

January 2020

The National LGBT Cancer Network understands CDC grantee states, tribes, and territories are working to create their new Work Plans for the coming year. We wanted to take this opportunity to suggest some ways that the sexual and gender minority (SGM) population may be included as a health equity target population in your new Work Plans.

Ask an expert

To make sure we give you the best possible information, we asked a long-time Comprehensive Cancer Control Program Manager and member of the SGM communities to consider different ways she could put SGM into the new Work Plan format. Please welcome C. Kelly Smith from Rhode Island Department of Health.



Examples of SGM Annual Objectives (AOs) for National Comprehensive Cancer Control Program (NCCCP) Work Plans

Note: Under current guidance from CDC's Division of Cancer Prevention and Control/Comprehensive Cancer Control Branch, each Project Period Objective (PPO) in NCCCP annual work plans requires at least one Population-Wide Intervention Annual Objective (AO) and at least one Complementary Health Equity Intervention AO. Below are some AOs that might be helpful to NCCCP Programs wanting to include Sexual/Gender Minority (SGM) Health Equity in their annual work plans.

I. Primary Prevention

a. Increase referrals for smoking cessation support for SGM communities

AO: By June 29, 2021, increase referrals of sexual and gender minority smokers [specify adults and/or youth] made by Federally Qualified Health Centers (FQHCs) [and/or Accountable Entities] to a QuitLine [or whatever smoking-cessation service a state provides or endorses] by [number of calls or percentage of callers]. Consider using language that represents an increase, such as an increase in number of calls or percentage of callers, from X to X.

b. Decrease HPV rates among men who have sex with men (MSM) (Provider Education)

AO: By June 29, 2021, conduct a webinar [or training] providing continuing medical education/continuing education unit (CME/ CEU) credit to educate [number] primary

care providers about the benefits of immunizing 19-to 26-year-old MSM against HPV, and about the HPV-associated cancer risks for this population.

II. Early Detection/ Screening

a. Improve lung cancer screening rates

AO: By June 29, 2021, work with [number] health system(s) to embed [SGM demographic questions and] lung cancer screening eligibility questions into their primary care electronic medical record (EMR) system.

III. Survivorship

a. Improve statewide surveillance of SGM health risks

AO: By June 29, 2021, include CDC Optional Module on Sexual Orientation and Gender Identity in the 2020 and 2021 [State] BRFSS (DP17-1701 Year 4) to collect data that identify health risk behaviors of SGM individuals, including cancer survivors.

Supporting Detail for Examples of Sexual and Gender Minority Annual Objectives for NCCCP Work Plans(Required by CDC)

I. Primary Prevention

a. PPO: Decrease smoking rates among SGM populations by [percentage] by referring current smokers for SGM-affirming smoking-cessation services.

AO: By June 29, 2021, increase referrals of sexual and gender minority smokers [specify adults and/or youth] made by FQHCs [and/or Accountable Entities] to QuitLine [or whatever smoking-cessation service a state provides or endorses] by [number of calls or percentage of callers].

- i. Cancer Focus: Lung and bronchus, bladder
- ii. Intervention Strategy Approach: Community-Clinical Linkages
- iii. Population-wide Evidence-based Intervention (EBI) (Library of Indicators and Data Sources (LIDS) indicator): Adults who are current smokers
- iv. Complementary Health Equity EBI: Provider reminders (with provider education) to increase tobacco-use cessation; Provider education to increase tobacco-use cessation
- v. Priority Population: SGM individuals who are patients at FQHCs or Accountable Entities and who currently smoke
- vi. State Cancer Plan: [Relate to specific objective in state cancer plan]
- vii. Short-term Outcome From NCCCP Logic Model: Increased awareness, knowledge, and abilities among target populations about cancer prevention and screening (Individual); Increased chronic disease self-management support among cancer survivors (Health Care Systems)
- viii. Annual Objective (SMART): See above.
- ix. Setting: FQHCs and Accountable Entities
- x. Geographic Area: [State or Region]
- xi. Key Deliverables/Outputs Proposed: Increased referrals from FQHCs and Accountable Entities to Smoking QuitLine; QuitLine staff trained on culturally

proficient service provision to SGM individuals; Eventual decrease in tobacco-related cancers among SGM populations

- xii. Description of Program Activities: Work with FQHCs and Accountable Entities to identify SGM smokers, refer them to QuitLine, track their compliance via EMRs, utilize provider and/or patient reminders to increase follow-up, and reduce smoking rates (thus, reduce cancer disparities); Provide cultural-proficiency training to QuitLine vendors to ensure SGM individuals requesting smoking-cessation support are met with culturally affirming services.

b. Decrease HPV rates among MSM

PPO: By June 29, 2022, increase HPV immunization rates of young MSM ages 19-26 by [percentage]

AO: By June 29, 2021, conduct a webinar/training for CME/CEU credit to educate [number] primary care providers about the benefits of immunizing 19-to 26-year-old MSM against HPV, and about the HPV-associated cancer risks of this population.

- i. Cancer Focus: Oropharyngeal, penile, anal, cervical
- ii. Intervention Strategy Approach: Health Systems Change Approach
- iii. Population-wide Evidence-based Intervention (LIDS indicator): Access to preventive care; Uninsured individuals in the county
- iv. Complementary Health Equity EBI: Access to quality care and services; Cultural-competency training for healthcare providers to promote health equity
- v. Priority Population: Primary care providers treating MSM (including trans men with cervixes and partners of MSM with cervixes)
- vi. State Cancer Plan: [Relate to specific objective in state cancer plan]
- vii. Short-term Outcome From NCCCP Logic Model: Improved healthcare provider practices and systems to support cancer screening
- viii. Annual Objective (SMART): By June 29, 2021, conduct a webinar/training for CME/CEU credit to educate [number] primary care providers about the benefits of immunizing 19-to 26-year-old MSM against HPV, and about the HPV-associated cancer risks for this population.
- ix. Setting: Virtual/ Online (Health Care Systems)
- x. Geographic Area: [Describe]
- xi. Key Deliverables/Outputs Proposed: Recorded webinar that can be posted online to appropriate websites
- xii. Description of Program Activities: [Describe how your program will conduct and evaluate this activity here]

II. Early Detection/ Screening

a. Improve lung cancer screening rates for eligible adults with 30+ pack per year smoking histories

PPO: By June 29, 2022, improve lung cancer screening rates for eligible [State] adults from [x percentage to x percentage].

AO: Work with [number] health system(s) to embed [SGM demographic questions and] lung cancer screening eligibility questions into their primary care EMR system by June 29, 2021.

- i. Cancer Focus: Lung and bronchus
- ii. Intervention Strategy Approach: Community-Clinical Linkages
- iii. Population-wide Evidence-based Intervention (LIDS indicator): Lung cancer screening
- iv. Complementary Health Equity EBI: The US Preventive Services Task Force (USPSTF) recommends annual screening for lung cancer with low-dose computed tomography in adults aged 55-80 years who have a 30 pack per year smoking history and currently smoke or have quit within the past 15 years; Provider education to increase tobacco use cessation
- v. Priority Population: Health systems serving SGM adults aged 55-80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years
- vi. State cancer plan: [Relate to specific objective in state cancer plan]
- vii. Short- term Outcome From NCCCP Logic Model: Improved systems to support quality screening
- viii. Annual Objective (SMART): Work with [number] health system(s) to embed and implement [SGM demographic questions and] lung cancer screening eligibility questions into their primary care EMR system by June 29, 2021.
- ix. Setting: Health Care Systems
- x. Geographic Area: [State or Region]
- xi. Key Deliverables/ Outputs Proposed: Improved lung cancer screening rates for eligible SGM patients
- xii. Description of Program Activities: [Description modeled to specific state, implementation, data analysis, evaluation, etc.—include provider training on tobacco-associated health disparities]

III. Survivorship

a. Improve statewide surveillance of SGM health risks

PPO: By June 29, 2022, improve cancer surveillance by collecting and analyzing data as appropriate to establish cancer risks, monitor cancer survivorship, and promote health equity among [State's or Region's] sexual and gender minority populations.

AO: By June 29, 2021, include CDC BRFSS Optional Module on Sexual Orientation and Gender Identity in the 2020 and 2021 [State] BRFSS (DP17-1701 Year 4) to collect data that identify health risk behaviors of SGM individuals, including cancer survivors.

- i. Cancer Focus: All
- ii. Intervention Strategy Approach: Environmental
- iii. Population-wide Evidence-based Intervention (LIDS indicator): Periodic assessment of data gaps
- iv. Complementary Health Equity EBI: Enhancing methods to identify and describe health disparities
- v. Priority Population: Sexual and Gender Minority Adults
- vi. State Cancer Plan: [Relate to specific objective in state cancer plan]

- vii. Short-term Outcome From NCCCP Logic Model: Increased policies and systems that promote healthy lifestyle behaviors and support high-quality cancer screening
- viii. Annual Objective (SMART): By June 29, 2021, include CDC BRFSS Optional Module on Sexual Orientation and Gender Identity in the 2020 and 2021 [State] BRFSS (DP17-1701 Year 4) to collect data that identify health risk behaviors of SGM individuals, including cancer survivors.
- ix. Setting: Community (phone survey)
- x. Geographic Area: [State or Region]
- xi. Key Deliverables/Outputs Proposed: Reliable, state-specific SGM health-risk and protective- factor surveillance data to help promote policy, systems, and environmental change decision-making for Comprehensive Cancer Control Program efforts
- xii. Description of Program Activities: [Description modeled to specific state, implementation, data analysis, evaluation, etc.]

C. Kelly Smith, MSW (CKelly.Smith@health.ri.gov), a member of the SGM community, is the Comprehensive Cancer Control Program Manager at the Rhode Island Department of Health, where she also founded and leads its Sexual Orientation and Gender Identity Equity Workgroup. Ms. Smith and her colleagues work with internal and external partners and stakeholders to improve Policy, Systems, and Environmental Change strategies to reduce the burdens of cancer for all communities. Her colleague, **George Andoscia, MPH**, assisted with the preparation of this guidance. Find the most updated version of this document online at the National LGBT Cancer Network Resource Library at cancer-network.org.

