

Challenges and Opportunities for Supporting Healthy Behaviors Among LGBT Students

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DEFINING THE ISSUE

Challenge:

Increased Risk Well-Documented



**LESBIANS AND
BISEXUAL WOMEN**

Compared to heterosexual women:

- More alcohol-related problems^{1,2}
- Heavier alcohol use³
- Greater lifetime rates of marijuana, cocaine, and other illicit drug use^{4,5,6}



**GAY AND
BISEXUAL MEN**

Compared to heterosexual men:

- Alcohol use rates are similar⁷
- Greater lifetime rates of cocaine (37%), marijuana (18-37%), MDMA, meth, and poppers^{4,6,8}
- Prevalence of anabolic steroid use⁷



**TRANSGENDER
INDIVIDUALS**

High rates of injection drug use⁹

Injection hormones from “black market”⁹

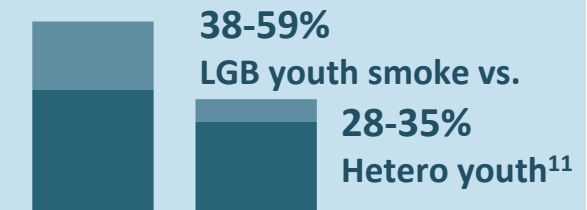


TOBACCO USE

**LGB adult
men and
women**

2x

**as likely to
smoke as
heterosexuals¹⁰**



**MAJORITY ENGAGE IN
HEALTHY BEHAVIORS**

Source: ¹McKirnan and Peterson, 1989; ²Wilsnack et al., 2008; ³Aaron et al., 2001; ⁴Skinner, 1994; ⁵Skinner and Otis, 1996; ⁶Cochran et al., 2004; ⁷Drabble et al., 2005; ⁸Stall et al., 2001; ⁹Clements-Noelle et al., 2001; ¹⁰Tang et al., 2004; ¹¹Ryan et al., 2001

Challenge:

Limitations to Research on LGBT Health



Sampling

Small convenience samples of a hidden population

Transgender and bisexual-specific research limited

College LGBT samples not generalizable due to low response rate

Participants often recruited in bars so overestimate pathology

Source: The Fenway Institute



Survey/Question Design

Terminology used to determine sexual orientation varies

Examples:

Do you identify as lesbian or bisexual?

Have you had at least one female sex partner in the year before the survey?

Who are you more attracted to?

Source: McCabe et al. (2003).



Changing Landscape

More recently, larger, population-based studies

CDC recently announced inclusion of sexual orientation/gender identity questions in Youth Risk Behavior Survey

Challenge:

LGBT-Focused Prevention Efforts Not a Priority



OTHER POTENTIAL CONTRIBUTORS:

- ✓ Limited knowledge of alcohol issue
- ✓ Personal history with substance abuse

Distinct Challenges, Same Goal



Developmental Challenges

Same as non-LGBT adolescents



- Need to establish a comfortable sense of their sexual orientation or gender identity
- Dealing with internal & external homo/bi/transphobia
- Limited support from family, peers, other adults
- Limited contact with other LGBTQ youth or role models
- Delay in dating may lead to sex-focused relationships, where alcohol is central



Risk Behaviors

Same as non-LGBT adolescents



Increased risk for:

- Smoking
- Alcohol & Substance Abuse
- Anxiety, depression, suicide
- HIV & STI's
- Emotional and physical abuse
- Eating disorders and obesity
- Limited access to care
- Homelessness



Goals and Considerations for Prevention Efforts for LGBTQ Adolescents

- Same as for all adolescents:
- Promote healthy development
 - Promote social and emotional well-being
 - Promote and ensure physical health

DRIVERS OF UNHEALTHY BEHAVIOR

Potential Root Causes Identified

Concern for Safety

Compared to heterosexual students, LGB students report:

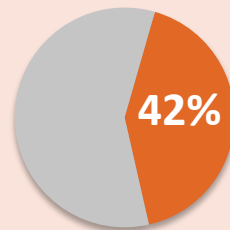


- Harassment
- Fear for safety
- Victimization from violence

Source: Rankin (2002); Garcia et al. (2002); Williams et al. (2003).

Sexual Violence

Nearly half of LGBT students report being forced to have sex against their will.



Source: NSVRC Research Brief 2012

Significant Risk for Athletes



2x more likely than their heterosexual teammates to experience harassment.

25%

feel pressured to stay silent about their sexual identity

21%

report being targets of derogatory remarks via social media

Source: Campus Pride 2012 LGBTQ National College Athlete Report



Resulting Emotional Trauma:

Psychological effects of victimization include **anxiety, depression, low self-esteem**, behavioral problems including **substance abuse**

Source: Fenway Institute

Additional Risks Factor In for College Students

EMOTIONAL

To cope with stress from victimization, homophobia, “coming out”

To escape loneliness/depression



SOCIAL

To “build courage” to approach a potential partner

To meet other LGBT people – marginalization makes bars and clubs primary social outlets

COMMUNITY



Unwelcoming campus environment a contributing factor



LGBT Community Norms

- Focus on individual rights overshadows concern for health (Eliason, 2010)
- Resistance to mainstream norms may lead to glorification of ATOD use and abuse (Crossley, 2004)

Marketing Efforts A Significant Contributor to Risk

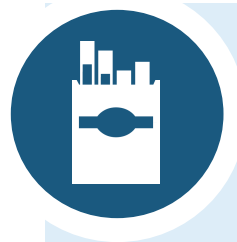
“Educational systems, biomedicine, and health and human services have often neglected LGBT communities, but alcohol and tobacco industries have not (Northridge, McGrath, & Krueger, 2007).”



Targeted marketing efforts:

- ✓ Exploit the connection to bars and clubs as safe spaces for socializing
- ✓ Exploit LGBT community values of freedom, choice, and pride
- ✓ Event and Organization Sponsorship (e.g. Pride weeks, parades)
- ✓ Outreach Efforts and Community Promotions

Negative health implications for LGBT community.



Project SCUM (Sub-Culture Urban Marketing)

- Internal Tobacco industry marketing strategy
- Sub-culture = Gays, Lesbians, Racial minorities
- Objective: Penetrate non-traditional outlets in San Francisco proper – Haight, Castro, S.F. Metro

Potential Impact of GLB Resources on Drinking

GLB RESOURCES INDEX

Presence of GLB student organization, frequency of meetings

Paid staff focused on GLB programming

Policy includes sexual orientation as a protected class

Formal GLB studies program and/or GLB-focused academic courses

GLB-friendly housing options

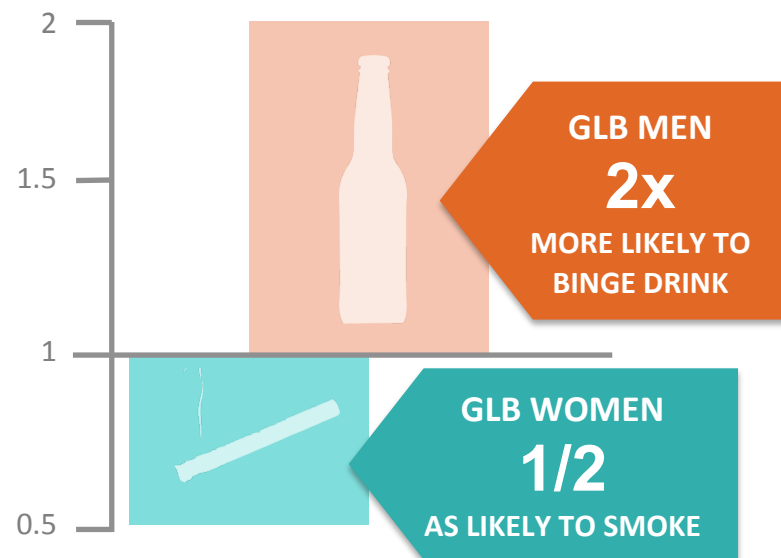
SafeZone/Allies program

GLB-specific Counseling, resource library, etc.

GLB resource score was a significant predictor of substance-use behavior.

At schools with extensive GLB resources compared to those with minimal resources:

NOTE: The presence of resources was not associated with men's smoking or women's binge drinking.



Time spent socializing had a significant positive association with binge drinking (for both sexes) and women's smoking.

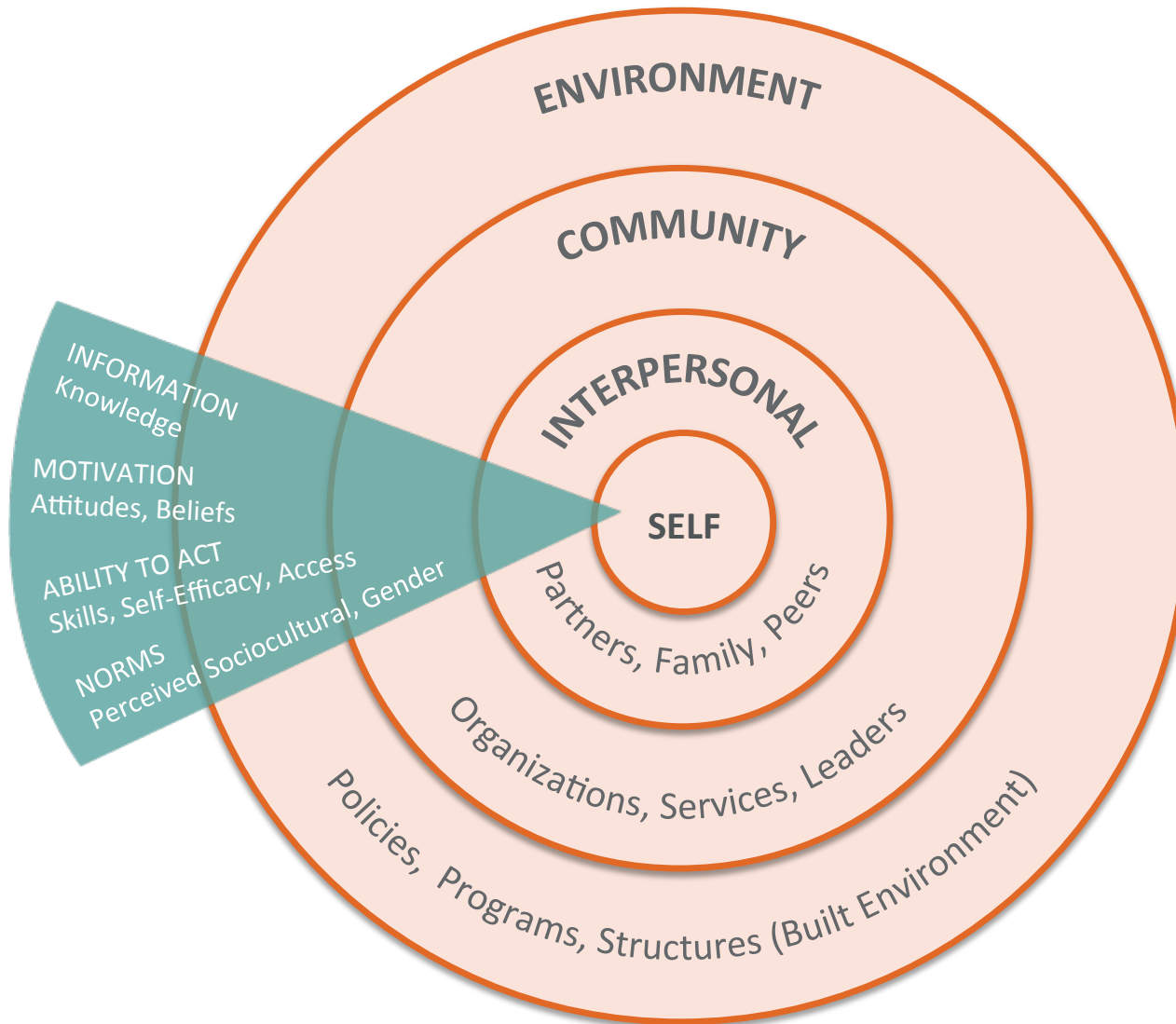
School-wide prevalence of substance use did not appear to have an association with the substance-use behaviors of students with same-sex experience.

WHAT SHOULD INFORM PROGRAMMATIC DECISIONS?

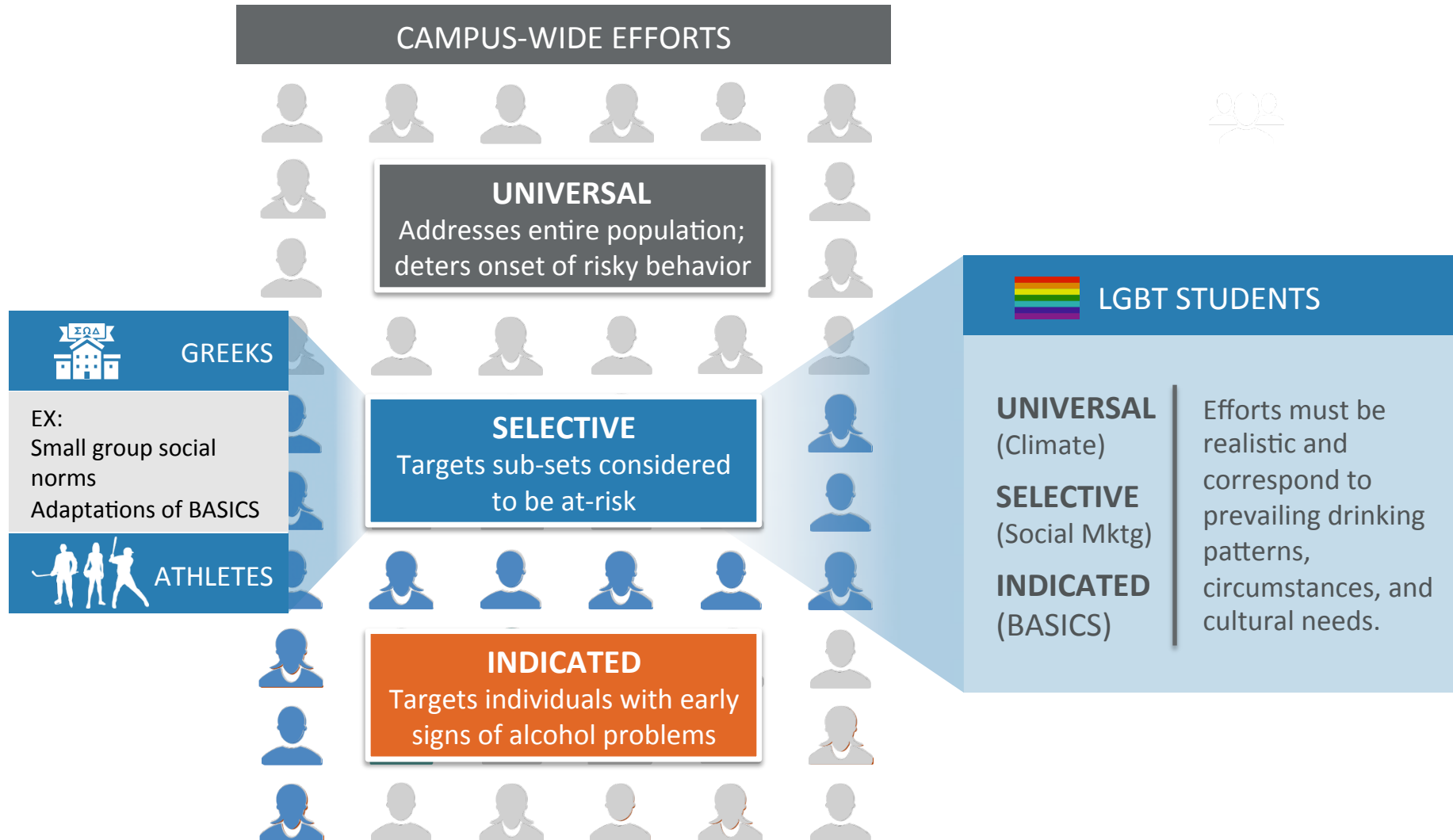
Identity Development Models: One Size Doesn't Fit All

	STAGE MODELS (e.g., Cass)	LIFESPAN OR OTHER NONLINEAR MODELS* (e.g., D'Augelli)	DIVERSE PERSPECTIVES* (e.g., Boykin)	MEDICAL and PSYCHIATRIC (DSM IV)	FEMINIST, POSTMODERN, QUEER PERSPECTIVES (e.g., Butler)
CHARACTERISTICS	Progression from lack of awareness through immersion to integration	Focus on specific processes within sociocultural and life span	Identity development in relation to other psychosocial identities (gender, race, culture, class, so on)	"Normal" gender identity corresponds to biological sex; transgender and transsexual are psychiatric disorders	Gender identity is socially constructed within a system of power based on gender, race, class, ability, so on
STRENGTHS FOR HIGHER EDUCATION	<ul style="list-style-type: none"> Parallel to theories of human development (e.g., Erikson), so can be easily understood and applied in campus settings 	<ul style="list-style-type: none"> Accounts for context of identity development Some were developed specific to college context 	<ul style="list-style-type: none"> Supports the development of programs and services that meet needs of diverse student populations 	<ul style="list-style-type: none"> Provides legal basis for provision of services to transgender individuals under the Americans with Disabilities Act 	<ul style="list-style-type: none"> Accounts for context and psychosocial elements of college environment that may influence gender identity
CRITICISMS	<ul style="list-style-type: none"> Implies an endpoint, values achievement of that endpoint Ignores individual differences that may influence or interact with sexual orientation identity 	<ul style="list-style-type: none"> Many not specific to college environment or experience Many developed with small empirical samples or were not based on empirical data 	<ul style="list-style-type: none"> Some assume fixed notions of socially constructed categories (gender, race, class, and so on) and universality of experience of LGBT people within those categories 	<ul style="list-style-type: none"> Ignores social contexts of gender identity development and enactment Pathologizes as mentally ill individuals whose gender identity does not conform to their biological sex 	<ul style="list-style-type: none"> Do not provide theoretical background on identity development, per se

Revisiting the Socio-Ecological Framework



The IOM Model: The “Who” of Prevention



Linking Campus Climate and Substance Use



Compared to their heterosexual peers, GLBT students:

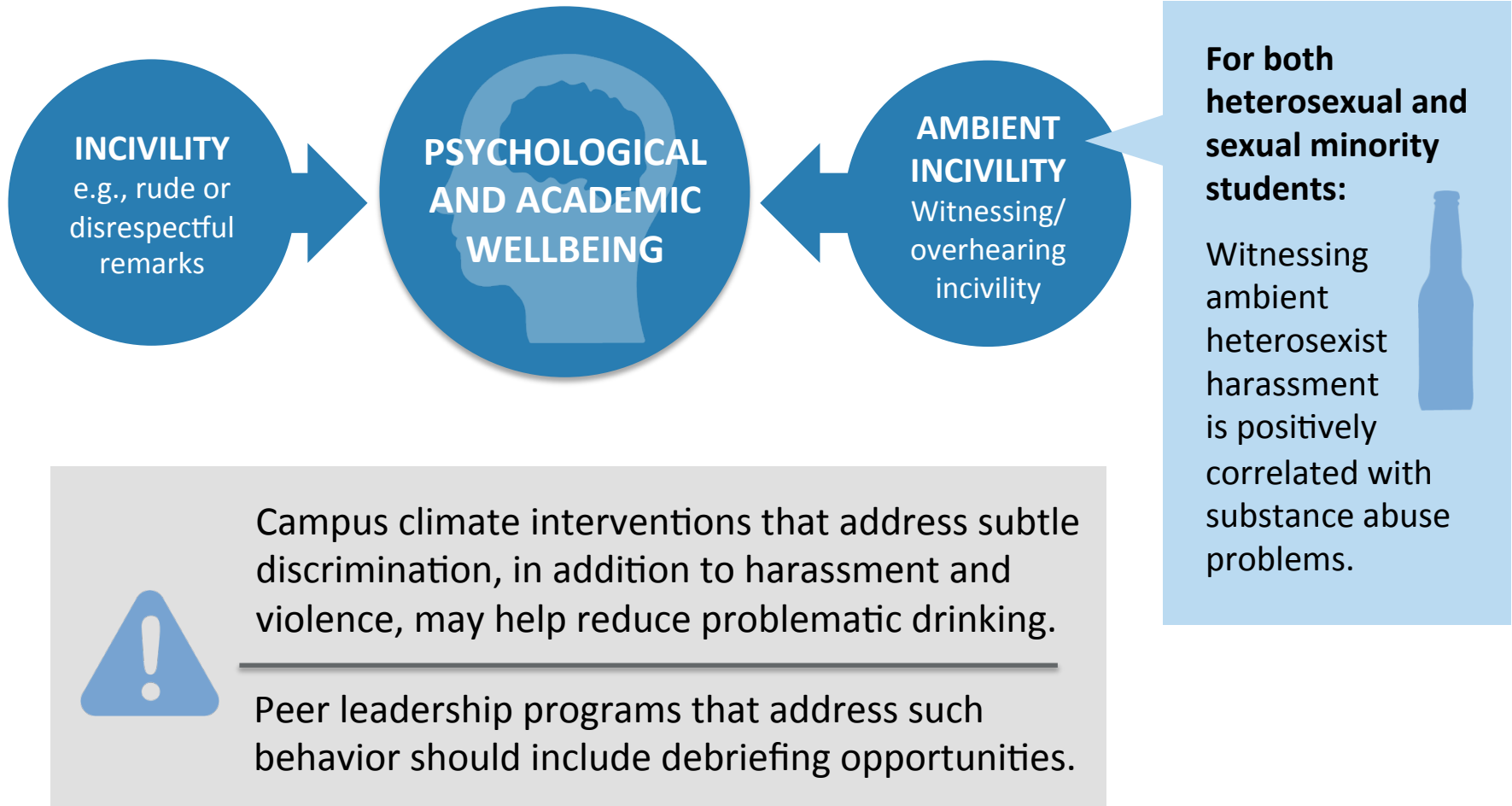
- More likely to report threats or experience physical **violence**
- Less likely to report **feeling safe** on campus
- Report greater **perceived stress**



Variables significantly and positively associated with AOD use and consequences ($p < .05$).

Findings suggest a need for colleges and universities to address aspects of campus life that may contribute to an unwelcoming environment for GLB students which, in turn, may contribute to increased AOD use behavior and related consequences among GLB students (Reed et al., 2009).

Exploring the Connection Between Incivility and Substance Use



Efforts Focus on Civility at Georgetown

Student-on-student gay hate crime results in student protests, creation of the Student Commission for Unity (SCUNITY).

2007

SCUNITY final report and recommendations issued, including the creation of an LGBTQ Resource Center.

2008

Georgetown's first LGBTQ Resource Center opens with full-time director.

2009

Nate Tisa becomes Georgetown's first openly gay student body president.

2013



Georgetown Initiatives:

- Gender Liberation Week
- Gay Pride Month (OUTober)
- Genderfunk (drag ball)
- Lavender graduation ceremony, attended by the university president

EXAMPLES FROM PUBLIC HEALTH HOLD PROMISE FOR CAMPUS-BASED EFFORTS

Case Challenge Proposal Offers Roadmap



INSTITUTE OF MEDICINE 2013 DC REGIONAL PUBLIC HEALTH CASE CHALLENGE

Mock grant proposals addressing the challenges of violence against LGBT youth in the District.

INTERDISCIPLINARY INNOVATIVE EQUITABLE JUSTIFIABLE FINANCIALLY SOUND



WINNING PROPOSAL: Georgetown University

Students from medicine, business, public policy, health care management

Curriculum and social media campaign “to empower bystanders to speak out against violence committed towards LGBT youth.”

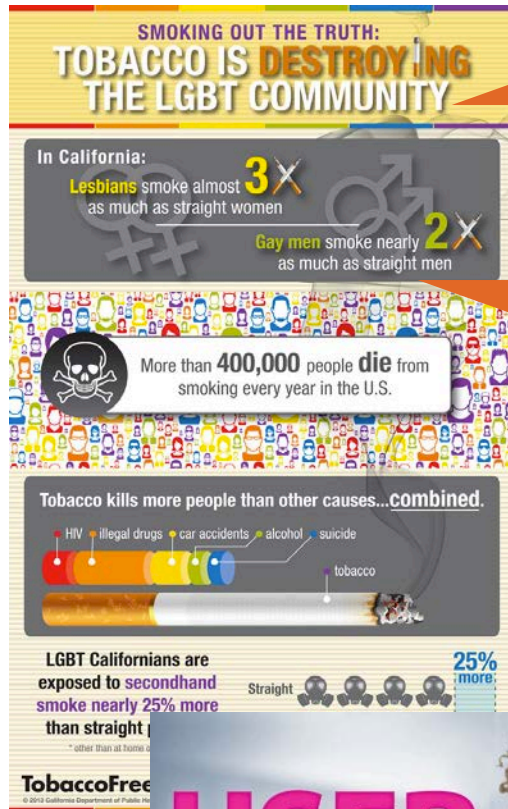


88% of bullying takes place in front of an audience.

Bystanders intervene **20%** of the time.

Bullying stops **50%** of the time when bystanders step forward.

LGBT-Focused Social Marketing Campaigns

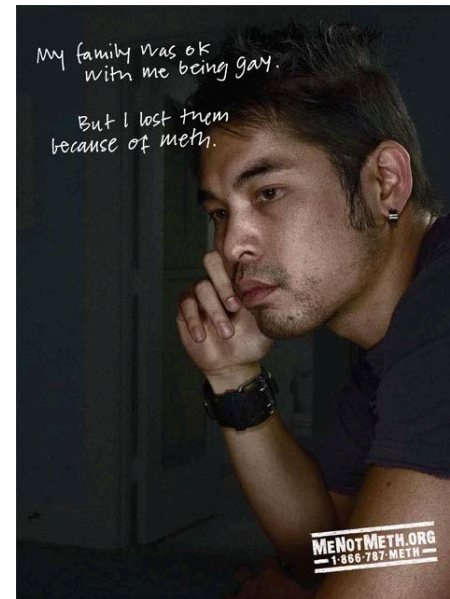


Emphasis on community

Distinctions between sub-populations noted



Linkages to other LGBT health risks



I didn't survive depression and suicide attempts so I could die from lung cancer. I had to stop smoking.
—ARIANA

CIGARETTES ARE MY GREATEST ENEMY

TOBACCO CAUSES MORE DEATHS THAN AIDS, DRUGS, BREAST CANCER AND GAY BASHING COMBINED

Funded by the American Legacy Foundation. However, this does not necessarily represent the views of the foundation, foundation staff, or its Board of Directors. Design: Better World Advertising (www.socialmarketing.com)



BETTER WORLD ADVERTISING

EVERFI

Addressing the Research Gap

Why ask?

Lack of LGBT-specific data leads to inaccurate conclusions and assumptions about risk factors and effective interventions.

- Sexual orientation is a predictor of health and social outcomes.
- Data enables and informs collaborations across multiple campus stakeholders.

Why not ask?

Questions about sexual orientation discourage participants from completing the survey.

- Respondents are NOT more likely to break-off their participation on surveys when they encounter a sexual orientation question (Case, et al., 2006).

Respondents don't answer questions about sexual orientation.

- Response rates on sexual orientation questions are higher than rates for more commonly included questions, such as income. (Conron, Mimiaga, and Landers, 2008).
- Over time, survey respondents have become more likely to indicate that they may have a lesbian, gay, or bisexual sexual orientation (Gates, 2007).

Considerations for Gathering LGBT-Specific Data

- 🔍 When sample size allows, separate sub-populations (e.g. bisexuals should be separated from lesbian and gay respondents, consider men and women separately).
- 🔍 No response, “other” or “I don’t know” should not be considered LGB.
- 🔍 Question placement should enhance privacy and meet the needs and goals of the survey.
- 🔍 Survey items should be culturally appropriate and compatible with the respondent’s understanding of what is being measured.

Multiple opportunities for gathering data on sexual orientation and gender identity

- Custom questions on AEdu, other student surveys
- Intake forms and/or during counseling, health services appointments
- BASICS or other AOD screenings
- Campus climate survey (as required by WHTF)

“I am going to ask you some questions about your sexual health/sexuality that I ask all my patients/students. The answers to these questions are important for me to know how to help you/keep you healthy/support you. Like the rest of this visit, this information is strictly confidential.”



Recommended Questions



Best Practices for Asking Questions about Sexual Orientation on Surveys

*Created by the Sexual Minority Assessment Research Team (SMART),
a multidisciplinary and multi-institutional collaboration*

November 2009

Do you consider yourself to be:

- ☐ Heterosexual or straight;
- ☐ Gay or lesbian; or
- ☐ Bisexual?

In the past (time period e.g. year) who have you had sex with?

- ☐ Men only
- ☐ Women only
- ☐ Both men and women
- ☐ I have not had sex

People are different in their sexual attraction to other people. Which best describes your feelings? Are you:

- ☐ Only attracted to females?
- ☐ Mostly attracted to females?
- ☐ Equally attracted to females and males?
- ☐ Mostly attracted to males?
- ☐ Only attracted to males?
- ☐ Not sure



7 Do you think of yourself as:

- ☐ Lesbian, gay, or homosexual
- ☐ Straight or heterosexual
- ☐ Bisexual
- ☐ Something else
- ☐ Don't know

IMPLICATIONS FOR PRACTICE

Final Thoughts and Recommendations

TRADITIONAL PREVENTION APPROACHES STILL APPLY

Gather data on prevalence of AOD use by LGBT population

Assess campus climate, extent to which LGBT students feel/ don't feel supported, identify any connections to AOD use

Environmental efforts can have a significant impact

Engage multiple stakeholders in the conversation

Consider evidence-based strategies such as social marketing and bystander intervention

Highlight that most LGBT students are healthy

SEEK OUT OPPORTUNITIES TO COLLABORATE WITH LGBT FACULTY, STAFF, AND STUDENTS

Share assessment data on LGBT students

Recruit LGBT students and staff to assist with data collection

Invite "LGB screening" of prevention efforts

Help LGBT community members do assessments of LGBT media.

IDENTIFY OPPORTUNITIES TO CREATE A WELCOME CAMPUS ENVIRONMENT

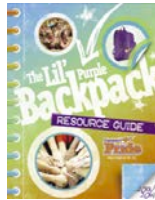
Include questions about sexuality, sexual and gender identity on current surveys, screening forms.

Ask non-judgmental questions about sexuality, sexual and gender identity as part of BASICS or other interventions

Consider images and language used in program flyers, informational posters or other materials.

KEEP EDUCATING YOURSELF

Worth Checking Out



Campus Pride

<http://www.campuspride.org>

LGBT-Friendly Campus Climate Index

<http://www.campusprideindex.org/login/default.aspx>



LGBT Professional Academy for Advisors & Staff

<http://www.campuspride.org/camppride/advisor-bootcamp/>



The Fenway Institute: National LGBT Health Education Center

<http://www.lgbthealtheducation.org/>

Appendix I: References and Contacts

Challenges and Opportunities for Supporting Healthy Behaviors Among LGBT Students

Slide 3: Increased Risk Well-Documented

Source: McKirnan, D.J., and Peterson, P.L. (1989). Alcohol and drug use among homosexual men and women: Epidemiology and population characteristics. *Addictive Behaviors*, 14, 545–553.

Wilsnack, S.C., Hughes, T.L., Johnson, T.P. (2008). Drinking and drinking-related problems among heterosexual and sexual minority women. *Journal of Studies on Alcohol and Drugs*, 69, 129-139.

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Cochran, S.D., Ackerman, D., Mays, V.M., & Ross, M.W. (2004). Prevalence of non-medical drug use and dependence among homosexually active men and women in the US population. *Addiction*, 99, 989–998.

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Slide 4: Limitations to Research on LGBT Health

Source: *The Fenway Guide to LGBT Health Module 3: Health Promotion and Disease Prevention*. Boston, MA: The Fenway Institute. Retrieved from: <http://www.lgbthealtheducation.org/wp-content/uploads/Module-3-Health-Promotion-and-Disease-Prevention.pdf>

McCabe, S.E., Boyd, C., Hughes, T.L., d’Arcy, H. (2003). Sexual identity and substance use among undergraduate students. *Substance Abuse*, 24 (2).

Appendix I: References and Contacts

Slide 5: LGBT-Focused Prevention Efforts Not a Priority

Source: EverFi Coalition interviews

Contacts wish to remain anonymous

Slide 6: Distinct Challenges, Same Goal

Source: Garofalo R., Harper, G.W. (2003), Not all adolescents are the same: Addressing the unique needs of gay and bisexual male youth. *Adolescent Medicine: State of the Art Reviews*, 14(3), 595–612.

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Slide 8: Potential Root Causes Identified

Source: Rankin, S. (2003). *Campus climate for sexual minorities: A national perspective*. New York: N.Y.: National Gay and Lesbian Task Force Policy Institute.

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<http://www.lgbthealtheducation.org/wp-content/uploads/Module-3-Health-Promotion-and-Disease-Prevention.pdf>

Appendix I: References and Contacts

Slide 9: Additional Risks Factor In for College Students

Source: Iason, M.J., Dibble, S., DeJoseph, J. (2010). Nursing's silence on lesbian, gay, bisexual, and transgender issues: The need for emancipatory efforts. *Advances in Nursing Science*, 33(3), 206-208.

Crossley, M.L. (2004). Making sense of 'barebacking': gay men's narratives, unsafe sex and the 'resistance habitus'. *British Journal of Social Psychology*, 43(2), 225-244.

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Slide 10: Marketing Efforts A Significant Contributor to Risk

Source: TobaccoFreeCA.org

Slide 11: Potential Impact of GLB Resources on Drinking

Source: Eisenberg, M.E., Wechsler, H. (2003). Social influences on substance-use behaviors of gay, lesbian, and bisexual college students: findings from a national study. *Social Science Medicine*, 57(10), 1913-23.

Slide 13: Identity Development Models: One Size Doesn't Fit All

Source: Bilodeau, B.L., and Renn, K.A. (2005). Analysis of LGBT identity development models and implications for practice. *Sexual Orientation and Gender Identity: New Directions for Student Services*, 111, 25-40.

Slide 14: Revisiting the Socio-Ecological Framework

Source: McKee, N., Manoncourt, E., Yoon, C.S., Carnegie, R., (Eds). Aghi, M.B., Carnegie, R., Dick, B., Manoncourt, E., McKee, N., Reitemeier, P., Webb, D., Weisen, R.B., Wyss, E., Yoon, C.S. (2000). Involving People, Evolving Behaviour. Southbound and UNICEF.

Appendix I: References and Contacts

Slide 15: The IOM Model: The “Who” of Prevention

Source: Institute of Medicine. *The IOM Model: A Tool for Prevention Planning and Implementation*. Retrieved from: <http://www.cars-rp.org/publications/Prevention%20Tactics/PT8.13.06.pdf>

Slide 16: Linking Campus Climate and Substance Use

Source: Reed, E., Prado, G., Matsumoto, A., and Amaro, H. (2010). Alcohol and drug use and related consequences among gay, lesbian and bisexual college students: Role of experiences violence, feeling safe on campus, and perceived stress. *Addictive Behaviors*, 35, 168–171.

Slide 17: Exploring the Connection Between Incivility and Substance Use

Source: Woodford, M.R., Krentzman, A.R., Gattis, M.N. (2012). Alcohol and drug use among sexual minority college students and their heterosexual counterparts: the effects of experiencing and witnessing incivility and hostility on campus. *Substance Abuse and Rehabilitation*, 3, 11–23.

Slide 18: Efforts Focus on Civility at Georgetown

Source: *A Rainbow over Catholic Colleges*. Retrieved from: [http://www.nytimes.com/2013/08/04/education/edlife/how-georgetown-became-a-gay-friendly-campus.html?pagewanted=1&_r=3&Pride and Jesuits](http://www.nytimes.com/2013/08/04/education/edlife/how-georgetown-became-a-gay-friendly-campus.html?pagewanted=1&_r=3&Pride%20and%20Jesuits). Retrieved from: <http://www.metroweekly.com/2010/04/georgetown-university-pride-an/>

Slide 20: IOM Case Challenge Proposal Provides Roadmap

Source: *Students’ Award-Winning Proposal Takes Aim at Hate Crimes*. Retrieved from: <http://gumc.georgetown.edu/news/students-award-winning-proposal>
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Slide 21: LGBT-Focused Social Marketing Campaigns

Source: TobaccoFreeCA.org
My Greatest Enemy Campaign. Retrieved from: http://www.socialmarketing.com/campaign/my_greatest_enemy

Slide 22: Addressing the Research Gap

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Appendix I: References and Contacts

Slide 23: Considerations for Gathering LGBT-Specific Data

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Slide 24: Recommended Questions

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