

Barriers and Facilitators to Cancer Screening Among LGBTQ Individuals With Cancer

Kelly S. Haviland, PhD, Shannon Swette, PhD, Teresa Kelechi, PhD, and Martina Mueller, PhD

PROBLEM IDENTIFICATION: Cancer screening may reduce mortality and frequency of the disease. Lesbian, gay, bisexual, transgender, or queer (LGBTQ) individuals are less likely than non-LGBTQ individuals to present for cancer screening.

LITERATURE SEARCH: A literature search was performed using CINAHL®, PsycINFO®, and PubMed®. Articles were included if they were published in English from 2008 to 2018 and addressed barriers or facilitators to cancer screening in LGBTQ populations.

DATA EVALUATION: Data were organized by thematic matrix and classified according to the multilevel influences on the cancer care continuum framework: individual patient, family and social supports, provider/team, organization and/or practice setting, local community environment, state health policy environment, and national health policy environment.

SYNTHESIS: This integrative review found that the lack of cancer screening data and knowledge about screening guidelines by LGBTQ populations and providers were major barriers to cancer screening adherence. Provider-created welcoming environments and caregiver inclusion were facilitators.

IMPLICATIONS FOR PRACTICE: Determinants of health-seeking behavior included patients' and providers' lack of cancer screening knowledge, as well as perceived discrimination. Nurses are in a unique position to provide cancer screening information and culturally sensitive care for LGBTQ populations with adequate education.

KEYWORDS integrative review; LGBTQ populations; cancer screening; sexual and gender minorities
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According to 2017 Gallup poll results, 11 million Americans, or 4.5% of the U.S. population, identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ); this is an increase from 3.5% in 2012, when Gallup began tracking LGBTQ populations-based data (Newport, 2018). Despite this increase, the Centers for Disease Control and Prevention's National Program of Cancer Registries, the National Cancer Institute's Surveillance, Epidemiology, and End Results Program, and the American College of Surgeons and the American Cancer Society's National Cancer Data Base do not collect sexual orientation or gender identification (SOGI) data in regard to cancer surveillance. Therefore, limited cancer screening data exist for LGBTQ populations.

Research has shown that LGBTQ populations have the highest rates of tobacco and alcohol use, both of which are known contributors to elevated cancer risk, compared to non-LGBTQ populations (Daniel & Butkus, 2015). These elevated risks lead to a disproportionate number of LGBTQ individuals living with cancers, including anal, breast, cervical, colorectal, endometrial, lung, and prostate (Bristowe et al., 2018; Burkhalter et al., 2016; Gonzales & Zinone, 2018; Gruskin, Hart, Gordon, & Ackerson, 2001; Institute of Medicine, 2011; McCabe, West, Hughes, & Boyd, 2013; McComiskey et al., 2018; Tang et al., 2004). However, reasons for participation in cancer screening are not largely documented and can only be speculative without collection of cancer-specific SOGI data (Burkhalter et al., 2016; Quinn et al., 2015). Therefore, a literature review was conducted to provide a better understanding of the barriers and facilitators to LGBTQ populations' cancer screening behavior.

The integrative review framework by Whittemore and Knafl (2005) guided this review and was implemented using the following steps: problem identification, literature search, data evaluation, data analysis, and presentation. Current literature was