

SMAs = Sexual Minority Adolescents

- Report sexual minority identity and/or same-sex attraction/behavior

HAs = Heterosexual Adolescents

- Report heterosexual identity and exclusively opposite-sex attraction/behavior

PCPs = Primary Care Providers

Introduction

- SMAs experience more adverse sexual health outcomes (e.g., STIs) than HAs.¹
- To reduce disparities, PCPs must be aware of patients' sexuality, including their sexual identities *and* attractions.¹⁻³
- SMAs do not consistently disclose their sexuality to PCPs.^{1,4-5}
- Research is needed to clarify the healthcare practices that influence disclosure.

Aims

- Examine differences between SMAs' and HAs' reports of PCP awareness of their sexuality, including sexual identity and sexual attraction.
- Identify how healthcare practices relate to PCP awareness of sexuality.

Method

Participants (14-17 years old) completed an online survey about their sexuality and a recent primary care visit, including:

- Healthcare practices related to inclusivity** (LGBTQ+ inclusive signs and badges, PCP asked about sexuality) **and privacy** (alone time with PCP, discussion of confidentiality)
- PCP awareness of sexual identity and sexual attraction**

SMAs (n = 65)

- Age:** $M = 16.6$; $SD = 0.9$
- Race/Ethnicity:** 45% Black, 29% White (Non-Hispanic/Latino), 5% Asian, 22% Hispanic/Latino
- Sex Assigned at Birth:** 80% Female
- Gender Identity:** 62% Girl, 25% Boy, 11% Nonbinary, 3% Unsure
- Sexual Identity:** 11% Lesbian, 6% Gay, 6% Queer, 42% Bisexual, 12% Pansexual, 17% Questioning, 6% Heterosexual/Straight*

HAs (n = 67)

- Age:** $M = 16.3$; $SD = 1.0$
- Race/Ethnicity:** 43% Black, 31% White (Non-Hispanic/Latino), 8% Asian, 18% Hispanic/Latino
- Sex Assigned at Birth:** 60% Female
- Gender Identity:** 58% Girl, 40% Boy, 2% Unsure
- Sexual Identity:** 100% Heterosexual/Straight

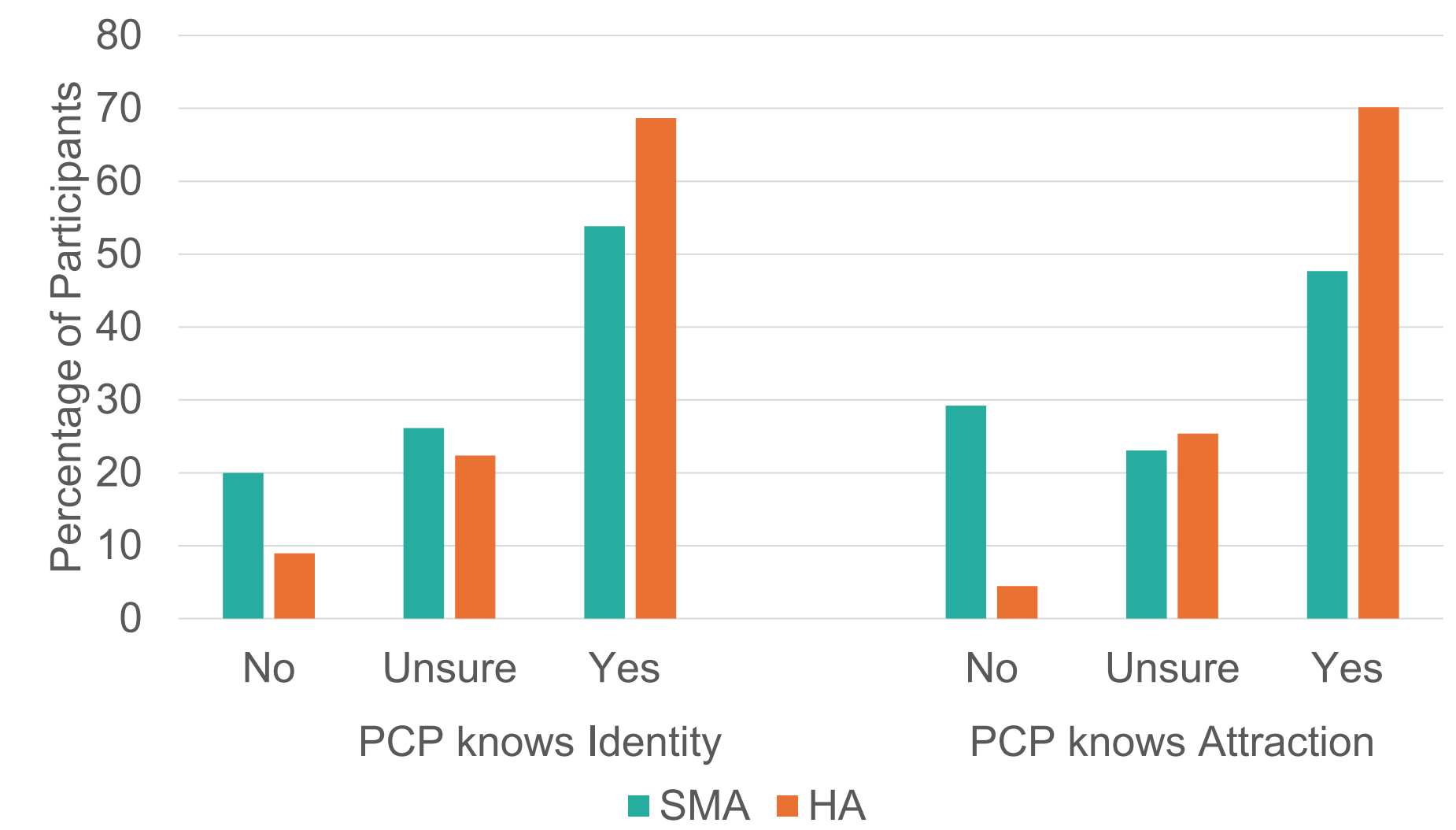
Note. * Classified as SMAs due to reporting same-sex attraction or behavior

Analyses: Chi-square tests (Aim 1) and) ordered logistic regressions (Aim 2) were completed in Stata.⁶

Results

Aim 1: Examine differences in PCP awareness of sexuality:

Figure 1. SMAs and HAs reports of PCP Awareness



- Sexual minority status was not associated with PCP awareness of identity $\chi^2 (2, N = 132) = 4.2, p = 0.12$.
- Sexual minority status was associated with PCP awareness of attraction $\chi^2 (2, N = 132) = 15.0, p = 0.001$.
- A smaller proportion of SMAs (48%) than HAs (70%) reported their PCP knew who they were attracted to.

Aim 2: Identify how healthcare practices relate to PCP awareness:

Table 1. Ordered Logistic Regressions – Associations between Healthcare Practices and PCP Awareness

		PCP Awareness of Identity		PCP Awareness of Attraction	
		Coefficient	95% CI	Coefficient	95% CI
LGBTQ+ inclusive signs (reference group: no signs)	SMA	1.82*	0.17, 3.48	0.89	-0.66, 2.40
	HA	2.07	-0.24, 4.39	1.44	-0.67, 3.56
	SMA vs. HA ^a	-0.76	-3.33, 1.81	-0.92	-3.26, 1.41
LGBTQ+ inclusive badge (reference group: no badge)	SMA	0.26	-1.03, 1.55	0.23	-0.97, 1.42
	HA	0.89	-0.89, 2.68	1.77	-0.46, 4.00
	SMA vs. HA ^a	-0.56	-1.91, 0.79	-1.20	-2.45, 0.05
PCP asked about sexuality (reference group: PCP did not ask)	SMA	2.26**	1.20, 3.32	2.56**	1.48, 3.65
	HA	1.60*	0.52, 2.68	1.94*	0.81, 3.07
	SMA vs. HA ^a	-1.21*	-2.30, -0.12	-1.78*	-2.88, -0.68
Alone time with PCP (reference group: did not have alone time)	SMA	2.72**	1.48, 3.95	2.25**	1.01, 3.51
	HA	1.44*	0.27, 2.61	1.56*	0.43, 2.68
	SMA vs. HA ^a	-1.73*	-3.16, -0.29	-1.88*	-3.31, -0.44
Confidentiality (reference group: PCP did not discuss)	SMA	1.70	-1.48, 4.89	1.30	-1.84, 4.43
	HA	1.07	-1.59, 3.72	1.34	-1.31, 4.06
	SMA vs. HA ^a	-1.18	-5.22, 2.85	-1.14	-5.14, 2.85

Note. ^aReference group *p < .05 **P < .001

Aim 2 Continued (Key Findings from Table 1):

- LGBTQ+ inclusive signs were associated with PCP awareness of identity for SMAs but not HAs.
- PCP asking about sexuality and having alone time with their PCP were associated with PCP awareness of identity and attraction for SMAs and HAs.
 - However, sexual minority status impacted the strength of these associations.
 - Asking about sexuality and alone time had a bigger impact on PCP awareness for SMAs than HAs.

Clinical Implications

Results underscore the importance of:

- Hanging **LGBTQ+ inclusive signs** in pediatric primary care settings
- Ensuring that adolescents have **one-on-one time** with their PCPs
- PCPs routinely asking adolescents about their **sexual identities and attractions**



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