



Association of Discrimination Based on Sexual Orientation and Gender Identity with Health Care Access and Health Outcomes

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Provider Discrimination

- Discrimination based on sexual orientation and gender identity (SOGI) represents an important barrier to health care access.
- Few studies have examined direct reports of SOGI-based discrimination experienced in a health care setting and its association with health care access and health outcomes.

Research Objective

We examined:

- 1) rates and characteristics associated with reports of SOGI-based discrimination in health care.
- 2) the association of SOGI-based discrimination with health care access and health outcomes among all adults and among populations by gender identity and sexual orientation.

Data

2021 Minnesota Health Access Survey (MNHA)

- Biennial survey using probabilistic sampling methods to represent the state of Minnesota.
- We restricted our analysis to adults (18+) reporting about their own health care experiences.
- Unweighted study sample size, n=9,739

SOGI-based Discrimination

- **“How often does your gender, sexual orientation, gender identity or gender expression cause health care providers to treat you unfairly?”**
 - Queried as a Likert scale with four values
 - No specific time frame
 - We coded “sometimes,” “usually,” or “always” responses as a “yes” response to SOGI-based discrimination

Sexual Orientation

- **“Which of the following best represents how you think of yourself?”**
 - Gay or lesbian
 - Straight, that is, not gay or lesbian
 - Bisexual or pansexual
 - None of these [write-in]

Gender Identity

- **“Which of the following best represents how you think of yourself?”**
 - Male/man
 - Female/woman
 - Transmale/transman
 - Transfemale/transwoman
 - Gender Non-Binary or Two-Spirit
 - In some other way [write-in]

Outcomes

- Usual source of care
- Low confidence in care (“a little” or “not at all” confident in getting needed health care)
- Forgone care due to cost (prescriptions drugs or medical, dental, mental health, or specialist care)
- Health status (fair/poor vs. excellent/very good/good)
- Frequent physical distress (≥ 14 physically unhealthy days during the past 30 days)
- Frequent mental distress (≥ 14 mentally unhealthy days during the past 30 days)

Analyses

- We used **logistic regression** (Stata 17) to adjust for characteristics representing or associated with other barriers to access: gender identity, sexual orientation, race/ethnicity, nativity, age, income, education, marital status, employment status, rurality, and health insurance coverage type.
- We examined:
 - Characteristics associated with reports of SOGI-based discrimination in health care.
 - The association of SOGI-based discrimination with health care access and health outcomes: 1) for all adults; 2) for adults who identified as transgender or non-binary, gay or lesbian, bisexual or pansexual (n=517); 3) for straight cisgender adults.

Limitations

- Examining association, not causality
 - Cross-sectional data
 - Models adjust for characteristics, but variables of interest may be correlated with unobserved confounders.
 - We don't have information about the context of the reported unfair treatment, such as timing, frequency, or type of provider.
 - Impacts of discrimination may vary over time (e.g., missed health screenings, downstream effects on chronic disease).

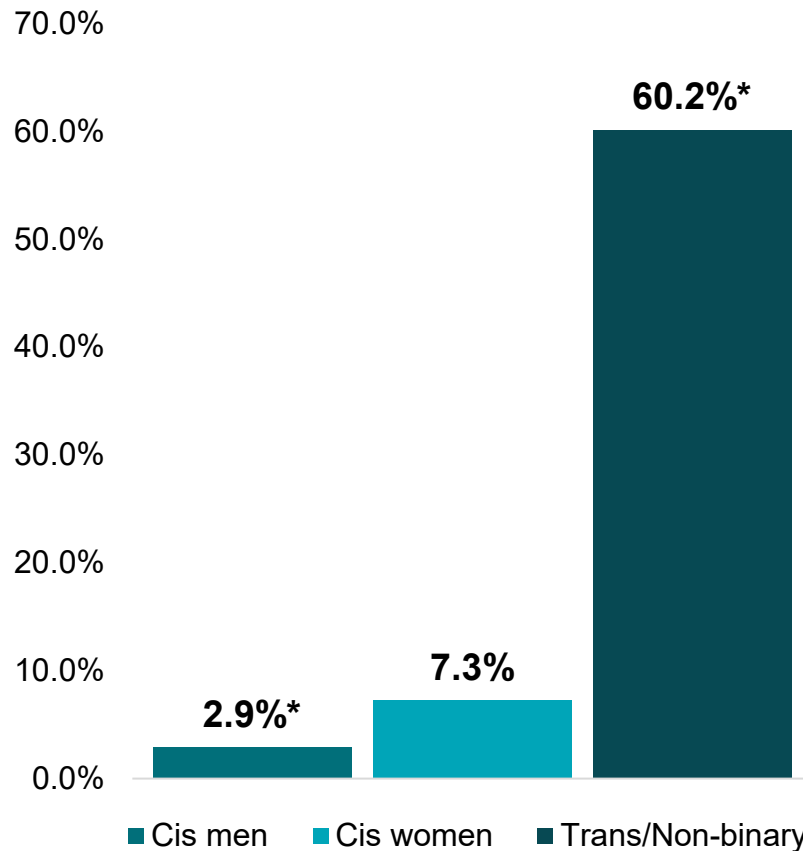
Rates of SOGI-based Discrimination

“How often does your gender, sexual orientation, gender identity or gender expression cause health care providers to treat you unfairly?”

SOGI-based Discrimination

5.7% of all adults experienced SOGI-based discrimination

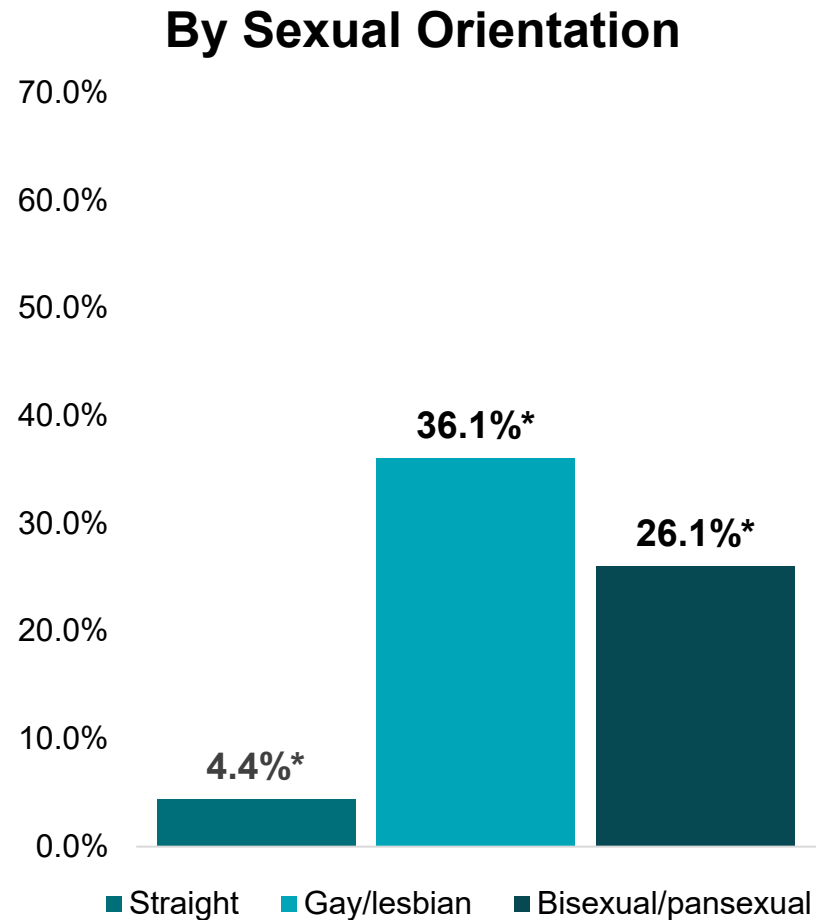
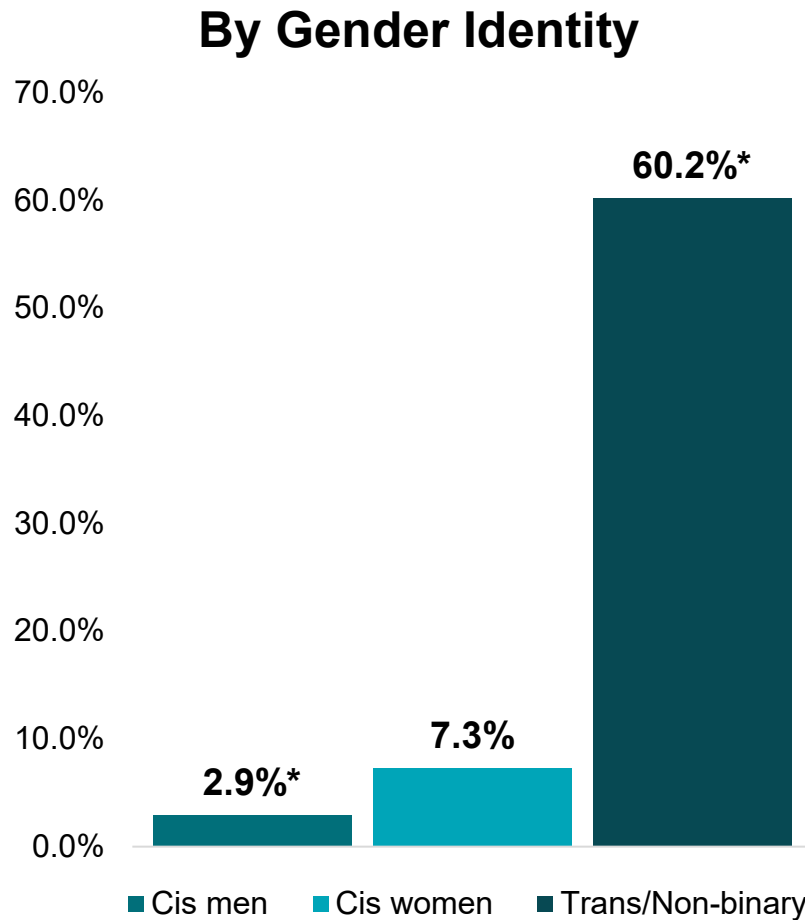
By Gender Identity



* Statistically significant difference from the population average at the 95% level

SOGI-based Discrimination

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Multivariate Results

Characteristics and health outcomes associated with reports of SOGI-based discrimination in a healthcare setting

Gender identity and sexual orientation were strongly associated with SOGI-based discrimination

	SOGI-based discrimination	95% CI
<i>Gender (Reference: male)</i>		
Female	2.89*	(1.72 4.86)
Transgender or non-binary	14.06*	(4.31 45.86)
<i>Sexual orientation (Reference: straight)</i>		
Gay or lesbian	11.03*	(5.38 22.64)
Bisexual or pansexual	4.10*	(2.19 7.68)

All models were adjusted for characteristics representing or associated with other barriers to access: gender identity, sexual orientation, race/ethnicity, nativity, age, income (federal poverty level), education, marital status, employment status, rurality, and health insurance coverage.

SOGI-based discrimination from healthcare providers was associated with worse outcomes

	No usual source of care	Low confidence in care	Foregone healthcare	Fair/poor health	Freq. physical distress	Freq. mental distress
<i>All adults</i>						
SOGI-based discrimination	2.00*	2.31*	2.61*	2.28*	2.36*	3.60*

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<i>All adults</i>						
SOGI-based discrimination	2.00*	2.31*	2.61*	2.28*	2.36*	3.60*
<i>Transgender, non-binary, gay, lesbian, and bisexual adults</i>						
SOGI-based discrimination	1.26	2.98*	4.18*	2.31*	4.94*	3.79*

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<i>Transgender, non-binary, gay, lesbian, and bisexual adults</i>						
SOGI-based discrimination	1.26	2.98*	4.18*	2.31*	4.94*	3.79*
<i>Straight cisgender adults</i>						
SOGI-based discrimination	2.19*	2.18*	2.23*	2.18*	1.87*	3.84*

All models were adjusted for characteristics representing or associated with other barriers to access: gender identity, sexual orientation, race/ethnicity, nativity, age, income (federal poverty level), education, marital status, employment status, rurality, and health insurance coverage.

Conclusions

- Reports of SOGI-based discrimination from health care providers were very prevalent for trans or non-binary adults, gay or lesbian adults, and bisexual adults in Minnesota.
- This discrimination was consistently associated with worse access to care and health outcomes:
 - Confidence in care
 - Forgone care
 - Fair/poor health status
 - Frequent physical or mental distress (≥ 14 physically or mentally unhealthy days during the past 30 days)
- Across populations, discrimination matters.

Implications

- Our study highlights the importance of inclusive data collection:
 - Gender identity
 - Sexual orientation
 - Reporting on unfair treatment that people experience from health care providers.
- Addressing SOGI-based discrimination is important for achieving population health and health equity.
 - Health equity is a priority in the state's One Minnesota Plan

Contact / Resources

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<https://www.shadac.org/news/GI-discrimination-MNHA>

<https://www.shadac.org/news/SO-discrimination-MNHA>

www.shadac.org

The logo for shadac features the word "shadac" in a bold, teal, lowercase sans-serif font. Above the letters "a" and "d" is a thick, orange curved line that starts under the "a" and ends under the "d". A second, thicker, dark teal curved line starts under the "d" and extends to the right, ending under the "c".

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