

BARRIERS TO HEALTH CARE FOR INDIVIDUALS IN SAME-SEX RELATIONSHIPS

by

Breana Fields

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Approved:

  
\_\_\_\_\_  
Jinping Sun, Ph.D

5/25/11  
Date

  
\_\_\_\_\_  
BJ Moore, Ph.D

5/25/2011  
Date

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By

Breana Rachelle Fields

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### Abstract

The purpose of this study is to identify barriers to health care for individuals in same-sex relationships, draw public attention to the inequalities individuals in same-sex relationships face and offer recommendations to eliminate them. The study was non-experimental and used a qualitative approach through content analysis. Barriers to health care identified during the research process include access, marital status, influenced health endangering behaviors, discrimination, law, social barriers and social roles.

Same-sex couple's inability to marry is a factor involved in most of the barriers to health care. When individuals are not allowed to marry it limits a person's ability to access a spouse's employer provided health insurance plan. It may also drive individuals into practicing health endangering behaviors. Same-sex couples and individuals in the LGBT community are facing inequality and discrimination due to societal stigma and much more. Barriers to health care should not be another problem added to the issues this community already faces.

After discovering the barriers to health care the researcher offered 4 recommendations to help solve the issues. The first recommendation is to create a policy legalizing marriage for same-sex couples. This will eliminate a barrier by allowing an individual to access their spouses employer provided health insurance. The second recommendation is for HRC and CHA to join forces. These are both very powerful organizations both having strong followings. If they join forces they can work together to develop a policy to cause a shift in hospital practices. This will help reduce the amount of members of the LGBT community who are afraid of accessing medical services due to reasons related to medical staff and policies. The 3<sup>rd</sup> recommendation is to implement a zero

tolerance law. This will help eliminate social barriers and those related to discrimination. If people know they will be held responsible for discriminating they may be less likely to practice the behavior. The final recommendation is to adopt New Hampshire's Marriage Policy. This will help eliminate barriers related to marital status.

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## Chapter 1: Introduction

### Background

How will same-sex relationships be defined? Same-sex relationships are two individuals of the same-sex who are dating, married, and/or joined by civil unions or domestic partnerships. The Lesbian, Gay, Bisexual and Transgender (LGBT) community is a population with many challenges. Some of the issues the LGBT communities are facing are sexual harassment, inequalities and barriers to health care (King & Bartlett, 2006). Not all members will have to face these issues, but all are likely to face barriers to health care.

Same-sex relationships were not legally recognized until the late 1980s. The first legal recognition of same-sex relationships took place in Denmark, in 1989, with the introduction of the first civil partnership law (King & Bartlett, 2006). Since that day in history same-sex relationships have been debated around the world. With conflicting laws, religious beliefs and propositions such as California's Proposition 8, same-sex relationships are as heavily debated now as they ever have been. Same-sex employee rights are among these debates.

California employers are not required by law to provide benefits for the partners and families of employees involved in same-sex relationships. Employers who are self-insured are not regulated by the states (Konrad, 2010). However, if an employer offers spousal benefits, they are required to offer those same benefits to individuals of the same-sex who are married or joined by a domestic partnership (California Family Code, 2010). According to the Human Rights Campaign, there are some same-sex couples who choose not to file for domestic partnerships because they want to honor their relationship in the biggest way society has to offer, marriage (2010). Some employers who decide against offering such

coverage can use the Defense of Marriage Act (DOMA) on their behalf to offset state laws. The DOMA was passed by congress and bars federal recognition of same-sex marriages. This can be adopted by states giving each state the option to ignore gay marriages performed elsewhere (Federal Defense of Marriage Act, 1996). There are many conflicting laws in regards to rights for those who identify as an LGBT.

The Declaration of Independence states, that all people are created equal and have unalienable rights (Jefferson, 1776). Among these rights are life, liberty and the pursuit of happiness. It also states that governments are instituted in order to secure these rights. The California Constitution, Article 1, section 7 states people may not be deprived of life liberty, or property without due process of the law and they shall not be denied equal protection of the laws (2010). Article 1, section 7.5 states marriage is only recognized and valid in California if it's between a man and a woman (California Constitution, 2010). The California Family Code, section 300 states marriage is a relation from a civil contract between a man and a woman (2010).

Considering marriage is a strong predictor of health insurance in the United States, not being able to marry is a barrier to health care for couples in same-sex relationships (Heck, Sell, & Gorin, 2006). Individuals in the LGBT community deserve to have the right to life, liberty and the pursuit of happiness. However, the conflict of laws between the Declaration of Independence and the California Constitution makes it difficult for them to exercise these rights. Same-sex couples are not being allowed to pursue happiness in their life if marriage is only allowed for heterosexuals.

### Statement of the Problem

What are the barriers to health care for individuals in same-sex relationships?

Members of the LGBT community are facing multiple barriers to health care. The LGBT community faces health disparities related to societal stigma, discrimination and denial of their civil and human rights (Healthy People 2020, 2010). A married couple can automatically have visitation rights and the right to make medical decisions when their spouse is hospitalized (Human Rights Campaign, 2010). Same-sex couples can be denied this right. Despite a memorandum being released from the Obama administration requiring hospitals accepting Medicare and Medicaid to provide visitation rights to lesbian and gay couples, recent surveys concluded many health care facilities have not changed their policies (Conway, 2010). The memorandum issued from the President shows the seriousness of the unequal treatment same-sex couples receive.

Access to health insurance is a barrier because most employers do not provide insurance for life-time partners of gay and lesbian employees (Human Rights Campaign, 2010). The employees who do receive coverage are required to pay federal income taxes on the value of the insurance (Human Rights Campaign, 2010). Studies confirm households of individuals in same-sex relationships are less likely to have access to health insurance (Council on Science, 2009). Another barrier to health care is the lack of knowledgeable and culturally competent health care providers for gay and lesbian health (Healthy People 2020, 2010). Providers who are uneducated about the LGBT community may unintentionally say something to offend a LGBT patient. This may cause them to be reluctant to return for necessary health services.

### Methods and Procedures

An applied research model using a non-experimental research design, qualitative approach, and analytical methods will be used for this project. Through content analysis, this project will attempt to identify the most important barriers to health care for individuals in same-sex relationships and explain how these barriers affect them. This study will address both legal and social barriers. The barriers will be identified by thoroughly researching academic journals, government documents, national surveys, newspapers, websites and statistics. After barriers are addressed, the results will be discussed. After the variables of the content have been identified and discussed, a summary and recommendations will conclude the study.

### Importance of the Study

The purpose of this study is to identify barriers to health care for individuals in same-sex relationships and draw public attention to the inequalities individuals in the LGBT community face. After this information is exposed the public can question the values and ethics of our nation in regards to equality for all. Moreover, this study can be used as an informational tool for same-sex couples and health care professionals. Same-sex couples will be informed about the barriers they may face in the future and health professionals can be informed of the inequalities taking place within the LGBT community. This may spark them to make necessary professional changes in their delivery of care to LGBT patients. In addition, the study will also serve as a call to action for law makers, health care professionals as well as employers who choose not to exercise the right to give employees health insurance for their partners. This study can promote change in the minds of policy makers and voters about inequalities within the United States.

## Chapter 2 - Theoretical Considerations

The purpose of this chapter is to present and discuss the theoretical considerations that bear on the problem. In order to do so, various sources of literature were reviewed. These sources include academic journals, government documents, national surveys and websites. Previous researchers based their studies findings on recurring phenomena. The lower use of health care services among individuals in same-sex relationships compared to the general population can be attributed to 7 phenomena. The 7 variables (elaborated on in Chapter 4) this chapter will include are access, marital status, influenced health endangering behaviors, discrimination, law, social barriers and social roles as they relate to same-sex couples . These variables make it difficult for homosexuals and individuals in same-sex relationship to take advantage of health care services provided.

A theory that relates to social deviance in relationship to society's view of homosexuality is the social reaction theory. According to Howard Becker, the social reaction theory explains how deviance is not an essential characteristic to an act, but instead focuses on tendencies of the majority to negatively label minorities of those seen as deviant from norms (1963). Lemert defines deviance as the product of society's reaction to an act and the attaching of a deviant label on an actor (1951). Those who participate in same-sex relationships are subject to being viewed as deviant in the eyes of society due to the societal norms that are in place. Becker critiques other theories related to deviance for accepting the presence of deviance and by doing so, the values of the majority within the social group is accepted (1963). This relates to the social roles and social barriers. When the values of the majority are accepted it excludes those who fall outside of the norm, the minority. With the minority being secluded it makes it easier for society and law makers to deny their legal

rights, this can result in socially attributed barriers for those in same-sex relationships. In order to get a better understanding of why the barriers are in place, the researcher will continue to explain how each variable relates to the societal reaction theory. The results will then help the researcher create appropriate recommendations to eliminate the barriers.

#### Variables Relationship to Social Reaction Theory

The social reaction theory is also viewed as the criminal and psychological theory that society's moral decisions on what is a crime and what is not determine who is a criminal (Joseph, Siegel & Welsh, 2006). If society has implemented norms that exclude LGBT members, those who take part in lesbian or gay behaviors will not be viewed as equals. In other words being a LGBT would be equivalent to what the crime is and being involved in Lesbian and Gay behaviors is equivalent to being the criminal in society's eyes.

Discrimination, law and marital status in regards to same-sex relationships are directly related to the social reaction theory. If society did not view homosexuality as abnormal, discrimination and disparities for same-sex couples would be less likely to occur. If homosexuality was a social norm, there would be no laws in place that state marriage is between a man and woman and that same-sex couples cannot wed. According to Becker 1963, studying the act of the individual is unimportant because deviance is simply rule breaking behavior that is labeled deviant by persons in positions of power. Law makers are in a position of power, if they choose to start writing laws in favor of same-sex couples being viewed as equals, it can be a step in the right direction. They can help initiate a shift in social norms changing in favor of the LGBT community.

The social reaction theory is also connected to the influenced health endangering behaviors. These behaviors are defined as risky health behaviors that take place as a result of

society or a thing being a compelling force on an individual's actions. According to Lemert, there are two concepts of deviance, primary and secondary. Primary deviance is defined as the initial incidence of an act causing an authority figure to label the actor deviant (Lemert, 1951). This happens when people who are LGBT openly identify themselves to society, resulting in society labeling them as deviant because they do not fall within societal norms. The secondary form of deviance is defined as an individual accepting the deviant label placed by society (Becker, 1963). When a same-sex couple member accepts the deviant label, it becomes a label that they most relate to in terms of how they view themselves. Keep in mind not everyone precedes with this action; some people choose other options. When same-sex couple members accept the deviant labels they can be more likely to participate in the influenced health endangering behaviors in order to relieve stress or temporarily numb the pain of being unaccepted by society.

The last variable, access, is related to the social reaction theory as well. Access describes the fit between the patient and the health care systems. In order to access health services individuals are expected to have health insurance. A study suggests that dependent employer-sponsored insurance is the main driver of the coverage disparity between homosexual and heterosexual couples (Cochran, Mays, & Pizer, 2010). For the working class, employees who are heterosexually married have an advantage over employees in same-sex partnerships. This is the case because many employers refuse to offer coverage for an employee's unmarried same-sex partner regardless of laws requiring equal insurance treatment of same-sex couple's coverage. There are also unequal eligibility rules in place such as, "requiring cohabitation of varying duration and proof of financial entwinement (Cochran, et al., 2010)." Society's role in labeling homosexuality as deviant is directly

related to the laws in place that do not allow homosexuals to marry. For the same-sex partner who depends on the other for health insurance, access will be limited and sometimes denied because who they choose to be with is not socially accepted. Summary

Recurring themes and relationships that were found among the major research variables in the literature reviewed include: same-sex couples right to marry being a factor involved in barriers to health care, homosexuals suffering from higher health risks than heterosexuals and homosexuality being viewed as socially deviant. Although same-sex couples are not currently allowed to marry and they face multiple barriers to health care a change is soon to come. History of a shift in societal views of minority groups such as women and African Americans has shown changes can and will be made for same-sex couples. There are currently many predisposing, socioeconomic, legal and environmental factors involved in the LGBT community's barriers to health care. The barriers caused by social constraints can be reduced and eliminated with the help of voters and political and administrative decision-makers. In order for barriers to be removed, a change in society and shift in law need to be made.

The intent of this research study is to explore barriers to health care for individuals in same-sex relationships, draw public attention to the inequalities this group faces and initiate change within society. Specifically, how society views homosexuals and how they choose to vote on homosexual related laws. The intent of this research study is to also promote change within political decision-makers and how they choose to write laws and health care professionals in how they choose to deliver care to homosexuals. It is my hope that this research study will expand the understanding of barriers to health care for individuals in same-sex relationships and cause a shift in law.

## Chapter 3: Methodology

### Research Design & Method

The research design of this study is non-experimental, with a qualitative approach using data analysis. Content analysis will be the data analysis tool used. A content analysis is an in depth analysis of messages using a scientific method through quantitative or qualitative research techniques and is not limited in the types of variables that may be measured or the context in which the messages are created or presented (Neuendorf, 2002). Content analysis will be used for this study to take full advantage of the flexibility and the lack of limitations using this research technique offers. A qualitative approach will be used in order to get a deeper understanding of the social and cultural context of the barriers the population being studied faces through analysis of textual materials.

According to a Colorado State University research method and theory writing guide (2005):

Content analysis (is also) a research tool used to determine the presence of certain words or concepts within texts or sets of texts. Researchers quantify and analyze the presence, meanings and relationships of such words and concepts, then make inferences about the messages within the texts, the writer(s), the audience, and even the culture and time of which these are a part.

### Sample Frame

The sample will be defined as any research found in regards to the population being studied. It will include: academic articles, government documents, national surveys, newspapers, websites and statistics. This non-experimental content analysis will also involve

the use of secondary data sources. The data will provide the researcher with a better understanding of barriers to health care which in turn will be conveyed to readers and help assist the researcher in providing recommendations.

### Sample Size

The sample size will include 17 academic articles, 5 websites, 6 government documents, 1 national survey, 1 newspaper and 4 books. After the researcher studies the samples, references from each will be viewed in order to discover more data. Due to the nature of the subject being studied and the flexibility of a content analysis, numerous variables can be identified and discussed.

### Data Collection

This study uses existing research in an attempt to identify barriers to health care for individuals in same-sex relationships. In order to discover literature about the study, multiple searches will be performed using professional literature search engines including but not limited to PubMed (medical literature) and Academic Search Premier (multi-disciplinary database). To discover literature about same-sex relationship individual searches will use various combinations of the following terminology: LGBT, bisexual, relationships, same-sex, health care, medical care, access, disparities, barriers, social acceptance, law, proposition 8, California Constitution, Bill of Rights and Defense of Marriage Act.

### Data Analysis

The researcher will conduct a content analysis by researching various studies (expanded on later in the chapter) about individuals who identify as LGBT members or are involved in same-sex relationship and the health care barriers they face. After researching the presence, meanings and relationships of the barriers discussed in each article and making

inferences about the messages in each text, the researcher may be able to determine the most common barriers to health care for the population being studied.

### Limitations

In this study there are both methodological and researcher limitations. The methodological limitations include: sample sizes used in existing data (not many people are open about their sexuality) and prior research. These limitations are due to the limited number of individuals who openly identify as same-sex relationship participants or LGBT. There are limited sample sizes for studies on this population and there are limited studies due to this as well. There is limited research on the LGBT community, partially because some individuals are scared to reveal their sexual orientation because of the fear of stigma and discrimination (Freedberg, 2006). The researchers' limitations include time and personal bias. Time is a limitation for the researcher due to the projected date of graduation from the program in which the researcher is a part of. Also, the due date of the researchers study puts constraints on the amount of time that could be spent furthering knowledge on the subject and interpreting the meaning for recommendations. Personal bias is a limitation for the researcher due to friendships with those who identify as being LGBT members and who are a part of a same-sex relationship.

### IRB & Confidentiality

The Protocol for Not Human Subjects Research was submitted to the Institutional Review Board for Human Subjects Research and approved (see Appendix A). This study will not involve any human subjects; therefore protection of human subjects will not be an issue.

## Chapter 4: Findings

Some individuals are faced with more barriers to health care than others. Homosexuals are among one of the groups of people who encounter more barriers. According to Heck, Sell and Gorin (2006), individuals in same-sex relationships reported less use of health care services and more barriers to health care than individuals in heterosexual relationships. They also reported sexual orientation to be relevant to health care access for people in the United States and define barriers of health care for homosexuals as being heavily influenced by environmental conditions, predisposing, enabling and need-related factors (Heck, Sell, & Gorin, 2006). Various definitions of barriers to health care will be expanded upon throughout these findings. The purpose of chapter 4 is to describe and discuss the findings and discuss the implications of the findings (See Table 1).

### Access

Access is defined as a general concept that summarizes specific dimensions describing the fit between the patient and the health care systems. The dimensions are availability, accessibility, accommodation, affordability and acceptability (Penchansky & Thomas, 1981). As reported by the Institute of Medicine, the most important factor involved in United States residents receiving timely and appropriate health care is health insurance (2009). Having health insurance coverage is a vital factor in having access to health care (Heck et al.,2006). However, obtaining access to health insurance is a barrier to health care, especially for those individuals in same-sex relationships. It has been reported that less stability in health insurance is experienced among homosexual individuals due to restrictive insurance plans (Diamant, Wold, Spritzer & Gelberg, 2000). Also, as discussed in chapter 2 there are unequal eligibility rules in place that put homosexual partners at a disadvantage in

comparison to heterosexual counterparts in regards to access (Cochran, et al., 2010). Due to the lower rates of employer-provided coverage homosexual partners are more than twice as likely to be uninsured as married heterosexuals (Cochran, et al., 2010). With this disparity, same-sex couples deal with access as being an additional barrier to health care.

#### Psychological Health Barrier

Maslow's Hierarchy of Needs suggests the most basic level of needs (esteem, love, safety and physiological) must be met before individuals will strongly desire the next higher level needs (self-actualization). If these needs are not met individuals become anxious, tense and stressed (Maslow, 1943). When individuals in same-sex relationships do not feel secure in their employment and health, they are likely to become stressed and fail to focus their motivation towards meeting the higher levels of their needs. The top two levels of Maslow's hierarchy of needs include esteem and self-actualization (Maslow, 1943). Homosexual men and women are described as at high risk for alcohol and drug abuse, due to psychological variables, one being stress levels (McKirnan, 2002). If homosexuals are struggling with being accepted into society and lacking esteem, they may be likely to participate in high health risk behaviors, fail to reach their full potential and add to the costs of health care.

#### Influenced Health Endangering Behaviors

Individuals involved in same-sex relationships are more likely to suffer from certain health care risks. Specifically, cigarette smoking and the consumption of alcohol are higher in individuals of the LGBT community than other adult groups (Cochran, 2001; Gruskin, 2001; Ryan, 2001; Tang, 2004). According to studies, the LGBT community uses preventative health services at a reduced rate (Heck et al., 2006). Use of preventative services can lead to early detection of serious health issues such as breast cancer, prostate cancer and

cardiovascular disease. The use of preventative services can save a person's life. The Institute of Medicine suggests health insurance is the most important factor in relation to United States residents receiving timely and appropriate health care (2001). Being uninsured is hazardous to one's health (Institute of Medicine, 2009). Individuals in same-sex relationships who have partners without health insurance who will not be covered under their benefits are at a disadvantage.

#### Discrimination, Disparities, Law and Marital Status

Individuals in the LGBT community are facing issues such as hate crimes, coming out, the right to marry, joining the military, religion, faith, parenting and discrimination in the workplace (Human Rights Campaign, 2010). People in this community are facing higher rates of unemployment, workplace harassment, poverty and housing instability compared to national averages (National Transgender Discrimination, 2009). These disparities on top of not being allowed to marry a partner of the same-sex makes it even harder for the LGBT community to be viewed as equals in society. The challenges for equality are hard to endure. They can lead to suicide and other stress related health issues. Why make life for people in the LGBT community even tougher by not allowing them to marry and have equality in health care? Despite many laws against discrimination, the LGBT community continues to suffer. The health of these individuals is of great concern. Taking full advantage of medical services can be challenging for this population due to discriminatory laws in place that often create extra barriers to health care.

Factors that influence the many variables of barriers to health care are the California Family Code, Federal Defense of Marriage Act and the California Constitution, Article 1 section 7-7.5, all of which are connected to the LGBT community and their right to legally

marry. The findings in regards to the disparities between homosexual and heterosexual couples in relation to marriage, highlights the need to encourage government officials to offer marriage and health coverage for options for those individuals in homosexual relationships.

Other variables involved in barriers to health care include specific laws, such as California Constitution Article 1, section 7-7.5, that keeps homosexual people from marrying one another. Spouses and partners of people involved in heterosexual relationships are significantly more likely to have health insurance coverage than spouses or partners in homosexual relationships (Heck et al., 2006). According to the U.S. Census Bureau, 86.3 % of married adults aged 18-64 years old are insured compared to a 72.5% of unmarried adults in the same age range (2008). These statistics suggests that marriage is a factor involved in accessing health care. Although there is only an estimated 14% difference between the two groups, this is a large group of people in comparison with the population of the United States. A report states that being married leads to better physical and mental health, as well as longevity (King & Bartlett, 2006). When people are in need of medical services, but lack coverage due to issues such as the right to marry and to be added to their spouse's employment coverage, they are more likely to go untreated and have symptoms of their illnesses or injuries worsen. This puts homosexual individuals at a greater risk of suffering from mental and physical health issues.

#### Social Barriers

Barriers to health care are defined as obstacles within the health care system that prevent vulnerable patient populations from getting needed health care or that cause them to get inferior health care compared to advantaged patient populations (Landers, Mittal & Santiago, 2001). Social barriers are obstacles created by society. A factor that influences the

variables of barriers to health care for homosexuals is social acceptance. Individuals who publically identify themselves as homosexuals are often denied the social, economic and legal rights of their “normal” counterparts. Societal reaction to homosexuals is conceptualized in the ascribed sex statuses and the socialization of individuals to those statuses. Due to the ascription of socially provided roles and behaviors of individuals of different sexes, homosexuals and their behaviors are viewed as inappropriate and deviant. The homosexual’s roles and behaviors are viewed as inappropriate in relationship to the ascribed sex statuses and therefore theoretically defined as deviant (Kitsuse, 1962).

### Social Roles

Social roles have made many homosexuals feel they are valued less than heterosexuals (Cochran, 2001; Ryan, 2001; Tang, 2004). Like many individuals who refuse to conform to society’s norms, homosexuals are viewed as socially deviant and leaving some individuals feeling less than equals and like an outcast. These feelings of rejection are often directly related to factors involved in the higher smoking, alcohol and drug abuse rates among homosexuals (Gruskin, 2001). The stressors that come with being conceived as socially deviant may cause homosexuals to participate in risky health behaviors. This type of abuse can lead to many health issues, including cancer (Cochran, 2001). After long-term abuse of any of these, medical attention is often required. Due to barriers in place, most of which are in place by society, some will not be able to seek the proper medical services. The socialization of gender roles has caused issues for homosexuals in their daily lives and continues to play a major part in barriers to health for them. As discussed above, society is operating from the social reaction theory.

Public attitudes towards homosexuals are changing and may be a reflection of the increasing visibility of same-sex couples and the possibilities of marriage for them (King & Bartlett, 2006). If society's attitude towards homosexuals continues to change it can cause a shift in the variables related to law and their barriers to health care.

#### Political and Administrative Decision-Makers

Of the factors reviewed above, California Family Code, Federal Defense of Marriage Act and California Constitution, Article 1 section 7-7.5 are all under the direct control of political and administrative decision-makers. The federal government defines marriage as, "a legal union between one man and one woman as husband and wife" and spouse as, "only...a person of opposite sex who is a husband or wife (Federal Defense of Marriage Act, 1996)." Barriers to health care for homosexuals, including access to health insurance, can be viewed as directly related to laws in place that keep them from marrying. The variable factors in relation to California Family Code, Federal Defense of Marriage Act and California Constitution, Article 1 section 7-7.5 are ones that can be directly manipulated. An attempt to do so was made in 2008 when voters had the opportunity to vote no on Proposition 8. The measure was placed on California voter's ballots in order to amend the California Constitution by adding a new provision, Section 7.5 to the Declaration of Rights. (Shaw, 2010). The provision states, "only marriage between a man and a woman is valid or recognized in California (California Constitution, 2010)." Political and administrative decision-makers have the power to place propositions on voter ballots and implement laws. These decision-makers have the ability to make a huge difference in the lives of individuals in same-sex relationships, as well as play a role in the shift of society's view of homosexuals.

Table 1. Barriers to Health Care for Individuals in Same-Sex Relationships and Findings

Access Issues	Law/Policy Barriers
-Obtaining Health Insurance	-California family Code *
-Unequal eligibility to insurance	-Federal Defense of Marriage Act*
-Increased Cost	-California Constitution, Article 1 Section 7-7.5*
7.5*	-Proposition 8*
Discrimination	Marital Status
-Hate crimes	-Married adults 14% higher insurance rates than unmarried adults
-Coming out	-Marriage can lead to better physical and mental health
-Joining Military	
-Workplace harassment	
-Higher unemployment rates	
-Housing instability	
Health Endangering Behaviors	Social Barriers
-Alcohol abuse	-Viewed as deviant
-Drug abuse	-Poverty
-Increased cigarette smoking	-Depression
-Increased stress levels	-Decreased use of prevention services
-Workplace	
-Maslows Theory	
* = Marital Status issues as well	

## Chapter 5: Summary, Conclusion & Recommendations

Members of the LGBT community are facing multiple barriers to health care. The LGBT community faces health disparities related to societal stigma, discrimination and denial of their civil and human rights (Healthy People 2020, 2010). A married couple can automatically have visitation rights and the right to make medical decisions when their spouse is hospitalized (Human Rights Campaign, 2010). Same-sex couples can be denied this right. Despite a memorandum being released from the Obama administration requiring hospitals accepting Medicare and Medicaid to provide visitation rights to lesbian and gay couples, recent surveys concluded many health care facilities have not changed their policies (Conway, 2010). The memorandum issued from the President shows the seriousness of the unequal treatment same-sex couples receive.

A factor involved in the unequal treatment same-sex couples face, is the conflict in laws. Although the Declaration of Independence states all people are created equally and have unalienable rights, some legal barriers in California are in place that goes against this. Specifically, the California Constitution, Article 1 Section 7 and the California family code section 300. These California laws are directly related to same-sex couples not being allowed to marry; this makes it harder for same-sex couples to be viewed as equals and to access health services through employer provided benefits.

Among the many inequalities the LGBT community faces, barriers to health care is one that can be detrimental to their health and well-being. Households with individuals of same-sex relationships are less likely to have access to health insurance (Health Care Disparities, 2009). This study shows there are a number of factors involved in the barriers to health care for the LGBT community and its same-sex couples. Another barrier is a lack of

health care providers who are knowledgeable about how to address and provide services to gay and lesbian people. This can lead to a miscommunication between the patient and provider and cause the patient to feel unaccepted and fearful of returning to seek services.

The research also suggests that individuals involved in same-sex relationships are more likely to take part in high risk health endangering behaviors such as cigarette smoking, alcohol and drug abuse. It also states they are less likely to use preventive services.

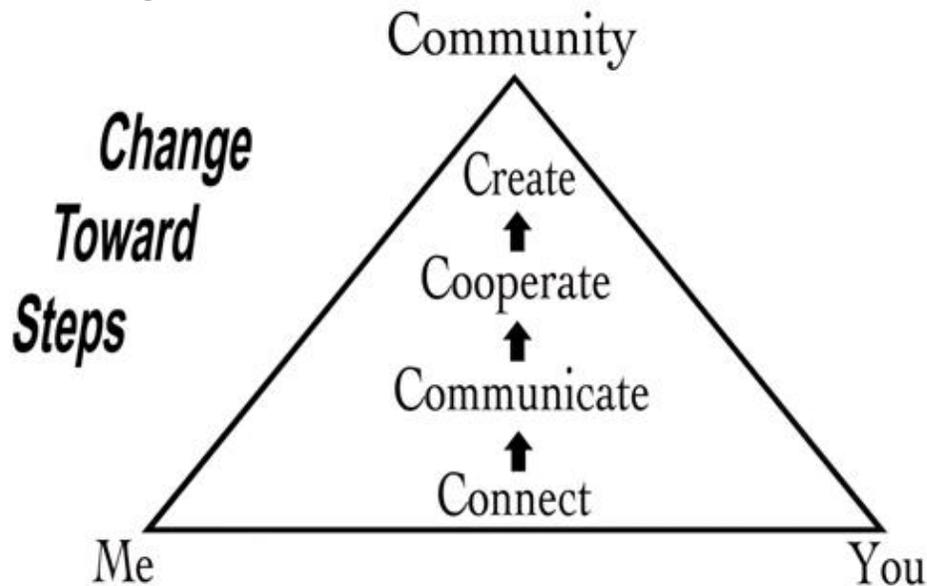
The key findings discovered throughout the research process included: access, marital status, influenced health endangering behaviors, discrimination, law, social barriers and social roles as all being barriers to health care for same-sex couples. These key findings were used in order to provide useful recommendations.

This study helped shed light on the barriers to health care for individuals in same-sex relationships. In order to successfully reduce the barriers, a shift in law must first take place. If the law continues to indirectly suggest the LGBT community is not equal (not allowed to marry) barriers will continue to be in place. Also, without an extra effort to achieve equality for all from law makers, health care providers may not feel the need to be educated on lesbian and gay health. This can lead to more barriers by patients being uncomfortable seeking services. Law makers can also impact the social barriers (society uncomfortable when people fall outside of societal norms) in place. If law makers make an increased effort to fight against discrimination, it may deter people from committing hate crimes and over time help people view them as equals. Social Change

In order for barriers to be eliminated there needs to be a societal change starting with the people then the government. The government gets their directions and permission from the ideas and examples of the people. Therefore it is important to get society on the same

page. The process of social change will not focus on changing people but instead reinventing behaviors, culture and ideas. The social change process has 4 steps. The 1<sup>st</sup> and 2<sup>nd</sup> steps are connecting and communicating. This allows people to share personal experiences and get a better understanding for the inequalities taking place. The 3<sup>rd</sup> and 4<sup>th</sup> steps are to cooperate and create (Living Group, 2008). After people know about the issues same-sex couples face a portion of society will need to cooperate and help create change. This can be done by spreading the knowledge to their peers and voting for a positive shift towards equality. (See Table 2.)

Table 2. Social Change



(Living Group, 2008)

A study conducted by Stanford University states, when 5% of a society accepts an idea it becomes embedded, and when 20% adopt an idea it becomes unstoppable (Rogers, 1983). Although the idea may be unstoppable when 20% adopts it, it will still be hard to achieve. At this point it will be more about implementation than trying to convince people that equality for people in same-sex relationships should be considered. After this the

foundation of the change begins to form. The culture and practices of society have developed over many years therefore it will not change overnight.

### Recommendations

Based on results from the research, barriers to health care for individuals in same-sex relationships can be reduced by implementing the following ideas: legalize marriage, Human Rights Campaign and California Hospital Association joining forces, implement a zero tolerance policy for violators of discrimination laws and adopt marriage policies from other states.

#### #1 Create a Policy Legalizing Marriage

If marriage was legalized in California for same-sex couples it would eliminate some of the barriers this group faces. It can reduce stress and the use of health endangering behaviors that may have been onset by not being allowed to marry. Also, legalized marriage would make it easier to access health care services through a partners employer offered health benefit plan. If homosexual partners are allowed to marry, it can eventually cause a shift in the public eye. If same-sex couples are allowed to marry society may begin to view them as equals. This action alone has the ability to cause a shift in the social norm.

#### #2 HRC & CHA Join Forces

The Human Rights Campaign, also referred to as HRC, is the largest national LGBT civil rights organization with more than 1 million members and supporters nationwide. The group seeks to improve the lives of LGBT members by advocating for change (Human Rights, 2011). The California Hospital Association also known as CHA, is an association that provides representation and advocates for California hospitals, patients and communities to achieve legislative, regulatory and legal accomplishments at both state and federal levels

(California Hospital, 2011). If these two groups join forces they can create a policy change to cause a shift in hospital practices that will benefit individuals in same-sex relationships.

### #3 Implement Zero Tolerance Law

Although there are antidiscrimination laws in place discrimination continues to be an issue in California. In order to combat this issue California should implement a zero tolerance policy for discrimination which will carry heavy financial fines, community service and jail time. If officers start enforcing this, citizens may begin to think twice about discriminating against people that they do not view as equals or normal. This recommendation has the ability to eliminate the social barriers the same-sex couples face.

### #4 Adopt New Hampshire's Marriage Policy

New Hampshire's Governor and policy makers approved same-sex marriage because they wanted to make a statement that same-sex couples are equals with the same rights, responsibilities and respect as others (Mansue, 2009). If California adopts this policy it may also increase revenue for the state. A study suggested that 1.1 million dollars could be made in marriage license fees (Goldberg, Steinberger & Badgett, 2009). The citizens of California deserve equality and the increase in revenue for the state.

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## Appendix



## CSU Bakersfield

Academic Affairs

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Mail Stop: 24 DDH Room 108  
9001 Stockdale Highway  
Bakersfield, California 93311-1022

(661) 654-2231  
(661) 654-3342 FAX  
[www.csu.edu](http://www.csu.edu)

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Scientific Concerns

**Roseanna McCleary, Ph.D.**  
Masters of Social Work  
Scientific Concerns

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Nonscientific/Humanistic Concerns

**Steve Suter, Ph.D.**  
Department of Psychology  
Research Ethics Review Coordinator  
and IRB/HSR Secretary

**Date:** 11 March 2011

**To:** Breana Fields, PPA Student

**cc:** Paul Newberry, IRB Chair  
R. Steven Daniels, Public Policy & Administration Department

**From:** Steve Suter, Research Ethics Review Coordinator

#### Subject: Protocol 11-42: Not Human Subjects Research

Thank you for bringing your protocol, "**Barriers to Health Care for Same-Sex Couples**" to the attention of the IRB/HSR. On the form "*Is My Project Human Subjects Research?*" you indicated the following:

I want to interview, survey, systematically observe, or collect other data from human subjects, for example, students in the educational setting. **NO**

I want to access data about specific persons that have already been collected by others [such as test scores or demographic information]. Those data can be linked to specific persons [regardless of whether I will link data and persons in my research or reveal anyone's identities]. **NO**

Given this, your proposed project will not constitute human subjects research. Therefore, it does not fall within the purview of the CSUB IRB/HSR. Good luck with your project.

If you have any questions, or there are any changes that might bring these activities within the purview of the IRB/HSR, please notify me immediately at 654-2373. Thank you.

Steve Suter, University Research Ethics Review Coordinator