Cancer & Latinx LGBTQ Populations

June 27, 2019 3:00 PM - 4:00 PM EDT
The National Alliance for Hispanic Health is the premier science-based and community-driven organization that focuses on the best health for all. Community-based members provide services to more than 15 million Hispanics throughout the U.S. every year and national organization members provide services to more than 100 million people annually.

Our Vision: Strong healthy communities whose contributions are recognized by a society that fosters the health, well-being, and prosperity of all its members.

Our Mission: Best Health for All
The National Alliance for Hispanic Health’s *Nuestras Voces* (Our Voices) Network Program is an initiative of the Centers for Disease and Control and Prevention Networking2Save consortium of national networks implementing population-specific and public health-oriented strategies, to impact the prevalence of commercial tobacco use and tobacco related cancers.

The purpose of the *Nuestras Voces* (Our Voices) Network is to expand multi-sector networks and their capacity to effectively address the threats of commercial tobacco use and reduce the impact of tobacco related cancers on the nation’s health and wellbeing, with a particular focus on reducing disparities in underserved Hispanic communities.
About the *Nuestras Voces* Network Program Regional Lead Agencies

► The *Nuestras Voces* (Our Voices) Network Program is partnering with leading Hispanic community-based organizations (CBOs) that are serving as Regional Lead Agencies (RLAs).

► These agencies are trusted agents of change in their communities and have a broad history of implementing culturally proficient interventions including tobacco and cancer control, and they operate networks that are regional with a reach amplified by their multi-sectoral collaborations.
Nuestras Voces (Our Voices) Network

► Program Director Marcela Gaitán, MPH, MA.

For more information about the Nuestras Voces (Our Voices) Network Program:

► Visit the program’s website at www.nuestrasvoces.org

► Send an email to: nuestrasvoces@healthyamericas.org
The National LGBT Cancer Network
the LGBT community about our increased cancer risks and the importance of screening and early detection.
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
The Team

Feel free to contact us at info@cancer-network.org.
Which of the following best describes your organization?

- Tobacco control program/organization
- Cancer control program/organization
- LGBTQ program/organization
- Latinx program/organization
- Other
How are San Diego & LGBTQ Latinx Folx Related?
1,419,200, is the estimated number of LGBT Latinx Adults in the U.S.

4.3 percent of Latino/a adults consider themselves lesbian, gay, bisexual or transgender (LGBT)

29 percent of Latino/a same-sex couples are raising children.

146,100 of Latinx Individuals in Same-sex couples in the U.S.

2015 U.S Transgender Survey
Report on the Experience of Latino/a Respondents

45 percent had experienced serious psychological distress in the month before taking the survey—nine times the rate in the U.S. population (5 percent).

21 percent of Latino/a respondents were unemployed—higher than the unemployment rate in the USTS sample overall (15 percent) and more than three times higher than the unemployment rate in the U.S. population (12 percent).

31 percent had experienced homelessness, and 14 percent had experienced homelessness just in the past year because of being transgender.

43 percent of Latino/a respondents were living in poverty—higher than 29 percent of the general USTS sample and nearly four times the poverty rate in the U.S. population (12 percent).
32 percent of Latino/a respondents who saw a health care provider in the past year reported having at least one negative experience related to being transgender, such as being refused treatment, being verbally harassed, being physically or sexually assaulted, or having to teach the provider about transgender people in order to get appropriate care.

—2015 U.S Transgender Survey
Welcome
Natalie M. Alizaga, PhD, MPH
LATINX LGBTQ INDIVIDUALS AND CANCER: APPLICATIONS FROM TWO STUDIES

Natalie M. Alizaga, PhD, MPH
Assistant Professor, Cañada College
Leading cause of death among Latinx LGBTQ community at increased risk for some cancers

Barriers to health care including:
- Obtaining and/or affording health insurance coverage
- Fear of stigmatization by health care providers
- Providers’ lack of knowledge about Latinx LGBTQ-specific health issues (Miller et al., 2018; Tamargo, Quinn, Sanchez, & Schabath, 2017)
Transgender and non-binary (TNB) individuals may encounter negative experiences within health care settings.

Lack of research on the within-group differences in experiences of health care discrimination among TNB people of color (POC).

Goal of this study is to identify latent subgroups of TNB POC based on various experiences of discrimination in health care settings.
Subset from U.S. Transgender Survey (n = 1368)

Latent class analysis (LCA) was used to identify mutually exclusive subgroups of TNB POC based on participant responses to observed binary variables.

Person-centered approach allows us to explore subgroups of TNB POC with shared experiences of discrimination.
Five indicators to identify subgroups of health care discrimination included:
1) Having to teach one's provider about transgender people to receive appropriate care
2) Being denied transgender-related treatment
3) Being asked invasive questions by a provider
4) Having a provider use harsh language
5) Being verbally harassed in a health care setting.

Additionally, we examined the association of demographic and health indicators including “outness” in health care settings, and visual conformity.
Gender Identity

- Transgender women: 22%
- Transgender men: 4%
- Non-binary Assigned Female at Birth: 42%
- Non-binary Assigned Male at Birth: 32%
RESULTS: INCOME

Income

- NO INCOME: 13.42%
- $1 TO $9,999: 27.43%
- $10,000 TO $24,999: 27.28%
- $25,000 TO $49,999: 18.75%
- $50,000 TO $100,000: 9.86%
- $100,000 OR MORE: 3.26%
RESULTS: LCA

Item Probabilities

- Green line: Multi-discrimination subgroup (10%)
- Yellow line: Educators and invasiveness subgroup (36%)
- Blue line: Educators subgroup (33%)
- Purple line: Educators and denied treatment subgroup (11%)
- Black line: Verbal harassment subgroup (10%)

Axes:
- X-axis: Had to Educate Provider, Refused Transgender Related Care, Invasive Questions, Harsh Language, Verbal Harassment
- Y-axis: Probability range 0 to 1

Legend:
- Green line: Multi-discrimination subgroup (10%)
- Yellow line: Educators and invasiveness subgroup (36%)
- Blue line: Educators subgroup (33%)
- Purple line: Educators and denied treatment subgroup (11%)
- Black line: Verbal harassment subgroup (10%)
• Educators subgroup used as the reference group

• Multi-discrimination subgroup was more likely to be comprised of participants who identified as American Indian/Alaska Native, and were “out” as transgender in health care settings.
  • Less likely to be comprised of Latinx.

• Educators and invasiveness subgroup was less likely to be comprised of participants who identified as transgender women.
• Educators and denied treatment subgroup was less likely to be comprised of non-binary participants who were assigned female at birth.

• Verbal harassment subgroup was more likely to be comprised of non-binary participants who were assigned female at birth and were less likely to be "out" in health care settings.

• Visual conformity was not significant
CONCLUSIONS AND IMPLICATIONS

- Factors including gender identity, race/ethnicity, and outness must be considered to assess risk of discrimination and inform improvements in health care access, as well as interventions to prevent discrimination.

- Added to the limited research on experiences of discrimination in health care settings among non-binary and transgender men, highlighting the higher rates of discrimination among these groups.
CONCLUSIONS AND IMPLICATIONS

- Special considerations are necessary for ethnically diverse transgender individuals, particularly Native Americans and Latinx.

- Our findings have implications for health care practice, policy, and practitioners’ education.
MINORITY STRESS, CERVICAL CANCER SCREENING BEHAVIORS, AND GENDER-AFFIRMING HEALTH CARE AMONG TRANSMASCULINE INDIVIDUALS
Institutional barriers

- Less likely to be insured (Grant et al., 2011)
- Discrimination from health care providers
- Concealment = unaddressed medical needs (Petroll & Mosack, 2011)

Patients who perceive their doctors to be unknowledgeable about LGBTQ-specific care:

- Schedule fewer visits and preventive tests
- Less compliant with treatment (Rankow & Tessaro, 1998; Stevens, 1996; Wang, Hausermann, Counatsou, Aggleton, & Weiss, 2007)

Lack of knowledge of transgender issues reinforces the erasure of transgender people in society (Bauer et al., 2009)
Many retain natal reproductive organs such as cervixes that may be at risk for cancer (Peitzmeier, Reisner, Harigopal, & Potter, 2014)

Risk factors including smoking and sexual violence (ACS, 2015; Peitzmeier, Khullar, Reisner, & Potter, 2014)

Used electronic medical records to examine factors associated with unsatisfactory tests and being up-to-date on Paps
- 10.77 increased odds of ever receiving an unsatisfactory Pap
- 37% lower odds of being up-to-date (Peitzmeier, Khullar, Reisner, & Potter, 2014; Peitzmeier, Reisner, Harigopal, & Potter, 2014)
Completing Pap tests can be difficult

- Disconnect between biological sex and gender identity
- Desire to ignore the existence of natal reproductive structures
- Lack of awareness that cervix is still present after supracervical hysterectomy
- Frequent history of trauma
- Heightened anxiety about undergoing genital examinations
- High incidence of nulliparity (Peitzmeier, Reisner, Harigopal, & Potter, 2014)

May not be receiving appropriate gynecological care, which places them at increased risk of cervical cancer (Dutton, Koenig, & Fennie, 2008)

Serious implications for understanding cancer incidence, treatment, and survival rates (Bowen & Boehmer, 2007)
What does the Minority Stress Model explain or not explain about transmasculine individuals’ cervical cancer screening behaviors?

What roles do race/ethnicity and gender identity play in transmasculine people of color’s experiences of minority stress compared to White transmasculine individuals?

What role does socioeconomic status play in transmasculine individuals’ gender-affirming health care?

How do transmasculine individuals’ experiences accessing gender-affirming health care reflect inequalities within the health care system?
What does the Minority Stress Model explain or not explain about transmasculine individuals’ cervical cancer screening behaviors?
What roles do race/ethnicity and gender identity play in transmasculine people of color’s experiences of minority stress compared to White transmasculine individuals?
What role does socioeconomic status play in transmasculine individuals’ gender-affirming health care?
How do transmasculine individuals’ experiences accessing gender-affirming health care reflect inequalities within the health care system?
Distal stress processes
- External, objective stressors
- Do not depend on personal identification with minority status
- Gain psychological importance through cognitive appraisal

Proximal stress processes
- Subjective; rely on individual perceptions, appraisals, and self-identification with minority group
- Increased vigilance
- Concealment of identity
- Internalized negative social attitudes—*internalized transphobia* (Meyer, 2003)
Minority stressors may affect psychological processes, health behaviors, and physiological functioning (Lick, Durso, & Johnson, 2013)

LGB people are more likely to report and are at greater risk for cancer compared to heterosexual individuals (Kavanaugh-Lynch, White, Daling, & Bowen, 2002; Koblin et al., 1996)

Perceived discrimination related to reduced healthy behaviors and increased unhealthy behaviors, such as cancer screening (Pascoe & Smart Richman, 2009)
The Fenway Institute (Boston, MA)

Assessing transmasculine individual’s experiences with, perceptions of, and barriers to cervical cancer screening

Inclusion criteria:
- Between ages of 21 to 64
- Biological female at birth
- Identify on the transmasculine spectrum
- Retain a cervix
<table>
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<tr>
<th><strong>PARTICIPANTS</strong></th>
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<tr>
<td>32 individuals who identified on the transmasculine spectrum</td>
<td>25 participants identified as White or Caucasian, 3 Black or African American, 1 Hispanic, 3 Biracial</td>
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<td>Average age was 33 ($SD = 10.5$; range = 21 to 56)</td>
<td>47% employed full-time</td>
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<td>Used a variety of terms to describe gender identity</td>
<td>72% &lt; $50,000/year</td>
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Open-ended questions related to experiences with cervical cancer screening, facilitators or barriers to accessing health care

- “Tell me more about your last Pap test. What was that experience like for you?”
- “What were your thoughts and emotions before, during, and after the exam?”
- “How does receiving gynecological care fit or not fit into your gender identity?”
6 of 32 participants discussed experiences of discrimination within health care settings
  ▪ How experiences affected cervical cancer screening

Two themes:
  ▪ Perception of gender identity discrimination in health care settings
  ▪ Perception of sexual orientation discrimination in health care settings
DISTAL STRESS PROCESSES: GENDER IDENTITY DISCRIMINATION

It was the most uncomfortable, most unpleasant experience to the point where after all was said and done [the health care provider] had to schedule another appointment with me just so she could apologize for the way that she treated me. She's sitting there mispronouncing me; like when I got the paper gown on I was so nervous I couldn't take off my underwear and I was wearing briefs which were very obviously, very clearly briefs, and she's like, ‘Okay, can you like take your panties off now?’ (Lonnie, 26, male-identified)

You know, [my provider was] saying things like, ‘Well, I'm going to treat you like a woman because that's what I'm dealing with here.’”(Noah, 26, transmasculine-identified)

I saw a doctor other than the one that everyone recommended, and she was doing a breast exam and said something like, ‘Yeah you probably don't like these too much, huh?’ (Noah, 26, transmasculine-identified)
When asking about like my sexual activity to determine risk, I actually had someone say, "So then you're not sexually active then?" Like this counts as you're not sexually active, because there’s no penis penetration. I literally got counted as not being sexually active, which is so totally offensive. (Dante, 31, genderqueer-identified)

I want[ed] to start T[estosterone] and that means I have to go to a [primary care provider]. We introduced ourselves and it was like, "So, what makes you think you're not just a lesbian?" (James, 34, male ‘with complicated bits”)
15 of 32 participants anticipated rejection and avoided stigmatizing encounters.

Three themes:
- Rejection by health care providers
- Rejection in health care settings
- Rejection from providers outside of large cities
I’ve definitely had times where I’ve pushed certain things off because, like, it’s not life-threatening. (Sam, 25, genderqueer FtM-identified)

But I think also anxiety around...that same anxiety of, like, how are people going to treat me? Are they going to understand? Is it going to be a big deal? Some of the guys I know are...cautious, I guess, around that sort of thing and might err on the side of, “Well, they wouldn't understand, so I just won't.” (Aiden, 27, male-identified)
When I called, the lady who answered said, "Sir, do you...do you know...do you know where you’re calling?" And then as soon as I said to her, she was like "Oh! Honey, oh my goodness." You know, she was very sweet, but I almost hung up. So I said to [name redacted], I was like, "I’m not gonna see her over there.” (Jon, 40, trans-male-identified)

Usually there’s one, you know, boyfriend, husband, partner, that’s pretty obvious, where I’m just sitting there by myself. The longer I sit there by myself, people are like, you don’t know why, ‘Oh is that a trans person here?’ Sometimes, the problem...maybe being self conscious, bury your head in a magazine, how long do I have to do that for? (Chase, 53, trans-identified)
Like, if I were to go somewhere new, having to, like, you know, come out to a whole set of new medical professionals would be a barrier. Like, I might say to myself, ‘You know what? I’m just going to not do it because I don’t want to have to, like, explain my story, and like, I don’t want to have to come out.’ (Tyler, 25, transman-identified)

My very first uh, my very first Pap, um, I pretty much looked like a lesbian, I had a female partner, and I didn’t like say anything about identifying differently, um, I hadn’t had chest surgery yet or anything, so I think I just seemed like a lesbian, I just left it at that. (Dante, 31, genderqueer-identified)
Negative effects of race-related stress on the health of racial/ethnic minorities (Williams & Mohammed, 2009)

Minority identity can result in stronger connections with one’s community

Two themes:
- Provider competence around transgender and racial/ethnic minority health issues
- White transmasculine individuals’ perceptions of privilege when seeking health care
I'm always really skeptical if they know about, like I said, how African American bodies work...Black bodies work. You know, like, what are more health risks? Or healing, or just different stuff like that, and so I'm always kind of wary, particularly if I'm dealing with a doctor who is not of the same race. (Kyle, 29, queer and transmasculine)

I think just like the trans piece, I think I...you know, there's always going to be a role that it plays in that people have to then sort of make their switch and think about things a little differently like, "Okay, well if this person is Black, well, what things are they more predisposed to within the community? Well, if they're trans..." I think it impacts it that way, because my hope would be that any doctor would then be thinking of those things to know, what questions to ask or not ask, and not really make too many assumptions. (Jon, 40, transmale)
I don’t know if [my health care provider] would believe me as much if I were a person of color or if I were coming from different socioeconomic status... With regards to my experience with my body, you know I, in those ways I have definitely benefited from my privilege. Especially when talking to other trans people, trans people of color and queer people of color in talking about their experiences with their doctors, and not being believed about their bodies and experiences. (Ethan, 28, trans male)
Health care providers and staff often used inappropriate pronouns and gendered language.

Coping and social support resources available to deal with stressors related to cervical cancer screening.

Experienced or anticipated rejection:
- Concealed gender identity within health care settings.

Participants of color had expectations of rejection from providers, whereas White participants anticipated better treatment than their peers.
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Thank you Dr. Natalie M. Alizaga!

Questions?
The National LGBT Cancer Network has a series of resources member organizations can co- or solo-brand for free. This gives everyone access to tailored materials. The following are brand new resources we are debuting on this webinar.
New Resources: “Por qué” Ads
New Resources: “Por qué” Ads
New Resources: “Por qué” Ads
New Resources: “Por qué” Ads

¿Por qué me hago pruebas de detección de cáncer?

Encuentra un/a doctor/a seguro aquí: findahealthcenterhrsa.gov
New Resources: “Por qué” Ads
The National Institutes of Health (NIH) is implementing the All of Us Research Program to help researchers understand more about why people get sick or stay healthy. People who join will provide information about their health, habits, and what it’s like where they live. By looking for patterns, researchers may learn more about what affects people’s health.

The goal is to have one million or more volunteers, reflecting the broad diversity of people who live in the U.S.

Stanford University School of Medicine is a partner of the All of Us Research Program and are working to encourage LGBTQ individuals to learn more about joining All of Us and how LGBTQ individuals can contribute to research that may improve health for everyone. They have also conducted three online sexual and gender minority trainings for all partners in the All of Research Program.

Their website is: joinallofus.org/lgbtq

FB page: https://www.facebook.com/AllofUsLGBTQ/
The following Infographic details, in Spanish, different statistics that affect LGBTQ communities. It includes information on smoking rates and oncologists knowledge on specific LGBT health needs.
Become a Member Today!

Gain access to materials and information by becoming a member of today! You can join our membership program by contacting Karen Naimool at karen@cancer-network.org
What can we do for you?

We’re always looking for new ways to better support our members. If you need specific materials or help engaging with our communities, please feel free to reach out!

info@cancer-network.org
Complete the Survey to Receive the PDF of Today’s Presentation
Thank You!