



The Disproportionate Impacts of COVID-19 on the LGBTQ+ Population

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Speaker Disclosure

The speakers for today's event **do not** have any conflicts to disclose.



Nice to Meet You!



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About Our Work

Northwestern



Institute for Sexual
and Gender Minority
Health and Wellbeing

Evaluation, Data Integration, and Technical Assistance Program (EDIT)

Social Epidemiology

- Network Science
- Geospatial Analysis
- Population-Level

Health Equity

- Underserved Groups
- Intersectional Analysis
- Community Leadership

Community Engagement

- Program Evaluation
- Quality Improvement
- Health Systems

*HIV; Chronic Conditions; Infectious Diseases; Mental Health; Stigma;
Social Determinants; Implementation Research*



Today's Agenda:

Background – *What puts LGBTQ+ people at greater risk?*

- Overview of existing inequities
- Key frameworks to understand LGBTQ+ disparities

Emerging Evidence – *What are we seeing in COVID-19 data?*

- Current research and findings thus far
- Research gaps and critical questions

Action Items – *What do we need to do moving forward?*

- Key priorities and strategies to promote LGBTQ+ peoples' health through COVID-19 and beyond
- What our team is doing

Background

- 1. LGBTQ+ Demographics**
- 2. Health Disparities relevant to COVID-19**
 - 1. Youth**
 - 2. Adults**
 - 3. Older Adults**
- 3. Mechanisms of Health Inequity**

LGBT Identity by Gender and Race

Percentage of U.S. Adults Identifying as LGBT by Gender and Race/Ethnicity, 2012-2017

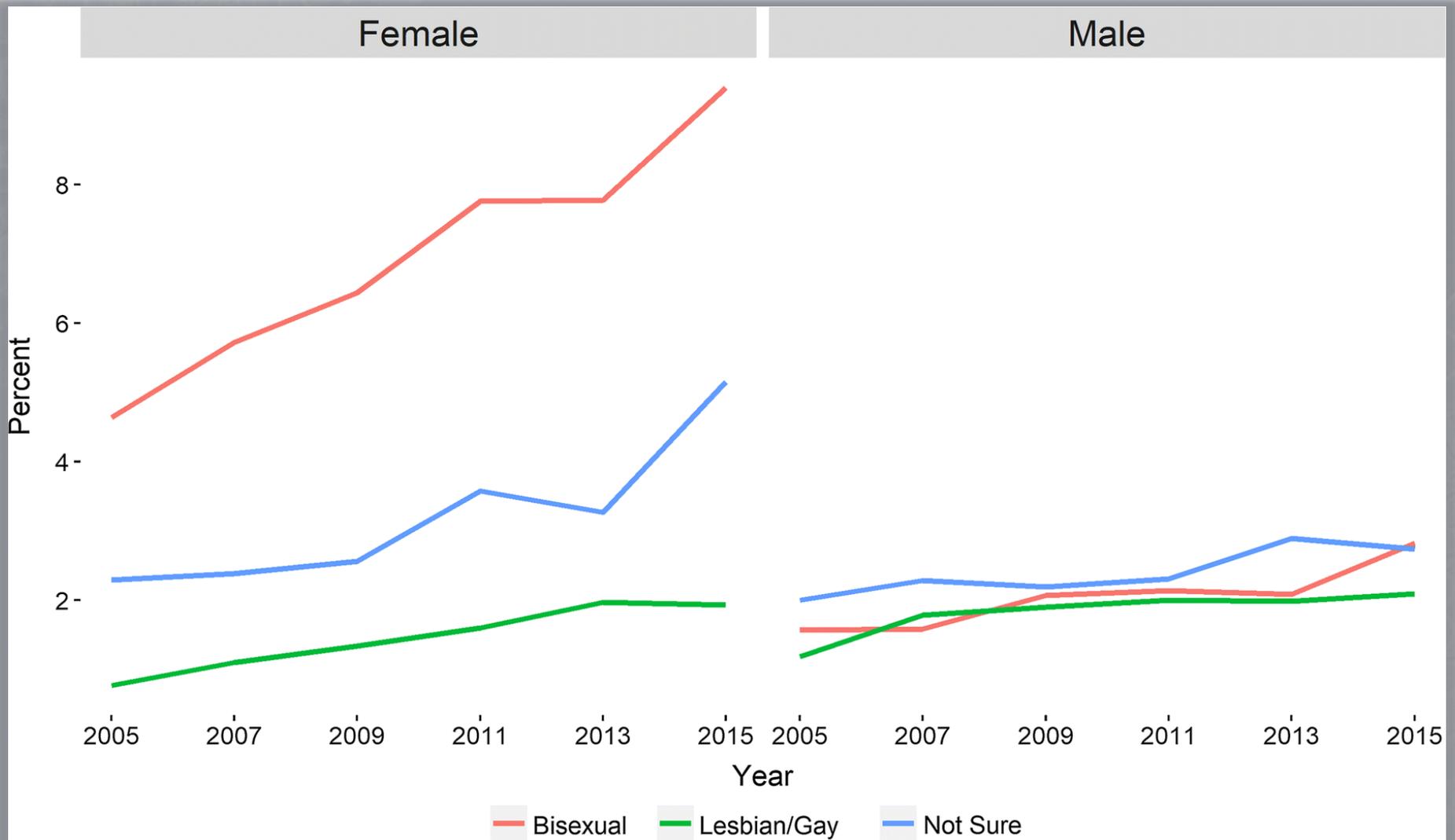
	2012	2013	2014	2015	2016	2017
	%	%	%	%	%	%
Gender						
Male	3.4	3.5	3.6	3.7	3.7	3.9
Female	3.5	3.6	3.9	4.1	4.4	5.1
Race/Ethnicity						
White, non-Hispanic	3.2	3.3	3.4	3.5	3.6	4.0
Black, non-Hispanic	4.4	4.0	4.6	4.5	4.6	5.0
Hispanic	4.3	4.7	4.9	5.1	5.4	6.1
Asian, non-Hispanic	3.5	3.3	4.2	4.9	4.9	4.9

GALLUP DAILY TRACKING

Newport, Frank, "In US, Estimate of LGBT Population Rises to 4.5%" Gallup Analytics, May 22, 2018.



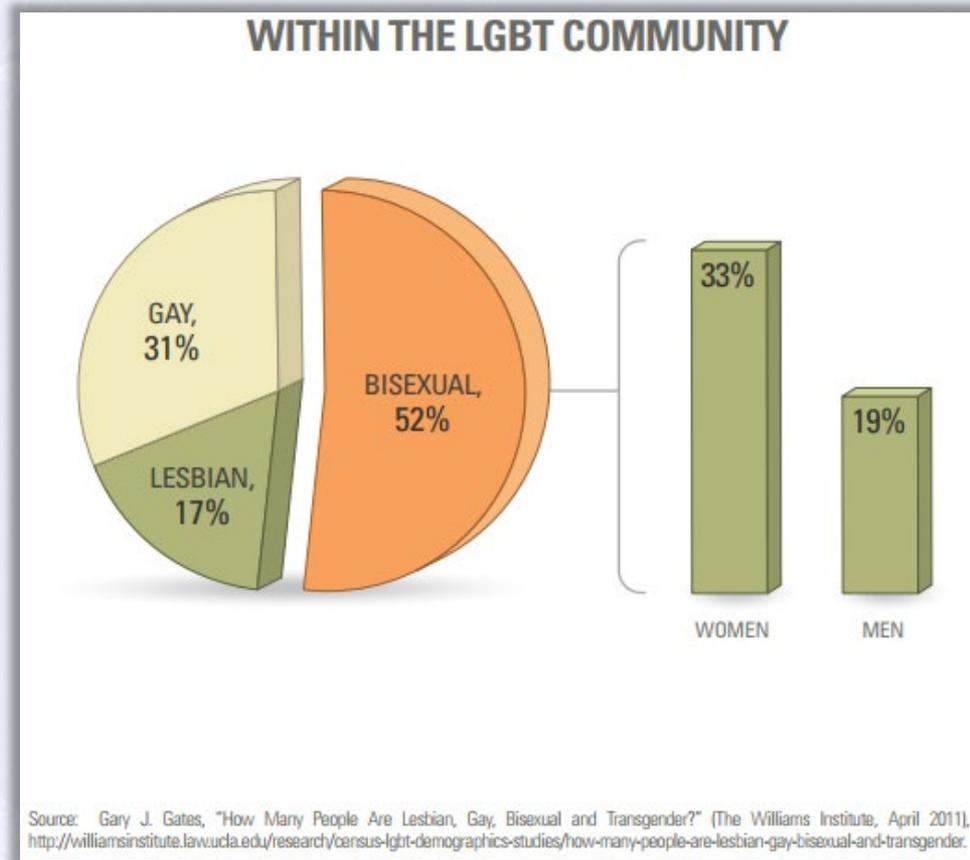
Pooled Youth Risk Behavior Survey, 2005-2015



Phillips G, Beach LB, Turner B, et al. Sexual Identity and Behavior Among US High School Students, 2005–2015. *Arch Sex Behav.* 2019;1-17.



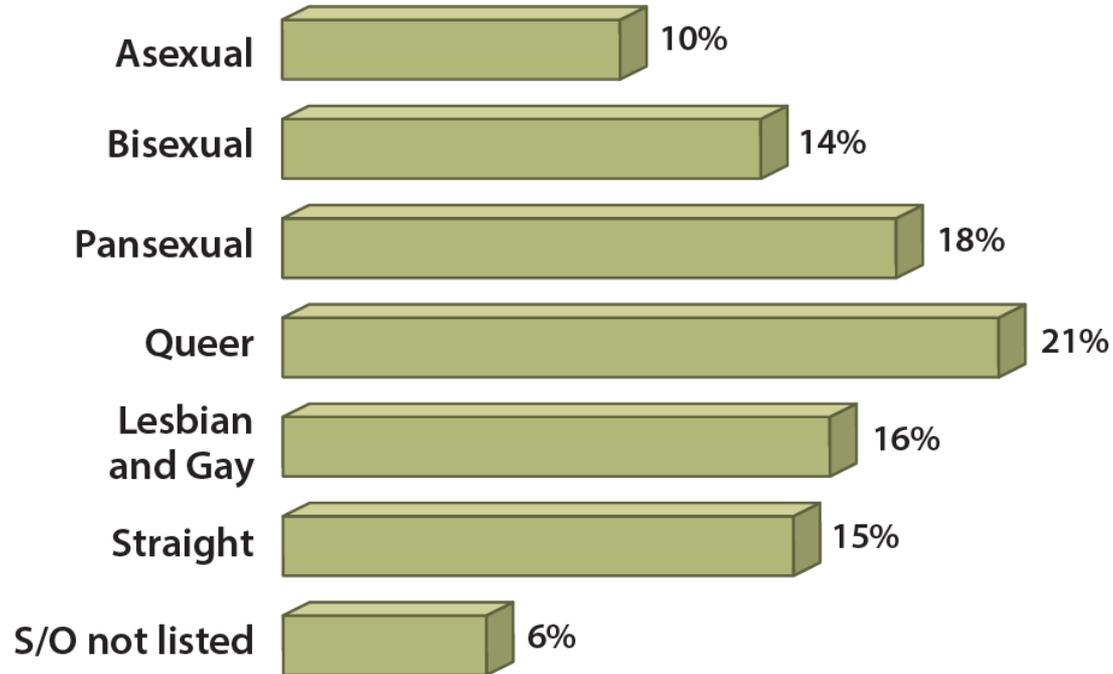
Sexual Identity by Sex and LGB Sub-population



Invisible Majority: The Disparities Facing Bisexual People and How to Remedy Them. Movement Advancement Project. September 2016. www.lgbtmap.org/invisible-majority



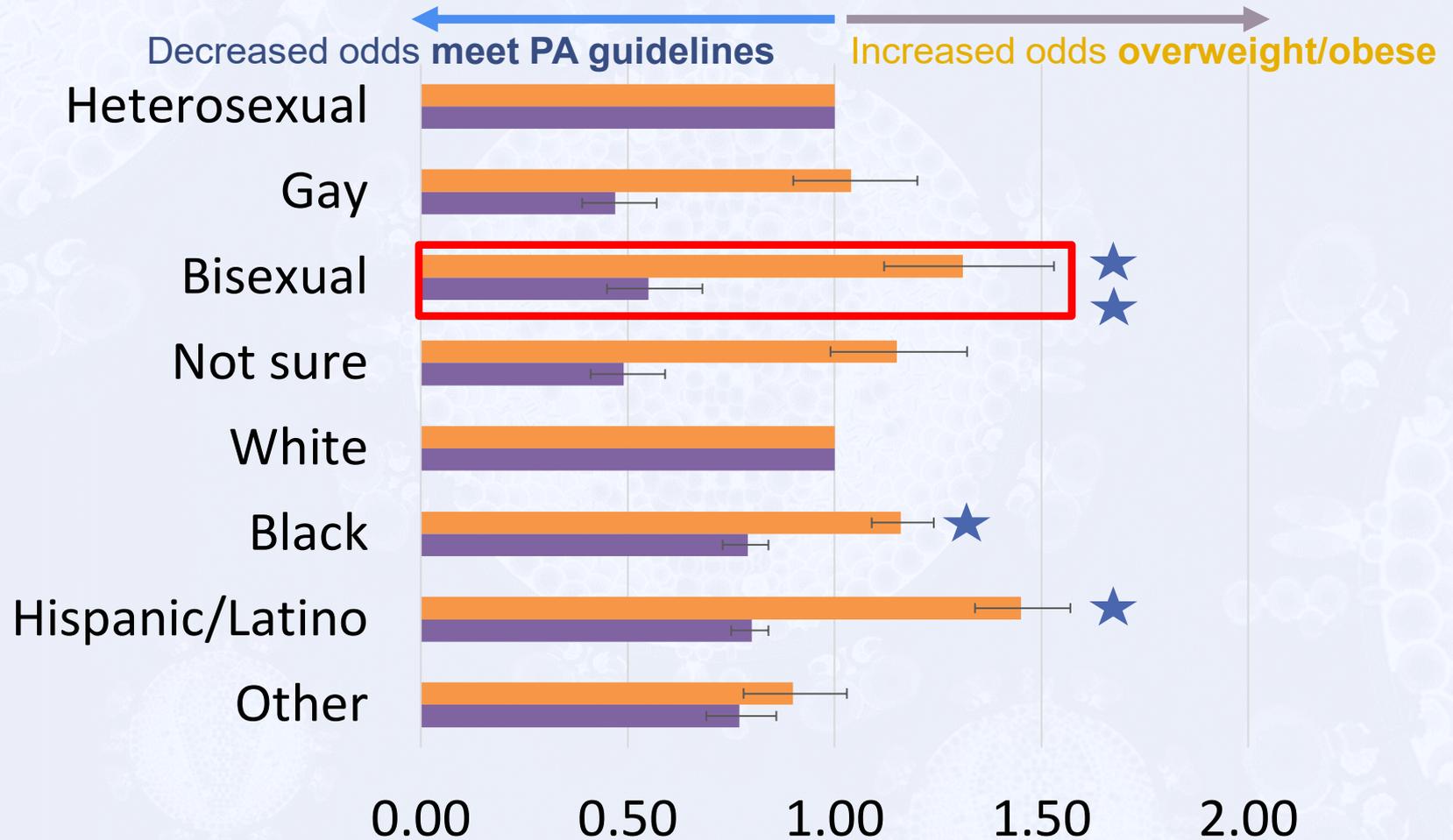
Sexual Orientation Among USTS 2015 Respondents



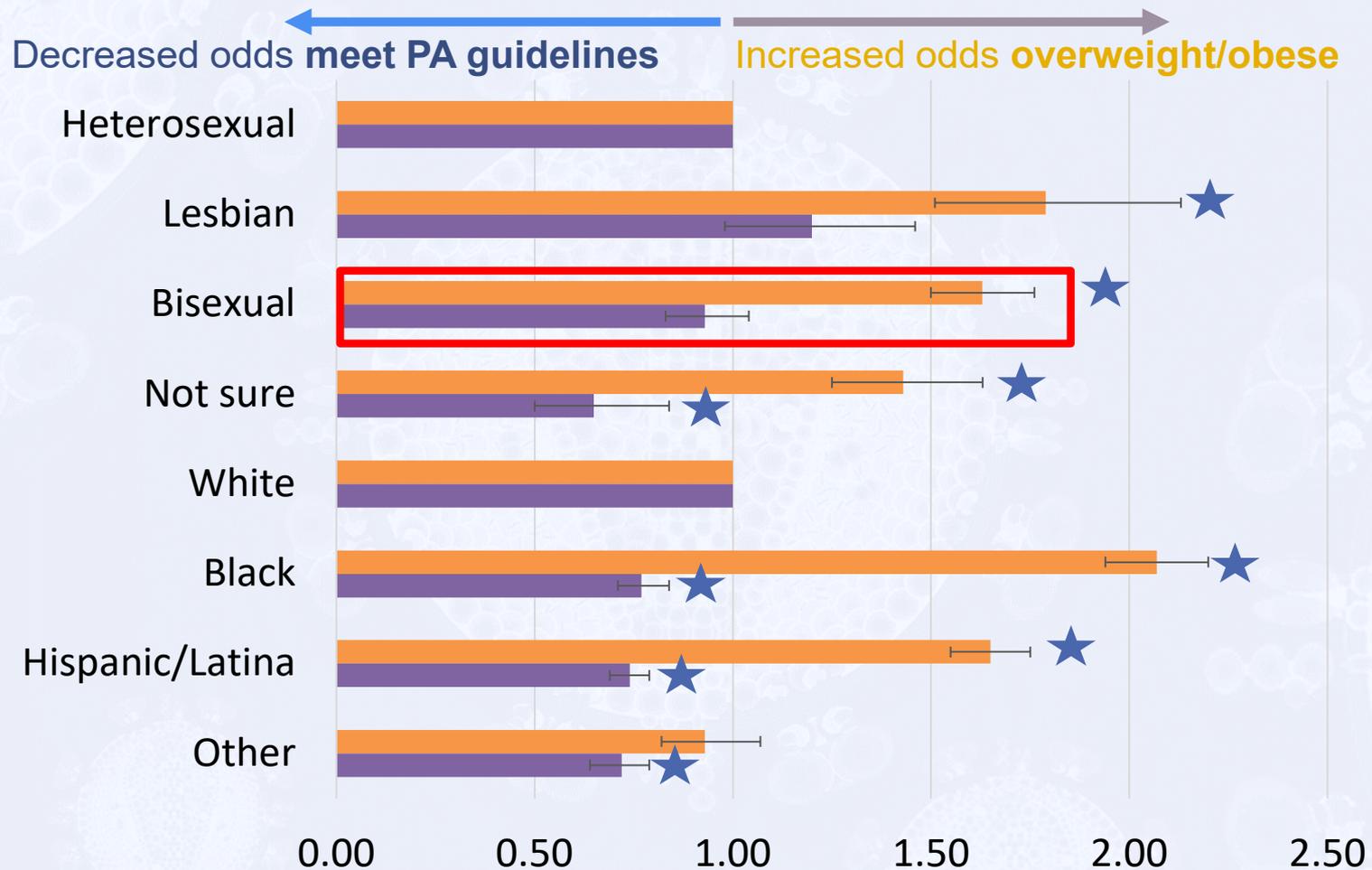
Source: Sandy James, et al., "The Report of the 2015 U.S. Transgender Survey," *National Center for Transgender Equality*, 2016, <http://www.ustranssurvey.org/report>.



Diabetes Risk Factors among Male Youth: Physical Activity and BMI



Diabetes Risk Factors among Female Youth: Physical Activity and BMI



Health Disparities by Sex and Sexual Orientation

Table 2 Health outcomes and health risk factors by sexual orientation: men aged 18 years and older (Source: 2014–2015 Behavioral Risk Factor Surveillance System)

	Heterosexual		Gay		Bisexual		
	Weighted %	Weighted %	Adjusted OR (95% CI)	P value	Weighted %	Adjusted OR (95% CI)	P value
Mental health							
Frequent mental distress	9.1	15.5	1.71 (1.34–2.18)	<0.001	21.7	2.33 (1.81–3.01)	<0.001
Depression	13.1	31.6	2.91 (2.42–3.50)	<0.001	28.4	2.41 (1.96–2.96)	<0.001
Physical health							
Poor/fair health	15.9	16.9	1.19 (0.93–1.52)	0.17	22.7	1.53 (1.16–2.02)	0.003
Poor physical health days	10.4	11.0	1.18 (0.93–1.49)	0.17	12.6	1.23 (0.91–1.66)	0.18
Activity limitations	19.5	21.5	1.17 (0.98–1.39)	0.09	25.2	1.44 (1.14–1.81)	0.002
Health condition diagnoses							
Cardiovascular disease	8.5	6.4	1.20 (0.92–1.56)	0.17	6.7	0.96 (0.69–1.33)	0.79
Cancer	10.7	9.6	1.30 (1.02–1.67)	0.04	7.3	0.90 (0.67–1.20)	0.46
Arthritis	22.7	17.1	0.98 (0.82–1.18)	0.84	19.0	1.04 (0.82–1.33)	0.74
Asthma	6.8	9.0	1.25 (0.97–1.61)	0.08	11.3	1.55 (1.16–2.07)	0.003
Chronic obstructive pulmonary disease	5.8	7.9	1.85 (1.36–2.54)	<0.001	7.4	1.40 (0.99–1.99)	0.06
Health risks							
Obese	30.6	26.4	0.91 (0.77–1.08)	0.27	27.2	0.98 (0.80–1.21)	0.87
Current smoker	19.6	27.1	1.66 (1.38–2.00)	<0.001	25.6	1.28 (1.00–1.64)	0.05
Binge drinking	21.9	24.8	0.99 (0.83–1.19)	0.94	25.0	1.07 (0.86–1.34)	0.55

Adjusted odds ratios (OR) were estimated from logistic regression models controlling for age, race/ethnicity, relationship status, the presence of children in the household, educational attainment, employment status, household income, health insurance status, state of residence, and year

Gonzales G, Henning-Smith C. Health Disparities by Sexual Orientation: Results and Implications from the Behavioral Risk Factor Surveillance System. *J Community Health*. 2017;42(6):1163-1172.



Health Disparities by Sex and Sexual Orientation

Table 3 Health outcomes and health risk factors by sexual orientation: women aged 18 years and older Source: 2014–2015 Behavioral Risk Factor Surveillance System

	Heterosexual	Lesbian			Bisexual		
	Weighted %	Weighted %	Adjusted OR (95% CI)	P value	Weighted %	Adjusted OR (95% CI)	P value
Mental health							
Frequent mental distress	12.3	18.9	1.53 (1.22–1.93)	<0.001	27.9	2.08 (1.73–2.49)	<0.001
Depression	22.3	35.4	1.93 (1.60–2.33)	<0.001	48.9	3.15 (2.69–3.68)	<0.001
Physical health							
Poor/fair health	17.0	16.9	1.26 (0.99–1.61)	0.06	24.1	2.00 (1.62–2.45)	<0.001
Poor physical health days	12.7	12.6	1.23 (0.96–1.57)	0.10	17.7	1.89 (1.53–2.34)	<0.001
Activity limitations	21.3	27.5	1.81 (1.47–2.23)	<0.001	29.6	2.21 (1.84–2.65)	<0.001
Health condition diagnoses							
Cardiovascular disease	5.2	2.8	0.91 (0.61–1.37)	0.67	2.3	1.02 (0.72–1.44)	0.92
Cancer	12.9	10.4	1.12 (0.87–1.43)	0.38	7.0	1.25 (0.98–1.59)	0.07
Arthritis	31.0	29.5	1.58 (1.30–1.91)	<0.001	20.8	1.49 (1.24–1.80)	<0.001
Asthma	11.6	15.5	1.33 (1.04–1.72)	0.03	23.7	1.99 (1.65–2.40)	<0.001
Chronic obstructive pulmonary disease	7.5	8.1	1.54 (1.11–2.16)	0.01	8.6	1.83 (1.40–2.39)	<0.001
Health risks							
Obese	29.6	33.0	1.25 (1.04–1.51)	0.02	38.3	1.83 (1.55–2.16)	<0.001
Current smoker	15.5	27.7	1.96 (1.59–2.41)	<0.001	28.5	1.73 (1.45–2.08)	<0.001
Binge drinking	11.0	20.7	1.49 (1.17–1.89)	0.001	25.1	1.84 (1.53–2.22)	<0.001

Adjusted odds ratios (OR) were estimated from logistic regression models controlling for age, race/ethnicity, relationship status, the presence of children in the household, educational attainment, employment status, household income, health insurance status, state of residence, and year

Gonzales G, Henning-Smith C. Health Disparities by Sexual Orientation: Results and Implications from the Behavioral Risk Factor Surveillance System. *J Community Health*. 2017;42(6):1163-1172.



Sexual Orientation Disparities: Multiple Chronic Conditions

Table 3. Association Between Sexual Orientation and Health Status and Health Risk Factors^a

Variable	Men				Women			
	Gay vs Heterosexual		Bisexual vs Heterosexual		Lesbian vs Heterosexual		Bisexual vs Heterosexual	
	OR (95% CI)	P Value	OR (95% CI)	P Value	OR (95% CI)	P Value	OR (95% CI)	P Value
Physical health								
No chronic conditions	1 [Reference]	NA	1 [Reference]	NA	1 [Reference]	NA	1 [Reference]	NA
One chronic condition	1.23 (0.93-1.63)	.14	1.61 (0.94-2.76)	.08	1.21 (0.87-1.68)	.26	1.35 (0.94-1.95)	.11
Multiple chronic conditions	1.51 (0.99-2.31)	.06	1.47 (0.68-3.18)	.33	1.58 (1.12-2.22)	.01	2.07 (1.34-3.20)	.001
Mental health								
No psychological distress	1 [Reference]	NA	1 [Reference]	NA	1 [Reference]	NA	1 [Reference]	NA
Moderate psychological distress	1.45 (1.08-1.96)	.02	2.60 (1.62-4.18)	<.001	1.34 (1.02-1.76)	.04	2.17 (1.48-3.19)	<.001
Severe psychological distress	2.82 (1.55-5.14)	.001	4.70 (1.77-12.52)	.002	1.45 (0.91-2.29)	.12	3.69 (2.19-6.22)	<.001

Gonzales, G., Przedworski, J., & Henning-Smith, C. (2016). Comparison of Health and Health Risk Factors Between Lesbian, Gay, and Bisexual Adults and Heterosexual Adults in the United States: Results From the National Health Interview Survey. *JAMA Intern Med*, 176(9), 1344-1351. doi:10.1001/jamainternmed.2016.3432



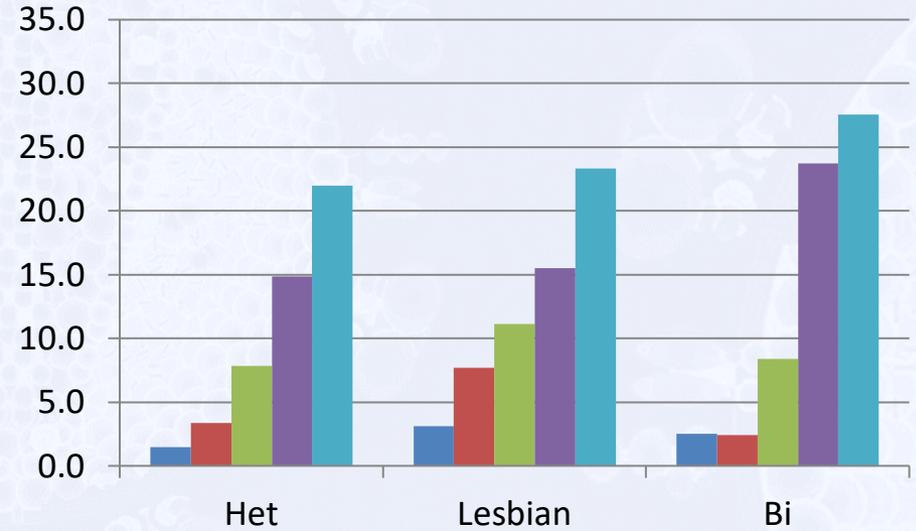
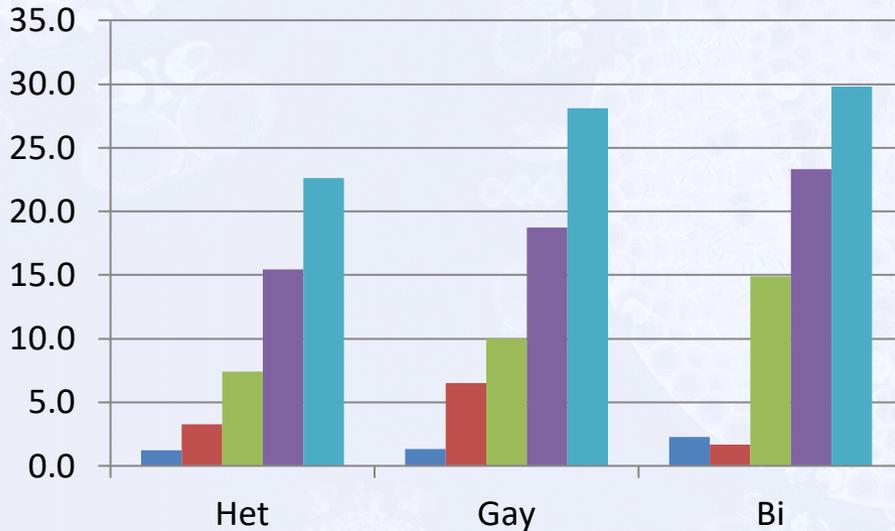
Diabetes Prevalence by Age and Sexual Orientation (From the 2014 BRFSS)

Men

Women

18-29 30-39 40-49 50-64 >65

18-29 30-39 40-49 50-64 >65



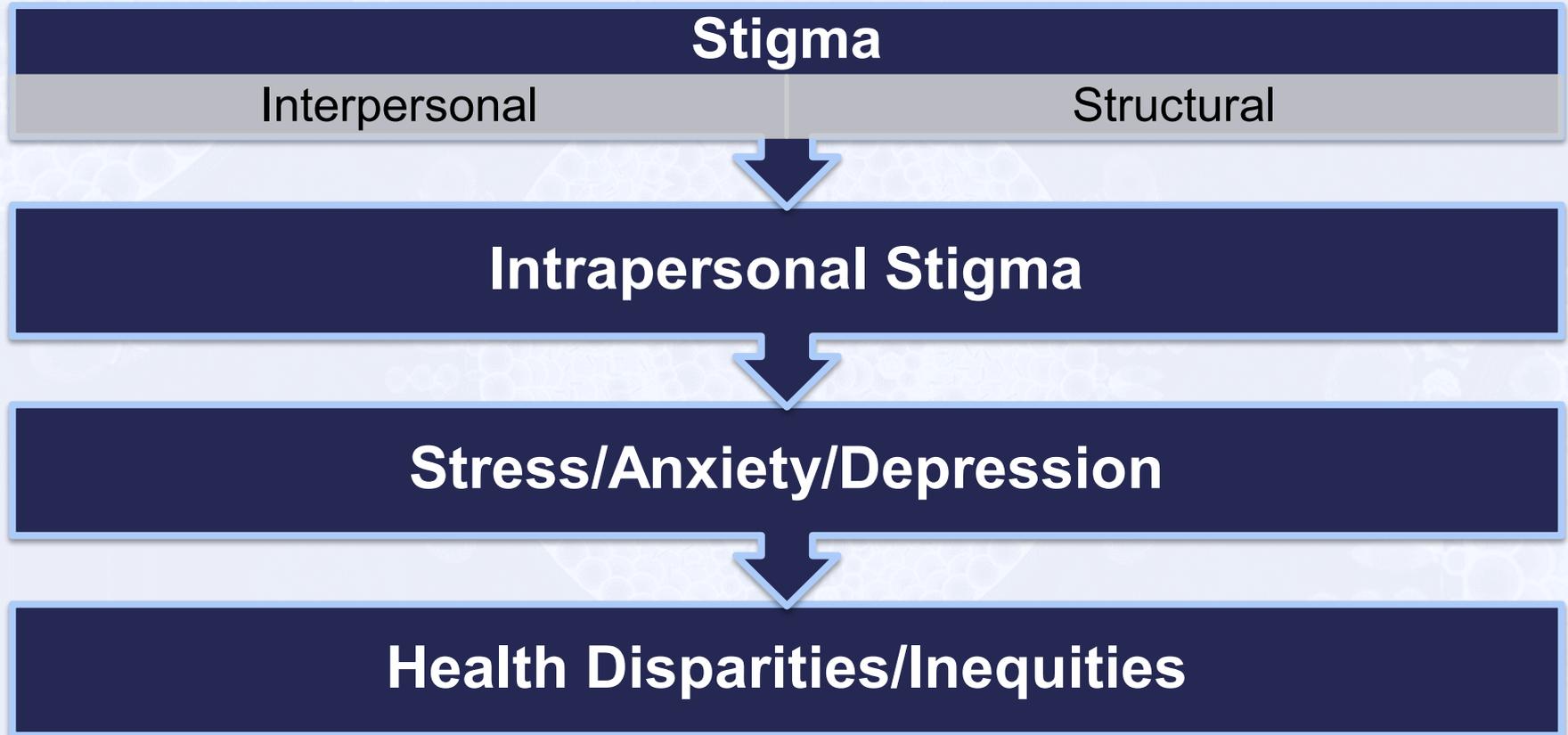
Beach LB, Elasy TA, Gonzales G. Prevalence of Self-Reported Diabetes by Sexual Orientation: Results from the 2014 Behavioral Risk Factor Surveillance System. *LGBT Health*. 2018;5(2):121-130.



Mechanisms Contributing to Poor LGBTQ+ Health Outcomes



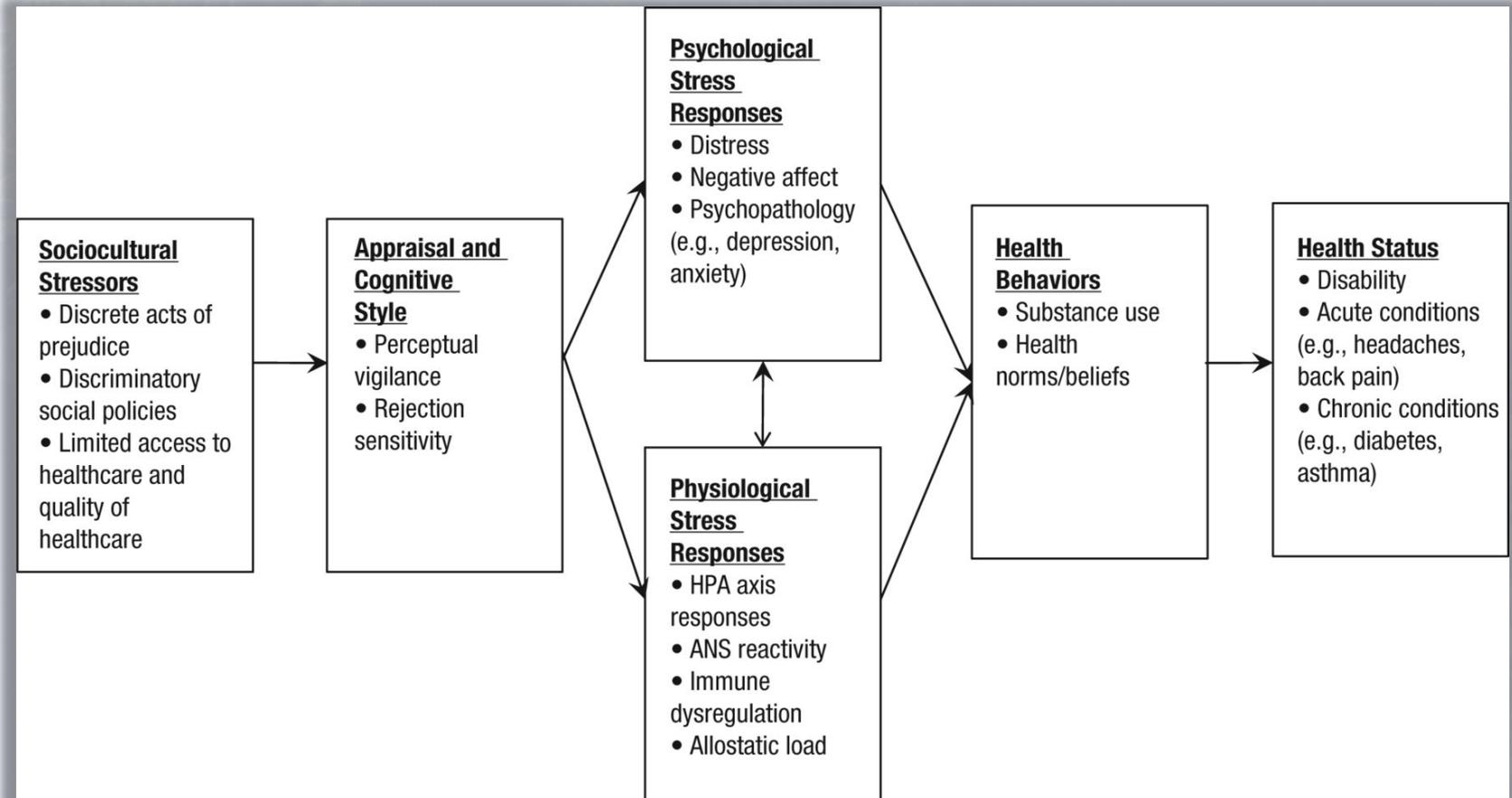
Stigma, Discrimination and Health



Hatzenbuehler, ML, Link, BG. 2014



Conceptual model illustrating proposed mechanisms underlying LGB physical health disparities.



Copyright © by Association for Psychological Science

David J. Lick et al. Perspectives on Psychological Science 2013;8:521-548



MidAtlantic AIDS Education and Training Center

Perspectives on
Psychological
SCIENCE

Questions?

Is there anything we can clarify or discuss further when it comes to existing disparities and theories in LGBTQ+ health?

Emerging Evidence

COVID-19 Research overall has prioritized:

- Biological mechanisms of disease
- Effective treatments
- Disparities by race and ethnicity

LGBTQ+ health has not been prioritized.

The limited COVID-19 research with LGBTQ+ people has focused on:

- HIV
- Mental and behavioral health
- Economic impacts
- Disparities by sex, sexual orientation, gender identity, race, and ethnicity

DISCLAIMER: Our next section hits the *highlights*. This isn't comprehensive.

Mental and Behavioral Health

- The PRIDE study, a longitudinal study of LGBTQ+ health, found increases in both anxiety and depression which coincided with the COVID-19 pandemic.¹
- Barriers to socializing, daily stress/trauma, and economic anxiety can wreak havoc on a population already at risk for exacerbated mental health concerns.²
- LGBTQ+ young people may be particularly at risk.³

¹ Flentje, A., Obedin-Maliver, J., Lubensky, M.E. *et al.* Depression and Anxiety Changes Among Sexual and Gender Minority People Coinciding with Onset of COVID-19 Pandemic. *J GEN INTERN MED* **35**, 2788–2790 (2020). <https://doi.org/10.1007/s11606-020-05970-4>

² <https://www.thetrevorproject.org/wp-content/uploads/2020/04/Implications-of-COVID-19-for-LGBTQ-Youth-Mental-Health-and-Suicide-Prevention.pdf>

³ Salerno, J. P., Devadas, J., Pease, M., Nketia, B., & Fish, J. N. (2020). Sexual and Gender Minority Stress Amid the COVID-19 Pandemic: Implications for LGBTQ Young Persons' Mental Health and Well-Being. *Public Health Reports*. <https://doi.org/10.1177/0033354920954511>



HIV

No evidence currently indicates that individuals with HIV are at greater risk of contracting or experiencing a severe case of COVID-19 than those without HIV...

BUT

- Interruptions to HIV service delivery
- Barriers to HIV/STI testing or PrEP/PEP
- Economic impacts may make people more vulnerable to HIV

Any impacts on HIV risk or service delivery are unlikely to be experienced equitably.

HIV

- In one study, COVID-19 had interrupted HIV service delivery for many but had especially impacted men who have sex with men.¹
- Compared to transgender women without HIV, transgender women with HIV were more likely to be vulnerable to impacts of COVID-19,² due to:
 - Older average age
 - Material conditions (homelessness; sex work)
- Regardless of HIV status, mistreatment and discrimination at point of care has been reported as a barrier to both HIV and COVID-19 services for trans women²

¹ Sanchez, T.H., Zlotorzynska, M., Rai, M. *et al.* Characterizing the Impact of COVID-19 on Men Who Have Sex with Men Across the United States in April, 2020. *AIDS Behav* **24**, 2024–2032 (2020). <https://doi.org/10.1007/s10461-020-02894-2>

² Poteat, T. C., Reisner, S. L., Miller, M., & Wirtz, A. L. (2020). COVID-19 Vulnerability of Transgender Women With and Without HIV Infection in the Eastern and Southern U.S. *medRxiv : the preprint server for health sciences*, 2020.07.21.20159327. <https://doi.org/10.1101/2020.07.21.20159327>

Economic Concerns

Early research has shown us that LGBTQ+ people are more likely to...

1. Have experienced a decrease in pay / hours worked¹
2. Report concerns about personal finances¹

Prior research had already demonstrated that LGBTQ+ people are more likely to...

1. Work in essential service positions²
2. Have no or inconsistent health coverage²

¹<https://www.hrc.org/resources/the-economic-impact-of-covid-19-on-the-lgbtq-community>

²<https://www.hrc.org/resources/the-lives-and-livelihoods-of-many-in-the-lgbtq-community-are-at-risk-amidst-covid-19-crisis>

Remember – It's All Connected

Disparities don't exist or operate in isolation.

We need to think beyond individual behaviors.

Understanding the causes of inequity gives us the tools we need to fight it.

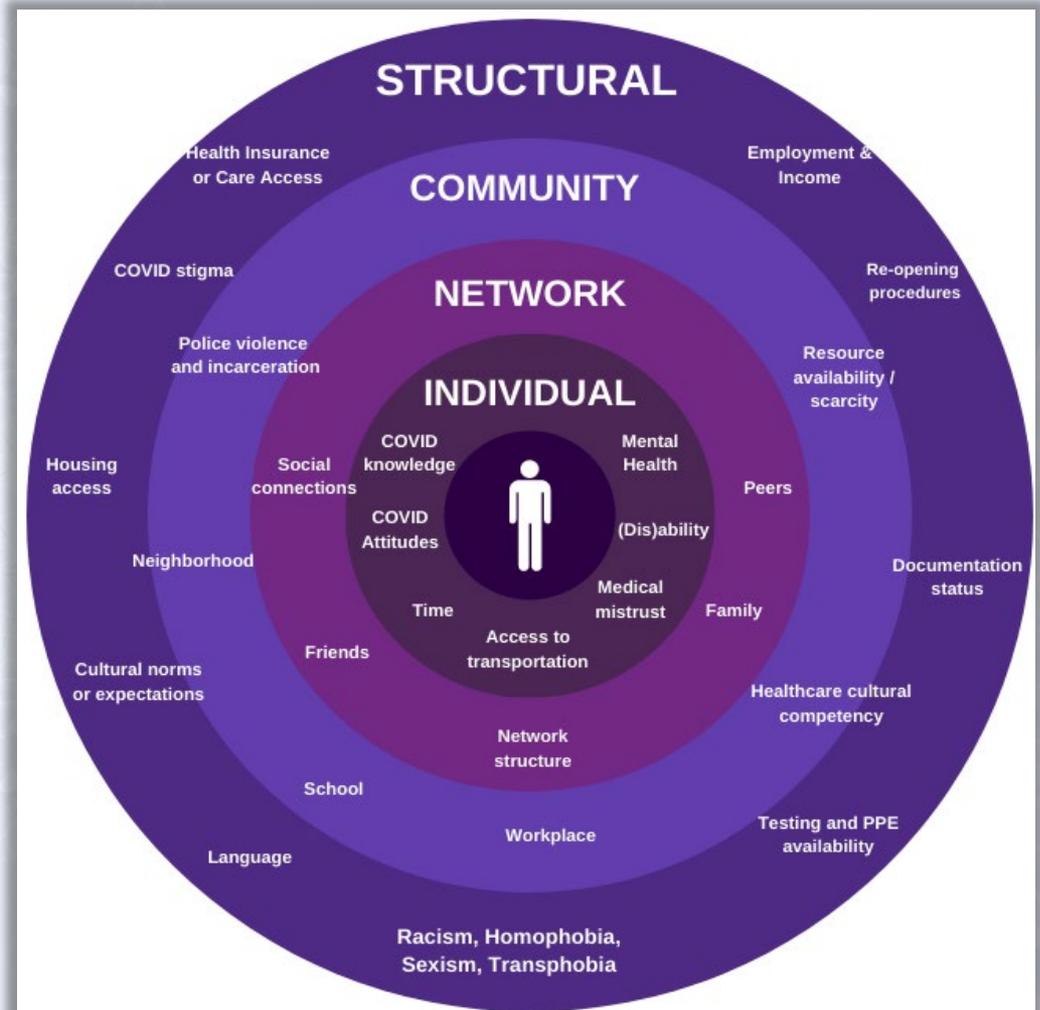


Image Credit: Megan Ruprecht



Quick Review

What research has found so far:

- COVID-19 is spreading along well-known lines of inequity, fueled by longstanding patterns of discrimination.¹
- Existing disparities in health, service access, and social determinants among LGBTQ+ people, especially LGBTQ+ POC, are likely to be exacerbated.²

Thus, our team is prioritizing investigating...

- How these disparities are manifesting, including complex causes and consequences.
- Short of systemic change and eliminating homo/bi/transphobia, what can we accomplish immediately to support LGBTQ+ health?

¹Bowleg L. (2020). We're Not All in This Together: On COVID-19, Intersectionality, and Structural Inequality. *American journal of public health*, 110(7), 917. <https://doi.org/10.2105/AJPH.2020.305766>

²Phillips II, G., Felt, D., Ruprecht, M. M., Wang, X., Xu, J., Pérez-Bill, E., Bagnarol, R. M., Roth, J., Curry, C. W., & Beach, L. B. (2020). Addressing the Disproportionate Impacts of the COVID-19 Pandemic on Sexual and Gender Minority Populations in the United States: Actions Toward Equity. *LGBT health*, 7(6), 279–282. <https://doi.org/10.1089/lgbt.2020.0187>

– Our Research –

The Social Epidemiology of COVID-19 Among LGBTQ+ populations

In April, our team shifted our efforts to give COVID-19 research equal priority with our other work. We currently have four ongoing projects:

1. Analysis of the City of Chicago's *COVID-19 Resilience Survey* data;
2. Survey of the Impacts of the COVID-19 Pandemic on SGM and People with HIV; and
3. Qualitative interviews with Chicago HIV service providers on the impact of COVID-19 on service delivery;
4. Understanding and improving COVID-19 testing and prevention among marginalized youth and young adults (YYA) ages 14-24.

COVID-19 Resilience Survey

Differences in COVID-19 Social Needs by Race/Ethnicity

	N=62 White (%)	N=104 Black (%)	N=25 Latinx (%)	Chi- square	p-value
<i>Structural Barriers to Health</i>					
<i>Access to medical provider to indicate appropriateness of testing</i>	96.8	89.4	76.0	8.6841	0.0130
<i>Access to medical services</i>	25.8	53.8	32.0	13.7010	0.0011
<i>Shortage of food</i>	0.0	17.3	8.0	12.5992	0.0018
<i>Shortage of sanitation/cleaning Supplies</i>	17.7	45.2	40.0	13.0090	0.0015
<i>Lack of childcare/supervision</i>	4.8	5.8	4.0	0.1563	0.9248
<i>Loss of employment income</i>	25.8	27.9	28.0	0.0934	0.9544
<i>Access health insurance / care Coverage</i>	95.2	90.4	84.0	2.9911	0.2368
<i>Access primary care provider/physician</i>	91.9	87.5	76.0	4.1188	0.1275
<i>Access mental health provider</i>	48.4	37.5	28.0	3.5909	0.1661
<i>Social needs</i>					
<i>Support from community organization</i>	1.6	17.3	16.0	9.4590	0.0088



COVID-19 Resilience Survey

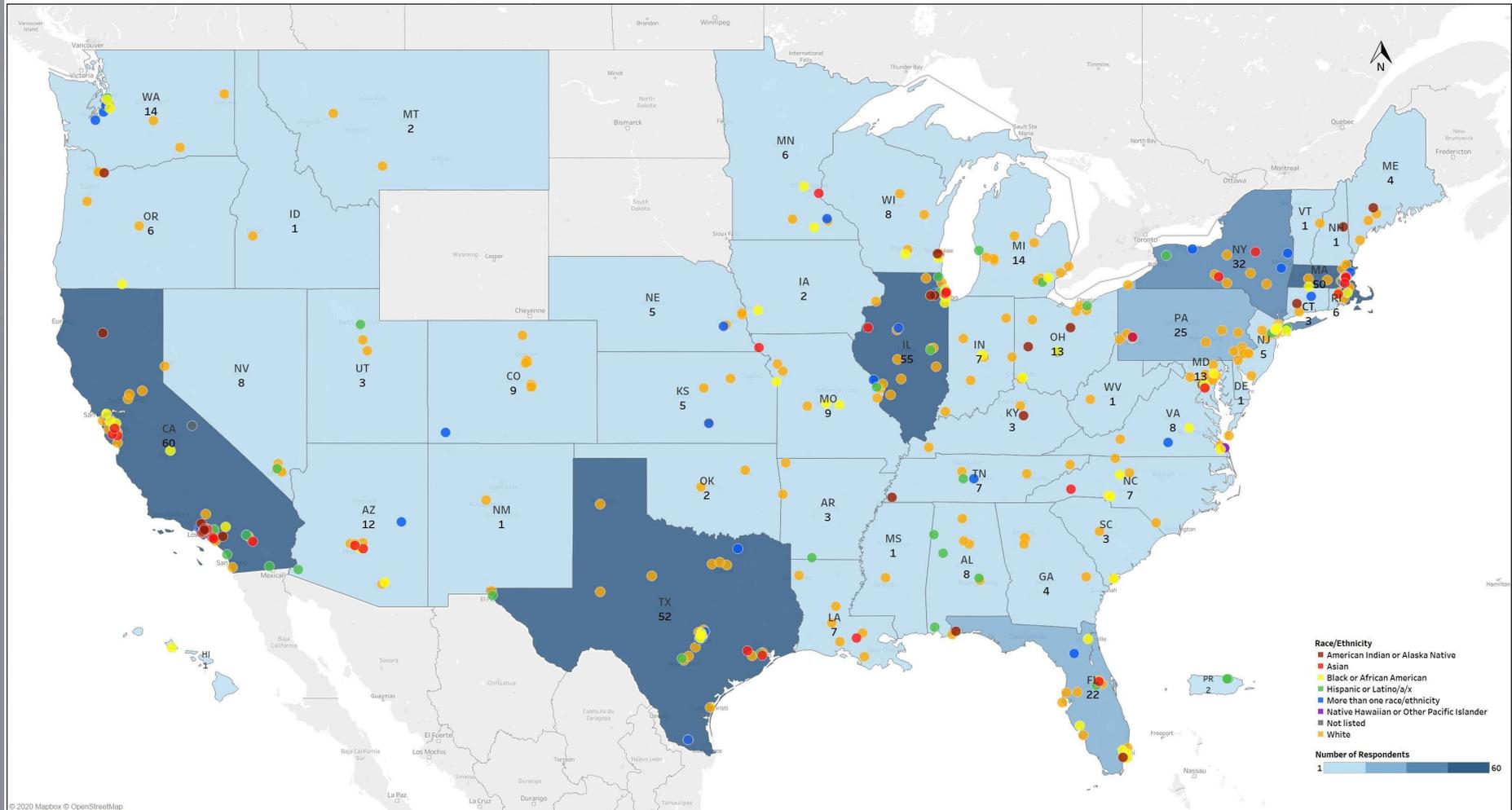
Differences in COVID-19 Social Needs by Gender Modality

	N=196 Cisgender (%)	N=10 Gender Minority (%)	Chi- square	p-value
<i>Structural Barriers to Health</i>				
<i>Access to medical provider to indicate appropriateness of testing</i>	90.3	80.0	1.1039	0.2934
<i>Access to medical services</i>	41.3	40.0	0.0069	0.9338
<i>Shortage of food</i>	10.7	10.0	0.0051	0.9431
<i>Shortage of sanitation/cleaning Supplies</i>	35.2	20.0	0.9738	0.3237
<i>Lack of childcare/supervision</i>	6.1	10.0	0.2420	0.6228
<i>Loss of employment income</i>	27.6	30.0	0.0285	0.8659
<i>Access health insurance / care Coverage</i>	90.3	90.0	0.0010	0.9746
<i>Access primary care provider/physician</i>	87.2	60.0	5.8388	0.0157
<i>Access mental health provider</i>	37.3	60.0	1.6970	0.1927
<i>Social needs</i>				
<i>Mental Telehealth</i>	14.8	60.0	13.7852	0.0002
<i>Feeling alone/isolated</i>	40.3	90.0	9.6021	0.0019



COVID-19 SGM and PWH Impacts Survey

Geographic Distribution of Covid 19 Survey Respondents by State and Zip Code



COVID-19 SGM and PWH Impacts Survey

Preliminary Findings

SSOGI Demographics (non-exclusive):

- *Sexual Orientation*
 - Gay/Lesbian (56%)
 - Bisexual (36%)
- *Gender*
 - Transgender (19%)
 - Non-Binary (14%)
- *Sex*
 - Intersex (5%)

Reported COVID-19 Symptoms:

- Transgender (53%)
- Bisexual (40%)
- Gay/Lesbian (22%)

Received COVID-19 Test:

- Transgender (4%)
- Bisexual (7%)
- Gay/Lesbian (11%)

HIV Service Provider

“Pandemic Response Interviews”

Chicago Department of Public Health HIV Services Portfolio

- 50+ projects
- 40+ agencies
- Priority populations: Black and Latinx MSM, Black and Latina Transgender Women, Black Cisgender Women who have sex with men

Key Questions:

- How has the pandemic impacted service delivery? What about how it's impacted staff, or clients?
- How are agencies responding to ensure a strong system of HIV service delivery and equity for priority populations?

Data Collection is Ongoing!

COVID-19 Testing and Prevention among YYA ages 12-24

- COVID-19 rates have been rising among YYA
- How do we support testing and prevention behaviors in this population, especially among YYA who are:
 - LGBTQ+
 - Black
 - Latinx
 - Indigenous

Two Study Aims:

1. Mixed-Methods investigation of drivers of COVID-19 testing and prevention behaviors among YYA
2. Development and pilot testing of a health-messaging intervention

IRB review pending!

Questions?

Is there anything we can clarify or discuss further when it comes to emerging research about LGBTQ+ health during COVID-19, including but not limited to our own work?

What We Know, Don't Know, and Need

We Know...

- COVID-19 is impacting the LGBTQ+ community in predictable ways;
- Disparities are exacerbated among multiply-marginalized groups, particularly Black, Latinx, Indigenous, and transgender people;
- LGBTQ+ people are likely to experience the impacts of healthcare service disruption at a greater rate than cisgender or heterosexual peers;
- We still have a lot to learn.

What We Know, Don't Know, and Need

We Don't Yet Know...

- The full magnitude of COVID-19's impacts on LGBTQ+ people;
- What the impacts of COVID-19 look like among LGBTQ+ people beyond HIV, mental health, substance use, and financial concerns;
- How COVID-19 policy and/or geography play a role in creating or ameliorating COVID-19 inequities; or
- What the future holds in terms of COVID-19.

What We Know, Don't Know, and Need

Five Evidence-Informed Priorities to Ensure LGBTQ+ Health Equity Through COVID-19 and Beyond

1. Ensure that healthcare staff are appropriately trained to care for LGBTQ+ patients;
2. Immediately update demographic data collection to include LGBTQ+ populations;
3. Rapidly advance research on LGBTQ+ populations during COVID-19;
4. Create and implement equitable disaster preparedness plans; and
5. Speak out as a proponent of LGBTQ+ health

Phillips II, G., Felt, D., Ruprecht, M. M., Wang, X., Xu, J., Pérez-Bill, E., Bagnarol, R. M., Roth, J., Curry, C. W., & Beach, L. B. (2020). Addressing the Disproportionate Impacts of the COVID-19 Pandemic on Sexual and Gender Minority Populations in the United States: Actions Toward Equity. *LGBT health*, 7(6), 279–282. <https://doi.org/10.1089/lgbt.2020.0187>



Training Healthcare Staff

Cultural Responsiveness is an essential aspect of equitable care

Discrimination at point of care is one of the biggest barriers to care engagement for LGBTQ+ people;

Unfortunately, we aren't starting from zero.

- History of medical mistrust and mistreatment.
 - Particularly for Black, Latinx, transgender, and Bisexual populations
- Training is a necessary step but is not sufficient.
 - Effective evaluation and implementation research is necessary
 - Structural barriers will remain

Update Surveillance Systems

SGM-inclusive data capture will ensure we aren't left in the dark

As of today, only three states currently collect sexual orientation and gender identity (SOGI) data for COVID-19.

- Pennsylvania; California; Nevada
 - Washington DC (not a state, but still very cool!)

SOGI data collection is one of the most effective ways we can monitor population-level disparities.¹

- **HOWEVER** – standardization and modernization are desperately needed.

¹Cahill, S., Grasso, C., Keuroghlian, A., Sciortino, C., & Mayer, K. (2020). Sexual and Gender Minority Health in the COVID-19 Pandemic: Why Data Collection and Combatting Discrimination Matter Now More Than Ever. *American journal of public health*, 110(9), 1360–1361.

Rapid Research Advancement

Even with improved surveillance, research is necessary to ensure we are able to act appropriately

Research needs to look beyond individual/behavioral causes, and consider...

- Structural factors
- Geospatial influences
- Social networks
- Health systems
- Impact of stigma

This work also requires taking an affirming, intersectionally-informed perspective.

Be Prepared

Taking these actions will help us plan for the future

As climate change continues, we are likely to experience additional zoonotic disease pandemics.

To ensure we are prepared to respond equitably, we need:

- Improved Public Health research and surveillance capacity
- Specific plans for addressing disparities as they emerge
 - Social & Structural Determinants (Historical and Contemporary)
 - Existing Health Inequities
 - Space and Place
 - Community Resilience

Speak Out

Being an ally to LGBTQ+ people personally and professionally is part of creating health equity

Discrimination drives disparities, therefore, we need to be asking ourselves...

- What can we do in our work to resist this?
 - What about in our personal lives?
- How can we uplift LGBTQ+ leaders?
 - Community-driven work is filling the gaps in COVID-19 response

Tell Us About Your Work!

Share!

Take a second to answer our poll...

1. Are you currently doing work related to COVID-19?
2. If so, are you asking questions to identify LGBTQ+ populations in your work?

Discuss!

Tell us more in the chat...

1. If yes to these Q1, what work are you doing? What have you found?
 1. Feel free to go beyond just asking questions – how else might you be including LGBTQ+ populations in your work?
2. If no to either Q1 or Q2, what are the barriers that you're encountering?

Conclusions

- Disparities impacting LGBTQ+ people during COVID-19 are common, but are neither inevitable nor intractable;
- Structural inequities drive the patterns of health we observe in our research:
 - Such inequities are produced by historical and contemporary forms of stigma and discrimination

Conclusions

- Knowing what we're up against, we can take steps to ensure LGBTQ+ health for the immediate and long term:
 - **Respecting** our patients
 - **Revamping** our surveillance systems
 - **Reprioritizing** our research goals
 - **Responding** intentionally to public health crises
 - **Refusing** to accept injustice against LGBTQ+ people

Questions?

Is there anything we can clarify or discuss further about priorities to ensure an equitable COVID-19 response for LGBTQ+ people?

Thank You!

Time for Questions and Closing Thoughts



Keep in Touch!



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