

Lesbian, gay, bisexual, transgender, and queer (LGBTQ) people are diverse, representing a small percentage of the American population. The identities of LGBTQ people are complex, are multi-layered, and have a substantial impact on health and well-being.

Oncology nurses and allied health professionals are uniquely positioned to appreciate the individuality of each patient, as well as address population-based considerations. This affords the provision of compassionate, culturally, and clinically competent care to this vulnerable population. Oncology care providers can begin to address the health inequities experienced by the LGBTQ community, restore trust in the patient-provider relationship, and improve care quality.

#### AT A GLANCE

- LGBTQ people have endured stigma and discrimination that affect access to and experiences with the healthcare system.
- Multiple personal and demographic identities intersect to influence a patient's experience with healthcare systems and providers.
- This health disparity population often suffers inadequate care and negative consequences throughout the care continuum; oncology nurses and other providers must educate themselves in the care of this vulnerable population.

#### KEYWORDS

LGBTQ; cancer; identity; stigma; vulnerable populations; health disparity

#### DIGITAL OBJECT IDENTIFIER

10.1188/19.CJON.668-671

# LGBTQ

## The communities within a community

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Lesbian, gay, bisexual, transgender, and queer (LGBTQ) people are designated as a health disparity population by the National Institutes of Health/National Institute for Minority Health and Health Disparities (Pérez-Stable, 2016). Health disparity populations can have a higher incidence of disease, premature death or higher death rates in diseases for which the populations differ (e.g., cardiovascular disease, cancer), greater burden of disease (e.g., poor quality of life, reduced disability-adjusted life years), or worse daily functioning. For LGBTQ people, the journey through the cancer care continuum can impart even greater negative consequences, with potential higher cancer risks, lower screening rates, later detection, worse treatment outcomes, and more challenges in survivorship than the general population (Margolies & Brown, 2018).

### Defining the LGBTQ Community

Sexual orientation refers to one's physical and sexual attraction to another; gender identity refers to one's own internal, personal sense of gender, which may or may not match one's birth gender (see Figure 1). In the LGBTQ community, there is tremendous diversity within each orientation and within each identity. Although there is an overarching sense of the LGBTQ community, there is not one community. There are numerous communities and numerous populations. Reflecting on this, Quinn et al. (2015) noted that "what each group shares within the community is a common stigmatization as a sexual or gender minority for which little health

research, particularly cancer related, has been conducted" (p. 385).

To define community, MacQueen et al. (2001) conducted 118 participant interviews with African Americans in Durham, North Carolina; gay men in San Francisco, California; IV drug users in Philadelphia, Pennsylvania; and HIV vaccine researchers from across the United States. The authors proposed the following definition, which also may be useful when considering the LGBTQ community: "a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings" (p. 1,936).

Another identified community, which by definition remains invisible, consists of the "on the down-lows"—individuals whose identity does not always match their behavior (e.g., men who identify as straight and who have sex with other men, women who identify as lesbian and who have sex with men) (Diamant, Schuster, McGuigan, & Lever, 1999; Pathela et al., 2006). Discussing the impact of depression on the lives of Black HIV-positive men, L. Margolies (personal communication, March 27, 2019) noted that "the terminology of sexual orientation changes within different social, political, and cultural contexts. . . . Many Black men who have sex with other men avoid that term [gay], considering it a reference to a White subculture they don't identify with." In a study of men who have sex with men in New York City, many did not disclose their same-sex relations with their primary care providers, including 100% of the men who identified as bisexual (New