LGBT Populations' Barriers to Cancer Care

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Objective: *To describe lesbian, gay, bisexual, and transgender (LGBT) individuals' barriers to accessing and receiving quality cancer care.*

Data Sources: *Published data on cancer care and studies of LGBT individuals.*

Conclusion: *There is a clustering of barriers among LGBT individuals, which suggests multiple inequities exist in LGBT individuals' cancer care, although data on disparities along the cancer control continuum are not consistently available.*

Implications for Nursing Practice: *Nurses can make a difference in LGBT individuals' cancer care by obtaining training on LGBT health and their cancer-related needs and by providing a welcoming and respectful relationship with LGBT patients.*

Key Words: *sexual and gender minorities, neoplasms, patient–physician relations, barriers, self disclosure.*

Over the past four decades extensive progress has been made in cancer prevention and control, including novel cancer therapies and vaccines, all of which led to improved cancer survival in the United States by 25% or greater for some cancers.[1] While this is an impressive amount of progress, these advancements are not equitably distributed in the US population.[2] Systematic differences in cancer care and outcomes by socioeconomic status (SES), race, and ethnicity are widely recognized,[3] whereas differences because of sexual orientation and gender identity have hardly been acknowledged or researched. To date, research has primarily focused on understanding the reasons for racial/ethnic and SES disparities, that is, low SES' and racial and ethnic minorities' barriers to cancer care,[2,4-6] in an attempt to foster the goal of equity in access to and receipt of high-quality cancer care for all. From these reviews, equivocal evidence indicates barriers exist at the patient level, the provider level, including the patient–provider relationship, and finally at the broader system level. This theoretical framework of barriers at the patient, provider, and system level will be applied herein to sexual and gender minorities, specifically population groups also referred to as lesbian, gay, bisexual, and transgender (LGBT), who are disadvantaged and underserved because of their sexual orientation and gender identity.[7] LGBTs' barriers to quality cancer care will be discussed, along the entire cancer continuum, which ranges from cancer prevention to survivorship and end-of-life care. Whenever studies disaggregated findings for subgroups within LGBTs, instead of combining them into the overall group

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of LGBTs, these distinctions will be highlighted, recognizing that LGBTs are made up of diverse population groups, including different genders, race and ethnicity, age, and other characteristics.[7]

Patient Level Barriers

Access to health care is defined as "the timely use of personal health services to achieve the best health outcomes" and entails three steps: (1) gaining entry into the health care system (usually through insurance coverage), (2) accessing a location where needed health care services are provided, and (3) finding a health care provider whom the patient trusts.[8] Barriers to accessing quality cancer care, that is, low SES, lack of health insurance, and costs, have been noted for the general population.[9] However, these access barriers are aggregated within LGBT populations, likely resulting in lower quality cancer care, including delays in seeking care. Ample evidence points to LGBT individuals lower access to care.[7]

Studies are consistently pointing to LGBTs' low SES and lack of health insurance. For example, a recent representative study indicated that 41% of LGBT people have incomes at or below 139% of the federal poverty level.[10] This is consistent with earlier studies showing LGBT individuals are significantly more likely to live in poverty compared with heterosexual and cisgender populations.[11,12] Poverty is particularly pertinent for transgender individuals, of whom 15% report incomes of under $10,000 annually, which is four times the rate reported by the general US population.[13] While LGBT individuals have long been reported to be more often without health insurance than the general population, the Affordable Care Act had an impact on reducing this health insurance disparity.[14] From 2013 to 2014, the rate of uninsured LGBT individuals with incomes less than 400% of the federal poverty level dropped from 34% to 26%.[14] A 2015 survey of transgender respondents reported 14% were uninsured compared with 11% of the US adult population.[15] Moreover, the Affordable Care Act specifically clarified that sex-specific recommended preventive services have to be covered by insurance for individuals whose gender identity or recorded gender is not in concordance with the sex-specific service. In other words, insurers have to cover a mammogram or a pap smear for a transgender man if it is medically appropriate because the transgender man has residual breast tissue or an intact cervix. Of course, since January 2017 the repeal of the Affordable Care Act has been a prominent focus of the newly elected conservative majority US government.

Postponing medical care because of cost and having medical debt has been reported by 4 out of 10 LGBT individuals with incomes less than 400% of the federal poverty level.[10] The 2015 transgender survey reported 33% of transgender people did not see a doctor because of cost.[15] The 2013 National Health Interview Survey (NHIS) showed that 18- to 64-year-old LGB individuals are less frequently obtaining needed medical care compared with their heterosexual counterparts of the same age.[16] Further, significantly more heterosexual women reported having a usual source of medical care; 72% of bisexuals and 76% of lesbians reported a usual place for medical care compared with 86% of heterosexual women.[16]

Lack of health insurance has been linked to LB women's significantly lower cervical cancer screening rates ($P < .01$).[17] According to 2015 NHIS data, 83.3% (confidence interval [CI] 82.2–84.2) of heterosexual women had a pap test within the past 3 years, yet only 74.6% (CI 64.9–82.4) of lesbian and 77.9% (CI 68.5–85.1) of bisexual women.[18] On the other hand, the same 2015 NHIS data show that there are no significant differences in women's mammography screening by sexual orientation and show that lesbian women and gay men have higher colorectal cancer screening rates than heterosexuals.[18] An earlier study, which disaggregated colorectal cancer screening by gender, showed gay men had higher odds of being screened (1.96; CI 1.40–2.74) than heterosexual men, while colorectal cancer screening rates did not significantly differ among women of different sexual orientations.[19] These differences in rates by type of screening suggest that barriers, other than access, affect screening uptake. For example, men's higher colorectal cancer screening rates may be related to comorbid conditions and therefore more frequent medical visits.[20] Lesbian and bisexual women's lower cervical cancer screening uptake may relate to their lack of knowledge of human papillomavirus (HPV) as a risk factor for cervical cancer and their lack of awareness about women-to-women HPV transmission.[21,22] A needs assessment of Washington state's LGBT community concluded that uncertainty about screening guidelines was present among 50% of transgender women, 33% of transgender men, 22% of gender-nonconforming people, and 17% of cisgender (people whose gender