Addressing LGBT Cancer Disparities
June 30, 2017

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Education, Training, & Outreach Manager
LGBT HealthLink, a Program of CenterLink
About Us
CenterLink

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

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

So No One Faces Cancer Alone®
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CenterLink CEO
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
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
<table>
<thead>
<tr>
<th>Categories &amp; Descriptors</th>
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<td><strong>SEX</strong></td>
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<td>• Male</td>
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<td><strong>SEXUAL ORIENTATION</strong></td>
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<td>• Lesbian</td>
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<td>• Non-binary</td>
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<td>• Queer or Genderqueer</td>
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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 **50%** higher among LGBT adults.
- LGBT HealthLink

Asian American men smoke at a rate **215%** higher 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
- SelfMade Health Network

Tobacco use is **310%** higher among homeless adults compared to the general population.

1.5 times the rate of Whites, and are more likely to die from smoking-related illness.
- National African American Tobacco Prevention Network

African Americans smoke menthol-flavored cigarettes at nearly **3 times** the rate of Whites.

This infographic brought to you by:
- LGBT HealthLink
- The Network for Health Equity
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).
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.
- Cultural norm (socially transmitted disease)

- Unhealthy coping strategy/outlet from stress associated with stigma and discrimination, especially among LGBT youth
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.

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.

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.

30 TIMES

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.

55%

Bisexual women were only 55% as likely as heterosexual women to meet mammography guidelines, and transgender individuals were less than half as likely.

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 create a warm and welcoming environment for LGBT patients to encourage use of care and educate patients on risks so that they utilize appropriate preventive services.

LGBT people are half as likely to plan on using a quinoline when they try to quit smoking.

28% of transgender individuals do not seek getting care due to fear of discrimination.

1/2

www.LGBTCenters.org  954-765-6024  information@LGBTCenters.org
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.
LGBT Health Care Utilization in Utah

- Mammogram in Past 2 Yrs (as age-adjusted percentage)
- Pap Test in Past 3 Yrs (as age-adjusted percentage)
- Complete Recommended Colon Cancer Screening (as age-adjusted percentage)
LGBT Tobacco Use in Utah

Current Smoker
(as age-adjusted percentage)

Ever Tried E-Cig
(as age-adjusted percentage)

Current E-Cig Use
(as age-adjusted percentage)

Heterosexual
Homosexual/Bisexual/Something else/Don’t know

Heterosexual
Homosexual/Bisexual/Something else/Don’t know
Other LGBT Risk Factors in Utah

Current Alcohol Use (as age-adjusted percentage)

Chronic Drinking (as age-adjusted percentage)

Binge Drinking (as age-adjusted percentage)

Physical Inactivity (as age-adjusted percentage)
WHAT ARE OTHER CHALLENGES TO OVERCOME?
Cancer in LGBT Communities

• 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?
Excerpted: To Treat Me, You Have to Know Who I Am; The National LGBT Cancer Network
Cancer in LGBT Communities

• 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
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
6 Stages, 5 Issues

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

<table>
<thead>
<tr>
<th>SHOW ALL CONTINUUM STAGES</th>
<th>PREVENTION</th>
<th>SCREENING</th>
<th>DIAGNOSIS</th>
<th>TREATMENT</th>
<th>SURVIVORSHIP</th>
<th>PALLIATIVE CARE &amp; END OF LIFE</th>
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**CROSS-CUTTING ISSUES** - Click Cross-Cutting Issue icon to show its Best Practices

![Data](#)  ![Workforce](#)  ![Systems](#)  ![Information](#)  ![Diversity](#)
<table>
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<tr>
<th>BEST AND PROMISING PRACTICES</th>
<th>CROSS-CUTTING ISSUES</th>
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<tbody>
<tr>
<td>Include SOGI questions on population-based surveillance instruments supported through government funds.</td>
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<td>- For example, BRFSS, NHANES, NHIS, YRBSS</td>
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<td>Involve culturally competent and trained community health workers to augment and/or deliver prevention and health promotion messages.</td>
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<td>- For example, health educators such as promotoras, navigators, popular opinion leaders, LGBT peer leaders</td>
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<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>
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<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>
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<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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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.
<table>
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<th>Public Health Department Recommendation</th>
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<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>
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<td>Identify LGBT liaison(s) (point person) to provide cross-cutting subject matter expertise on LGBT issues.</td>
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<td>Collaborate with community partners on LGBT-tailored prevention and health promotion activities.</td>
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<td>Seek and fund programs and campaigns that address LGBT cancer prevention and health promotion.</td>
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<tr>
<td>Enhance patient navigation projects (where available) to provide culturally relevant services for LGBT cancer survivors.</td>
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Public Health Department Recommendation: 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.

Public Health Department Recommendation: Include LGBT communities in state cancer plans.

Public Health Department Recommendation: Include LGBT community-based organizations in state cancer coalitions.

Public Health Department Recommendation: Integrate lessons learned from established Department of Health programs that have existing relationships with the communities (i.e., HIV/AIDS, tobacco).
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
WHAT CAN I DO TO TAKE CARE OF MY HEALTH?

GET SCREENED
Gay and bi men should get screened for what is generally recommended for all men. It’s important that you talk to your doctor and complete all recommended screenings, which are generally free under all insurance programs, thanks to the Affordable Care Act.

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/-get-help.

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 risks.
- 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.

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WHAT CANCER RISK DO I FACE AS A LESBIAN, BI, OR QUEER WOMAN?

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. Lesbian and bi women are also less likely to perform self-examinations or get routine mammography screenings.**

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.

WHAT CAN I DO TO TAKE CARE OF MY HEALTH?

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REDUCE YOUR RISK
- You can reduce your risk for cancer by doing the following:
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  - Keep a healthy diet and exercising, as being overweight can increase risk
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TRANS INDIVIDUALS AND CANCER

What you need to know

WHAT CANCER RISK DO I HAVE AS A TRANS PERSON?

Trans individuals are generally at risk for the cancers that are associated with their sex at birth, as well as some new cancers related to their medical transition.¹

EXAMPLE

Trans men are still at risk for breast cancer even if they have had a mastectomy, and trans women are at about the same risk as are all other women. So both trans men and trans women should get screened.²³

DOES TRANSITIONING PUT ME AT ANY KIND OF INCREASED RISK?

Little is known about potential cancer risks associated with hormone therapy, so while you should generally feel safe transitioning under a doctor's advice and care, you should also make sure you get all recommended cancer screenings.⁴³

WHAT ABOUT LUNG CANCER?

Studies have shown that as many as 83% of

WHAT CAN I DO TO TAKE CARE OF MY HEALTH?

GET SCREENED

Trans individuals require some screenings associated with their sex assigned at birth, as well as potentially some new screenings based on their transition-related care. It's important that you talk to your doctor and complete all recommended screenings, which are generally free under all insurance programs, thanks to the Affordable Care Act.

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 healthwatch.lgbt/cancer/PATH.

REDUCE YOUR RISK

You can reduce your risk for cancer by doing the following:

» Stay smoke free, as cigarettes increase risks for many forms of cancer

» Keep a healthy diet and exercising, as being overweight can increase risk

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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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Twitter: @LGBTHealthLink

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