

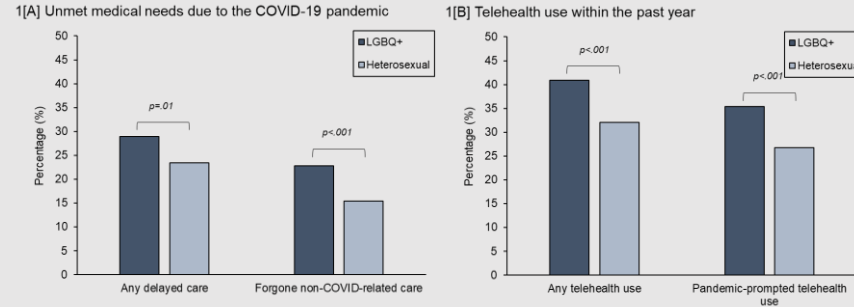
Lesbian, gay, bisexual, and other sexual minority adults in the US and their unmet medical needs and telehealth use due to the COVID-19 pandemic

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Introduction

- Sexual minority adults (including lesbian, gay, bisexual, queer/questioning, and other sexual minorities – LGBQ+) face barriers to employment, health insurance, and healthcare access.
- Sexual minorities have been found to be at greater risk for COVID-19 infection and potentially more vulnerable to pandemic-related unemployment and reduced healthcare access.
- These factors together may influence LGBQ+ adults' healthcare access during the COVID-19 pandemic.
- Our aim was to assess the association between sexual orientation, unmet medical needs, and telehealth use attributable to the COVID-19 pandemic.

Results



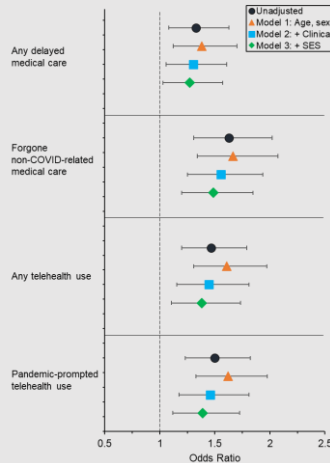
Key findings:

- LGBQ+ individuals had a higher likelihood of having any unmet medical needs or unmet non-COVID-related medical needs due to the pandemic.
- LGBQ+ adults were more likely to use telehealth – for both general and pandemic-prompted reasons.
- Demographic and clinical differences did little to explain these disparities by sexual orientation.
- LGBQ+ adults living in rural areas had lower odds of telehealth use compared with those living in urban areas.

Methods

- Study design:** Population-based cross-sectional study
- Data source:** Nationally representative survey data (2020 National Health Interview Survey [NHIS] by CDC)
- Primary outcome:** Unmet medical needs due to the pandemic, measured as having 1) any delayed medical care and 2) Forgone non-COVID-related care
- Secondary outcome:** Telehealth use within the past year, identified as reporting 1) any telehealth use within the past year and 2) COVID-19 pandemic-prompted telehealth use within the past year
- Statistical analysis:** 1) We compared these outcomes by sexual orientation (LGBQ+ vs. heterosexual) using a Wald chi-square test, then 2) conducted sequential multivariable logistic regressions adjusting for confounders (age, binary sex [other gender identities were not asked in NHIS 2020]), followed by clinical moderators (COVID-19 test history, comorbidities, and immunosuppression), and then socioeconomic moderators (race/ethnicity, education, family income, region, urbanicity, and insurance).
- Subgroup analysis:** Only among LGBQ+ adults, we assessed associated factors with each outcome using multivariable logistics regressions.

2. Odds Ratios (LGBQ+ vs. Heterosexual) from Sequential Multivariable Logistic Regressions



- Among 17,231 (representing 244 million) US adult respondents, 4.9% were LGBQ+ and 95.1% were heterosexual.
- There were significant differences in unmet medical needs due to the COVID-19 pandemic for LGBQ+ vs. heterosexual adults; any medical care (28.9% vs. 23.4%, p=.01) and non-COVID-related care (22.8% vs. 15.4%, p<.001) (**Figure 1A**).
- For telehealth, LGBQ+ adults had more frequent use both in general (40.9% vs. 32.0%, p<.001) and for pandemic-related reasons (35.3% vs. 26.7%, p<.001) (**Figure 1B**).
- In sequential adjustment (**Figure 2**), demographic and clinical differences did little to explain the disparities.
- In subgroup analyses only using LGBQ+ samples, residents in rural areas had lower odds of general telehealth use (aOR=0.45; 95% CI, 0.24-0.83) and pandemic-prompted telehealth use (aOR=0.44; 0.23-0.85) compared with residents in urban areas.

Discussion

- The COVID-19 pandemic-related restrictions, such as stay-at-home orders, may have made it even more challenging for LGBQ+ individuals to access **culturally competent health care**.
- Telehealth technologies can increase access to culturally competent providers for LGBQ+ individuals, especially **mitigating the difficulties for those in geographic regions** lacking such providers.
- Further research is warranted in improving access to telehealth, particularly in areas with healthcare provider shortages.