



WORKSHOP REPORT

Improving the Health of the LGBTQ+ Community: Advocating for Ourselves Together



Washington, D.C.
July 14, 2018



GW Cancer Center

IONA
Age Well. Live Well.

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HITMAN-WALKER HEALTH

THEDC**CENTER**
FOR THE LGBT COMMUNITY

Mary's
House
for Older Adults

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This event was funded through a Patient-Centered Outcomes Research Institute (PCORI) Pipeline to Proposal Award (#5105243) and was held at Metropolitan Community Church of Washington, D.C.

ADVOCATING FOR OURSELVES WORKSHOP 2018

More than 60 researchers, students, community members and health care workers gathered in Washington, D.C. on July 14, 2018 for a one-day workshop to discuss wellness and cancer care needs in the LGBTQ+ community and inclusion in health research.

The LGBTQ+ Research Community Advisory Board (CAB), sponsored by the George Washington University (GW) Cancer Center, planned and hosted the event. Current board members include:

- William (Tony) Burns, community member
- Adam Campanile, community member
- Mandi Pratt-Chapman, GW Cancer Center
- Wallace Corbett, community member
- Dana Hines, GW School of Nursing
- Robin Lewis, community member and CAB past chair, 2017
- David Mariner, The DC Center for the LGBT Community
- Susan Messina, Iona Senior Services
- Sherry Davis Molock, Beloved Community Church - United Church of Christ and GW Columbian College of Arts and Sciences Department of Psychology
- Sean Randolph, community member
- Joshua Riley, Whitman-Walker Health
- Rachelle Tepel, community member
- Alayna Waldrum, community member and CAB chair, 2018

MEETING AGENDA

- | | |
|----------------|----------------------------------|
| 10:00AM | Welcome and opening remarks |
| 10:30AM | Icebreaker game |
| 11:00AM | "Meet the Researcher" panel |
| 11:30AM | Vote on priority topics |
| 11:55AM | Breakout discussion and readouts |
| 12:45PM | Final discussion and wrap-up |



WELCOME

Mandi Pratt-Chapman, MA, associate center director for patient-centered initiatives and health equity at the GW Cancer Center, welcomed participants and outlined the ground rules for discussion and voting on priority topics.



Mandi Pratt-Chapman welcomes participants to the workshop

Over the course of the past 18 months, the LGBTQ+ Research CAB held several small community conversations with different segments of the community, including same gender loving men of color, transgender women and LGBTQ+ youth. The collection of research ideas presented around the room at the workshop came from those conversations and from a review of academic literature conducted by the GW Cancer Center.

Throughout the course of the morning, workshop participants were invited to vote for the three most important research questions, three most feasible and three most urgent. A blank sheet was provided to capture new ideas that emerged during this event.

Participants introduced themselves and shared what they hoped to get out of the workshop. Common themes included networking and learning how to make research accessible to the LGBTQ+ community and how to translate results into practical changes for both policy and health systems.

ICEBREAKER GAME

A pre-workshop survey showed that registrants wanted to learn more about research, so Pratt-Chapman led the group in a non-competitive game show activity that was fun and educational, covering topics such as cancer prevention, LGBTQ+ health care, current health policy landscape and health research.



Participants during the icebreaker activity



Participants during the icebreaker activity

MEET THE RESEARCHERS PANEL DISCUSSION

Dana Hines, PhD, assistant professor, GW School of Nursing, moderated a diverse panel of individuals involved in community and clinical research with LGBTQ+ populations including:

- **Nina Abon**, medical student, GW School of Medicine and Health Sciences (SMHS)
- **David Hardy**, MD, Senior director of evidence-based practices, HIV/primary care provider, Whitman-Walker Health
- **Suma Vupputuri**, PhD, MPH, FAHA, senior research scientist III/epidemiologist, Kaiser Permanente Mid-Atlantic Research Institute
- **Maranda Ward**, PhD, co-founder and executive director, Promising Futures and visiting assistant professor, GW SMHS Department of Clinical Research and Leadership

Panelists described why community engagement is important in research, explained how research influences how health care is delivered and shared promising new research happening now that directly affects LGBTQ+ people in the D.C. region.

Some common challenges encountered included securing research funding for this specific work. Suggested solutions included nesting new research projects into long-standing funded programs.

Panelists discussed building community trust as an essential first step for any research project. Some best practices for relationship building and fostering trust that panelists shared included diversifying research teams to include community members and being transparent with sharing results back to the community.

Panelists described how academic and community partners can work together to ensure that the health and social needs of the LGBTQ+ population are being addressed even in the absence of grant funding.



Moderator Dana Hines, PhD, with panelists David Hardy, MD, Suma Vupputuri, PhD, MPH, FAHA, Maranda Ward, PhD and
Nina Abon



Panelists Suma Vupputuri, PhD, MPH, FAHA, Maranda Ward,
PhD, Nina Abon and David Hardy, MD



"Meet the Researchers" Panel Discussion

SMALL GROUP DISCUSSIONS

Participants broke into four groups to discuss personal experiences with health research and ways to improve participation and shape or influence research that is relevant to the community. Led by a facilitator from the CAB, each group summarized their thoughts on posters and later shared their reports with the larger group of workshop participants. Common themes across groups are summarized on the subsequent pages by questions discussed.

Question 1: What experiences have you had with researchers and research? Were they positive or negative experiences? Why?

Question 1: Groups discussed positive experiences with engaged, trustworthy researchers that protect the privacy and understand the community they study. Participants wanted to feel like they learned something and were a part of the research process. Negative experiences included results that were not communicated back to the community or translated into policy, studies that required inconvenient meeting times or places and imposed high out-of-pocket costs on the participants, and feelings of isolation and exploitation from the researchers.

Question 2: Groups highlighted mutual trust, ease of participation and cultural competency of researchers as ways to encourage participation. Participants want to see that results lead somewhere meaningful for the community involved. Each group agreed that cash incentives and reimbursed transportation are vital for participation. Research that was too invasive or inflexible discouraged participation. Additionally, groups discussed the weight of the researchers' reputation and level of knowledge about the community and culture in their decision to participate in research.

Question 2: What would make you want to participate in a research study? What would prevent you from participating in a research study?

Question 3: If you could shape or influence a research study that was relevant to you and your health, what would that look like to you?

Question 3:

Groups described a relevant research study as one that asks questions significant to the subjects and their community and that operates with full transparency in methods and results, including following up with participants and the broader community after the research is completed. Groups wanted the research team to have knowledge and familiarity with the culture of their participants and to provide support, referrals to external community resources and interactive components in order to increase community building among participants and reduce feelings of isolation.



Participants during the small group discussions

FINAL VOTE ON PRIORITY TOPICS

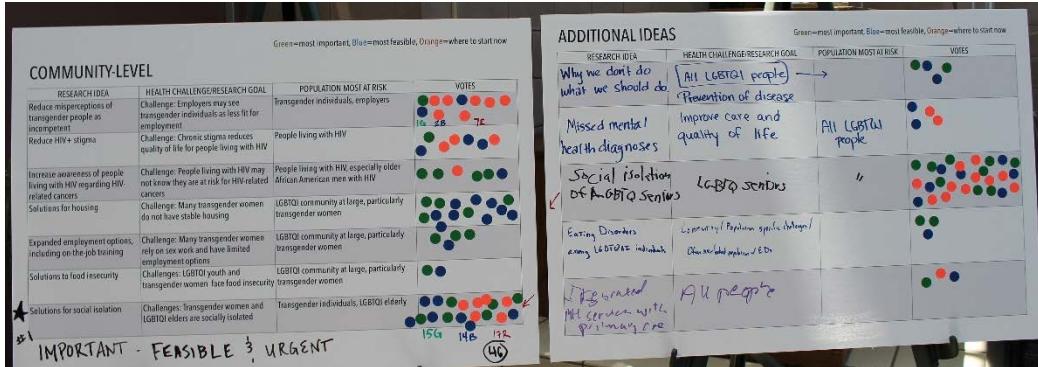
Participants voted using colored dots on priorities that were important, feasible and urgent for health and cancer research in the LGBTQ+ community. Categories developed through previous smaller community conversations included behavioral research, interventional research, qualitative exploratory research, epidemiology, and research at the provider, policy and community levels. Participants also had the opportunity to add new ideas for priority areas not already listed. Appendix C includes the results of voting.



Sharing feedback about research ideas



Participants vote on priority research areas and topics

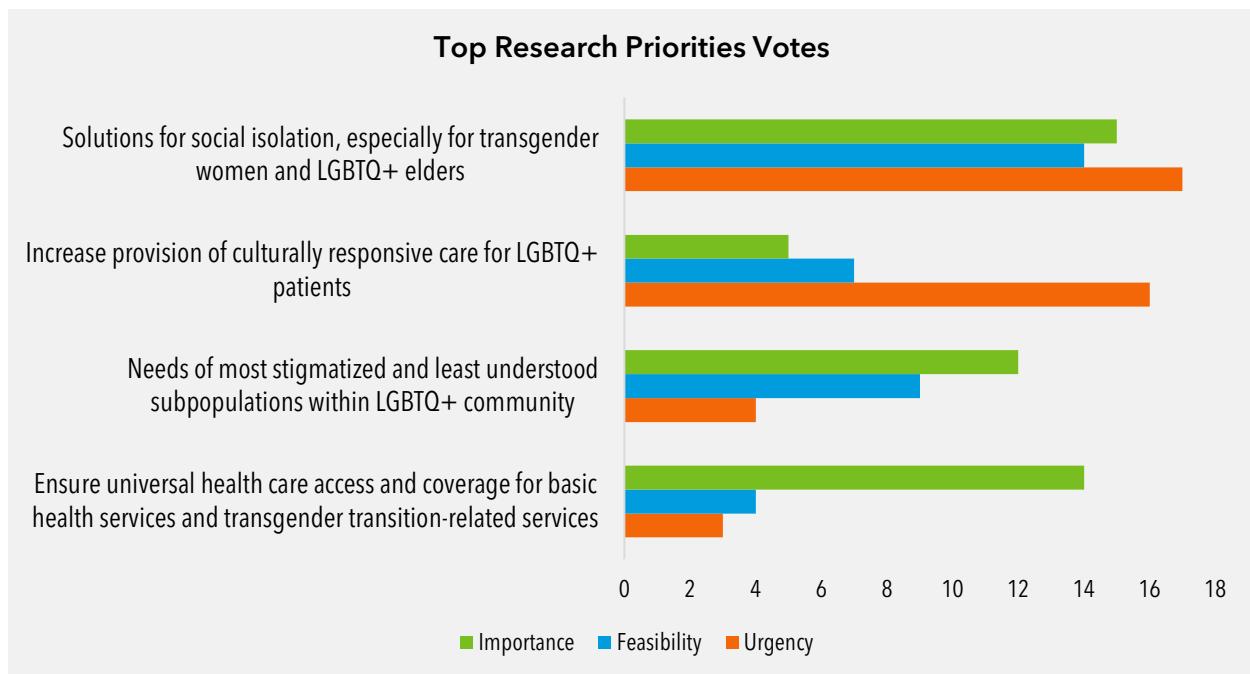


Results from the voting activity

RESEARCH PRIORITIES

The four top research priorities were identified based on the vote counts. These included:

1. Solutions for social isolation, especially for transgender women and LGBTQ+ elders
2. Increase provision of culturally responsive care for LGBTQ+ patients
3. Needs of most stigmatized and least understood subpopulations within LGBTQ+ community
4. Ensure universal health care access and coverage for basic health services and transgender transition-related services



FINAL CONCLUSIONS AND NEXT STEPS

At the conclusion of the workshop, Mandi Pratt-Chapman shared that in an effort to model transparency and continue building trust with the community, the GW Cancer Center would be publishing a public-facing report on the workshop discussion and research priorities.

For the four top research areas, Pratt-Chapman committed to leading work in the area of increasing provision of culturally responsive care for LGBTQ+ patients. Dr. Dana Hines committed to leading efforts in community participatory research to identify and address the needs of the most stigmatized and least understood subpopulations within the LGBTQ+ community. For more information or to get involved in these research areas, please email Mandi Pratt-Chapman at mandi@gwu.edu or Dr. Dana Hines at dana_hines2@gwu.edu.

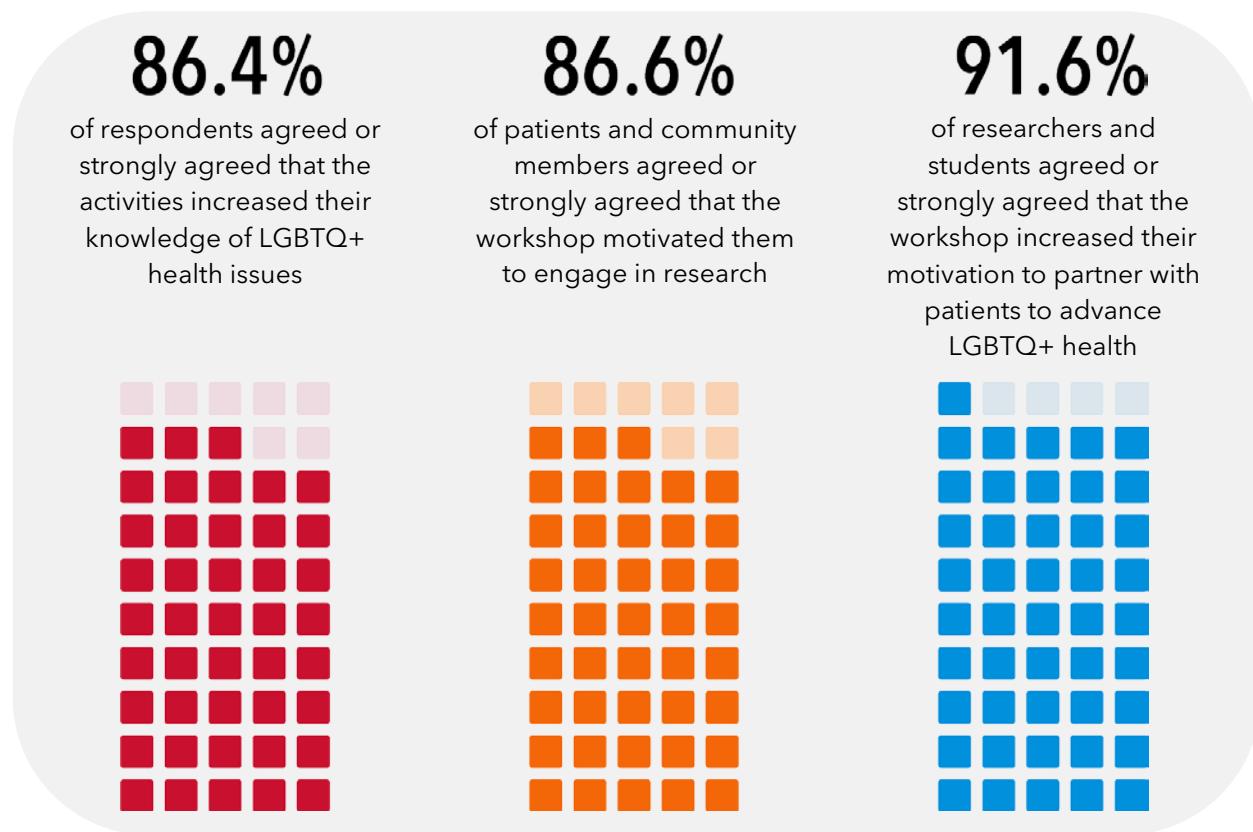
The priorities of social isolation solutions and policy advocacy work around health care access do not currently have identified leads. An audience member suggested that there may be local organizations who were not in attendance at the event who could and are already leading work in that area.

Participants interested in staying engaged with the selected research priorities submitted their names and contact information on index cards. Pratt-Chapman also invited participants interested in serving on the CAB to reach out to the GW Cancer Center at cancercenter@gwu.edu.

WORKSHOP EVALUATION RESULTS

At the conclusion of the workshop, participants were asked to complete an evaluation form. The results show that the 24 individuals who completed the evaluation represented a mix of community members, community organization representatives, researchers and university students training to become researchers. A smaller number of individuals who identified as patients/survivors or health care workers completed the evaluation. Some participant feedback indicated a desire for more clinicians to be involved in meeting planning and discussions that took place. Other participants also expressed a desire to have local government, including the DC Department of Health and the Mayor's office, represented as well.

Overall, participants who completed the evaluation were happy with the event, particularly the researcher panel and small group discussions.



Comments from participants suggested providing a visual representation of facts, figures and trends; having a more in-depth discussion of politics and legislative issues and their impact on research and health care; and ensuring involvement of an even broader cross-section of the LGBTQ+ community than was present at this event. Other comments indicated that some participants hoped to not only walk away with a ranking of research priorities, but tangible next steps for advancing them.

APPENDIX A: COMMUNITY ADVISORY BOARD (CAB)

Mission

The CAB's mission is to create a collaborative network of community stakeholders who are invested in identifying and addressing cancer health issues facing the LGBTQ+ population.

Who can join the board?

Anyone from the D.C. metro area can apply to become a CAB member. The CAB is specifically interested in hearing voices from community members who identify as LGBTQ+, are cancer survivors or work in cancer care.

Examples of current board members include cancer survivors, community-based, faith-based and local government representatives, university researchers and LGBTQ+ community members.

How can I get involved?

Contact the GW Cancer Center if you are interested in joining the CAB or learning more.

Email us at cancercenter@gwu.edu or call (202) 994-2449 if you are interested in getting more information about the CAB.



2018 Community Advisory Board Members

APPENDIX B: COMMUNITY PARTNER RESOURCES

Representatives from several community partner organizations shared resources for the community during the workshop.

Christopher Cannon, Director of Research and Evaluation, Whitman-Walker Health

"Our research studies include clinical trials that test how well promising, not-yet-approved new medications work to treat HIV and hepatitis or prevent HIV infection and how safe these medications are for patients. We also conduct long-term cohort studies that look at topics like how commonly our patients develop medical problems like heart or brain disease, disease prevention and medical adherence. Currently, we have more than 2,500 participants in our 540+ active studies. Recently, we have started studies specifically for our transgender and younger patients.

We frequently need volunteers and collaborators like you to take part in our research studies! With your help, we will learn about which treatments are the most effective and shape the future of medicine at Whitman-Walker Health and beyond. We have several studies that are currently enrolling. Learn more: whitman-walker.org/currently-enrolling"

David Mariner, Executive Director, the DC Center for the LGBT Community

"The DC LGBT Center educates, empowers, celebrates and connects the lesbian, gay, bisexual and transgender communities. To fulfill our mission, we focus on four core areas: health and wellness, arts and culture, social and peer support, and advocacy and community building. Learn more: thedccenter.org"

Susan Messina, Deputy Director, Iona Senior Services

"Iona supports people as they experience the challenges and opportunities of aging. We educate, advocate and provide community-based services to help people age well and live well. We believe no one should have barriers to their positive aging. Our LGBTQ-inclusive aging services provide spaces for you to find and build community and tap into our 40+ years of expertise navigating complex aging challenges. Iona's wide range of elder care services are open to everyone, regardless of sexual orientation or gender expression. Through presentations, fitness classes, support groups, care management and more, we help older adults and their family caregivers thrive in the community. We're also proud to offer educational programs and support groups specifically created for LGBTQ older adults. To learn more, call our helpline at (202) 895-0448 or visit iona.org"

Dr. Imani Woody, President and CEO, Mary's House for Older Adults

"Mary's House for Older Adults, Inc. is committed to helping our community by developing housing and inclusive environments that comprehensively address affordability and access, and eliminate the constant worry of discrimination or even violence based upon the LGBTQ/SGL status of the individual. Its intent is to meet the

emotional, recreational, social and other similar needs of older adults through health and wellness programming, hydrotherapy coordination and referral of community and social-based services. Learn more: maryshousedc.org"



Dr. Imani Woody of Mary's House for Older Adults



Susan Messina of Iona Senior Services



Christopher Cannon of Whitman-Walker Health

APPENDIX C: COMPLETE BREAKOUT SESSION NOTES

Question 1: What experiences have you had with researchers and research? Were they positive or negative experiences? Why?

Positive:

- A researcher engaged group
- Published study
- As a participant, was a good experience
- Compensation/stipend for participants
- Information collected was done accurately with respect for privacy
- Oversampling of under-represented communities
- DC is good in terms of knowledge and advocacy of community
- Trial was successful
- Gay-friendly
- Quality care and extensive staff
- Learned about condition
- Best care for HIV
- Helped to inform doctor care
- Study provided high-end and long-term care for trans patient at medical home
- How CDC asks questions of sexual identity
- Social/behavioral researchers are inquisitive, positive, receptive
- Questions are more meaningful when they come from the community
- Positive experience with a long-term study

Negative:

- When funder doesn't want to hear the true results
- Public health researchers and policymakers talk about evidence and policy differently, need to break down silos
- Research culture - communities (e.g. tribes have power and a 'say' in what gets researched and how)
- Community-based participatory research is limited thus far in the LGBTQ community
- Exclusion of groups (e.g. trans men)
- Subjects not treated respectfully
- Results rarely returned to the community
- Some surveys exclude intersectionality of issues and identities
- Reluctance to participate (need better communication)
- Need to educate researchers
- No roadmap for trial
- Once study ends, participant is on their own (not good experience long-term)
- Feeling exploited
- Transportation to site of the study
- Negative experience with local study
- Review data on short-term about how to build better relationship with due or study programs
- Needs a better long-term relationship with medical research
- Long-term survivors not addressed

Types of research:

Participants mentioned involvement with several different types of research, including a study at the National Institutes of Health (NIH), one on the Hispanic community through the Centers for Disease Control and Prevention (CDC), a study including HIV monitoring, a local long-term care study, a non-HIV-related study, one with LGBTQ students and environment, a retrospective study on lipid panel value meds, one on the long-term effects of hormones, and

behavioral research. One participant also mentioned taking part in studies for 20 years at a local community-based organization.

Additional facilitator notes:

Facilitators noted several other issues that were discussed during this portion of the breakout session, including:

- How to open up access to research studies and long-term programs
- How participation in an NIH research study helped a participant advocate with their regular doctor
- How research can help participants get their “mask off” and reveal more (e.g. participant was using drugs and didn’t reveal at first, but later did and received help)
- One participant experienced 32 years of HIV, for 20 years would not participate but then wanted to give back
- Participants discussed the distinction and interplay between research and primary care

Question 2: What would make you want to participate in a research study? What would prevent you from participating in a research study?

Wanted:

- Incentives (\$)
- Topic is of interest (worth my time)
- Results communicated
- Results helpful to me or close friend/family/community
- Convenient and familiar location (geography)
- Trusted source and reputation of those involved in the study (doctor, researcher, funder)
- More/better care
- Voices will be heard
- Privacy respected/guaranteed
- Ongoing care, particularly health care
- Diversity of people and understanding of cultural diversity
- Ensuring providers are part of insurer’s network for coverage
- Language/translation issues are addressed and accessible language used
- In-patient research and care
- Clarity about the invasiveness or how invasive a study is (personal)
- Clear expectations about time involved
- Does the investigator look like me?
- Most minorities hired for recruitment
- Ease of participation
- Trust of research/group
- Research is for a good reason
- Support groups
- Transportation to care and treatment (e.g. Metro card, Uber)
- Providers who practice cultural humility and use culturally responsive research methods
- Advertising in languages other than English
- Transparency regarding possible side effects, also reflected in the results

Not wanted:

- Insufficient incentive(s)
- Rigid scheduling and time required
- Not trustworthy
- Lack of transparency
- Does not address social and other issues
- Person collecting the information lacks knowledge
- Non-IRB approved studies
- No mutual trust
- No community oversight
- Language that is too vague or technical
- Inconvenient study (i.e. travel, etc.)
- If researcher has a bad reputation
- Previous ethical issues
- Biased researcher
- Survey questions that reveal the ignorance of the researcher regarding the community they are studying
- Money or profit motives

Additional facilitator notes:

Facilitators noted several other issues that were discussed during this portion of the breakout session, including:

- The fact that incentive level or levels could skew group participation
- Barriers to participation like documentation - will people without papers want to stay away from federal agencies like NIH?
- The need to meet people where they are

Question 3: If you could shape or influence a research study that was relevant to you and your health, what would that look like to you?

Studies should:

- Be specific to my symptoms
- Provide understandable information about research and potential results
- Take into account and understand participant's overall health (e.g. multiple health conditions)
- If sponsored by pharmaceutical industry and findings are positive, want a commitment to make drugs available post-trial to participants
- Focus on more community-driven topics and useful results
- Ensure participants receive real personal benefits in the short term (e.g. learning, connecting, something tangible)

Researchers/providers should:

- Know how to provide trauma-informed care
- Understand the community
- Be culturally aware/sensitive regarding participants
- Affiliate with reputable institutions
- Make people in the community feel comfortable going to any provider (i.e. they demonstrate cultural competency)
- Find ways for participants to share openly without stigmatization

- Keep participant contact information to be able to follow up
- If studying a small or unique population, include a way for them to network to reduce isolation
- Use publicly available datasets to increase transparency and decrease wasted money
- Provide case management and support for participants outside of research activities
- Affiliate with reputable institutions that provide the right kind of resources and technical knowledge

Potential study topics or ideas:

- Qualitative study on lesbian experiences with providers, which can help inform doctors on the types of conversations to have and how to feel supported by facility and staff
- Faith and health care, particularly around HIV
- There are concerns that HIV drugs are now causing other issues, how those who take those medications can address these issues (e.g. lawsuits on HIV drug changes)
- Study that addresses criminalization of HIV-positive youth and immigrant populations
- Study on stigma
- How to navigate mental health services as youth and adult
- Substance abuse in the community and how to reduce it
- How to bring health issues affecting the gay community to the forefront, particularly those related to health treatment and care
- Long-term effects of HIV medications and whether they cause cancer
- Relationship between mental health use and parental stigma around LGBTQ issues (particularly for youth)
- Studies that address long-term hormone replacement therapy effects, including collecting basic information in the clinic setting

APPENDIX D: FINAL VOTE COUNT ON PRIORITY AREAS

Note: The research ideas highlighted in yellow represent the ones voted as top priorities.

Basic Science/Medical Device

RESEARCH IDEA	HEALTH CHALLENGE/RESEARCH GOAL	POPULATION MOST AT RISK	VOTES
Creation of PrEP alternatives	Challenge: PrEP is a difficult regimen Goal: Easier alternative with fewer side effects	Those at high risk for HIV; Men who have sex with men; Transgender women	Important: 0 Feasible: 1 Urgent: 2
Creation of more accessible and acceptable sex barriers for women who have sex with women	Challenge: Current sex barriers are cumbersome and difficult to access Goal: Most accessible, more acceptable sex barriers	Women who have sex with women	Important: 3 Feasible: 0 Urgent: 0

Qualitative Exploratory Research

RESEARCH IDEA	HEALTH CHALLENGE/RESEARCH GOAL	POPULATION MOST AT RISK	VOTES
Needs of most stigmatized and least understood subpopulations within LGBTQI community	Challenge: Greater stigma for bisexuals, transgender individuals; greater discrimination for transgender and LGBTQI people of color; little medical knowledge for the care of intersex people	LGBTQI people of color, LGBTQI homeless youth, transgender people, bisexuals, intersex people	Important: 12 Feasible: 9 Urgent: 4
Understand breast health experiences of transgender women	Challenge: There are no evidence-based guidelines for breast health for trans women, but there are consensus-based guidelines that few trans women or clinicians know about; breast health conversations may not be happening between doctors and patients	Transgender women	Important: 1 Feasible: 1 Urgent: 2

Epidemiology

RESEARCH IDEA	HEALTH CHALLENGE/RESEARCH GOAL	POPULATION MOST AT RISK	VOTES
What is the impact of long-term hormone therapy?	Challenge: Long-term side effects are unknown	Transgender individuals considering or taking HRT	Important: 3 Feasible: 3 Urgent: 4
What are the short- and long-term side effects of PrEP?	Challenge: Long-term side effects are unknown	Men who have sex with men and transgender women considering or taking PrEP	Important: 2 Feasible: 2 Urgent: 2

What is the relationship between autism spectrum disorder and transgender identity in youth?	Challenge: There is a perceived association between autism and transgender status in youth Goal: Determine merits of association	Transgender youth	Important: 4 Feasible: 3 Urgent: 0
What are the environmental exposures that disproportionately impact LGBTQI individuals?	Challenge: Lack of access to cancer education regarding environmental risk factors in LGBTQI communities Goal: Increased intention to reduce environmental carcinogens within sphere of control	All members of the LGBTQI community	Important: 2 Feasible: 2 Urgent: 2

Behavioral Research

RESEARCH IDEA	HEALTH CHALLENGE/RESEARCH GOAL	POPULATION MOST AT RISK	VOTES
Increase health-promoting behaviors among LGBTQI people	Challenge: High level of self-medication in LGBTQI community	All LGBTQI individuals	Important: 6 Feasible: 2 Urgent: 3
Optimize health care seeking behaviors	Challenge: Health care avoidance may lead to later onset of preventable conditions Goal: Prevent onset of disease; detect disease earlier when more treatable	All LGBTQI individuals	Important: 6 Feasible: 0 Urgent: 8
Tailor tobacco cessation services	Challenge: High tobacco use among LGBTQI individuals Goal: Reduced tobacco use among LGBTQI individuals	All LGBTQI individuals	Important: 1 Feasible: 2 Urgent: 2
Increase nutrition/physical activity and reduce obesity	Challenge: Obesity and overweight among lesbians and bisexual women Goal: Improved nutrition and physical activity among lesbian and bisexual women	Women who have sex with women	Important: 0 Feasible: 2 Urgent: 1
Increase HPV vaccination	Challenge: HPV causes the majority of cervical cancer as well as anal cancer for which men who have sex with men are at higher risk Goal: Increased HPV vaccination among LGBTQI youth	LGBTQI youth	Important: 2 Feasible: 4 Urgent: 1
Increase risk-appropriate prostate cancer screening	Challenge: Trans women retain a prostate and are disincentivized to obtain screening for a non-affirming body part Goal: Increased risk-appropriate prostate cancer screening among transgender women	Transgender women and gender non-conforming people with a prostate	Important: 2 Feasible: 5 Urgent: 1

Increase cervical cancer screening	Challenge: Trans men have lower uptake for pap screening but equivalent risk for cervical cancers as cisgender women. Goal: Increased cervical cancer screening among transgender men	Transgender men and gender non-conforming people with a cervix	Important: 1 Feasible: 1 Urgent: 1
Increase breast cancer screening among risk-appropriate transgender women	Challenge: Trans women have similar breast cancer risk as cisgender women but may not obtain screening at comparable rates Goal: Increased breast cancer screening among transgender women	Transgender women who have been on estrogen therapy for 5 or more years	Important: 0 Feasible: 4 Urgent: 1
Improve cancer screening generally	Challenge: Lack of access to cancer education in older, minority and low income communities that identify within the LGBTQI umbrella Goal: Increased adherence to recommended cancer screenings	Older, minority and/or low income LGBTQI individuals	Important: 0 Feasible: 5 Urgent: 10

Interventional Research

RESEARCH IDEA	HEALTH CHALLENGE/RESEARCH GOAL	POPULATION MOST AT RISK	VOTES
Prevent HIV in the District of Columbia	Health challenge: HIV-associated cancers in LGBTQI subpopulations with documented disparities in HIV incidence. Goal: Improving primary prevention	Same gender-loving men of color and transgender women	Important: 1 Feasible: 2 Urgent: 3
Improve mental health supports for transgender community	Challenge: Transgender women of color have unaddressed mental health needs; poor mental health is a root cause of alcohol, tobacco and drug use	Transgender women of color	Important: 7 Feasible: 0 Urgent: 12
Improve quality of life for those diagnosed and completing cancer treatment	Challenge: Poor mental health/quality of life among LGBTQI individuals and unmet needs related to these areas during cancer treatment and survivorship; failure to acknowledge partners can dramatically contribute to low quality of life and poor patient experience. Goal: Improved quality of life scores for LGBTQI individuals diagnosed with cancer and their partners at a pre-determined stage of the cancer continuum	All members of the LGBTQI community	Important: 2 Feasible: 5 Urgent: 4

Establish clinical practice guidelines for anal pap and/or self-swab	Challenge: Many gay and bisexual men and transgender women do not get screened with an anal pap, and few providers are sufficiently well-trained to perform this screening; there are no guidelines for this screening Goal: Identify HPV prior to onset of anal cancer for sexual and gender minorities and intervene with appropriate medical care	LGBTQI individuals who are receptive to anal penetration	Important: 0 Feasible: 4 Urgent: 0
Provide better interventions to relieve sexual dysfunction after cancer treatment for men who have sex with men	Challenge: Sexual dysfunction can have significant quality of life implications for prostate cancer survivors; sexual and gender minorities experience unique challenges to sexual function post-treatment for prostate cancer	Sexual and gender minorities with prostate cancer	Important: 1 Feasible: 0 Urgent: 0

Provider Level

RESEARCH IDEA	HEALTH CHALLENGE/RESEARCH GOAL	POPULATION MOST AT RISK	VOTES
Increase provision of culturally responsive care to LGBTQI patients	Need for cross-disciplinary clinician training on general transgender health needs; using preferred name, pronouns and language; not assuming every health issue is related to being trans; importance of hormone therapy; use of Code 45 to mitigate insurance claim denials; thoughtful consideration of sex- and gender-based medicine; less dichotomous language; accepting and open attitudes toward all; training beyond pronouns. Need to fill in gaps in medical school curricula and other health professional curricula. Need for queer adolescent health indicators.		Important: 5 Feasible: 7 Urgent: 16

Policy Level

RESEARCH IDEA	HEALTH CHALLENGE/RESEARCH GOAL	POPULATION MOST AT RISK	VOTES
Ensure universal health care access and coverage for basic health services and transgender transition-related services	Challenge: LGBTQI people have lower rates of coverage than cis-straight counterparts, and transgender individuals have inconsistent coverage for transition-related services	All LGBTQI people	Important: 14 Feasible: 4 Urgent: 3

Community Level

RESEARCH IDEA	HEALTH CHALLENGE/RESEARCH GOAL	POPULATION MOST AT RISK	VOTES
Reduce misperceptions of transgender people as incompetent	Challenge: Employers may see transgender individuals as less fit for employment		Important: 1 Feasible: 2 Urgent: 7

Reduce HIV+ stigma	Challenge: Chronic stigma reduces quality of life for people living with HIV	People living with HIV	Important: 1 Feasible: 3 Urgent: 3
Increase awareness of people living with HIV regarding HIV-related cancers	Challenge: People living with HIV may not know they are at risk for HIV-related cancers	People living with HIV, especially older African American men with HIV	Important: 4 Feasible: 1 Urgent: 1
Solutions for housing	Challenge: Many transgender women do not have stable housing	LGBTQI community at large, particularly transgender women	Important: 5 Feasible: 8 Urgent: 0
Expanded employment options, including on-the-job training	Challenge: Many transgender women rely on sex work and have limited employment options	LGBTQI community at large, particularly transgender women	Important: 3 Feasible: 2 Urgent: 0
Solutions to food insecurity	Challenges: LGBTQI youth and transgender women face food insecurity	LGBTQI community at large, particularly transgender women	Important: 1 Feasible: 1 Urgent: 0
Solutions for social isolation	Challenge: Transgender women and LGBTQI elders are socially isolated	Transgender individuals, LGBTQI elderly	Important: 15 Feasible: 14 Urgent: 17

Additional Ideas

RESEARCH IDEA	HEALTH CHALLENGE/RESEARCH GOAL	POPULATION MOST AT RISK	VOTES
Why don't we do what we should do?	Prevention of disease	All LGBTQI people	Important: 2 Feasible: 2 Urgent: 0
Missed mental health diagnoses	Improve care and quality of life	All LGBTQI people	Important: 0 Feasible: 2 Urgent: 2
Eating disorders among LGBTQIA individuals	Community/population specific challenges Often overlooked population with ED	All LGBTQI people	Important: 2 Feasible: 1 Urgency: 0
Unregulated mental health services with primary care		All people	Important: 1 Feasible: 1 Urgent: 1
Substance abuse issues		All LGBTQI people	Important: 2 Feasible: 2 Urgent: 0

How to address problems that occur when LGBTQI patients do not feel comfortable declaring their status to doctors/healthcare providers, thus not getting adequate care		All LGBTQI people	Important: 2 Feasible: 1 Urgent: 1
LGBT Health Report Support LGBT Health Bill in DC Council	Why don't we get the annual LGBT Health Report required in DC? Why is there limited community input in this process?	All LGBTQI people	Important: 0 Feasible: 0 Urgent: 0
Anticipate how research findings will be utilized in policy/advocacy initiatives in research design and engage key communities throughout the study life cycle		All people	Important: 0 Feasible: 0 Urgent: 0
How to serve seniors who say "We didn't expect to live this long."	For older LGBT folks, including HIV+ people, but also others, coming out in the 50s, 60s and 70s may have left them with a sense we might not live a natural lifetime length	LGBTQI seniors	Important: 0 Feasible: 0 Urgent: 0
Assist in developing better screening equipment for breast cancer	The current one used is awfully painful and something needs to be done		Important: 0 Feasible: 0 Urgent: 0