

Marie Curie Cancer Care Research Programme - Project Grant

<p>Project details</p> <p>Dr Richard Harding, King's College London</p> <p>ACCESSCare: Advanced Cancer Care Equality Strategy for Sexual minorities</p> <p>Duration of project: 24 months Start date: 01/03/2014 (confirmed-from GAL) Budget: £110,059.63 (confirmed and awarded)</p>

<p>Abstract</p> <p>Background</p> <p>Lesbians have a higher lifetime risk of breast, cervical and ovarian cancer than heterosexual women, and gay men have a greater prevalence of cancer compared to heterosexual men. There is a greater risk of breast and prostate cancers for male-to-female transgendered people, and of ovarian, breast and cervical cancers for female-to-male. The UK's End of Life Care Strategy "Equality Impact Assessment" concluded "sexual orientation and gender identity are perhaps the most likely areas for inequality and discrimination to occur in end-of-life care." Despite ongoing innovative work to enhance older LGBT care, little attention has been paid to those in the last year of life of all ages. Our recent systematic review of palliative and end-of-life needs, preferences and experiences of LGBT people identified 12 original studies, 1 from the UK. The data provided opportunities to improve communication, expectations, environments and practice, and highlighted evidence gaps to be addressed.</p> <p>Aims</p> <p>To develop and disseminate evidence-based mass media resources with the LGBT community to increase the demand for appropriate end-of-life care, and to improve supply of appropriate end of life care through development of training resources for integration within existing end-of-life care curricula for health care professionals.</p> <p>Methods</p> <p>PHASE 1</p> <ol style="list-style-type: none"> 1. To conduct qualitative interviews with lesbian, gay, bisexual and transgender adults with advanced disease, and their caregivers, to determine their views on the current global evidence and guide the development of patient/carer-centred UK-wide resources. <p>PHASE 2</p> <ol style="list-style-type: none"> 2. To integrate the evidence of the systematic review and findings from the qualitative study to develop mass media resources for distribution, drawing on our Project Steering Group. 3. To conduct field testing of the patient/carer-centred mass media resource and revise as necessary, and to disseminate widely through LGBT media and other consumer end-of-life care contact points. <p>PHASE 3</p> <ol style="list-style-type: none"> 4. To develop training resources from the systematic review, qualitative evidence and final patient-centred outputs, for delivery within existing end-of-life courses. 5. To implement a protocol monitoring impact through relevant metrics. How the results of this research will be used <p>Our strategy includes data demand and utilisation activities.</p> <ol style="list-style-type: none"> 1) Advancement of knowledge: peer review publication of the UK original data. 2) Demand for better care: integration of the existing and new data into relevant mass media resources; dissemination through UK-wide LGBT community resources and points of end-of-life care. 3) Supply of better care: integration of the resources into existing UK end-of-life care training packages.
--

