

Panel and Workshop: LGBTQIA+ Communities, Cancer, & Behavioral Health



National Behavioral Health Network
For Tobacco & Cancer Control

To access closed captioning:

<https://www.streamtext.net/player?event=BuildingSupportforLGBTQIACommunities>

Tuesday, September 29
1:00 – 4:00 PM EDT

Welcome!



Taslim van Hattum, LCSW, MPH
Senior Director of Practice Improvement,
National Council for Behavioral Health



Tamanna Patel
Director, Practice Improvement
National Council for Behavioral Health



Dana Lange
Project Manager, Practice Improvement
National Council for Behavioral Health



Samara Tahmid
Project Coordinator, Practice Improvement
National Council for Behavioral Health

Today's Featured Facilitators



Michelle Veras, MPH
Projects Director,
National LGBT Cancer Network



Kk Naimool
Director of Strategic Partnerships,
National LGBT Cancer Network



Housekeeping

- Event is being recorded. All participants placed in “listen-only” mode, but may be unmuted for panel, Q&A and discussion segments.
- For audio access, participants can either dial into the conference line or listen through your computer speakers.
- If you have questions during the event, please send them via the chat box or the Q&A panel on your Zoom dashboard, which will be monitored by our facilitators.
- To access closed captioning please use the following link:
 - <https://www.streamtext.net/player?event=BuildingSupportforLGBTQIACommunities>
- Presentation slides, handouts, recording and transcription will be posted here:
 - <https://www.bhthechange.org/resources/resource-type/archived-webinars/>



National Behavioral Health Network

For Tobacco & Cancer Control

- Jointly funded by CDC's *Office on Smoking & Health & Division of Cancer Prevention & Control*
- Provides resources and tools to help organizations reduce tobacco use and cancer among people with mental illness and addictions
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

Visit www.BHtheChange.org and
Join Today!

Free Access to...

Toolkits, training opportunities, virtual communities and other resources

Webinars & Presentations

State Strategy Sessions

Communities of Practice



#BHtheChange





LGBTQ+ Communities Behavioral Health and Cancer

lgbt national
cancer
network

 TOBACCO RELATED
CANCER PROJECT



Workshop Agenda

- Introductions
- LGBTQ+ 101
- LGBTQ+ communities & the cancer continuum
- Panel Discussion
- Workshop
- Close



Introductions



The National LGBT Cancer Network Team



national
lgbt
cancer
network

ADVOCATING FOR HEALTH EQUALITY



1

EDUCATING

the LGBT community about our increased cancer risks and the importance of screening and early detection

ADVOCATING

2

for LGBT survivors in mainstream cancer organizations, the media and research.

3

TRAINING

health care providers to offer more culturally-competent, safe and welcoming care



As one of eight 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

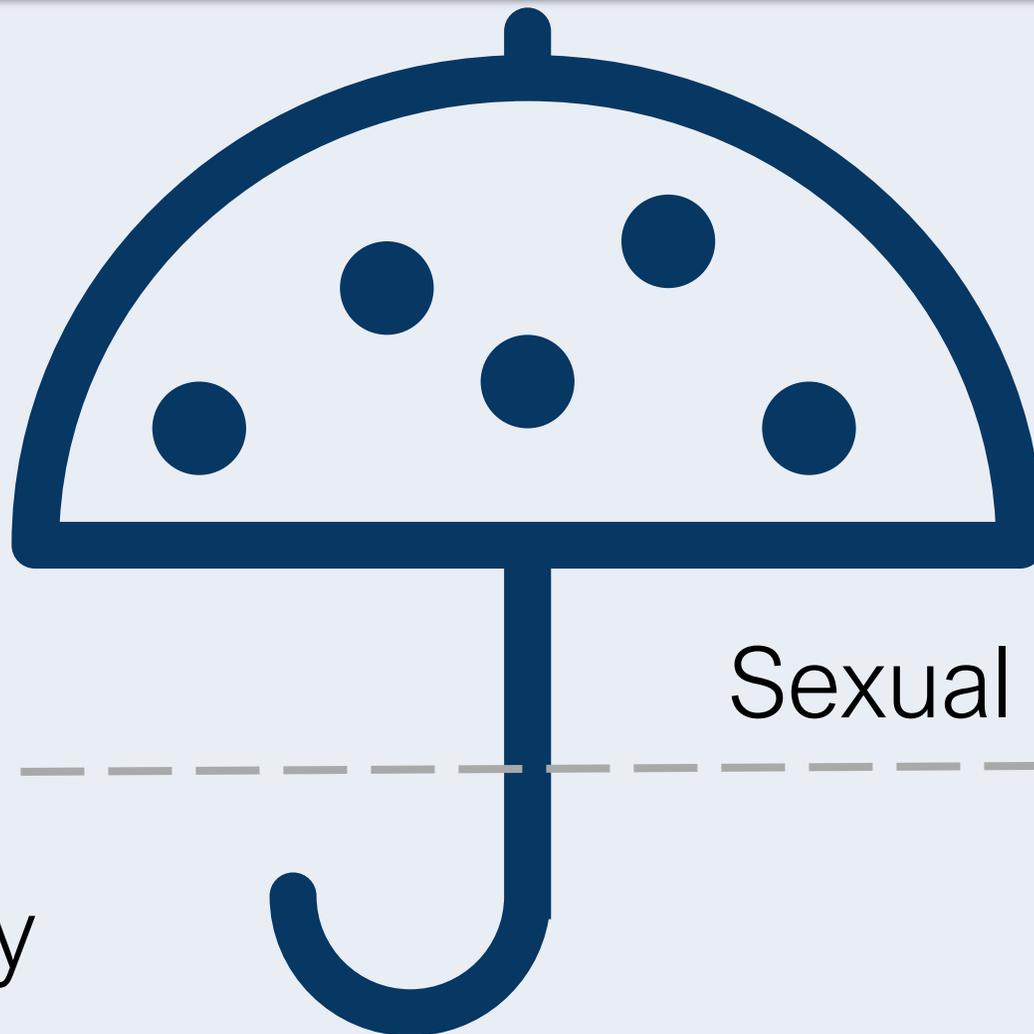




LGBTQ+ 101



What LGBTQ Stands for



Sexual Orientation

Gender Identity



Sexual Orientation

- **LESBIAN** an *identity* label for women who have primary sexual, romantic and relational ties to other women.
- **GAY** an *identity* label for men who have primary sexual, romantic and relational ties to other men.
- **BISEXUAL** an *identity* label for people who are attracted to people of the same gender and different genders.



Gender Identity

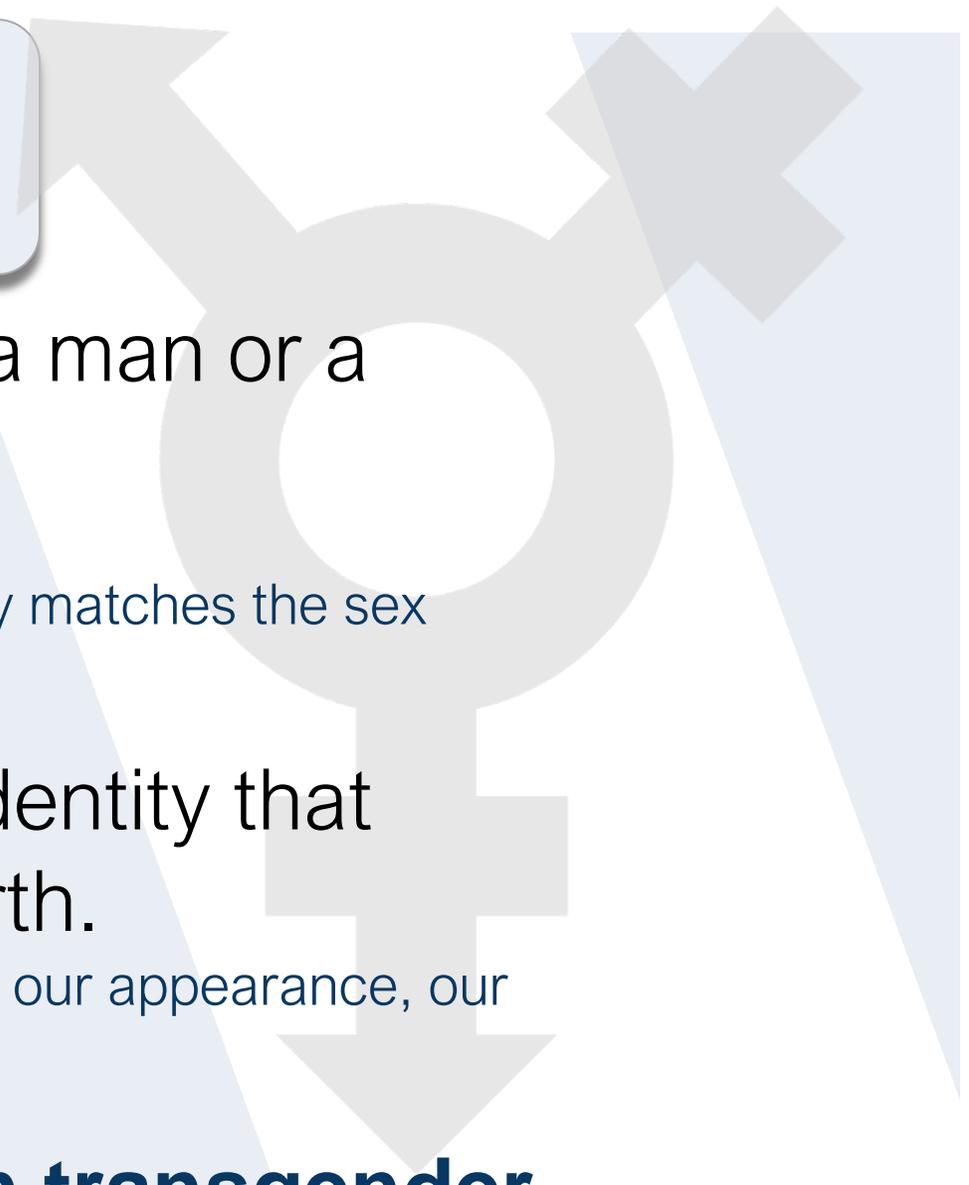
The persistent internal sense of being a man or a woman or some other gender.

- We all have a gender identity
- For **cisgender** people, this gender identity matches the sex assigned at birth

Transgender people have a gender identity that does not match the sex assigned at birth.

- Our gender identity may or may NOT match our appearance, our body, or others' perceptions of us

There are approximately 1.4 million transgender people living in the United States.





Multiple Types of Transitioning



Social



Medical

Legal



Surgical





Other Terms

SGL

pansexual

DSD/Intersex

queer

LGBTQIAA+

two spirit

gender variant

genderqueer

non binary/GNC



Levels of Oppression

Microaggression

“That’s so gay.”
“You run like a girl.”

Internalized
Oppression

“As a gay man, I can’t have lasting love.”
“I’m white, but at least I don’t act like white trash.”

Institutional
Oppression

In most states, it is legal to deny a job to a transgender person.
14% of monthly drug users are Black, but 37% of those arrested for drugs are.



Intersecting Identities

Health Equity and Tobacco



23.4% of Native Hawaiian or Pacific islander middle-school and high-school students use tobacco, the **highest** amongst youth tobacco use.

-ASPIRE Network



Tobacco use is **71% HIGHER**

among adults with mental illness.

-National Behavioral Health Network for Tobacco & Cancer Control

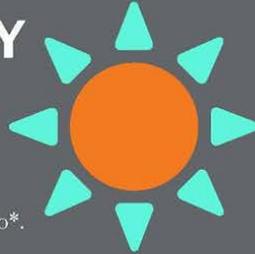


African Americans smoke menthol-flavored cigarettes nearly **3 TIMES** the rate of white people, and are more likely to die from smoking related illnesses.

-National African American Tobacco Prevention Network

NEARLY 50%

of all American Indian/Alaska Native adults use commercial tobacco*.



-National Native Network

networking
HEALTH EQUITY

CDC Consortium of National Networks



14 of 100 above



Cigarette smoking is higher among persons living *below the poverty level*, compared to populations living at or above this level.

25 of 100 below

-SelfMade Health Network



32.8% of people in remote areas smoke

VS



24.4% of their urban counterparts smoke

-Geographic Health Equity Alliance



Tobacco use among queers is **40% HIGHER** than among non-queers.

-The National LGBT Cancer Network

1.5 TIMES



as many Hispanic middle school students use tobacco products compared to their white, non-Hispanic peers.

-Nuestras Voces (Our Voices) Network

*This infographic refers to the use of commercial tobacco and not the sacred and traditional use of tobacco by some American Indian communities.



Overview of LGBTQ Well Being

LGBTQ people report lower “well being” in five areas:

FINANCIAL SECURITY

PHYSICAL HEALTH

SENSE OF PURPOSE

SOCIAL LIFE

COMMUNITY ATTACHMENT



Potential Transgender Health Risks



59% avoided using a public restroom due to fear of harassment

CAN LEAD TO

Dehydration

Urinary Tract Infections

Kidney stones or infections



Mental Health

- LGBTQ people are at elevated risk for depression, anxiety, and suicidality
- LGB youth coming from highly rejecting families are **8.4X** more likely to attempt suicide
- Transgender adults are **14X** and **22X** more likely to have had suicidal thoughts and attempts (respectively)





LGBTQ+ Tobacco Use

Overview

- 40% higher than non-queers.
- 1 in 3 transgender people smoke cigarettes.
- 17.5% of lesbian, gay, and bisexual youth currently use electronic vapor products compared to 13.2% of heterosexual youth.

Epidemiologically it is our #1 health issue.



Stigma

“

LGB people who experienced high levels of sexual orientation discrimination had a much greater probability of past-year cigarette smoking, any tobacco/nicotine use, and tobacco use disorder compared to LGB people who experienced lower levels or no sexual orientation discrimination.

”

-- Sexual Orientation Discrimination and Tobacco Use Disparities in the United States. Nicotine & Tobacco Research (2017).



Our Resilience

STRUCTURAL FACTORS

LGBTQ Communities

Supportive
Family



Positive Relationships

Supportive
Friends

INDIVIDUAL & BEHAVIORAL FACTORS

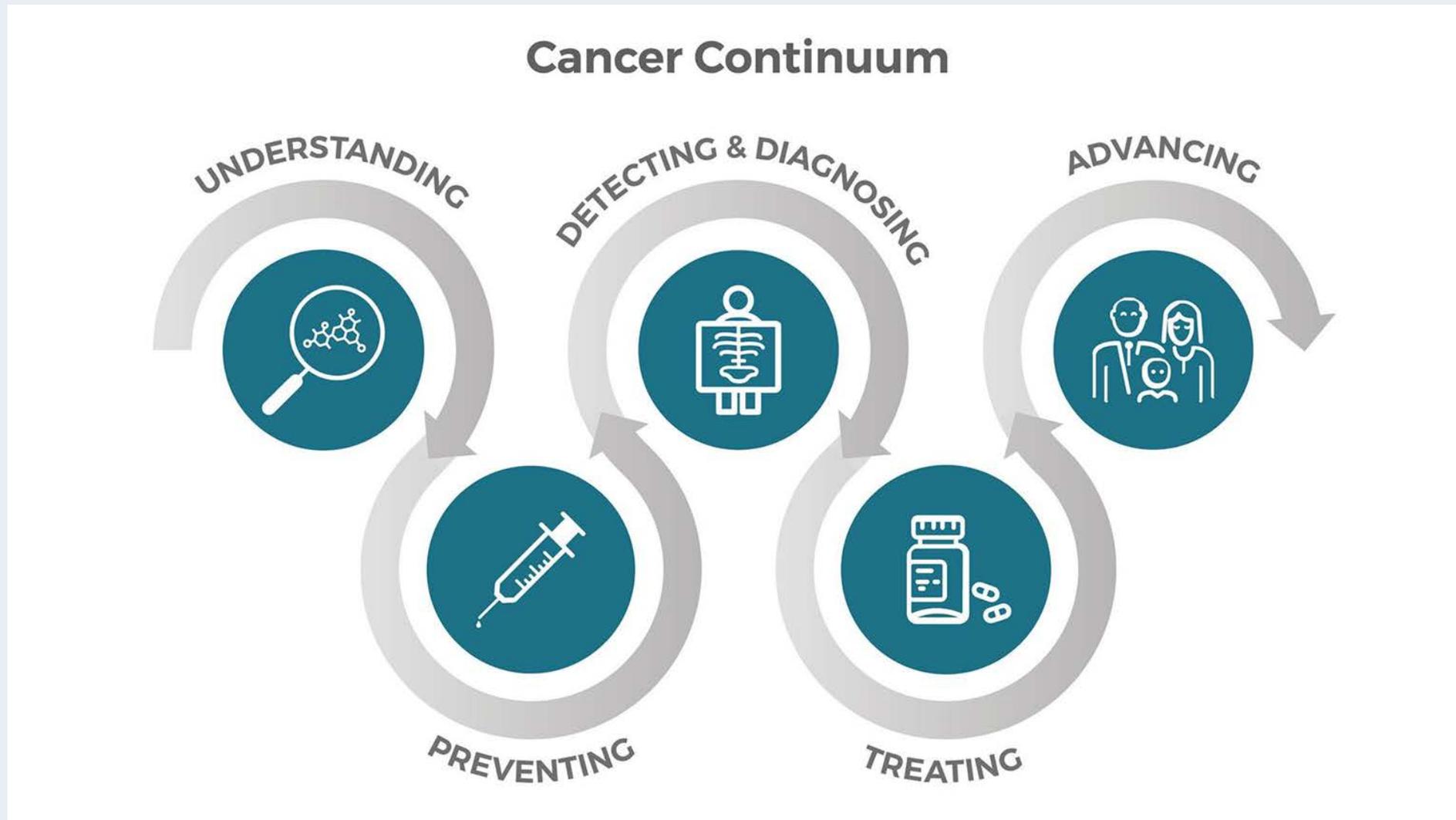




LGBTQ+ People and the Cancer Continuum



Cancer Continuum





LGBTQ+ People and the Cancer Continuum

Areas of Focus

1. Stigma plays a prominent role in LGBTQ healthcare
2. The local healthcare environment determines one's experience and is highly variable
3. Disclosure is often related to perceived safety
4. Respecting LGBTQ+ patients means respecting their support team
5. The pervasive expectation of gender conformity can be alienating



LGBTQ+ Cancer Survivors in their own words



LGBT PATIENT-CENTERED OUTCOMES

Cancer survivors teach us how to improve care for all
LIZ MARGOLIES, NFN SCOUT

national
lgbt
cancer
network





Stigma

“

As soon as my primary care physician found out I was gay, he became less attentive to my complaints, less supportive and aloof.

-LGBTQI+ Cancer Survivor

 **OUT**
THE NATIONAL
CANCER SURVEY



Local Environment

“

In a conservative area, I was not comfortable revealing my sexual orientation to my healthcare providers, even though I am 'out' to family and friends.

-LGBTQI+ Cancer Survivor


THE NATIONAL
CANCER SURVEY



Disclosure

“

Health care workers should be open about being supportive of LGBTpeople. I would love to see a sticker on the door of the office 'LGBT safe zone'.

-LGBTQI+ Cancer Survivor

 **OUT**
THE NATIONAL
CANCER SURVEY



Support Team

“

My partner was treated as a 'friend' not as a 'spouse'. She was never really offered emotional support by the treatment team as (straight) patient's partners were.

-LGBTQI+ Cancer Survivor



Gender Conformity

“

My support system, many of whom are trans and gender variant people were made to feel very uncomfortable by my doctors and medical staff.

-LGBTQI+ Cancer Survivor

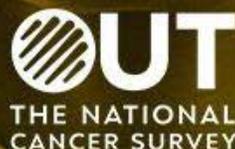
 **OUT**
THE NATIONAL
CANCER SURVEY



“

When we are treated with hostility and denied care it adds a huge additional burden to the trauma of being diagnosed with cancer.

-LGBTQI+ Cancer Survivor





Recommendations

Stigma

Providers and healthcare management should take additional steps to become educated about the stigma-related stress many LGBTQ people carry into treatment & strategies to reduce such stress

- Provide cultural competency training
- Include LGBTQ leaders in community advisory bodies



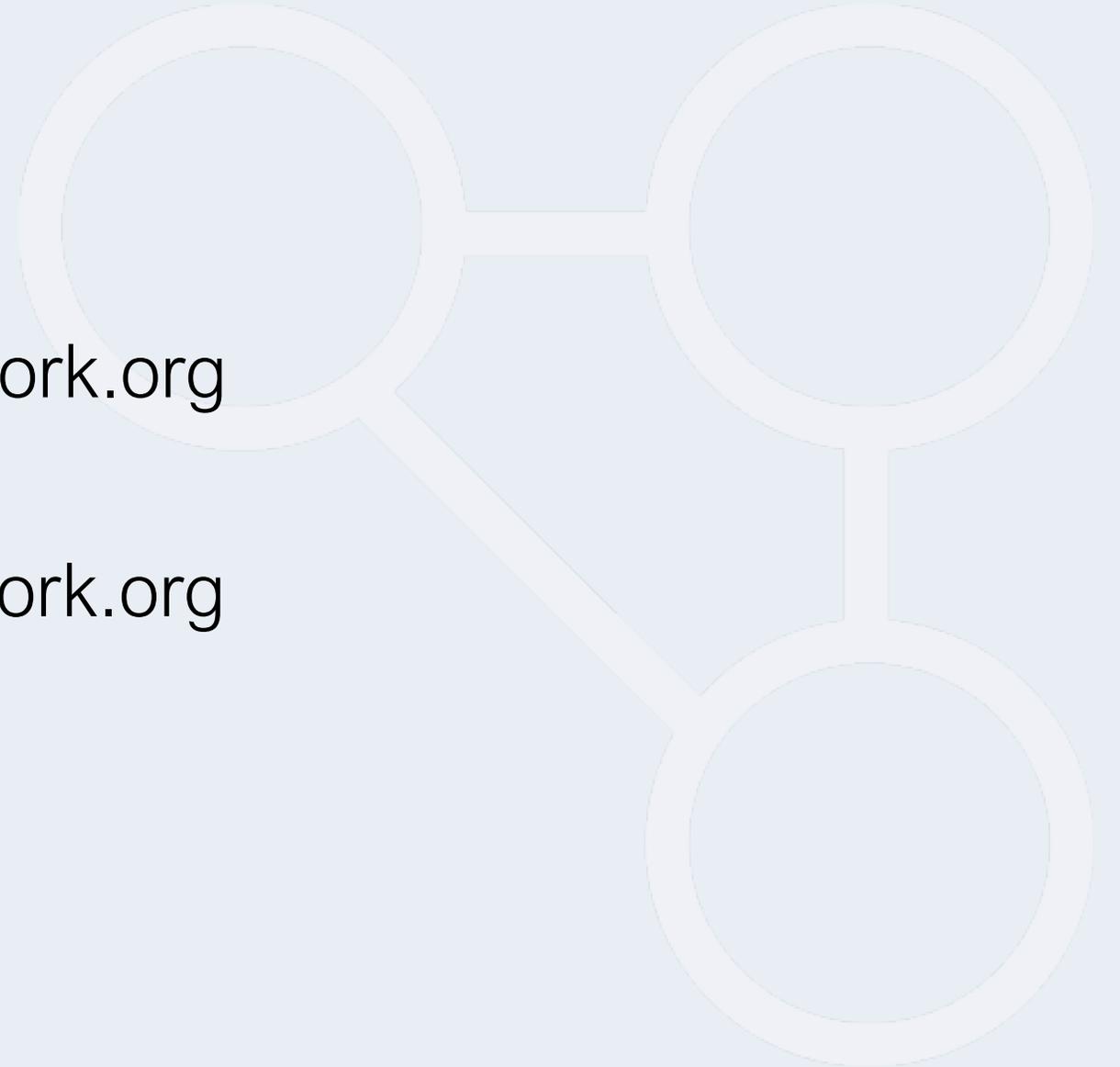
Start today



info@cancer-network.org



www.cancer-network.org





Panel Discussion



Workshop Questions



Closing



Recommendations

Local Environments/Disclosure

- Actively convey that LGBTQ-welcoming behavior is a core expectation for all staff.
- Convey zero-tolerance environment for any discriminatory behavior.
- Broadcast LGBTQ-welcoming policies and training to potential and current patients.
- Collect evidence to see if LGBTQ patients feel safe coming out at your institution.



Recommendations

Support Teams/Gender Conformity

- Conduct a scan to see how the office/institution conveys welcome for alternative support teams.
- Conduct a scan to see when the office/ institution presumes gender conformance in care.
- Build welcome for all gender nonconforming patients.
- Get input on the treatment of transgender patients and make change to augment their welcome.
- Use the pronouns that patients refer to themselves with.



Best & Promising Practices

1

Promote LGBT professional leadership and safety in your organization and the arena.

2

Include LGBTQ+ community members in advisory groups.

3

Collect LGBTQ+ data.

4

Establish cultural competency standards for programs.

5

Fund community based programs to promote health equity.

6

Routinely integrate LGBTQ+ tailored materials into existing wellness campaigns.

7

Disseminate findings and lessons learned.

YOUR STATE
TOBACCO CONTROL PROGRAM

national
lgbt
cancer
network
TOBACCO RELATED
CANCER PROJECT

In 2019, The National LGBT Cancer Network conducted its inaugural Needs Assessment to evaluate current status of inclusive best practices for reaching and engaging LGBTQ communities among CDC cancer and tobacco grantee programs. For more information, please visit: www.cancer-network.org

BEST PRACTICE 1: Promote LGBTQ professional safety & leadership in public health	<input checked="" type="checkbox"/>
BEST PRACTICE 2: Include LGBTQ community members in policy planning steps	<input checked="" type="checkbox"/>
BEST PRACTICE 3: Monitor impact of tobacco on LGBTQ populations	<input checked="" type="checkbox"/>
BEST PRACTICE 4: Establish LGBTQ cultural competency standards for statewide programs	<input checked="" type="checkbox"/>
BEST PRACTICE 5: Fund community-based programs to help reduce LGBTQ tobacco disparities	<input checked="" type="checkbox"/>
BEST PRACTICE 6: Routinely integrate LGBTQ tailored efforts into larger tobacco control wellness campaigns	<input checked="" type="checkbox"/>
BEST PRACTICE 7: Disseminate findings and lessons learned	<input checked="" type="checkbox"/>

SUMMARY **TOTAL CHECKS:** 7

Your state scored a total of 7, which is a rating of highly LGBTQ-inclusive practice.

SCALE
0 = Non LGBTQ-inclusive
1-2 = Minimally LGBTQ-inclusive
3-4 = Somewhat LGBTQ-inclusive
5-6 = Moderately LGBTQ-inclusive
7 = Highly LGBTQ-inclusive



What's next?



- ❖ 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



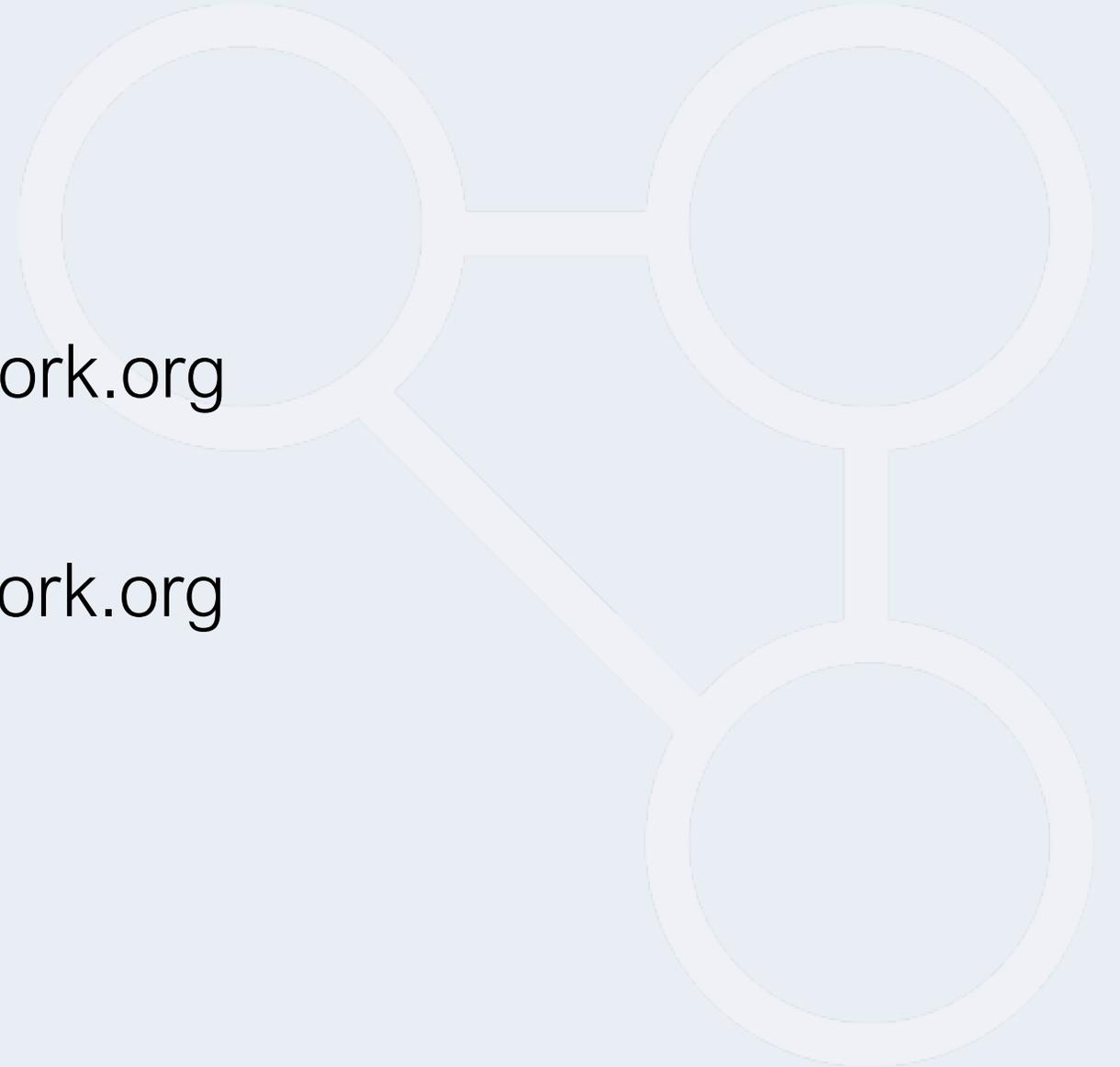
Start today



info@cancer-network.org



www.cancer-network.org



Thank you for joining us!

Please be sure to complete the brief post-event evaluation.



Visit BHtheChange.org and Join Today!