



LA County Lesbian & Bisexual Women's Health Collaborative Resource Guide

2014

The selections below offer a sample of research publications and are not exhaustive of all of the available publications related to various aspects of lesbian and bisexual women's health. For further information about this guide, or the LA County Lesbian and Bisexual Women's Health Collaborative, please see the contact information at the end.

TITLE	PUBLICATION OVERVIEW
HEALTH DISPARITIES	
<p>Women's Health USA 2013 U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau</p> <p>http://mchb.hrsa.gov/whusa13/dl/pdf/whusa13.pdf</p>	<p><u>Leading health indicators & risks:</u> Lesbians and bisexual women are at an increased risk for: overweight/obesity, poor mental health (depression, anxiety), poor self-reported health, substance abuse, violence, and barriers to optimal health care resulting from social and economic inequalities</p> <p><u>Pap smear rates:</u> Bisexuals are less likely (47.3%) to receive Pap smear tests, compared to heterosexual women (66.6%)</p> <p><u>Smoking & binge drinking rates.</u> Lesbians and bisexual women are more likely than straight women to smoke and binge drink</p> <ul style="list-style-type: none"> • Nearly half of all lesbians and bisexual women smoke. Over half of bisexuals report smoking (55.7%) compared to 38.1% of lesbian women and 25.8% of heterosexual women • 30.8% of lesbians and 22.6% of bisexual women report binge drinking compared to 12.3% of heterosexual women
<p>Fenway Institute's Improving the Health Care of LGBT People: Understanding and Eliminating Health Disparities:</p> <p>http://www.lgbthealtheducation.org/publications/top/</p>	<p><u>Overview:</u> The National LGBT Health Education Center provides educational programs, resources, and consultation to health care organizations with the goal of optimizing quality, cost-effective health care for lesbian, gay, bisexual, and transgender (LGBT) people.</p>
<p>Disparities in Health-Related Quality of Life: A Comparison of Lesbians and Bisexual Women Fredriksen-Goldsen KI., Kim H, Barkan SE, Balsam KF, Mincer SL., 2011 <i>Am J Public Health.</i> 2255–2261.</p>	<p><u>Limitations:</u> 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</p>

<p>http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2009.177329</p>	<p>between the two groups</p> <p><u>Study Findings:</u> Bisexual women have greater sociodemographic risks, less access to health care, more health risk behaviors, and poorer HRQOL than lesbians</p> <ul style="list-style-type: none"> • Bisexual women living in urban areas were more likely to report mental distress • Lesbians had a higher risk of poor general health and mental distress during their midlife (30-39 years old) <p><u>Study limitations:</u> 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>The Association of Sexual Orientation Measures with Young Adults' Health-Related Outcomes Lindley L.L., Walsemann K.M., and Carter J.W., 2011 <i>Am J Public Health.</i> 1177-1185.</p> <p>http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2011.300262</p>	<p><u>Health indicators:</u> Health indicators (depressive symptoms, perceived stress, smoking status, binge drinking and victimization) vary by gender and sexual orientation</p> <p><u>Study Findings:</u> More women reported discordant sexual orientations (identities, behaviors, and attractions)</p> <ul style="list-style-type: none"> • 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 • Regardless of their sexual orientation, bisexual women reported the greatest risk for all the above health indicators
<p>A Population-Based Study of Sexual Orientation, Identity, and Gender Differences in Adult Health Conron, K.J., Mimiaga, M.J., et al, 2010. <i>Am J Public Health,</i> 1953-1960.</p> <p>http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2009.174169</p>	<p><u>Study Findings:</u></p> <ul style="list-style-type: none"> • 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) • Lesbians and bisexual women did not differ from heterosexual women in: <ul style="list-style-type: none"> ○ 3-year Pap smear test ○ Lifetime mammography tests ○ Diabetes rates ○ Heart disease rates • Lesbians did not differ from heterosexual women in heart disease rates (the rates were higher among bisexual women) • Bisexual women had more risk factors than both

	<p>lesbians and heterosexual women. These include:</p> <ul style="list-style-type: none"> ○ Lower education and lower income ○ No health insurance and/or health care provider ○ Fair/poor self-reported health ○ Activity limitations ○ Tension/worry as well as suicide ideation. ○ Cardiovascular disease ○ Smoking and/or binge drinking ○ Sexual assault ○ Intimate partner violence
<p>Minority Stress and Physical Health among Sexual Minorities Frost, D.M., Lehavot, K., et al. 2010. Annual Convention of the American Psychological Association</p> <p>http://williamsinstitute.law.ucla.edu/wp-content/uploads/Frost-Lehavot-Meyer-APA-2011.pdf</p>	<p><u>Minority Stress Theory.</u> Sexual minorities are at risk for adverse health problems because of social stress from:</p> <ul style="list-style-type: none"> ● Prejudice-related life events ● Everyday discrimination ● Expected rejection by others ● Stigma concealment ● Internalized homophobia <p><u>Current Studies:</u> Current studies do not fully account for all LGBT stressors; focus on subjectively reported stressors; utilize cross-sectional data; and prejudice-related stress effects on health are not demonstrated.</p> <p><u>Study Findings:</u> Sexual minorities who experienced prejudice-related life events were 3 times as likely to also experience a serious physical health problem.</p> <ul style="list-style-type: none"> ● Prejudice-related stress was more damaging to physical health than general life stress
<p>Inclusion and Exclusion in Mid-Life Lesbians' Experiences of the Pap Test McIntyre L, Szewchuk A, et al., 2010 Culture, Health, Sex, 885-889.</p> <p>http://www.tandfonline.com/doi/pdf/10.1080/13691058.2010.508844</p>	<p><u>Background:</u> Current sexual health information excludes lesbians and creates a misguided sense of “immunity.”</p> <ul style="list-style-type: none"> ● Studies demonstrate that lesbians feel at low risk for STIs, have lower Pap test rates, and later detection of cervical cancers because of that exclusion. <p><u>Study Findings:</u> Older lesbians perceived that they had greater health risks.</p> <ul style="list-style-type: none"> ● 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. ● Judgmental, impersonal and inappropriate care from healthcare providers constrained the women’s need for mid-life surveillance of their healthcare needs. ● Exclusion occurred when the women were told

	<p>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.</p> <ul style="list-style-type: none"> • The women were uncertain about whether they should receive Pap tests, and how the Pap tests relate to screening for HPV and cervical cancer.
<p>Top 10 Things Lesbians should Discuss with their Healthcare Provider O’Hanlan, K.A., 2012 Gay & Lesbian Medical Association</p> <p>http://www.glma.org/index.cfm?fuseaction=Page.viewPage&pageID=691</p>	<p><u>Breast Cancer:</u> Lesbians have many of the risk factors for breast cancer.</p> <p><u>Depression/Anxiety:</u> 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.</p> <p><u>Heart Health:</u> Lesbians are more likely to use tobacco and have a higher BMI, which are both risk factors for heart disease.</p> <p><u>Gynecological Cancer:</u> Lesbians have many of the risk factors for gynecological cancers.</p> <p><u>Fitness:</u> Lesbians tend to have higher BMIs and tend to be more obese. Healthy eating and healthy living should be emphasized.</p> <p><u>Tobacco Use:</u> Lesbians are more often smokers compared to heterosexual women. With tobacco use, lesbians increase their risk for cancer, heart disease and emphysema.</p> <p><u>Alcohol:</u> Alcohol use may be higher among lesbian women. Alcohol use increases their risk for osteoporosis and cancer.</p> <p><u>Substance Use:</u> Substance abuse among lesbians may be higher, and may be a coping mechanism to deal with stressors such as discrimination.</p> <p><u>Domestic Violence:</u> Domestic violence has been found to occur in 11% of lesbian homes, which is half the rate of heterosexual women.</p> <p><u>Osteoporosis:</u> Lesbians frequently display the risk factors for osteoporosis.</p>
<p>The Effects of Unequal Access to Health Insurance for Same-Sex Couples in California Ponce, N.A., Cochran, S.D., et al., 2010 Health Affairs, 1539-1548.</p> <p>http://content.healthaffairs.org/content/29/8/1539.full.pdf+html</p>	<p><u>Study Findings:</u></p> <ul style="list-style-type: none"> • Compared to heterosexually married couples, same-sex couples (registered or non-registered domestic partnerships, in civil unions, or legally married to same-sex spouse) do not have the same health insurance benefits that are sponsored by their partner’s employers, if the employer offers same-sex partner coverage/benefits. Many employers do not offer coverage to same-sex partners regardless of state laws • Partnered lesbians are less likely (28%) to get dependent coverage when compared to

	<p>heterosexual women</p> <ul style="list-style-type: none"> • Same-sex coverage, if offered by the partner’s employer, is based on duration of cohabitation and proof of financial dependence • Dependent benefits that employers provide for same-sex couples (domestic partners, civil union, same-sex spouses) are treated as taxable earned income by the state and federal government. This financial burden falls on same-sex couples, but not married heterosexual couples • Compensation discrimination by employers manifest in the form of disparities in coverage rules, favoring heterosexually married couples over same-sex couples • Unequal treatments of same-sex couples put cost on the individual and public sector
<p>Lesbian Women’s Experiences With Health Care: A Qualitative Study Bjorkman, M., and Malterud, K., 2009 Scandinavian Journal of Primary Health Care, 238-243.</p> <p>http://informahealthcare.com/doi/pdf/10.3109/02813430903226548</p>	<p><u>Background:</u> Lesbians still face unique challenges while seeing healthcare services despite the improved social situation for LGBT people</p> <p><u>Methods:</u> Qualitative study based on written stories, with recruitment, information, and data sampling over the internet. 128 anonymously written answers to a web-based open-ended questionnaire were analyzed and main outcome measures</p> <p><u>Results:</u> Analysis showed three different aspects of healthcare professionals’ abilities regarded as essential by lesbian participants. These aspects included:</p> <ul style="list-style-type: none"> • Perspective of awareness • Attitudes toward homosexuality. • The impact of specific and adequate medical knowledge <p><u>Conclusion:</u> Healthcare professionals need to have:</p> <ul style="list-style-type: none"> • A persistent awareness that not all patients are heterosexual • An open attitude toward lesbian orientation • A specific knowledge of lesbian health issues
<p>Institute of Medicine. The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding Washington, DC: The National Academies Press; 2011</p> <p>http://books.nap.edu/openbook.php?recorid_id=13128</p>	<p><u>The study:</u> The IOM’s report assessing current research on the health status of LGBT populations, and proposed research agenda.</p> <p><u>Current challenges in research:</u></p> <ul style="list-style-type: none"> • Lack of LGBT data <ul style="list-style-type: none"> ○ Recommendation: sexual orientation data should be collected in all federally funded surveys, and electronic health records. • Asking study participants their sexual orientation <ul style="list-style-type: none"> ○ Recommendation: NIH should support research to evaluate sexual orientation

	<p>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.</p> <ul style="list-style-type: none"> • Large LGBT samples are difficult and costly to recruit, in general population surveys, for analysis <ul style="list-style-type: none"> ○ 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. • Limited NIH-sponsored research exists for LGBT health <ul style="list-style-type: none"> ○ Recommendation: NIH should create a comprehensive research training program, and encourage researchers to include sexual minorities in their study samples. <p><u>Research Agenda.</u> To advance knowledge of LGBT health, the IOM proposed a research agenda covering:</p> <ul style="list-style-type: none"> • Demographic research • Social influences • Health care inequalities • Intervention research • Transgender health needs <p><u>Other Findings:</u></p> <ul style="list-style-type: none"> • Current research focuses more on gay and lesbian populations than on bisexual and transgender populations. • More research has been conducted among LGBT adults than among LGBT youth and elders. <p><u>Limitations.</u> Racial/ethnic sexual minority groups have not been examined in current research</p>
<p>The Aging and Health Report: Disparities and Resilience Among LGBT Older Adults 2011</p> <p>Fredriksen-Goldsen, K.I., Hyun-Jun K, et al., 2011 LGBT National Health & Aging Center</p> <p>http://caringandaging.org/wordpress/wp-content/uploads/2011/05/Full-Report-FINAL-11-16-11.pdf</p>	<p><u>Overview:</u> Uses data from state-level population based studies and a national community-based survey of over 2,500 LGBT older adults to make recommendations based on the risk and protective factors impacting them.</p> <p><u>Results:</u> Of LGBT older adults:</p> <ul style="list-style-type: none"> ○ Nearly ½ have a disability ○ 21% have not revealed their sexual orientation ○ 1/3 report depression ○ 91% engage in wellness activities ○ 13% have been denied health care

	<ul style="list-style-type: none"> ○ 20% do not disclose sexual or gender identity to their physician ○ 1/3 have no will or durable power of attorney for healthcare ○ 2/3 have been victimized three or more times ● Most needed services: <ul style="list-style-type: none"> ○ Senior housing ○ Transportation ○ Legal services ○ Social events and support ○ Healthcare ● Had higher rates of: <ul style="list-style-type: none"> ○ Mental distress ○ Smoking and excessive drinking ○ Cardiovascular disease ○ Discrimination ○ Insufficient legal protection ○ Poor health outcomes
<p>Improving the Health Care of Lesbian, Gay, Bisexual and Transgender People: Understanding and Eliminating Health Disparities The Fenway Institute Ard, K.L, and H.J. Makadon, 2012</p> <p>http://www.lgbtagingcenter.org/resources/pdfs/12-054_LGBTHealtharticle_v3_07-09-12.pdf</p>	<p><u>Overview:</u> 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.</p> <p>This article reviews:</p> <ul style="list-style-type: none"> ● Concepts, terminology, and definitions ● Demographics ● Health disparities ● Marriage, reproduction and aging ● Data collection in clinical setting ● Recommendations for clinicians and health care organizations

<p>The Health of Lesbian, Gay, Bisexual, and Transgender (LGBT) Persons in Massachusetts MA Department of Public Health Landers, S.J. and G. Paola, 2009</p> <p>http://www.masstpc.org/wp-content/uploads/2012/10/DPH-2009-lgbt-health-report.pdf</p>	<p><u>Overview:</u> Uses data from an online questionnaire sent to 38,210 households to create a survey of health issues comparing LGBT persons with their heterosexual and non-transgender counterparts. This study covers issues related to:</p> <ul style="list-style-type: none"> • Demographics • Access to care • Self-reported health • Behavioral health • Health screening tests • Chronic diseases <p><u>Results:</u></p> <ul style="list-style-type: none"> • Lesbian and gay health was comparable to heterosexual health • Lesbians were less likely to have routine pap tests • Bisexual women had lower rates of mammograms • Transgender persons had higher rates of: <ul style="list-style-type: none"> ○ Disability ○ Depression ○ Anxiety ○ Suicide ideation ○ Lifetime violence victimization
<p>Lesbian and Bisexual Women Women’s Health USA, 2011</p> <p>http://mchb.hrsa.gov/whusa11/hstat/hssp/pages/234lbw.html</p>	<p><u>Overview:</u> 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.</p> <p><u>Results:</u> Among reproductive aged women:</p> <ul style="list-style-type: none"> • Bisexuals were less likely than heterosexuals to have health insurance <ul style="list-style-type: none"> ○ 72.4% vs. 79.9% • Lesbians were less likely than heterosexuals and bisexuals to have received a Pap smear in the past year <ul style="list-style-type: none"> ○ 38.3% vs. 66% • Nearly half of lesbian and bisexual women reported smoking • Lesbians and bisexuals were twice as likely as straight women to smoke and binge drink <ul style="list-style-type: none"> ○ 31.8% of lesbians binge drank ○ 21.2 % of bisexuals binge drank <p>More data are needed in:</p> <ul style="list-style-type: none"> • Demographics • Social influences • Health care inequalities • Transgender-specific health needs
<p>Institute of Medicine: Recommended</p>	<p><u>Overview:</u> Outlines 24 objectives to prioritize in the</p>

<p>LGBT Objectives for Healthy People 2020 Ignatius Bau, 2011</p> <p>http://books.nap.edu/openbook.php?record_id=13088&page=77</p>	<p>next ten years to improve the health of LGBT. Recommendations include reducing:</p> <ul style="list-style-type: none"> • Cancer death rate • Adolescent pregnancy • Rates of heart disease and stroke • Low and very low birth weights • Substance abuse • Tobacco use <p>And Increasing:</p> <ul style="list-style-type: none"> • Access to healthcare and health insurance • Physical activity • Condom use • Adolescent educational achievement
<p>Healthy People 2020: Lesbian Health Fact Sheet 2010</p> <p>http://www.cancer-network.org/media/pdf/HP_2020_Lesbian_fact_sheet.pdf</p>	<p><u>Overview:</u> This fact sheet reviews epidemiological data reported in behavioral risk studies and needs assessment surveys conducted in the United States from 1994 to 2010.</p> <p>Topics Include:</p> <ul style="list-style-type: none"> • Access to Health Services • Cancer • Heart Disease and Stroke • HIV • Injury and Violence Prevention • Maternal, Infant and Child Health • Mental Health and Mental Disorders • Nutrition and Weight Status • Physical Activity • Respiratory Disease • Substance Abuse • Tobacco Use

<p>The Effects of Unequal Access to Health Insurance for Same-Sex Couples in California Ponce, Ninez A., Cochran, Susan D., Pizer, Jennifer C., and Mays, Vickie M., 2010</p> <p>http://content.healthaffairs.org/content/29/8/1539.long</p>	<p><u>Overview:</u> This study examines disparities that same-sex couples face in health insurance coverage in California.</p> <p><u>Results:</u> Despite laws that protect domestic partnership rights for health insurance and income tax breaks inequality remains resulting in:</p> <ul style="list-style-type: none"> • Partnered lesbians and gay men are more than twice as likely to be uninsured as married heterosexuals • Same-sex couples face federal income tax burden on dependent employer-sponsored coverage • Domestic partnership benefits to provide insurance parity • Lack of insurance eligibility means increased preventable disease costs and premature mortality • Unequal access to health coverage means more health spending for these individuals and the public. • Gays and lesbians do not always receive employee benefits at their workplace securely
<p>Sexual Orientation and Sexual Behavior among Latino and Asian Americans: Implications for Unfair Treatment and Psychological Distress 2010</p> <p>http://www.tandfonline.com/doi/full/10.1080/00224490903100579#tabModule</p>	<p><u>Overview:</u> This study used data from the National Latino and Asian American Study to investigate implications for unfair treatment and psychological distress among sexual minorities identified in the sample.</p> <p><u>Results:</u> Findings provide support for the deleterious influence of unfair treatment. LGB-identified sexual minorities:</p> <ul style="list-style-type: none"> • Were more likely to report higher levels of unfair treatment than non-LGB sexual minorities • Had significantly higher levels of psychological distress than non-LGB identified respondents • Were more likely to report being LGB compared to those who were foreign born. • Had a positive association between levels of unfair treatment and psychological distress • Being poor and lacking health insurance were associated with significantly higher levels of psychological distress <p>Lower levels of psychological distress were associated with:</p>

	<ul style="list-style-type: none"> • Never having been married • Fewer than 16 years of education
<p>How to Close the LGBT Health Disparities Gap, Krehely, J, Center for American Progress, December 21, 2009</p> <p>http://www.americanprogress.org/issues/lgbt/report/2009/12/21/7048/how-to-close-the-lgbt-health-disparities-gap/</p>	<p><u>Overview:</u></p> <ul style="list-style-type: none"> • Describes health disparities related to: <ul style="list-style-type: none"> ○ stress due to systematic harassment and discrimination, ○ lack of cultural competency in the health care system ○ ethnicity and cultural minority issues

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