Session Four: Social Determinants of Bisexual Health

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Capacity Building Branch

NIH Bisexual Health Research Workshop
Monday, September 23, 2019
Overview

- Social determinants of health (SDH) definition
- Social-ecological framework
- Differences in key SDH indicators across sexual identity
- Panel discussion
SDH Definition
SDH Are Conditions That Cause Health Disparities

- "Conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems [that] include economic policies and systems, development agendas, social norms, social policies and political systems"

- **Examples**
  - Structural stigma (e.g., biphobia)
  - Socioeconomic deprivation (e.g., poverty, low education)
  - Housing insecurity
  - Access to health care

World Health Organization. Social determinants of health. [https://www.who.int/social_determinants/en/]
Social-Ecological Framework
https://repository.library.georgetown.edu/handle/10822/851359
Differences in Key SDH Indicators Across Sexual Identity (Not Behavior or Attraction)
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<td>Lack health insurance</td>
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Gonzales et al. Comparison of health and health risk factors...lesbian, gay, and bisexual...National Health Interview Survey. *JAMA*. 2016;176:1344–1351.
Panel Discussion
Discussion Point 1: Research or Intervention

- Nearly 200 years of data and research show that SDH are the underlying causes of health disparities and, for some populations, the wide distribution of disease. Many researchers assert that we do not need new research to generate knowledge on the effects of SDH. Why do we, or do we not, need more research on how SDH affect bisexual persons? Is it better to design and implement bisexual-focused SDH interventions and use research merely to measure their efficacy?
Discussion Point 2: Bisexual-Led Research

- All too often, research conducted to improve the lives of socially marginalized populations is led by non-marginalized persons. However, to appropriately study and address health problems, it is important for members of marginalized populations to design, conduct, and disseminate research on their own communities. What strategies can NIH adopt to ensure that bisexual persons lead research, including intervention research, focused on SDH in bisexual communities?
Discussion Point 3: LGBTQ or Bisexual Research

- Bisexual persons are within the LGBTQ umbrella. However, they (we) have unique prevention and care needs. How essential is it for SDH-focused research, including intervention research, to be tailored for bisexual persons specifically vs. all LGBTQ persons (e.g., an intervention study focused on social acceptance)? How might we weigh the benefits of adopting broad LGBTQ approaches vs. bisexual-specific approaches?
Discussion Point 4: Levels of SDH

- SDH operate across the social-ecological spectrum. They include society-level factors (e.g., sociopolitical climate) as well as community-level factors (e.g., norms). What considerations should researchers give regarding the level(s) at which they target their SDH-focused research and interventions?
Discussion Point 5: Priority to SDH

- Although SDH are the underlying causes of health disparities, researchers and public health agencies often give only secondary consideration (if any) to SDH. For all populations, SDH-focused research tends to discuss the importance of SDH, but recommendations tend to focus on addressing behavioral factors. How can researchers and public health agencies prioritize SDH-focused, rather than behavior-focused, studies and interventions?
Identifying Priorities
Contact Information

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For more information, contact CDC
1-800-CDC-INFO (232-4636)

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Extra Slides
Discussion Point 6: Socioeconomic Factors

- Bisexual persons are more likely than heterosexual and gay/lesbian persons to have low SES. Most SDH research for the general population focuses on SES because poverty is the single largest determinant of health. Why might it be, or not be, appropriate for SDH-focused research and interventions for bisexual persons to prioritize socioeconomic conditions rather than other SDH (e.g., societal biphobia)?