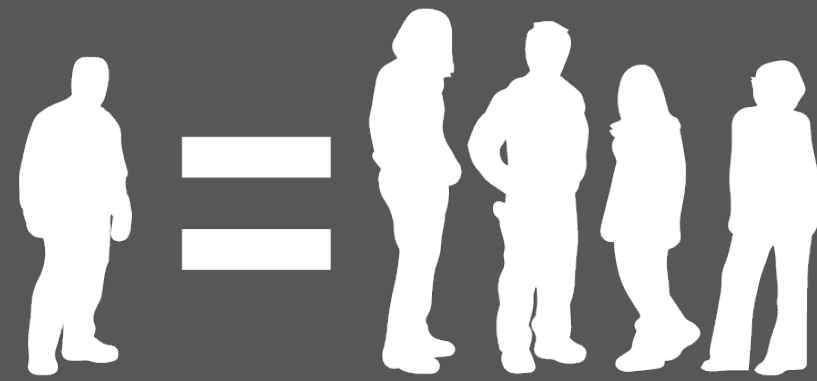


Health Knowledge, Attitudes, Behaviors and Perceived Quality of Care among Sexual Minority Women in New York City



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Background

Sexual minority women (SMW [self-identified lesbian and bisexual women, same-sex attracted women and women who have sex with women]) have long been underrepresented in the public health literature. Current research shows that sexual minority women experience a number of common risk factors that may contribute to disparities in health outcomes when compared to their heterosexual counterparts (Centers for Disease Control and Prevention [CDC], 2011).

Differences include access to health care, quality of care and lack of health insurance as major disparities experienced by lesbian and bisexual women compared to their heterosexual counterparts. The National Health Interview Study found that women in same-sex relationships were less likely to have health insurance, less likely to have received routine care in the past year and more likely to have unmet medical needs when compared with heterosexual women (Buchmueller & Carpenter, 2010).

Another contributing factor to the health disparities affecting sexual minority women may be discriminatory attitudes of health care providers themselves. As a result, these patients may actually avoid seeking treatment or disclosing their sexual orientation or behavior to their providers (Cahill et al., 2014).

Further research is needed to fully understand the relationship of health care providers' knowledge and competence in health care access and treatment of sexual minority women. In addition, an increase in federal funding for research for sexual minority women's health and training for health care providers are warranted to ensure the nation's health, for it is imperative for all to have equal and full access to healthcare (Fields & Scott, 2001).

Methods

Data for this study were collected via a street-intercept survey with a convenience sample of 266 SMW in New York City during pride events in the summer/fall of 2014. Undergraduate research fellows were trained as research assistants who recruited potential study participants to complete an electronic survey.

Participants were randomly approached, using a modified time/space sampling technique, to complete the survey at several gay pride street events/fairs/parades (e.g., Queens Pride in Jackson Heights, Brooklyn Pride in Prospect Park, Heritage of Pride in Greenwich Village, Staten Island Pride, etc.). These events included locations outside with high foot traffic (e.g., along street fair locations, etc.). All research settings were publicly accessible so that permission would not have been required for the purposes of recruitment and data collection.

Using a pre-approved Recruitment Script/Abbreviated Informed, recruiters utilized iPads installed with the PollDaddy survey software that contained initial eligibility/screening questions as well as the full survey. Every *n*th potential participant who crossed an invisible intercept line was approached and invited to participate in the study.

Methods (continued)

If a potential respondent agreed to participate, she was handed an iPad to answer the eligibility questions and was required to answer "yes" on the survey software screen to move forward (e.g., "Do you consent to participate in this study?") She was then forwarded to the screening questions. If a participant was deemed eligible, she was prompted to complete the full survey which took approximately 10-15 minutes. If not, the software indicated her ineligibility and the iPad was collected by the recruiter. Participants were provided with a written copy of the informed consent document if requested.

Once the participant completed the survey, she was thanked for her time and received a \$5 Metro Card as an incentive. Free bottled water was also available to participants at some locations. These study procedures were granted approval by the CUNY IRB.

Measures

Consumer Assessment of Health Care Products & Systems: This is a modified 20-item questionnaire from the US Department of Health & Human Services that assessed the scope of health care insurance coverage.

Original Primary Health Care Usage Questionnaire (developed by the research team): Assessed participants' primary health care insurance and frequency of use.

Primary Care Assessment Tool: Primary Care Subscale (Shi et al., 2003): This was a abbreviated version of the 72-item questionnaire that assesses participants' interaction with primary care providers.

Gynecological Health Care Use Questionnaire (developed by the research team): Assessed participants' receipt of gynecological care.

Interpersonal Processes of Care Survey (Steward et al., 2007): This was a 31-item questionnaire that assessed participants' verbal communication with their doctor/health care provider.

Results

The participant response rate for this street intercept survey was 51% (*n*=280). The sample (*n*=266) ranged from 18-92 years of age (*Mdn*=26). The women in the sample identified as Black/African American (*n*=73; 36%), White (*n*=61; 30%), Asian (*n*=8; 4%) and American Indian or Alaska Native (*n*=3; 1%). The majority of the sample was non-Hispanic (*n*=133; 66%) and most women reported a female gender identity (*n*=268; 97%). The majority of participants also self-identified as gay, queer, lesbian or homosexual (*n*=150; 55%) and most were sexually attracted to women only in the last year (*n*=145; 65%) (See Table 1).

Results

Preliminary findings suggest that risk factors among sexual minority women previously documented using secondary data analyses may also exist in a similar sample of women in NYC using primary data.

Health Insurance: While 56% (*n*=114) reported having commercial health insurance, 13% (*n*=26) had none. Of the insured, 47% (*n*=59) reported their plan covered them only and not their spouse or partner.

Health Care Providers: 60% (*n*=124) reported receiving care from a primary care provider (PCP), while 18% (*n*=36) reported not having seen a health provider in the past year. 18% (*n*=6) of those not having received health care reported it was because they did not have health insurance. 62% (*n*=104) said their primary health care provider knew of their sexual identity or behavior.

Routine Health Care: 44% (*n*=92) said they rarely or never conduct a breast self-exam and of those, 58% (*n*=32) said they don't know how or they didn't know they were supposed to. 20% (*n*=41) said they did not receive gynecologic care in the past year and of those, 75% (*n*=34) said they didn't have health insurance, didn't know where to go or thought they didn't need it.

Characteristic	<i>n</i>	Total	%
Age (years)			
18-29	165		62
30-49	77		29
50+	24		9
Race			
White	61		30
Black/African American	73		36
Asian	8		4
American Indian or Alaska Native	3		1
Native Hawaiian or Other Pacific Islander	0		0
Ethnicity			
Hispanic or Latina	70		34
Other	133		66
Gender Identity			
Female	268		97
Male	2		1
Transgender-Male to Female	2		1
Transgender- Female to Male	1		0
Other	4		1
Sexual Orientation			
Gay, Queer, Lesbian or Homosexual	150		55
Bisexual	58		21
Heterosexual/Straight	51		19
Other	12		4
Sexual Attraction (in the last year)			
Women only	145		65
Mostly women and sometimes men	27		12
Mostly men and sometimes women	24		11
Women and men	23		10
Men only	2		1
Other	1		0

Discussion

Unlike previous studies, our study is different in several important ways: 1) It addresses the perceptions and attitudes of urban sexual minority women; 2) It includes a diverse sample in terms of race/ethnicity; 3) It addresses subgroups of self-identified sexual orientation; and 4) It is a primary data source. Our goal is to further analyze the differences among subpopulations of sexual minority women in the study and relationships of the study variables in the future. Funding has been secured to expand the study population to include a national sample of women in six urban cities throughout the US.