

Oregon Partnership for Cancer Control



Comprehensive
Cancer Control

Collaborating to Conquer Cancer



Cancer in Gay, Lesbian, Bisexual and Transgendered (GLBT) Populations in Oregon

There are numbers of people in the U.S. who are denied proper care because of their social position, economic state, sexual orientation, cultural beliefs and practices, language barriers, or geographic location. For reasons such as these, certain populations experience significant health disparities. Differences in health care factors such as access, utilization, preventive services, and treatment, may result in a higher incidence of late-stage cancers and poorer prognosis and survival for disparate populations.¹

While gay, lesbian, bisexual, and transgender (GLBT) populations are diverse, like the U.S. population, in terms of cultural background, ethnic or racial identity, age education, income, and place of residence, due to the limited availability of data collection and reporting on sexual minorities, cancer disparity issues for GLBT population are difficult to measure, both at the national and state level.^{2,3}

Despite these challenges, some studies have provided important information regarding the links between sexual identity and cancer disparities for GLBT populations. While each sexual minority faces its own cancer disparities, some overarching themes among GLBT populations include:

- *Inadequate health insurance* - Gays, lesbians and bisexuals are less likely to be insured than heterosexuals because there is a lack of availability of family or household insurance coverage for members of these households. Transgender individuals are more likely to be unemployed or underemployed, also resulting in inadequate health insurance.^{3,4}
- *Discrimination and bias during medical encounters* - Various studies suggest that few health providers are knowledgeable about or sensitive to GLBT health risks or health care needs. Stereotyping and lack of education may lead health providers to ignore known preventive care and treatment needs of GLBT, thereby making GLBT patients uncomfortable disclosing sexual orientation and behavior.^{3,4}

- *Decreased access to health services* - Gays, lesbians and bisexuals are less likely to seek out health services than heterosexuals and may have less exposure to screening services, thereby being less likely to have cancer detected at earlier stages. Few resources exist to address transgendered individuals' special needs or to provide necessary consumer education and regular medical follow-up.^{3,5}

In order to appropriately address and reduce cancer disparities faced by GLBT populations, opportunities must be created and acted upon to enhance the delivery of care for sexual minorities. This requires a public health infrastructure that supports and coordinates efforts to address GLBT populations by: ensuring access to culturally sensitive and appropriate quality health services; increasing research and evaluation that assesses sexual orientation; and increasing opportunities for GLBT cultural competency training for health providers.

Oregon Partnership for Cancer Control (OPCC) has a mission to reduce deaths and suffering from cancer in our state. The Partnership, formed in 2004, created the first cancer plan for Oregon. More than 50 public, private and non-profit organizations as well as cancer survivors are helping to reduce the toll of cancer in their communities.

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Sources:

¹ The Nation's Investment in Cancer Research: A Plan and Budget for Fiscal Year 2004. Prepared by the Director, National Cancer Institute. National Institutes of Health, U.S. Dept. of Health & Human Services (DHSS).

² U.S. DHHS and SAMHSA's National Clearinghouse for Alcohol & Drug Information. <http://www.health.org/features/lgbt/> Accessed October 22, 2004.

³ Dean L, Meyer IH, Robinson K, et al. Lesbian, Gay Bisexual and Transgender Health: Findings & Concerns. *J of the Gay and Lesbian Medical Association* 2000; 4(3): 101-151. <http://www.glma.org/pub/jglma/vol4/3/index.shtml>

⁴ Sell RL, Bradford J. *Elimination of Health Disparities Based Upon Sexual Orientation: Inclusion of Sexual Orientation as a Demographic Variable in Health People 2010 Objectives*. April 2000. <http://www.glma.org/policy/hp2010/hp2010final.shtml> Accessed September 10, 2004.

⁵ Solarz A, editor. *Lesbian Health: Current Assessment and Directions for the Future*. Washington, D.C.: National Academy Press, 1999.