

## HEALTH DISPARITIES

PUBLICATION	PUBLICATION OVERVIEW
2020	
<p><b>Title:</b></p> <p>You've Built It...Now What?: Applying Sexual Orientation and Gender Identity Data to Clinical Quality Improvement and Decision Support</p>	<p>Discusses three steps for effectively using sexual orientation and gender identity data to reduce health disparities among LGBTQ patients.</p>
<p><b>Citation:</b></p> <p>National LGBTQIA+ Health Education Center, 2020</p>	
<p><b>Link:</b></p> <p><a href="https://www.lgbtqihealtheducation.org/wp-content/uploads/2020/01/Youve-Built-It-Now-What.pdf">https://www.lgbtqihealtheducation.org/wp-content/uploads/2020/01/Youve-Built-It-Now-What.pdf</a></p>	
2019	
<p><b>Title:</b></p> <p>Supporting the Health of Sexual Minority Women</p>	<p>This publication discusses sexual minority women's health. Sexual minority women have unique disparities and health care needs. The publications cover physical and behavioral health issues that affect sexual minority women due to stigma and shortage of culturally affirming care. Then it discusses promising research about practices in supporting sexual minority women who access health centers.</p>
<p><b>Citation:</b></p> <p>National LGBTQIA+ Health Education Center, 2019</p>	
<p><b>Link:</b></p> <p><a href="https://www.lgbtqihealtheducation.org/publication/supporting-the-health-of-sexual-minority-women/">https://www.lgbtqihealtheducation.org/publication/supporting-the-health-of-sexual-minority-women/</a></p>	
2017	
<p><b>Title:</b></p> <p>Health Care Disparities Among Lesbian, Gay, Bisexual, and Transgender Youth: A Literature Review</p>	<p>The literature review gives insight to disparities in the mental and physical health of the LGBT youth. The article covers the following topics:</p> <ul style="list-style-type: none"> <li>• Stigmatization</li> </ul>

<b>Citation:</b> National LGBTQIA + Health Education Center, 2016	<ul style="list-style-type: none"> <li>• Social stress</li> <li>• Peer victimization</li> <li>• Family rejection</li> </ul>
<b>Link:</b> <a href="https://www.lgbtqihealtheducation.org/publication/understanding-health-needs-lgbt-people/">https://www.lgbtqihealtheducation.org/publication/understanding-health-needs-lgbt-people/</a>	The article also discusses the lack of training in health care providers of the specific needs and challenges faced by the LGBT population.
<b>2016</b>	
<b>Title:</b> Understanding the Health Needs of LGBT People	This publication goes over LGBT concepts and demographics, reviews health disparities affecting LGBT groups, and outlines steps that health care organizations can take to provide patients centered care for LGBT population.
<b>Citation:</b> National LGBTQIA + Health Education Center, 2016	
<b>Link:</b> <a href="https://www.lgbtqihealtheducation.org/publication/understanding-health-needs-lgbt-people/">https://www.lgbtqihealtheducation.org/publication/understanding-health-needs-lgbt-people/</a>	
<b>Title:</b> Improving the Health Care of Lesbian, Gay, Bisexual and Transgender People: Understanding and Eliminating Health Disparities	Outlines steps clinicians and health care organizations can take to eliminate discrimination, improve awareness of health needs, and provide access to patient-centered care for their LGBT patients. This article reviews:
<b>Citation:</b> Ard KL, Makadon HJ. The Fenway Institute. 2016.	<ul style="list-style-type: none"> <li>• Concepts, terminology, and definitions</li> <li>• Demographics</li> <li>• Health disparities</li> <li>• Marriage, reproduction and aging</li> <li>• Data collection in clinical setting</li> <li>• Recommendations for clinicians and health care organizations</li> </ul>
<b>Link:</b> <a href="https://www.lgbtqihealtheducation.org/wp-content/uploads/Improving-the-Health-of-LGBT-People.pdf">https://www.lgbtqihealtheducation.org/wp-content/uploads/Improving-the-Health-of-LGBT-People.pdf</a>	
<b>2012</b>	
<b>Title:</b> Top 10 Things Lesbians should Discuss with their Healthcare Provider	Breast Cancer: Lesbians have many of the risk factors for breast cancer.  Depression/Anxiety: The stress lesbians face from stigmatization/discrimination is compounded by the need to hide their sexual orientation from others, and by the alienation and lack of support.
<b>Citation:</b> O’Hanlan KA. Gay & Lesbian Medical Association.	

<p>2012.</p> <p><b>Link:</b></p> <p><a href="http://www.glma.org/index.cfm?fuseaction=Page.viewPage&amp;pageID=691">http://www.glma.org/index.cfm?fuseaction=Page.viewPage&amp;pageID=691</a></p>	<p>Heart Health: Lesbians are more likely to use tobacco and have a higher BMI, which are both risk factors for heart disease.</p> <p>Gynecological Cancer: Lesbians have many of the risk factors for gynecological cancers. Fitness: Lesbians tend to have higher BMIs and tend to be more obese. Healthy eating and healthy living should be emphasized.</p> <p>Tobacco Use: Lesbians are more often smokers compared to heterosexual women. With tobacco use, lesbians increase their risk for cancer, heart disease and emphysema.</p> <p>Alcohol: Alcohol use may be higher among lesbian women. Alcohol use increases their risk for osteoporosis and cancer.</p> <p>Substance Use: Substance abuse among lesbians may be higher and may be a coping mechanism to deal with stressors such as discrimination.</p> <p>Domestic Violence: Domestic violence has been found to occur in 11% of lesbian homes, which is half the rate of heterosexual women.</p> <p>Osteoporosis: Lesbians frequently display the risk factors for osteoporosis.</p>
<p>2011</p>	
<p><b>Title:</b></p> <p>The Association of Sexual Orientation Measures with Young Adults' Health- Related Outcomes</p>	<p>Health indicators: Health indicators (depressive symptoms, perceived stress, smoking status, binge drinking and victimization) vary by gender and sexual orientation</p>
<p><b>Citation:</b></p> <p>Lindley LL, Walsemann KM, Carter JW. <i>Am J Public Health</i>. 2011;102(6):1177- 1185.</p>	<p>Study Findings: More women reported discordant sexual orientations (identities, behaviors, and attractions)</p>
<p><b>Link:</b></p> <p><a href="https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2011.300262">https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2011.300262</a></p>	<ul style="list-style-type: none"> <li>• Women who were attracted to both sexes self-identified as “mostly straight” or “bisexual” and had mainly opposite-sex sexual partners (behavior) had a greater risk for all of the health indicators</li> <li>• Regardless of their sexual orientation, bisexual women reported the greatest risk for all the</li> </ul>

	above health indicators
<p><b>Title:</b></p> <p>The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding</p>	<p>The study: The IOM’s report assessing current research on the health status of LGBT populations, and proposed research agenda. Current challenges in research:</p>
<p><b>Citation:</b></p> <p>Institute of Medicine. Washington, DC: The National Academies Press, 2011.</p>	<ul style="list-style-type: none"> <li>• Lack of LGBT data <ul style="list-style-type: none"> <li>○ Recommendation: sexual orientation data should be collected in all federally funded surveys, and electronic health records.</li> </ul> </li> <li>• Asking study participants their sexual orientation <ul style="list-style-type: none"> <li>○ Recommendation: NIH should support research to evaluate sexual orientation questions and to develop additional measures. Sexual orientation questions on federal surveys should be standardized so that comparisons and combinations of data can be made across studies.</li> </ul> </li> </ul>
<p><b>Link:</b></p> <p><a href="https://www.nap.edu/read/13128/chapter/1">https://www.nap.edu/read/13128/chapter/1</a></p>	<ul style="list-style-type: none"> <li>• Large LGBT samples are difficult and costly to recruit, in general population surveys, for analysis <ul style="list-style-type: none"> <li>○ Recommendation: NIH should support methodological research aimed at the development of innovative ways to conduct research with LGBT populations and determining ways to collect information on sexual minorities.</li> </ul> </li> <li>• Limited NIH-sponsored research exists for LGBT health <ul style="list-style-type: none"> <li>○ Recommendation: NIH should create a comprehensive research training program and encourage researchers to include sexual minorities in their study samples.</li> </ul> </li> </ul> <p>Research Agenda. To advance knowledge of LGBT health, the IOM proposed a research agenda covering:</p> <ul style="list-style-type: none"> <li>• Demographic research</li> <li>• Social influences</li> <li>• Health care inequalities</li> <li>• Intervention research</li> <li>• Transgender health needs</li> </ul> <p>Other Findings:</p> <ul style="list-style-type: none"> <li>• Current research focuses more on gay and lesbian populations than on bisexual and transgender populations.</li> <li>• More research has been conducted among LGBT adults than among LGBT youth and elders.</li> </ul>

	<p>Limitations. Racial/ethnic sexual minority groups have not been examined in current research</p>
<p><b>Title:</b></p> <p>Disparities in Health-Related Quality of Life: A Comparison of Lesbians and Bisexual Women</p>	<p>Study Findings: Bisexual women have greater sociodemographic risks, less access to health care, more health risk behaviors, and poorer HRQOL than lesbians</p>
<p><b>Citation:</b></p> <p>Fredriksen-Goldsen KI, Kim H, Barkan SE, et al. <i>Am J Public Health</i>. 2011;100(11):2255–2261.</p>	<ul style="list-style-type: none"> <li>• Bisexual women living in urban areas were more likely to report mental distress</li> <li>• Lesbians had a higher risk of poor general health and mental distress during their midlife (30-39 years old)</li> </ul>
<p><b>Link:</b></p> <p><a href="https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2009.177329">https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2009.177329</a></p>	<p>Study limitations: Use of cross-sectional data; only self-identified lesbian or bisexual women are addressed; lesbians and bisexual women of color were collapsed into one group-obscuring differences; significantly young age of bisexuals; small sample size</p> <p>Limitations: Few studies have examined the determinants of health in sexual minority women (SMW); most studies have combined lesbians and bisexuals into one group; there has been an inconsistent use of measures across studies; little is known about how the determinants of health and health-related quality of life (HRQOL) differs between the two groups</p>
<p><b>Title:</b></p> <p>Lesbian and Bisexual Women</p>	<p>Discusses the research, demographic factors, data, and health status of lesbian and bisexual women as part of an annual publication of current and historical data related to women’s health. Results:</p>
<p><b>Citation:</b></p> <p><i>Women’s Health USA, 2011.</i></p>	<p>Among reproductive aged women:</p> <ul style="list-style-type: none"> <li>• Bisexuals were less likely than heterosexuals to have health insurance <ul style="list-style-type: none"> <li>○ 72.4% vs. 79.9%</li> </ul> </li> <li>• Lesbians were less likely than heterosexuals and bisexuals to have received a Pap smear in the past year <ul style="list-style-type: none"> <li>○ 38.3% vs. 66%</li> </ul> </li> <li>• Nearly half of lesbian and bisexual women reported smoking</li> <li>• Lesbians and bisexuals were twice as likely as straight women to smoke and binge drink <ul style="list-style-type: none"> <li>○ 31.8% of lesbians binge drank</li> </ul> </li> </ul>
<p><b>Link:</b></p> <p><a href="https://mchb.hrsa.gov/whusa11/hstat/hssp/pages/234lbw.html">https://mchb.hrsa.gov/whusa11/hstat/hssp/pages/234lbw.html</a></p>	

	<ul style="list-style-type: none"> <li>○ 21.2 % of bisexuals binge drank</li> </ul> <p>More data are needed in:</p> <ul style="list-style-type: none"> <li>• Demographics</li> <li>• Social influences</li> <li>• Health care inequalities</li> <li>• Transgender-specific health needs</li> </ul>
<p><b>Title:</b></p> <p>Institute of Medicine: Recommended LGBT Objectives for Healthy People 2020</p>	<p>Outlines 24 objectives to prioritize in the next ten years to improve the health of LGBT. Recommendations include reducing:</p> <ul style="list-style-type: none"> <li>• Cancer death rate</li> <li>• Adolescent pregnancy</li> </ul>
<p><b>Citation:</b></p> <p>Bau I. <i>Leading Health Indicators for Healthy People 2020: Letter Report (2011)</i>.</p>	<ul style="list-style-type: none"> <li>• Rates of heart disease and stroke</li> <li>• Low and very low birth weights</li> <li>• Substance abuse</li> <li>• Tobacco use</li> </ul>
<p><b>Link:</b></p> <p><a href="https://www.nap.edu/read/13088/chapter/4">https://www.nap.edu/read/13088/chapter/4</a></p>	<p>And Increasing:</p> <ul style="list-style-type: none"> <li>• Access to healthcare and health insurance</li> <li>• Physical activity</li> <li>• Condom use</li> <li>• Adolescent educational achievement</li> </ul>
<b>2010</b>	
<p><b>Title:</b></p> <p>A Population-Based Study of Sexual Orientation, Identity, and Gender Differences in Adult Health</p>	<p>Study Findings:</p> <ul style="list-style-type: none"> <li>• Lesbians and bisexual women report more adverse health indicators (physical activity limitations, tension/worry, smoking, drug use, asthma, lifetime sexual victimization), and higher rates of HIV testing)</li> </ul>
<p><b>Citation:</b></p> <p>Conron KJ, Mimiaga MJ, Landers SJ. <i>Am J Public Health</i>. 2010;100(10):1953-1960.</p>	<ul style="list-style-type: none"> <li>• Lesbians and bisexual women did not differ from heterosexual women in: <ul style="list-style-type: none"> <li>○ 3-year Pap smear test</li> <li>○ Lifetime mammography tests</li> <li>○ Diabetes rates</li> <li>○ Heart disease rates</li> </ul> </li> </ul>
<p><b>Link:</b></p> <p><a href="https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2009.174169">https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2009.174169</a></p>	<ul style="list-style-type: none"> <li>• Lesbians did not differ from heterosexual women in heart disease rates (the rates were higher among bisexual women)</li> <li>• Bisexual women had more risk factors than both</li> </ul>
<p><b>Title:</b></p> <p>Inclusion and Exclusion in Mid-Life Lesbians' Experiences of the Pap Test</p>	<p>Background: Current sexual health information excludes lesbians and creates a misguided sense of "immunity."</p> <ul style="list-style-type: none"> <li>• Studies demonstrate that lesbians feel at low risk for STIs, have lower Pap test rates, and later</li> </ul>
<p><b>Citation:</b></p>	

<p>McIntyre L, Szewchuk A, Munro J. <i>Culture, Health, Sex</i>. 2010;12(8):885-889.</p>	<p>detection of cervical cancers because of that exclusion.</p> <p>Study Findings: Older lesbians perceived that they had greater health risks.</p> <ul style="list-style-type: none"> <li>• Growing older was associated with an increased assertiveness, and older lesbians felt liberated enough to increase their own sexuality knowledge through the Internet, friends, family, and lastly through health care providers.</li> <li>• Judgmental, impersonal and inappropriate care from healthcare providers constrained the women’s need for mid-life surveillance of their healthcare needs.</li> <li>• Exclusion occurred when the women were told they did not need Pap testing as frequently, if at all, or were made to feel as if they were inconveniencing their healthcare provider by insisting on one.</li> <li>• The women were uncertain about whether they should receive Pap tests, and how the Pap tests relate to screening for HPV and cervical cancer</li> <li>•</li> </ul>
<p><b>Link:</b></p> <p><a href="https://www.tandfonline.com/doi/pdf/10.1080/13691058.2010.508844">https://www.tandfonline.com/doi/pdf/10.1080/13691058.2010.508844</a></p>	
<p>2009</p>	
<p><b>Title:</b></p> <p>How to Close the LGBT Health Disparities Gap</p>	<p>Describes health disparities related to:</p> <ul style="list-style-type: none"> <li>• Stress due to systematic harassment and discrimination <ul style="list-style-type: none"> <li>○ Lack of cultural competency in the health care system</li> <li>○ Ethnicity and cultural minority issues</li> </ul> </li> </ul>
<p><b>Citation:</b></p> <p>Krehely J. Center for American Progress. 2009.</p>	
<p><b>Link:</b></p> <p><a href="https://www.americanprogress.org/issues/lgbtq-rights/reports/2009/12/21/7048/how-to-close-the-lgbt-health-disparities-gap/">https://www.americanprogress.org/issues/lgbtq-rights/reports/2009/12/21/7048/how-to-close-the-lgbt-health-disparities-gap/</a></p>	
<p><b>Additional Resources:</b></p>	
<p>Chronically Ill Midlife and Older Lesbians, Gay Men, and Bisexuals and Their Informal Caregivers: The Impact of the Social Context. <i>Sex Res Social Policy</i>. Fredriksen-Goldsen KI, Kim HJ, Muraco A, et al. <i>Sexuality Research and Social Policy</i>. 2009;6(4):52-64. <a href="https://link.springer.com/article/10.1525/srsp.2009.6.4.52">https://link.springer.com/article/10.1525/srsp.2009.6.4.52</a></p>	
<p>Sexual and Gender Minority Health: What We Know and What Needs to Be Done. <i>Am J Public Health</i>. Mayer KH, Bradford JB, Makadon HJ, et al. <i>Am J Public Health</i>. 2008;98(6):989-995.</p>	

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Reproductive Health Screening Disparities and Sexual Orientation in a Cohort Study of U.S. Adolescent and Young Adult Females.

Charlton BM, Corliss HL, Missmer SA, et al. *Journal of Adolescent Health*. 2011;49(5):505- 510.

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[https://www.ajpmonline.org/article/S0749-3797\(00\)00192-6/fulltext](https://www.ajpmonline.org/article/S0749-3797(00)00192-6/fulltext)

Advancing Effective

Communication, Cultural Competence,  
and Patient- and Family-Centered Care

for the Lesbian, Gay, Bisexual,

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A Field Guide. Oak Brook: The Joint Commission

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[assets/documents/lgbtfieldguide\\_web\\_linked\\_verpdf.pdf?db=web&hash=1EC363A65C710BCD1D4E14ED120CB237](https://www.jointcommission.org/-/media/enterprise/tjc/imported-resource-assets/documents/lgbtfieldguide_web_linked_verpdf.pdf?db=web&hash=1EC363A65C710BCD1D4E14ED120CB237)

Multisystem Factors Contributing to Disparities in Preventive Health Care Among Lesbian Women.

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2006;35(3):393-402. <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1552-6909.2006.00054.x>

Addressing Health Disparities of Lesbian and Bisexual Women: A Grounded Theory Study.

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<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3413916/>

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