

2022 PREVENT CANCER ADVOCACY WORKSHOP

CANCER SCREENING DISPARITIES
IN THE LGBTQ+ COMMUNITY

MAY 19, 2022

Post-event recap

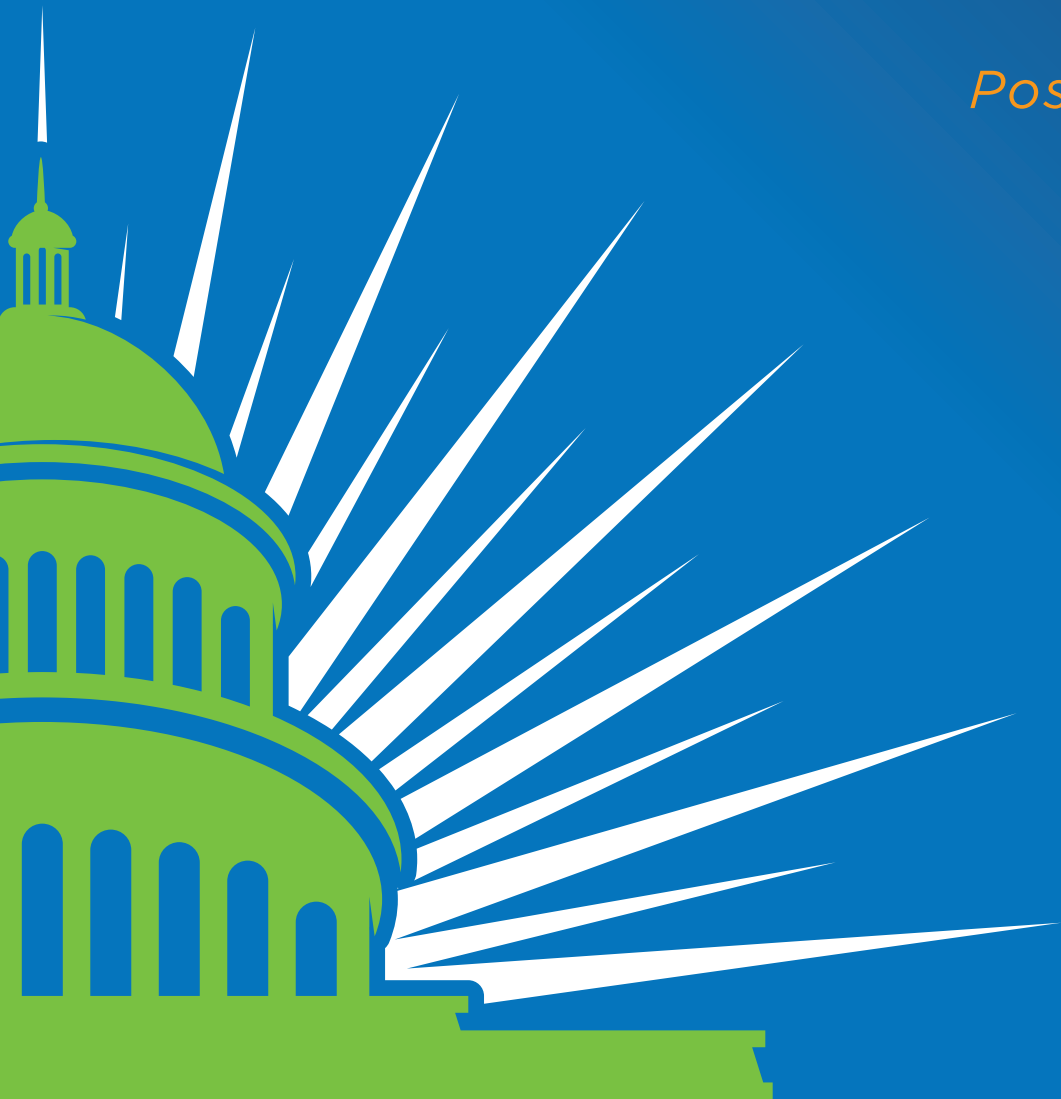


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1. Executive Summary

This year, over 1.9 million Americans will be diagnosed with cancer. Cancer touches nearly every one of us, but it does not affect everyone equally. Health disparities – the differences in health outcomes across specific populations – are linked with economic, social and environmental disadvantages. When it comes to health disparities, cancer is no exception. Health disparities are evident in every aspect of a cancer diagnosis including screen rates, stage at diagnosis and survivorship.

The LGBTQ+ community faces unique barriers when accessing the health care system. Both preventive and essential care are affected, which can result in disparities in cancer risk and treatment. As the Prevent Cancer Foundation works toward its mission of saving lives across all populations through cancer prevention and early detection, conversations addressing cancer screening disparities in the LGBTQ+ community are a crucial step.

To raise awareness and increase education and action, the Prevent Cancer Foundation held its annual Advocacy Workshop on May 19, 2022. The Foundation brought together patient advocacy organizations and LGBTQ+ community and health experts to discuss what needs to change.

Workshop goals

The goals for the advocacy workshop were:

- To raise awareness about health disparities and barriers to cancer screening in the LGBTQ+ community.
- To provide education for patients, practitioners, peer advocacy organizations and other relevant partners on routine cancer screenings that address barriers and concerns of the LGBTQ+ community.
- To discuss what changes can be made now to create a more equitable system.

Key takeaways

- LGBTQ+ individuals are less likely to seek health care due to a long history of discrimination and mistrust in the healthcare system.
- LGBTQ+ individuals are less likely to seek out or receive regular or appropriate cancer screenings, resulting in poorer health outcomes.

- LGBTQ+ individuals are more likely to seek health care services at facilities that have clear indicators of being LGBTQ+ friendly (e.g., pride flags) but such signs are often absent.
- LGBTQ+ individuals are more likely to have undercounted health disparities due to a lack of regular or standardized collection of Sexual Orientation Gender Identity (SOGI) data.
- Though there is much work to be done, there is a historic interest in cultural competency trainings and resources, and an increase in conversations about diversity, equity and inclusion (DEI) which spans topics such as age, disability, sexual orientation, thinking style, cultural background and marital status.

In order to increase access to equitable, meaningful cancer screening, treatment and care for sexual and gender minorities, there is a need for the following:

- Wider agreement on standardized methods for collection and measurement of SOGI data.
- Greater adoption of routine collection of SOGI data in administrative and clinical settings.
- More standardized and meaningful language to describe sex, gender and sexual orientation.
- Tailoring of educational resources for healthcare practitioners and patients for the LGBTQ+ community.
- Increased opportunities for healthcare practitioners and the LGBTQ+ community to connect and network.

Glossary

The glossary can be found in the appendix of this paper.

2. LGBTQ+ Cancer in 2022: Landscape, New Resources and Power Moves Now

The first session of the workshop concentrated on the variables in cancer and the LGBTQ+ community, the effect of the pandemic screening backlog on the LGBTQ+ community and U.S. legislation that is affecting cancer care in LGBTQ+ communities. The session was led by Scout - the executive director of the National LGBT Cancer Network and principal investigator of the Centers for Disease Control and Prevention (CDC) funded LGBTQ tobacco related cancer disparity network. The mission of the National LGBT Cancer Network organization is educating, advocating for and training public health professionals and health care providers to serve LGBTQ+ community.

Members of the LGBTQ+ community are more likely to avoid care, less likely to have a medical home and less likely to seek out screenings. A report published by the American Association for Cancer Research at the beginning of 2022 estimated that over 10 million cancer screenings were missed in the first half of 2020 alone. Not enough data is currently being collected to assess how widespread or far impacting the cancer screening backlog is for the LGBTQ+ community. This lack of data collection is part of the history of discrimination against the LGBTQ+ community. What is not measured in the health world is not addressed or fixed.

The results of the National Cancer “OUT” survey that came out last year showed that members of the LGBTQ+ community seeking care wanted to see environmental indicators on/around facilities showing that care would be welcoming to them and members of their community. Participants reported that 88% of the time, these environmental indicators were absent. There are 64 National Cancer Institute designated cancer centers that provide direct care across the country. Eighty-two percent of those have a nondiscrimination statement accessible on their website. Sixty-five percent of those include both sexual orientation and gender identity. Forty-seven percent of National Cancer Institute Cancer Centers do not have an LGBTQ+ non-discrimination statement that can be located.

Last year, Congress discussed passing the Equality Act which would have offered more protection to members of the LGBTQ+ community on the national level, but it was sponsored by the tobacco industry. So as much as it appeared to be a step forward, it was also entwined with a product that is known to increase the risk of cancer and death in the LGBTQ+ community. The LGBT Cancer Network attended the Cancer Moonshot Initiative launch event hosted by the White House in February of this year. This was a good start in ensuring that the LGBTQ+ community is brought to the table in these important conversations that impact the community and the incidences of cancer. This can be contended by finding ways to promote banning of menthol tobacco products.

It is important to know that there is a slew of anti-trans and anti-LGBTQ+ bills being pursued and passed in the U.S. right now that leave the LGBTQ+ community even more wary of seeking health care services. These bills are bypassing recommendations from states' Departments of Health, the Centers for Disease Control and Prevention, the National Institute of Health, the Substance Abuse and Mental Health Services Administration, the American Medical Association, the American Academy of Pediatrics and the American Psychiatric Association, who have all been very clear about their support of trans-inclusive health care.
-Scout

Progress, power moves and advocacy goals

Scout and the National LGBT Cancer Network are seeing an historic level of interest in information about the LGBTQ+ community populations related to cancer. Scout prepared 17 trainings to be presented in May and June of 2022 alone. A 2021 Gallup survey of Americans showed that one out of every five (20.8%) Gen Z adults self-identified as LGBTQ+. From 2012 to 2021, the number of people self-identifying as LGBTQ+ more than doubled. One of the fastest growing groups is the non-binary population, with 1 out of every 4 LGBTQ+ youth now identifying as non-binary. The LGBTQ+ community is much more diverse than the general U.S. population. In the general U.S. population, about 24% of people identify as black, indigenous and people of color (BIPOC). In the LGBTQ+ community, 42% of people identify as BIPOC. Changing demographics are one of the biggest things starting to shift people's understanding of the LGBTQ+ community. In addition to changing demographics, the George Floyd incident sparked a long overdue racial reckoning and has spurred an increased focus on diversity, equity and inclusion (DEI). The DEI focus is not just about gender and race - it also includes age, disability, sexual orientation, thinking style, cultural background and marital status.

Cancer screening centers can help empower the LGBTQ+ community by:

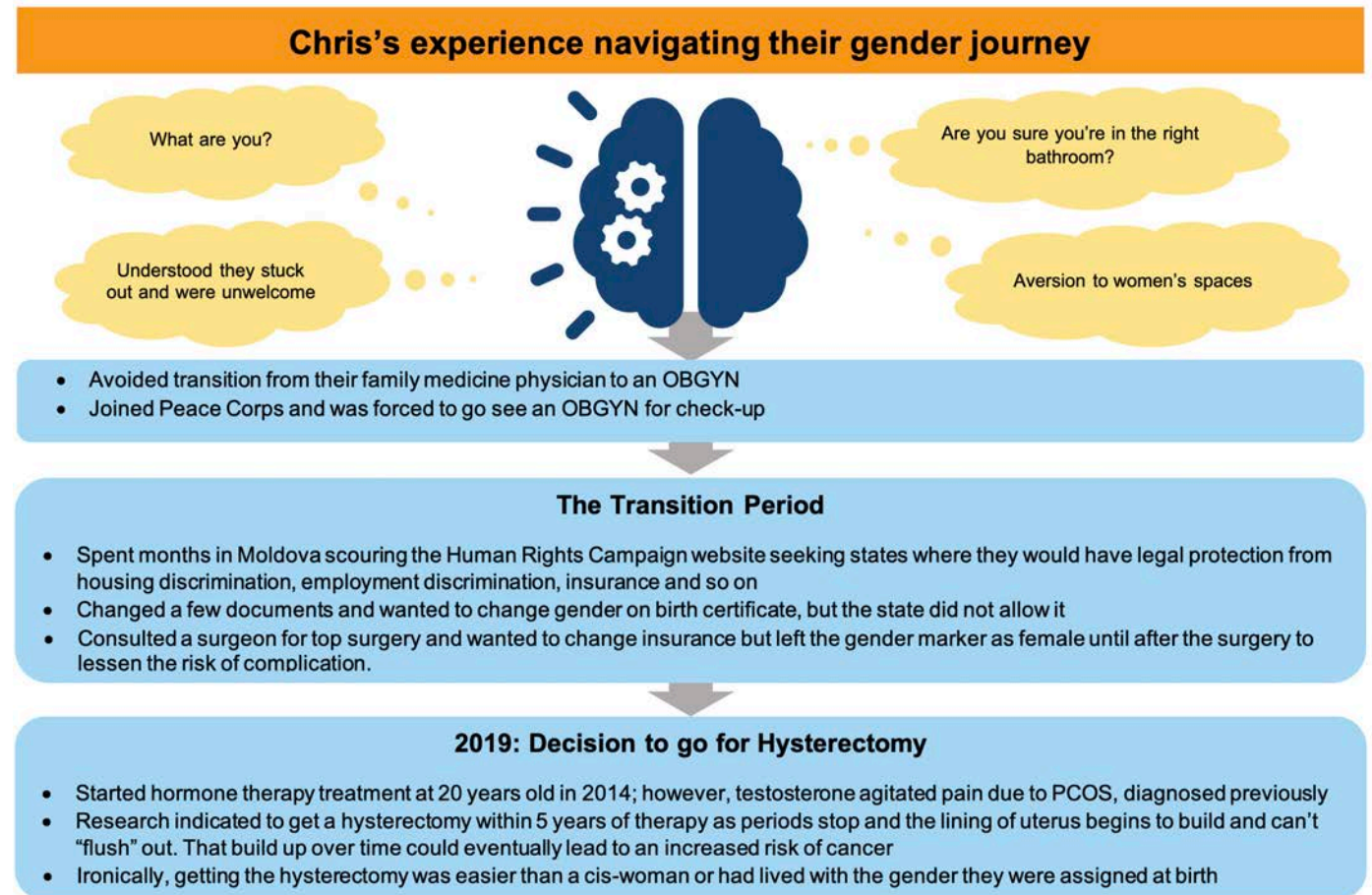
- Having pronouns on zoom and email.
- Displaying flag of welcome physically and virtually.

The advocacy goals of the National LGBT Cancer Network are: 1) passage of the Equality Act or concomitant civil rights protections; 2) routine inclusion of sexual and gender minority (SGM) measures in health data collection; 3) strengthening of policies to fight top health risks, such as comprehensive commercial tobacco flavor bans; 4) routine inclusion of SGM alongside other health disparity populations; and 5) a substantive increase in investment to eliminate all health disparities.

3. Navigating the Health Care System as an LGBTQ+ Patient

Chris Chamars has spent over a decade navigating the health care field - from their professional career providing direct clinical care as an EMT to strengthening health education in Moldova with the Peace Corps to working at GRYT Health as a program and partnership specialist. Chris shared

their impactful personal journey of navigating barriers and challenges on their gender journey from female to male, to now agender—or non-binary. Non-binary is an umbrella term for a gender that is not solely male or female. Agender is defined as not having a gender.



Chris's call to action

Across their journey from female to male to agender, many obstacles were present and continue to impact their life socially, medically and systemically: socially, in the bathroom where they weren't welcomed; medically, where they were told to essentially deal with their pain; and systemically, having to deal with gender markers and the supposed 'best' way to do things.

When you're asking somebody what their gender is, ask yourself, what is the question you are really asking? What information are you trying to get? Is it just another data point?

4. Measuring Sex, Gender Identity and Sexual Orientation – Highlights from the NASEM Consensus Study Report

Christina N. Dragon, the measurement and data lead in the Sexual and Gender Minority Research Office (SGMRO) at the National Institutes of Health (NIH) presented the National Academies of Sciences, Engineering and Mathematics (NASEM) Report session that focused on understanding sex, gender and sexual orientation from an LGBTQ+ perspective and the challenges faced during measurement and collection of SOGI data.

Measurement challenges

When it comes to SOGI data, it is fluid and rapidly changing with continuous development and evolution in use of labels and terminologies leading to measurement challenges as follows:

- No consensus on official standards for how to ask about SOGI and understand responses given by LGBTQ+ individuals.
- Unfamiliarity amongst folks who are outside of LGBTQ+ community.
- Inability to conduct time series repeated measurements using statistics.
- Measuring intersex folks and those who have differences of sex development.
- Translating questions into languages other than English.

Understanding sex, gender and sexual orientation from an LGBTQ+ perspective

SEX

- Sex is a multi-dimensional construct based on a cluster of anatomical and physiological traits like external genitalia, secondary sex characteristics, gonads, chromosomes and hormones.
- Differences in sex development and corresponding sex traits may not be specific to a binary sex that is exclusively male or female.

GENDER

- Gender is a multi-dimensional construct that links gender identity, gender expression, social and cultural expectations about status, and characteristics and behaviors with sex traits.
- Gender identity is about how a person moves through the world and how they perceive themselves. (e.g., transgender, cisgender and nonbinary, gender queer, gender fluid, two-spirit, etc.)

SEXUAL ORIENTATION

- Sexual orientation is a multi-dimensional construct encompassing emotional, romantic and sexual attraction, identity and behavior.
- Terms used to describe sexual orientation are: gay, lesbian, same-gender loving and pansexual.

NASEM Report: Aims, scope and recommendations

The NASEM Report commissioned by NIH and co-funded by 10 other NIH components was led by the SGMRO.

Aim

The statement of task for the National Academies was:

1. Review the current measures and methodological issues related to measuring sex as a nonbinary construct, gender identity and sexual orientation in surveys and research studies, in administrative settings and in clinical settings.
2. Produce a consensus report with conclusions and recommendations on guiding principles for collecting data on sex, gender identity and sexual orientation and recommend measures for these constructs in different settings.

Scope

The scope of the report was aimed at the U.S., English speaking, adult population, loosely defined as those 18 years of age and older. The report addressed response options that might be necessarily specific for studies or settings that are more heavily populated by sexual and gender minorities. It also addressed considerations for how questions and measures might need to be modified for youth and indigenous populations. The report focused on the construct of identity, not attraction or behavior, although it is recognized that those are also important constructs. Identity dimension is the most relevant for measuring disparities in treatment and outcomes.

Recommendations

The report came out with the following guiding principles that are central to how data is collected:

- Inclusiveness: People deserve to count and be counted.
- Precision: Using precise terminology that reflects the constructs of interest.
- Autonomy: Respecting individual identity and autonomy.
- Parsimony: Collecting only necessary data.
- Privacy: Using data in a manner that benefits respondents and respects privacy and confidentiality.

The critical takeaways from the report are:

- If data is being collected on sex as a biological variable, data must also be collected on gender as these are separate constructs that must be well defined and collected separately.
- Questionnaires with a self-reported response on identity should have options to skip with options like "I don't know" or "prefer not to answer" or a free-text write-in field. (Data from free text fields should be analyzed to address and publish evolving terminologies.)
- There should be an addition of Two-Spirit category. Only those who select Native American/ Alaska Native should be allowed to select it.



While it is recommended that further testing is conducted on gender specific response categories and optimal response ordering, the National Academies panel provided recommended measures for capturing sex assigned at birth as well as current gender. The ordering of the questions is not critical. While it is called a two-step question, it's vital that both questions be presented together.

TO CAPTURE SEX ASSIGNED AT BIRTH AND CURRENT GENDER

What sex were you assigned at birth, on your original birth certificate?

- Female
- Male
- (Don't know)
- (Prefer not to answer)

What is your current gender identity? *Select One*

- Female
- Male
- Transgender
- [if respondent is AIAN:] Two-Spirit
- I use a different term [free text]
- (Don't know)
- (Prefer not to answer)

FOR INTERSEX AND DSD CONDITIONS IN GENERAL SURVEYS AND CLINICAL STUDIES

Have you ever been diagnosed by a medical doctor or other health professional with an intersex condition or a difference of sex development (DSD) or were you born with (or developed naturally) genitals, reproductive organs, or chromosomal patterns that do not fit standard definitions of male or female?

- Yes
- No
- (Don't know)
- (Prefer not to answer)

Future research

Additional testing is required around intersex and difference of sex development (DSD) conditions in general surveys and clinical studies.

The NIH's SGMRO is working to collaborate with the Research Coordinating Committee to map out opportunities to work with other institutes, centers and offices across the NIH to update recommended questions where they exist and add and align them where they don't. They are also working to update the SGM arrows website so that information is easily available and focused on the recommendations from the National Academies report. They are working to collaborate and provide technical assistance both across NIH and HHS, as well as through their interagency work across the federal government. They are hoping to collaborate and advance on testing new measures and to follow up on the recommended future research that has been laid out in the report.

5. Together Equitable Accessible Meaningful Training to Improve Cancer Care for Sexual and Gender Minorities: Outcomes from a Pilot Study

Mandi Pratt-Chapman is a Ph.D. Associate Center Director, Patient-Centered Initiatives and Health Equity at the George Washington University Cancer Center. Her research focuses on patient navigation, cancer survivorship, evidence-based cancer control and health equity for lesbian, gay, bisexual, transgender, queer and intersex communities and was a key member of the together equitable, accessible, meaningful cancer care for sexual and gender minorities (TEAM SGM) pilot program. The program was funded by the National Cancer Institute (NCI) with the aim of equipping multidisciplinary health care teams with information to help them advance health equity in their settings. Seven teams, including five cancer care teams, one cancer screening program from the State of Pennsylvania and one community-based organization. The training was conducted as live webinars and pre-test and post-test evaluations over a course of 13 weeks and covered determinants of inequity, intersectionality, inequalities among sexual and gender minorities normalizing implicit bias, strategies for health care professionals to promote equitable care and strategies for institutions to create equitable care. Additional optional modules included patient engagement in research, patient engagement in clinical care, inequities among black and African American individuals, inequities among Latino individuals, aids in communication and patient self-advocacy.

Pre-test and post-test results of two teams were evaluated to understand the effect of this training using a psychometrically validated scale which focused on environmental cues, knowledge specific to the SGM community that are relevant to cancer continuum of care services, self-reported clinical preparedness and clinical behaviors.

The intervention showed a good improvement in actual behavior in clinics with a participant quoting:

“Participating in the TEAM SGM training not only elevated my awareness of the barriers LGBTQI folks face in accessing care. It also educated me around initiatives my organization can take to ensure that our LGBTQI participants feel seen and safe when accessing our programs. As a first step, we have evolved our intake forms to include much more inclusive and diverse language and are planning a mandatory staff in-service.”

As part of the training, teams developed action plans with a focus on disseminating information learned to their peers within their organization or their leadership. Teams also completed the Human Rights Campaign’s Health Equality Index application (which many of the teams would be doing for the first time) and updated patient intake forms to include sexual orientation and gender identity data.

The last session addressed barriers to implementation. The team collected data before the 13-week intervention (that served as baseline), after the 13-week intervention and six months after the training. The graph on the left shows progress at three months and on the right shows progress at six months. Based on this data, all teams are projected to complete their stated goals within a year.

6. Working with People: Addressing Cancer Screening Discrepancies and Providing a Safer Medical Environment for the LGBTQ+ Community

Health Brigade works with people addressing cancer screening discrepancies and providing a safer medical environment for the LGBTQ+ community. Dr. Rachel Waller is the medical director of Health Brigade and Ari Laoch is a Virginia licensed professional counselor, a Certified Rehabilitation counselor and a certified brain injury specialist trainer who has worked extensively with the LGBTQ+ community and shared their cancer screening experience.

Cancer screening for the LGBTQ+ community is a complex decision-making process based on the following criteria:

- Start by looking for the five cancers that are well studied with diagnostic tests and can be prevented or treated: colon, lung, breast, cervical and prostate cancer.
- Assess individual patient risk: low, average, high.
- Review the risk vs. benefit ratio of the available screening tests.
- Participate in shared decision-making.

Healthcare providers can support their LGBTQ+ patients by attending pride events, wearing a pride sticker or button, visiting local pride centers, attending event trainings and sharing experiences and lessons with their teams to increase awareness and understanding. It is important to understand “multiple layers and identities” because when considering sexuality, the act of sex, the pleasure of sex, gender and gender identity, it is important to know how all those pieces come to together when providing care.

In the U.S. Trans Health Survey from 2015, one-third (31%) of people reported having at least one negative experience related to being transgender, with higher rates among people of color and people with disabilities. Negative experiences reported included being refused treatment, being verbally harassed and being physically assaulted. Twenty percent of respondents reported not seeing a doctor for fear of being mistreated as a transgender person. Thirty-two percent of respondents stated they could not afford to see a doctor. Twenty-four percent of respondents reported having to educate their provider about people who are transgender in order receive appropriate care. Fifteen percent of respondents reported being asked invasive or unnecessary questions about being transgender that were unrelated to the reason for their visit. Eight percent of respondents reported being refused transition-related health care.

Coming out to a medical provider is difficult – especially when questionnaires do not include appropriate or inclusive questions for the LGBTQ+ community.

Key takeaways

- Patients must have trust in their medical professionals and their capabilities to disclose gender or gender identify at birth and at present.
- Provider must listen and affirm the patient’s concerns and respect their autonomy and choices during the screening even if it is an uncomfortable topic.
- Provider must have a good knowledge of screening and look at all the data to reduce the chance of having and dying of cancer.
- Provider must use correct vocabulary as preferred by the patients.
- Patients must be provided with a safe space, e.g., no gender signs on single stall bathroom, refrain from using honorifics at front desks and considering what is in the camera view when doing online consultations.
- Providers must suggest safe spaces for testing and know how talk to patients.
- Providers must be aware that sexual orientation and gender identity are part of the individual’s characteristics and avoid using terms such as “preference,” “lifestyle,” or “personal choice” in communication with clients.
- Providers should state that someone “has transitioned” instead of saying that someone “transgendered into a “he/she” or use “gender confirming” or “affirming” surgery instead of “sex change.”
- As a provider you might misgender, but it is important to acknowledge and learn from it.
- When a patient comes out and you are doing a coordinated care, thank them for telling you and trusting you and to ask if other providers are also aware.
- With appropriate treatment, well-being improves for persons receiving gender affirming hormone therapy; depression, anxiety, somatization and suicidality decrease; and creates increased resiliency for children who are gender minorities, which lessens mental health concerns.

Case Study

Tom is a 43-year-old female to male transgender man who's on gender affirming therapy and who is in the clinic for a renewal of his PrEP

Why does Tom want to undergo cancer screening and his challenges?

- Tom's friend was diagnosed with advanced stage breast cancer
- He has not had top surgery
- He does not want to go to an Imaging Center for Women for a mammogram
- Found online that clinical exam or MRI can be an alternative

Dr. Waller's decision-making process

- She acknowledged her gratitude towards Tom's decision and the language he is using to talk
- Next, conducted risk assessment based on Tom's comfort level and determined that Tom is of average risk based on questions about age of onset of menstruation and childbearing and family history
- Go through the guidelines: American Cancer Society, American College of Gynecologists and Obstetricians and the United States Preventive Services Task Force guidelines and prepare for the screening discussion
- Considered factors that are unique to a patient, in this case Tom wants minimal engagement in the healthcare system and a false positive will aggravate his anxiety; MRI will be expensive, not covered fully by insurance and still have false positives; ultrasound may miss smaller tumors and focus on a body that Tom would want to avoid, and clinical exams produce the highest false positives

Tom's decision

- Dr. Waller discussed all the steps that she went through with Tom, and he decided to go for mammogram
- Dr. Waller referred Tom to a center that performed mammograms

7. Next Steps

In conjunction with our Advocacy Workshop, our 2022 community grants cycle invited applicants focused on providing cancer prevention education, outreach and screening to the LGBTQ+ community. We are excited to have awarded these \$25,000 grants to 10 organizations and make a difference in lessening health disparities for LGBTQ+ patients.

Additionally, the Prevent Cancer Foundation will broadly share the findings included in this white paper and continue our work informing all relevant groups—patient advocacy organizations, medical societies, health care providers, industry representatives, policymakers, regulators and the public—about the importance of addressing cancer screening disparities in the LGBTQ+ community.

The themes identified from the Workshop will also inform the education and outreach priorities of the Prevent Cancer Foundation as we as we work toward achieving our bold goals—goals that have

the potential to change the entire landscape of cancer prevention and early detection—to meet the challenge of reducing cancer deaths by 40% by 2035, the Foundation's 50th anniversary.

Specifically, we are committed to investing:

- \$20 million toward research in innovative technologies to detect cancer early and advancing multi-cancer screening.
- \$10 million to expand cancer screening and vaccination access to underserved communities.
- \$10 million to educate the public about screening and vaccination options.
- For more information on the Prevent Cancer Foundation's ongoing work, visit preventcancer.org.

8. Resources (listed on our webpage)

More information on the various resources available to the LGBTQ+ community for health care support, cancer control case studies, inclusive patient intake forms, flyers and posters, cancer survivor groups, standards for cultural competency training for health care providers, training programs, community for

tobacco cessation and measuring sex, gender identity and sexual orientation can be accessed through links on our Advocacy Workshop page. Our event page also has links for resources shared by the session speakers. Visit preventcancer.org/advocacy/workshop/

9. Appendix

Session speakers

- **Scout (He, Them), Ph.D., Executive Director, National LGBT Cancer Network**

Keynote address: LGBTQ+ Cancer in 2022: Landscape, New Resources and Power Moves Now

Scout is the executive director of the National LGBT Cancer Network, and the principal investigator of the Centers for Disease Control and Prevention (CDC) funded LGBTQ tobacco related cancer disparity network. In this capacity, he spends much of his time providing technical assistance for governmental tobacco- and cancer-focusing agencies, expanding their reach and engagement with LGBTQ populations. He leads a team of specialists who focus on building tools and sharing strategies across states' Departments of Health.

- **Chris Chamars (They, Them), GRYT Health**

Navigating the Healthcare System as an LGBTQ Patient

Chris has spent over a decade navigating the health care field from their professional career providing direct clinical care as an EMT to strengthening health education in Moldova with the Peace Corps to working at GRYT Health, and to their personal journey as a patient in both the health and behavioral health spheres. Assigned female at birth, Chris has navigated visible and invisible barriers while accessing the care needed to live as their authentic self. As an agender, nonbinary individual, Chris's experiences in education live through the lens of gender and assumptions that come with being labeled male, female or other. The gender-based rationales that shape health care policy and culture have had direct and profound impacts on Chris, inspiring them to develop effective pathways for self-advocacy and to help others do the same. Chris holds a Master of Science and Master of Business Administration in Health, Global Health Care Policy and Management from Brandeis University. After moving from Boston to D.C. to L.A., they found a more fulfilling pace of life in their current home in upstate New York. They enjoy exploring nature, watching shows, building Legos and napping, all with their dog, Atticus.

- **Christina N. Dragon (She, Her), MSPH, CHES, Measurement and Data Lead for the Sexual Gender minority Research Office, National Institutes of Health**

Measuring Sex, Gender Identity and Sexual Orientation: Highlights from the National Academies of Science Engineering and Medicine Consensus Study Report

Christina serves as the measurement and data lead in the Sexual and Gender Minority Research Office (SGMRO) at the National Institutes of Health. Her main role includes operationalizing the National Academies of Sciences, Engineering and Medicine report, measuring sex, gender identity and sexual orientation. Previously, she served as the SGM data lead at Medicare's Office of Minority Health and as the data analyst for the Healthy People 2020 LGBT health topic area at the National Center for Health Statistics at the Centers for Disease Control and Prevention. Christina has served in the leadership of the LGBTQ health caucus of the American Public Health University Association since 2012 in the roles of Secretary, Chair and Policy Chair. She also serves as the terminology subgroup lead for the Measuring Sexual Orientation and Gender Identity Research Group which is part of the Federal Committee on Statistical Methodology. Christina holds a master's degree from Johns Hopkins Bloomberg School of Public Health and a double major from Smith College in neuroscience and women and gender studies.

- **Mandi Pratt-Chapman (She, Her), Ph.D. Associate Center Director, Patient-Centered Initiatives and Health Equity; George Washington University Cancer Center**

Together Equitable Accessible Meaningful (TEAM) Training to Improve Cancer Care for Sexual and Gender Minorities (SGM): Outcomes from a Pilot Study

Mandi L. Pratt-Chapman, M.A., Ph.D., Hon-OPN-CG is an Associate Professor of Medicine at the George Washington University (GW) School of Medicine and Health Sciences, Associate Professor of Prevention and Community Health for the GW Milken Institute School of Public Health and Associate Center Director of Patient-Centered Initiatives and Health Equity for the GW Cancer Center. Her personal mission is to

make evidence-based health care and disease prevention strategies available to more people as quickly as possible. Her research focuses on patient navigation, cancer survivorship, evidence-based cancer control and health equity for lesbian, gay, bisexual, transgender, queer and intersex communities.

- **Ari Laoch (He, They), Health Brigade**

Panel Discussion: Working with People: Addressing Cancer Screening Discrepancies and Providing a Safer Medical Environment for the LGBTQ+ Community

Ari Laoch is a Virginia licensed professional counselor, a Certified Rehabilitation counselor, and a certified brain injury specialist trainer. Ari is a graduate of the Virginia Commonwealth University (VCU) Rehabilitation and Mental Health Counseling Program and is currently a Ph.D. student at VCU. Ari's counseling work is empowerment-based, working through, with and around trauma, be that systemic, historical and/or single event-based product trauma. They work with individuals in the LGBTQIA+ community, including those persons who identify as SGL, MSM, WSW; persons who want to discuss substance use; adults seeking a polyamorous knowledgeable provider; persons living with HIV AIDS; as well as adults who are seeking a kink-knowledgeable provider or professional.

- **Rachel Waller, M.D. (She, Her), Health Brigade**

Panel Discussion: Working with People: Addressing Cancer Screening Discrepancies and Providing a Safer Medical Environment for the LGBTQ+ Community

Dr. Rachel Waller is the medical director of Health Brigade. She is board certified in Internal Medicine and Addiction Medicine. Dr. Waller received her medical degree at Virginia Commonwealth University (VCU) and completed her residency at New York Presbyterian Hospital, Weill Cornell Medical Center. Before coming to Health Brigade, Dr. Waller served as the medical director of Ambulatory Primary Care Resident Clinic at VCU. Dr. Waller is committed to providing high value care to underserved populations.

Prevent Cancer Foundation staff

- Caitlin Kubler, Director of Policy and Advocacy (She, Her)

Caitlin is the Meeting Facilitator for this workshop and a member of the LGBTQ+ community who has seen firsthand the barriers that exist in our complex health care system and is passionate about addressing those challenges and inequities to improve access for all individuals.

- Jody Hoyos, President and COO (She, Her)
- Jennifer Niyangoda, Vice President of Marketing and Development (She, Her)
- Lisa Berry Edwards, Managing Director of External Affairs (She, Her)
- Amanda Wallach, Senior Manager of Special Events and Advocacy (She, Her)
- Kyra Meister, Senior Communications Manager (She, Her)
- Becca Ginns, Senior Director of Corporate and Financial Relations (She, Her)

Glossary

AFAB - Assigned Female at Birth

Attraction - A construct that includes the gender(s) to which a person is attracted and the strength of this attraction, including whether a person feels attraction at all.

Behavior - A construct that includes the gender(s) of sexual partners, specific sexual activities and frequency of activity.

BIPOC - Black, Indigenous and People of Color

DEI - Diversity, Equity and Inclusion

DSD - Differences in Sex Development

Cisgender - A person whose current gender identity corresponds to the sex they were assigned at birth.

Gender - A multidimensional construct that links gender identity, gender expression and social and cultural expectations about status, characteristics and behavior that are associated with sex traits.

Identity - A person's core internal sense of their sexuality.

LGBTQ+ - All members of the queer community including those who identify as lesbian, gay, bisexual, transgender, transsexual, 2/two-spirit, queer, questioning, intersex, asexual, pansexual, agender, gender queer, bigender, gender variant, pangender or other.

Non-Binary - An umbrella term for gender identities that lie outside the gender binary - includes identities such as gender queer, genderfluid and Two-Spirit.

Pansexual - Sexually oriented toward people of any gender.

Same Gender Loving - Non-heterosexual sexual orientation identity used by some within the African American communities as a resistance to Eurocentric language for sexuality.

SGM - Sexual and Gender Minority

SOGI - Sexual Orientation Gender Identity

Transgender - A person whose current gender identity is different from the sex they were assigned at birth.

Two-Spirit - Placeholder term for specific gender and sexual orientation identities that are centered in indigenous tribal worldviews, practices and knowledges.

10. Sponsors

Thank you to our 2022 Advocacy Workshop sponsors:

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