

Young Adult Gay Men's Healthcare Access in the Era of the Affordable Care Act

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Abstract : Purpose: The purpose of this cross-sectional study was to get a better understanding of healthcare usage and satisfaction among young adult gay men (YAGM), including the facility used as the usual source of healthcare, preference for coordinated healthcare, and if their primary care provider (PCP) adequately addressed the health needs of gay men. Methods: Interviews were conducted among n=800 YAGM in New York City (NYC). Participants were surveyed about their sociodemographic characteristics and healthcare usage and satisfaction access using multivariable logistic regression models. The surveys were conducted between November 2015 and June 2016. Results: The mean age of the sample was 24.22 years old (SD=4.26). The racial and ethnic background of the participants is as follows: 35.8% (n=286) Black Non-Hispanic, 31.9% (n=225) Hispanic/Latino, 20.5% (n=164) White Non-Hispanic, 4.4% (n=35) Asian/Pacific Islander, and 6.9% (n=55) reporting some other racial or ethnic background. 31.1% (n=249) of the sample had an income below \$14,999. 86.7% (n=694) report having either public or private health insurance. For usual source of healthcare, 44.6% (n=357) of the sample reported a private doctor's office, 16.3% (n=130) reported a community health center, and 7.4% (n=59) reported an urgent care facility, and 7.6% (n=61) reported not having a usual source of healthcare. 56.4% (n=451) of the sample indicated a preference for coordinated healthcare. 54% (n=334) of the sample were very satisfied with their healthcare. Findings from multivariable logistical regression models indicate that participants with higher incomes (AOR=0.54, 95% CI 0.36-0.81, $p < 0.01$) and participants with a PCP (AOR=0.12, 95% CI 0.07-0.20, $p < 0.001$) were less likely to use a walk-in facility as their usual source of healthcare. Results from the second multivariable logistic regression model indicated that participants who experienced discrimination in a healthcare setting were less likely to prefer coordinated healthcare (AOR=0.63, 95% CI 0.42-0.96, $p < 0.05$). In the final multivariable logistic model, results indicated that participants who had disclosed their sexual orientation to their PCP (AOR=2.57, 95% CI 1.25-5.21, $p < 0.01$) and were comfortable discussing their sexual activity with their PCP (AOR=8.04, 95% CI 4.76-13.58, $p < 0.001$) were more likely to agree that their PCP adequately addressed the healthcare needs of gay men. Conclusion: Understanding healthcare usage and satisfaction among YAGM is necessary as the healthcare landscape changes, especially given the relatively recent addition of urgent care facilities. The type of healthcare facility used as a usual source of care influences the ability to seek comprehensive and coordinated healthcare services. While coordinated primary and sexual healthcare may be ideal, individual preference for this coordination among YAGM is desired but may be limited due to experiences of discrimination in primary care settings.

Keywords : healthcare policy, gay men, healthcare access, Affordable Care Act

Conference Title : ICHCPP 2020 : International Conference on Health Care Policy and Planning

Conference Location : Paris, France

Conference Dates : May 14-15, 2020