

Expanding the Research Infrastructure for Lesbian Health

ABSTRACT

Judith Bradford, PhD, Caitlin Ryan, MSW, Julie Honnold, PhD,
and Esther Rothblum, PhD

Interest in research about lesbian health has increased dramatically since the late 1980s and gained national attention in 1999 when the Institute of Medicine published the groundbreaking report *Lesbian Health: Current Assessment and Directions for the Future*. In March 2000, the Department of Health and Human Services and partner organizations presented the Scientific Workshop on Lesbian Health, during which invited experts on lesbian health worked with federal representatives to develop action steps to implement recommendations in the Institute of Medicine report. National priorities were thus established for the emerging field of lesbian health research.

Although researchers of various sexual orientations and gender identities will contribute to this field, lesbian researchers have a unique perspective and an important role to play. This commentary focuses on the preparedness of these individuals to respond to challenges set forth by the Institute of Medicine and Scientific Workshop reports. Despite differences in their academic backgrounds, lesbian researchers have reported common experiences and needs. Substantial proportions have encountered barriers because they were lesbians or conducted lesbian research, and many expressed willingness to mentor others, to help others to conduct research about lesbians, or both. (*Am J Public Health*. 2001;91:1029–1032)

Interest in research about lesbian health has increased dramatically since the late 1980s. In 1997, the Institute of Medicine (IOM) initiated a workshop study leading to publication of a groundbreaking report on lesbian health in 1999.¹ The purposes of this study were to review the science base for lesbian health and to identify priorities for future research. Recommendations from the report emphasized the need to train researchers to work in this field and to provide increased funding for studies, professional conferences, and dissemination of information. After publication of the report, groups across the country began to develop plans for expanded efforts in lesbian health care and research.

A further impetus was provided when the Department of Health and Human Services and partner organizations presented the 2-day Scientific Workshop on Lesbian Health in March 2000. At this workshop, more than 100 invited experts in lesbian research worked closely with federal representatives to develop recommendations for implementing IOM report priorities, including career development of researchers (Table 1).²

A national agenda has been created for lesbian health research, and structures to carry it out are being put into place. Throughout the country, lesbian health researchers are working together, often in concert with community organizations, to assess the health care needs of lesbians and to develop priorities for improving access to care. With growing national attention to lesbian health, there may be additional funding for research, and enhanced opportunities are needed to translate findings to health care interventions and services.

Healthy People 2010 was also developed during this time, and it identifies persons defined by sexual orientation as a target population, on the basis of evidence that these individuals face disparities in health and health care access because of their sexual minority status.³ As the nation's public health framework for health promotion and disease prevention, Healthy People 2010 provides a detailed script through which health advocates and providers can design interventions and services that have a greater chance of being funded and that can result in expanded services to lesbian, gay, bisexual, and transgender (LGBT) individuals and families. Healthy People 2010 is a data-based process that depends on the availability of valid research findings to document and track the extent of health con-

ditions, access to health care, and prevention behaviors within the population. The lack of representative data on lesbians presents significant barriers to the meaningful inclusion of lesbians in Healthy People 2010, to the development of health and social policy, and to the implementation of health and mental health interventions to address disparities.

The lack of evidence-based studies on lesbian health, identified as a priority concern in the IOM report, will have to be corrected if the promise of Healthy People 2010 is to be realized for lesbian health. This requires an appropriately trained and supported research workforce to develop and conduct these studies and to ensure that findings are widely disseminated. Initiation of the National Coalition for LGBT Health in October 2000 offers opportunities for a diverse network of sexual-minority organizations and researchers to learn from each other and work together to address the health needs of these populations. At the National Lesbian Health Conference 2001, held in June in San Francisco, Calif, the latest research findings and program models were presented and discussed. This conference was cosponsored by the Office of Women's Health in the Department of Health and Human Services, the Gay and Lesbian Medical Association, and the Center for Lesbian Health Research at the University of California, San Francisco.

Clearly, a national infrastructure for lesbian health research continues to develop, raising questions about the availability of appropriately trained researchers to conduct this work. Following recommendations from the IOM and Scientific Workshop reports, in this commentary we focus on the preparedness of lesbian researchers to contribute to the field and to provide appropriate leadership in sustaining its development.

Judith Bradford is with the Survey and Evaluation Research Laboratory and Julie Honnold is with the Department of Sociology and Anthropology, Virginia Commonwealth University, Richmond. Caitlin Ryan is with the Institute on Sexuality, Inequality, and Health, San Francisco State University, San Francisco, Calif. Esther Rothblum is with the Department of Psychology, University of Vermont, Burlington.

Requests for reprints should be sent to Judith Bradford, PhD, Survey and Evaluation Research Laboratory, 921 W Franklin St, Richmond, VA 23284-3065 (e-mail: jbradfo@vcu.edu).

This commentary was accepted May 4, 2001.

Problem Statement

Although the career development needs of lesbians are generally assumed to be no different from those of heterosexual women, sexual orientation and the timing and impact of coming out influence lesbians' vocational experiences and career development.^{4,5} Women are still a minority in most research settings, and even when they have achieved tenure and promotion, lesbians may still feel vulnerable.⁶ Studies in colleges and universities have found a paradox between the emphasis on academic freedom and the constraints on "permissible" fields of study, which do not include research on gay and lesbian issues. Reports of stereotypical or derogatory remarks or anti-gay graffiti are common, as are reports of anti-gay violence and harassment.⁷⁻¹³

Lesbian academics appear to face more intensive resistance than gay men and to be less open about their sexual orientation.¹⁴ The duality of privilege and penalty experienced by lesbian academics—who have access to considerable privileges in terms of time, money, and material assistance for their work while simultaneously experiencing discrimination, invisibility, and oppression—may partially explain why, in a sample of lesbian and gay academics with more than 15 years' teaching and research experience, only half were out to their department chairs or administrators and only about one third were open with students in class.¹⁵

Experiences of discrimination and patterns of staying in the closet have been reported in studies of sociologists,^{16,17} political scientists,¹⁸⁻²⁰ and graduate psychology students.²¹⁻²³ Faculty members faced negative repercussions for being open about their sexual orientation and for being involved with such activities as mentoring lesbian and gay students. Outness has been associated with increased experiences of discrimination. Students have been warned that research on sexual orientation would have negative consequences on their careers; they experienced specific interference or refusal to allow research on lesbian and gay issues; and they were often unable to find mentors or advisors who would support their research interests.

More positive reports came from a survey of psychiatric residents, half of whom felt that their sexual-minority status had enhanced their careers in psychiatry and only 7% of whom felt that it had been a detriment. As in other professions, however, male psychiatric residents were more likely than females to be out to their department chair, to know an openly gay or lesbian faculty member, to report that their department considered homosexuality a normal condition, to have access to support groups for lesbian and gay psychiatrists in their

Table 1—Research Support and Career Development Needs

Institute of Medicine Report (1999)¹
"The majority of research on lesbian health conducted to date has come from within the lesbian community itself, most of it with little funding and very few resources."
"Commonly, lesbian researchers who conduct research on lesbian health already have deep and active ties to the lesbian community. Thus, they come with an indigenous understanding of the concerns of the community."
Suggested areas of research: <ul style="list-style-type: none">Ways to increase the number of lesbian principal investigators and co-principal investigatorsWays to get lesbian women through the "double glass ceiling"Ways to support lesbian health researchers in obtaining and utilizing already established lesbian health funding
Recommendation: <ul style="list-style-type: none">Develop strategies to train pre- and postdoctoral researchers in conducting lesbian health research.
Scientific Workshop on Lesbian Health (March 2000)
The Research Career Development Working Group considered, in addition to IOM-suggested areas: <ul style="list-style-type: none">Need for trainingFaculty support at the assistant, associate, and professor levelsWorking with heterosexual researchers and principal investigatorsObtaining funding to design and fund programs for lesbian health researchCareer patterns and workplace experiences
Recommendations (partial list): <ul style="list-style-type: none">A lesbian health research consortium should be developed.Measures should be adopted to improve institutional accountability.Improvements should be made in the recruitment and retention of faculty.A request for applications should be issued for a lesbian health Web site to enhance the research environment through the following:<ul style="list-style-type: none">BibliographiesList of researchers and mentors in lesbian healthList of qualified reviewersTechnical assistance in grant writingInformation on funding sourcesList of available databasesDescriptions of research in progressList of training opportunities

program or in their community, and to report that being gay was an asset to their career. Women felt more stigmatized because of their sexual orientation.²⁴

In a study of lesbian and gay physicians, being openly lesbian or gay and having patients who were lesbian or gay was associated with increased discrimination. Only one fourth of the physicians were open about their sexual identity with most of their colleagues.²⁵ Similar experiences were reported by nurses, who felt that being openly lesbian or gay limited career advancement and that lesbians experienced greater discrimination than gay male nurses. A majority of nursing instructors indicated some degree of "lesbian phobia"—a belief that lesbianism is not a natural expression of human sexuality or that it is just plain wrong.²⁶⁻²⁸

In a 1996 study, a majority of 199 lesbian researchers who specialized in health and mental health felt that being lesbian had no noticeable impact on their ability to gain entrance to graduate programs and internships, find mentors and research collaborators, obtain assistance with statistical analysis, gain grant funding, and publish their research.²⁹ However,

substantial proportions perceived that doing research about lesbians and being lesbian had negative effects on their careers. Some felt that the focus of their research was a greater hindrance, while for others it was being a lesbian that seemed to create more obstacles.

The good news is that doing research about lesbians seems to have had no impact on the majority of respondents for most career activities in this study. The bad news is that a substantial minority reported negative repercussions for finding a job, obtaining grant funding, and finding a mentor, advisor, or consultant. The fact that most researchers reported positive experiences with publishing, finding a mentor, and finding collaborators may indicate that researchers who study lesbians have found more allies and colleagues in their fields, which in turn may strengthen their position in the workplace. Conversely, those respondents who have had more negative experiences connected with being lesbian may decide not to pursue research on lesbians. Certainly the results indicate that mentors and colleagues should consider using their influence to direct lesbians toward, not away from, conducting research about lesbians.

Networks and Mentors

To counter the impact of negative environments, members of minority groups may seek acceptance and support from formal or semiformal associations with others like themselves. Historically, many professional organizations, such as the American Public Health Association and the American Psychological Association, have created lesbian and gay caucuses or divisions to address sexual-minority issues and to support their members. Several dedicated organizations also exist, such as the Gay and Lesbian Medical Association and Women in Medicine.

Because networks and mentoring benefit practicing and aspiring professionals by providing opportunities for exchanges of information, collaboration, career planning, professional support and encouragement, visibility, and upward mobility, they are also key elements in building successful research careers.^{30,31} Research productivity is often dependent on collaboration, yet women do not participate in networking activities as often as men. "Old boy" networks have traditionally excluded women, and to meet their needs for professional development and support, women have been encouraged to develop their own networks. However, some women academics have been reluctant to participate in women's networks for fear that they would be labeled "feminists" or troublemakers by male colleagues and thus be further isolated professionally. Nevertheless, women have begun increasingly to rely on other women for networking support.³²

Mentoring may be especially important for women and even more so for marginalized groups of women, such as lesbians. Mentoring is related to promotions, career mobility, and career satisfaction and is an effective way to provide important information that may not be available to women who are excluded from male networks.^{33,34} Although women who have had mentors agree that this was important to their careers,^{31,35} women may be less likely than men to find mentors, particularly among female faculty.^{19,31,34,35}

Conclusions

With few exceptions, research competencies are learned in academic settings and honed in practice, ideally with careful guidance and mentoring from experienced researchers. Unfortunately, not all universities provide a safe environment in which lesbian faculty members can be out to colleagues and students and can pursue research about lesbianism. The demands of attaining tenure are extensive, and many lesbians feel they

must choose between living openly (with the fear of negative consequences) and pursuing professional success (essential to economic security).

The prevailing lack of interest in and financial support for conducting studies with lesbians further discourages those who want to conduct lesbian health research. Since the field is still in its infancy, those who choose to work in this area can expect to face additional barriers to publication, as well as lack of interest from many colleagues and difficulty in publishing studies that are not based on probability methods. Lesbian students may fare no better, as they may encounter homophobic and openly anti-gay activities on campuses. Closeted faculty members and the lack of role models further exacerbate the problem for students, who may conclude that hiding one's identity is the way to have a successful career. Lesbian students who wish to pursue research careers are disadvantaged by lack of access to mentors and, if they want to gain experience with lesbian research, by limited opportunities to participate in interesting and high-quality studies.

Findings from a 1996 study that found 60% of lesbian health researchers willing to mentor students suggest that there are resources within the lesbian research community that can be mobilized to help build an infrastructure to support research about lesbian health.²⁹ It is critical for additional researchers to be trained and encouraged to work in this field, and the fact that experienced lesbian health researchers exist and are willing to act as mentors is a very positive indicator that expanding public and private funding to support this work will result in high-quality research.

The potential clearly exists for rewarding and enduring partnerships among lesbian health researchers, government agencies, and private funders. In 2001 alone, at least 5 regional meetings about lesbian health research are being held across the country, stimulated by community concern and supported by public health organizations, agencies of the federal government, and community associations and foundations. If these and other emerging partnerships are supported with appropriate resources, and if participants can endorse fully collaborative research models, such efforts will substantially increase the range of high-quality data available for the development of public health policy, programs, and interventions to improve the health of lesbians. □

Contributors

J. Bradford, C. Ryan, and E. Rothblum conceptualized and wrote the paper. J. Bradford and C. Ryan designed and conducted the 1996 study that stimulated development of the commentary, and J. Honnold an-

alyzed the data from that study. All authors reviewed the manuscript.

References

1. Solarz AL. *Lesbian Health: Current Assessment and Directions for the Future*. Washington, DC: National Academy Press; 1999.
2. *Scientific Workshop on Lesbian Health: Steps for Implementing the IOM Report*. Washington, DC: US Dept of Health and Human Services, Office of Women's Health; 2000.
3. *Healthy People 2010: Conference Edition*. Washington, DC: US Dept of Health and Human Services; January 2000.
4. Morgan KS, Brown LS. Lesbian career development, work behavior, and vocational counseling. *Counseling Psychol*. 1991;19:273-291.
5. Fassinger RE. From invisibility to integration: lesbian identity in the workplace. *Career Dev Q*. 1995;44:148-167.
6. Griffin C, Zukas M. Coming out in psychology: lesbian psychologists talk. *Feminism Psychol*. 1993;3:111-133.
7. Tierney WG. Academic freedom and the parameters of knowledge. *Harvard Educ Rev*. 1993;63:143-160.
8. Herek GM. Documenting prejudice against lesbians and gay men on campus: the Yale Sexual Orientation Survey. *J Homosex*. 1994;25:15-30.
9. Cavin S. Rutgers Sexual Orientation Survey: a report on the experiences of the lesbian, gay and bisexual members of the Rutgers community. Unpublished manuscript; 1989. Cited by: Chan CS. Combatting heterosexism in educational institutions: structural changes and strategies. In: Rothblum ED, Bond LA, eds. *Preventing Heterosexism and Homophobia*. Thousand Oaks, Calif: Sage Publications; 1994:20-35.
10. D'Augelli AR. Lesbians' and gay men's experiences of discrimination and harassment in a university community. *Am J Community Psychol*. 1989;17:948-955.
11. Yeskel F. The consequences of being gay. Unpublished report from the Program for Gay, Lesbian, and Bisexual Concerns, University of Massachusetts at Amherst; 1985. Cited by: Chan CS. Combatting heterosexism in educational institutions: structural changes and strategies. In: Rothblum ED, Bond LA, eds. *Preventing Heterosexism and Homophobia*. Thousand Oaks, Calif: Sage Publications; 1994:20-35.
12. Nelson R, Baker H. The educational climate for gay, lesbian, and bisexual students at the University of California at Santa Cruz. Unpublished report from the Gay, Lesbian, Bisexual Community Concerns Advisory Committee, University of California at Santa Cruz; 1990. Cited by: Chan CS. Combatting heterosexism in educational institutions: structural changes and strategies. In: Rothblum ED, Bond LA, eds. *Preventing Heterosexism and Homophobia*. Thousand Oaks, Calif: Sage Publications; 1994:20-35.
13. Chan CS. Combatting heterosexism in educational institutions: structural changes and strategies. In: Rothblum ED, Bond LA, eds. *Preventing Heterosexism and Homophobia*. Thousand Oaks, Calif: Sage Publications; 1994:20-35.

14. D'Emilio J. Gay and lesbian studies. In: *Making Trouble: Essays on Gay History, Politics and the University*. New York, NY: Routledge; 1992: 160–175.
15. Kitzinger C. Beyond the boundaries: lesbians in academe. In: Lie SS, O'Leary VE, eds. *Storming the Tower: Women in the Academic World*. New York, NY: Nichols/GP Publishing; 1990: 163–177.
16. McNaron T. *Poisoned Ivy: Lesbian and Gay Academics Confronting Homophobia*. Philadelphia, Pa: Temple University Press; 1997.
17. Taylor V, Raeburn NC. Identity politics as high-risk activism: career consequences for lesbian, gay, and bisexual sociologists. *Soc Probl*. 1995; 42:252–273.
18. Gagnon J, Keller S, Lawson R, Miller P, Simon W, Huber J. Report of the American Sociological Association's Task Group on Homosexuality. *Am Sociologist*. 1982;17:164–180.
19. Brown DA. *The Role of Mentoring in the Professional Lives of University Faculty Women* [dissertation]. University Park: Pennsylvania State University; 1985.
20. Committee on the Status of Lesbians and Gays in the Profession of the American Political Science Association. Report on the status of lesbians and gays in the political science profession. *Political Science and Politics*. September 1995:561–574.
21. Pilkington NW, Cantor JM. Perceptions of heterosexual bias in professional psychology programs: a survey of graduate students. *Professional Psychol Res Pract*. 1996;27:604–612.
22. Morris JF. Issues for graduate students doing LGB research. *Division 44 Newsletter*. 1996;12: 10–11.
23. Buhrke RA. Lesbian-related issues in counseling supervision. *Women Ther*. 1989;8:195–206.
24. Townsend MH, Wallick MM, Cambre KM. Follow-up survey of support services for lesbian, gay and bisexual medical students. *Academic Med*. 1996;71:1012–1014.
25. Schatz B, O'Hanlan K. *Anti-Gay Discrimination in Medicine: Results of a National Survey of Lesbian, Gay and Bisexual Physicians*. San Francisco, Calif: American Association of Physicians for Human Rights; 1994.
26. Zurlinden J. *Lesbian and Gay Nurses*. Albany, NY: Delmar Publishers; 1997.
27. Smith GB. Homophobia and attitudes toward gay men and lesbians by psychiatric nurses. *Arch Psychiatr Nurs*. 1993;7:377–384.
28. Randall CE. Lesbian phobia among BSN educators: a survey. *J Nurs Educ*. 1989;28:302–306.
29. Ryan C, Bradford J. Unpublished manuscript from Virginia Commonwealth University, Survey Research Laboratory; 1997. Cited by: Solarz AL. *Lesbian Health: Current Assessment and Directions for the Future*. Washington, DC: National Academy Press; 1999:136–138.
30. O'Leary VE, Mitchell JM. Women connecting with women: networks and mentors. In: Lie SS, O'Leary VE, eds. *Storming the Tower: Women in the Academic World*. New York, NY: Nichols/GP Publishing; 1990:58–73.
31. Missirian A. *The Corporate Connection: Why Executive Women Need Mentors to Reach the Top*. Englewood Cliffs, NJ: Prentice Hall; 1982.
32. Mitchell JM. *Association of the Old Boy Network With Productivity and Career Satisfaction of Women Academicians, and Antecedents to the Old Boy Network* [dissertation]. Los Angeles: University of California, Los Angeles; 1987.
33. Noe RA. Women and mentoring: a review and research agenda. *Academy Manage Rev*. 1988; 13:65–78.
34. Ragins BR. Barriers to mentoring: the female manager's dilemma. *Hum Relations*. 1989;42: 1–22.
35. Collins NW. *Professional Women and Their Mentors*. Englewood Cliffs, NJ: Prentice-Hall; 1983.