

Belonging for health: Developing a social view of LGBTQ+ health disparities



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BACKGROUND

Health Disparities and Social Disconnection

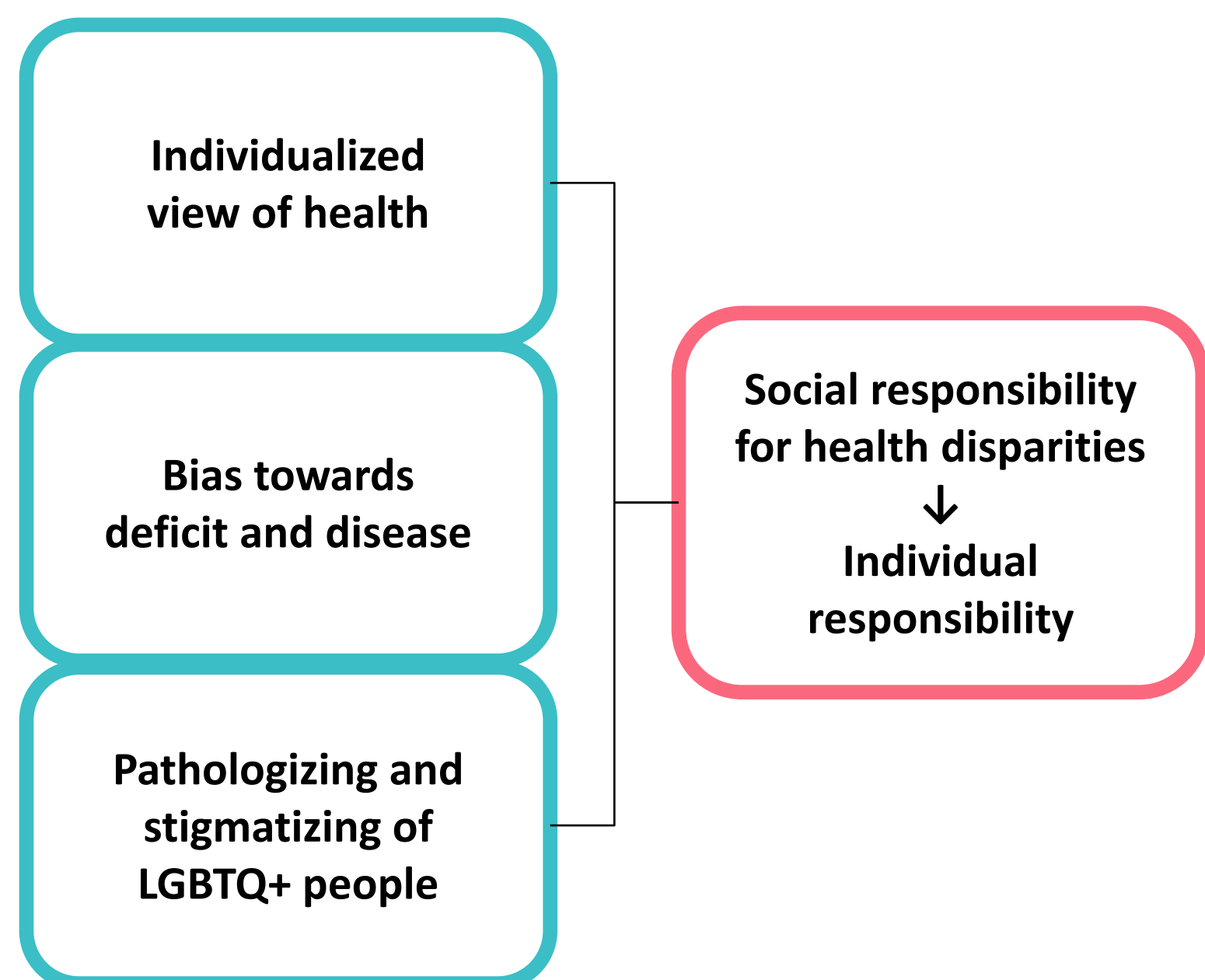
- LGBTQ+ populations report **more loneliness and social isolation** than heterosexual/cisgender peers across identities and age groups. Youth and elders are particularly vulnerable to social disconnection.
- **Risk of social disconnection is greater for people with intersecting marginalized identities** such as LGBTQ+ people of color, immigrants, people with disabilities.
- Loneliness and isolation lead to **chronic disease, poor health, mental health conditions, and suicidality** among LGBTQ+ populations.
- In 2022, more than **1 in 3 LGBTQ+ adults reported past-year experiences of discrimination**.
- Discrimination **reduces access to resources and opportunities** like education, healthcare, employment, housing, and family support.
- Across the research, **marginalization and discrimination are named as fundamental drivers of LGBTQ+ health disparities**.

The Restorative Role of Connection

- **Positive social relationships predict improved physical and mental health** and positive self-perceptions across LGBTQ+ subpopulations.
- **Positive relationships with peers, family, and the LGBTQ+ community** enhance resilience, decreased depression and anxiety, lower likelihood of suicidality and self-harm, and improve life satisfaction and self-esteem among gender minority populations.
- **The presence of acceptance, belonging, and social safety can prevent some health disparities entirely.** Trans youth who socially transition with the support of their parents report rates of depression no different than their cisgender peers. LGBTQ+ youth who report parental support do not show the elevated risks of depression, anxiety, non-suicidal self-injury, and suicidality that are otherwise documented among LGBTQ+ youth.
- Research demonstrates that **addressing social roots of LGBTQ+ health disparities impacts the trajectory of those disparities**.

Barriers to Addressing Social Drivers of Health Disparities

Prevailing Health Paradigm



Individualized View of Health

- **Individual biological and psychological factors are more important than social and structural influences on health. Responsibility for negative outcomes is placed on the individual** rather than on their relational, social, cultural, and structural environment.

Bias toward Deficit and Disease

- **Prioritization of the elimination of negative health outcomes** over the promotion of positive ones. This decreases buy-in, funding, and support for solutions that are promotive and preventative.

Pathologizing and Stigmatizing of LGBTQ+ People

- Categorization of homosexuality and diverse gender identities as mental disorders, stigmatization of HIV, use of conversion therapy, criminalization of gender affirming care: all frame LGBTQ+ people as disordered.

This paradigm shifts social responsibility for marginalization and health disparities onto individual LGBTQ+ people, their behaviors, and their ability to be resilient.

ADDRESSING THE SOCIAL ROOTS OF LGBTQ+ HEALTH DISPARITIES

CENTER THE SOCIAL

Identify social leverage points. Connect your work to its social context to identify opportunities to leverage existing solutions to address the social roots of health disparities.

Use social models of health. Choose health models and theories of change that inform a social approach to health disparities to address social roots of socially-originating problems.

Aim for social impact. Across sectors, develop programs, services, and products that target opportunities to increase social safety, connection, belonging, and social resourcing or to intervene on a social or structural level.

Evaluate social outcomes. Prioritize the social through what you choose to measure. Use metrics of social support, relational dynamics, and structural-individual interactions to quantify, track, and refine your ability to address the social roots of LGBTQ+ health disparities.

Fund and support social innovation. Direct resources of time, attention, effort, partnership, philanthropy, investment, and grant dollars toward social solutions for health disparities. Weight your portfolio of work and investments towards social solutions.

Communicate social implications. Counter narratives that individualize responsibility for health disparities by centering social drivers of LGBTQ+ health.

PROMOTE PROSOCIALITY

LGBTQ+ health disparities driven by marginalization will be best addressed through the active cultivation of social inclusion, belonging, and access to cultural resources. Because our current health system is not designed to promote these kinds of assets, **truly addressing LGBTQ+ health disparities will require us to make innovative investments in prosocial solutions.**

Prosociality, or positive other-regarding behaviors and beliefs such as altruism, trust, reciprocity, compassion, and empathy has been shown to be a valuable, evidence-based framework for impacting public health across populations and risk groups.

Research on prosocial interventions has covered a wide range of positive social initiatives from the development of positive relational beliefs and values like empathy and collaboration to the promotion of social behaviors like relationship building and volunteering. Examples span individual, organizational, and community level initiatives across social environments. Research has also shown that **prosociality impacts health through biological, behavioral, and social pathways, making it a versatile tool for addressing complex health needs.**

BRIDGE AND SCALE

As you evaluate opportunities to address LGBTQ+ health disparities by centering social solutions and promoting prosocial asset development, you should also consider how well the opportunity capitalizes on bridging and scaling.

Bridging: Because building social connection and belonging is essential to success, **solutions are uniquely powerful when they not only build coalitions but build coalitions between groups separated by cultural tension or division.** Bridging solutions have the ability to meet the needs of multiple groups simultaneously while also building prosocial connection between the groups. Finding common ground and co-creating mutually-beneficial solutions between groups is itself an act of system-level, prosocial intervention.

Scaling: Other paradigm shifts in public health, such as HIV destigmatization, have relied on building cultural momentum through effective, scalable strategies. Learning from these models, **evaluating potential solutions for both their effectiveness and their ability to be applied and scaled across contexts is an important way to maximize the impact you have.** As the research shows, this also means that we don't have to start from scratch; in addition to creating new viable solutions, there are already evidence-based solutions ready to be integrated into your existing work.