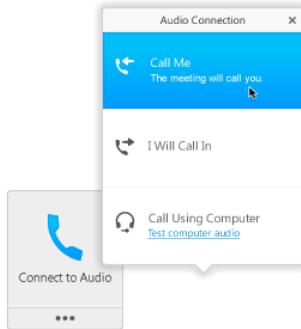


LGBTQ Health Disparities: Gains We've Made and Challenges We Face

Today's R2R cyber-seminar will begin at 2 PM ET

WebEx can call you at the number of your choice, or call your computer.



You can also dial in manually:
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Access code: 739 254 741

	
<p>Karen Parker, PhD, MSW</p> <p>Director, Sexual and Gender Minority Research Office, National Institutes of Health</p>	<p>Mandi Pratt-Chapman, MA</p> <p>Associate Center Director, Patient-Centered Initiatives and Health Equity, George Washington University Cancer Center</p>

LGBTQ Health Disparities: Gains We've Made and Challenges We Face

Research to Reality Cyber-Seminar Series, January 2017

<http://researchtoreality.cancer.gov>



LGBTQ Health Disparities: Gains We've Made and Challenges We Face



Karen Parker,
PhD, MSW

Director,
Sexual and Gender Minority Research Office,
National Institutes of Health

Mandi Pratt-Chapman,
MA

Associate Center Director,
Patient-Centered Initiatives and Health Equity,
George Washington University Cancer Center



Sexual & Gender Minority Research Activities at NIH



Karen L. Parker, PhD, MSW (pronouns: she & her)
Sexual & Gender Minority Research Office

Division of Program Coordination, Planning, and Strategic Initiatives
Office of the Director, NIH

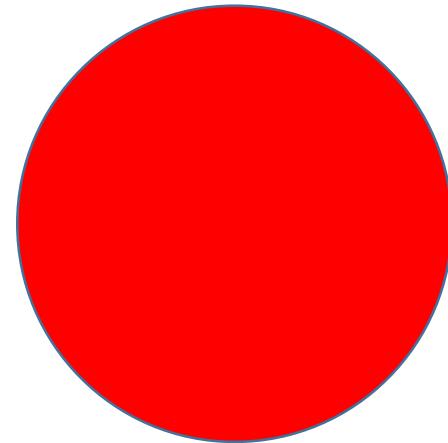


Sexual and Gender Minority (SGM) Research at NIH

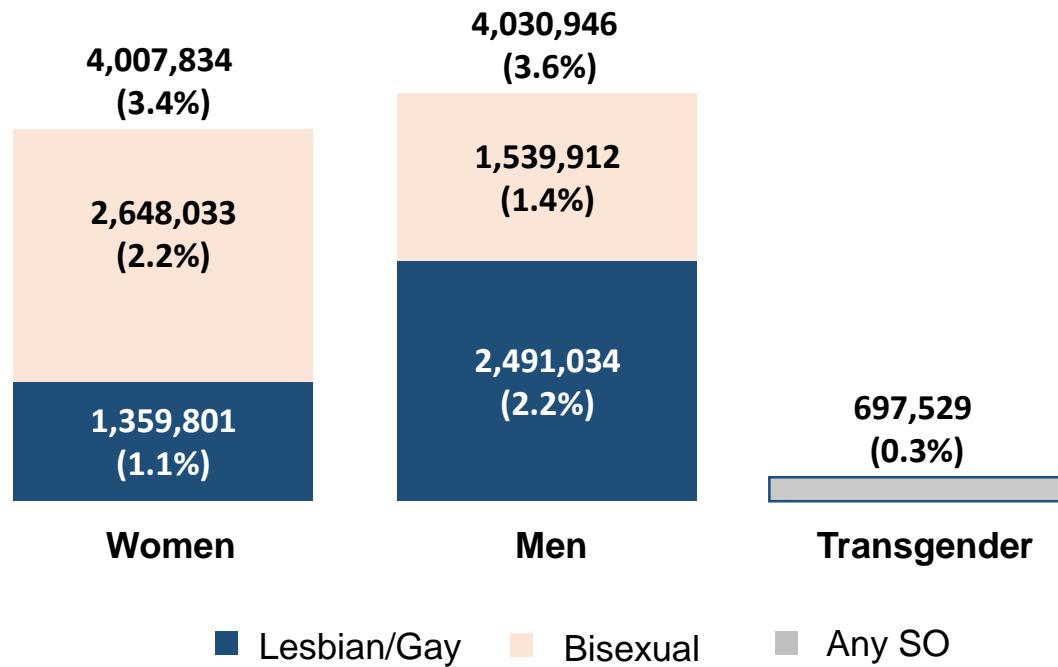
- Population Estimates, Terminology, and Context
- The Health of SGM Populations
- SGM Strategic Plan
- NIH Funding
- Establishment of the Sexual & Gender Minority Research Office
- Health Disparity Population Designation
- Grantspersonship Overview



Population Estimates, Terminology, and Context



Sexual and Gender Minority (SGM) Population Estimates



Source: Gates, 2011



Gender Minority Population Estimates

U.S. estimate: **1,397,150** adults (0.58% of total adult population)

Source: The Williams Institute “How Many Adults Identify as Transgender in the United States?” June 2016
Data source: 2014 CDC Behavioral Risk Factor Surveillance System



SGM Definition

“Sexual and gender minority” is an umbrella phrase that encompasses lesbian, gay, bisexual, and transgender populations as well as those whose sexual orientation, gender identity and expressions, or reproductive development varies from traditional, societal, cultural, or physiological norms.



Sex

Sex is a biological construct, defined via the genetic complement of chromosomes, including cellular and molecular differences. Sex is reflected physiologically by the gonads, sex hormones, external genitalia, and internal reproductive organs (Clayton & Tannenbaum, 2016).

Terms: male and female



Gender

Gender is a social construct that includes *gender identity* (how individuals and groups perceive and present themselves), *gender norms* (unspoken rules in the family, workplace, institutional, or global culture that influence individual attitudes and behaviors), and *gender relations* (the power relations between individuals of different gender identities) (Clayton & Tannenbaum, 2016).

Terms: man, woman, masculine, feminine



Sexual Orientation: 3 Dimensions

- 1) *Sexual attraction* refers to the relationship between a person's gender and the gender(s) of the individuals to whom that person is sexually attracted (for example, whether an individual is attracted to men, women, or both men and women) (FIWG, 2016).
- 2) *Sexual behavior* refers to the relationship between a person's gender and the gender(s) of the individuals with whom that person engages in sexual activity (for example, whether an individual has sex partners who are of the same sex, the opposite sex, or both) (FIWG, 2016).
- 3) *Sexual identity* refers to the way a person self-identifies with a given sexual orientation (for example, how an individual thinks of the individual's self) (FIWG, 2016).



Disorders or Differences in Sex Development (DSD)/Intersex

DSD/Intersex refers to individuals with atypical reproductive development, which results in chromosomal, gonadal, and/or anatomic sex that varies from typical development; these conditions commonly present at birth (Lee, et al., 2006).



DSD/Intersex and SGM Intersections

Atypical gender-role behavior is more common in children with these conditions but developmental determinants of gender identity and/or sexual orientation are not well understood (Lee, et al., 2006).

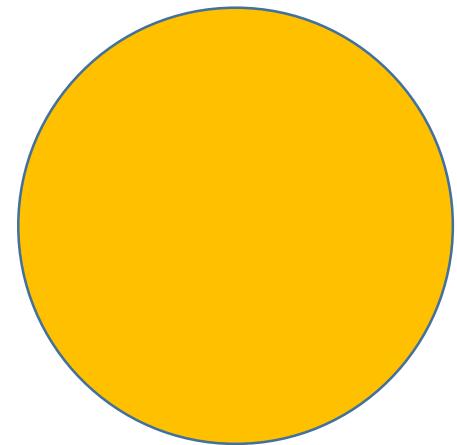


Constructs to Consider

- Sex
- Gender Identity
- Gender Expression
- Sexual Identity
- Sexual Attraction
- Sexual Behavior
- Household Relationships



The Health of SGM Populations



The Health of SGM Populations

- Of the homeless youth population of 1.6 million to 2.8 million, 20-40% are SGM youth. The estimated number of SGM youth facing homelessness each year is 320,000 to 400,000 (Quintana, et. al., 2010).
- SGMs living in states that banned same-sex marriage (a measure of “institutional discrimination”) have higher mood disorder (36.6% increase), generalized anxiety disorder (248.2% increase), any alcohol use disorder (41.9% increase), and psychiatric comorbidity (36.3% increase)(Hatzenbuehler, et. al., 2010).



The Health of SGM Populations (cont.)

- SGMs have been subjected to violence and harassment because of their sexual orientation or gender identity. SGM students routinely experience more school victimization (threatened or injured with a weapon, not going to school because of safety concerns, and being bullied) than heterosexual students(O’Malley Olsen, et. al., 2014).
- SGM persons still face unequal treatment and are denied equal legal protections causing stress in their daily lives (Knauer, 2012).
- Providers lack knowledge about health disparities affecting SGM persons of all ages, and SGM individuals may experience hostility and discrimination in care (IOM, 2011).



The Health of SGM Populations (cont.)

- Contemporary health disparities based on sexual orientation and gender identity are rooted in and reflect the historical stigmatization of SGM populations (IOM, 2011).
- Heterosexual and cisgender people (including many health care professionals), institutions, and systems function in a society that often stigmatizes SGMs (IOM, 2011).
- This has important implications for their ability to address the health needs of SGMs (IOM, 2011).

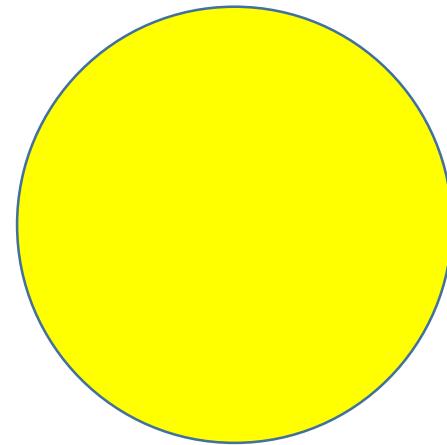


The Health of SGM Populations (cont.)

- Depression and anxiety disorders are 1.5 times higher than non-SGM populations (King, et. al., 2008).
- Higher rates of smoking (Ward, et. al., 2013) and alcohol/substance use are 1.5 times higher than the general population (King, et. al., 2008).
- Suicide attempts in lesbian, gay, and bisexual youth are more than twice the rate of their heterosexual peers (King, et. al., 2008).
- Higher rates of HIV/AIDS in men who have sex with men (MSM); black and Latino men are disproportionately affected (CDC, 2015).



Development of the NIH SGM Strategic Plan



NIH Strategic Plan* to Advance Research on the Health and Well-being of Sexual and Gender Minorities

- Plan developed utilizing input from various stakeholders
- Finalized in September 2015
- Released for public comment in October 2015
 - Comments summarized and posted to web
- Four Goal Areas and 11 Objectives
- Serves as a blueprint for the Sexual & Gender Minority Research Office

*Approved by the NIH Director, 9/30/15



NIH SGM Strategic Plan

Goal 1: Expand the Knowledge Base of SGM Health and Well-being Through NIH-Supported Research



NIH SGM Strategic Plan

**Goal 2: Remove Barriers to Planning,
Conducting, and Reporting NIH-Supported
Research about SGM Health and Well-being**



NIH SGM Strategic Plan

Goal 3: Strengthen the Community of Researchers and Scholars Who Conduct Research Relevant to SGM Health and Well-being

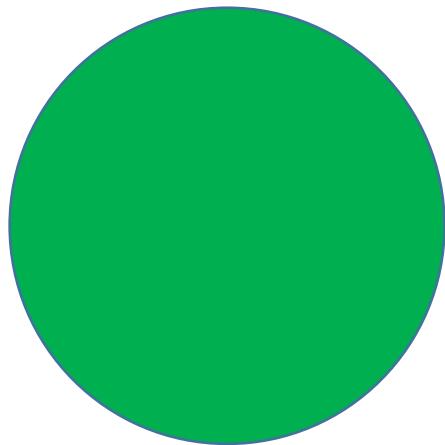


NIH SGM Strategic Plan

Goal 4: Evaluate Progress on Advancing SGM Research



Fiscal Year 2015 Portfolio Analysis Findings



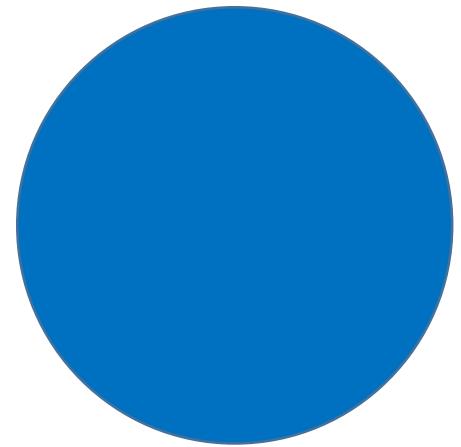
Source: NIH Reporter
Data reported by administering NIH Institute/Center/Office

Portfolio Analysis Summary

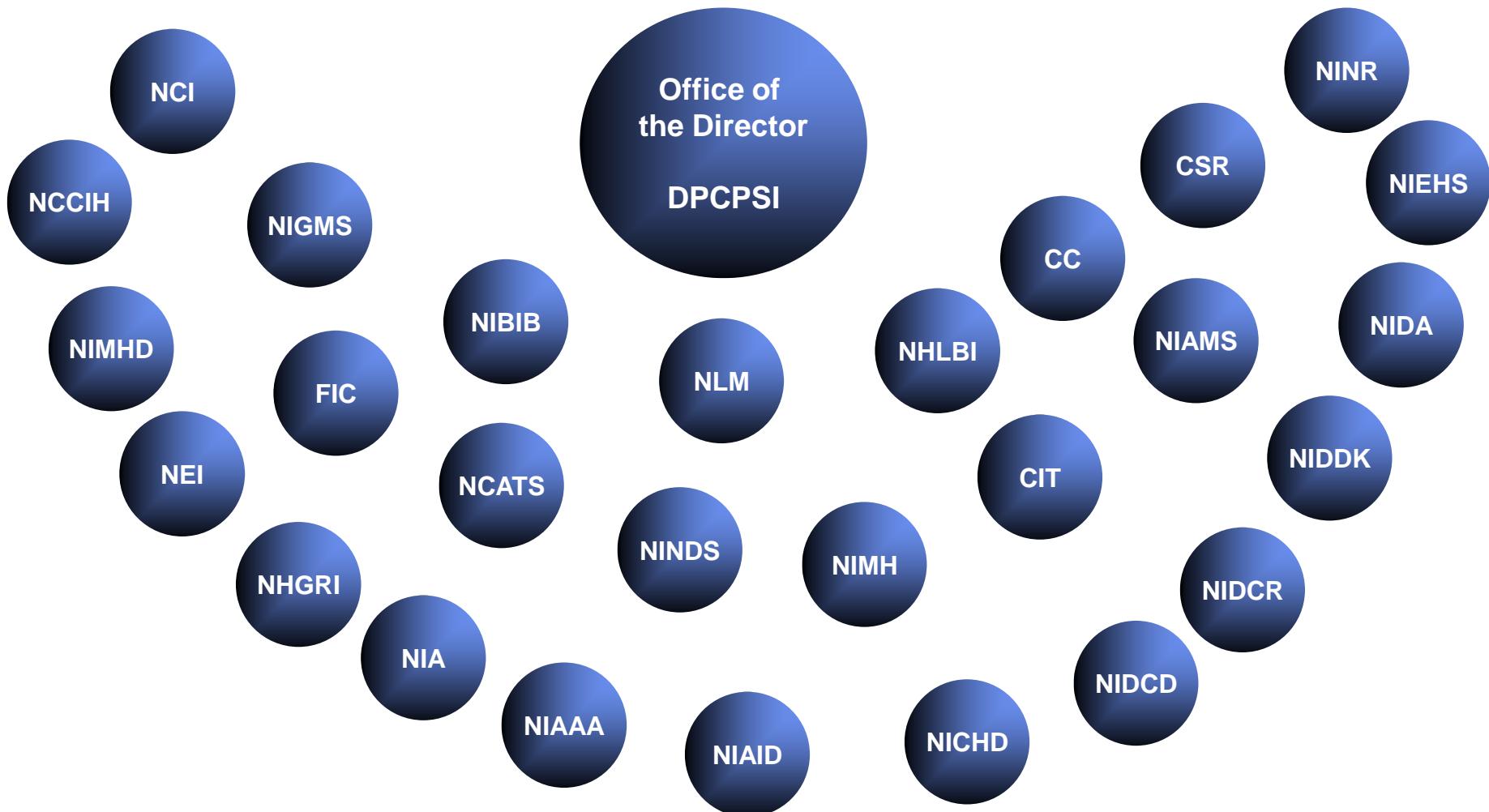
- Total SGM-related funding for 2015 was \$161,297,200.
- In 2015, NIH supported 301 SGM-related projects.
- Three institutes (NIAID, NIDA, and NIMH) account for 71% of SGM funding.
- Three-quarters of SGM funding is for HIV/AIDS related projects.
- A smaller proportion of projects are dedicated to disease conditions known to disproportionately impact SGM populations including alcoholism, depression, suicide, and smoking.
- Large numbers of projects are housed in a relatively small number of grantee institutions.



Development of the Sexual & Gender Minority Research Office (SGMRO)



NIH Institutes and Centers



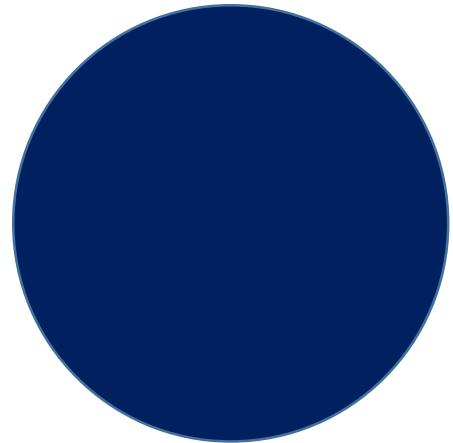
Sexual & Gender Minority Research Office

Established in late 2015, the role of the SGMRO is to:

- Coordinate SGM health research across NIH;
- Represent NIH at conferences and events on trans-NIH activities focused on SGM research;
- Coordinate and convene conferences and workshops to inform priority setting and research activities;
- Collaborate with NIH Institutes and Centers on development of SGM health research reports;
- Manage information dissemination related to SGM research; and
- Work to leverage resources and/or develop initiatives to support SGM health research.



Health Disparities Designation



SGM Health Disparity (HD) Population Designation

- On October 6, 2016 Sexual and Gender Minorities were officially designated as a health disparity population for research purposes.
- Rural populations, race/ethnicity, and socioeconomic status are the other three designated populations.



Reasons for HD Designation

- Validate the SGM field as a relevant and important area of inquiry
- Encourage researchers to collect and analyze SGM-related data in order to better understand differences and/or disparities between SGM subpopulations and other populations
- Formalize existing activities and improve our understanding of the health of SGM populations with more and better data
- Integrate SGM research into the larger research landscape
- Enhance coordination and prioritization of SGM research across the NIH

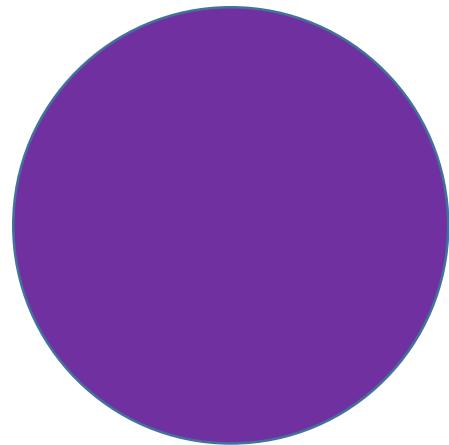


Implications of the HD Designation

- *FOAs* – any Funding Opportunity Announcement that specifically lists health disparity populations will now include SGM populations. Notices will be published to alert the public of this change.
- *Loan Repayment Program* – the designation results in a change to the current listing of eligible health disparities populations to now include SGM.
- *Role of Institutes/Centers* – NIMHD has a unique role in housing SGM-related research specific to understanding the mechanisms associated with the health disparities experienced by SGM populations.
- *Diversity Programs* – the HD designation of SGM does not equate the designation of SGM as an underrepresented group within the biomedical sciences. For example, identification of an individual from an SGM population would not qualify them as a potential recipient of a research supplement to promote diversity in health-related research.



NIH Grantspersonship Overview



27 Institutes and Centers



Sexual & Gender Minority Research Office

27 Institutes and Centers



- Different Missions & Priorities
- Individual Budgets
- Varied Funding Strategies



Funding Opportunities

- Advertised through:
 - Grants.gov
 - NIH Guide for Grants and Contracts
- Issued by:
 - Each NIH Institute and Center (IC)
 - Often with other Participating ICs



Funding Opportunity Announcements (FOA)

<i>Type of FOA</i>	<i>Description</i>
Program Announcements (PA, PAR, PAS)	<ul style="list-style-type: none">• Highlights areas of focus• Usually ongoing (3 yrs)• Often use standard receipt dates
Requests for Applications (RFA)	<ul style="list-style-type: none">• Narrowly defined scope• Usually single receipt date• Set aside funds• IC typically convenes a review panel
Parent Announcements	<ul style="list-style-type: none">• Type of program announcement• Generally span the breadth of NIH mission• By activity code (R01, R03, etc)• For “investigator initiated” or “unsolicited” research ideas



Examples of Recent SGM-related Funding Opportunity Announcements

- The Health of Sexual and Gender Minority Populations ([PA-15-261](#)) (Expires 9/8/18)
- Epidemiology of Drug Abuse ([PA-15-003](#)) (Expires 9/8/17)
- Drug Abuse Prevention Intervention Research ([PA-15-082](#)) (Expires 9/8/17)
- Methodology and Measurement ([PAR 16-261](#)) (Expires 9/8/19)
- Administrative Supplements for Research on Sexual & Gender Minority Populations ([PA-17-098](#))



Trans NIH FOA: The Health of Sexual and Gender Minority (SGM) Populations

- [PA-15-261 \(R01\)](#): Research Project Grant
- [PA-15-260 \(R15\)](#): Academic Research Enhancement Award (AREA)
- [PA-15-263 \(R21\)](#): Exploratory/Developmental Grant
- [PA-15-262 \(R03\)](#): Small Grant Program



Trans-NIH Funding Opportunity Announcements (FOAs): The Health of Sexual and Gender Minority (SGM) Populations

- Encourages research in biological, clinical, behavioral, and social processes that affect the health and development of SGM populations and individuals and their families.
- Supports research that leads to the development of health interventions and health service delivery methods to enhance health and development of SGM populations.



Trans-NIH FOA: Participating ICs

- *Eunice Kennedy Shriver* National Institute of Child Health and Human Development ([NICHD](#))
- National Cancer Institute ([NCI](#))
- National Institute on Alcohol Abuse and Alcoholism ([NIAAA](#))
- National Institute of Allergy and Infectious Diseases ([NIAID](#))
- National Institute on Deafness and Other Communication Disorders ([NIDCD](#))
- National Institute of Dental and Craniofacial Research ([NIDCR](#))
- National Institute on Drug Abuse ([NIDA](#))
- National Institute of Mental Health ([NIMH](#))
- National Institute on Minority Health and Health Disparities ([NIMHD](#))
- Office of Behavioral and Social Sciences Research ([OBSSR](#))



Selected SGM Cancer Research Projects

- LGBT Adults and Tobacco Stigma: A Qualitative Study of HPV Infection among Sexual Minority Women in the United States
- Understanding the Effects of Prostate Cancer on Gay and Bisexual Men
- Exercise Intervention for Lesbian, Gay, Bisexual, and Transgender Cancer Survivors
- Increasing HPV Vaccine Coverage among Young Adult Gay and Bisexual Men
- Improving Screening Tools to Better Predict High-grade Anal Dysplasia for MSM



Selected SGM Cancer Research Projects (cont.)

- Using Text Messaging to Increase HPV Vaccination among Young Sexual Minority Men
- Validating the Patient-reported Experiences of Discrimination in Care Tool
- Variations in Needs after Colorectal Cancer Diagnosis
- Reducing Tobacco Use Disparities among LBGT Adults in Safety Net Community Centers (administrative supplement)
- Sexual and Gender Minority Populations and Smoking Cessation (administrative supplement)



NIH Grants Process Overview



Grants.nih.gov/grants/grants_process.htm



Home » About Grants » Grants Basics

Grants Basics

Understand NIH

What Does NIH Look For

Who is Eligible

Types of Grant Programs

Types of Applications

Grants Process Overview

Plan Your Application

How to Apply +

Receipt & Referral

Peer Review

Pre-Award and Award Process

Post-Award Monitoring and Reporting

Forms Library

Information For +

Grants Basics

Before getting started, learn why it is important to understand the structure of NIH and how we approach grant funding, what types of organizations what we look for in a research project, and the types of grant programs we offer.



Understanding NIH: Finding the Right Fit for Your Research

As you begin your journey in search of NIH grant funding, learn why understanding the structure of NIH is important to successfully navigate the grants process.

What Does NIH Look For?

The NIH provides financial support in the form of grants, cooperative agreements, and contracts to support the advancement of the NIH mission to enhance health, save lives, and reduce the burdens of illness and disability. We encourage submission of unique projects of high scientific caliber. Learn more about our interest in research and unsolicited research projects. [Learn more.](#)

Who is Eligible

Each type of NIH grant program has its own set of eligibility requirements. Applicants can find eligibility information in Section III of each funding opportunity. While the principal investigator conceives and writes the application, NIH recognizes the applicant institution as the grantee for most grant types. Learn more.

Types of Grant Programs

This page will help you explore the types of grant funding NIH offers, from research grants to career development awards, research training and fellowship programs.



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Sexual & Gender Minority Research Office

Join the SGM Listserv

Visit the SGMRO Website at <https://dpcpsi.nih.gov/sgmro>



Sexual & Gender Minority Research Office

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sgmhealthresearch@od.nih.gov



Sexual & Gender Minority Research Office

Citations

Clayton, J & Tannenbaum C. Reporting Sex, Gender, or Both in Clinical Research? Journal of the American Medical Association. Published online October 31, 2016.
<http://jamanetwork.com/journals/jama/fullarticle/2577142>

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LGBTQ Health Disparities: *Gains We've Made and Challenges We Face*

January 24, 2017
Research to Reality Cyber
Seminar

Mandi Pratt-Chapman

Pronouns: She, hers

Associate Center Director, Patient-Centered
Initiatives and Health Equity



THE GEORGE
WASHINGTON
UNIVERSITY
WASHINGTON, DC

GW Cancer Center

Hello
my name is

Mandi

my pronouns are

She, Her

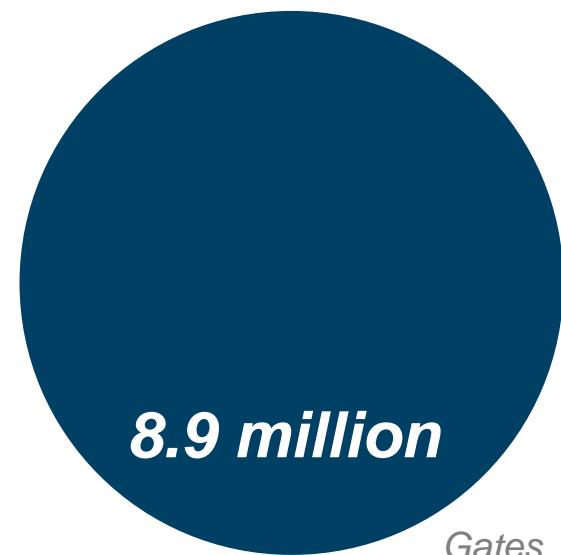
Image Source: <https://www.tedeytan.com/2016/07/01/20086>

Learning Objectives

- Describe status of cancer research in lesbian, gay, bisexual and transgender (LGBT) populations in the U.S.
- Describe a subset of current research gaps based on the existing cancer literature available focused on transgender individuals
- Explain one cancer center's approach to LGBT community-engaged research

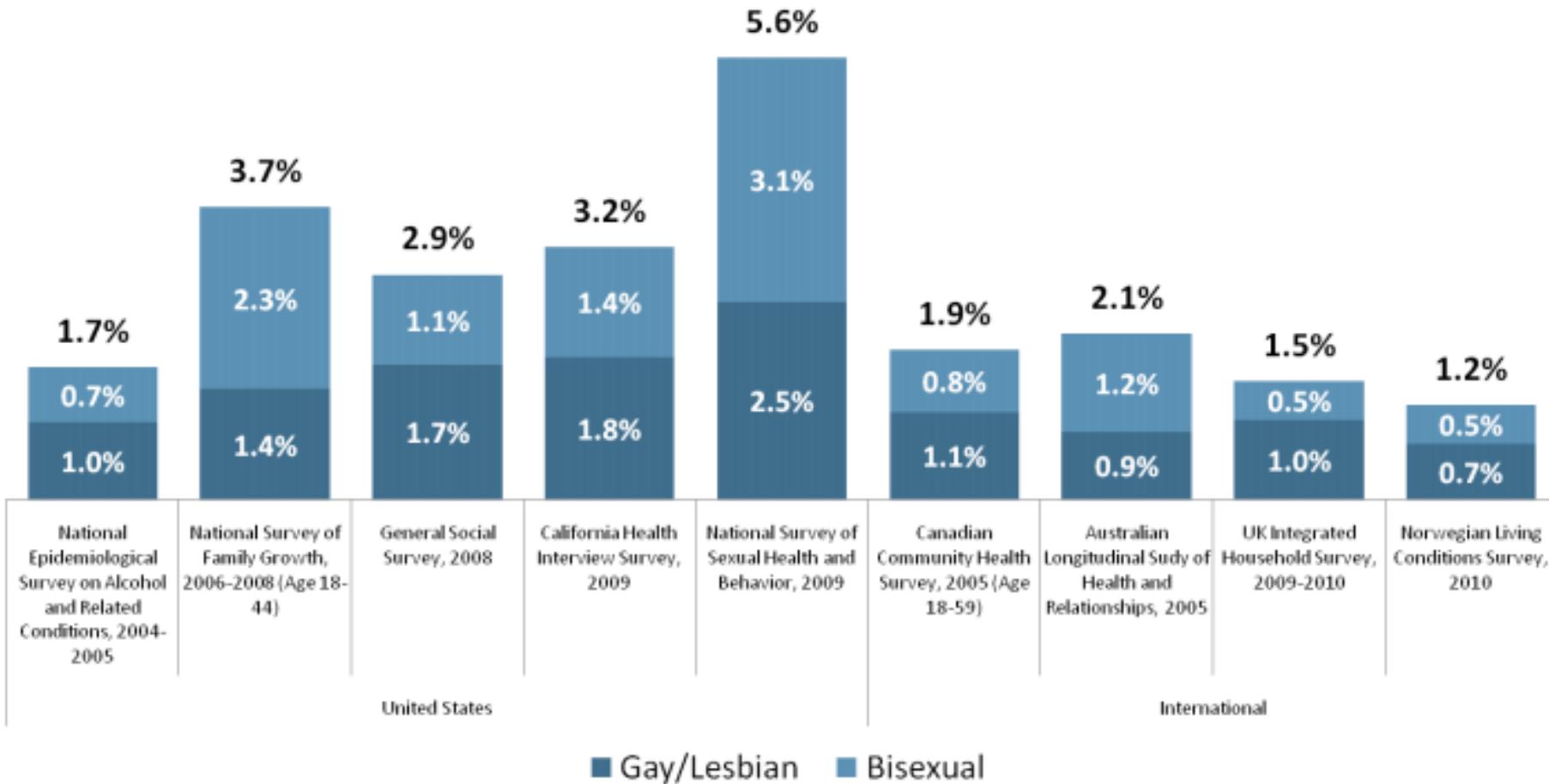
How many are there?

- There are an estimated 9 million lesbian, gay and bisexual individuals in the United States
- More than the population of New Jersey



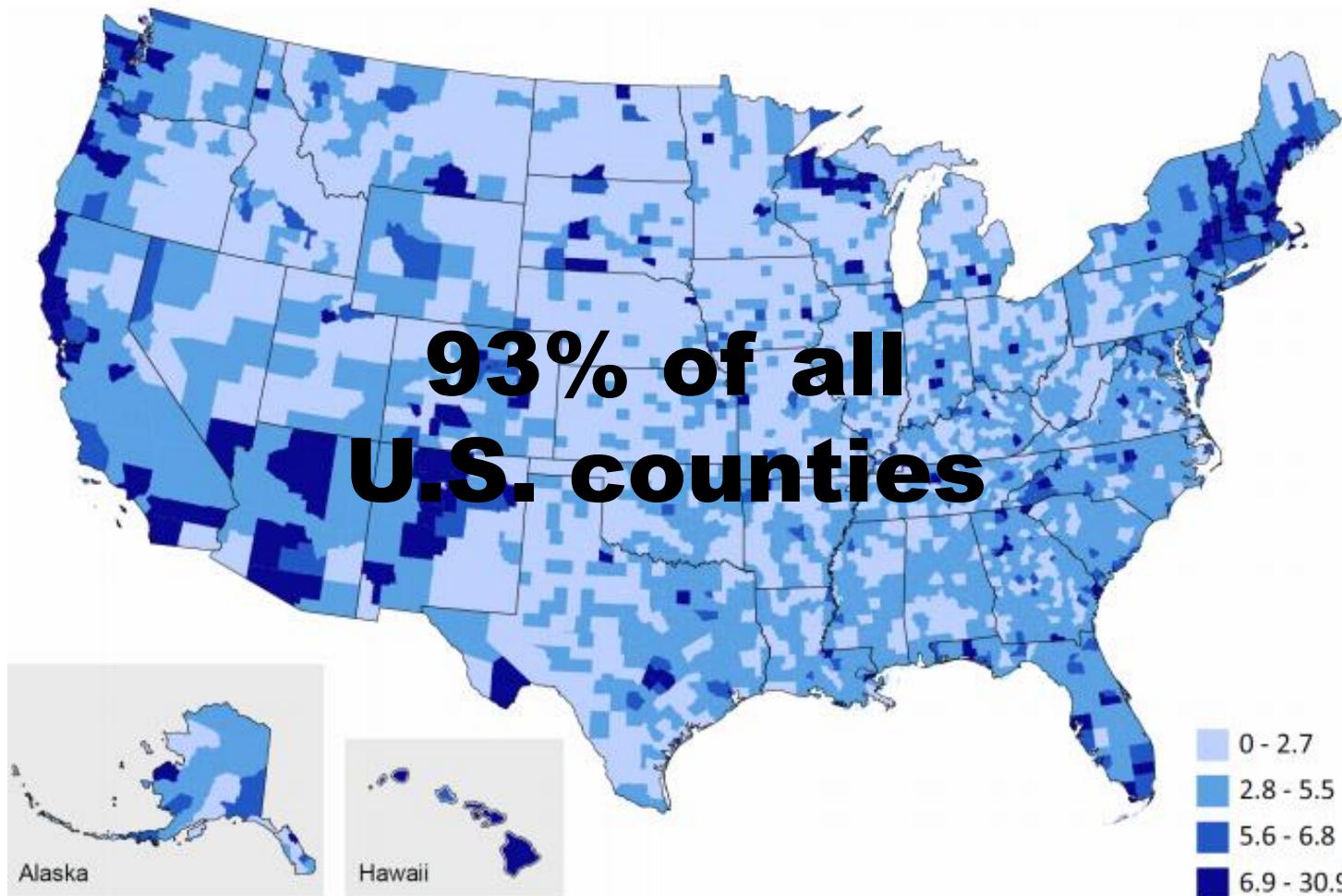
Gates, 2011

Figure 1. Percent of adults who identify as lesbian, gay, or bisexual.



Gates, 2011; Fenton, 2016

Same-sex couples per 1,000 households
by county (adjusted)*



Gates and Cooke, 2010

Life as Transgender



State of the Science in Cancer

- Few studies on LGB persons; even fewer for T persons
- Only population estimates given lack of systematic data collection
- Barriers



LGBT Well-Being

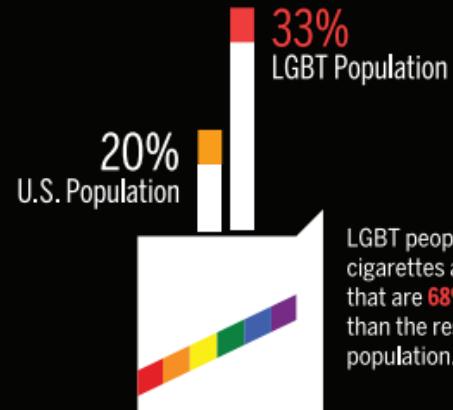
- Lower financial security
- Poorer physical health
- Fewer social supports
- Less sense of purpose
- Less community



Smoking and LGBT Americans

Design by Tusk and Dagger / tuskdagger.com, rev 05/2015

SMOKING IS THE LGBT COMMUNITY'S BIGGEST HEALTH BURDEN



For citations and references, please visit <http://hlthlnk.lgbt/Di94M>

BLOG.LGBTHEALTHLINK.ORG



LGBT Healthlink, n.d.; Hunt, 2012

Substance Use and LGBT Americans

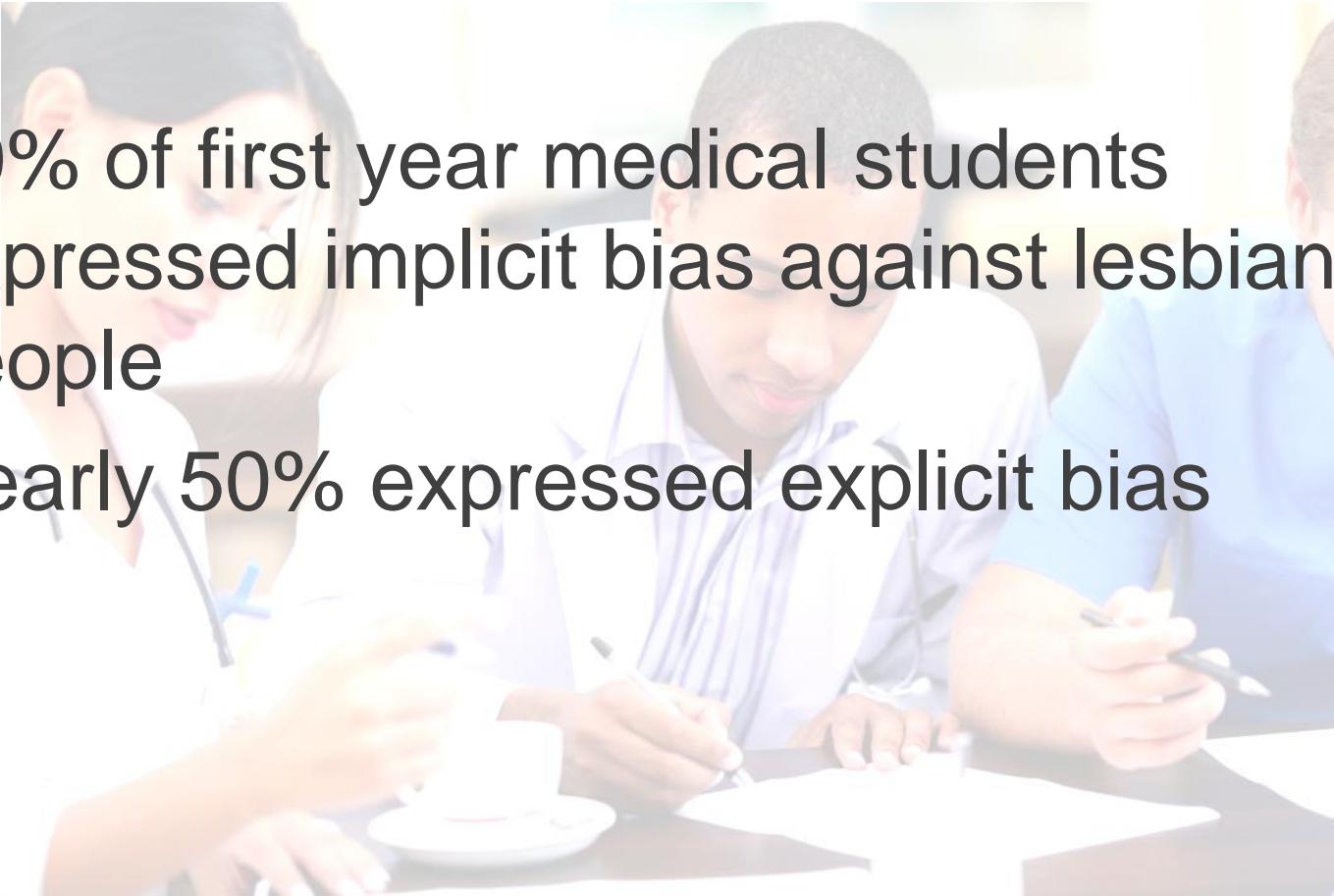


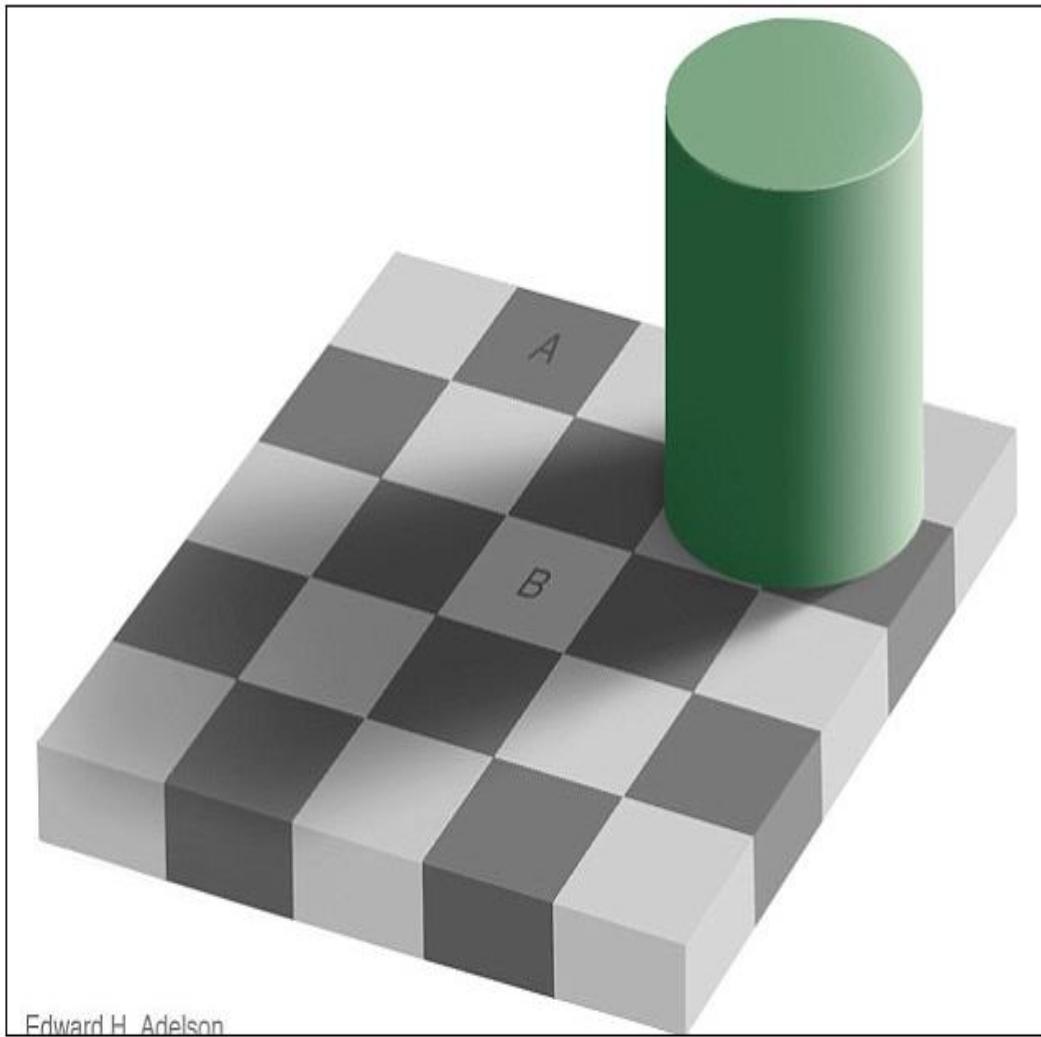
- 25% alcohol abuse versus 5% in general population
- Stress from social bias and legal discrimination
- Lack of cultural sensitivity in health care system disincentivizes help-seeking behavior
 - 56% of lesbian, bisexual and gay individuals have experienced health care discrimination
 - 70% of transgender individuals have experienced health care discrimination
- Targeted marketing by alcohol and tobacco companies

Hunt, 2012; Lambda Legal, 2010

Medical School Bias

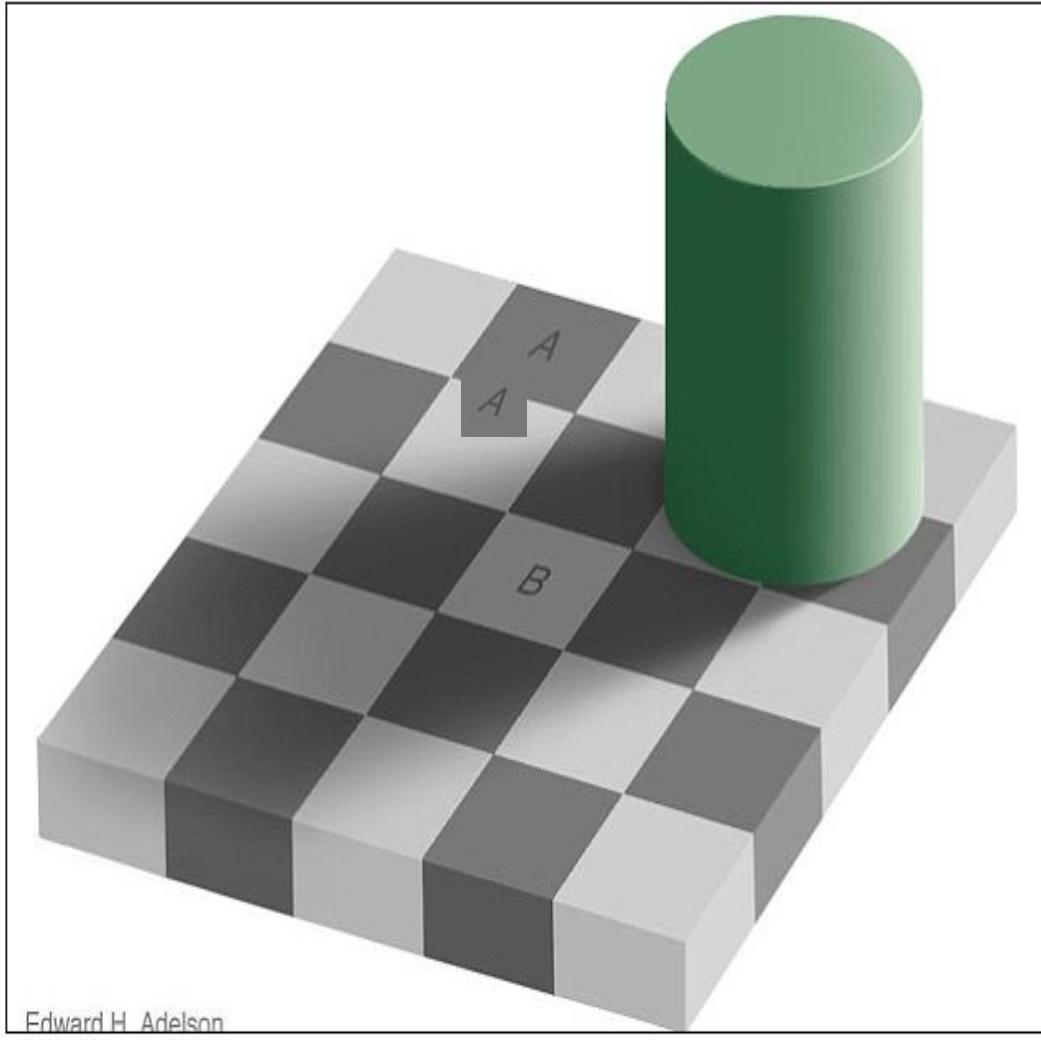
- 80% of first year medical students expressed implicit bias against lesbian/gay people
- Nearly 50% expressed explicit bias





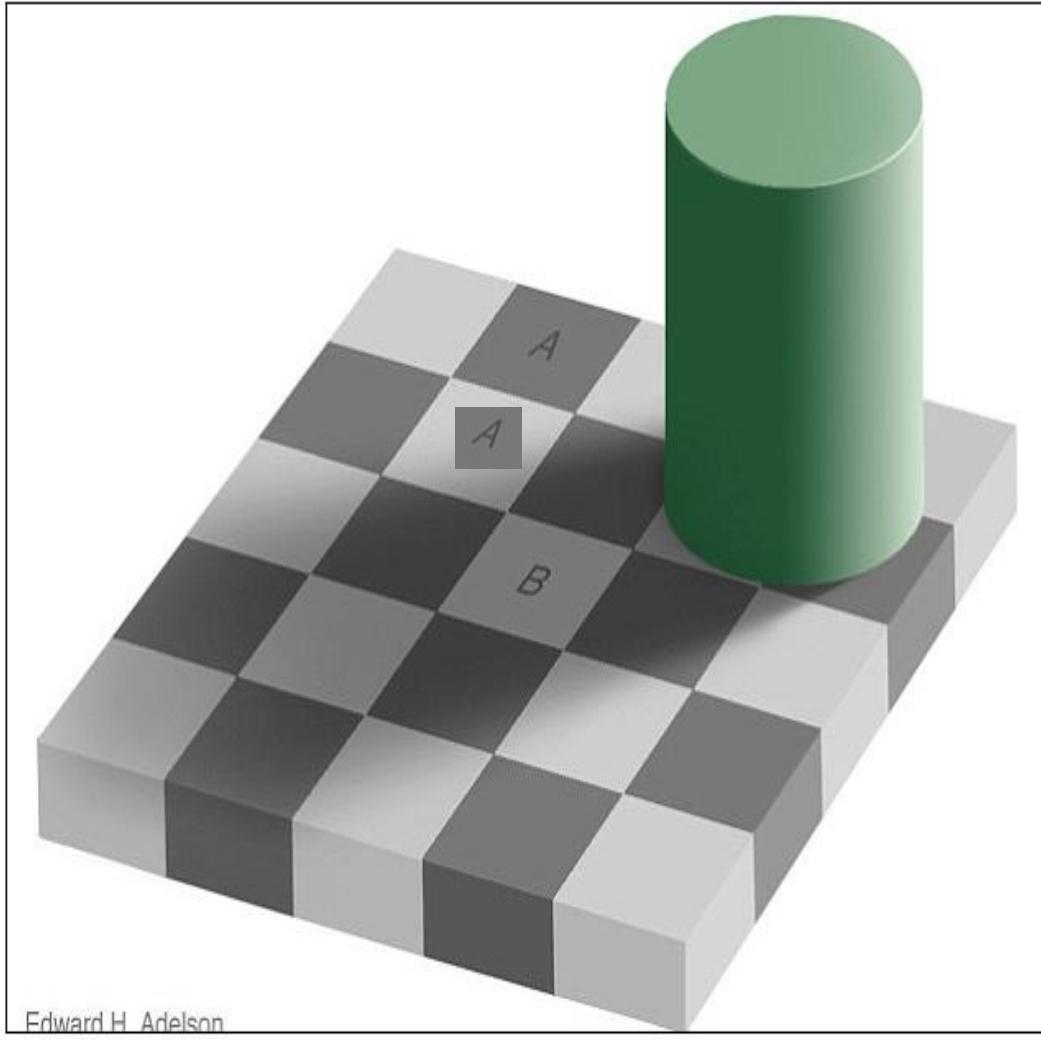
Edward H. Adelson

Although it may seem impossible to believe, the squares marked 'A' and 'B' are actually exactly the same shade of grey



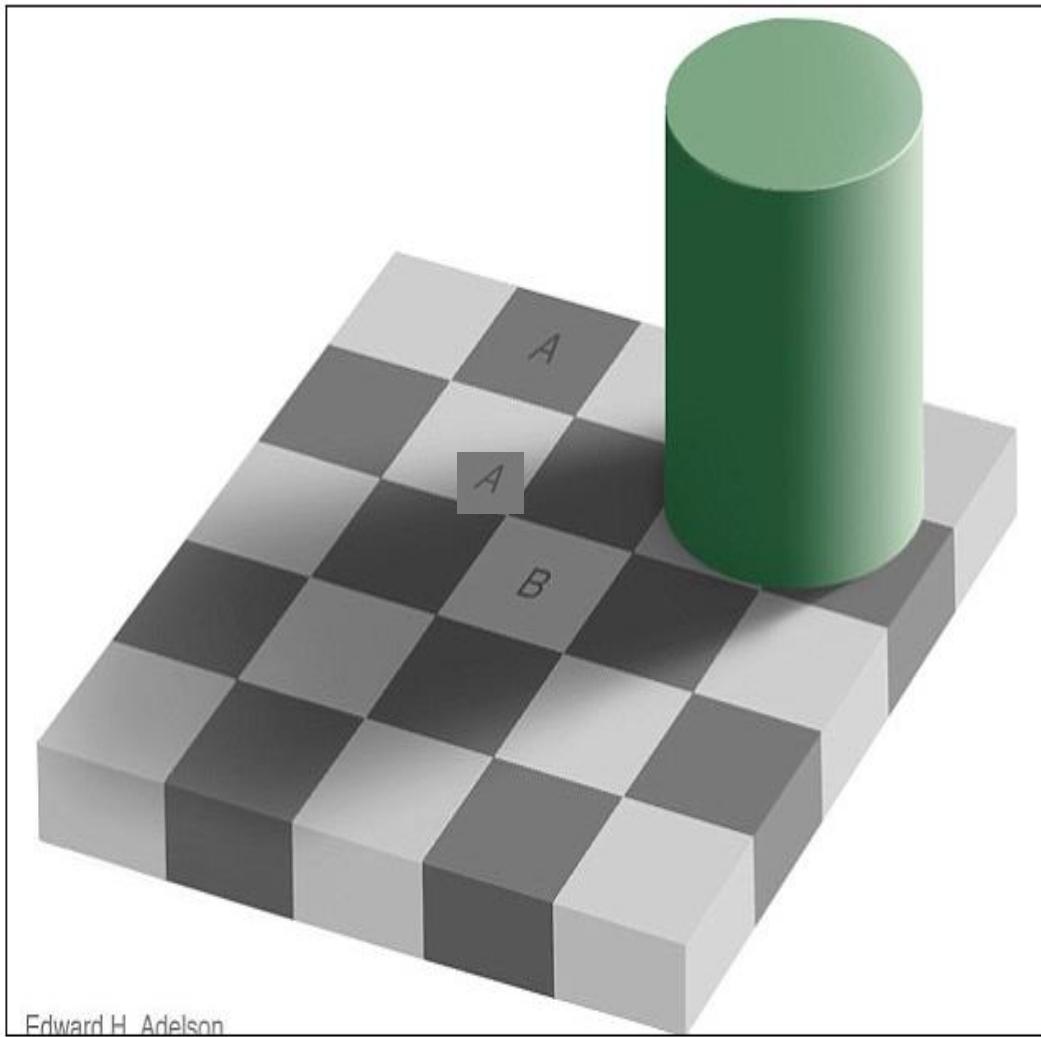
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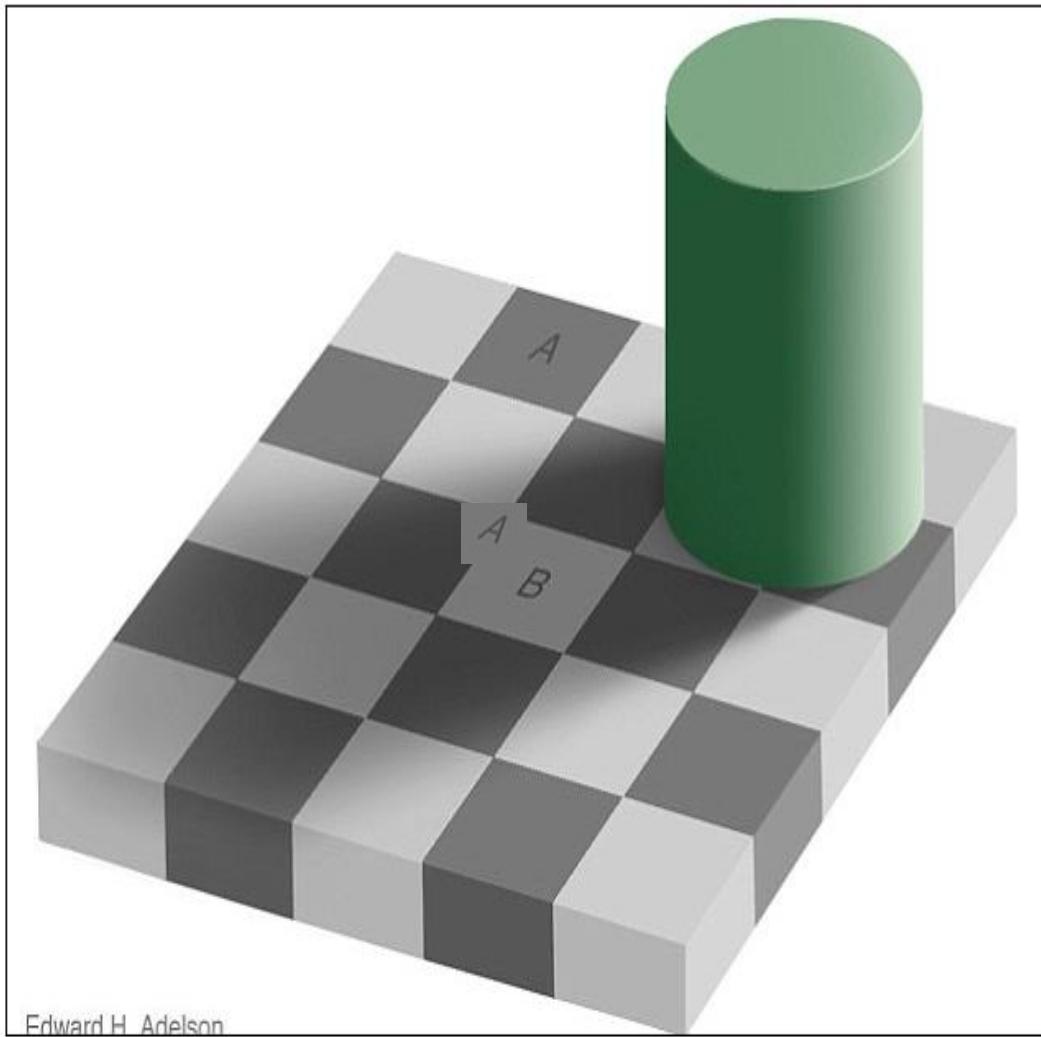
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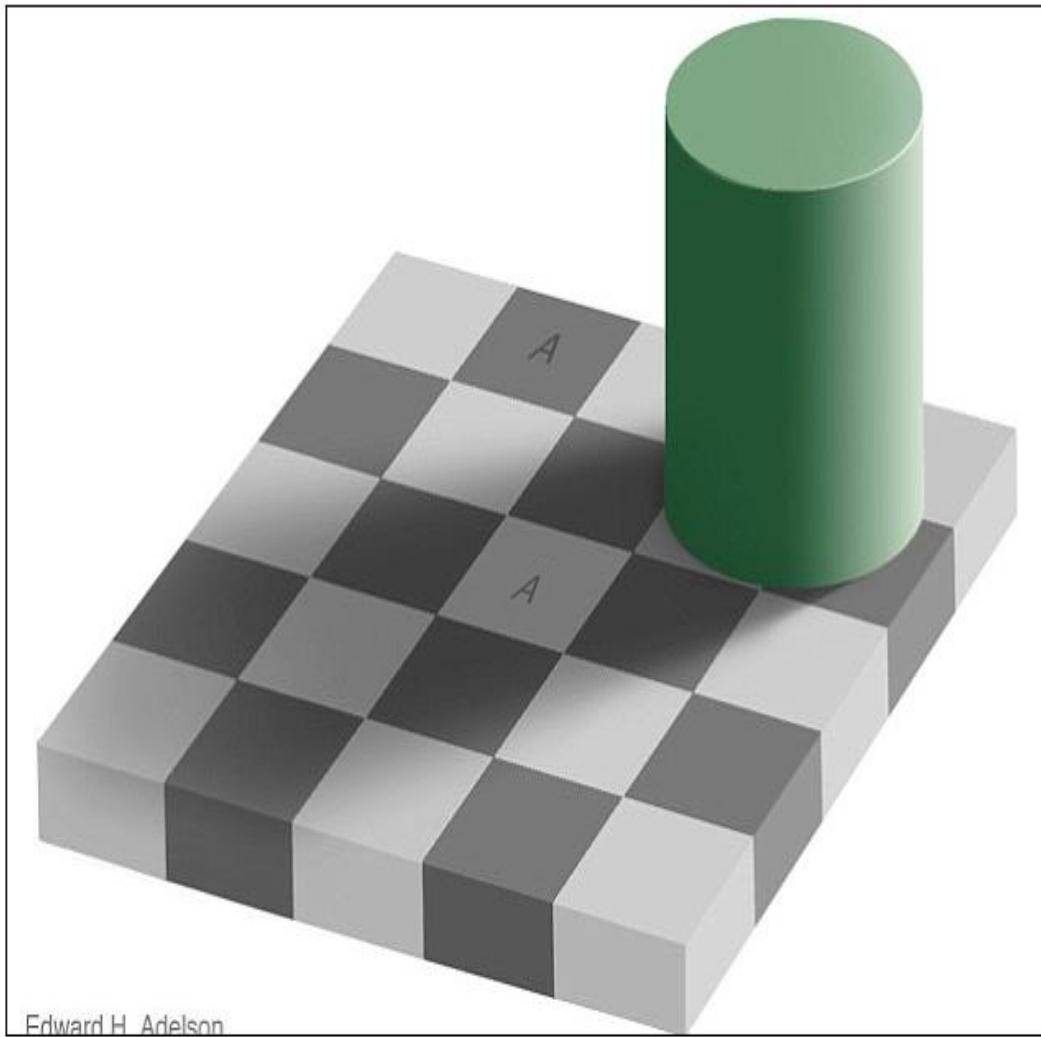
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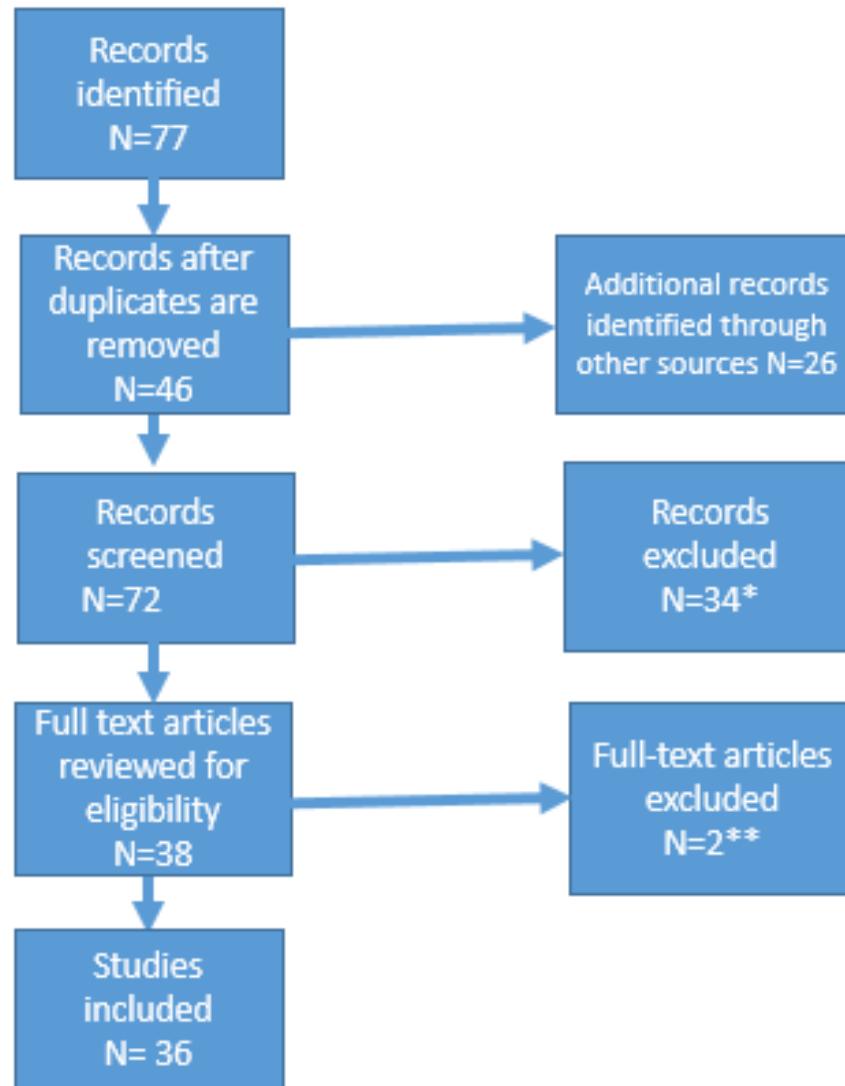
Research Context

Facilitators	Barriers
Final Rule for Section 1557 of the Affordable Care Act explicitly protecting transgender individuals	Insurance obstacles / claim rejections; Political landscape: Unexpected 2016 election results
National Institutes of Health declaration that sexual and gender minorities are a disparity population In October 2016 should increase research funding	Few prepared researchers; Grantors most likely to fund research in this area are on the chopping block in a Republican controlled Congress and White House
New PCORI study examining comparative effectiveness of self-swab versus clinician-administered HPV test (Reisner et al)	Few clinicians qualified to care for this population; Only 29% of providers comfortable caring for this population and 11% of OB/GYNs unwilling to perform a Pap test on a trans man
Strides in general population approval of LGBT rights	Lack of systematic collection of gender identity data in national surveys, registries or clinical records

Transgender Cancer Screening: Search Strategy

Database	Search Terms/Fields	# Articles
PubMed	MeSH terms: “transgender persons” AND Abstract/Title: “cancer OR oncology” AND Abstract/Title: “screening”	8
Scopus	Article/Title Abstract/Keywords: “transgender OR transsexual OR transexual OR gender variant OR gender non-conforming” AND “cancer OR oncology” AND “screening”	44
CINAHL	Abstract: ““transgender OR transsexual OR transexual OR gender variant OR gender non-conforming” AND “cancer OR oncology” AND “screening”	3
Medline	Key words: “transgender OR transsexual OR transexual OR gender variant OR gender non-conforming” AND “cancer OR oncology” AND “screening”	22
		Subtotal 77

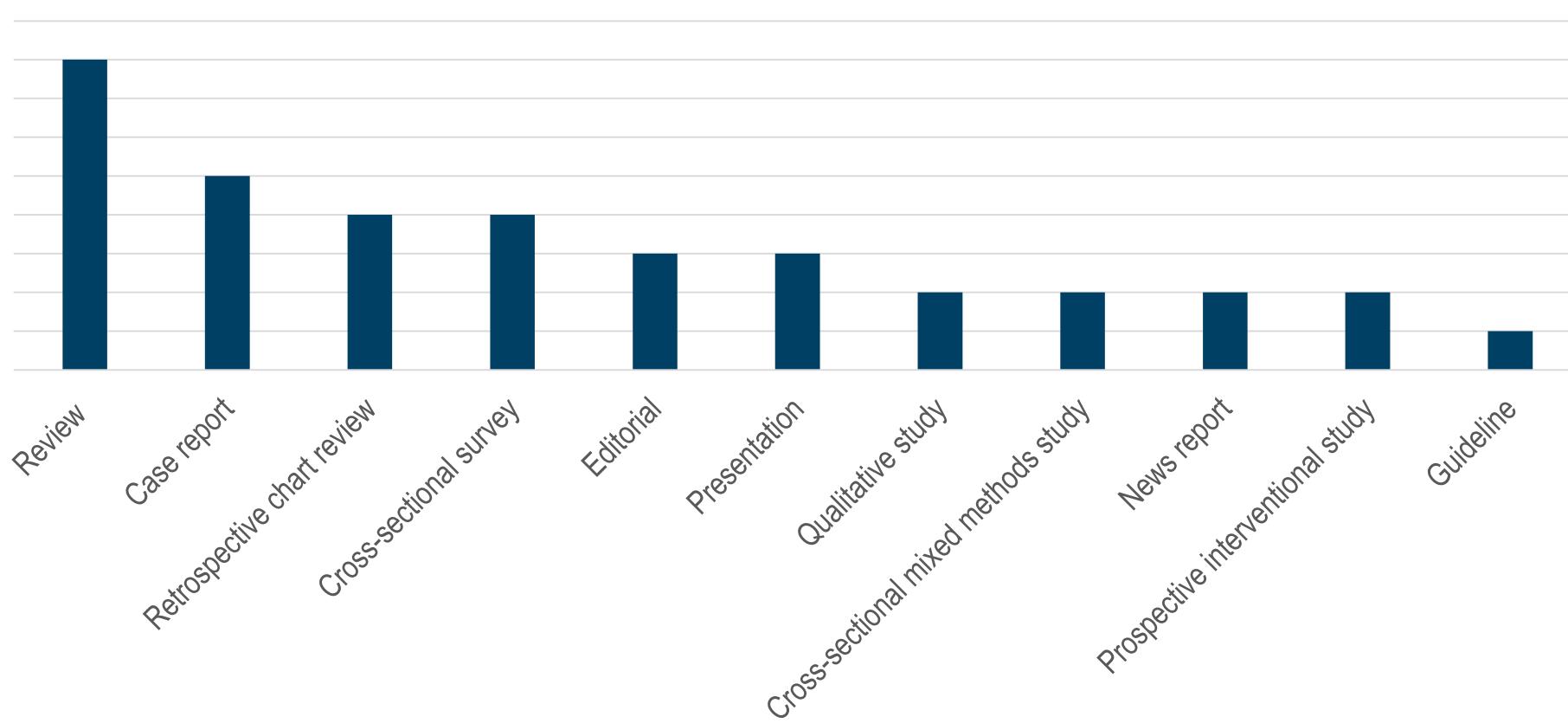
PRISMA



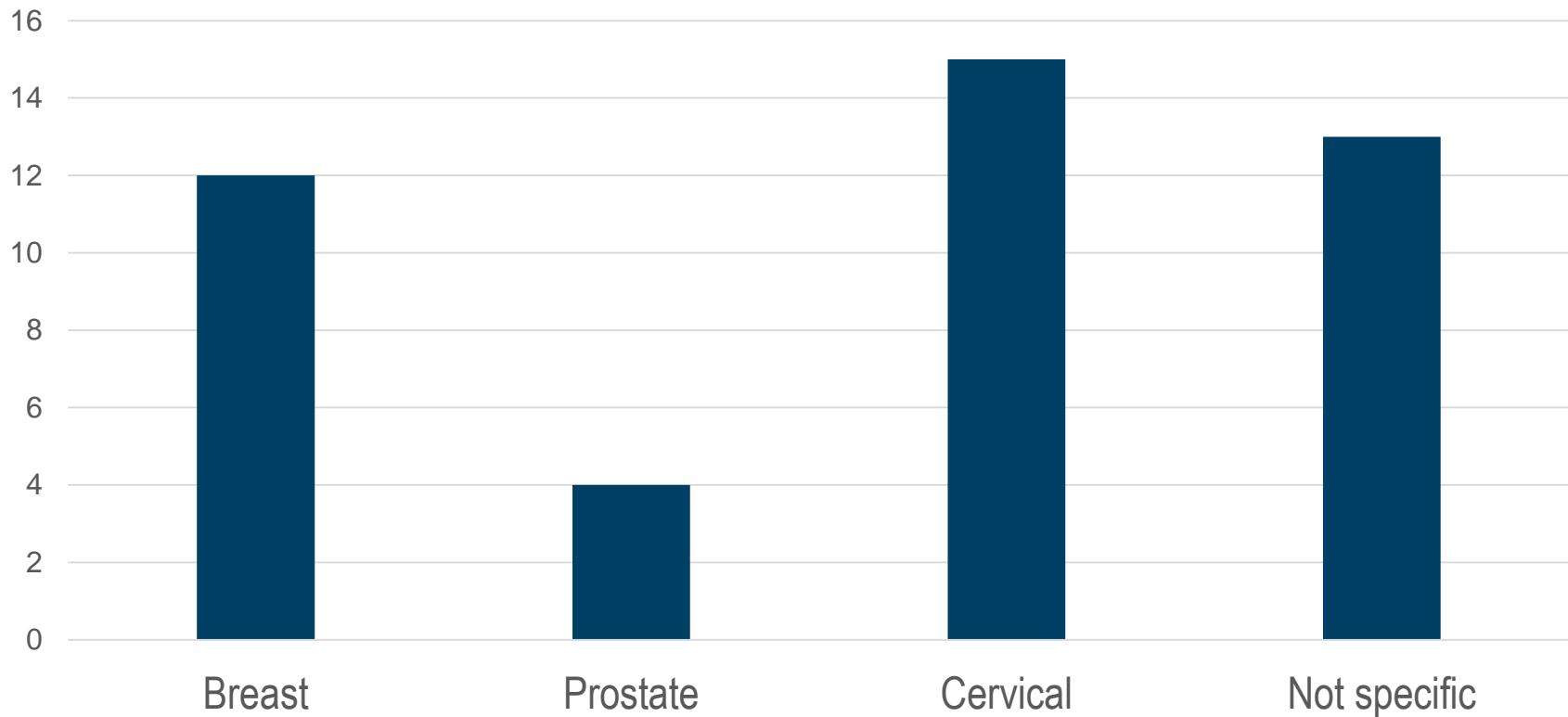
*Excluded Reasons

- No full text available (6)
- Not breast, prostate or cervical cancer (6)**
- Not focused on target population (2)
- Focus is primarily on hormone management (2)
- Focus is on HPV (1)
- Very similar article by same author already reviewed (2)
- Secondary priority because content has already been largely reviewed (17)**

Types of Literature



Cancer Types of Focus in Literature



Key Findings

- No evidence that HT increases cancer risk – we need more research!
- Lower mammography in trans women and men
- Lower cervical screening in trans men; higher inadequate pap samples
- Provider misconceptions about cervical cancer risk in trans men
- Comfort measures for cervical exam: lubricant, analgesic, smaller speculum, anti-anxiety medication, gender-affirming language
- Health care bias confirmed by patients and providers
- Cancer screening is higher when patients are out to providers
- T subsumed by LGB in research
- Innovative research: self-swab for Pap/ HPV testing/ STIs
- Both mammography and sonography are acceptable screening methods among trans women

Asscheman et al, 2014; Weirckx et al, 2010; Bazzi et al, 2015; Peitzmeier et al., Am J Prev Med, 2014; Peitzmeier et al., JGIM, 2014; Agénor et al, 2016; Grant et al., 2011; Reisner, 2014; Weyers, et al., 2010

Facilitators for Gender-Affirming, Quality Care

- Patient and provider knowledge of risk
- Peer support, role models
- Patient-centered practices: Language, comfort measures, sensitivity
- Clinical practices: swabbing technique
- Health system factors: safe, gender-affirming

Agénor et al., 2016; Johnson et al., 2016; Bernstein et al., 2014; Potter et al, 2015

Barriers to Gender-Affirming, Quality Care

- Patient stigma, fear, past experiences
- Gender dissonance
- Provider lack of knowledge, skills, experience
- Lack of insurance coverage, access to providers
- Health plan claim denials
- Lack of legal protections

Johnson et al., 2016; Phillips et al., 2015; Dean et al, 2000; Blank et al, 2015; Clark et al., 2015; Poynten, 2015

Key Barriers to Research

- No data/ data collection of gender identity
 - Cancer registries
 - SEER
 - EHRs
 - Research, generally
- U.S. diversity of population
- Designing appropriate patient-oriented outcomes
- Gendered lab reference ranges
- Diversity of training and practice across systems

Johnson et al., 2016; Phillips et al., 2015; Dean et al, 2000; Blank et al, 2015; Clark et al., 2015; Poynten, 2015; Feldman et al., 2016

Research Needed

- Patient understanding, adherence to screening recommendations
- How intersection of identities influence health behaviors
- Biopsychosocial mediators, emotional/ psychosocial impacts of screening
- Destabilizing effects, mitigation strategies; how to bolster resilience
- Genetic testing of trans individuals on HT; longitudinal observations
- Interventions for pain, discomfort
- Provider education & effective methods to educate
- Guidelines on age, timing, intervals, frequency, modalities of screening
- Implementation strategies to create safer, more gender-affirming clinics

GW Cancer Center Initiatives

- Susan G. Komen project to improve lesbian, bisexual and transgender breast cancer screening awareness and cultural sensitivity
- AOSW-funded online training to improve competence in LGBT support with a focus on GBT prostate cancer
- PCORI Pipeline project with LGBT community partners
- Pfizer-funded TEAM training
- Medical School curriculum review
- Comprehensive provider training
- SOGI fields

How do I ask sexual orientation questions?

- Sexual Orientation:
Do you think of
yourself as?
 - Straight
 - Lesbian, Gay or
Homosexual
 - Bisexual
 - Something Else
 - Don't Know
- What is your Current
Relationship Status?
 - Married
 - Partnered
 - Single
 - Widowed
 - Divorced
 - Other

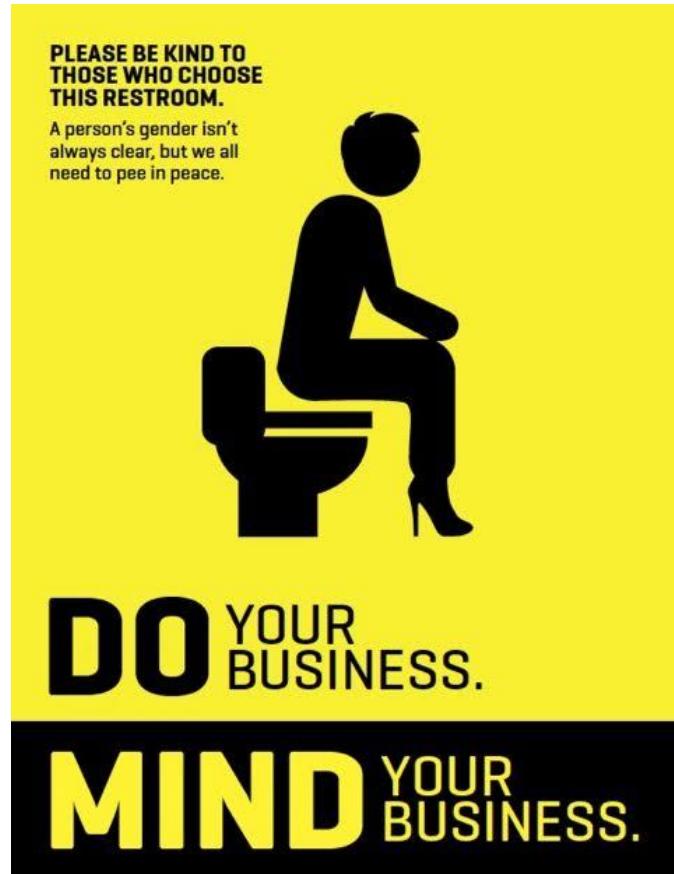
How do I ask gender identity questions?

- What is your current gender identity?
 - Male/man
 - Female/woman
 - Trans Male/ Female-to-male
 - Trans Woman/ Male-to-female
 - Genderqueer
 - Other
- What sex were you assigned on your original birth certificate?
 - Male
 - Female
 - Intersex

BRFSS Optional Module for Transgender Persons

- Do you consider yourself to be transgender?
 - Yes
 - No
- Do you consider yourself to be male-to-female, female-to-male or gender non-conforming?

www.bathroom.support



Thank you!

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Q&A / Discussion



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The screenshot shows a website with a blue header and a white main content area. In the top right corner of the header, there are two buttons: 'JOIN' and 'LOGIN'. A red box highlights the 'JOIN' button. Below the header is a navigation bar with links: Home, Discussions, Cyber Seminars, Featured Partners, Learning Communities, Events, About, a search bar, and a 'SEARCH' button.

Let's Discuss – LGBTQ Health Disparities: Gains We've Made and Challenges We Face – R2R January 2017 Cyber Seminar

This discussion is a follow up to our January cyber seminar, "[LGBTQ Health Disparities: Gains We've Made and Challenges We Face](#)" which focuses on recent challenges and opportunities in understanding LGBTQ disparities and healthcare needs. Now we want to invite you to join in the discussion and give your perspective!

- Do you have any questions for our presenters, Karen Parker from the National Institutes of Health and Mandi Pratt-Chapman from the George Washington University Cancer Center?
- Are you involved with the LGBTQ community in your own work? Do you have any "lessons learned" or best practices to share?
- What are some of the challenges and opportunities you see in understanding LGBTQ health disparities and healthcare needs? How can we address these issues?

We look forward to reading your responses and continuing the conversation!

Jordan
from the R2R team

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CATEGORY Cyber-Seminars

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