

To improve health of Black Americans, don't forget this group | Opinion

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Pride flag (Photo: iluhanos, Getty Images/iStockphoto)



Hayley S. Thompson (Photo: Wayne State University)

Summer is here, and it's Pride season, a celebration of LGBTQ inclusion and self-affirmation. Detroit is home to Hotter Than July, the world's second oldest Black LGBTQ Pride event.

This year, it may feel like there's not much to celebrate. The fight to protect the dignity of African American life against police brutality is more intense than ever and taking place against the backdrop of a global pandemic that has disproportionately affected African Americans. As a result, there is growing awareness of the connection between systemic racism and the unequal burden of illness that this group bears. However, Pride season has a lesson to teach us about easing that burden, with its roots in the 1969 Stonewall uprising against police aggression towards the LGBTQ community.

Marsha P. Johnson, a gender nonconforming African American, is credited by some with starting the rebellion by throwing a brick at a police officer and reminds us that, as we tackle health disparities, African American health and LGBTQ health can be the same thing.

Michigan has the 9th largest LGBTQ African American population in the U.S. That's 5.1% of the state's African Americans. LGBTQ African Americans are integral to our communities as beloved family members, trusted co-workers, faithful churchgoers and much more. Yet we tend to forget they are also included in the alarming statistics that reveal worse health outcomes among African Americans in general.

In my cancer center's 46-county catchment area in Michigan, rates of death from lung, breast, colorectal and pancreatic cancer among African Americans are higher compared to whites in this same area. While many are aware of these types of racial disparities, they are often oblivious to the risk created by the intersection of race, sexual orientation, and gender identity. Michiganders who identify as LGBTQ are more likely to be unemployed, low-income, and food-insecure compared to those who identify as straight. Other studies across the country suggest that rates of lung and breast cancer are also higher among LGBTQ populations, as is the likelihood of being a smoker or overweight, both known cancer risk factors. In fact, the National Institute of Minority Health Disparities has designated LGBTQ groups as a health disparity population. It's surprising, then, that so little attention has been paid to health indicators among those who claim more than one of these marginalized identities.

We also need to increase health care providers' competence in working with LGBTQ patients, and we must start early. A 2015 survey of over 4,000 first-year medical students showed that 81% demonstrated some implicit bias against LGBTQ individuals and an alarming 46% — almost half — expressed some explicit bias. It is disturbing to consider the impact on LGBTQ African American patients given that implicit racial bias based on a preference for whites has been well-documented among physicians.

Finally, we need research that relies on community partnerships to develop and test strategies to improve outcomes. Such partnerships are key in actually reaching LGBTQ African Americans. My own cancer center collaborates with LGBT Detroit in convening a "Cancer Action Council" that meets monthly to set cancer-related research priorities and move those ideas forward. Our most recent funded partnership work seeks council input in adapting an intervention to support LGBTQ cancer caregivers. We hope to disseminate this partnership model nationwide.

In a year that has starkly exposed racial health inequities in unprecedented ways, let Pride season be a reminder that being African American and LGBTQ are not mutually exclusive. When we expand opportunities for our LGBTQ citizens to live a healthy life, we expand opportunities for African Americans, too.

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