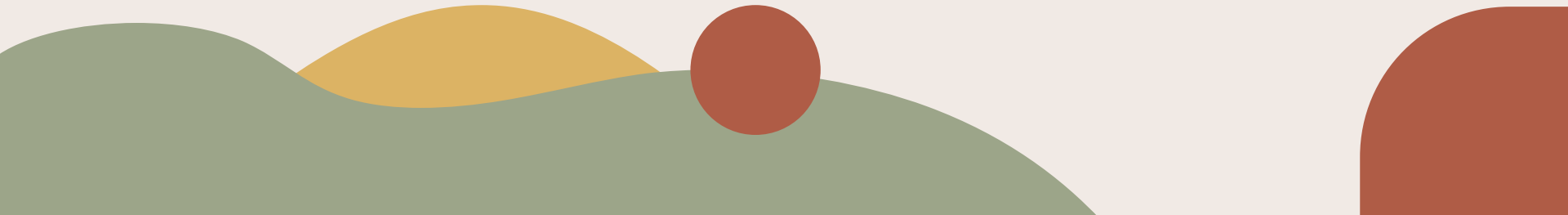
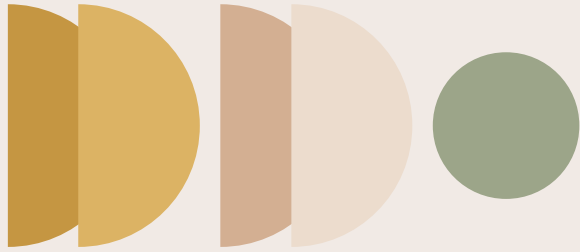




# Health Disparities Experienced by Lesbian and Bisexual Women of Color

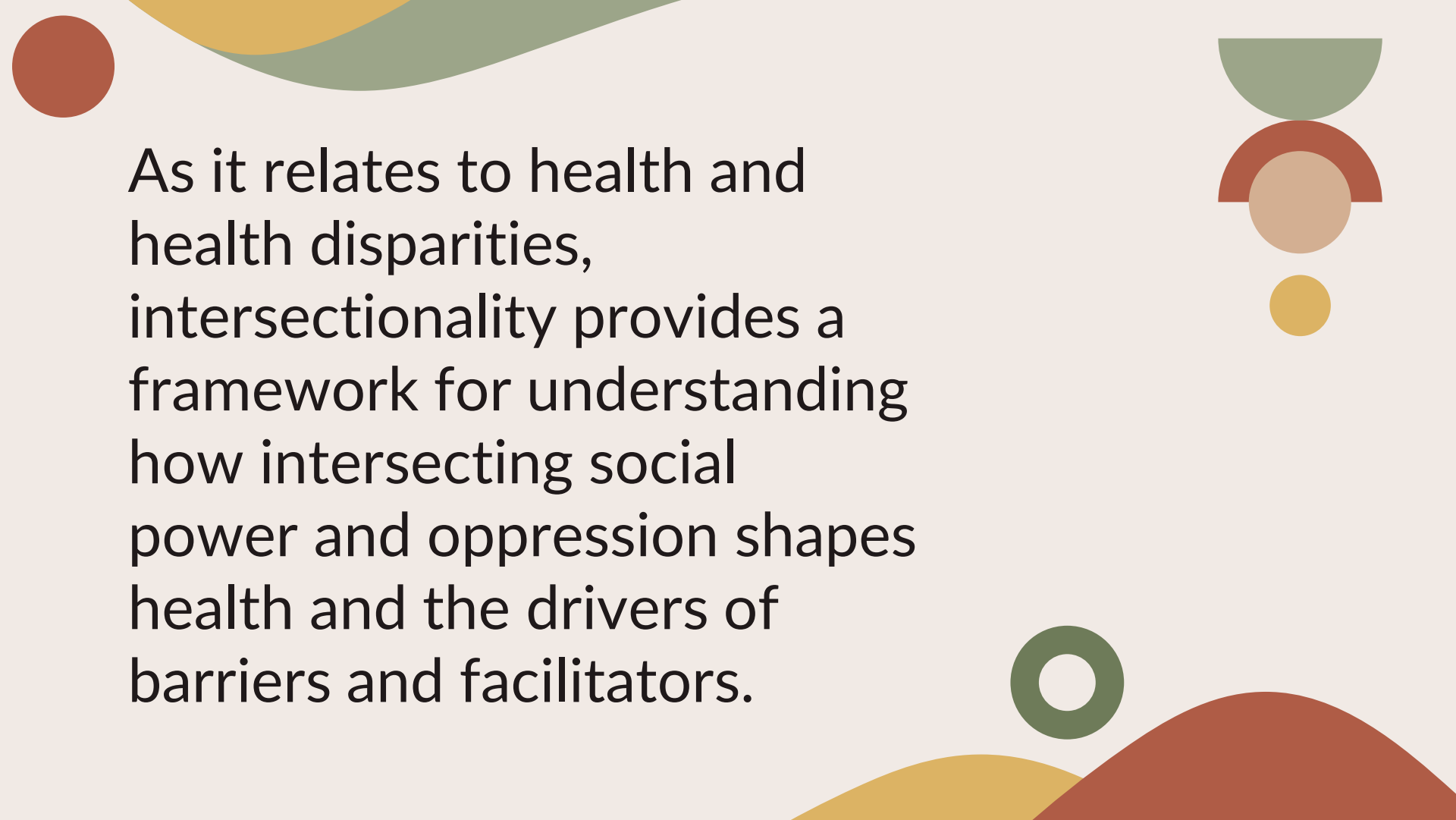
Corey Flanders, Ph.D., Mount Holyoke College





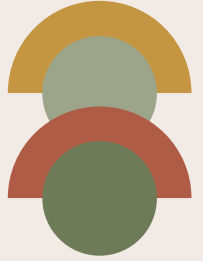
# **Intersectionality** **as a** **guiding** **framework**





As it relates to health and health disparities, intersectionality provides a framework for understanding how intersecting social power and oppression shapes health and the drivers of barriers and facilitators.

# Intersectional Barriers



Intersectional  
Invisibility

Erasure from  
health  
research &  
solutions

Perpetuation  
of health  
inequities





01

# Mental Health

# Gap in Research Literature

- Intersectional invisibility → “prototypical” sexual minority women as white<sup>1</sup>
- Content analysis of bisexual mental health research:<sup>2</sup>
  - 7% of 324 articles reported outcomes for participants of color

# Existing Disparities

- Black (PR = 3.02) & Latina (PR = 2.28) sexual minority women report greater depression than heterosexual women of same race/ethnicity<sup>3</sup>
- Including bisexual Black and Latina women<sup>4</sup>



# Existing Disparities

- Black & Latina sexual minority youth report greater suicidality compared to heterosexual peers of the same race/ethnicity<sup>5</sup>
- Sexual minority discrimination among Black and Hispanic sexual minority adults predicts an increase in suicidality of 4.5 times compared to those not reporting SM discrimination<sup>6</sup>





# Existing Disparities

- Nonbinary bisexual people of color report higher anxiety and depression compared to cisgender women of color<sup>7</sup>
- 
- 



02



# Sexual & Reproductive Health

**Lesbian and  
bisexual women  
of color report  
many barriers to  
supporting  
sexual and  
reproductive  
health**





# Existing Disparities

- Queer women of color report delaying access to care, in part due to cost,<sup>3,8</sup> as well as experience or anticipation of stigma,<sup>9</sup> and distrust of healthcare systems<sup>10</sup>
- 
- 

# Existing Disparities

- Provider interactions
- Black and Latina sexual minority women are less likely to receive contraceptive counseling compared to white, heterosexual counterparts<sup>11</sup>
- A lack of shared cultural understanding and relatability with sexual healthcare providers<sup>12</sup>
- Reduced communication and shared decision making with Black trans women is associated with reduced access to PrEP<sup>9</sup>

# Existing Disparities

- Preventative care
- Black lesbian women least likely to receive HPV vaccination compared to white heterosexual women (OR = 0.16)<sup>13</sup>
- Black sexual minority women 5.17 times as likely to delay breast cancer care compared to white heterosexual women (37)<sup>10</sup>

**Lesbian &  
Bisexual  
women of  
color  
deserve  
equitable  
care**





**Thank You**





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