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## **PICO – What is the impact of the COVID-19 pandemic on LGBTQ populations in the United States?**

### **Key Findings:**

#### Direct Effects

- The LGBTQ Population may be more at risk for COVID-19 due to increased tobacco rates usage (50% greater than general population), higher rates of HIV and cancer, and health disparities (both pre-existing and current)<sup>1,2</sup>.

#### Indirect Effects

- A large survey (n=1051) of men who have sex with men (MSM) found that 25.4% of participants reported decreased access to STI testing or treatment<sup>3</sup>.
- The closing of K-12 schools and higher education institutions may limit young LGBTQ individuals access to mental health care services. LGBTQ individuals are more susceptible to mental health illnesses and may face negative health outcomes due to decreased access to care<sup>4</sup>.
- Through an online national program, it was found that LGBTQ youth were more likely to face intrapersonal, interpersonal and structural challenges due to required isolation.<sup>8</sup>
- A survey (n=581) of LGBTQ individuals found that:
  - 17.9% report losing their job as a result of the pandemic
  - 30.2% report reduced wages as a result of the pandemic.
  - 14.2% report difficulties getting routine medications.
  - 24.1% report difficulties accessing healthcare.
  - 58.7% report avoiding going to the doctor or dentist for routine care.<sup>5</sup>
- Stay-at-home orders may have increased family pressures and economic instability that lead to dangerous situations for LGBTQ individuals who are staying at home. Support networks and staff may be more inaccessible due to the COVID-19 crisis.<sup>6</sup>
- Survey out of Hong Kong (n = 857) reported the following:
  - 31.5% showed criteria for probable clinical depression, 27.9% showed criteria for general anxiety disorder
  - 4.2% showed increased frequency of family conflict regarding sexual orientation
  - 34.7% showed reduced connection with LGBT+ community
  - 16 to 25-year-olds were more likely to experience financial strains along with depressive/anxiety symptoms compared to the 36-year-olds and up group.
  - 36-year-olds and up age group showed more reduced connection within their LGBT+ community.

### **Recommendations:**

- To avert increased HIV and STI incidence, steps need to be taken immediately to improve access to HIV prevention and treatment services, such as telehealth and mailed self-collection of specimens.
- To avoid exacerbating health disparities, large-scale seroprevalence studies need to be deployed to better understand potential co-morbidity of HIV and SARS-CoV-2 among MSM<sup>3</sup>.
- Mental health therapists, social service providers, employers, community-based organizations, schools, and higher education institutions serving LGBTQ persons must develop online services and virtual strategies to address the mental health impacts of social distancing<sup>4</sup>.

- LGBTQ individuals could benefit from being periodically checked on by healthcare professionals, due to the potential for violence/discrimination at home from intolerant individuals. Quarantine is not always a positive thing among families and households.<sup>6</sup>
- Due to the vulnerability in the LGBT+ community, a multi-disciplinary approach to their care could be beneficial. This includes mental health support and services, social support, and overall healthcare needs.<sup>7</sup>

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