

CMEO



# BriefCase

A Hot Potato in Health Care: Whose  
Responsibility is it to Advocate for  
Cancer Screenings for SGM  
Patients?

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# Learning Objective

Identify techniques for providing culturally relevant communication regarding cancer screening needs to SGM people.

# Concepts and Terms



## Sex assigned at birth

- Assignment (male, female, intersex) made based on external genitalia of a baby (by a midwife, nurse, or physician)

## Sexual Orientation (SO)

- Someone's attractions to other people

Click to add text

## Gender Identity (GI)

- Someone's sense of themselves as a man, woman, masculine, feminine, none of those, or more than one of them

## Sexual and Gender Minority (SGM)

- Term often used in the literature and medical community to refer to people who are LGBTQ+

# Health Disparities



- NIH and ASCO deemed SGM a population experiencing health disparities
- Majority of literature on SGM cancer care focuses: risk factors, poor outcomes or experiences or HIV/AIDS research.
- Communication skills are needed for SGM patients as their status may be invisible.
  - Practice settings often do not collect SOGI data
  - Some clinicians unaware how to apply SOGI to patient's care



# Barriers to Care



Health care professionals lack knowledge of SGM patients' health care needs or have negative attitudes towards SGM individuals.<sup>1,2</sup>



SGM have barriers to health insurance coverage and may forgo care due to costs (many insurers do not cover mental health services, hormone therapy, or gender affirmation surgery).<sup>2</sup>



SGM patients more likely to remain silent about important health issues, fearing stigma or refusal of care<sup>3,4</sup>



Lack of trust and understanding in physician-patient relationship



Patients fear substandard care or confidentiality issues if they disclose SOGI<sup>3</sup>



SGM may not have access to culturally-sensitive resources and referrals regarding mental health, sex, and fertility planning<sup>5</sup>

1. Krueger, EA, et al. *Am J Prev Med.* 2020;58(1):59-68. 2. Schuler MS, et al. *Drug Alcohol Depend.* 2018;189:139-146. 3. Greene MZ, et al. *J Midwifery Women's Health.* 2018;63(5):550-577. 4. Ceres M, et. al. *Semin Oncol Nurs.* 2018;34(1):37-51. 5. Gonzales G, Zinone R. *Cancer Causes Control.* 2018;29(9):845-854.

# Tips for Successful Communication

## SOGI Information



- ✓ Collect SOGI information from all patients, not just patients who you perceive to be in the SGM community
- ✓ Most patients will not voluntarily offer SOGI information
- ✓ SOGI can be fluid, so re-asking for SOGI is necessary in future visits to keep up with any changes



# Cervical and Breast Cancer Screening

## Disparity Among SGM Patients

Cervical cancer screening beginning at age 21<sup>1</sup>

- 60% reduction in cancer (age 40)<sup>2</sup>
- 80% reduction in cancer (age 64)<sup>2</sup>

Breast cancer screening<sup>3\*</sup>

- Screening mammography reduces breast cancer mortality by about 20% to 35% in women (age 50-69)<sup>4</sup>

**50%** say **emotional distress** prevents them from getting cancer screening<sup>2</sup>

\*Age to begin screening with mammography differs among major society guidelines. Most agree with shared-decision making for age 40-49 and routine screening beginning at age 50 for average risk women.


1. The American College of Obstetricians and Gynecologists (ACOG). *Updated cervical cancer screening guidelines*. ACOG Website. 2022. <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2021/04/updated-cervical-cancer-screening-guidelines>. Accessed March 21, 2022. 2. Lombardo J, et al. *Cancer Causes Control*. 2022;33(4):559-582. 3. Centers for Disease Control and Prevention (CDC). *Breast cancer screening guidelines for women*. CDC Website. 2022. <https://www.cdc.gov/cancer/breast/pdf/breast-cancer-screening-guidelines-508.pdf>. Accessed March 21, 2022. 4. Elmore JG, et al. *JAMA*. 2005;293(10):1245-1256.

# Factors that Matter to the Patient

## The LANGUAGE we use



Gendered practice names & programs




Intake forms & EHR systems exclusion of diverse genders

**For Women Only:**

When was your last period?  
mm/dd/yy

Are you pregnant? y/n




- HE/HIM
- SHE/HER
- THEY/THEM

Clinical & non-clinical staff do not ask for or utilize patient pronouns &/or preferred names



Heterosexual assumptions & questions



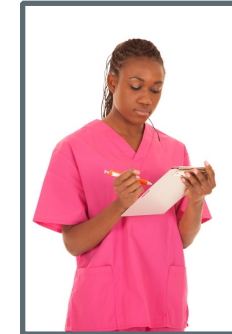
Focusing on the “don’t do’s” of risky behaviors

# Factors that Matter to the Patient

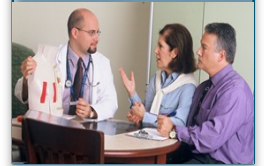
## ● The Environment

- The look and “feel” of the practice to be nongendered
  - Colors, furniture, staff uniform, patient gowns
  - All gender restrooms
- SGM friendly clues and inclusive messaging visible
  - Patient education materials
  - Pictures
  - Magazine options in waiting areas
  - Websites, emails, social media

## ● Gendered and heteronormative deterrents



What To Expect:  
Getting a Pap Test



# Tips for Successful Communication

## With SGM Patients

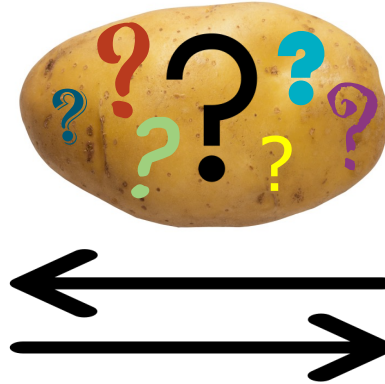


- ✓ Don't assume sexual orientation.
- ✓ Don't assume gender.
- ✓ Educate staff and other providers to use language that is inclusive of diverse genders and sexual minority patients.
- ✓ Communicate an inclusive atmosphere by avoiding a cisgendered or heteronormative appearance of the practice environment
- ✓ Evaluate your practice for inclusive clues
- ✓ The healthcare needs of SGM patients vary and care should be tailored to meet individual needs.

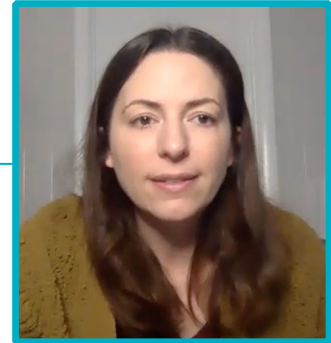
# Hot Potato in Health Care



65.4% of the SGM community is not certain what cancer screenings they need



# Patient Encounter (Stephanie)



Telehealth follow-up

- 48-year-old female
- Recently diagnosed with HTN
- Initiated lisinopril 20 mg daily at last visit



**Whose responsibility is it to advocate for cancer screenings for SGM patients?**

HTN = Hypertension. mg = Milligrams.

# Patient Encounter Video



# What most closely aligns with what you would do next?

- A. That's a wrap. The reason for the visit has been addressed. Have the patient schedule a follow-up in 3 months.
- B. Practice whole-person care and ask the patient additional health and wellness-related questions.
- C. Ask the patient if there are any other health concerns that they would like to discuss.
- D. None of these or I do not practice.



# Patient Encounter Video



**Are you confident in your ability to communicate the need for relevant cancer screenings in the SGM population?**

- A. Yes
- B. No
- C. I'm not sure

# Patient Encounter Video



## **What most closely aligns with what you would say next?**

- A. Educate the patient that “queer” and “lesbian” are synonymous terms.
- B. Apologize without overemphasizing the error.
- C. Move to the next question quickly in hopes they didn't hear.
- D. None of these or I do not practice.

# Patient Encounter Video

# Risky/Coping Behaviors

## Associated with Non-heterosexual Women

- Higher rates of smoking compared to straight women<sup>1,2,3,4</sup>
- Higher BMI, especially in rural areas<sup>2,5,6,7</sup>
- Higher rates of depression<sup>8,9,10</sup>
- Alcohol use<sup>11,12,13</sup>
- Substance use<sup>12,13</sup>
- Lower rates of organ appropriate cancer screening<sup>2,4,5,10,14,15</sup>
- Lower rates of childbearing<sup>4,5,14,15</sup>



- ✓ Allow SOGI and knowledge of risky behaviors guide important conversations with the patient.
- ✓ Seize the opportunity to ask about food safety, housing, & partner abuse.
- ✓ When appropriate, address risk factors and refer to LGBTQ+ friendly providers and support programs.

BMI = Body mass index.

1. Fallin A, et al. *Prev Med*. 2015;74:123-130. 2. Quinn GP, et al. *CA Cancer J Clin*. 2015;65(5):384-400. 3. Fallin A, et al. *Am J Prev Med*. 2015;48(1):93-97. 4. Gonzales G. and Zinone R. *Cancer Causes Control*, 2018;29(9):845-854. 5. Robinson K, et al. *BJOG*. 2017;124(3):381-392. 6. Moreno-Domínguez S, et al. *Front Psychol*. 2019;10:903. 7. Farmer, GW, et al. *J Rural Health*. 2016;32(3):321-331. 8. Ross LE, et al. *Journal Sex Res*. 2018;55(4-5):435-456. 9. Bostwick WB, et al. *Arch Sex Behav*. 2019;48(1):131-141. 10. Lisy K, et al. *Psychooncology*. 2018;27(6):1480-1489. 11. McNair R, et al. *Cult Health Sex*. 2016;18(4):405-421. 12. Krueger, EA, et al. *Am J Prev Med*. 2020;58(1):59-68. 13. Schuler MS, et al. *Drug Alcohol Depend*. 2018;189:139-146. 14. Greene MZ, et al. *J Midwifery Womens Health*. 2018;63(5):550-577. 15. Ceres M, et al. *Sem Oncol Nurs*. 2018;34(1):37-51.

# Communication Techniques

## Opening the Door to Education and Shared-Decision Making



### Avoid Cisgendered Assumptions

- Ask patient for their pronouns & preferred name
- Take an organ inventory

### Engage Patient in Their Care

- Ask pertinent ?'s to assess screening needs
- Include patient in their health decisions

### Eliminate Misinformation

- Engage to dispel misinformation & provide accurate and relevant information

- Don't assume relationship status of accompanying person
- Reframe ?'s that presume heterosexual orientation

### Avoid Heteronormative Assumptions

- Build rapport
- Articulate why ?'s are being asked & what will be done with the responses

### Work to Overcome Hesitancy

- Affirm safety, sensitivity & privacy with SOGI information
- Encourage involvement of patient's support person

### Address Fear and Stigma

# Tips for Successful Communication

## Utilization of Pronouns



- ✓ Leading with your own pronouns emphasizes the importance of pronouns
- ✓ Ask ALL patients for pronouns, not just patients that you suspect may be SGM
- ✓ Be careful not to have a reaction when a patient provides pronouns
- ✓ Be prepared to explain why you are asking for pronouns and what you plan to do with the information
- ✓ When a mistake is made with pronouns, apologize without overemphasizing the mistake





**When accidentally using an incorrect pronoun or term with respect to a patient's SOGI as in the instance in the patient encounter, how, now, would you handle the situation?**

- A. Educate the patient that “queer” and “lesbian” are synonymous terms.
- B. Apologize without overemphasizing the error.
- C. Move to the next question quickly in hopes they didn't hear.
- D. None of these or I do not practice.

# Tips for Successful Communication

## Helping Patients Find Sanctuary in the Healthcare System



- ✓ When necessary, refer patients to providers and programs that are known to be culturally sensitive and SGM friendly
- ✓ Prepare the patient that they may be asked questions repeatedly
- ✓ Ask the patient to bring a support person to accompany them to visits to help answer questions
- ✓ Utilize technology when possible to “move information” with the patient from care point to care point
- ✓ Involve the patient and their support person in their care decisions and referral preferences
- ✓ Reach out to providers to whom you refer patients in advance of their visit to advocate for your patient

# Audience Response



**Will you now engage patients to collect SOGI information and provide applicable information related to health-promoting cancer screenings?**

A. Yes

B. No

C. I already do this.

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# Tips for Successful Communication

## Addressing Misinformation



- ✓ Be tactful in dispelling the misperception.
  - The patient may have received incorrect information from a person/source that they trusted.
- ✓ Avoid positions of anger or judgment and instead work through a culturally humble lens.
- ✓ Gently point the patient toward relevant and current evidence-based information and recommendations.
- ✓ Articulate to the patient that you want them to be fully informed and have their best interest in mind.



**Are you now more confident in your ability to communicate the need for relevant cancer screenings in the SGM population?**

A. Yes

B. No

# SMART Goals

Specific, Measurable, Attainable, Relevant, Timely



- Collect and utilize SOGI
- Eliminate cisnormative and heteronormative assumptions to communicate relevant information about cancer screenings in the SGM population
- In populations that may avoid or delay medical care, take the initiative to engage patients regarding their need for routine medical care, including health promoting cancer screenings



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Whose Responsibility is it to  
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[www.cmeoutfitters.com/oncology-education-hub](http://www.cmeoutfitters.com/oncology-education-hub)



# Oncology Education Hub

A robust hub of clinician and patient education resources

[www.cmeoutfitters.com/oncology-education-hub](http://www.cmeoutfitters.com/oncology-education-hub)

## Want more on this topic?

Check out the webcast "[Disentangling Gendered Cancer Care: Improving Cervical and Breast Screenings for Sexual and Gender Minority People](#)"

And the resource "[Tips to Approach Cancer Screening in Sexual and Gender Minority Patients with Supplemental Resources for Health Care Professionals, Patients, Families, and Communities](#)"

# To Receive Credit

To receive CME/CE credit for this activity, participants must complete the post-test and evaluation online.

Participants will be able to download and print their certificate immediately upon completion.