



# Reaching & Engaging L G B T Q + C o m m u n i t i e s i n T o b a c c o C o n t r o l

lgbt national  
cancer  
network

 TOBACCO RELATED  
CANCER PROJECT



Scout, MA, PhD  
Executive Director

Scout is the Executive Director of the National LGBT Cancer Network and the principal investigator of the CDC -funded LGBTQ tobacco-related cancer disparity network. In this capacity he spends much of his time providing technical assistance for governmental tobacco and cancer focusing agencies expanding their reach and engagement with LGBTQ+ populations.



# Agenda

- Who we are
- Tobacco\* use in LGBTQ+ communities
- Reaching & Engaging Best & Promising Practices
- What's Next

\*When we use the word tobacco, we are referring strictly to the use of commercial tobacco products, not traditional tobacco used by some American Indian tribes.



**1 of 8 networks addressing tobacco and cancer disparities**



1

EDUCATING

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

2

ADVOCATING

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






# Newsletters



national  
lgbt cancer  
network  
TOBACCO RELATED  
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## LGBTQ Tobacco-Related Cancer Project

### Cancer Care and the LGBT Community



It was an honor when our Executive Director, Liz Margolies, was invited to speak at a public workshop, Improving Access to and Equity of Care for People with Serious Illness. This event was hosted by the National Academies of Sciences, Engineering, and Medicine's Roundtable on Quality Care for People with Serious Illness.

In her presentation, Cancer Care and the LGBT Community, Liz discussed the cancer experience of our LGBT communities, highlighting that the traditional cancer continuum is insufficient to describe our experiences, as issues of discrimination, lack of provider knowledge, and concerns about disclosure occur at every stage. She spoke about the need for data, provider education and the collection of SOGI in national cancer registries. Finally, she talked about how LGBT cancer support systems differ from those in the general population. Read her presentation [here](#).



PROCEEDINGS OF A WORKSHOP

In April 2019, this public workshop: Improving Access to and Equity of Care for People with Serious Illness, highlighted different models of care delivery that serve various

 briefing  
sheet

presentation  


 media

 webinar

 report /  
article

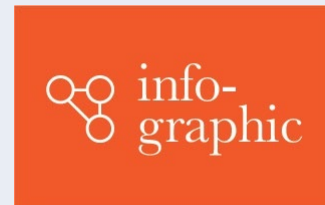
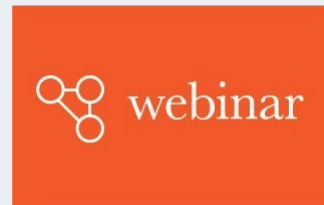
 info-  
graphic

[www.cancer-network.org/news/](http://www.cancer-network.org/news/)



# Online Resource Library

The screenshot shows the website's navigation bar with 'Resources' highlighted. The main heading is 'Resource Library'. On the left, there is a search bar and a 'By Topic' filter menu. The main content area displays several resource cards, including 'Intersex Fact Sheet', 'LGBT Tobacco Fact Sheet', 'Lesbian, bisexual & queer women and cervical cancer', 'Trans men and chest cancer screening', and 'Trans women and breast cancer screening'. Each card includes a thumbnail image, a title, a brief description, and a 'Fact Sheet' link.



[www.cancer-network.org/resource-library/](http://www.cancer-network.org/resource-library/)





# LGBTQ+ Tobacco Use



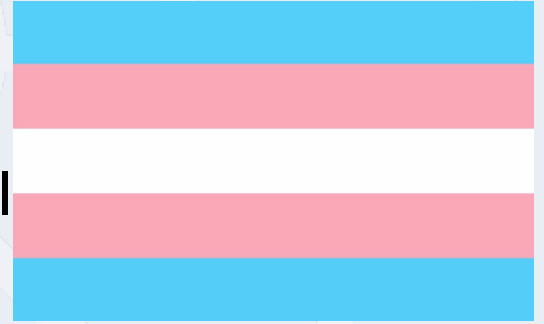
# Tobacco Use & LGB Communities

- 50% higher than non-queers.
- Rates of vaping are also higher.
- Most smokers begin using tobacco before age 18.
- We do not rate it as an important health issue.
- Epidemiologically it is our #1 health issue.



# Tobacco Use & Transgender Communities

- 36.8% current smoking (2015 USTS).
- 50% higher smoking rates than general population.
- Nicotine use correlates with other life stressors: low income, sex work, not passing.
- Transgender people have 3.5 times higher odds of past 30 -day cigar use.





# Vaping & LGBTQ+ Communities


- Youth vaping has been labeled an epidemic by CDC.
- Transgender individuals have 5 times higher odds of past 30-day e-cigarette use compared to cisgender people.
- 1/3 of LGB youth are getting addicted to nicotine via vaping.
- Can vaping help smokers quit?



# Legacy of Targeting

WHENEVER SOMEONE YELLS, "DUDE, THAT'S SO GAY," WE'LL BE THERE.

Thank you, GLAAD, for allowing us to take part in such an important event.  
Bring out our pack to all of this year's events.



©2012 B&W T Co. Available in Filters and Lights.

Light 8 mg. "tar," 0.9 mg. nicotine av. per cig. by FTC method. Tar slightly higher in menthol. Avoid if you're pregnant or breastfeeding. For more information, visit [www.brownandwilliams.com](http://www.brownandwilliams.com)

**SURGEON GENERAL'S WARNING: Cigarette  
Smoke Contains Carbon Monoxide.**

Whenever someone yells, "Dude, that's so gay," we'll be there.



# Legacy of Targeting

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.

**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.**



*the people of santa fe natural  
tobacco company*

No additives in our tobacco  
does **NOT** mean a safer cigarette.

**SURGEON GENERAL'S WARNING: Smoking  
By Pregnant Women May Result in Fetal  
Injury, Premature Birth, And Low Birth Weight.**

[www.nascigs.com](http://www.nascigs.com)

© 2012 NTC Natural American Spirit is a registered trademark of Santa Fe Natural Tobacco Company.



# Communities of Color



## Gloria Soliz

*After running LGBT cessation groups for nearly two decades, what lessons have you learned about how it might be different for LGBT of Color?*

It's hard for us. It's a challenge to recruit, not knowing what types of communication are out there. Some people ID more with their cultural community as opposed to their LGBT community. There's issues about racism and oppression even in the LGBT community. Then, we have to have better retention in order to have better outcomes. And things happen in people's lives and they may not come back.



# Communities of Color



## Gloria Soliz

In the general population we think if we put out a general invitation they will come, that's not necessarily true for People of Color. We have fewer people coming to our classes these days, I think that means we have fewer people who are smoking. But I was surprised in our last class most of them were People of Color. So maybe it takes a little longer for people to find out where to go.





# Communities of Color

## Gloria Soliz



I think it's more difficult for People of Color to bring up and have people appreciate the stressors that come from racism in a mixed cessation group. Especially when they're the only Person of Color. When a person is more comfortable with themselves it's easier. I remember this one Latina who was interested in quitting, she brought up the stressors of racism in the group but was able to take care of that herself, she didn't need any validation about that and she did very well. But in general I think people are very tentative.



# Communities of Color



## Louis Mitchell

Both in my upbringing and in my "out-coming" everyone smoked! It was cool, it was adult, it was sexy. Now as a man, I'm still trying to love the skin that I'm in. It's a struggle, even when smoking is so much less cool or accepted in my age demographic. I'm 55 and I've been smoking since I was 10 years old - cigarettes are quite possibly the oldest friend I have. But in this case, my old friend is a predator, a liar and a thief.



# Communities of Color



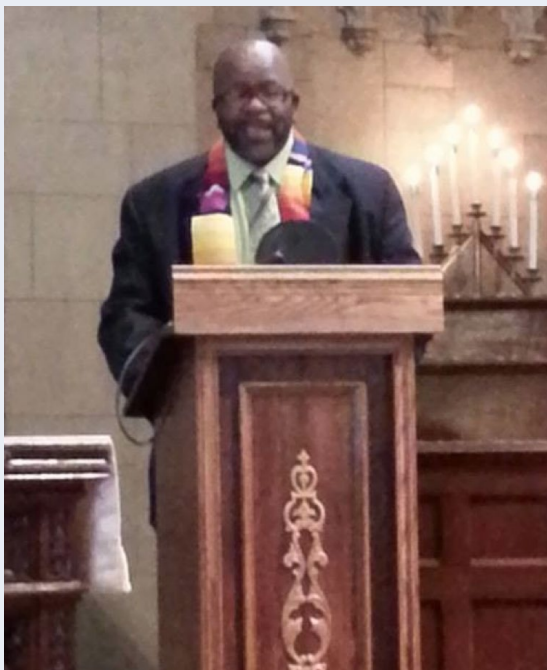
## Louis Mitchell

The myth that cigarettes are stress reducers certainly come into play with race stuff and economic stuff. Money, lack of money, being irritated that Black folks have to beg to be paid/valued... I smoke when the money gets spent on pet food instead of people food. I smoke rather than look like a poor Black guy (moocher) or a poor man (slacker).

I wrestle with self-love and the desire to make the changes that will facilitate my being around longer and healthier for my daughter. For my surgery, for her, I want to quit.



# Communities of Color



## Louis Mitchell

I also have terror about how the loneliness will land without my crutch. I no longer have the luxury of a scotch or a joint (32 years). Smoking has been my only outlet for so long. I'm not sure what I'll replace it with but I have a list of stuff to try. I also know I'll be surrounded with support next week at the Black Trans Advocacy Conference, that's a huge help!

Quietly, I'm looking forward to letting go of the inconvenience of being a smoker. And looking forward to not being that preacher/pastor who needs to sneak somewhere to smoke.



# 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).*

”



## Best & Promising Practices

This list was originally compiled by over 30 LGBTQ public health professionals in 2007; it has been updated and undergone expert review several times since. These practices have formed the basis for our technical assistance for years. They also are the backbone of our own program evaluation; we are successful as a project if we spur better performance on these measures.

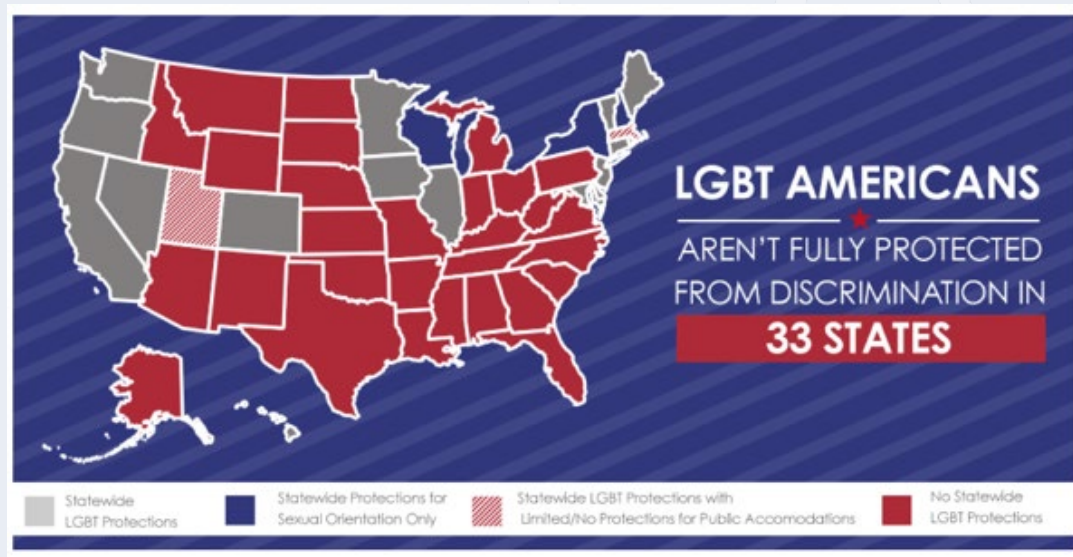
- 1 Promote LGBTQ professional safety and leadership in public health.**  
The first resource for LGBTQ expertise is your own staff. Are LGBTQ staff valued? Have you formed an internal advisory group to assist with agency engagement?
- 2 Include LGBTQ community members in policy planning steps.**  
The second resource for LGBTQ expertise is local community leadership. Do you routinely make sure we are represented on advisory bodies and review groups? Do you ask the same of grantees?
- 3 Monitor impact of tobacco/cancer on LGBTQ populations.**  
In the past two years, 35 states have included LGBTQ measures on their Behavioral Risk Factor Surveillance Survey; including these measures as key demographic variables is becoming routine. Have you asked your state BRFSS to collect these data? Have you fielded community surveys? Do you ask grantees to report LGBTQ measures in program data? Do you urge clinicians to collect these data in health records?
- 4 Establish cultural competency standards for agency and agency-funded programs.**  
Do LGBTQ persons know that your program is welcoming? How would we find this out? If it is not clear, we can presume a program is not welcoming.
- 5 Fund community-based programs.**  
Local community-based organizations are the best experts in behavior change in this population; funding these organizations directly consistently achieves the greatest level of community engagement.
- 6 Routinely integrate LGBTQ tailored materials into larger campaigns.**  
Do your full population campaigns routinely integrate LGBTQ-welcoming materials and practices? Do you ask grantees to do the same?
- 7 Disseminate findings and lessons learned.**  
Google "Hawaii LGBTQ data" to find an excellent example of a state disseminating findings from their own data collection. Be sure to disseminate lessons learned as well; ask us how we can write up a case study of lessons learned and put it on our resource library. Your lessons help others move faster.

# Best & Promising Practices



# 1

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





# 1

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

## Strategy: Promote nondiscrimination

69% of employers discriminated against the trans man with history at a trans organization.







# 1

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



## Join an ERG

All employees are invited and encouraged to participate in ERG activities and events. Click on an ERG name to learn more. For more information on Diversity and Inclusion (ODI) at 646-605-8280 to learn more. Additionally, if you are interested in starting an ERG, please e-mail the ODI at [diversity@mountsinai.org](mailto:diversity@mountsinai.org).

### Ability

- Black Leaders Advocating for Change and Equity (BLACE)
- Asian Resource Network (ARN)
- Faculty of Color Network (FCoN)
- Heritage of Latino Alliance (HOLA)
- Islamic Community of Mount Sinai (ICMS)
- Lesbian, Gay, Bisexual and Transgender Network (LGBTN)
- Military/Veterans
- Women in Science and Medicine (WiSM)

## Diversity and Inclusion

Education and Training

Employee Resource Groups

Site Diversity Councils

Celebrating Black History

Celebrating LGBT Pride

Celebrating Hispanic-Latino Heritage

People with Disabilities





# 1

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



[http://www.nytimes.com/2015/11/08/style/transgender-restroom-all-gender.html?\\_r=0](http://www.nytimes.com/2015/11/08/style/transgender-restroom-all-gender.html?_r=0)



## 2

Include LGBTQ+ community members in advisory groups.



<http://us.cochrane.org/serving-advisory-panel>



2

Include LGBTQ+ community members in advisory groups.



Policy Issue Brief: Reducing Disparities in Cancer Care for Sexual and Gender Minority Individuals



8

RESEARCH, PATIENT CARE, PRESS RELEASES | JANUARY 16, 2019

## Survey Questions Cancer Doctors' Awareness of LGBTQ Issues



2

Include LGBTQ+ community members in advisory groups.



Policy Issue Brief: Reducing Disparities in Cancer Care for Sexual and Gender Minority Individuals



8

RESEARCH, PATIENT CARE, PRESS RELEASES | JANUARY 16, 2019

## Survey Questions Cancer Doctors' Awareness of LGBTQ Issues

ASCO convenes LGBTQ Task Force



# 3

Collect LGBTQ+ data.

2019: 50% of states ask SGM

2020: 100% of states will ask SGM.



## Enhanced LGBT Measure As Tested

Across your lifetime, do you consider yourself to be gay, lesbian, bisexual, and/or transgender?

- No
- Yes

[If No continue. If Yes, probe with the following question.]

[If callers show concern about this question, feel free to add the following sentence:] *"LGBT people smoke at higher rates than others; we ask this to ensure we're serving all people equally."*

Thanks, indicate *all* of the following which apply to you:

- Bisexual,
- Gay or
- [for a woman] Lesbian,
- Queer,
- Transgender or gender variant and assigned male at birth,
- Transgender or gender variant and assigned female at birth.

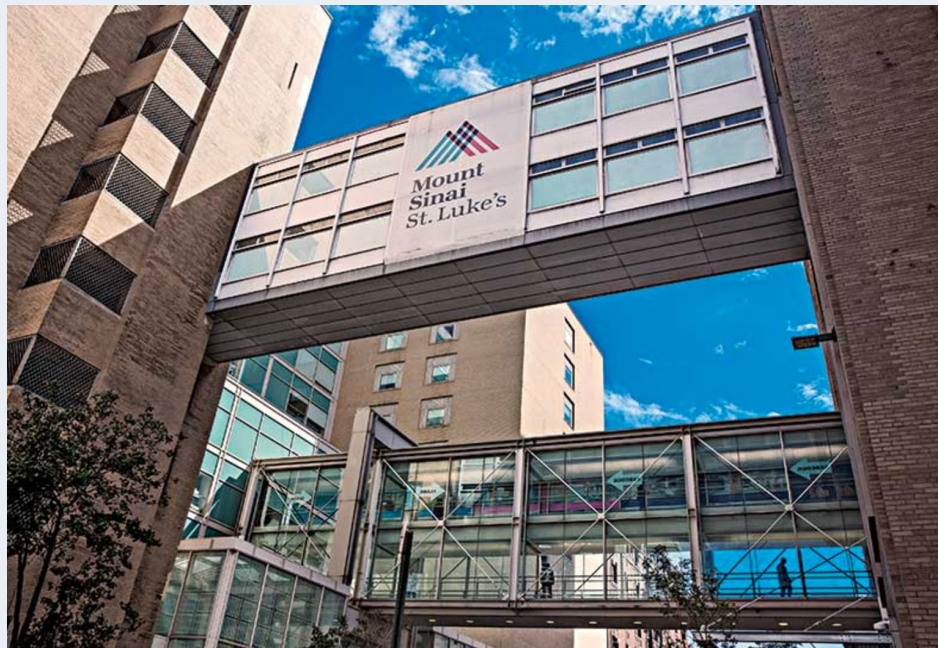
\*All square brackets indicate instructions to survey administrators, this is not information that is to be read aloud.



# 3

Collect LGBTQ+ data.

- 9 different hospitals merged
- No one was on same EHR
- Created advisory group
- Merged onto Epic
- Customized fields
- Patient feedback loop
- Trained all staff, incl. ongoing turnover training
- Considered all ancillary points: face sheets, wristbands, etc.
- Only comp cancer center we know of. Go live date: December 1.
- Possible toolkit forthcoming.





# 4

Establish cultural competency standards for programs.







# 4

Establish cultural competency standards for programs.

We believe **you can do it**  
because we know **you are strong.**

Call the  
**LGBTQ-friendly**  
Michigan Tobacco Quit Line at  
**1-800-784-8669**  
for help quitting.

**Affirmations**  
People Building Community

For more information  
on quitting tobacco, check out our website!  
[www.goaffirmations.org/quit](http://www.goaffirmations.org/quit)

290 W. Nine Mile  
Ferndale, MI 48220  
(248) 398-7105



# 5

Fund community based programs to promote health equity.

## LGBT+ Cancer Support Group

WELCOMING ALL LGBT+ SURVIVORS AND LOVED ONES



2nd Tuesday of every month from 5:30 - 7 pm

Beginning March 12th

People with diverse sexual orientations and gender identities often experience a disproportionate burden from cancer. That's why the Cancer Support Community and Bradbury-Sullivan LGBT Community Center is proud to offer a free, professionally-facilitated support group for LGBT+ folks with cancer in their lives. The LGBT+ Cancer Support Group is an affirming, empowering space to connect with other patients, survivors, and loved ones who truly understand. We hope you'll join us!

Register by calling the Cancer Support Community at 610-861-7555  
or emailing [info@cancersupportglv.org](mailto:info@cancersupportglv.org)

Located at Bradbury-Sullivan LGBT Community Center  
522 West Maple Street, Allentown, PA 1810148105  
[www.bradburysullivancenter.org](http://www.bradburysullivancenter.org)

Parking available at the Community Parking Garage, 13 South 6<sup>th</sup> Street.

So that no one faces cancer alone.





# 5


Fund community based programs to promote health equity.





# 6

Routinely integrate LGBTQ+ tailored materials into existing wellness campaigns.



**Cancer in the LGBTQ Communities**

In addition to higher risks:

LGBTQ tobacco use rates are:

**40%**  
higher than others.

There are bigger barriers to care:

**60%**  
of oncologists don't feel they know enough to treat LGB people.

**80%**  
of oncologists don't feel they know enough to treat trans people.

lgbt national cancer network  
TOBACCO RELATED CANCER PROJECT



# 6

Routinely integrate LGBTQ+ tailored materials into existing wellness campaigns.

Why quit smoking now?



Why quit smoking now?



Why quit smoking now?



Why quit smoking now?





# 6

Routinely integrate LGBTQ+ tailored materials into existing wellness campaigns.

¿Por qué me hago pruebas de detección de cáncer?



National LGBT Cancer Network  
**Por... ella.**  
Encuentra a un(a) doctor(a) de confianza aquí:  
[findahealthcenterhrs.gov](http://findahealthcenterhrs.gov)

¿Por qué me hago pruebas de detección de cáncer?



National LGBT Cancer Network  
**Por... él.**  
Encuentra a un(a) doctor(a) de confianza aquí:  
[findahealthcenterhrs.gov](http://findahealthcenterhrs.gov)

¿Por qué me hago pruebas de detección de cáncer?



National LGBT Cancer Network  
**Por... nosotros.**  
Encuentra a un(a) doctor(a) de confianza aquí:  
[findahealthcenterhrs.gov](http://findahealthcenterhrs.gov)

¿Por qué me hago pruebas de detección de cáncer?



National LGBT Cancer Network  
**Por... mí.**  
Encuentra a un(a) doctor(a) de confianza aquí:  
[findahealthcenterhrs.gov](http://findahealthcenterhrs.gov)



# Queer Tips



**OUT PROUD SMOKE FREE**

"I replaced my addiction with meditation and deep breathing. I learned to drink more water, take long walks, and rest."  
-Kyoung

For free help to quit smoking, call 1-800-QUIT-NOW  
#Queer #CDCTips

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**OUT PROUD SMOKE FREE**

"I used smoking as a 're-set button'; now I 're-set' by taking walks! So worth it." -D

For free help to quit smoking, call 1-800-QUIT-NOW  
#Lesbian #CDCTips

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**OUT PROUD SMOKE FREE**

"We quit together after watching a parent die of cancer. We didn't want to go through that with each other."  
-Krista & Corrine

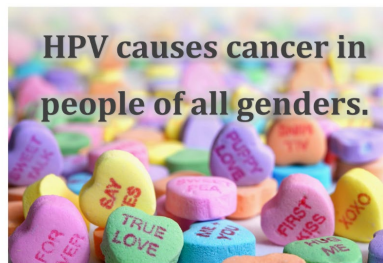
For free help to quit smoking, call 1-800-QUIT-NOW  
#Queer #CDCTips

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TOBACCO RELATED CANCER PROJECT



# 6

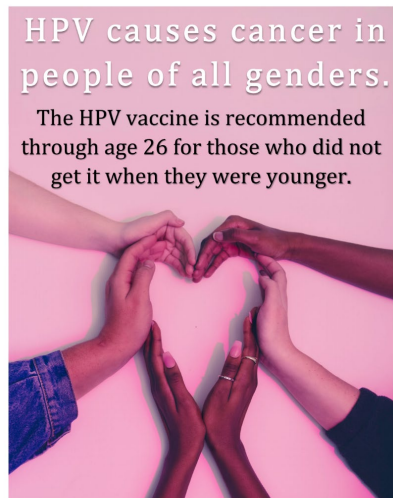
Routinely integrate LGBTQ+ tailored materials into existing wellness campaigns.



**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.



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.







# 7

Disseminate findings and lessons learned.





# 7

Disseminate findings and lessons learned.



**OUTRIGHT VERMONT**  
making it better since 1989

## Youth Risk Behavior Survey



The YRBS is the strongest assessment tool that Outright has to track harmful behaviors and some positive behaviors among Vermont queer youth and their heterosexual peers. It is important to note that until 2005, students were not able to identify their sexual orientation on the survey (all that was asked was same-sex behavior). In that same year, questions about bullying were introduced. As of the 2017 survey, high school students were invited to share a yes/no answer to a question about whether they identified as trans.



# 7

## Disseminate findings and lessons learned.



### Health Disparities Faced by Transgender Youth

Results from the 2017 Vermont High School YRBS

July 2019

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.<sup>1,2</sup>



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

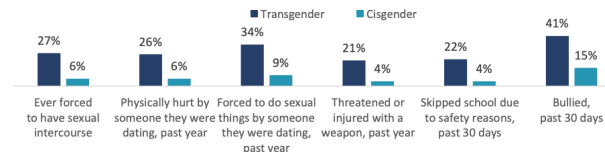
Transgender youth are more likely to experience physical, emotional, and sexual violence compared to cisgender students. In Vermont, transgender students were five times as likely to have been threatened or injured with a weapon on school property or skip school because they felt unsafe compared to their 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.

#### 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 persons 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/Trans:** An umbrella adjective for people whose gender identity differs from the sex they were assigned at birth.
- **Cisgender/Cis:** An adjective that means "identifies as their sex assigned at birth."

Source: [Outright Vermont](#)

#### Physical, Emotional, and Sexual Violence

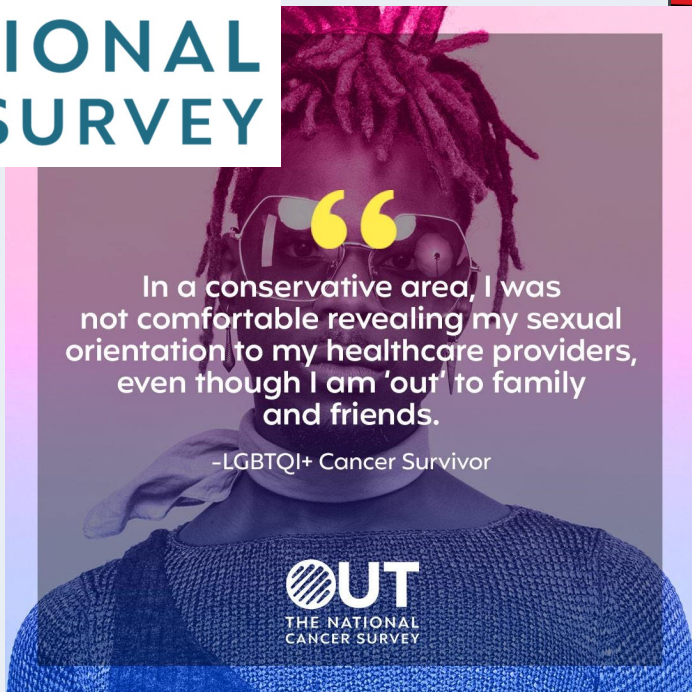


<sup>1</sup> CDC (2017) Sexual Minority Youth in [Youth Risk Behavior Survey: Data Summary & Trends Report 2007-2017](#).

<sup>2</sup> Outright Vermont. [Education and Outreach](#). Accessed June 2019.



THE NATIONAL  
CANCER SURVEY



“  
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



GOOD TO SEE  
**YOU**

We're proud to be  
**LGBTQI+ friendly.**



Scan the QR code to tell us how your visit went and to learn more about LGBTQI+ health.





Thank you.

For more information contact us at [info@cancer-network.org](mailto:info@cancer-network.org).