

Including sexual and gender minority populations in medical research guarantees health and well-being of all: Commentary

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In the face of ongoing political threats to the rights and well-being of sexual and gender minority (SGM) populations, public health and health care institutions and practitioners must explicitly address the needs of marginalized populations while ensuring that those with multiple marginalized identities are well represented in research, according to a commentary in *JAMA Network Open*.

"If we continue to exclude SGM in research, we will remain oblivious to the troubles they face in achieving health and well-being," said lead



author Carl G. Streed, Jr., MD, MPH, FACP, FAHA, an assistant professor of medicine at Boston University Chobanian & Avedisian School of Medicine.

Streed believes current population data does not give an accurate accounting of SGM populations in the U.S. and globally. This oversight persists despite numerous surveys and surveillance systems designed to understand the well-being of this group. He points out that a step forward in addressing this gap is the National Institutes of Health "All of Us" program.

Started in 2015, the "All of Us Research Program" is a national, community-engaged program that aims to improve health and health care practices by partnering with one million volunteer participants, mostly from communities historically underrepresented in <u>biomedical</u> research across the US.

"By including self-reported information, such as <u>sexual orientation</u>, <u>gender identity</u> and sex assigned at birth from all participants, researchers can explore, with objective measures of health, the current state of SGM communities," explains Streed, who also is the research lead for the GenderCare Center at Boston Medical Center.

In an article ("Prevalence of 12 Common Health Conditions in Sexual and Gender Minority Participants in the All of Us Research Program") published in *JAMA Network Open*, Tran et al use data from "All of Us," to describe the sociodemographic and <u>health conditions</u> of 30,812 SGM adults compared to 316,056 non-SGM persons. They found that SGM adults experience a higher prevalence of anxiety, depression, and HIV diagnosis.

Even when accounting for age, income, employment, enrollment year and U.S. census division, SGM groups remained at higher odds of having



anxiety, depression, HIV diagnosis, and tobacco use disorder. "These conditions are consistently linked to the experience of minority stress. Although all persons experience individual and social stress, groups of persons who are marginalized in society experience a unique type of stress directly correlated to their minoritized status," says Streed.

Streed points out that much of the work in the SGM literature has been based on convenience samples or probability samples with poor representation and sampling methodology. "'All of Us' affords the opportunity to triangulate the findings from these additional data sources and provide vital comparisons in the expanding field of SGM population health," he said.

More information: Carl G. Streed Jr et al, Assessing the health status of sexual and gender minority adults: what we can learn when we include all of us, *JAMA Network Open* (2023). DOI: 10.1001/jamanetworkopen.2023.24948. jamanetwork.com/journals/jaman ... /fullarticle/2807790

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