Research on lesbian health care is scarce, and a paucity of data exists regarding lesbians’ increased health risks. Lesbians and their heterosexual counterparts have health differences, but how they influence risk for subsequent disease is not known. The general public perceives that some sexually transmitted diseases do not affect the lesbian community, that such diseases affect only heterosexual and gay sexual contacts. The purpose of this pilot study was twofold: to explore the association between lesbians’ knowledge of human papillomavirus (HPV) cancer risk with age, education, and openness with a woman’s healthcare provider; and to explore the relationship between lesbians’ knowledge of female-to-female HPV transmission with age, education, and openness with one’s physician.

Although a general consensus in recent research on lesbians’ health acknowledges that no illnesses are unique to the population, their health concerns and needs may not be addressed in what can often be described as a homophobic and heterosexist environment (Mathieson, Bailey, & Gurevich, 2002; McNair, 2003b). Quantifying how hostile an environment is or how perceptions of homophobia affect women’s health-related communications is difficult. Health disparities in this vulnerable population are alarming, and this study tested two of the potential sources (patient knowledge and reluctance to share health information) of negative health outcomes for lesbians.

**Literature Review**

Many reasons exist for the lack of research on lesbian health. One reason is that homosexuality is stigmatized; therefore, identifying this subpopulation of women to survey them about their healthcare practices is difficult. In the 2000 U.S. census, the most comprehensive sample of same-sex couples was collected, reflecting a change in polling questions allowing gay and lesbian couples to identify themselves clearly to demographers (Simmons & O’Connell, 2003). The census queried gender