State Best Practices in Tobacco & Cancer Control Assessment

LGBTQ+ INCLUSIVITY NEEDS ASSESSMENT — APRIL 2024

national lgbtqi+ cancer network
ADVOCATING FOR HEALTH EQUITY

Traditional Tobacco Acknowledgement

Commercial tobacco products are tobacco products manufactured and sold by the tobacco industry, including cigarettes, e-cigarettes, cigars, and chew. Commercial tobacco is different from traditional or sacred tobacco, also known as Cansasa, Asemaa, or Kinnikinnick, and which are used by many Indigenous communities for sacred purposes.

Traditional and commercial tobacco are different in the way that they are planted and grown, harvested, prepared, and used. Traditional tobacco is and has been used in sacred ways by American Indians for centuries. Its use differs by Tribe, with Alaska Natives generally not using traditional tobacco at all.

We recognize the importance of traditional tobacco in American Indian communities and that these communities cannot be "tobacco-free." The use of the term tobacco within this document refers to commercial tobacco only unless explicitly stated otherwise.

Homophobia and Transphobia is a Public Health Crisis

The current political climate within the United States poses a critical threat to the immediate health, safety, and wellness of LGBTQ+ people. Within the 2023 legislative session, there were over 500 anti-LGBTQ+ bills introduced in nearly every U.S. state, more than the previous 5 years combined. Within the first two months of 2024 alone, the ACLU has tracked another 460 anti-LGBTQ+ bills in the U.S. This record-breaking number of discriminatory anti-LGBTQ+ legislation directly impacts the ability of LGBTQ+ folks to access medically necessary health care and has far-reaching consequences for the organizations working to protect, advocate, and care for this population.

According to the most recent data available from the Federal Bureau of Investigation, hate crimes associated with sexual orientation (n = 1947) and gender identity(n= 469) accounted for 21% of all hate crime incidents in 2022. It is also important to remember that these statistics are under-reported, as data was received from only 78% of law enforcement agencies and that data is not consistently tracked and documented across the country.

National LGBTQI+ Cancer Network ("the Network")

The National LGBTQI+ Cancer Network works to improve the lives of LGBTQI+ cancer survivors and those at risk by: educating the LGBTQI+ community about our increased cancer risks and the importance of screening and early detection; training health care providers to offer more culturally-competent, safe and welcoming care; and advocating for LGBTQI+ survivors in mainstream cancer organizations, the media and research. We are committed to grounding this work in anti-racist and anti-sexist activities and countering the deleterious social determinants of health which create downstream health disparities.

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Evaluation Overview

Evaluation Timeline

Partners were asked to complete a survey at three time points across 5 years to identify the scope and degree of programmatic LGBTQI+ inclusiveness within organizations. The survey took approximately 15 minutes to complete and was self-administered via SurveyMonkey or Qualtrics. The baseline measurement was conducted in April 2019, a midpoint measurement in December 2020, and a final measurement in May 2023. After each measurement, individual state scorecards as well as comprehensive reports were compiled and distributed to partners in order to share the findings of each assessment. At each point, stakeholders were given a score from 0 to 7 and an inclusiveness rating corresponding to how many best practices were self-identified, as shown below.

NEEDS ASSESSMENT SCORING SYSTEM

Inclusiveness Rating	Number of Best Practices Identified
Highly Inclusive (A)	7 best practices
Moderately Inclusive (B)	5-6 best practices
Somewhat Inclusive (C)	3-4 best practices
Minimally Inclusive (D)	1-2 best practices
Non-Inclusive (F)	0 best practices

Best and Promising Practices

1 **Promote LGBTQI+ professional safety and leadership in public health**
The first resource for LGBTQI+ experience is agency staff. This practice was evaluated with questions on how LGBTQ+ staff are valued and the formation of internal advisory groups to assist with LGBTQ+ engagement and recruitment.

2 **Include LGBTQI+ community members in planning steps**
The next resource for LGBTQI+ expertise is local community leadership. This practice was evaluated with questions of representation on advisory bodies, review groups, and grantee organizations.

3 **Monitor impact of tobacco/cancer on LGBTQI+ populations**
Assessment of tobacco/cancer impact on LGBTQI+ populations requires that SOGI data is included in population surveillance data collection. This practice was evaluated with questions about SOGI data inclusion in Adult Tobacco Survey (ATS) or other state adult tobacco survey, Youth Tobacco Survey (YTS) or other state youth tobacco survey, Youth Risk Behavior Surveillance System (YRBSS), Behavioral Risk Factor Surveillance System (BRFSS), State Quitline intake (i.e. demographic indicators) and Quitline follow-up surveys, and Cancer registry data.

4 **Establish cultural competency standards for agency and agency-funded programs**
This practice focuses on the importance of LGBTQI+ persons knowing a program or coalition is a welcoming space. Evaluation included questions around cultural competency training timelines and access.

5 **Fund community-based programs**
Local LGBTQI+ serving community-based organizations (CBO) are the best experts in behavior change for this population. Stakeholders were asked whether or not they currently fund any LGBTQI+ CBOs.

6 **Routinely integrate LGBTQI+ tailored materials into larger campaigns**
Evaluating this practice included questions about integration of LGBTQI+ materials into full-population campaigns and if grantee organizations did the same.

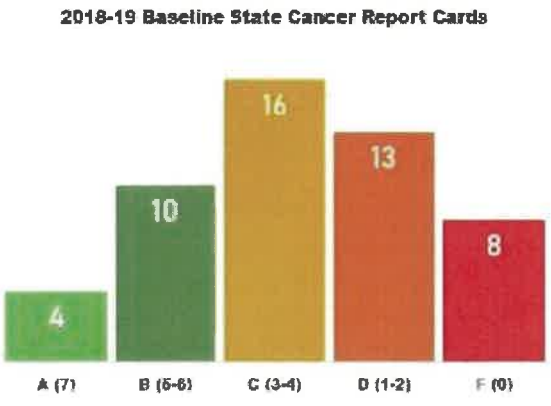
7 **Disseminate findings and lessons learned**
Examples of state dissemination of findings from their own data collection were shared with stakeholders. Evaluation of this practice included questions regarding the analysis of LGBTQI+ data from state-specific data sets as well as how the findings were disseminated.

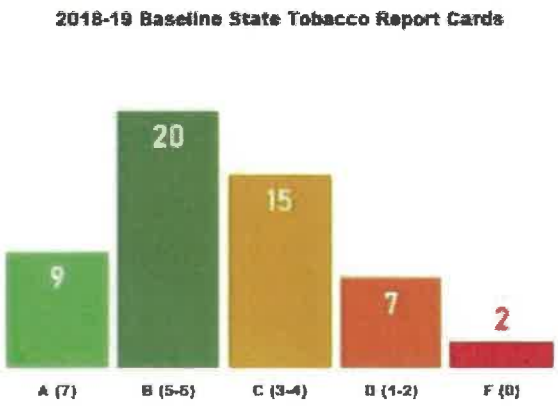
Baseline Assessment

Stakeholders participated in an initial baseline assessment in April 2019. Overall, a total of 105 programs, with 52 cancer and 53 tobacco programs participated in the baseline measurement. Almost all of the programs operated at the state (98%, n=103 programs) and government-levels (97%, n=102 programs).

Baseline findings saw that 41% of the CDC-grantee cancer (n=14) and tobacco (n=29) programs surveyed displayed moderately to highly inclusive practices in their programming aspects specific to LGBTQI+ communities. Nearly half of the programs (49%; 29 cancer programs and 22 tobacco programs) received either a rating of minimal or somewhat minimal inclusive practices. About 10% (8 cancer programs and 2 tobacco programs) of the total programs were found to have non-inclusive practices.

These programmatic needs were also reflected and expanded in webinar topics of interests. In addition to the inadequate programmatic aspects identified, many of our respondents mentioned being interested in understanding how to make their programs' and organizations' strategies and activities tailor to LGBTQI+ populations – such as strategies to reach and engage with LGBTQI+ youths and adults, program materials and resources specific to LGBTQI+ populations, and promoting tobacco/cancer-related services in settings such as non-clinical, non-LGBTQI+ friendly, and rural areas.





Midpoint Assessment

Primary contacts from each CDC-grantee cancer and tobacco program in all US states and territories (118 total programs) were invited once again via email to complete a survey in December 2020. A total of six stakeholders declined to participate in the midpoint assessment. All stakeholders were provided their 2019 baseline scorecard, overview of the best and promising practices, and a copy of the survey instrument to review before completing the midpoint assessment. After completing the survey, stakeholders were sent a new scorecard to review, and could update their responses after consulting with other team members if needed.

At the midpoint assessment, we found that approximately half (49%, n=55) of the CDC-grantee cancer and tobacco programs surveyed were rated as moderately (5-6 best practices) or highly inclusive (7 best practices) with regards to the program activities specific to engaging LGBTQI+ populations in their work from April 2019 - December 2020. Specifically, 21 cancer programs (40%) and 34 tobacco programs (58%) received this rating. This is an overall increase in the number of programs rated as moderately or highly inclusive from baseline for both cancer and tobacco programs.

Approximately 42% of programs (n=47) were rated as somewhat (3-4 best practices) or minimally (1-2 best practices) inclusive. Specifically, 27 cancer programs (51%) and 20 tobacco programs (34%) received this rating. A minority of programs (9%, n=10) were rated as non-inclusive, meaning that they did not report any best practices for engaging LGBTQI+ populations. Among the 10 programs rated as non-inclusive at midpoint, 3 tobacco programs and 1 cancer program did not complete the baseline assessment.

At midpoint, almost half (47%, n=48) of programs increased the number of best practices, with 24 cancer programs and 24 tobacco programs represented. A total of 29 programs (28%) did not change in the number of practices, with 11 cancer programs and 18 tobacco programs represented.

Midpoint Assessment

Among those with no change, a total of 2 cancer programs and 5 tobacco programs maintained a highly inclusive rating (all 7 best practices) from baseline to midpoint. A minority of programs (25%, n=25) decreased in the number of best practices, driven largely by the impact of the COVID-19 response.

In March 2020, the onset of the global COVID-19 pandemic suddenly and drastically impacted how CDC-grantee cancer and tobacco programs implemented their work plans. This resulted in a shift to remote work and virtual programming, which continued into 2021 for many programs. Similarly, staff time was re-directed towards the COVID-19 response, with some programs having their entire team being re-assigned to COVID-19 efforts for several months.

For cancer programs, many reported limited outreach and engagement in cancer clinics due to the shift to telemedicine and increased risk of COVID-19 among people living with cancer. Many cancer programs also cited concerns about the significant drop in cancer screenings due to social distancing measures. For much of their work, community-based projects were stalled indefinitely as it was difficult to sustain and build new partnerships virtually. Several programs described how they faced significant challenges to meet grant deliverables and struggled to sustain activities to engage LGBTQI+ populations as a result.

For tobacco programs, partnerships with community organizations were impacted as they also shifted focus during the pandemic, with many large events such as Pride being canceled and some organizations losing staff and funding due to shifting priorities. It was also challenging to establish new community partnerships during this period.

For example, partnerships with schools and other youth organizations were impacted due to the shift to virtual learning, which made distribution of materials more difficult. Some tobacco programs responded to the pandemic by designing materials to highlight the increased risk of COVID severity among tobacco users. Even so, several programs had difficulty completing grant work plans as a result of these challenges, resulting in fewer activities to engage LGBTQI+ populations in their work.

Final Needs Assessment Findings

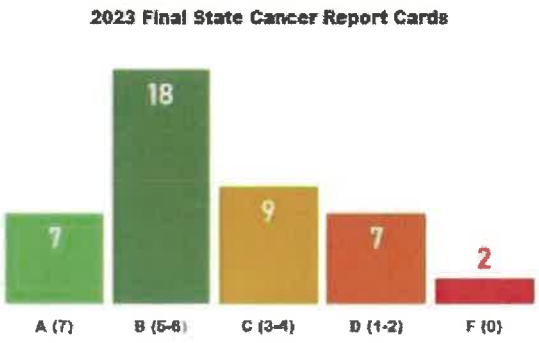
Primary contacts from each CDC-grantee cancer and tobacco program in all US states and territories (118 total programs) were again invited via email to complete a final survey in May 2023. A total of 14 cancer programs and 9 tobacco programs that previously participated in the baseline and/or midpoint assessment refused to participate in the final assessment. All participants were provided their baseline and midpoint scorecard, overview of the best and promising practices, and a copy of the survey instrument to review before completing the final assessment. After completing the survey, stakeholders were sent a new scorecard to review, and could update their responses after consulting with other team members if needed. Stakeholders also had the ability to ask the Network to not publish/share their scores, an effort to shield programs from anti-LGBTQI+ political rhetoric (see more in Evaluation Challenges section).

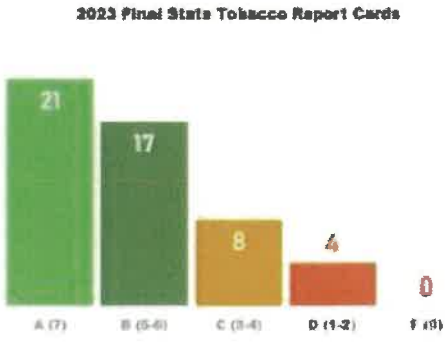
By the final assessment, we found that 68% of participating stakeholders were rated as moderately (5-6 best practices) or highly inclusive (7 best practices) with regards to the program activities specific to engaging LGBTQI+ populations in their work. This increase represents 76% (n=34) of participating CDC-grantee tobacco programs and 58% (n=25) of cancer programs. From baseline to final measurement there was a 41% increase in the number of moderately or highly LGBTQI+ inclusive tobacco programs and a 115% increase in cancer programs.

Approximately 32% of programs (n=30) were rated as somewhat (3-4 best practices) or minimally (1-2 best practices) inclusive at the final measurement. Specifically, 18 cancer programs (42%) and 12 tobacco programs (24%) received this rating. Only two participating cancer programs were rated as non-inclusive, meaning that they did not report any best practices for engaging LGBTQI+ populations.

Final Needs Assessment Findings

From midpoint to final assessment, almost half (48%, n=43) of programs increased the number of best practices, with 23 cancer programs and 20 tobacco programs represented. A total of 29 programs (32%) did not change in the number of practices, with 10 cancer programs and 19 tobacco programs represented. Among those with no change, a total of 1 cancer program and 13 tobacco programs maintained a highly inclusive rating (all 7 best practices) from midpoint to final assessment. A minority of programs (18%, n=16) decreased in the number of best practices from midpoint to final.





Evaluation Challenges

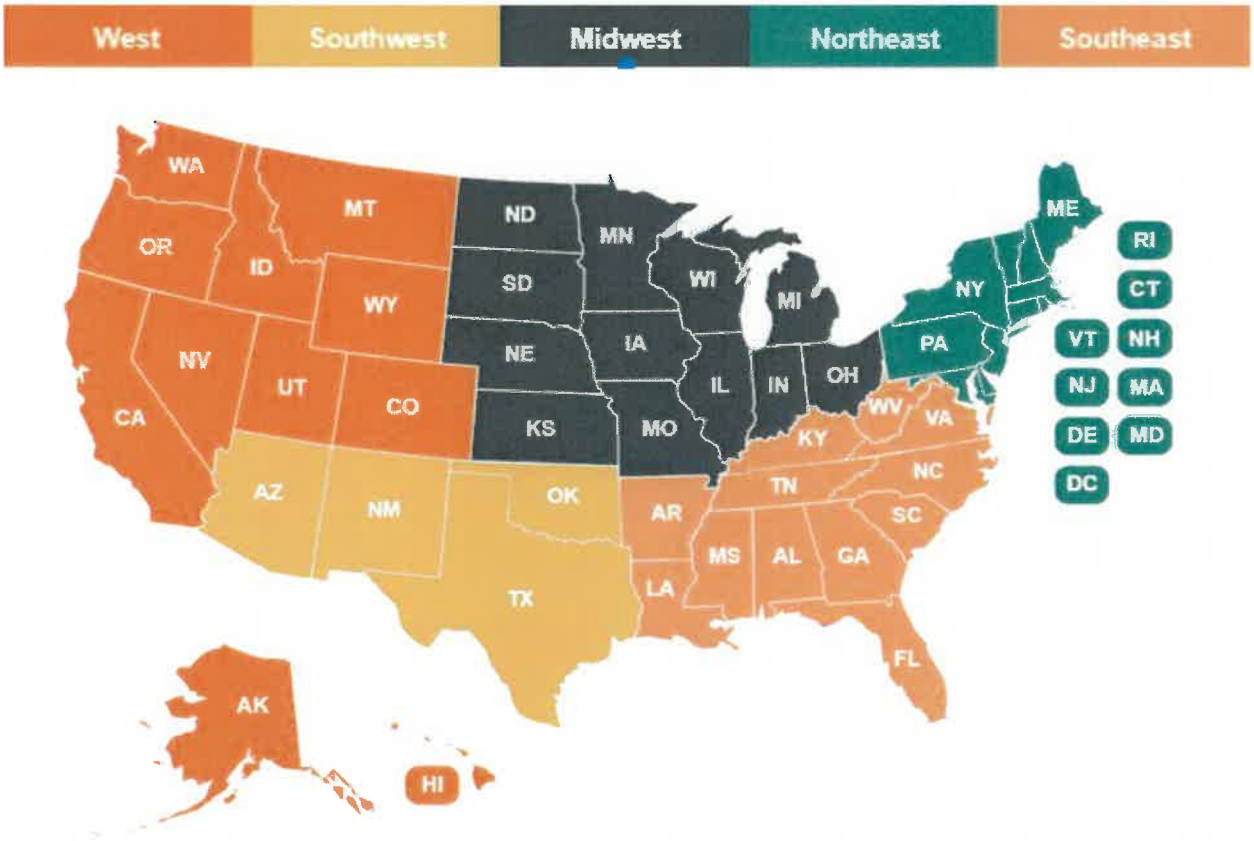
Over the course of our 5-year state scorecard assessment, we have seen multiple states and organizations express concerns about participation over fear of retaliatory actions being taken against them. Specifically, many states cite a fear of losing governmental funding over publicly engaging in work with LGBTQI+ communities.

The lack of LGBTQI+ data has already been identified as contributing to the ongoing health disparities seen within queer communities. With many states being unwilling or unable (due to fear of funding loss or other retaliatory actions) to publicly engage with the LGBTQI+ communities, this exacerbates the challenges and underscores the importance of the work of the Network.

Unfortunately, due to funding cuts and personnel limitations, requests for training and technical assistance from the Network continues to exceed our capacity to respond to every request for these necessary services.

Regional Perspective

For the purposes of this evaluation, and to protect the anonymity of partners, we aggregated data into 6 distinct regions of the U.S.: West, Southwest, Midwest, Northeast, Southeast; and U.S. Territories.



U.S. TERRITORIES			
American Somoa	Guam	Marshall Islands	Micronesia
Northern Mariana Islands	Palau	Puerto Rico	U.S. Virgin Islands

Final Assessment

Average Cancer Program Scores				
Region	Baseline Score	Midpoint Score	Final Score	Overall Trend
West	3.4	4.2	4.2	Positive (+0.8)
Southwest	3.0	3.0	5.0	Positive (+2.0)
Midwest	2.8	3.0	4.8	Positive (+2.0)
Northeast	3.5	4.5	5.5	Positive (+2.0)
Southeast	3.0	3.9	3.4	Positive (+0.4)
U.S. Territories	4.5	1.3	1.0	Negative (-3.5)

Missing Data: Baseline assessment is missing participation from 8 state/territory cancer programs, midpoint assessment is missing participation from 6 state/territory cancer programs, and final assessment is missing participation from 16 state/territory cancer programs.

Average Tobacco Program Scores				
Region	Baseline Score	Midpoint Score	Final Score	Overall Trend
West	5.4	5.9	6.2	Positive (+0.8)
Southwest	4.3	5.3	5.8	Positive (+1.5)
Midwest	4.5	5.1	5.5	Positive (+1.0)
Northeast	4.2	4.9	6.3	Positive (+2.1)
Southeast	3.8	4.1	4.6	Positive (+0.8)
U.S. Territories	3.0	1.6	3.0	No Change

Missing Data: Baseline assessment is missing participation from 6 territory tobacco programs, and final assessment is missing participation from 9 state/territory tobacco programs.

Cancer Programs Spotlight

- 25 cancer programs are moderately or highly inclusive compared to 14 cancer programs at baseline
- 16 cancer programs are minimally or somewhat inclusive compared to 29 cancer programs at baseline
- 2 cancer programs are non-inclusive compared to 8 cancer programs at baseline
- The Northeast U.S. region contained the most inclusive cancer programs with an average score of 5.5 (moderately inclusive), while the least inclusive were the Southeast (average score of 3.4; somewhat inclusive) and U.S. Territories (average score of 1.0; minimally inclusive)
- In general, cancer programs were less inclusive than tobacco programs throughout the entire evaluation

Strengths	Growth Opportunities
• **BP 3:** Monitor impact of tobacco/cancer on LGBTQI+ populations • **BP 4:** Establish cultural competency standards for agency and agency-funded programs	• **BP 1:** Promote LGBTQI+ professional safety and leadership in public health • **BP 5:** Fund community-based programs • **BP 7:** Disseminate findings and lessons learned

Tobacco Programs Spotlight

Inclusiveness Rating Overview:

- 38 tobacco programs are moderately or highly inclusive compared to 29 tobacco programs at baseline
- 12 tobacco programs are minimally or somewhat inclusive compared to 22 tobacco programs at baseline
- 0 tobacco programs are non-inclusive compared to 2 tobacco programs at baseline
- The Northeast U.S. region contained the most inclusive tobacco programs with an average score of 6.3 (moderately inclusive), while the least inclusive were the Southeast (average score of 4.6; somewhat inclusive) and U.S. Territories (average score of 3.0; somewhat inclusive)
- In general, tobacco programs were more inclusive than cancer programs throughout the entire evaluation

Strengths	Growth Opportunities
• **BP 2:** Include LGBTQI+ community members in planning steps • **BP 3:** Monitor impact of tobacco/cancer on LGBTQI+ populations • **BP 4:** Establish cultural competency standards for agency and agency-funded programs	• **BP 1:** Promote LGBTQI+ professional safety and leadership in public health • **BP 5:** Fund community-based programs • **BP 7:** Disseminate findings and lessons learned

West

Western tobacco programs had higher inclusivity scores than cancer programs and were more likely to participate in the needs assessment in general.

Final Western Region Inclusiveness Scores			
Inclusiveness Rating	**Number of Best Practices Identified**	**Cancer Programs**	**Tobacco Programs**
Highly Inclusive (A)	**7 best practices**	2	6
Moderately Inclusive (B)	**5-6 best practices**	2	3
Somewhat Inclusive (C)	**3-4 best practices**	2	1
Minimally Inclusive (D)	**1-2 best practices**	3	0
Non-Inclusive (F)	**0 best practices**	0	0
Programs that refused to participate in final assessment		2	1

Western Region Best Practices Scores		
Best Practice	**Cancer Programs**	**Tobacco Programs**
#1: Promote LGBTQI+ professional safety and leadership in public health.	5 (45%)	9 (82%)
#2: Include LGBTQI+ community members in policy planning steps.	5 (45%)	9 (82%)
#3: Monitor the impact of tobacco/cancer on LGBTQI+ populations.	8 (73%)	9 (82%)
#4: Establish cultural competency standards for agency and agency-funded programs	7 (64%)	10 (91%)
#5: Fund community-based programs	2 (18%)	8 (73%)
#6: Routinely integrate LGBTQI+ tailored materials into larger campaigns	7 (64%)	9 (82%)
#7: Disseminate findings and lessons learned	5 (45%)	8 (73%)

Southwest

The only region that contained 0 highly inclusive state cancer programs

Final Southwestern Region Inclusiveness Scores			
Inclusiveness Rating	Number of Best Practices Identified	Cancer Programs	Tobacco Programs
Highly Inclusive (A)	**7 best practices**	0	2
Moderately Inclusive (B)	**5-6 best practices**	2	1
Somewhat Inclusive (C)	**3-4 best practices**	0	1
Minimally Inclusive (D)	**1-2 best practices**	0	0
Non-Inclusive (F)	**0 best practices**	0	0
Programs that refused to participate in final assessment		2	0

Southwestern Region Best Practices Scores		
Best Practice	Cancer Programs	Tobacco Programs
#1: Promote LGBTQI+ professional safety and leadership in public health.	2 (50%)	3 (75%)
#2: Include LGBTQI+ community members in policy planning steps.	1 (25%)	4 (100%)
#3: Monitor the impact of tobacco/cancer on LGBTQI+ populations.	2 (50%)	4 (100%)
#4: Establish cultural competency standards for agency and agency-funded programs	2 (50%)	4 (100%)
#5: Fund community-based programs	1 (25%)	2 (50%)
#6: Routinely integrate LGBTQI+ tailored materials into larger campaigns	1 (25%)	4 (100%)
#7: Disseminate findings and lessons learned	1 (25%)	2 (50%)

Midwest

The only region that contained non-inclusive state cancer programs

Final Midwestern Region Inclusiveness Scores			
Inclusiveness Rating	**Number of Best Practices Identified**	**Cancer Programs**	**Tobacco Programs**
Highly Inclusive (A)	**7 best practices**	1	5
Moderately Inclusive (B)	**5-6 best practices**	6	5
Somewhat Inclusive (C)	**3-4 best practices**	2	1
Minimally Inclusive (D)	**1-2 best practices**	0	1
Non-Inclusive (F)	**0 best practices**	1	0
Programs that refused to participate in final assessment		2	0

Midwestern Region Best Practices Scores		
Best Practice	**Cancer Programs**	**Tobacco Programs**
#1: Promote LGBTQI+ professional safety and leadership in public health.	7 (58%)	9 (75%)
#2: Include LGBTQI+ community members in policy planning steps.	8 (67%)	11 (92%)
#3: Monitor the impact of tobacco/cancer on LGBTQI+ populations.	8 (67%)	11 (92%)
#4: Establish cultural competency standards for agency and agency-funded programs	9 (75%)	11 (92%)
#5: Fund community-based programs	2 (17%)	7 (58%)
#6: Routinely integrate LGBTQI+ tailored materials into larger campaigns	8 (67%)	9 (75%)
#7: Disseminate findings and lessons learned	6 (50%)	8 (67%)

Northeast

The region that contained the most number of highly inclusive LGBTQI+ cancer and tobacco programs

Final Northeastern Region Inclusiveness Scores			
Inclusiveness Rating	**Number of Best Practices Identified**	**Cancer Programs**	**Tobacco Programs**
Highly Inclusive (A)	**7 best practices**	3	7
Moderately Inclusive (B)	**5-6 best practices**	5	3
Somewhat Inclusive (C)	**3-4 best practices**	2	1
Minimally Inclusive (D)	**1-2 best practices**	0	0
Non-Inclusive (F)	**0 best practices**	0	0
Programs that refused to participate in final assessment		2	1

Northeastern Region Best Practices Scores		
Best Practice	**Cancer Programs**	**Tobacco Programs**
#1: Promote LGBTQI+ professional safety and leadership in public health.	6 (50%)	10 (83%)
#2: Include LGBTQI+ community members in policy planning steps.	10 (83%)	10 (83%)
#3: Monitor the impact of tobacco/cancer on LGBTQI+ populations.	9 (75%)	11 (92%)
#4: Establish cultural competency standards for agency and agency-funded programs	10 (83%)	11 (92%)
#5: Fund community-based programs	3 (25%)	7 (58%)
#6: Routinely integrate LGBTQI+ tailored materials into larger campaigns	9 (75%)	10 (83%)
#7: Disseminate findings and lessons learned	8 (67%)	10 (83%)

Southeast

The region that contained the most number of minimally inclusive LGBTQI+ cancer and tobacco programs

The region that contained the most number of state programs that refused to participate in this needs assessment.

Final Southeastern Region Inclusiveness Scores			
Inclusiveness Rating	Number of Best Practices Identified	Cancer Programs	Tobacco Programs
Highly Inclusive (A)	**7 best practices**	1	1
Moderately Inclusive (B)	**5-6 best practices**	2	4
Somewhat Inclusive (C)	**3-4 best practices**	3	3
Minimally Inclusive (D)	**1-2 best practices**	4	2
Non-Inclusive (F)	**0 best practices**	0	0
Programs that refused to participate in final assessment		2	2

Southeastern Program that Compliance with Best Practices for LGBTQI+ Inclusiveness		
Best Practice	Cancer Programs	Tobacco Programs
#1: Promote LGBTQI+ professional safety and leadership in public health.	6 (50%)	5 (42%)
#2: Include LGBTQI+ community members in policy planning steps.	6 (50%)	10 (83%)
#3: Monitor the impact of tobacco/cancer on LGBTQI+ populations.	8 (67%)	9 (75%)
#4: Establish cultural competency standards for agency and agency-funded programs	8 (67%)	7 (58%)
#5: Fund community-based programs	1 (8%)	2 (17%)
#6: Routinely integrate LGBTQI+ tailored materials into larger campaigns	6 (50%)	8 (67%)
#7: Disseminate findings and lessons learned	4 (33%)	4 (33%)

U.S. Territories

Supplemental funding opportunities allowed the Network to expand their state program needs assessment with additional outreach to 8 U.S. Territories. Though initial territorial participation in the needs assessment was low, rates of participation increased over time as programmatic relationships were established. Tobacco programs were more likely than cancer programs to participate in the needs assessment and also had higher inclusiveness scores

Final Territory Inclusiveness Scores			
Inclusiveness Rating	**Number of Best Practices Identified**	**Cancer Programs**	**Tobacco Programs**
Highly Inclusive (A)	**7 best practices**	0	0
Moderately Inclusive (B)	**5-6 best practices**	0	1
Somewhat Inclusive (C)	**3-4 best practices**	0	1
Minimally Inclusive (D)	**1-2 best practices**	1	1
Non-Inclusive (F)	**0 best practices**	1	0

Territorial Program Compliance with Best Practices for LGBTQI+ Inclusiveness		
Best Practice	**Cancer Programs**	**Tobacco Programs**
#1: Promote LGBTQI+ professional safety and leadership in public health.	1 (13%)	4 (50%)
#2: Include LGBTQI+ community members in policy planning steps.	0	1 (13%)
#3: Monitor the impact of tobacco/cancer on LGBTQI+ populations.	1 (13%)	3 (38%)
#4: Establish cultural competency standards for agency and agency-funded programs	0	2 (25%)
#5: Fund community-based programs	0	0
#6: Routinely integrate LGBTQI+ tailored materials into larger campaigns	0	1 (13%)
#7: Disseminate findings and lessons learned	0	1 (13%)

Best Practice #1: Promote LGBTQI+ professional safety and leadership in public health

The first best practice challenges organizations to access their internal cultural competency and LGBTQI+ inclusivity. We often ask organizations to first ensure that their LGBTQI+ staff feel valued and heard. Often, organizations benefit from forming an internal advisory group to assist with LGBTQI+ engagement.

In 2021 BCG (Boston Consulting Group) and New York City's Lesbian, Gay, Bisexual & Transgender Community Center, surveyed 2,000 LGBTQ employees and 2,000 non-LGBTQ employees across the US. The goal was to understand the experiences of today's LGBTQ+ workforce and how companies can create more inclusive workplaces. The survey showed that employees who experience more negative touch points are 40% less productive and 13 times more likely to quit a job.

On the other hand, LGBTQ+ employees who are out at work reported feeling 2x more psychologically safe, 1.5x more empowered, and 1.5x more likely to take creative risks. When organizations first do an internal assessment of their inclusivity, it serves as a signal to employees and community members that the organization values LGBTQI+ people even beyond public-facing attention.

Cancer Program BP #1 Highlights

- In 2023, fewer cancer programs promoted LGBTQI+ professional safety and leadership in public health than in 2019.
- While about 41% of cancer programs included LGBTQI+ representatives in advisory groups, only 12% recruited and hired LGBTQI+ staff or had LGBTQI+ work groups.

Cancer Program Compliance with BP #1 Over Time			
Region	Baseline (2019)	Final (2023)	Overall Trend
West (11 States)	8	5	Negative
Southwest (4 States)	2	2	No Change
Midwest (12 States)	8	7	Negative
Northeast (11 States & D.C.)	7	6	Negative
Southeast (12 States)	8	6	Negative
Overall (51)	33	26	Negative

BP #1 Cancer Programs, Detailed Final Scores				
Region	Recruited and hired LGBTQI+ employees	Had openly LGBTQI+ staff in leadership roles	Formed workplace LGBTQI+ Task Force or working group	Had individual LGBTQI+ representatives in advisory groups (e.g. state cancer coalition)
West (11 States)	1 (9%)	2 (18%)	1 (9%)	5 (45%)
Southwest (4 States)	1 (25%)	1 (25%)	0	1 (25%)
Midwest (12 States)	3 (25%)	4 (33%)	1 (8%)	4 (33%)
Northeast (11 States & D.C.)	0	1 (8%)	3 (25%)	5 (42%)
Southeast (12 States)	1 (8%)	3 (25%)	1 (8%)	6 (50%)
Overall (51)	6 (12%)	11 (22%)	6 (12%)	21 (41%)

Tobacco Program BP #1 Highlights

- Overall, there was a slight increase in the number of tobacco programs that promoted LGBTQI+ professional safety and leadership in public health from 2019 to 2023, however there was a decrease in inclusive programs in the Southeast region of the United States.
- Over half of surveyed tobacco programs included LGBTQI+ representatives in advisory groups, but only 22% recruited and hired LGBTQI+ staff.

Tobacco Program Compliance with BP #1 Over Time			
Region	Baseline (2019)	Final (2023)	Overall Trend
West (11 States)	9	9	No Change
Southwest (4 States)	3	3	No Change
Midwest (12 States)	6	9	Positive
Northeast (11 States & D.C.)	8	10	Positive
Southeast (12 States)	8	5	Negative
Overall (51)	34	36	Positive

BP #1 Tobacco Programs, Detailed Final Scores				
Region	Recruited and hired LGBTQ employees	Had openly LGBTQ staff in leadership roles	Formed workplace LGBTQ Task Force or working group	Had individual LGBTQ representatives in advisory groups (e.g. state cancer coalition)
West (11 States)	4 (36%)	2 (18%)	2 (18%)	8 (72%)
Southwest (4 States)	1 (25%)	0	0	3 (75%)
Midwest (12 States)	1 (8%)	5 (42%)	3 (25%)	8 (67%)
Northeast (11 States & D.C.)	2 (17%)	4 (33%)	4 (33%)	7 (58%)
Southeast (12 States)	3 (25%)	1 (8%)	0	3 (25%)
Overall (51)	11 (22%)	12 (24%)	9 (18%)	29 (57%)

Best Practice #2: Include LGBTQI+ community members in policy planning steps

The second best practice focuses on engaging members of LGBTQI+ communities within policy work. While LGBTQI+ engagement isn't always easy, often due to community mistrust of public health interventions, it is crucial to ensure that interventions, education, and outreach are tailored to communities on a local level. Community members are the experts of lived experience and should have a voice in any policy development that will affect them and their families. One of the ways to do this is to include LGBTQI+ community members on advisory boards and coalitions. We also encourage organizations to build relationships and engage with trusted LGBTQI+ community champions, as this adds credibility and builds trust with local LGBTQI+ communities.

Cancer Program BP #2 Highlights

- Overall, from 2019 to 2023, there was an increase in the number of cancer programs that included LGBTQI+ community members in policy planning steps, however there was a decrease in inclusive programs in the Southwest region of the United States.
- There were no cancer programs in the Southwest that helped or encouraged grantees to add LGBTQI+ specific goals to their work plans.

Cancer Program Compliance with BP #2 Over Time			
Region	Baseline (2019)	Final (2023)	Overall Trend
West (11 States)	5	5	No Change
Southwest (4 States)	2	1	Negative
Midwest (12 States)	6	8	Positive
Northeast (11 States & D.C.)	6	10	Positive
Southeast (12 States)	4	6	Positive
Overall (51)	23	30	Positive

Cancer Programs		
Region	Written LGBTQI+ specific goals into your work plan	Helped or encouraged grantees to add LGBTQI+ specific goals to their work plans
West (11 States)	4 (36%)	3 (27%)
Southwest (4 States)	1 (25%)	0
Midwest (12 States)	2 (17%)	8 (67%)
Northeast (11 States & D.C.)	8 (67%)	7 (58%)
Southeast (12 States)	5 (42%)	2 (17%)
Overall (51)	20 (39%)	20 (39%)

Tobacco Program BP #2 Highlights

- Overall, from 2019 to 2023, there was an increase in the number of tobacco programs that included LGBTQI+ community members in policy planning steps. The Northeastern region saw the largest increase in tobacco programs including LGBTQI+ communities in policy planning.
- While many tobacco programs (71%) encouraged their grantees to add LGBTQI+ specific goals to their work plans, only 65% actually included LGBTQI+ goals into their own work plans.

Tobacco Program Compliance with BP #2 Over Time			
Region	Baseline (2019)	Final (2023)	Overall Trend
West (11 States)	8	9	Positive
Southwest (4 States)	4	4	No Change
Midwest (12 States)	9	11	Positive
Northeast (11 States & D.C.)	5	10	Positive
Southeast (12 States)	8	10	Positive
Overall (51)	34	44	Positive

Tobacco Programs		
Region	Written LGBTQI+ specific goals into your work plan	Helped or encouraged grantees to add LGBTQI+ specific goals to their work plans
West (11 States)	8 (72%)	8 (72%)
Southwest (4 States)	3 (75%)	4 (100%)
Midwest (12 States)	7 (58%)	11 (92%)
Northeast (11 States & D.C.)	8 (67%)	7 (58%)
Southeast (12 States)	7 (58%)	6 (50%)
Overall (51)	33 (65%)	36 (71%)

Best Practice #3: Monitor the impact of tobacco/cancer on LGBTQI+ populations.

The third best practice focuses on evaluating tobacco and cancer disparities in LGBTQI+ communities. We advise state departments of health to ask for LGBTQI+ measures to be included in risk and behavioral surveillance tools, including BRFSS (Behavioral Risk Factor Surveillance System), YRBSS (Youth Risk Behavior Surveillance System), and ATS (Adult Tobacco Survey). Through tools like LGBTQI+ community health needs assessments, organizations can better assess the burden of tobacco or cancer within LGBTQI+ communities. Through evaluation and surveys, organizations can better tailor community-wide interventions and address disparities among subpopulations within the broader LGBTQI+ community.

Cancer Program BP #3 Highlights

- There was a large increase in the number of cancer programs across the country that monitor the impact of tobacco/cancer on LGBTQI+ populations from 2019 to 2023.
- While over half of the surveyed cancer programs collect LGBTQI+ data through the BRFSS, few programs conduct their own LGBTQI+ community-based surveys, needs assessments, or research.

Cancer Program Compliance with BP #3 Over Time			
Region	**Baseline (2019)**	**Final (2023)**	**Overall Trend**
West (11 States)	4	8	Positive
Southwest (4 States)	1	2	Positive
Midwest (12 States)	8	8	No Change
Northeast (11 States & D.C.)	6	9	Positive
Southeast (12 States)	7	8	Positive
Overall (51)	26	35	Positive

Cancer Programs						
Region	Behavioral Risk Factor Surveillance System (BRFSS)*	Quitline	Youth Risk Behavior Survey (YRBS)	Needs assessment(s)	Community-based survey(s)	Research survey(s)
West (11 States)	6 (55%)	1 (9%)	0	3 (27%)	4 (36%)	2 (18%)
Southwest (4 States)	2 (50%)	1 (25%)	1 (25%)	0	0	0
Midwest (12 States)	8 (67%)	3 (25%)	3 (25%)	0	0	0
Northeast (11 States & D.C.)	9 (75%)	7 (58%)	6 (50%)	4 (33%)	4 (33%)	3 (25%)
Southeast (12 States)	5 (42%)	1 (8%)	4 (33%)	1 (8%)	1 (8%)	0
Overall (51)	30 (59%)	13 (25%)	14 (27%)	8 (16%)	9 (18%)	5 (10%)

Tobacco Program BP #3 Highlights

- There was a slight increase in the number of tobacco programs across the country that monitor the impact of tobacco/cancer on LGBTQI+ populations from 2019 to 2023.
- Tobacco programs were more likely to monitor adult LGBTQI+ population data than youth.
- Relatively few tobacco programs conduct their own LGBTQI+ community-based surveys, needs assessments, or research.

Tobacco Program Compliance with BP #3 Over Time			
Region	Baseline (2019)	Final (2023)	Overall Trend
West (11 States)	10	9	Negative
Southwest (4 States)	3	4	Positive
Midwest (12 States)	10	11	Positive
Northeast (11 States & D.C.)	8	11	Positive
Southeast (12 States)	10	9	Negative
Overall (51)	41	44	Positive

Tobacco Programs						
Region	Behavioral Risk Factor Surveillance System (BRFSS)*	Quitline	Youth Risk Behavior Survey (YRBS)	Needs assessment(s)	Community-based survey(s)	Research survey(s)
West (11 States)	6 (55%)	8 (72%)	2 (18%)	3 (27%)	4 (36%)	4 (36%)
Southwest (4 States)	4 (100%)	3 (75%)	3 (75%)	2 (50%)	2 (50%)	0
Midwest (12 States)	10 (83%)	10 (83%)	8 (67%)	2 (17%)	2 (17%)	1 (8%)
Northeast (11 States & D.C.)	9 (75%)	9 (75%)	7 (58%)	5 (42%)	4 (33%)	3 (25%)
Southeast (12 States)	4 (33%)	8 (67%)	3 (25%)	1 (8%)	1 (8%)	0
Overall (51)	33 (65%)	38 (75%)	23 (45%)	13 (25%)	13 (25%)	8 (16%)

Best Practice #4: Establish cultural competency standards for agency and agency- funded programs.

The third best practice focuses on evaluating tobacco and cancer disparities in LGBTQI+ communities. We advise state departments of health to ask for LGBTQI+ measures to be included in risk and behavioral surveillance tools, including BRFSS (Behavioral Risk Factor Surveillance System), YRBSS (Youth Risk Behavior Surveillance System), and ATS (Adult Tobacco Survey). Through tools like LGBTQI+ community health needs assessments, organizations can better assess the burden of tobacco or cancer within LGBTQI+ communities. Through evaluation and surveys, organizations can better tailor community-wide interventions and address disparities among subpopulations within the broader LGBTQI+ community.

Cancer Program BP #4 Highlights

- There was a large increase (+12) in the number of cancer programs with established cultural competency standards for agency and agency-funded programs from 2019 to 2023.
- Most cancer programs (71%) either offered and/or participated in LGBTQI+ cultural competency trainings.

Cancer Program Compliance with BP #4 Over Time			
Region	Baseline (2019)	Final (2023)	Overall Trend
West (11 States)	5	7	Positive
Southwest (4 States)	2	2	No Change
Midwest (12 States)	4	9	Positive
Northeast (11 States & D.C.)	8	10	Positive
Southeast (12 States)	5	8	Positive
Overall (51)	24	36	Positive

Cancer Programs	
Region	Offered or used training in LGBTQI+ cultural competency
West (11 States)	7 (64%)
Southwest (4 States)	2 (50%)
Midwest (12 States)	9 (75%)
Northeast (11 States & D.C.)	10 (83%)
Southeast (12 States)	8 (67%)
Overall (51)	36 (71%)

Tobacco Program BP #4 Highlights

- There was a large increase (+15) in the number of tobacco programs with established cultural competency standards for agency and agency-funded programs from 2019 to 2023.
- Most tobacco programs (82%) either offered and/or participated in LGBTQI+ cultural competency trainings.

Tobacco Program Compliance with BP #4 Over Time			
Region	Baseline (2019)	Final (2023)	Overall Trend
West (11 States)	7	10	Positive
Southwest (4 States)	3	4	Positive
Midwest (12 States)	8	11	Positive
Northeast (11 States & D.C.)	4	11	Positive
Southeast (12 States)	6	7	Positive
Overall (51)	28	43	Positive

Tobacco Programs	
Region	Offered or used training in LGBTQ cultural competency
West (11 States)	10 (91%)
Southwest (4 States)	4 (100%)
Midwest (12 States)	11 (92%)
Northeast (11 States & D.C.)	10 (91%)
Southeast (12 States)	7 (58%)
Overall (51)	42 (82%)

Best Practice #5: Fund LGBTQI+ focused community-based programs.

LGBTQI+ communities have historically been ignored and deprioritized from governmental budgets. As such, many LGBTQI+-focused organizations have been underfunded and lack resources. The fifth best practice calls for organizations to fund LGBTQI+ programs and initiatives wherever possible. It also calls for organizations to equitably compensate LGBTQI+ people for their expertise, resources, and time. We always remind our partners that any labor an LGBTQI+ person does (sharing their story, volunteering at a community event, creating graphics) should be compensated in some way. This could include financial (stipends, contract, etc). It could also be resource-sharing, gift cards, travel reimbursements, child care support, etc.

Cancer Program BP #5 Highlights

- Fewer cancer programs funded LGBTQI+ focused community-based programs in 2023 (n=9) than in 2019 (n=14). Among those who provided a reason for not funding LGBTQI+ CBOs the most frequent reason was a decrease in available funding.
- Less than 1 in 5 cancer centers fund LGBTQI+ community-based programs.

Cancer Program Compliance with BP #5 Over Time			
Region	Baseline (2019)	Final (2023)	Overall Trend
West (11 States)	4	2	Negative
Southwest (4 States)	2	1	Negative
Midwest (12 States)	4	2	Negative
Northeast (11 States & D.C.)	3	3	No Change
Southeast (12 States)	1	1	No Change
Overall (51)	14	9	Negative

Cancer Programs	
Region	Funded LGBTQI+ community-based programs
West (11 States)	2 (18%)
Southwest (4 States)	1 (25%)
Midwest (12 States)	2 (17%)
Northeast (11 States & D.C.)	3 (25%)
Southeast (12 States)	1 (8%)
Overall (51)	9 (18%)

Tobacco Program BP #5 Highlights

- There has been an increase in the number of tobacco programs that fund at least one LGBTQI+ focused community-based program, though there are fewer programs in the Southeast and Southwest than anywhere else in the country.
- Almost half (49%) of state tobacco programs fund at least one LGBTQI+ community-based program.

Tobacco Programs	
Region	Funded LGBTQI+ community-based programs
West (11 States)	8 (72%)
Southwest (4 States)	2 (50%)
Midwest (12 States)	7 (58%)
Northeast (11 States & D.C.)	6 (50%)
Southeast (12 States)	2 (17%)
Overall (51)	25 (49%)

Tobacco Program Compliance with BP #5 Over Time			
Region	Baseline (2019)	Final (2023)	Overall Trend
West (11 States)	5	8	Positive
Southwest (4 States)	1	2	Positive
Midwest (12 States)	3	7	Positive
Northeast (11 States & D.C.)	6	7	Positive
Southeast (12 States)	3	2	Negative
Overall (51)	18	26	Positive

Best Practice #6: Routinely integrate LGBTQI+ tailored materials into larger campaigns

Organizations can build rapport with and support LGBTQI+ communities through the use of culturally-tailored material in their outreach work. While LGBTQI+ communities have been overrepresented in commercial tobacco and alcohol advertisements, they have been underrepresented in public health campaigns. It is important for communities to see themselves represented in health promotion and educational materials. Examples of tailored materials include brochures, infographics, promotional materials, and social media graphics.

Cancer Program BP #6 Highlights

- Over half of state cancer programs have used resources from the National LGBTQI+ Cancer Network in their culturally-tailored outreach efforts, while only 31% have tailored their own promotional materials for LGBTQI+ communities.
- Only 6% of cancer programs reported having LGBTQI+ youth-focused materials

Cancer Program Compliance with BP #6 Over Time			
Region	**Baseline (2019)**	**Final (2023)**	**Overall Trend**
West (11 States)	6	7	Positive
Southwest (4 States)	2	1	Negative
Midwest (12 States)	5	8	Positive
Northeast (11 States & D.C.)	7	9	Positive
Southeast (12 States)	6	6	No Change
Overall (51)	26	31	Positive

Cancer Programs							
Region	Used tailored educational or promotional materials for LGBTQI+ communities	Used resources from the National LGBTQI+ Cancer Network	Health promotion Materials	Youth-focused Materials	Cessation Materials	Screening Materials	Survivorship Materials
West (11 States)	3 (27%)	6 (55%)	5 (45%)	0	2 (18%)	5 (45%)	3 (27%)
Southwest (4 States)	1 (25%)	1 (25%)	1 (25%)	1 (25%)	1 (25%)	1 (25%)	1 (25%)
Midwest (12 States)	4 (33%)	8 (67%)	8 (67%)	0	3 (25%)	5 (42%)	4 (33%)
Northeast (11 States & D.C.)	6 (50%)	8 (67%)	7 (58%)	2 (17%)	3 (25%)	8 (67%)	5 (42%)
Southeast (12 States)	2 (17%)	5 (42%)	3 (25%)	0	1 (8%)	3 (25%)	2 (17%)
Overall (51)	16 (31%)	28 (55%)	24 (47%)	3 (6%)	10 (20%)	22 (43%)	15 (29%)

Tobacco Program BP #6 Highlights

- There was an increase in the number of state tobacco programs that routinely integrate LGBTQI+ tailored materials into larger campaigns from 2019 to 2023.
- 61% of tobacco programs have used resources from the National LGBTQI+ Cancer Network in their culturally-tailored outreach efforts.
- Few tobacco programs offer LGBTQI+ youth-focused (39%) materials.

Tobacco Program Compliance with BP #6 Over Time			
Region	**Baseline (2019)**	**Final (2023)**	**Overall Trend**
West (11 States)	9	9	No Change
Southwest (4 States)	2	4	Positive
Midwest (12 States)	9	9	No Change
Northeast (11 States & D.C.)	6	10	Positive
Southeast (12 States)	7	8	Positive
Overall (51)	33	40	Positive

Tobacco Programs							
Region	Used tailored educational or promotional materials for LGBTQI+ communities	Used resources from the National LGBTQI+ Cancer Network	Health promotion Materials	Youth-focused Materials	Cessation Materials	Screening Materials	Survivorship Materials
West (11 States)	8 (72%)	7 (64%)	7 (64%)	4 (36%)	8 (72%)	3 (27%)	0
Southwest (4 States)	3 (75%)	1 (25%)	3 (75%)	2 (50%)	4 (100%)	2 (50%)	0
Midwest (12 States)	7 (58%)	8 (67%)	7 (58%)	7 (58%)	7 (58%)	1 (8%)	0
Northeast (11 States & D.C.)	8 (67%)	8 (67%)	8 (67%)	7 (58%)	9 (75%)	5 (42%)	2 (17%)
Southeast (12 States)	5 (42%)	7 (58%)	5 (42%)	0	6 (50%)	2 (17%)	0
Overall (51)	31 (61%)	31 (61%)	30 (59%)	20 (39%)	34 (67%)	13 (25%)	2 (4%)

Best Practice #7: Disseminate findings and lessons learned.

Health organizations rely on data to make informed, strategic decisions to promote the health of all populations. It is essential that data be an accurate reflection of the lived experiences of communities we serve for it to serve its purpose. Community-driven participation must be included in every phase of the data life cycle to achieve an equitable health data system. Historically, governmental health organizations have ignored LGBTQI+ communities in data collection, leading to the erasure of nearly 14 million Americans (source). When data is collected, it is frequently withheld from the contributing communities due to small sample sizes or disinterest, which enforces the extractive nature and generalized mistrust between health organizations and LGBTQI+ communities.

It is essential to share back data and research with the LGBTQI+ communities. This data should ideally be shared in a digestible, culturally-informed format that is easy for all community members to understand and use. Disseminating findings could include holding a listening session, hosting a community webinar or event, creating infographics or handouts, or sharing findings via social media. Disseminating findings and lessons learned can also set the stage for the areas of focus for new partnerships and coalitions.

Cancer Program BP #7 Highlights

While there was modest growth (+8), only 35% of cancer programs reported actually disseminating findings and lessons learned back to LGBTQI+ communities.

Cancer Program Compliance with BP #7 Over Time			
Region	**Baseline (2019)**	**Final (2023)**	**Overall Trend**
West (11 States)	2	5	Positive
Southwest (4 States)	2	1	Negative
Midwest (12 States)	6	6	No Change
Northeast (11 States & D.C.)	4	8	Positive
Southeast (12 States)	2	4	Positive
Overall (51)	16	24	Positive

Cancer Programs		
Region	Analyzed findings specific to LGBTQI+ populations	Disseminated findings specific to LGBTQI+ populations
West (11 States)	3 (27%)	3 (27%)
Southwest (4 States)	0	1 (25%)
Midwest (12 States)	5 (42%)	4 (33%)
Northeast (11 States & D.C.)	8 (67%)	7 (58%)
Southeast (12 States)	2 (17%)	3 (25%)
Overall (51)	18 (35%)	18 (35%)

Tobacco Program BP #7 Highlights

- There was a small increase (+4) in the number of tobacco programs that reported disseminating findings and lessons learned to LGBTQI+ communities from 2019 to 2023.
- 61% of tobacco programs reported collecting and analyzing data specific to LGBTQI+ communities, but only 45% actually shared that data back with communities.

Tobacco Program Compliance with BP #7 Over Time			
Region	**Baseline (2019)**	**Final (2023)**	**Overall Trend**
West (11 States)	8	8	No Change
Southwest (4 States)	1	2	Positive
Midwest (12 States)	7	8	Positive
Northeast (11 States & D.C.)	6	10	Positive
Southeast (12 States)	6	4	Negative
Overall (51)	28	32	Positive

Tobacco Programs		
Region	Analyzed findings specific to LGBTQI+ populations	Disseminated findings specific to LGBTQI+ populations
West (11 States)	8 (72%)	6 (55%)
Southwest (4 States)	2 (50%)	2 (50%)
Midwest (12 States)	8 (67%)	7 (58%)
Northeast (11 States & D.C.)	9 (75%)	5 (42%)
Southeast (12 States)	4 (33%)	3 (25%)
Overall (51)	31 (61%)	23 (45%)

A Call to Action

The LGBTQI+ Cancer Network recommends all public-serving organizations that would like to act as champions for LGBTQI+ communities to commit to the following actions:

1. Audit your organization's policies and actions against the Best and Promising Practices
2. Identify which practices are missing from your organization and create an action plan to implement them
3. Reach out to our Training and Technical Assistance team to collaborate on action planning steps, co-branded resource creation, and training opportunities
4. Become a Member of the National LGBTQI+ Cancer Network and sign up for updates, trainings, and resources from our Newsletter
5. Share this report with your communities, organizational administrators, and leadership