

**THE NATIONAL
CANCER SURVEY**

BIPOC REPORT

FEBRUARY 2022



BIPOC cancer survivors teach us how to improve care for all.





February 2022

OUT: The National Cancer Survey Black Indigenous People of Color Report

For LGBTQ+ folk who identify as Black, Indigenous and People of Color (BIPOC), a “routine” encounter with the healthcare system, such as a cancer screening, is all too often an isolating experience. The fear can extend beyond getting the results of a simple blood test or scan. There is an added anxiety that comes with being an LGBTQ+ person of color - there is the fear of not receiving equitable and affirming care. Access to culturally competent providers during cancer treatment is critical, and often missing for BIPOC LGBTQ+ individuals with a cancer diagnosis.

This report is an intentional exploration of LGBTQ+ BIPOC cancer journeys and aims to shed light on what is too often overlooked. In planning for our survey launch, we set out to expand representation from LGBTQ+ BIPOC impacted by cancer. Alongside our lead partner, the [Center for Black Equity](#), we pursued non-traditional recruitment strategies - spreading word about the survey to Black fraternities and sororities, and Black Pride organizations. Our partnerships were essential in the recruitment of a this diverse participant base.

We are proud of this work, and humbled by the voices of the 387 OUT Survey participants who self-identified as Black/African American, Hispanic/Latinx, Multi-racial, Asian, or another racial identity. There is little to no analysis of LGBTQ+ BIPOC cancer experiences in conventional health literature, this special report illuminates the narratives that are missing from our conversations on cancer.

It is my hope that this report brings us a small step further in understanding cancer experiences of those of us who live at the intersection of multiple identities. In our Executive Summary, we have highlighted key take-aways from our BIPOC survey participants. As you read through this report, ask yourself what these experiences can teach us all about our identities, our practices, and how we use our power to move towards more equitable cancer care.

As always, a deep thank you to our primary funder, Bristol Myers Squibb, and to all the many partner organizations who promoted this survey across the country. Finally, we want to thank the participants of the OUT Survey. Thank you for holding us accountable and trusting us with your stories. We are pleased to announce that your voices are anchored in the development of Welcoming Spaces, our on-line training designed specifically to teach healthcare providers and their staff how to provide respectful and welcoming care to LGBTQ+ individuals with cancer. We can't wait to share this new training, and our work with you.

In solidarity,

Michelle Veras, MPH

Projects Director, National LGBT Cancer Network





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ACKNOWLEDGMENTS

PROJECT SPONSORS

Bristol Myers Squibb

Genentech

NYC Pride

Syros Pharmaceuticals

OUT: THE NATIONAL CANCER SURVEY PRINCIPAL INVESTIGATORS

NFN Scout, MA, PhD

Bethany Rhoten, PhD, RN

ADVISORY COMMITTEE MEMBERS

Denise Batts

Lauren Brittany Beach, JD/PhD

E. Dawn Capone, M.Ed., LPC

Ronda Copher, PhD

Don Dizon, MD

Jason Domogauer, MD, PhD

William Jesdale, PhD

Nina Kennedy

Knoll Larkin, MPH

Phoenix Matthews, PhD

André Singleton

NATIONAL LGBT CANCER NETWORK STAFF & INTERNS (CURRENT & PAST)

NFN Scout, MA, PhD

Harold Abrams

Clarke Dalton

Gabe Glissmeyer

Jessica Jordan

Aurea Kasberg

Knoll Larkin, MPH

Reece Lyerly, MS, MPH

Bryce Moore

Kk Naimool

Valeria Servigna

Xavier Solís

Michelle Veras, MPH

Alice Wu

Special thanks to Beck Wright, MPH for their contribution to this report with the qualitative data analysis and Rede Group for their in-kind donation of Beck's time.

OUT: The National Cancer Survey approved by WCG IRB (formerly New England IRB) August 2020.

Suggested citation:

The National LGBT Cancer Network BIPOC Report <https://cancer-network.org/out-the-national-cancer-survey/> February 2022



METHODS

>> We administered a web-based survey for LGBTQI+ cancer survivors from September 2020 to March 2021. We promoted the survey via social media outlets in collaboration with over 100 community partners.

ELIGIBILITY CRITERIA

In order to be eligible for the survey, participants needed to:

- >> **Have been previously diagnosed with cancer**
- >> **Be 18 years or older**
- >> **Self-identify as LGBTQI+**
- >> **Currently live in the US**

SURVEY

The survey was accessible via a web link and took approximately 30 minutes to complete. Participants completed the survey independently in either English or Spanish. The survey was voluntary and anonymous.

RECRUITMENT

Throughout the entire seven months, we promoted the survey via paid media ads on various social media outlets including Facebook, Instagram and Twitter. We leveraged the networks of over 100 community partners to reach LGBTQI+ communities from diverse backgrounds and experiences across the US. In particular, we worked closely with partners from Black and Brown pride committees and greek organizations to increase representation in our survey. We also worked with a media buyer to promote the survey online.

BIPOC

Black, Indigenous, and People of Color (BIPOC) includes respondents who self-identify as Black/African American, Hispanic/Latinx, Multi-racial, Asian, or another racial identity (total - 16%, n=387) All of the following statistics are specific to BIPOC respondents.

COMPARISONS

A red triangle  is included by all questions where there was a statistically significant difference ($p < 0.05$) between BIPOC and White respondents. This means that the responses of BIPOC respondents were unique from White respondents. For select questions, there is a callout (represented by a red megaphone ) highlighting findings by sub-group, including Black, Multi-racial, and Latinx. For the sub-group analyses, the racial identity includes ALL respondents in the highlighted group. For example, Black includes all respondents who identify as Black, including individuals who might also identify as Latinx or Multi-racial.

QUALITATIVE

For this report, we conducted a qualitative analysis of the open-ended responses to questions on the OUT Survey from BIPOC respondents. We identified key themes for each question based upon at least 5 similar responses for each theme. The qualitative themes directly informed the four takeaways highlighted in the Executive Summary and are reflected in both the Tips for LGBTQI+ Survivors and Providers pages.

>> **IN TOTAL, 2728 LGBTQI+ SURVIVORS COMPLETED THE SURVEY, SHARING THEIR INDIVIDUAL STORIES OF CANCER DIAGNOSIS, TREATMENT, AND SURVIVORSHIP.**





BIPOC Report Executive Summary

>> This Executive Summary is intended to highlight the major findings from our analysis of Black Indigenous People of Color (BIPOC) OUT survey respondents. LGBTQI+ BIPOC respondents live at the intersection of multiple identities and their cancer journeys have often gone unexamined, and their unique needs unmet. In presenting this data, it is our goal to bring attention to the needs and experiences of LGBTQI+ BIPOC with a cancer diagnosis. Our analysis uncovered four major themes.

1

Black and Multi-racial respondents were more likely to experience negative encounters during their cancer diagnosis, care and treatment. Black and Multi-racial respondents also faced greater difficulty accessing culturally competent providers, likely due to the increased stigma and discrimination those with multiple marginalized identities face.

Black and Multi-racial respondents were more than **2X** as likely to be dissatisfied with their cancer treatment experience than White and Latinx respondents.

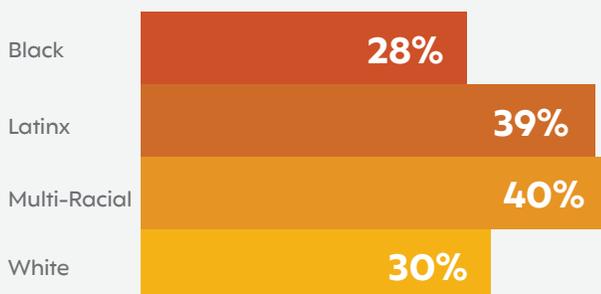
Black and Multi-racial respondents were almost **3X** as likely to describe the environment as LESS welcoming after disclosing their LGBTQI+ identity compared to White respondents as less welcoming afterwards.

"It was lonely, terrifying and many of the staff members treated me like I was contagious and less than equal."

2

BIPOC individuals with cancer or who previously had cancer were uniquely impacted by COVID-19, resulting in more delayed cancer screenings and treatments for Latinx and Multi-Racial respondents.

Delayed any cancer screenings, follow-ups, or treatments |



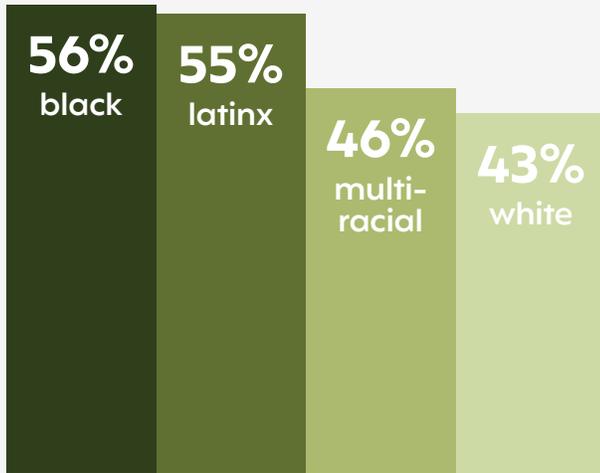
"My colonoscopy was delayed by more than six months, which was very stressful for me."



3

BIPOC individuals with cancer or who previously had cancer have strong and resilient social networks who provided crucial care and support during their cancer journey, especially given the lack of LGBTQI+ inclusive support groups.

Social support grew STRONGER after being diagnosed with cancer 



"I'm very fortunate to have an extremely good network personally. This has been especially important because I haven't been able to find any Facebook cancer groups specifically for LGBTQI+ communities."

4

BIPOC individuals experience many health disparities that result in poorer health outcomes, particularly mental health, and LGBTQI+ tailored health resources are significantly more important to address these health risk behaviors.

Importance of LGBTQI+ tailored resources 

"Majority of mental health professionals still feel uncomfortable with LGBTQI+ individuals, especially those of Color."





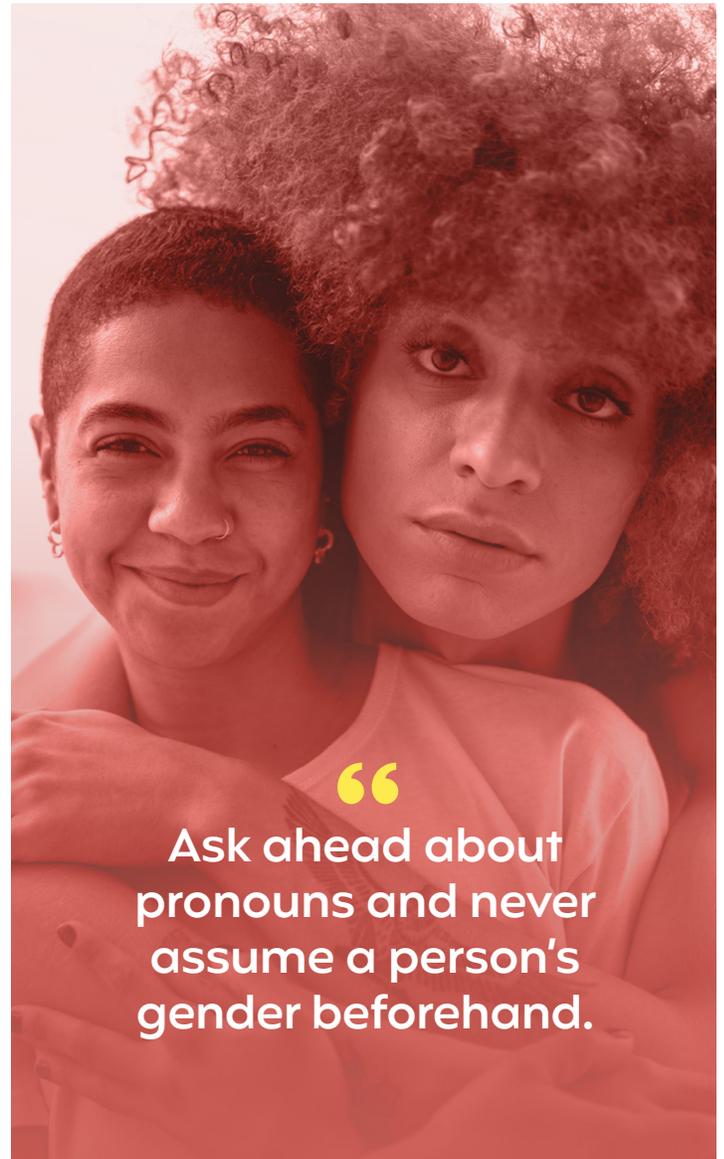
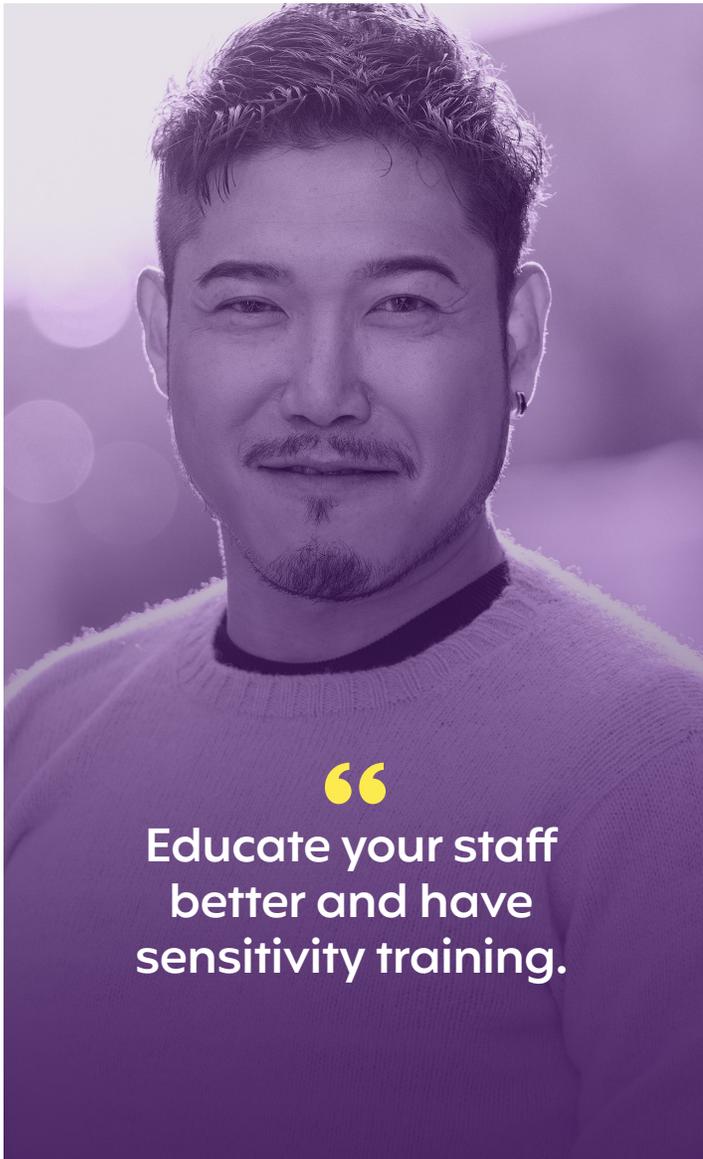
Recommendations for Providers

REQUIRE TRAINING FOR ALL STAFF

Provide a clear professional mandate that all staff are expected to provide patient-centered care that acknowledges and affirms the unique experiences of LGBTQI+ survivors, specifically BIPOC folks. Do not require us to educate providers at the same time as we navigate cancer screening, care, or survivorship.

REMEMBER TO SHOW LGBTQI+ WELCOME BEFORE ASKING US TO DISCLOSE

For example, introduce yourself with your pronouns, include LGBTQI+ in a posted non-discrimination statement, ask about LGBTQI+ status on intake forms.





Tips for LGBTQI+ Individuals Diagnosed with Cancer from BIPOC Individuals on the Cancer Journey

>> Below are the most common responses from BIPOC individuals on their cancer journey when asked "What would be a tip you might tell other LGBTQI+ people with cancer to help them navigate this experience?"

1

Be Your Own Advocate

"Educate yourself the minute you are diagnosed. Read, ask questions, and find a support group. You must be or become your own best health advocate."



2

Accept Help Or Support

"It's ok not to be ok. But make sure you're not alone - call a friend, watch a movie together, even if you don't know what to say."



3

Be Open About Your Identity And Needs

"Be yourself loudly and kindly demand respect and to be seen."



4

Stay Positive And Strong

"Most importantly, don't let cancer define you. No matter how serious your condition, stay positive and fight like hell! Attitude is EVERYTHING."



5

Ask Lots Of Questions

"Ask questions until YOU understand the answers."



6

Listen To Your Body And Seek Regular Checkups

"Never ignore changes or pains in your body. Always check with your doctor. Get yearly physicals."

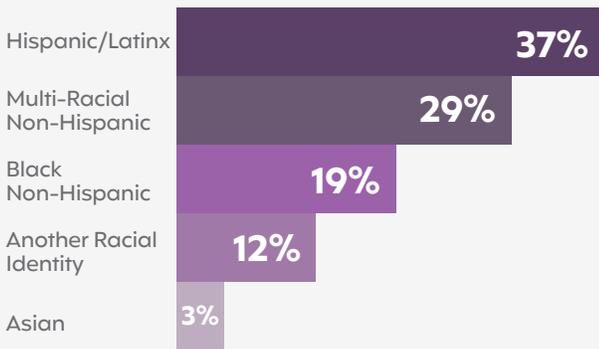


PARTICIPANT CHARACTERISTICS

>> BIPOC includes respondents who self-identify as Black/African American, Hispanic/Latinx, Multi-racial, Asian, or another racial identity (total - 16%, n=387). All of the following statistics are specific to BIPOC respondents.

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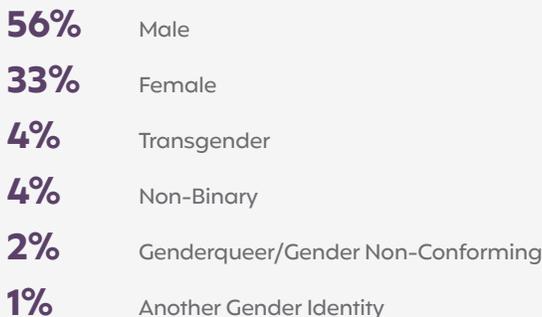
RACE/ETHNICITY



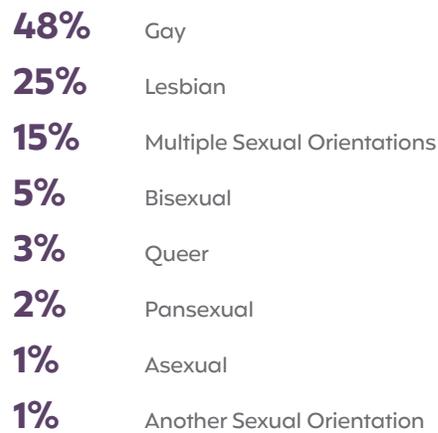
SEX ASSIGNED AT BIRTH



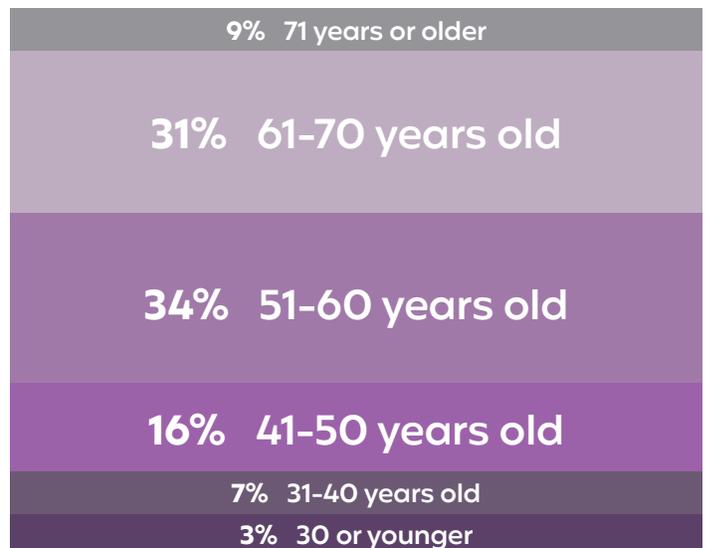
GENDER IDENTITY



SEXUAL ORIENTATION



AGE: MEAN = 56





STATE

42 states represented

TOP 5 STATES

California

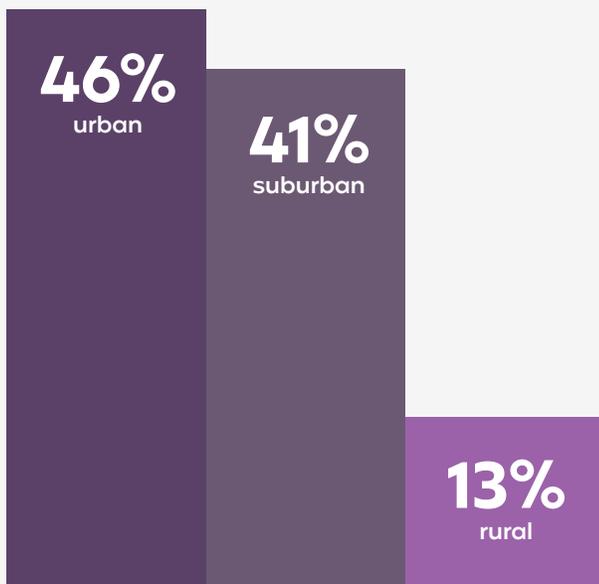
New York

Florida

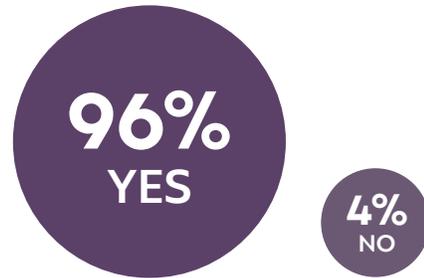
Texas

Washington

URBANICITY



HEALTH INSURANCE



DISABILITY

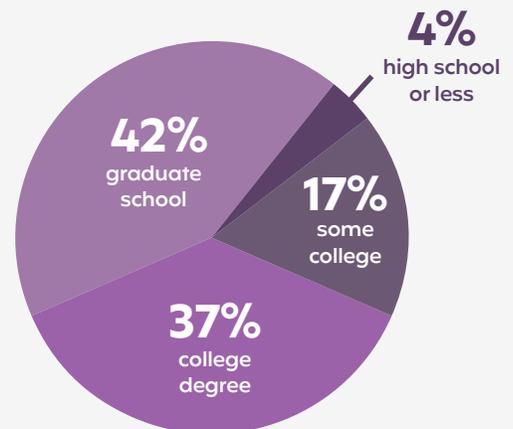


>> IF YES Type of disability (select all)

- 44% mental disability
- 38% mobility
- 17% cognitive/learning disability
- 10% visual impairment
- 10% deafness
- 4% developmental disability

 BIPOC respondents (47%) were significantly more likely to have one or more disabilities than White respondents (34%).

EDUCATION

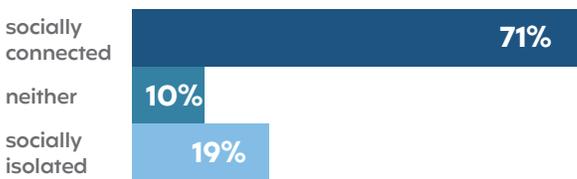


COVID-19 & CANCER PAGE

>> The COVID-19 pandemic has greatly impacted our daily lives, particularly for BIPOC LGBTQI+ persons living with cancer or who previously had cancer. Due to increased risk of exposure and severity, many respondents described experiences with increased social isolation and negative mental health impacts throughout the pandemic. Navigating these changes with the COVID-19 pandemic impacted BIPOC respondents in myriad ways. For example, one in five Multi-racial respondents were dissatisfied with their telemedicine appointments. Latinx and Multi-racial respondents were also more likely to delay cancer screenings or treatment. Notably, Black respondents were particularly vulnerable to employment loss or changes during the COVID-19 pandemic, further exacerbating health risks.

SOCIAL CONNECTEDNESS

Before COVID-19, how socially connected or isolated would you say you were?

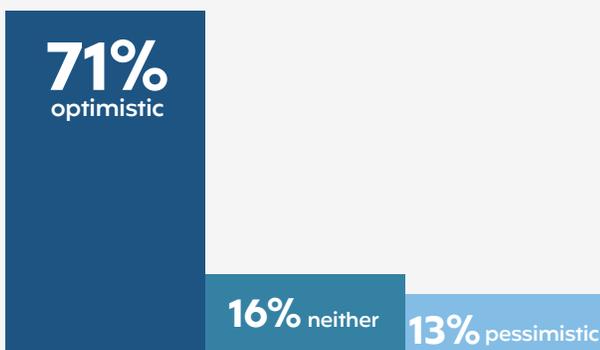


Since the start of the COVID-19 pandemic in March 2020, how has your level of social connection or isolation changed? ⚠️



OPTIMISM ABOUT HEALTH

Before COVID-19, how optimistic or pessimistic were you about your future health?



Since the start of the COVID-19 pandemic in March 2020, how has your level of optimism or pessimism about your future health changed? ⚠️



COVID 19 has impacted my cancer experience in that I became more aware of my body and it caused me to be more concerned about a relapse. It's a constant worry.



DELAYED SCREENINGS OR TREATMENT

Since the start of the COVID-19 pandemic in March 2020, have you or your doctors delayed any cancer screenings, follow-ups, or treatments? ⚠️



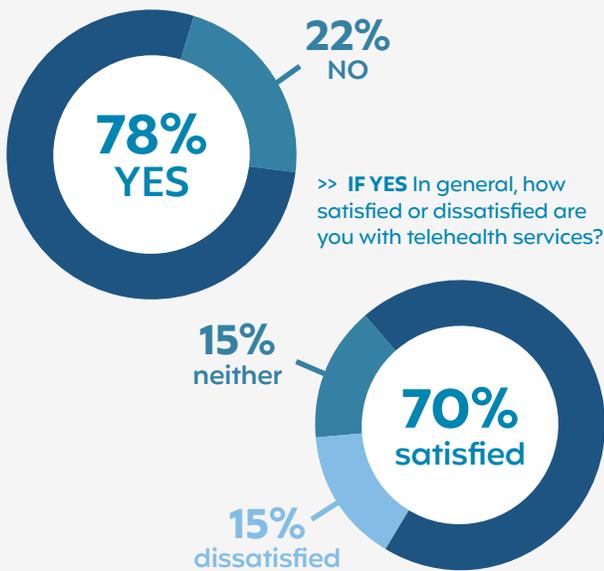
Latinx (39%) and Multi-Racial (40%) respondents were more likely to delay cancer screenings or treatments during the COVID-19 pandemic compared to Black (28%) and White (30%) respondents.



COVID-19 has made it more difficult to have a present support system while battling cancer. Not only am I fighting to stay alive but so is everyone else in their own way.

SATISFACTION WITH TELEHEALTH

Since the start of the COVID-19 pandemic in March 2020, have you had any telehealth medical appointments?



One in five Multi-racial respondents (21%) were dissatisfied with their telehealth services, significantly greater than White (13%) and other BIPOC (13%) respondents.

LIKELIHOOD OF VACCINE

Do you plan to get a coronavirus vaccine when one is available? ⚠️



One-quarter of Black respondents (26%) were unsure if they would get a COVID-19 vaccine when one became available.



MASK PRACTICES

In the past month, how often, if ever, have you worn a mask or face covering when in stores or other businesses?

96%

all or most of
the time

1%

some of the
time or never

3%

do not go to those
types of places

LOST EMPLOYMENT

Since the start of the COVID-19 pandemic in March 2020, did you lose any form of employment or paid work?

29%
YES

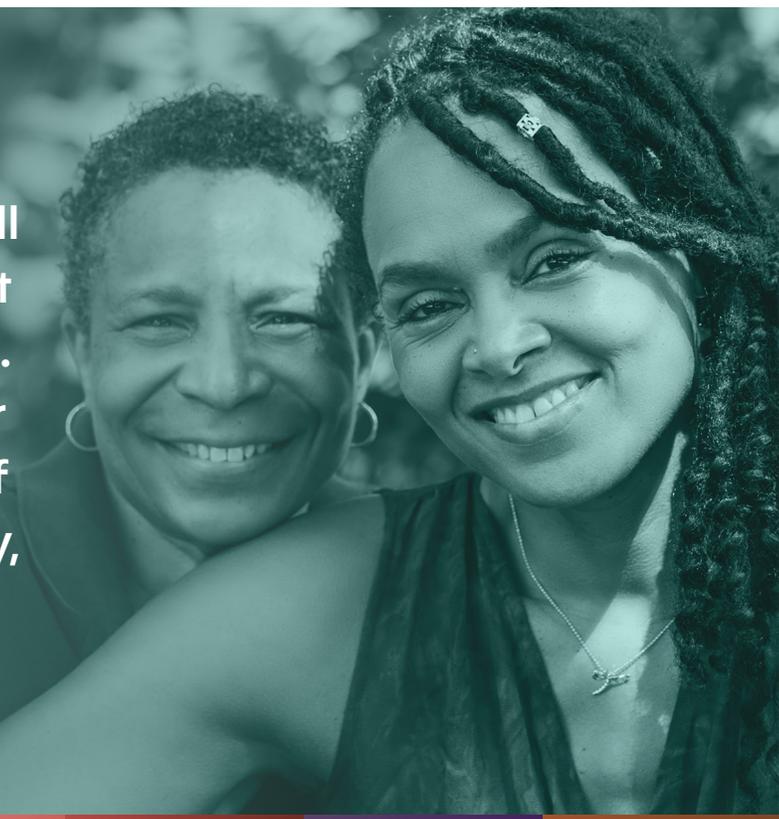
71%
NO



Black respondents (38%) were significantly more likely to lose employment during the COVID-19 pandemic compared to white (27%) and other BIPOC (26%) respondents.

“

It's been overwhelming with the world, at large, all of a sudden caring about the well-being of people.. yet, I as a cancer survivor seem to still be left out of the equation. Emotionally, mentally, financially, socially.. it has been extremely sad.



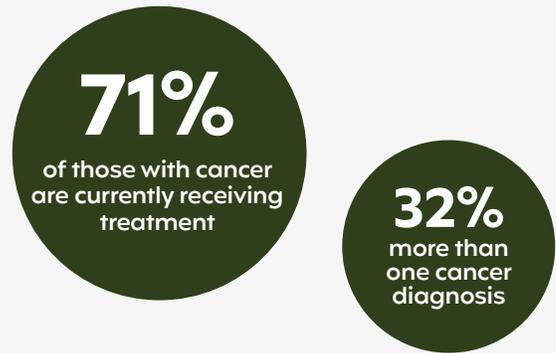
CANCER DIAGNOSIS

>> Learning that you have cancer is a difficult life event, regardless of one's age, background or race/ethnicity. Approximately one in ten BIPOC respondents described their notification of cancer diagnosis as disrespectful, often due to a lack of compassion or follow-up care after diagnosis. Multi-racial respondents were most likely to describe their cancer diagnosis as disrespectful. Moreover, barriers to cancer screenings are particularly pronounced for Latinx communities, who were significantly less likely to receive recommended screenings prior to their cancer diagnosis.

MEAN AGE AT DIAGNOSIS: 49 YEARS OLD ⚠️

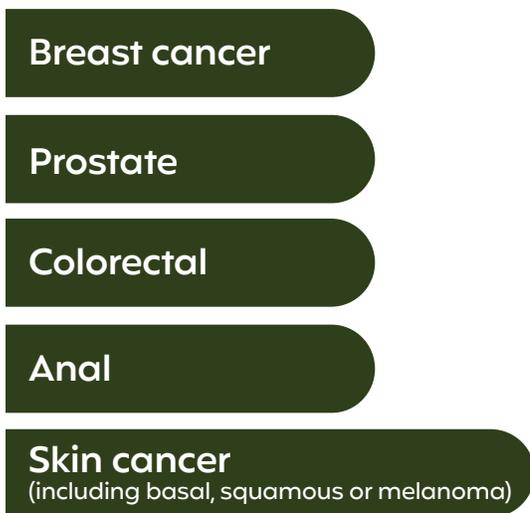


CURRENTLY HAVE CANCER: 26%

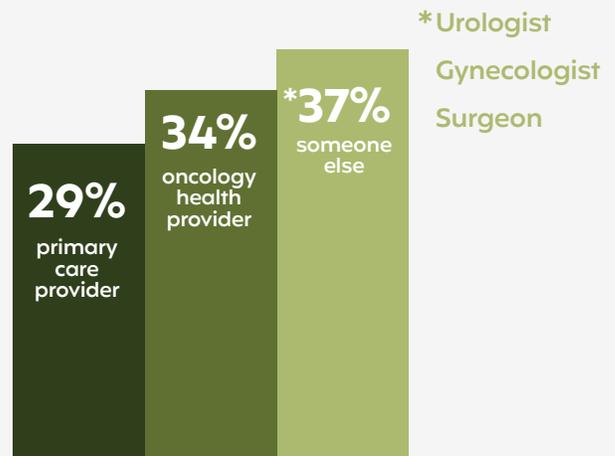


TYPES OF CANCER

TOP 5 CANCERS



PERSON WHO DELIVERED CANCER DIAGNOSIS ⚠️



RESPECTFULNESS OF CANCER DIAGNOSIS

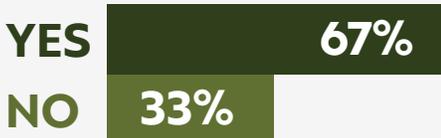
How respectful or disrespectful was the notification of your cancer diagnosis?



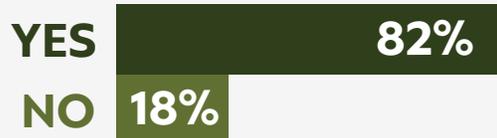
 Multi-racial respondents (69%) were least likely to describe their notification of cancer diagnosis as respectful compared to White (82%) and other BIPOC (81%) respondents.

COMPLETED CANCER SCREENINGS

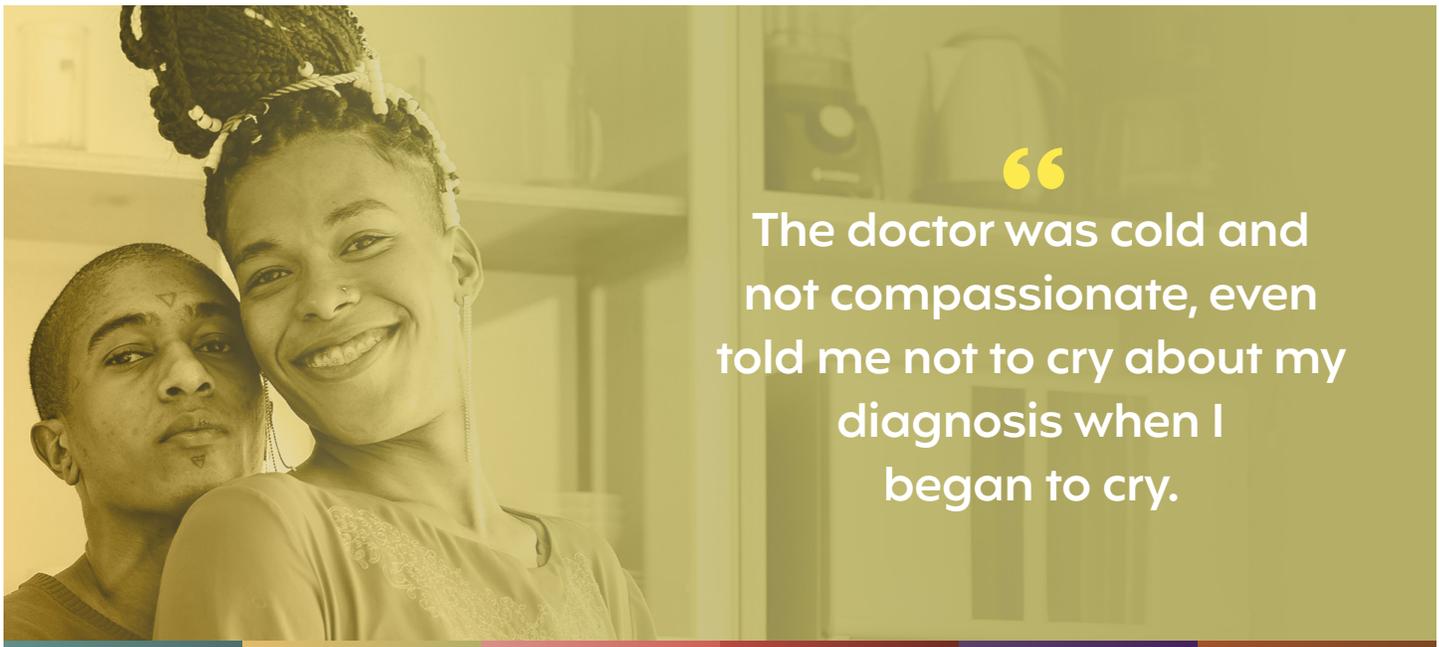
Before being diagnosed with cancer, did you receive any scheduled cancer screening tests (e.g., pap smear, colonoscopy, lung cancer screening)?



Since being diagnosed with cancer, have you received any scheduled cancer screening tests (e.g. pap smear, colonoscopy, lung cancer screening)?



 Prior to their cancer diagnosis, approximately half (55%) of Latinx respondents received scheduled cancer screening tests, significantly lower than White (72%) and other BIPOC (72%) respondents.



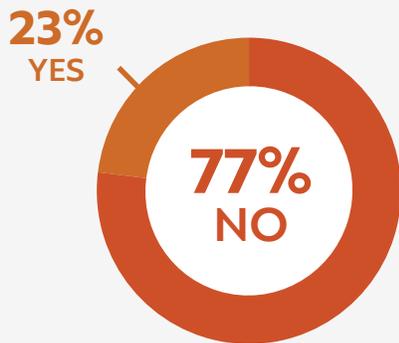


CANCER TREATMENT EXPERIENCE

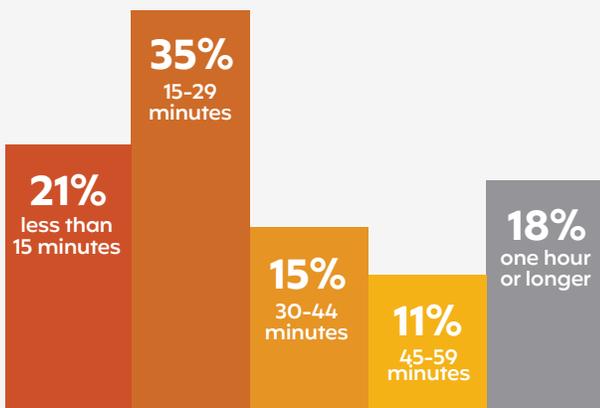
>> BIPOC individuals with or who previously had cancer experienced significant difficulties identifying welcoming and culturally competent providers for cancer treatment, often relying upon word of mouth and information available online. Black and Multi-racial respondents experienced unique barriers to seeking welcoming care. For example, one-quarter of Black respondents did not disclose their LGBTQI+ identity to providers. And among those who did choose to disclose, Black and Multi-racial respondents were almost three times as likely to describe the environment afterwards as less welcoming compared to White respondents. Ultimately, Black and Multi-racial respondents were twice as likely to be dissatisfied with their cancer treatment experience than White and Latinx respondents.

SOUGHT TREATMENT AT WELCOMING CANCER CARE CENTER

Did you intentionally seek treatment from a cancer care center or provider that was potentially welcoming for LGBTQI+ patients?



>> **IF YES** Travel time to welcoming provider
How far did you travel (in minutes) to receive treatment from this cancer care center or provider?



WELCOMING ENVIRONMENT AT CANCER TREATMENT CENTER

How welcoming or unwelcoming was the environment where you received cancer treatment? ⚠️



“It was astonishing to me that I received cancer care in a “very progressive” coastal city known for a large LGBTQ population and still experienced overt hostility.”

PROVIDERS AWARE OF LGBTQI+ IDENTITY



Nearly one-quarter (23%) of Black respondents did not disclose their LGBTQI+ identity to providers, significantly greater than white (13%) and other BIPOC (18%) respondents.

PROVIDERS AWARE OF LGBTQI+ IDENTITY (continued)

>> **IF YES** Types of disclosure (select all)

- 75%** Self-disclosure during consultation
- 34%** Medical forms provided option to disclose
- 31%** Embedded in medical information
- 13%** Something else (typically related to having a partner present)
- 11%** Obvious from appearance
- 10%** Health professional asked
- <1%** Disclosed by someone else

>> **IF YES** Types of providers aware of identity

In general, which staff and healthcare professionals were aware of your LGBTQI+ identity during your cancer diagnosis and treatment? (select all)



>> **IF YES** Change in environment after disclosure

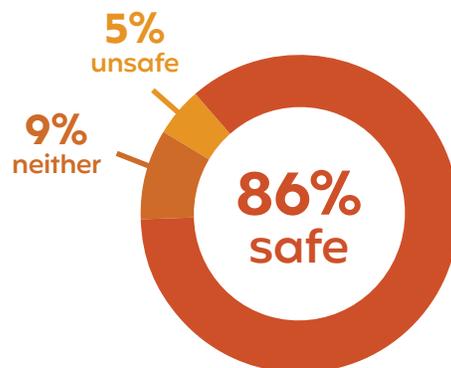
After disclosure of your LGBTQI+ identity, would you describe the environment at the place where you received cancer treatment as more or less welcoming? 



Black (11%) and Multi-racial (11%) respondents were almost THREE TIMES as likely to describe the environment as LESS welcoming after disclosing their LGBTQI+ identity compared to White (4%) respondents.

>> **IF YES** Feelings of safety with disclosure

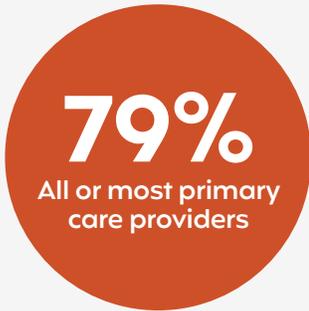
How safe or unsafe did you feel about staff and healthcare professionals knowing your LGBTQI+ identity during your cancer diagnosis and treatment?





CULTURALLY COMPETENT PROVIDERS

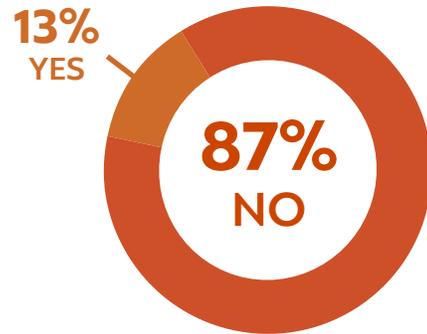
About how many of the [insert provider type] that you encountered during your cancer diagnosis and treatment provided culturally competent care? ⚠️



Black and Multi-racial respondents were significantly less likely to describe receiving culturally competent care compared to White and Latinx respondents.

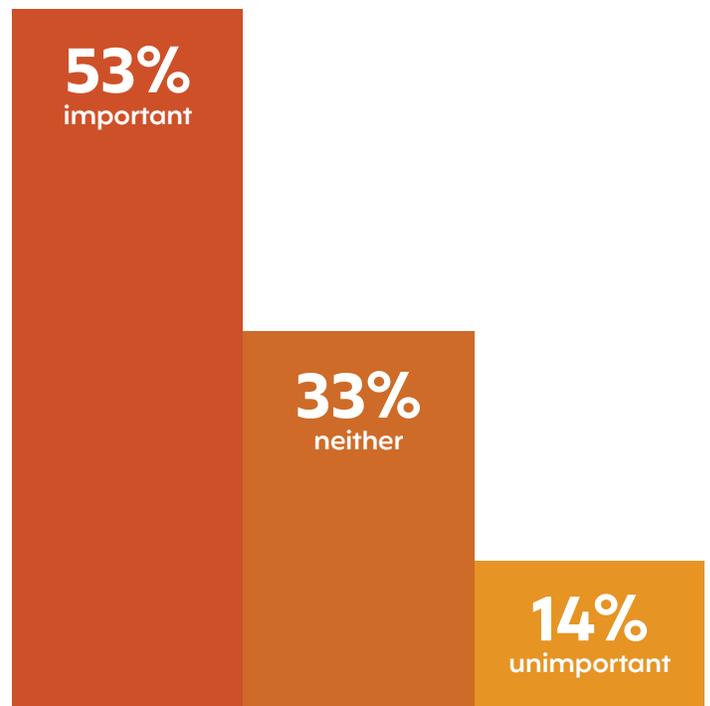
ENVIRONMENTAL INDICATION OF WELCOMING CARE

Was there any environmental indication (e.g. rainbow flag, affirming messaging) of welcoming care at the place where you received cancer treatment?



IMPORTANCE OF ENVIRONMENTAL INDICATOR

How important or unimportant is it to you that there are environmental indicators (e.g. rainbow flag, affirming posters, flyers or leaflets, etc.) of welcoming care for LGBTQI+ patients at the places where you receive cancer treatments?





SATISFACTION WITH CANCER TREATMENT EXPERIENCE

How satisfied or dissatisfied were you with your overall cancer treatment experience? 

86%

satisfied

4%

neither

10%

dissatisfied

Black (12%) and Multi-racial (12%) respondents were more than TWICE as likely to be dissatisfied with their cancer treatment experience than White (5%) and Latinx (5%) respondents.



DISCUSSED FERTILITY OPTIONS

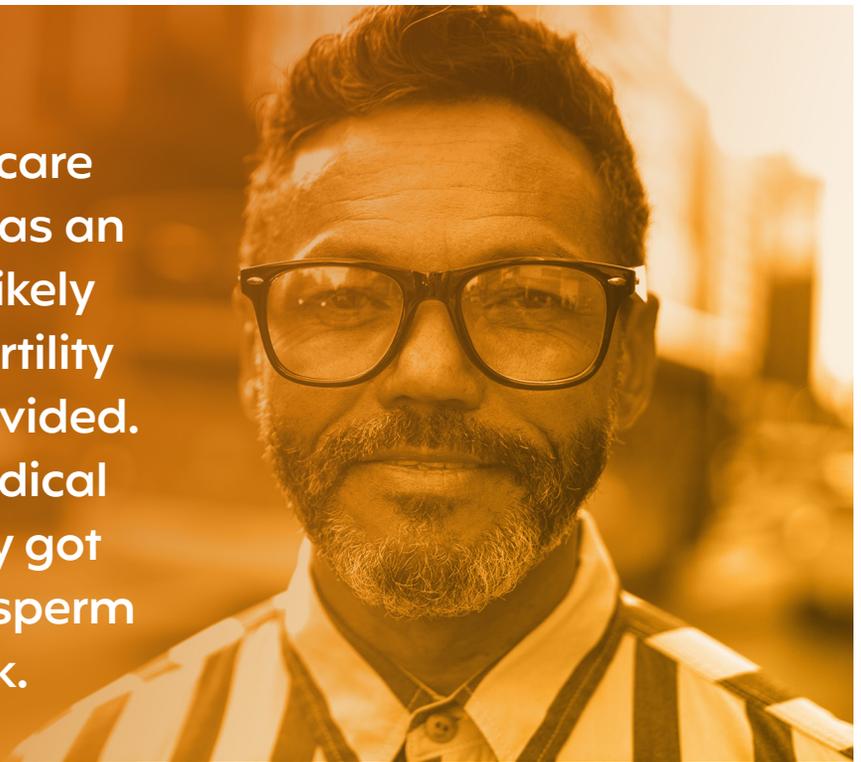
Did your cancer care provider share possible options for fertility preservation?

80%
NO

20%
YES

“

Initially the medical care provider told me that as an LGBT person I most likely won't have kids, so fertility treatment was not provided. I appealed to the medical board and ultimately got approved to save my sperm in the sperm bank.





SOCIAL NETWORKS & SUPPORT

>> Social support and networks are a vital resource for navigating life after being diagnosed with cancer. Less than one-third of BIPOC respondents have participated in cancer support groups, with many describing difficulty finding welcoming spaces for their intersectional identities, including their cancer diagnosis. Even so, many BIPOC respondents described how their diverse social support networks strengthened after being diagnosed with cancer, reflecting the critical need for friends, family, partners, and others during this time.

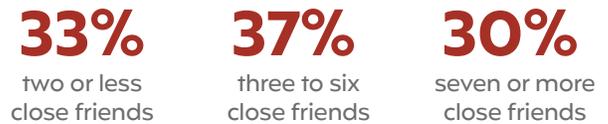
OF PEOPLE AWARE OF LGBTQI+ IDENTITY

In general, how many people in your life know you are LGBTQI+? ⚠️



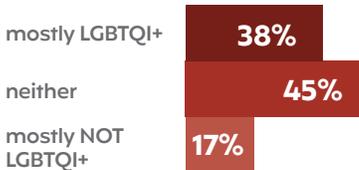
OF CLOSE FRIENDS

How many people in your life would you describe as close friends (friends you speak with at least once a week)?



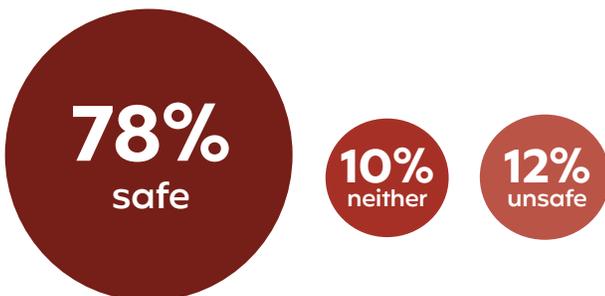
SEEN AS LGBTQI+ IN PUBLIC

In general, how often do people identify you as LGBTQI+ or not LGBTQI+ in public?

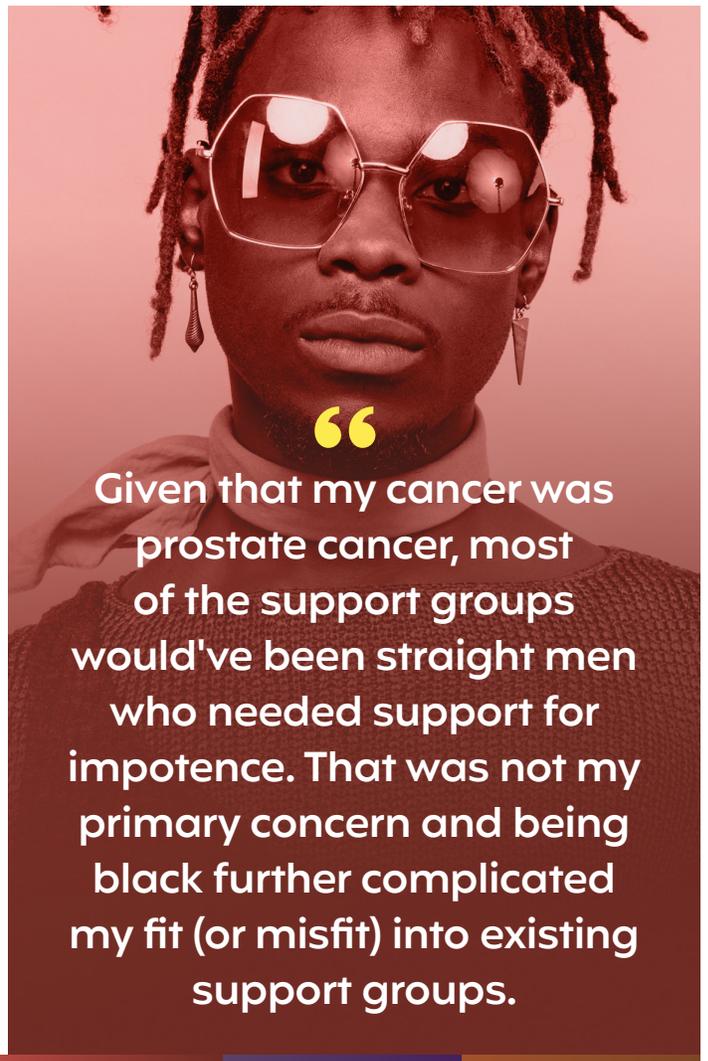


FEELINGS OF SAFETY WITH DISCLOSURE TO OTHERS

Aside from healthcare professionals, how safe or unsafe do you feel disclosing your LGBTQI+ identity to people in your life? ⚠️



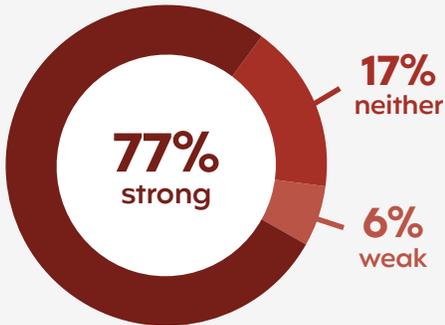
 BIPOC respondents (12%) are TWICE as likely as White respondents (6%) to feel unsafe disclosing their LGBTQI+ identity.



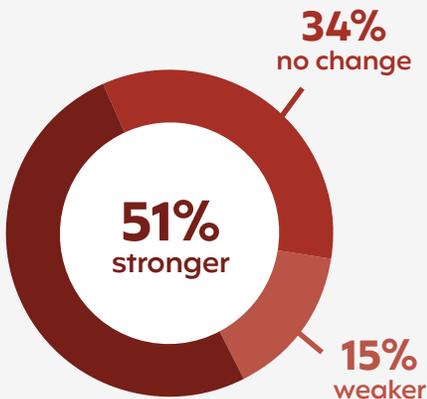


STRENGTH OF SOCIAL NETWORK

Prior to being diagnosed with cancer, how would you describe the strength of support provided by your social network?



After being diagnosed with cancer, how has the strength of support provided by your social network changed? ⚠️



BIPOC (51%) respondents were significantly more likely to report STRONGER social support after being diagnosed with cancer compared to White (43%) respondents, particularly for Black (56%) and Latinx (54%) individuals.



PRIMARY SUPPORT PEOPLE

Did you have primary support people during your cancer?



“

Most [support groups] are geared toward straight people and have NOTHING to offer me.

PRIMARY SUPPORT PEOPLE (continued)

>> Who were your primary support people, select all

68% friend

54% current partner

38% parent

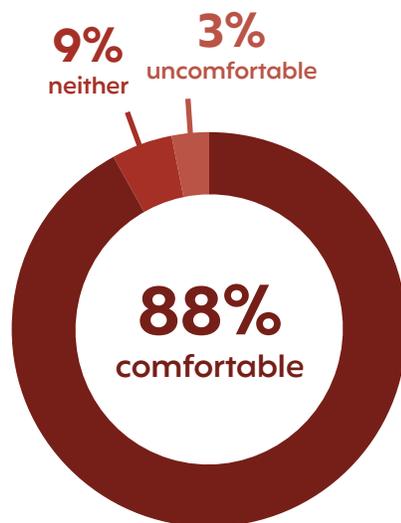
34% sibling

15% former partner

10% someone else

>> Comfort bringing support people to healthcare visits ⚠️

In general, how comfortable or uncomfortable did you feel bringing your support people to your healthcare visits during cancer treatment?



Black (6%) respondents were TWICE as likely to report feeling uncomfortable bringing their support people to healthcare visits compared to White (3%) and other BIPOC (3%) respondents.



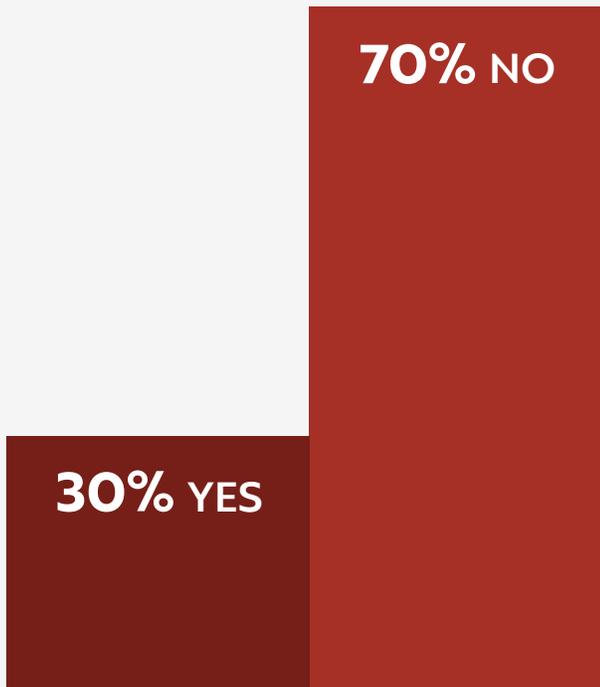


CANCER SOCIAL SUPPORT GROUP

Have you ever received cancer survivor social support?

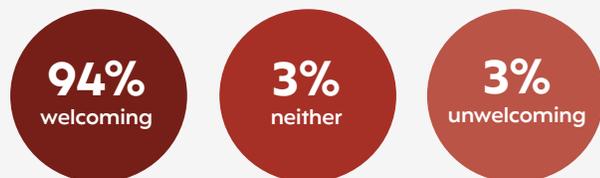
>> **IF YES** from where did you receive cancer survivor social support?

- 61% from a peer group
- 43% from a professional
- 38% peer to peer direct connection



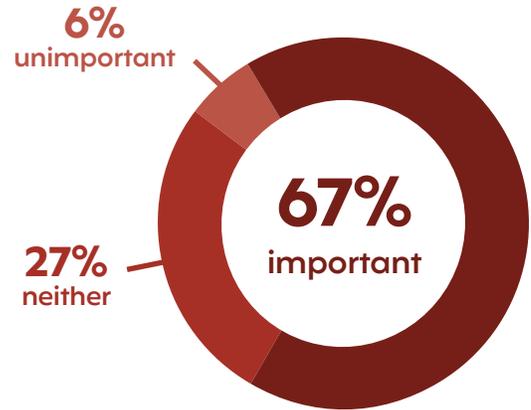
How welcoming or unwelcoming was this cancer survivor social support?

>> **IF YES** Welcoming environment at support group



IMPORTANCE OF WELCOMING ENVIRONMENT

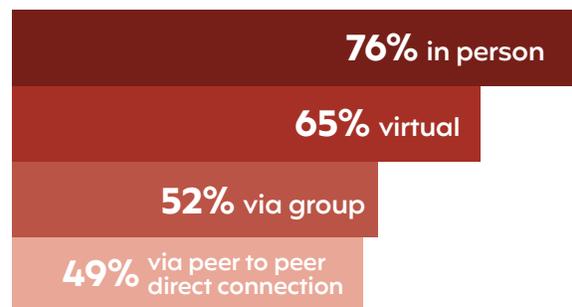
How important or unimportant is it to you to be able to access LGBTQI+ welcoming cancer survivor social support?



“ I don't know where to get cancer survivor social support, especially for young people. I also have a potentially unusual experience with cancer, so I wasn't sure if I'd be able to relate to other cancer survivors as much. ”

PREFERENCE FOR TYPE OF SUPPORT GROUP

If you needed it again, what options would you consider related to cancer survivor social support? (select all)





CANCER SURVIVORSHIP RESOURCES

>> Despite the abundance of resources available online, many BIPOC persons living with or who previously had cancer describe difficulty finding resources specific to the LGBTQI+ community. Black and Multi-racial individuals experienced even greater difficulty finding tailored resources. This includes many post-treatment care plans excluding information specific to their LGBTQI+ identity, which is considered significantly more important among BIPOC respondents.

ABLE TO FIND RESOURCES ABOUT CANCER SURVIVORSHIP

During my cancer treatment, I could find helpful information about my cancer



ABLE TO FIND RESOURCES FOR LGBTQI+ CANCER SURVIVORSHIP

During my cancer treatment, I could find helpful information about being a LGBTQI+ person with cancer ⚠️




Black (64%) and Multi-racial (66%) respondents were less likely to find helpful information about being an LGBTQI+ person with cancer than White (52%) and Latinx (56%) respondents.

ABLE TO ACCESS RESOURCES NEEDED TO MAINTAIN HEALTH

I am able to access the resources I need to maintain or improve my health. ⚠️




Latinx (11%) and Multi-racial (9%) respondents were less likely to be able to access the resources needed to maintain their health compared to White (5%) and Black (6%) respondents.

“
Yes, I am more willing to be out as queer and to embrace my place in the queer community, because I feel like a much stronger person after recovering from cancer.”



TALKED WITH PROVIDER ABOUT POST-TREATMENT CARE PLAN

Has your provider talked to you about your post-treatment care plan (also referred to as a cancer survivorship plan), including things such as referrals to community services, reminders for future cancer screenings, and psychological support for adapting to life as a cancer survivor?

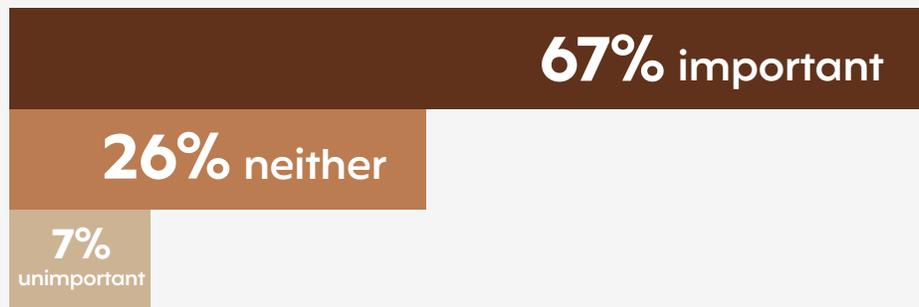
>> **IF YES** post-treatment care plan included resources for LGBTQI+ cancer survivors

Does your post-treatment care plan include resources for LGBTQI+ individuals?

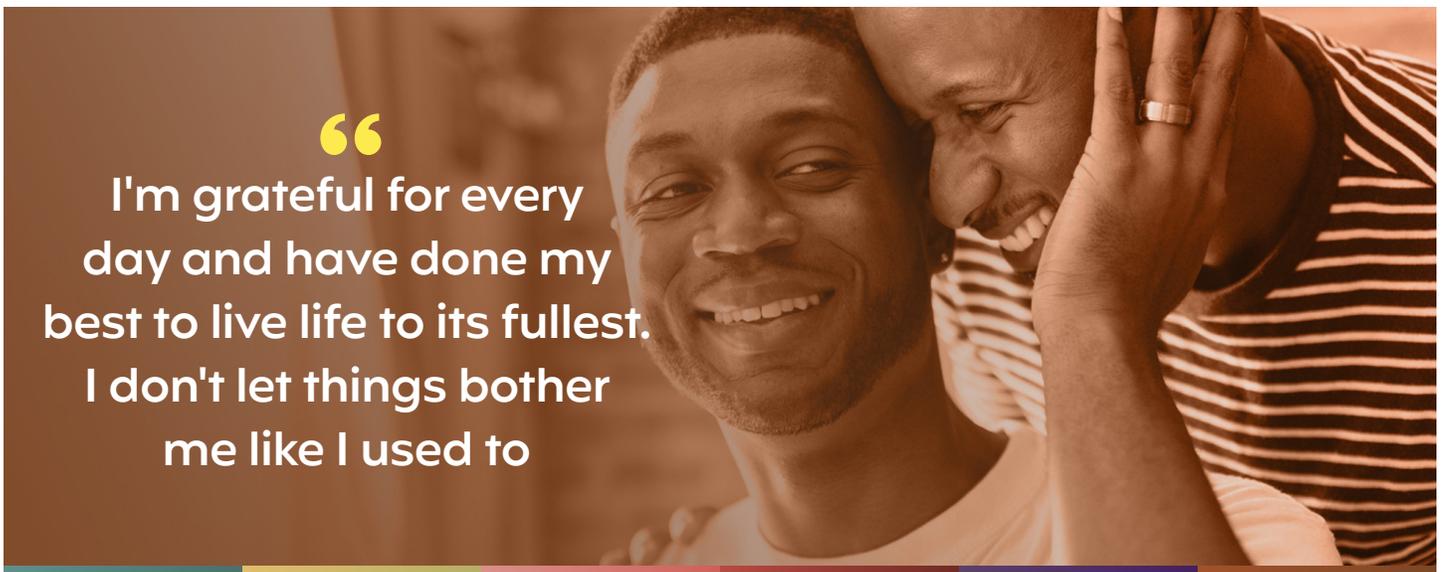


IMPORTANCE OF LGBTQI+ RESOURCES IN POST-TREATMENT CARE PLANS

How important or unimportant is it to you that your post-treatment care plan includes information helpful to LGBTQI+ individuals? ⚠️



Tailored post-treatment care plans are significantly more important for BIPOC respondents (67%) than White respondents (56%), particularly Black respondents (77%).



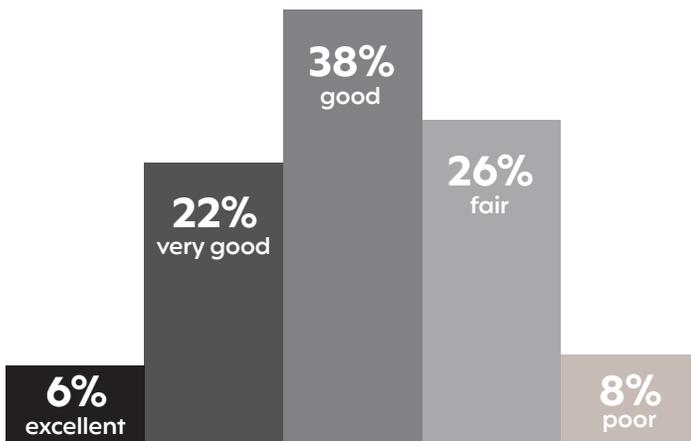


HEALTH & HEALTH BEHAVIORS

>> Previous research demonstrates that many health risk behaviors, including tobacco and alcohol consumption, are higher among the LGBTQI+ community. Even so, very few BIPOC individuals living with or who previously had cancer have received tailored information, highlighting this gap in resources. For BIPOC respondents, the burden of mental health affects one in four, with an even greater impact among Black respondents, making tailored resources even more important for this vulnerable population.

CURRENT HEALTH STATUS

How would you describe your current health? ⚠️



 Latinx (35%) and Multi-racial (39%) respondents are more likely to describe their health as fair or poor compared to White (29%) and Black (28%) respondents.

CURRENT TOBACCO USE

Do you currently use any of the following tobacco products (select all that apply)?

81% Do NOT currently use tobacco products

56% have previously used tobacco products

44% have NEVER used tobacco products

15% Cigarettes

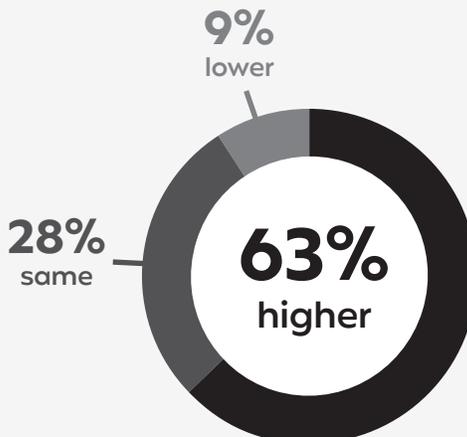
3% E-cigarettes or vapes

3% Hookah or chewing tobacco

3% Cigars or cigarillos

RATES OF TOBACCO USE AMONG LGBTQI+ COMMUNITIES ⚠️

Do you think the LGBTQI+ communities use tobacco products at rates that are higher or lower than the general population?



TOBACCO

100+ CIGARETTES IN LIFETIME

Have you smoked 100 or more cigarettes in your life?





EVER RECEIVED LGBTQI+ TAILORED TOBACCO RESOURCES

Have you ever received resources to help you stop using tobacco that were developed for LGBTQI+ individuals?



IMPORTANCE OF TAILORED TOBACCO RESOURCES

How valuable would tobacco resources developed for LGBTQI+ individuals be to you? ⚠️



LGBTQI+ tailored resources for tobacco cessation are significantly more important for BIPOC respondents (45%) than White (37%) respondents.

ALCOHOL

CURRENT ALCOHOL CONSUMPTION

On average, how many alcoholic drinks do you drink on an average day? One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

68% none

25% 1-2 drinks/day

6% 3-4 drinks/day

1% 5 or more drinks/day

EVER RECEIVED LGBTQI+ TAILORED ALCOHOL RESOURCES

Have you ever received resources related to alcohol consumption developed for LGBTQI+ individuals?



How valuable would alcohol resource developed for LGBTQI+ individuals be to you? ⚠️



RATES OF ALCOHOL USE AMONG LGBTQI+ COMMUNITIES

Do you think the LGBTQI+ communities drink alcohol at rates that are higher or lower than the general population? ⚠️



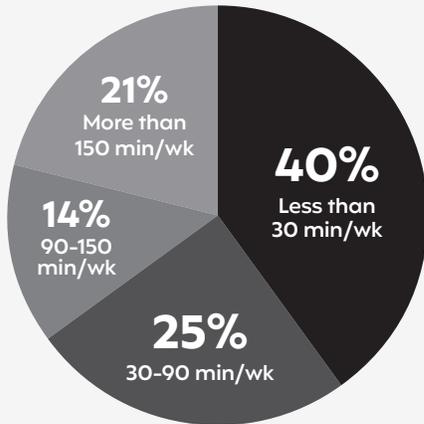
LGBTQI+ tailored resources for alcohol are significantly more important for BIPOC respondents (52%) than White (45%) respondents.



PHYSICAL ACTIVITY

CURRENT PHYSICAL ACTIVITY

In general, how many minutes per week do you engage in moderate to vigorous aerobic activity (e.g. brisk walking, jogging, cycling, heavy yard work, etc.)?



EVER RECEIVED LGBTQI+ TAILORED ALCOHOL RESOURCES

Have you ever received resources related to alcohol consumption developed for LGBTQI+ individuals? ⚠️



IMPORTANCE OF TAILORED PHYSICAL ACTIVITY RESOURCES

How valuable would physical activity resources developed for LGBTQI+ individuals be to you? ⚠️

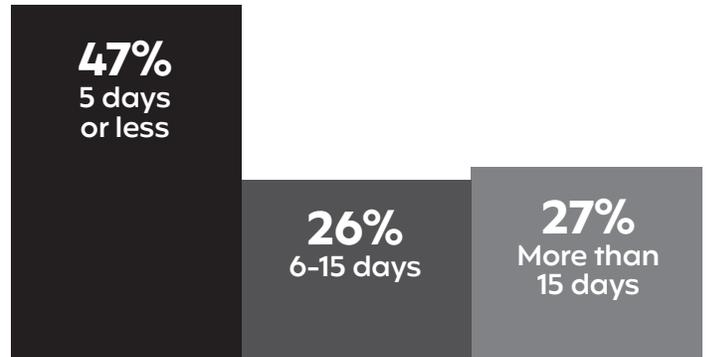


 LGBTQI+ tailored resources for physical activity are significantly more important for BIPOC respondents (77%) than White (71%) respondents.

MENTAL HEALTH

OF DAYS WITH POOR MENTAL HEALTH

Now, think about your mental health, which includes stress, depression, and problems with emotions. In the past 30 days, for how many days was your mental health poor? ⚠️



 Mult-racial (35%) respondents have significantly higher likelihood of 15+ days of poor mental health per month compared to White (20%), Black (20%) and Latinx (26%) respondents.

EVER RECEIVED LGBTQI+ TAILORED MENTAL HEALTH RESOURCES

Have you ever received resources related to mental health developed for LGBTQI+ individuals?





“

The LGBTQI+ [community] would benefit from hearing more from health resources on how to improve their health, eat better and stay more active.

IMPORTANCE OF TAILORED MENTAL HEALTH RESOURCES

How valuable would mental health resources developed for LGBTQI+ individuals be to you? 



LGBTQI+ tailored resources for mental health are significantly more important for BIPOC respondents (92%) than White (83%) respondents.



“

All people should have access to a mental health professional... or at least, someone who they can talk with about issues that affect their health.



Tips for Providers from BIPOC Individuals on the Cancer Journey

>> Below are the most common responses from BIPOC individuals on their cancer journey when asked "What is one thing you would like to tell cancer healthcare providers about how to provide a more welcoming and affirming experience for LGBTQ+ people?"

1

Don't Assume Or Judge

"Assume nothing about who a person is and take care to use language that demonstrates that to your patient."



2

Include Partners And Chosen Family

"Understand that our families might look different, or we may not have one at all. Please allow us to have friends and other family members visit us or accompany us."



3

Be Empathetic And Compassionate

"Please set aside your cultural and religious biases about LGBTQ people, we are humans and deserve to be treated with dignity and compassion."



4

Learn About LGBTQ+ Communities

"We as LGBTQ+ people are still a marginalized group. Don't expect the patient to explain. Do the due diligence and inform yourself and your colleagues. Be industrious."



5

Be Clear And Upfront With Cancer Diagnosis, Treatment, And Survivorship

"Don't be 'doorknob doctors'. Take the time to explain the diagnosis."



6

Listen To Us

"LISTEN. It's not sugar that helps the medicine go down. It's listening and creating space for LGBTQ people to talk."



CONCLUSION

>> Thank you to the 2700+ LGBTQ+ cancer survivors who shared their stories and experiences with us on the OUT Survey. As a follow-up to the OUT National Cancer Survey, we invited participants to join an LGBTQ+ survivors panel, with over 1,200 members and growing. Through this panel, we offer virtual support groups, opportunities for speaking engagements, early release of data reports, and more. If you are an LGBTQ+ cancer survivor, we invite you to join our survivor panel: <https://cancer-network.org/programs/support-groups-for-survivors/>.

FREE VIRTUAL LGBTQ+ CANCER PEER SUPPORT GROUPS

For information, scan
the QR code or visit
cancer-network.org



Scan Me



Lean on Your LGBTQ+ Community
Throughout the Cancer Journey



Questions? Email info@cancer-network.org

KEY PARTNERS

>> The National LGBT Cancer Network thanks the many community and state partners that worked to promote OUT: The National LGBT Cancer Survey. With the support of these partners, we were able to recruit over 2,700 respondents, making this the largest-ever survey of LGBTQ+ cancer survivors.

We are especially grateful for our partnership with the Center for Black Equity; the Center for Black Equity works to improve the lives of Black LGBTQ+ people globally. This partnership helped us elevate the voices and experience of Black LGBTQ+ cancer survivors. Look for the release of a special report on these experiences in the Spring of 2022.



KEY PARTNERS





PROMOTIONAL PARTNERS

Adagio Health	Advancing LGBTQ Equality	Nebraska Cancer Coalition	Center of Chase Brexton Health Care
AIDS Alabama / BHAM Black Pride	GUMDROP (Genito-Urinary Multi-Disciplinary D.C. Regional Oncology)	North Carolina Oncology Navigator Association - NCONA	The PAIGE
AIDS Services Coalition	Health Care Improvement Foundation	Northwestern: Evaluation, Data Integration and Technical Assistance (EDIT) Program	Tobacco Control of Elkhart County
Alliance (Alliance to Advance Patient-Centered Care)	Health Equity Alliance for LGBTQ+ New Mexico	Nu Phi Zeta Fraternity	Trans Empowerment Project
Alpha Omega Kappa Fraternity Inc	HIV Ohio	Nu Tau Beta Fraternity	Transgender District
Ann's Place	Imperial Valley LGBT Resource Center	Oakland LGBTQ Community Center	Twin Oaks Queer Gathering
APNH: A Place to Nourish Your Health	Indiana Cancer Consortium	Omicron Epsilon Pi Sorority	Ulman Foundation
Arkansas Black Gay Men's Forum / Little Rock Black & Brown Pride	Inside Out Youth Services	One Iowa	University Of Maryland Greenebaum Cancer Center
Arnold School of Public Health	Institute for SGM Health and Wellbeing	Open Door Health	University of Michigan Spectrum Center
Asheville Gay Men's Chorus	interACT: Advocates for Intersex Youth	Open House SF	USC Norris Comprehensive Cancer Center
Breast Advocate	JASMYN	Oregon Health & Science University (OHSU)	Vanderbilt LGBTQ Health
Cal Poly Pride Center	Kansas Cancer Partnership	Out Boulder	VCU Health and Behavior/ Massey Cancer Center
Cancer and Careers	Kansas Department of Health and Environment	Pennsylvania Equality Project	Virginia Cancer Patient Navigator Network
Cancer Support Community, San Francisco Bay Area	Kappa Psi Theta	People Against Biphobia	Well Beyond Ordinary
Cancer Today	Kentucky Black Pride Inc.	Personal Stories Project	West Virginia University LGBTQ Center
Carolina Rainbow News (CRN)	Kween Culture Initiative	PFLAG Woodstock	Winship Cancer Institute of Emory University
Central Alabama Pride	Lacuna Loft	Philadelphia Black Pride	Wisconsin Comprehensive Cancer Program
Connections IN Health	Latinos in the Deep South	POCAAN Pacific Northwest Black Pride	Alpha Pi Delta Sorority
CURE Magazine	Leukemia and Lymphoma Society	Positively Aware	Engage; Collaborative Care and Community Engagement
David's Dream & Believe Cancer Foundation	LGBT Detroit	Pride CC	Erie County HIV Task Force
Delta Zeta Phi Fraternity	LGBTQ Northwest Indiana	Pride Center of Staten Island	Oklahoma's Take Charge! & Comprehensive Cancer Control Program
Desert AIDS Project	Living Beyond Breast Cancer	Project Koru	South Carolina Tobacco Control
Equality NC	Magic City Equality	PT Proud	Pennsylvania Comprehensive Cancer Program
Erie County Health Department	Markey Cancer Center	Queer Resource Center (City College San Francisco)	Texas Comprehensive Cancer Program
Eta Theta Psi Sorority	Methodist Federation for Social Action	Rainbow Health Coalition at TouroCOM - Harlem	Howard Brown Health
Friend for Life Cancer Support Network	MGH Cancer Center	Rockland County Pride Center	Idaho Tobacco Control
Friendly "Virtual" Visiting Program	Montgomery County Office of Public Health	SAGE USA	Kappa Iota Sigma
Gala Pride and Diversity Center	Movement Advancement Project	SAGE - Staten Island	Alpha Zeta Gamma
Gay City: Seattle's LGBTQ Center	My Breast Choice	Sidney Kimmel Cancer Center	
Gay Web Source	National Alliance for Hispanic Health	Sigma Nu Psi Sorority	
Gender Benders	National Queer Asian Pacific Islander Alliance (NQAPIA)	Smilow Cancer Center	
Get Healthy Philly		Socially Centered	
GLMA: Health Professionals		Stupid Cancer	
		The LGBT Health Resource	

