

Health care shortfalls for LGBT young women

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Young sexual minority women, including those identifying as lesbian, gay, bisexual and transgender (LGBT), were found to have higher elevated odds of adverse health conditions than heterosexual young women and lower odds of receiving a physical or dental examination. The results from a new study in the *American Journal of Preventive Medicine* highlight the multidimensionality of sexual minority status and call for greater understanding of the health needs of LGBT youth.

"We noticed that the 2011 report from the Institute of Medicine about lesbian, gay, transgender and bisexual [health](#) highlighted how little we know specific to young adulthood – defined as late teenage years through early 30s," said lead study author Kelly Strutz, Ph.D., M.P.H., of the Department of Epidemiology and Biostatistics at Michigan State University.

Building on literature suggesting that young adult sexual minorities had a higher risk of poor mental health outcomes and substance abuse, the authors investigated physical health and [health care access](#) using 2008 data of over 13,000

participants age 24-32 obtained for the National Longitudinal Study of Adolescent Health. Health assessments and sexual minority classification data came from respondents' self-reports.

The researchers used a three-tier system to classify respondents' sexual minority status, using answers to questions about sexual identity, attraction and behaviors. "All three are important," Strutz said. "Sexual orientation is multifaceted, and people who fall into any combination of these categories can experience stress from society and [health care providers](#), specifically stigma and discrimination."

"We saw broader patterns expanding beyond just mental health," Strutz said. "We hadn't expected such a notable difference between men and women." They found, however, that "more health disparities existed for sexual minority women than for sexual minority men, for whom we had fewer findings."

"Young adult men were least likely to see a health care provider overall," Strutz noted. "Maybe both sexual minority men and heterosexual men just aren't being diagnosed with some of these conditions. This is an important question for future research."

The authors cited "the ongoing need for examination of individual developmental trajectories to understand the individual characteristics, life experiences and social contexts that foster resilience and healthy development for all young adults."

Judy Bradford, co-chair of the Fenway Institute and director of the Center for Population Research in LGBT Health, explained the importance of this research: "The lack of population-based data about health-related concerns of sexual minorities compared with heterosexuals has been slow to develop, contributing to concerns about the lack of

important [health care](#) services received by [sexual minorities](#)."

She added, "Within the [Institute of Medicine] discussion, health-related concerns of sexual minority youth and young adults were of primary concern, recommending the importance of research to study family and interpersonal relations; overcome barriers to health services access, utilization rates and quality of care received; and address the significant concerns of sexual and reproductive health, including HIV rates and interventions, sexually transmitted infections and sexual and reproductive health and risk behaviors."

LGBT people experience myriad factors that affect their health, Bradford noted, including "harassment, victimization and violence; substance use; homelessness; self harm; and childhood abuse. Lack of acceptance and support at home, in school and in religious communities leaves many sexual minority youth and young adults without welcoming environments in which to develop themselves."

More information: "Health Disparities Among Young Adult Sexual Minorities in the U.S.". Kelly L. Strutz, PhD, MPH, Amy H. Herring, ScD, Carolyn Tucker Halpern, PhD.. *American Journal of Preventive Medicine*. DOI: [dx.doi.org/10.1016/j.amepre.2014.07.038](https://doi.org/10.1016/j.amepre.2014.07.038)

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