Addressing LGBT Cancer Health Disparities

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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
- LGBT Basics
- LGBT Health Disparities
- Cancer in LGBT Communities
- LGBT Best Practices & Other Resources
- Closing Thoughts & Questions/Discussion
About Us
CenterLink

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

www.LGBTCenters.org • 954-765-6024 • information@LGBTCenters.org
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
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

THE PRIDE STUDY

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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
➢ 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

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Defining Terms: Gender vs Sex

- **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

- **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

A person's sex, gender identity & gender expression may vary. Sex does not equal gender.

**Gender Identity**
Gender is how individuals interpret and view themselves.
A person may identify with the gender they were assigned at birth (cis-gender), or they may identify differently (transgender).

**Gender Expression**
Gender expression is how individuals present themselves in terms of society’s ideals of “masculine” and “feminine.”
An individual may present as feminine, masculine, neutral, or a combination.

**Sex**
Sex refers to the biological characteristics of a person’s body.
The sexes are male, female, and intersex.

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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

**Gender Identity**
- Female / Woman / Girl
- Male / Man / Boy
- Other Gender(s)

**Gender Expression**
- Feminine
- Masculine
- Other

**Sex Assigned at Birth**
- Female
- Male
- Other / Intersex

**Physically Attracted to**
- Women
- Men
- Other Gender(s)

**Emotionally Attracted to**
- Women
- Men
- Other Gender(s)

To learn more, go to: 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
“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 Health Inequities and Disparities: Wyoming Equality

Rob Johnston
Health equity means ensuring *fair opportunities* for *everyone* to lead healthy and long lives.

Promoting health equity entails eliminating the barriers to achieving good health, particularly in groups that experience stigma and/or discrimination.

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.
- Educate others on the **history of oppression and discrimination faced by LGBTQ communities**.
  - Promoting anti-discrimination in access to health care, employment, housing, etc.
  - Promoting laws protecting bullying of LGBTQ youth.
  - Development of social programs for LGBTQ communities.
  - Training of health care providers, at all levels, on LGBTQ health.
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.

This lens pushes back on the assumptions that LGBT communities are homogeneous, by placing attention on the diverse health needs of LGBT communities.
Goal: Improve the health, safety, and well-being of lesbian, gay, bisexual, and transgender (LGBT) individuals
Wyoming Equality
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.
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?

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.

- State includes questions about sexual orientation and/or gender identity in state-based BRFSS survey of adults (34 states + D.C.)
- State does not include sexual orientation and gender identity module in its state-based BRFSS survey of adults (16 states)
- State does not participate in the BRFSS (0 states)

Image: Movement Advancement Project Maps: Iowa
How inclusive is our health care system in WY for LGBTQ clients?
June Pride Events in Wyoming

• Casper Pride  June 7-10
• Cheyenne Pride in the Park  June 9th  Holliday Park Shelter
• Pride not prejudice in Pinedale
• Jackson
• Lander
Wyoming LGBTQ+ Resources

- Wyoming Equality  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
It’s about our communities. It’s about each of us. It’s about health.

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.
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Best and Promising Practices Throughout the Cancer Continuum:

*LGBTQ Cultural Competency and Cultural Responsiveness*
What is Cultural Competency?

- Also known as diversity education, cultural sensitivity training, and multicultural 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 (and 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:
  - Prevention
  - Early detection
  - Diagnosis
  - Treatment
  - Survivorship
  - End of Life Care

[www.lgbthealthlink.org](http://www.lgbthealthlink.org)
Without SOGI data collection, cancers in LGBT populations have not been followed over time. LGBT people:
- Are less likely to seek cancer screening
- Face multiple structural, cognitive, and social barriers that decrease likelihood of screening
- More likely to be economically disadvantaged, underinsured, or underutilize health care
- Have poorer cancer-related outcomes

Collection of SOGI data should include cancer-related issues (incidence, physical, QOL, outcomes)
Many oncologists have positive attitudes towards the LGBT community, but lack knowledge of their unique health needs. 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.

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

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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 381 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 (48.9%) 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 (American Society of Clinical Oncology) released position statement outlining five areas of recommendations to address needs of LGBT across cancer continuum.

- **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.
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.
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
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
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
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/
References

17. http://www.lgbtmap.org/equality_maps/profile_state/IA
JOIN THE MOVEMENT TO ACHIEVE LGBT HEALTH EQUITY!

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
THANK YOU!

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Questions?