

**Report to the
California Commission on the Status of Women
July 26, 2007**

Good morning Chair and Commissioners and members of the public,

My name is Therese A. Hughes. I am honored to testify before you today.

Health care is an issue that affects all of us regardless of coverage status. It affects us, our families, friends and neighbors. It affects us each time a premium or co-pay increases. It affects us when fear we are sick and it affects us when we are sick and coverage dwindles or is absent.

Our national health care system needs to be changed. It is evidenced in newspaper articles, TV & radio programs. It is one of the highest-ranked topics for all Presidential Candidates. It is our own Governor Schwarzenegger's greatest hope and risk for California. With the bold action of health care reform, Governor Schwarzenegger has opened the door to eliminate and at the very least to reduce health disparities for underserved populations. California's lesbian community is one of these underserved populations.

We recognize health care disparities as a national issue. We see it in our local communities when we notice different members of underserved populations who work and/or live in our communities. At the Venice Family Clinic, I work to eliminate health care disparities for underserved populations. As a member on the National Task Force known as the Wyden-Hatch Citizen's Health Care Working

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Group, I worked to increase awareness of health disparities issues as the community clinic member. Today, I am working to eliminate health care disparities within California's lesbian, gay, bisexual, queer and transgender communities. I address this issue because universal health care includes appropriate health care for all people regardless of their community.

In forming today's testimony I received input from the Lesbian Health and Research Center, the Venice Family Clinic and the City of West Hollywood's Lesbian Visibility Committee's "Lesbian Health Agenda" Sub-Committee.

My comments today seek to provide you a general picture of lesbian health care disparities and specific topics where you can create an action agenda.

LESBIAN HEALTH DISPARITIES

Lesbians are one of the most underserved populations among all the underserved demographic categories. In national discussions two years ago, around health care reform, lesbian health care discussions were absent from the table. In addressing this topic today, I don't know who is/not comfortable with this discussion. What I know is we must have this discussion and we must as a society make recommendations and efforts to eradicate all health care disparities

Out of respect for different points of view, I ask you to keep in mind where health disparities exist in underserved populations, national health care costs will continue

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to increase. Cost increases affect all of us. We all pay the bill one way or the other. I am hopeful you will see the benefit of creating a healthy community across our great State and that you will take action to reduce health disparities for another segment of California's women—lesbians.

In California, today's conversation is timely. Opportunity for change exists within our Governor's health care reform agenda. It belongs within the agenda and offers opportunity to show lesbian health care is no more complicated than any other underserved population's health care needs.

In the elimination of health care disparities the lens we use is that of barriers.

The questions we ask are the same:

- Is health care accessible?
- Is it available?
- Is it affordable?
- Is it delivered in an appropriate manner?
- Are patient(s)-provider(s) interactions culturally sensitive linguistically appropriate?
- Does it meet national quality standards?
- What are the health care outcomes?

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To inform your decision process, I will address health care issues that have been raised, discussed and positions taken by Members of the City of West Hollywood's Lesbian Visibility Committee's "Health Agenda Sub-Committee". These concerns mirror national concerns of lesbian health care and serves as notice of a California Community's efforts to eliminate its local health care disparities. We also need to look at lesbian health disparities in the larger picture around standard national questions. While the questions are not population specific, there is a need to address them generally and population specific.

- What health care benefits and services should be provided? How do we meet needed benefits and standards of care for underserved populations with the fewest unintended consequences?
- How should health care delivery occur? Usually we look at this question through the lens of coverage programs and health care economics. In this discussion we need to include lesbian health care through the lens of an underserved population and overall health care economics.
- How do we finance health care? Health care financing holds hostage our ability to make significant inroads to health care reform. For the lesbian population, the financing of health care holds the same issues that all other underserved populations face.

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Lesbian Health Care

In 1997, the Institute of Medicine convened a Committee on Lesbian Health Research Priorities funded by the National Institutes of Health, Office of Research on Women's Health and the Centers for Disease Control and Prevention. In 1999, the Committee released its report "Lesbian Health, Current Assessment and Directions for the Future". The report goal was to provide "...our government direction for government funded research into lesbian health.¹ The IOM report identified for the first time lesbian health care issues and barriers. It included "...counter misconceptions lesbians [hold] about [their own] health risks...and identification of health risks [where] lesbians are at risk or tend to be at greater risk than heterosexual women or women in general" .² If we consider the IOM Report as the cornerstone of this discussion we are able to identify barriers lesbians face when trying to meet their health care needs.

ACCESS

Access is defined as one's ability to receive appropriate and timely health care services. It includes affordability, quality care, availability of physicians and other health care professionals, hospitals, health care facilities and appropriate care.

¹ Office on Women's Health, Department of Health & Human Services, Institute of Medicine Report

² Ibid

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Lesbians have increased difficulty accessing appropriate health care for a number of reasons with end results of a lowering of the quality of care they receive.

- They have a greater likelihood of being uninsured than heterosexual women because of an inability to access spousal coverage.³
- They often identify with other underserved populations and face a similar discrimination that results from an inability to speak honestly about health care issues in a safe environment.⁴
- Their fear of discrimination prevents them from identifying themselves as lesbians, gay, bisexual, transgender or queer which results in reduced and appropriate health care.⁵
- Health care providers are not educated on their health care needs.⁶
- Providers are not trained to take personal histories.
- Most federal health care programs focus on reproductive health care.
- Preventative health care diagnostic tools historically have been geared to child-bearing women.

³ Ibid; Diamant AL, Wold C, Spritzer K, Gelberg L, Health behaviors, health status and access to and use of health care: a population-based study of lesbian, bisexual and heterosexual women

⁴ Hutchinson MK, Thompson AC, Cederbaum JA, Multisystem Factor contributing to disparities in preventive health care among lesbian women

⁵ Garcia TC, primary care of the lesbian/gay/bisexual/transgendered woman patient

⁶ Ibid

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- Providers often refuse to treat a woman once she identifies herself as a lesbian.
- Sexual orientation has an independent effect on health behaviors & receipt of care⁷

The above issues create situations where the lesbian patient increasingly presents at later disease stages, even with health care coverage, than other women. End stage disease presentation reduces for all populations health care options for the patient, family and provider. It also increases all health care costs.

Breast Cancer

During a LVC Health Agenda Sub-Committee, members reported the fear of having a higher rate of undetected breast cancer and loss of life from breast cancer as high among their friends. Most of this information was received by word of mouth as found in studies dating back to 2004⁸. This concern served as a rallying point for grass roots efforts to conduct outreach and educate their community on this issue.

⁷ Diamant AL, Wold C, Spritzer K, Gelberg L, Health behaviors, health status and access to and use of health care: a population based study of lesbian, bisexual and heterosexual women

⁸ Dibble SL, Roberts SA, Nussey B, Comparing breast cancer risk between lesbians and their heterosexual sisters

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Being a lesbian does not increase a woman's risk of breast cancer; differences between lesbians and heterosexual might⁹. Although there are physical differences that may increase the likelihood of lesbians having breast cancer, these include

- Not having any or a few full-term pregnancies;
- Increased body weight;
- Lower income resulting in difficulty in paying for health care and;
- Fear of homophobic medical environments resulting in not seeking care.

In another study of 90,823 women aged 32-51 (1995) those reporting as lesbians had a higher prevalence of risk factors for breast cancer¹⁰.

Cervical Cancer

In 2000, the Department of Medicine, Division of General Internal Medicine and Health Services Research at the University of California conducted a study that looked to better understand validated information about lesbian and bisexual women's health. The study found "...during the 2 years previous to the study, lesbians were less likely...to have had a Pap test and clinical breast exam..." These

⁹ Genet, Joanne, MA,PA, Breast Care - Screening for Breast Cancer

¹⁰ Case P, Austin SB, Hunter DJ, Manson JE, Malspeis S, Willett WC, Spiegelman D, Sexual orientation, health risk factors and physical function in the Nurses' Health Study II

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findings identified that sexual orientation has an independent effect on health behaviors and receipt of care...¹¹

More recently (2006) the NYC Department of Health and Mental Hygiene, Division of Epidemiology conducted another study that found [lesbians] were less likely to have had a pap test in the past three (3) years or a mammogram in the past two (2) years.¹²

Cardiac Health

Today increasingly more women are presenting with cardiac problems and are dying from heart attacks. We have the "red dress" campaign during the month of May to remind us of women's heart health and the differences in presenting factors for diagnosis of heart problems. Absent from this conversation is lesbian heart health despite the fact that lesbians are targeted by tobacco companies and more lesbians report smoking heavily than heterosexual women. In 2004, researchers at Northeastern University in Boston reported "...younger lesbians [as having] high smoking rates and continues to be of concern in other age groups"¹³ Smoking is a high risk factor in the development of poor heart health.

¹¹ Diamant AL, Wold C, Spritzer K, Gelberg L, Health behaviors, health status and access to and use of health care: a population-based study of lesbian, bisexual and heterosexual women

¹² Kerker B D., Mostashari F, Thorpe L, Health care access and utilization among women who have sex with women; sexual behavior and identity

¹³ Roberts SJ, Patsdaughter CA, Grindel CG, Tarmina MS, Health related behaviors and cancer screening of lesbians: results of the Boston Lesbian Health Project

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Other Issues

Unfortunately, time does not permit addressing each issue in greater depth.

However, the importance of these issues requires their presence in this discussion.

- Mental health - depression & anxiety
- Substance abuse
- Domestic violence

QUALITY OF CARE

Health care quality focuses on appropriate, timely receipt of care and care that meets medical standards. The delivery of lesbian health care is struggling with quality issues.

Even in 2006, the dynamics of a provider's relationship with sexual minority (lesbian, bisexual or women who partner with women) patients is largely unknown.¹⁴ Findings of one study showed that cancer patient-physician satisfaction is connected more closely with the patient-physician interaction rather than with provider gender. Appropriate physician skills cited were inter-personal behaviors, medical expertise and the ability to guide the decision making.

The establishment of medically appropriate national standards is recognized as increasing satisfaction in patient-provider relationships. This satisfaction will lead to increase access, reduced costs and higher quality of health care for lesbians.

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COSTS

All of us pay for our nation's growing health care bill through sales, income, property or payroll taxes or through increased health care premiums, reduced wages or when we pay higher prices for health care products and services.

While most private coverage is purchased in the group markets by employers on behalf of their employees these health insurance premiums continue to increase at double digit percentiles annually. Smaller businesses sometimes offer employee only coverage. In 2005 half of the smallest companies (10 employees or less) offered their employees health care coverage.

The comparison of spending vs. outcomes for lesbians is difficult because of lack of data around environmental, cultural, economic and population differences that affect health and longevity. Insurance coverage is intertwined with ethnicity, poverty, poor patient-provider communication and results in poor patient compliance and outcomes.

It is common knowledge that prevention reduces illness and health care costs. It is common knowledge where health care disparities exist barriers reduce the preventive health measures that increase patient health outcome. It is common knowledge that in-school medical provider education and on-going Continuing

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Education Units provide a safe medical environment for all underserved populations.

LEGISLATIVE CONSIDERATIONS

A year ago, I had the opportunity to address you at your Los Angeles event. At that time, I asked that you work with our elected and appointed officials to create a funded demonstration project where collaboration would occur between medical schools, research agencies and community grass root efforts to increase awareness within the lesbian community on their health care needs. The second element of the project was to track issues of access, cost and quality of available care and the presence of a medical home.

Today, I want to focus your attention on these principal components aimed at building a baseline for a quality improvement process, increasing health care access and raising awareness of lesbian health care needs.

- Effects universal health care coverage has on increases lesbian access to affordable, appropriate health care services;
- Medical and mental health provider(s) training to increase lesbians participation in the health care system;
- Determine what provider education is most effective in increasing provider and patient ability to communicate in a safe environment.

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Utilization of these measures will increase the foundation of information around lesbian health care and provide opportunities for eliminating health care disparities for this underserved population.

As a point of information, Kris Munoz and Nicole Rosenbaum Members of the City of West Hollywood's LVC - Health Agenda Sub-Committee are available to answer any questions you may have as well. Will Kris and Nicole please stand?

Thank you.