



80% in Every Community

What Can Lesbian, Gay, Bisexual, and Transgender (LGBT) Communities Do to Advance the Shared Goal to Screen 80% of Age-eligible Adults for Colorectal Cancer?

Colorectal cancer is the second-leading cause of cancer death in the United States, yet it's one of the most preventable.

Screening can save lives but only if people get tested. About 1 in 3 adults ages 50 and older – about 38 million people – is not getting screened as recommended, and screening is especially low within underserved and racial/ethnic/non-binary populations. For those in multiple identity groups, screening may be much more difficult to access.

LGBT populations may face increased barriers in access to care due to lower rates of health insurance, fear of discrimination, and negative experiences with health care providers. Additional barriers include stigma of holding an LGBT identity and fear

of disclosing this identity to a provider. People living with HIV also do not receive adequate screening, and those with HIV who also belong to other underserved groups are at greater risk of foregoing appropriate colorectal cancer screening.

LGBT populations also face risk factors that are correlated with colorectal cancer, such as increased rates of tobacco use and alcohol consumption, and higher rates of overweight and obesity among certain subgroups.

For these reasons, LGBT communities and organizations have an important role to play in promoting colorectal cancer screening. Read on to learn four steps you can take to increase colorectal cancer screening in your community.



The overall number of colorectal cancer cases is dropping, thanks to screening. We are helping save lives. You can, too.

What is 80% in Every Community?

80% in Every Community is a campaign to substantially reduce colorectal cancer as a major public health problem. Over the past five years, more than 1,700 organizations have committed to the shared goal of increasing colorectal screening rates to 80% for adults aged 50 and older. With 80% in Every Community, we intend to continue this work until we see every community benefitting from increased colorectal screening rates.

The 80% in Every Community initiative (nccrt.org/80-in-every-community) is led by the American Cancer Society (ACS), the Centers for Disease Control and Prevention (CDC), and the NCCRT (an organization co-founded by the ACS and CDC).



Why colorectal cancer?

- Approximately 1 in 24 people will be diagnosed with colorectal cancer in their lifetime.
- When adults get screened for colorectal cancer it can be detected early, when treatment is most likely to be successful, and in some cases, it can be prevented through the detection and removal of precancerous polyps.
- There are several recommended screening options, including colonoscopies and stool tests.
- Colorectal cancer screening is covered by insurance under the Affordable Care Act and should be available for most with little to no out-of-pocket costs. For those without insurance, other options may be available in the local community.

Here are four things you can do to support colorectal cancer screening and prevention in LGBT communities:

1. Partner with LGBT community-based organizations, physicians, hospitals, and local public health officials to make reaching 80% screened for colorectal cancer a community-wide goal.

- Educate the LGBT community on colorectal cancer screening options, reimbursements, and local resources. Use the talking points shared in the “Why colorectal cancer” section above to make your case.
- Set a goal of partnering on the 80% in Every Community campaign, and plan to make sure the

LGBT community is represented in the national goal to screen 80% of the population.

- Get involved with your state cancer coalition or colorectal cancer roundtable to advance screening among the LGBT community. Talk with your local American Cancer Society office and local or state health department to learn about opportunities in your area.
- Target local LGBT-specific events and organizations, such as Pride and queer film festivals, HIV/STDs programs, community centers, and chambers of commerce to promote colorectal cancer screening through handouts, posters, postcards, social media discussions, etc. Use LGBT HealthLink (lgbthealthlink.org) as a resource for LGBT-specific information regarding cancer in the LGBT community.
- Find additional resources at cancer.org/colon, nccrt.org, and cdc.gov/cancer.
- Set a goal of partnering with five local LGBT organizations, such as LGBT community centers, equality groups, LGBT health clinics, primary care clinics, fundraisers, and businesses like bars and restaurants to promote screening over the next six months.
- Fund community-based organizations to deliver health promotion materials to the LGBT community about colorectal cancer screening.

2. Engage LGBT-specific print and online media outlets, including social media groups and mobile applications. Contact your local news channels, local magazines and newspapers, and through electronic and social media to discuss the barriers and promote safe spaces for screening.

- Partner with these different organizations to promote colorectal cancer screening within the community and to also provide information on where and how to get screened with a listing of providers who are culturally competent.
- If available, make use of local news channels to display information about colorectal cancer screening programs or linkage to care programs available at local festivals and health fairs.
- Create a specific colorectal cancer information sheet based on local data available about colorectal cancer screening in your city along with national trends for both the general population and the LGBT community. State and local data sources can be found at nccrt.org/data-progress.
- Feature members of the LGBT community (images and profiles) in media campaigns and collateral.

3. Engage with local primary care offices to promote colorectal cancer screening for LGBT populations.

- Discuss best practices in relation to colorectal cancer with local primary care offices to establish an understanding of their screening process, especially for transgender individuals.
- Clinicians should discuss and strongly encourage that patients get screened for colorectal cancer by at least age 50 as it is preventable and/or treatable the earlier the cancer is detected. The American Cancer Society has recently lowered the recommended age to start colorectal cancer screening to age 45.
- Utilize knowledgeable LGBT community members or culturally trained patient navigators to assist patients with financial costs, assistance with setting up appointments, arranging for transportation to and from appointments, etc.
- Promote use of provider and patient reminders within the electronic medical system, ensure that providers

have a reminder of upcoming patient appointments, and ensure they are able to send reminders to patients.

- Provide diversity training along with practices regarding culturally competent care, and advocate for sexual orientation and gender identity (SOGI) information collection along with information about race, ethnicity, socioeconomic status, etc.
- Provide specific research findings about LGBT health disparities, with special emphasis on preventable disease, particularly with regard to cancer screening.
- Provide information to clinics on how to make the office LGBT friendly, warm, and welcoming to community members who may have experienced trauma from previous medical interactions.

4. Designate relevant spokespeople and identify groups that may exist for those who are LGBT and have/had colorectal cancer.

- Local clinicians who are trusted or part of the community are of great benefit here; they can engage both the community as well as their colleagues in finding the best ways to increase colorectal cancer screening in the area. Ensure that providers have the necessary tools for referring patients to screening.
- Find and/or create LGBT colorectal cancer survivor panels or speak-outs. Help those survivors find their voice and advocate for screening with their own personal story about successes or failures when it comes to their own screening and treatment. Visit nccrt.org/80by18-Survivors for tips on how to engage survivors.
- With the survivor's permission, advocate for local campaigns/posters to feature LGBT survivors with pictures and quotes to make the issue more relatable to the community.



It is estimated that one in three adults over the age of 50 – about 38 million people – is not screened as recommended.



Sources

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cancer.org/colon

