Health disparities experienced by LGBTQIA AYAs

- Disparities exist because of discrimination, stigma, and lack of affirming care (not because of a patient's gender identity or sexual orientation).
- Disparities increase the risk for mental and physical health conditions, negative health behaviors, and negative social experiences:

  - Suicidality
  - Smoking
  - Substance misuse
  - Anxiety and depression
  - Bullying
  - Disordered eating
  - Sexual abuse
  - Sexually transmitted diseases

Cancer care and survivorship disparities experienced by LGBTQIA AYA

- Poorer quality of life and overall health
- Greater levels of distress
- More challenges with dating and relationships (partners/friends/family)
- Increased substance use
- Lower satisfaction with cancer and psychosocial care
- Lower self-esteem and increased feelings of isolation
Module 10 Lecture: Disparities, Barriers and Skills

Barriers to affirming care for LGBTQIA AYAs: Institutional barriers
- Homophobia, transphobia, and discrimination
- Cis/heteronormative messaging and policies
- Marginalization between pediatric and adult healthcare systems
- Religious influence or policy in faith-based facilities

Barriers to affirming care for LGBTQIA AYAs
Clinician knowledge and behavior
- Assuming a patient’s sexual orientation, gender identity, pronouns
- Use of offensive language and stereotyping
- Discomfort obtaining SOGI data and discussing patient’s LGBTQIA identity
- Lack of general LGBTQIA health issues and specifically sexual health
- Exclusion of partners from information and decision-making
- Allowing personal or religious beliefs to influence care

What can you do to provide better care and address barriers?

UNDERSTAND THE ISSUES AND TAKE ACTION
Module 10 Lecture: Disparities, Barriers and Skills

The Basics
- Practice cultural humility
- Collect SOGI data
- Create a welcoming environment
- Advocate for patients

The Basics: Practice Cultural Humility
- Know yourself
  - Reflect on your identities and where they place you.
  - Acknowledge your privilege and the power it affords you.
  - Reckon with your biases.
  - Use your power to serve.
- Understand minority stress, critical race theory and intersectionality and practice accordingly.
- Recognize resilience in patients and promote it.

The Basics: Collect SOGI Data
- Patient reported, not provider observed
- May be collected in writing or verbally
  - Intake forms with inclusive language and multiple options
  - Consider patient comfort/need in selecting how to collect
- Leads to better tailored and whole person care
- Improves communication and patient/clinician report
Module 10 Lecture: Disparities, Barriers and Skills

The Basics: Create a Welcoming Environment

- Policy
  - Clearly display non-discrimination policies that include SOGI
- Setting
  - Single stall or gender-neutral bathrooms
  - Affirming stickers, pins, art, educational materials
  - Intake forms that ask for name (if different than legal), sexual orientation and gender identity (SOGI)
- Behavior
  - Share your pronouns with patients and ask for theirs
  - Use gender neutral language

The Basics: Advocate for patients

- Ensure faculty and staff are educated.
- Remind other providers about privacy and safety policies.
- Consistently reinforce nondiscrimination policies.
- Provide appropriate referrals.
- Ask questions and read the literature on best practices with LGBTQIA patients.

Discussing reproductive health with LGBTQIA AYA cancer patients & survivors

- LGBTQIA AYA deserve culturally competent reproductive health care that enables them to navigate dating, fertility, and family building during treatment and survivorship with as little distress as possible.
- Topics to discuss with survivors
  - Identity development and Disclosure
  - Fertility and Contraception
  - Sex
  - Relationships and Dating
  - Body Image
Module 10 Lecture: Disparities, Barriers and Skills

Reproductive Health Topics for LGBTQIA AYA: Identity Development and Disclosure
- Move from a frame of intersectionality.
- Don’t assume sexual orientation or gender identity based on anything including appearance, name or pronouns.
- Ask who the survivor is out to (different family members and friends may have different information)
- Ask who is with the patient/survivor (if they are accompanied by others)
- Be open to changes in identity, pronouns, plans, etc. Developmental trajectory is different for each survivor and SOGI are fluid.
- Be extra aware for early signs of depression and anxiety.

Reproductive Health Topics for LGBTQIA AYA: Fertility & Contraception
- Don’t assume LGBTQIA AYAs want or do not want children.
- Ask about interest in talking about family planning possibilities.
- When relevant, talk about preserving genetic material, not eggs or sperm.
- Use the language of the survivor/patient.
  - “What terms do you use for your reproductive organs?”
- Address STI prevention and pregnancy prevention only when relevant.

Reproductive Health Topics for LGBTQIA AYA: Sex
- Ask about sexual activities.
  - “Are you engaging in sexual activities? With whom? How? What body parts are involved?”
- Know that “sex” is not one activity.
- Be sure to include people and toys in conversations about sex.
- Discuss impacts of cancer or treatment on sexual function and desire.
- Share resources for supporting a healthy sex life.
Reproductive Health Topics for LGBTQIA AYA: Relationships and Dating

- Ask about their support network
  - "Who do you have with you today? What is your relationship?" or "Is there anyone who supports you emotionally, and if so, who?"
- Be sensitive when discussing "rites of passage."
- Welcome friends and chosen family as you would any other family members.
- Ask who is in the patient/survivor’s family and honor their definition of family.
- Encourage connection to community

Reproductive Health Topics for LGBTQIA AYA: Body Image

- Ask patients what words they use to refer to their body parts and use those words.
- Watch for signs of disordered eating (outside of those treatment-related).
- Be aware of different definitions of beauty and attractiveness.
- Do not put stereotypes you’ve previously learned on patients/survivors.

Key Take Aways

- LGBTQIA AYA cancer survivors face institutional and relational barriers to quality care.
- You can provide relevant and responsive care to LGBTQIA survivors by shifting away from systemic hetero and cis-normative centers.
- Coming from a place of respect and humility will allow you to provide the best care and relationships with your patients.
- You can minimize the harm of stigma and discrimination by being aware of your own biases and not putting them on patients and survivors.
- Being an advocate for LGBTQIA AYA cancer survivors can is an ongoing practice, not a box to check.