

Young sexual minority and heterosexual women report frequent bad healthcare experiences.

Unwanted eating and weight interventions were commonly reported as uncomfortable experiences with providers.



Healthcare Experiences of Heterosexual and Sexual Minority Women Who Binge Eat

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BACKGROUND

- Prior research has demonstrated **disparities in sexual minority women's** (SMW; i.e., lesbian/gay, bisexual, queer) healthcare accessibility compared to their heterosexual peers (Dahlhamer et al., 2016), with SMW more likely to delay care due to financial burden and other reasons (e.g., finding the right provider).
- Previous studies also support **elevated binge eating behaviors in SMW** compared to heterosexual women (Nagata et al., 2020).
- As SMW can experience added barriers to accessing healthcare due to their sexual orientation, SMW who binge eat or are overweight may be at increased disadvantage when accessing healthcare over their heterosexual peers.

The study aim was to qualitatively explore and compare facilitators and barriers to healthcare access among heterosexual and SMW who binge eat.

METHODS

Participants

- N = 19 (n = 9 heterosexual and n = 10 SMW)
- Ages 19-29, $M_{age} = 23.1$
- $M_{BMI} = 29.5$, range = 20.2-51.7
- Racial composition of the sample was predominantly white (86% of SMW and 44% of heterosexual identified as white)
- All participants reported **binge eating at least two times** in the **last two weeks**.

Procedures/Measures

- Participants from across the U.S. completed 1-hour virtual interviews answering questions about healthcare experiences.
- Interviews were transcribed and independently code by two researchers.

RESULTS

- 9 themes and 2 subthemes emerged (see Table 1).
- Bad healthcare experiences** were endorsed by 14 women (heterosexual = 5, SMW = 9).
 - Bad healthcare experiences involving **weight-based stigma** or **fatphobia** were implicated in 6 of those cases, by both SMW (n = 2) and heterosexual women (n = 4).
- Sexual health** was endorsed as an **uncomfortable topic** by both SMW and heterosexual women, but for different reasons.
 - SMW emphasized heteronormative standards dominating care.
 - Heterosexual women reported inhibition around topics like birth control and STIs.
- SMW reported unique **difficulty finding healthcare affirming** of their sexual orientation.

DISCUSSION

- Our study reveals **similarities and differences** in the ways SMW and heterosexual who binge eat experience barriers when accessing healthcare.
- Our sample size had a mean BMI that was overweight. These findings might not hold true for individuals who binge eat and fall within a normal weight range.
- Future research and interventions should focus on training providers in **best LGBTQ-health practices**.
- As research has supported implicit anti-fat bias in providers, future training should emphasize **awareness of one's biases** to reduce barriers for patients (Rincon-Subtirelu, 2017; Teachman & Brownell, 2001).

Table 1. Themes and subthemes and respective examples

Themes and Subthemes	Examples
Bad healthcare experiences (n = 14) Discrimination (n = 8) Various responses to experiences (n = 13)	Being told to "eat more veggies." Described as "dirty" by provider due to weight-based discrimination Seeking other providers
Helpful provider actions (n = 8)	Not relying on weight for diagnosis or indication of overall health
Factors that increased comfortability with care (n = 16)	Female providers
Actions providers can take to increase comfortability (n = 11)	Validation of symptoms
Factors that decreased comfortability with care (n = 15)	Forceful weight interventions
Topics that were comfortable (n = 13)	Mental health, alcohol use
Topics that were uncomfortable (n = 14)	Eating, weight, and sexual health
Strategies to avoid uncomfortable topics (n = 6)	Avoiding topics unless asked by provider
Difficulty accessing healthcare (n = 4)	SMW struggled to accessing LGBTQ-affirming care

REFERENCES AND CONTACT



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