LGBTQ Health: Inequities and Disparities
One Iowa Keynote

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

• Understand the current LGBTQ health inequities and disparities in the United States.

• Learn about the specific health inequities and disparities within LGBTQ communities of color, older LGBTQ adults, and LGBTQ people living with disabilities.

• Gain knowledge on specific tobacco and cancer prevention strategies currently being implemented successfully.
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”
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 Team

Dr. Regina R. Washington
Program Director

Ana Machado
Program Manager

Donna Solomon-Carter
Program Specialist

Quiviya Eldridge
Program Evaluator

Lora Tucker
CenterLink CEO
LGBTQIA: Alphabet Soup

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

Nametag from Ted: https://www.tedeytan.com/2016/07/01/20086
Defining Terms: 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, 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: 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

**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
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, pansexual, non-binary, genderqueer, gender-fluid)
# Categories & Descriptors

<table>
<thead>
<tr>
<th>SEX</th>
<th>GENDER/GENDER ROLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Man/Masculine</td>
</tr>
<tr>
<td>Female</td>
<td>Woman/Feminine</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SEXUAL ORIENTATION</th>
<th>GENDER IDENTITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesbian</td>
<td>Transgender</td>
</tr>
<tr>
<td>Gay</td>
<td>Transsexual</td>
</tr>
<tr>
<td>Bisexual</td>
<td>Man</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>Woman</td>
</tr>
<tr>
<td>Queer or Questioning</td>
<td>Non-binary</td>
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<tr>
<td>Asexual</td>
<td>Queer or Genderqueer</td>
</tr>
</tbody>
</table>

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LGBTQ Health Inequities and Disparities
Health Equity

➢ Health equity means ensuring *fair opportunities* for *everyone* to lead healthy and long lives²

➢ Promoting health equity entails eliminating the barriers to achieving good health, particularly in groups that experience stigma and/or discrimination²

Image: https://healthequity.globalpolicysolutions.org/about-health-equity/
Health Inequities:

- Are **avoidable** inequalities in health between groups of people within and between countries
- Arise from inequalities **within** and **between** societies
- Are influenced by social and economic conditions
- Enable development and progression of health disparities
Health Disparities:

➢ Are health differences that are closely linked with *social, economic, and/or environmental disadvantage*.

➢ Adversely affect groups of people who systemically experience greater obstacles to health based on *race, ethnicity, religion, SES, gender, age, sexual orientation or gender identity*, etc.


What is a health disparity?
A disproportionate number of health conditions and deaths compared with the general population

African Americans make up 13 percent of the U.S. population …

… but represent almost half of all new HIV cases.

Challenges to Understanding LGBTQ Health

- Sexual orientation and gender identity questions are NOT asked on most national or state surveys.
- Many studies are done on a state level (CHIS) and must be extrapolated.
- LGBTQ health has only recently (2010) gained attention from larger entities like IOM, US Department of Health and Human Services (HHS), and the NIH.
- Understanding of LGBTQ health disparities relies on appropriate collection of SOGI (sexual orientation and gender identity).

Image: Institutes of Medicine: The Health of Lesbian, Gay, Bisexual, and Transgender People
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
- Promote laws protecting bullying of LGBTQ youth
- Development of social programs for LGBTQ communities
- Training of health care providers, at all levels, on LGBTQ health

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
Healthy People 2020

Goal: Improve the health, safety, and well-being of lesbian, gay, bisexual, and transgender (LGBT) individuals
Social Determinants affecting LGBTQ People

➢ Relate largely to oppression and discrimination
➢ Examples include:
  ➢ Legal discrimination in access to health insurance, employment, housing, marriage, adoption, and retirement
  ➢ Lack of laws protecting against bullying in schools
  ➢ Lack of social programs targeted to LGBT youth, adults, elders
  ➢ Shortage of LGBT competent health care providers
  ➢ Safe schools, neighborhoods, housing

Image: Healthy People 2020
Social Determinants of Health
Healthy People 2020 LGBT Health Disparities

- LGBT youth are 2-3x more likely to attempt suicide and more likely to be homeless\(^5\)
- Lesbians are less likely to get preventive services for cancer\(^5\)
- Gay men are at higher risk of HIV and other STIs\(^5\)
- Lesbians and bisexual females are more likely to be overweight or obese\(^5\)
- Transgender individuals have a higher prevalence of HIV/STIs, victimization, mental health issues\(^5\)
- Elderly LGBT individuals face additional barriers to health because of isolation and lack of social services providers\(^5\)
- LGBT populations have the highest rates of tobacco, alcohol, and other drug use\(^5\)
Closing the LGBTQ Health Disparities Gap

- Lack of national LGBT health data
- Much of this study is from the California Health Interview Study (CHIS)
- Results may not completely represent the entire U.S. but is useful to analyze as California has the largest LGB population in the U.S.
General LGB Health Disparities

- Consistent with other research in that LGB people are more likely to delay or avoid medical care.
- Gender identity data has been collected less often as sexual orientation data.

| Health Disparity #2: LGB adults are more likely to delay or not seek medical care. |
|-----------------------------------------|-----------------|-----------------|
| % of adults delaying or not seeking health care | 17% | 29% |

| Health Disparity #3: LGB adults are more likely to delay or not get needed prescription medicine. |
|------------------------------------------|-----------------|-----------------|
| % of adults delaying or not getting prescriptions | 13% | 22% |

| Health Disparity #4: LGB adults are more likely to receive health care services in emergency rooms. |
|-----------------------------------------------|-----------------|-----------------|
| % of adults receiving ER care | 18% | 24% |
Men Who Have Sex with Men (MSM) are at higher risk for anal cancer and skin cancer.

Women Who Have Sex with Women (WSW) may be at higher risk of cervical and breast cancer.

<table>
<thead>
<tr>
<th>Impact of societal biases on physical health and well-being</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual</td>
</tr>
</tbody>
</table>

**Health Disparity #5:** Heterosexual adults are more likely to report having excellent or very good overall health.\(^9\)

<table>
<thead>
<tr>
<th>% of adults reporting excellent or very good health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual: 83%</td>
</tr>
<tr>
<td>LGB: 77%</td>
</tr>
<tr>
<td>Transgender: 67%</td>
</tr>
</tbody>
</table>

**Health Disparity #6:** Lesbian and bisexual women are less likely to receive mammograms.\(^10\)

<table>
<thead>
<tr>
<th>% of women receiving a mammogram in past 2 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual: 62%</td>
</tr>
<tr>
<td>LGB: 57%</td>
</tr>
</tbody>
</table>

**Health Disparity #7:** LGB adults are more likely to have cancer.\(^11\)

<table>
<thead>
<tr>
<th>% of adults ever diagnosed with cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual: 6%</td>
</tr>
<tr>
<td>LGB: 9%</td>
</tr>
</tbody>
</table>

Image: Center For American Progress
LGBTQ Mental Health

Impact of societal biases on mental health and well-being

Health Disparity #11: LGB adults are more likely to experience psychological distress.\(^{15}\)

- % of adults experiencing psychological distress in past year
  - Heterosexual: 9%
  - LGB: 20%

Health Disparity #12: LGB adults are more likely to need medication for emotional health issues.\(^{16}\)

- % of adults needing medication for mental health
  - Heterosexual: 10%
  - LGB: 22%

Health Disparity #13: Transgender adults are much more likely to have suicide ideation.\(^{17}\)

- % of adults reporting suicide ideation
  - Heterosexual: 2%
  - LGB: 5%
  - Transgender: 50%

Health Disparity #14: LGB youth are much more likely to attempt suicide.\(^{18}\)

- % of youth reporting suicide attempts
  - Heterosexual: 10%
  - LGB: 35%
The T in LGBT isn’t silent

- The 2015 US Transgender Survey (USTS) is the largest examining transgender people in the US.\textsuperscript{15}
- It is the follow-up survey to the National Transgender Discrimination Survey.\textsuperscript{15}
- 27,715 respondents total
- Provides a detailed portrait of the experiences of transgender people across many areas.\textsuperscript{15}
Transgender Health

Routine and Transition-Related Health Care and Coverage Key Findings:

➢ 25% experienced a problem with their insurance in past year related to being transgender\(^{15}\)
➢ 33% reported having at least one negative experience in the health care setting related to being transgender\(^{15}\)
➢ 23% did not see a doctor when they needed to due to fear of mistreatment\(^{15}\)
➢ 78% of respondents wanted hormone therapy related to gender transition, but only 49% had ever received it\(^{15}\)
➢ 25% of respondents had some form of transition-related surgery\(^{15}\)

Image: 2015 US Transgender Survey
It’s about our communities. It’s about each of us. It’s about health.

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.
Gilbert leading survey of LGBTQ health needs in Iowa

Published on July 26, 2017

This year, Iowa becomes one of just a handful of states to conduct a health assessment of its lesbian, gay, bisexual, transgender, and queer (LGBTQ) residents. The University of Iowa College of Public Health, the Iowa Cancer Consortium, and One Iowa (a state-wide LGBTQ advocacy organization) have partnered to conduct a comprehensive survey to describe the health status and identify the health needs of LGBTQ Iowans.

“There’s a saying in public health that no data equals no problem,” says Paul Gilbert, CPH assistant professor of community and behavioral health and principal investigator. “We’re doing this survey to find out what LGBTQ Iowans need in order to be the healthiest they can be.”
Quick Facts About Iowa

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Population</td>
<td>3,134,693</td>
</tr>
<tr>
<td>Total Adult Population</td>
<td>2,403,962</td>
</tr>
<tr>
<td>Total LGBT Population</td>
<td>76,927</td>
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<tr>
<td>LGBT % of State Adult Population</td>
<td>3.2%</td>
</tr>
<tr>
<td>% of LGBT Pop Raising Children</td>
<td>28%</td>
</tr>
</tbody>
</table>

Image: Movement Advancement Project Map of Iowa

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LGBTQ Health Disparities in Iowa

➢ Overall, LGBTQ health disparities in Iowa are similar to those across the U.S.\(^\text{18}\)
➢ This study demonstrated that there are challenges in accessing healthcare, lack of LGBTQ friendly providers\(^\text{18}\)
➢ Few health care providers in Iowa present themselves as LGBTQ friendly, thus propagating fear of discrimination and fear of stigmatization\(^\text{18}\)
LGBTQ Health Disparities in Iowa

- Respondents were asked what were the top three health concerns/issues for LGBTQ people
  - 1. Mental Health
  - 2. STIs and HIV/AIDS
  - 3. Alcohol use

- **Mental Health:**
  - Nearly half of respondents reported taking medication or receiving treatment for a mental health condition at some point in their life (General Population: 13.4%)\(^\text{18}\)
  - 15% reported being limited in activities due to emotional or mental problems\(^\text{18}\)

- **Preventive Care:**
  - 36.91% reported never having a mammogram, even though mammograms were recommended\(^\text{18}\)
  - 71.62% of those patients reported having a PAP smear in the past three years lower than 73.2% of women nationally and 78% of Iowa women\(^\text{18}\)

- **Disability:**
  - 25.42% reported being limited in any way in any activities due to physical problems, significantly higher than 18.6% of general population of Iowa\(^\text{18}\)
Intersectionality within the LGBTQ community
**Intersectionality**

**intersectionality:**

[in • ter • sek • shun • al • it • ee]

*noun*  

The study of the intersections between different systems of oppression and domination, including the privileges that accompany gender, race, ethnicity, socioeconomic class, religion, ability, sexual orientation, etc.

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

Intersections of LGBT and Race/Ethnicity

Health Disparity #1: LGB Latino adults are least likely to have health insurance.¹

% of adults with health insurance:
- African-American heterosexual: 86%
- Asian or Pacific Islander heterosexual: 85%
- Latino heterosexual: 70%
- White heterosexual: 64%
- African-American LGB: 85%
- Asian or Pacific Islander LGB: 85%
- Latino LGB: 70%
- White LGB: 64%

% of adults delaying or not getting needed prescription medicine:
- African-American heterosexual: 19%
- Asian or Pacific Islander heterosexual: 30%
- Latino heterosexual: 23%
- White heterosexual: 21%

Health Disparity #2: White, African-American, and Latino LGB adults are most likely to delay or not seek health care.²

% of adults delaying or not seeking health care:
- African-American heterosexual: 21%
- Asian or Pacific Islander heterosexual: 29%
- Latino heterosexual: 22%
- White heterosexual: 22%
- African-American LGB: 12%
- Asian or Pacific Islander LGB: 22%
- Latino LGB: 13%
- White LGB: 28%

% of adults not having regular health care source:
- African-American heterosexual: 9%
- Asian or Pacific Islander heterosexual: 12%
- Latino heterosexual: 14%
- White heterosexual: 9%
- African-American LGB: 12%
- Asian or Pacific Islander LGB: 23%
- Latino LGB: 23%
- White LGB: 26%

Image: Center For American Progress

Image: Center For American Progress

Image: Center For American Progress

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Intersections of LGBT and Race/Ethnicity

<table>
<thead>
<tr>
<th>Health Disparity #5: LGB African-American women are the least likely to have had a mammogram in the past two years.²</th>
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<tbody>
<tr>
<td>% of women receiving a mammogram in past two years</td>
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<tr>
<td>8%</td>
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<tr>
<td>6%</td>
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<tr>
<td>5%</td>
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<td>3%</td>
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<tr>
<td>5%</td>
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<table>
<thead>
<tr>
<th>Health Disparity #6: LGB African-American adults are most likely to have diabetes.¹⁰</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of adults with diabetes</td>
</tr>
<tr>
<td>8%</td>
</tr>
<tr>
<td>6%</td>
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<tr>
<td>5%</td>
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<td>3%</td>
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<table>
<thead>
<tr>
<th>Health Disparity #7: LGB Asian or Pacific Islander adults are most likely to experience psychological distress.¹¹</th>
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<tbody>
<tr>
<td>% of adults experiencing psychological distress in past year</td>
</tr>
<tr>
<td>23%</td>
</tr>
<tr>
<td>25%</td>
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<tr>
<td>9%</td>
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<tr>
<td>6%</td>
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<table>
<thead>
<tr>
<th>Health Disparity #8: LGB Latino adults are much more likely to abuse alcohol.¹²</th>
</tr>
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<tbody>
<tr>
<td>% of adults reporting alcohol abuse</td>
</tr>
<tr>
<td>20%</td>
</tr>
<tr>
<td>25%</td>
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<tr>
<td>9%</td>
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<td>6%</td>
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</table>
Intersections of LGBT and Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Figure 7.4</th>
<th>Figure 7.6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>33%</td>
<td>23%</td>
</tr>
<tr>
<td>American Indian</td>
<td>50%</td>
<td>37%</td>
</tr>
<tr>
<td>Asian</td>
<td>26%</td>
<td>24%</td>
</tr>
<tr>
<td>Black</td>
<td>34%</td>
<td>26%</td>
</tr>
<tr>
<td>Latino/a</td>
<td>40%</td>
<td>26%</td>
</tr>
<tr>
<td>Middle Eastern</td>
<td>38%</td>
<td>34%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>34%</td>
<td>28%</td>
</tr>
<tr>
<td>White</td>
<td></td>
<td>22%</td>
</tr>
</tbody>
</table>

Image: 2015 U.S. Transgender Survey
Intersections of LGBT and Race/Ethnicity

Figure 7.32: Ever attempted suicide

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Ever Attempted Suicide (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian</td>
<td>57%</td>
</tr>
<tr>
<td>Asian</td>
<td>47%</td>
</tr>
<tr>
<td>Black</td>
<td>45%</td>
</tr>
<tr>
<td>Latino/a</td>
<td>44%</td>
</tr>
<tr>
<td>Middle Eastern</td>
<td>50%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>40%</td>
</tr>
<tr>
<td>White</td>
<td>37%</td>
</tr>
</tbody>
</table>

Figure 7.29: Attempted suicide in the past year

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Attempted Suicide (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian</td>
<td>10%</td>
</tr>
<tr>
<td>Asian</td>
<td>8%</td>
</tr>
<tr>
<td>Black</td>
<td>9%</td>
</tr>
<tr>
<td>Latino/a</td>
<td>9%</td>
</tr>
<tr>
<td>Middle Eastern</td>
<td>8%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>10%</td>
</tr>
<tr>
<td>White</td>
<td>6%</td>
</tr>
</tbody>
</table>

Images: 2015 U.S. Transgender Survey
Intersections of LGBT and Race/Ethnicity

Figure 7.42: Living with HIV RACE/ETHNICITY (%)

Figure 7.43: Living with HIV among transgender women RACE/ETHNICITY (%)

Image: 2015 U.S. Transgender Survey
The Aging and Health Report
Disparities and Resilience among Lesbian, Gay, Bisexual, and Transgender Older Adults

By Karen I. Fredriksen-Goldsen, PhD, Hyun-Jun Kim, PhD, Charles A. Emlert, PhD, Anna Muraco, PhD, Elena A. Erosheva, PhD, Charles P. Hoy-Ellis, MSW, Jayn Goldsen, BS, Heidi Petry, PhD

“The LGBT community has stepped up in the past to address coming out, AIDS, and civil rights. The next wave has to be aging.”
63-year-old gay man
LGBT older adults experienced high rates of victimization\(^\text{19}\)
82% reported having been victimized at least once\(^\text{19}\)
64% reported experiencing victimization at least three times in their lives\(^\text{19}\)
Overall, the majority of LGBT older adults rate their general health as good\textsuperscript{19}

- 44% report that their physical activities are limited due to physical, mental, or emotional problems\textsuperscript{19}
- 20% of LGBT older adults are using special equipment due to a health condition\textsuperscript{19}
- When limited physical activities and use of special equipment are considered jointly, 47% of older LGBT adults have a disability\textsuperscript{19}

\textsuperscript{19} Image: The Aging and Health Report
Health Disparities in Older LGBT Adults

- LGB older adults experience more mental distress than heterosexual adults of similar age
- Older lesbians and bisexual women have higher rates of cardiovascular disease and obesity
- Older gay and bisexual men are more likely to experience poor physical health
- LGB older adults are more likely to smoke and engage in excessive drinking
- Older lesbians and bisexual women have a lower likelihood of having a mammogram

Differences within LGBT communities exist as well
- Lesbians are more likely than bisexual women to engage in excessive drinking
- Diabetes is more common among bisexual men than gay men
Intersection of LGBTQ and Disability

➢ Not much research has been conducted to help understand LGBTQ people living with disabilities 20

➢ The U.S. Department of Health and Human Services (2012) has identified people with disabilities (PWD) and LGBTQ populations as part of their Healthy People 2020 initiative 20

➢ Both PWD and LGBTQ populations have significant health disparities and their intersection presents a unique challenge to health care providers 20
Intersection of LGBTQ and Disability

- PWD are more likely to have poorer overall physical health, be physically inactive, and have less access to adequate health care\(^2^0\).
- PWD are also at higher risk for high blood pressure, mental health issues including depression, and obesity, similar to those in LGBTQ populations\(^2^0\).
- There is little empirical data on the psychosocial experiences of LGBTQ PWD and even less data on their subjective experiences\(^2^0\).
- More research is needed to understand the unique needs of this group with marginalized intersecting identities\(^2^0\).
Tobacco and Cancer Prevention Strategies
Figure 1. Levels of health intervention. As described in the text, four levels of health intervention are illustrated, including acute care and tertiary prevention (the ambulance at the bottom of the cliff), secondary prevention (the safety net half-way down the cliff face), primary prevention (the fence at the top edge of the cliff), and addressing the social determinants of health (moving the population away from the edge of the cliff).
IT'S TIME FOR SMOKING TO COME OUT OF THE CLOSET

1964
FIRST SURGEON GENERAL'S REPORT:
Smoking & Health establishes that smoking causes higher death rates from lung cancer, chronic bronchitis, emphysema, and cardiovascular diseases

1960s-1990s
24 additional Surgeon General's Reports on smoking are released.
ZERO MENTION LGBT

2001
Surgeon General's Report
Women & Smoking mentions LGTB SMOKING DISPARITY for the first time

2014
LGTB CLEARLY DELINATED
as a population experiencing tobacco disparities in the 50th Anniversary Surgeon General's Report

32 TOTAL SURGEON GENERAL'S REPORTS ON SMOKING
3 MENTION LGB AND/OR T

SMOKING IS THE LGTB COMMUNITY'S BIGGEST HEALTH BURDEN

$7.9 billion
Estimated annual LGTB money spent on cigarettes

20%
U.S. Population

33%
LGBT Population

LGBT people smoke cigarettes at rates that are 88% HIGHER than the rest of the population.

12.3 vs. 5.1
12.3 smokers with HIV
5.1 non-smokers with HIV

For citations and references, please visit http://nhtlhink.lgbt/DWS44M
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I didn’t survive gay bashing so I could die from cancer.
I had to stop smoking.
- MARK

I didn’t survive drugs and alcohol so I could die from cancer.
I had to stop smoking.
- SELMA

CIGARETTES ARE MY GREATEST ENEMY
TOBACCO CAUSES MORE DEATHS THAN HIV, DRUGS, BREAST CANCER AND GAY BASHING COMBINED

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1-800-QUITNOW
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www.LGBTCenters.org  •  954-765-6024  •  information@LGBTCenters.org
Tobacco Use within LGBTQ Communities

➢ Rates of tobacco use within LGBTQ communities are higher than the general population\textsuperscript{22, 30-34}
➢ Tobacco use may be secondary to minority stress, depression, concomitant use of alcohol and drugs, cultural significance of bars, and permissive social norms related to tobacco use\textsuperscript{22, 30-34}
➢ Direct marketing by tobacco companies and elevated exposure to pro-tobacco media messages in LGBTQ populations could also explain higher rates\textsuperscript{22, 30-34}
Tobacco Control within LGBTQ Populations

➢ Healthcare facilities that serve members of the LGBTQ community should implement the Public Health Service Guidelines for dependence treatment\textsuperscript{22, 30-34}

➢ LGBTQ health centers and HIV clinics not implementing these guidelines should explore barriers to successful implementation of these guidelines\textsuperscript{22, 30-34}
Tobacco Control within LGBTQ Populations

➢ Workplaces and other LGBTQ community spaces (LGBTQ Community Centers) should implement tobacco-free policies to promote cessation\textsuperscript{22, 30-34}

➢ LGBTQ related festivals (Pride festivals) and LGBTQ bars should be tobacco free\textsuperscript{22, 30-34}

➢ Places frequented by LGBTQ people should have anti-tobacco messages\textsuperscript{22, 30-34}
Tobacco Control within LGBTQ Populations

➢ Various forms of media should promote anti-tobacco messages (social media, LGBTQ specific publications, anti-tobacco posters in bars, LGBTQ blogs) 22, 30-34

➢ Cessation groups tailored to LGBTQ people 22, 30-34

➢ Access and availability to tobacco cessation treatment 22, 30-34

➢ Use of LGBTQ friendly tobacco cessation quitlines 22, 30-34
Iowa Comprehensive Cancer Plan

Iowa’s 5 priorities

- Prevention
- Screening
- Treatment
- Quality of Life
- Health Equity
SOGI and Cancer

- Physician-patient interactions are very important during cancer treatment. Collection of SOGI data is not standard and is not part of national datasets/registries. SOGI information must be collected and be part of national registries. One study showed that patients most commonly introduced the topic of LGBTQ identity themselves to correct heterosexual assumptions.

- Health care providers who include collection of SOGI information will improve patient care.
Cancer in LGBTQ Communities

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

**Figure 1.** Recommended data collection of sexual orientation and gender identity in electronic medical records.
Many oncologists have positive attitudes towards the LGBTQ 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
- LGBTQ specific health needs and cancer disparities
- Disclosure of LGBTQ identities and support from cancer care providers are associated with better self-reported health.
ASCO (American Society of Clinical Oncology) released position statement outlining five areas of recommendations to address needs of LGBTQ across cancer continuum

1. **Patient education and support** (ex: enhancing patient navigation and care coordination)
2. **Workforce development and diversity** (ex: incorporate LGBTQ training into training curricula, requirements and certification exam requirements)
3. **Quality improvement strategies** (ex: collect and use LGBTQ-relevant data for QI)
4. **Policy solutions** (ex: ensure adequate insurance coverage for those LGBTQ patients affected by cancer)
5. **Research strategies** (ex: train the next generation of researchers)
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).
17. http://www.lgbtmap.org/equality_maps/profile_state/Iowa
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THANK YOU!

Regina R. Washington, DrPH
Email: regina@lgbtcenters.org
Direct: 954.765.6024

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

Membership:
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Questions?