

The Voices and Experiences of Ethnically Diverse LGBTQ+ Individuals on Cancer Prevention and Screening in Cedars-Sinai Cancer's Catchment Area in Los Angeles

Cedars-Sinai Cancer, Research Center for Health Equity

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Background

There are 10 million American adults in Los Angeles County that identify as lesbian, gay, bisexual, transgender, queer or more (LGBTQ+) (1). The LGBTQ+ community is a population that has high and specific health risk factors such as infectious diseases, tobacco and alcohol, and recreational drug use (2). Other high risk factors that represent more obstacles when seeking healthcare for LGBTQ+ people include unemployment, lack of insurance, or being underinsured, being of low SES, and being a person of color (3). There are about 30% of LGBTQ+ adults who do not seek health care services or have a regular health care provider compared with 10% of age-matched heterosexuals (4). In addition, HIV-positive patients continue to have higher cancer mortality rates in colorectal, melanoma, and breast cancers, even after adjusting for cancer treatment (3,5). It is clear that there is a lack of understanding and research in the LGBTQ+ community due to reactive interventions in other fields such as substance abuse, HIV and STD testing, and socioeconomic equity; however, a focus on preventative measures can help improve the overall health of the LGBTQ+ community.

Objectives

- Aim 1: to better understand knowledge, experience, and health habits relating to cancer prevention and screening.
- Aim 2: to obtain feedback on how to communicate American Cancer Society screening guidelines to LGBTQ+ people.

References

- 1. Gallup, In U.S., More Adults Identifying as LGBT, in Social and Policy Issues. 2017.
- 2. Lesbian, Gay, Bisexual, and Transgender Health | Healthy People 2020. (2020). Healthypeople.gov. Retrieved 9 March 2020, from https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health
- 3. Baciu, A., Negussie, Y., Geller, A., Weinstein, J. N., & National Academies of Sciences, Engineering, and Medicine. (2017). The state of health disparities in the United States. In *Communities in Action: Pathways to Health Equity*. National Academies Press (US).
- 4. Quinn, G.P., et al., Cancer and lesbian, gay, bisexual, transgender/transsexual, and queer/questioning (LGBTQ) populations. CA Cancer J Clin, 2015. 65(5): p. 384-400.
- 5. Ceres, M., et al., Cancer Screening Considerations and Cancer Screening Uptake for Lesbian, Gay, Bisexual, and Transgender Persons. Semin Oncol Nurs, 2018. 34(1): p. 37-51.

Results



Figure 1. Transgender and Non-Binary Word Cloud Common themes among Transgender folks.



Figure 2. GBTQ Men of Color Word Cloud
Common themes among the Gay, Bisexual, Queer folks.



Figure 3. Community Worker Word Cloud
Common themes among community workers that work with
LGBTQ+ communities.

"...I guess as the times change,
people are becoming more open to
the LGBTQ+ community. [However,]
there definitely should be more
studies [for the LGBTQ+
community]... [T]he [way the] health
system is built should also change
with the times [and] not just... for very
specific genders."

(Participant of Transgender and Non-Binary Focus Group)

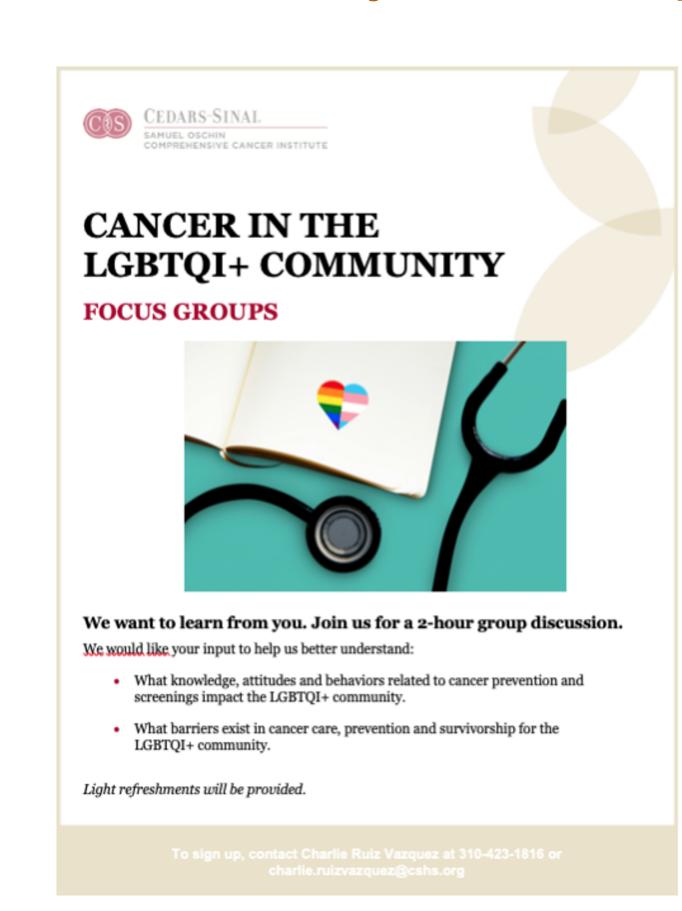


Figure 4.
LGBTQ+ Focus
Group Flyer
The flyer was
used to recruit
LGBTQ+
community
members.



Figure 5. Los Angeles Pride Festival
Outreach to recruit participants in West Hollywood, CA.

Methods

The LGBTQ+ Focus Groups were initially developed as a starting point when thinking about the the issue of cancer prevention, education, and awareness for the LGBTQ+ community. The Research Center for Health Equity started by recruiting participants in collaboration with The Wall Las Memorias Project. The Research Center for Health Equity attended LGBTQ+ Pride events of Los Angeles County from May 2019 to August 2019 and informed community members about focus groups to inform an intentional LGBTQ+ cancer education, awareness, and prevention. The Wall Las Memorias Project also recruited existing participants from their programming. There were three focus groups completed with 36 people in attendance, 27 out of the 36 were LGBTQ+ identified, while 9 worked directly with the LGBTQ+ community. The questions were divided into six sections to ask about attitudes on cancer and healthcare; knowledge on cancer and cancer screening; and targeted HPV questions to understand access to care, beliefs, and knowledge that already exists in the LGBTQ+ community.

Conclusions

There is a gap in the literature and research among the LGBTQ+ community. Therefore, these focus groups give us a better understanding when starting to develop cancer interventions for the LGBTQ+ community. In each focus group, there was a common narrative of misinformation and a lack of knowledge about HPV and HPV associated cancers. The transgender focus group mentioned that providers did not really know how to test them for HPV. The GBTQ+ men of color focus group shared misinformation about HPV associated cancers and skepticism about the HPV vaccine. The last group with LGBTQ+ health workers thought it would be best to share more relevant information to the community that is tailored and comprehensive about HPV. The LGBTQ+ community faces a cancer care system that lacks cultural sensitivity as individuals often report delaying needed medical care because of fear of discrimination. Further, relevant information on cancer risk, prevention, and cancer screening needs to reach the diverse identities of the LGBTQ+ community in multiple languages.

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