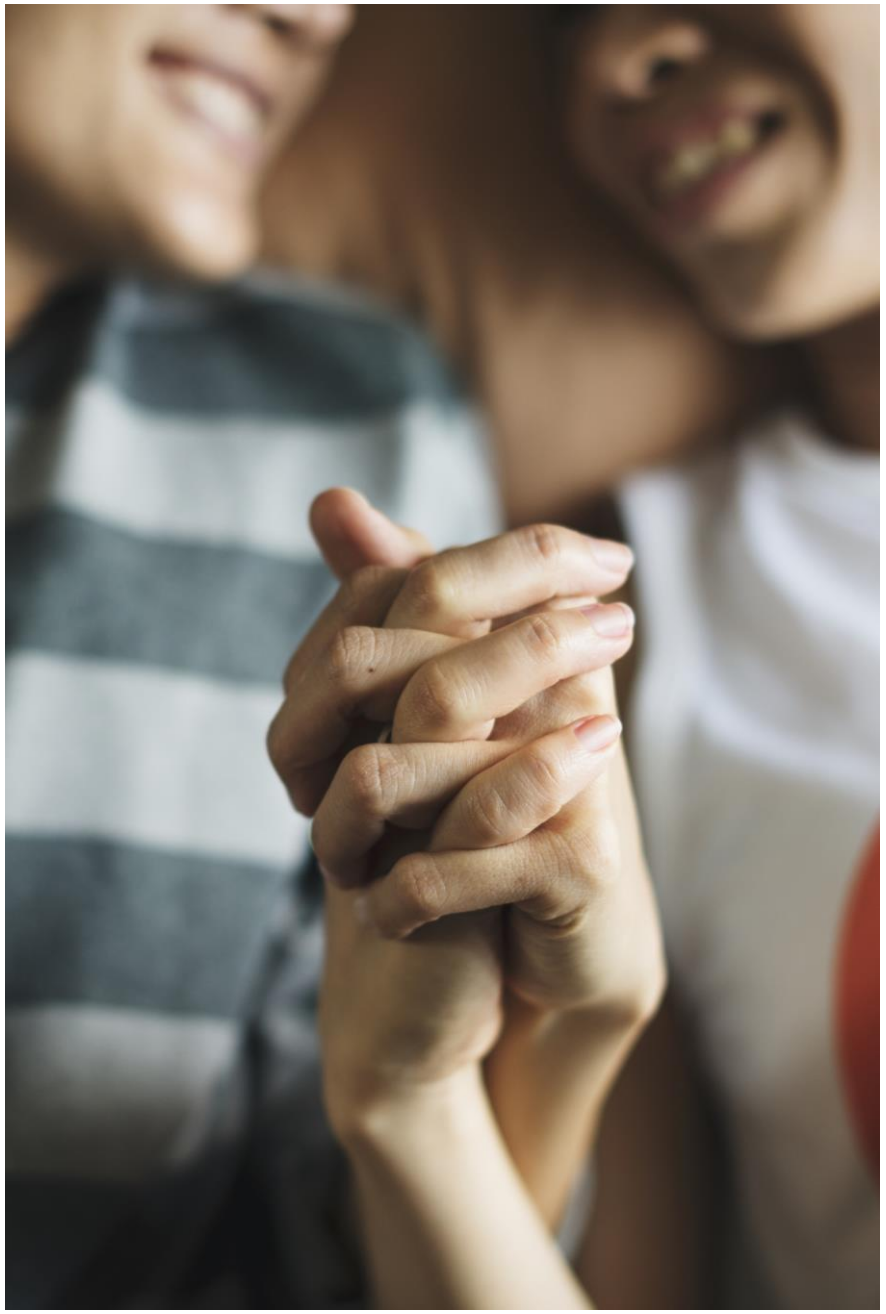


networking for HEALTH EQUITY

Supporting LGBTQ+ Communities: Mental Health, Co-Treatment & Nicotine Addiction Recovery

Presented by the National LGBT Cancer Network & the National Behavioral Health Network for Tobacco & Cancer Control

Welcome!

Michelle Veras, MPH
Projects Director,
LGBT Cancer Network

national lgbt cancer network
ADVOCATING FOR HEALTH EQUALITY

Tamanna Patel, MPH
Director of Practice Improvement,
National Council for Mental Wellbeing

NATIONAL COUNCIL for Mental Wellbeing
HEALTHY MINDS ▪ STRONG COMMUNITIES

networking for HEALTH EQUITY

Networking2Save: A National Network Approach to Promoting Tobacco and Cancer-Related Health Equity in Special Populations

- A consortium of eight national networks sponsored by the CDC's Office on Smoking and Health and Division of Cancer Prevention and Control.

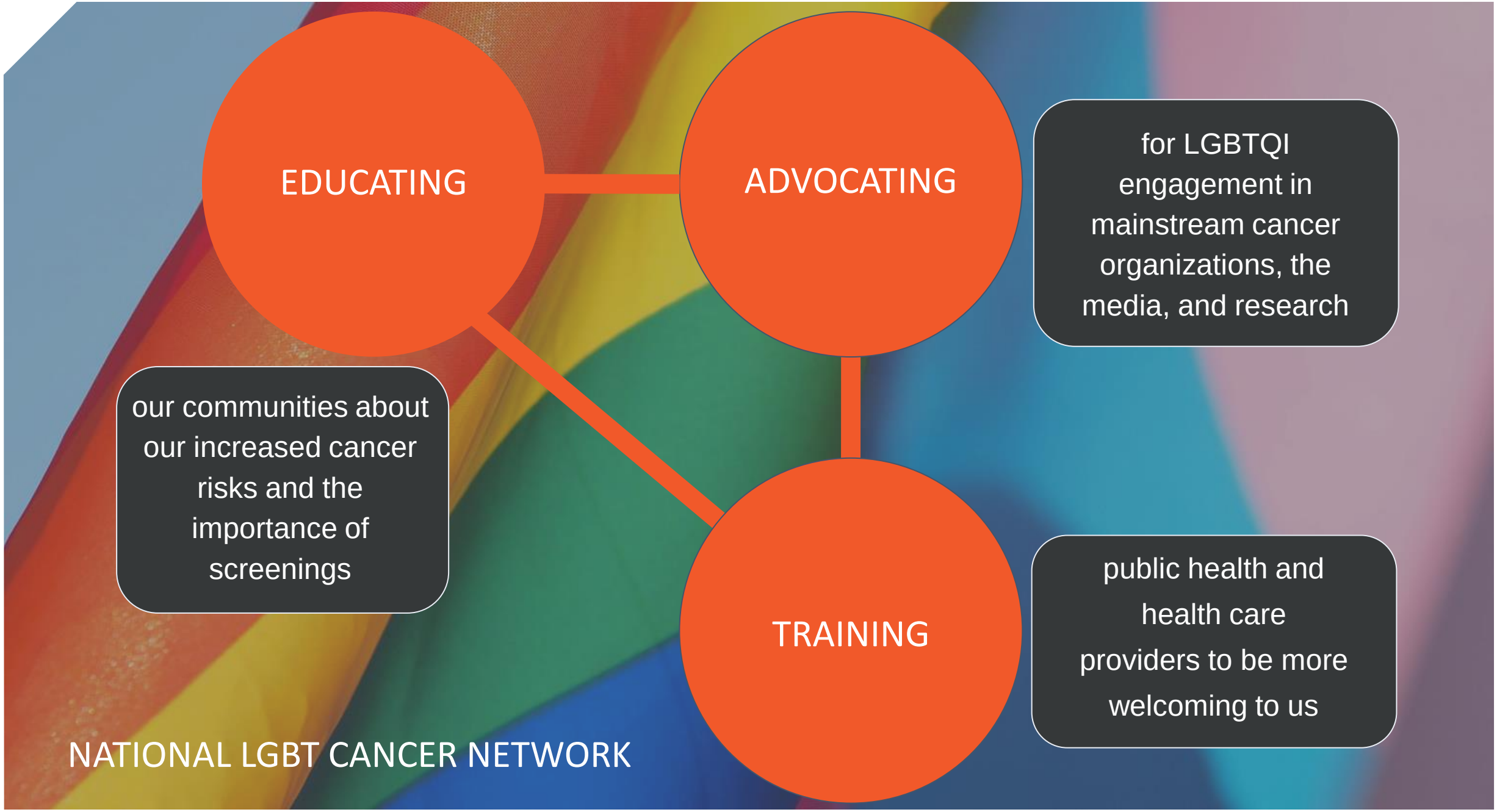
- Our partnership provides leadership on and promotion of evidence-based approaches for preventing commercial tobacco use and cancer. Strategies and activities will focus on—

  - Network administration and management.
  - Training and technical assistance.
  - Engagement of the priority populations in national, state, tribal, territorial interventions.
  - Mass-reach health communications that complement OSH, DCPC, and other CDC-funded chronic disease programs.

Networking2Save Siblings

National Network	Population of Focus	Awardee Organization
ASPIRE Network	Asian-American, Native Hawaiian, and Pacific Islander	Asian Pacific Partners for Empowerment, Advocacy, & Leadership (APPEAL)
Geographic Health Equity Alliance	Geographically defined	Community Anti-Drug Coalitions of America (CADCA)
National African American Tobacco Prevention Network	African American	The Center for Black Health & Equity
National Behavioral Health Network for Tobacco and Cancer Control	Mental health and substance use challenges	National Council for Mental Wellbeing
National LGBT Cancer Network – Tobacco Related Cancer Project	Lesbian, gay, bisexual and transgender	National LBGT Cancer Network
National Native Network (Keep it Sacred)	American Indian and Alaska Native	Inter-tribal Council of Michigan, Inc
Nuestra Voces (Our Voices) Network	Hispanic/Latino	National Alliance for Hispanic Health
SelfMade Health Network	Low socioeconomic status	Patient Advocate Foundation

networking for HEALTH EQUITY


EDUCATING
our communities about our increased cancer risks and the importance of screenings
ADVOCATING
for LGBTQI engagement in mainstream cancer organizations, the media, and research
TRAINING
public health and health care providers to be more welcoming to us
NATIONAL LGBT CANCER NETWORK

national lgbt cancer network

TOBACCO RELATED CANCER PROJECT

We assess the field to ID 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

Setting the Stage – Our Community

An estimated 14 million people in the United States identify as LGBTQ, more than the entire population of Pennsylvania, the fifth most populous state in the country, including 3 million youth ages 13 – 17 and 11 million adults ages 18 and older.

The Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersexual, Asexual (LGBTQIA*) community represents a diverse range of identities and expressions of gender and sexual orientation.

LGB adults are more than twice as likely as heterosexual adults to experience a mental health condition.

Transgender individuals are nearly four times as likely as cisgender individuals (people whose gender identity corresponds with their birth sex) individuals to experience a mental health condition.

National Behavioral Health Network for Tobacco & Cancer Control

- Jointly funded by CDC's *Office on Smoking & Health & Division of Cancer Prevention & Control*
- Provides resources and tools to help organizations reduce tobacco use and cancer among individuals experiencing mental health and substance use challenged
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

Visit www.BHtheChange.org and Join Today!

Free Access to…

Toolkits, training opportunities, virtual communities and other resources

Webinars & Presentations

State Strategy Sessions

Communities of Practice

Behavioral Health & Wellness Program

Smoking Cessation Leadership Center

MPHI

#BHthechange

National Council for Mental Wellbeing

Setting the Stage: Our Community

- 1 in 4 adults have some form of mental health or substance use challenge.
- Of the 8.9 million young adults who reported having a mental illness in 2018, more than 2 in 5 went untreated and of the 5.1 million with a substance use disorder, nearly 9 in 10 did not get treatment (SAMHSA, 2018)
- Despite overwhelming need, nearly 30 million people across the U.S. don't have access to comprehensive, high-quality, affordable mental health and substance use care when they need it. (National Council)

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A Note on Language & Terminology

- **Mental wellbeing:** thriving regardless of a mental health or substance use challenge.

- **Commercial tobacco use/tobacco use:** The use of commercial tobacco and nicotine products (including electronic nicotine devices, otherwise known as ENDs).*

- **All references to smoking and tobacco use is referring to commercial tobacco and not the sacred and traditional use of tobacco by some American Indian and Alaskan Native communities.**

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A Note on Language & Terminology

- **LGBT/LGBTQ/LGBTQ+** are all safe terms to use within a professional setting, these refer to the full population.
- **Gender Identity** is the innermost concept of self as male, female, a blend of both or neither. Our gender identity may or may NOT match our appearance, our body, or others' perceptions of us.
- **Sexual Orientation** is an inherent or immutable enduring emotional, romantic or sexual attraction to other people.
- **"Queer"** while historically derogatory, is *often used as a neutral or a positive term* among LGBT people today – not embraced or used by all LGBTQ+ people.

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Learning Objectives

1

Describe the root causes of mental health, addiction and tobacco disparities impacting the LGBTQIA+ community.

2

Identify current barriers to equitable care for LGBTQIA+ individuals.

3

Discuss key considerations for engaging LGBTQIA+ individuals in higher education.

4

Gain resources and strategies to effectively promote tobacco cessation, mental health resiliency and recovery for LGBTQIA+ individuals.

An Equity Perspective…

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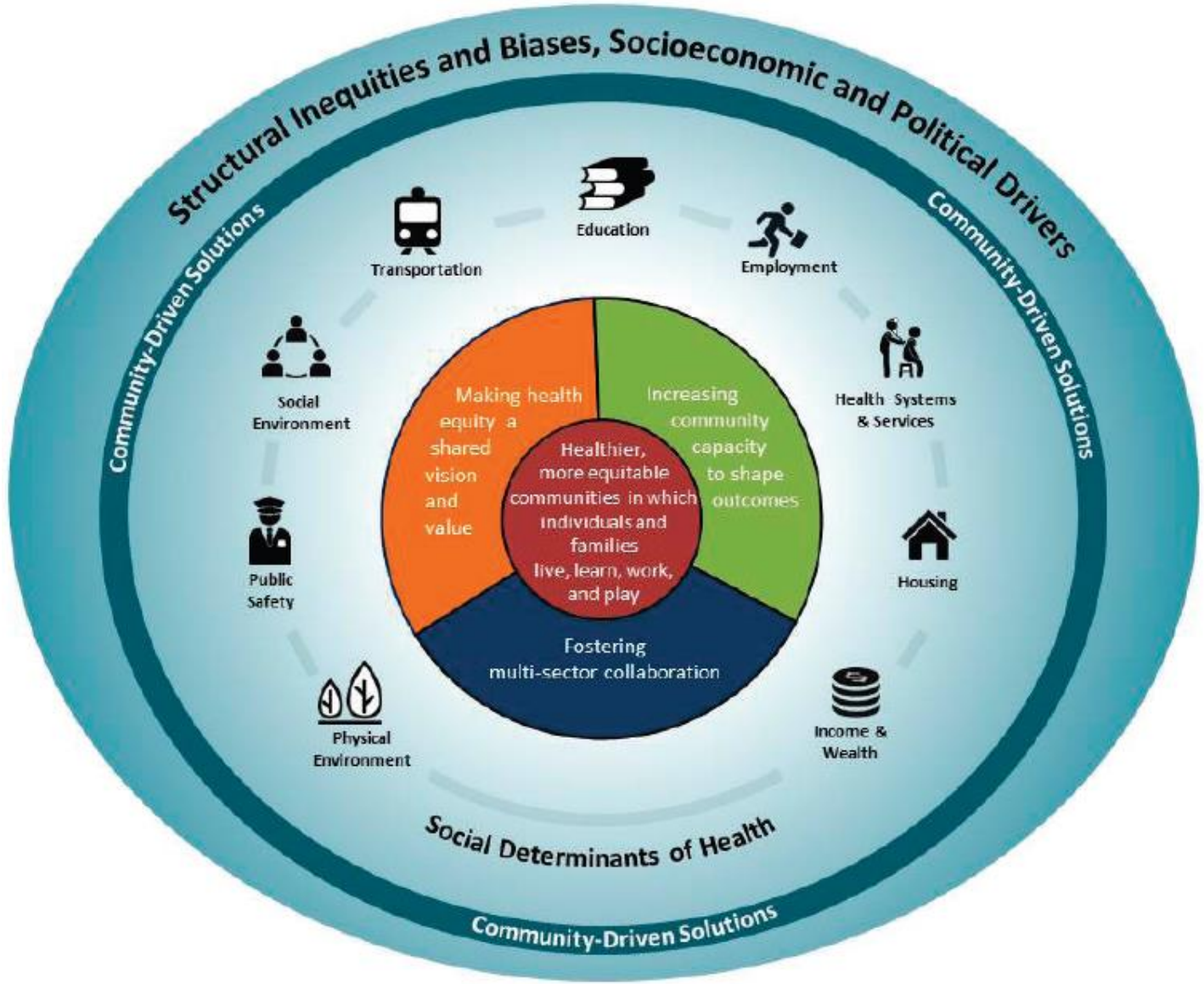
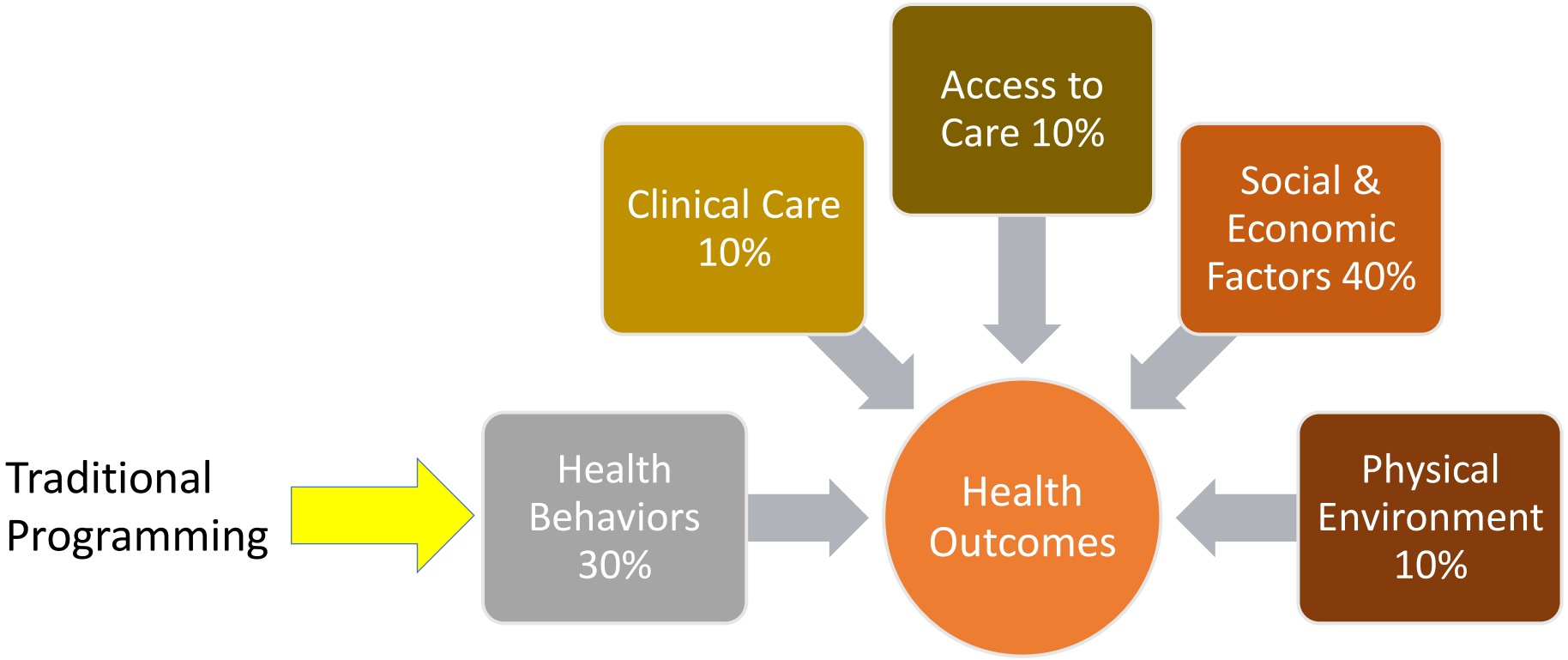
Where we are born, live, work, play, and pray…

…determines our health status.



Source: National Academies Press- Communities in Action: Pathways to Equity

Social Determinants of Health



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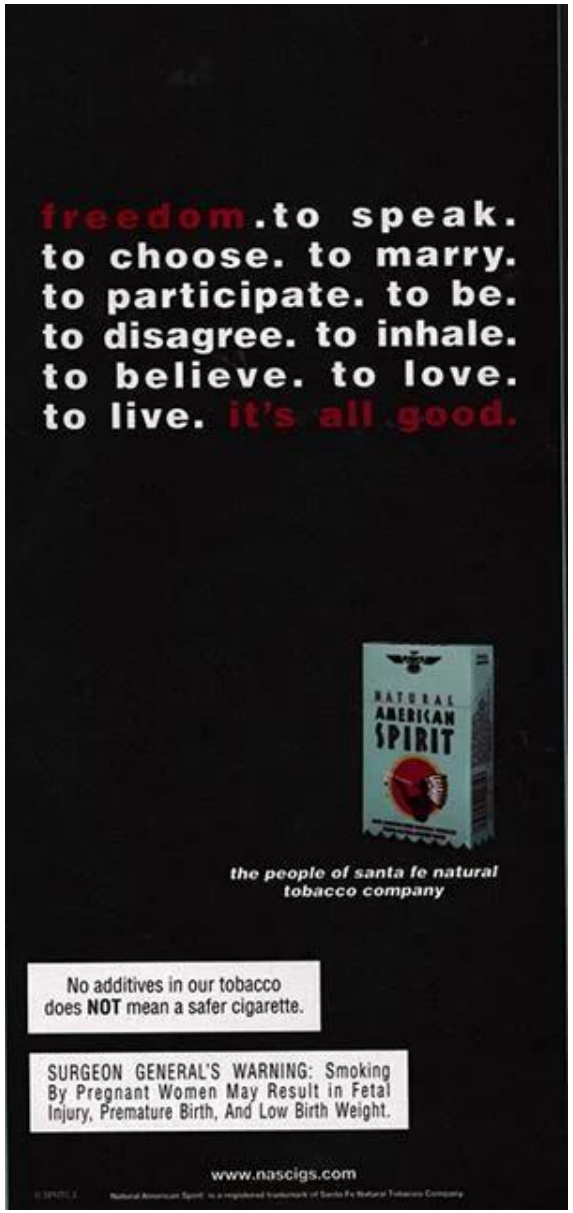
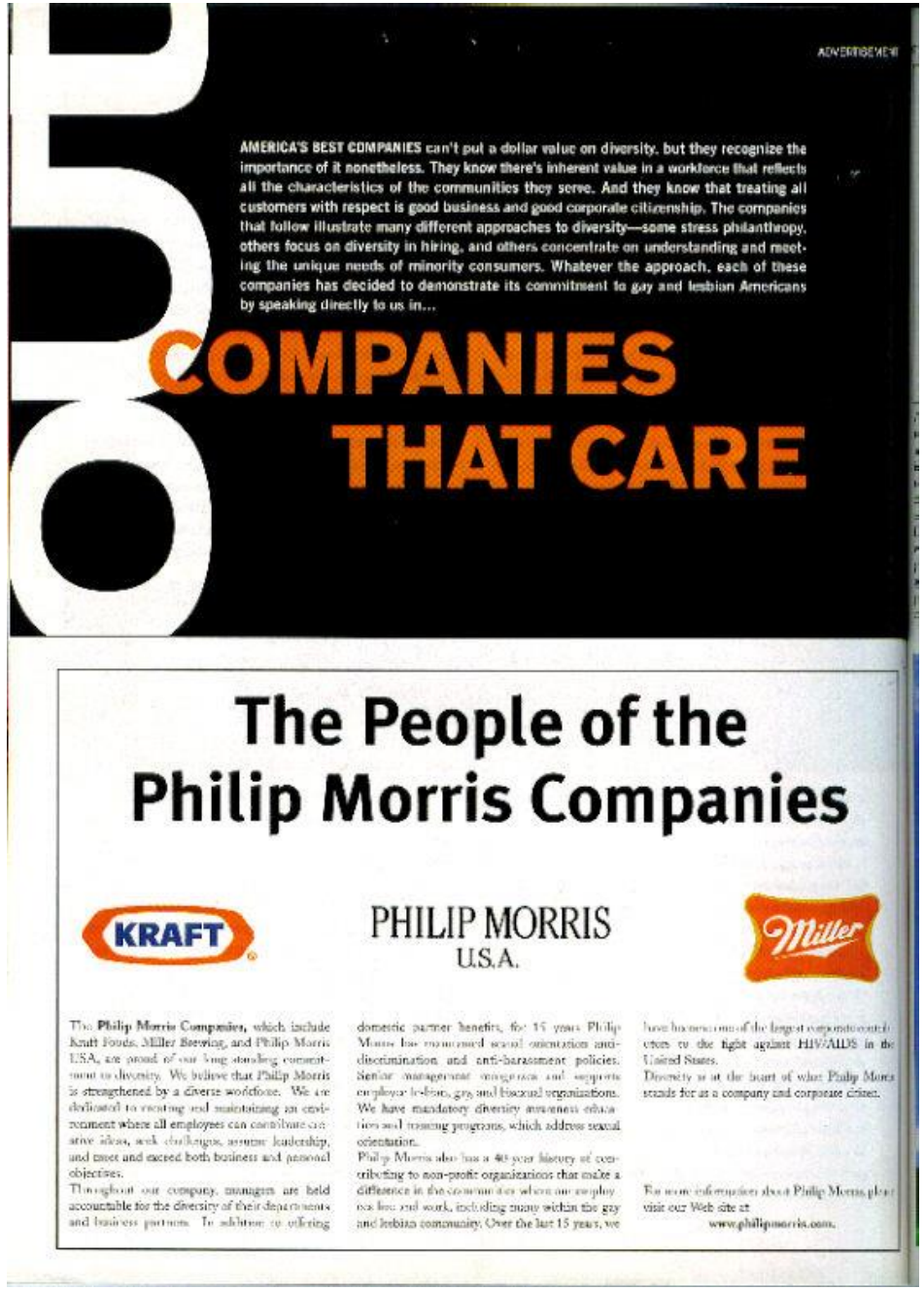
Tobacco, Mental Health and LGBTQIA+ Communities: *What has caused the disparity?*

The overall rate of cigarette smoking among adults has been falling decreasing, but individuals with mental health challenges and individuals that are part of the LGBTQIA+ community have been neglected in prevention efforts, environmental and clinical interventions.

This disparity can be attributed in part to predatorial practices by tobacco companies which included:

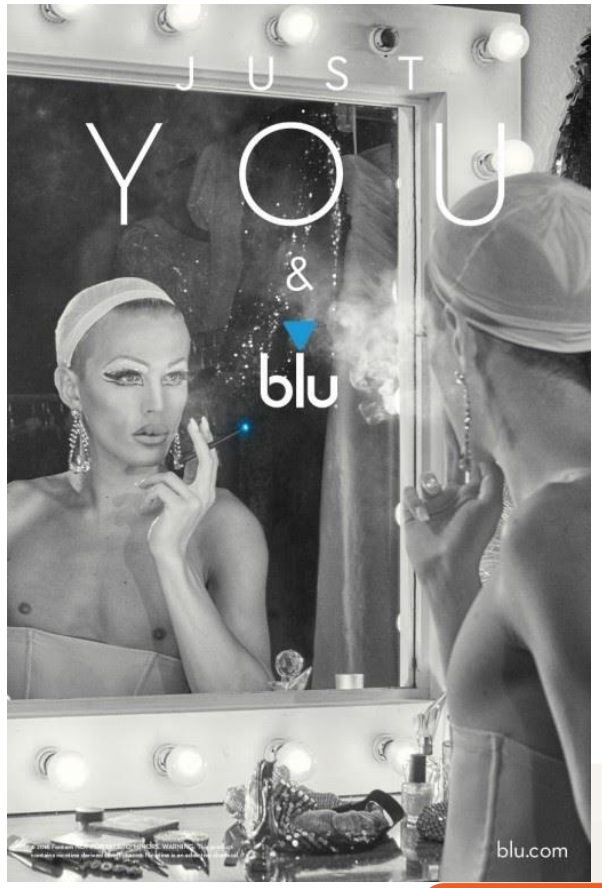
- Targeted advertisements
- Aggressive marketing by tobacco companies that sponsor events, bar promotions, giveaways, and advertisements.
- Providing free or cheap cigarettes to psychiatric clinics
- Blocking of smoke-free policies in behavioral health facilities
- Funding research that perpetuates the myth that cessation would be too stressful and negatively impact overall behavioral health outcomes


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.
NATURAL AMERICAN SPIRIT
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


ADVERTISEMENT
AMERICA'S BEST COMPANIES can't put a dollar value on diversity, but they recognize the importance of it nonetheless. They know there's inherent value in a workforce that reflects all the characteristics of the communities they serve. And they know that treating all customers with respect is good business and good corporate citizenship. The companies that follow illustrate many different approaches to diversity—some stress philanthropy, others focus on diversity in hiring, and others concentrate on understanding and meeting the unique needs of minority consumers. Whatever the approach, each of these companies has decided to demonstrate its commitment to gay and lesbian Americans by speaking directly to us in...
COMPANIES THAT CARE
The People of the Philip Morris Companies
KRAFT
PHILIP MORRIS U.S.A.
Miller
The Philip Morris Companies, which include Kraft Foods, Miller Brewing, and Philip Morris USA, are proud of our long standing commitment to diversity. We believe that Philip Morris is strengthened by a diverse workforce. We are dedicated to creating and maintaining an environment where all employees can contribute creative ideas, seek challenges, assume leadership, and meet and exceed both business and personal objectives.
Throughout our company, managers are held accountable for the diversity of their departments and business partners. In addition to offering domestic partner benefits, for 15 years Philip Morris has maintained sexual orientation anti-discrimination and anti-harassment policies. Senior management recognizes and supports employee lesbian, gay and bisexual organizations. We have mandatory diversity awareness education and training programs, which address sexual orientation.
Philip Morris also has a 40 year history of contributing to non-profit organizations that make a difference in the communities where our employees live and work, including many within the gay and lesbian community. Over the last 15 years, we have become one of the largest corporate contributors to the fight against HIV/AIDS in the United States.
Diversity is at the heart of what Philip Morris stands for as a company and corporate citizen.
For more information about Philip Morris, please visit our Web site at
www.philipmorris.com.

CAMEL
BRUNCH
MARCH
RALLY
NAP
PARTY
(next?)
June 23-25
PLEASURE OF PRIDE
check out pride weekend events at these camel club locations:
1225 Folsom St.
415.863.2329
401 6th St.
415.357.0827
STUD
399 9th St.
415.252.STUD
DETOUR
2348 Market St.
415.861.6053
LEXINGTON CLUB
3464 19th St.
415.863.2052
All events are 21 or Older.
SURGEON GENERAL'S WARNING: Cigarette Smoke Contains Carbon Monoxide.

Decades later, E-CIG and VAPING companies are still taking a page from Big Tobacco's playbook…



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Let's Talk About *Some* of the Reasons Individuals Start Smoking

- Marketing/Advertising and Exposure
- **High rate of ACEs/Trauma**
- High Risk Behaviors
- Limited access to high quality care
    - delays in care
    - lower quality of care
    - and more

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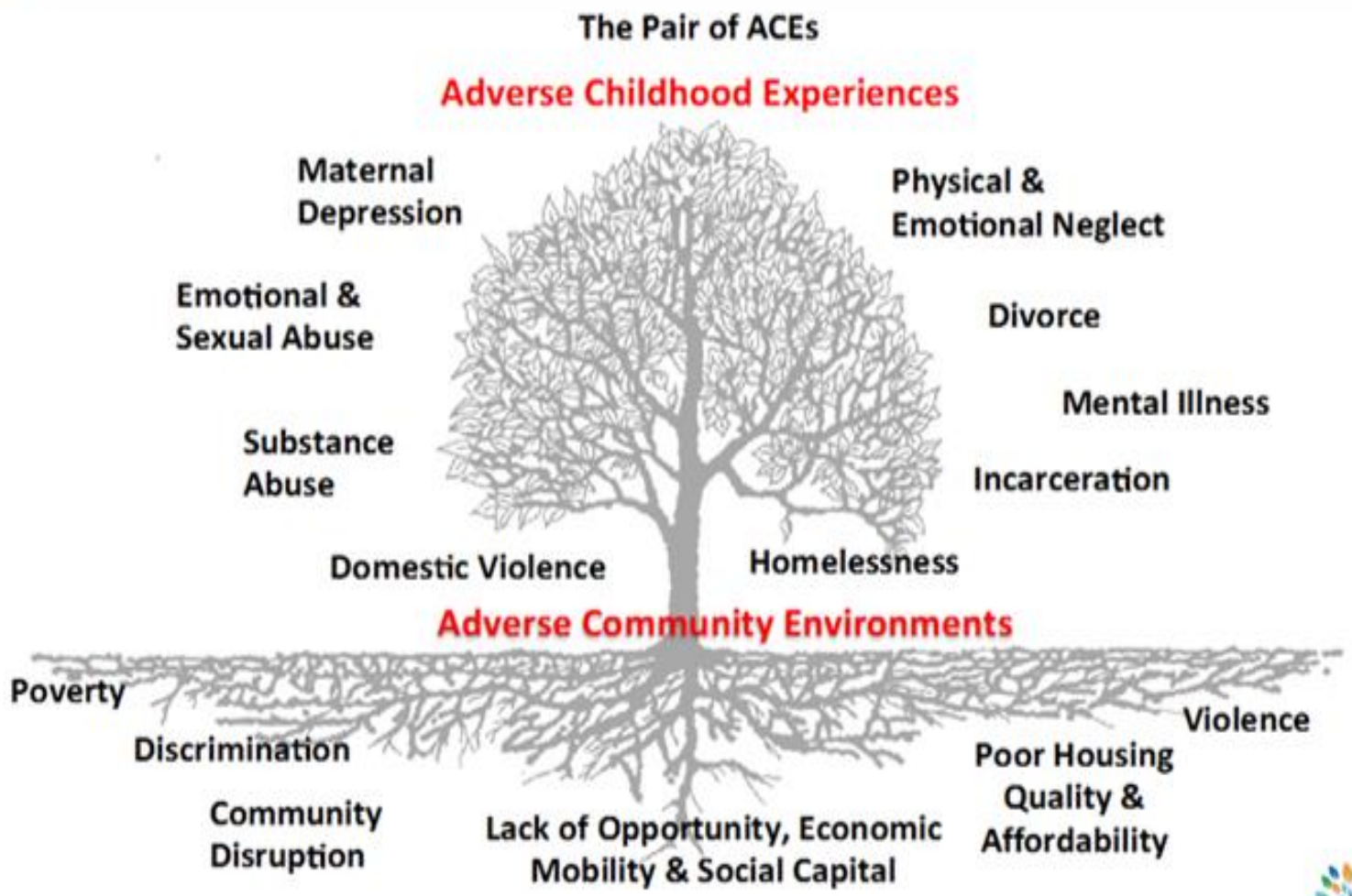


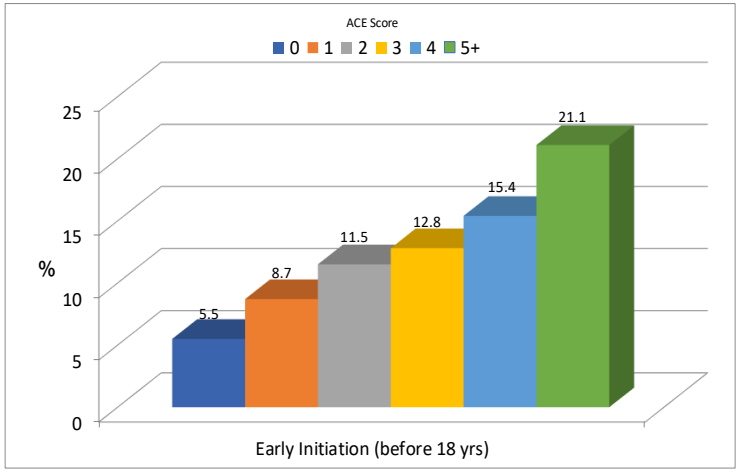
Milken Institute School of Public Health
THE GEORGE WASHINGTON UNIVERSITY

Ellis W., Dietz W. BCR Framework *Academic Peds* (2017)

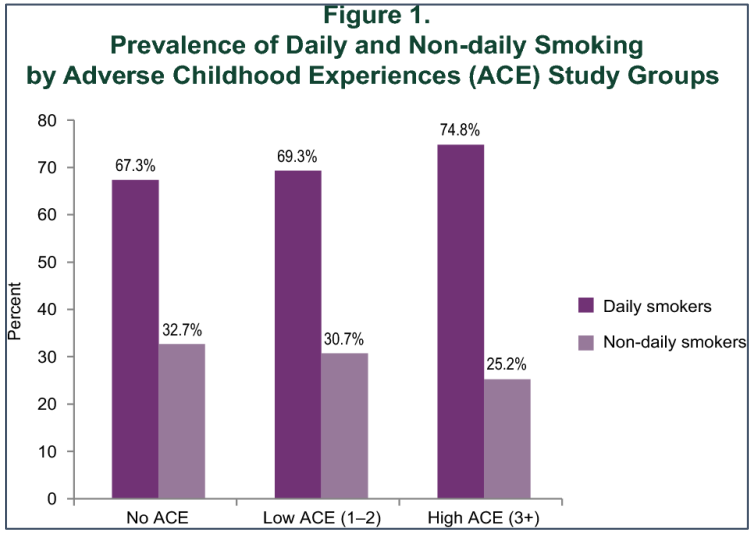
Building Community Resilience

The Impact of ACEs on Smoking Initiation and Prevalence

Early Initiation of Smoking Prevalence by ACEs



Higher ACEs Score= Higher Smoking Prevalence



Sources: Figure 1 and 3) Herrick, H., Austin, A. (2014). The Effect of Adverse Childhood Experiences on the Health of Current Smokers: 2012 North Carolina Behavioral Risk Factor Surveillance System Survey. *SCHS Studies,* 167. Figure 2) Anda, R. F., Croft, J. B., Felitti, V. J., Nordenberg, D., Giles, W. H., Williamson, D. F., & Giovino, G. A. (1999). Adverse childhood experiences and smoking during adolescence and adulthood. *Journal of the American Medical Association*, 282, 1652–1658.

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Life-Long Physical, Mental & Behavioral Health Outcomes Linked to ACEs

- **Alcohol, tobacco & other substance use challenges**
- Auto- immune disease
- Chronic obstructive pulmonary disease & ischemic heart disease
- **Depression, anxiety & other mental health challenges**
- Diabetes
- Multiple divorces
- Fetal death
- **High risk sexual activity, STDs & unintended pregnancy**
- **Intimate partner violence- perpetration & victimization**
- Liver disease
- **Lung cancer**
- **Obesity**
- Self-regulation & anger management problems
- Skeletal fractures
- **Suicide attempts**
- Work problems- including absenteeism, productivity & on – the- job injury

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ACEs ⟹ Health Risk Behaviors ⟹ Long Term Consequences

Individuals with a history of severe trauma are **twice** as likely to develop a smoking dependence

- **45%** of adults with a PTSD diagnosis smoke
- **73%** of those smoke 1+ pack of cigarettes per day

Source: Austin, E. The Effect of Adverse Experiences on the Health of Current Smoker. 2012.

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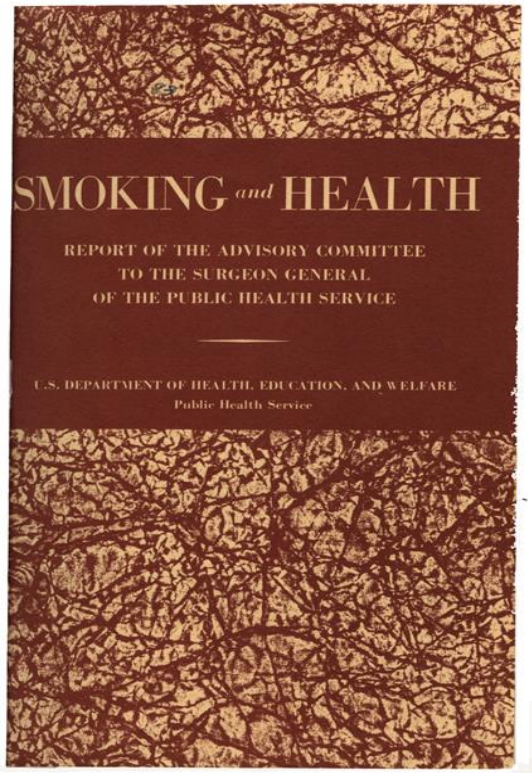
What Changed in the General Population?

ACCESS
EDUCATION
SOCIAL NORMS
POLICIES
FUNDING

The 1964 the U.S. Surgeon General released the first report to examine the health consequences of tobacco use. This report changed the American perception, health care and public health attitudes towards tobacco use. From this report tobacco use was found to be..

- The most important cause of chronic bronchitis
- A cause of lung cancer and laryngeal cancer in men
- A probable cause of lung cancer in women



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50 Years Later…More Findings Emerged

Today we know that tobacco use can lead to many more types of cancers and chronic conditions other than those directly related to the lung thanks to the 2014 Report of the Surgeon General on Smoking and Health. Key findings from this report included:

- Smoking harms nearly every organ in the body
- Quitting smoking has both short- and long-term benefits for health
- Exposure to secondhand smoke causes cancer, respiratory and heart disease, and adverse health effects among children
- The list of diseases caused by smoking continues to grow

Yet for prevention of smoking related illnesses often takes a back seat to individual's behavioral health condition

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Thinking About Intersectionality and Examining Community Disparities…

Race/Ethnicity

31.8% American Indians/Alaska Natives

16.6% White

Education Level

40.6% GED

4.5% Graduate degree

Poverty Status

25.3% Below poverty

14.3% At or above poverty

Health Insurance

28.4% Uninsured
25.3% Medicaid
11.8% Private

Disability/limitation

21.2% Yes

14.4% No

Sexual orientation

20.5% Lesbian/Gay/Bisexual

15.3% Heterosexual

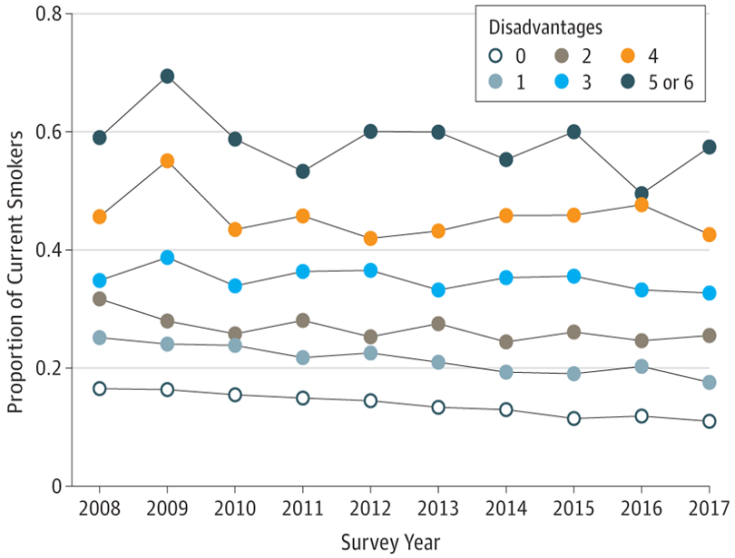
Serious Psychological Distress

35.8% Yes

14.7% No

Source: slide courtesy of CDC; Jamal A, Phillips E, Gentzke AS, et al. Current Cigarette Smoking Among Adults — United States, 2016. MMWR Morb Mortal Wkly Rep 2018;67:53–59.

Examining Risk:
Poverty, other disadvantages tied to higher smoking risk



Source: Association of Cumulative Socioeconomic and Health-Related Disadvantage With Disparities in Smoking Prevalence in the United States, 2008 to 2017 (Leventhal, Bello, Galstyan, et al.)

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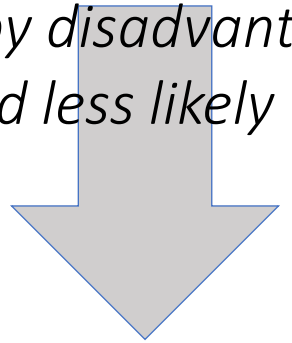
"Disadvantage is a common denominator in smoking in the U.S. today, and if you face more disadvantages, your liability to smoking increases.

Disparities in smoking are explained by disadvantaged populations being more likely to start smoking and less likely to quit smoking."



Source: https://www.medscape.com/viewarticle/912195?src=wnl_edit_tpal&uac=245377DJ&impID=1948009&faf=1

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What is the disparity?

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Mental Health & LGBTQIA+ Communities

- Members of the LGBTQIA+ community are more likely than the general population to experience hate crimes, harassment, assault, trauma, and discrimination.
- LGBTQIA+ individuals are impacted by:
  - Traumatic events
  - Have less access to behavioral health services
  - Routinely face barriers to equitable treatment
  - Experience discrimination by the health care system which can worsen mental health and substance use challenges

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As a result…

The combination of systemic and social stigma and barriers to care lead to poor mental health outcomes including:

- Higher rates of suicide
- Higher prevalence of mental health and substance use challenges
- Increased rates of tobacco use and vaping

- LGBTQ+ teens are **six times more likely** to experience symptoms of depression than non-LGBTQ+ identifying teens.
- LGBTQ+ youth are **more than twice as likely** to feel suicidal and **over four times** as likely to attempt suicide compared to heterosexual youth.
- **Forty-eight percent** of transgender adults report that they have considered suicide in the last year, compared to 4 percent of the overall US population.

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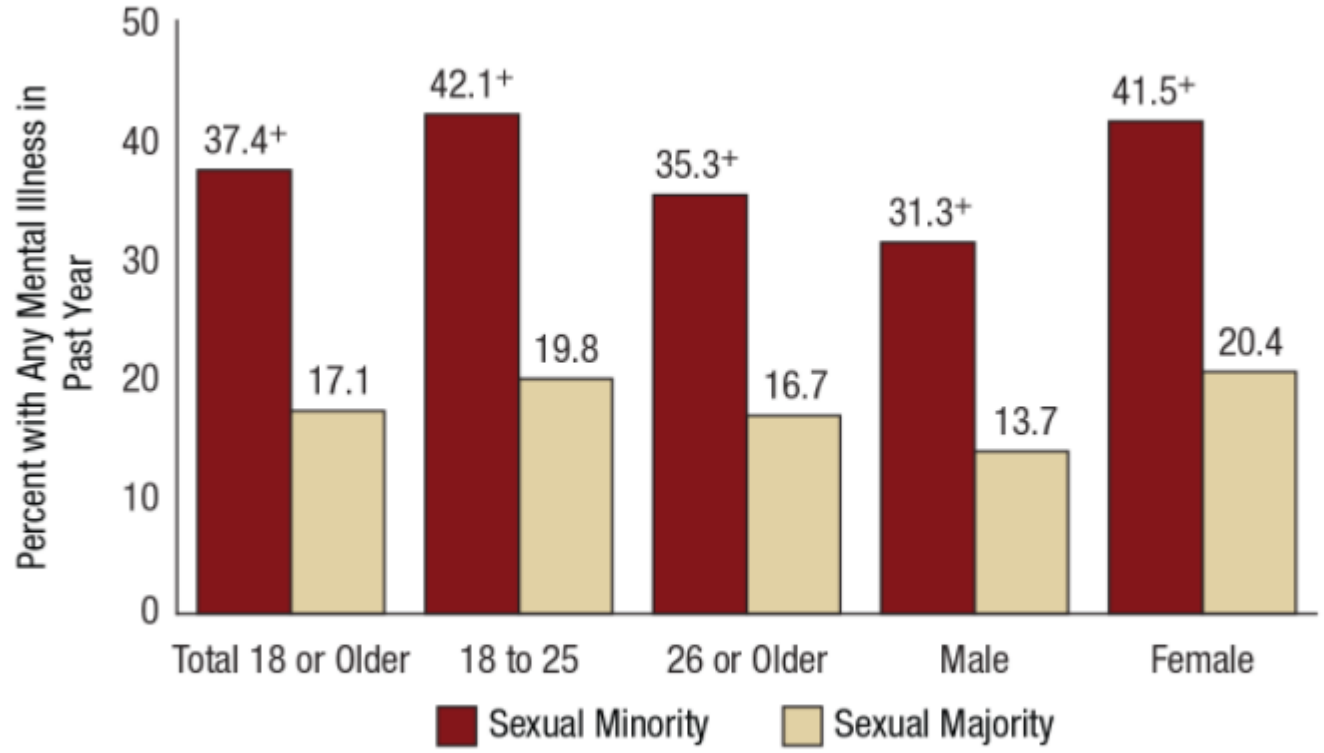
Figure 13. Any Mental Illness in the Past Year among Sexual Minority and Sexual Majority Adults Aged 18 or Older, by Age Group and Sex: Percentages, 2015



D

+ Difference between this estimate and the sexual majority estimate is statistically significant at the .05 level.
Note: Sexual minority adults identified as being lesbian, gay, or bisexual. Sexual majority adults identified as being heterosexual or straight.

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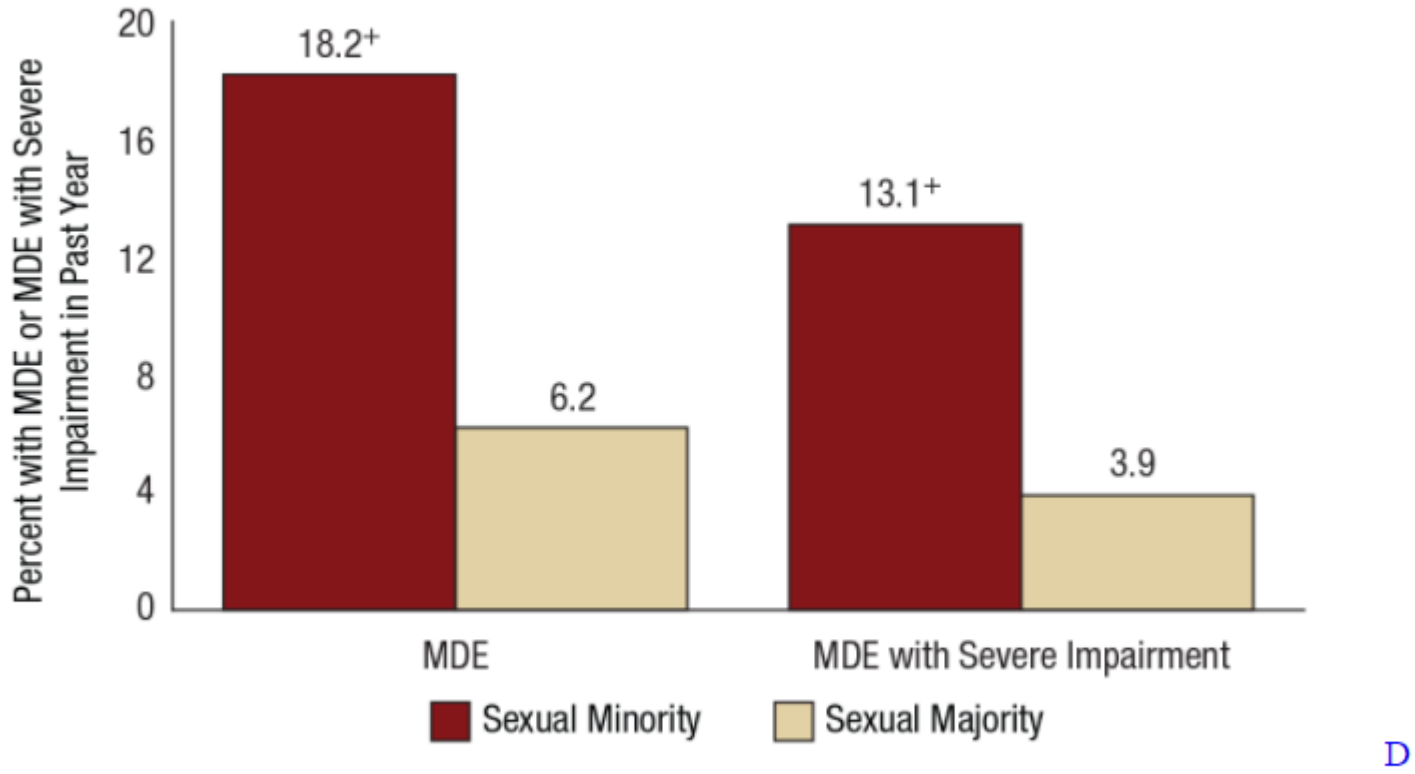
Figure 18. Major Depressive Episode (MDE) and MDE with Severe Impairment in the Past Year among Sexual Minority and Sexual Majority Adults Aged 18 or Older: Percentages, 2015



D

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Note: Sexual minority adults identified as being lesbian, gay, or bisexual. Sexual majority adults identified as being heterosexual or straight.

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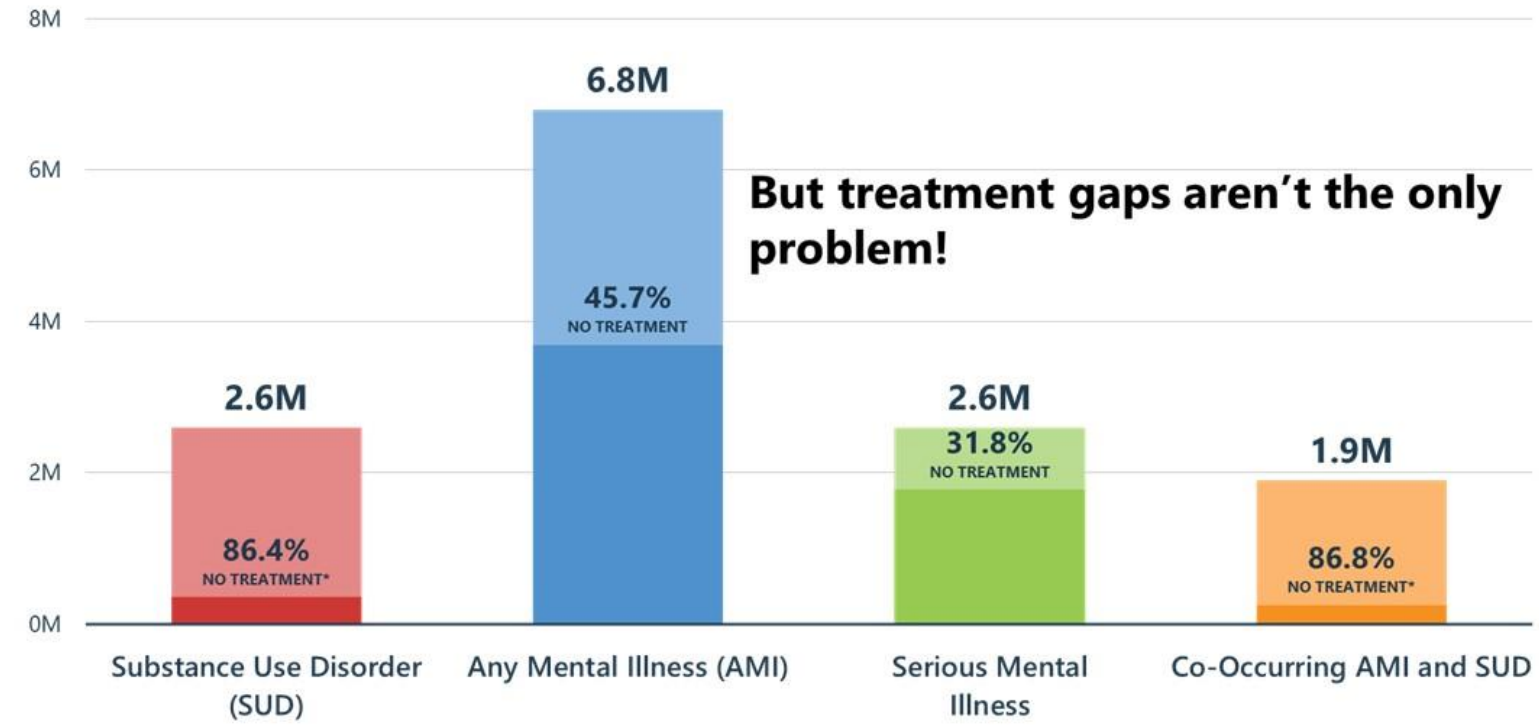
Mental and Substance Use Disorders among LGB Adults: High Prevalence/Huge Treatment Gaps

PAST YEAR, 2019 NSDUH, LGB 18+



But treatment gaps aren't the only problem!

* No Treatment for SUD is defined as not receiving treatment at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

SAMHSA
Substance Abuse and Mental Health Services Administration

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Tobacco use & LGBTQ+ Communities

- LGBT people smoke cigarettes 40% higher rates than the general population.
- Transgender people have 3.5 times higher odds of past 30-day cigar use.
- ¼-⅓ of LGB* youth are using electronic vapor products.
- Youth vaping has been labeled an epidemic by CDC.
- Black transgender youth are 6x more likely to vape.
- There is evidence that youth vaping leads to cigarette smoking or “dual-use”.

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Recommendations

- Adopt tobacco – free campuses
- Leverage LGBT resource centers
- Leverage wellness and counseling centers
- Leveraging Quitlines
- Integrate tobacco treatment into student wellness/health services
  - 5As
  - NRTs
  - Pharmacological Supports
  - Engage peer models
- Improve data collection on topics including tobacco use rates, perceptions, and disease

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Strategies

Intentionally create a welcoming environment

- Website/Online resources
- Physical spaces
- Personal interactions
- Collect resources and make them easily accessible

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THANK YOU!

- For more information:
  - Tamanna Patel- tamannap@thenationalcouncil.org
  - Michelle Veras- michelle@cancer-network.org

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