

# Identifying and Eliminating LGBT Tobacco Disparities

## Promising Practices for Comprehensive Tobacco Control Programs

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# The CDC provides guidelines to identify and eliminate tobacco-related disparities

This State Best Practices Document is an excerpt from *MPOWERED: Best and Promising Practices for LGBT Tobacco Prevention and Control*, a document created by LGBT HealthLink (formerly the Network for LGBT Health Equity) in 2012 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.

**It is strongly recommended that state or localities addressing wellness or tobacco control include each of the following strategies as part of their larger strategic plan**

Activities to support reaching this goal may include:

- Conducting a population assessment to guide efforts
- Identifying and assembling a diverse and inclusive stakeholder group
- Prioritizing reduction in tobacco-related disparities and assessing capacity
- Developing a strategic plan
- Funding community organizations to implement proven or promising interventions
- Providing culturally competent technical assistance and training to grantees and partners
- Evaluating intervention efficacy and refining efforts

## 6 Measures for LGBT-tailored Comprehensive Tobacco Control Programs

### 1 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

### 2 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

### 3 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:**

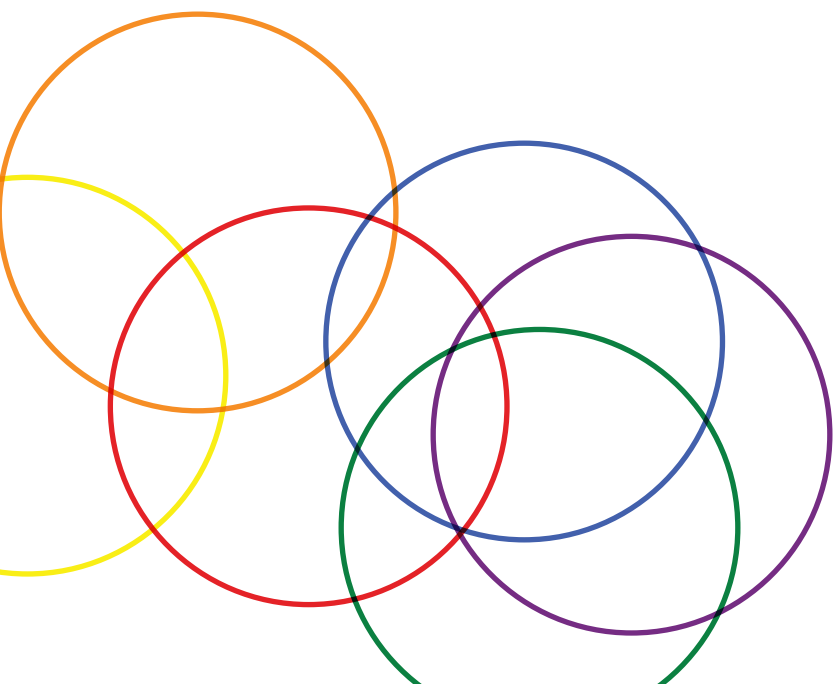
- Adopt and promote nondiscrimination policies that encompass LGBT people
- Routinely train state and quitline staff in LGBT cultural competency, especially issues related to ethnic minority, bisexual, and transgender people
- Tailor subset of promotional and quitline materials to LGBT populations
- Include LGBT Identity question on quitline

### 4 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



## 5 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.)
- 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 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.

### **PROMISING PRACTICES:**

- 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