

Reducing LGBTQ+ Cancer Disparities



Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ+) communities face serious challenges, bias, and obstacles to cancer screening and healthcare. The American Cancer Society estimates there could be nearly 152,000 new cancer cases and 50,000 cancer deaths among LGBTQ+ people in 2023.¹

Cancer impacts everyone, but it doesn't impact everyone equally. The American Cancer Society Cancer Action Network (ACS CAN) and our volunteers are advocating for local, state, and federal public policies that reduce cancer-related disparities and improve health outcomes for everyone, regardless of race, ethnicity, gender, age, gender identity, sexual orientation, ability, socioeconomic status, and/or zip code.

ACS CAN's LGBTQ+ & Allies Engagement Group represents volunteers throughout the country and helps increase awareness and advance policy that will end barriers to cancer care for LGBTQ+ people. Learn more about our Engagement Group, advocacy work, and how you can get involved at fightcancer.org.

Some examples of ACS CAN's advocacy work to reduce the cancer burden for LGBTQ+ individuals include:



ACCESS TO HEALTHCARE

Because...

- LGBTQ+ people are more likely to be underinsured or uninsured, unhoused, and experience poverty and food insecurity;² and
- Many LGBTQ+ individuals depend on Medicaid for health coverage, especially people color and transgender individuals;³ and
- Many LGBTQ+ individuals belong to multiple diverse groups, like racial, ethnic, and limited incomes, which can cause additional stress and discrimination.

Note: The plus sign represents diverse sexualities, gender identities, and gender expressions which may not be explicitly included in the LGBTQ acronym

ACS CAN is...

- Advocating to ensure all eligible individuals can access **affordable, comprehensive health insurance** through Medicaid expansion; and
- Supporting the **Respect for Marriage Act** that ensures marriage equality for same-sex couples and their families and protects their ability to access employer health insurance; and
- **Fighting against "conscience clauses"** that would allow healthcare providers, staff, and insurers to deny care and services based on personal or religious beliefs.



State Spotlight: Recently, South Dakota and North Carolina expanded Medicaid coverage leaving 10 states who haven't expanded.



INCLUSIVE HEALTHCARE

Because...

- About 30% of LGBTQ+ adults do not seek healthcare services or don't have a regular healthcare provider compared to 10% of heterosexuals;⁴ and
- Many LGBTQ+ have negative experiences with healthcare providers;⁵ and
- Most medical intake forms do not ask or allow people to include their sexual orientation and/or gender identity.⁶



State Spotlight: Oregon & Maine are working to collect sexual orientation and gender identity data in their healthcare systems.

ACS CAN is...

- Advocating to maintain the provision of the Affordable Care Act that ensures broad **protection against discrimination** of LGBTQ+ individuals in healthcare services; and
- Actively **opposing** legislative and regulations that include **“conscience clauses”**; and
- Actively supporting the **Health Equity and Accountability Act (HEAA)** that recognizes the importance of including LGBTQ+ people in health data collection to inform policies.



TOBACCO CONTROL

Because...

- About 1 in 6 (15.3%) lesbian, gay, and bisexual (LGB) adults smoke compared to about 1 in 9 (11.4%) heterosexual adults;⁷ and
- As many as 26% of LGB high school-age youth use cigarettes, cigars, or smokeless tobacco, compared to 18% of non-LGB teens;⁸ and
- About 36% of LGBT people that smoke report smoking menthol cigarettes compared to 29% of heterosexuals that smoke.⁹

ACS CAN is...

- Encouraging the FDA to **end the sale of menthol cigarettes and all flavored cigars**, highlighting the impact that target marketing of menthol cigarettes has had on certain communities, such as the LGBTQ+ population.



State Spotlight: Currently, 5 states (Massachusetts, New Jersey, New York, Rhode Island, and California) and over 360 local communities restrict the sale of flavored tobacco products.

References

¹ American Cancer Society. *Cancer Facts & Figures 2023*. Atlanta. American Cancer Society; 2023.

² National LGBT Cancer Network. *Out: The National Cancer Survey, Special Sub-Report: Gender Expansive Findings*. The National LGBT Cancer Network. Providence. 2021.

³ Kerith J. Conron & Shoshana K. Goldberg (2018). LGBT adults with Medicaid Insurance. The Williams Institute. williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Medicaid.pdf

⁴ Quinn GP, Sanchez JA, Sutton SK, et al. Cancer and lesbian, gay, bisexual, transgender/transsexual, and queer/questioning (LGBTQ) populations. *CA Cancer J Clin*. 2015 Sep-Oct;65(5):384-400.

⁵ Burke SE, Dovidio JF, Przedworski JM, et al., Do contact and empathy mitigate bias against gay and lesbian people among heterosexual first-year medical students? A report from Medical Student CHANGES. *Journal of Association of American Medical Colleges*. 2015;90(5):645-651.

⁶ Centers for Disease Control and Prevention. Collecting Sexual Orientation and Gender Identity Information. Centers for Disease Control. 2022. Accessed <https://www.cdc.gov/hiv/clinicians/transforming-health/health-care-providers/collecting-sexual-orientation.html>

⁷ Cornelius ME, Loretan CG, Jamal A, et al. Tobacco Product Use Among Adults – United States, 2021. *MMWR Morb Mortal Wkly Rep* 2023;72:475–483. DOI: <http://dx.doi.org/10.15585/mmwr.mm7218a1>

⁸ American Cancer Society. *Tobacco and LGBTQ+ Communities*. Atlanta. American Cancer Society; 2022.

⁹ Fallin A, Goodin AJ, King BA. Menthol cigarette smoking among lesbian, gay, bisexual, and transgender adults. *Am J Prev Med*. 2015 Jan;48(1):93-7.