NIMHD
National Institute on Minority Health and Health Disparities

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Title of Initiative: Addressing health and health care disparities in sexual and gender minority populations

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Objective: This initiative will solicit research to address health and health care disparities in sexual and gender minority (SGM) populations.

Background: In 2020, over 11 million self-identified lesbian, gay, bisexual, and transgender (LGBT) individuals were estimated to live in the U.S., which is approximately the population size of Ohio. The National Institutes of Health's Sexual & Gender Minority Research Office (SGMRO) states that SGM populations *"include, but are not limited to, individuals who identify as lesbian, gay, bisexual, asexual, transgender, Two-Spirit, queer, and/or intersex. Individuals with same-sex or -gender attractions or behaviors and those with a difference in sex development are also included. These populations also encompass those who do not self-identify with one of these terms but whose sexual orientation, gender identity or expression, or reproductive development is characterized by non-binary constructs of sexual orientation, gender, and/or sex."* Many current national surveys do not have measures of sexual orientation, gender identity, and sexual behavior and attraction, which renders it difficult to accurately estimate the size of SGM populations and their characteristics; however, more surveys are starting to incorporate these measures such as the National Health and Nutrition Examination Survey (NHANES) and the National Health Interview Survey (NHIS), and surveys sponsored by NIH such as the *All of Us*.

SGM populations experience a wide range of health disparities. Lesbian and bisexual women have higher odds of risk factors for cardiovascular disease (CVD) (e.g., mental distress, current smoking, obesity) and breast cancer (e.g., obesity, smoking, and lower pregnancy rates) than heterosexual women. Transgender adults are more likely to have elevated rates of myocardial infarction and CVD risk factors than their cisgender counterparts. As a result of their sexual orientation, gender identity, or intersex status, LGBT and intersex individuals are at risk of violence from family members, peers, partners, and strangers, with bisexuals and transgender people—especially transgender women of color—experiencing the highest risks of violence. Forty percent of transgender women surveyed in seven major U.S. cities in 2019 to 2020 had HIV, with Black transgender women, followed by Hispanic transgender women, being disproportionately affected. In addition, cisgender gay and bisexual men accounted for 69% of new HIV diagnoses in the U.S. in 2019, with Black and Hispanic gay and bisexual men being disproportionately affected, respectively. SGM populations are also disproportionately affected by mental health disparities, with LGBT individuals experiencing increased anxiety and depressive symptoms and greater suicidality when compared with heterosexual or cisgender individuals. Along the

same line, LGBT individuals experience greater substance use and behavioral health disparities than heterosexual or cisgender individuals, including greater use of tobacco, alcohol, and illicit drugs. Sexual minority individuals also experience disparities in sleep disturbances compared to non-sexual minorities, and similar disparities may exist for transgender people.

Research gaps: Key research gaps include the paucity of evidence-based intervention and longitudinal studies in this area of research; for example, whether adaptations of evidence-based interventions that include minority stress and other SGM-specific interventions are more effective than treatment as usual. Also lacking are studies on the development and evolution of structural stigma over the life course and its impact on health and health care disparities in SGM populations. Most structural stigma research does not take into consideration intersectional characteristics (race, ethnicity, gender identity, geography, and socioeconomic status). There are also limited interventions that address health disparities, especially for SGM people who live in rural areas, who are older, and who are from racial and ethnic minority groups. Moreover, there are research gaps concerning the origins, pathways, and health consequences of minority stress and factors that support resilience; interventions to improve access to and quality of care (e.g., addressing health insurance coverage disparities, promoting culturally responsive and clinically appropriate care in clinical settings and among health care providers); and studies on the effects of social determinants of health (SDoH), including differential access to opportunities and resources, on health and health care disparities among SGM populations.

NIH portfolio analysis: According to preliminary data provided by the SGMRO office, the total number of awarded SGM projects at NIH increased from 301 in FY 2015 to 500 in FY 2020 (66.1% increase). The largest populations represented in FY 2020 were men who have sex with men (55.0%), transgender individuals (23.8%), and bisexual individuals (17.2%). Research on lesbian individuals constituted only 8.3% of the portfolio. About 5.9% of all SGM-categorized projects were on disorders or differences of sex development and intersex populations. The proportion of HIV/AIDS-related projects compared to non-HIV/AIDS projects decreased from 73.0% in 2015 to 59.8% in 2020. The total number of non-HIV/AIDS projects reached an all-time high in FY 2020. A majority of projects (65.2%) did not identify a specific racial or ethnic group included in the study. However, for those projects that specified inclusion of racial or ethnic groups, African Americans were included at the highest rate (20.0%), followed by Hispanics (11.2%). The distribution by research methods was as follows (N=529): Observational Study (37.8%), Mixed Methods (34.4%), Pilot/Feasibility/Proof-of-concept/Safety Study (29.9%), Randomized Intervention Study (27.6%), Analysis of Existing Data (17.6%), Qualitative (11.5%), Other (9.8%), and Non-randomized Intervention Study (8.5%). The distribution by type of study was as follows (N=529): Prevention Research (81.3%), Behavioral (55.4%), Social Science Research (23.6%), Other (12.7%), Clinical Trial (8.9%), Methods/Measurement Research (8.5%), and policy (4.3%). Distribution by Special Topic Category was as follows (N=529): Health Disparities (40.6%), Technology (26.3%), Stigma (17.8%), International (17.6%), Minority Stress (11.2%), Discrimination (9.1%), Hormones (7.0%), Trauma (3.4%), HPV (2.1%), Sex Work (1.9%), and Environmental (0.4%). Distribution by RCDC category was as follows (N=529): HIV/AIDS (59.8%), Mental Health (41.6%), Substance Abuse/Use (23.0%), Sexually Transmitted Infections (16.4%), Alcoholism, Alcohol Use, and Health (7.8%), Violence Research (7.2%), Aging (6.8%), Cancer (6.8%), Contraception/Reproduction (6.6%), Suicide (3.4%), Depression (3.0%), Dementia (1.8%), Obesity (1.8%), Tobacco Smoke and Health (1.4%).

Description of Initiative: This initiative will solicit research to address the aforementioned research gaps in the area of health and health care disparities in SGM populations. Using an intersectional lens with other populations that experience health disparities (racial/ethnic minority groups, underserved rural residents, and socioeconomically disadvantaged populations) is encouraged. Research could include intervention studies, observational studies, and secondary data analyses. Health disparity topics of interest include but are not limited to: CVD, diabetes, obesity, cancer, COVID-19, mental health (including suicide), substance abuse, and reproductive health.

Potential Research Areas of Focus:

- Studies that take into consideration the intersection of SGM and other populations affected by health disparities, including racial and ethnic minority groups, rural underserved communities, and socioeconomically disadvantaged individuals
- Interventions to reduce SGM health disparities and/or promote SGM health
- Evaluations of policies that affect SGM populations, including those that are SDoH-based
- Secondary analyses of datasets that incorporate information on SGM populations (e.g., BRFSS, NHANES, etc.)