



STRENGTHENING CANCER HEALTH EQUITY IN LGBTQ+ COMMUNITIES

Oct. 25-27, 2022

Understanding How Cancer Screening Impacts LGBTQ+ Communities

Webinar I



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS
Promoting Health. Preventing Disease.



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AGENDA

- National LGBT Network Presentation
- Q&A
- Breakout Group
- Report-outs from Breakout Groups
- Summary and Wrap-up



Understanding How Cancer Screening Impacts LGBTQ+ Communities

10/25/2022, Peer-to-Peer Learning: National Breast and Cervical Cancer Early Detection Program, National Association of Chronic Disease Directors



Knoll Larkin

(he/him)

Project Manager

National LGBT Cancer Network

Trans parent to 3 young kids; Passionate about community engagement to increase health equity.



Harold Abrams

(he/him)

Project Specialist

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An advocate for quality health care for the queer community, Harold is dedicated to storytelling that celebrates the complexities of people of color and the LGBTQ+ community.



Agenda

- Who we are
- Review LGBTQ+ identity and terminology
- LGBTQ+ demographics
- Data collection
- Cancer & LGBTQ+ communities
- Community barriers to prevention, screening, and care



national
lgbt
cancer
network

ADVOCATING FOR HEALTH EQUALITY

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



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



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



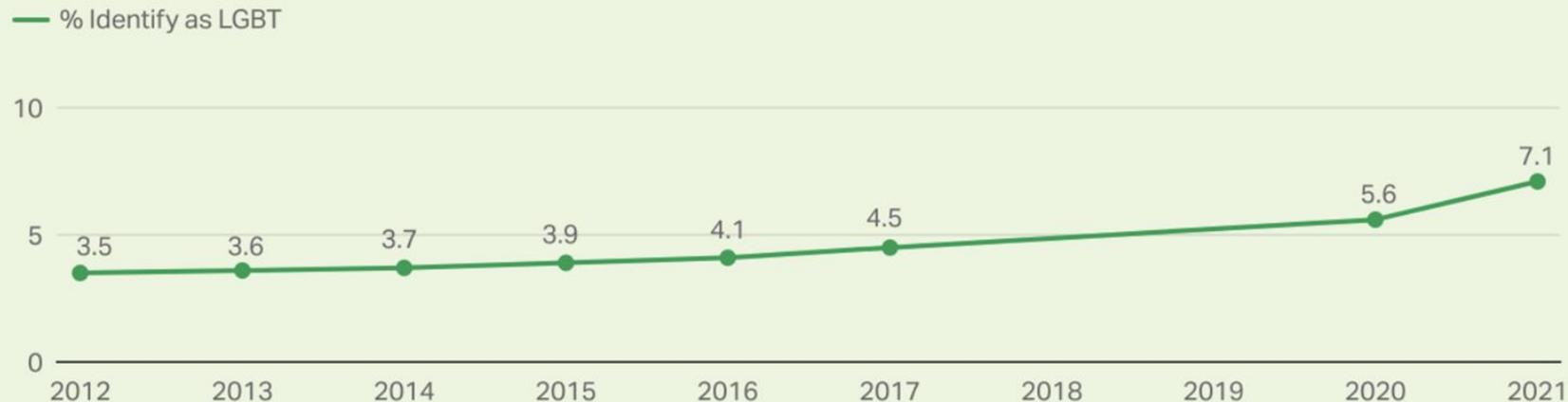
LGBTQ+ Demographics



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

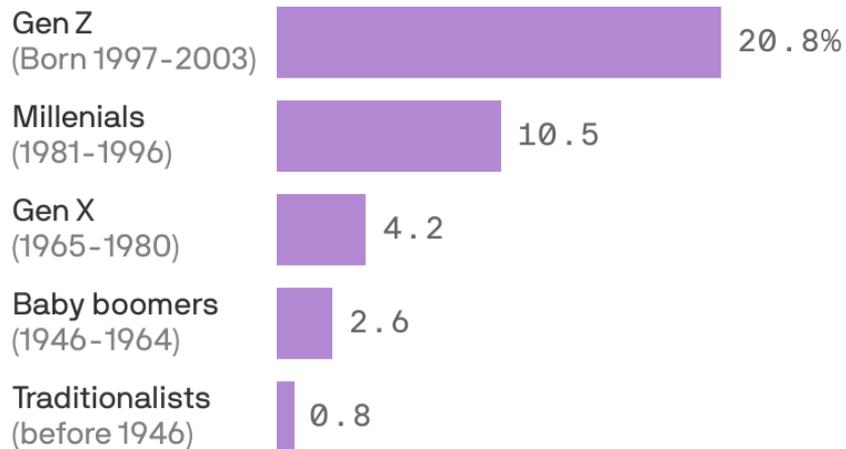




2021 Gallup says...

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

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





BIPOC* demographics say...



24%

of general pop are racial/ethnic minorities.

42%

of LGBTQ+ population are racial/ethnic minorities.

*Black, Indigenous, and People of Color

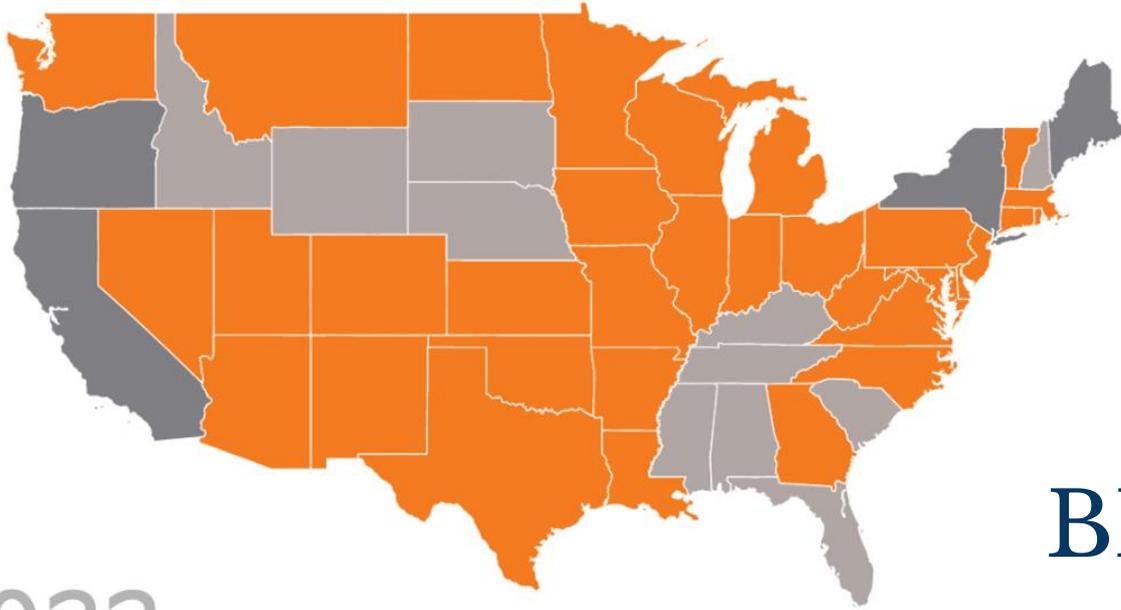


LGBTQ+ Data Collection



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



2022

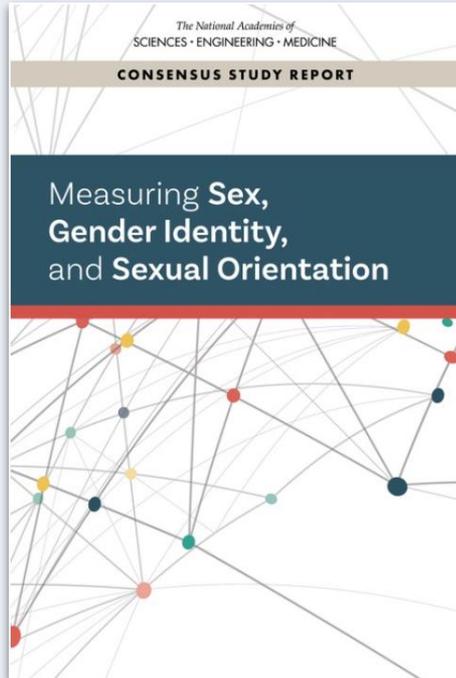


Lack
nationally
representative
data

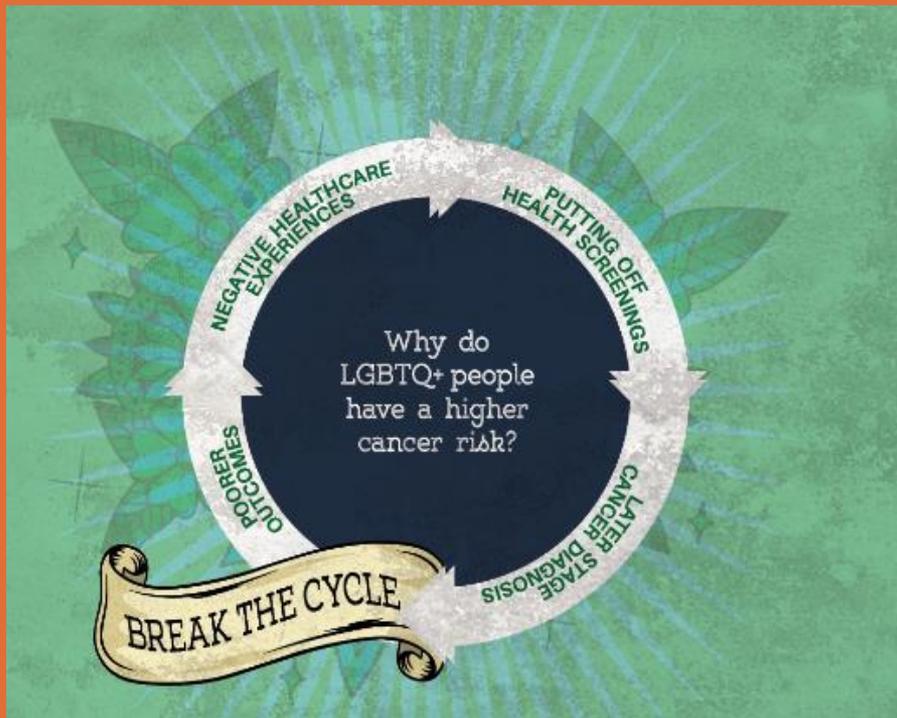
BRFSS 2022



Data Collection Trends



- Provided suggested measures
- Encouraged data collection in research, trials and in EHRs



LGBTQ+ Health/Cancer Disparities



Caroline Vahrenkamp (she/her)



LGBTQ+ Health Disparities

We have increased cancer risks **not** because LGBTQ+ people are inherently bad at making decisions, or because our bodies are inherently different. Rather, there are systemic inequalities and prejudices that LGBTQ+ have to navigate that cisgender heterosexual communities do not.



Physical Health Disparities

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 rate health as poor, report more chronic conditions and have less social support





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





Cervical Cancer

- Lesbian and bisexual women may be at an increased risk for cervical cancer compared to heterosexual women
- Lesbian and bi women significantly less likely to receive cervical cancer screenings than heterosexual women (25% less likely)





Cervical Cancer

- Transgender men are less likely to be current on cervical cancer screening than non-transgender women.
- Trans men who have sex with non-trans men who report inconsistent condom use during sex are at increased risk for HPV infection and undetected disease progression.





Breast and Chest Cancer

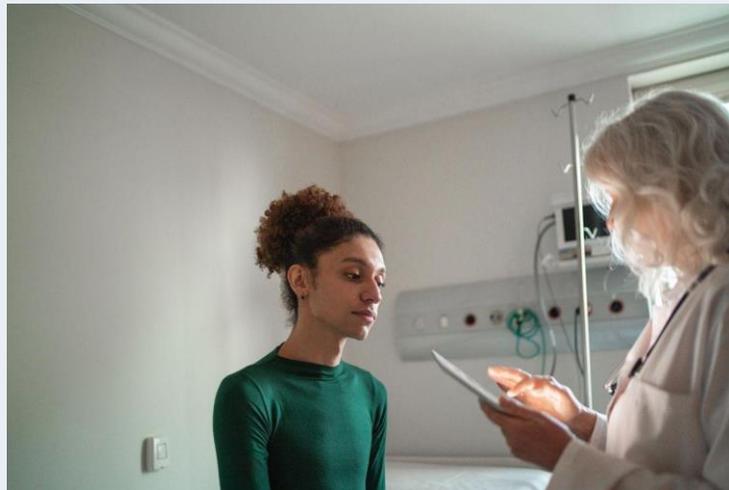
- Cisgender lesbian and bi women are at higher risk for breast/chest cancer due to higher rates of obesity, alcohol, and smoking in the community
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Breast and Chest Cancer

- Mammography screenings can trigger dysphoria for trans people, causing them to delay essential screening
- Gender-affirming chest surgery does **not** remove all breast/chest tissue
- For transgender women, risk of breast/chest cancer **increases** following breast development and 5+ years of hormone therapy





Colorectal Cancer

- 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







Barriers to screening



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





Are you a fan?



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THANK YOU



Thank you. For more information contact us at info@cancer-network.org
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Discussion Questions

1. What data have you used to identify or better understand the needs of LGBTQ+ communities? For example: BRFSS, needs assessments, health system, electronic health records or other program data.
 - a. What challenges have you experienced in finding or utilizing data?
2. Does your program or your screening partners collect sexual orientation and gender identify (SOGI) data?
 - a. Have you built connections with community organizations or stakeholders with expertise in addressing health care needs of LGBTQ+ populations?
 - b. Who are these partners?
 - c. How are you working with these partners?

Peer-to-Peer Learning Resource Website

<https://www.chronicdisease.org/page/p2plearning>

ENHANCING CANCER PROGRAM GRANTEE CAPACITY THROUGH PEER-TO-PEER LEARNING

Peer-to-Peer Learning Year 4 Year 3 Year 2 Year 1

YEAR FOUR

Project Description

This project is a follow-up to the virtual training provided through Subject Matter Expert (SME) webinars and the series of Peer-to-Peer (P2P) calls in Years 2 and 3, as well as the Year 1 June 2019 training for the grantees of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and the Colorectal Cancer Control Program (CRCCP). The Peer-to-Peer Learning project strategies involve Leadership and Workforce Development, Partnerships, and Programs and Services.

Activities

Year 4 programming includes six series of P2P calls on a range of topics based on input from the Awarded Planning Group and three SME webinars focused on health equity. Early in Year 4, the program hosted a two-day virtual event for the 30th Anniversary of the NBCCEDP. It included a day of training focused on health equity, and participants were provided with a Health Equity Journal in advance of the event to prepare for the content. Five virtual exhibition halls featured 70 booths for the NBCCEDP program in which they could chat with participants, provide resources, and download videos. All content is available post-event at www.cancerscreeningavesives.org.

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Celebrating 30 years

Click here to view the five virtual exhibition halls and access resources.

APRIL - Partnering to Advance Equitable Cancer Screening

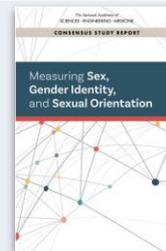
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Appendix: NASEM SOGI Measures



Add SO 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)

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Transgender

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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’?

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national
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1

EDUCATING

our communities about our increased cancer risks and the importance of screenings

2

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for LGBTQI+ engagement in mainstream cancer organizations, the media, and research

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TRAINING

public health and health care providers to be more welcoming to us



Join Our Network



- ❖ Training & technical assistance
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COURTNEY CHAVEZ

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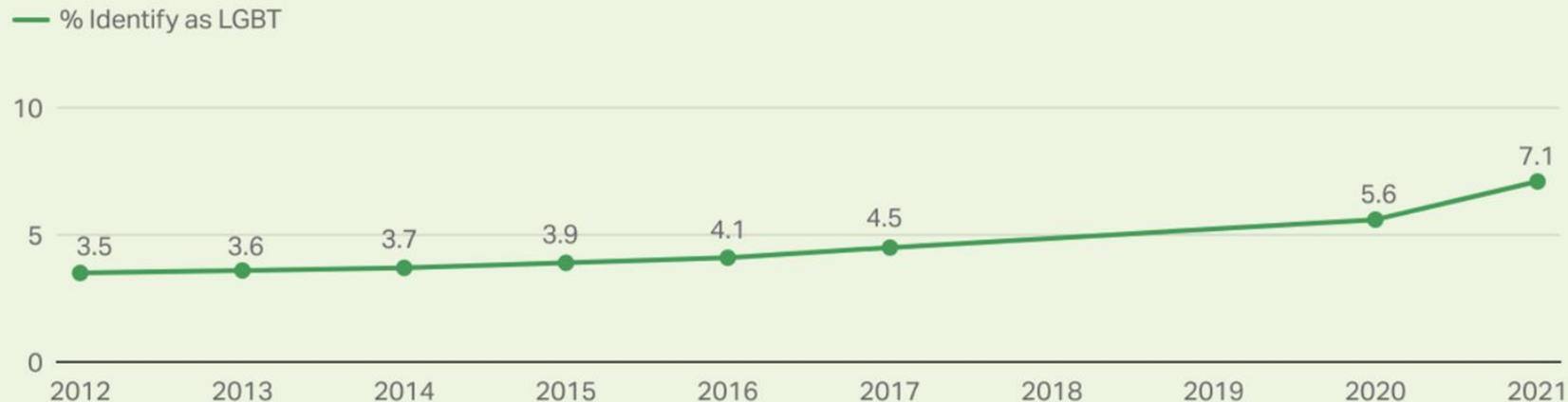
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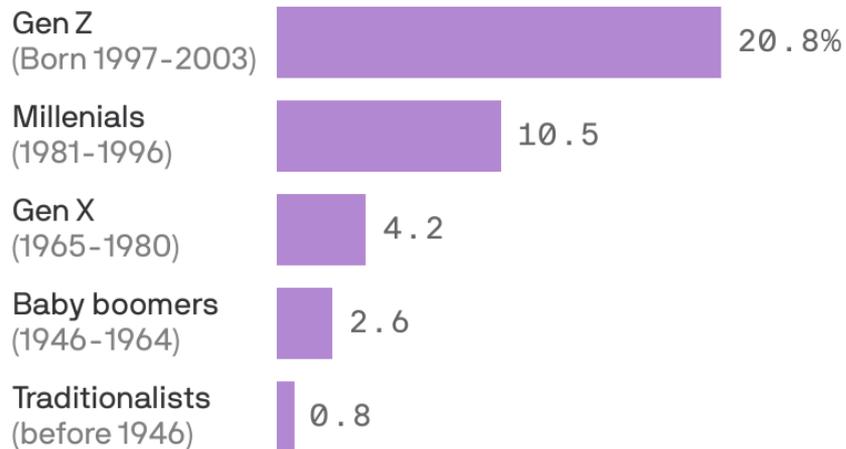




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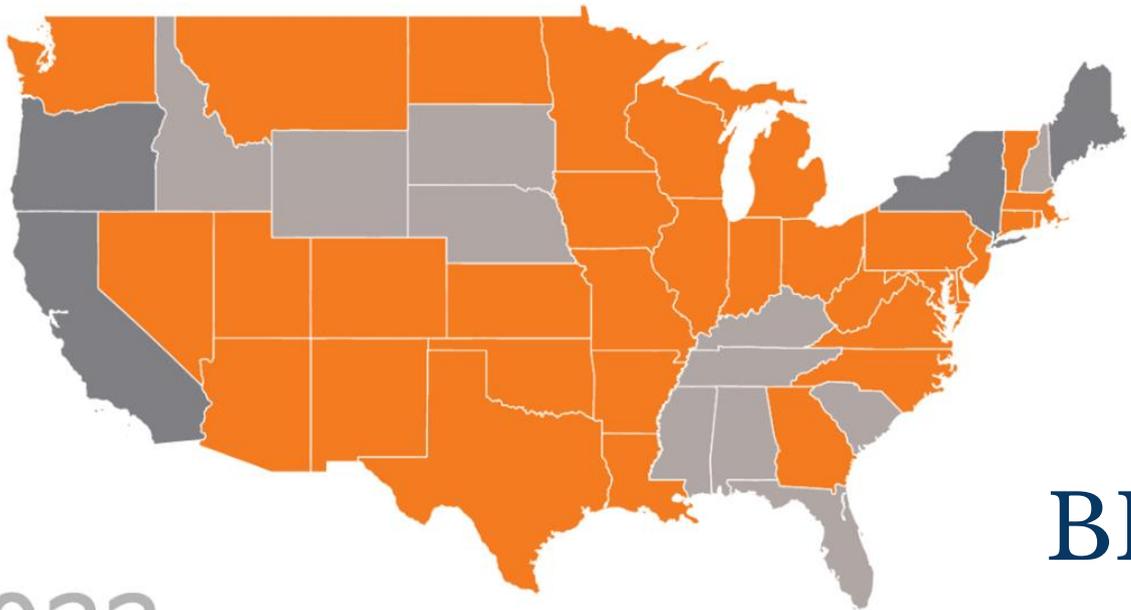


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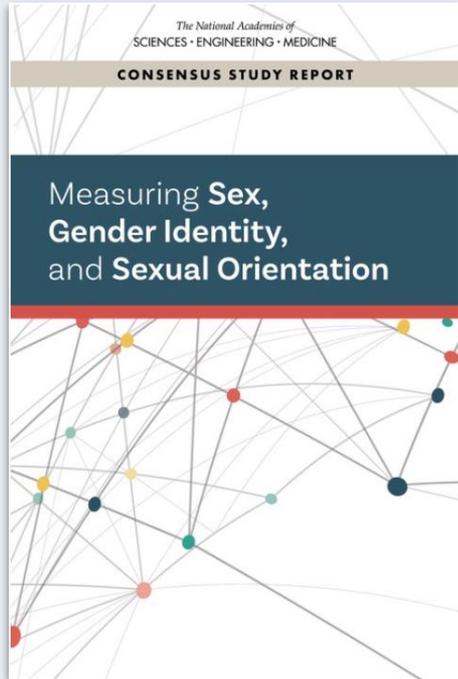


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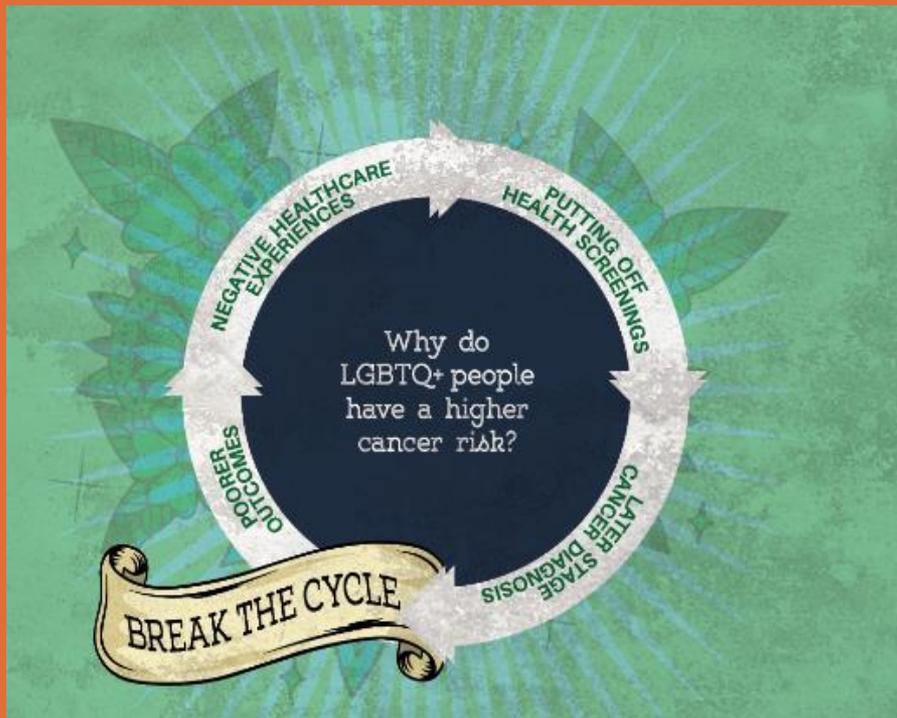
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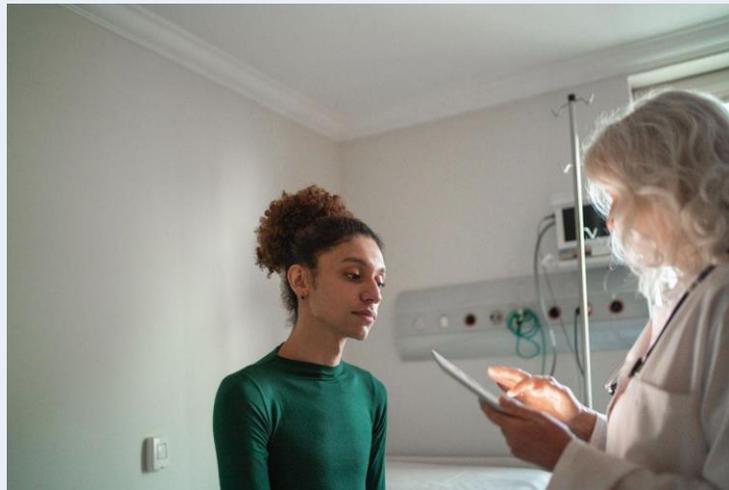
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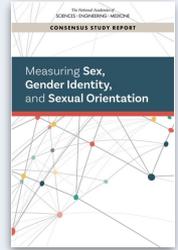
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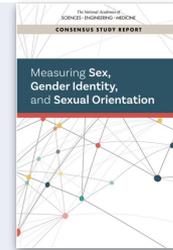
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