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.

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 policies 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 of 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.

facebook.com/acscan
instagram.com/acscan
linkedin.com/company/acscan
twitter.com/acscan
www.fightcancer.org
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.

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...

- 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.

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

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.