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Understanding the LGBTQ+ Divide: A review on the impact of geographic location and political climate on LGBTQ+ patient care in the United States.

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Original Clinical Investigations

Understanding the LGBTQ+ Divide: A review on the impact of geographic location and political climate on LGBTQ+ patient care in the United States.

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Keywords: Gender Minorities, Transgender Persons, Outcome assessment, Health Inequities, Geographic Location

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Background

In the United States, laws and policies are proposed and passed daily that either protect or restrict transgender patients’ access to care. The objective of this study is to review the existing body of literature on the effect of state-level policy on transgender patients’ overall health.

Methods

Primary literature was identified through PubMed and the National Institutes of Health. Search terms included keywords related to the following concepts: LGBTQ terms, differentiating terms, regional terms, and health outcome terms. Inclusion criteria: Quantifiable studies conducted on the American LGBTQ and Transgender population from January 2015 to April 2023. Exclusion criteria: Studies not conducted in English, on the American population, and not relevant to the research question. Results were individually discussed and then synthesized using a narrative approach.

Results

A total of 6 studies were identified for review. The difference in rates of suicidality, suicide attempt, depression, and anxiety between Democratic and Republican states was statistically significant (p<0.01). Overall, the policy index for Republican states was -0.5, and for Democratic states was 2.47 which directly correlated with the use of therapy/counseling, the use of HRT, and reduced odds of lifetime suicide attempts among transgender adults (AOR) 0.96 (0.92-0.997) (p<0.05).

Conclusion

Republican-run states, on average, had policies in place restricting access and treatment for transgender patients which is correlated with worse health outcomes. Advocacy is greatly needed to help protect this at-risk population and further research is needed to better understand how state-level barriers impact transgender patients across the US.

INTRODUCTION

The current political climate in the United States continues to intensify as the views and ideals of the two major political parties continue to diverge.\textsuperscript{1} Lesbian, gay, bisexual, transgender, and queer (LGBTQ) equality across the United States (US) is a rapidly changing landscape.\textsuperscript{2} One point of tension is the validity of the transgender identity and this population’s access to treatments including hormonal replacement therapy (HRT) and gender-affirming surgeries.\textsuperscript{3} The growing barrier to access fair healthcare for transgender individuals across the United States, growing stigma, misinformation, political action, and other factors are threatening the well-being of transgender identifying individuals.\textsuperscript{3} The purpose of this literature review is to analyze geopolitical influences and other factors that may positively or negatively impact transgender patients’ overall health. To better understand the current health status of transgender and other LGBTQ+ individuals, legal status and modern politics are briefly explored.
CONTEXT

Stigma encountered early in the life of a LGBTQ individual shapes how they experience all aspects of society including health-related institutions. The accumulation of stigma leads to a perpetuation of inequality through institutions and systems that affect the overall health of LGBTQ people. How LGBTQ+ individuals have been marginalized historically will be briefly described but is in no way comprehensive.

LEGAL STATUS

Throughout history, the legal status of LGBTQ individuals has not only threatened their livelihood but their very existence. In colonial America, sodomy and cross dressing were punishable by death and through much of the nineteenth and twentieth century same-sex sexual behavior was illegal. In the 1960s and 1970s sodomy laws were specifically rewritten in many states to target gay people to justify discrimination. These laws were used to deny gay people certain privileges including their ability to raise and parent children, their ability to adopt, their right to housing, and their access to jobs. These beliefs and laws that influenced the lives of all sexual and gender minority individuals would then shape the domains of medicine.

In the first edition of the Diagnostics and Statistics Manual published by the American Psychiatric Association in 1952, homosexuality was a mental health diagnosis under “sociopathic personality disorder”. This was important because the DSM served as the first manual of clinical mental health disorders and diagnosis. It was particularly problematic because the diagnosis was classified with other aberrant behaviors including pedophilia, sexual assault, and sexual mutilation. It wasn’t until 1973 that the American Psychiatric Association removed the diagnosis of “homosexuality” from the second edition of the DSM after great pressure from gay rights activists, psychiatrists, and other advocacy groups. Following the removal of this diagnosis, cultural attitudes on homosexuality shifted.

The history of stigma held against the LGBTQ community has modern day influences on their overall health and well-being. Because such negative views have been associated with the LGBTQ community, many of this community’s members are weary to disclose any personal information including sexual health to healthcare professionals. This is important because it can lead to important medical diagnoses being missed resulting in negative health outcomes. There is additionally a lack of training for healthcare providers which leads to inadequate care. In addition to perceived sexual stigma, many members of the LGBTQ community experience barriers of access to care due to their membership in other minority groups including race, ethnicity, socio-economic status, and geographic location.

THE MODERN POLITICAL CLIMATE

Within the United States, equality under the law does not always apply to the LGBTQ community. Stigma has swayed modern-day politics and legislative action which is actively threatening the well-being of the LGBTQ community. This can be seen when looking at the party platforms of Democrats and Republicans, the two major political parties in the United States.

The past 2020 Democratic party platform “condemns the Trump Administration’s discriminatory actions against the LGBTQ+ community, including the dangerous and unethical regulations allowing doctors, hospitals, and insurance companies to discriminate against patients based on their sexual orientation or gender identity.” Their platform seeks to restore nondiscrimination protections for the LGBTQ community in addition to expanding healthcare resources and requiring federal health plans to cover coverage for medications like PrEP/PEP, gender confirmation surgery, and hormone therapy. They also seek to enact the Equality Act which seeks to outlaw discrimination against LGBTQ+ people in housing, public accommodations, access to credit, education, jury service, and federal programs. The party seeks to expand mental health and suicide prevention services and ban “conversion therapy” practices.

The Republican party platform seeks to “defend American values”. Their 2016 party platform and their current legislative actions seek to “defend the freedoms of religious believers and organizations.” They state that one of the foremost institutions in society is the “American family” which is made between the natural union of “one man and one woman”. Their 2016 public platform states that “everyone should be concerned about the state of the American family today” and “the data and the facts lead to an inescapable conclusion: Every child deserves a married mom and dad”. The party asserts that it does not accept the Supreme Court’s redefinition of marriage and they urge its reversal. They hold the belief that “America’s healthcare professionals should not be forced to choose between following their faith and practicing their profession. We support the rights of conscience”. A belief that ultimately encourages discrimination against the LGBTQ population.

As of August 7, 2023, the ACLU is tracking more than 490+ anti-LGBTQ bills in the US. This current tide of government-sanctioned discrimination is largely levied against transgender youth in Republican-run states such as Texas, Florida, Tennessee, Arkansas, and Mississippi to name a few. Lawmakers are targeting this population’s rights by passing legislation to undermine nondiscrimination laws to allow employers to turn away LGBTQ people, to restrict LGBTQ expression, and to target access to medically necessary healthcare which has been proven have an impact on the overall quality of life for these patients.

RESEARCH METHODS

Primary literature used for this review was identified through the online biomedical literature databases PubMed and the National Institutes of Health (NIH). Ideal search terms were identified through a preliminary search of the databases and the identification of relevant articles. Such terms included keywords related to concepts: LGBTQ terms: including “transgender”, “LGBTQ”, “gender minority”, “sexual minority”; differentiating terms including “dif-
percent same-sex couple households, income inequality, and transgender protective laws. 33.5% of Southern U.S. states and 30.8% of Western U.S. states were included in the top 10 highest-refusal states. On the other hand, 33.3% of New England states and 25% of Mid-Atlantic states/D.C. were among the top 10 with the lowest refusal rates. The percentage of the state population voting Republican was positively associated with care refusal among transgender adults (OR 5.92, CI 1.52-23.07, p<0.01). The 10 states where participants had the highest odds of experiencing refusal of care were Florida, Arizona, Tennessee, Oregon, Arkansas, Alaska, Connecticut, North Dakota, Oklahoma, and Idaho and the 10 states with the lowest odds were Maryland, California, Michigan, Massachusetts, North Carolina, Louisiana, Illinois, Utah, New York, and New Hampshire in order of highest to lowest. The patterns demonstrated that state-level factors may differentially drive care refusal across states.

A second study, conducted by Goldenberg et al. in 2020, examined how restrictive and protective policy points influence access to medical gender-affirming services such as hormone treatment and therapy/counseling. This study examined the associations between state-level transgender-specific policies and the use of gender-affirming services. Each US state was scored via a policy index that ranked six policy areas including nondiscrimination policies, religious exemption laws, private health insurance policies, Medicaid policies, and regulations for changing a gender marker and legal name on state-issued identification. The policy index was associated with both the use of therapy/counseling and the use of hormone replacement therapy (HRT). Protective policies were associated with increased care, and restrictive policy such as broad religious exemption laws and

RESULTS

DISCRIMINATION/ACCESS TO CARE

A study conducted by Hughto et al. in 2016 reviewed state-level factors and their influence on healthcare refusal for transgender patients. The factors analyzed included the number of individuals in the state who voted Republican,
Medicaid policies that excluded transgender-specific care, were associated with less use of therapy/counseling and HRT.\textsuperscript{17}

In 2022 Clark et al. sought to determine if state-level policy environments were associated with discrimination and victimization among sexual and gender minority people. Cisgender sexual minorities (OR 1.007, p=0.041) and gender minority people (OR 1.010, p=0.047) had greater odds of reported discrimination in protective policy environments.\textsuperscript{18} Additionally, the gender-expansive subgroup had greater odds of reported victimization in states with more protective policy environments (OR 1.003, p<0.05).\textsuperscript{18}

Clark et al. noted how it would be expected that gender minority people would experience increased reported discrimination and victimization in restrictive policy environments and that perhaps respondents are more likely to report such claims because they have greater protection under the law.\textsuperscript{18}

One of the most expansive studies was conducted by Hasenbush et al in 2014 that analyzed the social climate, demographics, economic and health indicators among LGBTQ+ and non-LGBTQ+ people across the US. They compared outcomes in the 21 states with sexual orientation protections in state employment non-discrimination laws...
(state law states) and the 29 states without such protections (non-state law states). The divide between the 21 state law states and the 29 non-state law states was consistently an indicator for greater disparities between LGBTQ+ people specifically across economic, family, and health indicators. In the 29 non-state law states, LGBTQ people face a more critical social environment, an income disadvantage of approximately $9,000, and have insurance rates approximately 9% lower than their LGBTQ+ counterparts in the 21 state law states. It is an important limitation that the study was conducted on the LGBTQ population as a whole and not specifically on the Transgender community. Sexual orientation and gender identity are often confused in public opinion implying that overall feelings of the LGBTQ+ population may reflect those felt towards the transgender population.

**HEALTH OUTCOMES**

Research specific to the transgender population on health outcomes is lacking. One of the few articles identified was a study by Perez-Brumer et al. that analyzed a 2003 cross-sectional Internet-based health assessment of transgender adults living in the United States and created a 4-item composite index of states across the US. The index considered the density of same-sex couples per 1,000 households in the state, the proportion of public high schools with gay-straight alliances (GSA), state-level policies related to sexual discrimination, and public opinion toward citizen rights for sexual minorities. Lower levels of structural stigma were correlated with reduced odds of lifetime suicide attempts among transgender adults. Adjusted odds ratio (AOR) 0.96 (0.92-0.997) (p<0.05) for lifetime suicide attempts.

The Trevor Project is an American non-profit organization that focuses on suicide prevention in LGBTQ youth. They are strong advocates for the community and help advance research by publishing high-impact content. In 2022 they published their National Survey on LGBTQ Youth Mental Health which is one of the most diverse studies conducted to date. Their study was conducted on 34,000 LGBTQ youth ages 13 to 24, with 48% being transgender/non-binary. Rates of suicidal ideation, suicide attempts, anxiety symptoms, depression symptoms, and ability to access mental healthcare were reported. Across all US states, in transgender/gender non-conforming individuals the average rate of suicidality was 53.58%, suicide attempt was 18.53%, anxiety symptoms were 65.08% and depression symptoms were 57.21%. The data provided from the study was then analyzed based on state legislative control as shown in Table 1. Republican run states had statistically significant (p<0.01) increased rates of suicidality, suicide attempt, anxiety, and depression.

A total of 5 studies were identified through the database search and 1 additional study was found through a review of major LGBTQ+ advocacy groups. See Table 2 for summary data of the articles discussed. US states were divided into major political parties according to the National Conference of State Legislatures (see Figure 2) for analysis. There was a total of 29 states with a majority Republican composition and 19 states with a majority Democrat composition. Pennsylvania and Kentucky were excluded from the analysis because their composition was split. Of the Republican states, 21 have passed laws banning gender-affirming care and 5 are actively considering legislation. Of the Democratic states, 0 have passed laws banning gender-affirming care and 2 are actively considering legislation. 18 of the 19 Democratic states and 3 of the 29 Republican states have sexual orientation protections in state employment non-discrimination laws (state law states) which were indicators of fewer disparities between LGBTQ+ people from their non-LGBTQ+ counterparts specifically across economic, family, and health indicators. Rates of self-reported suicidality, suicide attempt, anxiety, depression, and access to care in transgender patients in Democratic states were 50.29(±3.05), 15.86(±2.32), 76.50(±2.18), 63.07(±1.64), and 55.36(±6.37) respectively. Compared to the rates in Republican states which were 55.57(±2.83), 20.13(±5.33), 79.70(±3.08), 66.35(±3.10), and 58.48(±3.60) respectively. The difference in rates of suicidality, suicide attempt, depression, and anxiety between Democratic and Republican states was deemed to be of statistical significance (p<0.01). Of the 10 states where transgender residents face increased odds of experiencing care refusal, 8 were Republican, and 2 were Democrat. A generated policy index with negative scores indicating restrictive policy and positive scores indicating protective policy was created for all US states. The average score for the Republican states was -0.5 and for Democrat states was 2.47. A direct correlation was found between the policy index and the use of therapy/counseling and the use of HRT. An alternative index found that lower levels of structural stigma were correlated with reduced odds of lifetime suicide attempts among transgender adults (AOR) 0.96 (0.92-0.997) (p<0.05). Conversely, one study found that cisgender sexual minorities (OR 1.007, p=0.041) and gender minority people (OR 1.010, p=0.047) had greater odds of reported discrimination in protective policy environments. And, the gender-expansive subgroup had greater odds of reported victimization in states with more protective policy environments (OR 1.003, p<0.05).

**DISCUSSION**

The purpose of this article was to review the current literature on the effect of state-level policy and geopolitical influence on transgender patients’ overall health. A total of 6 studies were identified that addressed the aims of this article. Many studies found had investigated the LGBTQ+ population but had not specifically researched the impacts of political influence on transgender patient outcomes. Existing literature suggests that the degree of societal approval towards individuals who identify as lesbian, gay, and bisexual is closely tied to the variations in policies and legal statuses across different states and that assessing the level of acceptance can serve as an approximation of the presence of structural and societal stigma. One’s political affiliation and voting patterns often act as indicators for the prevailing local attitudes and cultural norms surrounding various subjects.
Table 1. Average rates of suicidality, suicide attempt, anxiety, depression, and access to care in transgender youth across US by state legislative political party. Table created from data provided by The Trevor Project.21

<table>
<thead>
<tr>
<th></th>
<th>Suicidality</th>
<th>Suicide Attempt</th>
<th>Anxiety</th>
<th>Depression</th>
<th>Access to care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Republican (n=29)</strong></td>
<td>55.57 (+2.83)</td>
<td>20.13 (+3.33)</td>
<td>79.70 (+3.08)</td>
<td>66.35 (+3.10)</td>
<td>58.48 (+3.60)</td>
</tr>
<tr>
<td><strong>Democrat (n=19)</strong></td>
<td>50.29 (+3.05)</td>
<td>15.86 (+2.32)</td>
<td>76.50 (+2.18)</td>
<td>63.07 (+1.64)</td>
<td>55.36 (+6.37)</td>
</tr>
</tbody>
</table>

*Kentucky and Pennsylvania excluded from analysis because legislative control is split.

Table 2. Summative table showing number of state law states, number of states with current Bans on transgender care, number of states currently considering passing legislation, average rates of suicidality, suicide attempt, anxiety, depression, and access to care in transgender youth, number of states with highest/lowest care refusal rates, and average policy index score by state legislative political party.

<table>
<thead>
<tr>
<th>Source</th>
<th>State-law states (n)</th>
<th>Restrictive laws: passed/considering (n)</th>
<th>Suicidality %</th>
<th>Attempt %</th>
<th>Anxiety %</th>
<th>Depression %</th>
<th>Access to Care %</th>
<th>Highest care refusal (n)</th>
<th>Lowest care refusal (n)</th>
<th>Policy Index (Ave)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hasenbush et al.19</td>
<td>Attacks on gender affirming care by state map.14</td>
<td>2022 National Survey on LGBTQ Youth Mental Health by State.21</td>
<td>Hughto et al.16</td>
<td>Goldenberg et al.17</td>
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<tr>
<td>R (29)</td>
<td>3</td>
<td>21/5</td>
<td>55.57</td>
<td>20.13</td>
<td>79.70</td>
<td>66.35</td>
<td>58.48</td>
<td>8</td>
<td>4</td>
<td>-0.5</td>
</tr>
<tr>
<td>D (19)</td>
<td>18</td>
<td>0/2</td>
<td>50.29</td>
<td>15.86</td>
<td>76.50</td>
<td>63.07</td>
<td>55.36</td>
<td>2</td>
<td>6</td>
<td>2.47</td>
</tr>
</tbody>
</table>

Multiple variables affecting transgender patient outcomes were studied. Measures included the density of same-sex couples per 1,000 households in the state, the proportion of public high schools with gay-straight alliances (GSA), state-level policies related to sexual discrimination, public opinion toward citizen rights for sexual minorities, number of individuals in the state who voted republican, transgender protective laws, experiences of discrimination, and ability to change legal documents. Outcomes identified as influenced by regional political affiliation included health outcomes such as suicidality, suicide attempt, anxiety, depression, rate of care refusal, use of therapy/counseling, use of hormonal replacement therapy, and odds of lifetime suicide attempts. On average, transgender patients living in Republican states face statistically significant increased rates of suicidality, suicide attempt, depression, and anxiety compared to their counterparts in Democratic states (p<0.01).21 This population also faces increased odds of experiencing care refusal. A direct correlation was found between progressive state policy and the use of therapy/counseling and HRT. Based on the presented literature, it is apparent that transgender patients living in largely Republican regions face more restrictive policy that perpetuates health inequalities and that negatively impacts health outcomes. In addition, available sources indicate that even transgender patients living in Democratic regions experience worse health outcomes compared to their heterosexual counterparts.

CONCLUSION

This review was limited by the quality and amount of published literature available. Yet, this review concludes that Republican-run states, on average, have policies in place restricting access and treatment for transgender patients which is correlated with significantly increased rates of suicidality, suicide attempt, depression, and anxiety. Despite variation between both policy and outcomes in Democratic and Republican run states, transgender and gender minority individuals continue to face worse outcomes in comparison to their heterosexual and gender-conforming counterparts. Advocacy is greatly needed to repeal restrictive policies and push legislation that helps to protect this at-risk population to reduce health inequities.

The current political climate is changing daily with new laws being passed that are actively influencing the care of transgender patients. Further research on state-level barriers to care for transgender individuals is needed to further understand the intricacies of these health inequities. Despite the lack of existing research on the topic of interest, it is apparent that existing legislation is impacting the care and quality of life for transgender individuals.

CONFLICT OF INTEREST

The author has no conflicts of interest to declare.
ACKNOWLEDGMENTS

The author thanks The Human Rights Campaign for permission to use Figure 1, and Goldenberg et al. for permission to use Figure 3.
REFERENCES


