



STRENGTHENING CANCER HEALTH EQUITY IN LGBTQ+ COMMUNITIES

October 25-27, 2022

SUMMARY OF INNOVATIONS

Peer-to-Peer Learning Calls

The Peer-to-Peer (P2P) Learning Program continued its work in offering a learning platform in which National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and Colorectal Cancer Control Program (CRCCP) awardees can discuss programmatic innovations and challenges. The focus of the October P2P calls was on strengthening cancer health equity in LGBTQ+ communities, including:

- Webinar/Discussion 1: Understanding How Cancer Screening Impacts LGBTQ+ Communities
- Webinar/Discussion 2: Turning Knowledge into Action: How to Reach LGBTQ+ Communities with Cancer Screening and Control
- Pacific Island Jurisdiction Webinar and Discussion: Overview of Webinar 1 and 2 and PIJ-Specific Discussion

NACDD worked with National LGBT Cancer Network to deliver webinar content and facilitated a total of three one-hour calls, focused on the content listed above and held two one-hour Office Hour sessions, for open discussion and Q&A with NBCCEDP and CRCCP awardees.

[Series Recordings, Slides and Resources](#)

The format of sessions 1 and 2 included a presentation from the National LGBT Cancer Network to provide an overview of the topic, followed by breakout discussions among small groups of awardees. Session 2 also included a presentation by the Iowa Department of Health and Human Services about their efforts to provide breast/chest and cervical cancer screening. The Pacific Island Jurisdiction (PIJ) session Included a recap of webinars 1 and 2 by the National LGBT Cancer Network and large group discussion.

This summary reflects the common themes, potential solutions, and discussions across all sessions.

Topic 1: Understanding How Cancer Screening Impacts LGBTQ+ Communities

Webinar/Discussion I Slides

The questions posed to the participants for discussion were:

1. What data have you used to identify or better understand the needs of LGBTQ+ communities? For example: BRFSS, needs assessments, health system, electronic health records, or other program data.
 - a. What challenges have you experienced in finding or utilizing data?
 - b. Does your program or your screening partners collect sexual orientation and gender identity (SOGI) data?
2. Have you built connections with community organizations or partners with expertise in addressing health care needs of LGBTQ+ populations?
 - a. Who are these partners?
 - b. How are you working with these partners?

Summary of Innovations:

Using Data to Identify and Better Understand Needs of LGBTQ+ Populations

- Several participants indicated that they are currently working to update program intake forms to include LGBTQ+-related demographics, like sexual orientation and gender identity (SOGI) data
- Multiple awardees indicated that it is not enough to just change intake forms to collect data to better understand LGBTQ+ population needs – staff training about how to use the forms and advice/input from LGBTQ+ partners are critical
- Other organizations, like hospital systems, have conducted LGBTQ+ needs surveys and shared the results with screening programs and clinic partners, for example:
<https://www.stonybrookmedicine.edu/LGBTQ/2021-Survey-Summary>
- To better support clinic partners, some awardees have adjusted their agreements to remove “women” and instead refer to “individuals” to better enable providers to collect data; likewise, programs are making it clear in provider agreements that transgender patients are eligible for services and provide specific guidance
- Additional ideas included:
 - Suggest adding a list of pronouns to intake and/or referral forms
 - Utilize cancer registry and screening registry data as sources of information
 - Suggest adding SOGI questions to BRFSS questionnaire
 - Strive to streamline forms to reduce administrative burden when in the process of making changes
 - Work with primary care associations to encourage collection of LGBTQ+ data among providers/systems
 - Learn from FQHCs which are required to collect SOGI data

Working with Partners to Address Needs of LGBTQ+ Populations

- Partners awardees are working with:
 - Transgender organizations, networks

- Networks of multiple community-based organizations, formed by health departments to inform health services for LGBTQ+ populations
- University-based organizations/researchers
- FQHCs
- Programmatic focus of work with partners:
 - Providing advice on making programs and clinic sites more welcoming
 - Updating data collection forms to include SOGI data questions
 - Targeting outreach to LGBTQ+ individuals
 - Initiating offsite screening in locations that are seen as safe spaces for LGBTQ+ populations
 - Promoting screening messages that are more inclusive (e.g., everyone needs it - screening)
 - Training providers about how to ask questions that address the needs of LGBTQ+ populations
 - Providing funding to LGBTQ+ organizations to assist with making services and clinics more welcoming and inclusive

Topic 2: Turning Knowledge into Action: How to Reach LGBTQ+ Communities with Cancer Screening and Control

Webinar/Discussion II Slides

The questions posed to the participants for discussion were:

1. Do you think your program would be perceived as welcoming and inclusive of LGBTQ+ populations?
 - a. For example, is your program inclusive to transgender and non-binary individuals (e.g., uses gender inclusive language, logos, and imagery)?
 - b. Do you think screening sites in your state, tribe, or territory show signs of LGBTQ+ welcome and inclusion?
 - c. How have you worked with screening sites to help them be more welcoming and inclusive?
2. What, if any, tailored outreach to LGBTQ+ communities is your program doing?
 - a. What are the challenges?
 - b. Success stories?

Summary of Innovations:

Making Programs and Screening Sites Welcoming to and Inclusive of LGBTQ+ Populations

Some awardees encounter resistance to changing a program name to be more inclusive.

- Shared solutions included:
 - Continuing education for policy makers, organizational leaders, and community-based program champions about the challenges of LGBTQ+ populations in accessing care and who is eligible is important to gain acceptance of changes
 - Changing the name or logo of the program may not be possible but consider changes in wording, like removing gendered language, and providing clarity about who is eligible in agreements with providers and in public messaging

- Continuing to put LGBTQ+ population needs in the context of addressing health disparities
- Working with LGBTQ+ organizations to directly promote screening services
- Recognize becoming more inclusive and changing systems, attitudes and beliefs is difficult and complex work.
 - A few small changes as a first step are better than doing nothing
- Use the term “chest” along with “breast” when describing screening services offered
- Change gendered language and feminine logos to be more inclusive
- Encourage clinic partners to assess their clinic environment and use of language for inclusiveness and provide examples/enable sharing across partner sites

Outreach to LGBTQ+ Communities

- Consider co-branding with a LGBTQ+ community partner
- Tailor outreach through HIV/AIDS programs
- Work with other chronic disease programs – they are often struggling with the same issues and joining together can result in leveraging resources and making strategies cohesive and streamlined
- Use focus groups and/or key informant interviews of LGBTQ+ individuals to provide feedback on program name/logo changes, and use of language when describing services
- Look at other awardees’ promotional materials/use of language (e.g., [Vermont’s You First](#) program)
- Promote lists of LGBTQ+ welcoming clinics created by community partners
- Attend Pride events in the community to promote program services

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