

# Synthesis Across Multiple, Long-term Outcomes of Prevention Interventions Delivered Early in Life to LGBT Youth Review from 2011 IOM Report on LGBT Health



Society for Prevention Research (Pre-Conference Workshop)

San Francisco

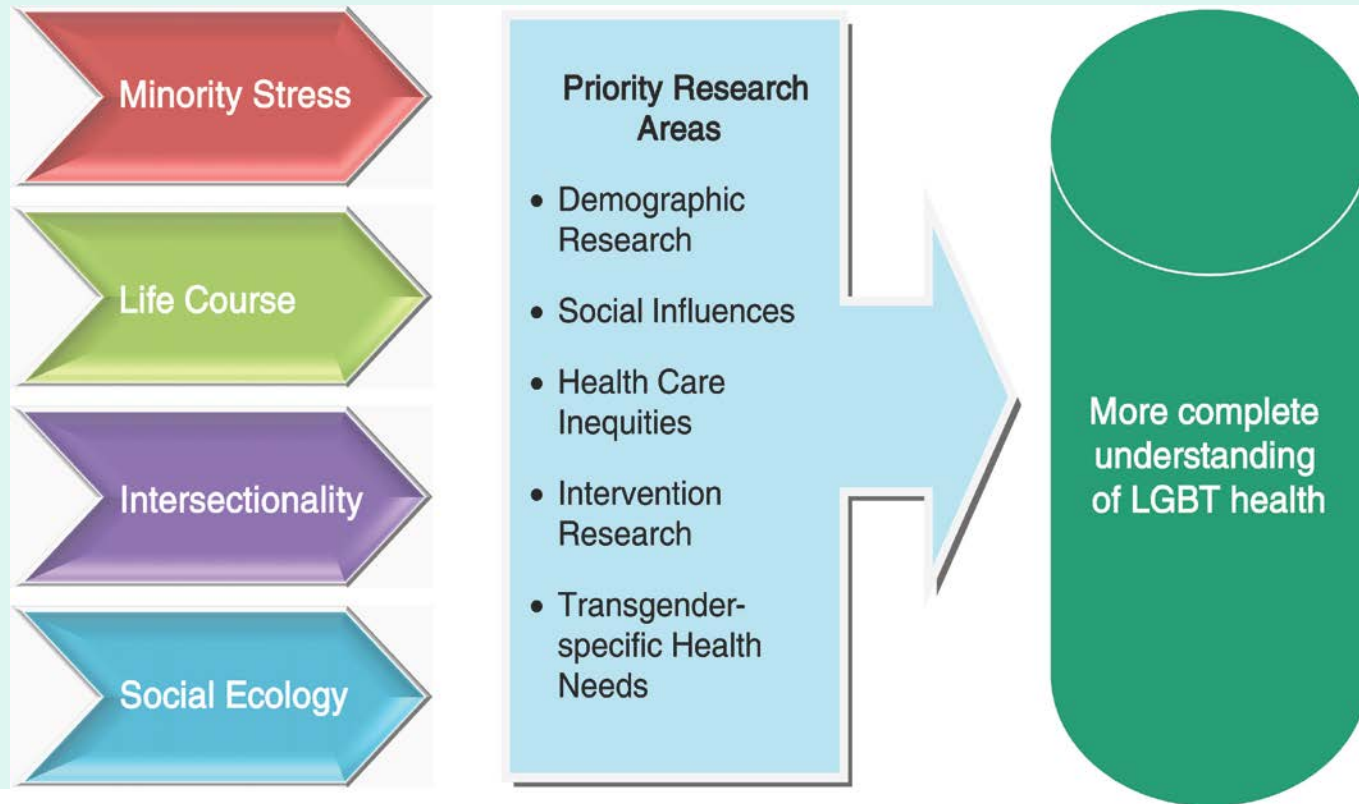
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Research Agenda. Four conceptual perspectives were used to understand priority areas of research and further the evidence base for LGBT health issues.



# Research Gaps and Opportunities

- Demographic and Descriptive Information
- Family and Interpersonal Relations
- Health Services
- Mental Health
- Physical Health
- Sexual and Reproductive Health

## Demographic and Descriptive Information

	Childhood/ adolescence	Early/middle adulthood	Later adulthood
1. Percentage who are LGBT			
2. How the percentage varies by demographic characteristics, such as race, ethnicity, socioeconomic status, geography, religion			
3. General experiences and health status and how these vary by demographic characteristics			
4. Percentage who are parents			
5. Trajectory of LGBT identity and experiences (bisexual identities in particular) across the life course			

# Family and Interpersonal Relations

## Childhood/Adolescence

1. Family life of LGBT youth from diverse backgrounds
2. School and social life concomitants of LGBT identity and attraction
3. Protective factors at the individual, interactional (family, school, peers) and systems levels
4. Patterns and experiences of homelessness
- 5. Intrafamily and domestic violence (sexual abuse, abuse by parents, intimate partner violence)**
- 6. Anti-LGBT victimization (across the life-span)**

# Mental Health

	Childhood/ adolescence	Early/middle adulthood	Later adulthood
1. Diagnosis of disorders among LGBT youth			
2. Depression and suicidality			
3. Effects of stigma and discrimination (particularly unknown among transgender adults; over the course of a lifetime)			
4. Identity-related issues			
5. Eating disorders			
6. Experience of and preparations for late life among older LGBT persons			

# Sexual and Reproductive Health

	Childhood/ adolescence	Early/middle adulthood	Later adulthood
1. HIV rates and interventions. In youth: focus on natural history studies of high risk groups. In early/middle adulthood: particularly addressing racial disparities. In older adulthood: the experience of aging with HIV			
2. Sexually transmitted infections			
3. Sexual development			
4. Sexual and reproductive health and risk behaviors			
5. Fertility, infertility, and reproductive health issues			
6. Reproductive technology and its use			
7. Sexual well-being and sexual dysfunction, particularly among older lesbians and transgender elders, about whom little is known)			

# Physical Health

	Childhood/ adolescence	Early/middle adulthood	Later adulthood
1. Substance use (including smoking and alcohol abuse)			
2. Obesity (in adulthood, particularly among lesbians and bisexual women)			
3. Cancer rates, risks and treatment. In early/middle adulthood: breast cancer among SMW, anal cancer rates and evals. of screening effectiveness among MSM, cancer among transgender adults in general. In later adulthood: (particularly prostate cancer among older gay and bisexual men and transgender women, anal cancer rates among older MSM)			
4. Cardiovascular disease			
5. Effects of long-term hormone use among older transgender persons			
6. Effects of disabilities among older LGBT persons			



# Health Services

	Childhood/ adolescence	Early/middle adulthood	Later adulthood
1. Barriers to access (particularly related to identity disclosure and interactions with providers)			
2. Utilization rates			
3. Quality of care received			
4. Long-term care issues of older LGBT persons			
5. End-of-life issues (e.g., preparations, fears, and plans)			

# Reducing Health Disparities Among LGBTQ Youth of Color

## The PYD Model of Change



# Key Components

- Choose among 3 health disparities for 2<sup>nd</sup> phase RCT: sexual health, substance abuse, mental health
- Choose from among LGBTQ populations, or include all
- 2 CABs – Organizational and Youth
- Youth Research Training Academy
- Scientific Advisory Group
- Phase 1 (3 years):
  - Develop consensus on population(s) and target disparity
  - Conduct pilot study
  - Design RCT for phase 2 and submit for review

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