

Addressing Health Care Disparities Among Sexual Minorities



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KEYWORDS

• Sexual minority • Health disparity • Intervention

KEY POINTS

- Sexual minority women, lesbians, bisexual women, and women who have sex with women experience health disparities, and few interventions have focused on this underserved group of women.
- There is limited research on the health status and health needs of the lesbian, gay, bisexual, and transgender population and this research has primarily focused on sexually transmitted infection among men who have sex with men, with little focus on sexual minority women (lesbians, bisexual women, and women who have sex with women).
- Compared with their heterosexual counterparts, sexual minority women are more likely to report poorer mental and physical health and less access to and use of health care services.
- There is a need for cultural sensitivity training for health care providers and health care facility staff to reduce homophobia and heterosexism, which may be harmful/noninclusive of sexual minority women.

INTRODUCTION

In the past decade, there has been significant emphasis on reducing disparities in health, resulting in substantial attention on racial/ethnic, socioeconomic, and gender disparities, but little on sexual orientation disparities. The lesbian, gay, bisexual, and transgender (LGBT) community is becoming more visible in society and there has been substantial progress in the social acknowledgment of the LGBT community. Common terms used in LGBT health are shown in **Box 1**. A recent report by the United

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Box 1	
Common terms used in lesbian, gay, bisexual, and transgender health	
Term	Definition
Sexual minority	Lesbian, gay, bisexual, transgender, questioning, queer
Sexual orientation	An individual's pattern of emotional attractions to others (same sex, different sex, or multiple)
Lesbian	Woman who identifies her primary sexual and loving attachments as being predominantly female
Bisexual	Women or men who identify their primary sexual and loving attachments as being with both sexes
Queer	Originally derogatory, now reclaimed to describe individuals who reject mainstream cultural norms of sexuality and gender
Women who have sex with women	A woman who has sexual contact with other women whether or not she identifies as lesbian or has sexual contact with men

States Center for Health Statistics using 2013 National Health Interview Survey (NHIS) data stated that 1.6% of US adults 18 years of age and older self-identify as gay or lesbian and 0.7% self-identify as bisexual.¹ This finding was similar among men and women, except that a slightly higher proportion of women self-identified as bisexual (0.9% vs 0.7%) compared with men. However, little is known about the health status and health care needs of members of the LGBT community. Moreover, most of the research on LGBT health has focused on human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) and other sexually transmitted infections (STIs) among sexual minority men; that is, men who have sex with men.² Research on the health of sexual minority women (lesbians, bisexual women, and women who have sex with women) and transgender populations is limited.

In 1999, the Institute of Medicine (IOM) issued a report on lesbian health indicating the importance of identifying and understanding factors unique to lesbians and their impacts on health.³ Following this report a goal was added to the Healthy People 2020 initiative to improve the health, safety, and well-being of LGBT persons. Later in 2011, the IOM acknowledged that members of the LGBT community have unique health experiences and needs.² This report also revealed disparities in several health indicators, such as perceived health status, obesity, smoking, alcohol abuse, and health care access.

This article focuses on health disparities among sexual minority women (ie, lesbians, bisexual women, women who have sex with women [WSW]) and examines community initiatives to address these disparities. Several studies,⁴ including combined data from the 2013 and 2014 NHIS, show that lesbian women were more likely to report moderate psychological distress, poor or fair health, multiple chronic conditions, heavy drinking, and heavy smoking compared with heterosexual women. Similarly, bisexual women were more likely to report multiple chronic conditions, severe psychological distress, heavy drinking, and moderate smoking.⁵

These disparities in health among sexual minority women may be influenced by the stressful social environment caused by societal stigma, prejudice, and discrimination, which have been described in terms of minority stress or chronic stress associated with being a member of a marginalized minority group.⁶ The minority stress theory has been used frequently to study mental health issues among sexual minority groups⁷ and is defined as the excess stress to which individuals from stigmatized social categories are exposed, because of their minority position in society.⁸ Although the minority stress model is focused on mental health, there is some evidence to support the extension of the minority stress model to physical health. Meyer⁸ describes minority stress processes along a continuum from distal to proximal. Distal stressors

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