



**We are  
Called**

**TO HEAL. TO UNITE. TO JUSTICE.**

## Team Reflection

### LGBTQ Persons and Health Disparities

Micah cuts hair at a neighborhood barber shop. One of his regulars, Javi, works at a local health system. So one day Micah mentions, “I wish there was a primary care clinic where I don’t leave each time feeling shamed by the physician or staff for being gay.” Fortunately, Javi knew of a clinic in his Catholic health system not far from the barber shop. Many of the staff are gay themselves with years of experience caring for the LGBTQ community. Javi provided contact information, and the clinic accepted Micah’s health insurance plan.

In the lifetime of many middle-aged and older LGBTQ individuals, their sexual orientation has been a crime and a disease. These legal and medical realities created experiences of shame and years of stigmatization that unite the distinct groups comprising the LGBTQ community. In 2011, the Institute of Medicine issued a report on LGBTQ health, describing how the population is referenced by this umbrella term—often in service of advocacy, social visibility, and research—even though each has separate and unique health needs. While this population has gained greater visibility and civil protections in recent years, clinicians face incomplete information about their health status and much variation on health-related factors. Hence, the IOM Report urges for “better understanding” of individuals who are lesbian, gay, bisexual, transgender, and questioning or queer.

The LGBTQ population experiences various health disparities, and race/ethnicity, socioeconomic, geography and other factors compound their health challenges. 86% of LGBTQ students report experiencing harassment or assault at school nationwide. [27.2] The IOM Report found LGBTQ individuals to have similar and ongoing experiences of stigma, discrimination and violence across the life course. For example, older LGBT individuals fear hostility and discrimination in senior living facilities and worry their life partners and spouses will be refused as surrogate decision makers.

A significant obstacle to the health of LGBTQ individuals is culturally sensitive care, as well as prejudice and bias, like that experienced by Micah. These realities contribute to LGBTQ individuals less likely to seek preventative services. Researchers conjecture this may also account for why lesbians are significantly more likely to develop breast cancer than heterosexual women. Youth and middle-aged lesbians and bisexual women



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may experience elevated BMIs and obesity, additional factors that increase the risk of heart disease among this population. [27.1]

Other disparities arise with psychological health. Gay men are more likely to report suicidal ideation, plans and attempts across their lifetime. Commonly reported causes include prejudice events, expectations of rejection and discrimination, and internalized homophobia. Suicide attempts are four times greater for lesbian, gay, and bisexual youth than that of heterosexual youth. Among adults, gays and lesbians have considered attempting suicide at twice the rate of their heterosexual peers, and that number is nearly 15-times higher for transgender individuals. [27.3]

These jarring realities have spurred movements such as the Tyler Clementi Foundation pledge against bullying. Numerous Catholic bishops, parishes, schools and universities, as well as health systems (including Providence and Common Spirit, two of the largest Catholic systems in the country) have given their support and endorsement that “God is on your side!” [27.4]

For several years, Jesuit priest James Martin has toured the country facilitating dialogue and shared experiences of LGBTQ Catholics, their loved ones, parents, children, siblings, and friends. He has visited parishes, high schools, universities, and countless conferences, written articles, given TV interviews, and amassed a huge social media following. His message is simple and firmly grounded in the *imago Dei*—meaning all people bear the image and likeness of God. This necessarily includes LGBTQ individuals. Fr. Martin uses the image of a two-way bridge between church hierarchy and the LGBTQ community. Such dialogue must be marked by respect, compassion, and sensitivity on both sides, and an awareness that each brings differing gifts. He uplifts the LGBTQ community affirming that they are wonderfully made! [27.5]

## Consider

- What comes to mind for me when I think of the LGBTQ community? Do I see them as wonderfully made, and bearing the image and likeness of God?
- How does my hospital and health system let LGBTQ patients know they are welcomed and cared for with respect, compassion, and sensitivity?

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- How might I contribute to creating a safe workplace for LGBTQ team members who may fear being bullied or rejected?

## Let us pray together

*Loving God,*

*Be with me when people make me feel “less than,”  
and help me to respond the way you would want me to, with a love that respects the  
other, but also respects me.*

*Help me find friends who love me for who I am.*

*Help me, most of all, to be a loving person.*

*One more thing, God:*

*Help me remember that nothing is impossible with you,  
that you have a way of making things better,  
that you can find a way of love for me,  
even if I can't see it right now.*

*Help me remember all these things in the heart you created, loving God.*

*Amen.*

Adapted from “A Prayer for When I Feel Rejected,” by  
Fr. James Martin, SJ, in Building a Bridge.

[27.1] The Institute of Medicine is now the National Academy of Medicine, and issued “The Health of Lesbian, Gay, Bisexual and Transgender People: Building a Foundation for Better Understanding.” The National Academies Press, 2011. <https://www.nap.edu/catalog/13128/the-health-of-lesbian-gay-bisexual-and-transgender-people-building>. A subsequent report followed in 2020, “Understanding the Well-Being of LGBTQI+ Populations. DOI: <https://doi.org/10.17226/25877>

[27.2] Gay & Lesbian Student Educator Network (GLSEN), 2019 National School Climate Survey Report. <https://www.glsen.org/research/2019-national-school-climate-survey>

[27.3] American Psychiatric Association, Mental Health Facts for Gay Populations. <https://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts>

Healthy People 2020. <https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>; See also the Substance Abuse and Mental Health Services Administration. Top



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Health Issues for LGBT Populations: Information and Resource Kit, March 2012.  
<https://store.samhsa.gov/product/top-health-issues-lgbt-populations/sma12-4684>

[27.4] The Tyler Clementi Foundation was created by Tyler's parents following the college student's suicide after he was publicly shamed and outed by his roommate on social media.  
<https://tylerclementi.org/>. Catholic organizations are found here:  
<https://tylerclementi.org/catholicbishopsstatement/>.

[27.5] James Martin, SJ. *Building a Bridge: How the Catholic Church and the LGBT Community Can Enter into a Relationship of Respect, Compassion, and Sensitivity*. New York: HarperOne. 2017.