LGBT Best and Promising Practices for Comprehensive Tobacco Control Programs

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Supported by the Grant Number 5 NU58DP004996-03-00 funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.
The CDC provides guidelines to identify and eliminate tobacco-related disparities

This Best Practices Document is an excerpt from MPOWERED: Best and Promising Practices for LGBT Tobacco Prevention and Control, a document created by LGBT HealthLink as a response to the growing need for best practices knowledge.

MPOWERED is a culmination of the specific practices that have been used repeatedly at the local level to create effective projects and policies. It is based on the World Health Organization’s preeminent best practices model outlining key steps for every tobacco control program: MPOWER: Monitor, Protect, Offer, Warn, Enforce, Raise. Upon close scrutiny, this model was not enough for our disparity-based lens. Two additional letters were decided upon to address the key challenges LGBT people and so many overlapping disparity populations face: E for Evaluate (and disseminate) and D for Diversify.

We use this document as the basis of our trainings for state and regional tobacco control programs. We also have developed state LGBT tobacco report cards that gauge their adoption of these best and promising practices. See those report cards at LGBTHealthLink.org. For technical assistance on how to implement any of these practices, please contact us directly.
Measures for LGBT-tailed Comprehensive Tobacco Control Programs

1. Promote LGBT professional safety & leadership in public health

RATIONALE: We consistently see major gains in LGBT health disparity elimination being led by openly LGBT leadership. Yet too often public health agencies are not safe spaces for LGBT people to self-identify, much less see their experience is valued in policy advisory capacities. If a public health agency is truly interested in offering LGBT welcoming programs, this work should start by supporting and nurturing the LGBT leadership base in their own agency. Since all populations include LGBT people, this also supports new accreditation standards emphasizing the importance of having your workforce reflect the population you serve. The promising practices listed below are all from recent federal initiatives.

PROMISING PRACTICES:
- Establish and promote non-discrimination policies in public health agencies
- Require all grantees, contractors, and vendors to also have and promote non-discrimination policies
- Ensure leadership conveys LGBT welcome in programmatic and employment activities
- Establish gender neutral bathrooms
- Establish a professional advisory group consisting of LGBT employees
- Collect LGBT data in all employee satisfaction surveys

2. Include LGBT community members in policy planning steps

RATIONALE: Consistently involving local LGBT community leaders in policy planning will bring experience and input that naturally tailors programs to the local community environment. It will also engage and educate key LGBT opinion-makers, who can then provide access to other resources.

PROMISING PRACTICES:
- Create a statewide disparities plan that addresses all disparity groups and is developed with guidance from community representatives for these groups
- Continue to engage LGBT leaders in ongoing policy planning efforts
- Acknowledge that the knowledge and experience of the representatives is valuable by paying people stipends for their time
- Do not expect representatives to be able to front costs to participate

3. Monitor impact of tobacco on LGBT populations

RATIONALE: Effective tobacco control starts with high quality data. Monitoring is a critical component for LGBT tobacco control at the local, state, national level—Myths about the difficulties of collecting LGBT data on surveys continue to hinder the inclusion of LGBT questions on health monitoring surveys. Until measurement of sexual orientation and gender identity becomes a routine part of the core demographic sections of health surveys, tobacco disparities will persist. These actions quantify the local disparity level, provide an evaluation measure for work to eliminate this disparity, and help to identify continuing challenges.

PROMISING PRACTICES:
- Include LGBT data collection questions on state tobacco surveillance measures, including the Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Survey (YRBS), & National Adult Tobacco Survey (NATS)
- Use non-probability surveys to get additional detail and to fill gaps not covered by surveillance. A common strategy is to survey people at large community events such as Pride festivals. LGBT HealthLink has a program where we’ll provide you a sample Wellness Needs Assessment, localities get the data, then we analyze and create a report
- Analyze data each year for changes and trends

4. Establish cultural competency standards for statewide programs

RATIONALE: LGBT community members often carry memories of adverse experiences with government officials or healthcare providers, any group that truly wishes to provide services to these communities must tailor their business practices to overcome this well-documented barrier to care.

PROMISING PRACTICES:
- Adopt and promote nondiscrimination policies that encompass LGBT people
- Routinely train state and quitline staff in LGBT cultural competency, especially issues related to ethnic minority, bisexual, and transgender people
- Tailor subset of promotional and quitline materials to LGBT populations
- Include LGBT Identity question on quitline
5 Fund community-based programs to help reduce LGBT tobacco disparities

**RATIONALE:** The LGBT communities have built up a large infrastructure of social, political and health organizations; these organizations have spent years building expertise in creating community change on many levels. Funding programs at these organizations represents the best value per dollar invested into LGBT tobacco change.

**PROMISING PRACTICES:**
- Build leadership on tobacco through training and mentoring individual key influencers from the LGBT communities. There are many examples of these leaders being a consistent motivating force even when funding fluctuates
- Tune funding to the realities of the groups being funded, allow a portion of funding to go for infrastructure, provide technical assistance as needed, and avoid funding gaps that can destabilize hard won momentum
- Engage groups that have experience addressing within-community diversity, particularly but not limited to: race/ethnicity, gender identity, and age
- Engage the LGBT community—via community promotion and leadership engagement to increase awareness about LGBT smoking disparities
- Seek dedicated funding for campaigns that include and target LGBT communities (i.e., imagery, ad buys)
- Consider how existing ads can be easily modified and tailored for LGBT communities (look at tobacco industry examples)
- Share campaigns with partners widely (i.e., submit advertisements to clearinghouses, post information online) in order to allow for broader use
- Negotiate rights upfront that allow for use by other organizations over time and permit easy adaptation by partners

6 Routinely integrate LGBT tailored efforts into larger wellness/tobacco campaigns

**RATIONALE:** A history of health discrimination leaves LGBT communities inured to mainstream health promotion, yet industry targeting and the effects of this discrimination create health vulnerabilities that must be countered. Creating media campaigns that effectively reach and impact LGBT communities have been documented to successfully counter tobacco industry marketing.

**PROMISING PRACTICES:**
- Create community-driven and tailored health promotion pieces to run parallel to mainstream health promotion pieces
- Ensure broader public health projects include appropriate advising, outreach, and access plans for LGBT communities
- Include an authentic representation of the diversity of LGBT people during campaign development and advertising message testing and utilize community groups for recruitment/outreach in testing
- Recognize that differences exist within the LGBT community, so messages and approaches should be developed and tailored as appropriate based on geography, culture, background, etc.
- Make tobacco use salient by linking the issue with existing community priorities (e.g., combine messages about tobacco and HIV, violence, civil rights, obesity, etc.)
- Expect programs to create dissemination document or presentation of their lessons learned before the funding cycle ends
- Publish or present data analyses and program findings at conferences or in peer reviewed literature whenever possible
- Post findings online and provide them to LGBT HealthLink for posting in the online resource database
- Results from evaluations should be submitted to the LGBT HealthLink’s resources page for sharing. Funders should require that project reports and lesson learned be submitted to such a clearinghouse
- Funders should examine their reporting requirements and develop reports in a format that lends itself to wider dissemination
- Partnerships between academic organizations and community organizations can result in academic publication of findings
- Whenever possible, evaluation results should be shared back to communities for further discussion and development of next steps and to build advocacy campaigns

7 Disseminate findings and lessons learned

**RATIONALE:** Successful programs are being built in many different areas, but too often these findings are not disseminated, creating potential for loss of knowledge. As a result, there is a compelling need for better sharing of evaluation results and lessons learned by LGBT community organizations, evaluators, and funders to disseminate findings—In an environment of limited resources and local community efforts, there is considerable value in sharing lessons learned and innovations between programs. Innovations developed in one state need to be available for other states.

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