



Surveillance & Evaluation Webinar Series Presents:

ADVANCING HEALTH EQUITY THROUGH THE POWER OF DATA

WEDNESDAY, MAY 20, 2020

The findings and conclusions in this presentation are those of the author and do not necessarily represent those of the Centers for Disease Control and Prevention.

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ADVANCING HEALTH EQUITY THROUGH THE POWER OF DATA

**Hosted by: National LGBT Cancer Network &
National Behavioral Health Network and National Native Network**

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Advancing
Health Equity
Through the
Power of Data


national
lgbt cancer
network

TOBACCO RELATED
CANCER PROJECT




Dr. Scout

I run one of eight CDC-funded tobacco and cancer disparity networks. In this capacity I spend a lot of my time helping invoke system changes that build capacity of CDC grantees and health care groups to reach and serve sexual and gender minorities.



Why COVID-19 is decimating some Native American communities



SHORT WAVE

As Coronavirus Spreads, Racism And Xenophobia Are Too

March 11, 2020 · 4:00 AM ET



The New York Times

Virus Is Twice as Deadly for Black and Latino People Than Whites in N.Y.C.



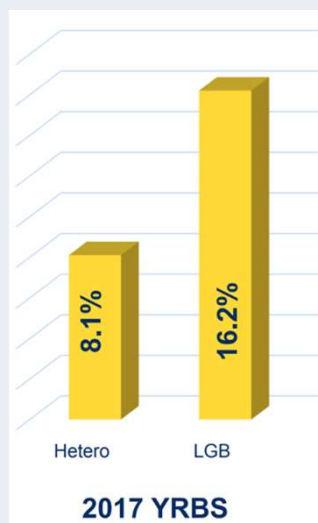
Our number one health risk

LGBT people use tobacco at rates higher than the general population.

50%

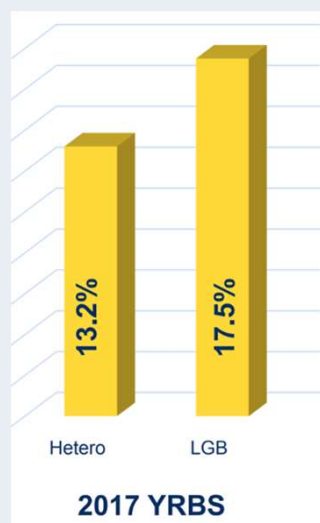
LGBT youth smoking rates

Current
cigarette
smoking?



LGBT youth smoking rates

Current
vape use?





Worse survivorship outcomes

When compared to the general population of cancer survivors...

Lesbians were **2x** as likely to report poor health.

Bi women were **2.3x** as likely to report poor health.



We want to disclose

In one study of emergency room patients,

90% of LGB people wanted to disclose sexual orientation.

78% of providers worried about asking.



A graphic with an orange background. In the top left corner is a small icon of three red circles. In the center is a white square containing a bar chart with four bars of different heights and colors (yellow, green, blue, purple) on a red base. Below the chart is the word "DATA" in red. Below the white square is the text "BRFSS campaign" in white.



A presentation slide with a light blue background. In the top left corner is a small icon of three red circles. The slide features the logo for the "national lgbt cancer network" with the tagline "ADVOCATING FOR HEALTH EQUALITY". The main title is "Trends in SOGI surveillance" and the subtitle is "2019 State BRFSS Meeting". On the right side, there is a white box titled "How would you describe yourself?" containing a list of options with radio buttons: Asexual, Bisexual, Gay, Heterosexual or Straight, Lesbian, Man loving man, Pansexual, Queer, Questioning, Woman loving woman, Self-identify (open) with a text input field, and Prefer not to say.




Advancing Sexual Orientation/Gender Identity (SOGI) Measures in the Behavioral Risk Factor Surveillance System (BRFSS)

Restar AJ, Jesdale WM, Pederson LL, Durso LE, Scout NFN

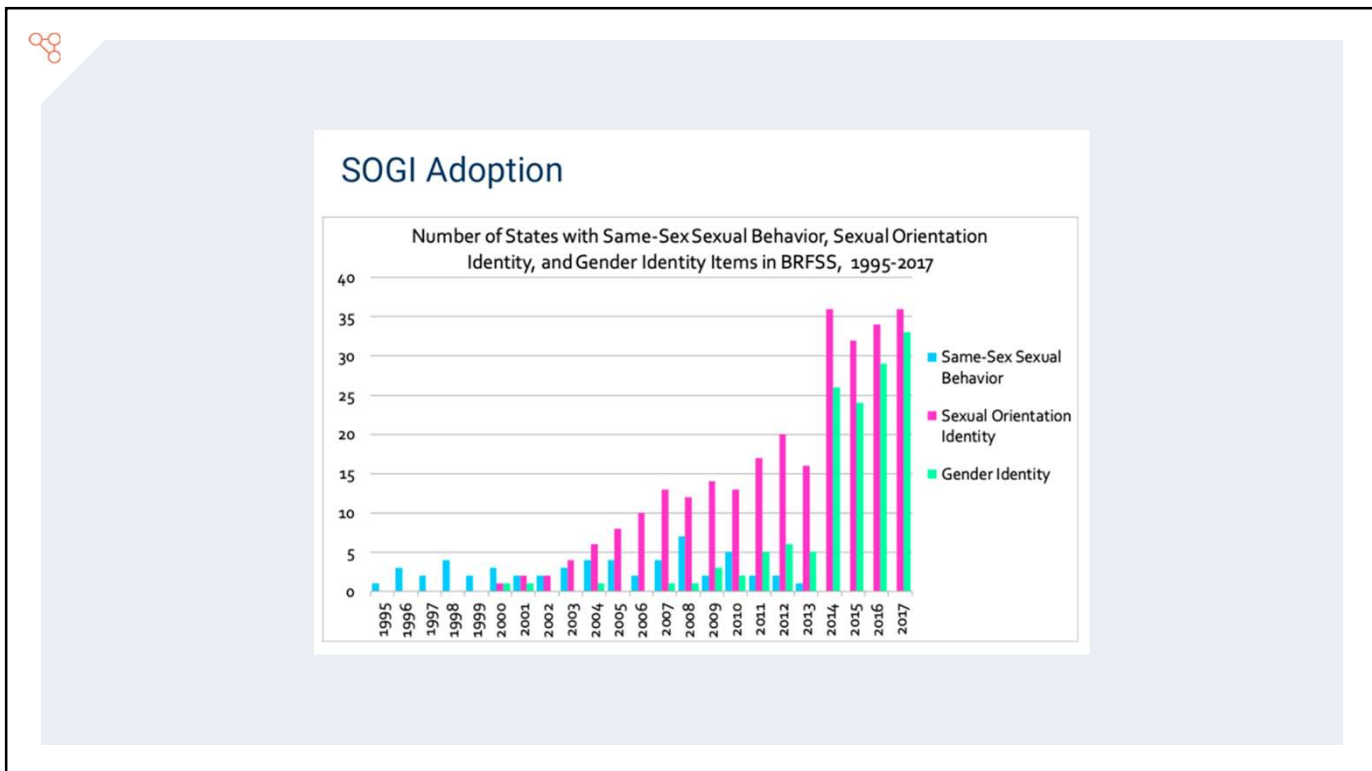
THE NUMBER OF AMERICANS WHO IDENTIFY AS LESBIAN, GAY, BISEXUAL, AND TRANS-GENDER (LGBT) IS INCREASING. According to the 2018 Gallup and Pew Research Center report, (1) at least 11 million US adults identify as LGBT (4.5% of the US adult population). This represents a modest but substantial increase from the 8 million US adults (3.5% of US adult population) who identified as LGBT in 2012. (2) This growth may be in part due to increased disclosure of LGBT status following progress in societal acceptance and legislative protections (e.g., the 2015 US Supreme Court ruling on marriage for same-sex couples (3)). As the number of Americans who identify as members of the LGBT population increases, the role of surveillance systems, like the BRFSS, (4) becomes even more critical in measuring health disparities.

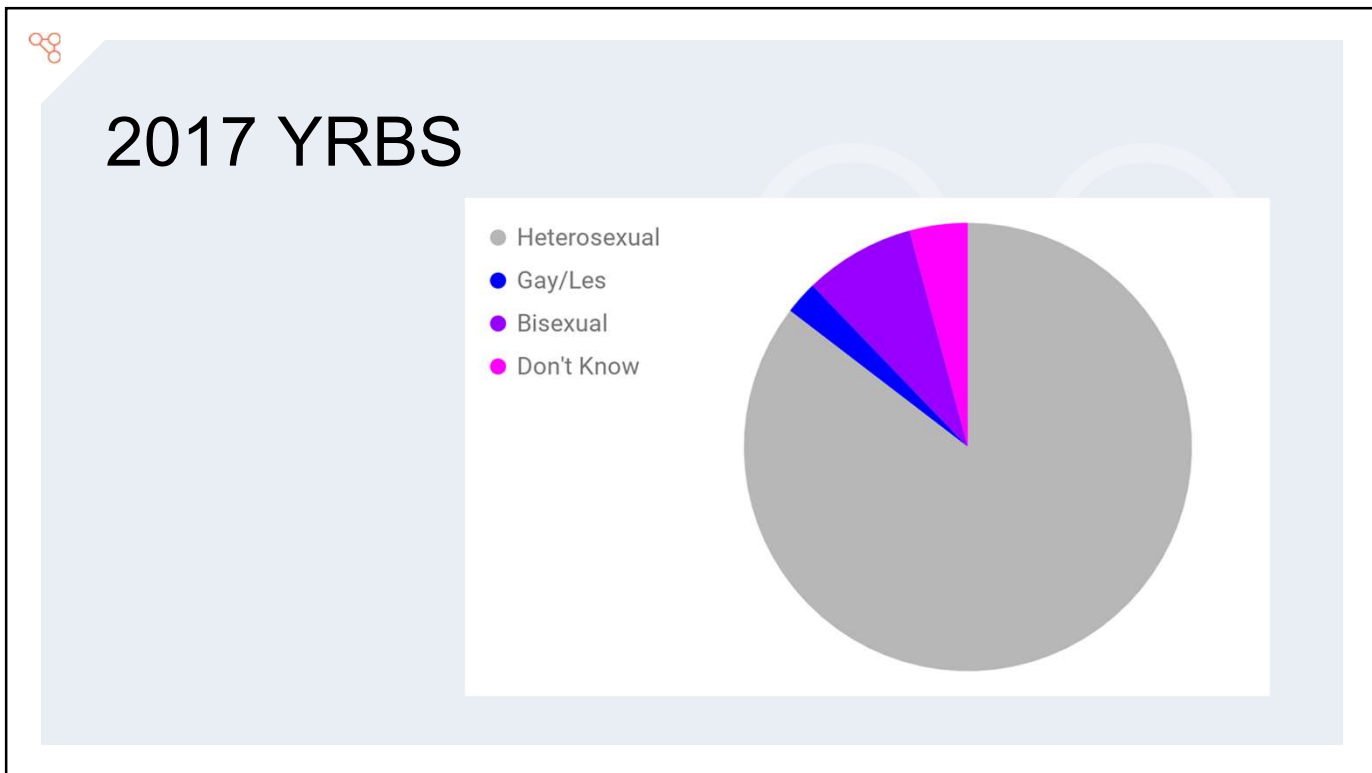
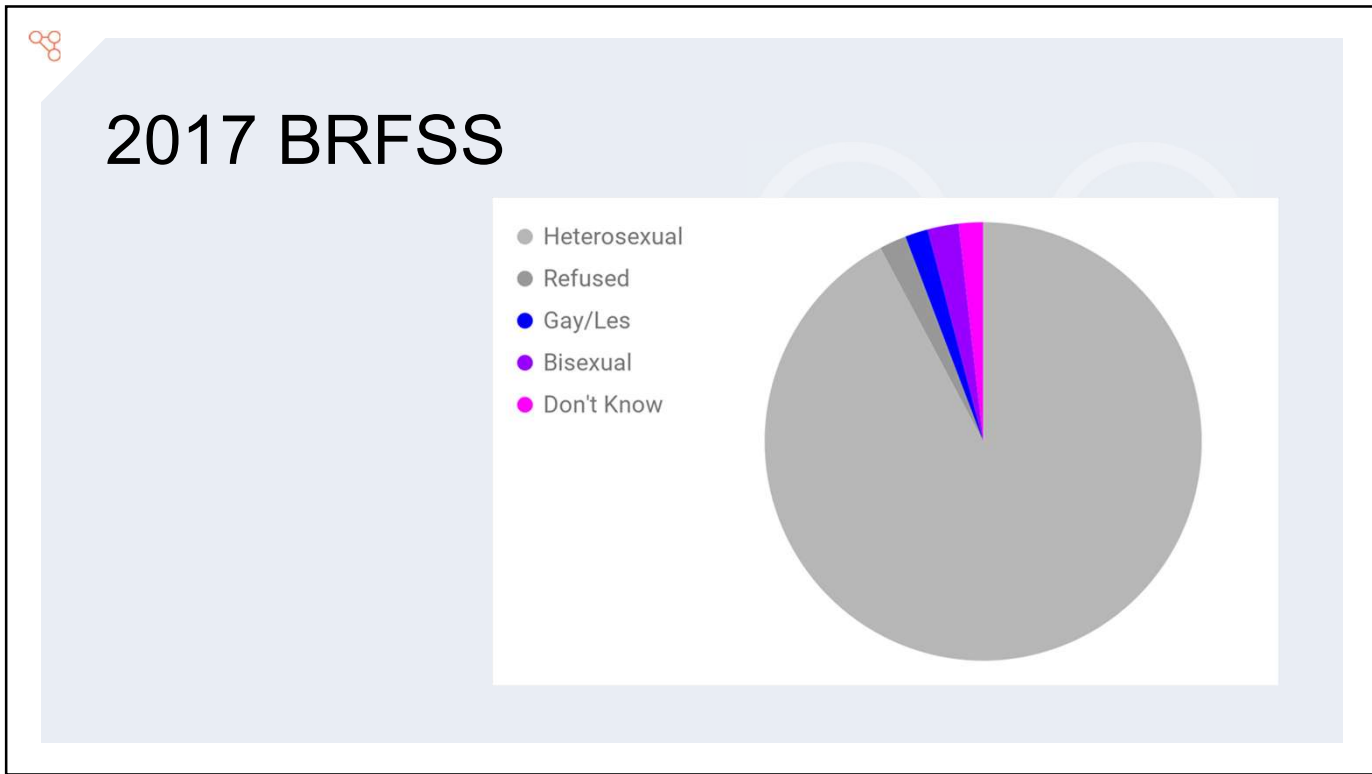
USE OF THE OPTIONAL BRFSS' SOGI MODULE IS RAPIDLY BECOMING A NORM FOR STATES. In 2006 ten states were collecting sexual identity and none were collecting gender identity data. Over the span of 2017-2018, 35 states used the standardized BRFSS SOGI module. (5)

POOLED DATASETS ARE PROVIDING LEADING EDGE INFORMATION. The BRFSS SOGI module has resulted in the publication of more than 120 peer reviewed articles, focusing on a range of health behaviors among US LGBT adults. Pooled datasets are providing particularly valuable information about a range of health behaviors. As the BRFSS has the largest sample size of any surveillance instrument, these pooled datasets have long been identified as having the greatest potential to allow researchers to investigate subpopulations such as LGBT people of color. (6)

Center for American Progress

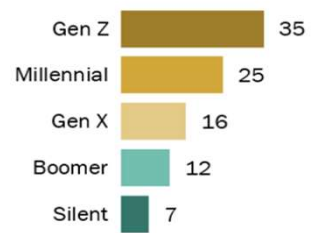




Shifting demographics

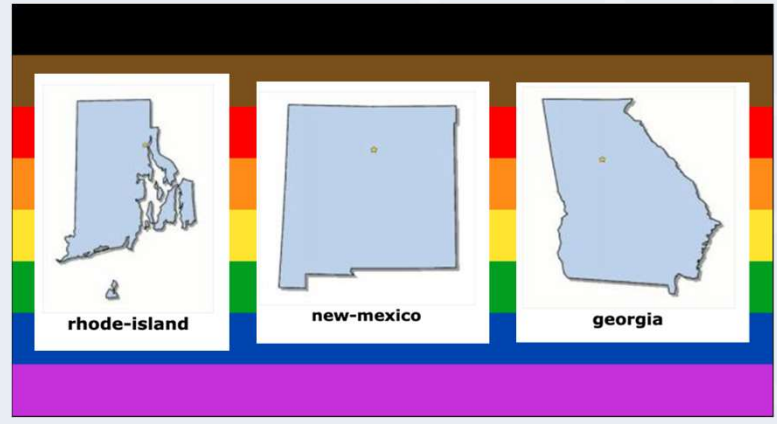
Gen Z more familiar with gender-neutral pronouns

% saying they personally know someone who prefers that others refer to them using gender-neutral pronouns




Source: Surveys of U.S. adults ages 18 and older conducted Sept. 24-Oct. 7, 2018, and U.S. teens ages 13 to 17 conducted Sept. 17-Nov. 25, 2018.
 "Generation Z Looks a Lot Like Millennials on Key Social and Political Issues"
PEW RESEARCH CENTER

Shifting demographics - 14.7M

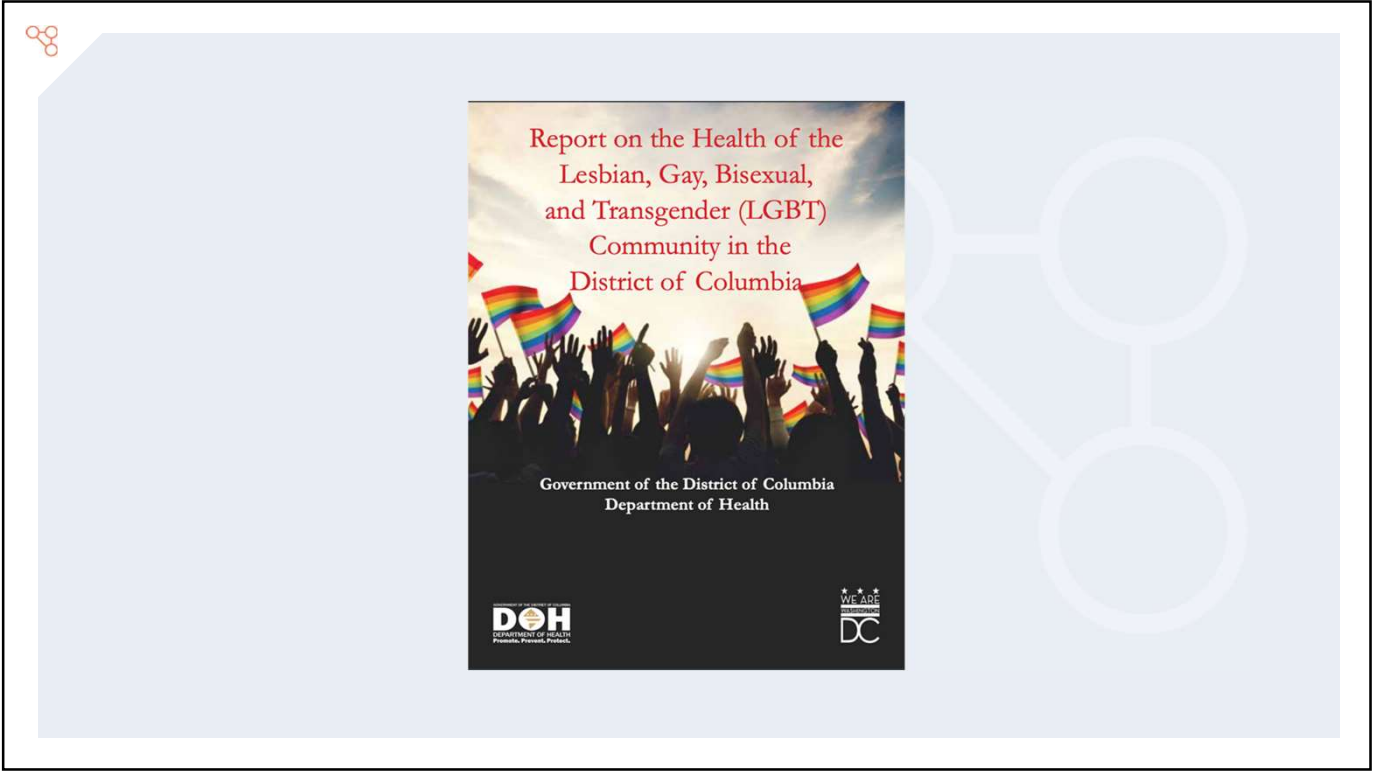




Models for Dissemination



HAWAII SEXUAL & GENDER MINORITY HEALTH REPORT





For Immediate Release

April 21, 2020

Contact:

Scout, 401-267-8337, scout@cancer-network.org or
Jewel Addy, 202-204-5531, jadddy@whitman-walker.org


LGBTQ+ AND ALLIED ORGANIZATIONS ISSUE SECOND OPEN LETTER URGING DECISIVE ACTION TO PREVENT COVID-19 DISCRIMINATION

170 Organizations Highlight Need for Nondiscrimination, Sexual Orientation & Gender Identity Data Collection, and More Help for Economically Devastated Communities

ical providers and public health authorities to collect sexual orientation and gender identity data for COVID-19 cases in addition to data on race, ethnicity, age, sex and disability, in order to document and address the pandemic's impact on minority communities. The signing organizations also emphasize the urgent need for more robust relief for lower-income individuals and families, and for persons who are dependent on lower-paying jobs in hospitality and other industries which are being decimated by the pandemic.

"We are in the middle of an unprecedented global health crisis – and we cannot afford to leave anyone behind," said Rep. Barbara Lee, Vice Chair of the Congressional LGBTQ+ Equality Caucus. "As our work continues to get families and communities the resources they need to survive, we must ensure that protecting LGBTQ+ communities is a core part of our country's response to COVID-19. Ensuring non-discrimination has and always will be a priority for me, and I will continue to work with my colleagues to make that a reality."

"LGBTQ people have increased risk factors for COVID-19, including higher HIV and cancer rates, higher rates of smoking, and increased risk of homelessness," said Senator Scott Wiener (D-San Francisco), who serves as Chair of the California Legislative LGBTQ Caucus and recently led a letter urging data collection. "We must ensure that the LGBTQ community has access to the resources it needs to face this pandemic, including quality, non-judgmental, and affordable healthcare, as well as unemployment benefits for every impacted industry, including the service and entertainment sectors. We also must collect data to understand how the LGBTQ+ community is being impacted by COVID-19."



Does your health provider ask if you are LGBTQ+?

Asking is the first step to getting LGBTQ+ health outcome data.
#covid-19

#asktobeasked



Q Voice News
Bringing LGBTQ News Out Of The Closet

COVID-19: LGBTQ community kept in closet by public health officials



April 27, 2020 • by Scout

Data collection important

What does that mean?

We use tobacco at rates that are 50% higher than the general population, and $\frac{1}{3}$ of all cancers are caused by tobacco use. But can I give you an overview of our disproportionate cancer impact as a result? No.

Let's switch to our current public health crisis, **the COVID-19 pandemic**. An estimated 2.3 million LGBTQ+ people are cigarette smokers. An early **study out**

Dr. Rachel Levine
 Secretary of Health
 625 Forster St
 Harrisburg, PA 17120


April 13, 2020

Secretary Levine:

The 26 undersigned organizations write to you with profound gratitude for your historic leadership during this crisis. The global COVID-19 pandemic is causing incredible challenges for the health of all Pennsylvanians, including LGBT Pennsylvanians. Due to LGBT population disparities in tobacco use, HIV incidence, and cancer diagnosis, as well as a history of barriers to care and discrimination, LGBT Pennsylvanians live with increased risk factors and vulnerabilities for COVID-19 infection.

Early epidemiological analyses have spotlighted disparities in death rates for both African American and Latinx populations; these are exactly the type of analyses that also need to be conducted for the LGBT population. In order to do so, it is critical that hospitals and testing sites collect LGBT demographic data from COVID-19 patients (testing results, hospitalizations, and mortality). Without these data, efforts to limit exposure for the LGBT community through behavioral change (including community adherence to the sound direction from PA Department of Health and the CDC), as well as clinical efforts to improve care for adversely impacted populations, will be limited.

We understand that many hospitals and clinics are overwhelmed. And we know that some have not complied with your mandate regarding data collection efforts for other adversely impacted populations. However many hospitals are complying. **We are asking that you utilize your power as Secretary of**



GOVERNOR.PA.GOV

Gov. Wolf Announces Inclusion of Gender Identity, Sexual Orientation or Expression in COVID-19 Data Collection

[About this website](#)



Action Steps

1. Do your evaluation activities routinely collect SOGI as part of demographic measures?
2. Are you analyzing and disseminating those findings?



Thank you.

For more information contact us at info@cancer-network.org.

National Behavioral Health Network



Meet NBHN

The National Behavioral Health Network for Tobacco & Cancer Control is operated by the National Council for Behavioral Health

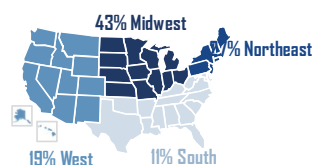
NBHN serves as a resource hub for professionals seeking to combat disparities specifically impacting people with mental illnesses and addictions.

www.bhthechange.org

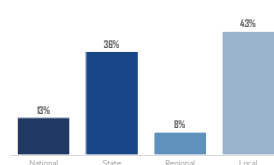


NBHN has 2,290 members

Regions of the US



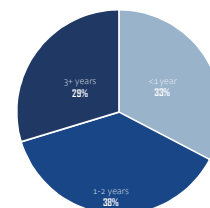
Organization Level



Organization Type

Non-Profit/Community-Based Organization	35%
Other	22%
Academic/Medical Institution	15%
Government	10%
Public Health Department	8%
Community Health Center	7%
Public Health Agency	3%

NBHN Membership





Meet NBHN

NBHN Staff

Taslim van Hattum, LCSW, MPH Director
 Margaret Jaco Manecke, MSSW Project
 Manager
 Dana Lange
 Project Manager
 Samara Tahmid
 Project Coordinator

NBHN Core Partners

UCSF Smoking Cessation
 Leadership Center



CU School of Medicine
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS



Data-Integrated Strategies to Assist States



Communities of Practice

- 10-15 small state teams
- SMEs & faculty
- Focused action planning
- Peer to peer sharing
- Ongoing coaching



State Strategy Sessions

- Readiness
- Leadership participation
- Cross-sector partners
- Expert facilitators
- State Action Plan



Consultation & Integration

- State needs assessment & outreach
- Educational sessions
- EBI-specific trainings
- Bridging relationships



Spotlight: 2019 Tobacco-Free Facilities Training



IMPACT OF THE TRAINING

? How did the training help enhance your ability to engage in tobacco-free activities?



Content, Presentations and Resources

Attendees said the training provided them with:



- Data and resources needed to begin their work around tobacco-free facilities and activities
- Training around communicating organizational change to leadership
- Language to frame messaging to staff and clients



- Assistance setting goals and targets that increased confidence in ability to carry out the work

Tobacco-Free Policy Planning and Leadership Buy-in

Attendees said the training provided them with:



- Training on how to engage in conversations about enhancing tobacco control activities with their leadership

- Resources on how to implement additional policies regarding different tobacco types

- Strategies on working with external partners to enhance referral services



- Strategies on how to evaluate tobacco control activities



Spotlight: Impact of Training

ORGANIZATIONAL CHANGES MADE SINCE ATTENDING THE TRAINING

52%



said that their organization has **gone tobacco-free** or initiated activities to do so since the training.

Overall, participants have generally implemented practice change(s) following the trainings. The **top 3 changes** participants said they have made included:

enhancing tobacco screening and cessation supports to clients/patients **57%**

engaging leadership around tobacco control activities **45%**

training staff, leadership, or clients/patients **42%**

9



organizations had follow up coaching calls around going tobacco-free

1,123



staff impacted

**estimate with only one-third reporting*

58,000



clients impacted

**estimate with only one-third reporting*



Tips for State Evaluators

JOIN THE NETWORK!



Improve data captured
to better define priority
population & measure
outcomes

(BRFS, Quitline)



Strengthen relationships
with Medicaid, Behavioral
Health Depts. and
Treatment Centers



Learn how to
access existing
(B.A.D.) datasets
(e.g. SAMHSA State Survey)

National Native Network (NNN)

Coordinated by the Inter-Tribal Council of Michigan

PI: Noel Pingatore

Program Director: Joshua Hudson

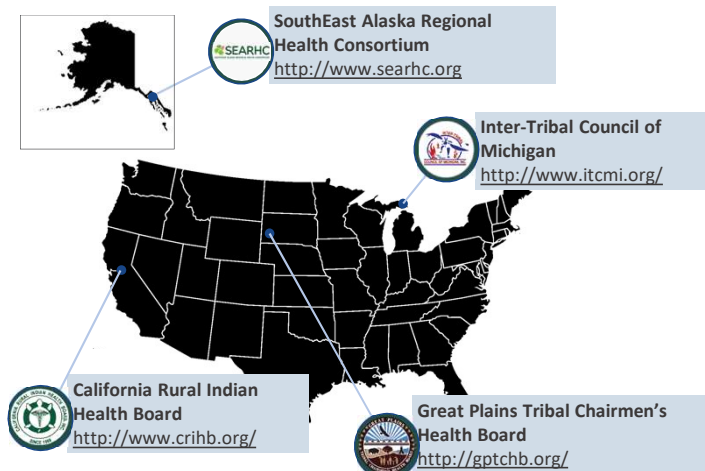
www.keepitsacred.org



National Native Network

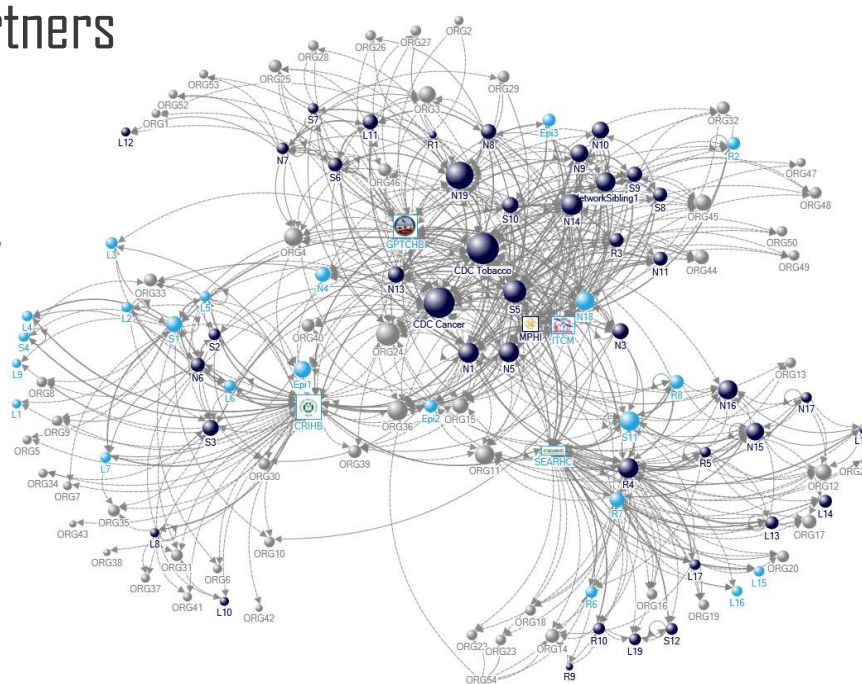
A 'Network of networks' of Tribes, tribal organizations and health programs working to decrease commercial tobacco use and cancer health disparities among American Indians and Alaska Natives (AI/AN) across the U.S.

www.keepitsacred.org

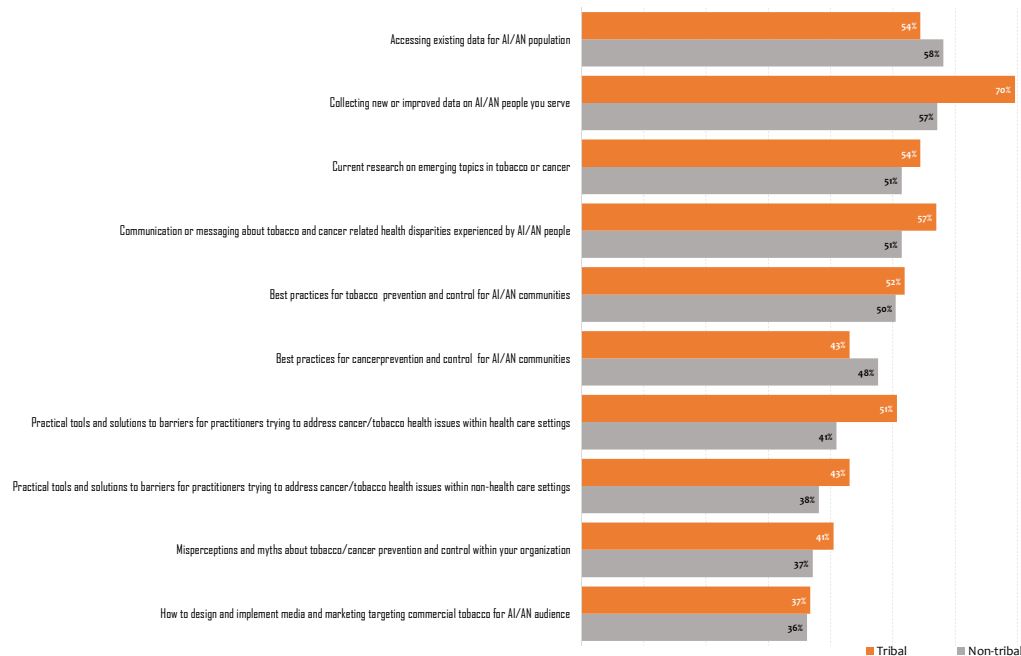


Working with Partners

The NNN Tobacco Network is made up of 122 organizations, connected by 780 relationships



2019: Top 10 Areas of T/TA Needs Identified



Strategies to Support States with Data



Connect with regional/local tribal organizations



Tailored consultation on doing things in a 'good way' in Indian Country



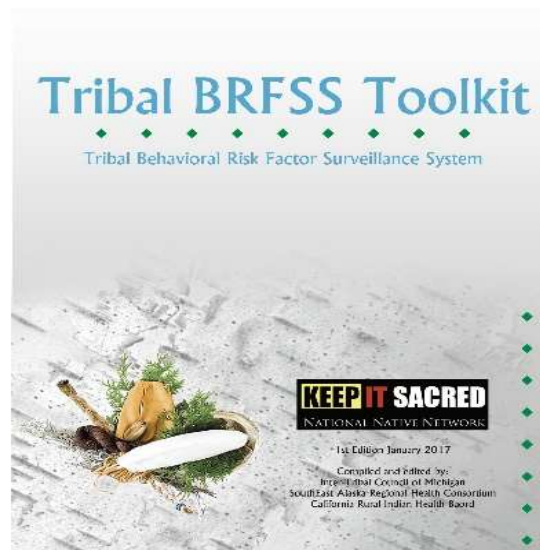
Culturally-relevant trainings & toolkits

Spotlight



NNN disseminates successful practices for data collection partnerships with tribes.

*Example: MI BRFSTribal Oversample
N=563+state sample*



Tips for States



Meaningful engagement & relationships



Long-term commitment



Data Use Agreements, Tribal Data Ownership



Realistic pace & expectations

