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STATE LGBT TOBACCO DISPARITIES BEST PRACTICES

NATIONAL ADVISORY COUNCIL

American Cancer Society
American Lung Association
American Legacy Foundation
Americans for Nonsmokers Rights
Callen-Lorde Community Health Center
Campaign for Tobacco Free Kids
Chase-Brexton Health Services
CLASH
Fenway Community Health
Gay and Lesbian Medical Association
Howard Brown Health Center
LA Gay and Lesbian Center
Legacy Community Health Services
LGBT Community Center of New York
Mautner Project
National Association of LGBT
Community Centers
National Coalition for LGBT Health
National Youth Advocacy Coalition
North American Quitline Consortium
Robert Wood Johnson Foundation
Tobacco Control Network
Tobacco Technical Assistance Consortium
Whitman Walker Clinic

As professionals working to eliminate tobacco disparities for the lesbian, gay, bisexual and transgender (LGBT) communities we are heartened by the increasing number of state agencies dedicating resources to address this important health issue. We look forward to the day when an array of evidence-based replicable practices can create a model for states to follow in their tobacco disparity efforts. In the meantime, we have compiled tested strategies that states have used to address LGBT tobacco disparities. It is the opinion of the undersigned that these strategies represent the current best practices available to address LGBT tobacco disparities, and as such, we strongly encourage states to adopt as many of these best practices as possible. ©2007

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 your programs to the local community environment. It will also engage and educate key LGBT opinion-makers, which can then provide access to other resources.

Best practices:

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

2. Monitor impact of tobacco on LGBTs

Rationale: These actions quantify the local disparity level, provide an evaluation measure for work to eliminate this disparity, and help to identify continuing challenges.

Best practices:

- a. Include LGBT data collection questions on state tobacco surveillance measures, including BRFSS, YRBS, & ATS.
- b. If needed, use non-probability surveys to approximate this information while working to add it to the surveillance instruments. A common strategy is to survey people at large community events such as Pride festivals.
- c. 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 structural barrier to care.

Best practices:

- a. Adopt and promote nondiscrimination policies that encompass LGBTs.
- b. Routinely train state and quitline staff in LGBT cultural competency, especially issues related to ethnic minority LGBTs and transgenders.
- c. Tailor subset of promotional and quitline materials to LGBTs.
- d. 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.

Best practices:

- a. 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.
- b. 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.
- c. Engage groups that have experience addressing within-community diversity, particularly but not limited to: race/ethnicity, gender identity, and age.

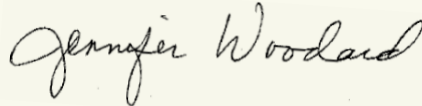
5. Disseminate findings and lessons learned

Rationale: Successful programs are being built in many different areas, but too often these findings are not disseminated, creating potential for loss of knowledge.

Best practices:

- a. Expect programs to create dissemination document or presentation of their lessons learned before the funding cycle ends.
- b. Publish or present data analyses and program findings at conferences or in peer reviewed literature whenever possible.
- c. Post findings online and provide them to the National LGBT Tobacco Control Network to store in their online library.


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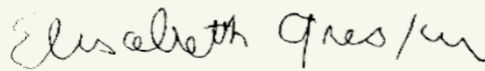
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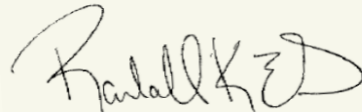
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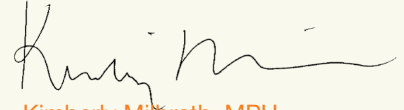
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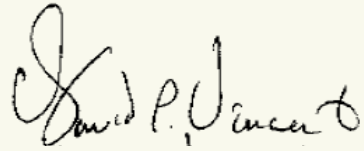
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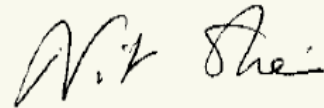
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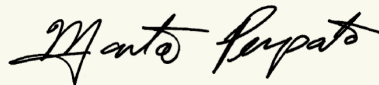
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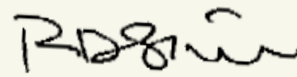
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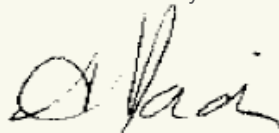
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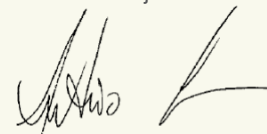
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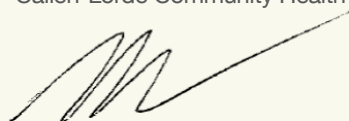
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