

Cancer Equity and Affirming Care

An overview of disparities and practical approaches for the care of transgender, gender-nonconforming, and nonbinary people

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BACKGROUND: Transgender, gender-nonconforming, and nonbinary (TGNCNB) cancer survivors experience worse overall health, quality of life, and greater distress; are underserved regarding supportive services; perceive discrimination in health care; and report less satisfaction with their cancer care and treatment.

OBJECTIVES: This article presents an overview of TGNCNB cancer-related health disparities and marginalization in health care, education, and research.

METHODS: The literature was reviewed regarding health equity across the cancer continuum and practical approaches for establishing cancer-related health equity for TGNCNB survivors.

FINDINGS: Nurses can create safe, affirming, and effective clinical spaces by recognizing their shared contributions to bias and discrimination experienced by TGNCNB cancer survivors. Nurses must leverage their influence as clinical care experts to advance TGNCNB cancer health equity through practice, education, advocacy, and research.

KEYWORDS

transgender people; health equity; gender identity; cancer survivors; affirming care

DIGITAL OBJECT IDENTIFIER

10.1188/21.CJON.S1.25-35

AN ESTIMATED TWO MILLION U.S. ADULTS ARE TRANSGENDER (Jones, 2021). Transgender, gender-nonconforming, and nonbinary (TGNCNB) people have a gender other than that assumed at birth, have no gender, or express themselves in ways that do not conform to societal expectations. TGNCNB people are marginalized in society and health care and have poorer health outcomes than cisgender people (i.e., those whose gender aligns with that assumed at birth) (Patterson et al., 2020). Health disparities of TGNCNB people are not caused by their gender; rather, TGNCNB people experience discrimination, minority stress, and sociopolitical barriers to optimal health that lead to survival strategies that are known to put individuals at higher risk for poor health outcomes, including cancer (Cyrus, 2017; Meyer, 2003; Quinn, Sanchez, et al., 2015).

Based on U.S. population estimates and cancer incidence and prevalence, it is expected that 114,000 TGNCNB people will be diagnosed with cancer in 2021, and 36,500 TGNCNB people will die of cancer (American Cancer Society, 2021). Oncology nurses, many of whom are TGNCNB people, are devoted to providing clinically competent, compassionate, relationship-based care. Whether nurses are in direct care, education, leadership, research, or advocacy, they are positioned to influence cancer health equity for TGNCNB people (Scime, 2019).

Background

TGNCNB individuals are included in the umbrella terms sexual and gender minority (National Institutes of Health, 2020) or lesbian, gay, bisexual, transgender, or queer (LGBTQ+). Other common terms used by some TGNCNB people to describe themselves include agender, bigender, gender expansive, gender fluid, genderqueer, men, queer, trans(gender) men/women, trans-masc(uline) or -fem(inine)/femme, two-spirit people, or women, among many others. Language is important and is always changing and evolving in contemporary social contexts, so it is important to always use individuals' language when referring to them and to acknowledge their gender. TGNCNB people may affirm their gender in a variety of social, legal, medical, and/or surgical ways (see Figure 1). Importantly, not all TGNCNB people desire or undergo medical, surgical, behavioral, or social transitions (James et al.,