

Resiliency of LGBT populations in the presence of Mice

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(In affiliation with the American Public Health
Association (APHA) since 1975)



Good afternoon and Thank You for inviting me to speak to this Committee. I represent the Lesbian, Gay, Bisexual and Transgender Caucus of Public Health Professionals. The Caucus has been in affiliation with the American Public Health Association since 1975 and strives to promote and improve LGBT public health.

As I'm fairly new to the research environment, as I finished my doctorate in 2008, I would like to thank the members of the Caucus who provided information for this presentation. I'd specifically like to thank Michael Plankey, Ron Stall, Anthony Silvestre and Nina Marlovic who reviewed a previous version of the presentation and provided their feedback.

APHA resolutions

9819: The Need for Public Health Research on Gender Identity and Sexual Orientation (1998)

9933: The Need for Acknowledging Transgendered Individuals within Research and Clinical Practice. (1999)

Overview

Focus:

- 1) Strength & resiliency,
- 2) Generations approach to research,
- 3) Developmental approach to health through the lifespan, and finally,
- 4) Government's role.



As the last speaker for the day, I wanted to take a different approach and turn the discussion of LGBT health, disparities and research on its head and look at the issues in a different context.

For this reason, I have chosen to discuss the strengths and resiliency of the LGBT community, a generational approach to research, a developmental approach to health through the lifespan and finally, touch on the government's role in this process.

1) Strength & resiliency

- LGBT populations suffer from discrimination
- Factors affecting resiliency
 - Social support
 - Positive self-esteem
 - Self-efficacy & internal locus of control
 - Cognitive abilities

1. Anderson AL. Strengths of Gay Male Youth: An Untold Story. *Child and Adolescent Social Work Journal*. February 1998;15(1):55-71.
2. Russell GM, Richards JA. Stressor and resilience factors for lesbians, gay men, and bisexuals confronting antigay politics. *Am J Community Psychol*. Jun 2003;31(3-4): 313-328.



I don't think it is a surprise to anyone, least of all me, to begin the topic of strengths and resiliency to say that LGBT persons, and populations suffer from discrimination at all levels of society.

For many of us, we are discriminated against in adolescence and adulthood, fired from jobs, kicked out of the military, and even denied the ability to enter into civil marriages to obtain the same rights and responsibilities as our heterosexual counterparts.

Notwithstanding the various forms of discrimination, members of the LGBT community, as a group, have adapted mechanisms to thrive in discriminatory environments.

Unfortunately, a limited amount of research has been conducted to determine what about LGBT individuals and the community affect our resiliency. The few studies that have been conducted have found that generally, LGBT members have increased social support, positive self-esteem, higher self-efficacy and have the cognitive abilities to mediate environmental stressors.

Additionally, if we look at the literature on LGBT health, we can find strength and resiliency in every study, even when it is not measured. There is strength within the LGBT population in that nearly 1/3 of MSM are infected with HIV/AIDS, but 2/3 are not infected and those that are infected are living healthier, longer lives, in no small part because of prophylaxis, but also because of their strengths and resiliency to fight the disease. These findings are similar to smoking.

While the studies that have been conducted on strength and resiliency are useful, more research needs to be done to determine how resiliency and its associated components affect the health, well-being and disease process of lesbian, gay, bisexual and transgender Americans.

2) Generational approach to research

4 generations:

- 1) Documentation & description
- 2) Distribution and determinants
- 3) New efficacious interventions; lower health disparities
- 4) Translation to community use

Wolitski R, Stall R, Valdisirri RO, eds. *Unequal Opportunity: Health Disparities among Gay and Bisexual Men in the United States*. Oxford: Oxford University Press; 2008.



Obviously, we need to document and describe the community, health disparities, and other related issues that are being faced by the LGBT community. The first step in identifying a problem is to know that one exists which requires documentation and description; something that was rarely done except to declassify homosexuality as a mental illness. The process exploded when HIV/AIDS was observed and there has been some movement away from HIV/AIDS toward other diseases.

Once investigations have been conducted, documented and describe research needs to move on to determine the specific health disparities among the separate communities. Additional work to ascertain the mediators and moderators for health disparities need to be found described and then movement toward the 3rd phase can commence.

The third generation is when either interventions are created or adapted from other sources to ease health disparities and increase health promotion, tested for their efficacy and distributed for implementation.

This generational approach is needed at every level of LGBT research to ensure we adequately characterize the issues facing the communities, understand these issues and develop and adapt proven interventions to reduce health disparities and increase health.

Mice as analogy for epidemics/health disparities

- 1 – Determine the number and kinds of mice in our environment
- 2 – How are these mice breeding (Construct interventions to stop them from breeding)
- 3 – Build a better mouse trap to catch all these mice (Ivory tower – find what does and does not work)
- 4 – Market these mouse traps for implementation to get rid of the mice (From Ivory tower to community)

3) Developmental approach to health

- Developmental stages through the lifespan
 - Childhood
 - Adolescence
 - Adulthood
- Relationships



LGBT individuals form resiliency on their own and within the environments and communities they create for themselves.

Studies on how LGBT persons pair up/partner, form intimate and non-intimate relationships in an environment of discrimination and how these relationships, and the denial of such relationships affect the health and well-being of individuals has not been studied. Similarly, how do relationships among LGBT persons develop and change through the lifespan in light of discrimination and/or disease?

There are limited, or no studies, that have followed LGBT youth that come out in their child and adolescence through their adulthood to determine what impact discrimination, actual or perceived, has on their health, mental well-being and how they are able to form relationships with others throughout life. Similarly, we are now entering a time when there are openly LGBT members of society that are entering late adulthood and no research has been conducted to determine the resources and needs of this elderly population from the effects of disease, sexual functioning, community support and same-sex geriatric housing to name but a few.

More research is needed throughout the lifespan of the LGBT population that is not only about disease but includes the social environment in which the populations live, their resources, or lack thereof, and their ability to maintain connectedness to the larger population.

Studies of strength and resiliency and how it impacts diseases also needs to be conducted as this may be one of the best mechanisms to combat disease within communities and populations.

4) Government's role

- Large, longitudinal, population based studies
 - Sexual orientation/identity
 - Sexual practices
 - Gender identity
 - Marital status (e.g., civil unions, domestic partnerships, etc.)

1. Dilley JA, Simmons KW, Boysun MJ, Pizacani BA, Stark MJ. Demonstrating the Importance and Feasibility of Including Sexual Orientation in Public Health Surveys: Health Disparities in the Pacific Northwest. *Am J Public Health*. Aug 20 2009.
2. Epstein S. Sexualizing Governance and Medicalizing Identities: The Emergence of 'State-Centered' LGBT Health Politics in the United States. *Sexualities*. 2003;6(2):131-171.
3. Greenwood GL, White EW, Page-Shafer K, et al. Correlates of heavy substance use among young gay and bisexual men: The San Francisco Young Men's Health Study. *Drug Alcohol Depend*. Jan 1 2001;61(2):105-112.
4. Mayer KH, Bradford JB, Makadon HJ, Stall R, Goldhammer H, Landers S. Sexual and gender minority health: what we know and what needs to be done. *Am J Public Health*. Jun 2008;98(6):989-995.



When incorporating demographic variables into federal surveys, the government should de-couple sexual orientation and gender identity.

Sexual orientation goes beyond how a person self-identifies to a person's sexual practices. It is not enough to record identity, what is most important to quality life indicators and outcomes are sexual practices.

To go one step further, gender identity in all its various forms should be included as members of different groups have different stigmas that affect them during the course of their lives. (Gender identity should include at a minimum options for F2M, M2F and intersex.)

With this additional information, researchers will be better able to explore the data that is obtained, and begin to characterize the health of each subset of the LGBT population. We'll be able to characterize the mice; which we currently have a limited ability to do at this time.

Finally on the Federal level, there is a lack of federal LGBT infrastructure within the Department of Health and Human Services (DHHS). DHHS has offices of Minority and Women's health but there is no such similar office for LGBT Health that can promote research opportunities, funding, grants and information to the federal government and those interested in this type of research.

Conclusion

- Resiliency of the LGBT community
- Characterize our mice & build a better mouse trap
- Move beyond 1st generation of research
- Resiliency & research throughout the lifespan
- Demographic questions
- Office of LGBT Health within DHHS



In summation, research needs to explore the strengths and resiliency of the LGBT community as this will help to combat health disparities and provide a tool to potentially increase health among each of the communities and the population.

Additionally, more effort needs to be invested to character the mice that are within the communities and the population and we need to build a better mousetrap. This process, will help us move beyond the first generation of research, where we are currently stuck.

Any studies that include resiliency, need to incorporate how it is formed and how it works throughout the lifespan for both those that do not become infected with a disease but also for those that are infected.

Fed. Gov't needs to include sexual orientation/identity, sexual practices and gender identity as part of their demographic questions in all population based studies.

Finally, the Federal Government needs to provide the community with an office of LGBT Health within DHHS to promote funding, resources and the health of these populations as a component of the US health care objectives and priorities.

DHHS

Office of Minority Health
Office of Women's Health

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