

## Fenway Institute public comment Public Health Working Group, Mayor-elect Marty Walsh Transition Team

*Hearing at English High School, Jamaica Plain*

**December 18, 2013**

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Good evening. I am Sean Cahill, Director of Health Policy Research at the Fenway Institute. The Fenway Institute is an LGBT-focused, interdisciplinary center for research, training, education and policy development. It is the research division of Fenway Health, a federally qualified health center that serves LGBT people and the broader community, with 22,000 patients from across Boston and surrounding communities. Fenway has been at the forefront of HIV prevention, care, and research since the emergence of the HIV/AIDS epidemic in 1981. We have more than 300 employees, and our Sidney Borum Health Center in Chinatown services youth, many of them homeless and many LGBT. I am also a member of the Massachusetts Commission on LGBT Youth, and teach public policy and political science at Northeastern University and New York University.

Thank you for hosting this hearing. Fenway Health has had a strong partnership with Mayor Menino, and we look forward to an equally strong partnership with Mayor Walsh. I want to talk about three issues tonight.

### *Tobacco use and LGBT youth*

LGBT people are 1.5 to 2.5 times as likely as heterosexuals to smoke cigarettes, according to a meta-analysis of studies from the late 1980s to 2007.<sup>1</sup> Data from the 2009 Massachusetts Youth Risk Behavior Survey, which includes several Boston high schools, indicate that youth who self-identify as lesbian, gay and bisexual youth or who report same-sex behavior are 4 times as likely as other youth to report smoking cigarettes.<sup>2</sup> Rates of alcohol and other substance use are also elevated among LGBT youth and adults compared to heterosexuals.<sup>3</sup> These risk behaviors could lead to higher risk of cardiovascular disease and certain cancers.

Community Transformation Grants (CTGs) represent \$1 billion a year in prevention funding to state and local health departments as part of the Affordable Care Act. CTGs are aimed at addressing the two structural drivers of chronic disease in the U.S.: tobacco use and obesity. CTG money is currently flowing to the Mass. Department of

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<sup>1</sup> Lee J., Griffin G., Melvin C. Tobacco use among sexual minorities in the USA, 1987 to May 2007: A systematic review. *Tobacco Control* 2009;18:275-282.

<sup>2</sup> Goodenow C. Prevention needs of sexual minority youth, MYRBS 1995-2009. Powerpoint presentation. Massachusetts Department of Elementary and Secondary Education. June 2011.

<sup>3</sup> Song Y., Sevelius J., Guzman R., Colfax, G. Substance use and abuse. *The Fenway Guide to Lesbian, Gay, Bisexual and Transgender Health*. (Makadon H., Mayer K., Potter J., Goldhammer H., eds.). Philadelphia: American College of Physicians. 2008. 209-247.

Public Health right now, but not to the Boston Public Health Commission. Unfortunately the money going to the state is not being targeted at Boston.

Hopefully Boston can reapply and get some CTG funding in the near future. There may be other prevention funding available, for example from the tobacco settlement. We would like to see some of this tobacco prevention and cessation funding targeted toward LGBT youth and LGBT adults who are at elevated risk for tobacco addiction. This means funding health care providers and prevention advocates who are competent to serve LGBT people.

#### *Obesity and lesbians, especially Black lesbians*

We also know that lesbians are more likely than heterosexual and bisexual women to be overweight and obese, increasing their risk for cardiovascular disease, lipid abnormalities, glucose intolerance, and morbidity related to inactivity.<sup>4</sup> Black women are also more likely to be overweight or obese than women of other races.<sup>5</sup> Black lesbians exhibit high rates of obesity.<sup>6</sup> Black lesbians should be a priority population in obesity research and prevention programs. CTG funds should support prevention campaigns and interventions to address obesity among lesbians of all races in Boston, and especially Black lesbians.

#### *LGBT aging and HIV and aging*

Finally, I wanted to mention that the Fenway Institute has a great deal of expertise in LGBT aging and HIV and aging. The LGBT Aging Project is now a part of the Fenway Institute. The Aging Project provides trainings to mainstream senior service providers in LGBT elder issues. These include trainings of home care aides. We also have expertise in HIV and aging.<sup>7</sup> With nearly half of Americans living with HIV now 50 or older, ensuring culturally competent health care and senior services for older adults living with HIV is essential.<sup>8</sup>

Social isolation is a major concern affecting LGBT elders, especially older gay men.<sup>9</sup> This may make LGBT elders more dependent on senior services. It can also lead to depression, which is a risk factor for substance use and treatment nonadherence.

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4 Boehmer U, Bowen DJ, Bauer GR. Overweight and obesity in sexual minority women: evidence from population-based data. *Am J Pub Health*. 2007; 97: 1134-1140. Cited in Mayer KH, Bradford JB, Makadon HJ, Stall R, Goldhammer H, Landers S. Sexual and gender minority health: What we know and what needs to be done. *Am J Public Health*. 2008; 98: 989-995.

<sup>5</sup> Office of Minority Health, U.S. Department of Health and Human Services (no date). Obesity and African Americans.

<sup>6</sup> Dibble, S., Eliason, M., Crawford, B. (2012). Correlates of wellbeing among African American lesbians. *Journal of Homosexuality*. 59: 820-838.

<sup>7</sup> Cahill S & Valadez R. Growing Older with HIV/AIDS: New Public Health Challenges. *Am J Public Health*. 2013 Mar;103(3):e7-e15. doi: 10.2105/AJPH.2012.301161. Epub 2013 Jan 17.

<sup>8</sup> Effros, R.B, Fletcher, C.V, Gebo, K., et al. (2008). Aging and infectious diseases: Workshop on HIV infection and aging: What is known and future research directions. *Clinical Infectious Disease*. 47(4),542-553.

<sup>9</sup> Van Wagenen, A., Sass, S., & Bradford, J. (2012, September 20). Care and Service Needs of Older Adult Men & Women: A Comparative Study of Sexual Minorities and Heterosexuals. Poster presentation at the Gay and Lesbian Medical Association, San Francisco, CA.

Due to lower rates of parenting, LGBT elders may also be more dependent on formal caregiving. The ability of LGBT elders to access culturally competent and nondiscriminatory senior services is critical.

Different age cohorts have had different experiences with anti-gay bias, which influence LGBT individuals' attitudes toward social institutions and willingness to be "out" to health care and service providers. What are the specific experiences of LGBT elders in a wide range of senior settings, from assisted living and nursing homes to senior centers and elder housing communities? Opinion research indicates that older Americans are more likely to hold anti-gay views than younger age cohorts.<sup>10</sup> Older Americans are also more likely to hold inaccurate beliefs about the casual transmission of HIV.<sup>11</sup> Cultural competency training for mainstream elder service providers is essential to ensuring that LGBT elders can access mainstream senior settings.

Massachusetts is currently forming the first statewide commission on LGBT aging. At least two experts from the Fenway Institute will serve on this commission. We look forward to partnering with the Walsh Administration on aging issues, and want to serve as a resource for the city. We are grateful that in his LGBT policy agenda, Mayor-elect Walsh has prioritized addressing the needs of LGBT youth and elders.

Thank you for considering these recommendations. Should you have any questions or require more information on any of the suggestions made here, please contact me at [scahill@fenwayhealth.org](mailto:scahill@fenwayhealth.org) or 617-927-6016.

Sincerely,

Sean Cahill, Ph.D.  
Director, Health Policy Research  
Fenway Institute

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<sup>10</sup> Anderson R., & Fetner, T. (2008). Cohort differences in tolerance of homosexuality: Attitudinal change in Canada and the United States. *Public Opinion Quarterly*, 47(2), 311-330.

<sup>11</sup> KFF (2010). *2009 survey of Americans on HIV/AIDS*. Retrieved from <http://www.kff.org/kaiserpolls/7890.cfm>. Accessed September 12, 2012.