Addressing LGBT Cancer Disparities
CHW/Lay Navigator Webinar for MI DOH
July 6, 2017

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Roadmap

1. LGBT 101
2. LGBT Health Disparities
3. Cancer in LGBT Communities
4. LGBT Best Practices & Other Resources
5. Closing Thoughts & Questions/Discussion

www.LGBCenters.org  954-765-6024  information@LGBCenters.org
About Us
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”
➢ 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

LGBT HealthLink

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 Assessment)
- Cross-sectoral connections between health systems, providers, community centers, and departments of health
- Linkages for information and best and promising practices

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LGBT HealthLink Partners

So No One Faces Cancer Alone®

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LGBT 101
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 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
Alphabet Soup

- Lesbian
- Gay
- Bisexual
- Transgender
- Queer or Questioning
- Intersex
- Asexual or Allies
Defining Terms: Orientation

• **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: 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)
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
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
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/Theirs
    • 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, sideways 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 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 VS 14.7% of their urban counterparts smoke - Geographic Health Equity Alliance

Tobacco use is 310% HIGHER among homeless adults compared to the general population - SelfMade Health Network

Tobacco use is 35% HIGHER among American Indian and Alaskan Native - National Native Network

African Americans smoke menthol-flavored cigarettes at nearly 3 TIMES the rate of Whites, and are more likely to die from smoking-related illness. - National African American Tobacco Prevention Network

This infographic brought to you by: www.LGBTCenters.org  954-765-6024  information@LGBTCenters.org
Understanding LGBT Health

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).
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, meaning LGBT adults likely have higher rates of smoking-related cancers, including lung cancer.

30 TIMES

**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.

Lesbian and bisexual women and transgender men were 50% more likely to get routine cervical cancer screenings if they felt welcome or were out to their provider.

65% of gynecologists are uncomfortable screening transgender patients.

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

**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.

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.

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WE’RE ALSO 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 \(^9\)
Cancer in LGBT Communities

• Lower rates of health insurance
  – Many health insurance policies don’t cover unmarried partners. This makes it harder for many lesbians and bisexual women to get quality health care.¹

• Many employers do not offer coverage for unmarried domestic partners.
The Following Slides Excerpted From:

Disparities in Cancer Screening: A Look at MiBRFSS Data for Michigan Residents who are Gay, Lesbian, and Bisexual

Diana Haggerty, MS
Michigan Department of Health and Human Services
Division of Lifecourse Epidemiology and Genomics
Presentation to the Preventive Service Program Meeting
5 May 2017
HaggertyD@Michigan.gov
## Demographics

<table>
<thead>
<tr>
<th>Michigan Behavioral Risk Factor Surveillance System 2015</th>
<th>Michigan</th>
<th>Men</th>
<th>Women</th>
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</thead>
<tbody>
<tr>
<td>Percent of Michigan Residents who Identify as Gay, Lesbian, or Bisexual (GLB)</td>
<td>3.0%</td>
<td>2.5%</td>
<td>3.4%</td>
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<tr>
<td>Average Age of Michigan Residents who Identify as GLB</td>
<td>34.8 years</td>
<td>37.2 years</td>
<td>33.2 years</td>
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# Prevalence of Up-to-Date Cancer Screening

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<tbody>
<tr>
<td>GLB</td>
<td>60.2%*</td>
<td>71.6%*</td>
<td>58.4%*</td>
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<tr>
<td>Non-GLB</td>
<td>76.4%</td>
<td>85.8%</td>
<td>71.9%</td>
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<tr>
<td>Overall Michigan</td>
<td>76.3%</td>
<td>85.0%</td>
<td>71.4%</td>
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*Significant difference from overall Michigan at 0.05% confidence level

## CRC Screening Prevalence: Gender

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<tr>
<td>Appropriately-timed Colorectal Cancer Screening</td>
<td>70.0%</td>
<td>55.5%</td>
<td>70.5%</td>
<td>72.8%</td>
<td>63.0%</td>
<td>73.3%</td>
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*Significant at 0.05% confidence level

## Risk Factors for Cancer

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<tbody>
<tr>
<td>GLB</td>
<td>39.9%</td>
<td>35.9%*</td>
<td>30.9%*</td>
</tr>
<tr>
<td>Non-GLB</td>
<td>31.2%</td>
<td>20.6%</td>
<td>18.4%</td>
</tr>
<tr>
<td>Overall Michigan</td>
<td>31.2%</td>
<td>20.7%</td>
<td>18.5%</td>
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*Significant difference from overall Michigan at 0.05% confidence level

# Health Care Experience

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<tbody>
<tr>
<td>GLB</td>
<td>26.3%*</td>
<td>16.6%</td>
<td>7.9%</td>
<td>28.4%*</td>
</tr>
<tr>
<td>Non-GLB</td>
<td>14.0%</td>
<td>9.4%</td>
<td>4.8%</td>
<td>19.9%</td>
</tr>
<tr>
<td>Overall Michigan</td>
<td>14.8%</td>
<td>9.9%</td>
<td>5.0%</td>
<td>20.3%</td>
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</tbody>
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*Significant difference from overall Michigan at 0.05% confidence level

Conclusions

• Michigan’s GLB community is underserved
  • These data do not include the transgender community

• Risk factors for cancer
  • May be responses to social pressures
  • Cannot be taken as personal failings

• Health care access and experience both are important
  • Culturally competent and acceptable care make a difference
WHAT ARE OTHER CHALLENGES TO OVERCOME?
LGBT Cancer Challenges

• Do they feel safe coming out to an oncologist?
• Option to join gay/lesbian/bi/trans cancer support group?
• Would a lesbian women feel safe being open at support group comprised of straight women?
• Would her female partner (in a spousal support group) feel comfortable discussing the effect of chemo on their sex life in a room full of men?
To Treat Me, You Have to Know Who I Am
The National LGBT Cancer Network

https://www.youtube.com/watch?v=XqH6GU6TrzI
LGBT Cancer Challenges

• Data is limited
  – 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 & Promising Practices
6 Stages, 5 Issues

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

SHOW ALL CONTINUUM STAGES

PREVENTION | SCREENING | DIAGNOSIS | TREATMENT | SURVIVORSHIP | PALLIATIVE CARE & END OF LIFE

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

DATA | WORKFORCE | SYSTEMS | INFORMATION | DIVERSITY

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## BEST AND PROMISING PRACTICES

Include SOGI questions on population-based surveillance instruments supported through government funds.

- For example, BRFSS, NHANES, NHIS, YRBSS

Involve culturally competent and trained community health workers to augment and/or deliver prevention and health promotion messages.

- For example, health educators such as promotoras, navigators, popular opinion leaders, LGBT peer leaders

Ensure that disclosure of SOGI and sexual behavior is safe (confidential, private, affirming, accepted without judgment) during all individual intake and clinical/community encounters.

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.

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.
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 Department Recommendation: 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.

Public Health Department Recommendation: Identify LGBT liaison(s) (point person) to provide cross-cutting subject matter expertise on LGBT issues.

Public Health Department Recommendation: Collaborate with community partners on LGBT-tailored prevention and health promotion activities.

Public Health Department Recommendation: Seek and fund programs and campaigns that address LGBT cancer prevention and health promotion.

Public Health Department Recommendation: Enhance patient navigation projects (where available) to provide culturally relevant services for LGBT cancer survivors.
<table>
<thead>
<tr>
<th>Public Health Department Recommendation</th>
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<tr>
<td><strong>Implement and support LGBT-tailored programs, messages, and policies that improve access to physical activity, nutrition, obesity prevention, smoking cessation, cancer awareness, cancer related vaccines (i.e., human papillomavirus (HPV) immunizations), and chronic disease programs.</strong></td>
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<tr>
<td><strong>Include LGBT communities in state cancer plans.</strong></td>
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<tr>
<td><strong>Include LGBT community-based organizations in state cancer coalitions.</strong></td>
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<tr>
<td><strong>Integrate lessons learned from established Department of Health programs that have existing relationships with the communities (i.e., HIV/AIDS, tobacco).</strong></td>
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### BEST AND PROMISING PRACTICES

<table>
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<tr>
<th>Best and Promising Practices</th>
<th>Cross-Cutting Issues</th>
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<tr>
<td>Identify LGBT individuals who are at higher risk for cancer and revise screening guidelines</td>
<td>DATA</td>
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<td>to incorporate LGBT-inclusive risk assessment.</td>
<td>SYSTEMS</td>
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<td>Train all staff (all levels) in providing culturally competent service to LGBT patients,</td>
<td>WORKFORCE</td>
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<tr>
<td>their family, and their chosen support person(s) throughout the screening process.</td>
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<td>Identify, use, and refer to screening facilities known to be culturally competent in</td>
<td>WORKFORCE</td>
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<tr>
<td>delivering health services to LGBT individuals.</td>
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<tr>
<td>Develop and/or use LGBT-tailored cancer screening guidelines for LGBT communities.</td>
<td>WORKFORCE INFORMATION</td>
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<tr>
<td>Engage culturally competent patient navigators for LGBT patients from the time of screening</td>
<td>WORKFORCE INFORMATION</td>
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<td>through the cancer care continuum.</td>
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<td>Eliminate discriminatory and arbitrary exclusion from screening procedures due to</td>
<td>SYSTEMS</td>
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<tr>
<td>discordance between gender markers and anatomy.</td>
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www.LGBTcenters.org  954-765-6024  information@LGBTcenters.org
| 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 |

<p>| Educate the <strong>LGBT</strong> communities about the importance of cancer screening, with emphasis on malignancies that disproportionately affect <strong>LGBT</strong> individuals, using a variety of media and campaigns shown to be effective or promising with <strong>LGBT</strong> communities in general and/or with specific sub-groups. |</p>
<table>
<thead>
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<th>Public Health Department Recommendation</th>
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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>
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<td>Provide management, leadership, and coordination for LGBT-centered screening promotions.</td>
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<td>Adopt federal model of requiring LGBT non-discrimination policy statements for all Health Department-funded entities.</td>
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<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>
</tr>
<tr>
<td>Support culturally competent delivery of services that increase access to and utilization of cancer screening.</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>
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LGBT-Inclusive Intake/Enrollment

- Are you married? Do you have a partner or a significant other?
- How would you describe your family, family of choice, or support network?
  - [If LGBT is identified] Thank you for sharing that information. We are welcoming of all at Sharsheret. LGBT people have higher risk factors for cancer than the general population, and this information is useful to help us serve all people equally. Are you comfortable with us using this information for our matching process (for our peer to peer program) as we currently use other factors such as age, diagnosis, geographic location, etc.?
Also, here is an example of accepted and more formal language from a validated tobacco survey that you may be able to adapt for your purposes.

- Across your lifetime, do you consider yourself to be gay, lesbian, bisexual, and/or transgender?
  - [If the answer is yes] Do you identify as gay, lesbian, bisexual, queer, transgender and assigned male at birth, or transgender and assigned female at birth?
  - [If concern about this question is expressed] LGBT people smoke at higher rates than others; we ask this question to ensure that we’re serving all people equally.
64. What sex were you assigned at birth?
- Male
- Female

65. How do you describe yourself:
- Male
- Transgender
- Female
- Do not identify as male, female or transgender
- Additional Category (Please Specify):

66. Currently, do you consider yourself to be:
- Lesbian
- Gay
- Bisexual
- Straight
- Other (please specify)
Other Resources
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
Closing Thoughts
Closing Thoughts

- 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)?
Closing Thoughts

• LGBT stressors that we may experience can lead to risk behaviors
• Lack of insurance and lack of trust are LGBT barriers to care
• Physicians/public health must set welcoming and accepting tone with open-ended questions and without judgement
• Establish trusting relationship for open dialogue around LGBT risks
• ACA & same-sex marriage ruling have helped but more needed
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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Email: anthony@lgbtcenters.org
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