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Original article

Sexual Orientation Differences in Adolescent Health Care Access and Health-Promoting Physician Advice

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A B S T R A C T

Purpose: Physician screening and advice on health-related behaviors are an integral part of adolescent health care. Sexual minority adolescents encounter more barriers to health services; yet, no prior research has examined whether they also experience disparity in physician screening and advice. We examined possible sexual orientation disparities in health care access, physician screening, and advice on six health-related behaviors.
Methods: Data were from a national sample of U.S. adolescents who participated in wave 2 of the NEXT Generation Health Study (n = 2023). Poisson regressions were conducted separately for males and females to estimate sexual orientation differences in health care access and health-related screening and advice.
Results: Compared with heterosexual males, sexual minority males were more likely to report unmet medical needs in the past year (adjusted relative risk [ARR] = 2.23) but did not differ with respect to receiving physician advice concerning health-related behaviors. Compared with heterosexual females, sexual minority females were more likely to report no routine physical checkup in the past year (ARR = 1.67) but were more likely to receive physician advice to reduce or stop drinking, smoking, drug use, increase physical activity, and improve diet (ARRs = 1.56–1.99), even after controlling for corresponding health-related behaviors. Sexual minority females were also more likely to receive advice about risk associated with sexual behavior (ARR = 1.35) and advice to avoid sexually transmitted diseases (ARR = 1.49).
Conclusions: Both sexual minority males and females experienced disparities in some aspects of health care access. Improved health-promoting advice would better serve sexual minority males.
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IMPLICATIONS AND CONTRIBUTION

Clinical guidelines recommend physician screening and advice as part of routine care. Compared with heterosexual females, sexual minority females received more health-promoting advice and did not report greater unmet medical needs. The reverse pattern was found among males, highlighting the potential benefits of increasing health-promoting advice targeting sexual minority males.

Compared with heterosexual adolescents, sexual minority adolescents report higher rates of substance use and disordered eating, lower rates of physical activity, as well as more sexual risk behaviors [1–3]. Sexual orientation disparities in multiple core domains of adolescent health are concerning because these

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disparities may persist across development, leading to higher rates of substance use disorders, obesity, hypertension, and heart disease in adulthood [4,5]. Adequate access to health care, with appropriate routine screening and feedback on health-related behaviors, may provide one route to addressing the formation of sexual orientation health disparities. However, equal access to health care continues to be a concern among sexual orientation minorities, and it remains unknown whether sexual minority adolescents receive adequate physician screening and advice on health-related behaviors. Thus, research is needed to examine the full range of possible sexual orientation disparities from health care access to physician screening and advice on health-related behaviors among adolescents.

Barriers to health care access are well documented among sexual minority adults [6]. Compared with heterosexual adults, sexual minority adults are more likely to delay seeking health care due to cost and experience more difficulty in finding a provider [4,7]. Past research suggests that disparities in health care access are more evident among female sexual minority adults. Among young adults aged 18–26 years, unmet medical needs were higher among sexual minority females than heterosexual females, whereas unmet medical needs did not differ by sexual orientation among males [8]. Among young adults aged 24–32 years, sexual minority females were less likely to receive a physical examination than heterosexual females, even though they had higher rates of adverse health conditions [9]. Taken together, sexual minority adults, particularly females, experience disparities in various aspects of health care access.

Among adolescents, research on health care preferences suggests that sexual minority youth consider access to health care to be highly important [10]. However, relatively few studies have examined disparities in health care access among sexual minority adolescents. The most relevant investigation to date was conducted by Williams and Chapman [11]. Utilizing baseline data from the National Longitudinal Study of Adolescent Health, these researchers found that sexual minority adolescents reported higher subjective ratings of unmet medical needs despite scoring higher on indicators of physical and mental health problems. Moreover, sexual minority adolescents were more likely than their peers to have forgone medical care due to worries that their parents would know or being afraid of what their doctor would say or do. These findings suggest that sexual minority adolescents encounter more barriers to health services, but common indicators of health care access disparities such as having no health insurance coverage or routine physical checkup in the past year were not examined. Moreover, gender differences in these associations were not explored.

Health care access provides an opportunity for appropriate screening and physician advice or referral, which are critical avenues through which adolescents' developmental and medical needs could be met. Importantly, health care access alone is not sufficient as the range and quality of health care received also matter. Indeed, adolescents regardless of sexual orientation report a greater desire to discuss substance use, healthy dietary habits, exercise, and sexual behaviors with their health care providers than what they actually discuss [12–15]. This discrepancy reflects potential missed opportunities for prevention. For example, while health care providers are ideally positioned to deliver sexual risk prevention services [16–18], sexually experienced adolescents are more likely to obtain sexual health information from parents and teachers than from health care providers [19]. In addition, sexual minority adolescents may be especially prone to experience or anticipate rejections from physicians [11,15], which may hinder access and self-disclosure of sexual orientation and sexual behaviors to providers and thus limit access to optimal care.

Screening of health-related behaviors in the primary care setting is a highly promising strategy to identify at-risk adolescents, tailor personalized health information, and engage adolescents in behavior change [20,21]. According to the American Academy of Pediatrics's policy statement on substance use, pediatricians are recommended to screen all adolescents for substance use behaviors and provide brief advice and appropriate referrals based on the indicated risk level as part of routine care [22]. Similarly, screening and prevention of obesity through promoting healthy eating patterns and encouraging increased physical activity are recommended by both the Society for Adolescent Health and Medicine (SAHM) and the American Academy of Pediatrics [23,24]. According to the position paper published by SAHM, comprehensive sexual and reproductive health information and services should be provided to all adolescents in a culturally sensitive and developmentally appropriate manner [18]. In addition, adolescent health care providers are particularly encouraged to attend to the specific needs of sexual minority adolescents, screen for possible mental health issues, and provide tailored health information and/or intervention as appropriate [25].

Although physician screening and advice are increasingly recognized as a recommended prevention approach, no prior study has examined whether physician screening and advice on health-related behaviors differ according to sexual orientation and gender. Utilizing a nationally representative sample, we examined (1) whether sexual minority adolescents were more likely to report no current health insurance coverage, no past-year routine physical checkup, and endorse past-year unmet medical needs and (2) possible sexual orientation differences in physician screening and two types of advice (advice on associated risks and health-promoting advice) about drinking, smoking, drug use, physical activity, diet, and sexual behaviors.

Method

Participants

Data were drawn from the NEXT Generation Health Study, [26] a nationally representative longitudinal study of U.S. adolescents enrolled in 10th grade between 2009 and 2010. This study utilized a three-stage stratified design to recruit a diverse sample of 2,785 adolescents enrolled in U.S. high schools from 22 states. Sexual orientation was measured at wave 2 of this study, and so we utilized data from wave 2 participants ($n = 2,439$; 87.6% of the full sample). The current analytic sample consisted of 2,023 adolescents (82.9% of wave 2 NEXT sample) who provided valid responses to all study variables. Parents provided written consent and participants provided assent to participate in this study; upon turning 18 years of age, participants provided consent. The study was approved by the Institutional Review Board of the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development.

Measures

Sexual orientation. Past research indicated that adolescents consider sexual attraction as the core element of sexual

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