Best and Promising Practices for LGBT Communities Throughout the Cancer Continuum

Nebraska Cancer Coalition (NC2)
Conquering Cancer Through Collaboration Webinar
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Presenter:
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Agenda

› Welcome and Objectives
› LGBT Language & Health Disparities 101
› Unique challenges that LGBT individuals and families face across the cancer continuum
› Best and promising practices for LGBT communities throughout the cancer continuum
› Strategies providers and organizations can use locally to educate and help eliminate LGBT cancer disparities
› Q & A
Learning Outcomes

“After this presentation, participants will be able to…..”

› Describe the unique challenges that LGBT individuals and families face across the cancer care continuum.

› Outline the recently published best and promising practices for LGBT cancer care.

› Describe strategies that can be used locally to educate and help eliminate LGBT cancer disparities.
Language 101

Defining Our Terms

› Sexual Orientation
  – lesbian
  – gay
  – bisexual

› Gender Identity
  – transgender
We are on a Continuum

Sex
- Male
- DSD
- Female

Gender
- Masculine
- Androgynous
- Feminine

Gender Identity
- Man
- Genderqueer
- Woman

Sexual Orientation
- Attracted to Women
- Bisexual
- Attracted to Men
Categories & Descriptors

**SEX (category)**
- Male *(descriptor)*
- Female

**SEXUAL ORIENTATION**
- Lesbian
- Gay
- Bisexual
- Heterosexual
- Queer or Questioning
- Asexual

**GENDER/GENDER ROLE**
- Male
- Female
- Masculine
- Feminine

**GENDER IDENTITY**
- Transgender
- Transsexual
- Male
- Female
- Queer or Genderqueer
About LGBT Communities

- LGBT people face isolation, violence, overt discrimination and inequitable benefits and policies, including access to health services
- We have borne a heavy burden in our communities
- Strong LGBT community structures exists that offer social support, legal assistance, health services, and provide an organized platform to advocate for what we need
- LGBT communities lack a sense of trust with institutions and government
- We are diverse: LGBT is not just 1 single community
- Partnership with LGBT communities is an UNTAPPED resource to affect change
Meet Some of Us

Please watch the video To Treat Me, You Have to Know Who I am

https://www.youtube.com/watch?v=XqH6GU6TrzI
Institute of Medicine Report

Research from the Institute of Medicine suggests that lesbian, gay, bisexual and transgender (LGBT) people “face barriers to health care that profoundly affect their overall well-being;” “have higher prevalence of tobacco use,” “higher risk of depression and anxiety disorders,” and show “less frequent use of preventative screening” for cancer.


HP 2020

Understanding LGBT health starts with understanding the history of oppression and discrimination that these communities have faced.
LGBT Health Disparities

WHY THE LGBT COMMUNITY NEEDS THE AFFORDABLE CARE ACT
THE DEADLINE TO ENROLL IS MARCH 31

ONE

in three low- and middle-income LGBT people are uninsured.

FOUR

in ten uninsured LGBT people face medical debt.

44%

of all LGBT people reported putting off medical care because they cannot afford it.

HELP IS HERE: OUT2ENROLL.ORG

• You can find a plan that fits your budget.
• You may be able to get financial help to pay for your plan.
• You cannot be discriminated against based on your sexual orientation or gender identity.

PREVALENCE OF PSYCHIATRIC DISORDERS IN
PAST 12 MONTHS

- Any psychiatric disorder
- Mood disorder
- Anxiety disorder
- Substance disorder

STATE NONDISCRIMINATION LAWS IN THE U.S.
This map was last updated on May 21, 2014
LGBT Smoking Disparity

National Adult Tobacco Survey data found that LGBT people smoke at rates 50% higher than the general population.
2014 Surgeon General’s Report: The Link Between Smoking and Cancer

Cancers
- Oropharynx
- Larynx
- Esophagus
- Trachea, bronchus, and lung
- Acute myeloid leukemia
- Stomach
- Liver*
- Pancreas
- Kidney and ureter
- Cervix
- Bladder
- Colorectal*

Chronic Diseases
- Stroke
- Blindness, cataracts, age-related macular degeneration*
- Congenital defects—maternal smoking: orofacial clefts*
- Periodontitis
- Aortic aneurysm, early abdominal aortic atherosclerosis in young adults
- Coronary heart disease
- Pneumonia
- Atherosclerotic peripheral vascular disease
- Chronic obstructive pulmonary disease, tuberculosis,* asthma, and other respiratory effects
- Diabetes*
- Reproductive effects in women (including reduced fertility)
- Hip fractures
- Ectopic pregnancy*
- Male sexual function—erectile dysfunction*
- Rheumatoid arthritis*
- Immune function*
- Overall diminished health

Transgender Concerns = Negative Health Outcomes

The National Transgender Center for Equality surveyed 6,450 transgender individuals in the U.S. Full results are available at transequality.org.

- 41% can't change their gender on their IDs
- 57% were rejected by families
- 19% have experienced homelessness
- 19% were refused medical care
- 47% have attempted suicide
Intersectionality in LGBT Health

It pushes the heteronormative assumptions that hold that LGBT communities are homogeneous and places attention on the diverse health needs of LGBT communities.

An intersectional lens needs to be used to examine the interrelationship of race, gender, class, sexual orientation, and other factors in order to truly understand LGBT health.
LGBT Cancer Disparities

Disparities Across the Continuum

- Risk
- Screening
- Diagnosis
- Treatment
- Survivorship
Cancer in LGBT Communities

Higher Risks
- Smoking rates 50% higher
- Higher alcohol consumption
- Lower insurance rates
- A range of higher health risks (obesity, null parity)

Problems in medical care
- Discrimination in healthcare
- Avoidance of doctors
- Care not culturally competent

No data collection means
- No information on cancer prevalence
- No information on our outcomes
- No evidence base to justify policy or research attention

Systemic public health challenges
- LGBT data omissions!
- Few research studies on our outcomes
- Few tailored resources to support us
Decreased Screening

Mammograms

Cervical pap smears

Anal pap smears

Colonoscopies
Incidence/Prevalence
Survivorship

LGBT PATIENT-CENTERED OUTCOMES

Cancer survivors teach us how to improve care for all
LIZ MARGOLIES, NFN SCOUT
Best and Most Promising Practices For the LGBT Community Across the Cancer Continuum

› In 2014, Summit on Cancer in LGBT Communities, 60 international researchers, survivors, funders, CBOs, and health care providers met to outline the nature and extent of the problems that exist

› In 2014 and 2015 expert panel convened twice to develop the best and most promising practices across the cancer care continuum for the LGBT community

› The experts drew upon available literature, clinical and community experience and reached a consensus regarding recommendations

› Recommendations were then rigorously reviewed and revised

› Convened by CDC-HealthLink, the National LGBT Cancer Network, and other partners.
6 Stages of the Cancer Care Continuum Model

- **Prevention and Risk Reduction**
  - Tobacco control
  - Diet
  - Physical activity
  - Sun and environmental exposures
  - Alcohol use
  - Chemoprevention
  - Immunization

- **Screening**
  - Age and gender specific screening
  - Genetic testing

- **Diagnosis**
  - Biopsy
  - Pathology reporting
  - Histological assessment
  - Staging
  - Biomarker assessment
  - Molecular profiling

- **Treatment**
  - Systemic therapy
  - Surgery
  - Radiation

- **Survivorship**
  - Surveillance for recurrences
  - Screening for related cancers
  - Hereditary cancer predisposition/genetics

- **End-of-Life Care**
  - Implementation of advance care planning
  - Hospice care
  - Bereavement care

Acute Care  Chronic Care  End-of-Life Care
Six Stage Cancer Continuum Model

› Prevention and Health Promotion
› Screening
› Diagnosis
› Treatment
› Survivorship
› Palliative Care and End of Life
Five Cross-Cutting Issues

› Sexual Orientation and Gender Identity (SOGI) Data Collection
› LGBT Culturally Competent Workforce
› LGBT Culturally Competent Health Care Systems
› Patient/Client Information and Education
› Diversity and Intersectionality
Public Health Departments

Health Departments play a critical role in creating and supporting systems and environmental change initiatives that improve access to culturally competent care across the cancer continuum. This section contains best and promising practices for Public Health Departments to reduce barriers to care and prevention as well as enhancing a culturally competent workforce to improve care. Implementing these measures will promote health equity for the LGBT community, a historically marginalized and vulnerable population experiencing discrimination and barriers to care.

Prevention/Health Promotion

Recommendations for Public Health Departments

1. Include SOGI data in risk and behavioral surveillance tools, Behavioral Risk Factor Surveillance System (BRFSS), Youth Behavioral Risk Factor Surveillance System (YRBS), Adult Tobacco Survey (ATS), etc.
2. Identify LGBT liaison(s) (point person) to provide cross-cutting subject matter expertise on LGBT issues.
3. Collaborate with community partners on LGBT-tailored prevention and health promotion activities.
4. Seek and fund programs and campaigns that address LGBT cancer prevention and health promotion.
5. Enhance patient navigation projects (where available) to provide culturally relevant services for LGBT cancer survivors.
6. Implement and support LGBT-tailored programs, messages, and policies that improve access to physical activity, nutrition, obesity prevention, smoking cessation, cancer awareness, cancer prevention (i.e., human papillomavirus [HPV] immunizations), and chronic disease programs.

Cross-cutting Issues

- Include LGBT community-based organizations in state cancer coalitions.
- Integrate lessons learned from established Department of Health programs that have existing relationships with the communities (i.e., HIV/AIDS, tobacco).

Screening

Recommendations for Public Health Departments

1. Include LGBT as a designated special population in screening programs funded by Health Departments.
2. Provide management, leadership, and coordination for LGBT-centered screening promotions.
3. Require LGBT non-discrimination policy statements for all Health Department-funded entities.
4. Establish partnerships with multiple (3 minimum, local or national) LGBT organizations to vet and provide technical assistance in the development and implementation of screening campaigns/materials.
5. Support culturally competent delivery of services that increase access to and utilization of cancer screening.
6. Support recruitment and utilization of patient navigators that are culturally competent and sensitive to the disparities and needs of the LGBT population.
Let’s explore the LGBT Best and Promising Practices

LGBT BEST AND PROMISING PRACTICES THROUGHOUT THE CANCER CONTINUUM FOR PUBLIC HEALTH DEPARTMENTS

Explore the best and promising practices, understand cross-cutting issues, and filter the strategies throughout the stages of the cancer continuum.

To learn about the people involved, the methodology employed, and, of course, the more than 100 Best and Promising Practices, download the full report here.

Goals for Best Practices

› Encourage disclosure of layered LGBT identities
› Recognize the diverse family and support systems of choice in LGBT communities
› Understand the role of social determinants of health for LGBT individuals and communities
› Address the multiple stigmas many LGBT patients experience in healthcare
› Bring sensitivity to comorbidities in LGBT health disparities, including those diagnoses overrepresented in LGBT communities
Engage LGBT Communities Locally

Where are the queers in your community?
- LGBT Community Centers
- Social and support organizations
- Churches
- Bars and clubs
- Health groups
- University groups and programs
- Media and social media outlets (print and online)

• To understand access to barriers
• To enhance welcome
• To create safe and friendly environments for LGBT individuals
Engage During Pride Festivities

June 1 marked the beginning of National LGBT Pride Month. As hundreds of events around the country this month show their support and celebrate lesbian, gay, bisexual, and transgender (LGBT) rights, it's important to recognize one of the LGBT community's largest health problems: tobacco.

Among the many communities that make up the American population, one – LGBT – continues to smoke at significantly higher rates than the rest of the country. The 2013 Ohio Behavioral Risk Factor Surveillance System found that 43.4 percent of LGBT adults used tobacco compared to 22.6 percent of heterosexual adults (state average 23.4 percent). The reasons why the LGBT community uses tobacco varies from person to person, but it's often generalized into the following categories:

- **Target of marketing campaigns by the tobacco industry**, The LGBT community has been a target of Big Tobacco's advertising campaigns. Young people are particularly vulnerable; 90 percent of all smokers begin in their teens, and LGBT people may start smoking even earlier. In addition to traditional media advertising, tobacco marketers also sponsor LGBT social events, holiday celebrations, street festivals, and other gatherings. These efforts are often designed to make tobacco companies appear as friends and allies of the LGBT community.
- **To reduce stress resulting from social stigma, discrimination, and isolation from family members, co-workers, and peers.** This is sometimes referred to as “minority stress.” For some LGBT people, smoking serves as a both stress reliever and as a way to “fit in” with peers.
- **Lack of access to health care.** Many have difficulty accessing care where a provider can talk to them about smoking and counsel them on ways to stop.
What Others Are Doing That Can be Replicated in Nebraska!
California

- Available for free from our website
Conclusions

Are you committed to make your local coalition and state cancer work plan more LGBT welcoming and inclusive?
Conclusions

- Do you co-brand with LGBT trusted groups?
- Do you promote through LGBT media channels?
- Do you include LGBT goals in your action plans? Do you ask your grantees for same?
- Does your evaluation include LGBT measures?
- Do you have LGBT people included in your community advisory body?
Conclusions

- Do your health promotional materials routinely include LGBT imagery?
- Are you collecting LGBT resources for referrals?
- Do you collect sexual orientation and gender identity data (in your programs, surveys, and evaluations)?
- Are LGBT youth engaged?
Conclusions

- Do you recognize the barriers LGBT communities face when accessing services?
- Do your work/organizational environment provide a welcoming environment for LGBT people?
- Can LGBT employees or allies feel safe including LGBT focus work?
- Can employees/volunteers come out of the closet safely?
National Resources

- Human Rights Campaign - Legislation by state
  http://www.hrc.org/states

- Gay & Lesbian Medical Association “Find a Provider” Online Directory http://glma.org

http://www.cancer-network.org/

Take Care of That Body
About LGBT HealthLink

We link people and LGBT wellness information. We promote adoption of best practices in health departments and community organizations to reduce cancer and tobacco disparities.

We build community wellness through:
› Training
› Education
› Policy change
What We Offer…

› Trainings, webinars, and TA
› Current LGBT health news and awareness
› Needs assessment model
› Sample non discrimination policies
› LGBT educational posters and for cobranding
› Best and promising practices for tobacco and cancer control
› Link with local LGBT experts and communities
› Share your story in our blog! Checkout what other state programs are doing to reach out to LGBT communities!
Resources – Order materials & co-brand

www.LGBThealthlink.org
Link with Us

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