10.B. Workshop: Factors influencing sexual orientation based disparities in physical health across Europe

Organised by: EUPHA proposed section on Sexual and gender minority health and Austrian Public Health Institute
Contact: arjanvanderstar@live.nl

Chairperson(s): Arjan Van Der Star - Sweden, Richard Bränström - Sweden

Reduction of health disparities is a fundamental goal of public health research and practice. Today many governmental public health agencies call for policy and intervention programs addressing specific needs of lesbian, gay, bisexual, and transgender (LGBT) individuals. Still, the public health consequences of discrimination towards LGBT individuals have only recently been a topic of investigation and current knowledge in the area is limited. Recent findings points to a much higher prevalence of certain health conditions among LGBT people that calls for the urgent attention of public health researchers and professionals.

This workshop will give examples of studies of health differences and discrimination based on sexual orientation and gender identity, with representation from various fields of inquiry and parts of Europe. Richard Bränström from the Karolinska Institutet (Sweden) presents results that demonstrate that the fundamental cause theory (which posits that in societal conditions of unequal power and resources, members of higher status groups experience better health because of their disproportionate access to health-protective factors
Sexual orientation disparities in preventable disease: A fundamental cause perspective

Richard Brännström

R Brännström1,2, ML Hatzenbuehler3, JE Pachankis4, BG Link5
1Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden
2Public Health Agency of Sweden, Stockholm, Sweden
3Department of Sociomedical Sciences, Columbia University, New York, USA
4Chronic Disease Epidemiology, Yale School of Public Health, New Haven, USA
Contact: richard.brannstrom@ki.se

Background
To determine whether the fundamental cause theory (which posits that in societal conditions of unequal power and resources, members of higher status groups experience better health because of their disproportionate access to health-protective factors compared with lower-status individuals) might be relevant to explaining sexual orientation health disparities.

Methods
We used morbidity data for the years 2001–2011 from the Stockholm Public Health cohort, a representative general population-based study in Sweden. A total of 66,604 (92.0%) individuals identified as heterosexual, 848 (1.2%) as homosexual, and 806 (1.1%) as bisexual. To test fundamental cause theory we classified diseases in terms of preventability potential (low vs high).

Results
There were no sexual orientation differences in morbidity due to low-preventable diseases. In contrast, Gay/bisexual men (adjusted odds ratio [AOR]=1.48; 95% confidence interval [CI]: 1.13, 1.93) and lesbian/bisexual women (AOR=1.64; 95% CI: 1.28, 2.10) had a greater risk of high-preventable morbidity than heterosexual men and women, respectively. These differences were sustained in analyses adjusted for covariates.

Conclusions
Both gay/bisexual men and lesbian/bisexual women showed higher prevalence of illness compared with heterosexuals for high-preventable diseases.

Key messages:
- Resent research evidence show that both gay/bisexual men and lesbian/bisexual women have higher prevalence of illness compared with heterosexuals for high-preventable diseases
- Sexual minority specific studies demonstrate that factors such as sexual competence and cross-European travel patterns are of importance in the outline of preventive activities targeted at this group

Sexual competence as an indicator of sexual health, results from SIALON II, a European multi-country bio-behavioral survey among men who have sex with men

Karel Blondeel

K Blondeel1, I Toskin2, M Mirandola3, L Gios3, M Temmerman1
1University of Ghent, Ghent, Belgium
2World Health Organisation, Geneva, Switzerland
3Regional Coordination Centre for European Project Management, Veneto Region, Department of Health, C/O The Verona University Hospital, Verona, Italy
Contact: karel.blondeel@ugent.be

Background
Public health policies for MSM still focus heavily on the prevention of transmission of HIV and other STIs. The WHO proposes a shift towards policies integrating a holistic view on sexuality. New sexual health indicators, such as sexual competency, should be validated, assessing their utility to design, monitor and evaluate interventions to increase sexual well-being among MSM, including decreased risk behaviour.

Methods
Sialon II is a multi-centre biological and behavioural cross-sectional survey carried out among MSM across 13 European countries. This analysis includes data from four countries (Italy, Lithuania, Romania, and Slovakia) with a total of 1,305 participants, recruited through respondent-driven sampling. Sexual competency is measured as a composite of sexual satisfaction, safety and autonomy as set forward by WHO. We will evaluate the associations of both sexual competence as a composite variable and its components with sexual behaviour, sociodemographics and HIV/STI prevalence.

Results
We hypothesize that the construct of sexual competency is internally consistent. Sexual competence is negatively associated with sexual risk behaviours and HIV and STI prevalence. It is furthermore positively associated with access to HIV/STI services and with a congruent sexual identity.

Conclusions
When confirmed, we can conclude that sexual competence is a sexual health indicator that can be helpful in the design of targeted prevention strategies and interventions to decrease STI/HIV infection and increase the well being of MSM. More studies should integrate sexual competence to complement our findings.

Key messages:
- Sexual health indicators outside the biomedical realm suggest that investing in holistic sexual health programming will improve the well-being of MSM
- New indicators of sexual health are not merely a means to prevent transmission of STI/HIV, but should be an equally important health promotion goal in themselves

Sexual risk behavior and risk perception among Swedish men who have sex with men in Berlin

Kristina Ingemarsdotter Persson

N Dennermalm1, KI Persson1,2, M Thomsen1, B Forsberg1
1Karolinska Institutet, Department of Public Health Sciences, Stockholm, Sweden
2Public Health Agency of Sweden, Stockholm, Sweden
Contact: kristina.ingemarsdotter-persson@ki.se

Background
Berlin is a common vacation destination for Swedish men who have sex with med (MSM) and individuals newly diagnosed with HIV. The aim of the study was to gain deeper understanding of risk perception and sexual behavior among Swedish MSM travelling to Berlin.
Methods
In-depth interviews were conducted with 15 cis MSM (25-46 years old) recruited via chain referral between January and April 2016, and data was analyzed with content analysis.

Results
A variety of factors contribute to Swedish MSM going to Berlin. For some, sex is the main reason for choosing to travel to Berlin. Berlin is perceived as a ‘sexual and homosexual city’ providing venues where MSM do not have to care about reputation, status, and gossip as is the case at home. Darkrooms, sex clubs, and mobile apps facilitate new sexual experiences and more sexual partners than when being in Sweden. Notably, the practice of chemsex and drugs is associated with the Berlin party scene. The participants describe either a static or dynamic risk reduction approach, sometimes beyond condom usage including reversed sero-sorting and PrEP. These strategies consist of a complex matrix of knowledge, attitude, ethics, ideology, and level of ambition and willingness to compromise between pleasure and risk. All participants had been tested for HIV and STIs. The majority had been diagnosed with STIs.

Conclusions
The Swedish MSM travelling to Berlin and interviewed in this study constitute a highly sexually active group of MSM who experience and enjoy multiple partners and/or high-risk sexual behavior. Berlin provides a space for sexual liberation and norm breaking behavior but also increased vulnerability with contexts that facilitate HIV/STI transmission.

Key messages:
- This study suggests that Swedish MSM travelling to Berlin constitute a high-risk behavior subgroup of MSM at risk of HIV/STI
- Healthcare professionals should be alert to identify this group in order to tailor preventive measures to their needs

Are patients ready for lesbian, gay and bisexual family physicians - A Croatian study
Igor Grabovac

Background
Discrimination and harassment of lesbian, gay and bisexual (LGB) physicians from their colleagues and superiors have been reported. However, there is little knowledge about the patients’ attitudes and discrimination toward physicians.

Methods
A cross-sectional Internet survey was conducted in urban Croatian regions. The participants were asked to answer questions regarding their socio-demographic status, the Attitudes Towards Lesbians and Gay Men Scale (ATLG), and whether they would refuse to see a LGB physician and, if so, why.

Results
Of the 1004 participants, 8.8% said they would refuse a male gay/bisexual physician while 7.9% would refuse a female lesbian/bisexual physician, and 7.3% would refuse both. The two most common reasons for discriminating were: “disaccord with political or religious beliefs” and “fear of being sexually harassed”. A logistic regression model showed that male sex, higher ATLG score and older age were associated with more refusals of male gay/bisexual physicians. Also, older age and higher ATLG score were associated with more refusals of female lesbian/bisexual physicians, while personal contact with LGB people was associated with fewer refusals of both groups. The observed prevalence of discrimination is significant.

Conclusions
The results suggest that discrimination and prejudice attitudes towards LGB physicians are widespread in Croatia, and are based on emotional reasons and stereotypical beliefs. Educational efforts should be directed towards changing misconceptions about LGB people.

Is work disability more common among same-sex than different-sex married people?
Petter Tinghög

Background
Research has shown that sexual minority individuals have much higher risk of somatic and psychiatric morbidity as compared to heterosexual individuals. However, it has so far been unclear if this elevated level of poor health co-occurs with higher rates of work disability.

Methods
Using Sweden’s extensive and high quality nation-wide registers, we compared prevalence of work disability (sickness absence and/or disability pension), between same-sex and different-sex married women and men for two years, 1998 and 2008, and calculated odds ratios (OR) with 95% confidence intervals (CI) while adjusting for several confounders.

Results
Higher risk of at least one day of work disability was found among same-sex married women in both 1998 (OR: 1.48, 95% CI: 1.19-1.84) and 2008 (OR: 1.30, 95% CI: 1.15-1.47), as compared to different-sex married women. Same-sex married women also had higher risk of work disability for >90 days 1998 (OR: 1.59, 95% CI: 1.21-2.31) and 2008 (OR: 1.48, 95% CI: 1.31-1.66). Also, same-sex married men had higher risks, however, not somewhat lower in 2008, of at least one day of work disability (OR: 1.63, 95% CI: 1.45-1.83) and >90 days in 2008 (OR: 1.99, 95% CI: 1.74-2.28), as compared to different-sex married men.

Conclusions
This study provides novel results, demonstrating that the previously identified health disparity based on sexual orientation is also reflected in elevated levels of work disability among sexual minority women and men. This finding calls for research to identify the underlying mechanisms leading to this health disparity, and tailored prevention strategies both in clinical settings and on a broader societal level to remedy this health disadvantage.