

Premature mortality higher among sexual minority women, study finds

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Compared to heterosexual women, bisexual women died 37% sooner and lesbian women 20% sooner, according to results from one of the largest studies to examine sexual orientation-related inequities in



mortality and the first to differentiate between lesbians and bisexual women.

The findings are published April 25 in *JAMA*.

Decades of research have documented that sexual minority women have worse health—across various physical and mental health outcomes—relative to their heterosexual peers. However, few studies examined inequities in mortality, and none have been able to differentiate mortality inequities among sexual minority subgroups in women.

The new findings, led by investigators from the Harvard Pilgrim Health Care Institute with collaborators from Harvard T.H. Chan School of Public Health, the University of Utah, Boston Children's Hospital, and Columbia University reveal these health inequities are leading to dramatic differences in mortality.

"The <u>sexual orientation</u>-related inequities in mortality highlight the urgent need to address preventable causes, particularly given the increasingly hostile policy climate for LGBTQ people in the U.S.," said lead author Sarah McKetta, Research Fellow at the Harvard Pilgrim Health Care Institute.

Dr. McKetta adds, "LGBTQ people are subjected to unique forms of stigma, prejudice, and discrimination that 'get under the skin' in a myriad of ways. These toxic social forces result in <u>chronic stress</u> and unhealthy coping mechanisms, which make this population vulnerable to worse health and premature mortality."

The researchers used data from the Nurses' Health Study II, a cohort of over 100,000 female nurses born between 1945–1964 and surveyed prospectively since 1989. Eligible participants were those alive in 1995



when sexual orientation was first assessed.

The study team linked participant-reported sexual orientation to nearly 30 years of death records. Results showed that sexual minority women died, on average, 26% sooner than heterosexual women. These disparities were driven by both hisexual women—who died 37% sooner—and lesbian women—who died 20% sooner.

The ability to stratify results by sexual orientation subgroup, researchers say, was a key strength in the study. "Bisexual women face distinct stressors from outside, as well as within, the LGBTQ community that are rooted in biphobia. Additionally, bisexual people are often excluded from various communities because they're assumed to be straight or gay based on their partner's gender," said senior author Brittany Charlton, Harvard Medical School associate professor of population medicine at the Harvard Pilgrim Health Care Institute.

"The more pronounced premature <u>mortality</u> rate among bisexual women is troubling, and underscores the need for targeted interventions to reduce these disparities among all sexual minority groups."

The researchers make suggestions for actionable first steps that can be implemented throughout the care continuum. They include evidence-based preventive screening for sexual minority women without assumptions based on identity, increased screening and treatment referral for tobacco, alcohol, and other substance use, and mandatory, culturally-informed training for health care providers caring for sexual minority patients.

"While our findings are striking on their own, they just might underscore the true disparity in the general United States population. Study participants were all nurses and therefore have many protective factors that the general population doesn't have," remarked Dr. McKetta.



"Future research needs to examine the specific factors that exacerbate or ameliorate these risks, so we can develop targeted interventions to ensure all people have the opportunity to live long, healthy lives."

Dr. Charlton adds, "It is imperative that we work to address the systems and structures that undermine the well-being and dignity of LGBTQ people."

More information: McKetta, S., Disparities in mortality by sexual orientation in a large, prospective cohort of female nurses, *JAMA* (2024). DOI: 10.1001/jama.2024.4459

Provided by Harvard Pilgrim Health Care Institute

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