**Multidisciplinary Approaches to Cancer Symposium**

# Affirming Care: LGBTQ+ Communities, Data Equity, and Minority Stress

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# Disclosures

- I do not have any relevant financial relationships.

*This presentation and/or comments will provide a balanced, non-promotional, and evidence-based approach to all diagnostic, therapeutic and/or research related content.*

# Cultural Linguistic Competency (CLC) & Implicit Bias (IB)

**STATE LAW:**
The California legislature has passed Assembly Bill (AB) 1195, which states that as of July 1, 2006, all Category 1 CME activities that relate to patient care must include a cultural diversity/linguistics component. It has also passed AB 241, which states that as of January 1, 2022, all continuing education courses for a physician and surgeon **must** contain curriculum that includes specified instruction in the understanding of implicit bias in medical treatment.

*The cultural and linguistic competency (CLC) and implicit bias (IB) definitions reiterate how patients' diverse backgrounds may impact their access to care.*

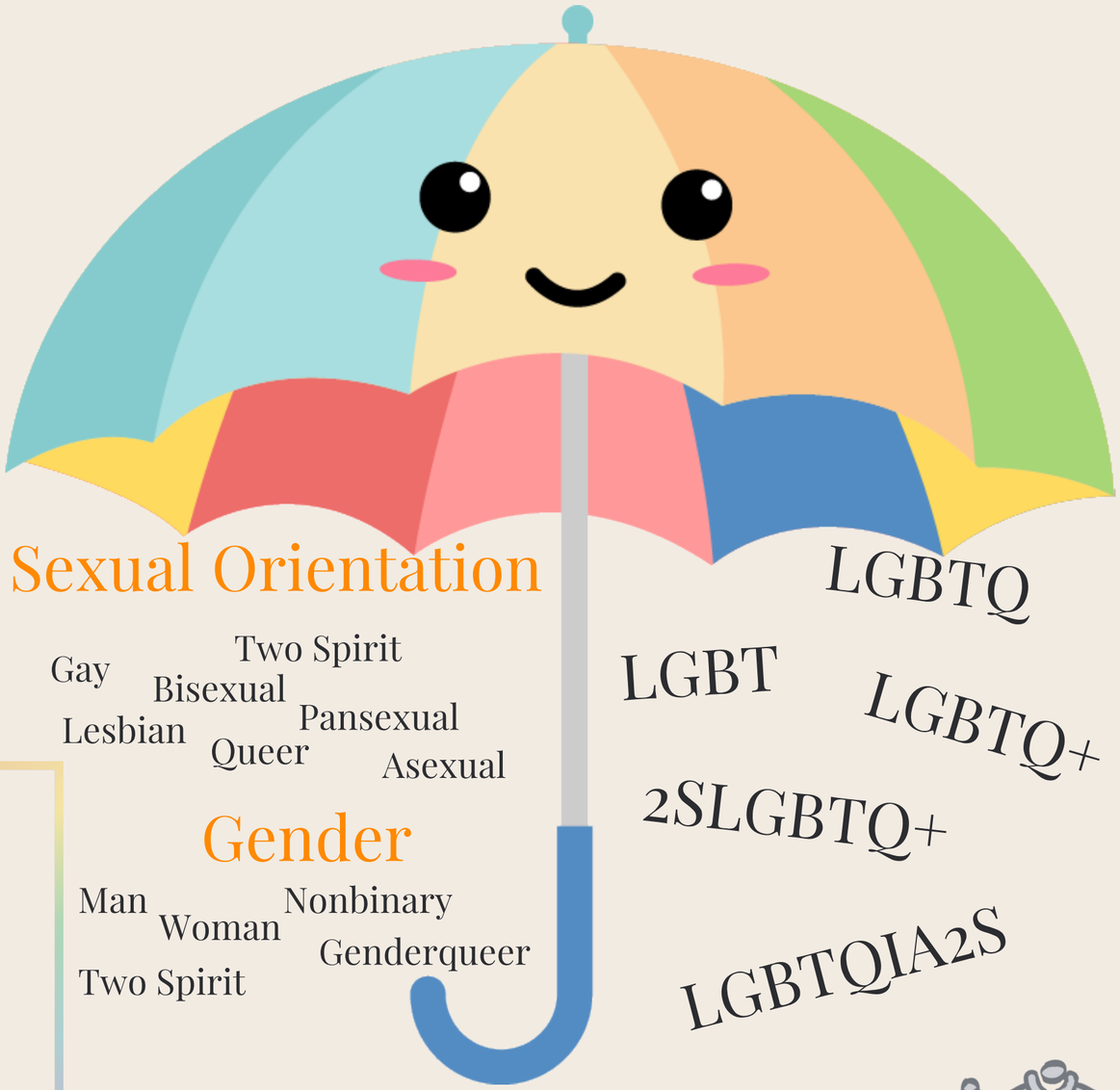
***EXEMPTION:***
Business and Professions Code 2190.1 exempts activities which are dedicated solely to research or other issues that do not contain a direct patient care component.

***The following CLC & IB components will be addressed in this presentation:***

- *Discuss possible barriers and biases which may impact patient care (i.e. race, ethnicity, language, gender identity/orientation, age, socioeconomic status, attitudes, feelings, or other characteristics).*
- *The impact of systemic oppression and discrimination on the health outcomes of LGBTQ+ folks throughout the cancer care continuum. This topic includes the recognition of intersectional identities since LGBTQ+ folks are a part of every race/ethnicity, religion, gender, and age group.*

# Language Matters

# LGBTQ+ is an Umbrella Term



## THE ACRONYM

**LGBTQ+** is the acronym folks in most queer communities see themselves in.

**SGM** (sexual and gender minorities) is a term selected by funders and researchers to projects and policies that study or impact LGBTQ+ communities. Use should be limited to “as needed” for funder reports.

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# LANGUAGE MATTERS

**Sex** is a medical/societal designation placed on people at birth based on the appearance of external genitalia or their chromosomes (in humans, various combinations of X and Y). The terms for sex are usually Male (M), Female (F) and nonbinary (X). Biologically, sex is not binary, nor are sexual characteristics.

**Gender** is a person's inner most concept of self as a man, woman, both, neither, or somewhere in between. The terms for gener have greater variety: woman/girl, man/boy, nonbinary, gender queer, gender fluid, etc

# LANGUAGE MATTERS

**Transgender** and **cisgender** are adjectives placed on a gender tern such as cisgender woman, transgender man, transgender nonbinary etc.

Transgender women are women
Transgender men are men

**Cisgender**

Sex and Gender are aligned

**Transgender & Nonbinary**

Sex and Gender are not aligned

**Nonbinary**

Genderqueer
Agender Bigender
Genderfluid
& More

**Not all nonbinary folks consider themselves transgender

**Binary**

Transgender Man
Transgender Woman

# LANGUAGE MATTERS


“Trans” and “Transgender” are adjectives!

- So say “he is a trans man,” or “they are trans”
- Do NOT say “he is a transgender” or “transgendered”

Mirror language!

- If someone refers to themself as “queer,” you should too!
- Unsure how to refer to someone? Ask!

Focus on body parts, not gender!

- Breast/chest; “people with prostates”

Remember the acronym!

- Refer to our larger community as LGBTQI+ rather than just “gay and lesbian people”
- Google is free, but not always accurate. Partner with local LGBTQI+ organizations

# LANGUAGE MATTERS


“My pronouns are …”

- My ~~preferred~~ pronouns…
- Pronouns are used to reflect who are person is. They are not a preference.

The use of **gender neutral pronouns** is growing

- They/Them is the most common
- Practice
- Ensure this is an option for folks to choose in your system

Unsure about someone’s pronouns? Ask!

- It is ok for some to not answer you

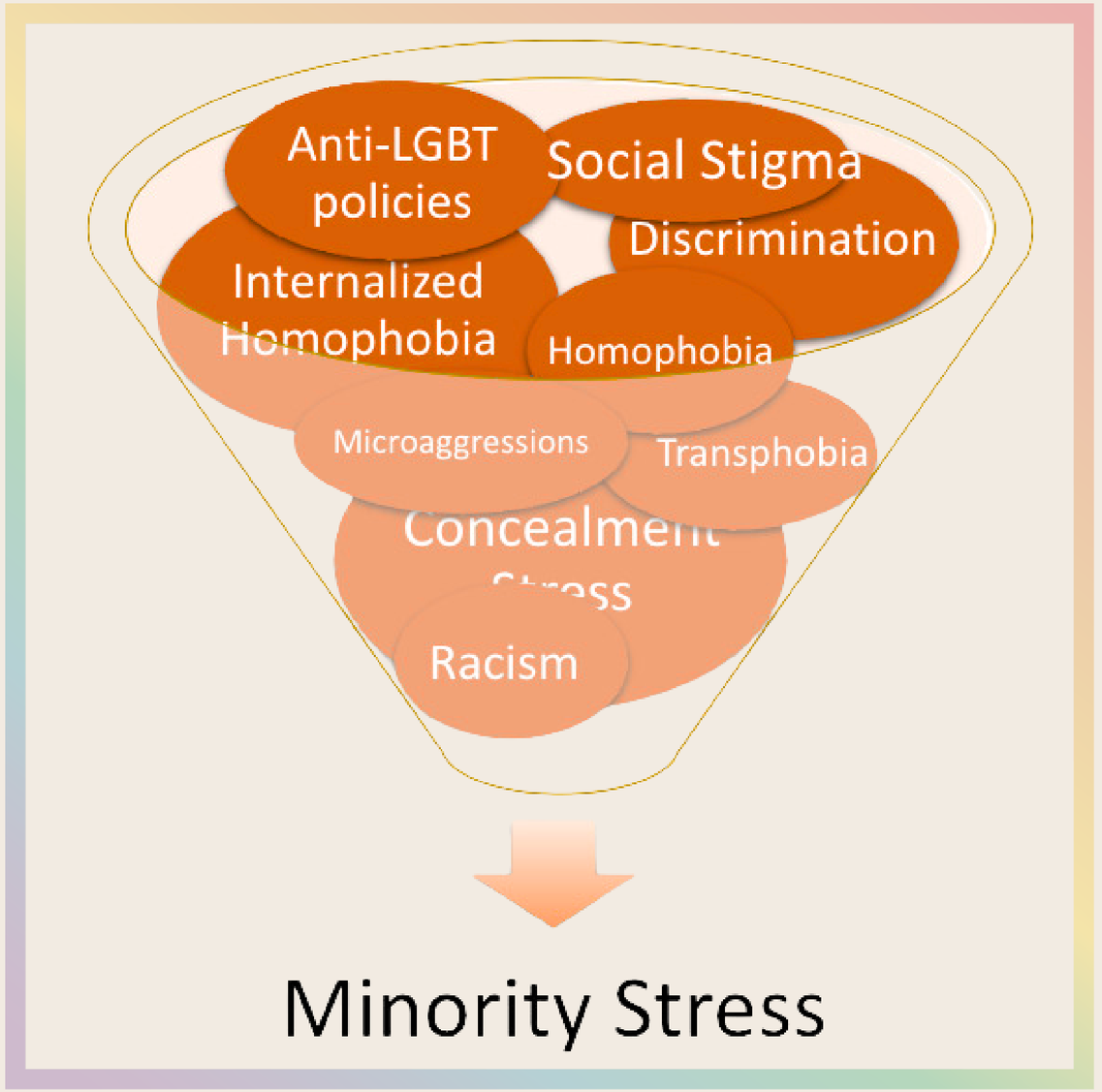
Flub it?  Correct and **move on**

# Drivers of LGBTQ+ Health Inequities

# MINORITY STRESS

Mental and emotional strain that marginalized groups experience due to prejudice, discrimination, or racism which can include:

- **Internalized Stigma**
- **Social Stressors**
- **Discrimination**



## Political Drivers of Health

Health is impacted by power groups, institutional policy and processes, interests, and ideological positions held within political systems and cultures are various levels of governance.

**Example:**

**SOGI data collection**


## Social Drivers of Health

Health and quality of life are determined by the conditions within the environments where people are born, work, learn, play, worship, and age.

**Example:**

**Language**

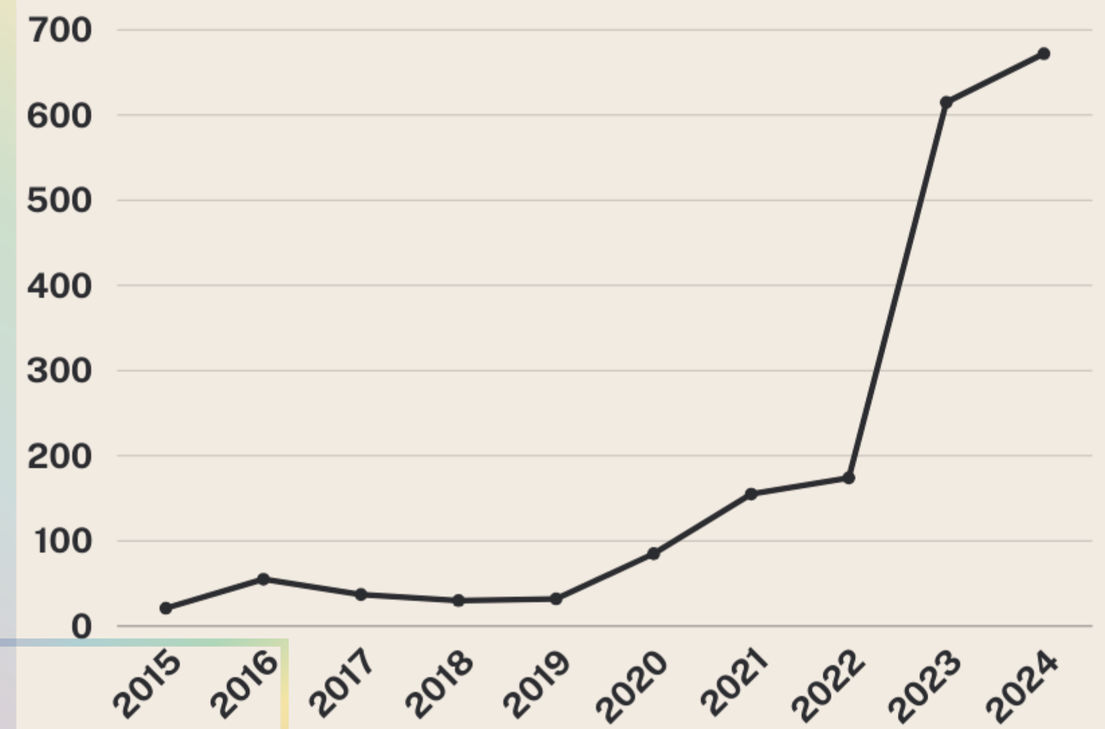
# WE ARE UNDER ATTACK

**2025** is on track to be another record breaking year with

## 604 bills across 49 states

As of Sept 3rd 2025

There has been an increase in political attacks targeted at our communities with a vast majority being anti-transgender legislation



# LGBTQ+ COMMUNITIES BY THE NUMBERS

**9.3%**
*Nationwide*

**42%**
*racial/ethnic minorities*

**25%**
*of Gen Z adults*


## Transgender Communities

**1.3%**
*Nationwide*

**71%**
*report gender-based discrimination*

# Impacts of Discrimination on Cancer

# IMPACT OF SYSTEMIC DISCRIMINATION AND OPPRESSION

### *Cancer Prevention*

Increased risk factors related to minority stress such as, increased alcohol and tobacco use.

### *Cancer Detection*

Medical mistrust from discrimination faced in medical settings leads to an avoidance of care. Like many other minoritized groups, LGBTQ+ folks will often have cancer detected at more advanced stages.

### *Cancer Diagnosis*

Limited SOGI+ data inclusion throughout the cancer continuum, including research, slows the progress of research into inclusive diagnostic protocols. A lack of provider trainings or LGBTQ+ competency can further impair diagnosis timelines.

### *Cancer Treatment*

Research gaps, gender-based and heteronormative clinical guidelines, a lack of tailored resources, and low social support limits treatment options and may extend treatment timelines or access.

### *Survivorship*

Everything that leads to survivorship all contributes to a worse quality of life for those who are living through and living after the fight with cancer.

# WHAT CAN WE DO ABOUT IT?

- Advocate for change
- Attend future trainings
- Ask questions!

- Talk to your employer about the importance of SOGI data collection
- Develop your understanding of Invisible communities
- Get comfortable with LGBTQ+ Language

# LETS GET SPECIFIC!

Collect SOGI+ data along with other demographic data

Create a welcoming space

# What Exactly is SOGI+ Data?

# WHAT IS SOGI+ DATA?

**Sexual Orientation (SO)**

- The identity one holds based on physical, romantic and sexual attraction or the lack thereof

**Gender Identity (GI)**

- One’s innermost concept of self as man, woman, a blend of both or neither – how individuals perceive themselves and what they call themselves

**Sexual Characteristics and More (+)**

- The biological physical combinations of internal and external sex organs and hormonal environment

# WHY COLLECT SOGI+ DATA?

**Being left out of the data collection often means being left out of data driven solutions**

- This is a Political Determinant of health that can be mitigated by institutional policy change
- This includes looking at how the intersection of race and LGBTQ+ identities impact health

**Data Equity is Health Equity!**

**How much pushback will we get for asking SOGI+ questions in our clinic!?**

**Where do we find the “right” way to ask SOGI+ questions?**

***What do our staff need to know about affirming approaches to SOGI+ questions!?***

# CALIFORNIA DIALOG ON CANCER

## Health Equity Workgroup - Data Project Surveys

California Cancer Center Survey - Completed in 2022
**60% Collect SOGI Data**

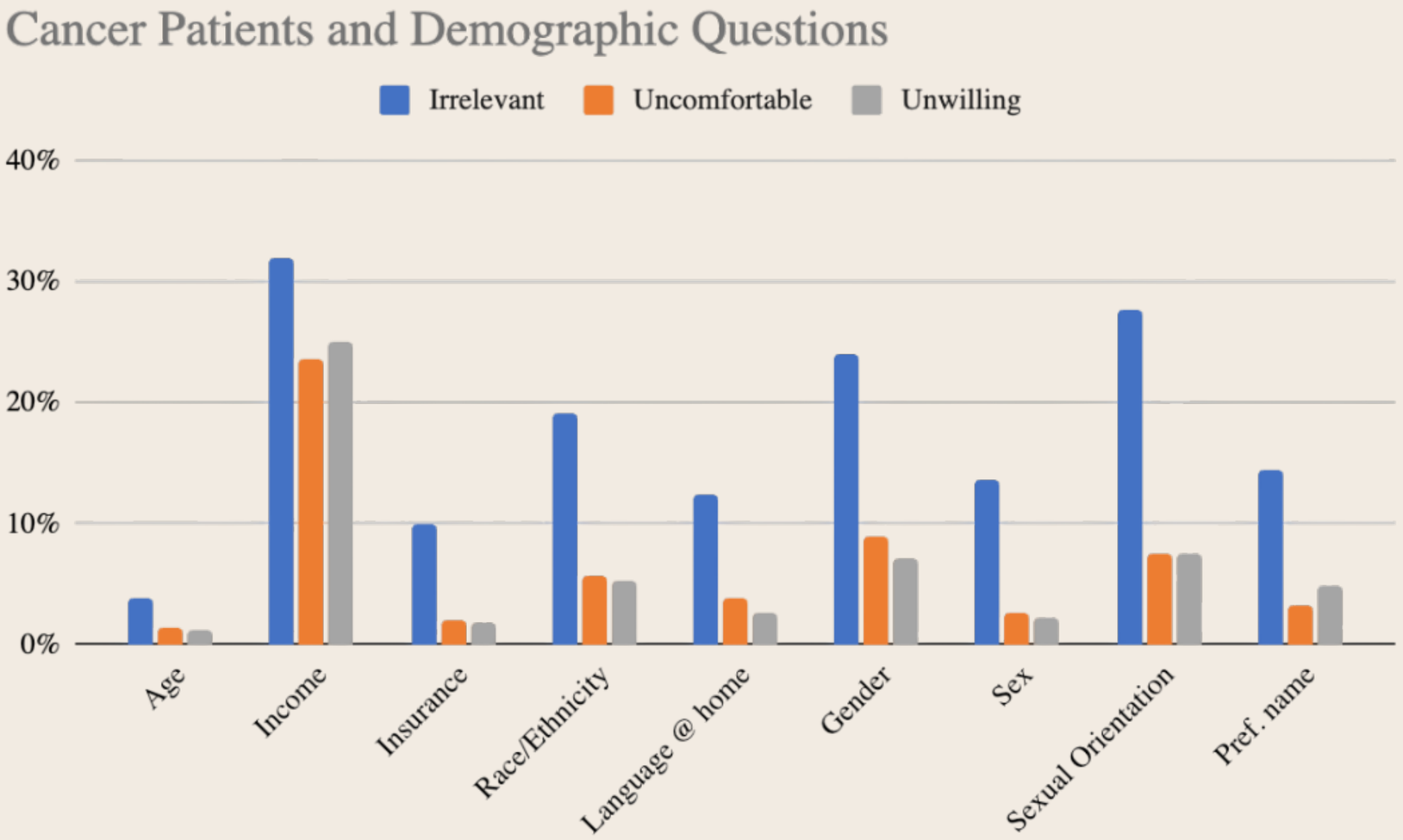
Cancer Center Patient Survey
**Pilot Completed (n=314) in 2025**

Cancer Care Provider Survey
**Pilot Launch 2026**

LGBTQ+ Community Survey
**Data Collected (n=504) March-Aug 2025**

CALIFORNIA LGBTQ HEALTH AND HUMAN SERVICES NETWORK

# WE AKED CANCER PATIENTS...

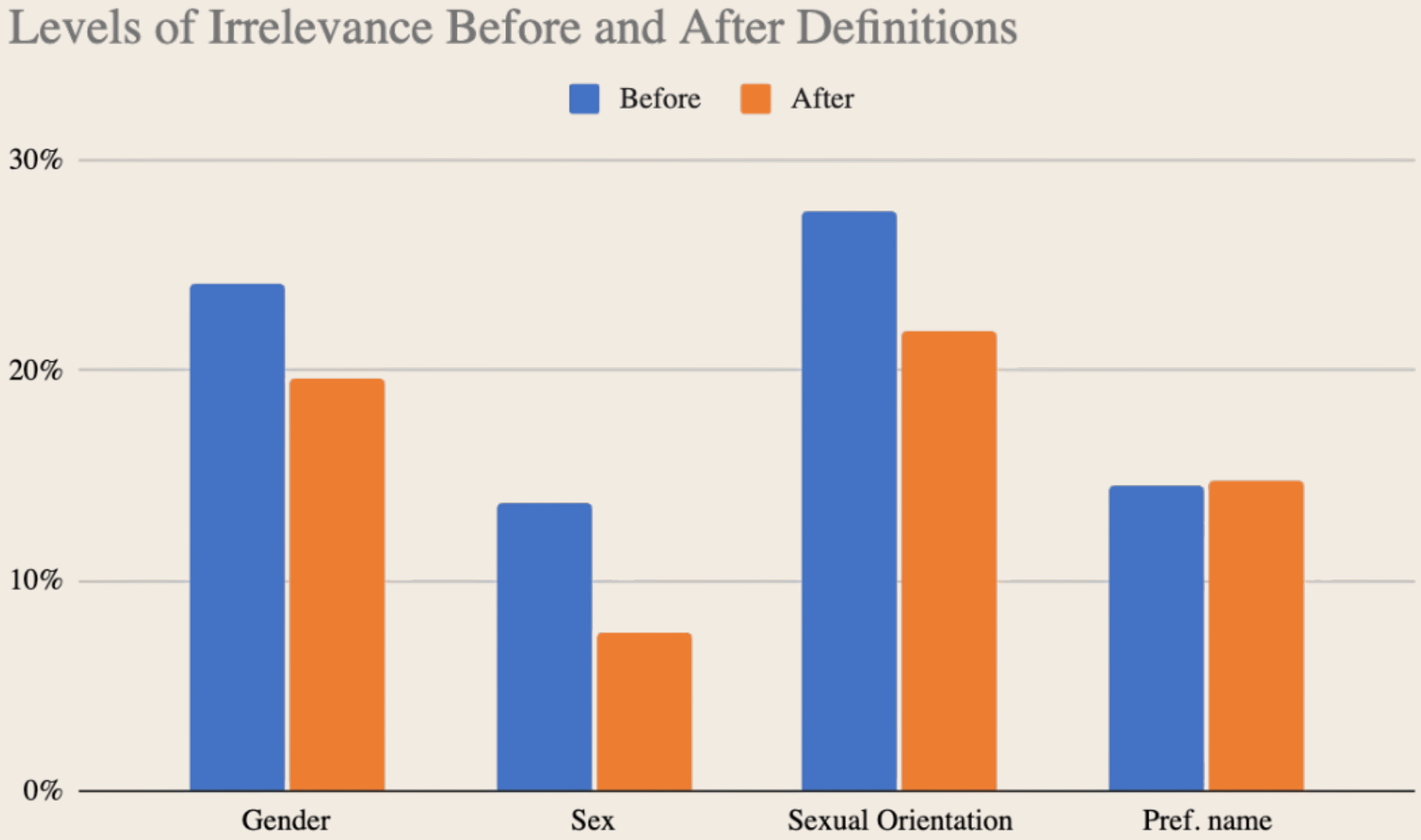



How relevant are the following demographics?

How comfortable are you answering the following demographic questions?

How willing are you to answer the following demographic questions?

# THEN WE ASKED AGAIN...




Definitions were provided for

**Sex**

**Gender**

**Sexual Orientation**

Then respondents were asked each of the questions again

# PATIENT SURVEY TAKEAWAYS

- Income is the most intrusive thing you can ask a patient about. A majority of people find this irrelevant to care and are also uncomfortable and unwilling to answer this question.

- Providing definitions changes the patient perception of SOGI+ data being irrelevant to their care

- Ask the questions the same way, at the same time to everyone!

# EXPLAIN WHY


Stanford MEDICINE | Health Equity

Guide

We Ask Because We Care


AT THE FOREFRONT
UChicagoMedicine

## What is 'We Ask Because We Care?'

We Ask Because We Care is a way for our patients to tell us about themselves.

In addition to asking about race, ethnicity, preferred language and religion, UChicago Medicine is now able to collect information about sexual orientation and gender identity.

This is one way we are working to improve the level of care we give.

# Welcoming Spaces

# LANGUAGE AS WELCOME

Cancer has no gender!

Language matters, if you told a provider your name was Chuck,
how would you feel if they
insisted on calling you Chelbye?

*Would a man feel comfortable with cervical cancer screening here?*

- Ask preferred name, pronouns
- Introduce yourself with your pronouns
- Use degendered language for body parts
  - i.e. breast/chest, people with a cervix, people with a prostate

Ladies First
Keeping Vermont Women Healthy
VERMONT DEPARTMENT OF HEALTH

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*How about here?*


- Ask preferred name, pronouns
- Introduce yourself with your pronouns
- Use degendered language for body parts
    - i.e. breast/chest, people with a cervix, people with a prostate

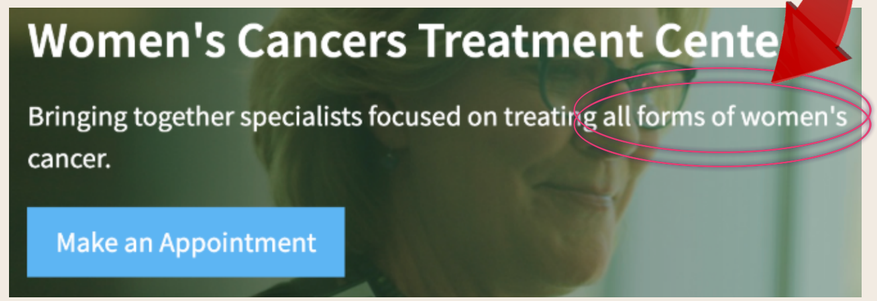
# LANGUAGE AS WELCOME

When creating anything public-facing, ask yourself:
“Who is experiencing marginalization?”

Reminder: Some men get cervical cancer (transgender men are men), everyone with ovarian cancer should be welcome here regardless of gender

Systems change: Create names that are not gender-specific regardless of services provided

*...we all know this isn’t referring to skin cancer or lung cancer even though they are both forms of cancer that women get*



# CARE AND SCREENING GUIDELINES

**You do NOT have to reinvent the wheel:**

- UCSF: Guidelines for the Primary and Gender Affirming Care of Transgender and Gender Non-binary People: https://transcare.ucsf.edu/guidelines
- WPATH: Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644
- American College of Radiology: Transgender Breast/Chest Cancer Screening https://acsearch.acr.org/docs/3155692/Narrative/

# Thank you!

**FOR SHARING SPACE WITH ME TODAY**

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