Reaching & Engaging LGBTQ+ Communities in Tobacco Control
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 identify 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

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](www.cancer-network.org/news/).

www.cancer-network.org/news/
Online Resource Library

www.cancer-network.org/resource-library/
LGBTQ+ Tobacco Use

When did smoking become part of us?
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.
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.

⅓ 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.
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.
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.
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.
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.
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.
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.
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.
"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."

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 name of grantee?

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 finished community survey? Do you ask grantee 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 welcome? 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 grantee to do the same?

7. Disseminate findings and lessons learned. Googling “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.
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 activities and events. Click on an ERG name to learn more. Call the Office of Diversity and Inclusion (ODI) at 646-605-8280 to learn more. Additionally, if you are interested in starting a new group, e-mail the ODI at diversity@mountsinai.org.

Ability
Black Leaders Advocating for Change and Empowerment (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 (LG) Community
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
Promote LGBT professional leadership and safety in your organization and the arena.

2

Include LGBTQ+ community members in advisory groups.

http://us.cochrane.org/serving-advisory-panel
Include LGBTQ+ community members in advisory groups.

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

Survey Questions Cancer Doctors’ Awareness of LGBTQ Issues
ASCO convenes LGBTQ Task Force

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

Survey Questions Cancer Doctors’ Awareness of LGBTQ Issues
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.
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.
Establish cultural competency standards for programs.
Establish cultural competency standards for programs.
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@cancersupporthv.org

Located at Bradbury-Sullivan LGBT Community Center
322 West Maple Street, Allentown, PA 18101-48103
www.bradburysullivancenter.org

Parking available at the Community Parking Garage, 13 South 6th Street.

So that no one faces cancer alone.
5

Fund community based programs to promote health equity.
Routinely integrate LGBTQ+ tailored materials into existing wellness campaigns.
6

Routinely integrate LGBTQ+ tailored materials into existing wellness campaigns.
Routinely integrate LGBTQ+ tailored materials into existing wellness campaigns.
Queer Tips

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

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

"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
Routinely integrate LGBTQ+ tailored materials into existing wellness campaigns.

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.
Disseminate findings and lessons learned.
Disseminate findings and lessons learned.

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.
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.1 2

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 lesbians, 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 skipped 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

![Graph showing the percentage of students who experienced different types of violence.]

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
Thank you.

For more information contact us at info@cancer-network.org.