



# ***The Evaluators' Network***

## **S&E Webinar Series: National Networks Spotlight Part 2 — Evaluating through a Health Equity and Disparities Lens**

Tuesday, August 24, 2021

3:30 p.m. – 4:30 p.m.

Having trouble connecting?

Dial into the session by calling: +1 929 205 6099

Meeting ID: 878 1291 4333  
Passcode: 963819



Announcements and Introductions

# National Native Network

Noel Pingatore, MPH , Department Director

Hannah Bartol, B.S., Program Manager

Richard Mousseau, M.S., Program Coordinator/Data Manager

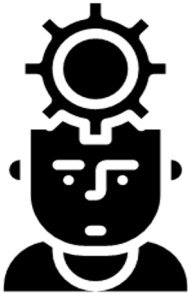
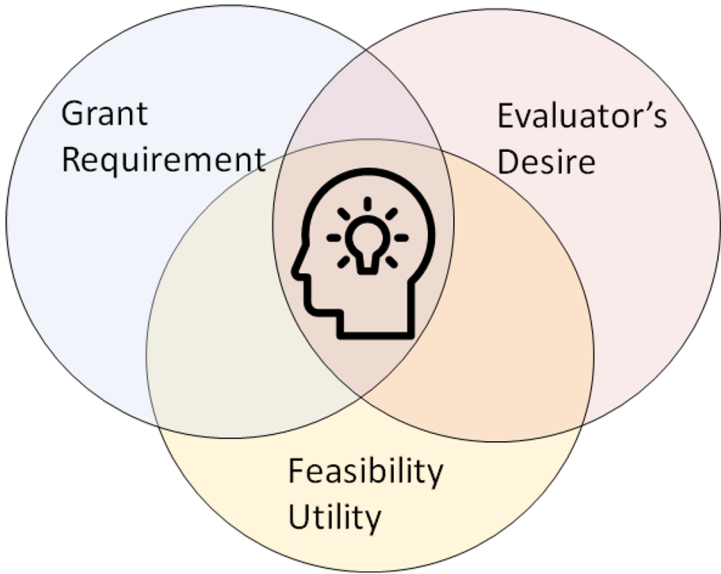
Chiharu Kato, PhD ,Evaluator, Michigan Public Health Institute  
National Native Network



# Introduction to the National Native Network

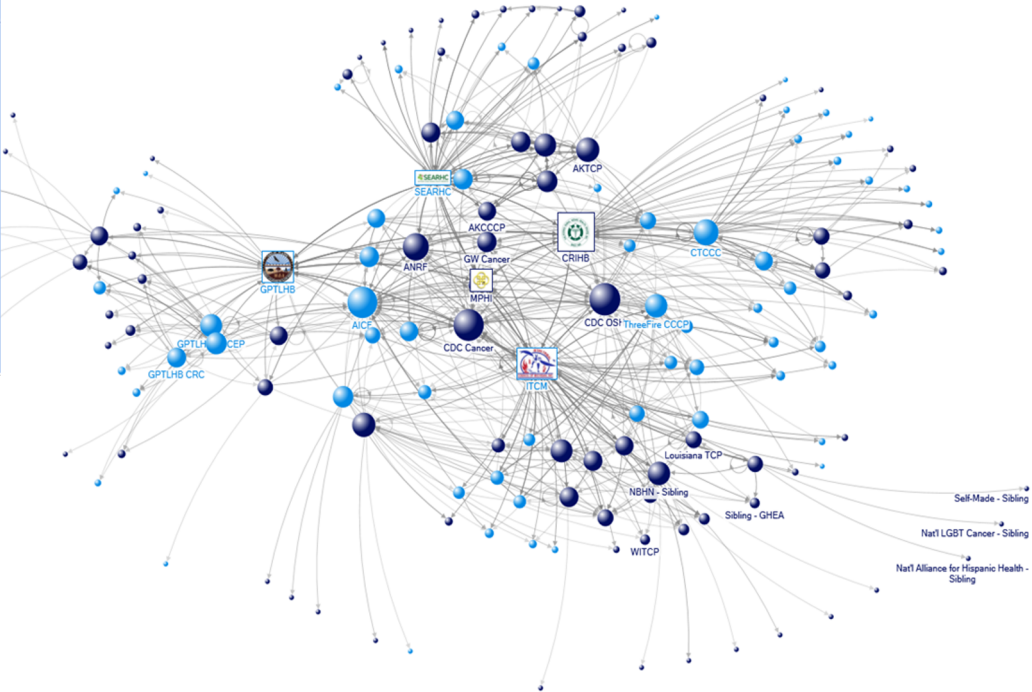
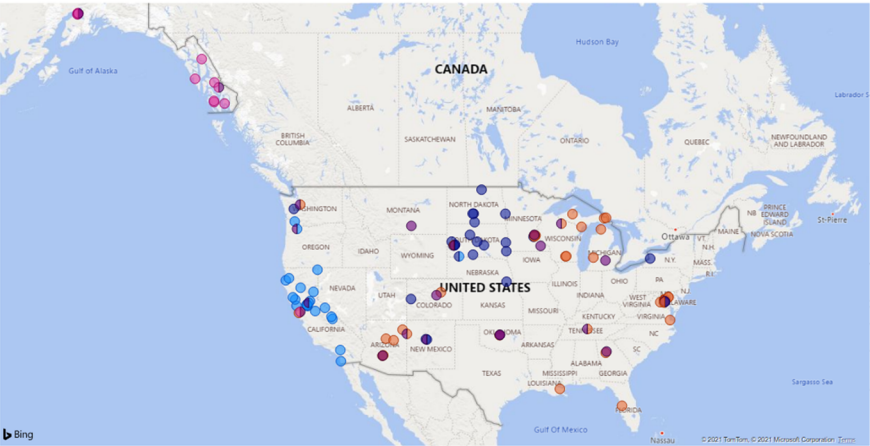
- We offer technical assistance, culturally relevant resources, and a place to share up-to-date information and lessons learned, as part of a community of tribal and tribal-serving public health programs. The Network is intimately connected to the communities we serve and brings a wealth of knowledge of culturally based approaches for commercial tobacco and cancer prevention and control.
- The strength of our Network lays in partnerships between Tribes and tribal, national, state, and local organizations across Indian Country.
- The Network is administered by the Inter-Tribal Council of Michigan and directed by a board composed of three partner tribal organizations:
  - California Rural Indian Health Board
  - Great Plains Tribal Leader's Health Board
  - Southeast Alaska Regional Health Consortium
- For more information visit us at <https://keepitsacred.itcmi.org>

# Evaluation of NNN

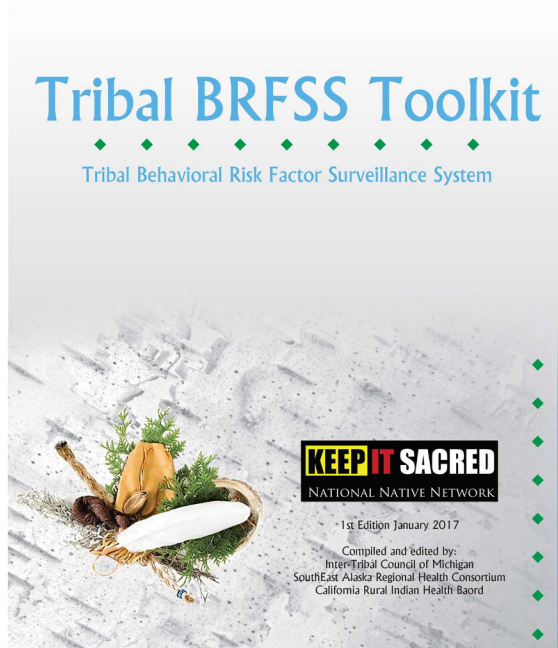


# Hitting the Sweet Spot; Network Survey

Partner\_last ● CRHIB ● GPTCHB ● ITCM ● National ● SEARHC



# Tribal BRFSS Toolkit



State BRFSS rarely captures enough AI/AN respondents to produce a sample size large enough for analysis - often requires combining multiple years of data, which provides outdated information and may not represent geographies where tribal communities are located

A Tribal BRFSS is often tribally owned and can be shared with the State; tribes may select optional modules, based on their needs

Incorporates Tribal Government and utilizes CBPA, yielding high response rates - often enough to produce tribal specific reports, as well as the aggregate report.

Comparable to State BRFSS - useful to identify disparities and can be used for surveillance and program evaluation

# Tribal BRFSS Toolkit - Success Story

## Addressing Health Disparities in MI's American Indian Population



### PUBLIC HEALTH PROBLEM (ISSUE)

The 2007 Michigan Public Act 653, the Michigan Health Equity Roadmap and the HHS Office of Minority Health National Partnership for Action include recommendations to improve the collection and quality of health related data on racial and ethnic minority and tribal populations. To that end, the goal of the 2017 Native American Behavioral Risk Factor Survey (NaBRFS) was to provide an up-to-date health data source for Native Americans in Michigan which is home to 12 federally recognized tribes. Other state data sources indicate higher rates of no health care coverage, heart disease, diabetes prevalence and cancer mortality among Michigan's tribal populations.

### TAKING ACTION (INTERVENTION)

The Behavioral Risk Factor Surveillance System (BRFSS) is a CDC administered telephone survey to collect data on health risk behaviors, preventative services, and chronic health conditions. The Michigan BRFSS does not contain enough respondents for robust analysis of racial/ethnic populations, beyond Black and White. To improve data accuracy and availability for Michigan's minority populations, the Michigan Department of Health and Human Services (MDHHS) Health Disparities Reduction and Minority Health Section (HDMHHS) conducts Behavioral Risk Factor Surveys (BRFS) for select racial and ethnic minority adult populations. Michigan has completed stand-alone BRFSSs for Asians (2012), Hispanics (2012, 2014), Arabs/Chaldeans (2013, 2016), and Native Americans (2017).

Some data suggest that there is an association between self-assigned and socially-assigned racial classifications and reported health status. To better understand this, the Reactions to Race module, developed at CDC, is included in all BRFSS stand-alone surveys conducted by HDMHHS. This module was also included as part of the NaBRFS to assess the degree to which this association is reflected in Native American survey responses.



MDHHS approaches each BRFSS project as a collaborative effort that includes an advisory group comprised of representatives from the focused community and/or organizations that serve the focused community. The advisory group members work with MDHHS in all phases of the project including selection of additional survey modules, community outreach and education, survey implementation, aggregate data analysis, and report preparation and dissemination.

## Cultural Context and Language Training for State BRFSS Interviewers (Michigan State University)

Tribal Council Approval to Conduct the Survey ; share tribal roster/ phone numbers; confidentiality agreements

Articles in Tribal Newsletters, and other media outlets - informs tribal members of the survey and its purpose, as well as what to expect from a phone call

Letters from Tribal Administration to members selected to participate

Report back to the Community with results and recommendations

Sample Success Story with Michigan  
[NaBRFS Success Story 706600 7.pdf \(michigan.gov\)](#)



# American Indian Adult Tobacco Survey

The American Indian Adult Tobacco Survey (AI ATS) is a survey that was designed as a surveillance and evaluation tool that can be used by American Indian tribes, tribal organizations, other organizations, and National Tobacco Control Partners to provide tribal-specific information on commercial tobacco use, cessation efforts, exposure to secondhand smoke, workplace policies, tobacco-related knowledge and practices among American Indian adults aged 18 years or older.

# American Indian Adult Tobacco Survey Timeline

Quarter:	1	2	3	4
<u>Selection &amp; Training of Research Team</u>				
• Field Site Preparation		X		
<u>Data</u>				
• Mailing to Selected Participants		X	X	
• Face-to-Face Interviews				X X
• Quality Assurance Review of Data Collection			X X	X X
• Surveys Entered into Statistical Database			X X	X X
• Received ATS Data will be Analyzed				X X X
<u>Reporting</u>				
• Generate Comprehensive Report on ATS Data (1 <sup>st</sup> Draft)				X X
• Finalization of ATS Report				X

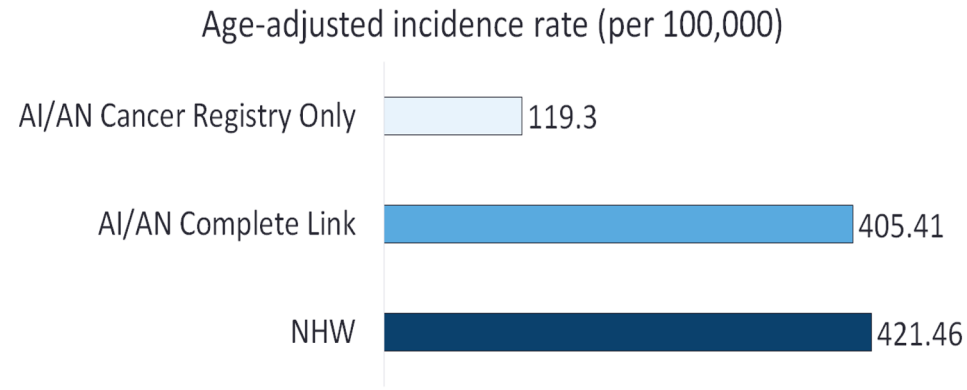
# Linkages with Cancer State Registries

**Problem:** Cancer registries around the nation realize that their cancer statistics for American Indians underestimate the burden of cancer in these communities. This is because American Indian individuals with cancer are frequently reported as white by their doctors.

**Solution:** A data linkage between the state cancer registry and a Tribe's enrollment roster looks for records in both files that are the same person; in short, we identify all Tribal members who are diagnosed with cancer in the state. This information is used to provide the Tribe with Tribe-specific cancer data and to correct the state's cancer registry

***Can be used to establish baseline and surveillance data***

**Sample Results:** Age-adjusted incidence rates among AI/ANs increased substantially due to linkage (119.30 per 100,000 vs. 405.41 per 100,000).



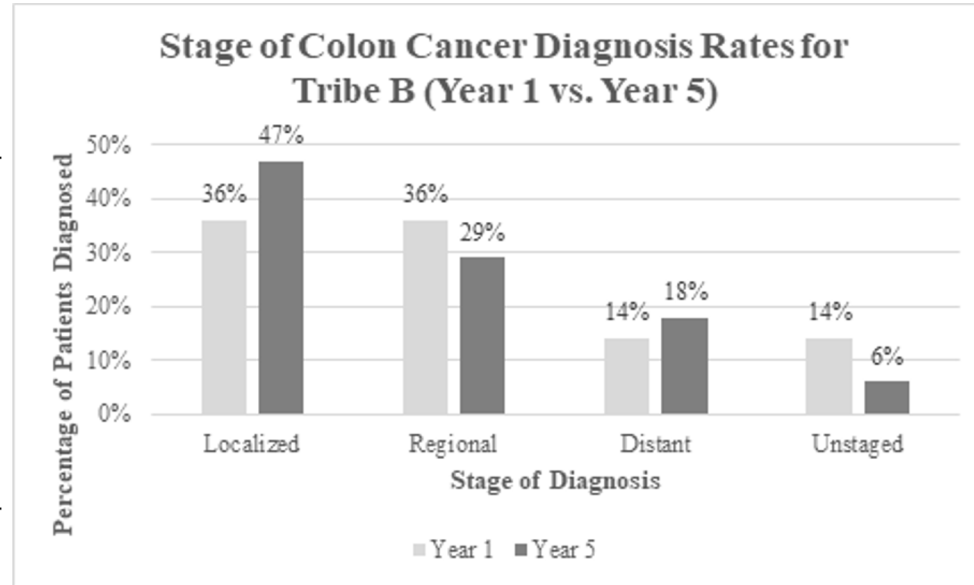
# Linkages with State Registries -Evaluation Example

Table 2

*Most Commonly Diagnosed Cancers by Tribal Community according to the 2012 Michigan State Cancer Registry*

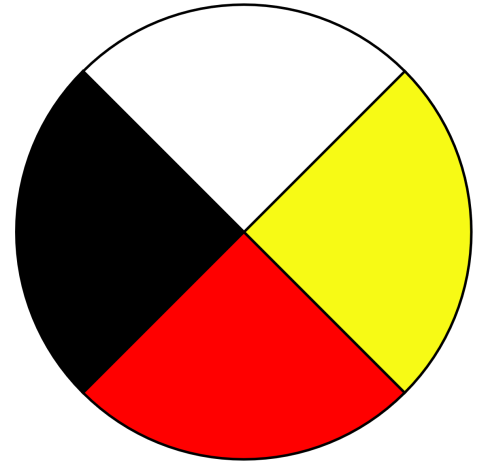
	<u>Tribe A</u>	<u>Tribe B</u>	<u>Tribe C</u>
Breast	19.9%	Colon 17.2%	Lung 14.0%
Colon	18.7%	Breast 11.1%	Colon 7.0%
Prostate	12.7%	Prostate 9.8%	Brain 3.3%
Cervical	9.6%	Lung 8.6%	NH Lymphoma 3.3%
Lung	7.8%	Thyroid 7.4%	Liver 2.9%
Other	31.3%	Other 45.9%	Other 69.5%

*Note.* Other cancers included bladder, kidney, lymphocytic leukemia, multiple myeloma, myeloid leukemia, other gastrointestinal tract, lip, oral and pharynx, other genital, other central nervous system, other respiratory, and refractory anemia.



# Talking Circles and Focus Groups

- The purpose of the less formal talking circle is to create a safe environment in which individuals can share their point of view with others.
  - In a Talking Circle, each one is equal and each one belongs.
  - Participants in a Talking Circle learn to listen and respect the views of others.
  - The goal is to open hearts to recognize and connect with one another.
  - Taking time to share stories, build relationships, explore values, and create guidelines for participation helps everyone feel physically, psychologically, and emotionally safe in the circle and creates a foundation for courageous acts of sharing.



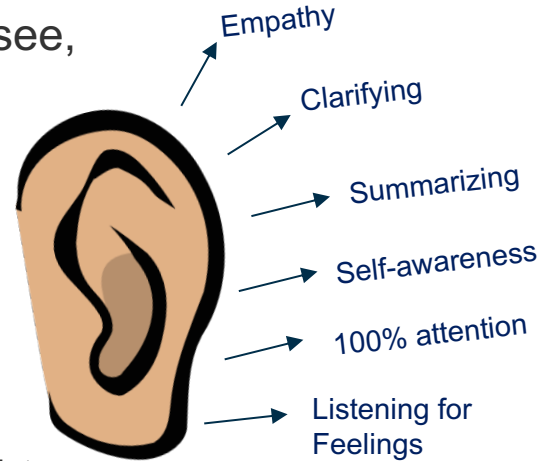
# Talking Circles and Focus Groups

## Protocols

- Respecting the circle is sacred and understanding, “who you see, what you hear, when you leave here, let it stay here.”
- Review ground rules
- Respect the differing comfort zones of participants

## The Process

- Participants sit in a circle. It symbolizes completeness.
- Everyone’s contribution is equally important.
- Practice active listening by letting others complete their thoughts
- State what you feel or believe starting with “I-statements,” e.g., “I feel ...”
- Sometimes an object (sacred or everyday) can be used as a talking ‘item’



# Thank You



## WHAT IS THE NATIONAL NATIVE NETWORK?

The National Native Network is a network of Tribes, tribal organizations, and tribal-serving programs across the U.S. working to decrease the burden of cancer and commercial tobacco health disparities in American Indian and Alaska Native (AI/AN) communities. The Network is funded by the U.S. Centers for Disease Control and Prevention and administered by the Inter-Tribal Council of Michigan, with the following partner agencies: California Rural Indian Health Board, Great Plains Tribal Chamber's Health Board, and SouthEast Alaska Regional Health Consortium.

## WHAT WE DO

The National Native Network seeks to serve all 573 federally recognized Tribes, 68 state recognized Tribes, urban AI/AN communities, and tribal-serving agencies with training, resources, and technical support for AI/AN cancer and commercial tobacco use prevention and control efforts.

### PROVIDE CULTURALLY RELEVANT, EVIDENCE BASED TRAINING, TOOLS, AND TECHNICAL ASSISTANCE

We conduct free training and technical assistance informed by science and cultural relevance, including webinars, in-person trainings, and presentations. We offer an online repository of culturally appropriate and evidence based cancer and tobacco resources, including tribal success stories and tribal data toolkits.

### DEVELOP AND STRENGTHEN PARTNERSHIPS TO REMOVE BARRIERS

We facilitate partnerships among tribal, federal, state, and local agencies in an ongoing effort to build synergy among existing programs. We collaborate to promoting effective, culturally appropriate, and evidence-based strategies, identify fill gaps, and remove barriers to cancer care in Indian Country.

### SUPPORT AND IMPLEMENT TRIBAL PUBLIC HEALTH POLICIES

We support public health policy development, implementation, and evaluation among partners, Tribes, and tribal, national, state, and local organizations through trainings, online tools, technical assistance, and direct support. The online Commercial Tobacco Smoke Free Tribal Policy Toolkit includes example tribal policies from across the U.S. and resources for planning, implementing, and evaluating tribal policies.

### LEVERAGE MEDIA TO INCREASE AWARENESS AND DELIVER CULTURALLY APPROPRIATE HEALTH MESSAGES

Our website has reached nearly 70,000 unique users from all 50 states of the U.S. and 86 other countries. Our social media accounts reach nearly 4,000 individuals and tribal programs across all 50 states of the U.S. We create and disseminate bi-monthly newsletters, fact sheets, white papers, success stories, and other publications to a list serve of over 2,000 tribal and public health professionals across the U.S. Partner agencies maintain unique websites, social media, and electronic outreach, promoting regional awareness of AI/AN health disparities and resources available.

## WHY THIS WORK IS IMPORTANT

AI/AN populations face inequities in cancer incidence and mortality. Culturally competent strategies for health systems interventions and evidence-based resources, increased program evaluation and documentation of proven and promising practices, and increased collaboration among tribal, national, state, and local agencies are needed to address these disparities.



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For more information you can find us here: <https://keepitsacred.itcml.org>





# Evaluating through a Health Equity Lens

August 24, 2021  
Surveillance & Evaluation Webinar Series

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**Michelle Veras, MPH**  
Projects Director  
National LGBT Cancer Network  
She/her



**Reece Lyerly, MS, MPH**  
Project Evaluator  
National LGBT Cancer Network  
He/him



# Agenda

- Network overview
- Data
- Best practices
- Action steps



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**Who we are**



1

EDUCATING

our communities  
about our increased  
cancer risks and the  
importance of  
screenings

2

ADVOCATING

for LGBTQI+  
engagement in  
mainstream cancer  
organizations, the  
media, and research

3

TRAINING


public health and  
health care  
providers to be more  
welcoming to us



# As one of eight disparity networks


We assess the field to ID knowledge gaps




We offer  trainings to all

We create and find knowledge pieces to disseminate



We build partnerships & connections between members 

We offer  technical assistance to members



We create and advise on media strategies



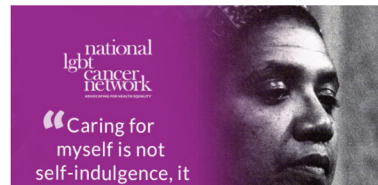


# Newsletters

## Celebrating Black History

Friends,

As February comes to a close, we move forward remembering Black History Month is every month of the year. Every day we renew our commitment to Black LGBTQ+ communities across the country. We honor and celebrate the contributions and legacies of our Black LGBTQ+ family. It is not enough to celebrate Black History, our history, just one month each year. The foundational teachings, writings, and gifts that folks like James Baldwin, Audre Lorde, and Marsha P. Johnson have given the world are carried on today through the work and life of Black LGBTQ+ activists.



Webinar Announcement  
In partnership with HRC,  
we are excited to present:

Equality in the Air We Breathe:  
COVID-19, HIV, Smoking  
and the Black Community



**I VALUE MY HEALTH**  
too much to continue  
smoking

Smoking is a  
**top health threat**  
to people living  
with HIV.

Talk to your  
medical provider.



## Webinar: LGBTQ+ Pride 2021

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### Pride Webinar

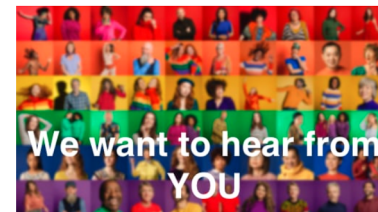
The webinar will offer an overview of best practices for tobacco and cancer control partners to engage with LGBTQ+ communities.

Featuring a variety of local LGBTQ+ organizations and state programs, highlighting options for connecting at both in-person and virtual Pride celebrations.

**04.29.21 @ 2pm EST**  
Join us on zoom!

Join our webinar, **Thursday, April 29th at 2pm EDT.**

[Register here!](#)



**Community Survey -  
Tell us what you think!**



# Online Resource Library



## HIV & Smoking Graphics

HRC Campaign, on the impact smoking has on the health of people living with HIV, is simply brilliant!

Co-brandable Media



## Cancer Cards

These cards aim to raise awareness about colorectal, breast, lung, and cervical cancer among members of the LGBTQ+ community. There are also cards that address the need for taking care of an individual's physical and mental health. Each bundle includes the front and the back of the cards in JPEG format.

Co-brandable Media



## Forgetting Something: Anal Cancer Screening Campaign

Take a look at Forgetting Something, our anal cancer screening campaign.

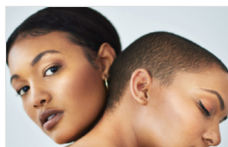
Co-brandable Media



## Cancer in LGBTQ Communities

Our Fact Sheet gives you an idea of some of the challenges facing LGBTQ community members. Available in English and Spanish!

Co-brandable Media



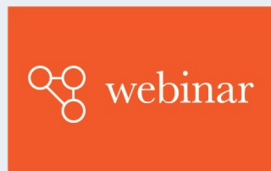
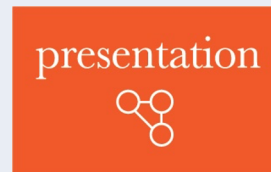
## ¿Por qué?

Nuestra campaña que demuestra algunas razones para hacer pruebas de detección de cáncer. English versions coming soon!



## Out Proud (Smoke/Vape) Free Series

Check out our Out Proud Free Logo over the seven different pride flags! The possibilities are endless. Contact us to learn about co-branding!



[Cancer-network.org/resource-library](https://cancer-network.org/resource-library)



# Join Our Network



- ❖ Training & technical assistance
- ❖ Connecting & capacity building with your local LGBTQ+ organization
- ❖ Opportunities for networking with state health departments, LGBTQ+ orgs, and more
- ❖ Tailored media & educational resources





# Join Our Network



- ❖ Training & technical assistance
  - ❖ Connecting & capacity building with your local LGBTQ+ organization
  - ❖ Opportunities for networking with state health departments, LGBTQ+ orgs, and more
  - ❖ Tailored media & educational resources
- FREE**



# State Needs Assessment Tool

- ❖ Based on our Best & Promising Practices
- ❖ State cancer & tobacco program evaluation
- ❖ Other applications - LGBTQ+ orgs, community partners, healthcare organizations
- ❖ Can help identify opportunities for growth & collaboration



# Our Best & Promising Practices

1. Promote LGBTQ+ professional safety & leadership in public health.
2. Include LGBTQ+ community members in policy planning.
3. **Monitor the impact of tobacco/cancer on LGBTQ+ populations.**
4. Establish LGBTQ+ cultural competency standards.
5. Fund community-based programs.
6. Routinely integrate LGBTQ+ tailored materials into mass media campaigns.
7. Disseminate findings & lessons learned.



# State Needs Assessment Tool

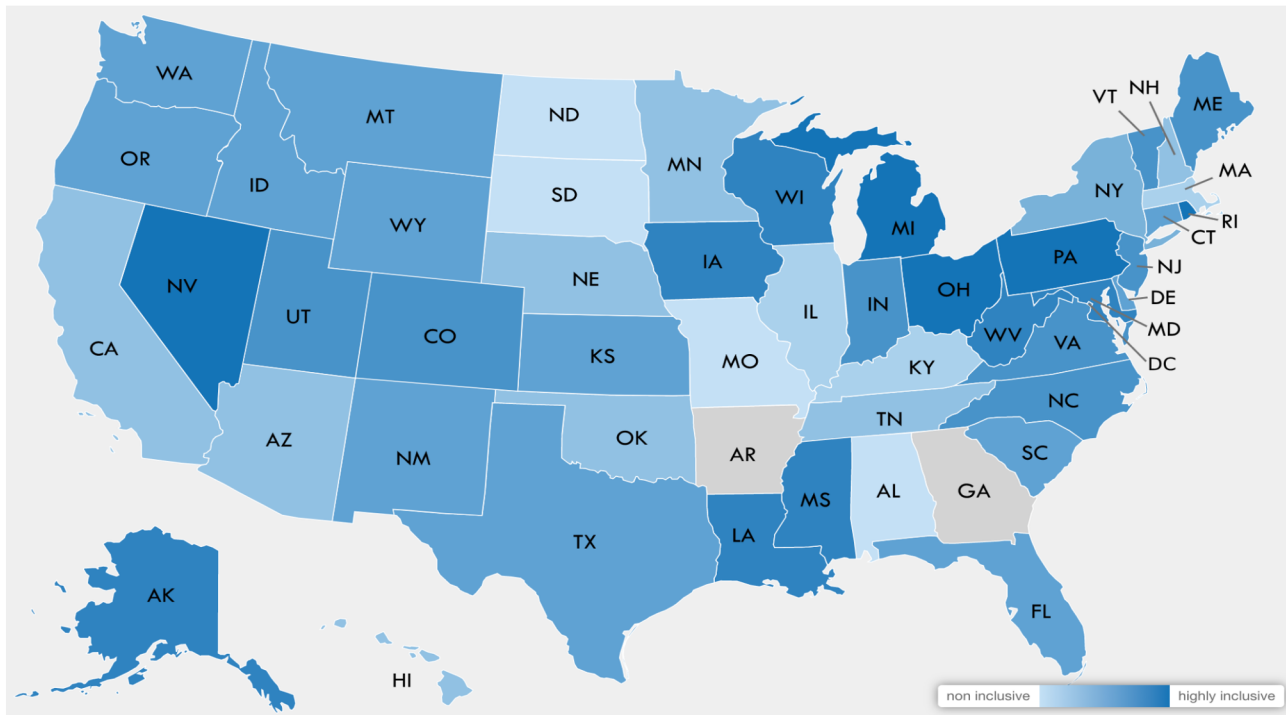
- ❖ Administered 3 times over a 5 year project period
- ❖ State cancer & tobacco program directors & staff
- ❖ Administered online via Qualtrics
- ❖ Poll Questions



# Cancer Programs

Tobacco Scores

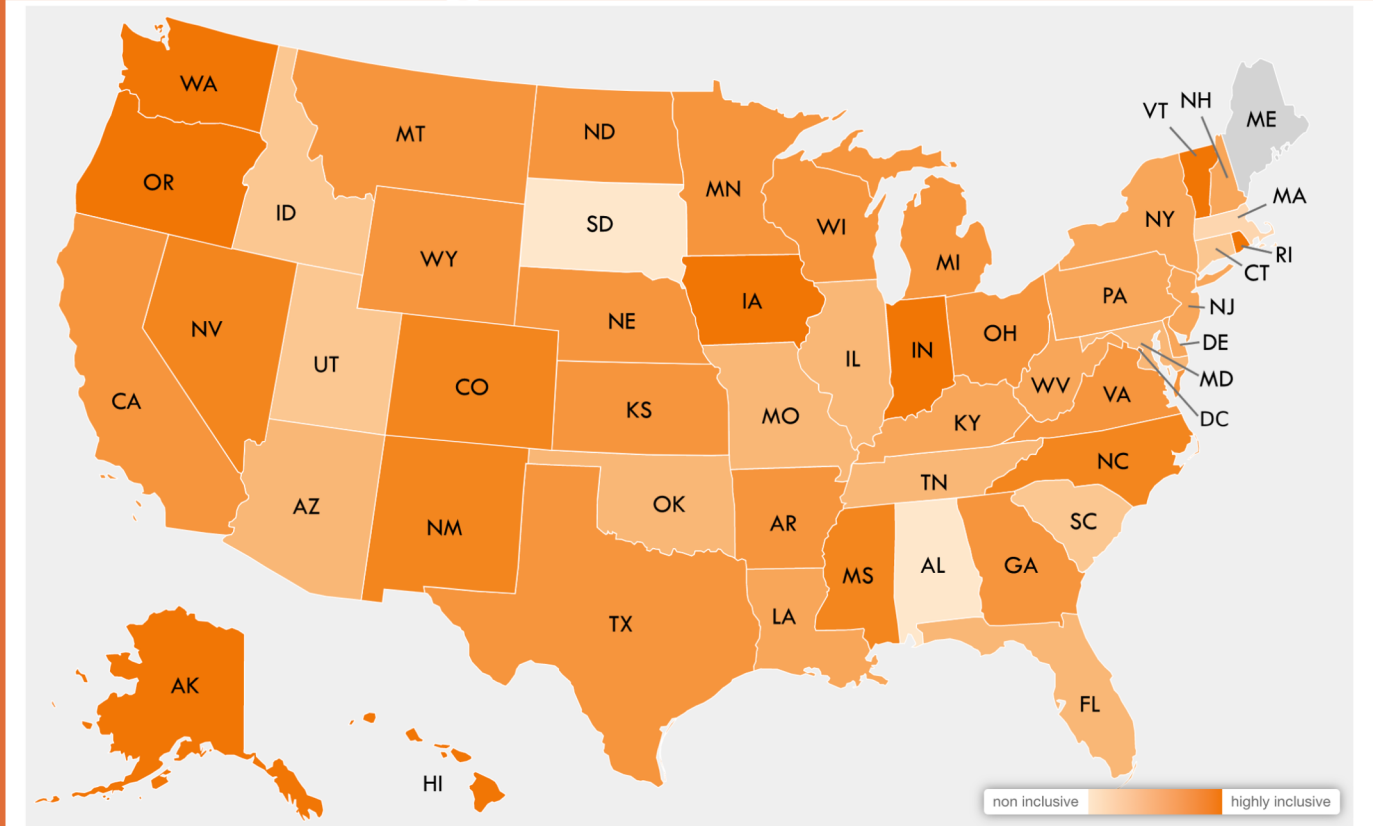
Cancer Scores



\*2019 data



# Tobacco Programs





# State Scorecard Examples

## Baseline

**COMPREHENSIVE CANCER CONTROL PROGRAM**

In 2019, The National LGBT Cancer Network conducted its inaugural Needs Assessment to evaluate current status of inclusive best practices for reaching and engaging LGBTQ communities among CDC cancer and tobacco grantee programs. For more information, please visit: [www.cancer-network.org](http://www.cancer-network.org)

- BEST PRACTICE 1: Promote LGBTQ professional safety & leadership in public health

✓
- BEST PRACTICE 2: Include LGBTQ community members in policy planning steps

✓
- BEST PRACTICE 3: Monitor impact of cancer on LGBTQ populations

✓
- BEST PRACTICE 4: Establish LGBTQ cultural competency standards for statewide programs

✗
- BEST PRACTICE 5: Fund community-based programs to help reduce LGBTQ cancer disparities

✓
- BEST PRACTICE 6: Routinely integrate LGBTQ tailored efforts into larger cancer wellness campaigns

✓
- BEST PRACTICE 7: Disseminate findings and lessons learned

✓

**SUMMARY**

**TOTAL CHECKS:** 6

Scorecard scored a total of 6, which is a rating of **moderately LGBTQ-inclusive practice**.

Best practices that Rhode Island needs improvement on include: establishing LGBTQ cultural competency programs for statewide programs

national  
lgbt  
cancer  
network  
CDC TOBACCO RELATED  
CANCER PROJECT

## Midpoint

**CANCER CONTROL PROGRAM**

In late 2020, the National LGBT Cancer Network conducted its midterm Needs Assessment to evaluate current status of inclusive best practices for reaching and engaging LGBTQ communities among CDC cancer and tobacco grantee programs. The baseline assessment took place in early 2019 and a final assessment will be conducted in 2022. For more information, please visit: [cancer-network.org](http://cancer-network.org)

- BEST PRACTICE 1: Promote LGBTQ professional safety & leadership in public health

2020  
✓

2019  
✓
- BEST PRACTICE 2: Include LGBTQ community members in policy planning steps

✓

✓
- BEST PRACTICE 3: Monitor impact of tobacco on LGBTQ populations

✓

✓
- BEST PRACTICE 4: Establish LGBTQ cultural competency standards for statewide programs

✓

✗
- BEST PRACTICE 5: Fund community-based programs to help reduce LGBTQ tobacco disparities

✓

✓
- BEST PRACTICE 6: Routinely integrate LGBTQ tailored efforts into larger tobacco control wellness campaigns

✓

✓
- BEST PRACTICE 7: Disseminate findings and lessons learned

✓

✓

**TOTAL CHECKS:**

7
6

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cancer  
network  
CDC TOBACCO RELATED  
CANCER PROJECT

**SCALE**

0 = Non LGBTQ-inclusive 1-2 = Minimally LGBTQ-inclusive 3-4 = Somewhat LGBTQ-inclusive 5-6 = Moderately LGBTQ-inclusive 7 = Highly LGBTQ-inclusive

**SUMMARY**

Scorecard scored a total of 7 checks, which is a rating of **highly LGBTQ-inclusive practice**. This is an overall **increase** from the baseline assessment in 2019.



# What is SOGI Data?

SO = Sexual Orientation (LGB)

Which of the following best describes how you think of yourself?

- Lesbian or Gay
- Straight, that is, not gay
- Bisexual
- Something else

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# What is SOGI Data?

GI = Gender Identity (T+)

What sex were you assigned at birth?

- Male
- Female
- Intersex

Do you consider yourself to be transgender?

- Yes, transgender, male-to-female
- Yes, transgender, female-to-male
- Yes, transgender, gender nonconforming
- No

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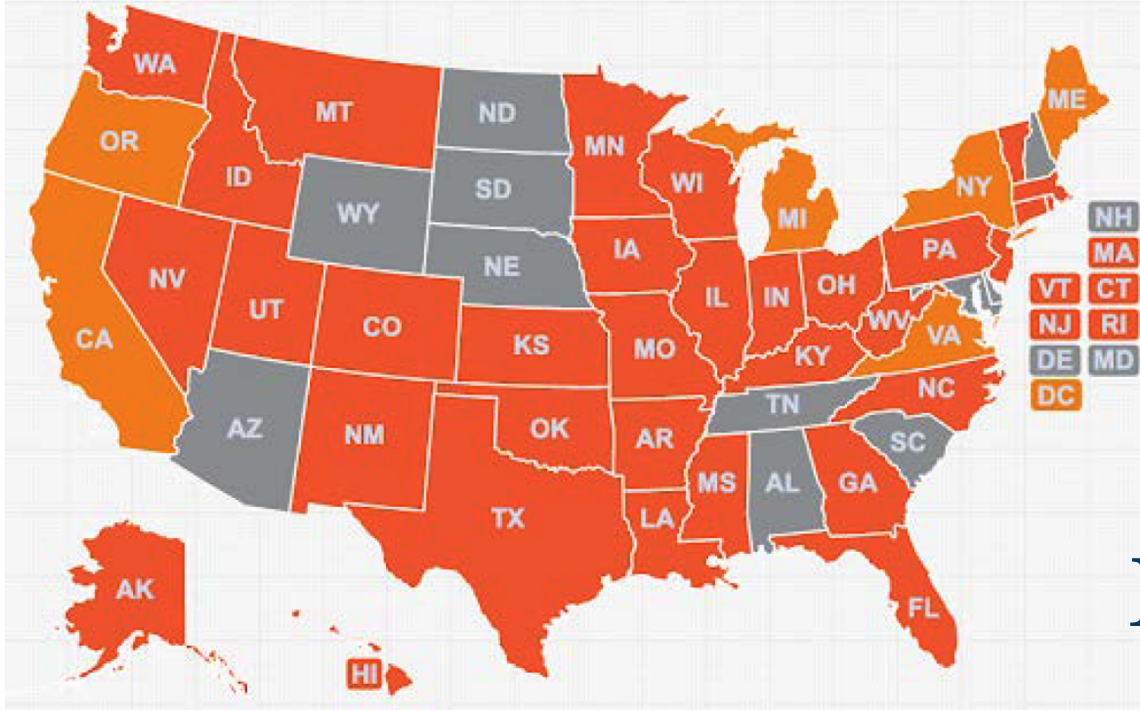
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# Evolving Definitions for LGBTQ+ Populations

- Standard SOGI module on BRFSS tested for validity and reliability
- Continuity of longitudinal data
- Small sample sizes





**Map Key:**

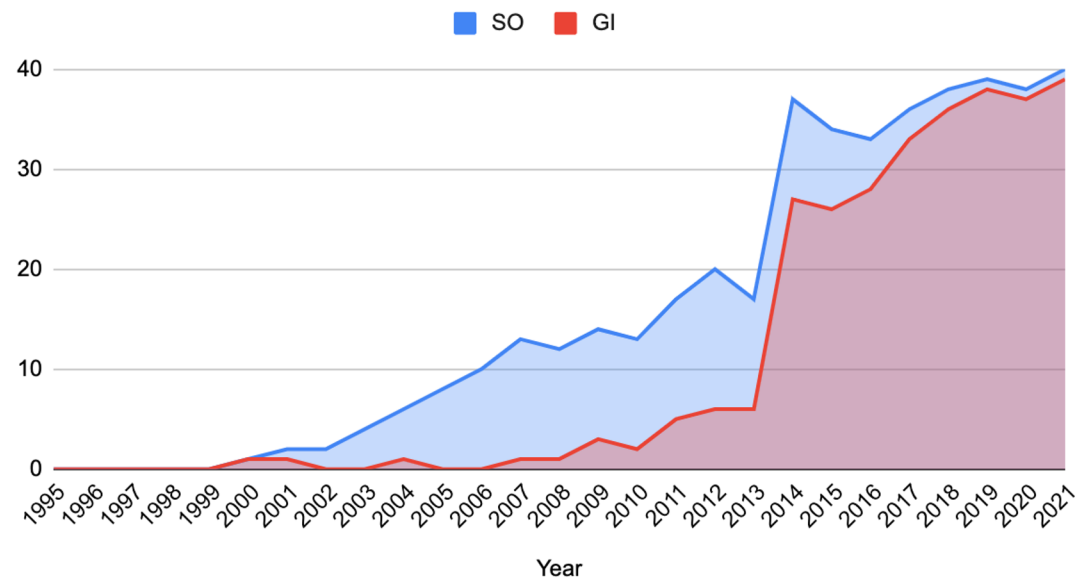
- SOGI module
- Custom SOGI measures
- no SOGI

Lack nationally representative data

BRFSS 2021



## Sexual Orientation Identity and Gender Identity



# BRFSS 2021



## Healthy People 2030

1. Increase the number of states, territories, and DC that include sexual orientation and gender identity questions in the BRFSS
1. Increase the number of states, territories, and DC that use the standard module on sexual orientation and gender identity in the BRFSS




# Importance of SOGI Data Collection

- Identify & measure health disparities among LGBT populations at state and national level
  - Shifting demographics
- Tailored health promotion programs and services
- Inform competitive grant proposals



IN 2018, ALMOST  
**30% OF**  
LESBIAN, GAY, OR  
BISEXUAL ADULTS USED  
**TOBACCO**  
PRODUCTS.

CREAMER, MELISA R., TERESA W. WANG, STEPHEN BABB, KAREN A. CULLEN, HANNAH DAY, GORDON WILLIS, AHMED JAMAL, AND LINDA NEFF. 2019. "TOBACCO PRODUCT USE AND CESSATION INDICATORS AMONG ADULTS - UNITED STATES, 2018." MMWR. MORBIDITY AND MORTALITY WEEKLY REPORT 68 (45): 1013-19.



**TOBACCO**  
USE AMONG LGB  
INDIVIDUALS IS 40%  
**HIGHER THAN**  
AMONG NON-LGB  
INDIVIDUALS.

Wang TW, Asman K, Gentzke AS, et al. Tobacco Product Use Among Adults  
- United States, 2017. MMWR Morb Mortal Wkly Rep 67:1225-1232, 2018



“We have collected SOGI data for over 10 years. Actually, the tobacco control program initially requested and subsequently paid for the BRFSS questions to assure inclusion. In so doing, not only tobacco but all DOH programs have years of data.” - Hawaii TCP

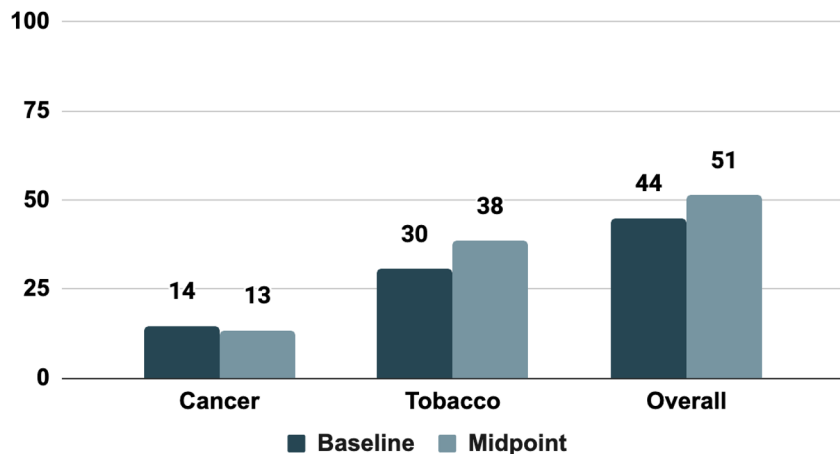
“We used SOGI data to assess the burden of tobacco use among individuals identifying as LGBTQ for the first time in Tennessee in 2018, and again in 2019. These findings have been used to not only monitor tobacco use among LGBTQ populations, but also to inform our strategic plan and programmatic activities under the new CDC-funded cooperative agreement.” - Tennessee TCP



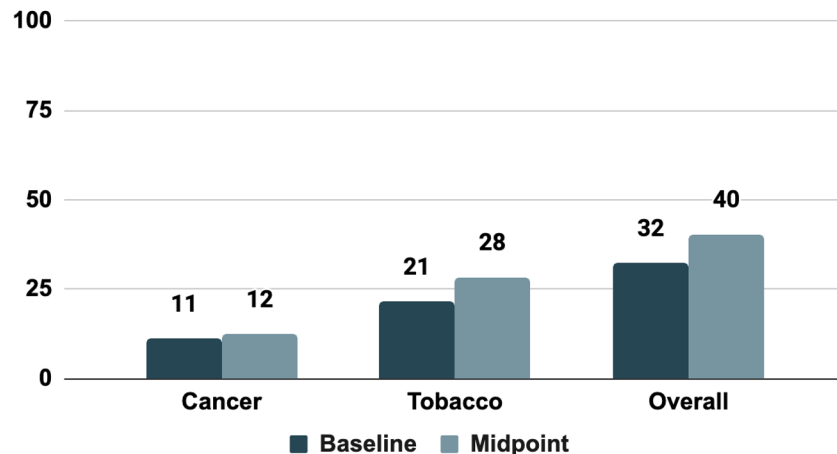


# Midpoint Evaluation Results

## Analyzed findings specific to LGBTQ populations



## Disseminated findings specific to LGBTQ populations



# of programs



# Common Misconceptions

- Including SOGI measures negatively impacts response rates and data accuracy
- SOGI measures are ‘sensitive’ questions, especially for youth populations



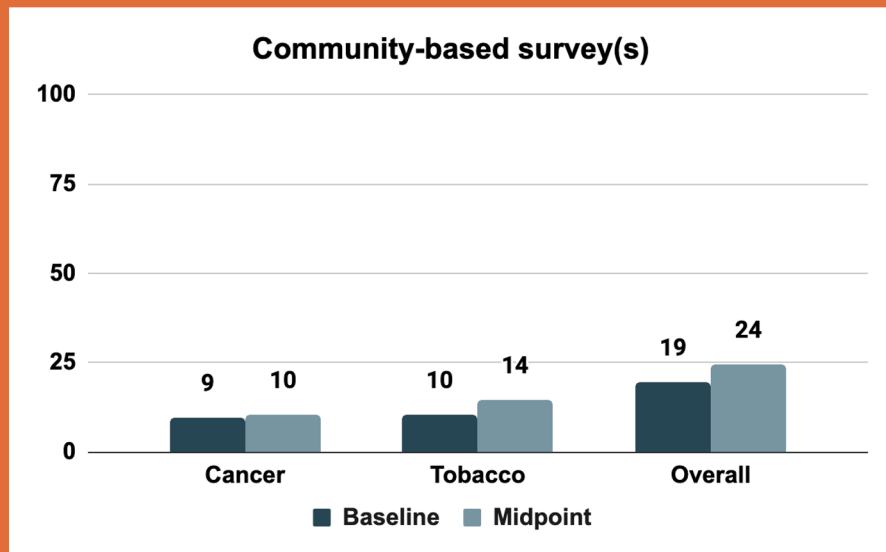
# Recommendations

- Talk to your BRFSS coordinator
  - Start planning for 2022 BRFSS cycle
- Request SOGI data for your work
  - Utilize available data and identify gaps
- Understand the priorities (and concerns) of your partners
- Engage LGBTQ+ community partners early



# Community-Based Surveys

- Standardize including SOGI questions on surveys & forms
  - Quitlines
  - Cancer Registries
  - Intake forms





# Community-Based Surveys

“For the past couple of years I have elevated our state's desire for CDC cancer registry software to be modified to collect SGM data so that we can one day begin to use the state cancer registry as a tool to study health disparities impacting LGBTQ+ populations. Tobacco use history is something currently noted in the registry software for relevant cancers, but SGM demographic data isn't.” - Rhode Island CCP



# LGBTQ Needs Assessment



## LGBTQ+ COMMUNITY NEEDS

2020 Indianapolis

national  
lgbt  
cancer  
network  
ADVOCATING FOR HEALTH EQUALITY



**Pennsylvania  
2018 LGBT Health  
Needs Assessment**  
– Summary Report



# LGBTQ Needs Assessment

Contact us  
for a copy!

- Personal background & demographics
- Health care coverage & access
- LGBTQI+ identity & interactions
- Overall health status & mental health
- Sexual health
- Tobacco, alcohol & other drug use
- Cancer risk & screenings



# Recruiting LGBTQ+ Populations

- Seek community advisors
- Engage diverse partners
- Include a call to action
- Consider a media buy for targeted recruitment ads







# OUT Survey Outreach



Iowa Cancer Consortium

[www.canceriowa.org](http://www.canceriowa.org)



CENTER  
*for*  
BLACK  
EQUITY



CENTERLINK

THE COMMUNITY OF LGBT CENTERS



BRADBURY-SULLIVAN  
LGBT COMMUNITY CENTER

*Serving the LGBT Community  
of the Greater Lehigh Valley*

AIM  
AT MELANOMA  
FOUNDATION



# Media Buys

- 1st buy: LGBTQ population in 10 cities
- 2nd buy: Black and Hispanic communities in 10 cities to increase BIPOC representation



# Key Takeaways

1. Regularly collect SOGI data
2. Encourage adoption of the standard SOGI module on BRFSS in your state
3. Foster LGBTQ+ employee leadership
4. Engage LGBTQ+ community partners and seek feedback regularly



Thank you. For more information contact us at [info@cancer-network.org](mailto:info@cancer-network.org) or visit [cancer-network.org](http://cancer-network.org)



Q & A



**Thank you for joining us!**

Please share your feedback in the post-webinar evaluation survey that will pop up when you leave the webinar.