Strengthening Health Equity in LGBTQ+ Communities

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Agenda

- Introduction: About LGBT Cancer Network
- Review of Identity & Terminology
- LGBTQ+ Demographics & Data collection
- Cancer & LGBTQ communities
- Community Barriers to Cancer Prevention, Screening, and Care
- Systems Change: Best and Promising Practices
Who We Are
1. EDUCATING
   - our communities about our increased cancer risks and the importance of screenings

2. ADVOCATING
   - for LGBTQI+ engagement in mainstream cancer organizations, the media, and research

3. TRAINING
   - public health and health care providers to be more welcoming to us
1 of 8 Disparity Networks

We assess the field to ID knowledge gaps
We offer trainings to all
We create and find knowledge pieces to disseminate

We build partnerships & connections between members
We offer technical assistance to members
We create and advise on media strategies
Join Our Network

❖ Training & technical assistance
❖ Connecting & capacity building with your local LGBTQ+ organization
❖ Opportunities for networking with state health departments, LGBTQ+ orgs, and more
❖ Tailored media & educational resources
Training/Technical Assistance

- Customized training
- Webinars
- Educational opportunities
- Resource guides
- Toolkits
Review: Identity & Terminology
What is the difference between sexual orientation and gender identity?

What does it mean to be transgender?

What is the gender binary?

What is a label for people who do not identify within the gender binary?
Pronouns

- Increasing use of gender neutral pronouns, they/them is most common
- Need to get more comfortable with them? Practice.
- Unsure which to use? Ask.
- Flub it? Thank the individual for their correction quickly and move on.
- Don’t overuse names to avoid pronouns, shows discomfort.
- Say “my pronouns are…” not “my preferred pronouns…”
- The power of an email tagline and zoom name
LGBTQ+ Demographics
Increasing # of LGBTQ+ Americans

Americans' Self-Identification as Lesbian, Gay, Bisexual, Transgender or Something Other Than Heterosexual

Which of the following do you consider yourself to be? You can select as many as apply. Straight or heterosexual; Lesbian; Gay; Bisexual; Transgender

% Identify as LGBT

<table>
<thead>
<tr>
<th>Year</th>
<th>% Identify as LGBT</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>3.5</td>
</tr>
<tr>
<td>2013</td>
<td>3.6</td>
</tr>
<tr>
<td>2014</td>
<td>3.7</td>
</tr>
<tr>
<td>2015</td>
<td>3.9</td>
</tr>
<tr>
<td>2016</td>
<td>4.1</td>
</tr>
<tr>
<td>2017</td>
<td>4.5</td>
</tr>
<tr>
<td>2018</td>
<td>5.6</td>
</tr>
<tr>
<td>2019</td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td></td>
</tr>
<tr>
<td>2021</td>
<td>7.1</td>
</tr>
</tbody>
</table>
2021 Gallup says...

Americans who self-identified as LGBTQ in 2021, by generation

Surveys of 12,416 U.S. adults conducted between January and December 2021

- **Gen Z** (Born 1997-2003): 20.8%
- **Millenials** (1981-1996): 10.5%
- **Gen X** (1965-1980): 4.2%
- **Baby boomers** (1946-1964): 2.6%
- **Traditionalists** (before 1946): 0.8%
BIPOC* demographics say...

24% of the general population are racial/ethnic minorities.

42% of the LGBTQ+ population are racial/ethnic minorities.

*Black, Indigenous, and People of Color
LGBTQ Youth

1 out of 4 LGBTQ youth identify as non-binary.

1 out of 3 LGBTQ Black youth identify as non-binary or trans.
2021 was supposed to be the 'worst year' for LGBTQ rights – then came 2022

Even with the enactment of a historic same-sex marriage bill, advocates describe a harrowing year for LGBTQ Americans.
The ACLU is tracking 408 anti-LGBTQ bills in the U.S.

Choose a state on the map to show the different bills targeting LGBTQ rights and take action. While not all of these bills will become law, they all cause harm for LGBTQ people.

View past legislative sessions.
What about New York?
What about New York?
What about New York?

LGBTQ+ residents of New York City’s metro area
LGBTQ+ Data Collection
Importance of SOGI Data Collection

- Data equity
- Identify & measure health disparities among LGBT populations at state and national level
- Tailored health promotion programs and services
- Inform competitive grant proposals
Lack nationally representative data
Data Collection Trends

- Provided suggested measures
- Encouraged data collection in research, trials and in EHRs
LGBTQ+ Health/Cancer Disparities
LGBTQ+ Health Disparities

We have increased cancer risks not because LGBTQ+ people are inherently bad at making decisions, or because some of our bodies are inherently different. Rather, there are systemic inequalities and prejudices that LGBTQ+ have to navigate that cisgender heterosexual communities do not.
LGBTQ+ people are at greater risk of certain diseases, conditions & infections:

- LGBTQ+ people have higher rates of HPV infection and related cervical or anal cancers
- Lesbian and bisexual women have higher rates of breast cancer
- Older LGBTQ+ adults are more likely to have their health rated poorly, report more chronic conditions and have less social support
LGBTQ+ people are at greater risk of:

- Suicide and suicidal thoughts
- Mood disorders and anxiety
- Eating disorders
- Alcohol and substance use disorders
Access to Care Disparities

LGBTQ+ people have less access to the healthcare they need:

- Less likely to have health insurance
- More likely to delay care
- More likely to report poor quality of care
LGBTQ+ folx are more likely to smoke, and...

- Smoke more than the general population
- Use menthol tobacco products more than non-LGBTQ+ people
- Are exposed to secondhand smoke more than non-LGBTQ+ people
- See more tobacco product ads than non-LGBTQ+ people
Cancer in LGBTQ+ Communities

- Lesbian and bi women **significantly less likely to receive cervical cancer screenings** than heterosexual women (25% less likely), even though they may be at an increased risk for cervical cancer.

- Transgender men are **less likely to be current on cervical cancer screening** than non-transgender women.

- Cisgender lesbian and bi women are at **higher risk for breast/chest cancer**, possibly due to higher rates of obesity, alcohol, and smoking in the community.
Cancer in LGBTQ+ Communities

- Colorectal cancer screening rates are **significantly lower** in LGBTQ+ communities, but **higher incidence, prevalence, and mortality**

- LGBTQ+ populations face risk factors that are correlated with colorectal cancer, including:
  - Increased tobacco use
  - Increased alcohol consumption

- Gay and bisexual men are **20 times more likely** to be diagnosed with anal cancer
Barriers to Screening, & Care
Why LGBTQ+ are underscreened

- Lack of access to quality and affirming health care
  - Lower rates of health insurance
  - Less likely to have a primary care provider
- Higher rates of poverty and financial insecurity
  - 22% of LGBT people in the U.S. live in poverty
  - 31% of Black LGBT people live in poverty
Why LGBTQ+ are under screened

- Healthcare providers’ lack of LGBTQ+ knowledge
  - Assumptions about patient body anatomy and recommended screenings
- Fear of stigmatization or discrimination
- Gender identity, expression, and dysphoria
  - Gendered programming can exacerbate this
Barriers to Cancer Care

ENVIRONMENTAL INDICATION OF WELCOMING CARE

Was there any environmental indication (e.g. rainbow flag, affirming messaging) of welcoming care at the place where you received cancer treatment?

12% YES

88% NO
I was scared speaking up for myself regarding my orientation and gender identity would put my cancer care in jeopardy.

“I did not want to piss off the person who was treating me.”

“During cancer, I was stressed enough and did not have the energy to correct or inform people of my gender identity or sexual orientation.”
Barriers to Cancer Care

Participants who rated their providers “very welcoming” were almost 7x as likely to report being “very satisfied” with cancer care.
Cancer Survivorship

- Ongoing coming out
- Family support
- Quality of life-sex & sexuality
- Support groups
Taking steps to make your program or practice LGBTQ+ affirming can potentially be life saving.
Employees who experience more negative touch points are 40% less productive and 13 times more likely to quit a job.

LGBTQ+ employees who are out at work feel 2x the psychological safety, feel 1.5x more empowered, and 1.5x more likely to take creative risks.
Mentorship Program

Focused on supporting LGBTQI &/or BIPOC undergrads, grads, and early career professionals open to cancer as a career.

- Career talks
- Skills building
- Networking opportunities
- Internships

Can you host an intern? Do you have people who are interested?
Engaging LGBTQ+ Community Members

Representing Real LGBTQ+ Ohioans

Tobacco Cessation Resources

Equitas Health

Go Topless ONE A YEAR!
Making Cancer Screening Relevant

- Start from a place of health equity
- Address social determinants of health and other factors that influence LGBTQ+ health/cancer related disparities
- Community engagement
  - Building support for cancer screening & control in LGBTQ+ communities, without imposed solutions
  - Invest time and resources
  - Don’t ask for free labor from underrepresented communities
Find a doctor with an LGBTQ+ designation

While any of our physicians can treat LGBTQ+ patients, some doctors have been designated according to certain criteria. Doctors with the LGBTQ+ designation:

- Have completed additional training to understand the foundational elements of caring for LGBTQ+ patients
- Know how to document SDGI information in the electronic medical record
- Have cared for LGBTQ+ patients or were trained in a clinical setting with LGBTQ+ patients

Find a doctor with an LGBTQ+ designation
What welcome can we find?

As a trans guy, is this where I’d have to go if I got cervical cancer?
What welcome can we find?

Beth Israel Deaconess Medical Center
Hospital & Health Care · Boston, MA · 57,612 followers
See all 9,474 employees on LinkedIn
Build welcome-Language

- **Language Matters!**
- **Ask.**
  - Pronouns
  - Use language (identity, body parts, etc.) client uses
- **Focus on anatomy instead of gender**
  - Breast/chest
  - People with a cervix

**CAN I JOIN THE YOU FIRST PROGRAM?**

You can join if the following are true:

- You live in Vermont.
- You're at least 21 years old.
- You have (or have had) breasts or a cervix, or need preventative breast or cervical cancer screenings.
- You meet our income guidelines. For example, you are eligible with an income of up to $33,975 as an individual and $57,575 as a household of three.

Learn more about You First eligibility 📝
Build welcome

Colorectal Conditions and the LGBTQ+ Community: A Community Conversation

June 17, 2022
By: Julie Poucher Harbin, Senior Writer, DCI
Build welcome

- **Physical Space**
  - Gender inclusive restrooms
  - Display non-discrimination policies
  - Inclusive materials on display
  - Pronouns on staff name badges
  - Rainbow and/or Trans flags
Main Modules
❖ Terminology and Pronouns
❖ Root Causes of Health Disparities
❖ Health Disparities and Cancer experiences
❖ Creating a Welcoming Environment
❖ Overcoming Barriers and Utilizing EHRs

Transg Gyn/Onc Clinical Care
❖ Trans Gyn Cancer
❖ Hormone Management
❖ Care & Survivorship

Free for 2022 Full CE/CMEs

cancer-network.org/welcoming-spaces
Collect data
Engage trusted partners

Got it? Pap it!

CERVICAL CANCER SCREENING for anyone with a cervix

AGE: 21 to 65

FREQUENCY: Every 3 years with a Pap Test (30 to 65 can screen every 5 years with a high-risk HPV test)

FOR MORE INFO: contact Taylor Small (802) 860-7812 - Taylor@PrideCenterVT.org
VISIT PRIDECENTERTV.ORG/CANCERSCREENINGS

Iowa Cancer Consortium
218 followers
6d

Transgender and nonbinary people have often been excluded from breast and chest cancer awareness information because most information is framed through the lens of cisgender women.

They also may not get breast/chest cancer screenings because they have undergone gender-affirming surgery to remove some breast/chest tissue (though screening is still needed in this instance) or they might avoid undergoing screenings because breast/chest tissue might trigger intense dysphoria.

Learn more about the importance of breast/chest cancer screening for transgender and nonbinary people from our friends at One Iowa: http://ow.ly/KyEk50L4U9u
#breastcancer #transgender #transgenderhealth #transhealth
Engage trusted partners
Engage trusted partners
Build resources

HPV causes cancer in people of all genders.

The HPV vaccine is recommended through age 26 for those who did not get it when they were younger.

Talk to a health care provider about getting the HPV vaccine.

Talk to a health care provider about getting the HPV vaccine.

GO TOPLESS!
ONCE A YEAR

BREAST HEALTH GUIDE

Promoting Lesbian, Bisexual, Trans, and Non-Binary Breast/Chest Health

Alaska Cancer Partnership

Equitas Health Institute
Queer Health is Power

- Create a statewide health promotion social media campaign around LGBTQ+ cancer inclusion and screening
- Survey free & low cost cancer screening sites to evaluate their level of LGBTQ+ welcoming
- Update our provider director with new welcoming providers in NYS
Everyone has a gender identity. For transgender people this identity does not align with the sex they were assigned at birth. Gender identity is not the same as sexual orientation which refers to one’s attraction to others. While many transgender youth thrive during adolescence, stigma, discrimination, and other factors put them at risk for negative experiences and behaviors.1 3

In 2017, 1.3% of Vermont high school students identified themselves as transgender. Another 1.6% said they were not sure if they are transgender.

Both transgender youth and youth who are not sure about their gender identity face similar health risks and experience similar health disparities. These risks exceed those experienced by lesbian, gay, and bisexual youth. This brief focuses on the risks faced by youth who identified themselves as transgender.

Violence

Transgender youth are more likely to experience physical, emotional, and sexual violence compared to cisgender students. In Vermont, transgender students were five times as likely to have been threatened or injured with a weapon on school property or skip school because they felt unsafe compared to their cisgender peers. They are also four times as likely to have experienced physical or sexual dating violence or been forced to have sexual intercourse when they did not want to. Two in five transgender students reported being bullied during the previous month, nearly three times that of their cisgender peers.

Physical, Emotional, and Sexual Violence

<table>
<thead>
<tr>
<th>Violent Experience</th>
<th>Transgender</th>
<th>Cisgender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever forced to have sexual intercourse</td>
<td>27%</td>
<td>6%</td>
</tr>
<tr>
<td>Physically hurt by someone they were dating, past year</td>
<td>20%</td>
<td>6%</td>
</tr>
<tr>
<td>Forced to do sexual things by someone they were dating, past year</td>
<td>23%</td>
<td>4%</td>
</tr>
<tr>
<td>Threatened or injured with a weapon, past year</td>
<td>22%</td>
<td>0%</td>
</tr>
<tr>
<td>Skipped school due to safety reasons, past 30 days</td>
<td>41%</td>
<td>15%</td>
</tr>
<tr>
<td>Bullied, past 30 days</td>
<td>22%</td>
<td>9%</td>
</tr>
</tbody>
</table>


KEY DEFINITIONS

- The terms transgender and cisgender are not indicative of sexual orientation, hormonal makeup, physical anatomy, or gender expression – how one is perceived in daily life.
- Sexual Orientation: A person’s enduring physical, romantic, emotional, and/or other form of attraction to others.
- Gender Identity: One’s internal sense of being male, female, neither of these, both, or other gender(s).
- Transgender/Tx: An umbrella adjective for people whose gender identity differs from the sex they were assigned at birth.
- Cisgender/Tx: An adjective that means “identifies as their sex assigned at birth.”

Source: Outright Vermont
Examples from Iowa HHS: LGBTQ+ Breast/Chest & Cervical Cancer Screening

- Developed in partnership with One Iowa: an organization dedicated to preserving and advancing equality for LGBTQ+ individuals in Iowa

- Created tailored screening resources and programming
<table>
<thead>
<tr>
<th>i’m a transgender man.</th>
<th>i’m a transgender woman taking hormones.</th>
</tr>
</thead>
<tbody>
<tr>
<td>what screenings do i need?</td>
<td>what screenings do i need?</td>
</tr>
<tr>
<td>If you have not had reconstructive surgery, you need regular Pap tests and mammograms.</td>
<td>Hormones increase your risk of breast cancer. Schedule regular breast cancer screenings.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>i’ve had top surgery.</th>
<th>If you’ve got it, check it.</th>
</tr>
</thead>
<tbody>
<tr>
<td>do i still need screenings?</td>
<td></td>
</tr>
<tr>
<td>Yes, you are still at risk for cancer. You can skip the mammogram, but you still need regular exams from a healthcare provider.</td>
<td></td>
</tr>
</tbody>
</table>
Updated Program Logo & Brand

Original Logo
- Feminine shape
- Purple colors
- Didn’t showcase program services

Updated Brand
- Coordinated colors align with Screen Out Cancer brand
- Non-gendered graphic
- Inclusive language
Thank you. For more information contact us at info@cancer-network.org or visit cancer-network.org
Appendix: Transgender Cancer Screening Guidelines
Screening for cervical cancer in transgender men

Primary Author(s): Katherine T. Hsiang, MD, FACOG

Publication Date: June 17, 2016

Introduction

Transgender men are at risk for cervical cancer. Cervical cancer is the third most common cancer globally [1]; more than 95% of which are caused by infection with one of several high risk oncogenic strains of the human papilloma virus (hr-HPV).[2] Pelvic exams to obtain pap smears may be challenging for transgender patients. Inadequate screening for cervical cancer is linked to the barriers transgender individuals face in accessing culturally sensitive health care.[3] Transgender men are less likely to be current on cervical cancer screening than non-transgender women.[4] Individuals who have never or have rarely been screened for cervical cancer are at the highest risk for progression of chronic hr-HPV infection to malignancy, morbidity and mortality.[5]
Standards of Care for the Health of Transgender and Gender Diverse People, Version 8
https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644
American College of Radiology

Transgender Breast/Chest Cancer Screening: [https://acsearch.acr.org/docs/3155692/Narrative/](https://acsearch.acr.org/docs/3155692/Narrative/)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Appropriateness Category</th>
<th>Relative Radiation Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Digital breast tomosynthesis screening</td>
<td>May Be Appropriate</td>
<td>☹☹</td>
</tr>
<tr>
<td>Mammography screening</td>
<td>May Be Appropriate</td>
<td>☹☹</td>
</tr>
<tr>
<td>US breast</td>
<td>Usually Not Appropriate</td>
<td>○</td>
</tr>
<tr>
<td>MRI breast without and with IV contrast</td>
<td>Usually Not Appropriate</td>
<td>○</td>
</tr>
<tr>
<td>MRI breast without IV contrast</td>
<td>Usually Not Appropriate</td>
<td>○</td>
</tr>
</tbody>
</table>

**Variant 1:** Breast cancer screening. Transfeminine (male-to-female) patient, 40 years of age or older with past or current hormone use equal to or greater than 5 years. Average-risk patient.
Appendix: NASEM SOGI Measures
Which of the following best represents how you think of yourself? [Select ONE]:

- Lesbian or gay;
- Straight, that is, not gay or lesbian;
- Bisexual;
- [If respondent is AIAN:] Two-Spirit
- I use a different term [free-text]
- (Don't know)
- (Prefer not to answer)
Add GI Measures

Q1: What sex were you assigned at birth, on your original birth certificate?
- Female
- Male
(Don’t know)
(PREFER NOT TO ANSWER)

Q2: What is your current gender? [Mark only one]
- Female
- Male
- Transgender
- [If respondent is AIAN:] Two-Spirit
- I use a different term: [free text]
(Don’t know)
(PREFER NOT TO ANSWER)
Add GI Measures

Q1: What sex were you assigned at birth, on your original birth certificate?
☐ Female
☐ Male
(Don’t know)
(Prefer not to answer)

Q2: What is your current gender? [Mark only one]
☐ Female
☐ Male
☐ Transgender
☐ [If respondent is AIAN:] Two-Spirit
☐ I use a different term: [free text]
(Don’t know)
(Prefer not to answer)
Q1: What sex were you assigned at birth, on your original birth certificate?
☐ Female
☐ Male
(Don’t know)
(Prefer not to answer)

Q2: What is your current gender? [Mark only one]
☐ Female
☐ Male
☐ Transgender
☐ [If respondent is AIAN:] Two-Spirit
☐ I use a different term: [free text]
(Don’t know)
(Prefer not to answer)
Add Intersex Measures

Were you born with a variation in your physical sex characteristics? (This is sometimes called being intersex or having a difference in sex development, or DSD.)

Have you ever been diagnosed by a medical doctor with an intersex condition or a difference of sex development?”?