



**Addressing LGBT Cancer Health Disparities**  
*2018 Wyoming Cancer Control Conference*  
*May 30, 2018*

**Regina R. Washington, DrPH**  
Program Director  
LGBT HealthLink, a Program of  
CenterLink

**Rob Johnston**  
Community Prevention Specialist  
Prevention Management  
Organization of Wyoming-Natrona  
County



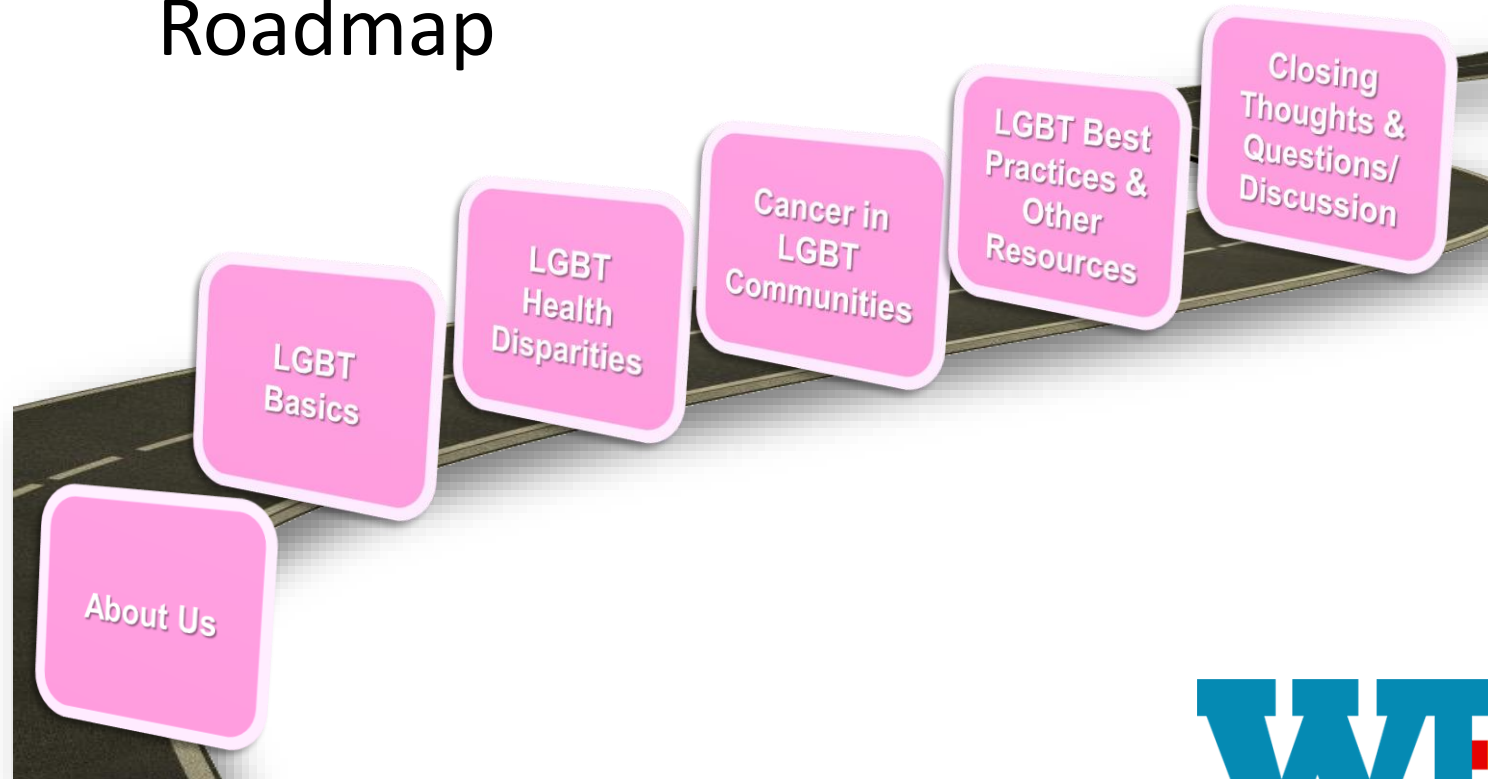
# Learning Objectives



- Differentiate between sexual orientation, gender identity, and gender expression and how these identities relate to health disparities.
- Describe social determinants of health and relate them to LGBT+ communities and cancer screening behaviors.
- Understand the application of best and promising practices throughout the cancer continuum.



# Roadmap



# About Us



# CenterLink



- ✓ Nonprofit founded in 1994
- ✓ Builds a thriving network of centers for healthy, vibrant communities
- ✓ Helps develop strong, sustainable LGBT community centers with a national network of 190+ organizations
- ✓ Recognized by the White House as a “Champion of Change”



## LGBT HealthLink

- ❖ One of eight CDC-funded cancer and tobacco disparity networks
- ❖ Advance LGBT wellness by addressing LGBT tobacco and cancer health disparities
- ❖ Link people with information and promote adoption of best practices
- ❖ We promote tobacco prevention & cessation, decreased second-hand smoke exposure, cancer prevention and screening and improved quality of life for those with cancer



Become a member at  
[www.MyLGBTHealthLink.org](http://www.MyLGBTHealthLink.org)



## LGBT HealthLink Provides:

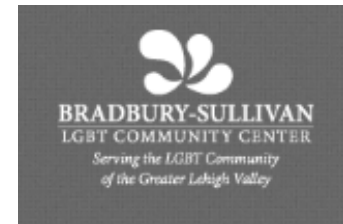
- Technical Assistance
- Trainings/Webinars/Presentations
- Needs Assessment Tool
- Sample non-discrimination policies
- Other resources such as educational materials
- Tobacco Census
- Cancer Assessment of Community Level of Readiness
- Cross-sectoral connections between health systems, providers, community centers, and departments of health
- Linkages for information and best and promising practices



# LGBT HealthLink Partners



So No One Faces Cancer Alone®





# LGBT Basics



# About LGBT Communities

- LGBT is NOT one single community
- There are an estimated 9 million LGBT individuals in the U.S. across all congressional districts<sup>35</sup>
- LGBT people face **isolation, violence, overt discrimination and inequitable benefits/policies**, including challenges related to health care access



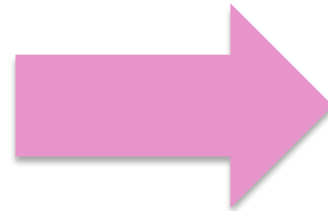
# About LGBT Communities

- LGBT communities tend to lack trust with institutions and government
- Strong LGBT community structures exist that offer social support, legal assistance, health services, and provide an organized platform
- Partnership with **LGBT communities and centers** is largely an **UNTAPPED resource** for change



# LGBTQIA Alphabet Soup

- Lesbian
- Gay
- Bisexual
- Transgender
- Queer or  
Questioning
- Intersex
- Asexual or Allies



SGM: Sexual  
and Gender  
Minorities



## Defining Terms: Gender vs Sex<sup>36</sup>

- **Sex**

- Biological classification assigned at birth, usually based on appearance of external anatomy (male/female/intersex)

- **Gender**

- Based on social/cultural characteristics of men & women such as norms, roles, etc. (presumed based on sex)

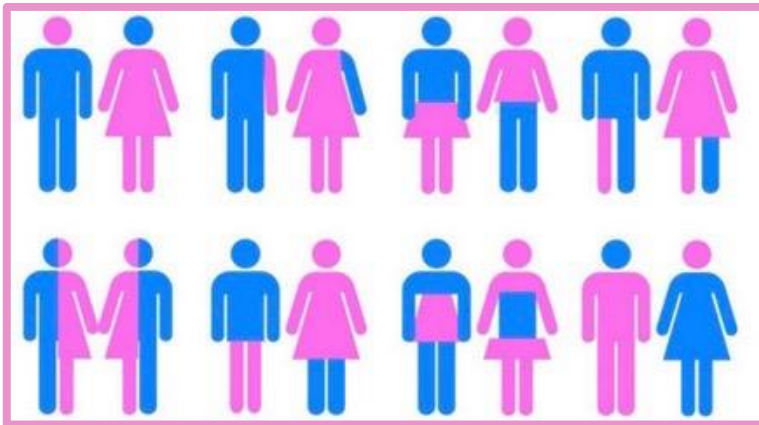


# Defining Terms: Sexual Orientation<sup>36</sup>

- **Sexual attraction**
  - Refers to the sex or gender to which someone feels attraction (male/female/both)
- **Sexual behavior**
  - Refers to the sex of a person's sexual partners (same/different/both)
- **Sexual identity**
  - Refers to the way a person self-identifies
  - Lesbian, gay, bisexual, straight, pansexual, etc.



# Defining Terms: Identity



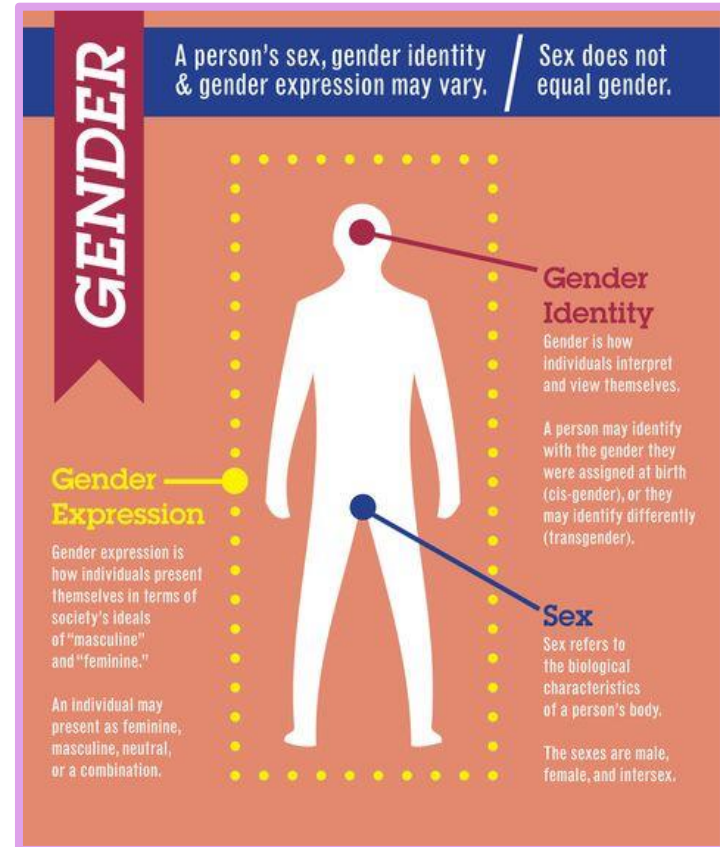
- **Gender identity**

- Refers to a person's internal sense of gender (how one perceives oneself)
- Often, a person's gender identity is consistent with their sex assigned at birth
- However, one's gender identity can be different than the sex assigned at birth
- One's gender identity may or may not match one's appearance or others' perceptions



# Defining Terms: Identity

- **Transgender**
  - Describes anyone who has a gender identity that differs from their sex assigned at birth
  - Some transgender individuals use hormones or elect for gender-affirming surgery, but not all transgender individuals do this
  - Transgender identity is NOT dependent upon physical appearance or medical procedures





# Other Identity Terms

- Cisgender
  - Sex assigned at birth matches gender identity (those who are not transgender)
- Gender binary
  - Socially constructed dichotomy of male or female

- Gender Non-Conforming
  - Those who don't fit into gender binary notion (gender expansive, non-binary, genderqueer, gender-fluid)



# Categories & Descriptors

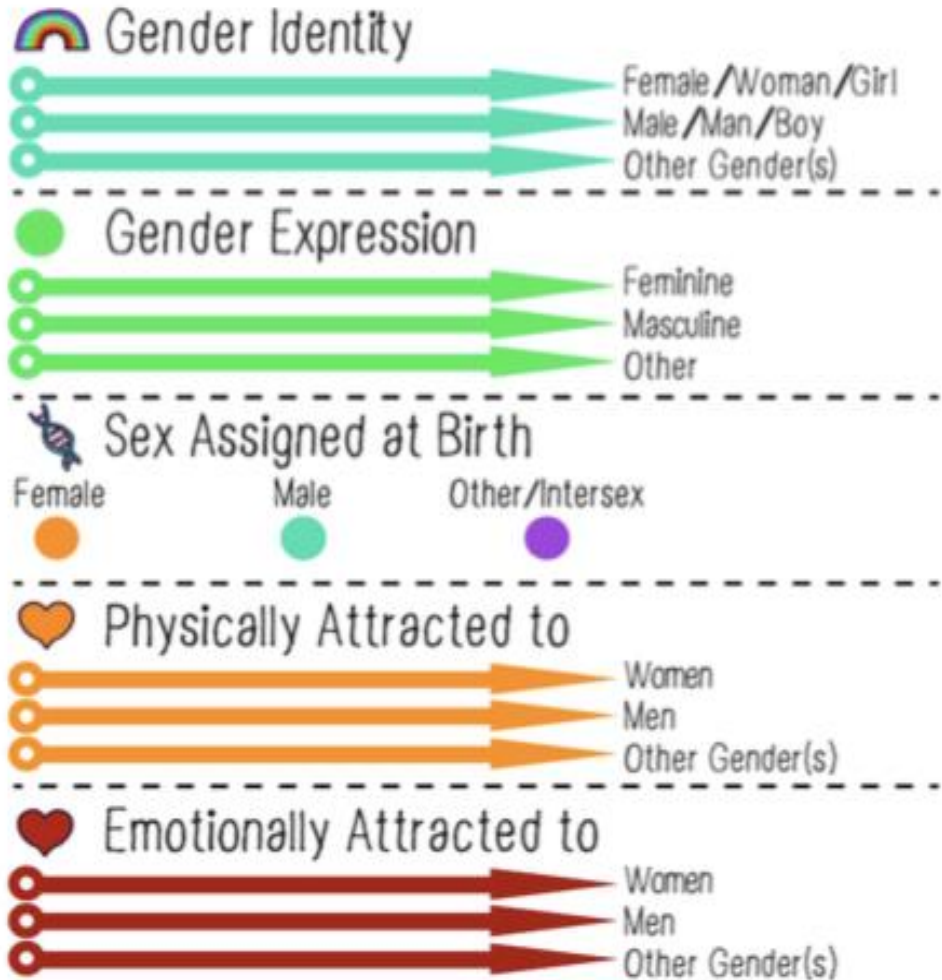
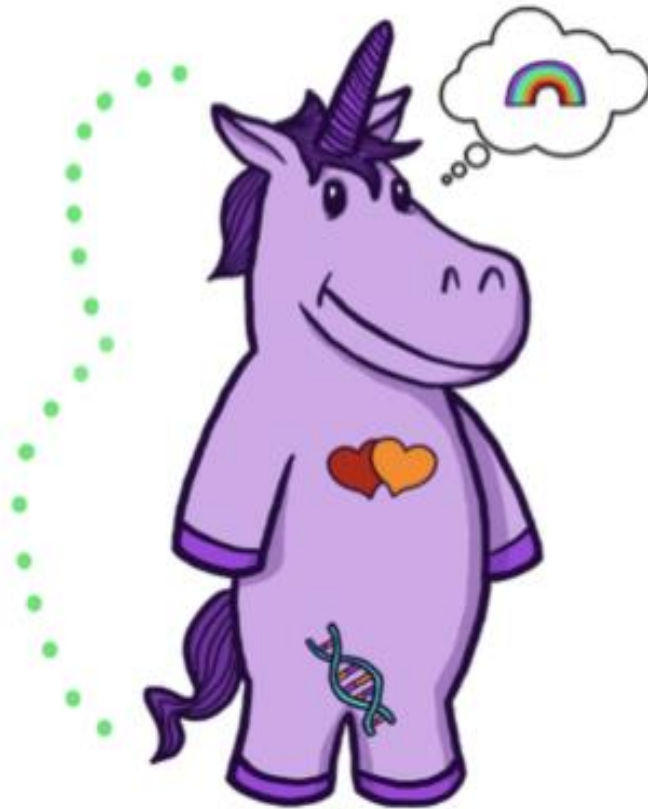
- SEX
  - Male
  - Female
  - Intersex/Difference in Sex Development
- SEXUAL ORIENTATION
  - Lesbian
  - Gay
  - Bisexual
  - Heterosexual
  - Queer or Questioning
  - Asexual

- GENDER/GENDER ROLE
  - Man/Masculine
  - Woman/Feminine
- GENDER IDENTITY
  - Transgender
  - Transsexual
  - Man
  - Woman
  - Non-binary
  - Queer or Genderqueer



# The Gender Unicorn

Graphic by:  
**TSER**  
Trans Student Educational Resources



To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore

# Pronouns

- Everyone has the right to determine their own appropriate pronouns
- As healthcare professionals, it is important to respect the identity and terms your client/patient uses/is comfortable with

- Pronouns may include
  - He/Him/His
  - She/Her/Hers
  - Gender-neutral
    - They/Them/Their
    - Others



# Pronouns

*“My support system, many of whom are trans and gender variant people, were made to feel very uncomfortable by my doctors and medical staff due to disregard for pronoun use, sideway glances, and overall awkward responses. My friends composed my entire support system and were critical to my care. The reluctance to respectfully interact, and, in some cases, communicate clearly with my friends, was extraordinarily difficult for me and led to much added stress. I already felt so alone without my family.”*

LGBT Best and Promising Practices Throughout the Cancer Continuum, LGBT HealthLink





# LGBT Health Inequities and Disparities: *Wyoming Equality*

Rob Johnston



# Health Equity

- Health equity means ensuring *fair opportunities* for ***everyone*** to lead healthy and long lives<sup>2</sup>
- Promoting health equity entails eliminating the barriers to achieving good health, particularly in groups that experience stigma and/or discrimination<sup>2</sup>

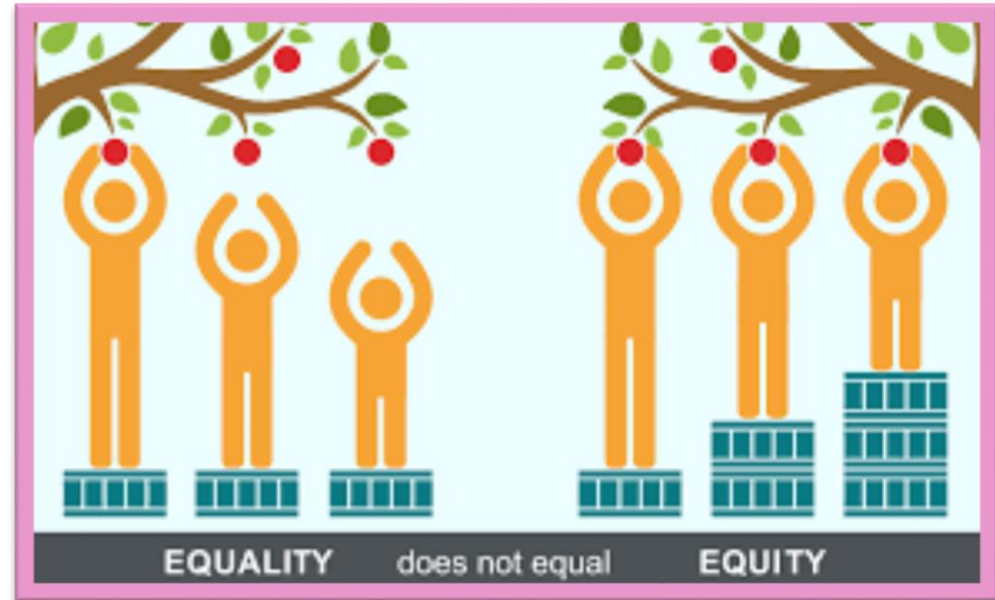
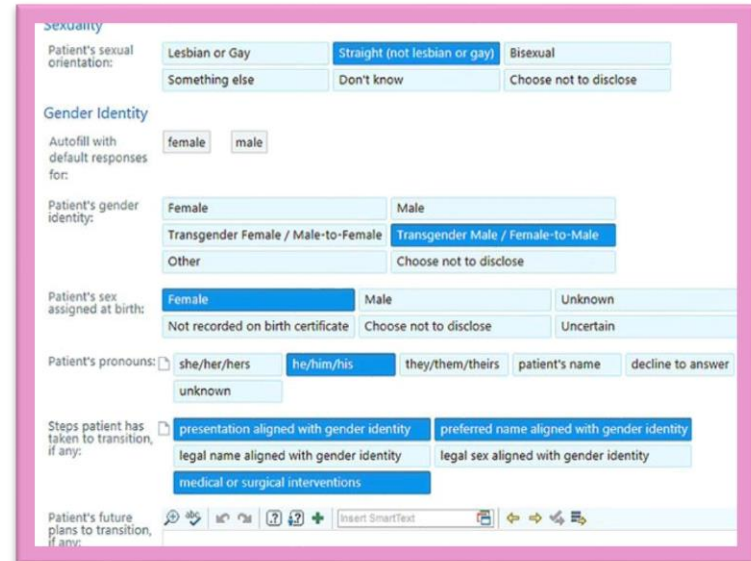


Image: <https://healthequity.globalpolicysolutions.org/about-health-equity/>



# Strategies to Understanding LGBTQ Health

- SOGI (sexual orientation and gender identity) information must be collected in national surveys and health records<sup>5</sup>
- Educate others on the **history of oppression and discrimination faced by LGBTQ communities**<sup>5</sup>
  - Promoting anti-discrimination in access to health care, employment, housing, etc<sup>5</sup>
  - Promoting laws protecting bullying of LGBTQ youth<sup>5</sup>
  - Development of social programs for LGBTQ communities<sup>5</sup>
  - Training of health care providers, at all levels, on LGBTQ health<sup>5</sup>



The screenshot shows a digital form titled "Sexuality" with the following sections:

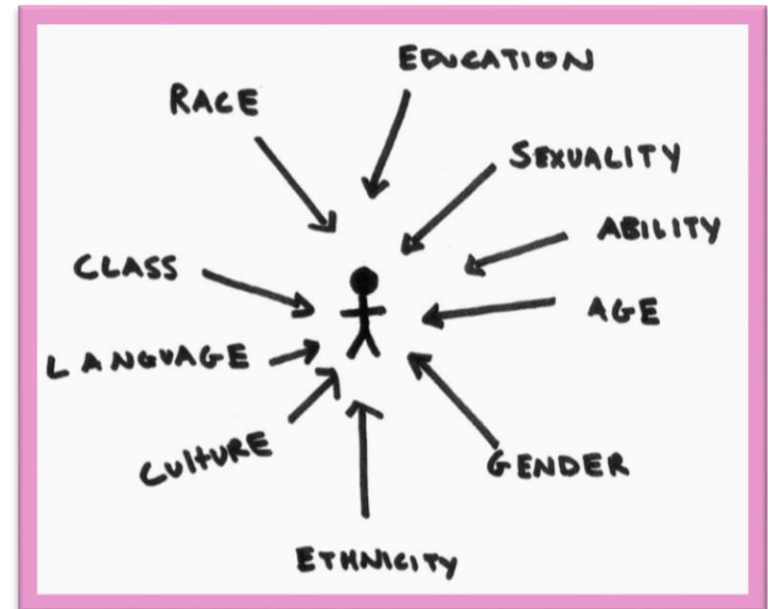
- Patient's sexual orientation:** Radio buttons for "Lesbian or Gay", "Straight (not lesbian or gay)", "Bisexual", "Something else", "Don't know", and "Choose not to disclose".
- Gender Identity:** "Autofill with default responses for:" with "female" and "male" buttons. "Patient's gender identity:" with radio buttons for "Female", "Male", "Transgender Female / Male-to-Female", "Transgender Male / Female-to-Male", "Other", and "Choose not to disclose".
- Patient's sex assigned at birth:** Radio buttons for "Female", "Male", "Unknown", "Not recorded on birth certificate", "Choose not to disclose", and "Uncertain".
- Patient's pronouns:** Radio buttons for "she/her/hers", "he/him/his", "they/them/theirs", "patient's name", "decline to answer", and "unknown".
- Steps patient has taken to transition, if any:** Radio buttons for "presentation aligned with gender identity", "preferred name aligned with gender identity", "legal name aligned with gender identity", "legal sex aligned with gender identity", and "medical or surgical interventions".
- Patient's future plans to transition, if any:** Includes a "SmartText" input field and navigation icons.





# Intersectionality

- An intersectional lens can be used to examine the interrelationship of race, ethnicity, age, gender identity, class, sexual orientation, religion, and other factors in relation to health
- The intersection of these characteristics helps shape one's health; access to care; and experience with health care systems/utilization of care<sup>(3)</sup>
- This lens pushes back on the assumptions that LGBT communities are homogeneous, by placing attention on the diverse health needs of LGBT communities



[https://iwda.org.au/assets/files/intersectionalitystick\\_ed.jpg](https://iwda.org.au/assets/files/intersectionalitystick_ed.jpg)

Image: <https://goddesskerrilyn.files.wordpress.com/2015/06/intersectionality-definition.jpg>



# Healthy People 2020



The screenshot shows the top navigation bar with ODPHP (Office of Disease Prevention and Health Promotion), health.gov, and healthfinder.gov logos. The main header features 'HealthyPeople.gov' and the 'Healthy People 2020' logo. Below the header is a navigation menu with 'Topics & Objectives', 'Leading Health Indicators', 'Data Search', and 'Healthy People in Action'. The breadcrumb trail reads: Home » 2020 Topics & Objectives » Lesbian, Gay, Bisexual, and Transgender Health. The main heading is 'Lesbian, Gay, Bisexual, and Transgender Health' with a 'New' tag.

**Goal: Improve the health, safety, and well-being of lesbian, gay, bisexual, and transgender (LGBT) individuals**



# Wyoming Equality



# Wyoming Equality: Our Mission

Wyoming Equality strives to achieve equality for all Lesbian, Gay, Bisexual, Transgender , Two-Spirit, and Queer Wyomingites by building broad and inclusive communities, shifting the hearts and minds of our neighbors, and achieving policy victories.



# Wyoming Quit Tobacco Program:

## Some Stats\*

(7.1.17 to 4.30.18)

- Total Intakes: 1648
- Identify as Gay/Lesbian/Transgender: 73
- Identify as Gay or Lesbian: 36
- Identify as Bisexual: 35
- Identify as Queer: 4
- Identify as Transgender – male at birth: 5
- Identify as Transgender – female at birth: 1

*How people self-identify is critical to our work with them.*



# LGBT & Cancer

- None of the large national cancer registries and surveys of cancer incidence collect SOGI data
- There are no biological or physiological differences between LGBT people and our heterosexual counterparts. Rather, the disparities are caused by a combination of social/economic factors and behaviors, many of which can be traced to the stress of living as a sexual/gender minority in this country.



# Cancer risk factors for Lesbians

- Increased rates of smoking
- Increased rates of alcohol consumption
- Delayed childbirth until after age 30 or not having biological children at all
- Higher rates of obesity and high fat diets
- Lower screening rates, resulting in cancers being detected when they are more difficult to treat.



# Gay men and cancer

- Cigarette smoking among gay men is nearly double that of the general population.
  - Smoking is responsible for 80% of all lung cancers, but it also increases the risk for many other cancers, including colon cancer, esophageal cancer and anal cancer.
- The same high-risk strains of HPV (human papillomavirus) that cause most cervical cancers in women are also responsible for causing anal cancer.
  - The virus, spread through receptive anal intercourse, is estimated to be present in 65% of gay men without HIV and 95% of those who are HIV positive.
  - Anal Pap test detects the virus but, unfortunately, few physicians are performing anal screening exams and offering anal pap smears to gay men, resulting in anal cancer rates as high as those of cervical cancer BEFORE the use of routine Pap smears in women.



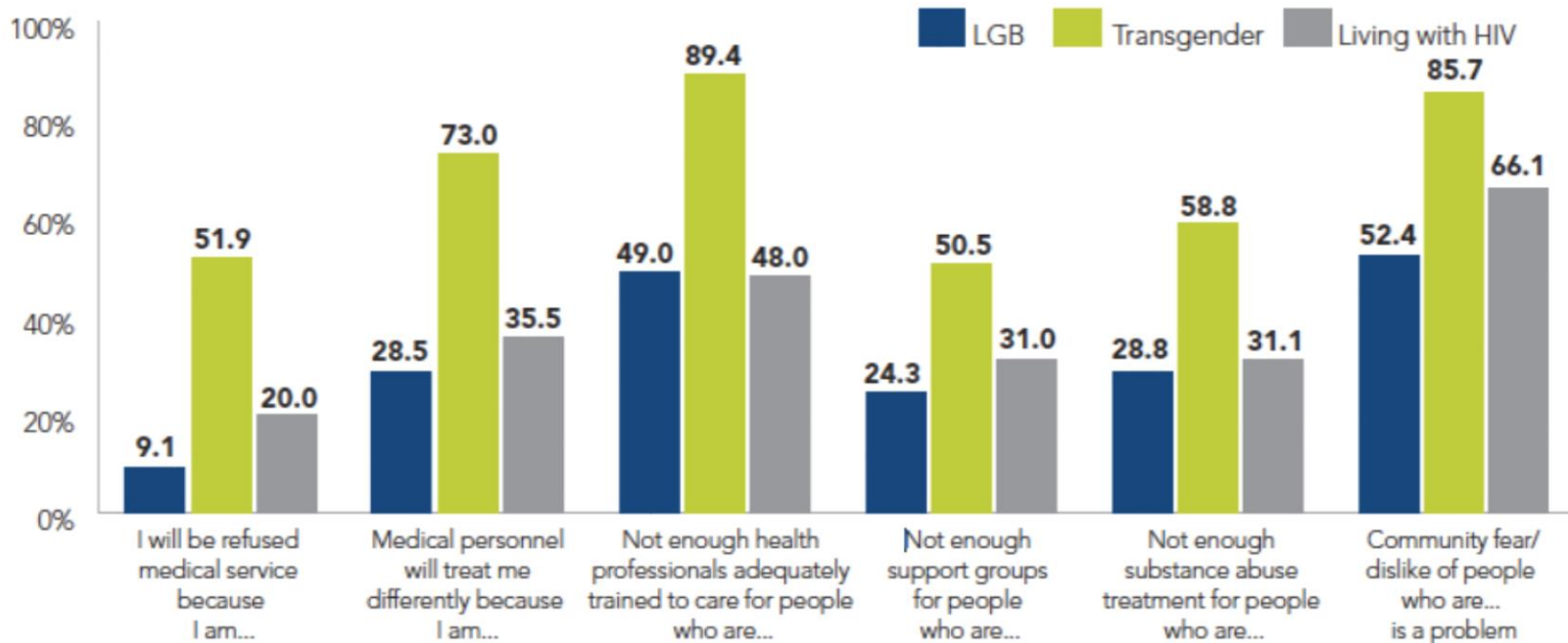


# Transgender/Gender-Nonconforming People and Cancer

- Although data is lacking, transgender people face frequent discrimination by health care providers, many of whom also lack information about trans bodies and health care needs.
- A transgender woman, listed on her insurance as female, but still having an intact prostate gland, would not be covered for prostate cancer screening. The same is true for a transgender man with an intact cervix.



**Table 6: Fears and concerns about accessing health care**



*When Health Care Isn't Caring: Lambda Legal's Survey on Discrimination Against LGBT People and People Living with HIV*



# How does Wyoming compare to the rest of the United States?

LGBT ADULTS

LGBT YOUTH

TABLE FORMAT

The Behavioral Risk Factor Surveillance System (BRFSS) is the largest continuously conducted health survey in the world. States can opt to include a number of modules with added questions, including questions about sexual orientation and gender identity.

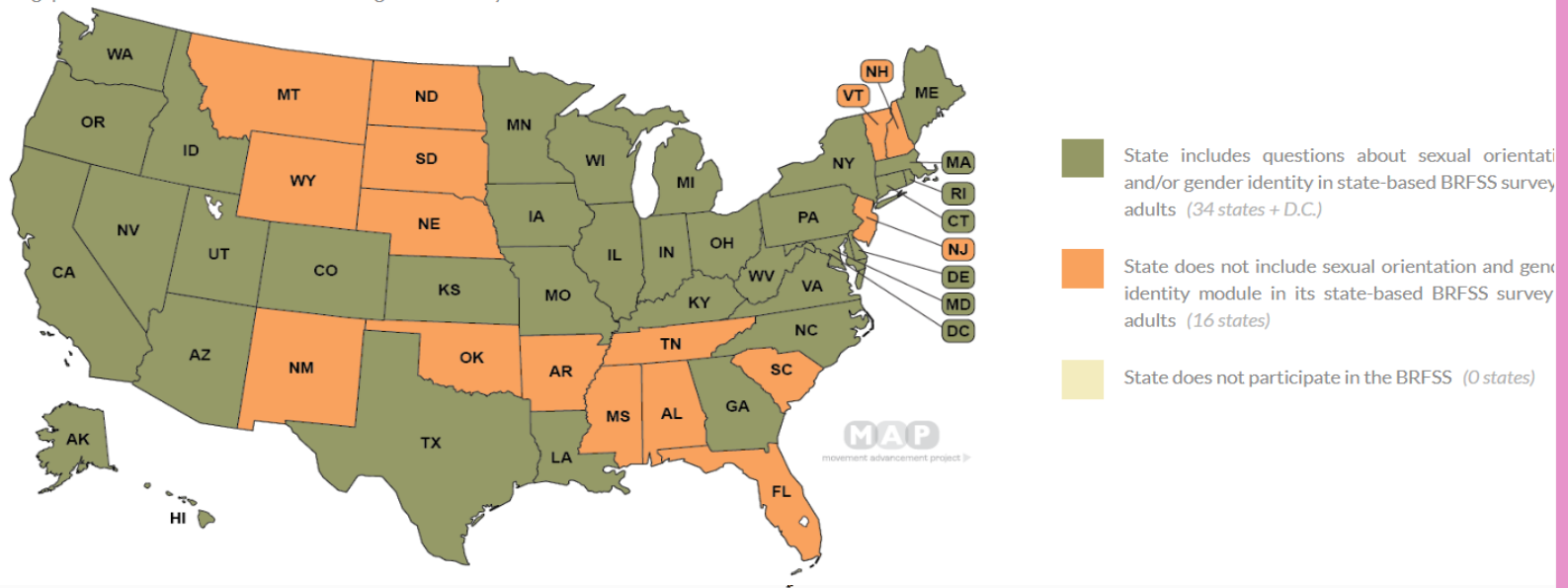


Image: Movement Advancement Project Maps: Iowa



# How inclusive is our health care system in WY for LGBTQ clients?



[www.LGBTCenters.org](http://www.LGBTCenters.org)

• 954-765-6024

• [information@LGBTCenters.org](mailto:information@LGBTCenters.org)

WYOMING  EQUALITY

# June Pride Events in Wyoming

- Casper Pride June 7-10
- Cheyenne Pride in the Park June 9<sup>th</sup> Holliday Park Shelter
- Pride not prejudice in Pinedale
- Jackson
- Lander



# Wyoming LGBTQ+ Resources

- Wyoming Equality [www.wyomingequality.org](http://www.wyomingequality.org)
- PFLAG Casper
- PFLAG Gillette
- PFLAG Laramie
- PFLAG Jackson
  
- Non-discrimination Ordinances in Laramie, Jackson (pending)
- Non-discrimination Resolutions in Casper and Gillette





THE STUDY

**It's about our communities. It's about each of us.  
It's about health.**

[www.pridestudy.org](http://www.pridestudy.org)

### What is The PRIDE Study?

The PRIDE Study is the first large-scale, long-term health study of people who identify as lesbian, gay, bisexual, transgender, queer (LGBTQ), or another sexual or gender minority.

By participating in The PRIDE Study over time, your unique story teaches us about the health and well-being of LGBTQ people like you.

To participate, please [join The PRIDE Study](#).



**Rob Johnston**  
**Community Prevention Specialist**  
**Prevention Management Organization of Wyoming**  
**[rjohnston@pmowyo.org](mailto:rjohnston@pmowyo.org)**





Best and Promising Practices  
Throughout the Cancer  
Continuum:  
*LGBTQ Cultural Competency  
and Cultural Responsiveness*



# What is Cultural Competency?

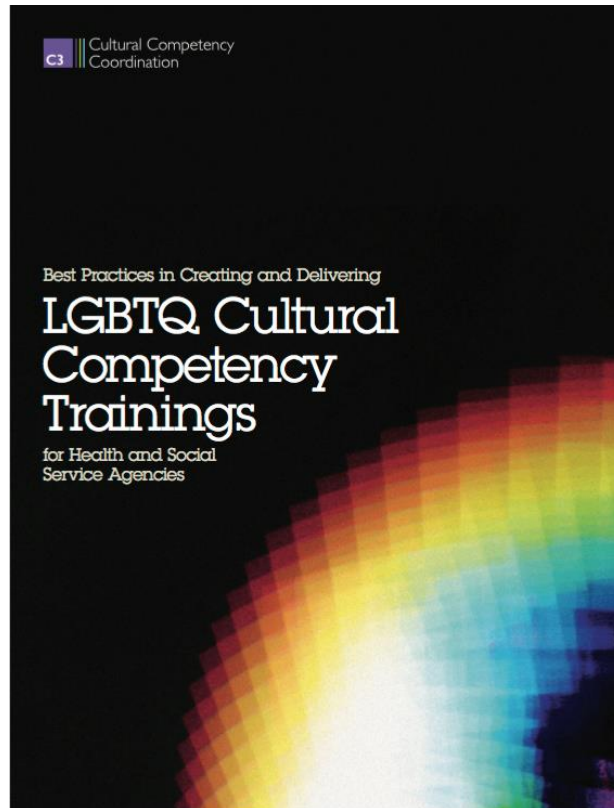


Image: <http://www.hawaiipublichealth.org/resources/Documents/2-Jones-cliff-2009.pdf>

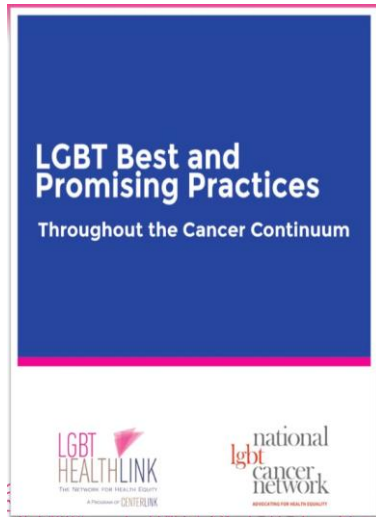
- Also known as diversity education, cultural sensitivity training, and multi-cultural workshops
- Cultural competency is a set of congruent behaviors, knowledge, attitudes, and policies that enable effective work in cross-cultural situations.
- These trainings aim to increase knowledge, skills (any maybe improve attitudes) to improve one's ability to effectively interact with different cultural groups.



# Vanessa Goes to the Doctor



# Cancer in LGBTQ Communities



- Greater consideration should be given to the needs of LGBTQ patients across the cancer care continuum, including the following<sup>23</sup>
  - Prevention
  - Early detection
  - Diagnosis
  - Treatment
  - Survivorship
  - End of Life Care

[www.lgbthealthlink.org](http://www.lgbthealthlink.org)

## STAGES OF CANCER CONTINUUM - Click Stage to discover its Best Practices

SHOW ALL CONTINUUM STAGES	PREVENTION	SCREENING	DIAGNOSIS	TREATMENT	SURVIVORSHIP	PALLIATIVE CARE & END OF LIFE	SEE ONLY PUBLIC HEALTH DEPARTMENT RECOMMENDATIONS
---------------------------	------------	-----------	-----------	-----------	--------------	-------------------------------	---

## CROSS-CUTTING ISSUES info - Click Cross-Cutting Issue icon to show its Best Practices

 DATA info	 WORKFORCE info	 SYSTEMS info	 INFORMATION info	 DIVERSITY info
---	--	--	--	--

# Cancer in LGBT Communities

**Sexual Orientation:**  
Do you think of yourself as:

Straight or heterosexual

Lesbian, gay, or homosexual

Bisexual

Something else

Don't know

**Gender Identity:**  
Do you think of yourself as:

Male

Female

Female-to-male/Transgender male/Trans man

Male-to-female/Transgender female/Trans woman

Genderqueer, neither exclusively male nor female

Additional gender category/(or other), please specify: \_\_\_\_\_

Something else

**What sex were you assigned at birth on your original birth certificate? (Check one):**

Male

Female

Decline to Answer

Figure 2.  
Recommended data collection of sexual orientation and gender identity in electronic medical records.

- Without SOGI data collection, cancers in LGBT populations have not been followed over time<sup>23</sup>
- LGBT people:
  - Are less likely to seek cancer screening<sup>23</sup>
  - Face multiple structural, cognitive, and social barriers that decrease likelihood of screening<sup>23</sup>
  - More likely to be economically disadvantaged, underinsured, or underutilize health care<sup>23</sup>
  - Have poorer cancer-related outcomes<sup>23,25</sup>
- Collection of SOGI data should include cancer-related issues (incidence, physical, QOL, outcomes)<sup>23</sup>





# Cancer in LGBT patients

- Many oncologists have positive attitudes towards the LGBT community, but lack knowledge of their unique health needs<sup>26</sup>
- Training is necessary and should include:
  - Creating a warm and welcoming environment
  - Use of appropriate pronouns and terminology
  - Inclusion of partner in process
  - SOGI data collection
  - LGBT specific health needs and cancer disparities
- Disclosure of LGBT identities and support from cancer care providers are associated with better self-reported health<sup>24</sup>

Article

## Cancer and the LGBTQ Population: Quantitative and Qualitative Results from an Oncology Providers' Survey on Knowledge, Attitudes, and Practice Behaviors

Christina L. Tamargo <sup>1</sup>, Gwendolyn P. Quinn <sup>1,2</sup> , Julian A. Sanchez <sup>2,3</sup> and Matthew B. Schabath <sup>2,4,\*</sup> 

<sup>1</sup> Department of Health Outcomes and Behavior, H. Lee Moffitt Cancer Center and Research Institute, 12902 Magnolia Drive, Tampa, FL 33612, USA; christina.tamargo@med.miami.edu (C.L.T.); gwen.quinn@moffitt.org (G.P.Q.)

<sup>2</sup> Department of Oncologic Sciences, Morsani College of Medicine, University of South Florida, 12901 Bruce B Downs Blvd, Tampa, FL 33612, USA; julian.sanchez@moffitt.org

<sup>3</sup> Department of Gastrointestinal Oncology, H. Lee Moffitt Cancer Center and Research Institute, 12902 Magnolia Drive, Tampa, FL 33612, USA

<sup>4</sup> Department of Cancer Epidemiology, H. Lee Moffitt Cancer Center and Research Institute, 12902 Magnolia Drive, Tampa, FL 33612, USA

\* Correspondence: matthew.schabath@moffitt.org; Tel.: +1-813-745-4150; Fax: +1-813-745-6525

Academic Editor: A. Mark Fendrick

Received: 15 August 2017; Accepted: 25 September 2017; Published: 7 October 2017

**Abstract:** Background: Despite growing social acceptance, the LGBTQ population continues to face barriers to healthcare including fear of stigmatization by healthcare providers, and providers' lack of knowledge about LGBTQ-specific health issues. This analysis focuses on the assessment of quantitative and qualitative responses from a subset of providers who identified as specialists that treat one or more of the seven cancers that may be disproportionate in LGBTQ patients. Methods: A 32-item web-based survey was emailed to 388 oncology providers at a single institution. The survey assessed: demographics, knowledge, attitudes, and practice behaviors. Results: Oncology providers specializing in seven cancer types had poor knowledge of LGBTQ-specific health needs, with fewer than half of the surveyed providers (49.5%) correctly answering knowledge questions. Most providers had overall positive attitudes toward LGBTQ patients, with 91.7% agreeing they would be comfortable treating this population, and would support education and/or training on LGBTQ-related cancer health issues. Conclusion: Results suggest that despite generally positive attitudes toward the LGBTQ population, oncology providers who treat cancer types most prevalent among the population, lack knowledge of their unique health issues. Knowledge and practice behaviors may improve with enhanced education and training on this population's specific needs.



# Promoting LGBTQ health and wellness in health care settings



- Create a welcoming environment inclusive of LGBTQ patients
  - Post hospital's/clinic's nondiscrimination policy and/or patient bill of rights
  - Waiting rooms and common areas should include LGBTQ-relevant magazines, posters, local LGBTQ resources, and ally/rainbow stickers/signs where able
  - Décor/images of couples and families should include same-sex families/partners
  - Rainbow lapel pins can be worn by staff
  - Allow for gender-neutral/unisex/single-stall restrooms
  - Customize patient intake forms with questions SOGI information



# ASCO Position Statement



- ASCO (American Society of Clinical Oncology) released position statement outlining five areas of recommendations to address needs of LGBT across cancer continuum<sup>28</sup>
  - **Patient education and support** (ex: enhancing patient navigation and care coordination)
  - **Workforce development and diversity** (ex: incorporate LGBT training into training curricula, requirements and certification exam requirements)
  - **Quality improvement strategies** (ex: collect and use LGBTQ-relevant data for QI)
  - **Policy solutions** (ex: ensure adequate insurance coverage for those LGBT patients affected by cancer)
  - **Research strategies** (ex: train the next generation of researchers)
- These can be applied to other areas outside of oncology in promoting LGBT health and wellness.

VOLUME 35 • NUMBER 19 • JULY 1, 2017

JOURNAL OF CLINICAL ONCOLOGY

ASCO SPECIAL ARTICLE

## American Society of Clinical Oncology Position Statement: Strategies for Reducing Cancer Health Disparities Among Sexual and Gender Minority Populations

Jennifer Griggs, Shail Maingi, Victoria Blinder, Neelima Denduluri, Alok A. Khorana, Larry Norton, Michael Francisco, Dana S. Williams, and Julia H. Rowland

Author affiliations and support information (if applicable) appear at the end of this article.

Published at [jco.org](http://jco.org) on April 3, 2017.

Corresponding author: Jennifer Griggs, Department of Medicine, University of Michigan, 2800 Plymouth Rd, Ann Arbor, Michigan; e-mail: [jgriggs@med.umich.edu](mailto:jgriggs@med.umich.edu).

© 2017 by American Society of Clinical Oncology

0732-183X/17/3519w-2203w/\$20.00

### ABSTRACT

ASCO is committed to addressing the needs of sexual and gender minority (SGM) populations as a diverse group at risk for receiving disparate care and having suboptimal experiences, including discrimination, throughout the cancer care continuum. This position statement outlines five areas of recommendations to address the needs of both SGM populations affected by cancer and members of the oncology workforce who identify as SGM: (1) patient education and support; (2) workforce development and diversity; (3) quality improvement strategies; (4) policy solutions; and (5) research strategies. In making these recommendations, the Society calls for increased outreach and educational support for SGM patients; increased SGM cultural competency training for providers; improvement of quality-of-care metrics that include sexual orientation and gender information variables; and increased data collection to inform future work addressing the needs of SGM communities.

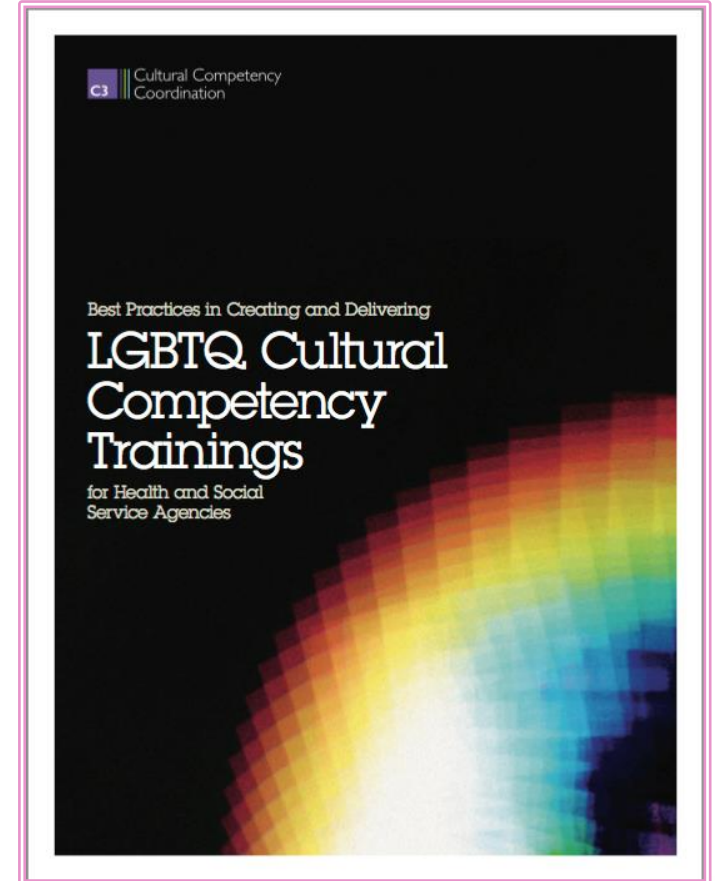
*J Clin Oncol* 35:2203-2208. © 2017 by American Society of Clinical Oncology





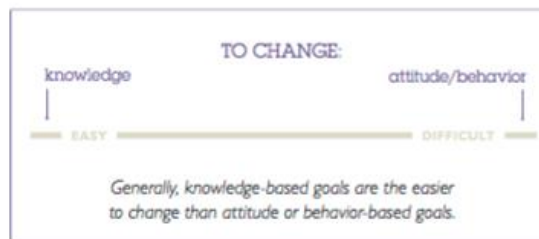
# Cultural Competency Training

- Cultural competency (often called diversity education or cultural sensitivity training) is a “set of congruent behaviors, attitudes, knowledge and policies that enable effective work in cross-cultural situations”
- Cultural competency is key to promoting health and wellness in the LGBTQ community
- These trainings, while differing based on audience and other factors, often share a common goal of bringing about positive, LGBTQ-affirming change in participants’ knowledge, attitude and behavior towards LGBTQ patients.



## Common LGBTQ Cultural Competency Training Goals Are:

1. To increase **knowledge** about LGBTQ health/social service needs.
2. To increase LGBTQ-affirming **attitude**
3. To increase LGBTQ-affirming **behavior**



# Promoting LGBT health and wellness in health care settings

## What can you do?

- Training
  - Deliver culturally competent care through current recommendations that are supported by evidence
  - Baseline recommendations include:
    - educating staff on LGBT health disparities,
    - adjusting approach in taking a social history,
    - use of gender-neutral language in communication and intake forms,
    - learning how to not make hetero-normative assumptions,
    - ways to affirm sexual orientation and gender identity,
    - and displaying LGBTQ-friendly symbols/images



**HEALTH  
STARTS  
HERE.**

---

**FOR  
EVERYONE.**

We are **proud** to be LGBT-welcoming.

LGBT health resources:  
[lgbthealthlink.org](http://lgbthealthlink.org)



Know your rights:  
[healthcarebillofrights.org](http://healthcarebillofrights.org)



Find your local LGBT Center:  
[lgbtcenters.org/mycenter](http://lgbtcenters.org/mycenter)



SPONSORED BY  
**LGBT  
HEALTHLINK**  
THE NETWORK FOR HEALTH EQUITY  
A PROGRAM OF CENTERLINK

Supported by Grant Number 5 H138P00006-01-00 funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.



# Culturally Competent Care of the LGBT patient

- **Signage**

- Website, educational materials that are LGBTQ inclusive
- Nondiscrimination policy posted
- Public areas that are LGBTQ friendly (rainbow flags, LGBTQ families, publications, rainbow lapel pins)
- Gender Neutral bathrooms



# Culturally Competent Care of the LGBT patient

- **Documentation**
  - Collect SOGI information
  - Inclusive intake forms
  - Pronouns and chosen name



Image: <http://www.hawaiipublichealth.org/resources/Documents/2-Jones-cliff-2009.pdf>

# Culturally Competent Care of the LGBT patient

- **Communication**
  - How to ask about gender identity and sexual orientation
  - How to apologize for an error in language or pronoun

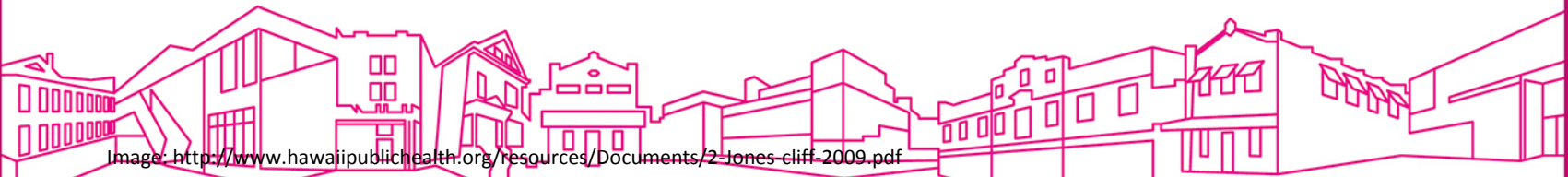
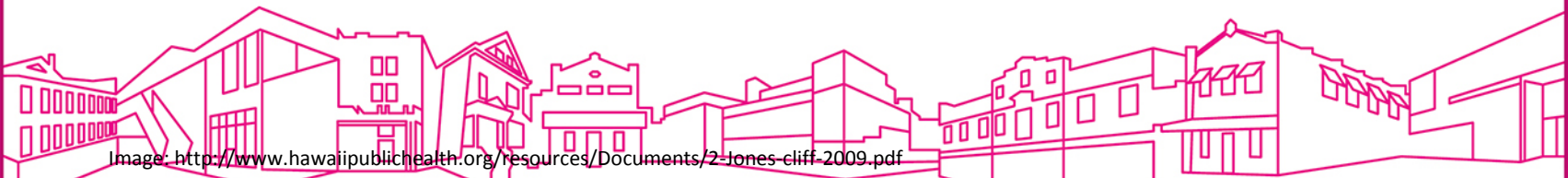


Image: <http://www.hawaiipublichealth.org/resources/Documents/2-Jones-cliff-2009.pdf>

# Culturally Competent Care of the LGBT patient

- **Partnering/Community Outreach**
  - Partner with LGBTQ organizations, inviting community members onto advisory boards



## References

1. When Health Care Isn't Caring: Lambda Legal's Survey of Discrimination Against LGBT People and People with HIV (New York: Lambda Legal, 2010).
2. <https://healthequity.globalpolicysolutions.org/about-health-equity/>
3. [http://www.who.int/social\\_determinants/thecommission/finalreport/key\\_concepts/en/](http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/)
4. <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>
5. HealthyPeople.gov. 2020 topics and objectives: lesbian, gay, bisexual, and transgender health. U.S. Department of Health and Human Services. 2013. <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=25>.
6. Institute of Medicine (US) Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. Washington (DC): National Academies Press (US); 2011. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK64806/> doi: 10.17226/13128
7. J Krehely, "How to Close the LGBT Health Disparities Gap," Center for American Progress, 2009
8. Mansh M, Katz KA, Linos E, Chren MM, Arron S. Association of Skin Cancer and Indoor Tanning in Sexual Minority Men and Women. JAMA Dermatol. 2015;151(12):1308-16. doi: 10.1001/jamadermatol.2015.3126. PubMed PMID: 26444580.
9. Blashill AJ, Pagoto S. Skin Cancer Risk in Gay and Bisexual Men: A Call to Action. JAMA Dermatol. 2015;151(12):1293-4. doi: 10.1001/jamadermatol.2015.3125. PubMed PMID: 26445402; PMCID: PMC4852690.
10. Machalek DA, Poynten M, Jin F, Fairley CK, Farnsworth A, Garland SM, Hillman RJ, Petoumenos K, Roberts J, Tabrizi SN, Templeton DJ, Grulich AE. Anal human papillomavirus infection and associated neoplastic lesions in men who have sex with men: a systematic review and meta-analysis. Lancet Oncol. 2012;13(5):487-500. doi: 10.1016/S1470-2045(12)70080-3. PubMed PMID: 22445259.
11. SEER Cancer Statistics Factsheets: Anal Cancer Bethesda, MD: National Cancer Institute; 2016 [updated April 2016; cited 2016 July 21]. Available from: <http://seer.cancer.gov/statfacts/html/anus.html>
12. Agenor M, Peitzmeier S, Gordon AR, Haneuse S, Potter JE, Austin SB. Sexual Orientation Identity Disparities in Awareness and Initiation of the Human Papillomavirus Vaccine Among U.S. Women and Girls: A National Survey. Ann Intern Med. 2015;163(2):99-106. doi: 10.7326/M14-2108. PubMed PMID: 25961737; PMCID: PMC4509853.
13. Quinn GP, Sanchez JA, Sutton SK, Vadaparampil ST, Nguyen GT, Green BL, Kanetsky PA, Schabath MB. Cancer and lesbian, gay, bisexual, transgender/transsexual, and queer/questioning (LGBTQ) populations. CA Cancer J Clin. 2015;65(5):384-400. doi: 10.3322/caac.21288. PubMed PMID: 26186412; PMCID: PMC4609168.
14. <https://www.lgbthealtheducation.org/wp-content/uploads/Improving-the-Health-of-LGBT-People.pdf>
15. James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Ania, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.
16. Feldman, J., Brown, G. R., Deutsch, M. B., Hembree, W., Meyer, W., Meyer-Bahlburg, H. F., . . . Safer, J. D. (2016). Priorities for transgender medical and healthcare research. *Curr Opin Endocrinol Diabetes Obes*, 23(2), 180-187



# References

17. [http://www.lgbtmap.org/equality\\_maps/profile\\_state/IA](http://www.lgbtmap.org/equality_maps/profile_state/IA)
18. Hoffman-Zinnell, D., Red Wing, D., [2014] Iowa LGBT Health and Wellness Study. One Iowa.
19. Fredriksen-Goldsen, K. I., Kim, H. J., Emlert, C. A., Muraco, A., Erosheva, E. A., Hoy-Ellis, C. P., ... & Petry, H. (2011). The Aging and Health Report. Disparities and Resilience among LGBT Older Adults.
20. Dispenza, F., Harper, L. S., & Harrigan, M. A. (2016). Subjective health among LGBT persons living with disabilities: A qualitative content analysis. *Rehabilitation psychology*, 61(3), 251.
21. <http://www.hawaiipublichealth.org/resources/Documents/2-Jones-cliff-2009.pdf>
22. Matthews, Alicia & Balsam, Kimberly & Hotton, Anna & Kuhns, Lisa & Li, Chien-Ching & J Bowen, Deborah. (2014). Awareness of Media-Based Antitobacco Messages Among a Community Sample of LGBT Individuals. *Health promotion practice*.
23. Hudson, J., Schabath, M. B., Sanchez, J., Sutton, S., Simmons, V. N., Vadaparampil, S. T., ... & Quinn, G. P. (2017). Sexual and Gender Minority Issues Across NCCN Guidelines: Results From a National Survey. *Journal of the National Comprehensive Cancer Network*, 15(11), 1379-1382.
24. Kamen, C. S., Smith-Stoner, M., Heckler, C. E., Flannery, M., & Margolies, L. (2015, January). Social support, self-rated health, and lesbian, gay, bisexual, and transgender identity disclosure to cancer care providers. In *Oncology nursing forum* (Vol. 42).
25. Jabson, J. M., Farmer, G. W., & Bowen, D. J. (2015). Health behaviors and self-reported health among cancer survivors by sexual orientation. *LGBT health*, 2(1), 41-47.
26. Tamargo, C. L., Quinn, G. P., Sanchez, J. A., & Schabath, M. B. (2017). Cancer and the LGBTQ Population: Quantitative and Qualitative Results from an Oncology Providers' Survey on Knowledge, Attitudes, and Practice Behaviors. *Journal of clinical medicine*, 6(10), 93.
27. Shetty, G., Sanchez, J. A., Lancaster, J. M., Wilson, L. E., Quinn, G. P., & Schabath, M. B. (2016). Oncology healthcare providers' knowledge, attitudes, and practice behaviors regarding LGBT health. *Patient education and counseling*, 99(10), 1676-1684.
28. Griggs, J., Maingi, S., Blinder, V., Denduluri, N., Khorana, A. A., Norton, L., ... & Rowland, J. H. (2017). American Society of Clinical Oncology position statement: Strategies for reducing cancer health disparities among sexual and gender minority populations. *Journal of Clinical Oncology*, 35(19), 2203-2208.
29. <https://www.lgbthealtheducation.org/wp-content/uploads/Improving-the-Health-of-LGBT-People.pdf>
30. Matthews, Alicia & Balsam, Kimberly & Hotton, Anna & Kuhns, Lisa & Li, Chien-Ching & J Bowen, Deborah. (2014). Awareness of Media-Based Antitobacco Messages Among a Community Sample of LGBT Individuals. *Health promotion practice*. 15. 10.1177/1524839914533343.
31. Sell, Randall & M Dunn, Patricia. (2008). Inclusion of lesbian, gay, bisexual and transgender people in tobacco use-related surveillance and epidemiological research. *Journal of LGBT health research*. 4. 27-42. 10.1080/15574090802615703.
32. Fallin, Amanda & Goodin, Amie & Ok Lee, Youn & Bennett, Keisa. (2014). Smoking Characteristics Among Lesbian, Gay, and Bisexual Adults.. *Preventive medicine*. 74. 10.1016/j.ypmed.2014.11.026.
33. Baskerville, Neill & Dash, Darly & Shuh, Alanna & Wong, Katy & Abramowicz, Aneta & Yessis, Jennifer & Kennedy, Ryan. (2017). Tobacco use cessation interventions for lesbian, gay, bisexual, transgender and queer youth and young adults: A scoping review. *Preventive Medicine Reports*. 6. 10.1016/j.pmedr.2017.02.004.
34. Lee, Joseph & Matthews, Alicia & Mccullen, Cramer & Melvin, Cathy. (2014). Promotion of Tobacco Use Cessation for Lesbian, Gay, Bisexual, and Transgender People: A Systematic Review. *American Journal of Preventive Medicine*. 47. 10.1016/j.amepre.2014.07.051.
35. Gates, GJ. How many people are lesbian, gay, bisexual, and transgender? Los Angeles: The Williams Institute; 2011.





JOIN THE MOVEMENT TO ACHIEVE  
LGBT HEALTH EQUITY!

[www.mylgbthealthlink.org](http://www.mylgbthealthlink.org)

HealthLink members have access to:

- Weekly LGBT Health News Roundup
- Scholarships to help support and promote leadership in LGBT health
- Members-only online networking groups
- Exclusive webinars and resources available for download
- Co-branding opportunities

My  
LGBT  
HEALTHLINK



# THANK YOU!



Regina R. Washington, DrPH  
Email: [regina@lgbtcenters.org](mailto:regina@lgbtcenters.org)  
Direct: 954.765.6024

Web: <http://www.lgbthealthlink.org>  
Blog: <http://blog.lgbthealthlink.org>

Facebook: [LGBT HealthLink](#)  
Twitter: [@LGBTHealthLink](#)

**Membership:**  
[www.mylgbthealthlink.org](http://www.mylgbthealthlink.org)



# Questions?

