

*Sexual and Gender Minority
Related Activities at the National
Institutes of Health*



Friday, July 19, 2019

10 am – 11:30 am

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Office of the Director, NIH

According to a recent article in *Journal of Clinical Oncology* (Jan 2019), most oncologists don't know enough about how to treat patients in the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community. The good news is that most are interested in learning more.

Nearly 83% said they are comfortable treating transgender patients, but 37% said they knew enough to do so. A 2012 Gallup poll found that great proportions of African Americans (AA), Hispanics and Asians identified as LGBT than non-Hispanic whites. Despite stereotypes of wealthy, white, LGBT individuals, the poll found that 35% of those who identified as LGBT reported incomes of less than \$24,000 a year versus 24% of the general population. Thus, the LGBT population is at a higher risk of poverty than the general population.

Screening rates tend to be lower in LGBT populations. For example, in California screening for gay and bisexual men were equivalent for prostate cancer compared with their heterosexual peers; however, AA gay/bisexual men had significantly lower prostate cancer screening rates compared with AA heterosexual men. Transgender patients are 70% less likely to be screened for breast cancer, 60 percent less likely to be screened for cervical cancer, and 50% for colorectal cancer.

Approximately 75% of cancer deaths in this country are linked to potentially avoidable lifestyle and environmental factors; thus emphasis has been placed on primary prevention and early detection of cancer. US federal and non-federal agencies acknowledge the existence of cancer disparities related to gender, age, race, ethnic origin, income, social class, disability/ability, and geographic location, but little focus and money have been devoted to assessing and understanding differences in the cancer burden associated with sexual orientation and gender identity.

This workshop will focus both on the diverse health issues affecting the Sexual and Gender minorities (SGM) communities and the need for support for research and training in this area, particularly as it pertains to cancer clinical trials.

Karen L. Parker, Ph.D., M.S.W. currently serves as Director of the Sexual & Gender Minority Research Office, NIH. Dr. Parker was instrumental in the formation of the office in the fall of 2015 and was appointed as Director in June, 2016. The office coordinates NIH research related to the health of sexual and gender minorities across the NIH Institutes, Centers, and Offices. In her new role, she also serves as co-chair of the trans-NIH Sexual and Gender Minority Research Coordinating Committee (RCC) and has served on the committee since its inception in 2011.

The office was established in response to the 2011 NIH-commissioned Institute of Medicine Report (now the National Academy of Medicine), which highlighted opportunities where NIH could better support current knowledge of the health status of the lesbian, gay, bisexual, and transgender communities. It is part of the Division of Program Coordination, Planning, and Strategic Initiatives within the NIH Office of the Director.

Dr. Parker comes to the NIH Office of the Director from the National Cancer Institute where she served as an Acting Branch Chief in the NCI Office of Science Planning and Assessment and Women's Health Officer for the Institute. Prior to this, she was the Special Assistant to the President's Cancer Panel. She began her career at NIH in 2001 as a Presidential Management Fellow.

Dr. Parker has long been part of the discussion on the diverse health issues affecting sexual and gender minority communities and the need for initiatives to support research and training in this area. Dr. Parker is also Past-President of the Ulman Cancer Fund for Young Adults.

Dr. Parker received her Bachelor of Arts in English from Indiana University and her Master of Social Work from the University of Michigan, where she studied community organization, social policy, and evaluation. She completed her Ph.D. at the University of Maryland, School of Social Work.