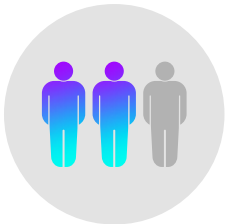


# Supporting the health of the underserved LGBTQI+ community



Up to 216,000 sexual and gender minority people are newly diagnosed with cancer each year, but these populations are medically underserved<sup>1</sup>

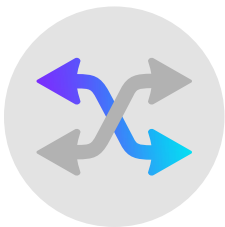


## Cancer doesn't treat all populations equally

One in three people will be diagnosed with cancer in their lifetime,<sup>2</sup> but the reality is that it affects certain groups more than other populations. These groups include racial and ethnic minorities and members of the LGBTQI+ community.

### Consider that<sup>3-5</sup>:

- Bisexual women are 70% more likely to be diagnosed with cancer than heterosexual women.
- Lesbian and bisexual women may be at higher risk of breast, cervical, and ovarian cancer compared to heterosexual women.
- Some gay men, especially those with human immunodeficiency virus (HIV), might have a higher risk of anal cancer.
- Transgender individuals often don't receive adequate routine health maintenance and specialized care due to providers' limited experience with the population.<sup>6</sup>



## Content discrepancies for health disparities

Despite their cancer health disparities, some members of the LGBTQI+ population have said that they've never received LGBTQI+-tailored cancer content.<sup>7</sup> If they're carrying a disproportionate cancer burden with a unique cluster of risk factors, why aren't they receiving the distinct information they need?

Large national cancer registries and cancer incidence surveys don't collect data on sexual orientation and gender identity (SOGI).<sup>8</sup> Also, some LGBTQI+ individuals may be reluctant to share their SOGI for fear of discrimination, even when that information is relevant to their care.<sup>1,7,8</sup> As a result, healthcare providers may not know how to support them specifically.

### CANCER HEALTH DISPARITIES

Cancer health disparities include the number of new cancer cases and deaths, cancer-related health complications, survivorship and quality of life after cancer treatment, cancer screening rates, and the stage at diagnosis that exist among certain population groups.<sup>5</sup>

## Higher disparities for double minorities

People who are part of two or more minority populations may be at an even higher risk of developing certain cancers. Consider Latinx LGBTQI+ individuals—they're a double minority with a greater chance of getting at least one cancer. For example, as LGBTQI+ individuals, they're at a higher risk of developing cervical and oral cancers; and as Latinx individuals, they're at a higher risk of developing viral-associated cancers in the liver and the stomach.<sup>7</sup>

Regardless of their gender, sexuality, race, or ethnicity, these double- or multiple-minority populations should receive equal and appropriate health treatment and disease prevention education.<sup>7</sup> Without the proper support, they may not be taking measures to prevent cancer and undergoing cancer screening to detect cancer early if it does develop.



### In a survey of 74% Latinx, 82% cisgender, 40% gay, and 28% queer individuals<sup>7</sup>:

- 91% said they've never received LGBTQI+-tailored cancer information.
- 60% of respondents ages 21 to 29 who were eligible for Pap testing hadn't been tested in the last three years, compared with 22% of all eligible U.S. individuals.
- 50% of those eligible for a mammogram hadn't had one in the last two years, compared with 29% of all eligible U.S. individuals.



### The potential influence of outreach and education

By understanding the cancer health disparities and addressing the unique needs of LGBTQI+, Latinx, and other underserved communities, we can offer more appropriate cancer knowledge while promoting cultural competency. AccessHope is dedicated to addressing cancer health disparities as social injustice in healthcare by connecting more people to renowned cancer expertise for populations in all geographic locations, regardless of their sexual orientation, gender, race, and ethnicity.

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