

# Introduction: Addressing the Health of Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ+) People in Rhode Island

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Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) individuals in the United States represent diverse populations that face distinct health challenges related to minority stress associated with sexual orientation and gender identity. Although LGBTQ+ individuals are often considered as a single group, this term includes a diverse number of subgroups, each with separate health considerations. Sexual orientation refers to a person's romantic or sexual attraction to other people (i.e., heterosexual, gay/lesbian, bisexual, etc.). Gender identity refers to a person's inner sense of self as male, female, having elements of both, or none of these. Gender may be the same as the sex assigned at birth (i.e., cisgender) or may be different (i.e., transgender). LGBTQ+ individuals experience health disparities across a spectrum of diseases and conditions, including mental health, substance use, sexual health (i.e., HIV and other sexually transmitted infections [STIs]), cancer and chronic diseases [Figure 1]. Many of these disparities are linked with societal attitudes toward LGBTQ+ individuals and the barriers to care they often create. Understanding these disparities and the specific

health needs of the LGBTQ+ community is the first step in addressing and implementing approaches to mitigate them.

LGBTQ+ individuals have much higher rates of mental health diagnoses compared to non-LGBTQ+ individuals. In a study of over 400,000 individuals, LGBTQ+ individuals had higher odds of depression (Adjusted Odds Ratio [AOR] 2.11), bipolar disorder (AOR 1.87–2.35), post-traumatic stress disorder (PTSD, AOR 2.77–3.67), attention-deficit/hyperactivity disorder (ADHD, AOR 2.19), and personality disorder (AOR 2.71) compared to non-LGBTQ+ populations.<sup>1</sup> In addition, transgender individuals are at 19x higher risk of dying by suicide than the general population, and 20–40% of transgender people have attempted suicide in their lifetime.<sup>2</sup> Tobacco, cannabis, and heavy alcohol use is also markedly elevated in the LGBTQ+ populations, which exacerbates mental health and chronic disease risks.<sup>3</sup> Certain populations such as gay, bisexual, and other men who have sex with men (MSM) report substance use at much higher rates than non-MSM populations (i.e., stimulant use).<sup>4</sup> The use of stimulants and specifically methamphetamine is well known to increase the risk of acquiring HIV and other sexually transmitted infections. MSM are much more likely to be diagnosed with HIV than non-MSM.<sup>5</sup>

LGBTQ+ individuals may also have higher rates of chronic diseases, including cancer, chronic respiratory diseases,

Figure 1. Characterizing LGBTQ+ Health Disparities in the United States

Mental Health	Substance Use	HIV/STIs	Cancer	Chronic Disease
The odds of mental health illness are 2-3x higher in LGBTQ+ individuals including depression, bipolar disorder, PTSD, ADHD, etc. (Anderson et al., 2025)	Tobacco, cannabis, and heavy alcohol use is significantly elevated among LGBTQ+ populations (Schuler et al., 2020).	Men who have sex with men have a 1 in 6 lifetime risk of HIV compared to heterosexual men who have a 1 in 524 risk (Hess et al., 2017).	Men who have sex with men are less likely to be screened for prostate cancer compared to heterosexual men (Herriges et al., 2022).	LGBTQ+ individuals have higher odd of chronic diseases including diabetes, renal disease and cardiovascular disease (Pinnamaneni et al., 2022).
Transgender individuals are at 19x higher risk of dying by suicide than the general population; 20-40% of transgender people have attempted suicide in their lifetime (Wolford et al., 2017).	LGBTQ+ individuals have higher rates of substance use than other groups. For example, gay men have 2-4x higher odds of past-year stimulant use (Rosner et al., 2021).	Men who have sex with men are at much higher risk of bacterial STIs including syphilis and gonorrhea than the general population (Werner et al., 2018).	Lesbian and bisexual women are less likely to be screened for cervical and breast cancer than heterosexual women (Agenor et al., 2022; Herriges et al., 2022).	Lesbian and bisexual women are more likely to have higher rates of obesity and other chronic diseases (Gonzales et al., 2017).

diabetes, obesity, renal disease, and cardiovascular disease among others.<sup>6</sup> Among a survey of almost 65,000 LGBTQ+ individuals, this group had higher odds of being diagnosed with diabetes (17% higher), renal disease (31% higher), hypertension (8% higher), cardiovascular disease (14% higher), and stroke (24% higher) compared to non-LGBTQ+ individuals.<sup>6</sup> In terms of cancer, MSM are less likely to be screened for prostate cancer compared to heterosexual men.<sup>7</sup> Lesbian and bisexual women are less likely to be screened for cervical and breast cancer than heterosexual women.<sup>7,8</sup> These and other health conditions highlight the significant disparities that exist between LGBTQ+ and non-LGBTQ+ individuals. Improved clinical and public health approaches are needed to improve health outcomes among the LGBTQ+ community.

There are many mechanisms which lead to health disparities faced by LGBTQ+ individuals compared to heterosexual and cisgender populations.<sup>9</sup> “Minority stress” refers to the social stress faced specifically by LGBTQ+ individuals due to discrimination and stigmatized social status (relative to non-LGBTQ+ populations).<sup>10</sup> These factors contribute to a stress response in the body that drives both physical and mental health disparities. LGBTQ+ individuals are much more likely to experience discrimination and report mistreatment when seeking medical care compared to non-LGBTQ+ individuals. For example, LGBTQ+ adults are twice as likely as non-LGBTQ+ adults to report negative experiences while receiving health care in the last three years, including being treated unfairly or with disrespect (33% versus 15%) and having at least one of several other negative experiences with a medical provider (61% versus 31%), including a provider assuming something about them without asking, suggesting they were personally to blame for a health problem, ignoring a direct request or question, or refusing to prescribe needed pain medication.<sup>11</sup> LGBTQ+ individuals are more likely to be socially isolated and have fewer economic and legal supports, which can also lead to reduced healthcare access and higher rates of disparities. In general, LGBTQ+ individuals are more likely to lack healthcare access, delay medical care, and be nonadherent to medications.<sup>6</sup>

Improving the health and wellness of LGBTQ+ communities requires interventions at multiple levels.<sup>12</sup> At the clinic-level, healthcare staff and organizations need to be welcoming and affirming. Staff should ask about, document, and try to use correct pronouns. Medical records should systematically document sexual orientation and gender identity to ensure patient’s identities are respected and to help guide clinical decision-making. Healthcare staff should be aware of disparities as well as important health topics related to LGBTQ+ communities. For example, medical providers who care for sexually active MSM should discuss pre-exposure prophylaxis (PrEP) to prevent HIV, and also doxycycline post-exposure prophylaxis (DoxyPEP) to prevent bacterial STIs. LGBTQ+ individuals should be screened for mental health illness and substance use. Healthcare

staff should also be aware of other social determinants of health (e.g., higher rates of unemployment, unstable housing, sexual assault, etc.) that may also contribute to delays in seeking healthcare.

In addition to clinic- and organization-level approaches, policy-level interventions are an important consideration to address LGBTQ+ health. Importantly, there were more than 500 anti-LGBTQ+ bills across 42 states in 2024, many of which increase stigma and discrimination related to LGBTQ+ health.<sup>13</sup> On January 20, 2025, the White House released an executive order entitled, “Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government.” This executive order has been part of a broader government approach to target transgender people and limit funding (including healthcare payments) to organizations which recognize and study gender identity as a legitimate demographic descriptor. This and other attacks on LGBTQ+ individuals only serve to further marginalize and stigmatize these groups which already experience significant disparities in health. By contrast, legislation is also being passed in some states to facilitate LGBTQ+ care. For example, “Shield Laws” including here in Rhode Island seek to protect medical providers who provide LGBTQ+ care from civil or criminal suits from other states.<sup>14</sup>

Rhode Island has been fortunate to have many state and community-based organizations lead efforts to advance the health and safety of LGBTQ+ communities through a mix of policy, programmatic, and clinical initiatives. Blue Cross Blue Shield of Rhode Island has a “Safe Zone” designation which indicates clinics that provide a safe, affirming, and welcoming environment for all people ([www.bcsbsri.com/safezones](http://www.bcsbsri.com/safezones)). Several clinics in Rhode Island are known to provide culturally-competent LGBTQ+ health programs in the state, including Thundermist Health Center, Open Door Health, Planned Parenthood and Brown University Health. Other community-based organizations such as the Rhode Island Health Schools Coalition have developed a sexual and reproductive health app ([www.righttoknowapp.com](http://www.righttoknowapp.com)) for teens that includes special topics for LGBTQ+ adolescents. Numerous other community-based organizations in the state work to provide services and programs related to LGBTQ+ health. In addition, the Rhode Island Department of Health and other state agencies have supported LGBTQ+ health equity and partner with numerous organizations, including healthcare clinics to provide services to support LGBTQ+ health. One example is the creation of the “PrEP Champions Network” at the health department to increase access to PrEP services for LGBTQ+ individuals. By tapping into the strong infrastructure of clinical and community partnerships to address LGBTQ+ health, Rhode Island ranked first in the nation for two-dose Mpox vaccinations during 2022. Although more needs to be done, these and other examples highlight the dedicated efforts to date to improve LGBTQ+ health in our state.

In conclusion, LGBTQ+ individuals face numerous disparities related to mental health, substance use, sexual health, and chronic diseases. Healthcare professionals in Rhode Island should be aware of these disparities and strive to provide welcoming, culturally-competent care to individuals who identify as part of the LGBTQ+ community. Medical providers should be aware of evidence-based health interventions which are specifically recommended for LGBTQ+ individuals. Systems-level approaches, including legislation, should focus on facilitating the health and wellness of LGBTQ+ individuals, and not promulgating laws and regulations which only serve to further marginalize and stigmatize these populations.

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