Today’s Goals

• Discuss the current LGBTQ health inequities, barriers, and disparities in the United States.

• Reflect on LGBTQ healthcare experiences through storytelling.

• Gain knowledge on specific strategies to change the healthcare experience narrative.
About Our Community
Why is the story important?

LGBT individuals are MORE THAN TWICE AS LIKELY as straight individuals to have a mental health disorder.

Suicide attempts are 3 TIMES MORE COMMON among bisexual individuals than straight individuals.

Sexual minorities have a GREATER RISK of substance use disorders than straight individuals.

Compared to non-sexual minority youth, sexual minority youth are TWICE AS LIKELY to report being bullied.

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Healthy People 2020 LGBT
Health Disparities

➢ LGBT youth are 2-3x more likely to attempt suicide and more likely to be homeless
➢ Lesbians are less likely to get preventive services for cancer
➢ Gay men are at higher risk of HIV and other STIs
➢ Lesbians and bisexual females are more likely to be overweight or obese

➢ Transgender individuals have a higher prevalence of HIV/STIs, victimization, mental health issues
➢ Elderly LGBT individuals face additional barriers to health because of isolation and lack of social services providers
➢ LGBT populations have the highest rates of tobacco, alcohol, and other drug use

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Cancer Disparities among the LGBT Community

- About 4% of people in Michigan identify as lesbian, gay, bisexual, or transgender (LGBT) with 64% reporting their race as White and 16% as Black. \(^1\)
- Because large cancer registries do not collect sexual orientation or gender identity, it is not possible to know precisely how prevalent cancer is among the LGBT community. However, there is reason to believe people within the LGBT community carry a disproportionate cancer burden. \(^2\)
  - In Michigan, the age adjusted rate of cancer is 11% compared to seven percent for LGBT Michiganders. This difference is not statistically significant. \(^3\)
- The health disparities that the LGBT community face are due to a combination of behavioral, social, and economic factors and do not only impact cancer diagnoses but also impact treatment and quality of life during and post-treatment. \(^4\)
LGBTQ Health in Michigan

Health Care and Cancer Screening

- Studies have shown that people within the LGBT community get less routine health care compared to those who are not. Some reasons for this include: low rates of health insurance, fear of discrimination, and negative health care experiences.  
  - Overall in Michigan, 27% of people report having no routine checkup in the past year compared to 33% of LGBT people.  
  - Some surveys have found lower-than-average cancer screening rates among the LGBT population despite some LGBT members having a higher risk for certain cancers.  
  - Lesbian and bisexual women are at an increased risk for breast cancer because they are less likely to experience childbirth and breastfeeding.  
  - In 2016, 75.7% of LGBT women reported having a mammogram in the past two years compared to 71.2% of all women.  
  - In 2016, 45.2% of LGBT men reported discussing the benefits of prostate-specific antigen (PSA) testing with their physician, compared to 71.1% of all men.  
  - In 2016, 75.4% LGBT women reported ever having a pap test to screen for cervical cancer compared to 89.8% of all women.  
  - Transgender individuals should receive screening for cancers associated with their sex assigned at birth.  
  - Breast cancer risk among transgender women may be similar or less than that of cisgender women.

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LGBTQ Health in Michigan

Cancer Preventive Behaviors

- The World Cancer Research Fund estimates that about 20% of all cancers diagnosed in the US are related to high adiposity, physical inactivity, excess alcohol consumption, and/or poor nutrition, and thus could be prevented.  

- 24% of people in the LGBT community reported having no leisure time physical activity. This was not significantly different from Michigan overall.  

- 78% of people in the LGBT community reported eating less than the recommended five servings of fruits and vegetables per day. This was not significantly lower than Michigan overall.  


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LGBTQ Health in Michigan

Lifestyle Risk Factors for Cancer

- Current use of cigarettes was significantly higher among the LGBT community (41%) compared to the overall smoking rate in Michigan (16%).
- Among the LGBT community, 11% report heavy drinking which is defined as having two or more drinks per day. This was not significantly higher than the percent for Michigan overall.
- Among the LGBT community, 37% are classified as obese compared to 33% of the overall Michigan population. This was not significantly higher than the percent for Michigan overall.
About our community

Storytelling

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Anyone with a cervix

Getting Screened As a Trans man
Hello!

I am Knoll Larkin
queer
trans
fat
white
parent
atheist
Abuse/assault survivor
Accessibility is being able to get in the building. Diversity is getting invited to the table. Inclusion is having a voice at the table.
Past and anticipatory discrimination
Disgruntled pre-appointment car selfie
✓ Gender
✓ "How should we address you"

x Pronouns
x Expanded relationship information
x Sexual orientation
x Behavior (sexual partners)
x Gender identity

Women First OB/GYN Demographics
326 N. Main Street, Royal Oak, Michigan 48067

Today's Date: ____________________ Birth Date: ________________

Last Name: ____________________ First Name: ____________________ Mi: ___

Email Address: ____________________ How would you like us to contact you for abnormal test results?
(please circle one) Email Phone

How Should our Staff Address You: ____________________
Marital Status: (please circle one) Single Married Widowed Divorced
SS # ____________________ Gender: ________ Race: ____________________
Preferred Language: ____________________ Ethnicity: ____________________
Screening for cervical cancer in transgender men

Primary Author(s): Katherine T. Hsiao, 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 99% of which are caused by infection with one of several high risk oncogenic strains of the human papilloma virus (hp-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 hp-HPV infection to malignancy, morbidity and mortality.[5]

Transgender men who have sex with non-transgender men (trans MSM) report inconsistent condom use during receptive oral, vaginal and anal sex with non-transgender male sexual partners, and are at increased risk for hp-HPV infection. [6]
“Please take off everything including your bra and panties”
Resources & Public Awareness Campaigns

Cervical screening (or the smear test) is relevant for everyone aged 25-64 with a cervix. Watch our animation to find out what to expect when you go for screening. #CervicalScreeningAwarenessWeek
Normal!
Overcoming Barriers
LGBTQ Health Inequities and Disparities
### Table 6: Fears and concerns about accessing health care

<table>
<thead>
<tr>
<th>Scenario</th>
<th>LGB</th>
<th>Transgender</th>
<th>Living with HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will be refused medical service because I am...</td>
<td>9.1</td>
<td>51.9</td>
<td></td>
</tr>
<tr>
<td>Medical personnel will treat me differently because I am...</td>
<td>20.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not enough health professionals adequately trained to care for people who are...</td>
<td>28.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not enough support groups for people who are...</td>
<td>49.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not enough substance abuse treatment for people who are...</td>
<td>48.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community fear/dislike of people who are... is a problem</td>
<td>24.3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When Health Care Isn’t Caring: Lambda Legal’s Survey on Discrimination Against LGBT People and People Living with HIV

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US: LGBT People Face Healthcare Barriers

Trump Administration Set to Erode Existing Protections

Dr. Brittany Brooks meets with a patient at Open Arms Healthcare Center, a clinic in Jackson, MS, that focuses on alleviating healthcare disparities for underserved populations, with a particular focus on LGBT people.

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Tobacco and Cancer Prevention Strategies
I didn’t survive gay bashing so I could die from cancer.
I had to stop smoking.

- MARK

I didn’t survive drugs and alcohol so I could die from cancer.
I had to stop smoking.

- SUE
Tobacco Use within LGBTQ Communities

The **tobacco industry** has spent millions targeting the **LGBT** community.
Tobacco Control within LGBTQ Populations

➢ Healthcare facilities that serve members of the LGBTQ community should implement the Public Health Service Guidelines for dependence treatment

➢ LGBTQ health centers and HIV clinics not implementing these guidelines should explore barriers to successful implementation of these guidelines

Smoking is a barrier to trans affirming surgery as it affects the vascular system which is crucial for healing.

— Jada, former smoker

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Tobacco Control within LGBTQ Populations

- Workplaces and other LGBTQ community spaces (LGBTQ Community Centers) should implement tobacco-free policies to promote cessation.
- LGBTQ related festivals (Pride festivals) and LGBTQ bars should be tobacco free.
- Places frequented by LGBTQ people should have tobacco-free messages.

I now use my social smoking time to actually get fresh air.
- Corey, former smoker

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Tobacco Control within LGBTQ Populations

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
Questions?