Disparities are inequalities in the access, treatment, and outcomes of health based on individual attributes such as race, gender, sexual orientation, gender identity, socioeconomic status, religion, ethnicity, geographic location, or myriad other factors (Braveman, 2006; Elish, 2013). These inequities may manifest in systemic policies, laws, workplace protections, and relationships with healthcare providers. As a marginalized group, lesbian, gay, bisexual, and queer identified individual encounter and experience minority stress and disparities due to the historical oppression of their identities on the individual, group, organizational, and societal levels (Fingerhut, Pepul, & Gable, 2011; Meier, 2011). They may become part of a disordered health disparity spirals, which we define as a feedback loop in which individuals who face one disparity become vulnerable to facing others in a slippery slope of inequity. Health disparities experienced by LGBT+ individuals are influenced by a network of interactions that are within their experienced environment (e.g., systems, centers, organizations, providers, and peers) that collectively impact health outcomes.

## Systemic Model Impacts

### Provider Interventions

Healthcare providers may also address the health disparity spiral by developing engaging in education and outreach efforts and developing affirming practices in policies. Professional development and resources for healthcare providers include the following: First, healthcare providers may engage as an “actor” or volunteer who is a part of the LGBT+ community and to their immediate social and professional context. Stigma's impact on well-being notably contributes to increased risk of experiencing health disparities as individuals are more prone to poorer physical and mental health and shorter lifespans. This poster presents a multidisciplinary perspective, including representatives from the fields of political science, psychology, and public health, on potential reforms to improve current health disparities LGBT+ populations face through the impact of stigma. A collaborative multidisciplinary intervention model will be used to discuss the impacts of proposed interventions on systems, organization, provider, peer, and individual on LGBT+ health and well-being.

## Systemic/Organizational Interventions

Policy is needed to reduce stigma and attain meaningful change in the perception, treatment, rights, and health of the LGBT+ population (Cahill, South, & Spade, 2009; Healthy People 2020). Although legal interventions and change may be gradual, ambitious processes, they are influenced by public opinion and climate. As such, the implications as to which interventions are being utilized in the world is an area of great discussion and debate.ort programs and policies are also focused on concrete changes that can be made to create a safe space for providers to ask questions, to increase their competency in and understanding of issues impacting the LGBT+ community, and to develop affirming policies and procedures (e.g., Stigma, 2018). This may be done through interactive webinars, seminars, and didactics may be used to help providers engage in education and outreach efforts and develop affirming practices in policies.

## Health Disparities Spiral

LGBT+ individuals may be vulnerable to networks of discrimination that have the potential to lead to health disparities and to falling into a health disparity spiral. Just as these disparities may be present on individual, group, organizational, and systemic levels, so too are opportunities for intervention and change. Providers may engage with individual clients, groups or communities of LGBT+ individuals, their organizations and workplaces, and their systems to counter the impact of stigma and oppression, and change patterns to better serve the needs of the LGBT+ community.