



LGBTQ Community Attitudes and Behaviors Towards Early Breast Cancer Detection

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Study Purpose

- To discuss ideas, beliefs, and attitudes about breast health within the Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) population.

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Summary of Literature Review

- 1986 survey found 40% of physicians were often uncomfortable providing care to lesbian or gay patients.
- 1998 survey of nursing students
 - 8–12% “despised” lesbian, gay, and bisexual
 - 40–43% thought LGB people should keep their sexuality private.

Gay and Lesbian Medical Association (GLMA), 2002
Matthews et al., 1986

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Summary of Literature Review

- 45% of lesbian and bisexual women are not out to their providers; main reasons include:
 - fear of homophobic reactions
 - confidentiality concerns
 - past negative experiences with providers
 - fear of being stigmatized
- Studies have estimated that 20% - 30% of lesbians do not have health insurance

Gay and Lesbian Medical Association (GLMA), 2002
Mayer et al., 2008

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Summary of Literature Review

- Lesbians are more likely to be overweight, may drink alcohol and use other drugs, and smoke at higher rates than heterosexual women
- Lesbians are less likely to seek routine breast and cervical cancer screening than heterosexual women.
- Lower rates of nulliparity which may be a risk factor for breast cancer

Cochran et al., 2001
Gay and Lesbian Medical Association (GLMA), 2002
Mayer et al., 2008

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Summary of Literature Review

- 20% of lesbian women in the United Kingdom never practice breast self-exam (BSE)
- One reason is that they thought it was the partners responsibility to perform BSE

Fish and Wilkinson, 2003

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Summary of Literature Review

- 36% of lesbian women had not had a mammogram in the past year
- Barriers include homophobia, practitioner discrimination, cost and lack of social support

Lauver et al., 1999

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Summary of Literature Review

- Attitude toward a behavior is a better predictor of that behavior than attitude toward an object
- Perceived barriers are the most powerful, single predictor for reasons people do not participate in programs to prevent disease

Flahbein and Ager, 1975
Hertz and Becker, 1984

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Focus Group Moderator Guide

- Theory of Planned Behavior
 - Attitude
 - Social Normative Perceptions
 - Perceived Behavioral Control
 - Behavioral Intention
 - Self-efficacy
- Health Belief Model
 - Perceived barriers

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Focus Group Recruitment

- University of Toledo
- The Village Church
- Equality Toledo
- People Called Women
- Lavender Dance
- TAGALA Website
- Facebook

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Focus Group Time & Location

- October 30, 2011 at 11:00 a.m.
- October 31, 2011 at 11:30 a.m.
- Both groups were held at The Village Church in Toledo, Ohio

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Focus Group Demographics

- 15 participants
 - 11 Lesbian
 - 2 Bisexual
 - 1 Transgender
 - 1 Questioning
- Two counties (Lucas and Wood)
- Average age: 48.6 years (41-61)

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Focus Groups Demographics

- 11 of the participants had a mammogram prior to the focus group.
 - Average age of first mammogram: 38
 - In the last 12 months: 7
 - Within 2 years (1year but less than 2): 2
 - Within 3 years (2 years but less than 3): 2
 - 2 had been diagnosed with breast cancer

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Focus Groups Demographics

- Family History of Breast Cancer
 - Grandmother- 2
 - Mother- 2
 - Sister- 2
- Ten out of 15 identified correctly that the recommended age to receive a mammogram is 40 years of age.

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The Words...Breast Health

- The words “breast health” were associated with:
 - Ouch
 - Cancer
 - Mammogram
 - Confusion
 - Self-check

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The Words...Breast Health

- The words “breast health” were associated with:
 - Only hear about it when talking about breast cancer.
 - Breast cancer survivor indicated that those words are scary.
 - One with a family history indicated those words were emotional since many individuals in her family died from breast cancer.

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Prevention of Breast Cancer

- When asked what prevents breast cancer:
 - Regular mammograms
 - Knowledge of risk factors with lifestyle behaviors
 - Family history
 - Check for certain genetic factors
 - Self-examinations
 - Talk to doctor
 - “People ignore the warning signs until someone they know gets cancer and it becomes personal.”

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Attitudes Towards Mammograms

- Used to diagnose breast cancer
- Anxiety increases because they do not want to hear that something is wrong
- No time to have further diagnostic testing
- Sit and wait for results is overwhelming
- Insurance coverage issues


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Mammogram Advantages

- Biggest Advantage...
Early Detection
- Peace of mind
- Ease peer pressure
- Prevention (baseline and monitoring)

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Mammogram Disadvantages

- Pain of procedure
- Cost without insurance
- False sense of security
- Schedule when not wearing deodorant
- Fear and anxiety
 - “Waiting for the hammer to fall”
 - False-positives


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Mammogram Support

- What makes someone more likely to get a mammogram:
 - Having insurance
 - Someone that cares and reminds them
 - Having a doctor to get an order from


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Mammogram Barriers

- Health insurance coverage
- Personal income
- Lack of knowledge of available resources
- Transportation
- Time
- Doctor


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Doctor as a Barrier

- Does not remind patient
- Hard to find doctor that listens
- Difficult to develop a trusting, supportive relationship
- Need of prescription
- Hard to find doctor that is LGBTQ friendly
 - Welcoming feeling
 - Catholic-associated health systems


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Mammogram Outcome Improvement

- Education
 - Mammogram process
 - All-year long
 - Healthcare providers about LGBTQ health issues
- Mobile mammograms
 - Churches, feminist bookstores, LGBTQ events, LGBTQ bars, and LGBTQ neighborhoods

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Mammogram Outcome Improvement

- Health insurance
- Early morning appointments
- LGBTQ friendly medical practices easily identifiable
- Community resource like an LGBTQ Community Center

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Survey Development

- Theory of Planned Behavior
 - Attitude (4 items)
 - Social Normative Perceptions (7 items)
 - Perceived Behavioral Control (11 items)
 - Behavioral Intention (3 items)
 - Self-efficacy (7 items)
- Health Belief Model
 - Perceived barriers (5 items)

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QUESTIONS

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