
Association between Sexual Orientation and Unmet Health-Related Social Needs: An Eight-State Analysis

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Abstract

Research Objective: Sexual minorities (gay men, lesbian women, and bisexuals) have historically faced substantial discrimination and oppression, leading to poorer health outcomes. While recent evidence suggests that gaps in uninsurance and access to care between heterosexuals and sexual minorities have narrowed, less of a focus has been on disparities in self-reported social needs. We examine current disparities in six health-related social needs among sexual minority adults relative to their heterosexual peers.

Study Design: We used 2017 Behavioral Risk Factor Surveillance System data, the only year where states included the optional modules for Social Determinants of Health and Sexual Orientation and Gender Identity. We estimated multivariable logistic regression models to assess the relationship between sexual orientation and six outcomes: inability to pay rent/mortgage, living in an unsafe neighborhood, insufficient money for food, insufficient money for balanced meals, insufficient finances, and feelings of stress in the last month. The models adjusted sociodemographic, clinical, and state characteristics. We converted adjusted odds ratios to predicted probabilities for each outcome to illustrate the magnitude of differences by sexual orientation. We first compared outcomes between heterosexuals and all sexual minorities in our sample, then we evaluated whether we detect disparities when stratified by sexual orientation and gender. All analyses applied survey weights.

Population Studied: Our study sample 62,103 adults (representing 42.1 million adults) who self-reported being heterosexual or a sexual

minority living in eight states: Florida, Georgia, Iowa, Massachusetts, Minnesota, Mississippi, Ohio, Oklahoma, Pennsylvania, and Wisconsin.

Principal Findings: Approximately 3.9% of our weighted sample identified as a sexual minority. Sexual minorities were significantly more likely to report more unmet social needs than their heterosexual peers on all outcomes. Stratification by sexual orientation and gender revealed variation: relative to heterosexual men (26.6%), significantly more gay (36.0%, $p<0.01$) and bisexual (41.6%, $p<0.01$) men reported feelings of stress. Compared to heterosexual men, bisexual men were also significantly more likely to report inability to pay bills (8.04% v. 15.7%, $p<0.01$). Compared to heterosexual women, bisexual women were significantly more likely to report inability to pay rent (16.1% vs. 9.0%, $p<0.01$) and feelings of stress (53.5% vs. 34.1%, $p<0.01$).

Conclusions: Sexual minority adults, in particular bisexual adults, reported comparable or significantly more unmet health-related social needs compared to their heterosexual peers.

Implications for Policy or Practice: Healthy People 2020 has prioritized improving the health, safety, and well-being of sexual minorities. To achieve these goals, health care providers and systems must continue to collect data on patients' sexual orientation and build awareness of the unique needs of sexual minority patients to deliver inclusive services and care. Further, many care delivery models are evolving to strengthen the integration of health and social services; as such, sexual minorities may require more targeted attention in both screening for unmet health-related social needs and referrals to social service agencies. The heterogeneity of our findings suggests that needs – and subsequent approaches to addressing these issues – vary by gender and sexual orientation. More broadly, adopting non-discrimination policies to protect sexual minorities may be critical for systemically mitigating these inequities.

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