Promoting LGBTQIA+ Equity Task Force

FINAL REPORT

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We find ourselves at a critical cultural moment that parallels the AIDS crisis of the 1980s, during which [healthcare-related stigma resulted in lost lives](). Similarly, the American College Health Association (ACHA) finds itself at an inflection point, playing a pivotal role in ensuring the promotion of the health and well-being of all college students, including nearly 30% who are members of the lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, and related communities (LGBTQIA+) (American College Health Association, 2025). For ACHA to fulfill that role, it must act and use its influence to advance this [lifesaving work](). The association can only achieve its mission to improve student health and well-being by standing firm to its [vision]() and [values](). This requires ACHA's support of data-driven, efficacious, evidence-based, best-practice healthcare for LGBTQIA+ students.

ACHA's Promoting LGBTQIA+ Equity Task Force was formed in 2022 to further strengthen ACHA's practices in keeping with its mission, vision, and values. The task force is a multidisciplinary group of college health professionals committed to a proactive response to the increased societal attention and the need to better serve LGBTQIA+ students and member institutions. The task force found that serving those needs also required assessing LGBTQIA+ inclusivity within ACHA and how the organization can harness its resources to better understand the health needs and challenges faced by LGBTQIA+ college students.

This task force has identified six recommendations based on a comprehensive review of existing medical, mental health, and health promotion research. ACHA has been a trusted resource and authority in college health for more than a century. As fellow care providers, the task force appreciates the ethical obligation we have to provide affirming care to members of the LGBTQIA+ population, who face increased physical and mental health challenges.

Gender-affirming care, like all healthcare, is a basic human right and is endorsed by every major medical and mental health organization. ACHA recognized the importance of this in its seminal release of gender-affirming care best practices in 2015. Transgender individuals experience significant discrimination and transphobia, which impact their mental health, leading to higher rates of suicidal ideation, attempts, and death by suicide (Safer, et al., 2026; The Trevor Project, 2025). The task force also acknowledges the increased psychological distress experienced by transgender and nonbinary students who hold intersecting identities (e.g., race, ethnicity, and disability) (Atteberry-Ash, et al., 2021).

ACHA has served as the primary leadership organization in college health for more than 100 years. As such, we believe ACHA has an ethical obligation to maintain its mission, vision, and values as they pertain to supporting LGBTQIA+ students, staff, and faculty. The Promoting LGBTQIA+ Equity Task Force strongly recommends that ACHA continue its student health and well-being leadership role in the development, implementation, dissemination, and maintenance of comprehensive, coordinated, lifesaving care by adopting these six critical recommendations.

Recommendation #1
Promote ethical, inclusive, evidence-based health care practices

As a healthcare organization that values equitable access to and provision of evidence-based healthcare, the task force recommends that ACHA take the following actions:

A. Identify and address barriers to providing LGBTQIA+ care, including gender-affirming care, mental health support, and intersex-specific healthcare.

B. Support member institutions with access to education and implementation of evidence-based, inclusive practices.

C. Advocate for student health insurance policies that cover inclusive care.

D. Reinforce that gender-affirming care is primary care and providing this care is appropriate for all college health clinicians, regardless of specialty.

E. Update the 2015 ACHA Guidelines: Trans-Inclusive College Health Programs.

F. Provide opportunities for experienced professionals to support and mentor clinicians and institutions who are building inclusive care practices.

G. Provide education and training opportunities at no cost, including:
   i) Pre-conference sessions on topics referenced above.
   ii) Webinars offered on demand.
   iii) Regular conference sessions focused on LGBTQIA+ health and gender-affirming care.

Recommendation #2
Promote inclusive research practices

As a leader in college health research and student behaviors, supported by ACHA's values of diversity, equity, and justice, it is critical that the efficacy and power of the National College Health Assessment (NCHA) is maintained through consistency between institutions and surveys and improved through the inclusion of additional measures. As such, the task force recommends the following actions to maintain the power and efficacy of the NCHA.

A. Include NCHA Gender-Affirming Care Question Set in the instrument itself for all member institutions at no additional cost.

B. Continue offering stratified, stand-alone NCHA data reports so that members can examine disparities among marginalized communities.

C. Maintain a single set of NCHA survey questions, including sexual orientation and gender identity (SOGI) questions.
   i) Respondents have the option to decline to answer any questions, but the question set should remain consistent from institution to institution.
   ii) Offer an option for individual institutions to omit data from their individual reports if required for their participation. The data will still be included in the aggregate report.

D. Review and modify existing complaint processes so that accountability and harm reparation are prioritized. There should be a formalized, transparent procedure for ACHA-supported groups to communicate with the NCHA survey team and a process to address concerns.

Recommendation #3
Increase advocacy for LGBTQIA+ subpopulations

By prioritizing LGBTQIA+ advocacy, ACHA not only supports LGBTQIA+ individuals but also reinforces its commitment to well-being by creating inclusive environments where all individuals can thrive. Effective leadership in this area involves championing policies and practices that reduce systemic barriers and promote equitable access to care.

A. Include LGBTQIA+ individuals in committees and leadership groups to ensure their voices and perspectives are integrated into decision making.

B. Engage in public awareness campaigns supporting LGBTQIA+ people.

C. Continue to support policy reforms that advance LGBTQIA+ rights.

D. Amplify ACHA's reach and impact by partnering with relevant national organizations that specialize in the health and well-being of LGBTQIA+ people (GLMA, GLSEN, Fenway, etc.).

E. Continue to provide legislative updates to help members stay abreast of the changing legal challenges affecting the LGBTQIA+ community and care in different jurisdictions.

Recommendation #4
Understand and support ACHA members' experience

In line with ACHA's goal of supporting individual members and contributing to the membership experience, the task force recommends that ACHA collect information on members' SOGI status and gather information on LGBTQIA+ members' experiences within the association. Data can be translated into action and used for future recommendations for ACHA to continue to support its members.

A. Add optional SOGI questions to membership information and implement a separate survey of membership experiences.

B. Host affinity group meetings outside of the annual meeting (such as during regional meetings or via remote meetings) to provide a space for members to share their experiences and network.

C. Consult with the LGBTQ+ Health Coalition before scheduling future conference locations. Some state legal environments present significant safety concerns for members of the LGBTQIA+ community.

Recommendation #5
Formalize LGBTQIA+ representation into the leadership structure of ACHA

Diversity, equity, inclusion, and justice are all core values of ACHA. Therefore, the work and momentum of the task force must continue beyond the publication of this report. Knowing the BRIDGE Committee has a larger mission of inclusion for multiple marginalized identity groups, it is important to ensure LGBTQIA+ populations are represented. Establish a BRIDGE Committee leadership position dedicated to advocating for LGBTQIA+ people and issues.

A. Maintain a BRIDGE Committee representative seat on the ACHA Board of Directors Executive Committee to ensure diverse voices at the highest levels of the association.

B. Ensure that every guidance published/released by ACHA is reviewed by a group of experts for inclusivity.

C. Encourage the inclusion of students in guidance/document review processes.

D. Cultivate relationships with various stakeholders to build support and understanding across different groups.

E. Ensure through policies and procedures that ACHA staff and board are held accountable for being responsive to the needs of volunteer leaders and their respective groups.

F. Maintain consistency with the core values and priorities of ACHA leadership regardless of changes in leadership personnel.

G. Emphasize processes for selection and vetting of ACHA leaders related to their support and competency regarding the needs of LGBTQIA+ people.

Recommendation #6
Secure funding to guarantee the implementation of recommendations

To accomplish these recommendations, ACHA should identify alternatives to federal government funding to maintain continuity in the face of the changing regulatory landscape.

A. Request that the American College Health Foundation (ACHF) provide funding opportunities to individuals and institutions to implement LGBTQIA+ and gender-affirming care. This should include continuing education funding, as well as grant funding for implementing programming and care.

B. Identify innovative strategies to provide funding for ACHA initiatives as well as individual and institutional members.

Conclusion

In accordance with the charges of this task force, these recommendations relate specifically to the LGBTQIA+ community. However, the task force strongly encourages ACHA to consider adopting similar actions as they pertain to the unique needs of students, staff, and faculty who hold multiple marginalized identities (e.g., race, ethnicity, disability, etc.).

References

American College Health Association. American College Health Association-National College Health Assessment III: Reference Group Executive Summary Spring 2025. Silver Spring, MD: American College Health Association; 2025.

Atteberry-Ash, B., Kattari, S. K., Harner, V., Prince, D. M., Verdino, A. P., Kattari, L., & Park, I. Y. (2021). Differential Experiences of Mental Health among Transgender and Gender-Diverse Youth in Colorado. *Behavioral Sciences*, *11*(4), 48. https://doi.org/10.3390/bs11040048

Safer, J. D., Coleman, E., Feldman, J., Garofalo, R., Hembree, W., Radix, A., & Sevelius, J. (2016). Barriers to Health Care for Transgender Individuals. *Current Opinion in Endocrinology, Diabetes, and Obesity*, *23*(2), 168–171. https://doi.org/10.1097/MED.0000000000000227

The Trevor Project. *Mental Health of Black Transgender and nonbinary young people*. The Trevor Project. (2025, February 5). https://www.thetrevorproject.org/research-briefs/mental-health-of-black-transgender-and-nonbinary-young-people-feb-2023/

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Appendix A: LGBTQIA+ College Health Literature Review

Key Terms to Guide Your Research

LGBTQIA+ Search Terms: Ace, allosexual, agender, aromantic, asexual, bigender, bisexual, cisgender, demisexual, FTM (female to male), gay, gender expression, gender fluid, gender identity, gender nonconforming, genderqueer, intersex, lesbian, monosexual, MTF (male to female), MSM (men who have sex with men), pansexual, passing, sexual orientation, trans/transgender, transition/transitioning, transmasculine, trans men, transfeminine, trans women, two-spirit, QPOC/QTPOC (queer people of color/queer and trans people of color), queer, questioning, WSW (women who have sex with women).

Other Search Terms: College health, college students, counseling services, culturally competent care, health education/promotion, higher education, integrated health services, medical services, student affairs, student health center, student health services, university students.

Concepts: Academic achievement, academic performance, access, achievement gap, belonging, cissexism, cultural competence, disparate impact, equity, flourishing, health, health equity, heterosexism, homophobia, identity, inclusion, insurance status, opportunity gap, protective factors, resilience, retention, risk factors, strengths, success, thriving, transphobia, trauma, well-being, wellness, whole person health

Subject Areas: Alcohol use, basic needs, food security, homelessness, housing, mental health, nutrition, physical activity, sexual health, intimate partner violence, substance use.

The literature review that follows was created through the incredible work of students at Georgia Tech, The Ohio State University, University of California at Davis, and Yale University. This resource would not exist without the extensive time, effort, and dedication these volunteer students gave to this project. The Promoting LGBTQIA+ Equity Task Force extends our deepest gratitude and thanks to them for volunteering their time, effort, and expertise as students.

[Effects of Self-Compassion and Social Support on Gay, Lesbian, and Bisexual College Students' Positive Identity and Career Decision-Making](#)
Journal of Counseling & Development
Hansori Jang, Hongryun Woo, & Injung Lee
2020

Major Findings: By mediating the effects of self-compassion and social support, the authors find a positive association between positive identity and career decision-making self-efficacy (CDMSE) for LGB college students.

Implications For Our Work: Universities should provide culturally responsive counseling services to LGB students for them to best succeed in the academic and professional world. Different counseling interventions are necessary for LGB students as opposed to heterosexual students.

Other Notes: "Self-compassion is a form of self-concept that refers to 'an open-hearted way of relating to the negative aspects of oneself and one's experience that enables greater emotional resilience and psychological well-being.'"

[Re-envisioning the role of student health centers in offering LGBTQIA + friendly and sex-positive services](#)
Journal of American College Health
Donna Willenbrock & Anthony J. Santella
2021

Major Findings: LGBTQIA+ students were asked what mattered most to them when creating a sex-positive healthcare environment that promotes inclusivity and removes barriers. The authors found themes that included "expanding mental health care, greater involvement of culturally competent provider, establishing a stigma-free clinical environment, re-imagining the clinic waiting room, and facilitating sexual health advocacy."

Implications for Our Work: The results of the study suggest that we must re-envision the role of student health centers to ensure that every student can achieve a fair and just opportunity to fulfill their health potential.

There are conceptual and informational barriers, as well as infrastructural ones. We must alter the ways in which we interact with patients, and how patients interact with the healthcare environment.

Other Notes: It is important to make the clinic waiting room more welcoming. This can be accomplished by posting on windows and doors pictures and signage that represents all groups, allowing all students to feel recognized.

[Mental Health Needs Among Lesbian, Gay, Bisexual, and Transgender College Students During the COVID-19 Pandemic](#)
The Journal of Adolescent Health
Gilbert Gonzales, Emilio Loret de Mola, Kyle A. Gavulic, Tara McKay, & Christopher Purcell
2020

Major Findings: LGBTQ+ college students reported higher levels of anxiety and depression than non-LGBTQ+ students during the COVID-19 pandemic. Transgender and non-binary students reported higher levels of anxiety and depression than cisgender LGBTQ+ students.

Discrimination and victimization due to sexual orientation and gender identity was associated with poorer mental health outcomes among LGBTQ+ college students during the pandemic.

Coping strategies, such as seeking social support and engaging in mindfulness practices, were associated with better mental health outcomes among LGBTQ+ students.

Implications for Our Work: University institutions must be aware of the unique mental health challenges LGBTQ+ students face and provide adequate access to coping methods. For instance, this may take the form of support groups and mindfulness practices.

Other Notes: The study highlights the importance of addressing the unique mental health needs of LGBTQ+ college students during times of crisis, such as the COVID-19 pandemic. It also emphasizes the need for interventions that promote resilience and coping strategies among this population.

[The role of the academic library in supporting LGBTQ students: A survey of librarians and library administrators at LGBTQ-friendly colleges and universities](#)
College & Undergraduate Libraries
Lily Todorinova & Maria Ortiz-Myers
2019

Major Findings: Conducted through a survey of the Top 25 Campus Pride Index best LGBTQ-friendly colleges, the researchers examined information from librarians in decision-making roles and asked these librarians how they support LGBTQIA students in the present and future. The results of this survey indicate that the Campus Pride criteria are not being met entirely because of the lack of proactive level support that is currently present.

Implications for Our Work: Universities should not rely solely on one typical main LGBTQIA+ support office, but also the entire university system, including academic libraries. They must reevaluate the librarians' scope of responsibilities pertaining to the university, as well as if they face any limitations in improving LGBTQIA students' resources. Universities can start by creating a liaison between libraries and LGBTQIA+ support offices, then work from there.

Other Notes: The Campus Pride Index assesses a particular university's performance regarding LGBTQ-friendliness based on eight different factors.

[Coming Out in Class: Challenges and Benefits of Active Learning in a Biology Classroom for LGBTQIA Students](#)
The American Society for Cell Biology
Katelyn M. Cooper & Sara E. Brownell
2016

Major Findings: An interview style survey which asked 7 undergraduate students about their experiences as LGBTQIA students in biology classrooms. The results of the study stated that they did not perceive the biology classroom community broadly as a welcoming or accepting space for their identities. Additionally, active-learning classrooms would increase the relevance of LGBTQIA social identities in the classroom, and group work in active-learning presents uncomfortable situations.

Implications for Our Work: This study highlights the importance of inclusion and student safety. The students explained the difficulties that they face in the classroom. Not only does there need to be an inclusive atmosphere in the classroom but there also needs to be an inclusive curriculum. Addressing the ways in which biology has been used against different groups is also important.

Other Notes: "We hope that this research will draw awareness to the diversity of student experiences in active-learning classrooms and help our classrooms become more inclusive for this population of students."

[An Analysis of LGBTQIA+ University Students' Perceptions about Sexual and Gender Diversity](#)
Sustainability
Harold Tinoco-Giraldo, Eva Maria Torrecilla Sanchez, & Francisco J. Garcia-Penalvo
2021

Major Findings: Through an online survey, students were able to express their feelings towards inclusivity, resources, and experiences on campus. Overall, they felt that there should be more safe places for LGBTQIA+ and minorities on campus. 51%

admitted to feeling uncomfortable in class regarding their sexual orientation or gender identity, having heard inappropriate comments or negative assumptions from teachers. 23% acknowledged that they often feel uncomfortable. 64% of the participants mentioned that they did not know of any place within the university for only LGBTQIA+ people.

Implications for Our Work: Campuses have a responsibility to ensure that there are safe spaces for their students. Beyond this, they also hold a responsibility to the words and actions of their faculty. No student should feel uncomfortable regarding their identity and should feel safe with campus faculty. Universities need to create these spaces and ensure that students who need these resources are aware of them.

Other Notes: "This lack of awareness by participants reveals and hints at a lack of communication and action plans that could be reflected in areas that need improvement."

[Preventive healthcare services use among transgender young adults](#)
International Journal of Transgenderism
Annie-Laurie McRee, Amy L. Gower, & Paul L. Reiter
2018

Major Findings: Analyzing data from a sample of 34 for a national sample of transgender young adults in the U.S. The findings suggest that the healthcare needs of transgender young adults are not being adequately addressed. Efforts to increase providers' capacity to effectively and appropriately serve transgender young adults—such as a wider variety of exams, preventive services, and testing options (e.g., self-collected samples)—are needed.

Implications for Our Work: Campuses across the U.S. need to proactively provide better services such as preventative care, testing options, exams, and general support for the transgender and gender nonconforming youth populations.

[Anxiety and depression across gender and sexual minorities: Implications for transgender, gender nonconforming, pansexual, demisexual, asexual, queer, and questioning individuals](#)
Psychology of Sexual Orientation and Gender Diversity
Nicholas C. Borgogna, Ryon C. McDermott, Stephen L. Aita, & Matthew M. Kridel
2019

Major Findings: This study analyzed survey responses from a sample of college students from the National Health Minds Study (n=43,632). Outcomes show that

sexual and gender minorities have poorer mental health outcomes compared to their cisgender/heterosexual counterparts. Transgender and gender nonconforming students reported higher levels of anxiety and depression compared to cisgender students. Trans men had the highest levels of anxiety while gender nonconforming students had highest levels of depression. Students who had minority statuses in both gender and sexual identity had worse outcomes than those with one minority identity. Pansexual, demisexual, asexual, queer, questioning, and transgender/gender nonconforming students (grouped as emerging minorities) reported significantly higher levels of anxiety and depression compared to cisgender/heterosexual students and some groups (bisexual and pansexual) reported worse outcomes compared to gay/lesbian individuals.

Implications for Our Work: There is a need for clinical services tailored to emergent and undefined sexual and gender identities. Minority statuses/stresses (intersectional identities) significantly affect health outcomes and must be considered when providing services. Each minority group has different needs and must not be treated with a "one-size-fits-all" framework i.e., providers should stop treating LGBTQIA+ students as a monolith and consider their unique identities and disparities.

Other Notes: "Clinicians facilitating a group for gender and sexual minorities should be cognizant of the discrimination that can occur for members of these populations and work to make the group as beneficial for individuals of EI, TGNC, and multiple minority status. The enacting of gender and sexuality-affirming services also extends beyond the therapeutic relationship to creating an environment that allows individuals to self-identify. One way of avoiding microaggressions in the intake process is to provide a space on paperwork for individuals to self-report their sexual and gender identities in addition to (or in replacement of) boxes for each of the more traditional identities."

Providing quality family planning services to LGBTQIA individuals: a systematic review
Contraception
David Klein, Erin Berry-Bibee, Kristin Baker, Nikita Malcom, Julia Rollison, & Brittni Frederiksen
2017

Major Findings: "No studies assessed the impact of an intervention serving LGBTQIA clients on client experience, behavior or health outcomes. Two included studies focused on the perspectives of healthcare providers towards LGBTQIA clients. Of the 17 studies that documented client perspectives, 12 elucidated factors facilitating a

client's ability to enter into care, and 13 examined client experience during care. Facilitators to care included access to a welcoming environment, clinicians knowledgeable about LGBTQIA needs and medical confidentiality."

Implications for Our Work: While this is a systematic review that is not specific to undergraduate students, it is important to highlight that out of 7193 abstracts, only 19 descriptive studies met the inclusion criteria and only 2 discussed the healthcare perspective.

[Transgender college students: Academic resilience and striving to cope in the face of marginalized health](#)
Journal of American College Health
Jenna B. Messman & Leigh A. Leslie
2018

Major Findings: Transgender college students were observed to have higher rates of mental health challenges (anxiety, depression, self-harm, suicidality, suicide attempts, and stress). Trans students reported higher levels of trauma and difficulty coping with life challenges (appearance, health issues, sleep, finances, relationships) than their cisgender counterparts. Trans students had a higher rate of accessing campus mental health resources and were more likely to be diagnosed with mental illness. Trans students reported more instances of violence (physical, verbal, and sexual assault) and lower feelings of safety. STIs were more prevalent amongst trans students, but trans students report higher condom usage during anal sex. Trans students reported higher substance use (binge drinking, illicit substances, non-prescription drug use) and experiences with addiction than cisgender peers. Trans students cited the aforementioned difficulties as impairing their academic abilities, but no statistical difference in mean GPA was observed. Trans students were more likely to report GPAs on the high or low extreme.

Implications for Our Work: Trans college students were found to cope with difficulties in their lives–almost half– utilizing campus mental health resources and appearing to be academically resilient. Campus resources need to have sufficient training to effectively treat transgender students to help prevent the existing discrepancies in care from worsening, and ideally to lessen the differences once transgender students are in college.

Other Notes: "Transgender students are generally reporting more negative health outcomes in every health category when compared to female and male peers: mental health, violence and safety, sexual health, and substance use. These findings are consistent with the literature of both transgender youth and transgender adults."

[Body image disturbance and associated eating disorder and body dysmorphic disorder pathology in gay and heterosexual men: A systematic analyses of cognitive, affective, behavioral und perceptual aspects](#)
PLoS One
Michaela Schmidt, Christoph O Taube, Thomas Heinrich, Silja Vocks, & Andrea S. Hartmann
2022

> **Major Findings:** ED and EDD are more prevalent in sexual minority communities of men. Gay men, compared to heterosexual men, have a higher drive for "thinness (DTS), appearance fixing (BICSI-appearance fixing) and general body image disturbance (BIDQ) compared to heterosexual men, while heterosexual men scored significantly higher than gay men regarding body appreciation (BAS-2)." There was not much difference in leanness, body avoidance, and body checking.

> **Implications for Our Work:** An ideal body for males is still prevalent in our culture to have a muscular physique which is very tied to their self-worth. Universities should advocate for positivity in body image and programs to cultivate self-worth for individuals struggling with body image in a society that has an ideal body type for males.

> **Other Notes:** "...counselors and therapists treating gay men should pay attention to conflicting body ideals, including men's muscle-related body ideals, but also ideals and coping strategies regarding body weight and general physical attractiveness."

[Social Networks and Sexual and Gender Minority Disparities in Alcohol Use and Consequences Among First-Year College Students](#)
LGBT Health
Miles Q. Ott, Melissa A. Clark, Sara G. Balestrieri, Kristi E. Gamarel, & Nancy P. Barnett
2022

> **Major Findings:** First-year college students who have at least 1 SGM (sexual gender minority) peer reported "significantly lower average number of drinks per week and a lower heavy drinking frequency". Community support for SGM having at least 1 SGM peer might lower societal stressors (e.g. minority stress, social isolation) and decrease **alcohol** consumption.

> **Implications for Our Work:** "These findings provide support for developing, implementing, and evaluating school-based interventions on college campuses that focus on fostering social networks for SGM students." These programs might have protective effects on hazardous drinking.

Other Notes: "Future research is needed to further examine whether minority stress is associated with these findings and how social networks may offset the negative effects of minority stress and reduce alcohol misuse."

[Evaluation of a Randomized Clinical Trial Comparing the Effectiveness of a Culturally Targeted and Nontargeted Smoking Cessation Intervention for Lesbian, Gay, Bisexual, and Transgender Smokers](#)
Oxford Journals: Nicotine and Tobacco Research
Alicia K Matthews, Alana D Steffen, Lisa M Kuhns, Raymond A Ruiz, Nat A Ross, Larisa A Burke, Chien Ching Li, & Andrea C King
2019

Major Findings: "...evidence-based cognitive-behavioral treatment combined with nicotine replacement therapies has benefits for LGBT smokers that are on par with the benefits achieved with other populations of smokers"

There is no clear evidence that targeted intervention is more effective in encouraging smoking cessation for LGBT individuals. However, acceptability ratings for the targeted intervention were higher.

"Demographic characteristics associated with treatment noncompletion included African American race, bisexually identified participants, low educational attainment, and lower income levels."

Implications for Our Work: Despite no clear evidence for targeted intervention of tobacco cessation for LGBT individuals, targeted interventions promote acceptability to treatment and could possibly improve overall wellbeing. Because this is one of the first studies to report on targeted interventions for LGBT individuals, universities can pilot targeting intervention programs to investigate these questions not only applicable to tobacco use.

Other Notes: Background: LGBT have a higher risk of tobacco-related health disparities because of unique issues associated with the group; therefore, there is a need for targeted intervention for LGBT smokers. "...one of the first studies to report on the outcomes of a randomized clinical trial examining the comparative benefits of a targeted versus nontargeted cognitive-behavioral smoking cessation treatment for LGBT smokers."

[Critical Consciousness for Connectivity: Decoding Social Isolation Experienced by Latinx and LGBTQ+ Youth Using a Multi-Stakeholder Approach to Health Equity](#)
International Journal of Environmental Research and Public Health
Nancy Vargas, Jesse L. Clark, Ivan A. Estrada, Cynthia De La Torre, Nili Yosha, Mario Magana, Alvarez, Richard G. Parker, & Jonathan Garcia
2022

Major Findings: This community engaged study had multiple groups of focus that were asked to determine what factors they think cause social isolation, what would decrease or prevent social isolation among LGBTQ+ Latinx youth, their own personal experiences, critically think about social isolation, and making an intervention toolkit. They found that the bulk of the causes of social isolation were at the individual level and could be internalized intersectional stigma with statements like, "being too dark" or "not knowing English" could cause social isolation, they also note, "Latinx youth who only spoke English, or who were less comfortable with speaking Spanish, experienced shame and isolation in Latinx Communities and families" (Vargas et al., 2022).

The intersectionality between the LGBTQ+ and Latinx community causes an identity strain in this case since the LGBTQ+ youth don't look or act a certain way. Social isolation is even more prominent with the hierarchy of colorism, causing disconnect within the Latinx LGBTQ+ youth community. The researchers noted that since the respondents mainly focused on the individual level and that they were "being a certain way" that they were responsible for their own risk of social isolation. Potential interventions could be positive youth development (PYD), training for educators, safe spaces, sexual health education programs, and clinical safe spaces.

Implications for Our Work: Universities should acknowledge the intersectionalities within the LGBTQ+ community and other cultural identities. They can also follow the possible intervention programs listed in this study such as creating inclusive environments in both education and medical support programs.

Other Notes: "Addressing social isolation is critical in order for institutions to provide trauma-informed services for intersectional youth identities. At the same time, we need to celebrate intersectional identities within these institutional spaces through educational materials, diversity of staff, and identity-tailored programming for youth and allies" (Vargas et al., 2022).

[Evaluating the clinical experience of sexual health trainees in the management of transgender, including non-binary, people within sexual health services](#)
BMJ Journals
Daisy Ogbonmwan, Jane Hussey, & Laura Mitchell
2020

Major Findings: This study included a group of trainees from different sexual health clinics throughout the UK. The trainees were given readings and then asked about their knowledge of trans sexual health. BASHH found that most did not complete the training, but 72% were aware of contraceptive options for trans people. They also found that having specialists in trans health was helpful, so people could receive care from someone that knows how to treat them individually and has more practical experience. But only 2 out of 12 sites have a specialist. Individualizing STI screening to sexual practices and risks and enquiring about domestic and sexual violence were recommended because those risks are common among trans people.

Implications for Our Work: University testing sites should have gender-neutral registration forms, waiting and examination rooms, and toilets available, especially because there is an increase in trans populations within universities compared to private clinics. It is important to have links in the trans community to hear from and receive feedback to improve services as they develop. Encourage staff to seek out opportunities to gain specific experience if it is unavailable at their main training center to understand the concerns of different communities from a more personal level.

[Impact of Living Arrangements of LGBTQ College Students During COVID-19](#)
Journal of Student Affairs Research and Practice
Karina A. Gattamorta, Gisela P. Vega, & Vanessa Kania
2023

Major Findings: This study investigated whether the living arrangement of LGBTQ+ students exacerbated certain stressors related to the COVID-19 pandemic. No significant differences based on living arrangements found related to grades suffering, having to drop a class, or having to drop out of school. However, LGBTQ+ students who never lived on campus were more likely to report difficulty accessing mental health, experience stressors related to their sexual orientation or gender identity, and increased alcohol, tobacco, or recreational cannabis use.

Implications for Our Work: Universities with students who potentially may never need to live on campus should be taking specific steps to support their LGBTQ+ students in accessing health resources, including for substance use disorders, as they are more likely to have increased use, even in the wake of the pandemic.

[LGBTQ policies and resources on campus and the experiences and psychological well-being of sexual minority college students: Advancing research on structural inclusion.](#)
Psychology of Sexual Orientation and Gender Diversity
Michael Woodford, Alex Kulick, Jason Garvey, Brandy Sinco, & Jun Sung Hong
2018

Major Findings: "This study suggests that campus-based structural initiatives, namely antidiscrimination policies that enumerate both sexual orientation and gender identity (vs. sexual orientation only), offering at least one for-credit LGBTQ courses, and the more LGBTQ student organizations available on campus can lower rates of heterosexist discrimination on campus. By reducing rates of discrimination, these initiatives can also indirectly foster students' psychological well-being."

Implications for Our Work: Psychological well-being of LGBTQ students may be enhanced not only by health measures initiated by well-being centers, but in larger policies of institutions, including in increasing access, awareness, and knowledge to reduce discrimination.

[Risk and Retention: Are LGBTQ Students Staying in Your Community College?](#)
Community College Journal of Research and Practice
Ronni Sanlo & Lily Espinoza
2012

Major Findings: "A very small number of community colleges are providing programs that may positively affect the retention of LGBTQ students. Such programs include the training of student affairs professionals 478 R. Sanlo and L. Espinoza and other staff for service provision; education and advocacy for faculty for curriculum inclusion; mentoring and peer counseling programs; and campus LGBTQ offices and resource centers (Sanlo, 2005; Sanlo et al., 2002). Unfortunately, there are no studies that explore each of these areas to determine if they are effective in helping LGBTQ students persist to graduation. Too often, research about college students is limited to four-year institutions, which has contributed to the void of research regarding community colleges."

Implications for Our Work: Colleges seeking to help LGBTQ students have a healthy environment and productive education must realize that if it only operates within its own institutional borders and doesn't incorporate or encourage collaboration with

smaller community colleges and is potentially leaving out a large population of students. Additionally, those with lower income and/or difficult life experiences may not be able to afford 4-year institutions or have access to the same experiences. This may directly influence institutions through transfer students, including ensuring their ability to participate.

[The utility of resilience as a conceptual framework for understanding and measuring LGBTQ health](#)
International Journal for Equity in Health
Emily Colpitts & Jacqueline Gahagan
2016

Major Findings: "The fact that there is no clearly agreed-upon definition of resilience presents a challenge in determining its utility for strengths-based LGBTQ health research. Further, the tendency for resilience to focus on individual-level factors or to be characterized as a set of inherent intrapersonal traits is particularly concerning in light of the ways in which privileging the individual over the structural and the social has contributed to the invisibility and erasure of LGBTQ health needs and experiences within health policy and health care systems."

Implications for Our Work: There should be caution in looking at health data and research for LGBTQ health as the studies may not take into account the social and societal pressures and drivers of their health needs. Programs and aid that employ this research may neglect to properly give LGBTQ students their own consideration on their own terms rather than just treating them as though they have exactly the same experiences and history within these systems as heteronormative students.

["The doctor said I didn't look gay": Young adults' experiences of disclosure and non-disclosure of LGBTQ identity to healthcare providers](#)
Journal of Homosexuality
Kinton Rossman, Paul Salamanca, & Kathryn Macapagal,
2018

Major Findings: "A key finding was that young adults frequently reported that providers had no reaction to their identity disclosure. While not reacting to LGBTQ identity disclosure may help providers avoid negative interactions with patients, it is also a missed opportunity for providers to build connections with and offer support to patients who have just disclosed their identity. These findings suggest a gap in current training and a possible new area for development in provider training on LGBTQ issues – specifically, cultivating interpersonal skills to create positive environments that promote identity disclosure among LGBTQ patients...Overall, our

findings support the idea that future training to conceptually shift from simply avoiding negative interactions with LGBTQ patients towards helping providers intentionally create an affirming healthcare environment."

Implications for Our Work: While aid programs can be viewed as a way to provide more help to communities, health providers can change their procedures and policies to be more responsive to the needs of LGBTQ students. This study's main finding of neglecting to acknowledge LGBTQ identity, continues with the theme of their invisibility and suggests training staff to be more comfortable and affirming when discussing identity, and its role in the students' or patients' life or experience with either medical, social or academic structures and processes.

[Diversity and Inclusion: Impacts on Psychological Wellbeing Among Lesbian, Gay, Bisexual, Transgender, and Queer Communities](#)
Frontiers in Psychology
Alex Siu Wing Chan, Dan Wu, Iris Po Yee Lo, Jacqueline Mei Chi Ho, & Elsie Yan
2022

Major Findings: Not the main finding but an important collection of information: "Toomey et al. (2011) have pointed out that students perceived their schools as safer for gender nonconforming male peers when schools included LGBTQ issues in the curriculum and had GSAs. Given the growing significance of LGBTQ people as active, respected, and noticeable members of society (Chan, 2021b), it is critical to promote LGBTQ acceptance within and beyond campus (Stones and Glazzard, 2020). LGBTQ students are more likely to report negative school performance when confronted with significant obstacles such as bullying, assault, and a lack of role models. Schools should uphold diversity, decency, compassion, and consideration (Chan, 2021c). Additionally, deans of medical schools have suggested to increase teaching materials related to LGBTQ issues to improve medical services in schools (Van Bergen et al., 2013)."

[Visualizing queer spaces: LGBTQ students and the traditionally heterogendered institution](#)
Journal of LGBT Youth
Jonathan T. Pryor
2018

Major Findings: "Participants' experiences engaging with campus spaces through photography and their experiences as students at MUP [Midwest Urban Public], provide important implications for challenging institutional structures that perpetuate the THI [traditionally heterogendered institution]. A primary tenet of

Preston and Hoffman's (2015) work centers on the THI positioning LGBTQ students as vulnerable and needing to be saved, creating a narrow view of their experiences and potentiality. Institutions with LGBTQ specific spaces (i.e., LGBTQ resource centers) may beat risk of these spaces perpetuating THI norms, othering LGBTQ students by separating them from their peers…The Implication for student affairs practice is important, as campuses must identify paths for LGBTQ students to participate in these spaces, without implementing some "othering" practice that grants them access."

Implications for Our Work: This study provides insight into the design and implementation of spaces and policies designed to aid, cultivate community, and represent the interests and persons of an LGBTQ student body.

Also, it makes clear that even with the changes made by institutions to promote inclusivity are still wrought with the traditions, practices, and structures that originate from a society which historically subjugated those not heterogendered and were designed with only heterogendered people in mind.

[Brief online interventions for LGBTQ young adult mental and behavioral health: A randomized controlled trial in a high-stigma, low-resource context](#)
Journal of Consulting and Clinical Psychology
J. E. Pachankis, S. L. Williams, K. Behari, S. Job, E. M. McConocha, & S. R. Chaudoir, 2020

Major Findings: Brief writing interventions exert significant impact on the mental health of young adult sexual minorities, especially those exposed to minority stress. Future research can consider strategies for population-level implementation, especially in high-stigma, low-resource settings.

Implications for Our Work: This study demonstrates the benefit that low-level, low-cost resources can provide to LGBTQ students. If there were easier and more accessible resources for students, they would not feel pressured to go out of their way to find help, and they may obtain help in ways that are less obtrusive to their daily lives and academic career. It would be interesting to explore other methods of low-level intervention such as art therapy.

[Advocacy Evaluation for Counselors Serving LGBTQ Populations](#)
Journal of LGBT Issues in Counseling
Randall L. Astramovich, Christian D. Chan, & Vincent M. Marasco
2022

Major Findings: "The advocacy team worked over the next year to implement the safe space program across campus and to promote the use of university counseling center services by LGBTQ students. As part of the outcome assessment, team members examined data on referrals and found a 35% increase in LGBTQ students seeking services at the university counseling center. The advocacy team also found that the use of student radio station promotions and social media platforms were effective at marketing the university counseling center to LGBTQ students, but that print media seemed less effective based on information gathered from intake sessions… Leaders of the LGBTQ student association suggested more student involvement in the delivery of the safe space trainings and more efforts to market the safespace program to university faculty and staff… In addition, the advocacy team decided to implement a yearly LGBTQ campus safety and climate assessment to regularly monitor the campus experiences of LGBTQ students."

Implications for Our Work: This study shows how different methods of dissemination about helpful advocates and counseling services can be achieved by working with student services and organizations. Along with the benefits that come from increased attendance and ethical considerations for counselors participating in the programs.

The Basement Gallery and/or other arts organizations may be great ways to get people talking about these services and encourage people to advocate and reach out to others, where they are already engaged.

[College Student Experiences with an LGBTQ Ally Training Program: A Mixed Methods Study at a University in the Southern United States](#)
Journal of LGBT Youth
Meredith G. F. Worthen
2011

Major Findings: "In these studies, I investigated college student experiences with an LGBTQ ally training program using two sources of data. Overall, results indicated that participation in the ally training program is positively related to supportive attitudes toward LGBTQ individuals. In their reaction papers, students reported high levels of awareness of LGBTQ issues, sympathy for LGBTQ individuals, and activism for justice for LGBTQ individuals after attending the training session. In addition, the results from the quantitative study of survey data indicated that those who were both aware of the ally training program and those who had participated in the ally training program had more supportive attitudes toward LGBT individuals compared to those who were unfamiliar with the ally training program."

Implications for Our Work: This study demonstrates how Ally Programs can create more supportive and positive behaviors and beliefs toward LGBTQ people, even when people only receive information about the programs. It highlights the importance that significant effort should be put forth into promoting widespread incorporation and awareness of these programs to foster larger support networks for those in need. People who have been exposed to misinformation or are unaware of the difficulties of LGBTQ people may be responsible for harm if not properly informed on respectful and helpful actions.

[Perceptions of Marginality and Mattering of LGBTQIA Community College Students](#)
Community College Journal of Research and Practice
J. Mark Pousson & Carolyn O'Laughlin
2022

Major Findings: From interactions with administrators, faculty, and staff, LGBTQIA college students were subject to a fragmented environment that produced both a sense of marginality and mattering. Terry shared, "I feel like sometimes just being a gay person, I feel like it's kind of ignored… I feel kind of shameful almost sometimes, and embarrassed and I feel if people just didn't look at it differently… I would feel more part of a community." Pat added, "You notice when people in positions of privilege say things that are ableist or derogatory and it kind of takes you out of that…also it can be kind of discouraging to see people who you really like… kind of engaged with those harmful systems." Robin recounted a time when a staff member informed some of Robin's peers about their name change without permission. "She told them when I wasn't there. I didn't know what she had told them or what was going on. It was just really uncomfortable and awkward and confusing… After that, this doesn't seem like a place that I want to be."

Implications for Our Work: This study was conducted by an interview, narrative approach where they asked students to share their experiences on campus as LGBTQIA+ individuals. Here they shared areas where they felt seen/unseen, accepted/unaccepted, etc.

Implications for Our Work: This is a literature review that may be helpful in finding additional articles if needed.

[Suicidality Among Sexual Minority Adults: Gender, Age, and Race/Ethnicity Differences](#)
American Journal of Preventive Medicine
Rajeev Ramchand, Megan Schulter, Michael Schoenbaum, Lisa Colpe, Lynsay Ayer
2022

Major Findings: Suicide thoughts, plans, and attempts were more common among lesbian, gay, and bisexual adults in almost every age and race/ethnicity category relative to that among corresponding heterosexual adults. In some age and race/ethnicity categories, bisexual women were more likely to report suicidal thoughts than lesbian/gay women. Each outcome decreased significantly across age groups among women of all sexual identity groups and heterosexual men. Yet, this age effect was less pronounced among gay and bisexual men. Black women had significantly lower rates of suicidal thoughts and plans than White women in all sexual identity groups.

Implications for Our Work: While this is not exclusive to college students, it does fit the "average" age of college students. We can dig a bit deeper to extract the information specifically for the age group we are working with.

A Call for LGBTQ Content in Graduate Medical Education Program Requirements
Academic Medicine
Andrew Pregnall, Andre Churchwell, & Jesse Ehrenfeld
2021

Major Findings: The literature suggests that LGBTQ-related education is lacking in higher education, specifically within graduate medical education (GME). Many GME training programs are continuously failing to prepare future physicians to care for LGBTQ patients properly. Therefore, the authors argue that the Accreditation Council for Graduate Medical Education (ACGME) must "develop and implement LGBT health-related residency requirements."

Implications for Our Work: The lack of LGBTQ-related education in GME has the capacity to become a direct determinant of health. For instance, if a doctor does not have an adequate understanding of this population, they are unable to provide treatment that is best suited for them. Therefore, universities are encouraged to assess LGBTQ inclusivity at the graduate level, in addition to the undergraduate level.

Other Notes: "Requirements for interacting with specific patient populations are not without precedent (e.g., program requirements for internal medicine require residents to gain experience with geriatric patients—a demographic group that requires specific clinical and cultural competencies just as LGBTQ patients do)".

Experiences of Intimate Partner Violence Among Lesbian, Gay, Bisexual, and Transgender College Students: The Intersection of Gender, Race, and Sexual Orientation
Journal of Interpersonal Violence
Darren L. Whitfield, Robert W. S. Coulter, & Daniel Jacobson
2018

Major Findings: LGBTQ+ college students experience higher rates of intimate partner violence (IPV) compared to their heterosexual and cisgender counterparts. Bisexual and transgender students exhibited the highest rates of reporting IPV based on sexual orientation and gender identity. Health outcomes associated with IPV include "elevated rates of physical injury, depression, posttraumatic stress disorder, substance abuse, sexually transmitted infections, suicide ideations and attempts, and obesity."

Implications for Our Work: The authors of the study advise that colleges and universities be aware of the disproportionate rates of IPV that LGBT students experience on their campuses to promote the overall functioning and well-being of this group. Such institutions should also be able to offer survivors health and mental health services by culturally competent providers.

Other Notes: Multiple theoretical frameworks exist to explain IPV among LGBT young adults. For instance, the social-ecological theory suggests that the stress experienced by sexual and gender minorities due to their marginalized identities can manifest as IPV. IPV is thought of as a way to release the stress of oppression.

[Attitudes toward health care needs and utilization of a university health center among LGBT and non-LGBT college students](#)
Journal of American College Health
Brandy Reeves, Liliana Rojas-Guyler, Joanne Brown, Keisa Bennett, & Stephanie Bennett
2021

Major Findings: Through qualitative and quantitative survey questions, the authors found that LGBT students were twice as likely to use university health services (UHS) for health conditions which need regular care, three times as likely to seek mental health services, twice as likely to receive preventive care, and less likely for immunizations or testing compliance. Additionally, LGBT students were twice as likely to use UHS because they perceived it as more confidential than other clinics. However, LGBT students were more likely than non-LGBT students to report concerns over confidentiality, as well as discrimination or poor care based on sexual/gender identity.

Implications for Our Work: The authors state that "...while the majority of students felt they received excellent care, there is always room for improvement." They emphasize the need for college students to regularly see a healthcare provider for preventive care to improve their health status, as well as to improve the clinician-patient relationship.

To enhance LGBT college health, we must establish a strong, trusting community between patients and providers. This way, students will be more likely to seek care and receive services that are the best fit for them.

Other Notes: College students demonstrated mixed attitudes around whether patients should disclose their sexual orientation and/or gender identity to their healthcare providers. Some respondents felt that it was an uncomfortable topic for many people. Others suggested that providers should only ask when it is medically relevant.

[Gender Expression Differences in Same-Sex Intimate Partner Violence, Victimization, Perpetration, and Attitudes among LGBTQ College Students](#)
Journal of LGBT Issues in Counseling
Lamerial Jacobsen, Andrew P. Daire, Eileen M. Abel, & Glenn Lambie
2015

Major Findings: Intimate partner violence (IPV) occurs at higher rates in same-sex couples than heterosexual ones. Despite this, limited research exists surrounding risk and protective factors (e.g., gender expression). The study measured the differences between feminine and masculine LGBTQ college students in their victimization, perpetration, and acceptance of IPV.

"Findings from the study suggest that risk factors of IPV include those identifying as masculine may be prone to perpetration and feminine- identifying students may be at risk for victimization."

Implications for Our Work: University professionals must educate themselves on IPV within same-sex relationships. Specifically, dispelling existing myths or stigma, as well as learning how to detect warning signs.

The dynamics of power and control can look entirely different in a same-sex couple than they would in a heterosexual couple. So, helping professionals may need to adjust their approach when working with people in a same-sex relationship.

Other Notes: There are many LGBTQ couples and individuals that seek help through counseling. However, due to the lack of awareness about IPV among LGBTQ college students, counselors may not assess for violence in same-sex couples. Many professionals believe that people of the same sex cannot harm each other and simply reduce the concept to a mutual fight between partners.

[An Examination of Campus Climate for LGBTQ Community College Students](#)
Community College Journal of Research and Practice
Jason Garvey, Jason Taylor, & Susan Rankin
2014

Major Findings: This study examines campus climate for LGBTQ undergraduate students at community colleges based on quantitative and qualitative data. Results show that the classroom environment plays a large role in determining students' perceptions of the campus. Findings also suggest that first-generation LGBTQ students experience a more hostile campus climate. The authors recommended several best practices, some of which include conducting a climate and resource assessment, analyzing curriculum to see if it represents student diversity, and determining what kind of support faculty need to become more familiar with LGBTQ issues in the classroom.

Implications for Our Work: The study reported that many LGBTQ community college students felt uncomfortable or unwelcome on their campuses. For instance, there was a lack of LGBTQ representation in class curriculums, and faculty were either indifferent or openly did not support LGBTQ issues. With this knowledge, UC Davis can better understand and accommodate its LGBTQ transfer students.

Other Notes: "According to the Consortium of Higher Education LGBT Resource Professionals' website, there is only one community college listed as having an LGBTQ center, office, or personnel."

[Traditionally Heterogendered Institutions: Discourses Surrounding LGBTQ College Students](#)
Journal of LGBT Youth
Marilyn Preston & Garrett Hoffman
2015

Major Findings: This study uses discourse analysis and narrative analysis to describe how one institution frames LGBTQ students and programming. A large research university actively promotes LGBTQ student programming and frames it "as necessary for the safety and community of students…" Despite this, the authors found that LGBTQ student narratives were embedded in heterogendered discourse. While considered part of a community, these students are consistently set apart from the "norm".

Implications for Our Work: When designing programs geared toward LGBTQ students, we must assess how these initiatives can either integrate or alienate them from the rest of the campus community. The goal is to always promote inclusivity and diversity. However, it is important that we do so in a way that does not create a sense of otherness.

Other Notes: "...student programming aimed at LGBTQ students has the potential to contribute to the rhetoric of difference and thus contribute to hierarchical power structures."

[LGBTQ+ college students with disabilities: demographic profile and perceptions of well-being](#)
Journal of LGBT Youth
Ryan Miller, Sandra Dika, David Nguyen, Michael Woodford, & Kristen Renn
2019

Major Findings: "In this descriptive study, we analyze survey data from 140 LGBTQ+ college students with disabilities in the United States and provide demographics as well as exploration of indicators of well-being, including campus climate. Findings detail how students use multiple terms to describe their sexual and gender identities, report low use of accommodations, assess their physical health positively but also report concerning mental health symptoms, and experience more environmental than interpersonal microaggressions."

Implications for Our Work: The authors suggest that students with disabilities may not seek out resources or accommodations because they may "feel they cannot reveal their LGBTQ+ identity to the disabilities staff."

Disability centers and centers for other marginalized identities should openly display their support for queer and trans people, so all students will feel more comfortable engaging in those resources.

Other Notes: Only 39% of respondents reported receiving on-campus accommodations for a disability or impairment.

[LGBTQ College Students' Experiences with University Health Services: An Exploratory Study](#)
Journal of Homosexuality
Logan Hood, Devon Sherrell, Carla Pfeffer, & Emily Mann
2018

Major Findings: This article consists of data from interviews with 14 LGBTQ+ individuals at a large public university. The results demonstrate that the university does not sufficiently meet their healthcare needs. Over half of respondents reported personal experience or second-hand knowledge of discrimination at their university health center. Many stated that they were not adequately made aware of the services provided. The authors conclude with how the participants' stories provide insight for improving campus health centers for LGBTQ+ students.

Implications for Our Work: "It is critical for university health centers to take an active role in listening to and addressing student concerns in order to meet the needs of the entire student body … Implementing ACHA guidelines in addition to active engagement with LGBTQ students and organizations may allow university health centers to foster more inclusive environments and provide higher-quality care to LGBTQ college students in the South and beyond."

Other Notes: The article directly cites ACHA when recommending methods for how university health centers can improve their climate to better support LGBTQ+ students.

[Signs, Songs, and Dr Seuss: The Activism of LGBTQ College Students Challenging the Hostile Messages of Campus Preachers](#)
Sociological Focus
M. Barringer, B. Savage, & Caroline Howard
2023

Major Findings: The dataset is composed of articles from student newspapers at four-year universities from 2010-2020. The authors find that engaging in activism at the localized campus level allowed for LGBTQ students to use the visitation of the campus preachers as opportunities to demonstrate resilience, creativity, and social connection to oppose the messages designed to belittle and oppress them.

Implications for Our Work: Religious groups on campus should be encouraged to share their support for LGBTQ+ people, if willing to do so. That way, queer and trans students who are also religious are able to find a spiritual community. This would serve to bridge the gap between two groups that are often thought to be separate from one another.

Other Notes: "A group of … students gathered around the [campus preachers] as they preached their message. The diverse group consisted of gay, straight queer students unhappy with what they were hearing. Chanting things back … like "Gay is here to stay," the crowd of complete strangers came together as one."

[“I've Heard There's Some Sort of Underground Group:” LGBTQ Activism on Evangelical Christian Campuses](#)
Journal of Diversity in Higher Education
Kaitlin Gabriele-Black & Abbie Goldberg
2019

Major Findings: This qualitative study examines narratives from 23 LGBTQ young adults who attended an Evangelical Christian college. The article explores their reasons for engaging in certain types of activism, as well as why some students chose not to be activists. The findings suggest that students who were not engaged saw queer activism as too risky or were not aware of the existence of other queer students. Ultimately, the authors recommend that professionals working with LGBTQ students in an Evangelical Christian environment should provide support in resisting discrimination and connect them with the wider community to enact social change.

Implications for Our Work: The results of this study share several types of activism that are meant to improve the place of queer and trans students on Evangelical Christian campuses, some of which include starting LGBTQ groups, teaching others, and pushing for structural change.

It is difficult to change the culture of a campus overnight. Thus, I recommend boosting student activism as much as possible and protecting the safety of student activists.

Other Notes: It is extremely important to acknowledge the risk factors that deter students from engaging in LGBTQ activism. Those who choose not to participate should not be overlooked or penalized in any way.

[Investigating Disparities by Sex and LGBTQ Identity: A Content Analysis of Sexual Health Information on College Student Health Center Websites](#)
Journal of Health Communication
Jennifer Stevens Aubrey, Margaret Jane Pitts, Bethany Lutovsky, Jian Jiao, Kun Yan, & Samantha Stanley
2020

Major Findings: With a random sample of 400 U.S. colleges/universities, the study assessed their student health center (SHC) websites for how often sexual health is labeled for particular groups, the types of sexual health topics, the depth of sexual health information, and the sexual health resources offered. The major findings revealed "that women's health webpages far outnumbered men's health webpages, sexual health topics were more common on women's health webpages, and sexual health topics were covered at greater depth on women's health webpages....

Similar disparities were found for sexual/gender minorities." Additionally, the results show that general sexual health webpages addressed more sexual health topics in greater depth as well as provided more sexual health resources than LGBTQ health webpages.

Implications for Our Work: Lack of accessibility to health education and resources will have a direct impact on LGBTQ health outcomes. Therefore, colleges and universities are encouraged to provide additional or, at least, some information regarding LGBTQ health on SHC websites, preferably with their own webpage. It is important that this information is easy to find and explicitly labeled.

Other Notes: Only 29 out of 400 student health center websites had a webpage explicitly labeled LGBTQ. Only 36 out of 400 student health center websites had a sexual wellness webpage, and 14 of those mentioned LGBTQ health. Clearly labeled and easy-to-navigate sexual health information can rarely be found on SHC websites.

How LGBTQ+ Students Thrive in College
Journal of Student Affairs Research and Practice
Robert Loren Hill, David Nguyen, Cindy Ann Kilgo, Alex Lange, Heather Shea, & Kristen Renn
2020

Major Findings: From 60 interviews with LGBTQ+ college students, this qualitative study demonstrates how a positive psychology framework promotes LGBTQ+ student success. The study found that LGBTQ+ students thrive most when receiving support for multiple identities as well as experiencing LGBTQ+-specific connections and curriculum.

Implications for Our Work: Many students described thriving as being able to manage multiple identities and those identities being affirmed. The first step campus members can do to support LGBTQ+ students is to listen and to trust them when they choose to share their identities. By simply confirming that you believe someone when they tell you they are queer, trans, ace, etc. can make a world of a difference. This provides an adequate foundation for LGBTQ+ students to thrive in college.

Other Notes: The broaden-and-build theory proposes that positive emotions can "broaden people's momentary thought-action repertoire and build their enduring personal resources, ranging from physical and intellectual resources to social and psychological resources...." Positive emotions generate an upward spiral that leads to greater fulfillment and positive reactions to diverse circumstances.

[Use of Mental Health Services Among College Students by Sexual Orientation](#)
LGBT Health
Laura Baams, Susan De Luca, & Chris Brownson
2018

Major Findings: The study found that LGBQ students reported receiving more counseling and mental health services compared to their heterosexual counterparts. While lesbian/gay and bisexual college students are more likely to receive mental healthcare, the authors note that they cannot determine whether they were satisfied with these services. Additionally, the article suggests that certain groups of LGBT students do not receive support from their clergy or family, which may demonstrate a lack of understanding and/or acceptance of LGBQ issues.

Implications for Our Work: The conclusion of the article states that it is possible for LGBQ students to seek out various providers because they do not feel satisfied with the care they receive.

It may be helpful to conduct an assessment survey to determine how LGBQ students view the quality of university healthcare. Do providers serve this population adequately? Which areas need improvement?

Other Notes: The authors make it clear that they do not know whether sexual orientation was a factor in students seeking out mental health services.

[Reflecting resiliency: openness about sexual orientation and/or gender identity and its relationship to well-being and educational outcomes for LGBT students](#)
American Journal of Community Psychology
Joseph Kosciw, Neal Palmer, & Ryan Kull
2014

Major Findings: For LGBT youth, coming out can be a pivotal milestone in their development, and it is often associated with better psychological well-being. However, coming out can be accompanied by an increased risk of peer victimization due to greater visibility. Given that outness comes with a certain level of victimization, outness does suggest an element of resilience. It is thought to be related to "improved well-being in the face of considerable risks." This article finds that despite higher levels of victimization when being out, the vast majority of LGBT youth in the sample are out.

Implications for Our Work: While increased resiliency appears to be a silver lining of LGBT youth victimization, it is important that universities continue to implement and enforce policies that prohibit anti-LGBT harassment and encourage reporting of

victimization. The resilience of queer and trans youth should be used as momentum to keep fighting, rather than a simple mark of progress.

Other Notes: This study takes samples from middle and high school students; therefore, it is possible that the results could look different for LGBT college students.

In Search for the Many Faces of Community Resilience Among LGBT Individuals
American Journal of Community Psychology
Frank Wong
2015

Major Findings: The author uses a collection of papers to explore how many LGBT individuals remain resilient despite facing adversity or hostility due to their identity. This paper analyzes concepts such as "intrinsic versus extrinsic reinforcement", "self-sexual labeling", and the e-approach to promote resiliency in LGBT individuals.

Implications for Our Work: This article calls attention to the potential of the Internet in shaping health and psychosocial well-being. For instance, the GLBT National Help Center offers peer-support through direct messaging and online links to local LGBTQ resources. The use of e-approaches for promoting LGBTQ resilience can be very beneficial, especially for tech savvy college students.

Schools should consider organizing online platforms for their LGBTQ students to communicate and socialize.

Other Notes: "...the benchmark of "resiliency" is more than just having "high self-esteem." If we are to understand what makes certain LGBT individuals strive in the face of adversity, we need to have a better understanding of how certain macro-social determinants (e.g., access to education, income and mental healthcare as well as pre-existing and social networks), might contribute to resiliency."

Factors for LGBT College Students that Predict Academic Success
Walden University ProQuest Dissertations Publishing
Jonathan McCormick
2023

Major Findings: A quantitative study analyzed how campus climate, depression, anxiety, stress levels, and degree of outness together can predict the grade point average of LGBT college students. The author used Basic Psychological Needs Theory to explain the findings. The results of this study were not significant, indicating that the above factors did not predict academic success. Further research is suggested to fully realize the determinants that predict LGBT student academic success.

Implications for Our Work: Regardless of whether the listed factors can predict academic success, it is important that we continue to focus on ways to improve the overall well-being of LGBTQ students. The physical, mental, and emotional health of LGBTQ students should be treated as most important, no matter what their GPAs are.

[The State of LGBT and Queer Research in Higher Education Revisited: Current Academic Houses and Future Possibilities](#)
Journal of College Student Development
Alex Lange, Antonio Duran, & Romeo Jackson
2019

Major Findings: The authors provide a summary of the current research on LGBTQ people in postsecondary education and the use of queer frameworks in education scholarship through the metaphor of the academic ball. This article offers potential routes for future LGBTQ individuals and queer theory within higher education.

Implications for Our Work: LGBTQ students could benefit from engaging with queer and trans pedagogies in and outside of the classroom. The paper lists examples such as leaderships courses, first-year experience programs, and identity-based curricular interventions.

[LGBT+ People's Health and Experiences Accessing Care](#)
Lindsey Dawson, Brittni Frederiksen, Michelle Long, Usha Ranji, & Jennifer Kates
Kaiser Family Foundation
2021

Major Findings: This study analyzed nationwide data from a recent KFF survey to compare the experiences of LGBT+ adults to their non-LGBT+ counterparts. Some of the main findings suggest that LGBT+ people are more likely to report fair or poor health, negative provider experiences, problems paying medical bills, and challenging COVID-related circumstances.

Implications for Our Work: More LGBT+ people report managing chronic conditions or living with disabilities that affect their daily lives than non-LGBT+ people. Due to this demand, university health services should strive to make their care more accessible, more affordable, more inclusive, as well as improve LGBT+ student perceptions of their providers.

Other Notes: While data collection on the LGBT+ population is improving, particularly at the federal level, knowledge gaps still exist and further research is needed.

[Queer-spectrum and trans-spectrum student experiences in American higher education: the analyses of national survey findings](#)
Rutgers University Libraries
Maren Greathouse, Allison BrckaLorenz, Mary Hoban, Ronald Huesman, Susan Rankin, Ellen Bara Stolzenberg, & Tyler Clementi Foundation
2018

Major Findings: The research team assembled a snapshot of queer and trans experiences at 4-year colleges and universities using nationwide datasets. They found that the current campus climate is failing to deliver an equitable learning environment for queer and trans students. There are also concerns across academic engagement and student health. This paper is a call to action for university leaders, faculty, and staff. The authors seek to foster a campus climate that provides LGBTQ+ students with mentorship in the face of stigma, develop queer/trans social support networks, and relieve them of the pressure to educate faculty/staff.

Implications for Our Work: One of the most impactful resources we can give to queer and trans students is the ability to develop their own support systems. Faculty/staff mentors serve to strengthen a student's social support network in times of victimization, encourage positive identity development, and reduce social isolation. Additionally, previous studies have shown that students are far more likely to reach out to a peer during a stressful period than a campus professional. Therefore, college counseling centers may consider creating "peer mentoring programs to ensure that students seeking support have a direct conduit to psychological support services."

Other Notes: The most important takeaway is that "Institutions must actively create environments where students perceive themselves as valued members of the campus community."

[Faculty as Sources of Support for LGBTQ College Students](#)
College Teaching
Jodi Linley, David Nguyen, G. Blue Brazelton, Brianna Becker, Kristen Renn, & Michael Woodford
2016

Major Findings: This study uses a qualitative dataset from a national study of LGBTQ student success to examine the role faculty support plays in promoting LGBTQ student success. "Six aspects of faculty support are identified and illuminated within formal and informal contexts. Students' voices show how LGBTQ students interact with faculty and what kinds of interactions students experience as supportive."

Implications for Our Work: Formal interactions with faculty were proven to make students feel supported. For instance, actions like confronting homophobic language, challenging heterosexist/cisgender discourse, and using inclusive language all made LGBTQ students more comfortable in the classroom. Additionally, informal interactions were viewed as just as important. Examples include "visibility on campus and participation in on-campus events in support of students."

Other Notes: The authors note that the participants from this study were recruited from a LGBTQ conference, so it is possible that they may be more "out" than other students. Their experiences may not reflect those of students who did not attend the conference.

[Experiences of LGBTQ student-athletes in college sports: A meta-ethnography](#)
Heliyon
Meng Xiang, Kim Geok Soh, Yingying Xu, Seyedali Ahrari, & Noor Syamilah Zakaria
2023

Major Findings: This study explored LGBTQ student-athlete experiences to determine ways in which athletic coaches and staff can support the safe participation of LGBTQ youth in sports. Using fourteen studies from 1973 to 2022, the authors identified four key themes: "(1) experiences of discrimination and violence; (2) perceived stigma; (3) internalized prejudice; and (4) coping and team support, and they were used to generate a line of argument model, which explains the stress process of LGBTQ student-athletes in the sports."

Implications for Our Work: The qualitative evidence found in this study can be used as a foundation to push for inclusive, diverse policies and practices within higher education and athletic departments. The authors emphasize mental health as a significant concern, as persistent discrimination in college sports can pose a risk to this area.

Other Notes: The sports sphere is a particularly unique environment, as it is viewed as an arena of hegemonic masculinity. It often represents the social dominance of men and social subordination of women and gay men.

Appendix B: Existing Guidance

In accordance with the charges of the American College Health Association's Promoting LGBTQIA+ Equity Task Force, a sub-committee of the task force was convened to do a comprehensive review of existing guidance from reputable organizations on how to support LGBTQIA+ students, staff, and faculty on campus. The "Recommendations" part of this document is the culmination of this comprehensive review.

Methods

After identifying approximately 65 documents providing guidance for supporting LGBTQIA+ people and students, the sub-committee reviewed them for relevance to higher education practices in clinical care, educational programming, and campus life. This review resulted in identifying 26 documents that provide guidance on how to create an inclusive and affirming campus environment for LGBTQIA+ students, staff, and faculty. An in-depth review of these 26 documents was completed to identify shared recommendations across documents, which are outlined in the "Recommendations" portion of this document.

It is important to note that this analysis focused on identifying general recommendations and required categorizing and combining more granular recommendations into broader categories. As such, any individual guidance document indicated for a recommendation may have specific recommendations that are broadly related to the listed item but may be more specific or provide multiple related recommendations. Importantly, some of the documents selected focused on specific LGBTQIA+ sub-populations and/or LGBTQIA+ people who have additional marginalized identities; these recommendations are more tailored to these intersectional identities than the broad category identified may suggest, we recommend considering the specific needs of your students so you can utilize the guidance documents that most support those needs.

How to Use this Document

As detailed in the section above, the "Recommendations" tab of this document details several broad recommendations for supporting LGBTQIA+ students, staff, and faculty. Column A of the tab lists the broad recommendations identified through the guidance review, and row 1 lists the guidance documents identified through the methods outlined above. See below for a more detailed description of what column A and row 1 include.

What is found in column A?

The recommendations in column A are divided into 4 broad topics, which are capitalized, bolded, and highlighted in blue on the chart. The topics are "Campus & Department Policies", "University & Department Leadership", "Building & Maintaining Inclusive & Affirming Practices", and "Partnerships & Community Engagement". Within each of those categories there are general recommendations that were prominent across guidance documents, these are bolded and highlighted in yellow. Underneath each of these general recommendations, are common, more granular, recommendations of how to achieve the general recommendation. The granular recommendations are not comprehensive, but they represent the recommendations that came up most often across guidance documents. For the most specific and granular representation of any given guidance document, you will need to read that document.

What is found in row 1?

The guidance documents listed in row 1 are divided into 3 sub-categories based on the primary focus of the guidance document. The categories are "Clinical Care", "Education & Programming", and "Campus/University Life". Under each category there are individual guidance documents. The names of the documents have been shortened for readability and linked to the guidance document itself. Alternatively, these appendices include a folder with all the guidance documents identified. The names of guidance documents in the folder mirror the names used in row 1.

Interpreting the Chart

In the body of the chart, you'll find a series of "X" marks; these indicate which documents support each recommendation. This format was used to enable the chart to be utilized in three primary ways. By looking at the rows with the most (or fewest) "X" marks, you can identify which of the listed recommendations are supported by the most (or fewest) of the documents identified to guide your understanding of which recommendations were most prominent across all 26 documents. You can also identify which documents cover the most (or fewest) recommendations by looking at the columns with the most (or fewest) "X" marks.

Alternatively, you can identify documents based on the recommendation(s) you're interested in or identify recommendations based on the document(s) you are interested in. If you read through the recommendations list in column A and find any of interest, you can look horizontally across the row to identify which of the 26 documents make that general recommendation (indicated with "X" marks). You can also look

across row 1 to identify specific guidance documents of interest and then look vertically down the corresponding column to see which recommendations that guidance document makes (indicated with "X" marks).While these are the identified uses of this document, we encourage you to utilize this information in whatever ways are most impactful in creating meaningful change to support LGBTQIA+ students on your campus.

Acronym	Meaning
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and other non-heterosexual identities
TGD	Trans and Gender-Diverse
HIV	Human Immunodeficiency Virus
PrEP	Pre-Exposure Prophylaxis
DEI	Diversity, Equity, and Inclusion
GAHT	Gender-Affirming Hormone Therapy
STI	Sexually Transmitted Infections

**Every recommendation below should include input from LGBTQIA+ people and/or be guided by evidence-based practices for supporting LGBTQIA+ people. These collaborations should include transparency with how the information/insights gathered will be used and respectful of the time, effort, and emotional labor requested/required from LGBTQIA+ people, which includes compensation for time and effort whenever possible*

Column headers (left to right):

CLINICAL CARE: ACHA 2015 | Big 10 2023 | WPATH 2022 | UCSF 2016 | Fenway 2021 (guidelines) | Endocrine Soc 2017 | ACOG 2012 (2024) (WSW) | AAFP 2017 (WSW) | ACOG 2022 (AFAB PrEP) | ACOG 2021 (TGD) | USDHHS 2025 – Advancing Intersex Health Equity | Fenway 2020 (intersex) | Fenway 2022 Health Two Spirit & Indigenous | JC 2011 | Fenway 2019 (staff) | HRC/HEI 2024 | APA 2021 | APA 2023 | 2023 SAMHSA

EDUCATION & PROGRAMMING: Higher Education Today 2017 | ACHA 2015 | Southern Poverty Law Center | GLSEN 2019

CAMPUS/UNIVERSITY LIFE: Fenway 2022 | Fenway 2022 - SOGI Data Collection | Consortium of Higher Ed 2020 | Consortium of Higher Ed 2021 | Consortium of Higher Ed 2016 - Supporting Students of Color | Consortium of Higher Ed - Asking SOGI questions | Consortium of Higher Ed 2014 - Supporting Trans Students | Archived; email info@glma.org

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CAMPUS & DEPARTMENT POLICIES

Create and implement LGBTQIA+ inclusive policies that support both students and employees

- Assess current policies and benefits as they pertain to LGBTQIA+ staff, including leadership opportunities and advancement pathways
- Proactively modify recruitment practices to ensure opportunities for LGBTQIA+ students applying to the institution and candidates seeking to work at the institution
- Ensure inclusion of sexual orientation, gender identity, relationship status, gender expression, and intersex variations in institutional policies, regardless of state or federal law
- Establish and maintain policies that facilitate full inclusion and prohibit discrimination across admissions, employment, educational programs, student health insurance, and facilities
- Conduct a policy audit to identify and remove obstacles for trans students and employees
- Create a campus-wide steering committee that includes LGBTQIA+ (especially TGD) people to address LGBTQIA+ inequities in both student and employee policies
- Ensure anti-harassment policies address bullying, digital harassment, and protect all students, staff, and faculty from discrimination while outlining clear processes for investigation and accountability
- Systematically and transparently collect sexual orientation and gender identity data to inform policy and care
- Advocate for inclusion of LGBTQIA+ topics in strategic plans, academic environments, and extracurricular education and events

UNIVERSITY & DEPARTMENT LEADERSHIP

Advocate for LGBTQIA+ students and staff

- Build awareness of LGBTQIA+ identity development, campus climate, social experience, and policy landscape
- Ensure student and employee insurance plans cover gender-affirming healthcare, gender-affirming surgeries, HIV PrEP, and other necessary care, ensure this is also available to spouses and same-sex domestic partners
- Prioritize affecting institutional change by advocating for clear DEI policies and LGBTQIA+ protections
- Create partnerships with national organizations that support LGBTQIA+ and social justice movements to strengthen advocacy efforts
- Implement inclusive policies and supports for LGBTQIA+ students and actively engage in learning about the experiences of others across marginalized groups

Establish support systems for LGBTQIA+ students and employees

- Allocate funding for intersectional LGBTQIA+ programming, including student-driven initiatives and co-curricular programming
- Provide leadership opportunities for staff, faculty, and students that support multiple, intersectional identities
- Ensure policies, procedures, and services related to LGBTQIA+ identity and care are clearly communicated and easy to access, including clearly outlining on resource website(s)

BUILDING & MAINTAINING INCLUSIVE & AFFIRMING PRACTICES

Provide education and training on LGBTQIA+ inclusion

- Offer and/or participate in intersectional LGBTQIA+ inclusion training(s) across departments with an emphasis on creating inclusive classroom and university environments
- Engage LGBTQIA+ staff and community members in inclusion efforts, including creating policies, implementing training, and maintaining inclusive spaces
- Ground inclusion efforts in research, theory, history, and social justice to cultivate a culture of belonging

Ensure inclusive and accessible healthcare and other resources for LGBTQIA+ Individuals

- Ensure that all medical providers are trained to deliver LGBTQIA+ affirming care, including gender-affirming hormone therapy (GAHT), HIV PrEP, and trauma-informed care
- Identify and/or hire mental health and medical care providers knowledgeable about trans healthcare and LGBTQIA+ identity to ensure availability of care
- Provide LGBTQIA+ Inclusive healthcare services, including GAHT and HIV PrEP, for all patients, ensuring care that is sensitive to gender diversity
- Pursue medical screening guidelines according to current anatomy/organ inventory
- Offer comprehensive health services and coordinate care across medical and mental health professionals, ensuring respect for gender identity and experiences
- Integrate LGBTQIA+ inclusive and affirming practices in healthcare, counseling, and other campus services, including fully supporting the needs of transgender and gender-diverse students. Efforts should include providing coordination of care/referrals between and within departments and only asking gender history and genitalia questions and/or examining body parts if necessary to provide appropriate medical care
- Implement gender-inclusive practices, including consistently appropriate pronoun use, using gender-inclusive language and avoiding assumptions about gender
- Guarantee that all medical care and counseling staff (including those beyond providers) respects patients" gender identities, using appropriate language, and mirroring terms used by the patient
- Provide counseling on sexual health, contraception, STI prevention, and bodily autonomy before starting GAHT
- Ensure all screenings (mental health, substance-related, cardiovascular/metabolic health, domestic and intimate partner violence, etc.) are appropriate for LGBTQIA+ individuals, with trauma-informed, culturally competent approach

Create inclusive environments and physical spaces

- Support the LGBTQIA+ and/or Gender/Sexuality resource center(s) in prioritizing the wellbeing of LGBTQIA+ students
- Ensure LGBTQIA+ representation in clinical care spaces (e.g., posters, brochures, trainings)
- Provide inclusive restroom options (single-stall, gender-neutral)
- Design systems, forms, and surveys that allow students to edit and include their names and pronouns, avoid gender-specific categories where possible, and allow individuals to indicate "not applicable" where appropriate

Engage in individual growth and development around LGBTQIA+ issues

- Continuously engage in self-reflection on your identities, biases, and perspectives
- Role model inclusive and affirming behaviors, attending LGBTQIA+ events, and supporting the LGBTQIA+ community in meaningful ways

PARTNERSHIPS & COMMUNITY ENGAGEMENT

Offer evidence-based programming & other initiatives for the LGBTQIA+ community

- Offer stand-alone educational programs about LGBTQ+ issues, along with multicultural diversity and equity efforts
- Integrate LGBTQ+ perspectives in sex education and health trainings, with a focus on inclusion and accurate, respectful language
- Develop stigma reduction programs and campaigns that educate about LGBTQIA+ identities, focusing on inclusivity and allyship

Strengthen support on campus through cross-campus collaboration

- Build partnerships across departments and with community organizations to increase support options for LGBTQIA+ students and employees
- Create sustainable opportunities for feedback and reporting from the LGBTQIA+ community to ensure accountability in campus supports, practices, and policies
- Ensure the availability of mentorship opportunities for LGBTQIA+ students with intersectional identities

Appendix C: Promoting LGBTQIA+ Equity Task Force–Generated Gender-Affirming Care (GAC) Question Set

The American College Health Association [states](#) that it "opposes any policy, at any level, that restricts, limits, or discourages access to gender-related services for transgender and nonbinary youth and/or adults in our communities." Given the climate related to transgender and nonbinary health and the lack of data available to most campus health providers, the Promoting LGBTQIA+ Equity Task Force is dedicated to providing tools to support transgender and nonbinary students to help further ACHA's top strategic goals. The elimination of similar questions in CDC high school data collection has made this data gap even more pressing.

It has been well established that access to gender-affirming care [greatly improves mental health and well-being](#). [A comparison of NCHA data](#) from transgender and nonbinary students with data from cisgender students showed major mental health disparities, greatly emphasizing the need for all of us to be trusted advocates for transgender and nonbinary students.

It is recommended that these questions be added to the national NCHA instrument as a routine update to standard questions. The addition would not impact questionnaire length in any significant way because the questions would go only to people who identify as transgender/nonbinary, as opposed to the population overall. Data from these questions would give vital information to better understand those respondents and their health challenges as related to their college health providers and campus and family support. The NCHA is the only current source for this type of data, which can deliver critical information for providers and lifesaving for patients. If questionnaire length is a genuine concern, the data from questions 1.3 and 1.5 are valuable, but not as critical as the rest of the question set. Typically, however, giving this information might engage trans and nonbinary students in willingness to complete and increase engagement.

Why Use the National College Health Assessment to Collect These Data?

The NCHA offers a rare opportunity to learn from the students themselves about what is going on in their lives in terms of their health and well-being – particularly as it relates to their academic performance and mental health. Further, [ACHA's Sexual Health Services Survey](#) asks about gender-affirming care and other LGBTQ health concerns, but it does not collect information from the actual students being served about latent variables that are vital to better understand to assess how they perceive their care.

How Could Campus Health Providers Use the Data?

By comparing outcomes (e.g., health, academic performance, etc.) of transgender and nonbinary students who are receiving gender-affirming care with students who are not, institutions would be better able to meet the needs of their students by providing them with a clearer understanding of their lived experiences.

Such data would allow institutions to understand the [unmet] needs of transgender and nonbinary students on their campuses and help make the case for beginning to offer – or improving access to – gender-affirming care. These data would also help advocate for the inclusion of gender-affirming care in student health insurance plans (and other insurance plans).

Gender-Affirming Question Set

The following questions are recommended for any student who responds yes to **N3Q67B** (*Do you identify as transgender?* AND/OR 3, 4, or 9 to **N3Q67C** – Gender Identity (3) Trans Woman, (4) Trans Man, (9) Nonbinary) as identified as **trans or nonbinary.**

1: (***suggested as added question placement beginning as N3Q67D***) - In the last 12 months, have you received (in-person or via telehealth) any type of gender-affirming care? This may include hormone replacement therapy, vocal coaching, gender affirmation surgery, mental health support, hair removal, or another form of gender-affirming care.

- Yes
- No

IF YES TO 1 ASK 1.1 – 1.3; IF NO TO 1 SKIP TO 1.4:

1.1: YES/NO MATRIX - In the last 12 months, did you receive the following gender-affirming care services?

- Hormone replacement therapy
- Vocal coaching
- Gender-affirming surgery
- Mental health support
- Hair removal
- A type of gender-affirming care not described above (please specify)

1.2: YES/NO MATRIX - In the last 12 months, was the gender-affirming care you received (in person or telehealth) provided by:

- My current campus health center
- A gender-affirming care provider in the local community near my campus
- A gender-affirming care provider in my hometown
- A national telehealth gender-affirming care provider
- A gender-affirming care provider not described above (please specify)

1.3: For the gender-affirming care you have received in the last 12 months, please estimate the total amount you have had to pay out-of-pocket.

- $0 - $500
- $501-$1000
- $1001-$2000
- $2001-$3000
- $3001 or more

1.4: DISPLAY ONLY IF NO TO 1 - Have you been interested in receiving gender-affirming care in the last 12 months?

- Yes
- No

IF YES TO EITHER Q1 OR Q1.4; OTHERWISE, SKIP TO Q2:

1.5: YES/NO MATRIX - Do any of the following reasons for limiting or not receiving gender-affirming care in the last 12 months apply to you?

- I have not attempted to access gender-affirming care
- I have attempted to access gender-affirming care, but was ultimately unable to receive it
- Cost of gender-affirming care
- Fear of being outed to someone other than my healthcare team
- I do not know where to go for gender-affirming care
- Mistrust of the healthcare system
- Negative experience with healthcare team

- Legal barriers to receiving care

- A reason not described above (please specify)

- I have not had any barriers to receiving care

ASK EVERYONE IN THIS SEQUENCE Q2–Q5 REGARDLESS OF CARE OR INTEREST IN CARE:

2: How supportive has your family been for you in relation to your gender identity?

- Very unsupportive

- Unsupportive

- Neutral

- Supportive

- Very supportive

- Not applicable/Don't know

3: How supportive has your campus health services team been for you in relation to your gender identity?

- Very unsupportive

- Unsupportive

- Neutral

- Supportive

- Very supportive

- Not applicable/Don't know

4: How supportive has your campus community been for you in relation to your gender identity?

- Very unsupportive

- Unsupportive

- Neutral

- Supportive

- Very supportive

- Not applicable/Don't know

5: How supportive has your off-campus community been for you in relation to your gender identity?

- Very unsupportive

- Unsupportive

- Neutral

- Supportive

- Very supportive

- Not applicable/Don't know

Appendix D: The Critical Role of Providing Gender-Affirming Care to Support College Student Mental Health and Mitigate Risk for Suicide

The transition to college is a pivotal period in a student's life, marked by personal growth, academic pressures, and social changes. For transgender and non-binary (TNB) students, this transition is often compounded by the challenge of accessing gender-affirming care. Gender- affirming care encompasses medical, psychological, and social support that validates and affirms an individual's gender identity. Research consistently demonstrates that gender-affirming care improves mental health outcomes, reduces the risk of suicide, and enhances overall well-being among TNB individuals (Turban et al., 2020). However, access to such care remains inconsistent across college campuses, leaving many students vulnerable to mental health struggles, including the consideration of death by suicide for some students. This summary examines the significance of providing gender-affirming care in college settings, emphasizing its role in promoting mental health, academic success, and overall student well-being.

The Mental Health Crisis Among TNB College Students

TNB college students experience mental health challenges at significantly higher rates than their cisgender peers. Studies have found that nearly half of transgender youth have considered suicide, with many also reporting instances of self-harm and substance abuse (Johns et al., 2019). The 2021 National College Health Assessment revealed that 58.2% of transgender students experienced suicidal ideation, compared to 24.3% of cisgender students (American College Health Association, 2021). These disparities stem from multiple factors, including social rejection, discrimination, gender dysphoria, and barriers to accessing appropriate healthcare services (Bauer et al., 2015).

A major contributor to these alarming statistics is gender dysphoria, resulting from the distress of having a gender identity that does not align with one's assigned sex at birth. Without proper care and support, gender dysphoria can exacerbate feelings of isolation and hopelessness, increasing the risk of suicidal behavior (Bockting et al., 2013). Gender-affirming care, which includes medical interventions (such as hormone therapy and surgery) and mental health support, has been shown to alleviate these distressing experiences and significantly improve quality of life.

Academic and Social Implications

Mental health directly impacts academic performance, and TNB students facing barriers to gender- affirming care often struggle with concentration, motivation, and attendance. A study by Seelman et al. (2017) found that transgender college students who experienced discrimination or lacked access to affirming healthcare were more likely to report poor academic performance and consider dropping out of college. Providing gender-affirming care can improve students' ability to focus on their studies by reducing mental health challenges and fostering a sense of security on campus.

Beyond academics, access to gender-affirming care contributes to social integration and campus engagement. TNB students who receive affirming care are more likely to participate in extracurricular activities, build supportive peer relationships, and engage with campus resources. Social support is a critical protective factor against mental health issues, and colleges that invest in gender-affirming services create an environment where students feel valued and included (Ryan et al., 2010).

The Psychological Benefits of Gender-Affirming Care

Research consistently demonstrates that gender-affirming care leads to substantial improvements in mental health outcomes for TNB individuals. Access to gender-affirming hormone therapy (GAHT), puberty blockers, and mental health counseling has been associated with reductions in depression and anxiety and improvements in overall psychological well-being (Bauer et al., 2015; Turban et al., 2020). A study conducted by Turban et al. (2020) found that transgender individuals who received puberty blockers during adolescence had significantly lower rates of suicidal ideation in adulthood compared to those who did not receive such treatment. Similarly, gender-affirming mental health care plays a crucial role in reducing suicide risk.

Affirming therapy, in which mental health professionals validate a person's gender identity and provide support during transition, has been linked to increased resilience and coping skills (Budge et al., 2013). When transgender individuals receive competent and supportive therapy, they report feeling more empowered, less isolated, and more hopeful about their future (Puckett et al., 2018). Access to these services can be lifesaving for college students navigating academic and social challenges.

Institutional Barriers and the Need for Policy Changes

Despite the clear benefits of gender-affirming care, many colleges and universities fail to provide comprehensive services for TNB students. Institutional barriers include a lack of knowledgeable healthcare providers, restrictive insurance policies, and policies that

fail to accommodate chosen names and gender markers on official documents (Puckett et al., 2018). Many student health centers lack providers trained in transgender healthcare, leading students to seek external services, which can be financially and logistically burdensome.

Lack of access to gender-affirming care is directly correlated with poor mental health outcomes. A study by Seelman et al. (2017) found that transgender students who experienced discrimination in healthcare settings were more likely to report symptoms of depression and anxiety, which are key predictors of suicidal behavior. Furthermore, institutions that fail to provide gender-affirming care may contribute to a hostile campus climate, exacerbating feelings of marginalization and distress among TNB students.

To address this issue, colleges and universities can prioritize inclusive healthcare policies. This includes offering gender-affirming medical services within student health centers, ensuring that insurance plans cover transition-related care, and training healthcare providers on best practices for transgender healthcare (Puckett et al., 2018). By taking these steps, institutions can significantly reduce suicide risk among TNB students and foster a more inclusive campus environment that is supportive of enhanced health and well-being.

Policy and Practice Recommendations for College Campuses

To effectively support TNB students and reduce suicide risk, colleges and universities can consider implementing comprehensive gender-affirming healthcare policies. Below are key recommendations for improving campus services:

Expand Access to Gender-Affirming Medical Care

Universities can integrate GAHT and other transition-related medical services into student health centers. Hiring medical professionals trained in transgender healthcare can ensure that students receive competent and affirming treatment (Seelman et al., 2017).

Provide Mental Health Services with Affirming Therapists

It is recommended that counseling centers employ therapists trained in gender-affirming practices. These professionals are equipped to offer support for gender identity exploration, coping with discrimination, and managing gender dysphoria (Budge et al., 2013).

Ensure Comprehensive Health Insurance Coverage

Universities can revise their student health insurance policies to cover gender-affirming treatments, including GAHT, surgeries, and mental health counseling. This would remove financial barriers that prevent students from accessing essential care (Puckett et al., 2018).

Implement Gender-Inclusive Policies and Facilities

Providing gender-inclusive restrooms, allowing students to use their chosen names on official documents, and offering inclusive housing options can help reduce the stress and dysphoria experienced by TNB students, ultimately improving their mental health (Johns et al., 2019).

Create Peer Support and Advocacy Programs

Student-led initiatives, such as transgender support groups and LGBTQ+ resource centers, can offer additional emotional and social support. Having access to peers who share similar experiences fosters a sense of belonging and reduces isolation (Ryan et al., 2010).

Conclusion

The provision of gender-affirming care on college campuses is essential for promoting the mental health and overall well-being of TNB students. Without access to affirming healthcare, transgender students face heightened risks of depression, anxiety, and suicidality, which negatively impact their academic and social experiences, and, in some cases, result in loss of life. By investing in gender-affirming services, colleges can create inclusive environments that support all students' success. Institutional changes, such as expanding insurance coverage, training healthcare providers, and implementing affirming policies, are crucial steps toward ensuring that TNB students receive the care they need and ultimately play a role in enhancing quality of life and saving lives.

References

American College Health Association. (2021). National College Health Assessment III: Undergraduate Student Reference Group Executive Summary Spring 2021. American College Health Association.

Bauer, G. R., Scheim, A. I., Pyne, J., Travers, R., & Hammond, R. (2015). Intervenable factors associated with suicide risk in transgender persons: A respondent driven sampling study in Ontario, Canada. *BMC Public Health*, 15(1), 525.

Bockting, W. O., Miner, M. H., Swinburne Romine, R. E., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American Journal of Public Health*, 103(5), 943-951.

Budge, S. L., Adelson, J. L., & Howard, K. A. S. (2013). Anxiety and depression in transgender individuals: The roles of transition status, loss, social support, and coping. *Journal of Counseling Psychology*, 60(2), 261.

Puckett, J. A., Matsuno, E., Dyar, C., & Mustanski, B. (2018). Mental health and resilience in transgender individuals: What type of support makes a difference? *Journal of Family Psychology*, 32(7), 984.

Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23(4), 205-213.

Seelman, K. L., Forge, N., Walls, N. E., & Bridges, N. (2017). Student experiences of gender identity-based bias, harassment, and discrimination in higher education: Impacts on health and well-being. *Journal of Diversity in Higher Education*, 10(1), 34.

Turban, J. L., King, D., Carswell, J. M., & Keuroghlian, A. S. (2020). Pubertal suppression for transgender youth and risk of suicidal ideation. *Pediatrics*, 145(2), e20191725.

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