination. Our data-driven health systems therefore render whole communities invisible in decision-making processes, hampering efforts to create strategies that would best serve all LGBTQ populations. Public health practitioners, health officials, and researchers need more demographic data and data on the appropriate health indicators for the development of programs that improve LGBTQ health status.

Pro- and anti-LGBTQ rights legislation

In 1972, East Lansing passed ordinance banning discrimination based on "affectional or sexual preference," becoming the first jurisdiction to pass pro-LGBTQ rights legislation.[22] Since then, dozens of states and jurisdictions have passed antidiscrimination laws, but 21 states and the District of Columbia have passed laws prohibiting discrimination in employment based on sexual orientation and 17 states and DC. prohibit discrimination based on gender identity.[23] Twenty-one states and DC have passed laws prohibiting employment discrimination based on sexual orientation, and 17 states and DC also prohibit discrimination based on gender identity.[23] As of

Nov.1, 2013, at least 189 cities and counties have employment ordinances governing all public and private employers that prohibit discrimination based on gender identity.[24]

Although these laws and policies provide important protections, they are only as effective as their implementation. Further, a number of funding decisions continue to reflect anti-LGBTQ sentiment, or do not account for the health inequities present such as the need for increased funding devoted to men of color, and young gay, bisexual, and transgender men to address the HIV/AIDS epidemic's demographics. Much work needs to be done at all levels of government and in areas of daily life to secure LGBTQ civil rights across the United States. Jurisdictions that have reformed discriminatory policies have begun yielding positive impacts on health outcomes.[25] The table below describes several areas in which LGBTQ individuals, families, and communities face institutionalized inequities that influence health status.

Laws	Number of states and local jurisdictions lacking antidiscrimination laws or perpetuating institutionalized injustice
Statewide Housing Laws & Policies	42 without protections[26]
Marriage and Relationship Equality	33 with marriage restricted to one man and one woman[27]
Hate Crimes	19 without protections[26]
School Anti-Discrimination Laws	39 without protections[28]

Impact of Social Injustice on LGBTQ Communities, Individuals, and Families
Discrimination and institutionalized injustice at all levels and in areas of life create unjust barriers to healthy living for historically marginalized communities. These injustices pose serious consequences and extract great social costs by limiting people's ability to access needed resources and to live healthy, whole lives. A lack of recognition by researchers and a lacking research base, the denial of basic civil rights, barriers to inclusive medical care and equitable wages, and the threat of violence all conspire to exclude LGBTQ individuals from decision-making and block them from taking part in daily life. Importantly, injustices also expose people to risks that in turn predispose individuals to disease and death.[29] Over the life-course, the impact of social injustice on health accumulates and grows worse, devastating LGBTQ communities.[30]

References/Notes

1. "'Sexual orientation' is the preferred term used when referring to an individual's physical and/or emotional attraction to the same and/or opposite gender. 'Heterosexual,' 'bisexual,' and 'homosexual' are all sexual orientations. A person's sexual orientation is distinct from a person's gender identity and expression." Human Rights Campaign. Resources webpage. Retrieved August 1, 2013 from http://www.hrc.org/resources/entry/sexual-orientation-and-gender-identity-terminology-and-definitions.
2. The term "gender identity" refers to a person's basic sense of being a man or boy, a woman or girl, or another gender (e.g., transgender, bigender, or gender-queer, which rejects "the traditional binary classification of gender.") from Institute of Medicine. (2013). *The Health of Lesbian, Gay, and Transgender People*. Washington DC: The National Academies Press.
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Record of Action

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