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Research Brief

Health Disparities Among Sexual Minority Women Veterans

PUBLICATION: *Journal of Women's Health* (2013); *22*(7), 631-636.

PUBLICATION TYPE: Peer-Reviewed Journal Article

KEYWORDS: Sexuality, women veterans, health disparities

RESEARCH HIGHLIGHTS:

- Studies show that people who identify as gay, lesbian, or bisexual (often referred to as sexual minority individuals) experience poorer health than their heterosexual peers. The Institute of Medicine recently wrote a report about sexual minority health issues, but little is known about the health of sexual minority women who are veterans. The purpose of this study is to understand health issues which sexual minority women veterans might endure.
- Findings suggest that sexual minority women veterans have different levels of physical and mental health concerns than both their sexual minority non-veteran peers and their heterosexual veteran peers. Sexual minority women veterans have higher odds of sleep problems, frequent mental distress, smoking, and poor physical health.
- More research is needed to better understand the health needs of sexual minority women veterans and the causes of these health differences. For example, sexual minority people deal with increased stress, such as having to hide their sexual orientation, enduring discrimination and enduring harassment or violence because of their sexual orientation. It is unclear how these factors relate to veterans' health.

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ABSTRACT:

"*BACKGROUND*: Lesbian and bisexual (i.e., sexual minority) identity is more common among women veterans than among male veterans. Unique health issues have been identified among women veterans and among sexual minority women, but little is known about women who are both sexual minorities and veterans. This study aimed to compare demographic and health information from sexual minority women veterans with sexual minority women non-veterans and heterosexual women veterans.

METHODS: Behavioral Risk Factor Surveillance Survey data were pooled from ten U.S. states that elected to ask sexual identity during 2010. The analytic sample was comprised of women who identified both their sexual identity and veteran status (n=1,908). Mental health indicators were frequent mental distress, sleep problems, low social/emotional support, and low satisfaction with life. Health risk indicators included current smoking, overweight, and obesity. Physical health status was defined by three components: disability requiring assistive equipment, >14 days of poor physical health in the past 30 days, and activity limitations.

RESULTS: Compared with heterosexual women veterans, sexual minority women veterans had higher odds of mental distress (odds ratio [OR]=3.03, 95% confidence interval [CI]:1.61-5.70) and smoking (OR=2.31, 95% CI:1.19-4.48). After adjusting for demographic correlates, sexual minority women veterans had three times the odds of poor physical health (OR=3.01, 95% CI:1.51-5.99) than their sexual minority non-veteran peers.

CONCLUSIONS: Results suggest sexual minority women veterans may experience unique health disparities relevant to provision of care in both Veterans Affairs (VA) and non-VA healthcare systems. Future research requires availability of data that include sexual minority status."

Implications

FOR PRACTICE

Since female veterans get care at both VA and non-VA healthcare facilities, there are several implications for healthcare professionals. First, practitioners should be aware of the increased risk of physical and mental health issues which sexual minority women might have compared to their heterosexual peers. Second, because of stigma that sexual minority people may experience, practitioners should be aware that sexual minority women might not discuss health symptoms and concerns in the same manner as heterosexual women. Third, practitioners should be prepared to ask respectfully about sexual orientation when it is relevant to the patients' visit, and practitioners should be prepared if a patient decides to talk about his or her sexual orientation. Health care professionals can find guides for talking with patients about sexual orientation, at http://www.lgbthealtheducation.org/wp-content/uploads/COM228_SOGI_CHARN_WhitePaper.pdf.

FOR POLICY

In recent years, the VA has implemented many clinical education and training initiatives to affirm their commitment to providing quality healthcare to all veterans — including sexual minority veterans. At a broader level, the Joint Commission — the agency in charge of accrediting healthcare facilities in the U.S. — issued a report about how healthcare facilities across America should make sure they effectively serve lesbian, gay, bisexual, and transgender patients and their families. Finally, the Institute of Medicine suggested that healthcare systems provide patients with the option to have their sexual orientation included in their electronic medical records.

FOR FUTURE RESEARCH

A limitation of this study is that the sample size was relatively small. This could mean that the findings of this study may not apply to all sexual minority women veterans. The study had a small sample of sexual minority women veterans which may have lowered the ability to find some differences in health. Researchers should perform this analysis with larger groups of sexual minority women veterans to verify the findings. Another limitation of this study is that the dataset did not contain dates of service, exposure to "Don't Ask, Don't Tell" policy, exposure to combat or other potentially traumatic experiences. Future studies should use dates of service to idenitfy generational differences in health among women veterans. As women's roles in the military continue to change, researchers should study the prevalence of different risk factors among young women. The dataset used in this study only had data from ten U.S. states. Researchers should gather data — including sexual orientation — from all geographical locations in the country so we can better understand the health issues sexual minority women veterans encounter throughout the United States.

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