

Welcome

Please stand by. We will begin shortly.

Tobacco Use in the LGBT Community: Preconceptions, Challenges & Experiences

Tuesday, June 30, 2015 · 2pm ET (90 minutes)



SMOKING CESSATION
LEADERSHIP CENTER

Disclosure

Dr. Scout and Catherine Saucedo have disclosed no financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation or commercial support for this continuing medical education activity.

Moderator



Catherine Saucedo

- Deputy Director,
Smoking Cessation
Leadership Center, University
of California, San Francisco
- catherine.saucedo@ucsf.edu

Thank you to our funders



Robert Wood Johnson Foundation



LEGACY
FOR LONGER HEALTHIER LIVES



NATIONAL BEHAVIORAL
HEALTH NETWORK
FOR TOBACCO & CANCER CONTROL

Housekeeping

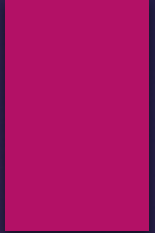
- All participants will be in **listen only mode**.
- Please **make sure your speakers are on** and adjust the volume accordingly.
- If you do not have speakers, please request the dial-in via the chat box.
- **This webinar is being recorded** and will be available on SCLC's website, along with the slides.
- **Use the chat box to send questions** at any time for the presenters.

Today's Speaker



Scout, PhD

- Director, LGBT HealthLink at CenterLink
- blog.lgbthealthlink.org



Tobacco Use in the LGBT Communities: Preconceptions, Challenges & Experiences

Smoking Cessation Leadership Center

June 30, 2015

Bio

Dr. Scout has been training state Departments of Health in LGBT engagement for nine years. He is the Director of the LGBT HealthLink at CenterLink and an Adjunct Assistant Clinical Professor at Boston University School of Public Health. He specializes in tobacco, wellness, transgender health, social determinants, health disparities, and surveillance.



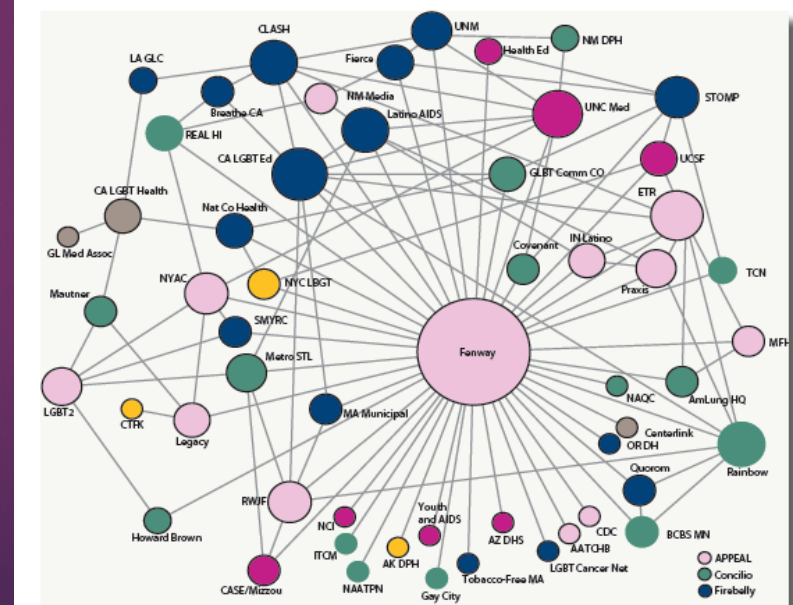
Scout, Ph.D.

Director,
LGBT HealthLink at CenterLink

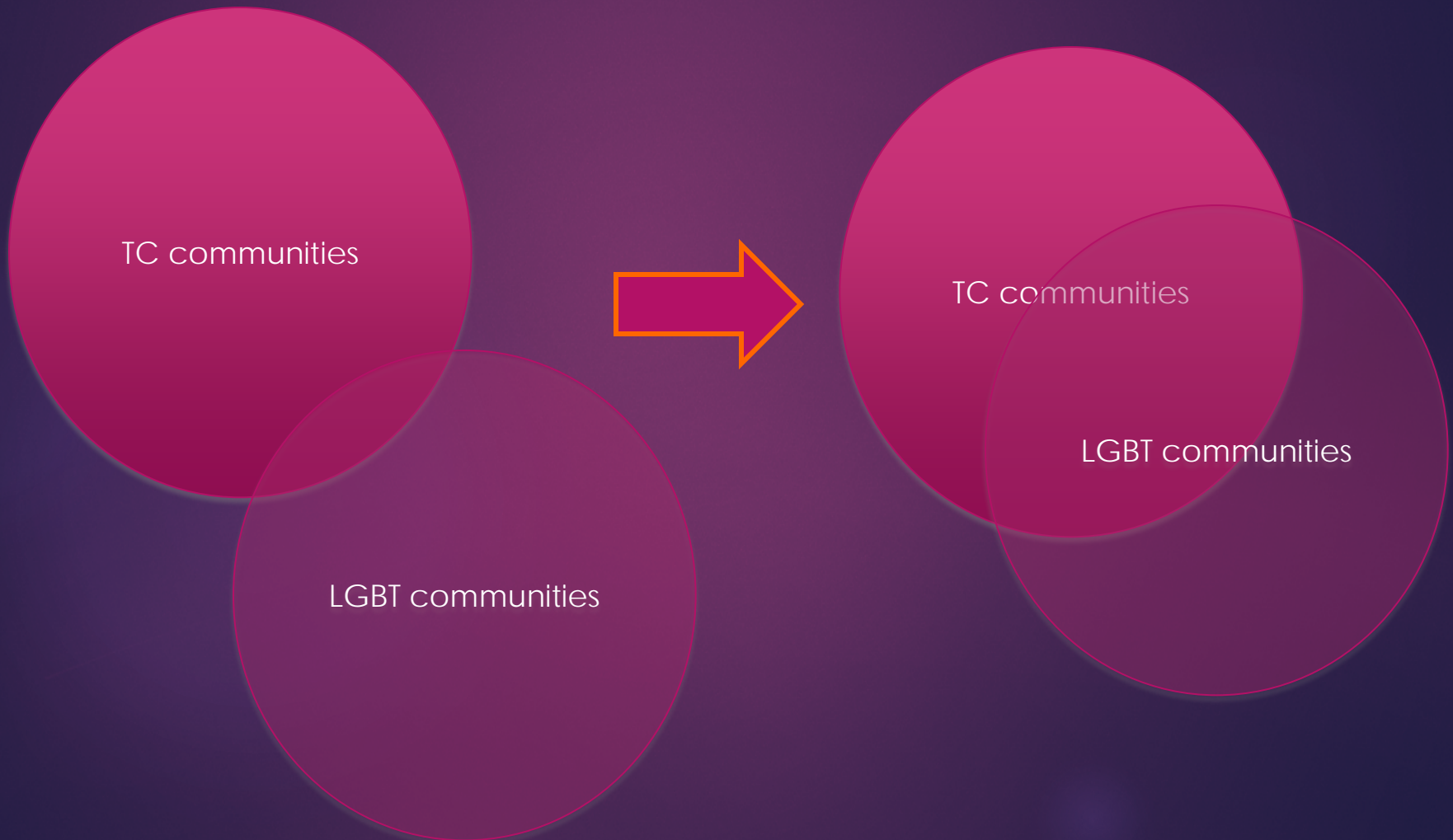
LGBT HealthLink...

... links people and information to spread LGBT wellness best practices across state health departments, federal policymakers, and community organizations. We are one of eight CDC-funded tobacco and cancer disparity networks and a project of CenterLink.
www.lgbthealthlink.org

Figure 9. Exchange among LGBT Partners: the lead agency was central to the network.



Our aim for tobacco?



Introductions

- ▶ Your name
- ▶ Where you work, and your role.
- ▶ Have you ever participated in a training on LGBT issues before?
- ▶ One hope for this training.

Introductions

- ▶ Your name.
- ▶ Where you work and your role.
- ▶ Have you ever participated in a training on LGBT issues before?
- ▶ One hope for this training.

Our 1 hope?

We have one hope for this training too.

Our 1 hope?

We have one hope for this training too.



Our 1 hope?

We have one hope for this training too.

That you change your practices as a result of something you learned here.

Training Outline

1. Language 101

2. LGBT Health

- LGBT Health Disparities
- Misconceptions

- Preconceptions

- Challenge: LGBT Health Concerns

 - Tobacco; Mental Health; Alcohol; HIV; Cancer

 - Special Populations: bisexual; transgender

3. Reaching & Serving LGBT People

- Challenge: The Landscape

- Enhancing Welcome Through Your Programs

- Provider Strategies

4. Additional Resources

Section 1

Language 101

Defining Our Terms

Categories

- ▶ **SEX**
- ▶ **GENDER/GENDER ROLE**
- ▶ **SEXUAL ORIENTATION**
- ▶ **GENDER IDENTITY**

Descriptors

- ▶ Lesbian
- ▶ Gay
- ▶ Bisexual
- ▶ Transgender
- ▶ Transsexual
- ▶ Heterosexual
- ▶ Queer
- ▶ Male
- ▶ Female
- ▶ Masculine
- ▶ Feminine
- ▶ Intersex
- ▶ Genderqueer

Defining Our Terms

SEX

- ▶ Male
- ▶ Female

SEXUAL ORIENTATION

- ▶ Lesbian
- ▶ Gay
- ▶ Bisexual
- ▶ Heterosexual
- ▶ Queer

GENDER/GENDER ROLE

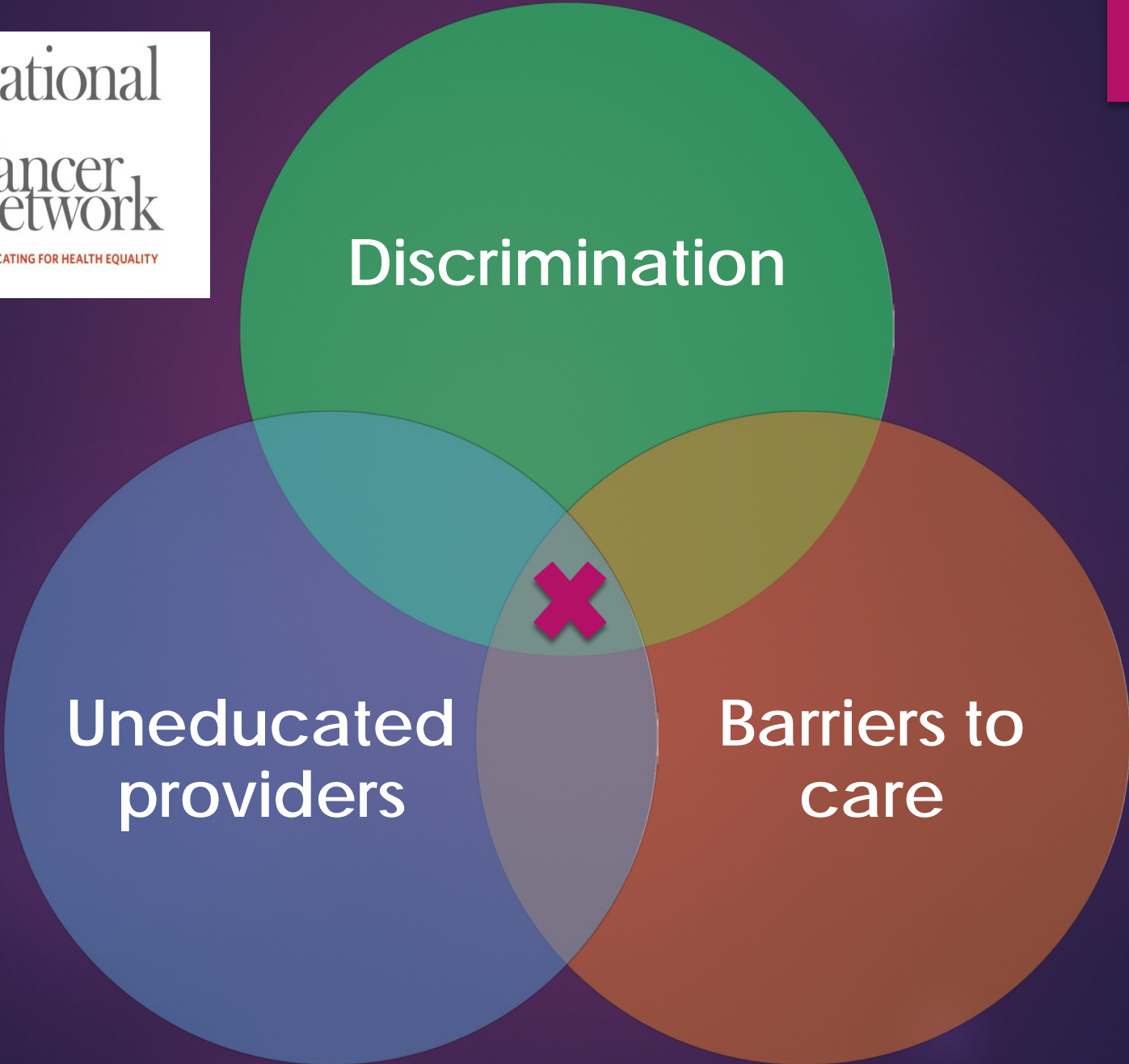
- ▶ Male
- ▶ Female
- ▶ Masculine
- ▶ Feminine

GENDER IDENTITY

- ▶ Transgender
- ▶ Transsexual
- ▶ Male
- ▶ Female
- ▶ Queer or Genderqueer

Section 2

LGBT Health



Section 2.1

LGBT Health Disparities

Lack of Knowledge

2011 survey of medical school deans

- Less than 5 hours teaching LGBT-related health content.
- 33% provided no LGBT-related instruction during students' clinical years, which is when students receive the most hands-on training
- 4% of schools reported not covering LGBT health at all.

Insurance

WHY THE LGBT COMMUNITY NEEDS THE AFFORDABLE CARE ACT
THE DEADLINE TO ENROLL IS MARCH 31

ONE



in three low- and middle-income LGBT people are uninsured.

FOUR



in ten uninsured LGBT people face medical debt.

44%



of all LGBT people reported putting off medical care because they cannot afford it.

HELP IS HERE:
OUT2ENROLL.ORG

- You can find a plan that fits your budget.
- You may be able to get financial help to pay for your plan.
- You cannot be discriminated against based on your sexual orientation or gender identity.

OUT 2
ENROLL

Out2Enroll.org



Discrimination ≠ Health

- LGB respondents in states without protective policies were 5X more likely than those in other states to have 2 or more mental disorders.
- A study found that LGB people who had experienced “prejudice-related major life events” were 3x more likely to have suffered a serious physical health problem over the next year than people who had not experienced such events. This held true regardless of other factors, like age, gender, employment and even health history.
- In another study, after adjusting for age and race, lesbians/gays who were in physical fights or were physically assaulted had higher odds of being current smokers than their lesbian/gay counterparts who did not experience those stressors.

Question

- ▶ In most states, is it legal to fire someone for being LGBT?

Transgender

Discrimination in Healthcare

Refusal of care:

19% were refused care due to their transgender or gender non-conforming status, even higher numbers among people of color

Harassment & violence in medical settings:

28% were subjected to harassment in medical settings and 2% were victims of violence in doctor's offices

Lack of provider knowledge:

50% of the sample reported having to teach their medical providers about transgender care

Section 2.2

LGBT Health Concerns

LGBT Health Concerns

Tobacco

Alcohol

Drugs

Mental Health

HIV

Cancer

Tobacco

LGBT tobacco disparities have been established by a series of studies over the last decade.

The studies consistently show LGBT smoking prevalence is 35-200% higher than the general population.

New general population data show LGBT people smoke cigarettes at rates 50% higher than others.

LGBT of Color

- ▶ Too little data collection, more research is needed here.
- ▶ Limited available data show being a member of multiple stigmatized groups likely creates an additive effect.
- ▶ 2005
 - ▶ 60% of poor lesbians of color in the Bronx were current smokers.
- ▶ 2002
 - ▶ Lesbians of color had higher rates of smoking and alcohol use than their heterosexual counterparts for all three ethnic groups: African American, Latina, and Asian-American.

LGBT of Color

2007 study from CA

- ▶ Sample sizes too small to achieve statistical significance
- ▶ Latino/as – smoke at rates 152% higher
- ▶ Black/AA – smoke 110% higher
- ▶ Asian Am/Pacific Islander – 330% higher

Trans

- ▶ Too little data collection!
- ▶ National Trans Discrimination Survey – rates 50% higher than general population.
- ▶ Smoking rates higher if a trans person does not pass

Youth

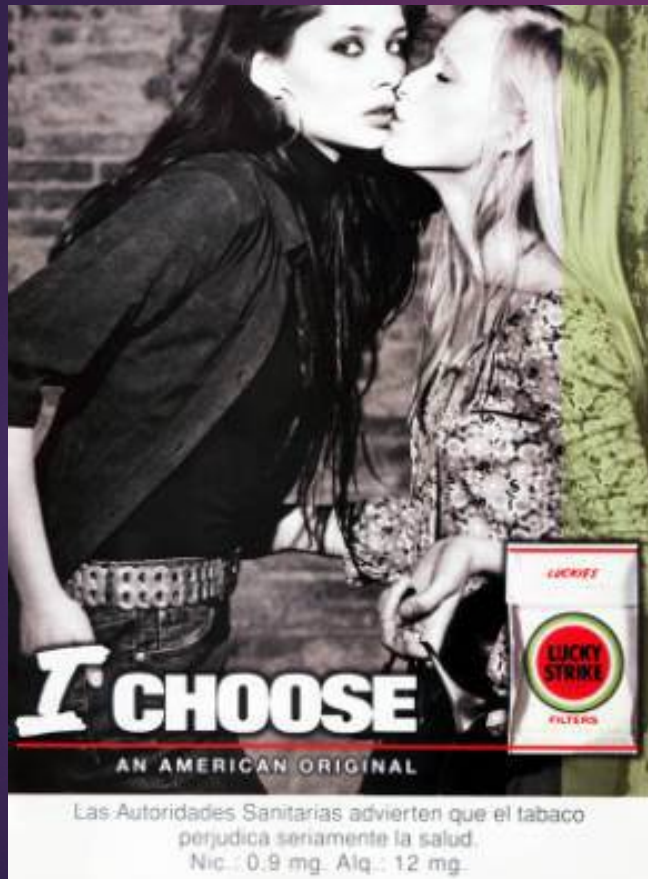
- ▶ In the 2001-9 Youth Risk Behavior Surveillance System MMWR report; current smoking for lesbian/gay/bisexual students was at median rate of 31%, for heterosexual students it was 14%.
- ▶ The NATS data showed 18-24 year old LGBT people had a prevalence rate of 35.8%, v. 23.2% for others.
- ▶ Legacy's recent young adult cohort study showed: L/G current use 35%, B current use 31%, non LGB use 22%. This study also shows us dual use is much higher for LGB people versus others. This concurs with yet another study showing a higher level of flavored cigar use for LGBT populations.

There is a long documented history of tobacco industry targeting LGBT communities

- ▶ This started in the 1990s, continues today
- ▶ They are good at twisting our civil rights messages to look like pro-tobacco messages



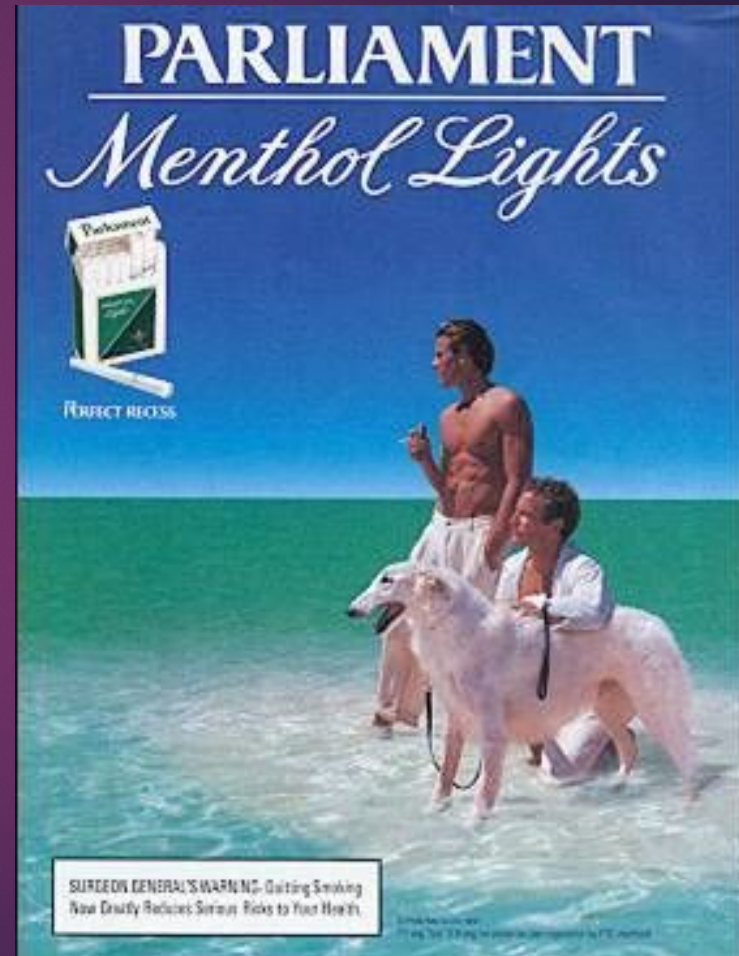
Targeting



I CHOOSE
AN AMERICAN ORIGINAL

Las Autoridades Sanitarias advierten que el tabaco perjudica seriamente la salud.
Nic.: 0.9 mg. Alq.: 12 mg.

LUCKY STRIKE
FILTERS



PARLIAMENT
Menthol Lights

Parliament
PERFECT RECESS

SURGEON GENERAL'S WARNING: Quitting Smoking Now Greatly Reduces Serious Risks to Your Health.

© 2004 Philip Morris Inc. All rights reserved. 10 mg. "tar," 0.9 mg. nicotine av. per cigarette by FTC method.

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

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 ours to all of this year's attendees.



©2011 B&W Co. Available in Filters and Lights.

Light Box: 10 mg. "tar", 0.9 mg. nicotine av. per cig. "tar", 0.1 mg. nicotine av. per cig. by FTC method. Avoid if Backs will hurt based on how you feel and smoke your cigarettes. For more product information visit our website at www.brownandwilliams.com

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

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

© SFNTC 2

Natural American Spirit™ is a registered trademark of Santa Fe Natural Tobacco Company.

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.



Save the Date!

April 10-12, 2015

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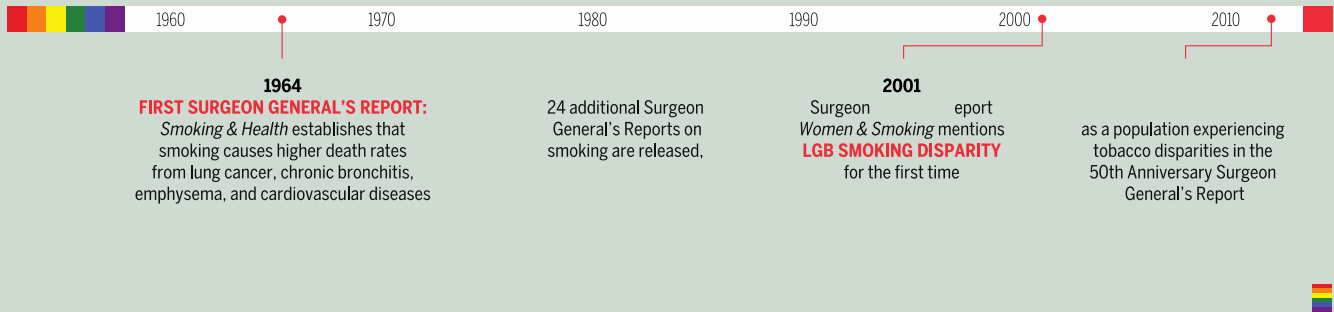
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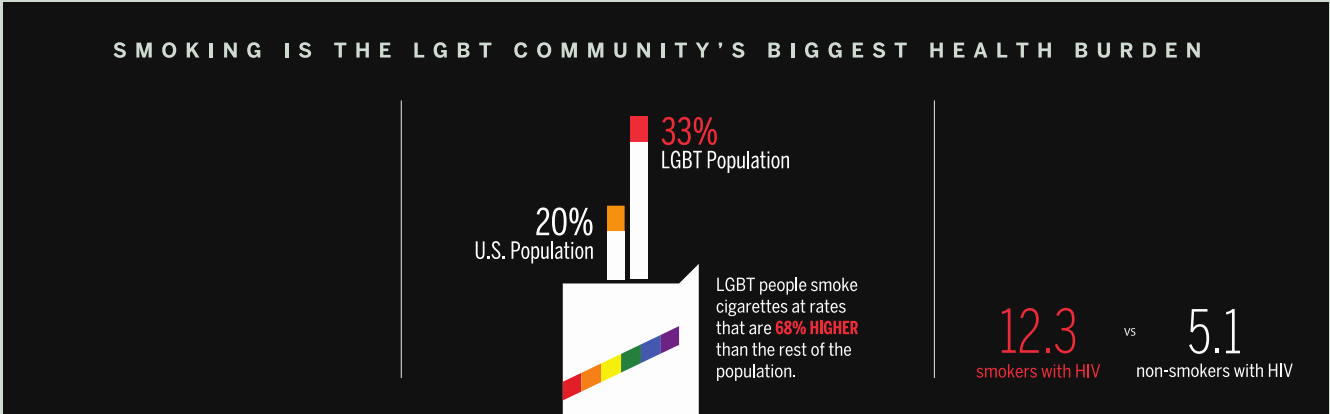
Tobacco Summary

- ▶ Across available research, population-based studies, large cohort studies, and convenience samples, the findings stay consistent: **LGBT people have significantly higher smoking rates than the general population.**
- ▶ In short, LGBT youth are smoking at the same rate the full population was in the 1980s – the tobacco control movement is 30 years behind the times in reaching LGBT people.
- ▶ Unless this is countered aggressively, this disparity is poised to continue for decades to come.

IT'S TIME FOR SMOKING TO COME OUT OF THE CLOSET



3 MENTION LGB AND/OR T

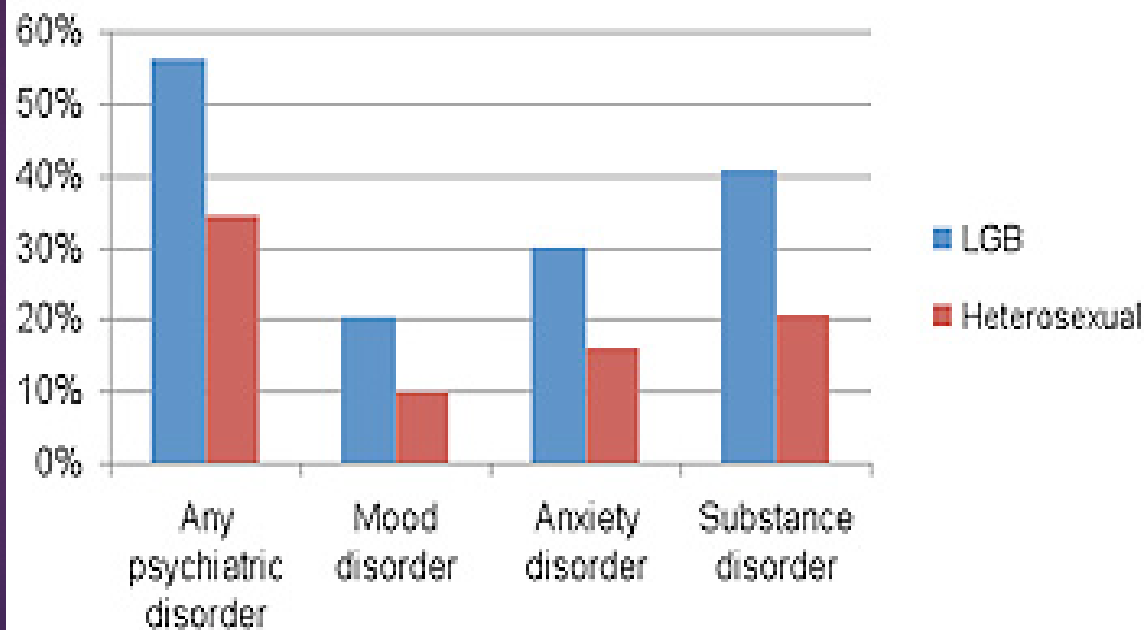


So, few of us even
understand... it's killing us.

According to CDC, 1 million LGBT
lives could be saved if we
eradicated smoking from our
communities.

Mental Health

Prevalence of Psychiatric Disorders in Past 12 Months



Alcohol/Drugs



It is estimated that between 20-30% of LGBT people abuse substances, compared to about 9% of the general population.

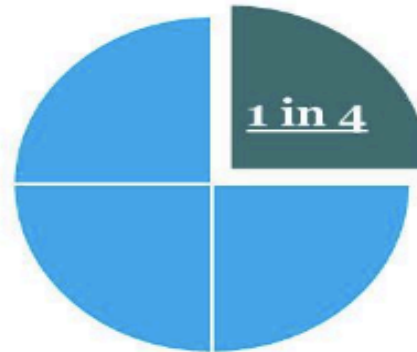
Approximately 25% of LGBT people abuse alcohol, compared to 5-10% of the general population

HIV

HIV Prevalence Estimates among Trans People

- The average prevalence for transwomen is **28%**
 - (lab-confirmed)
- 12% (self report)

- African American transwomen have the highest prevalence (56%), compared to other racial/ethnic groups.



(Herbst, et.al, 2008; Nemoto, Operario, Keatley, et.al,2004)

Transgender Health Concerns

Snapshots of transgender life

The National Transgender Center for Equality surveyed 6,450 transgender individuals in the U.S. Full results are available at transequality.org.



Bisexual Health Concerns

45% bisexual women have considered/attempted **suicide**, vs. 35% bisexual men, 30% lesbians, 25% gay men, and much lower rates for heterosexual women and men.

Bisexual women 2X more likely to have an **eating disorder** than lesbians.

Bisexual women report the highest rates of alcohol use, heavy drinking, and **alcohol-related problems** when compared to heterosexual and lesbian women.

Bisexual men and women report the highest rates of **smoking** of all orientations

LGBT Cancer

disparities across the continuum

risk

screening

survivorship

Increased Risks

Tobacco

Alcohol

Obesity

Nulliparity

HPV

HIV

Decreased Screening

Mammograms

Cervical pap smears

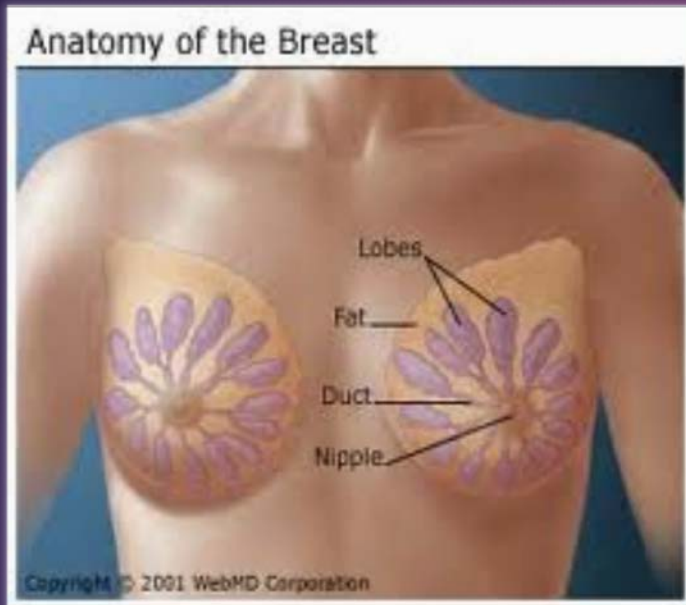
Anal pap smears

Colonoscopies

Incidence/Prevalence



Treatment



or



Does it matter
Why or why not?

Survivorship



LGBT PATIENT-CENTERED OUTCOMES

Cancer survivors teach us how to improve care for all
LIZ MARGOLIES, NFN SCOUT

national
lgbt
cancer
network



Survivorship

THEMES

1. The history of stigma plays a role in LGBT cancer care
2. The Local Healthcare Environment Determines Our Experience
3. Disclosure is Related to Our Perceived Safety
4. Respecting Us Means Respecting Our Support Teams
5. The Pervasive Expectation of Gender Conformity Can Be Alienating To Us
6. We Need More Culturally Appropriate Support & Information

Misconceptions

LGBT people consistently rank tobacco as 10th or 11th top health issue to affect LGBT people, yet...

- It takes more years off our lives than any other health issue.
- Approx 30% of us smoke, or 2.7M, losing an average of 10 years of each life, or 27 million years.
- We often do not understand we have a smoking disparity
- We do not understand how discrimination leads to this disparity
- We have few community resources which fight this health disparity

Preconceptions

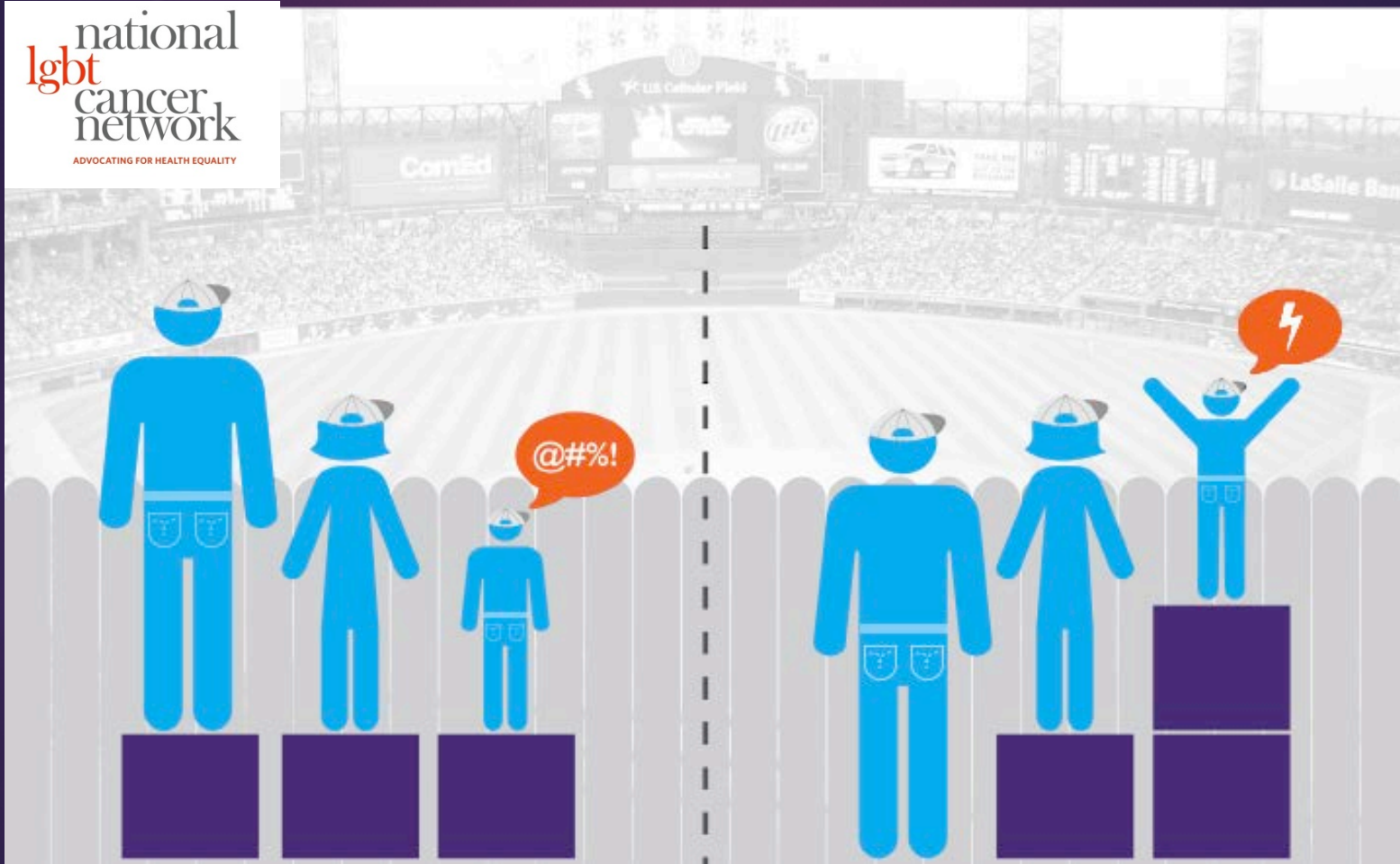
Treating everyone the same will
work for LGBT people.

Preconceptions

Treating everyone the same will
work for LGBT people.

This disparity wasn't built
with equal treatment,
it won't be fixed with it.

national
lgbt
cancer
network
ADVOCATING FOR HEALTH EQUALITY



Section 3

Reaching & Serving LGBT People

Section 3.1

LGBT Landscape

How Many?

4% of U.S. population est to be
LGBT.

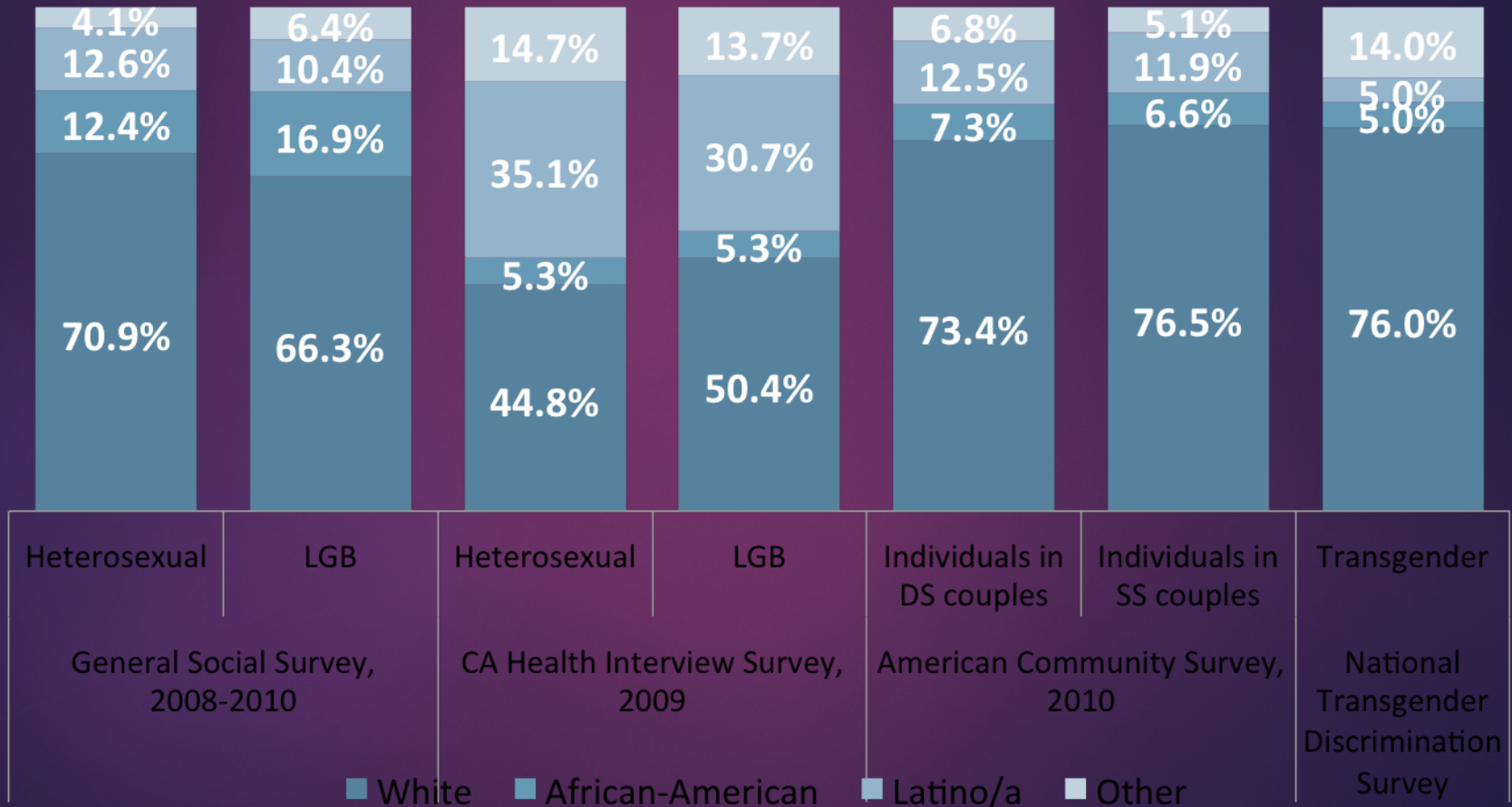
Which is...

How Many?

- ▶ There are an estimated minimum of 9 million lesbian, gay, bisexual, and trans persons in the U.S.
- ▶ This is roughly equivalent to the population of the state of New Jersey
- ▶ The Census does not count LGBT people, but does count same sex couples, if we use these couples as a proxy for all LGBTs, we then know:
 - ▶ LGBT people are found in all Congressional districts in the U.S.
 - ▶ The number of LGBT people generally even across racial and ethnic groups.



LGBT people are racially/ethnically diverse



Section 3.2

Enhancing Welcome Through Your Programs


Best Practices

MPOWERED BEST PRACTICES



Identifying and Eliminating LGBT Tobacco Disparities

Promising Practices for Comprehensive
Tobacco Control Programs



The background of this section features several overlapping, curved lines in various colors (yellow, orange, red, purple, blue, green) that create a sense of movement and interconnectedness.

Sample Tobacco Report Card

4.5 OUT OF 20 POINTS

NEEDS IMPROVEMENT

C

-  Include LGBT community members in policy and planning for tobacco control **1** OUT OF 2 POINTS
-  Monitor impact of tobacco on the LGBT population **2** OUT OF 7 POINTS
-  Establish cultural competency standards for statewide tobacco control programs **1** OUT OF 4 POINTS
-  Fund community-based tobacco control programs **0** OUT OF 4 POINTS
-  Routinely integrate LGBT tailored efforts into larger campaigns for tobacco control **0** OUT OF 2 POINTS
-  Disseminate findings and lessons learned about LGBT tobacco control **0** OUT OF 1 POINT
-  Utilize LGBT HealthLink resources in the last year **0.5** EXTRA CREDIT POINT(S)

Is it safe for LGBT employees?

- ▶ First step in creating welcome is to get your house in order to the best of your abilities
- ▶ Do LGBT employees feel safe coming out?
- ▶ Do LGBT employees feel safe including LGBT focus in their work?
- ▶ Do you have a mechanism for using your LGBT employees as in-house experts on this subpopulation?
- ▶ Examples: NIH, CDC
- ▶ NYC Pride

Pride



LGBT reps on advisory bodies?

- ▶ What community advisory bodies exist for DOH?
- ▶ Are LGBT leadership routinely solicited for participation?
- ▶ It's important to make sure this is beyond tobacco/cancer. The higher up LGBT reps are on advisory groups, the more likely they are to want to participate.
- ▶ This helps LGBT leadership ID collaboration opportunities & help enhance your programs for welcome.

Do you collect LGBT data?

- ❑ BRFSS
- ❑ YRBS
- ❑ Quitline intake
- ❑ Grantee program
- ❑ Evaluation data (grantee & internal)
- ❑ Impression data on ads
- ❑ Satisfaction surveys
- ❑ Electronic Health Records
- ❑ Cancer registry/SEER

The Question

Do you consider yourself to be gay, lesbian, bisexual, and/or transgender?

▶ *****NOTE:** If respondents show concern about this question, feel free to add the following sentence: *"LGBT people experience health disparities; we ask this to ensure we're serving all people equally."*

▶ If Yes: 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.

Cognitive testing

- ▶ Original version cognitively tested and 100% successful.
- ▶ Has been in use and fielded by quitlines for many years now.
- ▶ After quitline feedback, we have now compensated for issues by creating this enhanced version.
- ▶ It is currently undergoing field testing at National Jewish Quitline.

And on EHR?

According to the Gay and Lesbian Medical Association Guidelines for the Care of LGBT Patients...

“Filling out the intake form gives patients one of their first and most important impressions of your office. The experience sets the tone for how comfortable a patient feels being open about their sexual orientation or gender identity/expression.”

Establish LGBT cult comp standards

- ▶ Do you and your grantees have guidance on how to be culturally competent for LGBT inclusion?
- ▶ Do they have access to resources? (ideas in our resource section)
- ▶ Here's the simplest most elegant way to build LGBT work into all existing grantee activity:
 - ▶ Ask for LGBT tailored activities in the scored section of proposals.
 - ▶ Example of SAMHSA with youth suicide grants.
 - ▶ Example of OSH recent RFA.

A brand new resource

**HEALTH
STARTS
HERE.**

**FOR
EVERYONE.**

This office is **proud** to be LGBT-welcoming and inclusive.

Any concerns about LGBT equality at
this location? Please let us know at
bit.ly/lgbtwelcome

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**LGBT
HEALTHLINK**
THE NETWORK FOR HEALTH EQUITY

Fund community based programs?

- ▶ LGBT CBOs have invested decades into influencing local behavior change.
- ▶ Accessing this expertise comes very cheap for health departments.
- ▶ It's much more efficient than trying to build new expertise in county health departments.
- ▶ States have started programs with as little as \$10k.

Fund community based programs?



RED OR GREEN

OR
SOMEWHERE
IN BETWEEN

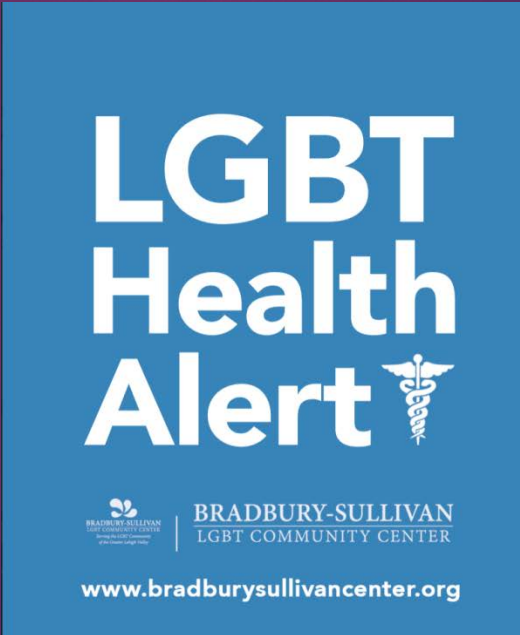
LGBTQ and Smoke-Free


Free Resources for LGBTQ People to Quit Tobacco
1-800-QUIT NOW 1-855-DEJELOYA


QUITNOWNM.COM
DEJELOYANM.COM

FIERCE PRIDE
FiercePride.org  /Fierce Pride

The poster features a central graphic of two hands, one red and one green, holding each other to form a heart shape. The background is yellow with radiating lines. Text is in bold, sans-serif fonts.



**LGBT
Health
Alert** 

 **BRADBURY-SULLIVAN**
LGBT COMMUNITY CENTER

www.bradburysullivancenter.org

The poster has a blue background. The text is white and bold. A small logo for Bradbury-Sullivan is at the bottom left.

Did you know?

LGBT people smoke at rates over 50% higher than non-LGBT people, and up to 1/2 of people who smoke die early as a result.

LGBT health matters

Learn how tobacco impacts the LGBT community.

Routinely integrate LGBT into larger campaigns

- ▶ Do your health promotional materials routinely include LGBT imagery?
- ▶ Do you co-brand with LGBT trusted groups?
- ▶ Do you promote through LGBT media channels?
- ▶ Do you include LGBT goals in your action plans?
- ▶ Do you ask your grantees for same?
- ▶ Is there an LGBT needs assessment?
- ▶ Does your evaluation include LGBT measures?

Routinely integrate LGBT into larger campaigns

**SMOKING OUT THE TRUTH:
TOBACCO IS DESTROYING
THE LGBT COMMUNITY**

In California:
Lesbians smoke almost **3X** as much as straight women
Gay men smoke nearly **2X** as much as straight men

More than **400,000** people die from smoking every year in the U.S.

Tobacco kills more people than other causes...combined.

HIV • illegal drugs • car accidents • alcohol • suicide
tobacco

LGBT Californians are exposed to **secondhand smoke nearly 25% more than straight people.***

TobaccoFreeCA.com

* other than at home or work

© 2013 California Department of Public Health

Your **Quit Date.**

Quitting tobacco is one of the most important dates you'll ever decide on.

FREE nicotine patches, lozenges, and gum.
1-800-quit-now | projectfilter.org

You say when. We'll show you how.

PROJECT FILTER
IDAHO FIGHTS TOBACCO

NOVEMBER 17
SEPTEMBER 24

IDAHO DEPARTMENT OF HEALTH & WELFARE

 **VERMONT**

DEPARTMENT OF HEALTH

Customized Tips posters

- ▶ We've taken the #Tips campaign electronic ads, made them into posters we can send you.

**A TIP ABOUT
SECONDHAND
SMOKE**

**IF YOU WANT A
SINGING CAREER,
STAY AWAY FROM
SECONDHAND SMOKE.**

Ellie, Age 57
Her partner, Karen
Florida

Ellie's severe asthma attacks were triggered by secondhand smoke at work. She and her partner have to live with its effects forever. If you or someone you know wants free help to quit smoking, call 1-800-QUIT-NOW.

#CDCTips



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention
www.cdc.gov/tips

**LGBT
HEALTHLINK**
THE NETWORK FOR HEALTH EQUITY

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LGBTHealthLink.org

**UN CONSEJO
SOBRE EL
HUMO DE
SEGUNDA MANO**

**SI QUIERES TENER
UNA CARRERA COMO
CANTANTE, ALÉJATE
DEL HUMO DE
SEGUNDA MANO.**

Ellie, 57 años
Su pareja, Karen
Florida

Los graves ataques de asma de Ellie fueron provocados por el humo de segunda mano en el trabajo. Ella y su pareja deben vivir para siempre con sus efectos. Si usted o alguien que conoce necesita ayuda gratuita para dejar de fumar, llame al 1-855-DEJLO-YA.

#CDCConsejos

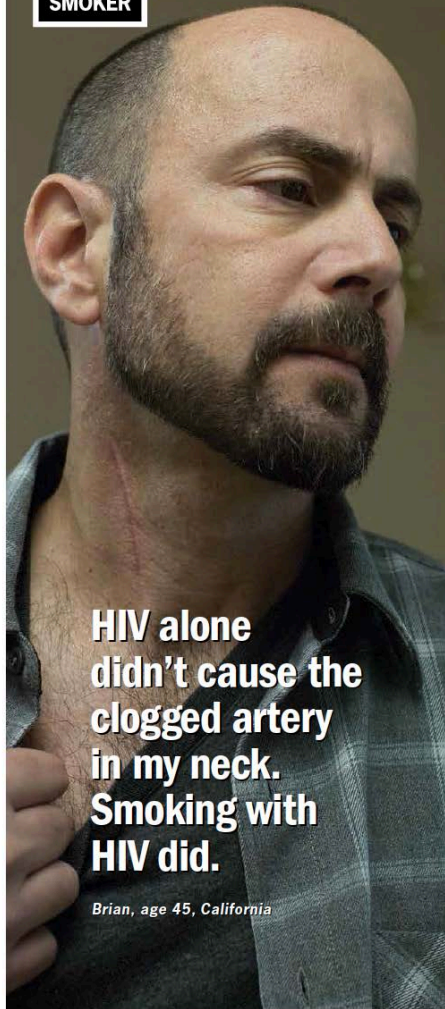


U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention
www.cdc.gov/consejos

**LGBT
HEALTHLINK**
THE NETWORK FOR HEALTH EQUITY

Esta publicación fue
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por LGBTHealthLink.org

A TIP FROM A
FORMER
SMOKER



HIV alone didn't cause the clogged artery in my neck. Smoking with HIV did.

Brian, age 45, California

Brian had his HIV under control with medication. But smoking with HIV caused him to have serious health problems, including a stroke, a blood clot in his lungs and surgery on an artery in his neck. Smoking makes living with HIV much worse. You can quit. CALL 1-800-QUIT-NOW.

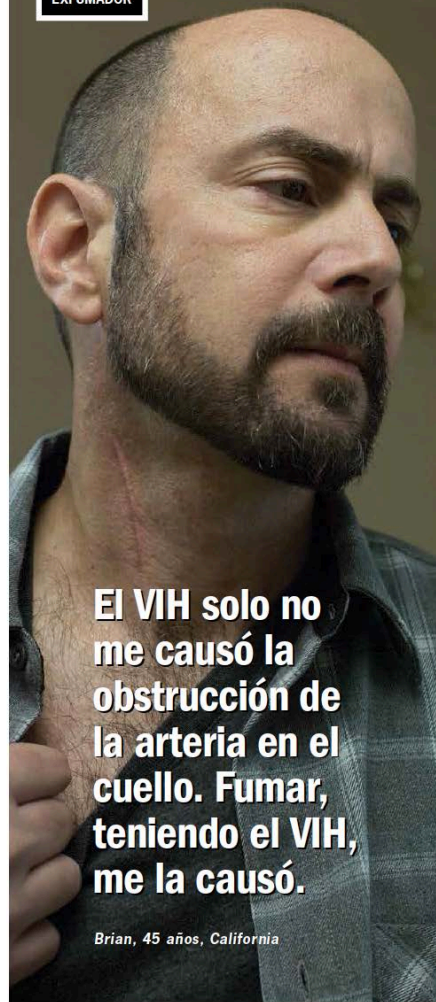


#CDCTips



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UN CONSEJO
— DE UN —
EXFUMADOR



El VIH solo no me causó la obstrucción de la arteria en el cuello. Fumar, teniendo el VIH, me la causó.

Brian, 45 años, California

Brian tenía el VIH controlado. Pero fumar, teniendo el VIH, le causó graves problemas de salud, como un accidente cerebrovascular, un coágulo en el pulmón, y le tuvieron que hacer una operación de una arteria en el cuello. Fumar hace que tener el VIH sea mucho peor. Usted puede dejar de fumar. LLAME AL 1-855-DÉJELO-YA.



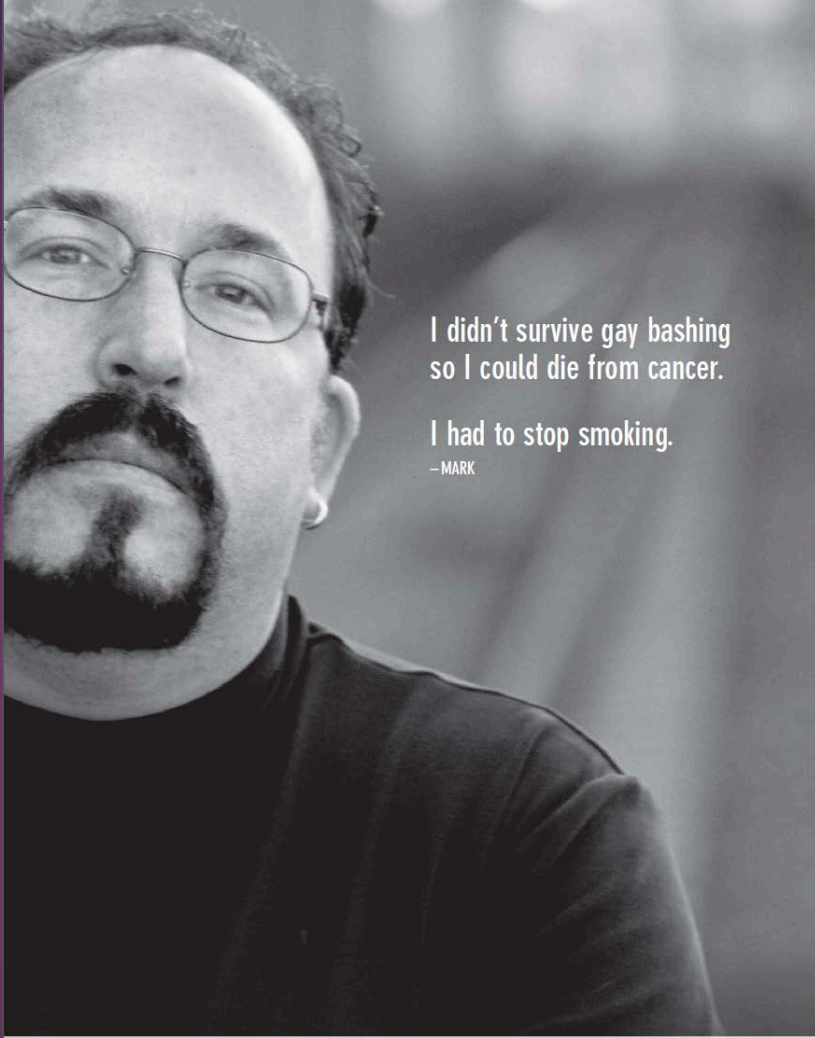
#CDCConsejos



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And our new
debut....

My
Greatest
Enemy
Redux



I didn't survive gay bashing
so I could die from cancer.

I had to stop smoking.

—MARK

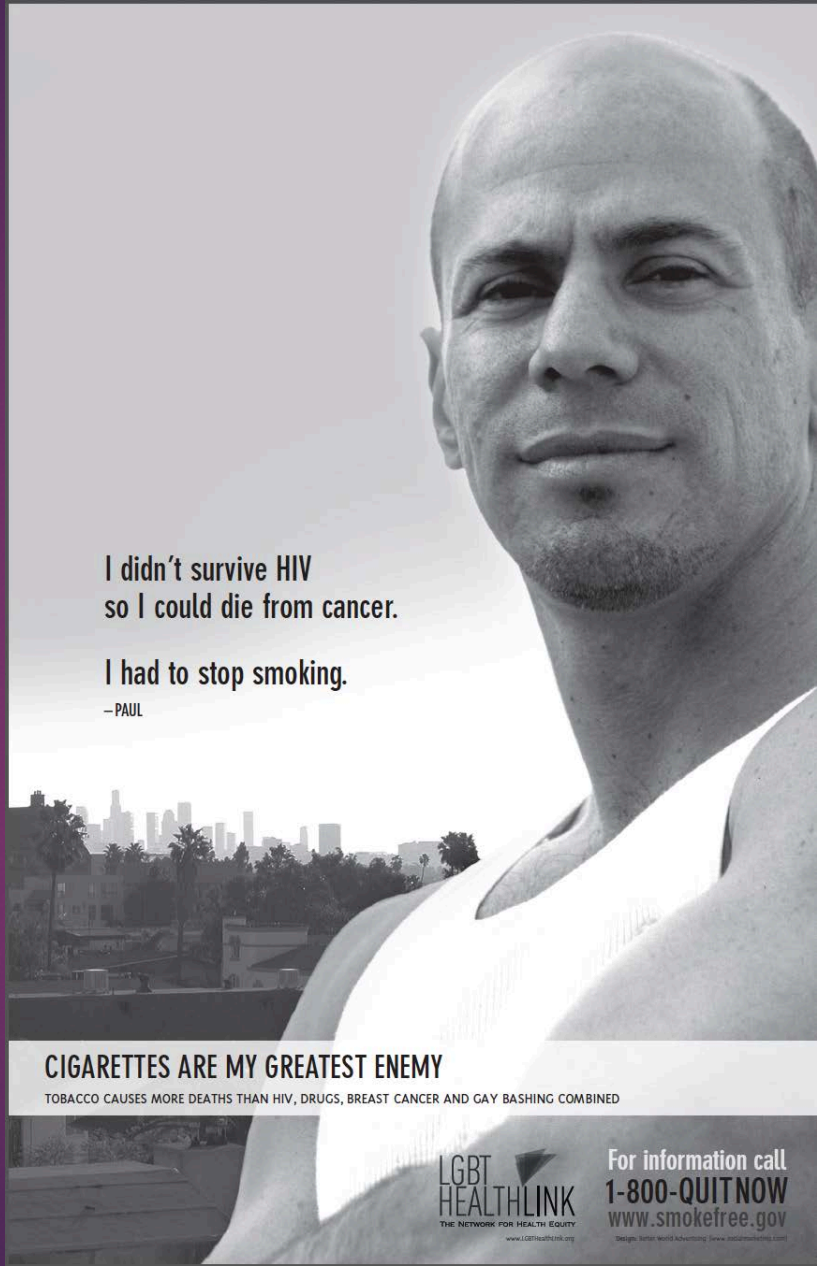
CIGARETTES ARE MY GREATEST ENEMY
TOBACCO CAUSES MORE DEATHS THAN HIV, DRUGS, BREAST CANCER AND GAY BASHING COMBINED

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And our new
debut....

My
Greatest
Enemy
Redux



I didn't survive HIV
so I could die from cancer.

I had to stop smoking.

-PAUL

CIGARETTES ARE MY GREATEST ENEMY

TOBACCO CAUSES MORE DEATHS THAN HIV, DRUGS, BREAST CANCER AND GAY BASHING COMBINED

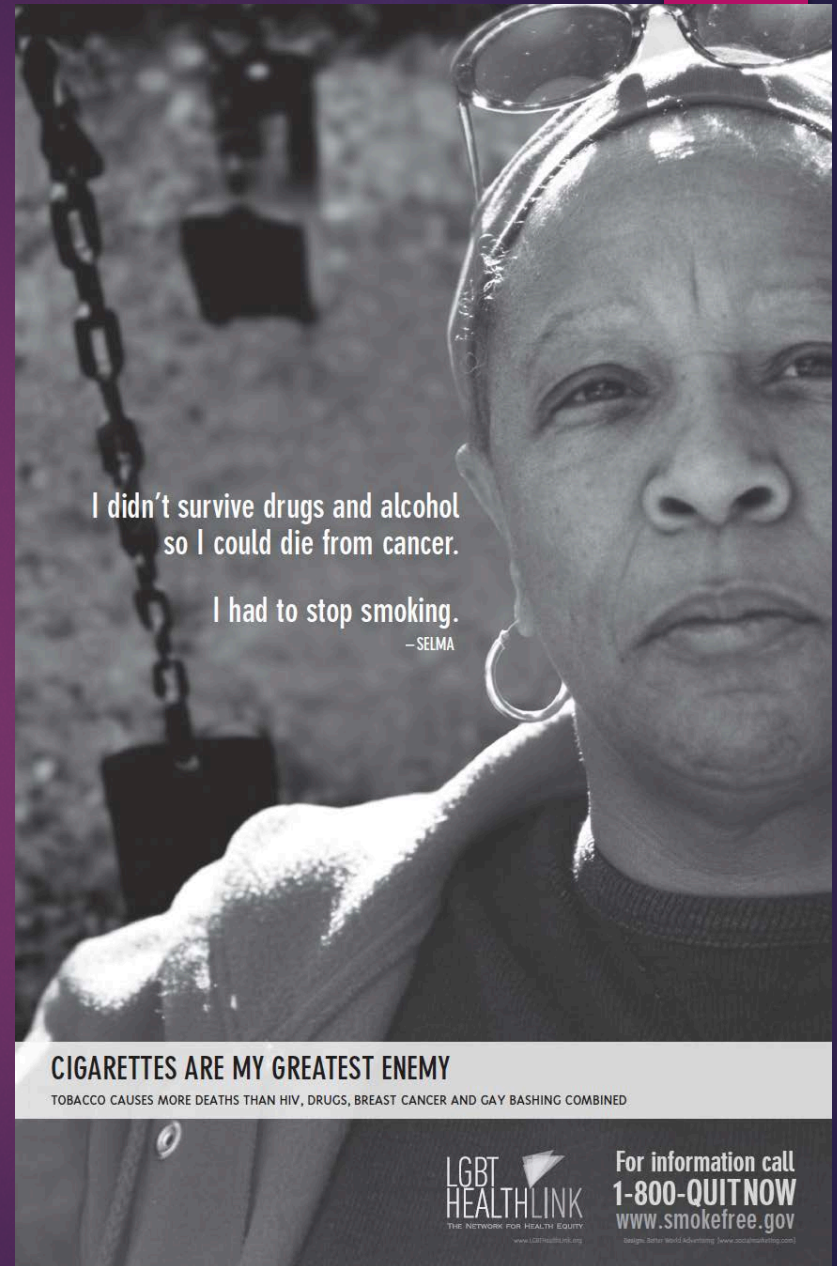
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And our new
debut....

My
Greatest
Enemy
Redux



I didn't survive drugs and alcohol
so I could die from cancer.

I had to stop smoking.
—SELMA

CIGARETTES ARE MY GREATEST ENEMY
TOBACCO CAUSES MORE DEATHS THAN HIV, DRUGS, BREAST CANCER AND GAY BASHING COMBINED

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Program Strategies

Have Resources + Be Safe Haven

- ▶ Are you asking your grantees to collect LGBT resources for referrals?
- ▶ Are direct care grantees showing they are a safe haven for LGBT people, esp youth?

Are you disseminating findings?

- ▶ Example of Chicago: LGBT HP2020
- ▶ Example of Arizona: LGBT data report
- ▶ Example of New Mexico: multiple LGBT reports
- ▶ Example of CDC: including LGBT in disparity reporting routinely.
- ▶ Want to splash it? Do a press release, let us help.

- ▶ Do not underestimate the value of putting the DOH imprinteur on a report as one way to build bridges to LGBT leadership.

Are you disseminating findings?



Section 3.3

Sample Individual Provider Strategies

Provider Strategies

1. Look to see if they are LGBT
2. Be careful with your language choices
3. Challenge your own biases, to ensure you can remain supportive
4. Watch for “scanning” or avoidance from clients
5. Do not dismiss LGBT-related stressors as being unrelated to tobacco cessation
6. Be aware of how LGBT cessation may differ from the norm

Provider Strategies

1. Look to see if they are
LGBT

Provider Strategies

“Even after all these years, I know it’s still a risk every time I come out to someone, so yes, it still makes me nervous.”

Don’t make them come out repeatedly, just check the chart so you’re prepared.

Provider Strategies

2. Be careful with your language choices

Language Tips

Do

- ▶ Use Lesbian, gay, bisexual, or transgender
- ▶ Try to use the words they identify with (unless they make you uncomfortable)
- ▶ Use the same pronoun someone refers to themselves with
- ▶ If you mess that up, apologize quickly and move on
- ▶ Ask if you don't know which pronoun someone prefers

Don't

- ▶ Use queer or fag or dyke unless someone indicates they want it
- ▶ Forget queer started as a pejorative, but is changing for some younger people into an affirmation statement of identity.
- ▶ Forget to ask if you are unsure of anything.
- ▶ Get paralyzed with fear, jumping in with good intentions is a very powerful action!

Provider Strategies

3. Challenge your own biases, to ensure you can remain supportive

Provider Strategies

I opened the file right as the person came in, the file listed him as Robert Cartwright, but when I asked Robert how he was doing today, he paused for a long time... then finally he said that he preferred the name "Nancy" and it would help if I could call him Nancy.

Provider Strategies

4. Watch for “scanning” or avoidance from clients

Provider Strategies

When I talked with Paula, I knew she was dating someone, but she didn't seem to talk about that much. I asked if he smoked too and she just said yes and moved onto some other point. I knew being around smokers would impact her own smoking but she seemed unwilling to talk about who she was dating.

Provider Strategies

5. Do not dismiss LGBT-related stressors as being unrelated to health care

Provider Strategies

While I was in the counseling session with Mark, he told me he was smoking and using drugs He also said he's gay and thinks some people have found out about it.

Provider Strategies

6. Be aware of how LGBT wellness & care

How it differs

Evidence shows LGBT people are **MORE** likely to:

- ▶ Have triggers/stressors related to LGBT discrimination
- ▶ Delay/avoid/have poor healthcare
- ▶ Have lots of friends who smoke
- ▶ Get needed social support from people with additional health risk behaviors
- ▶ Feel social isolation
- ▶ Have related addictions
- ▶ Face bullying
- ▶ Be struggling with mental health problems

How it differs

Evidence shows LGBT people are **LESS** likely to:

- ▶ Have school-based support
- ▶ Have birth-family support

And **NOT** likely to:

- ▶ Understand how being LGBT relates to health problems

Provider Summary

Are your providers asking and educating about these related issues?

**HEALTH
STARTS
HERE.**

**FOR
EVERYONE.**

This office is **proud** to be LGBT-welcoming and inclusive.

Any concerns about LGBT equality at this location? Please let us know at bit.ly/lgbtwelcome

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Section 4

Resources

Brand new resource:



Brand new resource:

RIGHT TO BE TREATED WITH EQUALITY AND RESPECT

- You deserve to be treated with respect and made to feel welcome no matter who you are.
- You have a right to not be denied service or given inferior service.

RIGHT TO AFFIRMATION OF YOUR TRUE GENDER IDENTITY

RIGHT TO HELP DESIGNATING WHO WILL MAKE DECISIONS FOR YOU

RIGHT TO VISITATION BY ANYONE YOU CHOOSE

RIGHT TO YOUR PRIVACY

RIGHT TO PROTECTIONS IF YOU ARE DISCHARGED DUE TO DISCRIMINATION

LEARN MORE AT
HEALTHCARE BILL OF RIGHTS.ORG

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promo
GIVE

FOLD

healthcare
BILL OF RIGHTS

HealthcareBillOfRights.org

Your personal life and relationships affect your health more than you realize, so your doctor and other providers need to know your story.

We should all feel safe talking about our sexual partners, sex lives, sexual orientation, HIV status, and gender identity.

Our Resources

- ▶ Weekly roundup of top LGBT health/tobacco/cancer stories in Huffington Post & YouTube.



Our Resources

- ▶ Best practices for tobacco
- ▶ Countermarketing posters
- ▶ Needs assessment model
- ▶ Sample nondiscrimination policies
- ▶ LGBT Welcoming Posters
- ▶ Coming soon: LGBT quit motivational pamphlet
- ▶ Coming soon: Cancer Action Plan
- ▶ Coming soon: Best practices for Cancer



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Blog:

<http://blog.lgbthealthlink.org/>

Facebook:

LGBT HealthLink

Twitter:

@LGBTHealthLink

Youtube:

NFN Scout (I know, odd, eh?)

Questions and Answers



- Submit questions via the **chat box**

Contact SCLC for technical assistance

CME/CEUs of up to 1.5 credits are available to all attendees of this live session. Instructions will be emailed after the webinar.

Save the Date

“An Introduction to Motivational Interviewing: Focus on Tobacco Use and Dependence” on Wednesday, July 22nd at 2pm ET.

Contact SCLC for technical assistance



Visit us online

- <http://smokingcessationleadership.ucsf.edu>

Call us toll-free

- 1-877-509-3786



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Accreditation:

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