

Disparities in Cancer Screening in Sexual and Gender Minority Populations: A Secondary Analysis of Behavioral Risk Factor Surveillance System Data

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OBJECTIVES: To describe cancer screening characteristics and better understand individual-, environmental-, and organizational-level barriers of sexual and gender minority (SGM) populations.

SAMPLE & SETTING: This study was conducted using a combined sample from the Behavioral Risk Factor Surveillance System (BRFSS) national dataset from 2014 and 2016.

METHODS & VARIABLES: Chi-square tests for independence and logistic regression analysis tests were performed to determine whether relationships existed between SGM status and demographics.

RESULTS: Black respondents or those who reported their race as other, were female, had some college or technical school or more, and had healthcare coverage were less likely to present for cancer screening. SGM respondents who were in good or better health; were unmarried; were aged 18–44 years or 45–55 years; or were Asian, Native American, or Hawaiian, or reported their race as other, had higher odds of screening for cancer.

IMPLICATIONS FOR NURSING: Disparities in cancer screening among SGM populations are not well documented. These findings will inform structured education and preventative interventions to improve screening participation among SGM populations.

KEYWORDS cancer screening; LGBTQ+; sexual orientation; gender identity

ONF, 50(2), 157–167.

DOI 10.1188/23.ONF.157-167

Sexual and gender minority (SGM) populations, made up of people identifying as part of the LGBTQ+ (lesbian, gay, bisexual, transgender, or queer) community, are less likely to seek routine cancer screening, have higher rates of certain cancers (Bristowe et al., 2018; Burkhalter et al., 2016; Institute of Medicine, 2011; Schabath et al., 2019), and may present with advanced stages of cancer, leading to higher mortality rates (National LGBT Cancer Network, 2013). Overall cancer mortality rates continue to decrease, and individuals are living longer with cancer as a chronic condition (Curtin, 2019). This is not the case for members of SGM populations who are less likely to participate in cancer screening (Burkhalter et al., 2016; Schabath et al., 2019), despite the well-established fact that improved outcomes and increased survival rates occur with early detection of cancer and participation in routine health care (World Health Organization, 2017).

Little is known about the demographic, socioeconomic, and healthcare characteristics of eligible SGM individuals who present for cancer screening (screeners) compared to eligible SGM individuals who do not participate in cancer screening (nonscreeners). Although nonscreening SGM populations are at higher risk for developing cancer, the lack of screening participation remains an elusive and complex problem.

A major barrier to understanding cancer screening characteristics among the SGM population is the failure to collect sexual orientation and gender identity (SOGI) data (Cathcart-Rake, 2018; Institute of Medicine, 2011; Joint Commission, 2011). To identify, track, and address disparities in SGM populations, the National Academy of Medicine and the Joint Commission recommend these data be collected electronically (Institute of