

Creating LGBTQIA+-Inclusive Health Care as a Supportive Care Strategy

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LGBTQIA+ (lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and others) people are threatened by stigma and discrimination, and experience an abundance of health-related disparities, inequities, and significant obstacles when accessing high-quality health care. As a result, LGBTQIA+ individuals underutilize the healthcare system, highlighting the demand for culturally competent and sensitive healthcare teams. Nursing professionals have an integral role in transforming health care for LGBTQIA+ patients and must align their practice with their professional duty of delivering equitable, culturally competent, and sensitive care to the LGBTQIA+ community. This article outlines strategies on how oncology nurses can offer culturally competent and inclusive health care to LGBTQIA+ patients.

AT A GLANCE

- LGBTQIA+ people experience considerable health-related disparities and inequities, and face significant barriers to high-quality health care.
- Creating culturally competent and inclusive clinical spaces for LGBTQIA+ patients is a key strategy to eliminating disparities and inequities and mitigating barriers to high-quality health care.
- Cultural competency training will prepare oncology nurses to provide cancer care in safe, affirming, and welcoming environments.

KEYWORDS

LGBTQIA+; health disparities; health inequities; culturally competent care

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The LGBTQIA+ (lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and others) community is multilayered, complex, and profoundly diverse (Goldberg et al., 2018). About 6% of U.S. adults self-describe or self-identify as LGBTQIA+ (Jones, 2021). Despite efforts to secure equal rights, LGBTQIA+ individuals remain vulnerable and continue to encounter considerable social and structural inequalities, such as discrimination, exclusion, oppression, and stigmatization. These barriers to high-quality health care place LGBTQIA+ people at risk for disparities in health outcomes because of their sexual orientation and gender identity (SOGI), which are historically correlated with discrimination or exclusion (HealthyPeople.gov, n.d.-a).

Health disparities exist when differences in health outcomes are seen between populations and are strongly associated with social, economic, and environmental disadvantages (HealthyPeople.gov, n.d.-a). According to the Centers for Disease Control and Prevention (2022), “health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been disadvantaged by their social or economic status, geographic location, and environment” (para. 3). Health-seeking behavior and access to health care for LGBTQIA+ individuals continue to be shaped by a long history of anti-LGBTQIA+ bias within the healthcare system (National LGBTQIA+ Health Education Center, 2016a). Historically, the healthcare needs of LGBTQIA+ individuals have been seen through a heteronormative and binary-gender lens, assuming their healthcare needs are comparable to those of their heterosexual and cisgender counterparts, which dismisses and further impedes access to LGBTQIA+ culturally affirming and inclusive care (Colpitts & Gahagan, 2016). However, LGBTQIA+ individuals have unique healthcare needs. LGBTQIA+ individuals experience a multitude of health disparities, including a higher prevalence of HIV and other sexually transmitted infections, higher rates of substance misuse, increased risk of mental health issues and suicide, increased risk of obesity and eating disorders, and higher rates of violence (National LGBTQIA+ Health Education Center, 2016a). Engaging in higher rates of these health behaviors is known to increase the risk for cancer, and research suggests LGBTQIA+ people are burdened with a disproportionate rate of cancer incidence related to disparities in screening, prevention, detection, and treatment (American Cancer Society, 2024). These health disparities are primarily driven by social determinants of health, such as legal discrimination in access to health insurance, employment, and housing;