Strategies for Addressing LGBT Tobacco & Cancer Disparities
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LGBT HealthLink
CenterLink

- Nonprofit founded in 1994
- Helps develop strong, sustainable LGBT community centers with national network of 180+ organizations
- Builds a thriving network of centers for healthy, vibrant communities
- Recognized by the White House as a “Champion of Change”

Join CenterLink
Because Great LGBT Communities start with great LGBT Community Centers

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

- Advance LGBT wellness by addressing LGBT tobacco and cancer health disparities
- Link people with information and promote adoption of best practices
- One of eight CDC-funded cancer and tobacco disparity networks

www.lgbthealthlink.org
HealthLink Promotes:

- Tobacco prevention & cessation
- Decreased second-hand smoke exposure
- Cancer prevention and screenings
- Improved quality of life for those with cancer
HealthLink Provides:

- Technical Assistance
- Trainings/Webinars/Presentations
- Needs Assessment Tool
- Sample non-discrimination policies
- And we provide other resources such as educational materials
- Tobacco Census (and soon to be Cancer Census)
- Cross-sectoral connections between health systems, providers, community centers, and departments of health
- Linkages for information and best and promising practices
LGBT 101
About LGBT Communities

• LGBT is NOT one single community
• There are an estimated 9 million LGBT individuals in the U.S. (3) across all congressional districts
• LGBT people face isolation, violence, overt discrimination and inequitable benefits and policies, including access to health services
• 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 is largely an UNTAPPED resource for change
Defining Terms (7)

- Sex refers to the biological classification of a person assigned at birth as male, female, or intersex (usually based on appearance of external anatomy)
- Gender is based on social/cultural characteristics of men & women such as norms, roles, etc.
Defining Terms

• **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, and straight are most common
  - Generally, gay/lesbians are primarily attracted to those of the same sex
  - However, the concepts of sexual identity, attraction, and behavior do not always follow these patterns
  - For example, individuals may not identify as gay/lesbian even if attracted to the same sex
Defining Terms

- **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

- **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
  - Gender identity and sexual orientation are not the same. Transgender people may be straight, lesbian, gay, bisexual, or queer. For example, a person who transitions from male to female and is attracted solely to men would typically identify as a straight woman
Categories & Descriptors

**SEX**
- Male
- Female

**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
LGBT Health Disparities
Understanding LGBT Health

• Understanding LGBT health starts with understanding the history of oppression and discrimination that these communities have faced (2)

• For example:
  – Legal discrimination in access to health insurance, employment, housing, marriage, adoption, and retirement benefits
  – Lack of laws protecting against bullying in schools
  – Lack of social programs targeted to LGBT youth, adults, and elders
  – Shortage of health care providers who are knowledgeable and culturally competent in LGBT 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.
8 Ways Tobacco Affects Vulnerable People

Tobacco use is 71% HIGHER among adults with mental illness
- National Council for Behavioral Health

Tobacco use is OVER 50% HIGHER among LGBT adults
- LGBT HealthLink

Asian American men smoke at a 215% HIGHER rate than Asian American women
- The RAISE Network

1.5 TIMES as many Hispanic middle school students report using tobacco compared to other middle school students
- Nuestras Voces

22.4% of people in remote areas smoke
- Geographic Health Equity Alliance

14.7% of their urban counterparts smoke
- SelfMade Health Network

Tobacco use is 310% HIGHER among homeless adults compared to the general population
- National African American Tobacco Prevenion Network

This infographic brought to you by:

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Research from the Institute of Medicine suggests that 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. (1)
LGBT Health Disparities

- Alcohol
- Drugs
- Mental Health
- HIV
- Tobacco
- Cancer

Studies show that LGBT individuals are more likely to use alcohol and drugs and have higher rates of substance abuse, compared with the general population (4)

http://askrecoveryrob.com/wp-content/uploads/2012/06/alcohol.jpg
Tobacco in LGBT Communities
Tobacco in LGBT Communities

• Across available research, population-based studies, large cohort studies, and convenience samples, the findings stay consistent: some, if not all, LGBT groups demonstrate significantly higher smoking rates than the general population. The disparity increases among LGBT of color. \(^{(6)}\)

• LGBT youth are smoking at the same rate the full population was in the 1980s – the tobacco control movement is 30 years behind the times in reaching LGBT people.

• Unless this is countered aggressively, this disparity is poised to continue for decades to come.
• LGBT people smoke at much higher rates than the general population

• National Adult Tobacco Survey data found that LGBT people smoke at rates 50% higher than the general population (5)
The American Cancer Society estimates that more than 30,000 LGBT deaths each year are from tobacco-related diseases.

Tobacco causes more deaths than AIDS, drugs, breast cancer and gay bashing combined.

Your health matters. Learn how tobacco impacts LGBT people.

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WHY ARE WE SEEING SUCH HIGH STATS?
• Cultural norm (socially transmitted disease)

• Unhealthy coping strategy/outlet from stress associated with stigma and discrimination, especially among LGBT youth
Tobacco industry advertising is everywhere, and a long, aggressive history of targeting the LGBT community shows no signs of abating.
Freedom. To speak. To choose. To marry. To participate. To be. To disagree. To inhale. To believe. To love. To live. It’s all good.
Cancer in LGBT Communities
The Stats: Lesbian, gay, bisexual, and transgender (LGBT) people are at elevated risk for many types of cancer.

- 1 in 3 LGBT adults smokes, a rate that is 60% higher than other adults; LGBT adults likely have higher rates of smoking-related cancers, including lung cancer.

- 56% Sexual minority men have 56% higher odds of having skin cancer, possibly as a result of tanning indoors and outside as a way to cope with negative body images.

- 30 TIMES Men who have sex with men (MSM) and who are living with HIV have 30 times the anal cancer incidence of the U.S. male population as a whole. Even MSM who are not living with HIV have 2.4 times the incidence compared to the overall rate for U.S. men.

- Lesbian women have higher risk factors for breast cancer including higher rates of nulliparity (never having given birth), alcohol and tobacco use, and obesity.

Prevention: Cancer prevention is hindered because despite having higher risk factors for cancer, LGBT people are less likely to access care and utilize preventive services.

- Lesbian women initiate the HPV vaccine at less than 1/3 the rate of heterosexual women.

- Despite having higher rates of anal HPV and resulting cancers, gay and bisexual men are no more likely to be vaccinated than are heterosexual men.

Detection: Cancer detection and diagnosis is only effective if patients (and providers) know what they should be screened for based on elevated risks in the LGBT communities.

- 56% of gynecologists are uncomfortable screening transgender patients.

- Transgender men are 11 times more likely than women to have an unsatisfactory pap test.

- Although 86% of MSM are interested in having an anal pap test once it is offered, only 10% who are HIV-negative have had one, and 77% don’t know the anal Pap test exists.

Treatment: Cancer treatment and survivorship are impacted by the discrimination and stress that LGBT patients experience within and outside of the healthcare system.

- LGB cancer survivors are 60% less likely than others to self-report good health.

- You can learn more about survivorship, and find more fact sheets and resources at lgbthealthlink.org/fact-sheets

- LGBT people are half as likely to plan on using a quitline when they try to cease smoking. 28% of transgender individuals do not seek getting care due to fear of discrimination.

www.LGBTCenters.org  954-765-6024  information@LGBTCenters.org
• Lesbian women initiate the HPV vaccine at less than 1/3 the rate of heterosexual women (10)

• Gay and bisexual men are no more likely to be vaccinated (11)

• Transgender individuals at risk for cancers associated with sex assigned at birth and some new cancers related to medical transition (12)

• Trans men still at risk for breast cancer even after mastectomy, and trans women face risk similar to cisgender women (13, 14)

• Gay and bi men also have 50% higher odds of having skin cancer (15), possibly as a result of tanning indoors and trying to improve body image (16)

• Little is known about potential cancer risks associated with hormone therapy, so trans people should get screened regularly (17, 18)
WHY ARE LGBT PEOPLE LESS LIKELY TO ACCESS CARE?
Cancer in LGBT Communities

• History of discrimination in healthcare systems
  – Avoidance of healthcare = fewer advance screenings, early detection, and treatment/survivorship
  – And LGBT people may be less likely to get cancer screenings if they feel uncomfortable or are not “out” to their provider \(^8\)
  – Indeed, 28% of transgender individuals have delayed seeking care due to fear of discrimination \(^9\)
WHAT ARE THE CHALLENGES TO OVERCOME?
Cancer in LGBT Communities

• Bottom line
  – Lack of data collection
  – Lack of an evidence base to justify policy and research attention

• Lack of data prevents identification of disparities
  – Resulting in lack of tailored resources to support LGBT population
  – Lack of specialized and culturally competent programs
  – Insufficient info to develop LGBT-specific screening guidelines
  – Lack of best practices for LGBT communities

• Alarming, due to the increasing evidence of LGBT cancer disparities
HOW DO WE ADDRESS THESE ISSUES?
LGBT Best and Promising Practices for Comprehensive Tobacco Control Programs

LGBT HealthLink: The Network for Health Equity

A Proud Program of CenterLink

P.O. Box 54850, Ft. Lauderdale, FL 33318-4850

lphealthlink@lgbtcenters.org

LGBT Best and Promising Practices
Throughout the Cancer Continuum
7 Measures for LGBT-tailored Comprehensive Tobacco Control Programs

1. Promote LGBT professional safety & leadership in public health
2. Include LGBT community members in policy planning steps
3. Monitor impact of tobacco on LGBT populations
4. Establish cultural competency standards for statewide programs
5. Fund community-based programs to help reduce LGBT tobacco disparities
6. Routinely integrate LGBT tailored efforts into larger wellness/tobacco campaigns
7. Disseminate findings and lessons learned
LGBT Best and Promising Practices for Comprehensive Tobacco Control Programs

1. Promote LGBT professional safety & leadership in public health

http://www.freedomforallamericans.org/publicaccommodationsprotections/
Strategy: Add LGBT to Your Employee & Contractor Nondiscrimination Protections

Office of Federal Contract Compliance Programs (OFCCP)

Frequently Asked Questions
EO 13672 Final Rule

On December 3, 2014, the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP) announced a Final Rule that will prohibit federal contractors from discriminating in employment on the basis of sexual orientation or gender identity. The Final Rule implements Executive Order (EO) 13672, signed by President Barack Obama on July 21, 2014, which adds sexual orientation and gender identity to the prohibited bases of discrimination in EO 11246. Additional information about the new Final Rule is provided in the below list of Frequently Asked Questions.
Strategy: Create Internal SGM Advisory Panels

Like at: CDC, NIH, HHS, and more.
Strategy: Promote nondiscrimination

69% of employers discriminated against the trans man with history at a trans organization.
LGBT Best and Promising Practices for Comprehensive Tobacco Control Programs

Promote LGBT professional safety & leadership in public health

2 Include LGBT community members in policy planning steps
Examples of the impact of involving stakeholders
2020 Topics and Objectives – Objectives A–Z

Select a topic area from the list below to get started:

Each topic area includes an overview, objectives and data,* and

I
Immunization and Infectious Diseases

Injury and Violence Prevention

L
Lesbian, Gay, Bisexual, and Transgender Health

M
Maternal, Infant, and Child Health

Medical Product Safety

Mental Health and Mental Disorders
Enhanced LGBT Measure As Tested

Across your lifetime, do you consider yourself to be gay, lesbian, bisexual, and/or transgender?

- No
- Yes

[If No continue. If Yes, probe with the following question.]  
[If callers show concern about this question, feel free to add the following sentence:] “LGBT people smoke at higher rates than others; we ask this to ensure we’re serving all people equally.”

Thanks, indicate all of the following which apply to you:

- Bisexual,
- Gay or
- [for a woman] Lesbian,
- Queer,
- Transgender or gender variant and assigned male at birth,
- Transgender or gender variant and assigned female at birth.

*All square brackets indicate instructions to survey administrators, this is not information that is to be read aloud.
LGBT Best and Promising Practices for Comprehensive Tobacco Control Programs

4 Establish cultural competency standards for statewide programs
5 Fund community-based programs to help reduce LGBT tobacco disparities
5 Fund community-based programs to help reduce LGBT tobacco disparities
LGBT Best and Promising Practices for Comprehensive Tobacco Control Programs

5 Fund community-based programs to help reduce LGBT tobacco disparities
LGBT Best and Promising Practices for Comprehensive Tobacco Control Programs

5 Fund community-based programs to help reduce LGBT tobacco disparities
6 Routinely integrate LGBT tailored efforts into larger wellness/tobacco campaigns
LGBT Best and Promising Practices for Comprehensive Tobacco Control Programs

I now use my social smoking time to actually get fresh air.
– Corey, former smoker

6 Routinely integrate LGBT tailored efforts into larger wellness/tobacco campaigns

Smoking is a barrier to trans affirming surgery as it affects the vascular system which is crucial for healing.
– Jada, former smoker

CDCTips #TobaccoFreeEnby
1-800-QUIT-NOW

CDCTips #TobaccoFreeQueers
1-800-QUIT-NOW

LGBT HealthLink: The Network for Health Equity
is a Proud Program of CenterLink
P.O. Box 21614, Ft Lauderdale, FL 33315-9993
lgbtHealthLink@glbtcenters.org

Project implemented by HealthCare Resource Center for Long Beach LGBT Center and Patches. The funding and development of this project was made possible in part by the generosity of the author and an EDI grant from the California Tobacco Related Disease Control Program, Department of Health Care Services, CA Department of Public Health.
LGBT Best and Promising Practices for Comprehensive Tobacco Control Programs

Routinely integrate LGBT tailored efforts into larger wellness/tobacco campaigns

I quit for a new girlfriend. We’ve been together 20 years now.
– Amari, former smoker

I challenged myself to quit from Christmas to New Years and said, "If I can last that long then I can do it longer." It’s been 11 years.
– Stacy, former smoker
LGBT Best and Promising Practices for Comprehensive Tobacco Control Programs

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Is a Proud Program of CenterLink
P.O. Box 88896, Dallas, TX 75380-8896
LGBTHealthLink@CenterLink.org

Disseminate findings and lessons learned
To all Utah tobacco control programs:

LGBT HealthLink recently conducted a survey of all 50 states, Washington, DC, and Puerto Rico to determine their level of LGBT inclusion in tobacco control work. While we are very proud of the work done by many states, this survey also shows us what work still needs to be done. We have been inspired to see the increased interest and movement on inclusion of LGBT tailored programming in so many states and will continue to track and support each state's success over time.

As part of our support to states we offer technical assistance and resources to enhance LGBT integration in tobacco control work at every level. We appreciate your engagement with LGBT HealthLink in pursuit of our shared mission to enhance LGBT health and reducing tobacco- and cancer-related disparities within our communities.
LGBT Best & Promising Practices throughout the Cancer Continuum

- Across six stages, five cross-cutting issues:
  - SOGI Data Collection
  - LGBT Culturally Competent Workforce
  - LGBT Culturally Competent Healthcare Systems
  - Patient/Client Information & Education
  - Diversity and Intersectionality
<table>
<thead>
<tr>
<th>BEST AND PROMISING PRACTICES</th>
<th>CROSS-CUTTING ISSUES</th>
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</thead>
<tbody>
<tr>
<td>Include SOGI questions on population-based surveillance instruments supported through government funds.</td>
<td>![Bar Chart]</td>
</tr>
<tr>
<td>• For example, BRFSS, NHANES, NHIS, YRBSS</td>
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<tr>
<td>Involve culturally competent and trained community health workers to augment and/or deliver prevention and health promotion messages.</td>
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<tr>
<td>• For example, health educators such as promotoras, navigators, popular opinion leaders, LGBT peer leaders</td>
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<tr>
<td>Ensure that disclosure of SOGI and sexual behavior is safe (confidential, private, affirming, accepted without judgment) during all individual intake and clinical/community encounters.</td>
<td>![Icon]</td>
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<tr>
<td>Recognize that disclosure of layered and intersectional identities is complicated for LGBT individuals seeking health prevention services. They must negotiate whether and how to come out to multiple providers about being LGBT.</td>
<td>![Icon]</td>
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<tr>
<td>Cultural competence to conduct LGBT health promotion activities should involve measurable competencies, including but not limited to a measure of engagement with the local LGBT communities.</td>
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</tbody>
</table>
Provide ongoing education on LGBT cultural competence to the entire health care work force, especially those that interact with LGBT patients, their family, and their chosen support person(s).

Create a welcoming and safe environment for LGBT patients (including but not limited to gender-neutral restrooms, physical and virtual environments, forms, health literature, and in-person communications occurring in the health setting).

Acknowledge and prioritize health promotion programs in consultation and collaboration with the LGBT communities within your service area to ensure that messages are targeting the communities’ perceived needs.

Develop and implement effective guidelines, interventions, and programs aimed at decreasing the cancer burden for LGBT populations, with intentional and careful adaptation for all segments of the LGBT communities.

Develop and/or implement LGBT-specific health education and prevention messages, materials (print and online), and resources, developed in consultation with community advisory boards and other consumer groups.
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

<table>
<thead>
<tr>
<th>Recommendations for Public Health Departments</th>
<th>Cross-cutting Issues</th>
</tr>
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<tbody>
<tr>
<td>Include SOGI data in risk and behavioral surveillance tools, Behavioral Risk Factor Surveillance System (BRFSS), Youth Behavioral Risk Factor Surveillance System (YRBSS), Adult Tobacco Survey (ATS), etc.</td>
<td>Data</td>
</tr>
<tr>
<td>Identify LGBT liaison(s) (point person) to provide cross-cutting subject matter expertise on LGBT issues.</td>
<td>Workforce</td>
</tr>
<tr>
<td>Collaborate with community partners on LGBT-tailored prevention and health promotion activities.</td>
<td>Workforce, Diversity</td>
</tr>
<tr>
<td>Seek and fund programs and campaigns that address LGBT cancer prevention and health promotion.</td>
<td>Systems</td>
</tr>
<tr>
<td>Enhance patient navigation projects (where available) to provide culturally relevant services for LGBT cancer survivors.</td>
<td>Systems, Information</td>
</tr>
<tr>
<td>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.</td>
<td>Systems, Information, Diversity</td>
</tr>
<tr>
<td>Include LGBT communities in state cancer plans.</td>
<td>Systems, Information, Diversity</td>
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</table>

LGBT YouthLink and CenterLink logos are present, which are programs of CenterLink, The Community of LGBT Centers.
CANCER AND LESBIAN, BISEXUAL & QUEER WOMEN
What you need to know

WHAT CAN I DO TO TAKE CARE OF MY HEALTH?

GET SCREENED
Lesbian and bi women should get screened for what is generally recommended for all women. It's important that you talk to your doctor and complete all recommended screenings.

FIND A PROVIDER YOU TRUST
As this brochure shows, your sexual orientation affects your risks for cancer in lots of ways. It's critical that your doctor knows your sexual orientation, your sexual practices, and more about your life and potential risks. If you don't feel that your doctor is receptive or knowledgeable about this, you can search for a new one (as well as find cancer screening services, and get help if you face discrimination) at healthcarebillofrights.org/gethelp.

WHAT CAN I DO TO TAKE CARE OF MY HEALTH?

REDUCE YOUR RISK

- Stay smoke free, as cigarettes increase risks for many forms of cancer
- Keep a healthy diet and exercising, as being overweight can increase risk
- Use preventive care, like getting check-ups and cancer screenings
- Get vaccinated, the HPV vaccine is recommended for those age 11 to age 26. If you are with in that age range and have not had it, talk to your doctor about it.
- Practice safer sex, as HPV is sexually transmitted and can cause cancer.
- Use sunblock to prevent skin cancer

BREAST CANCER
Lesbian and bisexual women have higher risk of breast cancer since they are less likely to give birth (which reduces the chances of breast cancer as well as uterine and ovarian cancer) and higher rates of alcohol use, smoking and obesity which increases the risk for cancers.

LUNG CANCER
Given that lesbian and bi women smoke at a much higher rate than other women, they likely face a higher risk of lung cancer.

OTHER CANCERS
Lesbian, bi and women are at risk for all the other cancers that women face in general, such as uterine, ovarian, cervical cancer, among others.
Work with the local LGBT communities to identify and reduce regional and specific barriers to timely cancer screening.

Ensure that LGBT patients receive prompt follow up after abnormal screening results, as well as timely and culturally competent coordination of transition to cancer care in order to mitigate attrition and delays.

Include LGBT individuals’ support networks (i.e., family of choice) whenever possible during screening process and procedures.

Tailor screening messages and utilize effective media with particular attention to diverse sub-groups within LGBT communities.

- For example, involve screening messengers, ambassadors, and witnesses known as credible in their respective communities

Educate the LGBT communities about the importance of cancer screening, with emphasis on malignancies that disproportionately affect LGBT individuals, using a variety of media and campaigns shown to be effective or promising with LGBT communities in general and/or with specific sub-groups.
## Early Detection/Screening

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Include LGBT as a designated special population in cancer screening programs funded by Health Departments to ensure there is adequate tailored outreach, tailored services, and program monitoring.</td>
<td><img src="chart1.png" alt="Data" /></td>
</tr>
<tr>
<td>Provide management, leadership, and coordination for LGBT-centered screening promotions.</td>
<td><img src="chart2.png" alt="Workforce" /> <img src="chart3.png" alt="Systems" /> <img src="chart4.png" alt="Information" /></td>
</tr>
<tr>
<td>Adopt federal model (per Executive Order 13672) of requiring LGBT non-discrimination policy statements for all Health Department-funded entities.</td>
<td><img src="chart3.png" alt="Systems" /></td>
</tr>
<tr>
<td>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.</td>
<td><img src="chart4.png" alt="Information" /></td>
</tr>
<tr>
<td>Support culturally competent delivery of services that increase access to and utilization of cancer screening.</td>
<td><img src="chart3.png" alt="Systems" /> <img src="chart5.png" alt="Diversity" /></td>
</tr>
<tr>
<td>Support recruitment and utilization of patient navigators that are culturally competent and sensitive to the disparities and needs of the LGBT population.</td>
<td><img src="chart3.png" alt="Systems" /> <img src="chart5.png" alt="Diversity" /></td>
</tr>
<tr>
<td>BEST AND PROMISING PRACTICES</td>
<td>CROSS-CUTTING ISSUES</td>
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<tr>
<td>Collect relevant diagnostic SOGI data in SEER, NPCR, and other population-based registries and databases.</td>
<td><strong>DATA</strong></td>
</tr>
<tr>
<td>Collect and include SOGI data in patient intake and registration forms, medical records, patient satisfaction surveys, and health outcome measures. Then ensure SOGI data are collected in cancer registries, other population-based registries, and databases.</td>
<td><strong>DATA</strong> <strong>SYSTEMS</strong></td>
</tr>
<tr>
<td>Include LGBT individuals in research trials of diagnostic tests.</td>
<td><strong>WORKFORCE</strong></td>
</tr>
<tr>
<td>Ensure health care providers are knowledgeable of unique health care needs of LGBT individuals.</td>
<td><strong>WORKFORCE</strong></td>
</tr>
<tr>
<td>Develop guidelines for culturally competent LGBT patient navigation programs including training for all patient navigators.</td>
<td><strong>WORKFORCE</strong> <strong>SYSTEMS</strong></td>
</tr>
<tr>
<td>Train all staff who interact with patients/caregivers (including clerical, technicians, patient navigator, pharmacy, housekeeping, food service, etc.) in LGBT cultural competence.</td>
<td><strong>WORKFORCE</strong> <strong>DIVERSITY</strong></td>
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Diagnosis

Recommendations for Public Health Departments

Educate about the need for NAACCR standards to include SOGI

Collaborate with NPCR, SEER, ACS, and others on the reporting of SOGI data as part of cancer incidence and mortality publications.

Support policies and programs that address LGBT compliance with established clinical time intervals from screening to diagnosis.

Cross-cutting Issues

Data

Systems
**BEST AND PROMISING PRACTICES**

Collect relevant diagnostic SOGI data in SEER, NPCR, and other population-based registries and databases. Then ensure SOGI data are collected in cancer registries, other population-based registries, and databases.

Include SOGI categories as part of core demographic data in clinical studies/trials and a requirement for human subject research.

Collect SOGI data in patient intake forms, clinical encounters, patient satisfaction surveys, and health outcome measures. Then ensure SOGI data are collected in cancer registries, other population-based registries, and databases.

Maintain appropriate hormone regimens and transition-related services for transgender and gender variant patients during cancer treatment as a standard of care, in the absence of compelling data to the contrary.

Ensure compliance with treatment guidelines regardless of SOGI or gender transition care.

Ensure nondiscrimination on the basis of SOGI in hospital visitation, surrogate medical decision making, etc. for Centers for Medicare & Medicaid Services and Joint Commission Accrediting Standards.

**CROSS-CUTTING ISSUES**
<table>
<thead>
<tr>
<th>Include LGBT topics in all cultural competence training across the health care treatment workforce (including clerical, technicians, patient navigator, pharmacy, housekeeping, food service, etc.).</th>
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</thead>
<tbody>
<tr>
<td>Ensure the inclusion of LGBT individuals in all private and public human subjects cancer research.</td>
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<tr>
<td>In the absence of LGBT-specific treatment guidelines, follow standard of care/current treatment data to meet the standard of care.</td>
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<tr>
<td>Ensure timely and culturally competent coordination of care in order to mitigate delays and attrition between screening and diagnosis and between diagnosis and treatment to comply with established guidelines.</td>
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<tr>
<td>Provide gender neutral diagnostic facilities and programs for all cancers, including cancers traditionally treated in gender-specific facilities.</td>
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<tr>
<td>Address sexual intimacy and other quality of life (e.g., fertility, gender reassignment surgery) concerns as they relate to treatment options.</td>
</tr>
<tr>
<td>Be aware of and responsive to barriers based on SOGI in symptom management.</td>
</tr>
</tbody>
</table>
## Treatment

### Recommendations for Public Health Departments

- Educate appropriate bodies about the importance of LGBT cultural competence training as part of provider licensing.
- Support policies and programs to improve LGBT compliance with established clinical time intervals from screening to treatment.
- Collaborate with hospitals and other health care systems to include LGBT issues in Patient Bill of Rights.

### Cross-cutting Issues

- Workforce
- Systems
- Information

![LGBT Healthlink, LGBT Youthlink, Centerlink logos]
<table>
<thead>
<tr>
<th>BEST AND PROMISING PRACTICES</th>
<th>CROSS-CUTTING ISSUES</th>
</tr>
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<tbody>
<tr>
<td>Fund and conduct research on the effectiveness of multiple intervention strategies with LGBT cancer patients/survivors.</td>
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<tr>
<td>Offer LGBT cancer survivors access to culturally competent support services either through the creation of LGBT-specific support groups, referrals to community groups, or at a minimum training support service staff to provide LGBT culturally competent care.</td>
<td>WORKFORCE SYSTEMS</td>
</tr>
<tr>
<td>Offer LGBT families of choice access to culturally competent support services either through the creation of LGBT-specific groups, referrals to community groups, or at a minimum training support service staff to provide LGBT culturally competent care.</td>
<td>WORKFORCE SYSTEMS</td>
</tr>
<tr>
<td>Avoid gendered assumptions (e.g., breast reconstruction always being desired), including battle metaphors (e.g., fighting cancer) when providing services to LGBT cancer survivors.</td>
<td>WORKFORCE INFORMATION</td>
</tr>
<tr>
<td>Train all staff who interact with LGBT patients/caregivers (including clerical, technicians, patient navigator, social work, pharmacy, housekeeping, food service, etc.) in culturally competent language and LGBT survivorship issues.</td>
<td>WORKFORCE DIVERSITY</td>
</tr>
</tbody>
</table>
Provide cultural and age appropriate cancer services to LGBT youth survivors.

Recognize the complexity of disclosure for LGBT survivors who must negotiate whether and how to come out to multiple providers about being SOGI and to potential sexual partners about their cancer status. Respect that sometimes withholding is safer.

Address directly (or via referral) the legal and financial impact of cancer on LGBT individuals and their families of choice.

Develop protocols for protecting the fertility options of LGBT cancer patients prior to treatment and include survivors in decision making about fertility.

Offer LGBT survivors and their family of choice culturally competent information about the impact of cancer treatment on their sexual health, intimacy, and reproductive health.
## Survivorship

### Recommendations for Public Health Departments

- Eliminate barriers to access.

- Collaborate with hospitals and other health care systems to include LGBT issues in Treatment Summaries and Cancer After Care Plans/Survivorship Care Plans.

- Develop and maintain a list of LGBT culturally competent support groups, programs, and resources.

- Support policies, systems change, research, and programs that enhance survivorship for LGBT patients and their families (legal, psychosocial, employment, primary care, nutrition support, access to care, etc.).

### Cross-cutting Issues

- Systems
- Systems
- Information
- Information
Thank you for helping us assemble this very important information. Please note that these pages (like their related documents) are in draft form for your review.

When you click a main topic button below, some text and a link will appear below it. Navigate to the linked page to download the appropriate reviewer's document. These are provided in .docx format to enable you to edit them in any modern word processor that supports this format (MS Office, Google Docs, etc.). Please download the document, review and submit your edits via email to ana@lgbtcenters.org.

If you have any difficulties navigating these pages or downloading the review documents, please contact us.

Thank you again for assisting HealthLink.
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<td>Create open-access registries with ratings of hospices' and health care organization's cultural competence in caring for LGBT patients.</td>
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<tr>
<td>Include SOGI variables in quality of care metrics and professional organizations, and consumer surveys.</td>
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<td>Collect SOGI data for all patients at initial encounters, and create individualized plans in regard to disclosure or nondisclosure of SOGI to others.</td>
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<td>Conduct research on the end-of-life/chronic illness experiences of LGBT patients and their caregivers, including the development of LGBT-specific psychosocial, spirituality, and existential distress measures.</td>
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<td>Provide in-person and/or virtual access to culturally competent and/or LGBT-specific bereavement programs for LGBT support networks (i.e., family of choice), recognizing the increased risk for disenfranchised grief.</td>
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<tr>
<td>Address the increased risk of mental health problems and unique psychosocial barriers that exist for some LGBT cancer patients, and ensure that existing quality standards for pain and symptom management are met.</td>
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<tr>
<td>Provide ongoing training to all hospice/palliative care providers and staff to ensure culturally competent care to LGBT patients and families of choice in all care settings (including hospice, long-term care, and skilled nursing facilities).</td>
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<tr>
<td>Address the complex spiritual needs of LGBT patients and families of choice with awareness of the fear and distrust of faith-based communities experienced by many LGBT communities. This includes respecting the choice of not wanting spiritual/pastoral care.</td>
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<tr>
<td>Ensure timely care coordination for LGBT patients including prompt referral to culturally competent palliative care providers soon after diagnosis to reduce distress, improve symptom management, and increase retention in treatment.</td>
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<tr>
<td>At the end-of-life, dignified death is a priority for LGBT patients. Unique topics such as continuation of hormone therapy for transgender patients as well as respect for patient choice of burial and death rituals need to be addressed.</td>
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<tr>
<td>Include psychosocial distress, suicide risk, financial planning, relationship with family of origin, and current families of choice when performing screening and intake of LGBT cancer patients.</td>
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<tr>
<td>Discuss and formalize surrogate decision-making during initial patient encounter, including medical proxy documentation, formalization of custody of dependent children, and hospital visitation forms. Recognize that it is a patient’s legal right to include family of choice. These discussions must reflect rapidly changing laws, regulations, and accrediting standards at the national, state, and institutional levels. Advance directives and Physician Orders for Life Sustaining Treatment (POLST) should follow patients across multiple care settings.</td>
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### End of Life/Palliative Care

#### Recommendations for Public Health Departments

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<td>Support training for palliative care and hospice providers on LGBT cultural competence.</td>
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<tr>
<td>Eliminate barriers to access.</td>
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<tr>
<td>Support policies, systems change, research, and programs that increase the availability of culturally competent end-of-life and palliative care for the LGBT community.</td>
</tr>
<tr>
<td>Support LGBT-tailored interventions and health promotion.</td>
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</tbody>
</table>
Do you co-brand with LGBT trusted groups?

Do you promote through LGBT media channels?

Do your promotional materials 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)?
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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Direct: 954.388.0625

Web: http://www.lgbthealthlink.org
Blog: http://blog.lgbthealthlink.org
Facebook: LGBT HealthLink
Twitter: @LGBTHealthLink
References

• (2) http://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health
• (4) http://www.cdc.gov/ msmhealth/substance-abuse.htm
References


References


