

# Improving LGBT patient provider relationships

## Welcome

Thank you for joining us.

The webinar will begin soon.

# Pennsylvania Working Together

This webinar is presented by the  
**Pennsylvania Comprehensive Cancer  
Control Program**



**pennsylvania**  
DEPARTMENT OF HEALTH

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Education in the Health Sciences

# Thank you

Thank you to the LGBT Center of Central PA for hosting this webinar.



We appreciate your hard work and dedication.

# Moderator

## Sharon Sowers

PA Comprehensive Cancer Control  
Program Director



# Presenters



**Dr. Rachel Levine**



**Liz Bradbury**



**Adrian Shanker**



**Dr. Regina Washington**

# Importance of LGBT Health Disparity Reduction

Presenter:

**Rachel Levine, MD**

Pennsylvania Physician General

Professor of Pediatrics and Psychiatry

Penn State College of Medicine



@PhysGenLevine

# Health Disparities

- LGBTQ are more likely to **smoke**
- Gay men still represent 2/3 of new **HIV** infections and 1 in 2 black men who have sex with men will be diagnosed with HIV during their lifetime.
- Lesbians are less likely to get preventative **cancer** screenings
- LGBTQ populations have the highest rates of alcohol and other drug use.
- Sexual and Gender minority people face an increased risk of victimization



# Health Disparities

## Transgender individuals face particular disparities

- The recent US Transgender Survey from the National Center for Transgender Equality found:
  - 1/3 experienced a negative reaction from a health care provider in the past year.
  - 40% have attempted suicide in their lifetime, nearly nine times the rate in the U.S. population of 4.6%
  - More than half (59%) of respondents avoided using a public restroom in the past year

# Health Disparities

## Developmental Challenges for LGBTQ Youth

- Same developmental challenges as other adolescents
- Added challenges for many:
  - Establishing a comfortable sense of their sexual orientation or gender identity
  - Dealing with internal and external homo/bi/transphobia
  - Receiving limited support from family, peers, and other adults, such as coaches, teachers and religious leaders
  - Having limited contact with other LGBTQ youth or role models
- Many LGBTQ youth show remarkable resilience to life challenges

# Contributing causes of disparity

## Contributing cause of disparity

- The social determinants that affect the health of LGBTQ individuals are largely related to oppression and discrimination
- LGBTQ people live in all areas of the state (Rural and Urban), are of all racial and ethnic backgrounds, span all socio-economic statuses.
- LGBTQ people of color are at particular risk of violence and discrimination.

# Contributing causes of disparity

## Contributing cause of disparity – legal discrimination

- Legal discrimination in access to health insurance, employment, housing, adoption, and retirement benefits
- Lack of laws protecting against bullying in schools
- Lack of social programs targeted to and/or appropriate for LGBT youth, adults, and elders
- Stress related to new legislation that targets LGBTQ people, particularly transgender people

# Contributing causes of disparity

## Bullying/Violence

- In PA More than 9 in 10 students heard “gay” used in a negative way (e.g., “that’s so gay”)
- 2 in 10 were physically harassed based on gender expression
- 1 in 10 was physically assaulted based on their sexual orientation
- In PA 24% of LGBTQ students regularly heard school staff make negative remarks about someone’s gender expression, and 17% regularly heard school staff make homophobic remarks.

# Contributing causes of disparity

## Contributing cause of disparity – Issues in Health Care

- Stigma, including outright refusal of care or inadequate care.
- Provider knowledge and training.
- Lack of health insurance.
- Fear of talking with a doctor about sexuality or sexual health.

# Creating welcoming practice for LGBTQ patients

## Creating welcoming environment for LGBT Youth

- Study by Ginsburg, *JAdolHealth* in 2002.
- Most important factors in a health care setting for youth:
  - Privacy, cleanliness, respect, honesty
  - Not talking down to patients, good listener, professional, non-judgmental, sensitive
  - Assumptions:
    - Not assuming heterosexual orientation
    - Not assuming all patients have HIV
    - Not assuming all LGBT behavior dangerous

# Pennsylvania programs

## Governor's Office LGBTQ Workgroup

- DOH
- DHS
- PDA
- OA
- PDE
- DMVA
- DOC
- PSP
- DGS
- DDAP
- DCED
- PHRC
  
- Equality PA
- TransCentral PA
- PA Youth Congress





# Pennsylvania programs

- April 2016 – Governor Wolf signed two executive orders that expanded protections from discrimination based on sexual orientation and gender identity and expression.
- July 2016 – Governor Wolf announced the administration will formally recognized LGBT-owned businesses as small diverse businesses increasing inclusion in state contracting

# Pennsylvania programs

## Successes of workgroup

- Upgraded operational policy for transgender people to change birth certificate
- Medicaid coverage of Gender Confirmation Treatment
- Work with Pa Department of Education on issue for transgender students including transgender athletes

# Pennsylvania programs

## Successes of workgroup

- Work with Pa Department of Corrections PREA policy as it relates to transgender inmates
- Work with Office of Administration on creating written policy to protect LGBTQ employees

@PhysGenLevine

# Language, Symbols, & Cultural Context

**Presenter:**

Liz Bradbury

Director of the Training Institute,  
Bradbury-Sullivan LGBT Community Center



# An inclusive alphabet

The term LGBT is the most inclusive, commonly-understood term to describe the community, but there are many other terms and acronyms we use to describe ourselves

The order of the letters doesn't matter, but most people use "LGBT" or "GLBT". Some people add letters, such as Q, I, or A to their acronym. Some people use "Queer" as an umbrella term for the LGBT community. Some people will say LGBT+ to signify a multiplicity of identities

As healthcare professionals, it is important to honor the identity and terms your patient uses

**L** = Lesbian

**G** = Gay

**B** = Bisexual. Some people prefer the term Pansexual

**T** = Transgender (also Trans), it also stands for Two-Spirit, sometimes written as TS or 2S

**I** = Intersex

**A** = Asexual (Ace) and also sometimes stands for Allies

**Q** = Queer but it also sometimes stands for Questioning

# Definitions: Sexual orientations

- Sexual Orientation is a legal term used to describe the sexual, emotional, romantic and/or physical attraction to other people
- Lesbian is a woman who is sexually, emotionally, romantically and/or physically attracted to other women
- Gay is a man who is sexually, emotionally, romantically and/or physically attracted to other men. Gay is also sometimes used as an umbrella term for all LGBT people
- Bisexual is a person who is sexually, emotionally, romantically and/or physically attracted to people of any gender. Some people prefer the term Pansexual
- Asexual is a person who is not sexually, emotionally, romantically and/or physically attracted to other people

# Definitions: Sex

**Sex assigned at birth:** the marker of either “male” or “female” on a person’s birth certificate. This is not the same as gender.

**Intersex:** a broad term used to describe people born with multiple or ambiguous sex characteristics



# Definitions: Gender identities

**Gender identity:** a legal term used to describe one's sense of their gender

**Gender expression:** how one celebrates or performs their gender

**Transgender:** a broad term used to describe people whose sex assigned at birth does not match their gender identity.

**Cisgender:** a broad term used to describe people whose sex assigned at birth matches their gender identity

**Gender binary:** Socially constructed dichotomy of male or female

**Gender non-conforming:** A term to describe people who don't fit into the gender binary (also gender expansive, non-binary, genderqueer, or genderfluid)

# Queer

- A powerful identity marker used by many LGBT people to signify their political, social, and sexual differences from the majority population.
- A term used to separate from ideals of normativity
- A term used to celebrate inclusion within the LGBT community

**ALSO** a term historically used by anti-LGBT people to degrade and dehumanize LGBT people. Some LGBT people find the word Queer offensive.

# Pronouns

Everyone has the right to determine their own appropriate pronouns.

Healthcare professionals should respect the identities of your clients by using the pronouns they are most comfortable with.

## Pronouns may include

- He/Him/His
- She/Her/Hers
- Gender Neutral Pronouns: They/Them/Theirs

## FRIAR LAURENCE

Arise; **one** knocks; good Romeo, hide thyself.

## ROMEO

Not I; unless the breath of heartsick groans,  
Mist-like, infold me from the search of eyes.

*Knocking*

## FRIAR LAURENCE

Hark, how **they** knock! Who's there?

# Defining Allyship

- A person who does not identify as part of the LGBT community who wholeheartedly supports legal and social equality for LGBT people
- A person who is not offended if assumed to be LGBT, and who doesn't reinforce their non-LGBT status
- A person who recognizes their heterosexual / cisgender privilege and works to undo it

# Cultural context for LGBT Americans

- 70% of Pennsylvanians live in municipalities where it is still legal to fire a person from their job, deny housing, or access to a public accommodation for being LGBT
- Most LGBT youth grow up without families who share their identity
- 40% of homeless youth in the United States are LGBT
- For many LGBT people, they come out EVERY DAY
- Psychologist Graciela Balestra says that Transgender people have an average life expectancy of 30-32 years

# LGBT health disparities in Pennsylvania

**Presenter:**

Adrian Shanker

Executive Director,

Bradbury-Sullivan LGBT Community Center



Health Equity is “The attainment of the highest level of health for all people”

-Healthy People 2020

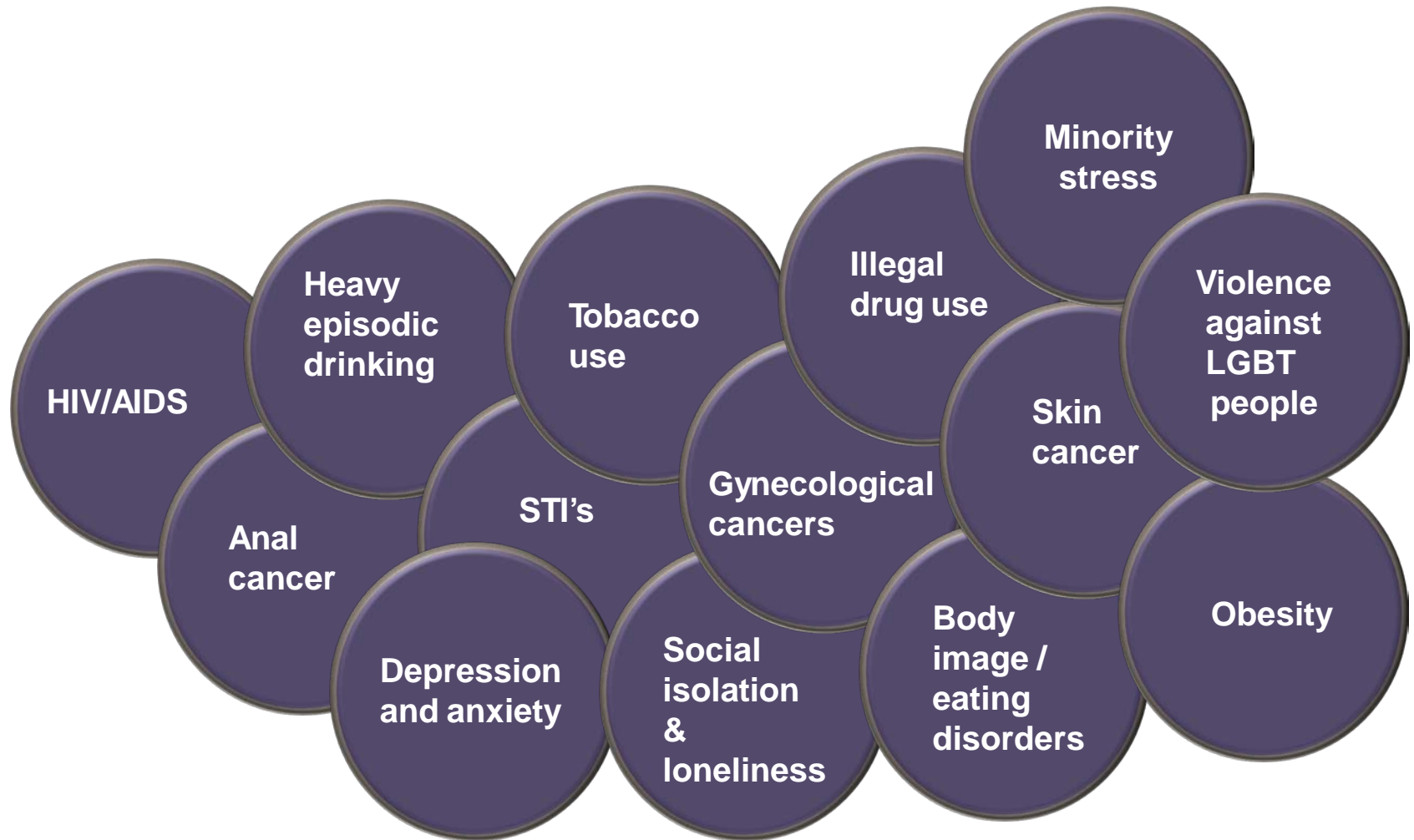
# LGBT Health Disparities in 30 Seconds

LGBT people experience **health challenges** at increased rates as a result of **higher risk behaviors**, which are caused in part by social and cultural experiences with discrimination, minority stress, and familial homophobia/transphobia

LGBT health challenges don't exist in silos. They intersect and present as a **syndemic** where numerous biological (eg: infectiousness, effectiveness of treatment), behavioral (eg: tobacco usage, condom usage), and psychosocial/structural (eg: discrimination, homophobia) factors undermine the health and well-being of the LGBT community. Psychologist and public health expert Perry Halkitis defines a syndemic as a “**mutually reinforcing cluster of epidemics**”



# LGBT Health Syndemic Model



“Without the data the  
chatta don’t matta”

-every health funder ever

# Pennsylvania Needs Assessments

- Conducted needs assessments regionally across Pennsylvania.
- Measured LGBT health in Philadelphia, Pittsburgh, Central PA, Lehigh Valley, Northeast PA, and Northwest PA
- Funding from Pennsylvania Department of Health
- Analysis from University of Pittsburgh School of Public Health
- Goal was to collect a minimum of 600 responses from LGBTQA people in each region.
- Goal was exceeded in all but one region
- Funding was shared with partner agencies for participant recruitment
- Results demonstrated incredible need in every region of Pennsylvania for LGBT health disparity reduction when compared with health of the general population

# What we looked at

- Tobacco
- Cancer diagnosis
- Cancer screening
- Healthy eating & active living
- Mental health
- Alcohol & other drug usage
- HIV testing, risk factors, and serostatus
- Access to care & quality of care

# Pennsylvania Tobacco Disparities

24% of the general population consumes tobacco, in the lgbt community tobacco rates are much higher:

- Pittsburgh/Southwest PA LGBT community: 33.5%
- Philadelphia/Southeast PA LGBT community: 34%
- Lehigh Valley LGBT community: 37%
- Northeast PA LGBT community: 43%
- Central PA LGBT community: 43%
- Northwest PA LGBT community: 44%

# Pennsylvania Obesity Disparities

30% of the general population in Pennsylvania is Obese, in the LGBT community obesity rates are much higher:

- Pittsburgh/Southwest PA LGBT community: 34%
- Philadelphia/Southeast PA LGBT community: 36.5%
- Central PA LGBT community: 38%
- Northeast PA LGBT community: 39%
- Northwest PA LGBT community: 39%
- Lehigh Valley LGBT community: 41%

# Pennsylvania Cervical Pap Test Disparities

69% of the general population of Pennsylvanians assigned female at birth have received a cervical pap test within the most recent three years, in the LGBT community cervical cancer screening rates are much lower:

- Philadelphia/Southeast PA LGBT community: 69%  
(no disparity)
- Pittsburgh/Southwest PA LGBT community: 62%
- Northeast PA LGBT community: 55%
- Northwest PA LGBT community: 55%
- Lehigh Valley LGBT community: 54.5%
- Central PA LGBT community: 52%

# Barriers to care for the LGBT patient population and best practices for overcoming these barriers

## Presenter:

Dr. Regina R. Washington

Director

LGBT HealthLink, a program of CenterLink:

The Community of LGBT Centers





# CenterLink

- ✓ Nonprofit founded in 1994
- ✓ Builds a thriving network of centers for healthy, vibrant communities
- ✓ Helps develop strong, sustainable LGBT community centers with national network of 180+ organizations
- ✓ Recognized by the White House as a “Champion of Change”



# LGBT HealthLink

- Advance LGBT wellness by addressing LGBT tobacco and cancer health disparities
- Link people with information and promote adoption of best practices
- One of eight CDC-funded cancer and tobacco disparity networks



[www.lgbthealthlink.org](http://www.lgbthealthlink.org)

# LGBT HealthLink Team



Dr. Regina R. Washington  
Program Director



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Program Specialist

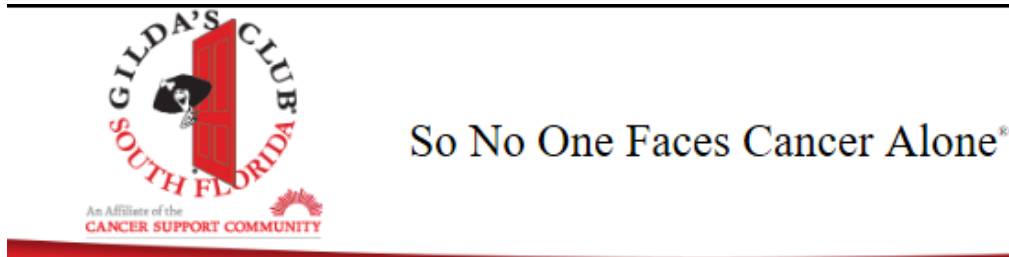
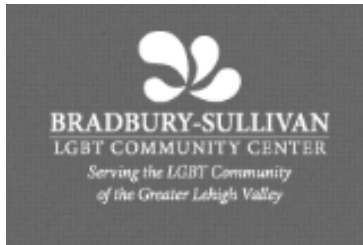


Quiviya Eldridge  
Program Evaluator



Lora Tucker  
CenterLink CEO

# LGBT HealthLink Partners



[WWW.LGBTCENTERS.ORG](http://WWW.LGBTCENTERS.ORG)



# Barriers to Care for LGBT Seeking Cancer Screenings and Care

- History of discrimination in healthcare systems
- Less access to insurance and health care services
- Refusal of care
- Delayed or substandard care
- Mistreatment
- Inequitable policies and practices
- Little or no inclusion in health outreach or education
- Inappropriate restrictions or limits on visitation

# LGBT Best and Promising Practices

Throughout the Cancer Continuum



# LGBT Best & Promising Practices throughout the Cancer Continuum



Across six stages, five cross-cutting issues:

- SOGI Data Collection
- LGBT Culturally Competent Workforce
- LGBT Culturally Competent Healthcare Systems
- Patient/Client Information & Education
- Diversity and Intersectionality

# Prevention/Health Promotion

## Best and Promising Practices

Include SOGI questions on population-based surveillance instruments supported through government funds.

- For example, BRFSS, NHANES, NHIS, YRBSS

Involve culturally competent and trained community health workers to augment and/or deliver prevention and health promotion messages

- For example, health educators such as promotoras, navigators, popular opinion leaders, LGBT peer leaders

Ensure that disclosure of SOGI and sexual behavior is safe (confidential, private, affirming, accepted, without judgement) during all individual intake and clinical/community encounters

Recognize that disclosure of layered and intersectional identities is complicated for LGBT individuals seeking health prevention services. They must negotiate whether and how to come out to multiple providers about being LGBT.

Cultural competence to conduct LGBT health Promotion activities should involve measurable competencies, including but not limited to a measure of engagement with the local LGBT communities

## Cross-cutting Issues





# Prevention/Health Promotion

## Best and Promising Practices

## Cross-cutting Issues

Provide ongoing education on LGBT cultural competence to the entire health care work force, especially those that interact with LGBT patients, their family, and their chosen support person(s)



WORKFORCE



DIVERSITY

→ Create a welcoming and safe environment for LGBT patients (including but not limited to gender neutral restrooms, physical and virtual environments, forms, health, literature, and in-person communications occurring the health settings)



SYSTEMS

Acknowledge and prioritize health promotion programs in consultation and collaboration with the LGBT communities within your service area to ensure that messages are targeting the communities' perceived needs



SYSTEMS



INFORMATION

→ Develop and implement effective guidelines, interventions, and programs aimed at decreasing the cancer burden for LGBT populations, with intentional and careful adaptation for all segments of the LGBT communities



SYSTEMS



INFORMATION



DIVERSITY

→ Develop and/or implement LGBT-specific health education and prevention messages, materials (print and online), and resources, developed in consultation with community advisory boards and other consumer groups



INFORMATION



DIVERSITY

# Public Health Departments: Prevention/Health Promotion

## Recommendations for Public Health Departments

## Cross-cutting Issues

Include SOGI data in risk and behavioral surveillance tools, Behavioral Risk Factor Surveillance System (BRFSS), Youth Behavioral Risk Factor Surveillance System (YRBSS), Adult Tobacco Survey (ATS), etc.)



Identify LGBT liaison(s) (point person) to provide cross-cutting subject matter expertise on LGBT issues.



Collaborate with community partners on LGBT-tailored prevention and health promotion activities.



Seek and fund programs and campaigns that address LGBT cancer prevention and health promotion.



Enhance patient navigation projects (where available) to provide culturally relevant services for LGBT cancer survivors.



Implement and support LGBT-tailored programs, messages, and policies that improve access to physical activity, nutrition, obesity prevention, smoking cessation, cancer awareness, cancer related vaccines (i.e., human papillomavirus (HPV) immunizations), and chronic disease programs.



Include LGBT communities in state cancer plans.



# CANCER AND LESBIAN, BISEXUAL & QUEER WOMEN

What you need to know

## WHAT CANCER RISK DO I FACE AS A LESBIAN, BI, OR QUEER WOMAN?

### BREAST CANCER



Lesbian and bisexual women have higher risk of breast cancer since they are less likely to give birth (which reduces the chances of breast cancer as well as uterine and ovarian cancer)<sup>3</sup> and higher rates of alcohol use, smoking and obesity which increases the risk for cancers.

lesbian and bi women are also less likely to perform self-examinations or get routine mammography screenings.<sup>6-7</sup>

### LUNG CANCER



Given that lesbian and bi women smoke at a much higher rate than other women, they likely face a higher risk of lung cancer.

### OTHER CANCERS



Lesbian, bi and women are at risk for all the other cancers that women face in general, such as Uterine, ovarian, cervical cancer, among others.

## WHAT CAN I DO TO TAKE CARE OF MY HEALTH?

### GET SCREENED



Lesbian and bi women should get screened for what is generally recommended for all women. It's important that you talk to your doctor and complete all recommended screenings.

### FIND A PROVIDER YOU TRUST



As this brochure shows, your sexual orientation affects your risks for cancer in lots of ways. It's critical that your doctor knows your sexual orientation, your sexual practices, and more about your life and potential risks. If you don't feel that your doctor is receptive or knowledgeable about this, you can search for a new one (as well as find cancer screening services, and get help if you face discrimination) at [healthcarebillofrights.org/gethelp](http://healthcarebillofrights.org/gethelp).

### REDUCE YOUR RISK



You can reduce your risk for cancer by doing the following:

- » Stay smoke free, as cigarettes increase risks for many forms of cancer
- » Keep a healthy diet and exercising, as being overweight can increase risk
- » Use preventive care, like getting check-ups and cancer screenings
- » Get vaccinated, the HPV vaccine is recommended for those age 11 to age 26. If you are within that age range and have not had it, talk to your doctor about it.
- » Practice safer sex, as HPV is sexually transmitted and can cause cancer.
- » Use sunblock to prevent skin cancer

# Early Detection/Screening

## Best and Promising Practices

## Cross-cutting Issues



Work with the local LGBT communities to identify and reduce regional and specific barriers to timely cancer screening.



Ensure that LGBT patients receive prompt follow up after abnormal screening results, as well as timely and culturally competent coordination of transition to cancer care in order to mitigate attrition and delays.



Include LGBT individuals' support networks (i.e., family of choice) whenever possible during screening process and procedures.



Tailor screening messages and utilize effective media with particular attention to diverse sub-groups within LGBT communities.

- For example, involve screening messengers, ambassadors, and witnesses known as credible in their respective communities



Educate the LGBT communities about the importance of cancer screening, with emphasis on malignancies that disproportionately affect LGBT individuals, using a variety of media and campaigns shown to be effective or promising with LGBT communities in general and/or with specific sub-groups.



# Public Health Departments: Early Detection/Screening

## Recommendations for Public Health Departments

## Cross-cutting Issues

Include LGBT as a designated special population in cancer screening programs funded by Health Departments to ensure there is adequate tailored outreach, tailored services, and program monitoring.



Provide management, leadership, and coordination for LGBT-centered screening promotions.



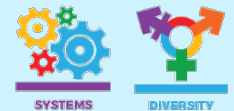
Adopt federal model (per Executive Order 13672) of requiring LGBT non-discrimination policy statements for all Health Department-funded entities.



Establish partnerships with multiple (3 minimum, local or national) LGBT organizations to vet and provide technical assistance in the development and implementation of screening campaigns/materials.



Support culturally competent delivery of services that increase access to and utilization of cancer screening.



Support recruitment and utilization of patient navigators that are culturally competent and sensitive to the disparities and needs of the LGBT population.



# Diagnosis

## Best and Promising Practices

## Cross-cutting Issues

Collect relevant diagnostic SOGI data in SEER, NPCR, and other population-based registries and databases.



Collect and include SOGI data in patient intake and registration forms, medical records, patient satisfaction surveys, and health outcome measures. Then ensure SOGI data are collected in cancer registries, other population-based registries, and databases.



Include LGBT individuals in research trials of diagnostic tests.



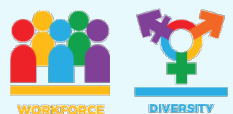
Ensure health care providers are knowledgeable of unique health care needs of LGBT individuals.



Develop guidelines for culturally competent LGBT patient navigation programs including training for all patient navigators.



Train all staff who interact with patients/caregivers (including clerical, technicians, patient navigator, pharmacy, housekeeping, food service, etc.) in LGBT cultural competence.



# Public Health Departments: Diagnosis

## Recommendations for Public Health Departments

## Cross-cutting Issues

Educate about the need for NAACR standards to include SOGI



Collaborate with NPCR, SEER, ACS, and others on the reporting of SOGI data as part of cancer incidence and mortality publications.



Support policies and programs that address LGBT compliance with established clinical time intervals from screening to diagnosis.



# Treatment

## Best and Promising Practices

## Cross-cutting Issues

Collect relevant diagnostic SOGI data in SEER, NPCR, and other population-based registries and databases. Then ensure SOGI data are collected in cancer registries, other population-based registries and databases



Include SOGI categories as part of core demographic data in clinical studies/trials and a requirement for human subject research.



Collect SOGI data in patient intake forms, clinical encounters, patient satisfaction surveys, and health outcome measures. Then ensure SOGI data are collected in cancer registries, other population-based registries, and databases.



Maintain appropriate hormone regimens and transition-related services for transgender and gender variant patients during cancer treatment as a standard of care, in the absence of compelling data to the contrary.



Ensure compliance with treatment guidelines regardless of SOGI or gender transition care.



Ensure nondiscrimination on the basis of SOGI in hospital visitation, surrogate medical decision making, etc. for Centers for Medicare & Medicaid Services and Joint Commission Accrediting Standards.





# Treatment

## Best and Promising Practices

## Cross-cutting Issues

Include LGBT topics in all cultural competence training across the health care treatment workforce (including clerical, technicians, patient navigator, pharmacy, housekeeping, food service, etc.).



Ensure the inclusion of LGBT subjects in all public and private cancer research.



In the absence of LGBT-specific treatment guidelines, follow standard of care/current treatment data to meet the standard of care.



Ensure timely and culturally competent coordination of care in order to mitigate delays and attrition between screening and diagnosis and between diagnosis and treatment to comply with established guidelines.



Provide gender neutral diagnostic facilities and programs for all cancers, including cancers traditionally treated in gender-specific facilities.



Address sexual intimacy and other quality of life (e.g., fertility, gender reassignment surgery) concerns as they relate to treatment options.



Be aware of and responsive to barriers based on SOGI in symptom management.



# Public Health Departments: Treatment

## Recommendations for Public Health Departments

## Cross-cutting Issues

Educate appropriate bodies about the importance of LGBT cultural competence training as part of provider licensing.



Support policies and programs to improve LGBT compliance with established clinical time intervals from screening to treatment.



Collaborate with hospitals and other health care systems to include LGBT issues in Patient Bill of Rights.



# Survivorship

## Best and Promising Practices

## Cross-cutting Issues

Fund and conduct research on the effectiveness of multiple intervention strategies with LGBT cancer patients/survivors.



Offer LGBT cancer survivors access to culturally competent support services either through the creation of LGBT-specific support groups, referrals to community groups, or at a minimum training support service staff to provide LGBT culturally competent care.



Offer LGBT families of choice access to culturally competent support services either through the creation of LGBT-specific groups, referrals to community groups, or at a minimum training support service staff to provide LGBT culturally competent care.



Avoid gendered assumptions (e.g., breast reconstruction always being desired), including battle metaphors (e.g., fighting cancer) when providing services to LGBT cancer survivors.



Train all staff who interact with LGBT patients/caregivers (including clerical, technicians, patient navigator, social work, pharmacy, housekeeping, food service, etc.) in culturally competent language and LGBT survivorship issues.



# Survivorship

## Best and Promising Practices

## Cross-cutting Issues

Provide cultural and age appropriate cancer services to LGBT youth survivors.



Recognize the complexity of disclosure for LGBT survivors who must negotiate whether and how to come PALLIATIVE out to multiple providers about being SOGI and to potential sexual partners about their cancer status. Respect that sometimes withholding is safer.



Address directly (or via referral) the legal and financial impact of cancer on LGBT individuals and their families of choice.



Develop protocols for protecting the fertility options of LGBT cancer patients prior to treatment and include survivors in decision making about fertility.



Offer LGBT survivors and their family of choice culturally competent information about the impact of cancer treatment on their sexual health, intimacy, and reproductive health.



# Public Health Departments: Survivorship

## Recommendations for Public Health Departments

## Cross-cutting Issues

Eliminate barriers to access.



Collaborate with hospitals and other health care systems to include LGBT issues in Treatment Summaries and Cancer After Care Plans/ Survivorship Care Plans.



Develop and maintain a list of LGBT culturally competent support groups, programs, and resources.



Support policies, systems change, research, and programs that enhance survivorship for LGBT patients and their families (legal, psychosocial, employment, primary care, nutrition support, access to care, etc.).



# Palliative Care & End of Life

## Best and Promising Practices

## Cross-cutting Issues

Create open-access registries with ratings of hospices' and health care organizations' cultural competence in caring for LGBT patients.



Include SOGI variables in quality of care metrics and professional organizations, and consumer surveys.



Collect SOGI data for all patients at initial encounters, and create individualized plans in regard to disclosure or nondisclosure of SOGI to others.



Conduct research on the end-of-life/chronic illness experiences of LGBT patients and their caregivers, including the development of LGBT-specific psychosocial, spirituality, and existential distress measures.



Provide in-person and/ or virtual access to culturally competent and/or LGBT-specific bereavement programs for LGBT support networks (i.e., family of choice), recognizing the increased risk for disenfranchised grief.



Address the increased risk of mental health problems and unique psychosocial barriers that exist for some LGBT cancer patients, and ensure that existing quality standards for pain and symptom management are met.



Provide ongoing training to all hospice/palliative care providers and staff to ensure culturally competent care to LGBT patients and families of choice in all care settings (including hospice, long-term care, and skilled nursing facilities).

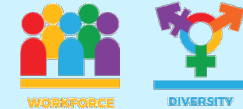


# Palliative Care & End of Life

## Best and Promising Practices

## Cross-cutting Issues

Address the complex spiritual needs of LGBT patients and families of choice with awareness of the fear and distrust of faith-based communities experienced by many LGBT communities. This includes respecting the choice of not wanting spiritual/pastoral care.



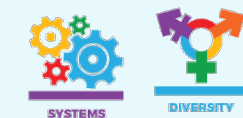
Ensure timely care coordination for LGBT patients including prompt referral to culturally competent palliative care providers soon after diagnosis to reduce distress, improve symptom management, and increase retention in treatment.



At the end-of-life, dignified death is a priority for LGBT patients. Unique topics such as continuation of hormone therapy for transgender patients as well as respect for patient choice of burial and death rituals need to be addressed.



Include psychosocial distress, suicide risk, financial planning, relationship with family of origin, and current families of choice when performing screening and intake of LGBT cancer patients.



Discuss and formalize surrogate decision-making during initial patient encounter, including medical proxy documentation, formalization of custody of dependent children, and hospital visitation forms. Recognize that it is a patient's legal right to include family of choice. These discussions must reflect rapidly changing laws, regulations, and accrediting standards at the national, state, and institutional levels. Advance directives and Physician Orders for Life Sustaining Treatment (POLST) should follow patients across multiple care settings.

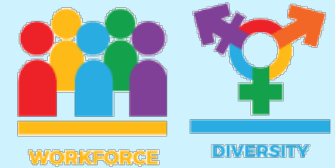


# Public Health Departments: End of Life/Palliative Care

## Recommendations for Public Health Departments

## Cross-cutting Issues

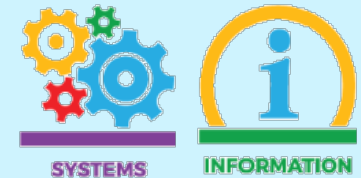
Support training for palliative care and hospice providers on LGBT cultural competence.



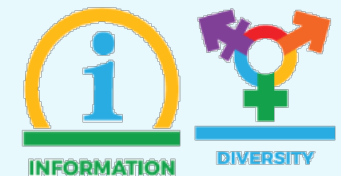
Eliminate barriers to access.



Support policies, systems change, research, and programs that increase the availability of culturally competent end-of-life and palliative care for the LGBT community.



Support LGBT-tailored interventions and health promotion.







[Excerpt from: To Treat Me, You Have to Know Who I am; The National LGBT Cancer Network](https://www.youtube.com/watch?v=XqH6GU6Trzl)

<https://www.youtube.com/watch?v=XqH6GU6Trzl>

# Success Stories: Strategies to Reach Out to the LGBT Communities

- Leadership
- Provision of care, treatment, and services
- Culturally Competent Workforce
- Data collection and use
- Patient, family (family of choice), and community engagement

# Best & Promising Practices from the Field in LGBT Health

- Promote LGBT professional safe & leadership in public health
- Include LGBT community members in policy planning steps
- Monitor impact of risk factors & health outcomes for LGBT health
- Establish culturally competent standards for programs

# Best & Promising Practices from the Field in LGBT Health

- Fund community-based programs to reduce LGBT health disparities
- Integrate LGBT tailored efforts into wellness campaigns
- Disseminate findings and lessons learned

**JOIN THE MOVEMENT TO  
ACHIEVE LGBT HEALTH EQUITY!**

[www.mylgbthealthlink.org](http://www.mylgbthealthlink.org)

HealthLink members have access to:

- Weekly LGBT Health News Roundup
- Scholarships to help support and promote leadership in LGBT health
- Members-only online networking groups
- Exclusive webinars and resources available for download
- Co-branding opportunities



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# Questions & Answers

**Thank you for attending  
today's webinar.**

Please take a moment and complete  
the survey as you exit.

**The survey is required for anyone  
who wants to receive CMEs.**