Addressing Health Disparities Among Rural Midlife Lesbians: Implications for Faculty Practice and Nursing Education
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Background and Significance
Lesbians have historically lived in obscurity and isolation, especially in the Deep South where homophobia is greater than anywhere in the nation. This phenomenon affects midlife and older lesbians who grew up in the rural Deep South in the mid-twentieth century. Because of their reluctance to speak out, there is a dearth of literature about this population. Those who seek health care may encounter providers reluctant to speak out, there is a dearth of health care delivery system.

Method
Design: Qualitative phenomenological
Setting: LGBT affirming church in a Deep Southern State
Sample: Twelve self-identified midlife lesbians
Data interpretation: Giorgi’s method—bracketing, immersion, development of meaning units, themes, and clusters, triangulation

Implications and Recommendations
Facility/NP Practice
- Examine and resolve personal biases about lesbians sexual minorities
- Develop health data entry systems that include lesbian sexual minority options
- Advocate for nondiscrimination policies in all health care settings
- Lobby for inclusion of domestic partner insurance benefits
- Screen all lesbians for depression, substance abuse, smoking, obesity and domestic violence
- Utilize established GLMA protocols in the care of lesbian patients
- Educate staff about antidiscrimination laws and policies, and dismiss violators

Nurse Practitioner Education
- Present lesbian issues at facility development workshops
- Integrate lesbian content beginning with orientation to NP program
- Encourage and supervise student projects about lesbian health issues, especially rural and older lesbians
- Utilize “real” lesbians in sexual history-taking simulations with NP students
- Participate in campus programs such as SafeZone and SPECTRUM
- Educate campus and community leaders about lesbian health issues
- Serve as faculty sponsor for lesbian special interest groups

Further Research in Nursing
- Investigate unique issues of lesbians from racial and ethnic minorities
- Develop evidence-based guidelines for health care of older lesbians
- Conduct research about the developmental issues on the health of rural lesbians of all ages
- Research the integration of lesbian developmental theories with nursing and other interprofessional theories
- Study the impact of religion and public policy on the lives of lesbians
- Engage in existing research projects about lesbian health disparities
- Explore inclusion of of lesbian specific QSEN and accreditation content
- Examine ways to increase social networking for rural lesbians

Conclusion
Delays in participants’ sexual identity and emotional developments occurred because of the religious, homophobic, and rurally isolated environments of their childhoods. These women tend to approach health care with caution and reluctance that may further increase the health disparities experienced by all lesbians, and especially older lesbians from rural environments.