FINDINGS FROM NEEDS ASSESSMENT

AUGUST 2019
Overview

As part of our evaluation plan, we conducted our baseline needs assessment among our member organization and key stakeholders (i.e., CDC-grantee or funded programs) across all US states and territories. Between January to April 2019, we distributed our baseline needs assessment survey via SurveyMonkey. On average, participants completed a 15-minute assessment survey, which is consistent to best-practices of online survey strategies as detailed our evaluation plan. These inclusive practices are based on CDC-recommended seven best-practices in engaging with and addressing cancer wellness or tobacco control specific to LGBTQ populations. These practices range from (1) promoting LGBTQ professional safety and leadership in public health programs, (2) including LGBTQ community members in policy planning steps, (3) monitoring impact of cancer and tobacco on LGBTQ populations through data surveillances, (4) establishing cultural competency standards for statewide programs, (5) funding community-based programs to help reduce LGBTQ tobacco disparities, (6) integrating LGBTQ tailored efforts into larger wellness/tobacco campaigns, and (7) disseminating findings and lesson learned.

Sample

In this report, we achieved a total of 100% responses from cancer and tobacco programs in all U.S. states. There were two tobacco programs from US territories (i.e., Puerto Rico and American Samoa), and one cancer program (i.e., Cherokee Nation) that were included in this report. Overall, there were a total of 105 programs, with 52 cancer and 53 tobacco programs. Almost all of the programs operate at the state (98%, n=103 programs) and government-levels (97%, n=102 programs).

Summary of Findings

Our findings suggest that a minority (38%) of the CDC-grantee cancer and tobacco programs we surveyed display moderately to highly inclusive practices in their programming aspects specific to LGBTQ populations. Specifically, 14 cancer programs and 26 tobacco programs received these ratings. The majority of the programs (50%, of which 29 were cancer programs and 24 were tobacco programs) received either a rating of minimal or somewhat minimal inclusive practices. About 11% (9 cancer programs and 3 tobacco programs) of the total programs were rated with non-inclusive practices.

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

As such, this needs assessment survey was successful in identifying various programmatic-related needs of CDC-grantee programs and organizations in this survey. In this report, we detail practice-by-practice, the current state of programs in addressing cancer and tobacco disparities among LGBTQ populations the US.
**Best Practice # 1**

PROMOTE LGBTQ PROFESSIONAL SAFETY AND LEADERSHIP IN PUBLIC HEALTH

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**Cancer Programs:**
About half of cancer programs have recruited/hired LGBTQ employees (45%), currently have openly LGBTQ staff in leadership roles (48%) and have individual LGBTQ representatives in advisory groups (52%). Only 13% of cancer programs have formed workplace LGBT Task Force.

**Tobacco Programs:**
Similarly, about half of tobacco programs have recruited/hired LGBTQ employees (49%), currently have openly LGBTQ staff in leadership roles (49%) and have individual LGBTQ representatives in advisory groups (63%). Only 19% of tobacco programs have formed workplace LGBT Task Force.
INCLUDE LGBTQ COMMUNITY MEMBERS IN POLICY PLANNING STEPS

**Best Practice # 2**

**Cancer Programs:**
Among cancer programs, only 42% have written LGBTQ-specific goals in their work plan, and only 35% have helped grantees add LGBTQ-specific goals to their work plans.

**Tobacco Programs:**
Majority of tobacco programs have written LGBTQ-specific goals in their work plan (74%) and have helped grantees add LGBTQ-specific goals to their work plans.

![Bar Chart]

- **Have LGBTQ-specific goals in work plan**
  - Cancer: 42%
  - Tobacco: 74%
  - All: 57%

- **Have helped grantees add LGBTQ-specific goals to their work plans**
  - Cancer: 35%
  - Tobacco: 74%
  - All: 54%
Cancer Programs:
Among cancer programs, only:
16% have collected or utilized Quitline demographics specific to LGB populations, & 2% specific to trans & GNC populations.
8% have collected or utilized Adult Tobacco Survey specific to LGB populations, & 2% specific to trans & GNC populations.
21% have collected or utilized the Youth Risk Behavioral Survey (YRBS) specific to LGB populations, & 10% specific to trans & GNC populations.
46% have collected or utilized the Behavioral Risk Factor Surveillance System (BRFSS) specific to LGB populations, & 17% specific to trans & GNC populations.
17% have collected or utilized community-based survey(s) specific to LGB populations, & 15% specific to trans & GNC populations.

Tobacco Programs:
Among tobacco programs, only:
62% have collected or utilized Quitline demographics specific to LGB populations, & 40% specific to trans & GNC populations.
34% have collected or utilized Adult Tobacco Survey specific to LGB populations, & 17% specific to trans & GNC populations.
32% have collected or utilized YRBS specific to LGB populations, & 17% specific to trans & GNC populations.
60% have collected or utilized BRFSS specific to LGB populations, & 36% specific to trans & GNC populations.
19% have collected or utilized community-based survey(s) specific to LGB populations, & 8% specific to trans & GNC populations.
Cancer Programs:
Only half (50%) of cancer programs have offered or used training on LGBTQ cultural competency.

Tobacco Programs:
About half (65%) offered or used training on LGBTQ cultural competency, respectively.

Best Practice #4
Offered or used training in LGBT cultural competency

Cancer Programs:
- Among cancer programs, about a third (29%) have funded LGBTQ community-based programs.

Tobacco Programs:
- Among tobacco programs, 47% have funded LGBTQ community-based programs.

Best Practice #5
Fund community-based programs to help reduce tobacco & cancer disparities among LGBTQ populations

Cancer Programs:
- Among cancer programs, 29% have funded community-based programs.

Tobacco Programs:
- Among tobacco programs, 47% have funded community-based programs.

All
- 37% have funded some form of community-based programs.

Cancer
- 29%

Tobacco
- 47%

All
- 37%
Best Practice # 6

ROUTINELY INTEGRATE LGBTQ TAILORED EFFORTS INTO LARGER CANCER WELLNESS & TOBACCO CAMPAIGNS

Cancer Programs:
Among cancer programs:
- 42% have health promotion activities for LGBTQ populations.
- 15% have youth-focused activities for LGBTQ populations.
- 30% have cessation activities for LGBTQ populations.
- 37% have screening activities for LGBTQ populations.
- 20% have survivorship activities for LGBTQ populations.
- 40% have used LGBTQ-tailored materials.
- 27% have used LGBT Cancer Network resources in the past year.

Tobacco Programs:
Among tobacco programs:
- 69% have health promotion activities for LGBTQ populations.
- 38% have youth-focused activities for LGBTQ populations.
- 76% have cessation activities for LGBTQ populations.
- 24% have screening activities for LGBTQ populations.
- 3% have survivorship activities for LGBTQ populations.
- 60% have used LGBTQ-tailored materials.
- 26% have used LGBT Cancer Network resources in the past year.
Cancer Programs:

Majority (68%) of cancer programs have never analyzed or disseminated data specific to LGBT.

Only 17% of cancer programs have analyzed and disseminated data specific to LGBT populations.

Only 11% of cancer programs have analyzed data specific to LGBT populations.

Only 4% of cancer programs have disseminated data specific to LGBT populations.

Tobacco Programs:

About half (43%) of tobacco programs have never analyzed or disseminated data specific to LGBT populations.

Only 40% of tobacco programs have analyzed and disseminated data specific to LGBT populations.

Only 17% of tobacco programs have analyzed data specific to LGBT populations.

None of the tobacco programs have only disseminated data specific to LGBT populations.
Overall, 38% of total programs (14 cancer programs & 26 tobacco programs) received a moderate to high rating of LGBTQ inclusive practices. About a-third (30%, 16 cancer programs & 16 tobacco programs) have somewhat LGBTQ-inclusive practices in their programs. Additionally, about a-third (31%, 22 cancer programs & 11 tobacco programs) received a minimal or non-inclusive rating.

**Rating System:**
Number of Best Practices - Rating
7 - Highly inclusive practices
5-6 - Moderately inclusive practices
3-4 - Somewhat inclusive practices
1-2 - Minimally inclusive practices
0 - Non-inclusive practices
LGBTQ Inclusive Practices by States

Cancer Programs

Tobacco Programs

Rating System:
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