

## **New National Survey Shows Financial Concerns and Lack of Adequate Health Insurance are Top Causes for Delay by Lesbians in Obtaining Health Care**

**ROCHESTER, N.Y.— March 11, 2005** — According to a new national online survey, health care costs (50%) and the lack of adequate health insurance (43%) are cited as the most common reasons why lesbians have delayed obtaining health care. When asked to identify what current health issue deserves the most attention from health care professionals and public policy makers from among a list of 14 issues, two in five (41%) lesbians said that health insurance coverage, followed by nutrition/exercise (14%) and obesity (12%) deserve the most attention.

These are some of the results of a nationwide online survey of 2,209 U.S. adults, of whom 119 have self-identified as gay, lesbian or bisexual (GLB). In addition, 341 self-identified U.S. lesbian adults were surveyed. The survey was conducted online between January 11 and 16, 2005 by Harris Interactive<sup>®</sup> in conjunction with the Mautner Project, The National Lesbian Health Organization.

Overall, three quarters (75%) of lesbians (compared to 54% of heterosexuals) have delayed obtaining health care for at least one reason. Younger lesbians (aged 18–35) are more likely than older lesbians (aged 50 and over) to have delayed obtaining health care.

“Barriers to accessing health care, whether they are financial, institutional or cultural, can be devastating for lesbians with chronic or life threatening illnesses,” said Kathleen DeBold, executive director of the Mautner Project. “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 line of important wake-up calls for the medical establishment.”

### **Additional findings from the survey include:**

- All adults (35%) think that health insurance coverage deserves the most attention from health care professionals and public policy makers, followed by cancer (16%) and obesity and HIV/AIDS (9% each).

While GLB respondents (18% overall) and lesbians (9%) think that HIV/AIDS deserves the most attention, fitness is also high on their list (13% and 14% respectively).

- Among lesbians, 16 percent report that they have delayed obtaining health care because they were concerned they would be discriminated against.

- Lesbians are more likely than heterosexuals to say that bad experiences with health care providers in the past has caused them to delay obtaining health care (27% vs. 12%).
- Three quarters of lesbians (74%) who have experienced discrimination at a doctor's office believe that they were discriminated against because of their sexual orientation. One in five (19%) feels they were discriminated against because of their physical or mental disability and five percent said it was because of their gender identity or expression.
- Heterosexuals are more likely than lesbians to believe that they were discriminated against because of their income level (35% vs. 20%).
- The top two health risks lesbians are worried about for themselves are being overweight (17%) and being out of shape/not physically fit (16%)

"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."

**Notes on reading tables:**

The percentage of respondents has been included for each item. An asterisk (\*) signifies a value of less than one-half percent. A dash represents a value of zero. Percentages may not always add up to 100% because of computer rounding or the acceptance of multiple answers from respondents answering that question.

**TABLE 1  
WHICH HEALTH ISSUES DESERVE THE MOST ATTENTION?**

“Turning now to the topic of health issues, which of the following health issues do you think deserves the most attention from health care professionals and public policy makers?”

Base: All Adults

	<b>Total (n=2,209)</b>	<b>GLB (n=119)</b>	<b>Lesbian (n=341)</b>	<b>Heterosexual (n=2,024)</b>
	%	%	%	%
Health Insurance Coverage	35	35	41	35
Cancer	15	3	9	16
Obesity	9	10	12	9
HIV/AIDS	9	18	9	8
Fitness education and programs (i.e. nutrition and exercise)	9	13	14	8
Substance/Drug use	4	1	2	4
Elderly care	4	3	3	4
Heart Disease	3	2	*	4
Diabetes	3	2	*	3
Depression/Anxiety/Stress	2	8	2	2
Domestic Violence	1	2	2	1
Tobacco Use	1	*	1	1
Stroke/High Blood Pressure	1	-	2	1
Alcohol Use	1	2	1	1
Other health care priority	3	1	*	3

\* Less than 0.5 percent

**TABLE 2  
HEALTH RISKS**

“Which one of the following health risks are you most worried about for yourself?”

Base: All Adults

	<b>Total (n=2,209)</b>	<b>GLB (n=119)</b>	<b>Lesbian (n=341)</b>	<b>Heterosexual (n=2,024)</b>
	%	%	%	%
Cancer	16	6	11	16
Being overweight	14	11	17	14
Being out of shape/Not physically fit	12	12	16	12
Getting older	11	6	15	11
Depression/Anxiety/Stress	7	19	9	6
Disability	6	3	5	6
A disease other than cancer	4	1	2	4
Environmental hazards	4	3	4	4
Smoking	4	3	8	4
HIV/AIDS	1	13	-	1
Poor nutrition	1	2	2	1
Violence in my neighborhood	1	*	1	1
Violence in my home	*	-	-	*
Other health risk not mentioned	4	6	4	4
I am not worried about any health risks for myself	16	13	7	16

\* Less than 0.5 percent.

**TABLE 3  
DELAYS IN OBTAINING HEALTH CARE**

“Have any of the following ever caused you to delay obtaining health care? Please select all that apply.”  
Base: All Adults

	<b>Total (n=2,209)</b>	<b>GLB (n=119)</b>	<b>Lesbian (n=341)</b>	<b>Heterosexual (n=2,024)</b>
	%	%	%	%
I was concerned about the cost of health care	33	39	50	33
I lacked adequate health insurance	26	39	43	25
I have had bad experience (s) with a health care provider (s) in the past	13	22	27	12
I was afraid or embarrassed to talk about my health issues	10	18	13	9
I am concerned about the privacy of my personal life	6	2	13	6
I had doubts about medical records being kept confidential	5	9	9	5
I do not want a diagnosis of illness on my permanent record	5	10	6	4
I was concerned I would be discriminated against	4	15	16	3
Other	6	5	7	6
I have never delayed obtaining health care	45	37	25	46

**TABLE 4  
DISCRIMINATION IN HEALTH CARE SETTINGS**

“Have you ever felt you were discriminated against in any of the following health care settings? Please select all that apply.”

Base: All Adults

	<b>Total (n=2,209)</b>	<b>GLB (n=119)</b>	<b>Lesbian (n=341)</b>	<b>Heterosexual (n=2,024)</b>
	%	%	%	%
<b>Discriminated (NET)</b>	<b>16</b>	<b>22</b>	<b>27</b>	<b>16</b>
Doctor or other health care provider’s office	9	16	18	9
Hospital	8	14	11	7
Public health department or clinic	5	15	4	4
Community health center	3	9	4	3
Other health care setting	2	4	3	2
I have not been discriminated against in any health care setting.	84	78	73	84

**TABLE 5  
DISCRIMINATED AGAINST**

“You mentioned that you felt discriminated against in your doctor or another health care professional’s office. Did you feel discriminated against because of your...? Please select all that apply.”

Base: Those discriminated against in a health care setting

	<b>Total (n=360)</b>	<b>GLB* (n=34)</b>	<b>Lesbian* (n=98)</b>	<b>Heterosexual (n=311)</b>
	%	%	%	%
Income level	36	39	20	35
Weight	23	26	31	23
Age	19	7	7	21
Race	19	30	10	19
Gender	13	6	15	14
Physical or mental disability	12	9	19	12
Sexual orientation	6	52	74	1
Marital status	5	20	8	3
National origin	4	17	1	3
Gender identity or expression	2	1	5	2
Religious faith	2	2	2	2
Other	22	28	12	20

\* Very low base.

**Methodology**

This survey was conducted online within the United States between January 11 and 16, 2005 among 2,209 adults, of whom 119 self-identified as gay, lesbian, or bisexual (GLB). The online survey was also conducted among 341 self-identified U.S. lesbian adults aged 18 and over. Figures for age, sex, race, education and number of adults in the household were weighted where necessary to bring them into line with their actual proportions in the population. Propensity score weighting was also used to adjust for respondents’ propensity to be online.

In theory, with probability samples of this size, one can say with 95 percent certainty that the results for the overall sample of U.S. adults have a sampling error of plus or minus 2 percentage points. Sampling error for the following sub-sample results: heterosexuals (2,024); GLB adults (119); lesbians (341); lesbians aged 18-35 (73) and aged 50 and over (87); and adults (360), heterosexuals (311), GLB adults (34), and lesbians (98) who experienced discrimination in a health care setting is higher and varies. Unfortunately, there are several other possible sources of error in all polls or surveys that are probably more serious than theoretical calculations of sampling error. They include refusals to be interviewed (nonresponse), question wording and question order, and weighting. It is impossible to quantify the errors that may result from these factors. This online sample is not a probability sample.

***These statements conform to the principles of disclosure of the National Council on Public Polls.***

**Additional Note:** Previous research conducted by Harris Interactive in conjunction with Witeck-Combs Communications, Inc. queried gay, lesbian, bisexual and transgendered (GLBT) self-identified respondents. Although we remain interested in the consumer attitudes and characteristics of transgendered individuals, for accuracy and consistency we distinguish sexual orientation from gender identity. In addition, given the low incidence of response from transgendered individuals, it is extremely difficult to draw conclusions from the data captured.

### **About Mautner Project, The National Lesbian Health Organization**

Mautner Project, The National Lesbian Health Organization improves the health of lesbians and their families through advocacy, education, research, and direct service. We envision a healthcare system that is guided by social justice and responsive to the needs of all people. Mautner is a tax-exempt 501(c) (3) non-profit organization governed by an all-volunteer Board of Directors composed of community leaders, healthcare providers, cancer survivors and caregivers.

### **About Harris Interactive®**

Harris Interactive Inc. ([www.harrisinteractive.com](http://www.harrisinteractive.com)), the 15<sup>th</sup> largest and fastest-growing market research firm in the world, is a Rochester, N.Y.-based global research company that blends premier strategic consulting with innovative and efficient methods of investigation, analysis and application. Known for *The Harris Poll*® and for pioneering Internet-based research methods, Harris Interactive conducts proprietary and public research to help its clients achieve clear, material and enduring results.

Harris Interactive combines its intellectual capital, databases and technology to advance market leadership through U.S. offices and wholly owned subsidiaries: London-based HI Europe ([www.hieurope.com](http://www.hieurope.com)), Paris-based Novatris ([www.novatris.com](http://www.novatris.com)), Tokyo-based Harris Interactive Japan, through newly acquired WirthlinWorldwide, a Reston, Virginia-based research and consultancy firm ranked 25<sup>th</sup> largest in the world, and through an independent global network of affiliate market research companies. EOE M/F/D/V

To become a member of the Harris Poll Online<sup>SM</sup> and be invited to participate in future online surveys, visit [www.harrispollonline.com](http://www.harrispollonline.com).

### **Press Contacts:**

Nancy Wong  
Harris Interactive  
585-214-7316

Colleen Dermody  
Witeck-Combs Communications  
202-887-0500 ext. 18  
[cdermody@witeckcombs.com](mailto:cdermody@witeckcombs.com)

Shameka Lloyd  
Witeck-Combs Communications  
202-887-0500 ext. 25  
[slloyd@witeckcombs.com](mailto:slloyd@witeckcombs.com)