THE STATE OF LESBIAN HEALTH

National survey finds lesbians get substandard health care

by Sarah Dougher

A nationwide survey conducted and just released by Harris Interactive and the Mautner Project, a lesbian health advocacy organization, found that three-quarters of lesbians, compared with half of heterosexual men and women, have delayed obtaining health care even when sick—most often because of high health care costs and lack of adequate health insurance.

The survey also found that lesbians younger than 35 are more likely than lesbians older than 50 to have delayed obtaining health care. In addition, 16 percent of lesbians report that they have delayed obtaining health care because they were concerned they would be discriminated against. The survey also found that lesbians are more than twice as likely as heterosexuals to say that bad experiences with health care providers in the past caused them to delay obtaining health care. The survey was conducted in January.

Three quarters of lesbians who have experienced discrimination at a doctor's office believe they were discriminated against because of their sexual orientation. One in five feels she was discriminated against because of a physical or mental disability, and 5 percent said it was because of their gender identity or expression.

"Getting lesbians to the doctor would be a huge first step in preventing chronic illness among the nation's lesbian population, but to accomplish that, there will have to be a significant change in the way that doctors and their staffs and their lesbian clients communicate," said Amari Sokoya Pearson-Fields, deputy director of the Mautner Project. "If doctors, nurses and other medical professionals are truly committed to providing the best care to all their patients and are sensitive to the unique needs of their lesbian patients, then this can improve."

Kathleen DeBold, executive director of the Mautner Project, added: "Barriers to accessing health care, whether they are financial, institutional or cultural, can be devastating for lesbians with chronic or life-threatening illnesses. Stigma and the potential for discrimination has, for years, been a major obstacle for lesbians and gays seeking appropriate health care. This survey is another in a life of important wake-up calls for the medical establishment."

Locally, the Hambleton Project serves lesbians and women partnered with women with support for life-threatening illnesses such as cancer, but also serves as Portland's clearinghouse for information and advocacy on issues surrounding lesbian health.

Primarily, the Hambleton Project provides outreach to the medical community and other health care providers on the special concerns of lesbians and their partners, and compiles a guide to lesbian-friendly health care providers.

In addition, the Hambleton Project assists support teams by providing services if there are needs that are not being addressed, serves as a contact for out-of-town patients and family coming to the Portland area for cancer treatment, and does outreach to health care providers on behalf of lesbians with cancer. It also facilitates bereavement and support groups in Portland and Salem.

Most recently, the Hambleton Project is working with the Mautner Project to put on a series of workshops for health care professionals titled "Removing the Barriers to Accessing Health Care for Lesbians." This training is aimed at building the skills of health care providers and promoting change in health care institutions through training and technical assistance.

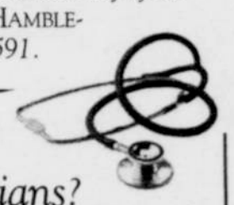
Objectives of the workshop include defining the dimensions of culture and the principles of culturally competent medical care; discussing the diversity of the population described as lesbian or women who partner with women; listing individual, structural and institutional factors that affect access to health care and result in barriers to. screening for breast and cervical cancer among lesbians; describing ways in which a culturally competent approach can reduce or eliminate barriers to accessing health care and cancer screening; demonstrating the application of principles of cultural competency to your medical practice; and implementing a plan for applying the skills learned.

The goal of the curriculum is to improve individual practitioners' skills and create systemic change so that lesbians feel truly comfortable in a hospital or other health care setting.

The Hambleton Project has been working for three years in coalition with the Mautner Project and presents the "Removing Barriers" curriculum in Portland and in other parts of the state. It conducts four-hour workshops as well as shorter one- to two-hour presentations. The four-hour workshops can count for ongoing education credits that nurses must periodically accrue.

Health care professionals at all levels benefit from this training. Jan Dillon of the Hambleton Project notes, "Sometimes the lesbian can get a cold shoulder from the receptionist, so this is why we do training across the board." jo

If you or someone you know would benefit from this curriculum, contact the HAMBLETON PROJECT *at 503-335-6591.*



What Are the Barriers for Lesbians?

Discrimination. Anticipated, perceived or actual discrimination by health care providers based on sexual identity or behavior.

Misinformation or inaccurate assumptions about health risks of women who partner with women and the need for screening (both among women who partner with women and providers).

Exclusion. Perceived or actual exclusion from health promotion campaigns.

Fear. Disclosure of sexual orientation may lead to loss of custody, job, housing and social support; substandard or refusal of health care; and military discharge.

Past experience. Previous negative encounters with the health care system, including derogatory comments; voyeurism; hostility toward patient or her partner; and undue roughness in physical examinations.