

Health Disparities by Sexual Orientation and Ethnicity/Race: A Neglected Issue

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What We Know

- Health disparities between lesbian, gay, and bisexual (LGB) individuals and heterosexual peers have been documented in representative samples of adolescents and adults both in the US and abroad, and regardless how sexual orientation is assessed.

What We Know

- As compared with heterosexuals, LGB youth and adults have been found to be at least twice as likely to:
 - Use legal and illegal substances
 - Have a disorder of substance abuse/dependence
 - Report psychological distress (e.g., anxious symptoms)
 - Have an affective disorder (e.g., major depression)
 - Attempt suicide or ideate
 - Report eating disordered behaviors (e.g., bulimic symptoms)
 - Have more sexual partners and report other sexual risk behaviors

(E.g., Bontempo & D'Augelli, 2002; Cochran & Mays, 2006; Eisenberg, 2001; Eisenberg & Resnick, 2006; Fergusson et al., 1999, 2005; Jorm et al., 2002; Marshall et al., 2008; Russell & Joyner, 2001; Silenzio et al., 2007; Udry & Chantala, 2002; Wichstrøm, 2006; Wichstrøm & Hegna, 2003.)

Gay-Related Stress

- Gay-related stress is hypothesized to explain the health disparities of LGB individuals. Gay-related stress is both internal and external. It includes (Rosario et al., 2002):
 - Experiences of victimization and rejection for being or being perceived to be LGB.
 - And, internalization of societal negative attitudes toward homosexuality, in particular, internalized homophobia and discomfort with others knowing about one's sexuality.

Health and Adaptational Consequences of Gay-Related Stress

- LGB victimization and internal gay-related stress are associated with:
 - More symptoms of depression and anxiety
 - Greater likelihood of psychiatric diagnosis
 - Greater likelihood of suicide attempt / ideation
 - Higher prevalence of alcohol and drug abuse/dependence
 - More sexual risk behaviors
 - More school truancy
 - Poorer self-esteem

(E.g., Amadio, 2006; Balsam & Mohr, 2007; Bontempo & D'Augelli, 2002; Diaz et al., 2001; Goodenow et al., 2006; Hegna & Wichstrøm, 2007; Herek et al., 1999, 2009; Rivers, 2000; Rosario et al., 2001, 2002, 2006; Russell & Joyner, 2001)

Other Effects of Gay-Related Stress

- Gay-related stress confounds and affects sexual identity development: the process by which lgb individuals form and integrate their lgb identity

(Rosario et al., 2001, 2006, 2008a).

- Gay-related stress implicates coping, given the need to deal with anticipated or experienced gay-related stress.
- Gay-related stress negatively affects intervention effectiveness, such as condom use among gay and bisexual men (Huebner et al., 2002)

Additional Exigencies for LGB Persons of Ethnic/Racial Background

- LGB minority individuals experience gay-related stress like their White peers. However, it may be more severe, given the increased importance of the family, traditional gender roles, conservative religious values, and widespread homophobia in many ethnic/racial communities.
- Thus, the health of ethnic/racial LGB persons may be more severely affected by the added stress. Also, their sexual identity development may be delayed, given the added stress.

(For full arguments, see Rosario et al., 2004, 2008b)

Other Exigencies for LGB Persons of Ethnic/Racial Background

- Furthermore, ethnic/racial LGB individuals may experience ethnic/racial prejudice and discrimination in the predominantly White LGB community.
- Once again, the potential effect of such actual or anticipated experiences may negatively affect the health and adaptation of ethnic/racial LGB persons and arrest their sexual identity development.

(For full arguments, see Rosario et al., 2004)

LGB Persons of Ethnic/Racial Background

- Despite the additional stressors experienced by LGB persons of ethnic/racial background, these individuals are not equivalent.
- The uniqueness of their ethnic/racial backgrounds must be appreciated, particularly as it may affect what we study in unknown ways. Thus they should not be classified into a group (e.g., “people of color”) until studies demonstrate
 - Small effect sizes among the minority groups
 - Coupled with adequate power to reject null hypotheses

Differences Among Ethnic/Racial LGB Persons

Group	Language	Time in USA	Immigration Concerns	Predominant Religion
Hispanic	Spanish	Recent	Yes	Catholic
Black	English	Long	No	Protestant
Asian	Asian languages	Varied	Yes	Buddhist, Hindu, Shinto
White	English	Long	No	Protestant

What We Need To Know

- Investigate sexual orientation health disparities within ethnic/racial groups.
- Compare the health of LGB ethnic/racial minorities to that of LGB White peers, without combining the ethnic/racial minorities. Health disparities should be found (Rosario et al., 2008b).
- Examine health across LGB ethnic/racial minorities. Important differences may exist. I found that Hispanics and Whites were rather similar, but they differed from Blacks (Rosario et al., 2008b)

What We Need To Know (cont.)

- Explain any identified health disparities. Potential explanatory factors include
 - Gay-related stress
 - Ethnic/racial bias in the predominantly White LGB community
 - Arrested sexual identity development
 - Inadequate coping strategies

In The Research Process

- Test for gender differences.
- Demonstrate sensitivity to other critical contextual variables, for example,
 - Education and socioeconomic status
 - Extent of acculturation to the American culture, with much more than language preference examined
 - Religious influence and conflict with LGB identity
 - Age and cohort effects

What We May Want To Know

- Think about what we don't know, but perhaps should. For example,
 - What is the impact of gay-related stress and ethnic/racial bias on the physiological functioning and health of LGB ethnic/racial minorities relative to others (e.g., their heterosexual ethnic peers, their White LGB peers)?
- What happens over time, as stress accumulates?
- What strategies or resources mitigate the negative impact of stress and, thus, prove resilient for the individual?
- What enhances health, positive affect, and joy.

Methodological Concerns

- Longitudinal designs are needed that track individuals over periods of development.
- National, representative samples of the population should include items to assess sexual orientation. Other large data banks (e.g., SEER) should collect similar information, given the implications of risk behaviors for subsequent health (e.g., cancer).

Translational Research

- The basic research should provide the foundation for designing effective interventions at all levels of analysis:
 - For those afflicted with poor health, issues around which therapy should focus will be identified
 - For those at risk for subsequent poor health, the focus of secondary prevention efforts will be articulated
 - For individuals who have yet to undergo the process of sexual identity development, primary prevention efforts may be set in place to ensure their health (e.g., see Blake et al., 2001).



Thank You

Sexual Orientation Health Disparities Within Ethnic/Racial Groups

- Data from a representative sample find that:
 - Black and White LGB youth are twice as likely to attempt suicide than heterosexual peers of the same racial background.
 - Hispanic, Black, and White LGB youth report more depressive symptoms than heterosexual peers of the same ethnic/racial background.
 - Asian LGB youth are at least twice as likely to report tobacco use, binge drinking, marijuana use, and other drug use in the past year than heterosexual, Asian peers.

(Data from the National Longitudinal Study of Adolescent Health: Hahm et al., 2008; Consolación et al., 2004)