

LGBTIQ+ Lung Health Community of Practice



Lung health and LGBTIQ+ experiences

In Australia, **1 in 3 people will be impacted by a lung condition**, including lung cancer, Chronic Obstructive Pulmonary Disease (COPD), asthma or bronchiectasis¹.

The LGBTIQ+ community (lesbian, gay, bisexual, transgender/gender diverse, intersex, queer, asexual + people of other diverse sexualities and genders not captured in the acronym) **have an increased risk of lung conditions.**

The LGBTIQ+ community experience significant societal and health care inequities, stigma and discrimination.

Intersection of personal factors (LGBTIQ+ identity, age, sex, ethnicity and socioeconomic status) can add **further disadvantage to poor lung health.**



What do we know about LGBTIQ+ lung health?

- > **Higher rate of daily and current smoking²**
- > **Minority stress = higher nicotine/tobacco use³**
- > **Sexuality, sex, age + race/ethnicity influence nicotine/tobacco use⁴**
- > **Health care stigma + bias = unique challenges:**
 - *engaging in preventative/screening strategies⁵⁻⁷*
 - *accessing culturally sensitive/safe health care*
 - *feeling uncomfortable disclosing identity*
 - *accessing health care providers that identify as LGBTIQ+ allies*
- > **Increased risk of chronic lung conditions and lung cancer^{8,9}**
- > **Unique intersectionality in LGBTIQ+ cancer patient experiences and lung conditions^{10,11}**
- > **Clinical studies regularly exclude LGBTIQ+ participants and analysis of lung health¹²**
- > **Interaction between LGBTIQ+ identity and other demographic risk factors for poor lung health is poorly understood**



In Australia, there is currently no comprehensive understanding of lung health and experiences in the LGBTIQ+ community.

We cannot address the factors affecting LGBTIQ+ lung health if we are not asking the right questions to break down barriers and overcome inequity.



What is needed to better support lung health in the LGBTIQ+ community?

Overcoming compounding stigma of LGBTIQ+ identities and smoking related lung disease.

Understanding experiences of Aboriginal and Torres Strait Islander LGBTIQ+ community members and people who live in **rural/remote regions.**

Pro-active ally engagement to **understand barriers and lived experience.**

Co-design of lung health care including research, clinical trials, policy and interventions.

Develop trust to unravel complexities of LGBTIQ+ identity on lung health and support.



National strategy to support LGBTIQ+ lung health

Building connections between LGBTIQ+ patients, carers, advocates, health care professionals and researchers

Empower individuals and mobilise LGBTIQ+ allies

Equity in access to information, prevention, screening and policies

Supporting lung health for all Australians

LGBTIQ+ Lung Health Strategy Road Map



Visibility and building community



Education and connection



Healthcare partnership



Policy and advocacy



Harnessing research potential



Together we will improve lung health and support for the LGBTIQ+ community

- **Co-creating LGBTIQ+ Community of Practice** through a national, integrative and holistic approach.
- **Increase reach, education, allyship and data collection** to support lung health for members of the LGBTIQ+ community.
- **Meaningful effects** not just for today, but **lasting change for future generations** to support lung health in Australia.
- Responsibility to **set an example as a global leader** driving change through LGBTIQ+ lung health advocacy.

FURTHER INFORMATION & SUPPORT

Learn more about our commitment to LGBTIQ+ lung health, join our Community of Practice or peer support group:

lungfoundation.com.au/LGBTIQAlunghealth

Free call **1800 654 301**

References:

1. AIHW, 2016, www.aihw.gov.au/reports/australias-health/australias-health-2016/contents/ill-health
2. Jenkins et al. Tobacco in Australia: Facts & issues 2022
3. Krueger et al Sexual orientation disparities in substance use: Investigating social stress mechanisms in a national sample. *Am J Prev Med Am J Prev Med* 2020;58(1):59
4. King et al. Trends in sexual orientation disparities in cigarette smoking: Intersections between race/ethnicity and sex. *Prev Med* 2021;153:106760
5. Fallin et al. Smoking cessation awareness and utilization among lesbian, gay, bisexual, and transgender adults: an analysis of the 2009–2010 National Adult Tobacco Survey. *Nicotine Tob Res* 2015;18(4):496
6. Stowell et al. Lung cancer screening eligibility and utilization among transgender patients: an analysis of the 2017–2018 United States behavioral risk factor surveillance system survey. *Nicotine Tob Res* 2020;22(12):2164
7. Matthews et al. Differences in smoking prevalence and eligibility for low-dose computed tomography (LDCT) lung cancer screening among older US adults: role of sexual orientation. *Cancer Causes Control* 2018;29:769
8. Pinnamaneni et al. Disparities in chronic physical health conditions in sexual and gender minority people using the United States Behavioral Risk Factor Surveillance System. 2022;28:101881
9. Patterson & Jabson. Sexual orientation measurement and chronic disease disparities: National Health and Nutrition Examination Survey, 2009–2014. *Ann Epidemiol* 2018;28(2):72
10. Damaskos et al. Intersectionality and the LGBT cancer patient. *Semin Oncol Nurs* 2018;34(1):30
11. Hutchcraft et al. Differences in health-related quality of life and health behaviors among lesbian, bisexual, and heterosexual women surviving cancer from the 2013 to 2018 National Health Interview Survey. *LGBT health* 2021;8(1):68
12. Sirufo et al. Chronic Obstructive Pulmonary Disease in the LGBTIQ+ Population. *Ann Am Thorac Soc* 2022;19(12):2111