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*Countering Cultural Incompetence:*

## **TEN THINGS LESBIANS SHOULD DISCUSS WITH THEIR HEALTH CARE PROVIDERS**

SAN FRANCISCO — A survey of members of the Gay and Lesbian Medical Association (GLMA) released today listed 10 health care concerns lesbians should include in discussions with their physicians or other health care providers.

"We did the survey," said GLMA Executive Director Maureen S. O'Leary, RN, "because many lesbians and far too many health professionals are not comfortable or do not know how to discuss health issues related to sexual orientation. Unfortunately, there are some health risks that are of greater concern to lesbians, and we need to make sure they are addressed."

Gynecologist and former GLMA President Kathleen O'Hanlan, MD, said that the medical community must look at all factors — gender, age, family history, and current health — but that there are cultural competence issues involved in treatment of lesbians that many do not understand.

"We in the medical community need to find remedies for all the factors that reduce utilization of medical services and screening compliance among lesbians," she said. "Short of changing the laws of the country to reduce the sting of ubiquitous disdain, clinicians need to provide a safe haven for medical care for all women.

"We know from research," said O'Hanlan, "that lesbians are less likely to seek medical care than other women because of the stigma they experience everywhere in society. They also experience it when they go for medical care. Health care providers may feel uncomfortable asking questions they feel to be personal. They then limit their visit and dash out without counseling the patient.

"Although more research is needed to understand the prevalence and causes," O'Hanlan continued, "there is evidence that lesbians smoke more and drink more. It is also more likely they are overweight, which adds significant health risks. Unfortunately, some health care providers make the presumption of heterosexuality or they may offend the lesbian patient in their conversations since they lack understanding of the salient cultural issues. Either way, it reduces the likelihood that the lesbian patient will return for care."

"We need to get the discussions going," O'Leary said. "Most health care professionals understand that there are certain risks that come with being a woman or with the aging process. However, need to make sure that lesbians get equal care and that means incorporating this kind of understanding into the regular approach to treatment."

Lesbian Health Concerns

1. Breast Cancer
2. Depression/Anxiety
3. Gynecological Cancer
4. Fitness (Diet and Exercise)
5. Substance Use
6. Tobacco
7. Alcohol
8. Domestic Violence
9. Osteoporosis
10. Heart Health

"Of course," O'Leary added, "— and it is important to repeat — many of the health concerns for lesbians are the same as they are for other women. But we must have a medical community that understands that there are cultural issues — orientation, gender identity, ethnicity, race, economic status — that must be understood as well. For lesbians, the "Ten Things" list is a place to start."

The largest organization of its kind and the recognized authority and leader in LGBT health, GLMA exists to make the health care environment a place of empathy, justice, and equity. The organization, founded in 1981, represents the concerns of thousands of lesbian, gay, bisexual, and transgender health professionals as well as millions of LGBT patients throughout North America. EDITOR: High Resolution Photo of Maureen S. O'Leary, RN, may be found at [www.glma.org/about/photos](http://www.glma.org/about/photos)

Gay and Lesbian Medical Association News Release

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## COMMENTARY

Katherine A. O'Hanlan, MD  
Former President, GLMA  
Co-Founder, Lesbian Health Fund  
Gynecologist/ Breast Cancer

Lesbians have the richest concentration of risk factors for this cancer than any subset of women in the world. Combine this with the fact that many lesbians over 40 do not get routine mammograms, do breast self-exams, or have a clinical breast exam, and the cancer may not be diagnosed early when it is most curable.

### 2. Depression/Anxiety

Lesbians have been shown to experience chronic stress from homophobic discrimination. This stress is compounded by the need that some still have to hide their orientation from work colleagues, and by the fact that many lesbians have lost the important emotional support others get from their families due to alienation stemming from their sexual orientation.

### 3. Gynecological Cancer

Lesbians have higher risks for some of the gynecologic cancers. What they may not know is that having a yearly exam by a gynecologist can significantly facilitate early diagnosis associated with higher rates of curability if they ever develop.

### 4. Fitness

Research confirms that lesbians have higher body mass than heterosexual women. Obesity is associated with higher rates of heart disease, cancers, and premature death. What lesbians need is competent advice about healthy living and healthy eating, as well as healthy exercise.

### 5. Substance Use

Research indicates that illicit drugs may be used more often among lesbians than heterosexual women. There may be added stressors in lesbian lives from homophobic discrimination, and lesbians need support from each other and from health care providers to find healthy releases, quality recreation, stress reduction, and coping techniques.

### 6. Tobacco

Research also indicates that tobacco and smoking products may be used more often by lesbians than by heterosexual women. Whether smoking is used as a tension reducer or for social interactions, addiction often follows and is associated with higher rates of cancers, heart disease, and emphysema — the three major causes of death among all women.

### 7. Alcohol

Alcohol use and abuse may be higher among lesbians. While one drink daily may be good for the heart and not increase cancer or osteoporosis risks, more than that can be a risk factor for disease.

### 8. Domestic Violence

Domestic violence is reported to occur in about 11 percent of lesbian homes, about half the rate of 20 percent reported by heterosexual women. But the question is where do lesbians go when they are battered? Shelters need to welcome and include battered lesbians, and offer counseling to the offending partners.

### 9. Osteoporosis

The rates and risks of osteoporosis among lesbians have not been well characterized yet. Calcium and weight-bearing exercise as well as the avoidance of tobacco and alcohol are the mainstays of prevention. Getting bone density tests every few years to see if medication is needed to prevent fracture is also important.

### 10. Heart Health

Smoking and obesity are the most prevalent risk factors for heart disease among lesbians; but all lesbians need to also get an annual clinical exam because this is when blood pressure is checked, cholesterol is measured, diabetes is diagnosed, and exercise is discussed. Preventing heart disease, which kills 45 percent of women, should be paramount to every clinical visit.