the NETWORK for LGBT health equity

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Annotated Bibliography
of LGBT Tobacco References

This Annotated Bibliography of 323 LGBT tobacco references was updated on January 24, 2011 by Emilia Dunham of The Network for LGBT Health Equity.

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1. Berg, C. J., E. J. Nehl, et al. (2011). "Prevalence and correlates of tobacco use among a sample of MSM in Shanghai, China." Nicotine Tob Res 13(1): 22-8. http://www.ncbi.nlm.nih.gov/pubmed/21059821.

INTRODUCTION: Men who have sex with men (MSM) have higher smoking rates than the general population in the United States, but less is known about smoking among MSM in developing countries. Thus, we examined the prevalence and correlates of smoking among MSM in China. METHODS: We conducted a cross-sectional study of 404 MSM in Shanghai, China (half of whom were male sex workers), recruited through respondent-driven sampling. Assessments included sociodemographics; tobacco, alcohol, and drug use; the Center for Epidemiological Studies Depression Scale (CES-D); the Social Provisions Scale (SPS); and the Lesbian, Gay, and Bisexual Identity Scale (LGBIS). RESULTS: Smoking prevalence was 65.9% in this sample. Recent smoking (i.e., in the past 3 months) was significantly associated with lower education, greater alcohol use, and higher LGBIS scores, after controlling for important sociodemographics. Among smokers, smoking >/=10 cigarettes per day (CPD), in comparison with <10 CPD, was related to older age and lower LGBIS scores and marginally related to heavy alcohol use. Although bivariate analyses indicated a relationship of CES-D and SPS scores to recent smoking, these factors did not contribute to the regression models. CONCLUSIONS: Smoking rates among MSM in China are higher than MSM in the United States and men in China. Less comfort with one's sexual orientation was related to smoking, particularly light smoking. Heavier alcohol consumption, lower education, and older age were also associated with smoking. Future research should confirm these findings and examine mediators and moderators of these relationships in order to inform cessation interventions and tobacco control policy.

2. American Lung Assocation (2010). Helping Smokers Quit: State Cessation Coverage 2010, American Lung Assocation: 28. http://www.lungusa.org/assets/documents/publications/smoking-cessation/helping-smokers-quit2010.pdf.

What's New in Helping Smokers Quit 2010: All data updated to October 2010 (unless otherwise noted), 2010 trends and changes to coverage policies, Information on how health care reform and other recent federal initiatives help smokers quit, Now featuring trends and state-by-state data on cessation quitlines. The report discusses: The benefits of helping smokers quit, Describes comprehensive cessation benefits, The role of the American Recovery and Reinvestment Act of 2009 (ARRA) and the Patient Protection and Affordable Care Act of 2010 (PPACA), Next steps for states to take

3. American Lung Association (2010). Smoking Out A Deadly Threat: Tobacco Use in the LGBT Community. Disparities in Lung Health. Washington, D.C.,

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American Lung Association.
http://www.lungusa.org/associations/states/california/assets/pdfs/smoking-out-a-deadly-threat.pdf.

4. Blosnich, J., T. Jarrett, et al. (2010). "Disparities in smoking and acute respiratory illnesses among sexual minority young adults." Lung 188(5): 401-7.
http://www.ncbi.nlm.nih.gov/pubmed/20496074.

Morbidity and mortality from cigarette smoking remain major public health issues. Particularly, smoking has been associated with increased risk of acute respiratory illnesses (ARIs). Literature indicates that lesbian, gay, and bisexual (i.e., sexual minority) persons smoke more than the general population. Additionally, young adulthood is the second-most prevalent period of smoking uptake. Given this constellation of risk correlates, the authors examined whether sexual minority young adults experience increased odds of ARIs (i.e., strep throat, bronchitis, sinus infection, and asthma). Using cross-sectional data from the Spring 2006 National College Health Assessment, prevalence estimates of smoking were generated among young adult (age range, 18-24 years) lesbian/gay, bisexual, unsure, and heterosexual college students (n = 75,164). Nested logistic regression analyses were used to examine whether smoking status mediated the risk of ARIs among sexual orientation groups. Compared with heterosexual smokers, gay/lesbian smokers were more likely to have had strep throat, and bisexual smokers were more likely to have had sinus infection, asthma, and bronchitis. Whereas smoking mediated the risk of ARI, sexual minorities still showed higher odds of ARIs after adjustment for smoking. Sexual minority young adults may experience respiratory health disparities that may be linked to their higher smoking rates, and their higher rates of smoking lend urgency to the need for cessation interventions. Future studies are needed to explore whether chronic respiratory disease caused by smoking (i.e., lung cancer, COPD, emphysema) disproportionately affect sexual minority populations.

5. Brewer, N. T., T. W. Ng, et al. (2010). "Men's beliefs about HPV-related disease." J Behav Med 33(4): 274-81.
http://www.ncbi.nlm.nih.gov/pubmed/20162346.

While human papillomavirus (HPV) infection is associated with genital warts, anal cancer, and oral cancer, limited research has examined what men think causes these diseases. We sought to examine knowledge and beliefs about HPV-related disease among gay and bisexual men, who are at high risk for HPV infection and HPV-related cancers, and compare them to heterosexual men. We conducted an online survey in January 2009 with a national sample of men aged 18-59 who self-identified as either gay or bisexual (n = 312) or heterosexual (n = 296). The response rate was 70%. Fewer than half of men knew that HPV can cause genital warts (41%), anal cancer (24%), and oral cancers (23%). However, gay and

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bisexual men typically knew more than heterosexual men about these topics. Overall, most men believed that sexual behavior causes genital warts (70%) and anal cancer (54%), and tobacco use causes oral cancer (89%). Perceived causal factors differed substantially among the three diseases, while differences by sexual orientation were fewer and smaller in magnitude. Many men were unaware that HPV infection can cause genital warts, oral cancer, and anal cancer.

6. Burkhalter, J. E., J. L. Hay, et al. (2010). "Perceived risk for cancer in an urban sexual minority." J Behav Med. http://www.ncbi.nlm.nih.gov/pubmed/20872174.

Lesbians, gay men, and bisexuals are a sexual minority experiencing elevated cancer risk factors and health disaparites, e.g., elevated tobacco use, disproportionate rates of infection with human immunodeficiency virus. Little attention has been paid to cancer prevention, education, and control in sexual minorities. This study describes cancer risk perceptions and their correlates so as to generate testable hypotheses and provide a foundation for targeting cancer prevention and risk reduction efforts in this high risk population. A cross-sectional survey of affiliates of a large urban community center serving sexual minority persons yielded a study sample of 247 anonymous persons. The survey assessed demographics, absolute perceived cancer risk, cancer risk behaviors, desired lifestyle changes to reduce cancer risk, and psychosocial variables including stress, depression, and stigma. Univariate and multivariate nonparametric statistics were used for analyses. The sample was primarily white non-Hispanic, middle-aged, and > 80% had at least a high school education. Mean values for absolute perceived cancer risk (range 0-100% risk), were 43.0 (SD = 25.4) for females, and for males, 49.3 (SD = 24.3). For females, although the multivariate regression model for absolute perceived cancer risk was statistically significant (P < .05), no single model variable was significant. For men, the multivariate regression model was significant (P < .001), with endorsement of "don't smoke/quit smoking" to reduce personal cancer risk (P < .001), and greater number of sexual partners (P = .054), positively associated with absolute perceived risk for cancer. This study provides novel data on cancer risk perceptions in sexual minorities, identifying correlates of absolute perceived cancer risk for each gender and several potential foci for cancer prevention interventions with this at-risk group.

7. Colorado Community Coalition for Health Equity (2010). Addressing Tobacco in Colorado's Socio-Economically Disadvantaged Communities: A Community Blueprint for Action. http://www.cdphe.state.co.us/ohd/Documents/CCCHETobacco%20and%20Poverty%20report.pdf.

To embrace the goal of reducing high tobacco use rates among SED Coloradans, 11 Colorado nonprofit and local health agency organizations

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came together with the intention of creating a strong, diverse coalition having the capacity to better serve SED tobacco users across Colorado. To increase their understanding of the SED tobacco users, a needs assessment and inventories of community assets were developed to gain insight and knowledge about the motivations, attitudes, beliefs, existing resources and service access points of the SED populations. This base of knowledge enabled the Coalition and community stakeholders to develop a plan for addressing tobacco-related health disparities that exists in SED communities, and to provide a blueprint for building the capacity of the communities involved. Project Overview Process evaluation measures were designed to ensure stakeholder satisfaction throughout the project, as well as, to assess organizational knowledge of the SED populations and confidence to meet education, cessation and service needs. Data for the project was collected using focus groups comprised of participants from SED populations; interviews with local and national experts; meetings with local Community Advisory Committees made up of SED service providers who developed community asset inventories; and a literature review to provide lessons learned and promising practices. The review also assisted in the development of cultural considerations for the diverse segments of the SED population. All data collection methods were assessed for cultural competency. This report includes cultural considerations of LGBT, Black/African American, American Indian, Latino/Hispanic and Rural Communities.

8. Conron, K. J., M. J. Mimiaga, et al. (2010). "A population-based study of sexual orientation identity and gender differences in adult health." Am J Public Health 100(10): 1953-60. http://www.ncbi.nlm.nih.gov/pubmed/20516373.

OBJECTIVES: We provide estimates of several leading US adult health indicators by sexual orientation identity and gender to fill gaps in the current literature. METHODS: We aggregated data from the 2001-2008 Massachusetts Behavioral Risk Factor Surveillance surveys (N = 67,359) to examine patterns in self-reported health by sexual orientation identity and gender, using multivariable logistic regression. RESULTS: Compared with heterosexuals, sexual minorities (i.e., gays/lesbians, 2% of sample; bisexuals, 1%) were more likely to report activity limitation, tension or worry, smoking, drug use, asthma, lifetime sexual victimization, and HIV testing, but did not differ on 3-year Papanicolaou tests, lifetime mammography, diabetes, or heart disease. Compared with heterosexuals, bisexuals reported more barriers to health care, current sadness, past-year suicidal ideation, and cardiovascular disease risk. Gay men were less likely to be overweight or obese and to obtain prostate-specific antigen tests, and lesbians were more likely to be obese and to report multiple risks for cardiovascular disease. Binge drinking and lifetime physical intimate partner victimization were more common among bisexual women. CONCLUSIONS: Sexual orientation disparities in chronic disease risk,

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victimization, health care access, mental health, and smoking merit increased attention. More research on heterogeneity in health and health determinants among sexual minorities is needed.

9. Deason, L. M., S. B. Adhikari, et al. (2010). The Ohio Cross-Cultural Tobacco Control Alliance: Understanding and Eliminating Tobacco-Related Disparities Through the Integration of Science, Practice, and Policy. 100**:** S240-245. http://ajph.aphapublications.org/cgi/content/abstract/100/S1/S240

Objectives. We examined the development of a process designed to eliminate tobacco-related disparities in the state of Ohio and described how a cross-cultural work group used a multicomponent community planning process to develop capacity to address such disparities. Methods. The community development model was used as a guide in the planning process. We employed a case study, focus groups, and telephone interviews to assess the process and collect data on tobacco use and awareness. We also employed the appreciative inquiry framework to create the organizational design for the Ohio Cross-Cultural Tobacco Control Alliance (CCTCA), which was formed from the cross-cultural work group and charged with addressing tobacco-related disparities in the state. Results. Data on tobacco use and awareness were collected from 13 underserved populations. At the end of the planning process, the CCTCA was initiated along with structural capacity to serve as a new program incubator highlighting tobacco use and awareness levels in these populations. Conclusions. The CCTCA appeared to be an effective way to begin mobilizing agencies serving underserved populations by providing an operational structure to address tobacco-related disparities. The alliance also successfully implemented culturally competent community-based programs and policies to help eliminate disparities.

10. Frazer, S. and B. E. Warren (2010). A Blueprint for Meeting LGBT Health and Human Services Needs in NYS: Executive Summary. New York, NY, Hunter College Institute for LGBT Social Science & Public Policy**:** 1-52. http://www.hunter.cuny.edu/communications/repository/files/blueprint%20final%20complete.pdf.

Estimates of the size of the LGBT population in New York State vary. In 2004, the New York State Department of Health's Adult Tobacco Survey included questions on sexual orientation and gender identity. It suggested that 2.6% of adults in New York State are lesbian, gay or bisexual, while 2.1% are transgender. In 2007, the New York City Department of Health and Mental Hygiene's Community Health Survey estimated that 4.1% of people in New York City identify as lesbian, gay, or bisexual; however, this survey did not ask about transgender identities. National estimates suggest that 4.1% of the population identifies as lesbian, gay, or bisexual. However, a larger number have had sex with someone of the same gender or experience same-sex attractions.

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11. Goldberg, D., K. M. Weber, et al. (2010). "Smoking cessation among women with and at risk for HIV: are they quitting?" J Gen Intern Med 25(1): 39-44. http://www.ncbi.nlm.nih.gov/pubmed/19921113.

BACKGROUND: Cigarette smoking is an important risk factor for adverse health events in HIV-infected populations. While recent US population-wide surveys report annual sustained smoking cessation rates of 3.4-8.5%, prospective data are lacking on cessation rates for HIV-infected smokers. OBJECTIVE: To determine the sustained tobacco cessation rate and predictors of cessation among women with or at risk for HIV infection. DESIGN: Prospective cohort study. PARTICIPANTS: A total of 747 women (537 HIV-infected and 210 HIV-uninfected) who reported smoking at enrollment (1994-1995) in the Women's Interagency HIV Study (WIHS) and remained in follow-up after 10 years. The participants were mostly minority (61% non-Hispanic Blacks and 22% Hispanics) and low income (68% with reported annual incomes of less than or equal to $12,000). MEASUREMENTS AND MAIN RESULTS: The primary outcome was defined as greater than 12 months continuous cessation at year 10. Multivariate logistic regression was used to identify independent baseline predictors of subsequent tobacco cessation. A total of 121 (16%) women reported tobacco cessation at year 10 (annual sustained cessation rate of 1.8%, 95% CI 1.6-2.1%). Annual sustained cessation rates were 1.8% among both HIV-positive and HIV-negative women (p = 0.82). In multivariate analysis, the odds of tobacco cessation were significantly higher in women with more years of education (p trend = 0.02) and of Hispanic origin (OR = 1.87, 95% CI = 1.4-2.9) compared to Black women. Cessation was significantly lower in current or former illicit drug users (OR = 0.42 95% CI = 0.24-0.74 and OR = 0.65, 95% CI = 0.49-0.86, respectively, p trend = 0.03) and women reporting a higher number of cigarettes per day at baseline (p trend < 0.001). CONCLUSIONS: HIV-infected and at-risk women in this cohort have lower smoking cessation rates than the general population. Given the high prevalence of smoking, the high risk of adverse health events from smoking, and low rates of cessation, it is imperative that we increase efforts and overcome barriers to help these women quit smoking.

12. Grant, J., L. Mottet, et al. (2010). National Transgender Discrimination Survey Report on Health and Health Care. Washington DC, National Center for Transgender Equality (NCTE)**:** 1-24. http://transequality.org/PDFs/NTDSReportonHealth_final.pdf.

In 2008, the National Center for Transgender Equality and the National Gay and Lesbian Task Force formed a ground-breaking research partnership to address this problem, launching the first comprehensive national transgender discrimination study. Over eight months, a team of community-based advocates, transgender leaders, researchers, lawyers,

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and LGBT policy experts came together to create an original survey instrument. Over 7,000 people responded to the 70 question survey, providing data on virtually every significant aspect of transgender discrimination—including housing, employment, health and health care, education, public accommodation, family life, criminal justice, and identity documents. CONCLUSIONL Respondents in our study reported significant barriers to health care and outrageous frequencies of anti-transgender bias in care, from disrespect to refusal of care, from verbal harassment to physical and sexual abuse. Transgender people of color and low income respondents faced significantly elevated risk of abuse, refusal of care, and poor health outcomes than the sample as a whole.

13. Herrick, A. L., A. K. Matthews, et al. (2010). "Health risk behaviors in an urban sample of young women who have sex with women." J Lesbian Stud 14(1): 80-92. http://www.ncbi.nlm.nih.gov/pubmed/20077268.

We examined the prevalence of sexual and substance use behaviors among a group of young women who have sex with women (WSW) aged 16 to 24. A convenience sample of 137 young WSW participants completed a confidential survey that included demographics, substance use, and sexual risk behaviors. Descriptive analyses were used to interpret the data. Comparisons were made between rates of risk behaviors in this sample and non-sexual minority youth in a national dataset. The mean age of participants was 19.6 (SD = 2.3) and 59% were from communities of color. Participants reported a history of risky behaviors including anal intercourse with men (26%), monthly binge drinking (22%), pregnancy (20%), and tobacco use (54%). These findings highlight the need for health promotion interventions aimed at reducing risky health behaviors in this highly vulnerable and underserved sub-population of young women.

14. Jun, H. J., S. B. Austin, et al. (2010). "The mediating effect of childhood abuse in sexual orientation disparities in tobacco and alcohol use during adolescence: results from the Nurses' Health Study II." Cancer Causes Control 21(11): 1817-28. http://www.ncbi.nlm.nih.gov/pubmed/20640883.

OBJECTIVE: To examine the mediating effect of childhood abuse on sexual orientation disparities in tobacco and alcohol use during adolescence. METHODS: We carried out analyses with data from over 62,000 women in the ongoing Nurses' Health Study II cohort who provided information on sexual orientation, childhood abuse occurring by age 11, and tobacco and alcohol use in adolescence. We used multivariate regression analyses, controlling for confounders, to estimate the mediating effect of childhood abuse on the association between sexual orientation and tobacco and alcohol use in adolescence. RESULTS: Lesbian and bisexual orientation and childhood abuse were positively associated with greater risk of tobacco and alcohol use during adolescence. For lesbians,

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the estimated proportion of excess tobacco and alcohol use in adolescence relative to use among heterosexual women that was mediated by abuse in childhood ranged from 7 to 18%; for bisexual women, the estimated proportion of excess use mediated by abuse ranged from 6 to 13%. CONCLUSIONS: Elevated childhood abuse in lesbian and bisexual women partially mediated excess tobacco and alcohol use in adolescence relative to heterosexual women. Interventions to prevent child abuse may reduce sexual orientation disparities in some of the leading causes of cancer in women.

15. Kabir, Z., S. Keogan, et al. (2010). "Smoking profile among the Gay and Lesbian Community in Ireland." Ir J Med Sci 179(3): 423-6. http://www.ncbi.nlm.nih.gov/pubmed/19618234.

OBJECTIVE: We hypothesized that smoking rates among the Gay and Lesbian Community (GLC) in Ireland are not significantly different from the general Irish population. METHODS: A convenience sampling of self-identified GLC was recruited using electronic (n = 700) and print (n = 500) media procedures in response to survey call advertisements (December 2006-March 2007). In all, 1,113 had complete smoking data and were analyzed. Data on a random sample of 4,000 individuals, using the Irish Office of Tobacco Control monthly telephone survey, were analyzed for the same period. RESULTS: Adjusted smoking rates in GLC were 26 and 24.6% in the general Irish population (P = 0.99), while "heavy" (> or =20 cigarettes/day) smoking prevalence was 44.1 and 36.6%, respectively (P = 0.02). Upper SES GLCs are "heavy" smokers compared with general population of similar SES group (P = 0.01). CONCLUSION: When considering two different sampling methodologies, this study suggests that smoking rates among the GLC in Ireland are not significantly different from the general Irish population.

16. Luke, D. A., J. K. Harris, et al. (2010). "Systems analysis of collaboration in 5 national tobacco control networks." Am J Public Health 100(7): 1290-7. http://www.ncbi.nlm.nih.gov/pubmed/20466950.

OBJECTIVES: We studied 5 members of the National Network Consortium on Tobacco Control in Priority Populations. These networks, which consist of governmental and nongovernmental organizations, targeted lesbian, gay, bisexual, and transgender persons; Asian Americans, Native Hawaiians, and Pacific Islanders; American Indians and Alaska Natives; African Americans; and persons with low socioeconomic status, respectively. METHODS: We used statistical network analysis modeling to examine collaboration among these national networks in 2007. RESULTS: Network size and composition varied, but all 5 networks had extensive interorganizational collaboration. Location and work area were significant predictors of collaboration among network members in all 5 networks. Organizations were more likely to collaborate

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with their network's lead agency; collaborations with other agencies were more likely if they were geographically close. Collaboration was perceived to be important for achieving the goals of the national network. CONCLUSIONS: The similarity of collaboration patterns across the 5 networks suggests common underlying partnership formation processes. Statistical network modeling promises to be a useful tool for understanding how public health systems such as networks and coalitions can be used to improve the nation's health.

17. Moegelin, L., B. Nilsson, et al. (2010). "Reproductive health in lesbian and bisexual women in Sweden." Acta Obstet Gynecol Scand 89(2): 205-9. http://www.ncbi.nlm.nih.gov/pubmed/20121335.

OBJECTIVE: Previous international studies have elucidated signs of poor physical and mental health in women who have sex with women (WSW) and an avoidance of preventive healthcare. When the first Nordic gynecological clinic for WSW was started in Stockholm in 1999, an opportunity to compile information about their physical and psychological health and social situation arose. DESIGN: Retrospective descriptive. SETTING AND SAMPLE: A total of 706 women: 264 patients attending a WSW clinic and 442 women attending the regular gynecological clinic. METHODS: Questionnaires. Response rate: WSW 77%, comparison group 40%. MAIN OUTCOME MEASURES: Possible differences in mental and reproductive health and attendance of preventive healthcare by WSW and heterosexual women. RESULTS: Having had a male sexual partner was reported by 82.3% of the WSW, 39.5% in the last five years and 4.9% in the last year. One-fifth of WSW had been pregnant, and one in ten had given birth. Equally, many had experience of induced abortion. WSW had less experience of gynecological examination and Papanicolaou smear screening. More than one-fifth of WSW had at some time had sexually transmitted infections (STI) and 12.6% reported a history of cervical atypia. WSW remembered dissatisfaction with their sexual lives during their youth and had more frequently sought professional help for their sexuality. CONCLUSION: WSW attend gynecological examinations to a lesser extent than heterosexual women. The fact that WSW reported having been affected by STI and cervical cell atypia underlines the opinion that they should be advised to attend the same gynecological check-ups and cervical screening programs as heterosexual women.

18. Ristock, J., A. Zoccole, et al. (2010). Aboriginal Two-Spirit and LGBTQ Migration, Mobility, and Health Research Project: Winnipeg Final Report, November 2010. http://www.2spirits.com/MMHReport.pdf.

This qualitative, community-based research project explored the trajectories of migration of Aboriginal people who identify as Two-Spirit, lesbian, gay, bisexual, transgender and/or queer (LGBTQ) and the impact

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of mobility on health and wellness. Our focus on migration included movement from First Nation reserve communities to urban centres or rural communities (and back and forth) as well as staying or moving within one place. We were interested in the intersection between sexual and gender identities with cultural/Nation and other identities within the historical and present context of colonization in Canada. Objectives: To explore the migration paths and experiences of Aboriginal Two-Spirit and LGBTQ peoples, their experiences of health/wellness in that context, and their interactions with health and social services (including mainstream, Aboriginal and LGBTQ services). To generate new knowledge that may lead to future research that will be of direct benefit to LGBTQ and Aboriginal communities, Aboriginal service providers and health/social service agencies.

19. Rosario, M., E. W. Schrimshaw, et al. (2010). "Cigarette Smoking as a Coping Strategy: Negative Implications for Subsequent Psychological Distress Among Lesbian, Gay, and Bisexual Youths." Journal of Pediatric Psychology. http://www.ncbi.nlm.nih.gov/pubmed/20123704.

OBJECTIVE: The heightened risk of cigarette smoking found among lesbian, gay, and bisexual (LGB) youths may be because smoking serves as a coping strategy used to adapt to the greater stress experienced by LGB youths. The current report examines whether smoking moderates the relation between stress and subsequent psychological distress, and whether alternative coping resources (i.e., social support) moderate the relation between smoking and subsequent distress. METHOD: An ethnically diverse sample of 156 LGB youths was followed longitudinally for 1 year. RESULTS: Significant interactions demonstrated that smoking amplified the association between stress and subsequent anxious distress, depressive distress, and conduct problems. Both friend and family support buffered the association between smoking and subsequent distress. CONCLUSIONS: Smoking has negative implications for the distress of LGB youths, especially those reporting high levels of stress or few supports. Interventions and supportive services for LGB youths should incorporate smoking cessation to maximally alleviate distress.

20. U.S. Department of Health and Human Service (2010). How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease. Rockville, MD, U.S. Department of Health and Human Services, Public Health Service, Office of Surgeon General**:** 706. http://www.surgeongeneral.gov/library/tobaccosmoke/report/full_report.pdf.

21. UNC School of Medicine Tobacco Prevention and Evaluation Program (2010). West Virginia Lesbian, Gay, and Bisexual Tobacco Survey Chapel Hill, NC, UNC School of Medicine Tobacco Prevention and Evaluation Program. http://www.tpep.unc.edu/reports/wv-survey-report_2010-08-11.pdf.

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22. Vega, M. Y., A. R. Spieldenner, et al. (2010). "SOMOS: evaluation of an HIV prevention intervention for Latino gay men." Health Educ Res. http://www.ncbi.nlm.nih.gov/pubmed/21059799.

Latino gay men face multiple barriers to human immunodeficiency virus (HIV) prevention, in particular a lack of intervention programs that integrate prevention messages with cultural norms and address issues of social marginalization from multiple communities (gay community and Latino community), homophobia and racism. In order to address these specific issues, a multilayered HIV intervention was designed to incorporate and integrate psychosocial and community factors through multiple session groups, social marketing and community presentations. Participants learned strategies for effective community leadership and were encouraged to provide HIV education and address internalized homophobia in their communities. There were a total of 113 Latino gay male participants. Pretests and post-tests at 90-day follow-up were administered to measure knowledge, attitudes and behaviors related to HIV infection, self-efficacy, internalized homophobia and connectedness (i.e. gay community affiliation and social provisions); a risk index was calculated to measure level of behavioral risk for HIV infection. Participants demonstrated lower risk indices and a decrease in partners at 3 and 6 months after the intervention. There was also an increase in reported social support resources, along with an increase in group identification. Connectedness was a strong predictor of the number of sexual partners at the 90-day follow-up. This homegrown program represents a culturally responsive, highly needed and relevant intervention that should be subjected to further rigorous testing.

23. Willoughby, B. L. B., N. D. Doty, et al. (2010). Victimization, Family Rejection, and Outcomes of Gay, Lesbian, and Bisexual Young People: The Role of Negative GLB Identity, Routledge. 6**:** 403 - 424. http://www.informaworld.com/10.1080/1550428X.2010.511085

Victimization and family rejection of sexual orientation are two salient stressors facing gay, lesbian, and bisexual (GLB) young people. While initial research has established a link between these sexuality-related stressors and GLB youthsâ€™ mental health outcomes, the factors that underlie this relationship remain unclear. The current study examines the role of negative GLB identity (i.e., negative feelings about one's own sexual orientation) in mediating the relationship between sexuality-related stress (i.e., victimization, family rejection) and youth outcomes (i.e., internalizing problems, substance use, and cigarette smoking). Participants included 81 GLB young people (ages 14 to 25 years) recruited through college groups, youth organizations, study advertisements, and friend referrals. Path analyses revealed that victimization and family rejection experiences were related to youths

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internalizing problems via negative GLB identity. However, stressors and health risk behaviors were not related through negative GLB identity, although some direct relationships between stressors, substance use, and smoking emerged. Limitations and implications of the present study are discussed.

24. (SMART), S. M. A. R. T. (2009). Best Practices for Asking Questions about Sexual Orientation on Surveys, The Williams Institute. http://www.law.ucla.edu/williamsinstitute/pdf/SMART_FINAL_Nov09.pdf.

In 2003 the Ford Foundation began funding a multi-year project that sought to increase the quantity and quality of data on gay, lesbian, and bisexual people, and, by extension, on heterosexual people. Over a five-year period, many researchers participated in the expert panel funded by the grant, thus contributing to the knowledge embodied in this report. This multidisciplinary expert panel pooled decades of knowledge and experience, conducted new methodological research, and met with many survey specialists to identify the best scientific approaches to gathering data on sexual orientation. This panel, known collectively as the Sexual Minority Assessment Research Team (SMART), met regularly to discuss these data issues. By “sexual minority,” we mean people who are attracted to or have had experience with same-sex sex partners, or someone who identifies as lesbian, gay, or bisexual.

25. Blosnich, J. R. and R. M. Bossarte (2009). "Comparisons of intimate partner violence among partners in same-sex and opposite-sex relationships in the United States." Am J Public Health 99(12): 2182-4. http://www.ncbi.nlm.nih.gov/pubmed/19834003.

Using 2005-2007 Behavioral Risk Factor Surveillance System data, we examined intimate partner violence (IPV) by same-sex and opposite-sex relationships and by Metropolitan Statistical Area status. Same-sex victims differed from opposite-sex victims in some forms of IPV prevalence, and urban same-sex victims had increased odds of poor self-perceived health status (adjusted odds ratio=2.41; 95% confidence interval=1.17, 4.94). Same-sex and opposite-sex victims experienced similar poor health outcomes, underscoring the need both of inclusive service provision and consideration of sexual orientation in population-based research.

26. Burkhalter, J. E., B. Warren, et al. (2009). "Intention to quit smoking among lesbian, gay, bisexual, and transgender smokers." Nicotine Tob Res 11(11): 1312-20. http://www.ncbi.nlm.nih.gov/pubmed/19778994.

INTRODUCTION: Smoking is highly prevalent among lesbian, gay men, bisexual, and transgender (LGBT) persons and contributes to health disparities. Guided by the theory of planned behavior (TPB), we identified beliefs related to attitudes, perceived behavioral control, and subjective norms, as well as LGBT-specific variables, to explain variance in intention

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to quit smoking in the next 6 months in LGBT smokers. METHODS: Individual interviews (n = 19) identified beliefs about quitting smoking and LGBT-salient variables and aided in survey development. Surveys were sent to a random sample from an LGBT community center's mailing list and center attendees, with a 25.4% response rate. Bivariate and multivariate analyses were conducted with the final sample of 101 smokers. RESULTS: No sociodemographic or LGBT-specific variables beyond the TPB constructs were related to intention to quit smoking. A multivariate TPB model explained 33.9% of the variance in quitting intention. More positive attitudes and specific beliefs that cessation would make smokers feel more like their ideal selves and improve health and longevity were related to greater intention to quit (p values < .05). Subjective norm and perceived behavioral control were marginally significant, with perceived approval of partners and others and beliefs that life goal achievement would make it easier to quit positively related to intention. Depression and stress levels were high. DISCUSSION: This is among the first studies to examine theoretically grounded variables related to intention to quit smoking in LGBT smokers. We identified specific behavioral, normative, and control beliefs that can serve as intervention targets to reduce smoking in the LGBT community.

27. Covey, L. S., J. Weissman, et al. (2009). "A comparison of abstinence outcomes among gay/bisexual and heterosexual male smokers in an intensive, non-tailored smoking cessation study." Nicotine Tob Res 11(11): 1374-7. http://www.ncbi.nlm.nih.gov/pubmed/19778993.

INTRODUCTION: Smoking rates are higher among lesbian/gay/bisexual (LGB) than heterosexual (HT) individuals. However, there is scant information regarding smoking cessation treatments and outcomes in LGB populations. This study examined abstinence outcome in response to a high intensity smoking cessation program not specifically tailored to LGB smokers. METHODS: A total of 54 gay/bisexual (GB) and 243 HT male smokers received 8-week open treatment with nicotine patch, bupropion, and counseling. Participants reported biologically verified abstinence at multiple time points during the study. RESULTS: Demographic, smoking, and psychological characteristics at baseline were similar according to sexual orientation. During the first 2 weeks after quit day, abstinence rates were higher among GB smokers (Week 1: GB = 89%, HT = 82%; Week 2: GB = 77%, HT = 68%; ps < .05); abstinence rates converged subsequently, becoming nearly identical at the end of treatment (Week 8, GB = 59% vs. HT = 57%). In mixed effects longitudinal analysis of end-of-treatment outcome, sexual orientation (b = 1.40, SEM = 0.73, p = .056) and the Sexual Orientation x Time interaction (b = -0.146; SEM = 0.08, p = .058) approached statistical significance, reflecting the higher initial abstinence rates among GB smokers and the later convergence in abstinence rates by sexual orientation. DISCUSSION: This first report

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comparing smoking cessation treatment response by sexual orientation found higher initial and similar end-of-treatment abstinence rates in GB and HT smokers. Further work is needed to determine whether these observations from GB smokers who displayed a willingness to attend a non-tailored program and broad similarity with their HT counterparts in many baseline characteristics will replicate in other groups of GB smokers.

28. Dilley, J. A., K. W. Simmons, et al. (2009). "Demonstrating the importance and feasibility of including sexual orientation in public health surveys: health disparities in the Pacific Northwest." Am J Public Health 100(3): 460-7. http://www.ncbi.nlm.nih.gov/pubmed/19696397.

OBJECTIVES: We identified health disparities for a statewide population of lesbian, gay, and bisexual (LGB) men and women compared with their heterosexual counterparts. METHODS: We used data from the 2003-2006 Washington State Behavioral Risk Factor Surveillance System to examine associations between sexual orientation and chronic health conditions, health risk behaviors, access to care, and preventive services. RESULTS: Lesbian and bisexual women were more likely than were heterosexual women to have poor physical and mental health, asthma, and diabetes (bisexuals only), to be overweight, to smoke, and to drink excess alcohol. They were also less likely to have access to care and to use preventive services. Gay and bisexual men were more likely than were heterosexual men to have poor mental health, poor health-limited activities, and to smoke. Bisexuals of both genders had the greatest number and magnitude of disparities compared with heterosexuals. CONCLUSIONS: Important health disparities exist for LGB adults. Sexual orientation can be effectively included as a standard demographic variable in public health surveillance systems to provide data that support planning interventions and progress toward improving LGB health.

29. Gillespie, W. and R. L. Blackwell (2009). Substance Use Patterns and Consequences Among Lesbians, Gays, and Bisexuals, Routledge. 21**:** 90 - 108. http://www.informaworld.com/10.1080/10538720802490758

Substance abuse among gays and lesbians may be considered a â€œneglected areaâ€ of drug use research in criminology and criminal justice. In the current study, we seek to address the lack of scientific inquiry on substance use among lesbians, gays, and bisexuals by drawing from an availability sample of 179 lesbian, gay, and bisexual (LGB) adults to examine substance use patterns as well as the relationship of self-esteem with problems associated with using alcohol and drugs. Results showed consistency in the frequency of tobacco, alcohol, marijuana, and cocaine use in the past year; however, more gay and bisexual men than gay and bisexual women reported problems stemming from substance use.

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30. Hamilton, C. J. and J. R. Mahalik (2009). "Minority Stress, Masculinity, and Social Norms Predicting Gay Men's Health Risk Behaviors." Journal of Counseling Psychology 56(1): 132-141. http://www.eric.ed.gov/ERICWebPortal/detail?accno=EJ827077

The authors examined the contributions of the minority stress model, traditional masculine gender roles, and perceived social norms in accounting for gay men's use of alcohol, tobacco, illicit drugs, and risky sexual practices. Three hundred fifteen gay men recruited from listserv communities completed measures assessing internalized homophobia, stigma, antigay physical attack, masculinity, and perceptions of normative health behaviors, along with health risk behaviors of alcohol use, illicit drug use, smoking, and high-risk sexual behaviors. Pearson correlations supported several hypotheses; social norms and masculinity variables were significantly related to health risk behaviors. Four multiple regression analyses indicated that masculinity and perceptions of social norms predicted health risk behaviors. Additionally, a significant interaction was found between minority stress and perceptions of social norms. The clinical implications of the findings, limitations, and suggestions for future research are discussed. (Contains 1 table and 1 figure.)

31. Hyde, Z., J. Comfort, et al. (2009). "Alcohol, tobacco and illicit drug use amongst same-sex attracted women: results from the Western Australian Lesbian and Bisexual Women's Health and Well-Being Survey." BMC Public Health 9: 317. http://www.ncbi.nlm.nih.gov/pubmed/19725956.

BACKGROUND: The prevalence of alcohol, tobacco and illicit drug use has been reported to be higher amongst lesbian and bisexual women (LBW) than their heterosexual counterparts. However, few studies have been conducted with this population in Australia and rates that have been reported vary considerably. METHODS: A self-completed questionnaire exploring a range of health issues was administered to 917 women aged 15-65 years (median 34 years) living in Western Australia, who identified as lesbian or bisexual, or reported having sex with another woman. Participants were recruited from a range of settings, including Perth Pride Festival events (67.0%, n = 615), online (13.2%, n = 121), at gay bars and nightclubs (12.9%, n = 118), and through community groups (6.9%, n = 63). Results were compared against available state and national surveillance data. RESULTS: LBW reported consuming alcohol more frequently and in greater quantities than women in the general population. A quarter of LBW (25.7%, n = 236) exceeded national alcohol guidelines by consuming more than four standard drinks on a single occasion, once a week or more. However, only 6.8% (n = 62) described themselves as a heavy drinker, suggesting that exceeding national alcohol guidelines may be a normalised behaviour amongst LBW. Of the 876 women who provided data on tobacco use, 28.1% (n = 246) were smokers, nearly double the rate in the female population as a whole. One third of the

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sample (33.6%, n = 308) reported use of an illicit drug in the previous six months. The illicit drugs most commonly reported were cannabis (26.4%, n = 242), meth/amphetamine (18.6%, n = 171), and ecstasy (17.9%, n = 164). Injecting drug use was reported by 3.5% (n = 32) of participants. CONCLUSION: LBW appear to use alcohol, tobacco and illicit drugs at higher rates than women generally, indicating that mainstream health promotion messages are not reaching this group or are not perceived as relevant. There is an urgent need for public health practitioners working in the area of substance use to recognise that drug consumption and use patterns of LBW are likely to be different to the wider population and that special considerations and strategies are required to address the unique and complex needs of this population.

32. Kelly, B. C., J. D. Weiser, et al. (2009). "Smoking and attitudes on smoke-free air laws among club-going young adults." Soc Work Public Health 24(5): 446-53. http://www.ncbi.nlm.nih.gov/pubmed/19731187.

This report assesses smoking rates and support for indoor smoking bans among club-going young adults in New York City. Nearly half of the sample were smokers. Gay, lesbian, and bisexual young adults were more likely to smoke than were heterosexual participants. No differences in smoking rates were found between sexes or between Whites and non-Whites. Support for the smoking ban exists among young adults (68.6%). This is universal, as no differences in support for the ban were found by sex, race, or sexual identity. Smokers supported the ban (57.8%) less than nonsmokers did (77.3%). Yet, it remains notable that a majority support the smoking ban among smokers.

33. Kumar, S. R., S. Swaminathan, et al. (2009). "HIV & smoking in India." Indian Journal of Medical Research 130(1): 15-22. http://www.ncbi.nlm.nih.gov/pubmed/19700796.

There are approximately 2.5 million people living with HIV/AIDS (PLWHA) in India - the young being particularly vulnerable. The prevalence of smoking has increased in India especially among rural, lower socio-economic and illiterate men. Studies have shown that HIV-infected smokers may be at additional risk for several infectious and non-infectious complications, including malignancies and cardiovascular events. Smoking alters immunological mechanisms and suppresses host defenses in the alveolar environment. HIV-infected smokers have also been found to have a poorer response to antiretroviral therapy and a higher risk of death. HIV-infected individuals who smoke could be at a greater risk for developing TB and subsequently suffer higher morbidity and mortality than those who do not smoke. Currently available smoking cessation interventions like physician's advice, nicotine replacement therapy and pharmacological agents like bupropion and varenicline have had varying degrees of success. Smoking cessation intervention in the

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HIV-infected population might be more complex because of associated psychosocial problems like drug addiction, alcoholism, depression, etc. More research including clinical trials testing the efficacy of smoking cessation interventions in HIV infected persons is required in India. In addition to public health measures like banning smoking in public places and raising tobacco tax, comprehensive guidelines for health workers can help address this problem. Counselling on smoking cessation should be one of the main components of primary care, especially in the management of HIV-infected persons. This review highlights the importance of smoking cessation among HIV-infected persons in India.

34. Lee, J. G. (2009). "Social ecology of tobacco surveillance data for sexual and gender minority populations." Nicotine Tob Res 11(7): 908-9. http://www.ncbi.nlm.nih.gov/pubmed/19454551.

35. Lee, J. G., G. K. Griffin, et al. (2009). "Tobacco use among sexual minorities in the USA, 1987 to May 2007: a systematic review." Tob Control 18(4): 275-82. http://www.ncbi.nlm.nih.gov/pubmed/19208668.

OBJECTIVES: This paper examines the prevalence of tobacco use among sexual minorities in the US through a systematic review of literature from 1987 to May 2007. METHODS: Seven databases were searched for peer-reviewed research (Cumulative Index to Nursing and Allied Health Literature (CINAHL), Cochrane Library via Wiley InterScience, Education Resources Information Center (ERIC), Health Source: Nursing/Academic, Institute for Scientific Information (ISI) Web of Science, PsycINFO via EBSCO Host and PubMed). No language restrictions were used. Abstracts were identified in the literature search (n = 734) and were independently read and coded for inclusion or exclusion by two reviewers. When agreement was not reached, a third reviewer acted as arbitrator. Abstracts were included if they presented data collected in the US from 1987 to May 2007 and reported prevalence or correlation of tobacco use with sexual minority status. Studies reporting data from HIV-positive samples were excluded. The identified articles (n = 46) were independently read by two reviewers who recorded key outcome measures, including prevalence and/or odds ratios of tobacco use, sample size and domain of sexuality (identity, behaviour, or desire). Factors relating to study design and methodology were used to assess study quality according to nine criteria. RESULTS: In the 42 included studies, 119 measures of tobacco prevalence or association were reported. The available evidence points to disparities in smoking among sexual minorities that are significantly higher than among the general population. CONCLUSIONS: Ongoing, targeted interventions addressing smoking among sexual minorities are warranted in tobacco control programs.

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36. Legleye, S., F. Beck, et al. (2009). "Suicidal ideation among young French adults: association with occupation, family, sexual activity, personal background and drug use." J Affect Disord 123(1-3): 108-15. http://www.ncbi.nlm.nih.gov/pubmed/19892406.

BACKGROUND: To assess associations among young adults between suicidal ideation in the previous year and adverse childhood events, occupation, education, tobacco use, alcohol abuse, cannabis use in the previous month, illicit drug use, sexual orientation and activity, depression, physical violence in the previous year, and lifetime forced sexual intercourse. METHODS: A subsample of 4075 French adults aged 18-30 years was drawn from a random national telephone survey in 2005. Major depressive episode and alcohol abuse were assessed using CIDI-SF and AUDIT-C (score above 4). Data were analysed with logistic regressions. RESULTS: Suicidal ideation affected 5.7% of men and 4.9% of women. Among men depression had the highest adjusted odds ratio (ORa=8.06, 5.07-12.79), followed by homosexual intercourse (3.37, 1.62-7.04), absence of sexual activity (2.83, 1.80-4.44); ORa between 1.6 and 2.0 were observed for living alone, daily tobacco smoking, being unemployed, serious health event concerning the father, age 26-30 and bad relationships between parents. Among women, depression had the highest ORa (7.60, 4.70-12.29), followed by lifetime experience of forced sexual intercourse (5.37, 2.89-9.96), having consumed illicit drugs other than cannabis (4.01, 1.48-10.89); ORa between 1.7 and 2.5 were observed for living alone, being unemployed, bad relationship between parents and age 26-30. LIMITATIONS: Cross-sectional survey, sexual orientation inferred from sexual activity. CONCLUSION: Suicide prevention should integrate the fact that besides depression, unemployment, family history, age, and sexual activity and orientation are specific risk factors among men, whereas illicit drug use, violence and forced sexual intercourse are more important among women.

37. Ortiz-Hernandez, L., B. L. Tello, et al. (2009). "The association of sexual orientation with self-rated health, and cigarette and alcohol use in Mexican adolescents and youths." Soc Sci Med 69(1): 85-93. http://www.ncbi.nlm.nih.gov/pubmed/19427728.

Evidence of health inequities associated with sexual orientation has been gathered for industrialized countries. The situation for lesbians, gay males, and bisexuals (LGB) from middle- or low-income countries may be worse than those in industrialized nations. Here, we analyze the relationship of sexual orientation with self-rated health and cigarette and alcohol use among a representative sample of Mexican adolescents and youths between the ages of 12 and 29 years, in order to explore whether this association is mediated by discrimination and violence. Three dimensions of sexual orientation (affective attraction, sexual behavior, and identity) were assessed. The outcomes were self-rated health and cigarette and

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alcohol use. Compared to heterosexuals, LGB youths more frequently smoked >or=6 cigarettes per day, reported having experienced family violence, having crimes perpetrated against them, and having experienced violations of their rights. Among males, gays and bisexuals exhibited a higher risk of poor health than heterosexuals. Compared to heterosexual women, lesbians and bisexual women were more likely to consume alcohol. Many differences in self-rated health and substance use according to sexual orientation were explained by having experienced discrimination and violence. We concluded that lesbian and bisexual females have a higher prevalence of cigarette and alcohol use. It is necessary to develop policies and programs aimed at the reduction of substance abuse among LGB youths (focusing on females who engage in sexual contact with persons of the same gender) and to work against discrimination and violence experienced by LGB people, particularly against non-heterosexual males.

38. Peretti-Watel, P., V. Villes, et al. (2009). "How do HIV-infected smokers react to cigarette price increases? Evidence from the APROCO-COPILOTE-ANRS CO8 Cohort." Curr HIV Res 7(4): 462-7. http://www.ncbi.nlm.nih.gov/pubmed/19601784.

BACKGROUND: Smoking prevalence is very high among people living with HIV/AIDS, and smoking is riskier for them than for HIV-seronegative people. Promoting smoking cessation among HIV-infected people is therefore an emerging public health priority. Raising cigarette prices is usually considered as one of the most effective ways to reduce smoking, but its effectiveness has never been studied among HIV-infected smokers. METHODS: We studied the impact of cigarette price increases among HIV-infected smokers, with data extracted from the French cohort study APROCO-COPILOTE conducted between 1997 and 2007 among 1,146 patients. Data regarding respondents' smoking status was collected every 8 months over the first 5 years, and every 12 months thereafter. RESULTS: We found striking differences across transmission groups regarding socio-demographic background and smoking prevalence. The Intravenous Drug Use (IDU) group was characterised by a lower socioeconomic status, a higher smoking prevalence and a smaller decrease in this prevalence over the period 1997-2007. The homosexual group had a higher socioeconomic status, an intermediate smoking prevalence in 1997, and the highest rate of smoking decrease. In the dynamic multivariate analysis, smoking remained correlated with indicators of socioeconomic disadvantage and with infection through IDU. Aging and cigarette price increase had a negative impact on smoking among the homosexual group, but not for the IDU group. CONCLUSION: Among seropositive people, just as for the general population, poor smokers are poor quitters. Public health authorities should consider

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interventions which are not smoking-specific, but which contribute to improve the living conditions of the most deprived HIV-infected smokers.

39. Pizacani, B. A., K. Rohde, et al. (2009). "Smoking-related knowledge, attitudes and behaviors in the lesbian, gay and bisexual community: a population-based study from the U.S. Pacific Northwest." Prev Med 48(6): 555-61. http://www.ncbi.nlm.nih.gov/pubmed/19306893.

OBJECTIVE: Several studies have shown that lesbian, gay and bisexual (LGB) persons have higher smoking prevalence than heterosexuals. However, few population-based studies have explored whether smoking-related knowledge, attitudes and behaviors also differ between the communities. METHODS: We used Behavioral Risk Factor Surveillance System data for 2003 to 2005 from two states (Washington and Oregon) to compare smoking-related indicators between the self-identified LGB population and their heterosexual counterparts. RESULTS: Lesbians, gays and bisexuals were more likely to be current or ever smokers than their heterosexual counterparts. All except bisexual men and had lower quit ratios than heterosexuals. Among successful quitters, bisexual men were less likely to be long-term quitters than heterosexuals. For all groups, attitudes and behaviors regarding secondhand smoke (SHS) were similar to those of heterosexuals, except for bisexual women, who were more likely to be exposed to SHS. CONCLUSIONS: Despite a disparity in smoking prevalence, the LGB population in these two states appeared to have similar levels of knowledge and attitudes toward tobacco control as their heterosexual counterparts. Nevertheless, tobacco control programs should continue to focus on this population to prevent smoking initiation, promote cessation, and reduce secondhand smoke exposure.

40. Polimeni, A. M., S. B. Austin, et al. (2009). "Sexual orientation and weight, body image, and weight control practices among young Australian women." J Womens Health (Larchmt) 18(3): 355-62. http://www.ncbi.nlm.nih.gov/pubmed/19281319.

OBJECTIVES: We compare weight, body image, and weight control practices of young adult Australian women according to sexual orientation. METHODS: Cross-sectional analyses of the second survey of 9683 young adult women in the Australian Longitudinal Study on Women's Health (ALSWH); the weight, weight control practices, and body image of exclusively heterosexual, mainly heterosexual, bisexual, and lesbian women were compared. RESULTS: Lesbians were less likely to be dissatisfied with their body image (body weight: beta -0.64, 95% CI -1.10- -0.18; body shape: beta -0.83, 95% CI -1.27- -0.40; overall: beta -0.74, 95% CI -1.14- -0.32), to cut down on fats and sugars (OR 0.53, 95% CI 0.34-0.85), and to engage in healthy weight control practices overall (OR 0.48, 95% CI 0.29-0.81) compared with exclusively heterosexual women. Compared with exclusively heterosexual women, bisexual women were

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more likely to weight cycle (OR 2.22, 95% CI 1.22-4.03). Compared with exclusively heterosexual women, mainly heterosexual and bisexual women were more likely to engage in unhealthy weight control practices overall (mainly heterosexual: OR 1.76, 95% CI 1.42-2.17; bisexuals: OR 2.89, 95% CI 1.57-5.33), such as smoking (mainly heterosexuals: OR 1.83, 95% CI 1.38-2.44; bisexuals: OR 3.80, 95% CI 1.94-7.44) and cutting meals (mainly heterosexuals: OR 1.58, 95% CI 1.23-2.02; bisexual women: OR 3.45, 95% CI 1.82-6.54). Mainly heterosexual women were more likely to vomit (mainly heterosexuals: OR 2.41, 95% CI 1.73-3.36) and use laxatives (mainly heterosexuals: OR 1.56, 95% CI 1.12-2.19). CONCLUSIONS: Future research should explore why bisexual and mainly heterosexual women are at higher risk of disordered eating behaviours. Understanding why lesbians have a healthier body image would also provide insights into how to improve the body image of other groups. It is critical that public health policy and practice address less healthy weight control practices of sexual minority groups.

41. Reynolds, N. R. (2009). "Cigarette Smoking and HIV: More Evidence for Action." AIDS Education and Prevention 21(3 Supplement: The Impact of Cigarette Smoking on HIV/AIDS): 106-121. http://www.atypon-link.com/doi/abs/10.1521/aeap.2009.21.3_supp.106.

As many as 50-70% of persons infected with HIV are current smokers. Compelling evidence concerning the risks of cigarette smoking to persons living with HIV urges the inclusion of smoking treatment protocols in contemporary models of HIV care. Yet in spite of growing awareness of this problem, persons living with HIV are not being effectively treated for tobacco use. To further an understanding of contributing factors and define directions for evidenced-based intervention, factors associated with smoking behavior among persons living with HIV are examined.

42. Rhodes, S. D., T. P. McCoy, et al. (2009). Behavioral Risk Disparities in a Random Sample of Self-Identifying Gay and Non-Gay Male University Students, Routledge. 56**:** 1083 - 1100. http://www.informaworld.com/10.1080/00918360903275500

This Internet-based study was designed to compare health risk behaviors of gay and non-gay university students from stratified random cross-sectional samples of undergraduate students. Mean age of the 4,167 male participants was 20.5 (Â±2.7) years. Of these, 206 (4.9%) self-identified as gay and 3,961 (95.1%) self-identified as heterosexual. After adjusting for selected characteristics and clustering within university, gay men had higher odds of reporting: multiple sexual partners; cigarette smoking; methamphetamine use; gamma-hydroxybutyrate (GHB) use; other illicit drug use within the past 30 days and during lifetime; and intimate partner violence (IPV). Understanding the health risk behaviors of gay and heterosexual men is crucial to identifying associated factors and

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intervening upon them using appropriate and tailored strategies to reduce behavioral risk disparities and improve health outcomes.

43. Rosario, M., E. W. Schrimshaw, et al. (2009). "Disclosure of sexual orientation and subsequent substance use and abuse among lesbian, gay, and bisexual youths: critical role of disclosure reactions." Psychol Addict Behav 23(1): 175-84. http://www.ncbi.nlm.nih.gov/pubmed/19290704.

Research on whether disclosure of sexual orientation promotes lower substance use among lesbian, gay, and bisexual (LGB) individuals has been inconsistent. One reason for this may be that disclosure results in accepting and rejecting reactions. The current report longitudinally examines whether the types of reactions to disclosure are associated with substance use and abuse among 156 LGB youths (ages 14-21). Neither the number of disclosures nor the numbers of accepting or neutral disclosure reactions were associated with substance use or abuse. However, the number of rejecting reactions to disclosure was associated with current and subsequent alcohol, cigarette, and marijuana use, even after controlling for demographic factors, social desirability, and emotional distress. Further, accepting reactions were found to moderate or protect youths from the negative role of rejecting reactions on alcohol use, but not other substances. This research indicates that, rather than disclosure per se, it is the number of accepting and rejecting reactions in response to disclosure that are critical to understanding substance use among LGB youths. Further, the results suggest that to be maximally effective, substance use prevention and treatment efforts should address rejecting reactions. (PsycINFO Database Record (c) 2009 APA, all rights reserved).

44. Sanchez, N. F., J. P. Sanchez, et al. (2009). "Health care utilization, barriers to care, and hormone usage among male-to-female transgender persons in New York City." Am J Public Health 99(4): 713-9. http://www.ncbi.nlm.nih.gov/pubmed/19150911.

OBJECTIVES: We investigated health care utilization, barriers to care, and hormone use among male-to-female transgender persons residing in New York City to determine whether current care is in accord with the World Professional Association for Transgender Health and the goals of Healthy People 2010. METHODS: We conducted interviews with 101 male-to-female transgender persons from 3 community health centers in 2007. RESULTS: Most participants reported having health insurance (77%; n = 78) and seeing a general practitioner in the past year (81%; n = 82). Over 25% of participants perceived the cost of medical care, access to specialists, and a paucity of transgender-friendly and transgender-knowledgeable providers as barriers to care. Being under a physician's care was associated with high-risk behavior reduction, including smoking cessation (P = .004) and obtaining needles from a licensed physician (P = .002). Male-to-female transgender persons under a physician's care were

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more likely to obtain hormone therapies from a licensed physician (P < .001). CONCLUSIONS: Utilization of health care providers by male-to-female transgender persons is associated with their reduction of some high-risk behaviors, but it does not result in adherence to standard of care recommendations for transgender individuals.

45. Schwappach, D. L. (2009). "Queer quit: gay smokers' perspectives on a culturally specific smoking cessation service." Health Expect 12(4): 383-95. http://www.ncbi.nlm.nih.gov/pubmed/19682099.

BACKGROUND: The prevalence of smoking is high among gay males. The need for culturally specific support has been acknowledged, but little is known about gay men's perspectives on such adapted interventions. OBJECTIVE: To investigate smoking and intention to quit in gay smokers and to explore their attitudes towards a gay-specific smoking cessation programme. DESIGN: Quantitative survey and focus groups. SETTING AND PARTICIPANTS: A total of 325 gay smokers living in Zurich (Switzerland) completed an anonymous survey. Thirteen males participated in two focus groups, theoretically sampled to reflect heterogeneity in terms of age, HIV serostatus and smoking histories. Participants were personally recruited at a variety of events and through advertisements. RESULTS: Responders reported high consumption of cigarettes, and every second man stated that more than half of his gay friends smoke regularly. The majority planned their quit within the next 6 months. Idealizing attitudes towards smoking were very common. Men stated strong preferences towards a culturally adapted cessation programme for gay men. Higher age, high nicotine dependence, intention to quit, smoking stereotypes and fears for weight gain were significant predictors for interest in participation in the programme. Qualitative results indicate that men felt torn between their wish for support, bonding, and community alternatives to the 'smoking gay' environment and fears for failure and loss of reputation. CONCLUSIONS: Gay men reported likely use of a gay-specific intervention. Such interventions may offer support in abstaining from smoking, without abstaining from gay social life. Health-care providers play an important role in communicating the serious threats caused by smoking to gay men.

46. Steele, L. S., L. E. Ross, et al. (2009). "Women's sexual orientation and health: results from a Canadian population-based survey." Women Health 49(5): 353-67. http://www.ncbi.nlm.nih.gov/pubmed/19851942.

The current study sought to determine whether health status and health risk behaviors of Canadian women varied based on sexual identity. This was a cross-sectional analysis of data from the Canadian Community Health Survey: cycle 2.1, a national population-based survey designed to gather health data on a representative sample of over 135,000 Canadians including 354 lesbian respondents, 424 bisexual women respondents, and

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60,937 heterosexual women respondents. Sexual orientation was associated with disparities in health status and health risk behaviors for lesbian and bisexual women in Canada. Bisexual women were more likely than lesbians or heterosexual women to report poor or fair mental and physical health, mood or anxiety disorders, lifetime STD diagnosis, and, most markedly, life-time suicidality. Lesbians and bisexual women were also more likely to report daily smoking and risky drinking than heterosexual women. In sum, sexual orientation was associated with health status in Canada. Bisexual women, in particular, reported poorer health outcomes than lesbian or heterosexual women, indicating this group may be an appropriate target for specific health promotion interventions.

47. Trocki, K. F., L. A. Drabble, et al. (2009). "Tobacco, marijuana, and sensation seeking: comparisons across gay, lesbian, bisexual, and heterosexual groups." Psychol Addict Behav 23(4): 620-31. http://www.ncbi.nlm.nih.gov/pubmed/20025368.

This study examined patterns of smoked substances (cigarettes and marijuana) among heterosexuals, gays, lesbians, and bisexuals based on data from the 2000 National Alcohol Survey, a population-based telephone survey of adults in the United States. We also examined the effect of bar patronage and sensation seeking/impulsivity (SSImp) on tobacco and marijuana use. Sexual orientation was defined as lesbian or gay self-identified, bisexual self-identified, heterosexual self-identified with same-sex partners in the past 5 years, and exclusively heterosexual (heterosexual self-identified, reporting no same-sex partners). Findings indicate that bisexual women and heterosexual women reporting same-sex partners had higher rates of cigarette smoking than exclusively heterosexual women. Bisexual women, lesbians, and heterosexual women with same-sex partners also used marijuana at significantly higher rates than exclusively heterosexual women. Marijuana use was significantly greater and tobacco use was elevated among gay men compared with heterosexual men. SSImp was associated with greater use of both of these substances across nearly all groups. Bar patronage and SSImp did not buffer the relationship between sexual identity and smoking either cigarettes or marijuana. These findings suggest that marijuana and tobacco use differ by sexual identity, particularly among women, and underscore the importance of developing prevention and treatment services that are appropriate for sexual minorities.

48. University of Missouri Department of Family & Community Medicine (2009). The Check-Out Project: An Examination of Smoking and Tobacco Attitudes in the LGBTQ Community in Missouri, University of Missouri Department of Family & Community Medicine: 28. http://www.mffh.net/mm/files/LGBT2009.pdf.

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This report identifies significant tobacco-related disparities in Missouri's LGBTQ community and provides a broad description of the LGBTQ community with regards to tobacco issues. There is a higher rate of smoking and a lower rate of successful cessation. There is a lower level of knowledge of the harmful effects of smoking and exposure to secondhand smoke, and a general lack of awareness of evidence-based cessation treatment options. Unfortunately, there is also a significant lack of awareness of the disparities identified in this assessment. The LGBTQ community of Missouri is unaware of these disparities and the health impact of tobacco use.

49. Weisz, V. K. (2009). "Social justice considerations for lesbian and bisexual women's health care." J Obstet Gynecol Neonatal Nurs 38(1): 81-7. http://www.ncbi.nlm.nih.gov/pubmed/19208051.

Lesbian and bisexual women share much with heterosexual women such as the desire to parent and the risk for partner violence. However, these women have unique risks associated with heavy alcohol use, smoking, obesity, and nulliparity. As nurses become increasingly aware of the need for social justice advocacy for marginalized groups, they are in a good position to advocate for lesbian and bisexual women and to bring visibility to their poor treatment in the health care setting.

50. Wiley, D. J., D. Elashoff, et al. (2009). "Smoking enhances risk for new external genital warts in men." Int J Environ Res Public Health 6(3): 1215-34. http://www.ncbi.nlm.nih.gov/pubmed/19440442.

Repeat episodes of HPV-related external genital warts reflect recurring or new infections. No study before has been sufficiently powered to delineate how tobacco use, prior history of EGWs and HIV infection affect the risk for new EGWs. Behavioral, laboratory and examination data for 2,835 Multicenter AIDS Cohort Study participants examined at 21,519 semi-annual visits were evaluated. Fourteen percent (391/2835) of men reported or were diagnosed with EGWs at 3% (675/21,519) of study visits. Multivariate analyses showed smoking, prior episodes of EGWs, HIV infection and CD4+ T-lymphocyte count among the infected, each differentially influenced the risk for new EGWs.

51. Chao, C., L. P. Jacobson, et al. (2008). "Recreational drug use and T lymphocyte subpopulations in HIV-uninfected and HIV-infected men." Drug Alcohol Depend 94(1-3): 165-71.

The effects of recreational drugs on CD4 and CD8 T cells in humans are not well understood. We conducted a longitudinal analysis of men who have sex with men (MSM) enrolled in the Multicenter AIDS Cohort Study (MACS) to define associations between self-reported use of marijuana, cocaine, poppers and amphetamines, and CD4 and CD8 T cell parameters in both HIV-uninfected and HIV-infected MSM. For the HIV-

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infected MSM, we used clinical and laboratory data collected semiannually before 1996 to avoid potential effects of antiretroviral treatment. A regression model that allowed random intercepts and slopes as well as autoregressive covariance structure for within subject errors was used. Potential confounders adjusted for included length of follow-up, demographics, tobacco smoking, alcohol use, risky sexual behaviors, history of sexually transmitted infections, and antiviral therapy. We found no clinically meaningful associations between use of marijuana, cocaine, poppers, or amphetamines and CD4 and CD8 T cell counts, percentages, or rates of change in either HIV-uninfected or -infected men. The regression coefficients were of minimum magnitude despite some reaching statistical significance. No threshold effect was detected for frequent (at least weekly) or continuous substance use in the previous year. These results indicate that use of these substances does not adversely affect the numbers and percentages of circulating CD4 or CD8 T cells in either HIV-uninfected or -infected MSM.

52. Chattopadhyay, A. (2008). "Oral health disparities in the United States." Dental Clinics of North America 52(2): 297-318, vi. http://www.ncbi.nlm.nih.gov/pubmed/18329445.

Oral health disparities refers to the existence of differences in the incidence, prevalence, mortality, and burden of oral diseases and other adverse health conditions, as well as the use of health care services, among specific population groups in the United States. Existence of disparities in oral health status, accessing and using the oral health care delivery system, and receiving treatment depending on gender, race or ethnicity, education, income, disability, geographic location, and sexual orientation have been documented. Different states have initiated a series of steps as tools to document, assess, develop strategies, and monitor progress in efforts to eliminate or reduce oral health disparities in the United States.

53. Dilley, J. A., C. Spigner, et al. (2008). "Does tobacco industry marketing excessively impact lesbian, gay and bisexual communities?" Tobacco Control 17(6): 385-90. http://www.ncbi.nlm.nih.gov/pubmed/18723561.

BACKGROUND: Tobacco industry documents have revealed marketing plans specifically to reach lesbian, gay and bisexual (LGB) populations. Research supports a causal linkage between receptivity and exposure to tobacco industry marketing and tobacco use uptake among adolescents. Pro-tobacco messages may diminish the effectiveness of tobacco control activities and contribute to the high smoking prevalence among LGB populations. OBJECTIVE: To compare receptivity and exposure to tobacco industry marketing between LGB and heterosexual populations. METHODS: Nearly 400 gay or bisexual men and more than 600 lesbian or bisexual women were identified in the 2003-2006 Washington State

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Behavioral Risk Factor Surveillance System (BRFSS), a state-wide, population-based telephone survey of adults. The BRFSS included questions measuring receptivity and exposure to tobacco industry marketing. Multiple logistic regression models stratified by gender were used to assess differences for lesbians, gays and bisexuals separately, in comparison to their heterosexual counterparts. RESULTS: As expected, smoking prevalence was higher among LGB populations than among heterosexuals. After adjustment for demographic differences and smoking status, gay and bisexual men reported more exposure to tobacco industry marketing (free sample distribution) than straight men, but were equally receptive to it. Lesbian and bisexual women were more receptive to and reported more exposure to tobacco industry marketing than straight women. CONCLUSION: LGB communities, especially lesbian and bisexual women, appear to be effectively targeted by tobacco industry marketing activities. Strategies to limit tobacco industry marketing, and increase individuals' resistance to marketing, may be critical to reducing smoking among LGB populations.

54. Duval, X., G. Baron, et al. (2008). "Living with HIV, antiretroviral treatment experience and tobacco smoking: results from a multisite cross-sectional study." Antivir Ther 13(3): 389-97. http://www.ncbi.nlm.nih.gov/pubmed/18572752.

BACKGROUND: To assess the prevalence of and factors associated with tobacco smoking and dependence in HIV patients. METHODS: In a one-day cross-sectional national survey of a representative sample of 82 French units specialized in HIV-infected patient care, 727 consecutive outpatients were asked to complete a self-administered questionnaire, assessing smoking habits, dependence, cessation motivation, other substance abuse, sociocultural characteristics, life with HIV and its treatment. Smoking prevalence and dependence were assessed and compared with a representative sample of the general French population. RESULTS: The questionnaire was completed by 593 (82%) patients: 12% were active or ex-intravenous drug users, 37% were homosexual men, and 43% were active smokers (compared with 31% in the French population) of whom 56% were classified as moderately or highly dependent. Fourteen percent of smokers were highly motivated and free of other substance abuse and of depressive symptoms. Smoking was independently associated with male sex (odds ratio [OR] = 2.38; 95% confidence interval [CI] 0.99-1.11), lower body mass index (OR 1.08; 95% CI 1.14-1.03), smoking environment (OR 4.75; 95% CI 3.02-7.49), excessive alcohol consumption (OR 2.50; 95% CI 1.20-5.23), illicit drug use (OR 2.43; 95% CI 1.41-4.19), HIV status disclosure to family (OR 1.81; 95% CI 1.16-2.85) and experience of rejection due to disclosure (OR 1.90; 95% CI 1.14-3.17). Disclosure and drug substitute usage were associated with high tobacco dependence. CONCLUSIONS: Very few HIV smokers seem to be good candidates for a standard tobacco cessation

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program. Tobacco reduction or cessation strategies should be adapted to this population.

55. Easton, A., K. Jackson, et al. (2008). "Adolescent same-sex and both-sex romantic attractions and relationships: implications for smoking." American Journal of Public Health 98(3): 462-7. http://www.ncbi.nlm.nih.gov/pubmed/18235075.

OBJECTIVES: We examined cross-sectional and longitudinal associations between smoking and romantic attractions and relationships. METHODS: We used data from the National Longitudinal Study of Adolescent Health to assess associations of smoking at Waves I and II with same-sex, both-sex, and opposite-sex romantic attractions or relationships as determined at Wave I. We used logistic regression to predict smoking at Wave II by sexual orientation. RESULTS: Both adolescent boys and adolescent girls with both-sex attractions or relationships were significantly more likely than those with opposite-sex attractions or relationships to be current smokers. Adolescent boys and girls with both-sex attractions or relationships who were nonsmokers at Wave I were more likely to be current smokers at Wave II than those with opposite-sex attractions or relationships. CONCLUSIONS: Our findings support previous research on smoking among youths who report same-sex or both-sex romantic attractions or relationships and demonstrate the increased risk bisexual youths have for smoking initiation and smoking prevalence. Tobacco use prevention programs targeting gay and bisexual youths are warranted, particularly among adolescent girls and boys who have had both-sex romantic attractions or relationships.

56. Grant, B. and D. Dawson. (2008). "Introduction to the National Epidemiologic Survey on Alcohol Related Conditions." Retrieved August 28, 2008, from pubs.niaaa.nih.gov/publications/arh29-2/74-78.pdf.

57. Gruskin, E. P., K. M. Byrne, et al. (2008). Smoking It All Away: Influences of Stress, Negative Emotions, and Stigma on Lesbian Tobacco Use, Routledge. 4**:** 167 - 179. http://www.informaworld.com/10.1080/15574090903141104

This study explored the reported processes, conditions, and consequences of lesbian and heterosexual female smoking and relapse to understand the reasons for elevated lesbian smoking rates. Using grounded theory techniques, we conducted semistructured, face-to-face interviews with an ethnically diverse sample of 35 lesbian and 35 heterosexual female participants in Northern California. We found minority stress/sexual stigma to be an additional, unique cause of negative emotions and stress reported by 75% of lesbian participants, leading to smoking and relapse. Implications for smoking cessation programs tailored to lesbians are discussed.

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58. Hahm, H. C., F. Y. Wong, et al. (2008). "Substance use among Asian Americans and Pacific Islanders sexual minority adolescents: findings from the National Longitudinal Study of Adolescent Health." Journal of Adolescent Health 42(3): 275-83. http://www.ncbi.nlm.nih.gov/pubmed/18295136.

PURPOSE: We assessed the prevalence, incidence, and correlates of substance use among Asian American individuals transitioning from adolescence to young adulthood. METHODS: Data were obtained from the National Longitudinal Study of Adolescent Health, Wave II (1996) and Wave III (2001). Information on substance use was abstracted from a nationally representative sample of 1108 Asian Americans and Pacific Islanders (AAPIs) from both Waves. Weighted prevalence, incidence, and patterns of smoking, binge drinking, marijuana use, and other drug use were analyzed by sexual orientation and gender. Multiple logistic regression analyses were conducted to investigate the unique contribution of being a sexual minority in relation to four types of substance use by gender. RESULTS: A link between sexual orientation and substance use behaviors among AAPIs did not emerge until young adulthood. Significant increases in the incidence and prevalence of all four types of substance use (tobacco, binge drinking, marijuana, and other drugs) were found among sexual minority AAPIs. Specifically being an AAPI sexual minority young woman, compared with being a heterosexual young woman, a heterosexual young man, or a sexual minority young man, was significantly associated with substance use after controlling for demographic characteristics, problem behaviors, and substance use during adolescence. Also the highest prevalence of substance use was found among AAPI sexual minority women. CONCLUSIONS: These findings add greater urgency to addressing the role of sexual orientation in designing substance abuse programs.

59. Halkitis, P. N., R. W. Moeller, et al. (2008). "Methamphetamine and poly-substance use among gym-attending men who have sex with men in New York City." Annals of Behavioral Medicine 35(1): 41-8. http://www.ncbi.nlm.nih.gov/pubmed/18347903.

BACKGROUND: Methamphetamine and other drug use has been documented among men who have sex with men (MSM). Patterns of use may be influenced by point of recruitment into these studies. PURPOSE: The aim of this study is to describe patterns of methamphetamine and other drug use and to delineate psychosocial and demographic factors which accompany these patterns of use in a sample of MSM attending gyms in New York City. METHODS: Active recruitment strategies were implemented to ascertain a sample of 311 MSM. Participants completed a one-time survey regarding both health risks and health promotion. RESULTS: Methamphetamine use in the last 6 months was reported by 23.8% of men. Inhalation and smoking were the most common modes of administration, and 84% of men reported more than one mode of use.

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Study participants also indicated a variety of other substances used, including but not limited to alcohol, inhalant nitrates, and 3,4 methylenedioxymethamphetamine (MDMA). Compared to nonusers, methamphetamine users were more likely to report being black or Latino, depressed, HIV-positive, perceiving more benefits of unprotected sex, and understanding masculinity in sexual terms. CONCLUSIONS: These data suggest that health-risk behaviors are common among MSM who are regularly using a gym and are indicative of the complexities of health issues for this segment of the population.

60. Hart, T. A., C. A. James, et al. (2008). "Social anxiety and HIV transmission risk among HIV-seropositive male patients." Aids Patient Care and STDS 22(11): 879-86. http://www.ncbi.nlm.nih.gov/pubmed/19025482.

The role of psychological factors in predicting HIV sexual transmission risk behavior is increasingly of interest in prevention research. Social anxiety, or anxiety about being evaluated in interpersonal situations, is associated with unprotected insertive anal intercourse among young men who have sex with men (MSM) and with other behavioral risk factors for unprotected intercourse, such as depression, smoking, alcohol use, and drug use. Social anxiety may be especially relevant in understanding HIV risk among HIV-seropositive men, given its stronger association with unprotected insertive than with receptive anal intercourse. In the present study, for which participants were recruited between October 2002 and May 2003, HIV-positive men attending regularly scheduled primary care medical appointments at a community HIV clinic were approached by research personnel and informed about the study topic and procedures. Ninety percent of patients approached agreed to participate, resulting in a sample of 206 patients. The sample was primarily African American, unemployed, of low educational level, and 95% of the sample had an AIDS diagnosis. The present study replicated and extended previous research from community samples by demonstrating an association between social anxiety and unprotected insertive anal intercourse with non-HIV-positive partners in a clinical sample of HIV-positive MSM and men who have sex with women (MSW). This association was maintained controlling for depression, smoking, and club drug use. Social anxiety is a relatively robust risk factor for unprotected insertive anal intercourse among MSM. Future work should examine the mechanisms by which social anxiety is associated with sexual risk among MSM.

61. Hughes, T. L., T. P. Johnson, et al. (2008). "Sexual orientation and smoking: results from a multisite women's health study." Substance Use and Misuse 43(8-9): 1218-39. http://www.ncbi.nlm.nih.gov/pubmed/18649240.

Although lesbians are believed to be at disproportionately high risk for smoking, few published studies have focused on smoking rates in this population. We examined and compared rates and demographic

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correlates of smoking among 550 lesbians and 279 heterosexual women in Chicago, Minneapolis/St. Paul, and in New York City in 1994-1996 using a self-administered survey questionnaire. African-American lesbians were more likely than African-American heterosexual women or White lesbians to be current smokers. For the sample as a whole, education was the most robust predictor of both current and lifetime smoking. Racial/ethnic minority lesbians with high school education or less were most likely to report both current and lifetime cigarette smoking. The study's limitations are noted.

62. Lombardi, E., A. J. Silvestre, et al. (2008). "Impact of early sexual debut on gay men's tobacco use." Nicotine Tob Res 10(11): 1591-5. http://www.ncbi.nlm.nih.gov/pubmed/18988071.

Young men's sexual experiences with men are different from their sexual experiences with women because of homophobia. Early sexual debut with another man could lead to tobacco use as a result. The study assessed 691 HIV-negative gay men recruited from southwestern Pennsylvania. Early sexual experiences with men and women were associated with participants' smoking behaviors. It is thought that the early sexual debut with men may place these individuals at risk for homophobia as well as for being socialized in environments that will influence their smoking behavior. To be effective, tobacco control programs need to be culturally competent regarding issues that affect gay men.

63. Monforte, A., D. Abrams, et al. (2008). "HIV-induced immunodeficiency and mortality from AIDS-defining and non-AIDS-defining malignancies." AIDS 22(16): 2143-53. http://www.ncbi.nlm.nih.gov/pubmed/18832878.

OBJECTIVE: To evaluate deaths from AIDS-defining malignancies (ADM) and non-AIDS-defining malignancies (nADM) in the D:A:D Study and to investigate the relationship between these deaths and immunodeficiency. DESIGN: Observational cohort study. METHODS: Patients (23 437) were followed prospectively for 104 921 person-years. We used Poisson regression models to identify factors independently associated with deaths from ADM and nADM. Analyses of factors associated with mortality due to nADM were repeated after excluding nADM known to be associated with a specific risk factor. RESULTS: Three hundred five patients died due to a malignancy, 298 prior to the cutoff for this analysis (ADM: n = 110; nADM: n = 188). The mortality rate due to ADM decreased from 20.1/1000 person-years of follow-up [95% confidence interval (CI) 14.4, 25.9] when the most recent CD4 cell count was <50 cells/microl to 0.1 (0.03, 0.3)/1000 person-years of follow-up when the CD4 cell count was more than 500 cells/microl; the mortality rate from nADM decreased from 6.0 (95% CI 3.3, 10.1) to 0.6 (0.4, 0.8) per 1000 person-years of follow-up between these two CD4 cell count strata. In multivariable regression analyses, a two-fold higher latest CD4 cell count was associated with a

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halving of the risk of ADM mortality. Other predictors of an increased risk of ADM mortality were homosexual risk group, older age, a previous (non-malignancy) AIDS diagnosis and earlier calendar years. Predictors of an increased risk of nADM mortality included lower CD4 cell count, older age, current/ex-smoking status, longer cumulative exposure to combination antiretroviral therapy, active hepatitis B infection and earlier calendar year. CONCLUSION: The severity of immunosuppression is predictive of death from both ADM and nADM in HIV-infected populations.

64. National Center for Health Statistics. (2008). "Advance Data from Vital and Health Statistcis." Retrieved August 28, 2008, from www.cdc.gov/nchs/data/nhanes/nhanes_01_02/sxq_b_cbk.pdf.

65. Nawar, E. W., S. R. Cole, et al. (2008). "Sexual activity and Kaposi's sarcoma among human immunodeficiency virus type 1 and human herpesvirus type 8-coinfected men." Annals of Epidemiology 18(7): 517-21. http://www.ncbi.nlm.nih.gov/pubmed/18504143.

PURPOSE: There is notable heterogeneity in the progression to Kaposi's sarcoma (KS) among men coinfected with HIV-1 and human herpesvirus type 8 (HHV-8); additional determinants of KS likely exist. Here, we explore sexual activity as a proxy for a sexually transmitted determinant beyond HIV-1 and HHV-8. METHODS: The association between sexual activity and incident KS was estimated with data from 1354 HIV-1- and HHV-8-coinfected homosexual men who were followed for up to 10 years in the Multicenter AIDS Cohort Study. RESULTS: As expected, white race, low CD4 cell count, and the acquisition of HHV-8 after HIV-1 infection increased, whereas smoking decreased, the hazard of KS. The unadjusted hazard of KS among those with high sexual activity was 0.68 relative to the hazard of those with low sexual activity (95% confidence interval, 0.49-0.93) and was somewhat muted after adjustment for characteristics measured at study entry (i.e., race, smoking, CD4 cell count, infection order, history of sexual activity, and sexually transmitted diseases). However, adjustment for time-varying covariates, particularly CD4 cell count, resulted in a nullification of the association (adjusted hazard ratio = 1.06; 95% confidence interval, 0.77-1.48). CONCLUSION: Once HIV-1 and HHV-8 coinfection is established in homosexual men, progression to KS does not appear to be caused by a third pathogen transmitted by sexual activity.

66. Offen, N., E. A. Smith, et al. (2008). "Is tobacco a gay issue? Interviews with leaders of the lesbian, gay, bisexual and transgender community." Cult Health Sex 10(2): 143-57. http://www.ncbi.nlm.nih.gov/pubmed/18247208.

This study examined the extent of tobacco industry funding of lesbian, gay, bisexual and transgender (LGBT) organisations and whether leaders of these organisations thought tobacco was a priority health issue for their

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community. We interviewed leaders of 74 LGBT organisations and publications in the USA, reflecting a wide variety of groups. Twenty-two percent said they had accepted tobacco industry funding and few (24%) identified tobacco as a priority issue. Most leaders did not perceive tobacco as an issue relevant to LGBT identity. They saw smoking as a personal choice and individual right rather than as a health crisis fuelled by industry activities. As such, they were reluctant to judge a legal industry, fearing it might lead to having to evaluate other potential funders. They saw tobacco control as divisive, potentially alienating their peers who smoke. The minority who embraced tobacco control saw the industry as culpable and viewed their own roles as protecting the community from all harms, not just those specific to the gay community. Lesbian, gay, bisexual and transgender tobacco-control advocates should reframe smoking as an unhealthy response to the stresses of homophobia to persuade leaders that tobacco control is central to LGBT health.

67. Remafedi, G., A. M. Jurek, et al. (2008). "Sexual identity and tobacco use in a venue-based sample of adolescents and young adults." American Journal of Preventive Medicine 35(6 Suppl): S463-70. http://www.ncbi.nlm.nih.gov/pubmed/19012840.

BACKGROUND: Tobacco use has been found to be more prevalent among lesbian, gay, bisexual, and transgender (LGBT) adults than among the general population, but there is little information about LGBT youth. This study examined tobacco use in relation to sexual identity in a community venue-based sample of youth. METHODS: Time-space sampling was used to select individuals aged 13-24 years visiting venues frequented by both LGBT and non-LGBT youth, including drop-in and recreational centers, cafes, bars, and a park. ORs for the association between LGBT identity and tobacco use were estimated using logistic regression models with adjustment for demographic covariates and venue selection. The two main outcomes were lifetime and last-30-day cigarette smoking. Sixteen secondary outcomes pertained to the type, initiation, frequency, and quantity of tobacco use; symptoms of dependence; and cessation. RESULTS: Seventy-seven percent (500/653) of eligible participants completed surveys by interview in 2005-2006. Sixty-three percent smoked in the last 30 days, 22% smoked more than 30 days ago, and 17% reported no prior cigarette smoking. LGBT identity predicted any prior cigarette use (OR 2.2, 95% CI=1.7, 3.2), but not recent use. Compared to non-LGBT youth, LGBT participants were less likely to use smokeless tobacco (OR 0.6, 95% CI=0.5, 0.7) and to want to quit smoking cigarettes (OR 0.6, 95% CI=0.5, 0.8). Other tobacco-related attitudes and behaviors were similar. CONCLUSIONS: Few meaningful differences in tobacco use were related to sexual identity. The remarkably high levels of cigarette smoking in the sample highlights the need for prevention and cessation resources.

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68. Rivers, I. and N. Noret (2008). "Well-Being among Same-Sex-and Opposite-Sex-Attracted Youth at School." School Psychology Review 37(2): 174-187. http://www.eric.ed.gov/ERICWebPortal/detail?accno=EJ800135

In this study, 53 students who reported being solely or primarily attracted to members of the same sex were matched with 53 peers who reported being attracted solely to members of the opposite sex on various demographic factors as well as exposure to bullying at school. Data relating to tobacco and alcohol use, drug use, health risk behaviors, concerns and sources of social support, interpersonal sensitivity, depression, anxiety, hostility, suicide ideation, loneliness, and concentration were analyzed. Results indicated that same-sex-attracted students reported drinking alcohol alone more than opposite-sex-attracted peers; however, they were no more likely to engage in health-risk behaviors, or use Class 1 and 2 drugs. They were more likely to report being worried about being lesbian or gay, and were more likely to seek support from a member of school staff than opposite-sex-attracted peers. In terms of psychological well-being, same-sex-attracted students scored significantly higher on a hostility subscale when compared to opposite-sex-attracted peers and were more likely to report feeling lonely. These results suggest that the management of reactive aggression or hostility toward others may be a key determinant of healthy gay, lesbian, and bisexual development. (Contains 4 tables.)

69. Rosario, M., E. W. Schrimshaw, et al. (2008). "Butch/Femme differences in substance use and abuse among young lesbian and bisexual women: examination and potential explanations." Substance Use and Misuse 43(8-9): 1002-15. http://www.ncbi.nlm.nih.gov/pubmed/18649226.

The current study examined the role of gender atypical self-presentation on the alcohol, tobacco, and marijuana use, as well as symptoms of substance abuse/misuse, of an ethnically diverse sample of 76 young (ages 14-21 years) lesbian and bisexual women who were interviewed between 1993 and 1995 in New York City. Even after controlling for age, sexual identity, and social desirability, young butch women reported drinking alcohol more frequently and in greater quantity, smoking more cigarettes, and using marijuana more frequently than young femme women. Experiences of gay-related stressful events, internalized homophobia, and emotional distress were found to largely account for the butch/femme differences in tobacco and marijuana use, but not in higher levels of alcohol use. Despite the small convenience sample, these findings suggest that intervention efforts to address the higher levels of substance use among young lesbian and bisexual women may increase effectiveness by also addressing experiences of gay-related stress and emotional distress of young butch women. The study's limitations are noted.

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70. Schwappach, D. L. (2008). "Smoking behavior, intention to quit, and preferences toward cessation programs among gay men in Zurich, Switzerland." Nicotine Tob Res 10(12): 1783-7. http://www.ncbi.nlm.nih.gov/pubmed/19023829.

International data show that the prevalence of smoking is high among gay males. The need for tailored smoking cessation support has been widely acknowledged, but little is known about gay men's preferences toward culturally-adopted interventions. We investigated preferences toward tailored group programs in a survey study among a sample of gay smokers living in the urban community of Zurich, Switzerland. Preferences were assessed using vignettes describing alternative services randomized over participants. Men that self-defined as gay or bisexual completed the survey (N = 379). Responders smoked on average 20 cigarettes per day (CI 18.9-21.5) and the mean nicotine dependence score was 4.6 (CI 4.3-4.9). Men strongly preferred group cessation programs for gay men over generic programs, and services provided by the local gay health care provider over those offered by the traditional course provider. The data suggest that offering tailored programs will increase participation in cessation services. Results emphasize the need for culturally-adopted cessation interventions that provide men strategies for participating in recreational activities as nonsmokers. Gay health care organizations serve as important door openers to communicate the serious health threats for gay men caused by smoking, and may play an important role in attracting men to cessation services.

71. Scout (2008). LGBT People and Tobacco Fact Sheet. Boston, MA, The Network for LGBT Tobacco Control. http://www.lgbttobacco.org/files/20080701LGBTs_and_Tobacco.pdf.

LGBT communities are among the populations most severely impacted by tobacco use. Tobacco companies have targeted LGBT populations, compromising our communities' work against this major health threat. Negative health impacts of tobacco continue to be under-estimated. Secondhand smoke may have added impact in the LGBT communities. LGBT people want clean indoor air

72. Scout and S. Senseman (2008). Cognitive Testing of an LGBT Surveillance Question, Network for LGBT Tobacco Control. http://www.lgbttobacco.org/files/Cognitive%20Testing%20on%20an%20LGBT%20Surveillance%20Question.pdf.

73. Sell, R. L. and P. M. Dunn (2008). Inclusion of Lesbian, Gay, Bisexual and Transgender People in Tobacco Use-Related Surveillance and Epidemiological Research, Routledge. 4**:** 27 - 42. http://www.informaworld.com/10.1080/15574090802615703

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Researchers and public health advocates have long recognized the importance of demographic characteristics such as sex, race, ethnicity, age, and socioeconomic status in their efforts to understand and control the use of tobacco among population groups. Targeting prevention and cessation efforts based upon such characteristics has consistently been demonstrated to be both efficient and effective. In recent years, attention has modestly turned to how two additional demographic variables, sexual orientation and gender identity, can add to our understanding of how to reduce tobacco use. Research of tobacco industry papers has clearly documented targeted media campaigns to encourage smoking among lesbians and gays in the marketplace. The tobacco industry has long understood the role that sexual orientation can play in the uptake of smoking and the targeted marketing of brands. Those concerned with tobacco use prevention and cessation research have consequently responded to address tobacco use by lesbians and gays, and bisexuals and transgender people as well, but even more can be done. This article reviews what is known about smoking in lesbian, gay, bisexual, and transgender populations and then reviews recommendations from four panels created to examine this topic. In conclusion, we recommend that sexual orientation and gender identity be considered for inclusion as variables in all major research and epidemiological studies of tobacco use. Just as such studies, without hesitation, measure sex, race, ethnicity, age, and socioeconomic status, they need to also include questions assessing sexual orientation and gender identity. Although these new variables need not be the primary focus of these studies, at a minimum, considering their use as controlling variables should be explored. Lesbian, gay, bisexual, and transgender people can benefit from being openly included in the work researchers conduct to inform the design of tobacco control programs and policies.

74. Smith, E. A., K. Thomson, et al. (2008). ""If you know you exist, it's just marketing poison": meanings of tobacco industry targeting in the lesbian, gay, bisexual, and transgender community." American Journal of Public Health 98(6): 996-1003. http://www.ncbi.nlm.nih.gov/pubmed/18445800.

In the public health literature, it is generally assumed that the perception of "targeting" as positive or negative by the targeted audience depends on the product or message being promoted. Smoking prevalence rates are high among lesbian, gay, bisexual, and transgender (LGBT) individuals, but little is known about how they perceive tobacco industry targeting. We conducted focus groups with LGBT individuals in 4 US cities to explore their perceptions. Our findings indicated that focus group participants often responded positively to tobacco company targeting. Targeting connoted community visibility, legitimacy, and economic viability. Participants did not view tobacco as a gay health issue. Targeting is a key aspect of

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corporate-community interaction. A better understanding of targeting may aid public health efforts to counter corporate disease promotion.

75. TReND and Scout (2008). Lesbians, Gays, Bisexuals, and Transgenders of Color Sampling Methodology: Strategies for Collecting Data in Small, Hidden, or Hard-to-Reach Groups to Reduce Tobacco-Related Health Disparities, Tobacco Research Network on Disparities (TReND)
American Legacy Foundation
NCI Division of Cancer Control and Population Sciences
California Tobacco-Related Disease Research Program.
http://dccps.cancer.gov/TCRB/trend/lgbt/docs/LGBTReport508.pdf.

76. (SMYRC), S. M. Y. R. C. (2007). SMOKING IN THE OREGON LGBTQQ COMMUNITIES: PRIDE SURVEY, 2007, Sexual Minority Youth Resource Center (SMYRC), Breath Free**:** 21.
http://lgbttobacco.org/files/2007%20PRIDE%20Survey_Final_May08.pdf.

77. American Lung Assocation. (2007). "Not-On-Tobacco (N-O-T) Backgrounder." Retrieved March 12, 2007, from http://www.lungusa.org/site/pp.asp?c=dvLUK9O0E&b=39866.

78. Austin, S. B., K. Conron, et al. (2007). "Making sense of sexual orientation measures: findings from a cognitive processing study with adolescents on health survey questions." J LGBT Health Res 3(1): 55-65.
http://www.ncbi.nlm.nih.gov/pubmed/18029316.
OBJECTIVE: To carry out a study using cognitive processing interview methods to explore ways in which adolescents understand sexual orientation questions currently used on epidemiologic surveys. METHODS: In-depth, individual interviews were conducted to probe cognitive processes involved in answering four self-report survey questions assessing sexual identity, sexual attraction, and sex of sexual partners.A semi-structured interview guide was used to explore variation in question interpretation, information retrieval patterns and problems, item clarity, valence of reactions to items (positive, negative, neutral), respondent burden, and perceived threat associated with the measures. Thirty adolescents aged 15 to 21 of diverse sexual orientations and race/ethnicities participated in the study, including female, male, and transgender youth. RESULTS: A question on sexual attraction was the most consistently understood and thus was easy for nearly all youth to answer. In contrast, a measure of sexual identity with options heterosexual, bisexual, gay/lesbian, and unsure was the most difficult to answer. Most preferred a sexual identity item that also provided the intermediate options mostly heterosexual and mostly homosexual, which many said reflected their experience of feeling between categories. Participants had varying and inconsistent interpretations of sexual

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behavior terms, such as sex and sexual intercourse, used in assessing the sex of sexual partners. CONCLUSION: Differences in understanding could affect interpretation of survey data in important ways. Development of valid measures of sexual orientation will be essential to better monitor health disparities.

79. Bostwick, W. (2007). Mental Health Risk Factors Among GLBT Youth. Arlington, VA, National Alliance on Mental Illness. http://www.nami.org/TextTemplate.cfm?Section=Fact_Sheets1&Template=/ContentManagement/ContentDisplay.cfm&ContentID=48112.

80. Bowen, D. J. and U. Boehmer (2007). "The lack of cancer surveillance data on sexual minorities and strategies for change." Cancer Causes and Control 18(4): 343-9. http://www.ncbi.nlm.nih.gov/pubmed/17325829.

OBJECTIVE: To consider options for gathering cancer incidence and risk factor data in sexual minority individuals. METHODS AND RESULTS: Sexual minority individuals may experience cancer risk disparities, due to lifestyle and reproductive differences compared with heterosexual people. However, cancer registry systems do not routinely collect sexual minority status. Other methods of obtaining such data and comparing cancer rates and risks between sexual minority and heterosexual people are discussed. These include building on existing registry membership with a targeted survey, using existing data sources, and estimating sexual orientation status with related data. CONCLUSIONS: Efforts described here could provide support for or refute the hypothesis that disparities exist in selected cancer rates in sexual minority populations and could guide targeted efforts to reduce any disparities.

81. Burgess, D., R. Lee, et al. (2007). "Effects of perceived discrimination on mental health and mental health services utilization among gay, lesbian, bisexual and transgender persons." J LGBT Health Res 3(4): 1-14. http://www.ncbi.nlm.nih.gov/pubmed/19042907.

OBJECTIVES: Previous research has found that lesbian, gay, bisexual and transgender (LGBT) individuals are at risk for a variety of mental health disorders. We examined the extent to which a recent experience of a major discriminatory event may contribute to poor mental health among LGBT persons. METHODS: Data were derived from a cross-sectional strata-cluster survey of adults in Hennepin County, Minnesota, who identified as LGBT (n=472) or heterosexual (n=7,412). RESULTS: Compared to heterosexuals, LGBT individuals had poorer mental health (higher levels of psychological distress, greater likelihood of having a diagnosis of depression or anxiety, greater perceived mental health needs, and greater use of mental health services), more substance use (higher levels of binge drinking, greater likelihood of being a smoker and greater number of cigarettes smoked per day), and were more likely to

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report unmet mental healthcare needs. LGBT individuals were also more likely to report having experienced a major incident of discrimination over the past year than heterosexual individuals. Although perceived discrimination was associated with almost all of the indicators of mental health and utilization of mental health care that we examined, adjusting for discrimination did not significantly reduce mental health disparities between heterosexual and LGBT persons. CONCLUSION: LGBT individuals experienced more major discrimination and reported worse mental health than heterosexuals, but discrimination did not account for this disparity. Future research should explore additional forms of discrimination and additional stressors associated with minority sexual orientation that may account for these disparities.

82. Chattopadhyay, A. and L. L. Patton (2007). "Risk indicators for HIV-associated jointly occurring oral candidiasis and oral hairy leukoplakia." AIDS Patient Care STDS 21(11): 825-32. http://www.ncbi.nlm.nih.gov/pubmed/18240892.

Joint occurrence of two or more diseases may impact their transmission, clinical presentation, management approaches, and treatment efficacy. Although oral candidiasis (OC) and oral hairy leukoplakia (OHL) are the most commonly occurring opportunistic oral diseases of HIV-infected patients, literature describing their joint occurrence is sparse. The purpose of this project was to develop an explanatory multivariable model for joint occurrence of OC and OHL (OC-OHL). This cross-sectional study examined 631 adult dentate HIV-1 seropositive persons for OC and OHL from 1995-2000 at the University of North Carolina Hospitals in Chapel Hill, NC. Data collected from medical record review, interviews and clinical examinations were analyzed using chi(2) tests, t itests, and nonparametric tests. Multivariable proportional odds models were developed, using the likelihood ratio test and adjusting for several demographic, behavioral, and biological factors. Thirteen percent of participants had OC only; 12.8% had OHL only; 4.6% had OC-OHL; whereas 69.7% had neither. Occurrence of OC-OHL was independently associated with CD4+ counts less than 200 cells per microliter (adjusted odds ratio [OR] (95% confidence interval {CI}) = 13.4 (6.6, 27.2) and CD4+ counts 200-499 cells per microliter (OR = 3.9 [1.9, 8.1]); current smokers (OR = 2.3 [1.4, 3.8]); and whites (OR = 1.7 [1.1, 2.5]). Combination antiretroviral therapy was protective (OR = 0.5 [0.3, 0.9]). In an HIV-1-infected population, lower CD4+ cell counts and smoking were important independent risk indicators for joint occurrence of OC and OHL.

83. Clarke, M. and R. Coughlin (2007). The Toronto Rainbow Tobacco Survey: A Report on Tobacco Use in Toronto's LGBTTQ Communities. Toronto, The Rainbow Tobacco Intervention Project 23. http://www.sherbourne.on.ca/PDFs/TRTS-Report.pdf.

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The Toronto Rainbow Tobacco Survey (TRTS) gathered data from over 3,000 members of Toronto's LGBTTQ communities from April to July 2006, through outreach at LGBTTQ community events and through an online survey. Results were similar to other findings, with the LGBT population smoking at much higher rates. Recommendations include targeting tobacco control efforts at the LGBTTQ population, expanding treatment resources to address the most at-risk communities and conducting further research on the determinants of tobacco use among LGBTTQ communities.

84. Cochran, S. D. and V. M. Mays (2007). "Physical health complaints among lesbians, gay men, and bisexual and homosexually experienced heterosexual individuals: results from the California Quality of Life Survey." American Journal of Public Health 97(11): 2048-55. http://www.ncbi.nlm.nih.gov/pubmed/17463371.

OBJECTIVES: We examined evidence that minority sexual orientation is associated with more-frequent reports of physical health complaints. We also investigated the possible role of HIV infection among gay men and higher rates of psychological distress among lesbians, gay men, and bisexually and homosexually experienced heterosexual individuals in generating these health disparities. METHODS: We used data from the California Quality of Life Survey (N=2272 adults) to examine associations between sexual orientation and self-reports about physical health status, common health conditions, disabilities, and psychological distress. RESULTS: Prevalent HIV infection was reported by nearly 18% of gay, bisexual, and homosexually experienced heterosexual men. Gay men and bisexual and homosexually experienced heterosexual individuals had higher levels of psychological distress compared with exclusively heterosexual individuals. Self-reported physical health status varied by gender and by sexual orientation. CONCLUSIONS: Lesbians and bisexual and homosexually experienced heterosexual women reported a greater variety of health conditions and limitations compared with exclusively heterosexual women; however, these differences mostly disappeared when distress levels were taken into account. Among men, differences in health complaints appeared to reflect the ongoing burden of HIV and other sexually transmitted diseases in the gay male community.

85. Corliss, H. L., M. D. Shankle, et al. (2007). "Research, curricula, and resources related to lesbian, gay, bisexual, and transgender health in US schools of public health." American Journal of Public Health 97(6): 1023-7. http://www.ncbi.nlm.nih.gov/pubmed/17463373.

To assess the extent to which public health schools conduct research, offer planned curricula, and provide resources related to lesbian, gay, bisexual, and transgender health, we mailed a self-administered questionnaire to individual department chairpersons at each school.

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Survey results suggested that departmental lesbian, gay, bisexual, and transgender research and curricular activities extending beyond HIV and AIDS were uncommon in most public health school programs. Expanding lesbian, gay, bisexual, and transgender health research and curricula may help health professionals improve their response to lesbian, gay, bisexual, and transgender health disparities.

86. Dibble, S. L., N. Sato, et al. (2007). Asians and Native Hawaiian or Other Pacific Islanders Midlife Lesbians' Health -- A Pilot Study, Routledge. 30**:** 129 - 143. http://www.informaworld.com/10.1300/J015v30n03_10

The purpose of this pilot study was to determine actual and potential health issues of midlife lesbians who were Asian American, Native Hawaiian, or other Pacific Islanders (A-NHOPI). We explored the health status (body composition, â€œoutness,â€ smoking, alcohol, and abuse) of 29 A-NHOPI lesbians; 34.5% were totally disclosed to family, co-workers, and health-care providers. They reported high rates of quitting smoking, and low rates of smoking and alcohol abuse. Childhood physical abuse was reported by 34.7% and childhood sexual abuse was reported by 28.6% of these women. Findings from this study will assist therapists with some of the issues affecting A-NHOPI midlife lesbians.

87. Evans, A. L., A. J. Scally, et al. (2007). "Prevalence of bacterial vaginosis in lesbians and heterosexual women in a community setting." Sexually Transmitted Infections 83(6): 470-5. http://www.ncbi.nlm.nih.gov/pubmed/17611235.

OBJECTIVES: High prevalence of bacterial vaginosis (BV) has been reported in lesbians but most studies were based in sexually transmitted infection clinic settings; therefore, we wished to determine the prevalence and risk factors of BV in lesbians and heterosexual women in a community setting in the UK. METHODS: A cross-sectional study recruiting lesbian women volunteers from community groups, events, clubs and bars. Heterosexual women were recruited from a community family planning clinic. They self-swabbed to create a vaginal smear, which was Gram-stained and categorised as BV, intermediate or normal flora. They completed a questionnaire about age, ethnic group, smoking, genital hygiene practices and sexual history. RESULTS: Of 189 heterosexuals and 171 lesbians recruited, 354 had gradeable flora. BV was identified in 43 (25.7%) lesbians and 27 (14.4%) heterosexuals (adjusted OR 2.45, 95% CI 1.25 to 4.82; p = 0.009). Concordance of vaginal flora within lesbian partnerships was significantly greater than expected (27/31 (87%) couples, kappa = 0.63; p<0.001). Smoking significantly increased the risk of BV regardless of sexuality (adjusted OR 2.65; p = 0.001) and showed substantial concordance in lesbian partnerships but less than for concordance of flora. CONCLUSIONS: Women who identified as lesbians have a 2.5-fold increased likelihood of BV compared with heterosexual women. The prevalence is slightly lower than clinic-based studies and as

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volunteers were recruited in community settings, this figure may be more representative of lesbians who attend gay venues. Higher concordance of vaginal flora within lesbian partnerships may support the hypothesis of a sexually transmissible factor or reflect common risk factors such as smoking.

88. Fagan, P., E. T. Moolchan, et al. (2007). "Identifying health disparities across the tobacco continuum." Addiction 102 Suppl 2: 5-29. http://www.ncbi.nlm.nih.gov/pubmed/17850611

AIMS: Few frameworks have addressed work-force diversity, inequities and inequalities as part of a comprehensive approach to eliminating tobacco-related health disparities. This paper summarizes the literature and describes the known disparities that exist along the tobacco disease continuum for minority racial and ethnic groups, those living in poverty, those with low education and blue-collar and service workers. The paper also discusses how work-force diversity, inequities in research practice and knowledge allocation and inequalities in access to and quality of health care are fundamental to addressing disparities in health. METHODS: We examined the available scientific literature and existing public health reports to identify disparities across the tobacco disease continuum by minority racial/ethnic group, poverty status, education level and occupation. FINDINGS: Results indicate that differences in risk indicators along the tobacco disease continuum do not explain fully tobacco-related cancer consequences among some minority racial/ethnic groups, particularly among the aggregate groups, blacks/African Americans and American Indians/Alaska Natives. The lack of within-race/ethnic group data and its interactions with socio-economic factors across the life-span contribute to the inconsistency we observe in the disease causal paradigm. CONCLUSIONS: More comprehensive models are needed to understand the relationships among disparities, social context, diversity, inequalities and inequities. A systematic approach will also help researchers, practitioners, advocates and policy makers determine critical points for interventions, the types of studies and programs needed and integrative approaches needed to eliminate tobacco-related disparities.

89. Furber, A. S., R. Maheswaran, et al. (2007). "Is smoking tobacco an independent risk factor for HIV infection and progression to AIDS? A systemic review." Sex Transm Infect 83(1): 41-6. http://www.ncbi.nlm.nih.gov/pubmed/16923740.

OBJECTIVES: To systematically review the evidence of the relation between smoking tobacco and HIV seroconversion and progression to AIDS. METHODS: A systematic review was undertaken of studies to look at tobacco smoking as a risk factor for either HIV seroconversion or progression to AIDS. RESULTS: Six studies were identified with HIV

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seroconversion as an outcome measure. Five of these indicated that smoking tobacco was an independent risk factor after adjusting for important confounders with adjusted odds ratios ranging from 1.6 to 3.5. 10 studies were identified using progression to AIDS as an end point of which nine found no relation with tobacco smoking. CONCLUSIONS: Tobacco smoking may be an independent risk factor for HIV infection although residual confounding is another possible explanation. Smoking did not appear to be related to progression to AIDS although this finding may not be true in developing countries or with the longer life expectancies seen with highly active antiretroviral therapy.

90. Gardner, A. M., D; Meconis, (2007). Cigarette Smoking Among Gay, Lesbian, and Bisexual Residents of the Inland Empire. Riverside, Riverside County Department of Public Health, Epidemiology and Program Evaluation. 1. http://www.rivcohealthdata.org/downloads/reports/publications/EPE_Volume_1_Issue_7_07-11.pdf.

Evidence shows that smoking rates among gay men, lesbians, and bisexual women are significantly higher than the general population. Sexual minorities not only smoke more but are targeted by tobacco companies. Of concern are the adverse effects of tobacco use in HIV-positive populations and further increase in cancer risk for lesbians. Furthermore, there is some evidence that fewer gay men quit smoking with more quit attempts than the general population. Using data from the California Health Interview Survey (CHIS), this brief will look at smoking in the Inland Empire (Riverside and San Bernardino Counties).

91. Greenwood, G. L. and E. P. Gruskin (2007). LGBT tobacco and alcohol disparities. The Health of Sexual Minorities: Public Health Perspectives on Lesbian, Gay, Bisexual and Transgender Populations. I. H. Meyer and M. E. Northridge. New York, Springer**:** 566-583.http://www.springer.com/public+health/book/978-0-387-28871-0.

92. Gruskin, E. P., G. L. Greenwood, et al. (2007). "Disparities in smoking between the lesbian, gay, and bisexual population and the general population in California." American Journal of Public Health 97(8): 1496-502. http://www.ncbi.nlm.nih.gov/pubmed/17600265.

OBJECTIVES: We conducted a large, population-based study to assess tobacco use in California's lesbian, gay, and bisexual (LGB) population. METHODS: Standard measures of tobacco use from 2 separate, statewide household-based studies were used to compare basic prevalence rates in the LGB population and the general population in California. Data were derived from a 2003-2004 survey of LGB individuals living in California as well as from the 2002 version of the California Tobacco Survey, which gathered data on the state's general population. RESULTS: Smoking prevalence rates were higher in our sample of

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lesbians, bisexual women, and women who have sex with women than among women in the general California population. In the case of men, the only significant difference was that rates were higher among gay men than among men in the general population. Disparities in tobacco use between the LGB population and the general population were still evident after we controlled for key demographic variables and in comparisons with other tobacco use indicators such as average cigarette consumption. CONCLUSIONS: Tobacco control efforts targeting the LGB population are needed to reduce this group's high rate of cigarette smoking.

93. Gruskin, E. P., G. L. Greenwood, et al. (2007). "Cigar and smokeless tobacco use in the lesbian, gay, and bisexual population." Nicotine Tob Res 9(9): 937-40. http://www.ncbi.nlm.nih.gov/pubmed/17763109.

Large population-based studies of alternative tobacco use in the lesbian, gay, and bisexual (LGB) population are needed to more fully measure tobacco use outcomes. This descriptive study used standard measures of alternative tobacco use from two separate, statewide household-based studies to compare basic prevalence rates in the LGB population and the general population in California. A total of 1,950 adult lesbians, bisexual women, heterosexual women who have sex with women, gay men, bisexual men, and heterosexual men who have sex with men, all living in California, completed surveys between 2003 and 2004. From a general population-based sample (California Tobacco Survey, 2002), a total of 11,037 adult women and 9,488 men were used as comparisons. The prevalence rates for lifetime and current cigar smoking and smokeless tobacco use were lower for all LGB subpopulations compared with the general population.

94. Hegna, K. and L. WichstrÃ¸m (2007). Suicide Attempts among Norwegian Gay, Lesbian and Bisexual Youths. 50**:** 21-37. http://asj.sagepub.com/content/50/1/21.abstract

The aim of the study was to identify the specific factors that affect the risk of attempted suicide in Norwegian gay, lesbian and bisexual (GLB) youths beyond the effect of general risk factors presumed to be of importance irrespective of sexual orientation. The national non-probability sample included 407 GLB youths aged between 16 and 25 years of age, among whom 26 per cent of both genders reported a previous suicide attempt. General risk factors for attempted suicide among GLB youths were: lack of parental contact, internalizing problems (depression/anxiety), low self-esteem, regular smoking and victimization. The following risk factors specific for GLB youths increased the risk of attempted suicide even when controlling for general risk factors: currently being in a steady heterosexual relationship, early heterosexual debut (<16), young age of coming out (<15), infrequent contact with heterosexual friends and openness to all heterosexual friends. For practitioners engaged in social work among

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young people in general or GLB youths in particular, these results show that while coming out is a vital aspect of sexual identity formation that enhances psychological well-being and should be celebrated, in another sense it is a serious stressor with potentially negative consequences unless a strong social support network is there to be relied upon.

95. Hennessy, J. (2007). Gays, Lesbians, Bisexuals Smoke More than General Population in California. Health Behavior News Service. http://www.cfah.org/hbns/archives/getDocument.cfm?documentID=1528.

Women and men in California's general population were less likely to be smokers than a sample of Californians who identified themselves as lesbian, gay or bisexual (LGB), according to a study published in the August issue of the American Journal of Public Health.

96. Maher, J. E., K. Rohde, et al. (2007). "Is a statewide tobacco quitline an appropriate service for specific populations?" Tob Control 16 Suppl 1: i65-70. http://www.ncbi.nlm.nih.gov/pubmed/18048635.

OBJECTIVE: To assess whether smoking quit rates and satisfaction with the Washington State tobacco quitline (QL) services varied by race/ethnicity, socioeconomic status, area of residence (that is, urban versus non-urban), or sex of Washington QL callers. METHODS: From October 2004 into October 2005, we conducted telephone surveys of Washington QL callers about three months after their initial call to the QL. Analyses compared 7-day quit rates and satisfaction measures by race/ethnicity, education level, area of residence and sex (using alpha = 0.05). RESULTS: We surveyed half (n = 1312) of the 2638 adult smokers we attempted to contact. The 7-day quit rate among survey participants at the 3-month follow-up was 31% (CI: 27.1% to 34.2%), 92% (CI: 89.9% to 94.1%) were somewhat/very satisfied overall with the QL programme, 97% (CI: 95.5% to 98.2%) indicated that they would probably/for sure suggest the QL to others and 95% (CI: 92.9% to 96.4%) were somewhat/very satisfied with the QL specialist. Quit rate did not vary significantly by race/ethnicity, education level, area of residence or sex. Satisfaction levels were high across subpopulations. Almost all participants (99%) agreed that they were always treated respectfully during interactions with QL staff. CONCLUSIONS: The Washington QL appeared effective and well received by callers from the specific populations studied. States choosing to promote their QL more aggressively should feel confident that a tobacco QL can be an effective and well received cessation service for smokers who call from a broad range of communities.

97. Meads, C., E. Buckley, et al. (2007). "Ten years of lesbian health survey research in the UK West Midlands." BMC Public Health 7: 251. http://www.ncbi.nlm.nih.gov/pubmed/17880702.

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BACKGROUND: Very little is known about the physical health needs of lesbian and bisexual women in the UK; most research has looked at mental or sexual health only. This article reports the results of four surveys carried out in the West Midlands between 1995 and 2005. METHODS: The first two surveys were conducted in 1995-6 by a volunteer group, with participants from a lesbian health conference (n = 69) and in a convenience sample from a wide range of relevant groups and venues (n = 354). The second two surveys were commissioned by the West Midlands South Strategic Health Authority in partnership with the Gay Men's Health Network and were conducted in 2002 (n = 449) and 2005 (n = 166) and again used convenience sampling methods including the internet. RESULTS: The mean age of respondents varied between 29-33 years and 5-7% were from a non-white ethnic background. The smoking rates varied from 42% o 55%, being twice the West Midlands regional average of 21% for women aged 16 or more. Similarly, problems with alcohol were reported in 25-37% of respondents, higher than the West Midlands regional average of 7% for women aged 16+. The prevalence of any mental health problem varied between 31-35% and any suicide attempt between 20-31%. Only 29-45% had revealed their sexual orientation to their GP and of these, approximately 50% had experienced a positive reaction. CONCLUSION: The results suggest health needs that current UK health services may not be meeting. There is a need to identify and target specific health measures for lesbians and bisexual women in order to ensure improved physical and mental health in the longer term.

98. Mercer, C. H., J. V. Bailey, et al. (2007). "Women who report having sex with women: British national probability data on prevalence, sexual behaviors, and health outcomes." American Journal of Public Health 97(6): 1126-33. http://www.ncbi.nlm.nih.gov/pubmed/17463372.

OBJECTIVES: We estimated the prevalence of same-sex experience among women and compared women reporting sex with women and men and women reporting sex exclusively with women with women reporting sex exclusively with men, in terms of sociodemographics and sexual, reproductive, and general health risk behaviors and outcomes. METHODS: We used a British probability survey (n=6399 women, aged 16 to 44 years) conducted from 1999 to 2001 with face-to-face interviewing and computer-assisted self-interviewing. RESULTS: We found that 4.9% of the women reported same-sex partner(s) ever; 2.8% reported sex with women in the past 5 years (n=178); 85.0% of these women also reported male partner(s) in this time. Compared with women who reported sex exclusively with men, women who reported sex with women and men reported significantly greater male partner numbers, unsafe sex, smoking, alcohol consumption, and intravenous drug use and had an increased likelihood of induced abortion and sexually transmitted infection diagnoses (age-adjusted odds ratios=3.07 and 4.41,

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respectively). CONCLUSIONS: For women, a history of sex with women may be a marker for increased risk of adverse sexual, reproductive, and general health outcomes compared with women who reported sex exclusively with men. A nonjudgmental review of female patients' sexual history should help practitioners discuss risks that women may face.

99. Remafedi, G. (2007). "Lesbian, gay, bisexual, and transgender youths: who smokes, and why?" Nicotine Tob Res 9 Suppl 1: S65-71. http://www.ncbi.nlm.nih.gov/pubmed/17365728.

Existing research indicates the rate of smoking among lesbian, gay, bisexual, and transgender (LGBT) youths exceeds the general population's, possibly due to stress, habitual substance abuse, socializing in smoky venues, and tobacco marketing. The study's overall aim was to conduct qualitative research regarding tobacco use and avoidance by LGBT youths. This report focuses on identifying priority subpopulations and corresponding risk and resiliency factors. Purposive and maximum variation sampling were used to select 30 LGBT youths and 30 interactors for face-to-face interviews. Almost a third of participants said that all LGBT youths are at risk for smoking. Other respondents specified a range of high-risk groups, encompassing many subpopulations. Contributing factors for smoking included personal characteristics, interpersonal issues, environmental conditions, and structural issues. More than a third of young smokers were not acquainted with LGBT nonsmokers and could not imagine how they avoid using tobacco. Half of the interactors and four youths ascribed favorable qualities to nonsmokers--such as self-esteem, will power, and concern for personal health, appearance, and well-being. In conclusion, smoking is a pervasive problem among LGBT youths. The findings corroborate prior explanations and implicate new ones. Some risks (e.g., limited opportunities to socialize with LGBT peers outside of smoking venues, the desire to appear more masculine, and sexuality-related stress) and resiliency factors (e.g., positive sexual identity) are unique to LGBT populations, reinforcing the need for culturally specific approaches to prevention and cessation. Highlighting the positive attributes of nonsmokers and nonsmoking might prove useful in prevention campaigns.

100. Reuben, S. H. (2007). Promoting Healthy Lifestyles: Policy Program and Personal Recommendations for Reducing Cancer Risk. Annual Report: President's Cancer Panel. Washington, D.C., National Cancer Institute**:** 72. http://deainfo.nci.nih.gov/advisory/pcp/pcp07rpt/pcp07rpt.pdf.

101. Rostosky, S. S., F. Danner, et al. (2007). "Is religiosity a protective factor against substance use in young adulthood? Only if you're straight!" Journal of Adolescent Health 40(5): 440-7. http://www.ncbi.nlm.nih.gov/pubmed/17448402.

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PURPOSE: Previous research has documented that substance use peaks during young adulthood and that religiosity provides a protective effect against binge drinking, marijuana use, and cigarette smoking. The majority of these studies do not examine sexual identity as it relates to these factors. Drawing on social influence and developmental theories, we tested the hypothesis that religiosity would provide a protective effect for heterosexual but not sexual minority young adults. METHOD: Waves 1 and 3 of the National Longitudinal Study of Adolescent Health provided data for the study. Three young adult sexual identity groups were formed: sexual minorities who did not report same-sex attraction at Wave 1 (NA), sexual minorities who did report same-sex attraction at Wave 1 (SSA), and heterosexuals (HET) (sample n = 764). RESULTS: Religiosity measured at baseline had no significant effect on past-year substance use, measured six years later in sexual minority young adults. For heterosexual young adults, each unit increase in religiosity reduced the odds of binge drinking by 9%, marijuana use by 20%, and cigarette smoking by 13%. CONCLUSIONS: Religiosity was not protective against substance use in sexual minority young adults, cautioning against over-generalizing previous findings about the protective effects of religiosity. Future studies that 1) consider the social context for sexual identity development, 2) model both risk and protective factors, and 3) use multidimensional measures of religiosity (and spirituality) and sexual identity are needed to build the necessary knowledge base for effective health promotion efforts among sexual minority youth and young adults.

102. Sanchez, J. P., S. Hailpern, et al. (2007). "Factors associated with emergency department utilization by urban lesbian, gay, and bisexual individuals." Journal of Community Health 32(2): 149-56. http://www.ncbi.nlm.nih.gov/pubmed/17571527.

There are no published studies to date on emergency department (ED) utilization by the lesbian, gay, and bisexual (LGB) community despite documented lack of access to health care for this community. This study explored the frequency of ED visits and sociodemographic and health-related factors associated with ED utilization among a convenience sample of LGB individuals. A sample of 360 LGB individuals was interviewed to assess socio-demographics, sexual practices, mental health, drug use, chronic disease history, and frequency of emergency department use. Emergency department utilization was categorized as 0, 1, or > or =2 visits. Bivariate statistics were applied to assess the association of various factors with emergency department utilization. Patient characteristics were as follows: age, 29.0; male, 53.1 percent; Hispanic, 57.8 percent; Black, 37.2 percent; and reported less than a college degree, 79.4 percent. Most (77.7 percent) had a primary care doctor and (86.3 percent) were comfortable discussing LGB-related health issues with their provider. Over 12 months, 25.3 percent had 1 ED visit

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and 16.4 percent had > or =2 ED visits. One or more emergency department visits was significantly associated with lower age, lower education, lower income, recent psychological distress, recent mental health counseling or medications, desired mental health treatment, abuse by partner, cigarette use, marijuana use, and asthma ($p < 0.05$). Despite reported access to primary care, our LGB sample exhibited a higher proportion of single and > or =2 ED visits than comparable populations. Mental health and cigarette use were associated with emergency department utilization and deserve further exploration for reducing emergency department visitation by and improving emergency department care for LGB individuals.

103. Wang, J., M. Hausermann, et al. (2007). "Health status, behavior, and care utilization in the Geneva Gay Men's Health Survey." Preventive Medicine 44(1): 70-5. http://www.ncbi.nlm.nih.gov/pubmed/16997357.

BACKGROUND: Recent reviews and studies suggest distinctive health needs among gay men. METHODS: Swiss residents in the Geneva Gay Men's Health Survey (GGMHS, n=477) were matched with controls from the Swiss Health Survey (SHS, n=477) along sex, age, nationality, and region of residence and compared along standard indicators of health status, health behaviors, and health care utilization. Both health surveys were conducted in 2002 using probability sampling--i.e., time-space sampling (GGMHS) and household probability telephone sampling (SHS). RESULTS: Although gay men were significantly less likely to be overweight (adjusted odds ratio (AOR)=0.54), they reported significantly more and severe physical symptoms (AOR ranged from 1.72 to 9.21), short-term disability (AOR=2.56), risk factors for chronic disease--i.e., high cholesterol, high blood pressure, high glucose, and smoking (AOR ranged from 1.67 to 3.89), and greater health services utilization (AOR ranged from 1.62 to 4.28), even after adjustment for differences in socio-demographic characteristics and health behaviors. CONCLUSIONS: Evidence of greater morbidity among a community sample of gay men along standard health indicators underlines the relevance of sexual orientation as a socio-demographic indicator in public health in general and in the health inequalities discourse in particular.

104. Xavier, J., J. A. Honnold, et al. (2007). "The Health, Health-related Needs, and Lifecourse Experiences of Transgender Virginians." Retrieved March 13, 2007, from http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/documents/pdf/THISFINALREPORTVol1.pdf

105. Ziyadeh, N. J., L. A. Prokop, et al. (2007). "Sexual orientation, gender, and alcohol use in a cohort study of U.S. adolescent girls and boys." Drug and

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Alcohol Dependence 87(2-3): 119-30.
http://www.ncbi.nlm.nih.gov/pubmed/16971055.

BACKGROUND: Sexual minority youth may be at elevated risk for alcohol use relative to heterosexual youth, but the reasons underlying higher rates and whether there may be gender differences in risk are not known. METHODS: Cross-sectional survey data from 9731 early and middle adolescent girls and boys in the Growing Up Today Study in 1999 were examined to assess sexual orientation and gender patterns in alcohol use. Multivariable regression models estimated associations between sexual orientation and alcohol-related behaviors, such as binge drinking and drinking before age 12 years. Models controlled for sociodemographic and psychosocial factors, with heterosexuals as the reference. RESULTS: Girls who described themselves as "mostly heterosexual" and lesbian/bisexual girls were at elevated risk compared to heterosexual girls on almost all alcohol-related behaviors and exposures. "Mostly heterosexual" boys were also at elevated risk. No significant differences in alcohol-related behaviors were observed between gay/bisexual and heterosexual boys. Gender-by-sexual orientation interactions were statistically significant for LGB but not other orientations, indicating that lesbian/bisexual girls experienced elevated risk above and beyond that of gay/bisexual boys relative to same-gender heterosexual peers. CONCLUSIONS: In early and middle adolescence, sexual minority girls and "mostly heterosexual" boys experienced consistent patterns of elevated risk for alcohol use.

106. Amadio, D. M. (2006). "Internalized heterosexism, alcohol use, and alcohol-related problems among lesbians and gay men." Addictive Behaviors 31(7): 1153-62. http://www.ncbi.nlm.nih.gov/pubmed/16183207.

Research regarding internalized heterosexism in relation to alcohol use and alcohol-related problems has suffered from methodological problems. Moreover, the results of the research have been mixed. The purpose of the current study was to examine internalized heterosexism in relation to alcohol use and alcohol-related problems among a sample of 335 lesbians and gay men recruited through lesbian and gay events, listserves, and friendship networks. Females completed the Lesbian Internalized Homophobia Scale [Szymanski, D. M., & Chung, Y. B. (2001). The internalized homophobia scale for lesbians: A rational/theoretical approach. Journal of Homosexuality, 41(2), 37-52.]; males completed the Internalized Homonegativity Inventory [Mayfield, W. (2001). The development of an internalized homonegativity inventory for gay men. Journal of Homosexuality, 41(2), 53-76.]. Items from the National Household Survey on Drug Abuse [Substance Abuse and Mental Health Services Administration. (2000). National household survey on drug abuse: main findings 1998. Rockville, MD: Author.] measured alcohol consumption. The Michigan Alcoholism Screening Test [Selzer, M. L.

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(1971). The Michigan Alcoholism Screening Test: the quest for a new diagnostic instrument. American Journal of Psychiatry, 127, 89-94.] and the Drinker Inventory of Consequences [Miller, W. R., Tonigan, J. S., & Longabaugh, R. (1995). The drinker inventory of consequences (DrInC): An instrument for assessing adverse consequences of alcohol abuse test manual. National institute on alcohol abuse and alcoholism project match monograph series volume 4. Rockville, MD: U.S. Department of Health and Human Services.] measured alcohol-related problems. The hypothesis that a positive relationship exists was partially supported for lesbians, but generally not supported for males.

107. Bolland, M. J., A. B. Grey, et al. (2006). "Bone mineral density is not reduced in HIV-infected Caucasian men treated with highly active antiretroviral therapy." Clin Endocrinol (Oxf) 65(2): 191-7. http://www.ncbi.nlm.nih.gov/pubmed/16886959.

OBJECTIVE: Recent studies have reported low bone mineral density (BMD) in patients infected with human immunodeficiency virus (HIV). Frequently these findings have been attributed to treatment with highly active antiretroviral therapy (HAART). We sought to determine whether BMD in HIV-infected men treated with HAART for at least 3 months is different from that in healthy controls, and, if so, what HIV-related factors might explain this finding. DESIGN: Cross-sectional analysis. PATIENTS: Fifty-nine HIV-infected Caucasian men treated with HAART, and 118 healthy community-dwelling controls. Each HIV-infected man was age-matched (within 5 years) to two controls. MEASUREMENTS: All participants had measurements of BMD and bone-related laboratory parameters. RESULTS: The mean duration of known HIV infection was 8.5 years, and of treatment with HAART was 52 months. There was no significant difference in mean BMD between groups at the lumbar spine (HIV group: 1.23 g/cm2, controls: 1.25 g/cm2; P = 0.53) or total body (HIV group: 1.18 g/cm2, controls: 1.20 g/cm2; P = 0.09). At the total hip the HIV-infected group had significantly lower BMD than the control group (HIV group: 1.03 g/cm2, controls: 1.09 g/cm2; P = 0.01). The HIV-infected group were, on average, 6.3 kg lighter than the controls. After adjusting for this weight difference, HIV infection was not an independent predictor of BMD at any site (lumbar spine P = 0.79; total hip P = 0.18; total body P = 0.76). CONCLUSIONS: HIV-infected men treated with HAART are lighter than healthy controls. This weight difference is responsible for a small decrement in hip BMD. Overall, BMD is not significantly reduced in HIV-infected Caucasian men treated with HAART.

108. Brown, J. D. and M. W. Melchiono (2006). "Health concerns of sexual minority adolescent girls." Curr Opin Pediatr 18(4): 359-64.

PURPOSE OF REVIEW: The goal of this article is to provide an overview of up-to-date health information about sexual minority female youth so that

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healthcare practitioners can better serve their healthcare needs. RECENT FINDINGS: Sexual minority adolescent girls may follow diverse sexual developmental trajectories. Many in this population are quite healthy, but some may be disproportionately vulnerable to health risks, perhaps because of the stigma associated with minority sexuality in society. If sexually active, girls in this population often have sex with boys as well as girls and confront risks attendant with sex with both genders. They may demonstrate fluidity in their sexual identity as they move through adolescence. Data suggest that sexual minority adolescent girls are more likely to smoke cigarettes, drink alcohol, or use illicit drugs compared with girls who are heterosexual. They may be more likely to be victims of violence or victimization or to be depressed or suicidal. SUMMARY: Sexual minority adolescent girls may be quite resilient, but they face a range of possible adverse health risks. Healthcare practitioners should keep their health issues in mind so they can offer healthcare and counseling that is sensitive, comprehensive, and appropriate.

109. Case, P., S. B. Austin, et al. (2006). "Disclosure of sexual orientation and behavior in the Nurses' Health Study II: results from a pilot study." J Homosex 51(1): 13-31. http://www.ncbi.nlm.nih.gov/pubmed/16893824.

OBJECTIVE: To examine disclosure of sexual orientation and response rates in a pilot study of questions on sexual orientation and gender of sexual partners in the Nurses' Health Study II. METHODS: A pilot questionnaire was mailed to random samples of 350 women from each of three marital status strata: never married, previously married, and currently married. We estimated prevalence of each category of sexual orientation in the pilot study. Response rates to the sexual orientation question for the pilot questionnaire and the 1995 cohort questionnaire were compared. RESULTS: The overall response rate to the pilot study was 78%. In the pilot study, 98% of women reported a sexual orientation of heterosexual, 0.1% bisexual, and 0.9% lesbian, with 0.7% either declining to answer, leaving the question blank, or categorizing themselves as none of the above, weighted for stratified sampling by marital status. The distribution of sexual orientation in the cohort study (N = 91,654) was similar. Asking women to participate in the pilot study of sexual orientation questions did not appear to cause participants to drop out of the cohort. Concordance between reported sexual orientation on the pilot study and the cohort study was high. CONCLUSIONS: Based on our experience, researchers may be encouraged to add questions on sexual orientation to large studies of women.

110. Doolan, D. M. and E. S. Froelicher (2006). "Efficacy of smoking cessation intervention among special populations: review of the literature from 2000 to 2005." Nursing Research 55(4 Suppl): S29-37. http://www.ncbi.nlm.nih.gov/pubmed/16829774.

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The United States Public Health Service acknowledges in the 2000 Clinical Practice Guideline for Treating Tobacco Use and Dependence that certain special populations have unique needs and considerations in regard to smoking cessation interventions. In a review of the current smoking cessation literature, the following special populations were identified: women; older adults; gay, lesbian, bisexual, and transgender smokers; smokers with psychiatric diagnoses; smokers addicted to illicit drugs, alcohol, or both; American Indians and Alaska Natives; African Americans; Hispanics; and Asian Americans. Existing smoking cessation research pertaining to these special populations was assessed, and an agenda for future research is proposed in this presentation. The available smoking cessation randomized clinical trials for efficacy and other research relevant to these groups is insufficient. Recent progress has been made in research in the areas of smoking cessation and women; smokers with psychiatric diagnoses; smokers addicted to illicit drugs, alcohol, or both; and African Americans. There is, however, a paucity of research evaluating smoking cessation interventions and older adults; gay, lesbian, bisexual, and transgender smokers; American Indians and Alaska Natives; Hispanics; and Asian Americans. Further research relevant to the smoking cessation needs of these special populations can enable nurses and other healthcare providers to administer culturally adequate and efficacious smoking cessation interventions to these groups.

111. Feldman, J. G., H. Minkoff, et al. (2006). "Association of cigarette smoking with HIV prognosis among women in the HAART era: a report from the women's interagency HIV study." Am J Public Health 96(6): 1060-5. http://www.ncbi.nlm.nih.gov/pubmed/16670229.

OBJECTIVE: We assessed the association of cigarette smoking with the effectiveness of highly active antiretroviral therapy (HAART) among low-income women. METHODS: Data were analyzed from the Women's Interagency HIV Study, a multisite longitudinal study up to 7.9 years for 924 women representing 72% of all women who initiated HAART between July 1, 1995, and September 30, 2003. RESULTS: When Cox's regression was used after control for age, race, hepatitis C infection, illicit drug use, previous antiretroviral therapy, and previous AIDS, smokers on HAART had poorer viral responses (hazard ratio [HR]=0.79; 95% confidence interval [CI]=0.67, 0.93) and poorer immunologic response (HR=0.85; 95% CI=0.73, 0.99). A greater risk of virologic rebound (HR=1.39; 95% CI=1.06, 1.69) and more frequent immunologic failure (HR=1.52; 95% CI=1.18, 1.96) were also observed among smokers. There was a higher risk of death (HR=1.53; 95% CI=1.08, 2.19) and a higher risk of developing AIDS (HR=1.36; 95% CI=1.07, 1.72) but no significant difference between smokers and nonsmokers in the risk of death due to

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AIDS. CONCLUSIONS: Some of the benefits provided by HAART are negated in cigarette smokers.

112. Ford, C. L. (2006). "Usage of "MSM" and "WSW" and the broader context of public health research." Am J Public Health 96(1): 9. http://www.ncbi.nlm.nih.gov/pubmed/16317194.

113. Gates, G. J. (2006). "Same-sex Couples and the Gay, Lesbian, Bisexual Population: New Estimates from the American Community Survey." Retrieved April 21, 2007, from http://www.law.ucla.edu/williamsinstitute/publications/SameSexCouplesandGLBpopACS.pdf.

114. Gee, R. (2006). "Primary care health issues among men who have sex with men." Journal of the American Academy of Nurse Practitioners 18(4): 144-53. http://www.ncbi.nlm.nih.gov/pubmed/16573727.

PURPOSE: The purpose of the article is to examine "appropriate" health care for men who have sex with men (MSM), which is not to suggest "special" health care. As a group, MSM are at increased risk for sexually transmitted infections, anal cancer, and mental health disorders. Focus areas in this article will address health issues that the primary care nurse practitioner (NP) may encounter in clinical practice: anal carcinoma, sexually transmitted diseases (STDs), high-risk sexual practices, depression, and substance abuse were topics chosen for inclusion in this article. These topics were among those highlighted in the Healthy People 2010 Companion Document for LGBT Health, which served to examine the healthcare disparities and lack of access to needed services related to sexual orientation. DATA SOURCE: Extensive literature review of research articles, journals, clinical practice guidelines, books, and public health department Internet Web sites. CONCLUSIONS: There are unique health disparities that exist for MSM related to social, emotional, and mental health factors, in addition to physical issues such as STDs. There is an increasing need for primary care providers to be aware of these disparities, as well as the factors that influence these disparities, in order to provide multidimensional care and health counseling that is unique to NP practice. IMPLICATIONS FOR PRACTICE: Both the primary care NP and the patient should be aware of the unique healthcare issues among MSM that should be incorporated into the patient's routine health maintenance program. As primary care providers, it is within the standards of practice for NPs to provide culturally competent care, along with health promotion and disease prevention for MSM.

115. Grimshaw, G. M. and A. Stanton (2006). "Tobacco cessation interventions for young people." Cochrane Database Syst Rev(4): CD003289. http://www.ncbi.nlm.nih.gov/pubmed/17054164

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BACKGROUND: Teenage smoking prevalence is around 15% in developing countries (with wide variation from country to country), and around 26% in the UK and USA. Although most tobacco control programmes for adolescents are based around prevention of uptake, there are also a number of initiatives to help those who want to quit. Since those who do not smoke before the age of 20 are significantly less likely to start as adults, there is a strong case for programmes for young people that address both prevention and treatment. OBJECTIVES: To evaluate the effectiveness of strategies that help young people to stop smoking tobacco. SEARCH STRATEGY: We searched the Cochrane Central Register of Controlled Trials (CENTRAL) and the Cochrane Tobacco Addiction Group's Specialized Register, MEDLINE, EMBASE, PsyclNFO, ERIC, CINAHL, and the bibliographies of identified trials. We also searched the 'grey' literature (unpublished materials), and contacted authors and experts in the field where necessary. SELECTION CRITERIA: Types of studies: Randomized controlled trials, cluster-randomized controlled trials and controlled trials. Types of participants: Young people, aged less than 20, who are regular tobacco smokers. Types of interventions: The interventions ranged from simple ones such as pharmacotherapy, targeting individual young people, through complex programmes targeting people or organizations associated with young people (for example, their families or schools), or the community in which young people live. We included cessation programmes but excluded programmes primarily aimed at prevention of uptake. Types of outcome measures: The primary outcome was smoking status at six months follow up, among those who smoked at baseline. We report the definition of cessation used in each trial (e.g seven- or thirty-day point prevalence abstinence, or sustained or prolonged abstinence), and we preferred biochemically verified cessation when that measure was available. DATA COLLECTION AND ANALYSIS: Both authors independently assessed the eligibility of candidate trials identified by the searches, and extracted data from them. We categorized included trials as being at low, medium or high risk of bias, based on concealment of allocation, blinding (where applicable) and the handling of attrition and losses to follow up. We conducted limited meta-analyses of some of the trials, provided that it was appropriate to group them and provided that there was minimal heterogeneity between them. We estimated pooled odds ratios using the Mantel-Haenszel method, based on the quit rates at longest follow up for trials with at least six months follow up from the start of the intervention. MAIN RESULTS: We found 15 trials, covering 3605 young people, which met our inclusion criteria (seven cluster-randomized controlled trials, six randomized controlled trials and two controlled trials). Three trials used or tested the transtheoretical model (stages of change) approach, two tested pharmacological aids to quitting (nicotine replacement and bupropion), and the remaining trials used various psycho-social interventions, such as

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motivational enhancement or behavioural management. The trials evaluating TTM interventions achieved moderate long-term success, with a pooled odds ratio (OR) at one year of 1.70 (95% confidence interval (CI) 1.25 to 2.33) persisting at two-year follow up with an OR of 1.38 (95% CI 0.99 to 1.92). Neither of the pharmacological intervention trials achieved statistically significant results (data not pooled), but both were small-scale, with low power to detect an effect. The three interventions (5 trials) which used cognitive behavioural therapy interventions did not individually achieve statistically significant results, although when the three Not on Tobacco trials were pooled the OR 1.87; (95% CI 1.00 to 3.50) suggested some measure of effectiveness. Although the three trials that incorporated motivational interviewing as a component of the intervention achieved a pooled OR of 2.05 (95% CI 1.10 to 3.80), the impossibility of isolating the effect of the motivational interviewing in these trials meant that we could not draw meaningful inferences from that analysis. AUTHORS' CONCLUSIONS: Complex approaches show promise, with some persistence of abstinence (30 days point prevalence abstinence at six months), especially those incorporating elements sensitive to stage of change. There were few trials with evidence about pharmacological interventions (nicotine replacement and bupropion), and none demonstrated effectiveness for adolescent smokers. Psycho-social interventions have not so far demonstrated effectiveness, although pooled results for the Not on Tobacco trials suggest that that this approach may yet prove to be effective; however, their definition of cessation (one or more smoke-free days) may not adequately account for the episodic nature of much adolescent smoking. There is a need for well-designed adequately powered randomized controlled trials for this population of smokers, with a minimum of six months follow up and rigorous definitions of cessation (sustained and biochemically verified). Attrition and losses to follow up are particularly problematic in trials for young smokers, and need to be kept to a minimum, so that management and interpretation of missing data need not compromise the findings.

116. Grindel, C. G., L. A. McGehee, et al. (2006). "Cancer prevention and screening behaviors in lesbians." Women and Health 44(2): 15-39. http://www.ncbi.nlm.nih.gov/pubmed/17255057.

The incidence of cancer diagnosis has increased in the United States highlighting the need for astute cancer prevention and screening behaviors. Previous literature has suggested that lesbians may not follow the American Cancer Society's (ACS) guidelines regarding prevention and screening for cancer due to disparity in access to care and increased use of alcohol and tobacco. The purpose of this study was to examine the cancer prevention and screening behaviors of lesbians using the ACS guidelines as the standards for comparison, and to determine factors that influence mammography screening. A 102-item self-report survey was

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distributed to lesbians nationwide using various methods including snowballing sampling techniques. The sample included 1139 self-identified lesbians from 44 states. In general, healthy lifestyle behaviors were followed. The majority of the women did not smoke, ate plenty of fruits and vegetables, ate protein sources low in fat and consumed alcohol at a moderate rate. However, safe sex practices were often not used by participants. Most women did have mammograms and Papanicolaou smears (PAP) as recommended; however, adherence to self-breast examination guidelines was not followed. Women who were older, had higher yearly incomes, did not smoke, performed regular self breast exams and had regular physical exams were most likely to have a mammogram. Over half of the women met American Cancer Society guidelines for prevention and screening for breast and cervical cancer. However, strategies are needed to increase compliance with these guidelines in order to improve cancer health outcomes.

117. Gruskin, E., K. Byrne, et al. (2006). "Consequences of frequenting the lesbian bar." Women and Health 44(2): 103-20. http://www.ncbi.nlm.nih.gov/pubmed/17255061.

Research indicates that lesbians who frequent bars are more likely to drink and that lesbians drink more than their heterosexual counterparts. We explored in detail the consequences of lesbians' bar attendance. We conducted 35 in-person, semi-structured interviews and analyzed the data using qualitative methods. The findings are organized into the following categories: safety and support over the life course; lesbian identity development; reduction of stress; and social networks and intimate relationships. In each category, participants' stories are presented to highlight the health tradeoffs associated with bar patronage, the psychosocial importance of the bar, and the relationship between minority stress and alcohol use. Public health implications are discussed.

118. Gruskin, E. P. and N. Gordon (2006). "Gay/Lesbian sexual orientation increases risk for cigarette smoking and heavy drinking among members of a large Northern California health plan." BMC Public Health 6: 241. http://www.ncbi.nlm.nih.gov/pubmed/17018152.

BACKGROUND AND SIGNIFICANCE: Tobacco and alcohol use and related morbidity and mortality are critical public health problems. Results of several, but not all, studies suggest that lesbians and gay men are at elevated risk for smoking tobacco and alcohol misuse. METHODS: Data from random sample general health surveys of adult members of a large Northern California Health Plan conducted in 1999 and 2002 were analyzed using gender-based multivariate logistic regression models to assess whether lesbians (n = 210) and gay men (n = 331) aged 20-65 were more likely than similarly aged heterosexual women (n = 12,188) and men (n = 9342) to be smokers and heavy drinkers. RESULTS: After

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adjusting for age, race/ethnicity, education, and survey year, lesbians were significantly more likely than heterosexual women to be heavy drinkers (OR 2.14, 95% CI 1.08, 4.23) and current smokers (OR 1.60, 95% CI 1.02, 2.51). Among men, gays were significantly more likely than heterosexuals to be current smokers (OR 2.40, 95% CI 1.75, 3.30), with borderline significant increased risk for heavy drinking (OR 1.54, 95% CI 0.96, 2.45). CONCLUSION: Lesbians and gay men may be at increased risk for morbidity and mortality due to higher levels of cigarette and alcohol use. More population-based research is needed to understand the nature of substance use in these communities so that appropriate interventions can be developed.

119. Heck, J. E. and J. S. Jacobson (2006). "Asthma diagnosis among individuals in same-sex relationships." Journal of Asthma 43(8): 579-84. http://www.ncbi.nlm.nih.gov/pubmed/17050221.

This study examined ever and current asthma diagnosis among persons in same-sex relationships (SSRs) using data from the pooled 1997-2004 National Health Interview Surveys. Among SSRs, 13.5% of men and 14.3% of women reported ever diagnosis of asthma, compared to 7.6% and 10.2% opposite-sex relationship (OSR) men and women. SSRs had higher rates of smoking, stress, and among women, obesity. In regression analyses, male SSRs had a significantly elevated risk of ever asthma diagnosis (adjusted OR = 1.51), while 12-month asthma was elevated among SSR women (adjusted OR = 2.48). SSRs may be at higher risk for asthma due to a spectrum of risk factors.

120. Heck, J. E., R. L. Sell, et al. (2006). "Health care access among individuals involved in same-sex relationships." Am J Public Health 96(6): 1111-8.

OBJECTIVES: We used data from the National Health Interview Survey to compare health care access among individuals involved in same-sex versus opposite-sex relationships. METHODS: We conducted descriptive and logistic regression analyses from pooled data on 614 individuals in same-sex relationships and 93418 individuals in opposite-sex relationships. RESULTS: Women in same-sex relationships (adjusted odds ratio [OR]=0.60; 95% confidence interval [CI]=0.39, 0.92) were significantly less likely than women in opposite-sex relationships to have health insurance coverage, to have seen a medical provider in the previous 12 months (OR=0.66; 95% CI=0.46, 0.95), and to have a usual source of health care (OR=0.50; 95% CI=0.35, 0.71); they were more likely to have unmet medical needs as a result of cost issues (OR=1.85; 95% CI=1.16, 2.96). In contrast, health care access among men in same-sex relationships was equivalent to or greater than that among men in opposite-sex relationships. CONCLUSIONS: In this study involving a nationwide probability sample, we found some important differences in

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access to health care between individuals in same-sex and opposite-sex relationships, particularly women.

121. King, M. and I. Nazareth (2006). "The health of people classified as lesbian, gay and bisexual attending family practitioners in London: a controlled study." BMC Public Health 6: 127. http://www.ncbi.nlm.nih.gov/pubmed/16681849.

BACKGROUND: The morbidity of gay, lesbian or bisexual people attending family practice has not been previously assessed. We compared health measures of family practice attendees classified as lesbian, gay and bisexual. METHODS: We conducted a cross-sectional, controlled study conducted in 13 London family practices and compared the responses of 26 lesbian and 85 bisexual classified women, with that of 934 heterosexual classified women and 38 gay and 23 bisexual classified men with that of 373 heterosexual classified men. Our outcomes of interest were: General health questionnaire; CAGE questionnaire; short form12; smoking status; sexual experiences during childhood; number of sexual partners and sexual function and satisfaction. RESULTS: In comparison to people classified as heterosexuals: men classified as gay reported higher levels of psychological symptoms (OR 2.48, CI 1.05-5.90); women classified as bisexual were more likely to misuse alcohol (OR 2.73, 1.70-4.40); women classified as bisexual (OR 2.53, 1.60-4.00) and lesbian (OR 3.13, 1.41-6.97) and men classified as bisexual (OR 2.48, 1,04, 5.86) were more likely to be smokers and women classified as bisexual (OR 3.27, 1.97-5.43) and men classified as gay (OR 4.86, 2.28-10.34) were much more likely to report childhood sexual experiences in childhood. Psychological distress was associated with reporting sexual experiences in childhood in men classified as gay and bisexual and women classified as heterosexual. Men classified as bisexual (OR 5.00, 1.73-14.51) and women classified as bisexual (OR 2.88, 1.24- 6.56) were more likely than heterosexuals to report more than one sexual partner in the preceding four weeks. Lesbian, gay and bisexual classified people encountered no more sexual function problems than heterosexuals but men classified as bisexual (OR 2.74, 1.12-6.70) were more dissatisfied with their sex lives. CONCLUSION: Bisexual and lesbian classified people attending London general practices were more likely to be smokers and gay classified men were at increased risk of psychological distress in comparison to heterosexual classified people. Increased awareness of the sexuality of people seen in primary care can provide opportunities for health promotion.

122. Koh, A. S. and L. K. Ross (2006). "Mental health issues: a comparison of lesbian, bisexual and heterosexual women." J Homosex 51(1): 33-57.

This study examines mental health issues among women of different sexual orientations. An anonymous survey was administered at 33 health care sites across the United States; the sample (N = 1304) included

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lesbians (n = 524), bisexual (n = 143) and heterosexual women (n = 637). Not only did sexual orientation influence the probability of experiencing emotional stress, but also whether a bisexual woman or lesbian had disclosed her sexual orientation (was "out") impacted the likelihood of having or having had mental health problems. Bisexual women and lesbians experienced more emotional stress as teenagers than did heterosexual women. Bisexual women were more than twice as likely to have had an eating disorder compared to lesbians. If a bisexual woman reported being out she was twice as likely to have had an eating disorder compared to a heterosexual woman. Lesbians who were not out and bisexual women who were out were 2-2.5 times more likely to experience suicidal ideation in the past 12 months. Lesbians and bisexual women who were not out were more likely to have had a suicide attempt compared to heterosexual women. Lesbians used psychotherapy for depression more commonly than did heterosexual or bisexual women. This is one of the few studies that compares lesbians, bisexual and heterosexual women. The implications of these findings are discussed.

123. Lampinen, T. M., S. J. Bonner, et al. (2006). "High prevalence of smoking among urban-dwelling Canadian men who have sex with men." Journal of Urban Health 83(6): 1143-50. http://www.ncbi.nlm.nih.gov/pubmed/17115323.

A small but consistent literature from the United States suggests increased risk for smoking among lesbians and men who have sex with men (MSM). Few studies have investigated smoking among MSM in other countries where different social norms and restrictions on smoking in public apply. We measured smoking behaviours in a convenience sample of urban-dwelling young Canadian MSM (median age 28 years). We compared the prevalence of smoking among MSM with that among other men in British Columbia (BC) using National Population Health Survey data to compute an age-adjusted standardized prevalence ratio (SPR). Independent predictors of smoking among MSM were identified using adjusted odds ratios (OR) with 95% confidence intervals (CI). Smoking during the previous year was reported by twice as many MSM (54.5% of 354) as other men in BC (25.9%) (SPR = 1.94, 95% CI 1.48-2.59), with largest differentials observed among men under 25 years of age. In multivariable analyses, smoking among MSM was significantly associated with younger age (OR 0.94, CI 0.88-1.00 per year), greater number of depressive symptoms (OR 1.12, CI 1.06-1.19 per symptom) and Canadian Aboriginal ethnicity (OR 2.64, CI 1.05-6.60). In summary, MSM in our study were twice as likely to smoke as other men in BC; the greatest differences were observed among the youngest men. The design of effective prevention and cessation programs for MSM will require identification of the age-dependent determinants of smoking initiation, persistence, and attempts to quit.

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124. Lhomond, B. and M. J. Saurel-Cubizolles (2006). "Violence against women and suicide risk: the neglected impact of same-sex sexual behaviour." Social Science and Medicine 62(8): 2002-13. http://www.ncbi.nlm.nih.gov/pubmed/16174545.

We used data from the National Survey on Violence against Women in France carried out in 2000 on a representative sample of 6,970 women to compare the social characteristics of women who had sex with women (WSW) and women who had sex only with men (WSM). The WSW were more likely to be of a high socio-economic level and living in large cities. They were more frequently unmarried, without children, and had a more diverse sexual life, generally beginning younger, with more partners, mainly men. They were also more likely to use tobacco, alcohol and drugs. WSW reported more physical violence in the recent past and more suicide attempts than WSM, despite a lack of difference in psychological distress and stress. These results, in a field little studied in France, are consistent with international findings attesting to the difficulties faced by women in situations involving autonomy and marginality.

125. Mbulaiteye, S. M., J. O. Atkinson, et al. (2006). "Risk factors for human herpesvirus 8 seropositivity in the AIDS Cancer Cohort Study." Journal of Clinical Virology 35(4): 442-9. http://www.ncbi.nlm.nih.gov/pubmed/16414306.

BACKGROUND: Cigarette smoking has been associated with a decreased risk for AIDS-related and classical KS, but whether it is associated with decreased risk of human herpesvirus 8 (HHV-8) infection is unknown. STUDY DESIGN: We evaluated factors associated with HHV-8 seropositivity in 2795 participants (132 with KS) in the National Cancer Institute AIDS Cancer Cohort, including 1621 men who have sex with men (MSM), 660 heterosexual men and 514 women. Odds ratios (OR) and 95% confidence intervals were estimated using logistic regression models. RESULTS: Among non-KS subjects, HHV-8 seropositivity was 6%, 13% and 29% among women, heterosexual men and MSM, respectively. HHV-8 seropositivity was decreased in heavier (> or =1/2 pack/day) compared to lighter smokers among women (5% versus 8%; adjusted OR (aOR) 0.4; 95% CI 0.2-0.8) and MSM (27% versus 32%; aOR 0.7; 95% CI 0.6-1.0), but not among heterosexual men (12% versus 16%; aOR 0.7; 95% CI 0.4-1.2). HHV-8 seroprevalence was increased in heavier (> or =1 drink/day) compared to lighter consumers of alcohol among women (16% versus 4%; adjusted OR 5.2; 95% CI 2.3-12), but not among MSM (33% versus 28%; aOR 1.2; 95% CI 0.9-1.6) or heterosexual men (13% versus 13%; aOR 1.1; 95% CI 0.6-2.0). In analyses adjusted for smoking and drinking, HHV-8 seropositivity was positively associated with chlamydia infection (OR=4.3; 95% CI 1.2-13) and with marital status among women p(heterogeneity)=0.03, and with hepatitis (OR=1.6; 95% CI 1.2-2.1), gonorrhea (OR=1.5; 95% CI 1.1-1.9), genital warts (OR=1.5; 95% CI 1.1-2.0) and nitrate inhalant use (OR=1.7; 95% CI 1.3-2.3) among MSM.

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CONCLUSIONS: Inverse association of HHV-8 seropositivity with cigarette smoking may indicate protective effect of tobacco smoke on HHV-8 infection, whereas positive associations with alcohol may reflect either behavioral factors or biological effects modulating susceptibility. Smoking and drinking may influence KS risk, at least in part, by altering the natural history of HHV-8 infection.

126. McKirnan, D. J., M. Tolou-Shams, et al. (2006). "Elevated risk for tobacco use among men who have sex with men is mediated by demographic and psychosocial variables." Substance Use and Misuse 41(8): 1197-208. http://www.ncbi.nlm.nih.gov/pubmed/16798685.

Men who have sex with men (MSM) may be more likely to smoke than general population men. Such population comparisons typically do not control for demographic differences and have not tested reasons for MSMs' greater tobacco use. We compared MSM with general population men in data that allowed us to control demographic differences, and hypothesized that MSM would report more tobacco use, due to elevated levels of three psychosocial variables that generally predict tobacco use: depression symptoms, alcohol use, and limited health access. Data were from a 2001 survey of MSM in Chicago (n = 817) and from the 2001 National Health Interview Study (n = 7,783). Significantly more MSM used tobacco, particularly younger MSM. Depression symptoms, alcohol use, and limited health access were more common among MSM and partially accounted for their elevated smoking risk. The lower health access and greater vulnerability of MSM to depression and alcohol use contributed to their higher smoking rate and must be considered in further smoking research and prevention. Younger MSM show very high rates of smoking and are a particular intervention target. Limitations of this cross-sectional study are noted.

127. Mravcak, S. A. (2006). "Primary care for lesbians and bisexual women." American Family Physician 74(2): 279-86. http://www.ncbi.nlm.nih.gov/pubmed/16883925.

For the most part, lesbians and bisexual women face the same health issues as heterosexual women, but they often have difficulty accessing appropriate care. Physicians can improve care for lesbians and bisexual women by acknowledging the potential barriers to care (e.g., hesitancy of physicians to inquire about sexual orientation and of patients to disclose their sexual behavior) and working to create a therapeutic physician-patient relationship. Taking an inclusive and nonjudgmental history and being aware of the range of health-related behaviors and medicolegal issues pertinent to these patients enables physicians to perform relevant screening tests and make appropriate referrals. Some recommendations, such as those for screening for cervical cancer and intimate partner violence, should not be altered for lesbians and bisexual women.

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Considerations unique to lesbians and bisexual women concern fertility and medico-legal issues to protect familial relationships during life changes and illness. The risks of suicidal ideation, self-harm, and depression may be higher in lesbians and bisexual women, especially those who are not open about their sexual orientation, are not in satisfying relationships, or lack social support. Because of increased rates of nulliparity, the risks of conditions such as breast and ovarian cancers also may be higher. The comparative rates of alcohol and drug use are controversial. Smoking and obesity rates are higher in lesbians and bisexual women, but there is no evidence of an increased risk of cardiovascular disease.

128. National Center for Cultural Competence. (2006). "Conceptual framework, models, guiding values and principles." Retrieved March 23, 2006, from http://gucchd.georgetown.edu/nccc/index.html.

129. Nyitray, A., R. Corran, et al. (2006). Tobacco Use and Interventions among Arizona Lesbian, Gay, Bisexual, and Transgender People, The Arizona Department of Health Services**:** 21. http://azmemory.lib.az.us/cdm4/item_viewer.php?CISOROOT=/statepubs&CISOPTR=3462&CISOBOX=1&REC=19.

This study focuses on tobacco use and intervention strategies through surveys, interviews, and focus groups. It was funded by the Arizona Department of Health Services and sponsored by southern Arizona's LGBT community center, Wingspan.

130. Ridner, S. L., K. Frost, et al. (2006). "Health information and risk behaviors among lesbian, gay, and bisexual college students." Journal of the American Academy of Nurse Practitioners 18(8): 374-8. http://www.ncbi.nlm.nih.gov/pubmed/16907699.

PURPOSE: To describe differences in alcohol use, marijuana use, and smoking behaviors between lesbian, gay, and bisexual (LGB) and heterosexual college students, and determine whether there was a difference in the health information each group received. DATA SOURCES: A random sample of 3000 college students aged 18-24 years who were currently enrolled at a southeastern metropolitan university on a full-time basis were invited to participate. The final sample (n = 772) consisted of heterosexuals (n = 731) and LGB (n = 41) college students. Gay and bisexual men (n = 20) and lesbian and bisexual women (n = 21) were compared to heterosexual college students. CONCLUSIONS: Lesbian/bisexual women were 4.9 times more likely to smoke, 10.7 times more likely to drink, and 4.9 times more likely to use marijuana than heterosexual women. Gay/bisexual men did not significantly differ from heterosexual men. There was no difference in the health information on alcohol and drug prevention the groups received. Gay/bisexual men were

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less likely (p = .02) compared to heterosexual men to have received tobacco prevention information. IMPLICATION FOR PRACTICE: Advanced practice nurses must ensure that every patient receives preventive services and anticipatory guidance at every visit. LGB clients in particular need health assessments and interventions appropriate to their individual risk profiles.

131. Roberts, S. J. (2006). "Health care recommendations for lesbian women." Journal of Obstetric, Gynecologic, and Neonatal Nursing 35(5): 583-91. http://www.ncbi.nlm.nih.gov/pubmed/16958713.

OBJECTIVE: To review research literature to provide clinicians with data-based recommendations for care of lesbians. DATA SOURCES: Medline searches and references from selected articles with the search term "lesbian health." STUDY SELECTION: Literature was selected whether lesbian or women who have sex with women was utilized as a category in the study and results were available on this population. DATA EXTRACTION: Data were organized according to specific health problems noted frequently in the research articles. DATA SYNTHESIS: Lesbians have previously been invisible in health services and research, but in several areas, data now exists on which to base care. CONCLUSIONS: Lesbians are now more comfortable "coming out" to providers but continue to have lower screening rates than other women. Risk is especially high in this population for cancer, heart disease, depression, and alcohol abuse. Adolescent lesbians are especially at risk for smoking and suicide/depression.

132. Saewyc, E. M., L. H. Bearinger, et al. (2006). "A national needs assessment of nurses providing health care to adolescents." Journal of Professional Nursing 22(5): 304-13. http://www.ncbi.nlm.nih.gov/pubmed/16990122.

Nurses, as the largest group of health providers in the United States, and by virtue of their scope of practice, are in an important position to promote the health of adolescents. A national survey of nurse members of the American Public Health Association, the National Association of Pediatric Nurse Associates and Practitioners, and the National Association of School Nurses was conducted in 1997 (n = 520) and was compared with findings from a parallel survey conducted in 1985 that assessed perceived competence in addressing common adolescent health issues, relevance of those issues to nurses' practice, and leadership skills. Findings provided a hopeful yet cautious picture of nurses' competencies. Strong increases in the proportion of nurses who felt equipped to address common health problems of youth suggest improved adolescent health education among nurses. Yet, at least 25% of nurses indicated a low level of knowledge in half of the adolescent health areas, and, like 1985's nurses, most nurses in 1997 did not feel competent to address the needs of gay, lesbian, and bisexual youth. Several priority areas in Healthy

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People 2010 were considered by 25% or more of the nurses to be irrelevant to their practice, including smoking cessation, suicide, violence, and pregnancy. The task remains to assure that all nurses who work with adolescents are equipped to respond to their diverse and unique health needs.

133. Sandfort, T. G., F. Bakker, et al. (2006). "Sexual orientation and mental and physical health status: findings from a Dutch population survey." American Journal of Public Health 96(6): 1119-25. http://www.ncbi.nlm.nih.gov/pubmed/16670235.

OBJECTIVES: We sought to determine whether sexual orientation is related to mental and physical health and health behaviors in the general population. METHODS: Data was derived from a health interview survey that was part of the second Dutch National Survey of General Practice, carried out in 2001 among an all-age random sample of the population. Of the 19685 persons invited to participate, 65% took part in the survey. Sexual orientation was assessed in persons aged 18 years and older and reported by 98.2% of 9684 participants. The respondents' characteristics are comparable with those of the Dutch general population. RESULTS: Gay/lesbian participants reported more acute mental health symptoms than heterosexual people and their general mental health also was poorer. Gay/lesbian people more frequently reported acute physical symptoms and chronic conditions than heterosexual people. Differences in smoking, alcohol use, and drug use were less prominent. CONCLUSIONS: We found that sexual orientation was associated with mental as well as physical health. The causal processes responsible for these differences by sexual orientation need further exploration.

134. Scout, A. Miele, et al. (2006). Running an LGBT Smoking Treatment Group. Boston, MA, The Fenway Institute. http://www.lgbttobacco.org/files/Bible.pdf.

135. Smith, E. A., N. Offen, et al. (2006). "Pictures worth a thousand words: noncommercial tobacco content in the lesbian, gay, and bisexual press." J Health Commun 11(7): 635-49. http://www.ncbi.nlm.nih.gov/pubmed/17074732.

Smoking prevalence in the lesbian, gay, and bisexual (LGB) community is higher than in the mainstream population. The reason is undetermined; however, normalization of tobacco use in the media has been shown to affect smoking rates. To explore whether this might be a factor in the LGB community, we examined noncommercial imagery and text relating to tobacco and smoking in LGB magazines and newspapers. Tobacco-related images were frequent and overwhelmingly positive or neutral about tobacco use. Images frequently associated smoking with celebrities. Text items unrelated to tobacco were often illustrated with smoking imagery. Text items about tobacco were likely to be critical of tobacco use; however, there were three times as many images as text items. The

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number of image items was not accounted for by the number of text items: nearly three quarters of all tobacco-related images (73.8%) were unassociated with relevant text. Tobacco imagery is pervasive in LGB publications. The predominant message about tobacco use in the LGB press is positive or neutral; tobacco is often glamorized. Noncommercial print images of smoking may normalize it, as movie product placement does. Media advocacy approaches could counter normalization of smoking in LGB-specific media.

136. Voinovich Center for Leadership & Public Affairs (2006). Voices of the Population Groups Disproportionately Affected by Tobacco Use On: Tobacco Use, Tobacco Control, and the Effects of Tobacco. Columbus, OH, Voinovich Center for Leadership & Public Affairs. http://www.ohiocctca.org/Ohiocctca/Documents/Executive%20Summary%20Report.pdf.

137. Voinovich Center for Leadership & Public Affairs (2006). Voices of the Lesbian, Gay, Bisexual, Transgender on: Tobacco Use, Tobacco Control, and the Effects of Tobacco. Columbus, OH, Voinovich Center for Leadership & Public Affairs. http://www.ohiocctca.org/Ohiocctca/Documents/Population%20Reports/LGBT%20Report.pdf.

Report on qualitative data gathered from focus groups for LGBT populations disproportionately affected by tobacco use in Athens and Columbus, Ohio. The focus groups concentrated on awareness of tobacco use, tobacco myths, media messages, and prevention activities.

138. Waterhouse, R. (2006). "Making Lesbians Visible in the Substance Use Field Edited by Ettorre, E." Sociology of Health & Illness 28(7): 996-998. http://dx.doi.org/10.1111/j.1467-9566.2006.522_5.x

139. World Health Organization. (2006). "Facts and Figures About Tobacco." First Conference of the Parties of the WHO Framework Convention on Tobacco Control Retrieved May 6, 2008, from http://www.who.int/tobacco/fctc/tobacco%20factsheet%20for%20COP4.pdf.

140. (2005). "State-specific prevalence of cigarette smoking and quitting among adults--United States, 2004." MMWR Morb Mortal Wkly Rep 54(44): 1124-7. http://www.ncbi.nlm.nih.gov/pubmed/16280970.

After stagnating in the early 1990s, cigarette smoking prevalence among adults in the United States declined during the late 1990s and early 2000s. In 2002, for the first time, more than half of those who had ever smoked had quit smoking. To assess the prevalence of current and never cigarette smoking and the proportion of ever smokers who had quit smoking, CDC analyzed state/area data from the 2004 Behavioral Risk Factor

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Surveillance System (BRFSS). This report summarizes the results of that analysis, which indicated substantial variation in current cigarette smoking prevalence among 49 states, the District of Columbia (DC), Puerto Rico (PR), and the U.S. Virgin Islands (USVI) (range: 9.5%-27.6%). In 44 states, DC, PR, and USVI, the majority of persons had never smoked. In 34 states, PR, and USVI, more than 50% of ever smokers had quit smoking. Effective, comprehensive tobacco-use prevention and control programs should be continued and expanded to further reduce initiation among young persons and to ensure that smokers have access to effective smoking-cessation services, including proactive telephone quitline counseling.

141. American Legacy Foundation. (2005). "Research and Publications: factsheets." Retrieved May 23, 2005, from http://www.americanlegacy.org/americanlegacy/skins/alf/display.aspx?moduleID=8cde2e88-3052-448c-893d-d0b4b14b31c4&mode=User&action=display_page&ObjectID=7f514711-eb01-4d81-939d-9ad499256130.

142. Archer, R., G. L. Hoff, et al. (2005). Tobacco Use and Cessation Among Men Who Have Sex with Men. 95**:** 929-. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1449276/.

143. Barnett, E., T. Anderson, et al. (2005). "Promoting cardiovascular health: from individual goals to social environmental change." Am J Prev Med 29(5 Suppl 1): 107-12. http://www.ncbi.nlm.nih.gov/pubmed/16389135.

A conceptual model of the relationship between well-known individual-level behavioral and biomedical risk factors for heart disease and stroke and community-level social environmental risk factors, which may be less familiar to professionals working in cardiovascular health promotion, is presented. The social environment paradigm holds that programs and interventions should focus "upstream" and attempt to directly modify social environmental conditions in order to positively influence human behaviors, and consequently disability and disease. For each of the "big five" cardiovascular risk factors (poor diet, physical inactivity, cigarette smoking, high blood pressure, and high blood cholesterol), social environmental barriers and promoters are described. This conceptual model should be a useful tool in explaining and justifying the ways in which social environmental change can improve risk factor distributions for entire populations, and subsequently reduce disability and death from heart disease and stroke.

144. Blank, S., K. Gallagher, et al. (2005). "Reaching out to boys at bars: utilizing community partnerships to employ a wellness strategy for syphilis control among

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men who have sex with men in New York City." Sex Transm Dis 32(10 Suppl): S65-72. http://www.ncbi.nlm.nih.gov/pubmed/16205296.

OBJECTIVE: To explore the impact of a holistic approach for syphilis control to improve the sexual health and well-being of men who have sex with men (MSM). GOAL: The New York City Department of Health & Mental Hygiene (NYC DOHMH) developed Hot Shot! to address a variety of general MSM health issues, including syphilis, gonorrhea, chlamydia, and human immunodeficiency virus (HIV)/acquired immunodeficiency virus. RESULTS: Between November 2003 and June 2004, 9 Hot Shot! events were held throughout NYC. Services delivered at events included STD/HIV screening; relevant adult vaccinations, cardiovascular health screenings; and mental health, tobacco, and other drug use assistance. Of 1634 attendees, 445 persons accessed > or =1 service; 4 persons were newly diagnosed with syphilis and 7 with HIV. CONCLUSIONS: The Hot Shot! approach to syphilis control can facilitate STD education, screening, and treatment of MSM while addressing comprehensive health issues. Future integrated health service delivery programs may be more successful by using stable venues for events to ensure continuity of care for MSM.

145. Bracci, P. M. and E. A. Holly (2005). "Tobacco use and non-Hodgkin lymphoma: results from a population-based case-control study in the San Francisco Bay Area, California." Cancer Causes Control 16(4): 333-46. http://www.ncbi.nlm.nih.gov/pubmed/15953976.

OBJECTIVE: Investigate the association between tobacco use and non-Hodgkin lymphoma (NHL). METHODS: Tobacco-use data were collected during in-person interviews in a population-based case-control study of NHL (N=1593 patients, N=2515 controls) conducted in the San Francisco Bay Area between 1988 and 1995. Odds ratios (ORs) for HIV-negative participants were obtained from adjusted unconditional logistic regression models stratified by sex. RESULTS: NHL was not associated with overall tobacco use, intensity or duration of cigarette smoking in women or men. However, ORs were increased for NHL among men who used any non-cigarette tobacco alone (OR=1.7), non-cigarette tobacco and cigarettes (OR=1.4), multiple types of non-cigarette tobacco alone (OR=2.1) and smokeless tobacco alone (OR=4.0). In analyses stratified by sex and age, ORs for NHL associated with cigarette smoking in general were above unity among those aged > or =60 years. ORs for follicular lymphoma were increased in men who used cigarettes and other tobacco, cigars alone and smokeless tobacco alone. Diffuse large-cell lymphoma in men was associated with use of cigarettes and other tobacco, and multiple types of non-cigarette tobacco. CONCLUSION: Our data do not support an association between overall tobacco use and all NHL in women or men. Further analyses are warranted in larger studies to evaluate non-cigarette

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tobacco use, tobacco-related biologic markers and genetic factors in the development of NHL.

146. Burgard, S. A., S. D. Cochran, et al. (2005). "Alcohol and tobacco use patterns among heterosexually and homosexually experienced California women." Drug and Alcohol Dependence 77(1): 61-70. http://www.ncbi.nlm.nih.gov/pubmed/15607842.

BACKGROUND: Mounting evidence suggests that lesbians and bisexual women may be at especially elevated risk for the harmful health effects of alcohol and tobacco use. METHODS: We report findings from the California Women's Health Survey (1998-2000), a large, annual statewide health surveillance survey of California women that in 1998 began to include questions assessing same-gender sexual behavior. RESULTS: Overall, homosexually experienced women are more likely than exclusively heterosexually experienced women to currently smoke and to evidence higher levels of alcohol consumption, both in frequency and quantity. Focusing on age cohorts, the greatest sexual orientation disparity in alcohol use patterns appears clustered among women in the 26-35-year-old group. We also find that recently bisexually active women report higher and riskier alcohol use than women who are exclusively heterosexually active. By contrast, among homosexually experienced women, those who are recently exclusively homosexually active do not show consistent evidence of at-risk patterns of alcohol consumption. DISCUSSION: Findings underscore the importance of considering within-group differences among homosexually experienced women in risk for tobacco and dysfunctional alcohol use.

147. Burkhalter, J. E., C. M. Springer, et al. (2005). "Tobacco use and readiness to quit smoking in low-income HIV-infected persons." Nicotine Tob Res 7(4): 511-22. http://www.ncbi.nlm.nih.gov/pubmed/16085522.

The study aim was to identify covariates of smoking status and readiness to quit that encompassed key sociodemographic and health status variables, health-related quality of life, drug use and unprotected sex, and tobacco use variables in a cohort of low-income persons living with HIV. We also examined the impact of HIV diagnosis on smoking cessation. The sample (N = 428) was mostly male (59%) and Black (53%) or Hispanic (30%), and had a high school education or less (87%). Mean age was 40 years. Two-thirds of participants were current smokers, 19% former smokers, and 16% never smokers. Current smokers smoked a mean of 16 cigarettes/day for 22 years; 42% were in the precontemplation stage of readiness to quit smoking, 40% were contemplators, and 18% were in preparation. Most current smokers (81%) reported receiving medical advice to quit smoking. Multivariate logistic regression analyses indicated that current smokers, compared with former smokers, were more likely to use illicit drugs, perceive a lower health risk for continued smoking, and

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report less pain. Current smokers, compared with nonsmokers (former and never smokers), were more likely to report greater illicit drug use in their lifetime, current illicit drug use, and less pain. A multiple linear regression indicated that greater current illicit drug use, greater emotional distress, and a lower number of quit attempts were associated with lower stage of readiness to quit smoking. These findings confirm a high prevalence of smoking among HIV-infected persons and suggest a complex interplay among drug use, pain, and emotional distress that impact smoking status and, among smokers, readiness to quit. Tobacco control programs for HIV-infected persons should build motivation to quit smoking and address salient barriers to cessation--such as comorbid drug use, emotional distress, pain, and access to and coverage for treatment--and should educate smokers regarding the HIV-specific health benefits of cessation.

148. Cameron, P., T. Landess, et al. (2005). "Homosexual sex as harmful as drug abuse, prostitution, or smoking." Psychological Reports 96(3 Pt 2): 915-61. http://www.ncbi.nlm.nih.gov/pubmed/16173359.

In 2003, the U.S. Supreme Court said same-sex sexual activity could not be prohibited by law. Analyzing data from the 1996 National Household Survey of Drug Abuse (N= 12,381) and comparing those who engaged in four recreational activities-homosexual sex, illegal drug use, participation in prostitution, and smoking --against those who abstained, participants (1) were more frequently disruptive (e.g., more frequently criminal, drove under the influence of drugs or alcohol, used illegal drugs, took sexual risks), (2) were less frequently productive (e.g., less frequently had children in marriage, more frequently missed work), and (3) generated excessive costs (e.g., more promiscuous, higher consumers of medical services). Major sexuality surveys have reported similar findings for homosexuals. Societal discrimination inadequately accounts for these differences since parallel comparisons of black and white subsamples produced a pattern unlike the differences found between homosexuals and nonhomosexuals.

149. Cardona, A., P. Hastings, et al. (2005). Creating an Effective Tobacco Plan for Minnesota's Gay, Lesbian, Bisexual & Transgender Communities. Minneapolis, Minnesota, Rainbow Health Initiative. http://www.rainbowhealth.org/rhi/images/stories/glbt-report.pdf.

A community based report which addresses the prevalence of tobacco use, awareness of use and exposure hazards, issues surrounding cessation, and attitudes toward smoke-free initiatives in Gay, Lesbian, Bisexual and Transgender communities. Relays suggestions, participant recommendations, interviews with GLBT community leaders, survey results, a review of the literature and a list of LGBT-specific smoking cessation programs across the country. December 2005.

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150. Carpenter, C. (2005). "Self-Reported Sexual Orientation and Earnings: Evidence from California." Industrial & Labor Relations Review 58(2): 258-273. http://ideas.repec.org/a/ilr/articl/v58y2005i2p258-273.html.

Researchers using the 1988-96 General Social Survey (GSS) have found that behaviorally gay/bisexual men earn 15-30% less, and behaviorally lesbian/ bisexual women earn 20-30% more, than similar heterosexuals. This study uses confidential data on self-reported sexual orientation for 50,000 adults in California in 2001, providing more than five times as many respondents who identify themselves as sexual minorities as does the GSS. Previous approaches are extended by using more complete data on earnings, work effort, and job characteristics. Apart from the well-documented marriage premium, the author finds no statistically or economically significant independent effect of a gay or lesbian sexual orientation on earnings. There is some evidence that bisexual men and women earn less than heterosexuals. Analysis of more recent GSS data (including data from 1998-2000) suggests the findings of previous studies are somewhat sensitive to the time period considered.

151. Chiasson, M. A., S. Hirshfield, et al. (2005). "Increased high risk sexual behavior after September 11 in men who have sex with men: an Internet survey." Archives of Sexual Behavior 34(5): 527-35. http://www.ncbi.nlm.nih.gov/pubmed/16211474.

Numerous studies on the mental health effects of terrorist attacks have been published, with some reporting increases in smoking and drug and alcohol use. None have reported on changes in sexual behavior. To investigate the impact of the September 11 attacks on sexual and drug- and alcohol-using behaviors of men who have sex with men (MSM), an anonymous Internet survey was conducted to obtain information retrospectively on behavior during three month periods before and after the attacks. A total of 2,915 MSM from all 50 U.S. states completed the survey. Men who were exposed to the attacks were not differentially targeted for the survey since the online banner ad used to recruit did not mention September 11. Exposure to the attacks varied: 11.4% lost a friend or relative; 5% witnessed the attacks in person; and nearly all saw the attacks on television within one hour of their occurrence. Nearly equal proportions of men reported increases and decreases in the number of sex partners following September 11. Small, statistically significant increases in unprotected anal intercourse and alcohol use, but not illicit drug use, were found when behavior after September 11 was compared to that before the attacks. Men who lost a friend or relative in the attacks were significantly more likely to report unprotected anal intercourse, an increased number of sex partners, and increased alcohol use after September 11 than those who did not. Counseling about substance abuse

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and risky sexual behavior should be incorporated into trauma-related programs for adolescents and adults.

152. Clark, M. A., G. Armstrong, et al. (2005). "Measuring sexual orientation and gender expression among middle-aged and older women in a cancer screening study." J Cancer Educ 20(2): 108-12. http://www.ncbi.nlm.nih.gov/pubmed/16083375

BACKGROUND: The Cancer Screening Project for Women is about the experiences of legally unmarried women aged 40 to 75 years. METHODS: Prior to the implementation of a survey of experiences with breast, cervical, and colorectal cancer screenings, we used cognitive-based interviewing to evaluate questions for measuring sexual orientation and gender expression. RESULTS: We conducted interviews with 40 women, 19 who partner with women and 21 who partner with men. Interviews highlighted respondent confusion, clarified the meaning of terms, and improved the comprehension and utility of questions. CONCLUSIONS: Cognitive interview techniques can improve the validity and reliability of data collected by cancer screening programs.

153. Constantino, J. (2005). "Gay Teens and Smoking." Retrieved May 10, 2005, from http://www.nalgbtcc.org/documents/GayTeensandSmoking.pdf.

154. Dilley, J. A., J. E. Maher, et al. (2005). "Response letter to: Tang H, Greenwood GL, Cowling DW, Lloyd JC, Roeseler AG, Bal DG. Cigarette smoking among lesbians, gays, and bisexuals: how serious a problem?" Cancer Causes Control 16(9): 1133-4. http://www.ncbi.nlm.nih.gov/pubmed/16184480.

155. Drabble, L. and K. Trocki (2005). "Alcohol consumption, alcohol-related problems, and other substance use among lesbian and bisexual women." J Lesbian Stud 9(3): 19-30. http://www.ncbi.nlm.nih.gov/pubmed/17548282.

Relationships between sexual orientation and a wide range of substance use and problem variables were examined based on data from the 2000 National Alcohol Survey. Lesbians, bisexuals, and heterosexually identified women who report same-sex partners were compared to exclusively heterosexual women in relation to alcohol consumption, use of tobacco and other drugs, bar-going, alcohol-related problems, and past substance abuse treatment. Substance use patterns were complex and varied between sexual orientation groups. These differences underscore the importance of developing lesbian- and bisexual-sensitive prevention and treatment services and of including measures of sexual orientation identity and behavior in population-based surveys.

156. Ettorre, E. (2005). Introduction -- Making Lesbians Visible in the Substance Use Field, Routledge. 9**:** 1 - 5. http://www.informaworld.com/10.1300/J155v09n03_01

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157. Greenwood, G. L., J. P. Paul, et al. (2005). "Tobacco use and cessation among a household-based sample of US urban men who have sex with men." American Journal of Public Health 95(1): 145-51. http://www.ncbi.nlm.nih.gov/pubmed/15623875.

OBJECTIVES: We examined tobacco use and cessation among a probability sample of urban men who have sex with men (MSM) living in 4 large US cities. METHODS: Of the 2402 men who were eligible for follow-up from a previously recruited probability sample, 1780 (74%) completed tobacco surveys between January and December 1999. RESULTS: Current smoking rates were higher for urban MSM (31.4%; 95% confidence interval [CI]=28.6%, 34.3%) than for men in the general population (24.7%; 95% CI=21.2%, 28.2%). Among MSM, 27% were former smokers. A complex set of sociodemographic, tobacco-related, and other factors were associated with cessation. CONCLUSIONS: Results support earlier reports that smoking rates are higher for MSM compared with men in the general population. Findings related to cessation underscore the need to target tobacco control efforts for MSM.

158. Johnston, J., P. O'Malley, et al. (2005) Decine in teen smoking seems to be nearing its end. . University of Michigan News and Information Services, DOI. www.monitoringourfuture.org.

159. Kanagalingam, J., C. Georgalas, et al. (2005). "Cricothyroid approximation and subluxation in 21 male-to-female transsexuals." Laryngoscope 115(4): 611-8. http://www.ncbi.nlm.nih.gov/pubmed/15805869.

OBJECTIVES: To evaluate the medium-term outcome of cricothyroid approximation and subluxation (CTAS) with postoperative speech therapy for pitch elevation in male-to-female transsexuals. STUDY DESIGN: Retrospective study of male-to-female transsexuals who underwent pitch-raising surgery between November 1996 and August 2001. METHODS: Twenty-one male-to-female transsexuals opted for surgical feminization of their voices after inadequate improvements with speech therapy alone. Electrolaryngographic measurements were obtained by a single speech therapist of modal fundamental frequencies and the percentage of irregularities before, at 2 weeks, and 6 months after surgery. All 21 patients underwent CTAS, and 20 underwent simultaneous cosmetic thyroid chondroplasty by a single surgeon. RESULTS: Electrolaryngographic results 2 weeks after surgery showed an average postoperative gain in modal frequency of free speech of 71.05 Hz (95% confidence interval [CI]: 42.9-99.2, P < .001). There was a concomitant average rise in irregularities of 9.9% (95% CI 0.7-18.5, P = .03). At median follow-up of 6 months after six sessions of speech therapy (n = 15), there was a decrease in irregularities to preoperative levels. The overall gain at 6 months in modal frequency of free speech was 56.9 Hz (95% CI 38.3-

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75.4, P < .001). Smoking and age did not predict a worse outcome. CONCLUSIONS: Cricothyroid approximation effectively raises pitch in male-to-female transsexuals. There is a concomitant rise in voice irregularities that is effectively addressed by speech therapy.

160. McCabe, S. E., T. L. Hughes, et al. (2005). "Assessment of difference in dimensions of sexual orientation: implications for substance use research in a college-age population." Journal of Studies on Alcohol 66(5): 620-9. http://www.ncbi.nlm.nih.gov/pubmed/16331847.

OBJECTIVE: The present research examines the associations between three distinct dimensions of sexual orientation and substance use in a random sample of undergraduate students. METHOD: A Web-based survey was administered to students attending a large, midwestern research university in the spring of 2003. The sample consisted of 9,161 undergraduate students: 56% female, 68% white, 13% Asian, 6% black, 4% Hispanic and 9% other racial categories. Using multivariate logistic regression analyses, several measures of alcohol and other drug use were compared across three dimensions of sexual orientation: sexual identity, sexual attraction and sexual behavior. RESULTS: All three dimensions of sexual orientation were associated with substance use, including heavy episodic drinking, cigarette smoking and illicit drug use. Consistent with results of several other recent studies, "nonheterosexual" identity, attraction or behavior was associated with a more pronounced and consistent risk of substance use in women than in men. CONCLUSIONS: Study findings suggest substantial variability in substance use across the three dimensions of sexual orientation and reinforce the importance of stratifying by gender and using multiple measures to assess sexual orientation. Study results have implications for future research and for interventions aimed at reducing substance use among college students.

161. Nawar, E., S. M. Mbulaiteye, et al. (2005). "Risk factors for Kaposi's sarcoma among HHV-8 seropositive homosexual men with AIDS." International Journal of Cancer 115(2): 296-300. http://www.ncbi.nlm.nih.gov/pubmed/15688390.

Kaposi's sarcoma (KS) is a frequent complication of the acquired immunodeficiency syndrome (AIDS) in homosexual men. Risk factors for developing this malignancy are uncertain, other than immunosuppression and coinfection with human herpesvirus 8 (HHV-8). We therefore examined factors associated with KS in a cross-sectional analysis of 99 cases among 503 HHV-8 seropositive homosexual men with AIDS. Data were collected by computer-assisted personal interviews and medical chart reviews. HHV-8 seroreactivity was determined by enzyme-linked immunosorbent assay for antibodies against HHV-8 K8.1 glycoprotein. KS was significantly less common in blacks compared to whites [risk ratio

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(RR) = 0.4; 95% CI = 0.2 =0.8] and more common in subjects who had completed college (RR = 1.7; 95% CI = 1.1-2.7) or had annual income greater than dollar 30,000 (RR = 1.5; 95% CI = 1.1-2.2). KS was less common in cigarette smokers (RR = 0.6; 95% CI = 0.5-0.9) and users of crack cocaine (RR = 0.4; 95% CI = 0.1-0.8). KS was less common in bisexual men compared to men who were exclusively homosexual (estimated RR = 0.6; 95% CI = 0.4-0.9) and inversely associated with number of female partners. KS was also less common in men who had received pay for sex (RR = 0.6; 95% CI = 0.4-1.0). These cross-sectional associations could be biased by potential differences in relative timing of HHV-8 and HIV infection, a postulated determinant of KS risk. Alternatively, our findings may reflect factors protective against KS in individuals infected with HHV-8. Future research should focus on identifying practical measures for countering KS that do not increase the risk of other diseases.

162. Nemoto, T., D. Operario, et al. (2005). "Promoting health for transgender women: Transgender Resources and Neighborhood Space (TRANS) program in San Francisco." American Journal of Public Health 95(3): 382-4. http://www.ncbi.nlm.nih.gov/pubmed/15727962.

Transgender women are at high risk for HIV, substance abuse, and mental health problems. We describe a health promotion intervention program tailored to transgender women in San Francisco. The program creates a safe space for providing transgender-sensitive education about HIV risk reduction, substance abuse prevention, and general health promotion. Transgender health educators conduct workshops and make referrals to appropriate substance abuse treatment programs and other services in the community. Evaluation findings indicate that this community-tailored intervention may be an effective way to reach transgender women and reduce sexual risk behaviors, depression, and perceived barriers to substance abuse treatment.

163. Program Training and Consultation Centre (2005). Smoking Cessation and the GLBT Community: Evaluation by Gentium Consulting on behalf of the Program Training and Consultation Centre Gentium Consulting**:** 1-51. http://www.ptcc-cfc.on.ca/upload/RDS_0091.pdf.

The project's underpinning is that it is important to provide all smokers, from all communities and backgrounds, with a cessation environment where they feel comfortable and confident to express their own personal issues. This project's main objective was to provide and further develop gay-specific smoking cessation programs designed for men and women in both French and English within the City of Ottawa.

164. Ramirez-Valles, J., D. D. Heckathorn, et al. (2005). "From networks to populations: the development and application of respondent-driven sampling

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among IDUs and Latino gay men." AIDS Behav 9(4): 387-402. http://www.ncbi.nlm.nih.gov/pubmed/16235135

One of the challenges in studying HIV-risk behaviors among gay men is gathering information from a non-biased sample, as traditional probability sampling methods cannot be applied in gay populations. Respondent-Driven Sampling (RDS) has been proposed as a reliable and bias-free method to recruit "hidden" populations, such as gay men. The aim of this study is to assess the feasibility and effectiveness of RDS to sample Latino gay men and transgender persons. This was carried out when we used RDS to recruit participants into a study that investigated community involvement on HIV/AIDS sexual risk behaviors among Latino gay and bisexual men, and transgender (male-to-female) persons in Chicago and San Francisco. The population coverage of RDS was then compared to simulated time-location sampling (TLS). Recruitment differences were observed across cities, but the samples were comparable. RDS showed broader population coverage than TLS, especially among individuals at high risk for HIV.

165. Ramirez-Valles, J., D. D. Heckathorn, et al. (2005). "The Fit Between Theory and Data in Respondent-Driven Sampling: Response to Heimer." AIDS and Behavior 9(4): 409-414. http://www.springerlink.com/content/pl0jqv72548232p4/.

The reciprocity index can also be calculated using not the original recruitment matrix, but the demographically adjusted recruitment matrix (Heckathorn, 2002). This corrects for differences in cross-count recruitments that are due, not to non-random recruitment from personal networks, but from differential recruitment, such as HIV-positive recruiting more than HIV-negatives. However, because demographic adjustment tends to reduce cross-counts differentials, this approach yields a less conservative form of the index.

166. Remafedi, G. and H. Carol (2005). "Preventing tobacco use among lesbian, gay, bisexual, and transgender youths." Nicotine Tob Res 7(2): 249-56. http://www.ncbi.nlm.nih.gov/pubmed/16036282.

A paucity of information regarding tobacco use among lesbian, gay, bisexual, and transgender (LGBT) youths impedes prevention programs. The aim of the present study was to conduct formative qualitative research regarding subpopulations at risk for tobacco use, protective factors, patterns of use, and approaches to prevention. This report focuses on participants' recommendations for the development of preventive intervention. Purposive sampling and maximum variation sampling were used to select 30 LGBT youths and 30 interactors for face-to-face interviews. NUD*IST6 text software was used for the indexing and thematic analysis of qualitative data, based on a grounded theory approach. All participants offered suggestions for tobacco prevention

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pertaining to the optimal process of prevention and cessation programs, specific strategies to promote tobacco prevention and cessation, and general strategies to foster nonsmoking. Several key themes regarding prevention emerged: LGBT youth should be involved in the design and implementation of interventions; prevention programs should support positive identity formation as well as nonsmoking; the general approach to prevention should be entertaining, supportive, and interactive; and the public might not distinguish primary prevention from cessation activities. All but one young smoker had attempted to quit at least once; but only one individual had succeeded. By way of implications, prevention programs should involve young people in enjoyable and engaging activities, address the psychosocial and cultural underpinnings of tobacco use, support healthy psychosocial development, and consider offering pharmacological smoking cessation aids.

167. Robinson, R. G. (2005). "Community development model for public health applications: overview of a model to eliminate population disparities." Health Promot Pract 6(3): 338-46. http://www.ncbi.nlm.nih.gov/pubmed/16020628

For well over two decades, the public health community has undertaken a broad range of initiatives to identify and eliminate various health-related disparities among populations. The Centers for Disease Control and Prevention's (CDC) Office on Smoking and Health (OSH), for example, has committed resources to help states eliminate population disparities related to tobacco use. These initiatives have enjoyed a degree of success and some measurable decreases in population disparities. However, traditional public health approaches that are overly influenced by reductionist paradigms more content with risk factor assessment of at-risk strata may not be sufficient to produce successful results when applied to more intractable disparities. The elimination of disparities will require a more encompassing and comprehensive approach that addresses both population strata at risk and the communities in which they reside. This article proposes a new, concentrated model to address the elimination of population disparities-a model that focuses on community as the critical unit of analysis and action to achieve success.

168. Sanchez, J. P., P. Meacher, et al. (2005). "Cigarette smoking and lesbian and bisexual women in the Bronx." Journal of Community Health 30(1): 23-37. http://www.ncbi.nlm.nih.gov/pubmed/15751597.

This study investigated the prevalence of cigarette smoking, smoking patterns, and smoking cessation efforts of Black and Hispanic lesbian and bisexual women from a poor, urban community. One-on-one interviews were conducted with a convenience sample of 130 self-identified Black and Hispanic lesbian and bisexual women from the Bronx, NY. Bivariate statistics were used to determine differences between Black and Hispanic respondents in smoking prevalence, frequency, desire to quit, and impact

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on family unit. Fifty-five percent of Black respondents and sixty-two percent of Hispanic respondents were current smokers. Hispanics were more likely than Blacks to have a partner ($p < 0.04$), 2 or more children ($p < 0.05$), and an asthmatic in their household ($p < 0.02$). Hispanics were less likely than Blacks to have ever attempted to quit ($p < 0.04$) and to have made a serious attempt to quit in the past year ($p < 0.02$). Culturally sensitive interventions are needed to help Hispanic lesbian and bisexual women move from the pre-contemplative to action stage of quitting. The large proportion of current smokers requires greater access to effective smoking cessation tools.

169. Schroeder, S. A. (2005). "What to do with a patient who smokes." Jama 294(4): 482-7. http://www.ncbi.nlm.nih.gov/pubmed/16046655

Despite the reality that smoking remains the most important preventable cause of death and disability, most clinicians underperform in helping smokers quit. Of the 46 million current smokers in the United States, 70% say they would like to quit, but only a small fraction are able to do so on their own because nicotine is so highly addictive. One third to one half of all smokers die prematurely. Reasons clinicians avoid helping smokers quit include time constraints, lack of expertise, lack of financial incentives, respect for a smoker's privacy, fear that a negative message might lose customers, pessimism because most smokers are unable to quit, stigma, and clinicians being smokers. The gold standard for cessation treatment is the 5 As (ask, advise, assess, assist, and arrange). Yet, only a minority of physicians know about these, and fewer put them to use. Acceptable shortcuts are asking, advising, and referring to a telephone "quit line" or an internal referral system. Successful treatment combines counseling with pharmacotherapy (nicotine replacement therapy with or without psychotropic medication such as bupropion). Nicotine replacement therapy comes in long-acting (patch) or short-acting (gum, lozenge, nasal spray, or inhaler) forms. Ways to counter clinicians' pessimism about cessation include the knowledge that most smokers require multiple quit attempts before they succeed, that rigorous studies show long-term quit rates of 14% to 20%, with 1 report as high as 35%, that cessation rates for users of telephone quit lines and integrated health care systems are comparable with those of individual clinicians, and that no other clinical intervention can offer such a large potential benefit.

170. Scout (2005). Social Determinants of Transgender Health. Sociomedical Sciences. New York, NY, Columbia University. Ph.D.

The WHO's social determinants model provides an excellent lens for interpreting the documented adverse health outcomes experienced by transgender people. This framework contextualizes epidemiological information, situating it within a larger context of social justice and discriminatory gender oppression. The author conducted life history

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interviews with 13 transgender people, focus groups with 16 transgender people and 9 in-depth interviews with “key informants” as dissertation research for a public health degree. A diverse participant pool allows for the observation of trends across race and class. Resultant findings show that transgender people are “compromised survivors” who both experience and challenge gender-based oppression. Stress, (lack of) social support, and social exclusion are the primary social determinants of transgender health. Violence-related stress is most pronounced. Violence against transgender people is associated with level of gender variance; transgender people who regularly “pass” as either gender reported lower frequency of violence. Internal gender oppression creates another layer of stress, often manifesting itself through addictions. Social support is weak or absent for many transgender people. Participants experience alienation from families-of-origin, friend networks, and potential romantic partners. Social exclusion of transgender people further compromises health status. Exclusion from healthcare, education, housing, and employment means that transgender people often lack access to basic resources. The demographic factors of SES, race, gender vector (MTF or FTM), and ability to pass as gender normative have an interactive effect with social determinants. The findings suggest that highest priority interventions for this population include: early-life safety net, trauma, and life stabilizing services.

171. Shankle, M. D. (2005). The handbook of lesbian, gay, bisexual, and transgender public health : a practitioner's guide to service. New York, Harrington Park Press : Haworth Reference Press.
http://www.loc.gov/catdir/toc/ecip0511/2005010626.html

172. Shillington, A. M., S. Lehman, et al. (2005). Parental Monitoring: Can It Continue to Be Protective Among High-Risk Adolescents?, Routledge. 15**:** 1 - 15.
http://www.informaworld.com/10.1300/J029v15n01_01

Adolescence is a developmental period during which many youth experiment with risk practices. This paper examined the association of parental monitoring with a range of alcohol and other drug (AOD) use behaviors among high-risk youth, while controlling for other demographic and environmental variables previously found to be associated with AOD use. Participants were recruited as part of a longitudinal evaluation study of four youth drop-in centers located in Southern California. These centers served at-risk youth, including Hispanic, Lesbian/Gay/Bisexual/Questioning (LGBQ), and homeless and runaway youth. Participants were aged 14 to 24 and were new attendees at the drop-in centers. Results from logistic regression analyses revealed that while controlling for demographic and environmental variables, adolescents who reported less parental monitoring were more likely to report lifetime use of cigarettes, marijuana, and methamphetamine, and in

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the past three months, use of alcohol and binge drinking. The findings thus indicate that, even among high-risk youth, those who reported low parental monitoring were significantly more likely to use a variety of substances. Implications of these findings are discussed as they pertain to AOD prevention and interventions for children and their families.

173. Smith, E. A., N. Offen, et al. (2005). "What makes an ad a cigarette ad? Commercial tobacco imagery in the lesbian, gay, and bisexual press." Journal of Epidemiology and Community Health 59(12): 1086-91. http://www.ncbi.nlm.nih.gov/pubmed/16286500.

OBJECTIVES: To determine the extent of commercial tobacco imagery in the lesbian, gay, and bisexual (LGB) press. METHODS: Content analysis of all advertising containing tobacco related text or imagery in 20 LGB community periodicals, published between January 1990 and December 2000. RESULTS: 3428 ads were found: 689 tobacco product ads, 1607 ads for cessation products or services, 99 ads with a political message about tobacco, and 1033 non-tobacco ads that showed tobacco (NAST). Although cessation ads were numerically dominant, tobacco product ads and NAST occupied more space and were more likely to use images. NAST almost never had an anti-tobacco message. Formal sponsorship between tobacco and other companies was very rare. Lesbian periodicals had proportionally more NAST and fewer cessation ads. CONCLUSIONS: Cigarette ads were outnumbered by NAST. Although these ads do not usually show brands, and are unlikely to be the result of formal sponsorship agreements, they may be "selling" smoking. Tobacco control advocates should persuade editors to refuse tobacco product ads and those with gratuitous tobacco imagery.

174. Smoking Cessation Leadership Center. (2005). "30 Seconds to Save a Life: What busy clinicians can do to help their patients quit smoking." Retrieved May 15, 2008, from http://smokingcessationleadership.ucsf.edu/Presentation07/30sec407.pdf.

175. Stevens, P. (2005). "LGBT Populations and Tobacco." 2nd. Retrieved January 13, 2011, from http://www.ttac.org/services/lgbt/pdfs/LGBT2ndedition.pdf.

176. Tobacco Cessation Leadership Network. (2005). "Involving More Healthcare Providers in Tobacco Cessation: What Works." Retrieved January 13, 2011, 2011, from http://www.virtualsql.com/abcqxyz/dev/TCLN/resources/pdfs/Involving-more-health-care-procviders-final.pdf.

Summary of the TCLN roundtable discussion on this topic.

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177. Willis, G. B. (2005). Cognitive interviewing : a tool for improving questionnaire design. Thousand Oaks, Calif., Sage Publications. http://www.loc.gov/catdir/toc/ecip0418/2004013649.html http://www.loc.gov/catdir/enhancements/fy0657/2004013649-d.html http://www.loc.gov/catdir/enhancements/fy0734/2004013649-b.html

178. Yerger, V. B., M. R. Daniel, et al. (2005). "Taking it to the streets: responses of African American young adults to internal tobacco industry documents." Nicotine Tob Res 7(1): 163-72. http://www.ncbi.nlm.nih.gov/pubmed/15804689

Since the Master Settlement Agreement of 1998 between 46 states and the major tobacco companies forced the release of over 30 million pages of previously secret internal tobacco industry documents, researchers have been exploring how information in the documents can be useful for advancing public health efforts. Previous research shows that the tobacco industry has made massive efforts to target marginalized communities, not only through typical advertising channels but also through establishing financial and other ties with influential leadership groups. However, no previous studies have explored how members of targeted groups might respond at the grassroots level to actual internal tobacco industry documents about such targeting. This exploratory focus group study, which invited urban African American participants to comment on previously secret internal tobacco industry documents, suggests that such documents may be useful in efforts to socially denormalize tobacco use, promote critical reflection about community targeting, and mobilize individuals toward quitting.

179. Young, R. M. and I. H. Meyer (2005). "The trouble with "MSM" and "WSW": erasure of the sexual-minority person in public health discourse." American Journal of Public Health 95(7): 1144-9. http://www.ncbi.nlm.nih.gov/pubmed/15961753.

Men who have sex with men (MSM) and women who have sex with women (WSW) are purportedly neutral terms commonly used in public health discourse. However, they are problematic because they obscure social dimensions of sexuality; undermine the self-labeling of lesbian, gay, and bisexual people; and do not sufficiently describe variations in sexual behavior.MSM and WSW often imply a lack of lesbian or gay identity and an absence of community, networks, and relationships in which same-gender pairings mean more than merely sexual behavior. Overuse of the terms MSM and WSW adds to a history of scientific labeling of sexual minorities that reflects, and inadvertently advances, heterosexist notions.Public health professionals should adopt more nuanced and culturally relevant language in discussing members of sexual-minority groups.

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180. (2004). "National LGBT Communities Tobacco Action Plan." Retrieved December 31, 2006, from http://www.lgbttobacco.org/files/LGBT-TobaccoActionPlan.pdf.

181. Austin, S. B., N. Ziyadeh, et al. (2004). "Sexual orientation and tobacco use in a cohort study of US adolescent girls and boys." Archives of Pediatrics and Adolescent Medicine 158(4): 317-22. http://www.ncbi.nlm.nih.gov/pubmed/15066869.

OBJECTIVE: To examine sexual-orientation group disparities in tobacco use in adolescent girls and boys. DESIGN: Survey data from 10685 adolescent girls and boys participating in 1999 in the Growing Up Today Study were examined cross-sectionally. SETTING: Community-based population of adolescents living throughout the United States.Main Outcome Measure Prevalence of tobacco use. RESULTS: Ninety-two percent of the participants described themselves as heterosexual (n = 9296), 5% as mostly heterosexual (n = 511), 1% as lesbian/gay/bisexual (n = 103), and 2% as unsure (n = 226). Ages ranged from 12 to 17 years. Compared with heterosexuals, mostly heterosexual girls were 2.5 (95% confidence interval, 1.8-3.5), lesbian/bisexual girls were 9.7 (95% confidence interval, 5.1-18.4), and mostly heterosexual boys were 2.5 (95% confidence interval, 1.4-4.6) times more likely to smoke at least weekly. In contrast, gay/bisexual boys were not more likely to smoke. Findings persisted even when controlling for multiple sociodemographic and psychosocial covariates. CONCLUSION: Our findings indicate that mostly heterosexual adolescents of both sexes and lesbian/bisexual girls are at heightened risk for tobacco use.

182. Bailey, J. V., C. Farquhar, et al. (2004). "Bacterial vaginosis in lesbians and bisexual women." Sex Transm Dis 31(11): 691-4. http://www.ncbi.nlm.nih.gov/pubmed/15502678.

OBJECTIVE: To determine whether bacterial vaginosis (BV) is associated with sexual activity between women. STUDY DESIGN: Cross-sectional survey of 708 new patients attending 2 sexual health clinics for lesbians and bisexual women in London, U.K. Questionnaire for demographic, sexual history, and sexual practice data linked with the results of genitourinary examination. RESULTS: BV was common (31.4%). The odds of BV was significantly associated with larger numbers of female sexual partners (odds ratio [OR], 1.6; confidence interval [CI], 1.05-2.44 for > or = 11 compared with 1-5 partners) and with smoking (OR, 1.43; CI, 1.01-2.03), but not with sex with men or vaginal douching. CONCLUSIONS: BV is common in women who have sex with women (WSW). The increasing odds of BV with larger numbers of female sexual partners suggest that BV may be sexually transmitted between women.

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183. Bowen, D. J., J. B. Bradford, et al. (2004). "Comparing women of differing sexual orientations using population-based sampling." Women and Health 40(3): 19-34. http://www.ncbi.nlm.nih.gov/pubmed/15829443.

OBJECTIVES: Area probability sampling was used to conduct a women's health survey in Boston, MA. Sexual minority women (SMW) and heterosexual adult women were compared on a variety of health-related measures. METHODS: SMW-rich census tracts were identified and mapped onto zip code boundaries. Eligible respondents were women 18 and older who lived within the defined area, who were able to complete a personal interview or self-administered questionnaire in English. Differences in significant health-related outcomes by sexual orientation were examined. RESULTS: SMW and heterosexual women differed on access to health care and utilization of screening tests. There were no significant differences in smoking rates, eating less calories or fat, and intentions to follow mammography recommendations. CONCLUSIONS: In certain respects, study results are congruent with previous non-probability surveys, while in others the results are different. It is likely that real differences exist in some health-related variables by sexual orientation category.

184. Bye, L., E. Gruskin, et al. (2004). "California Lesbians, Gays, Bisexuals, Transgenders Tobacco Use Survey 2004." Retrieved April 4, 2008, from http://www.dhs.ca.gov/ps/cdic/tcs/documents/eval/LGBTTobaccoStudy.pdf

185. Case, P., S. B. Austin, et al. (2004). "Sexual orientation, health risk factors, and physical functioning in the Nurses' Health Study II." J Womens Health (Larchmt) 13(9): 1033-47. http://www.ncbi.nlm.nih.gov/pubmed/15665660.

OBJECTIVES: To examine associations between sexual orientation and breast cancer risk factors, cardiovascular disease (CVD) risk factors, mental health status, and health-related functioning. METHODS: We compared participants in the Nurses' Health Study II (NHSII) reporting a lesbian or bisexual orientation with those reporting a heterosexual orientation, with heterosexuals serving as the reference group for all comparisons. Prevalence of health behaviors and conditions was adjusted for differences in the distribution of age, ancestry, and region of residence by standardizing to the distribution of the overall cohort. Multivariate prevalence ratios were calculated to compare lesbians and bisexuals with heterosexuals using binomial regression with the log link function. Means of health conditions were measured using continuous scales standardized to the distribution of the overall cohort. Differences in means comparing lesbians and bisexuals with heterosexuals were tested by multivariate linear regression. All comparisons were adjusted for age, ancestry, and region of residence. RESULTS: Based on information from 90,823 women aged 32-51 in 1995, those reporting a sexual orientation of lesbian (n = 694) had a higher prevalence of risk factors for breast cancer, including

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nulliparity and high daily alcohol intake, compared with heterosexual women. Lesbians also had a higher prevalence of several risk factors for CVD, including higher body mass index (BMI) and elevated prevalence of current smoking. Lesbians were more likely to report depression and the use of antidepressants. Key results for health risk factors were similar for lesbians and bisexual women (n = 317). CONCLUSIONS: Lesbian and bisexual women were found to have a higher prevalence of several important risk factors for breast cancer, CVD, and poor mental health and functioning outcomes. Most of these risk factors are modifiable, and appropriate interventions could play an important role in improving the health status of lesbian and bisexual women.

186. Centers for Disease Control and, P. (2004). "Impact of a smoking ban on restaurant and bar revenues--El Paso, Texas, 2002." MMWR Morbidity & Mortality Weekly Report 53(7): 150-2. http://www.ncbi.nlm.nih.gov/pubmed/14985652.

Smoke-free indoor air ordinances protect employees and customers from secondhand smoke exposure, which is associated with increased risks for heart disease and lung cancer in adults and respiratory disease in children. As of January 2004, five states (California, Connecticut, Delaware, Maine, and New York) and 72 municipalities in the United States had passed laws that prohibit smoking in almost all workplaces, restaurants, and bars. On January 2, 2002, El Paso, Texas (2000 population: 563,662), implemented an ordinance banning smoking in all public places and workplaces, including restaurants and bars. The El Paso smoking ban is the strongest smoke-free indoor air ordinance in Texas and includes stipulations for enforcement of the ban by firefighting and law enforcement agencies, with fines of up to $500 for ordinance violations. To assess whether the El Paso smoking ban affected restaurant and bar revenues, the Texas Department of Health (TDH) and CDC analyzed sales tax and mixed-beverage tax data during the 12 years preceding and 1 year after the smoking ban was implemented. This report summarizes the results of that analysis, which determined that no statistically significant changes in restaurant and bar revenues occurred after the smoking ban took effect. These findings are consistent with those from studies of smoking bans in other U.S. cities. Local public health officials can use these data to support implementation of smokefree environments as recommended by the Task Force on Community Preventive Services.

187. D'Augelli, A. R. (2004). "High tobacco use among lesbian, gay, and bisexual youth: mounting evidence about a hidden population's health risk behavior." Arch Pediatr Adolesc Med 158(4): 309-10. http://www.ncbi.nlm.nih.gov/pubmed/15066866.

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188. Easton, A. and R. Sell (2004). Analysis of National Longitudinal Study of Adolescent Health. Gay and Lesbian Medical Association. Palm Springs, CA, Gay and Lesbian Medical Association.

189. Ferri, R. S. (2004). "Issues in gay men's health." Nursing Clinics of North America 39(2): 403-10. http://www.ncbi.nlm.nih.gov/pubmed/15159188.

Health care for gay men is a complicated mix of physical, psychosocial,and cultural phenomena that needs further empirical study and research. Gay men's health issues are unique and need to be incorporated into clinical practice to provide comprehensive and culturally appropriate care to MSM.

190. Gritz, E. R., D. J. Vidrine, et al. (2004). "Smoking behavior in a low-income multiethnic HIV/AIDS population." Nicotine Tob Res 6(1): 71-7. http://www.ncbi.nlm.nih.gov/pubmed/14982690.

The aim of this study was to describe smoking prevalence and smoking behavior in a multiethnic low-income HIV/AIDS population. A cross-sectional survey design was used. The study site was Thomas Street Clinic, an HIV/AIDS care facility serving a medically indigent and ethnically diverse population. Demographic, disease status, behavioral, and psychosocial variables were assessed by participant self-report. Surveys were collected from 348 study participants. Demographic composition of the sample was 78% male, 25% White, 44% Black, and 29% Hispanic. Study participants had a mean age of 40.2 years (SD=7.8). The HIV exposure profile of the sample was diverse: 46% men who have sex with men, 35% heterosexual contact, and 11% injection drug use. Prevalence of current cigarette smoking in the sample was 46.9%. Among participants with a lifetime history of smoking 100 or more cigarettes (62.8%), only 26.6% were currently abstinent, lower than the 48.8% rate seen in the general population. Multiple logistic regression analysis indicated that race/ethnicity, education level, age, and heavy drinking were significantly associated with smoking status. Hispanics were less likely than Whites were to smoke, younger participants were less likely than older participants were to be current smokers, and heavy drinkers were more likely to be current smokers than were those who were not heavy drinkers. As education level increased, the likelihood of smoking decreased and the likelihood of quitting increased. The high smoking prevalence in this HIV/AIDS population demonstrates the need for smoking cessation interventions targeted to the special needs of this patient group.

191. Harding, R., J. Bensley, et al. (2004). "Targeting smoking cessation to high prevalence communities: outcomes from a pilot intervention for gay men." BMC Public Health 4: 43. http://www.ncbi.nlm.nih.gov/pubmed/15458567.

BACKGROUND: Cigarette smoking prevalence among gay men is twice that of population levels. A pilot community-level intervention was

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developed and evaluated aiming to meet UK Government cessation and cancer prevention targets. METHODS: Four 7-week withdrawal-oriented treatment groups combined nicotine replacement therapy with peer support. Self-report and carbon monoxide register data were collected at baseline and 7 weeks. N = 98 gay men were recruited through community newspapers and organisations in London UK. RESULTS: At 7 weeks, n = 44 (76%) were confirmed as quit using standard UK Government National Health Service monitoring forms. In multivariate analysis the single significant baseline variable associated with cessation was previous number of attempts at quitting (OR 1.48, p = 0.04). CONCLUSIONS: This tailored community-level intervention successfully recruited a high-prevalence group, and the outcome data compares very favourably to national monitoring data (which reports an average of 53% success). Implications for national targeted services are considered.

192. Haviland, L. (2004). "A silence that kills." Am J Public Health 94(2): 176-8. http://www.ncbi.nlm.nih.gov/pubmed/14759922.

193. Idaho Tobacco Prevention and Control Program (TPCP) (2004). Idaho Tobacco Prevention and Control Program: LGBT Health Assessment Survey, Idaho Department of Health and Welfare. http://lgbttobacco.org/files/Idaho%20Tobacco%20Prevention%20and%20Control%20Program%20LGBT.pdf.

During the Spring of 2003, the Idaho Tobacco Prevention and Control Program (TPCP) contracted with United Vision for Idaho (UVI) to conduct a statewide survey of lesbian, gay, bisexual, and transgender individuals to assess the impact of tobacco use within this community. In addition to asking about tobacco-use related behaviors, the survey collected data on a wide range of health-related issues that are of concern to the LGBT community at large.

194. Jacobs, E. (2004). Coming Out, Lighting Up. Bay Windows. Boston. http://www.baywindows.com/index.php?ch=news&sc=glbt&sc2=news&sc3=&id=65973.

195. Kuang, M.-F., R. M. Mathy, et al. (2004). The Effects of Sexual Orientation, Gender Identity, and Gender Role on the Mental Health of Women in Taiwan's T-Po Lesbian Community, Routledge. 15**:** 163 - 184. http://www.informaworld.com/10.1300/J056v15n04_02

We obtained via the Internet a convenience sample of Taiwanese heterosexual (n = 287) and sexual minority females (n = 260). A significantly greater percentage of sexual minorities (lesbian and bisexual females) than heterosexuals reported they had used tobacco or alcohol. Relative to heterosexuals, sexual minorities were significantly more likely to report a serious suicide attempt. Overall, gender identity (masculine,

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feminine, and androgynous) and gender role (butch, femme, and pure or undifferentiated) were poor discriminators of lesbian mental health. Differences between sexual minorities and heterosexuals were more robust than were the variations in gender identities and gender roles among lesbian and bisexual women. We discuss the implications of these findings for further clinical research.

196. McCabe, S. E., T. L. Hughes, et al. (2004). "Substance use and misuse: are bisexual women at greater risk?" Journal of Psychoactive Drugs 36(2): 217-25. http://www.ncbi.nlm.nih.gov/pubmed/15369203.

The objective of this study was to compare the prevalence of substance use and alcohol-related consequences among bisexual and heterosexual women. A cross-sectional survey was self-administered to a random sample of undergraduate women. The final sample consisted of 49 self-identified bisexual women and 2,042 self-identified heterosexual women. Bivariate and multivariate results indicated that bisexual women were more likely than heterosexual women to report cigarette smoking, illicit drug use and medically prescribed use of antidepressant prescription medication. Although their drinking behaviors were similar, bisexual women were more likely than heterosexual women to experience adverse alcohol-related consequences. These findings suggest that traditional-age undergraduate women who self-identify as bisexual may be at heightened risk for substance use. However, additional research is needed to replicate these findings with larger samples of bisexual women.

197. Mokdad, A. H., J. S. Marks, et al. (2004). "Actual Causes of Death in the United States, 2000." JAMA 291(10): 1238-1245. http://jama.ama-assn.org/cgi/content/abstract/291/10/1238

Context Modifiable behavioral risk factors are leading causes of mortality in the United States. Quantifying these will provide insight into the effects of recent trends and the implications of missed prevention opportunities. Objectives To identify and quantify the leading causes of mortality in the United States. Design Comprehensive MEDLINE search of English-language articles that identified epidemiological, clinical, and laboratory studies linking risk behaviors and mortality. The search was initially restricted to articles published during or after 1990, but we later included relevant articles published in 1980 to December 31, 2002. Prevalence and relative risk were identified during the literature search. We used 2000 mortality data reported to the Centers for Disease Control and Prevention to identify the causes and number of deaths. The estimates of cause of death were computed by multiplying estimates of the cause-attributable fraction of preventable deaths with the total mortality data. Main Outcome Measures Actual causes of death. Results The leading causes of death in 2000 were tobacco (435 000 deaths; 18.1% of total US deaths), poor diet and physical inactivity (400 000 deaths; 16.6%), and alcohol consumption

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(85 000 deaths; 3.5%). Other actual causes of death were microbial agents (75 000), toxic agents (55 000), motor vehicle crashes (43 000), incidents involving firearms (29 000), sexual behaviors (20 000), and illicit use of drugs (17 000). Conclusions These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating health care costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US health care and public health systems has become more urgent.

198. Muggli, M. E., R. D. Hurt, et al. (2004). "Turning free speech into corporate speech: Philip Morris' efforts to influence U.S. and European journalists regarding the U.S. EPA report on secondhand smoke." Preventive Medicine 39(3): 568-80. http://www.ncbi.nlm.nih.gov/pubmed/15313097.

BACKGROUND: Previously secret internal tobacco company documents show that the tobacco industry launched an extensive multifaceted effort to influence the scientific debate about the harmful effects of secondhand smoke. Integral to the industry's campaign was an effort to derail the Environmental Protection Agency's (EPA) risk assessment on environmental tobacco smoke (ETS) by recruiting a network of journalists to generate news articles supporting the industry's position and pushing its public relations messages regarding the ETS issue. METHODS: Searches of previously secret internal tobacco industry records were conducted online and at the Minnesota Tobacco Document Depository. In addition, searches on the World Wide Web were conducted for each National Journalism Center alumnus. Lexis-Nexis was used to locate news stories written by the journalists cited in this paper. RESULTS: Philip Morris turned to its public relations firm Burson Marsteller to "build considerable reasonable doubt em leader particularly among consumers" about the "scientific weaknesses" of the EPA report. A Washington, DC, media and political consultant Richard Hines was a key player in carrying out Burson Marsteller's media recommendations of "EPA bashing" for Philip Morris. In March 1993, Philip Morris' vice president of corporate affairs policy and administration reported to Steve Parrish, vice president and general counsel of Philip Morris, that their consultant was "responsible for a number of articles that have appeared in em leader major news publications regarding EPA and ETS." In addition to placing favorable stories in the press through its consultant, Philip Morris sought to expand its journalist network by financially supporting a U.S. school of journalism; the National Journalism Center (NJC). Philip Morris gleaned "about 15 years worth of journalists at print and visual media throughout the country em leader to get across [its] side of the story" resulting in "numerous pieces consistent with our point of view." The company planned to "design innovative strategies to communicate [its] position on ETS through

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education programs targeting policy makers and the media" via the NJC. Finally, journalists associated with think tanks that were financially supported by Philip Morris wrote numerous articles critical of the EPA. CONCLUSIONS: This is the first report, from the tobacco industry's own documents, to show the extent to which the tobacco industry has gone to influence the print media on the issue of the health effects of secondhand smoke. Unfortunately, what we report here is that even journalists can fall victim to well-orchestrated and presented public relations efforts regardless of their scientific validity. It is not clear how various professional media organizations oversee the ethical conduct of their members. Certainly, on the topic of the health effects of secondhand smoke, more scrutiny is warranted from these organizations for articles written by their members lest the public be misinformed and thus ill served. [References: 111]

199. N.C. Division of Public Health, S. a. E. T. (2004). Sexual Orientation: Tobacco Disparities Short Report, State of North Carolina / Department of Health and Human Services**:** 4. http://www.tobaccopreventionandcontrol.ncdhhs.gov/data/SurveillanceDataFiles/PDF-Reports/ShortReportLGBT3.pdf.

This report talks about the issues in the LGBT community around tobacco, issues for NC LGB populations specifically, and outlines the results of a Pride Survey on tobacco collected in 2004.

200. Northridge, M. E. (2004). Building Coalitions for Tobacco Control and Prevention in the 21st Century. 94**:** 178-180. http://ajph.aphapublications.org

201. Petrov, A. (2004). "Smoking By Young Gays At 'Alarming' Level. ." Retrieved May 23, 2005, from http://www.365gay.com/newscon04/10/102504smoking.htm.

202. Roberts, S. J., C. A. Patsdaughter, et al. (2004). "Health related behaviors and cancer screening of lesbians: results of the Boston Lesbian Health Project II." Women and Health 39(4): 41-55. http://www.ncbi.nlm.nih.gov/pubmed/15691084.

This paper reports data on health related behaviors and cancer screening from the Boston Lesbian Health Project II (BLHP II), a replication of a national survey of lesbians on a variety of health-related variables completed in 1987. The findings suggest that lesbians have increased their use of primary care, including routine physical examinations, pap smear screening for cervical cancer, and mammography for breast cancer, but that rates continue to be lower than would be expected for women in general. Younger lesbians in this sample smoked at high rates. Smoking rates continue to be of concern in other age groups, although they are lower than national data from women in general. BLHP II data

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confirm other findings that lesbians are more likely to drink alcohol and to drink more heavily than other women. Implications for health care of lesbians and future research with this population are discussed.

203. Rosario, M., E. W. Schrimshaw, et al. (2004). "Predictors of substance use over time among gay, lesbian, and bisexual youths: an examination of three hypotheses." Addictive Behaviors 29(8): 1623-31. http://www.ncbi.nlm.nih.gov/pubmed/15451129.

Gay, lesbian, and bisexual (GLB) youths report elevated levels of substance use relative to heterosexual youths, but reasons for this disparity have received scant attention. This report longitudinally examined three hypothesized explanations for cigarette, alcohol, and marijuana use among 156 GLB youths. Counter to two hypotheses, neither a history of childhood sexual abuse nor recent experiences of gay-related stressful life events were associated with increased substance use over time. However, the hypothesis concerning the coming-out process was supported by significant nonlinear associations of involvement in gay-related (recreational and social) activities with changes in alcohol use at 12 months and changes in marijuana use at 6 months and 12 months. Specifically, as involvement in gay-related activities increased, alcohol and marijuana use was found to initially increase, but then, substance use declined as involvement in gay-related activities continued to increase. These findings offer a potential explanation for high levels of substance use among GLB youths and suggest potential areas for intervention to prevent or decrease substance use among these youths.

204. Stevens, P., L. M. Carlson, et al. (2004). "An analysis of tobacco industry marketing to lesbian, gay, bisexual, and transgender (LGBT) populations: strategies for mainstream tobacco control and prevention." Health Promot Pract 5(3 Suppl): 129S-134S. http://www.ncbi.nlm.nih.gov/pubmed/15231106.

Research on adult tobacco use consistently shows a higher prevalence among lesbian/gay/bisexual/transgender (LGBT) populations than among the general population-reasons why are largely unknown, and counterstrategies are critical. Tobacco industry marketing, uncovered when the Master Settlement Agreement (MSA) forced companies to share its internal documents, provided insight. The American Legacy Foundation uncovered the industry campaign Project SCUM (Sub-Culture Urban Marketing) aimed at gays and the homeless. The formerly secret documents revealed specific marketing toward LGBT, whose rates increased when the MSA banned youth (but not other population) advertising. The industry reaches out to LGBT persons through direct and indirect advertising, community outreach, and sponsorships. Messages to LGBT have been relatively absent from advertising until recently, creating receptivity to such overtures. Reducing LGBT smoking rates is a public

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health challenge that will require exceeding the sense of validation tobacco advertising has created in LGBT communities.

205. Tang, H., G. L. Greenwood, et al. (2004). "Cigarette smoking among lesbians, gays, and bisexuals: how serious a problem? (United States)." Cancer Causes and Control 15(8): 797-803. http://www.ncbi.nlm.nih.gov/pubmed/15456993.

INTRODUCTION: Population-based health surveys seldom assess sexual orientation, which results in the absence of a reliable measure of smoking among lesbians, gays, and bisexuals (LGB), a population perceived to have higher risks of tobacco-related diseases. This is the first study to compare the cigarette smoking rate of LGB with that of heterosexual individuals using a population-based sample with both male and female adults, and to identify which sub segments of LGB population are particularly burdened by tobacco use. METHODS: California Health Interview Survey (CHIS), a population-based telephone survey was used to assess smoking prevalence and its correlates among respondents. Of 44,606 respondents, 343 self-identified as lesbian; 593 self-identified as gay; and 793 identified themselves as bisexual (511 female and 282 male). Statistical analysis was performed using SAS and SUDAAN. RESULTS: Lesbians' smoking rate (25.3%), was about 70% higher than that of heterosexual women (14.9%) Gay men had a smoking prevalence of 33.2%, comparing to heterosexual men (21.3%). After controlling for demographic variables, logistic regression analysis showed that lesbians and bisexual women were significantly more likely to smoke compared with heterosexual women (OR = 1.95 and OR = 2.08, respectively). Gay men were also significantly more likely to smoke than heterosexual men (OR = 2.13; 95% CI = 1.66-2.73). Being 35-44-years-old, non-Hispanic White, and having low-education attainment and low-household income were common demographic predictors of cigarette smoking among LGB. CONCLUSION: Our study provides the strongest evidence to date that lesbians, bisexual females, and gay men had significantly higher cigarette smoking prevalence rates than their heterosexual counterparts.

206. Xavier, J., D. Hitchcock, et al. (2004). An Overview of U.S. Trans Health Priorities: A Report by the Eliminating Disparities Working Group National Coalition for LGBT Health. http://transequality.org/PDFs/HealthPriorities.pdf.

This overview is based upon a meta-analysis of the available research on U.S. transgender populations, not all of which has been published in journals. Many of the following issues are inter-related, and most are related to access to health care to Trans Health services, behavioral health services (including substance abuse treatment and smoking cessation treatment), HIV/AIDS/STD care, and routine health and wellness care.

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207. American Cancer Society. (2003). "Tobacco and the GLBT Community." Retrieved May 23, 2005, from http://www.glbthealth.org/documents/GLBTTobacco.pdf.

208. Boyd, C. J., S. E. McCabe, et al. (2003). "Ecstasy use among college undergraduates: gender, race and sexual identity." Journal of Substance Abuse Treatment 24(3): 209-15. http://www.ncbi.nlm.nih.gov/pubmed/12810141.

We examined a random sample (N=3606) of undergraduates at one large midwestern university and explored correlates of ecstasy use and how use varied by gender, race, and sexual identity. Approximately 10% of the sample used ecstasy in their lifetime; 7% had used within the past year and 3% within the past month. Ecstasy was the second most likely illicit drug to be used, marijuana being the first. Multivariate logistic regression indicated that while men and women were equally likely to have used ecstasy, excessive partying, sexual identity, and grade point average were strongly correlated with ecstasy use. After adjusting for several factors, the number of sexual partners increased the likelihood of ecstasy use, as did self-reported sexual identity; gay, lesbian, and bisexual students were more than two times as likely to have used ecstasy in the past year. Significant relationships existed between ecstasy use and other substance use such as binge drinking, marijuana use, and cigarette smoking. Implications for interventions are discussed.

209. Cook, B. L., G. F. Wayne, et al. (2003). "One size does not fit all: how the tobacco industry has altered cigarette design to target consumer groups with specific psychological and psychosocial needs." Addiction 98(11): 1547-61. http://www.ncbi.nlm.nih.gov/pubmed/14616181.

AIMS: To identify whether the tobacco industry has targeted cigarette product design towards individuals with varying psychological/psychosocial needs. DESIGN: Internal industry documents were identified through searches of an online archival document research tool database using relevancy criteria of consumer segmentation and needs assessment. FINDINGS: The industry segmented consumer markets based on psychological needs (stress relief, behavioral arousal, performance enhancement, obesity reduction) and psychosocial needs (social acceptance, personal image). Associations between these segments and smoking behaviors, brand and design preferences were used to create cigarette brands targeting individuals with these needs. CONCLUSIONS: Cigarette brands created to address the psychological/psychosocial needs of smokers may increase the likelihood of smoking initiation and addiction. Awareness of targeted product development will improve smoking cessation and prevention efforts.

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210. Diamant, A. L. and C. Wold (2003). "Sexual orientation and variation in physical and mental health status among women." J Womens Health (Larchmt) 12(1): 41-9. http://www.ncbi.nlm.nih.gov/pubmed/12639368.

OBJECTIVE: To assess and compare the physical and mental health status of women of differing sexual orientation within a population-based sample. METHODS: We used a population-based telephone survey performed using random digit dialing techniques. Our study population was drawn from the 1999 Los Angeles County Health Survey and included women age 18-64 years who reported their sexual orientation (98%, n = 4135). These analyses include 4023 heterosexuals, 69 bisexuals, and 43 lesbians. RESULTS: We assessed the unique association of sexual orientation with physical and mental health status using bivariate and multivariate analyses. Both lesbians and bisexuals were more likely than heterosexual women to report a diagnosis of heart disease. Among women with a depressive disorder, lesbians were more likely than heterosexuals to be using an antidepressant medication. Compared with heterosexuals within the preceding 30 days, lesbians reported significantly more days of poor mental health, and bisexuals reported significantly more days of poor physical health. However, there were no significant differences by sexual orientation in impaired ability to perform daily activities due to physical or mental health. CONCLUSIONS: In this rare opportunity to use population-based data to study lesbian and bisexual health, we found that sexual orientation as a nonheterosexual woman was associated with increased rates of poor physical and mental health. We believe these findings support the need for the increased systematic study of the relationship between sexual orientation and health.

211. Eisenberg, M. and H. Wechsler (2003). "Substance use behaviors among college students with same-sex and opposite-sex experience: results from a national study." Addictive Behaviors 28(5): 899-913. http://www.ncbi.nlm.nih.gov/pubmed/12788264.

OBJECTIVES: This study seeks to describe the population of college students with same-sex sexual experience and determine if these students report more substance use than their peers with only opposite-sex experience. METHODS: Questionnaires were completed by a national random sample of college students on 119 campuses in 1999. A total of 10,301 sexually active students were categorized as having only opposite-sex, only same-sex, or both-sex partners, and their smoking, binge drinking, and marijuana use behaviors were compared. RESULTS: Students who report same-sex sexual experiences comprise 6.1% of respondent. Women with both-sex partners were approximately twice as likely to smoke, binge drink, and use marijuana as women with only opposite-sex partners (OR=1.41-2.78), but women with only same-sex partners were not at increased risk for these behaviors. Men with both-sex partners were less likely to binge drink (OR=0.54) than men with only

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opposite-sex partners. CONCLUSIONS: Students with same-sex experience are present at every type of college. College women with both-sex partners appear to be an appropriate target for health interventions; outreach to these students and further study of related behaviors are warranted.

212. Eisenberg, M. E. and H. Wechsler (2003). "Social influences on substance-use behaviors of gay, lesbian, and bisexual college students: findings from a national study." Social Science and Medicine 57(10): 1913-23. http://www.ncbi.nlm.nih.gov/pubmed/14499515.

A variety of social factors are expected to contribute to health behaviors among college students. The goal of this paper is to describe the relationships of two different aspects of the campus social environment, namely the campus resources for gay, lesbian, and bisexual (GLB) students and the campus-wide behavioral norms of substance use, to the individual substance-use behaviors of college students with same-sex experiences. Individual-level data come from 630 college students reporting same-sex experience, who were part of a national random sample returning questionnaires. Current cigarette smoking and binge drinking were examined. College-level data regarding the campus resources designed for GLB students were collected and used with campus-wide substance-use norms to predict individual substance use in logistic regression analyses. One-third to one-half of students reported current smoking and binge drinking, by sex and sex-partner category. The presence of GLB resources was inversely associated with women's smoking and directly associated with men's binge drinking behaviors. The proportion of students reporting same-sex behavior on campus was directly associated with these same outcomes, and behavioral norms were not associated with either outcome. Findings provide a glimpse into the influence of the social environment on the use of two of the most widely used substances at American colleges, and suggest that contextual approaches to explaining and controlling substance use may be important.

213. Garofalo, R. and G. W. Harper (2003). "Not all adolescents are the same: addressing the unique needs of gay and bisexual male youth." Adolescent Medicine 14(3): 595-611, vi. http://www.ncbi.nlm.nih.gov/pubmed/15122163.

214. Harris Interactive. (2003). "Six Out Of Ten Adults Surveyed Prefer Smoke-free Bars and Clubs." Retrieved May 23, 2005, from http://www.harrisinteractive.com/news/allnewsbydate.asp?NewsID=566.

215. Hughes, T. L. and K. M. Jacobson (2003). "Sexual orientation and women's smoking." Curr Womens Health Rep 3(3): 254-61. http://www.ncbi.nlm.nih.gov/pubmed/12734037.

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An extensive review of the literature on sexual orientation and health, lesbian health, and women and smoking revealed no studies that focus on smoking among lesbians or bisexual women. However, several health surveys conducted in the past 15 to 20 years report rates of current smoking. Findings from these studies as a whole suggest that lesbians are more likely than heterosexual women to smoke. Research on women and smoking is reviewed to identify potential risk factors for lesbians' smoking. Implications for future research and for prevention and intervention are discussed.

216. Lesbian Gay and Bisexual Youth Sexual Orienation Measurement Work Group (2003). Measuring Orientation of Young People in Health Research. San Francisco, CA, Gay and Lesbian Medical Association.

217. McCabe, S. E., C. Boyd, et al. (2003). "Sexual identity and substance use among undergraduate students." Subst Abus 24(2): 77-91. http://www.ncbi.nlm.nih.gov/pubmed/12766375.

This study examined the association between sexual identity and use of alcohol and other drugs (AOD) among college undergraduate students. A survey regarding AOD use was administered to a random sample of 3607 undergraduate students. The sample included 65 self-identified lesbian or bisexual (LB) women and 54 self-identified gay or bisexual (GB) men. Multivariate logistic regression indicated that while alcohol use did not differ for LB and heterosexual women, LB women were significantly more likely to experience certain AOD-related consequences, smoke cigarettes, and use marijuana, ecstasy, and other drugs. GB men were significantly less likely than heterosexual men to drink heavily but were more likely to use some drugs. These findings provide evidence that sexual identity is an important predictor of AOD use among undergraduate students. These findings support the need for continued research and intervention efforts that target LGB collegians.

218. Offen, N., E. A. Smith, et al. (2003). "From adversary to target market: the ACT-UP boycott of Philip Morris." Tob Control 12(2): 203-7. http://www.ncbi.nlm.nih.gov/pubmed/12773732

BACKGROUND: In 1990, the AIDS Coalition to Unleash Power (ACT-UP) sparked a year long boycott of Philip Morris's Marlboro cigarettes and Miller beer. The boycott protested the company's support of Senator Jesse Helms (R-North Carolina), a leading opponent of AIDS funding and civil rights for lesbian, gay, bisexual and transgender (LGBT) people. ACT-UP demanded that Philip Morris sever its ties with Helms and acknowledge its responsibility to the LGBT community and to people with AIDS. OBJECTIVE: To assess the impact of the boycott on the LGBT community, the tobacco industry, and the tobacco control movement; and to determine what lessons tobacco control advocates can extract from this

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case. DATA SOURCES: Internal tobacco industry documents and newspaper archives. METHODS: Search of tobacco industry documents websites using "boycott", "ACT-UP", "gay", and other terms. RESULTS: Philip Morris used the boycott to its own advantage. It exploited differences within the community and settled the boycott by pledging large donations to combat AIDS. Through corporate philanthropy, Philip Morris gained entree to the LGBT market without appearing gay friendly. Many LGBT organisations, thirsty for recognition and funding from mainstream corporations, welcomed Philip Morris's overtures without considering the health hazards of tobacco. CONCLUSIONS: Unless the goal of a boycott is to convince the tobacco industry to abandon tobacco altogether, such actions invite the industry to expand its marketing under the guise of philanthropy. Tobacco control advocates should be clear about goals and acceptable settlement terms before participating in a boycott of a tobacco company.

219. Roberts, S. A., S. L. Dibble, et al. (2003). "Cardiovascular disease risk in lesbian women." Womens Health Issues 13(4): 167-74. http://www.ncbi.nlm.nih.gov/pubmed/13678808.

Lesbians may be a higher risk subpopulation of women for cardiovascular disease due to the prevalence of risk factors and attitudes about weight. In a survey of 648 women, we compared various cardiovascular risk factors between 324 lesbians age 40 and older residing in California and their heterosexual sisters closest in age. Compared with their sisters, the lesbians had a significantly higher body mass index, waist circumference, and waist-to-hip ratio (WHR). The lesbians were also more likely to have ever smoked, but were as likely as their sisters to be current smokers. They were significantly less likely to have eaten red meat in the past year, but did not differ significantly from their sisters on the other nutritional variables. They were more likely, however, to report a history of weight cycling. With regard to exercise, the lesbians were significantly more likely to exercise at least weekly. Yet the two groups did not differ in the number of times per week exercised, the length of the exercise session, nor the exercise vigor. This is the first study to report waist circumference measurements and WHR for lesbians. Our findings suggest that lesbians, as a group, may have greater abdominal/visceral adiposity and, thus, a metabolic profile placing them at higher risk for cardiovascular disease. Future studies of cardiovascular risk in lesbians should measure low-density lipoprotein, C-reactive protein, and identifiers of the metabolic syndrome, namely blood pressure, triglyceride and high-density lipoprotein levels, and fasting glucose. Interventions designed to reduce abdominal/visceral adiposity in lesbians should also be examined in future studies.

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220. Smith, E. A. and R. E. Malone (2003). "The outing of Philip Morris: advertising tobacco to gay men." American Journal of Public Health 93(6): 988-93. http://www.ncbi.nlm.nih.gov/pubmed/12773366.

OBJECTIVES: This case study describes the events surrounding the first time a major tobacco company advertised in gay media. METHODS: We analyzed internal tobacco company documents, mainstream newspapers, and the gay press. RESULTS: Philip Morris was unprepared for the attention its entry into the gay market received. The company's reaction to this incident demonstrates that its approach to the gay community both parallels and diverges from industry strategies toward other marginalized communities. CONCLUSIONS: The tobacco industry's relationship to the gay community is relatively undeveloped, a fact that may provide tobacco control advocates an opportunity for early intervention. The gay community's particular vulnerabilities to the industry make development of gay tobacco control programs crucial to reducing gay smoking prevalence and industry presence in the community.

221. Unger, J. B., T. Cruz, et al. (2003). "Exploring the cultural context of tobacco use: a transdisciplinary framework." Nicotine Tob Res 5 Suppl 1: S101-17. http://www.ncbi.nlm.nih.gov/pubmed/14668090

Understanding culture is an essential key to reducing tobacco use. Conceptualizations of culture vary across scientific disciplines and theoretical orientations. Because of the complexity of the causes and effects of tobacco use, no single discipline has sufficient capacity to undertake a comprehensive approach to studying culture and tobacco. Transdisciplinary research offers a means of bridging disciplinary perspectives. This paper reviews epidemiological data on observed variation in smoking patterns across national groups, ethnicities and genders, and presents reasons for studying culture in tobacco control research. We discuss and contrast conceptualizations and specific definitions of culture and identify aspects of each conceptualization that are relevant to research on tobacco. We present a multilevel, multidimensional conceptual framework for transdisciplinary research teams to use to think together about the influence of culture on tobacco and of tobacco on culture. The framework challenges researchers to think about how the sociocultural context influences tobacco use at micro, meso, and macro levels. Finally, we offer suggestions for improving transdisciplinary research on culture and tobacco.

222. Yamey, G. (2003). Gay tobacco ads come out of the closet. 327**:** 296. http://www.bmj.com/content/327/7409/296.short

223. (2002). "Cigarette smoking among adults--United States, 2000." MMWR Morb Mortal Wkly Rep 51(29): 642-5. http://www.ncbi.nlm.nih.gov/pubmed/12186222.

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One of the national health objectives for 2010 is to reduce the prevalence of cigarette smoking among adults to < or = 12% (objective 27.1a). To assess progress toward this objective, CDC analyzed self-reported data from the 2000 National Health Interview Survey (NHIS) sample Adult Core questionnaire and Cancer Control module. This report summarizes the findings of this analysis, which indicate that, in 2000, approximately 23.3% of adults were current smokers compared with 25.0% in 1993, reflecting a modest but statistically significant decrease in prevalence among U.S. adults. In 2000, an estimated 70% of smokers said they wanted to quit, and 41% had tried to quit during the preceding year; however, marked differences in successful quitting were observed among demographic groups. A comprehensive approach to cessation that comprises economic, clinical, regulatory, and educational strategies is required to further reduce the prevalence of smoking in the United States.

224. Bontempo, D. E. and A. R. D'Augelli (2002). "Effects of at-school victimization and sexual orientation on lesbian, gay, or bisexual youths' health risk behavior." Journal of Adolescent Health 30(5): 364-74. http://www.ncbi.nlm.nih.gov/pubmed/11996785.

PURPOSE: To examine the link between victimization at school and health risk behaviors using representative data comparing lesbian, gay, and bisexual (LGB) youths and heterosexual youths. METHODS: Data from the 1995 Youth Risk Behavior Survey taken in Massachusetts and Vermont were examined. This sample included 9188 9th through 12th grade students; 315 of these students were identified as LGB. Analyses of variance were used to examine health risk behaviors by sexual orientation by gender by victimization level. RESULTS: The combined effect of LGB status and high levels of at-school victimization was associated with the highest levels of health risk behaviors. LGB youths reporting high levels of at-school victimization reported higher levels of substance use, suicidality, and sexual risk behaviors than heterosexual peers reporting high levels of at-school victimization. Also, LGB youths reporting low levels of at-school victimization reported levels of substance use, suicidality, and sexual-risk behaviors that were similar to heterosexual peers who reported low at-school victimization. CONCLUSIONS: The findings provide evidence that differences in health risks among LGB youth are mediated by victimization at school. Such victimization of LGB youth is associated with health risk behaviors.

225. Burleson, M. H., W. R. Trevathan, et al. (2002). "Sexual behavior in lesbian and heterosexual women: relations with menstrual cycle phase and partner availability." Psychoneuroendocrinology 27(4): 489-503. http://www.ncbi.nlm.nih.gov/pubmed/11912001.

Using a prospective design over three complete menstrual cycles, 147 heterosexual and 89 lesbian women made daily recordings of their basal

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body temperature (BBT), cervical mucus status, menses, and completed a daily checklist of various sexual behaviors (including sexual self-stimulation and sexual activity with a partner). They also gave their age, height, weight, age at menarche, number of pregnancies, duration of sleep, tobacco, caffeine, and alcohol use, and whether they had a live-in sexual partner. Using BBT, cervical mucus status, and menses information, cycle days were grouped into five discrete phases: menses, follicular, ovulatory, early luteal, and premenstrual. Daily frequencies of sexual behavior with a partner and autosexual behavior were computed for each phase. Mixed ANOVAs on the resultant proportional data revealed similar patterns for autosexual behavior across the phases for both heterosexuals and lesbians who did not have a live-in partner, in which autosexual behavior was highest during the follicular and ovulatory phases. For those with live-in partners, autosexual behavior did not vary across the phases. Lesbians engaged in more autosexual behavior overall. Allosexual behavior peaked during the follicular phase for both heterosexuals and lesbians, and the phasic pattern was unrelated to live-in partner status. Additional analyses suggest that the observed patterns were unrelated to anticipated changes in sexual activity due to menses. Results are discussed in terms of social variables and hormonal fluctuations associated with the menstrual cycle.

226. Centers for Disease Control and Prevention (2002). "Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs-U.S., 1995-1999." MMWR Morbidity & Mortality Weekly Report 51(14). http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5114a2.htm.

227. Colorado STEPP The State Tobacco Education and Prevention Partnership (2002). Tobacco Control Needs of the Lesbian, Gay, Bisexual and Transgender (LGBT) Community in Colorado: A Priority Population Statewide Needs Assessment, OMNI Research and Training**:** 43. http://omni.org/docs/tcent_full_report.pdf.

Tobacco Control Needs of the LGBT Community in Colorado - A Priority Population Statewide Needs Assesment conducted for Colorado STEPP in July 2002. This qualitative data was gathered in order to better understand the needs of the LGBT community in terms of reducing initiation of tobacco use by youth, promoting cessation among both youth and adults, reducing exposure to tobacco smoke and to inform the development of cessation programs.

228. Dearlove, J. V., S. A. Bialous, et al. (2002). "Tobacco industry manipulation of the hospitality industry to maintain smoking in public places." Tobacco Control 11(2): 94-104. http://www.ncbi.nlm.nih.gov/pubmed/12034999.

OBJECTIVE: To describe how the tobacco industry used the "accommodation" message to mount an aggressive and effective

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worldwide campaign to recruit hospitality associations, such as restaurant associations, to serve as the tobacco industry's surrogate in fighting against smoke-free environments. METHODS: We analysed tobacco industry documents publicly available on the internet as a result of litigation in the USA. Documents were accessed between January and November 2001. RESULTS: The tobacco industry, led by Philip Morris, made financial contributions to existing hospitality associations or, when it did not find an association willing to work for tobacco interests, created its own "association" in order to prevent the growth of smoke-free environments. The industry also used hospitality associations as a vehicle for programmes promoting "accommodation" of smokers and non-smokers, which ignore the health risks of second hand smoke for employees and patrons of hospitality venues. CONCLUSION: Through the myth of lost profits, the tobacco industry has fooled the hospitality industry into embracing expensive ventilation equipment, while in reality 100% smoke-free laws have been shown to have no effect on business revenues, or even to improve them. The tobacco industry has effectively turned the hospitality industry into its de facto lobbying arm on clean indoor air. Public health advocates need to understand that, with rare exceptions, when they talk to organised restaurant associations they are effectively talking to the tobacco industry and must act accordingly.

229. Dibble, S. L., S. A. Roberts, et al. (2002). "Risk factors for ovarian cancer: lesbian and heterosexual women." Oncology Nursing Forum 29(1): E1-7. http://www.ncbi.nlm.nih.gov/pubmed/11845216.

PURPOSE/OBJECTIVES: To compare the distribution of risk factors for developing ovarian cancer in lesbian and heterosexual women. DESIGN: Secondary analysis of a retrospective medical record review. SETTING: Urban health clinic with special outreach to lesbians. SAMPLE: Typical participant (N = 1,019) was 42.9 years old and white (70%). Most were without health insurance, and 99% were poor (< $15,780 annual income). The majority (58%, n = 586) described themselves as heterosexual; 42% (n = 433) said they were lesbian. METHODS: Data were collected from medical records and analyzed using analysis of covariance and logistic regression techniques. MAIN RESEARCH VARIABLES: Ovarian cancer risk factors (parity, exogenous hormone use, smoking, body mass index [BMI], and tubal ligation/hysterectomy). FINDINGS: Lesbians had a higher BMI; heterosexual women had higher rates of current smoking and a higher incidence of the protective factors of pregnancy, children, miscarriages, abortions, and use of birth control pills. CONCLUSIONS: The results of this study indicate that lesbians may have an increased risk for developing ovarian cancer. A study designed specifically to explore the risk factors of lesbian and heterosexual women for developing ovarian cancer must be undertaken to confirm these findings. IMPLICATIONS FOR NURSING PRACTICE: Differences in risk levels may exist for

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lesbians; therefore, healthcare providers must become comfortable asking questions about sexual orientation and behavior.

230. Fichtenberg, C. M. and S. A. Glantz (2002). "Effect of smoke-free workplaces on smoking behaviour: systematic review.[see comment]." BMJ 325(7357): 188. http://www.ncbi.nlm.nih.gov/pubmed/12142305.

OBJECTIVE: To quantify the effects of smoke-free workplaces on smoking in employees and compare these effects to those achieved through tax increases. DESIGN: Systematic review with a random effects meta-analysis. STUDY SELECTION: 26 studies on the effects of smoke-free workplaces. SETTING: Workplaces in the United States, Australia, Canada, and Germany. PARTICIPANTS: Employees in unrestricted and totally smoke-free workplaces. MAIN OUTCOME MEASURES: Daily cigarette consumption (per smoker and per employee) and smoking prevalence. RESULTS: Totally smoke-free workplaces are associated with reductions in prevalence of smoking of 3.8% (95% confidence interval 2.8% to 4.7%) and 3.1 (2.4 to 3.8) fewer cigarettes smoked per day per continuing smoker. Combination of the effects of reduced prevalence and lower consumption per continuing smoker yields a mean reduction of 1.3 cigarettes per day per employee, which corresponds to a relative reduction of 29%. To achieve similar reductions the tax on a pack of cigarettes would have to increase from $0.76 to $3.05 (0.78 euro to 3.14 euro) in the United States and from 3.44 pounds sterling to 6.59 pounds sterling (5.32 euro to 10.20 euro) in the United Kingdom. If all workplaces became smoke-free, consumption per capita in the entire population would drop by 4.5% in the United States and 7.6% in the United Kingdom, costing the tobacco industry $1.7 billion and 310 million pounds sterling annually in lost sales. To achieve similar reductions tax per pack would have to increase to $1.11 and 4.26 pounds sterling. CONCLUSIONS: Smoke-free workplaces not only protect non-smokers from the dangers of passive smoking, they also encourage smokers to quit or to reduce consumption. [References: 52]

231. Harris Interactive. (2002). "Gay and lesbian brand loyalty linked to advertising." Retrieved May 23, 2005, from http://www.harrisinteractive.com/news/allnewsbydate.asp?NewsID=478.

232. Ling, P. M. and S. A. Glantz (2002). "Nicotine addiction, young adults, and smoke-free bars." Drug & Alcohol Review 21(2): 101-4. http://www.ncbi.nlm.nih.gov/pubmed/12188987.

233. Mamary, E. M., D. Bahrs, et al. (2002). "Cigarette smoking and the desire to quit among individuals living with HIV." Aids Patient Care and STDS 16(1): 39-42. http://www.ncbi.nlm.nih.gov/pubmed/11839217.

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Among individuals living with human immunodeficiency virus (HIV), studies have found that smokers are at greater risk than nonsmokers to develop bacterial pneumonia, oral lesions and acquired immune deficiency syndrome (AIDS) dementia complex. Information is lacking regarding the prevalence of cigarette smoking among people living with HIV or about their intentions to quit smoking. A survey was conducted with a sample of patients attending an HIV outpatient clinic at San Francisco General Hospital to assess the prevalence of cigarette smoking and the level of interest in quitting. In total, 228 assessments were completed. Study results revealed a high percentage of smokers among our sample of individuals living with HIV compared to the percentage of smokers found in the general adult population. A total of 123 individuals (54%) reported that they smoked cigarettes. Men were more than twice as likely to have made previous attempts at smoking cessation than were woman. The majority of cigarette smokers (63%) reported that they were currently thinking about quitting. Respondents' preferences for types of smoking cessation methods are discussed, and recommendations are proposed for identifying and treating tobacco dependence in this population.

234. Mays, V. M., A. K. Yancey, et al. (2002). "Heterogeneity of health disparities among African American, Hispanic, and Asian American women: unrecognized influences of sexual orientation." American Journal of Public Health 92(4): 632-9. http://www.ncbi.nlm.nih.gov/pubmed/11919064.

OBJECTIVES: This study compared health indicators among self-identified lesbians/bisexual women and heterosexual women residing in Los Angeles County. METHODS: Respondents were English-speaking Hispanic, African American, and Asian American women. Health status, behavioral risks, access barriers, and indicators of health care were assessed. RESULTS: Prevalence rates of chronic health conditions were similar among women in the 3 racial/ethnic groups. However, lesbians and bisexual women evidenced higher behavioral risks and lower rates of preventive care than heterosexual women. CONCLUSIONS: Among racial/ethnic minority women, minority sexual orientation is associated with increased health risks. The effects of sexual minority status need to be considered in addressing health disparities affecting this population.

235. Mekemson, C. and S. A. Glantz (2002). "How the tobacco industry built its relationship with Hollywood." Tobacco Control 11 Suppl 1: I81-91. http://www.ncbi.nlm.nih.gov/pubmed/11893818.

OBJECTIVE: To describe the development of the relationship between the tobacco industry and the entertainment industry. METHODS: Review of previously secret tobacco industry documents available on the internet. RESULTS: Both the entertainment and tobacco industries recognised the high value of promotion of tobacco through entertainment media. The 1980s saw undertakings by four tobacco companies, Philip Morris, RJ

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Reynolds (RJR), American Tobacco Company, and Brown and Williamson to place their products in movies. RJR and Philip Morris also worked to place products on television at the beginning of the decade. Each company hired aggressive product placement firms to represent its interests in Hollywood. These firms placed products and tobacco signage in positive situations that would encourage viewers to use tobacco and kept brands from being used in negative situations. At least one of the companies, RJR, undertook an extensive campaign to hook Hollywood on tobacco by providing free cigarettes to actors on a monthly basis. Efforts were also made to place favourable articles relating to product use by actors in national print media and to encourage professional photographers to take pictures of actors smoking specific brands. The cigar industry started developing connections with the entertainment industry beginning in the 1980s and paid product placements were made in both movies and on television. This effort did not always require money payments from the tobacco industry to the entertainment industry, suggesting that simply looking for cash payoffs may miss other important ties between the tobacco and entertainment industries. CONCLUSIONS: The tobacco industry understood the value of placing and encouraging tobacco use in films, and how to do it. While the industry claims to have ended this practice, smoking in motion pictures increased throughout the 1990s and remains a public health problem.

236. Meyer, I. H., L. Rossano, et al. (2002). "A brief telephone interview to identify lesbian and bisexual women in random digit dialing sampling." J Sex Res 39(2): 139-44. http://www.ncbi.nlm.nih.gov/pubmed/12476246.

Lesbian health research has most often relied on nonprobability samples that are biased and restrict generalizability. Random sampling could reduce bias, but requires development of a method for fast and reliable screening of a large number of women. We tested the feasibility of using a brief telephone interview to assess sexual attraction, behavior, and identity. Using Random Digit Dialing in a neighborhood of Boston with a high density of lesbian residents, we interviewed 202 women aged 18 to 59. Of the respondents, 33% reported some sexual attraction to other women, 20% reported sex with women since age 18, and 14% identified as a lesbian. The high level of cooperation with the study among eligible women (94%) and the high proportion of women who disclosed homosexual attraction, behavior, or identity show that it is feasible to use a brief screening questionnaire about sexuality of women over the telephone even without building special rapport with the respondents.

237. Miller, K. (2002). Cognitive Analysis of Sexual Identity, Attraction and Behavior Questions. Washington, DC, National Center for Health Statistics. http://www.worldcat.org/title/cognitive-analysis-of-sexual-identity-attraction-and-behavior-questions/oclc/053966509.

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238. Russell, S. T., A. K. Driscoll, et al. (2002). "Adolescent same-sex romantic attractions and relationships: implications for substance use and abuse." American Journal of Public Health 92(2): 198-202. http://www.ncbi.nlm.nih.gov/pubmed/11818291.

OBJECTIVES: Nationally representative data were used to examine associations of romantic attractions and relationships with substance use and abuse. METHODS: Data from the Add Health Study were examined. Youths reporting same-sex and both-sex romantic attractions and relationships were compared with those reporting opposite-sex attractions. Survey regression and logistic regression were used to control for sample design effects. RESULTS: In the case of certain outcomes, romantic attraction affected males differently than females. Youths with both-sex attractions were at a somewhat higher risk for substance use and abuse than were heterosexual youths; females with same-sex attractions were also at higher risk for some outcomes. Sexual-minority youths varied little from heterosexual youths in regard to trajectories of substance use and abuse. CONCLUSIONS: These findings highlight the importance of distinguishing between youths with only same-sex attractions and those with both-sex attractions. These findings also call into question previous findings indicating that sexual-minority youths are automatically "at risk."

239. Safford, L. (2002). "Building the Pillars of Diversity in the U.S. Health System: Addressing Disparities of Sexual Orientation and Gender Identity." Clinical Research and Regulatory Affairs 19(2&3): 125-152. http://informahealthcare.com/doi/abs/10.1081/CRP-120013244.

240. Udry, J. R. and K. Chantala (2002). "Risk assessment of adolescents with same-sex relationships." Journal of Adolescent Health 31(1): 84-92. http://www.ncbi.nlm.nih.gov/pubmed/12090969.

PURPOSE: To compare the risk status on health and behavior for those with same-sex partners and those without. METHODS: Add Health data provide a sample of 20,745 adolescents in grades 7 through 12 interviewed at home. The risk statuses of respondents with no partners, same-sex-only partners, and partners of both sexes were compared to respondents with opposite-sex partners only. Respondents were evaluated on selected personal and social attributes (verbal IQ, family structure, masculinity, popularity), and risk status (substance use, depression, suicidal thoughts, anal sex, general delinquency, being physically attacked, perceived risk of being killed or getting AIDS). Data were analyzed by logistic and linear regression using STATA to adjust for clustering and sampling weights. RESULTS: Compared to boys with opposite-sex-only partners, boys with same-sex-only partners were at high risk for emotional problems, but not delinquency or substance use. Boys with partners of both sexes were at high risk for delinquency and

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substance use, but not for emotional problems. Neither group of boys with same-sex partners is at high risk of being attacked compared to those with opposite-sex partners only. Girls with only same-sex partners are never a high-risk group, while girls with partners of both sexes are the high-risk category in every case. CONCLUSIONS: Adolescents with same-sex-only partners do not resemble those with partners of both sexes in risk status. Combining the two categories obscures the unique risk profile of those with both-sex partners, and obscures the low risk on most variables but the high emotional risk of boys with only same-sex partners.

241. Washington, H. A. (2002). "Burning Love: big tobacco takes aim at LGBT youths." American Journal of Public Health 92(7): 1086-95. http://www.ncbi.nlm.nih.gov/pubmed/12084686.

Secret tobacco industry documents lay bare the industry's targeting, seduction, and recruitment of minority groups and children. They also unmask Big Tobacco's disdain for its targets.

242. Zhu, S. H., C. M. Anderson, et al. (2002). "Evidence of real-world effectiveness of a telephone quitline for smokers." N Engl J Med 347(14): 1087-93. http://www.ncbi.nlm.nih.gov/pubmed/12362011.

BACKGROUND: Telephone services that offer smoking-cessation counseling (quitlines) have proliferated in recent years, encouraged by positive results of clinical trials. The question remains, however, whether those results can be translated into real-world effectiveness. METHODS: We embedded a randomized, controlled trial into the ongoing service of the California Smokers' Helpline. Callers were randomly assigned to a treatment group (1973 callers) or a control group (1309 callers). All participants received self-help materials. Those in the treatment group were assigned to receive up to seven counseling sessions; those in the control group could also receive counseling if they called back for it after randomization. RESULTS: Counseling was provided to 72.1 percent of those in the treatment group and 31.6 percent of those in the control group (mean, 3.0 sessions). The rates of abstinence for 1, 3, 6, and 12 months, according to an intention-to-treat analysis, were 23.7 percent, 17.9 percent, 12.8 percent, and 9.1 percent, respectively, for those in the treatment group and 16.5 percent, 12.1 percent, 8.6 percent, and 6.9 percent, respectively, for those in the control group (P<0.001). Analyses factoring out both the subgroup of control subjects who received counseling and the corresponding treatment subgroup indicate that counseling approximately doubled abstinence rates: rates of abstinence for 1, 3, 6, and 12 months were 20.7 percent, 15.9 percent, 11.7 percent, and 7.5 percent, respectively, in the remaining subjects in the treatment group and 9.6 percent, 6.7 percent, 5.2 percent, and 4.1 percent, respectively, in the remaining subjects in the control group (P<0.001). Therefore, the absolute difference in the rate of abstinence for 12 months

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between the remaining subjects in the treatment and control groups was 3.4 percent. The 12-month abstinence rates for those who made at least one attempt to quit were 23.3 percent in the treatment group and 18.4 percent in the control group (P<0.001). CONCLUSIONS: A telephone counseling protocol for smoking cessation, previously proven efficacious, was effective when translated to a real-world setting. Its success supports Public Health Service guidelines calling for greater availability of quitlines.

243. Aaron, D. J., N. Markovic, et al. (2001). "Behavioral risk factors for disease and preventive health practices among lesbians." American Journal of Public Health 91(6): 972-5. http://www.ncbi.nlm.nih.gov/pubmed/11392943.

OBJECTIVES: This study compared the prevalence of health behaviors among lesbians and in the general population of women. METHODS: We used a cross-sectional community-based survey of 1010 self-identified lesbians 18 years or older. RESULTS: Compared with the general population of women, lesbians were more likely to report cigarette use, alcohol use, and heavy alcohol use. A higher percentage of lesbians were categorized as overweight, and lesbians were more likely to participate in vigorous physical activity. They were less likely to report having had a Papanicolaou test within the past 2 years but more likely to report ever having had a mammogram. CONCLUSIONS: While there may be differences in health behaviors between lesbians and the general population of women, how these differences influence the risk of subsequent disease is unknown.

244. Brogan, D., E. Frank, et al. (2001). "Methodologic concerns in defining lesbian for health research." Epidemiology 12(1): 109-13. http://www.ncbi.nlm.nih.gov/pubmed/11138804.

A recent report from the Institute of Medicine recommends more methodologic and substantive research on the health of lesbians. This study addresses one methodologic topic identified in the Institute of Medicine report and by a subsequent scientific workshop on lesbian health: the definition and assessment of sexual orientation among women. Data are from the Women Physicians' Health Study, a questionnaire-based U.S. probability sample survey (N = 4,501). The two items on sexual orientation (current self-identity and current sexual behavior) had a high response rate (96%), and cross-tabulation of responses indicated several combinations of identity and behavior. Three conceptually different definitions of "lesbian" are compared on the basis of (1) identity only, (2) sexual behavior only, and (3) both identity and sexual behavior. Suggestions and cautions are given to researchers who will add items on sexual orientation to new or ongoing research on women's health.

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245. Carpenter, S. C., R. B. Clyman, et al. (2001). "The association of foster care or kinship care with adolescent sexual behavior and first pregnancy." Pediatrics 108(3): E46. http://www.ncbi.nlm.nih.gov/pubmed/11533364.

OBJECTIVE: Each year more than 500 000 children enter out-of-home placement. Few outcome studies of these children specifically address high-risk sexual behavior and adolescent pregnancy. Our study investigated the relationship between living in kinship or foster care and high-risk reproductive behaviors in a nationally representative sample of women. METHODS: Data from 9620 women ages 15 to 44 years in the 1995 National Survey of Family Growth were analyzed in a cross-sectional study. Three groups-foster (n = 89), kinship (n = 513), and comparison (n = 9018)-were identified on the basis of self-reported childhood living situations. Bivariate and multiple linear regression analyses were performed. The outcome variables were age at first sexual intercourse and at first conception and the number of sexual partners. RESULTS: After adjustment for multiple predictor variables, foster care was associated with younger age at first conception (difference: 11.3 months) and having greater than the median number of sexual partners (odds ratio: 1.7, 1.0-2.8). Kinship care was associated with younger age both at first intercourse (difference = 6 months) and at first conception (difference: 8.6 months) and having greater than the median number of sexual partners (odds ratio: 1.4, 1.1-1.8). There were no differences between the kinship and foster groups. CONCLUSIONS: A history of living in either foster or kinship care is a marker for high-risk sexual behaviors, and the risk is comparable in both out-of-home living arrangements. Recognition of these risks may enable health care providers to intervene with high-risk youth to prevent early initiation of sexual intercourse and early pregnancy.

246. Center for Health Policy Research at the University of California Los Angeles. (2001). "California Health Interview Survey." Retrieved May 23, 2005, from http://www.lgbtpartnership.org/didyouknow.html.

247. Cochran, S. D., V. M. Mays, et al. (2001). "Cancer-related risk indicators and preventive screening behaviors among lesbians and bisexual women." American Journal of Public Health 91(4): 591-7. http://www.ncbi.nlm.nih.gov/pubmed/11291371.

OBJECTIVES: This study examined whether lesbians are at increased risk for certain cancers as a result of an accumulation of behavioral risk factors and difficulties in accessing health care. METHODS: Prevalence estimates of behavioral risk factors (nulliparity, obesity, smoking, and alcohol use), cancer screening behaviors, and self-reported breast cancer histories derived from 7 independently conducted surveys of lesbians/bisexual women (n = 11,876) were compared with national estimates for women. RESULTS: In comparison with adjusted estimates for the US female population, lesbians/bisexual women exhibited greater

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prevalence rates of obesity, alcohol use, and tobacco use and lower rates of parity and birth control pill use. These women were also less likely to have health insurance coverage or to have had a recent pelvic examination or mammogram. Self-reported histories of breast cancer, however, did not differ from adjusted US female population estimates. CONCLUSIONS: Lesbians and bisexual women differ from heterosexual women in patterns of health risk. These women would be expected to be at especially greater risk for chronic diseases linked to smoking and obesity.

248. Gay and Lesbian Medical Association and LGBT health experts (2001). "Healthy People 2010 Companion Document for Lesbian, Gay, Bisexual and Transgender (LGBT) Health." (April 12, 2001). http://www.glma.org/_data/n_0001/resources/live/HealthyCcompanionDoc3.pdf.

249. Glantz, S. A. and W. W. Parmley (2001). "Even a little secondhand smoke is dangerous.[comment]." JAMA 286(4): 462-3. http://www.ncbi.nlm.nih.gov/pubmed/11466127.

250. Gruskin, E. P., S. Hart, et al. (2001). "Patterns of cigarette smoking and alcohol use among lesbians and bisexual women enrolled in a large health maintenance organization." American Journal of Public Health 91(6): 976-9. http://www.ncbi.nlm.nih.gov/pubmed/11392944.

OBJECTIVES: This study compared the prevalence of cigarette smoking and alcohol use among lesbians and bisexual women with that among heterosexual women. METHODS: Logistic regression models were created with data from an extensive member health survey at a large health maintenance organization. Sexual orientation was the primary predictor, and alcohol consumption and cigarette smoking were outcomes. RESULTS: Lesbians and bisexual women younger than 50 years were more likely than heterosexual women to smoke cigarettes and drink heavily. Lesbians and bisexual women aged 20 to 34 reported higher weekly alcohol consumption and less abstinence compared with heterosexual women and older lesbians and bisexual women. CONCLUSIONS: Lesbians and bisexual women aged 20 to 34 years are at risk for alcohol use and cigarette smoking.

251. Harris Interactive. (2001). "Gays and Lesbians More Likely to Smoke than Other Adults Despite Risks." Retrieved May 23, 2005, from http://www.harrisinteractive.com/news/allnewsbydate.asp?NewsID=289.

252. Minichiello, V., R. Marino, et al. (2001). "Male sex workers in three Australian cities: socio-demographic and sex work characteristics." Journal of Homosexuality 42(1): 29-51. http://www.ncbi.nlm.nih.gov/pubmed/11991565.

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This article describes the socio-demographic and sex work characteristics of sex workers in Sydney, Melbourne, and Brisbane. A total of 185 male sex workers completed the questionnaire component of the study. The results of this study serve to debunk many of the myths surrounding the popular view of the male sex worker (MSW). The respondents in this study were on average 27 years old, and the majority had completed secondary education, with 30% having gained some form of tertiary qualification. Interestingly, those MSWs who had not completed secondary education were mostly street workers and were generally aged under 25 years. The majority of sex workers lived in rented accommodation, with only 6% reporting to be homeless. Half of all respondents identified as being "gay," 31% as "bisexual" and 5.5% as "straight." More than half of the respondents were in a permanent relationship. Only 7.3% of this group reported using heroin daily, although the majority consumed alcohol, tobacco, marijuana, and ecstasy. The majority of sex workers had been in the profession for less than six months, although some had been working in the industry for more than ten years. Most of the sex workers reported having taken an HIV test and a preference to offer safer sex. The article highlights ways in which the work context of MSW can be better understood and supported by education and public policy programs.

253. Odo, C. and A. Hawelu (2001). "Eo na Mahu o Hawai'i: the extraordinary health needs of Hawai'i's Mahu." Pac Health Dialog 8(2): 327-34. http://www.ncbi.nlm.nih.gov/pubmed/12180512.

An overview of health and social issues is presented here regarding Native Hawaiian transgenders. Perhaps due to relatively greater tolerance of gender diversity among Polynesian cultures, approximately 70% of all male-to-female transgenders in Hawai'i are Native Hawaiian. However, the overall climate is one of discrimination and harassment such that transgenders--who tend to be under-educated, under-employed, and medically underserved--may be the most severely impacted of all Native Hawaiians. Lei Anuenue, human immunodeficiency virus (HIV) prevention program for Native Hawaiians, has provided a variety of services for transgenders, including outreach, educational workshops, support groups, HIV testing, and case management. All services are provided by peer leaders who are employed by the program. Data for this article are based on case management, including client self-disclosures and reports of peer staff who knew details of clients' lives having shared with them both generic experiences and specific activities. Information from 100 transgender clients and their case managers indicated that the transgender health profile is far more serious than that of mainstream Native Hawaiians. For example, 74% smoke, 31% use illegal drugs (excluding marijuana), more than 50% have been involved in street or domestic violence, and few individuals over age 50 have been found during three years of outreach. To some extent, employment options limit

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transgenders to prostitution, drug dealing, and minimum-wage jobs. In addition, a lifestyle of multiple sex partners and lack of opportunities for stable relationships place transgenders at much greater risk for HIV, sexually transmitted diseases (STD), and other infectious and non-infectious diseases as compared to the mainstream Native Hawaiian community. Clients in this study were from O'ahu, primarily from downtown Honolulu, Chinatown, and Wai'anae. Future studies should compare the results of this sample to transgenders from the neighbor islands (especially in rural Hawaiian areas), as well as utilize a structured prospective longitudinal approach.

254. Powers, D., D. J. Bowen, et al. (2001). The Influence of Sexual Orientation on Health Behaviors in Women, Routledge. 22**:** 43 - 60. http://www.informaworld.com/10.1300/J005v22n02_04

Lesbians may be at risk for poorer health outcomes than heterosexual women because of differential health behaviors and risk factors for disease. Difficulty recruiting representative lesbian populations and a lack of simple, accurate measures of sexual orientation have hindered research about the differential health risks and outcomes faced by lesbian and heterosexual women. The purpose of this article was to (1) examine the relationship between self-chosen sexual orientation labels and other sexual orientation measures and (2) compare the health related behaviors of women of diverse sexual orientations based on simple sexual orientation measures. The participants in this study were women aged 18 to 74 recruited via public announcements in mainstream and minority communities to participate in a randomized trial of breast cancer risk counseling strategies. Sexual orientation, relevant health behaviors and other outcomes related to breast cancer risk and screening were measured. No single measure of sexual behavior or desire appears to accurately measure lesbian sexual orientation. Lesbians were found to participate in mammography and Pap testing at significantly lower levels than bisexuals and heterosexuals. These data add to the growing body of knowledge on lesbian health and point to areas of community action and future research.

255. Ryan, H., P. M. Wortley, et al. (2001). "Smoking among lesbians, gays, and bisexuals: a review of the literature." American Journal of Preventive Medicine 21(2): 142-9. http://www.ncbi.nlm.nih.gov/pubmed/11457635.

OBJECTIVES: To collect estimates of smoking prevalence among lesbian, gay, and bisexual people from the published literature and to compare with general population estimates. METHODS: Databases were searched for all studies published in English on tobacco use among lesbians, gays, and bisexuals. From 1987 through 2000, twelve studies were identified (four youth, eight adult): seven were based on convenience samples; one on a population-based probability sample; one involved random sampling

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within selected census tracts; one was based on a large multicenter clinical trial; and two were representative school-based samples. Study findings were compared to national survey data from the corresponding time period. RESULTS: Estimated smoking rates for lesbians, gays, and bisexuals ranged from 38% to 59% among youth and from 11% to 50% among adults. National smoking rates during comparable periods ranged from 28% to 35% for adolescents and were approximately 28% for adults. CONCLUSIONS: While information in the published literature is limited, it appears that smoking rates are higher among adolescent and adult lesbians, gays, and bisexuals than in the general population. Steps should be taken to ensure representation of lesbians, gays, and bisexuals in tobacco-use surveillance and to collect data in order to understand the apparent high smoking rates in these groups. Attempts should be made to target prevention and cessation interventions to lesbians, gays, and bisexuals.

256. Saphira, M. and M. Glover (2001). The Effects of Coming Out on Relationships and Health, Routledge. 5**:** 183 - 194. http://www.informaworld.com/10.1300/J155v05n01_12

257. Sell, R. L. and J. B. Becker (2001). "Sexual orientation data collection and progress toward Healthy People 2010." Am J Public Health 91(6): 876-82. http://www.ncbi.nlm.nih.gov/pubmed/11392926.

Without scientifically obtained data and published reports, it is difficult to raise awareness and acquire adequate resources to address the health concerns of lesbian, gay, and bisexual Americans. The Department of Health and Human Services must recognize gaps in its information systems regarding sexual orientation data and take immediate steps to monitor and eliminate health disparities as delineated in Healthy People 2010. A paper supported by funding from the Office of the Assistant Secretary for Planning and Evaluation explores these concerns and suggests that the department (1) create work groups to examine the collection of sexual orientation data; (2) create a set of guiding principles to govern the process of selecting standard definitions and measures; (3) recognize that racial/ethnic, immigrant-status, age, socioeconomic, and geographic differences must be taken into account when standard measures of sexual orientation are selected; (4) select a minimum set of standard sexual orientation measures; and (5) develop a long-range strategic plan for the collection of sexual orientation data.

258. Smolka, B. (2001). A Qualitative Investigation of Smokers & Non-Smokers in the LGBT Market. Los Angeles, CA, WINSTON STUART ASSOCIATES, LTD. http://lgbttobacco.org/files/LGBTExecSummary.pdf.

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259. Stall, R., J. P. Paul, et al. (2001). "Alcohol use, drug use and alcohol-related problems among men who have sex with men: the Urban Men's Health Study." Addiction 96(11): 1589-601. http://www.ncbi.nlm.nih.gov/pubmed/11784456

AIMS: To measure the prevalence and independent associations of heavy and problematic use of alcohol and recreational drugs among a household-based sample of urban MSM (men who have sex with men). DESIGN: Cross-sectional survey. PARTICIPANTS: Men who identified as being gay or bisexual or who reported sex with another man in the prior 5 years were included in this analysis (n = 2172). SETTING: A probability telephone sample of MSM was taken within Zip Codes of four large American cities (Chicago, Los Angeles, New York and San Francisco) estimated to have total concentrations of at least 4% of all households with one resident MSM. MEASUREMENTS: Standard measures of alcohol use, problems associated with alcohol use, and recreational drug use were administered by trained telephone interviewers. FINDINGS: Both recreational drug (52%) and alcohol use (85%) were highly prevalent among urban MSM, while current levels of multiple drug use (18%), three or more alcohol-related problems (12%), frequent drug use (19%) and heavy-frequent alcohol use (8%) were not uncommon. The associations of heavy and/or problematic substance use are complex, with independent multivariate associations found at the levels of demographics, adverse early life circumstances, current mental health status, social and sexual practices and connection to gay male culture. CONCLUSIONS: The complex pattern of associations with heavy and/or problematic substance use among urban MSM suggests that heavy and/or problematic substance use is grounded in multiple levels: the individual, the interpersonal and the socio-cultural.

260. Turner, J., K. Page-Shafer, et al. (2001). "Adverse impact of cigarette smoking on dimensions of health-related quality of life in persons with HIV infection." Aids Patient Care and STDS 15(12): 615-24. http://www.ncbi.nlm.nih.gov/pubmed/11788076.

Because effects of cigarette smoking on health-related quality of life (HRQL) have not been well described, we carried out a cross-sectional assessment of HRQL using the Medical Outcomes Survey Scale adapted for patients with human immunodeficiency virus (MOS-HIV questionnaire) in 585 HIV-infected homosexual/bisexual men, injection drug users, and female partners enrolled in a multicenter, prospective study of the pulmonary complications of HIV infection. Mean scores for the following dimensions of HRQL were calculated: general health perception, quality of life, physical functioning, bodily pain, social functioning, role functioning, energy, cognitive functioning, and depression. A multivariate model was used to determine the impact on HRQL of the following factors: smoking, CD4 loss, acquired immune deficiency syndrome (AIDS) diagnoses, number of symptoms, study site, education, injection drug use, gender,

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and age. Current smoking was independently associated with lower scores for general health perception, physical functioning, bodily pain, energy, role functioning, and cognitive functioning (all with $p < 0.05$). We conclude that patients with HIV infection who smoke have poorer HRQL than nonsmokers. These results support the use of smoking cessation strategies for HIV-infected persons who smoke cigarettes.

261. (2000). "State-specific prevalence of current cigarette smoking among adults and the proportion of adults who work in a smoke-free environment--United States, 1999." MMWR Morb Mortal Wkly Rep 49(43): 978-82. http://www.ncbi.nlm.nih.gov/pubmed/11098860.

Tobacco use in the United States causes approximately 430,000 deaths each year, including an estimated 3000 deaths from lung cancer among nonsmokers exposed to environmental tobacco smoke (ETS). In addition, an estimated 62,000 coronary heart disease deaths annually among nonsmokers exposed to ETS. The detrimental health effects of exposure to ETS are well documented and include, in addition to lung cancer and coronary heart disease among adults, low birthweight and sudden infant death syndrome from exposure during and after pregnancy and asthma, bronchitis, and pneumonia in children. This report summarizes the 1999 prevalence of current cigarette smoking among adults by state and the proportion of persons who work indoors and who report that their workplaces have smoke-free policies. The findings indicate that in 1999, adult smoking prevalence differed more than two-fold across states (13.9%-31.5%) and that the proportion of persons who reported that their workplace had an official smoke-free policy ranged from 61.3%-82.1%. As the respondents' level of education increased, they were more likely to report working under a smoke-free policy.

262. Diamant, A. L., M. A. Schuster, et al. (2000). "Receipt of preventive health care services by lesbians." American Journal of Preventive Medicine 19(3): 141-8. http://www.ncbi.nlm.nih.gov/pubmed/11020589.

BACKGROUND: We measured receipt of age-appropriate preventive health services by lesbians and assessed whether provider and individual characteristics, including disclosure of sexual orientation, are independently associated with receipt of these services. METHODS: A questionnaire was printed in a national biweekly gay, lesbian, and bisexual news magazine, and self-identified lesbians living in all U. S. states (N =6935) responded to the survey. Main outcome variables were receipt of a Pap smear within the preceding 1 and 2 years and, for women aged > or= 50, receipt of a mammogram within the past 1 and 2 years. RESULTS: Fifty-four percent had Pap smears within 1 year and 71% within 2 years, with increasing rates among older and more educated respondents. Seventy percent of respondents aged > or = 50 had a mammogram in the past year, and 83% within 2 years; rates did not vary significantly

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controlling for education. Sixty percent had disclosed their sexual orientation to their regular health care provider. Controlling for patient and provider characteristics, disclosure was independently associated with receipt of Pap smears, but not mammograms. CONCLUSIONS: It is important for providers to identify their lesbian patients' unmet needs for preventive health care. Additionally, it is important for providers to provide complete and appropriate preventive health care for their lesbian patients. Further research is needed to determine why lesbians are not receiving Pap smears at the recommended rate and whether this disparity is reflective of aspects of cervical cancer screening or indicates a more general problem with access to health care including receipt of preventive services.

263. Diamant, A. L., C. Wold, et al. (2000). "Health behaviors, health status, and access to and use of health care: a population-based study of lesbian, bisexual, and heterosexual women." Archives of Family Medicine 9(10): 1043-51. http://www.ncbi.nlm.nih.gov/pubmed/11115206.

BACKGROUND: There is a dearth of validated information about lesbian and bisexual women's health. To better understand some of these issues, we used population-based data to assess variations in health behaviors, health status, and access to and use of health care based on sexual orientation. METHODS: Our study population was drawn from a population-based sample of women, the 1997 Los Angeles County Health Survey. Participants reported their sexual orientation and these analyses included 4697 women: 4610 heterosexual women, 51 lesbians, and 36 bisexual women. We calculated adjusted relative risks to assess the effect of sexual orientation on important health issues. RESULTS: Lesbians and bisexual women were more likely than heterosexual women to use tobacco products and to report any alcohol consumption, but only lesbians were significantly more likely than heterosexual women to drink heavily. Lesbians and bisexual women were less likely than heterosexual women to have health insurance, more likely to have been uninsured for health care during the preceding year, and more likely to have had difficulty obtaining needed medical care. During the preceding 2 years, lesbians, but not bisexual women, were less likely than heterosexual women to have had a Papanicolaou test and a clinical breast examination. CONCLUSIONS: In this first population-based study of lesbian and bisexual women's health, we found that lesbians and bisexual women were more likely than heterosexual women to have poor health behaviors and worse access to health care. These findings support our hypothesis that sexual orientation has an independent effect on health behaviors and receipt of care, and indicate the need for the increased systematic study of the relationship between sexual orientation and various aspects of health and health care. Arch Fam Med. 2000;9:1043-1051

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264. Drabble, L. (2000). Alcohol, Tobacco, and Pharmaceutical Industry Funding: Considerations for Organizations Serving Lesbian, Gay, Bisexual, and Transgender Communities, Routledge. 11**:** 1 - 26. http://www.informaworld.com/10.1300/J041v11n01_01

Emerging research suggests that alcohol, tobacco and drug-related problems may be higher in lesbian and gay communities than in the population as a whole. At the same time, alcohol, tobacco and pharmaceutical industries have increased marketing strategies that are targeted specifically to lesbian and gay communities. Lesbian, Gay, Bisexual and Transgender (LGBT) and HTV/AIDS organizations, often marginalized and under-funded, have frequently faced significant challenges in funding programs and special events. These organizations are often the very same groups needed to promote and support effective substance abuse countermeasures in LGBT communities. Agency leaders, community members, and substance abuse prevention advocates all have a stake in identifying reasonable guidelines for industry sponsorship of special events as well as contributions to nonprofit organizations. This paper discusses these issues and provides examples of guidelines that may be adopted by nonprofit and community based organizations that serve the LGBT community.

265. Farkas, A. J., E. A. Gilpin, et al. (2000). "Association Between Household and Workplace Smoking Restrictions and Adolescent Smoking." JAMA 284(6): 717-722. http://jama.ama-assn.org/cgi/content/abstract/284/6/717

Context Recent marked increases in adolescent smoking indicate a need for new prevention approaches. Whether workplace and home smoking restrictions play a role in such prevention is unknown. Objective To assess the association between workplace and home smoking restrictions and adolescent smoking. Design, Setting, and Subjects Data were analyzed from 2 large national population-based surveys, the Current Population Surveys of 1992-1993 and 1995-1996, which included 17,185 adolescents aged 15 to 17 years. Main Outcome Measures Smoking status of the adolescents surveyed, compared by presence of home and workplace smoking restrictions. Results After adjusting for demographics and other smokers in the household, adolescents who lived in smoke-free households were 74% (95% confidence interval [CI], 62%-88%) as likely to be smokers as adolescents who lived in households with no smoking restrictions. Similarly, adolescents who worked in smoke-free workplaces were 68% (95% CI, 51%-90%) as likely to be smokers as adolescents who worked in a workplace with no smoking restrictions. Adolescent smokers were 1.80 (95% CI, 1.23-2.65) times more likely to be former smokers if they lived in smoke-free homes. The most marked relationship of home smoking restrictions to current adolescent smoking occurred in households where all other members were never-smokers. Current smoking prevalence among adolescents in homes without smoking

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restrictions approached that among adolescents in homes with a current smoker but with smoking restrictions. Conclusions Parents with minor children should be encouraged to adopt smoke-free homes. Smoke-free workplaces can also augment smoking prevention. These findings emphasize the importance of tobacco control strategies aimed at the entire population rather than at youth alone.

266. Fiore, M. C. (2000). "Treating tobacco use and dependence: an introduction to the US Public Health Service Clinical Practice Guideline." Respir Care 45(10): 1196-9. http://www.ncbi.nlm.nih.gov/pubmed/11203101

267. Fiore, M. C. (2000). "US public health service clinical practice guideline: treating tobacco use and dependence." Respir Care 45(10): 1200-62. http://www.ncbi.nlm.nih.gov/pubmed/11054899

Treating Tobacco Use and Dependence, a Public Health Service-sponsored Clinical Practice Guideline, is a product of the Tobacco Use and Dependence Guideline Panel ("the panel"), consortium representatives, consultants, and staff. These 30 individuals were charged with the responsibility of identifying effective, experimentally validated tobacco dependence treatments and practices. The updated guideline was sponsored by a consortium of seven Federal Government and nonprofit organizations: the Agency for Healthcare Research and Quality (AHRQ), Centers for Disease Control and Prevention (CDC), National Cancer Institute (NCI), National Heart, Lung, and Blood Institute, National Institute on Drug Abuse, Robert Wood Johnson Foundation, and University of Wisconsin Medical School's Center for Tobacco Research and Intervention. This guideline is an updated version of the 1996 Smoking Cessation Clinical Practice Guideline No. 18 that was sponsored by the Agency for Health Care Policy and Research (now the AHRQ), United States Department of Health and Human Services. The original guideline reflected the extant scientific research literature published between 1975 and 1994. The updated guideline was written because new, effective clinical treatments for tobacco dependence have been identified since 1994. The accelerating pace of tobacco research that prompted the update is reflected in the fact that 3,000 articles on tobacco were identified as published between 1975 and 1994, contributing to the original guideline. Another 3,000 were published between 1995 and 1999 and contributed to the updated guideline. These 6,000 articles were screened and reviewed to identify a much smaller group of articles that served as the basis for guideline data analyses and panel opinion. This guideline contains strategies and recommendations designed to assist clinicians, tobacco dependence treatment specialists, and health care administrators, insurers, and purchasers in delivering and supporting effective treatments for tobacco use and dependence. The recommendations were made as a result of a systematic review and analysis of the extant scientific literature,

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using meta-analysis as the primary analytic technique. The strength of evidence that served as the basis for each recommendation is clearly indicated in the guideline. A draft of the guideline was peer-reviewed prior to publication, and the comments of 70 external reviewers were incorporated into the final document. The key recommendations of the updated guideline, Treating Tobacco Use and Dependence, based on the literature review and expert panel opinion, are as follows: 1. Tobacco dependence is a chronic condition that often requires repeated intervention. However, effective treatments exist that can produce long-term or even permanent abstinence. 2. Because effective tobacco dependence treatments are available, every patient who uses tobacco should be offered at least one of these treatments: Patients willing to try to quit tobacco use should be provided with treatments identified as effective in this guideline. Patients unwilling to try to quit tobacco use should be provided with a brief intervention designed to increase their motivation to quit. 3. It is essential that clinicians and health care delivery systems (including administrators, insurers, and purchasers) institutionalize the consistent identification, documentation, and treatment of every tobacco user seen in a health care setting. 4. Brief tobacco dependence treatment is effective, and every patient who uses tobacco should be offered at least brief treatment. 5. There is a strong dose-response relation between the intensity of tobacco dependence counseling and its effectiveness. Treatments involving person-to-person contact (via individual, group, or proactive telephone counseling) are consistently effective, and their effectiveness increases with treatment intensity (eg, minutes of contact). 6. (ABSTRACT TRUNCATED)

268. Glantz, S. A. (2000). "Effect of smokefree bar law on bar revenues in California." Tobacco Control 9(1): 111-2. http://www.ncbi.nlm.nih.gov/pubmed/10798865.

269. Koh, A. S. (2000). "Use of preventive health behaviors by lesbian, bisexual, and heterosexual women: questionnaire survey." Western Journal of Medicine 172(6): 379-84. http://www.ncbi.nlm.nih.gov/pubmed/10854384.

OBJECTIVES: To determine whether lesbians and bisexual women are less likely than heterosexual women to use preventive health measures. DESIGN: Written, anonymous, self-administered questionnaire. SETTING: 33 physicians' offices and community clinics mainly in urban areas of 13 states. PARTICIPANTS: 524 lesbians, 143 bisexual women, and 637 heterosexual women. RESULTS: Bisexual women were less likely than heterosexual women to have had appropriate cholesterol screening (odds ratio 0.29, 95% confidence interval 0.11 to 0.73) or appropriate mammography (0.33, 0.13 to 0.84). Human immunodeficiency virus testing was more common in lesbians (2.38, 1. 51 to 3.74) and bisexual women (1.99, 1.17 to 3.38) than in heterosexual women. Illicit drug use

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was higher in lesbians (2.04, 1. 14 to 3.70) and bisexual women (1.96, 1.07 to 3.57) than in heterosexual women. Lesbians were more likely than heterosexual women to practice safer sex (2.60, 1.23 to 5.49) and less likely to have ever been infected with human papillomavirus (0.48, 0.25 to 0. 89). CONCLUSION: There were important differences in the preventive health measures taken by lesbians and bisexual women and those taken by heterosexual women. All patients should receive standard health tests, such as cholesterol screening and mammography, regardless of their sexual orientation. Lesbians and bisexual women who report illicit drug use should receive counseling, as appropriate.

270. Robinson, R. G. (2000). "Eliminating Population Disparities in Tobacco Control." American Medical Association: SmokeLess States Tobacco News 6(1): 5. http://www.tcsg.org/images/editorial.jpg.

271. Sell, R. and J. Bradford (2000). Elimination of health disparities based upon sexual orientation: inclusion of sexual orientation as a demographic variable in Healthy People 2010 objectives. , Gay and Lesbian Medical Association. 2006. http://www.glma.org/policy/hp2010/hp2010final.shtml.

272. Valanis, B. G., D. J. Bowen, et al. (2000). "Sexual orientation and health: comparisons in the women's health initiative sample." Archives of Family Medicine 9(9): 843-53. http://www.ncbi.nlm.nih.gov/pubmed/11031391.

CONTEXT: Little is known about older lesbian and bisexual women. Existing research rarely compares characteristics of these women with comparable heterosexual women. OBJECTIVE: To compare heterosexual and nonheterosexual women 50 to 79 years on specific demographic characteristics, psychosocial risk factors, screening practices, and other health-related behaviors associated with increased risk for developing particular diseases or disease outcomes. DESIGN: Analysis of data from 93,311 participants in the Women's Health Initiative (WHI) study of health in postmenopausal women, comparing characteristics of 5 groups: heterosexuals, bisexuals, lifetime lesbians, adult lesbians, and those who never had sex as an adult. SETTING: Subjects were recruited at 40 WHI study centers nationwide representing a range of geographic and ethnic diversity. PARTICIPANTS: Postmenopausal women aged 50 to 79 years who met WHI eligibility criteria, signed an informed consent to participate in the WHI clinical trial(s) or observational study, and responded to the baseline questions on sexual orientation. MAIN OUTCOME MEASURES: Demographic characteristics, psychosocial risk factors, recency of screening tests, and other health-related behaviors as assessed on the WHI baseline questionnaire. RESULTS: Although of higher socioeconomic status than the heterosexuals, the lesbian and bisexual women more often used alcohol and cigarettes, exhibited other risk factors for reproductive cancers and cardiovascular disease, and scored lower on measures of

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mental health and social support. Notable is the 35% of lesbians and 81% of bisexual women who have been pregnant. Women reporting that they never had sex as an adult had lower rates of Papanicolaou screening and hormone replacement therapy use than other groups. CONCLUSIONS: This sample of older lesbian and bisexual women from WHI shows many of the same health behaviors, demographic, and psychosocial risk factors reported in the literature for their younger counterparts, despite their higher socioeconomic status and access to health care. The lower rates of recommended screening services and higher prevalence of obesity, smoking, alcohol use, and lower intake of fruit and vegetables among these women compared with heterosexual women indicate unmet needs that require effective interactions between care providers and nonheterosexual women.

273. Wells, S. A. and R. M. Black (2000). Cultural competency for health professionals. Bethesda, MD, American Occupational Therapy Association.

274. Drabble, L. (1999). Ethical Funding: The Ethics of Tobacco, Alcohol, & Pharmaceutical Funding: A Practical Guide for LGBT Organizations, Coalition of Lavender Americans on Smoking and Health & Progressive Research and Training for Action. http://www.thepraxisproject.org/irc/collection/S370.pdf.

Emerging research suggests that tobacco use, drug use, and alcohol-related problems may be higher in lesbian and gay communities than that of the population as a whole (Skinner, 1994; Yankelovich, 1996; Harris Interactive, 2001). At the same time, alcohol, tobacco and pharmaceutical industries have increased marketing strategies that are targeted specifically to lesbian and gay communities. Agency leaders, community members, and substance abuse prevention advocates all have a stake in identifying reasonable guidelines for sponsorship of special events as well as contributions to nonprofit organizations. This document is intended to serve as a resource for discussion and development of such written guidelines for LGBT and HIV/AIDS organizations. To this end, this document provides background information about why target marketing by alcohol, tobacco and pharmaceutical industries is of concern to LGBT communities and organizations and how target marketing operates in LGBT communities. Examples are provided of specific policies that may be adopted or adapted by nonprofit and community based organizations to protect the integrity of their organizations, enhance their overall funding strategy, and support the health and well-being of individuals and the LGBT community as a whole.

275. Glantz, S. A. (1999). "Smoke-free restaurant ordinances do not affect restaurant business. Period." Journal of Public Health Management & Practice 5(1): vi-ix. http://www.ncbi.nlm.nih.gov/pubmed/10345506.

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276. Glantz, S. A. and A. Charlesworth (1999). "Tourism and hotel revenues before and after passage of smoke-free restaurant ordinances.[see comment]." JAMA 281(20): 1911-8. http://www.ncbi.nlm.nih.gov/pubmed/10349895.

CONTEXT: Claims that ordinances requiring smoke-free restaurants will adversely affect tourism have been used to argue against passing such ordinances. Data exist regarding the validity of these claims. OBJECTIVE: To determine the changes in hotel revenues and international tourism after passage of smoke-free restaurant ordinances in locales where the effect has been debated. DESIGN: Comparison of hotel revenues and tourism rates before and after passage of 100% smoke-free restaurant ordinances and comparison with US hotel revenue overall. SETTING: Three states (California, Utah, and Vermont) and 6 cities (Boulder, Colo; Flagstaff, Ariz; Los Angeles, Calif; Mesa, Ariz; New York, NY; and San Francisco, Calif) in which the effect on tourism of smoke-free restaurant ordinances had been debated. MAIN OUTCOME MEASURES: Hotel room revenues and hotel revenues as a fraction of total retail sales compared with preordinance revenues and overall US revenues. RESULTS: In constant 1997 dollars, passage of the smoke-free restaurant ordinance was associated with a statistically significant increase in the rate of change of hotel revenues in 4 localities, no significant change in 4 localities, and a significant slowing in the rate of increase (but not a decrease) in 1 locality. There was no significant change in the rate of change of hotel revenues as a fraction of total retail sales (P=.16) or total US hotel revenues associated with the ordinances when pooled across all localities (P = .93). International tourism was either unaffected or increased following implementation of the smoke-free ordinances. CONCLUSION: Smoke-free ordinances do not appear to adversely affect, and may increase, tourist business.

277. Roberts, S. J. and L. Sorensen (1999). "Health related behaviors and cancer screening of lesbians: results from the Boston Lesbian Health Project." Women Health 28(4): 1-12.

The purpose of this article is to present data on lesbian health-related and cancer screening behavior. This is an area in which not a great deal of data exist and which is particularly interesting in view of previous data suggesting that lesbians do not seek routine services because of a fear of homophobia. This paper discusses a portion of a larger survey completed by a national community-based lesbian sample. The results show that the lesbians in this sample have healthy behaviors in general and utilize routine health screening. There is some indication that alcohol use is heavier in this sample than among women in general, an area that warrants further investigation.

278. Shiboski, C. H., J. M. Neuhaus, et al. (1999). "Effect of receptive oral sex and smoking on the incidence of hairy leukoplakia in HIV-positive gay men."

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Journal of Acquired Immune Deficiency Syndromes 21(3): 236-42. http://www.ncbi.nlm.nih.gov/pubmed/10421248.

We sought to determine whether hairy leukoplakia (HL), an Epstein-Barr virus-related oral lesion, is associated with receptive oral sex activity and cigarette smoking among HIV-positive gay men. Oral examinations were conducted every 6 months among San Francisco Men's Health Study participants over a 6-year period. We fitted time-to-lesion regression models to compare the incidence of HL among men who had mouth-to-penis contact with various numbers of partners, while controlling for cigarette smoking and CD4 count. The 6-year incidence of HL was 32% among 291 HIV-positive men. We found no significant increase in the hazard of developing HL for each additional insertive-oral-sex male partner in the past 6 months (relative hazard = 1.01; 95% confidence interval [CI], 0.99, 1.02), and a similar lack of association when number of sex partners was categorized. However, the hazard of developing HL doubled with any 300-unit decrease in CD4 count (95% CI, 1.4, 2.7), or if men smoked > or =20 cigarettes/day compared with nonsmokers (95% CI, 1.2, 3.9). This finding, which may suggest one effect that smoking produces on the oral mucosa's local immune response, merits further investigation.

279. Solarez, A., Ed. (1999). Lesbian Health: Current Assessment and Directions for the Future. Washington, DC, National Academy Press. http://www.ncbi.nlm.nih.gov/pubmed/20669421.

280. Stall, R. D., G. L. Greenwood, et al. (1999). "Cigarette smoking among gay and bisexual men." American Journal of Public Health 89(12): 1875-8. http://www.ncbi.nlm.nih.gov/pubmed/10589323.

OBJECTIVES: This study measured the prevalence of cigarette smoking among gay men and identified associations with smoking. METHODS: Household-based (n = 696) and bar-based (n = 1897) sampling procedures yielded 2593 gay male participants from Portland, Ore, and Tucson, Ariz, in the spring of 1992. RESULTS: Forty-eight percent of the combined sample reported current smoking, a rate far above prevalence estimates for men in Arizona (z = 14.11, P < .001) or Oregon (z = 24.24, P < .001). Significant associations with smoking included heavy drinking, frequent gay bar attendance, greater AIDS-related losses, HIV seropositivity, lower health rating than members of same age cohort, lower educational attainment, and lower income. CONCLUSIONS: Rates of cigarette smoking are very high among gay men. Tobacco prevention and cessation campaigns should be designed to reach the gay male community.

281. DuRant, R. H., D. P. Krowchuk, et al. (1998). "Victimization, use of violence, and drug use at school among male adolescents who engage in same-sex

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sexual behavior." Journal of Pediatrics 133(1): 113-8. http://www.ncbi.nlm.nih.gov/pubmed/9672522.

OBJECTIVE: To examine the relationship between the number of male sexual partners of adolescent males and the frequency of victimization at school, missed school because of fear, used drugs at school, and engagement of fighting and weapon carrying both in and out of school. STUDY DESIGN: Sexually active male adolescents (N = 3886) in 8th through 12th grades were administered the 1995 Vermont Youth Risk Behavior Survey. RESULTS: A total of 8.7% of male adolescents reported one or more male sexual partners. Alcohol, marijuana, and smokeless tobacco use at school, not attending school because of fear, having been threatened or injured with a weapon at school, and weapon carrying at school accounted for 15.8% of the variation in the number of male sexual partners ($p < 0.0001$). Suicide attempts, school absence because of fear, cigarette smoking, alcohol use, and smokeless tobacco use at school, frequency of fighting requiring medical treatment, carrying a weapon,aand carrying a weapon at school accounted for 17.2% out of 100% of the variation in the number of male sexual partners ($p <$ or 0.00001). CONCLUSION: The number of male sexual partners reported by sexually active male adolescents correlated with a higher frequency of victimization, use of violence and drug use at school. Frequency of suicide attempts and fighting outside of school were also correlated with the number of same-sex sexual partners.

282. Eisner, M. D., A. K. Smith, et al. (1998). "Bartenders' Respiratory Health After Establishment of Smoke-Free Bars and Taverns." JAMA 280(22): 1909-1914. http://jama.ama-assn.org/cgi/content/abstract/280/22/1909

Context.-- The association between environmental tobacco smoke (ETS) exposure and respiratory symptoms has not been well established in adults. Objective.-- To study the respiratory health of bartenders before and after legislative prohibition of smoking in all bars and taverns by the state of California. Design.-- Cohort of bartenders interviewed before and after smoking prohibition. Setting and Participants.-- Bartenders at a random sample of bars and taverns in San Francisco. Main Outcome Measures.-- Interviews assessed respiratory symptoms, sensory irritation symptoms, ETS exposure, personal smoking, and recent upper respiratory tract infections. Spirometric assessment included forced expiratory volume in 1 second (FEV1) and forced vital capacity (FVC) measurements. Results.-- Fifty-three of 67 eligible bartenders were interviewed. At baseline, all 53 bartenders reported workplace ETS exposure. After the smoking ban, self-reported ETS exposure at work declined from a median of 28 to 2 hours per week ($P<.001$). Thirty-nine bartenders (74%) initially reported respiratory symptoms. Of those symptomatic at baseline, 23 (59%) no longer had symptoms at follow-up ($P<.001$). Forty-one bartenders (77%) initially reported sensory irritation symptoms. At follow-

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up, 32 (78%) of these subjects had resolution of symptoms (P<.001). After prohibition of workplace smoking, we observed improvement in mean FVC (0.189 L; 95% confidence interval [CI], 0.082-0.296 L; 4.2% change) and, to a lesser extent, mean FEV1 (0.039 L; 95% CI, -0.030 to 0.107 L; 1.2% change). Complete cessation of workplace ETS exposure (compared with continued exposure) was associated with improved mean FVC (0.287 L; 95% CI, 0.088-0.486; 6.8% change) and mean FEV1 (0.142 L; 95% CI, 0.020-0.264 L; 4.5% change), after controlling for personal smoking and recent upper respiratory tract infections. Conclusion.-- Establishment of smoke-free bars and taverns was associated with a rapid improvement of respiratory health.

283. Evans, B. A., R. A. Bond, et al. (1998). "Heterosexual behaviour, risk factors and sexually transmitted infections among self-classified homosexual and bisexual men." International Journal of STD and AIDS 9(3): 129-33. http://www.ncbi.nlm.nih.gov/pubmed/9530896.

Our study of men presenting at a genitourinary medicine clinic shows that self-classification into homosexual or bisexual does not accurately define behaviour. We found that 8.5% of self-defined homosexual men had had heterosexual intercourse in the past year and that 26% of self-defined bisexual men had not. Overall, 19% of homosexual/bisexual men reported vaginal intercourse in the past year and a further 42% in their lifetime. Compared with heterosexual men attending our clinic, the practising bisexual men were significantly more likely to come from a white ethnic group (P < 0.003) and to use condoms invariably with regular female partners (P = 0.0001). There was no significant difference in consent for HIV testing between homosexual (43%), practising bisexual (49%) and heterosexual (42%) men despite significantly different perceptions of risk. None of the practising bisexual men was seropositive for HIV infection (P = 0.06) or for syphilis (P = 0.02), or had chlamydial infection, which was found infrequently among homosexual men in general (P = 0.00001). HIV infection found in 19.4% of the exclusively homosexual men was associated with more frequent alcohol consumption (P=0.06).

284. Evans, B. A., P. D. Kell, et al. (1998). "Racial origin, sexual lifestyle, and genital infection among women attending a genitourinary medicine clinic in London (1992)." Sexually Transmitted Infections 74(1): 45-9. http://www.ncbi.nlm.nih.gov/pubmed/9634303.

OBJECTIVES: To compare variables of sexual behaviour and incidence of genital infections among women of different racial origins and lifestyles. DESIGN: A prospective cross sectional study of sexual behaviour reported by a standardised self administered questionnaire in new patients who presented for screening and diagnosis. SETTING: A genitourinary medicine clinic in west London. SUBJECTS: 1084 consecutive women newly attending in 1992. MAIN OUTCOME MEASURES: Variables

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relating to sociodemographic status, sexual lifestyle, condom use, sexually transmitted diseases, and other genital infections stratified by racial origin. RESULTS: There were 948 evaluable women, of whom 932 (98.3%) were heterosexual and 16 (1.7%) were lesbian. Previous heterosexual intercourse was reported by 69% of lesbian women and their most frequent diagnosis was bacterial vaginosis (38%). The majority of heterosexual women were white (78%) and 16% were black. The black women were more likely to be teenagers (18% cf 8%; p = 0.0004) or students (28% cf 15%; p = 0.0008), and to have had an earlier coitarche (48% cf 38% before aged 17; p < 0.004). They also had a higher proportion of pregnancies (58% cf 38%; p < 0.00001) and births (38% cf 20%; p < 0.00001). The white women showed significantly more sexual partners during the preceding year (p = 0.004) and in total (p < 0.00001) and more reported non-regular partners (48% cf 35%; p = 0.004) with whom they were more likely to use condoms (p = 0.009). However, the black women were more likely to have gonorrhoea (7% cf 2% p < 0.0003), chlamydial infection (12% cf 5% p < 0.002), trichomoniasis (10% cf 2% p < 0.00001), or to sexual contacts of men with non-gonococcal urethritis (19% cf 12% p < 0.02). They were less likely to have genital warts (3% cf 12% p = 0.002). Logistic regression showed that all these variables were independently associated with the black women. The Asian women (2%), none of whom had a sexually transmitted disease, had commenced intercourse later (mean 19.7 years) than both black women (mean 16.8 years) and white women (mean 17.6 years). CONCLUSIONS: Sexual intercourse commenced approximately 1 year earlier in the black women, who were more likely to have become pregnant, had children, and to have acquired a bacterial sexually transmitted infection than were the white women.

285. Faulkner, A. H. and K. Cranston (1998). "Correlates of same-sex sexual behavior in a random sample of Massachusetts high school students." American Journal of Public Health 88(2): 262-6. http://www.ncbi.nlm.nih.gov/pubmed/9491018.

OBJECTIVES: This study documented risk behaviors among homosexually and bisexually experienced adolescents. METHODS: Data were obtained from a random sample of high school students in Massachusetts. Violence, substance use, and suicide behaviors were compared between students with same-sex experience and those reporting only heterosexual contact. Differences in prevalence and standard errors of the differences were calculated. RESULTS: Students reporting same-sex contact were more likely to report fighting and victimization, frequent use of alcohol, other drug use, and recent suicidal behaviors. CONCLUSIONS: Students with same-sex experience may be at elevated risk of injury, disease, and death resulting from violence, substance abuse, and suicidal behaviors.

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286. Garofalo, R., R. C. Wolf, et al. (1998). "The association between health risk behaviors and sexual orientation among a school-based sample of adolescents." Pediatrics 101(5): 895-902. http://www.ncbi.nlm.nih.gov/pubmed/9565422.

OBJECTIVE: This study is one of the first to examine the association between sexual orientation and health risk behaviors among a representative, school-based sample of adolescents. DESIGN: This study was conducted on an anonymous, representative sample of 4159 9th- to 12th-grade students in public high schools from Massachusetts' expanded Centers for Disease Control and Prevention 1995 Youth Risk Behavior Survey. Sexual orientation was determined by the following question: "Which of the following best describes you?" A total of 104 students self-identified as gay, lesbian, or bisexual (GLB), representing 2.5% of the overall population. Of GLB youth, 66.7% were male and 70% were white (not Hispanic). Health risk and problem behaviors were analyzed comparing GLB youth and their peers. Those variables found to be significantly associated with GLB youth were then analyzed by multiple logistic regression models. RESULTS: GLB youth were more likely than their peers to have been victimized and threatened and to have been engaged in a variety of risk behaviors including suicidal ideation and attempts, multiple substance use, and sexual risk behaviors. Four separate logistic regression models were constructed. Model I, Onset of Behaviors Before Age 13, showed use of cocaine before age 13 years as strongly associated with GLB orientation (odds ratio [OR]: 6.10; 95% confidence interval [CI] = 2.45-15.20). Early initiation of sexual intercourse (2.15; 10.6-4.38), marijuana use (1.98; 1.04-4.09), and alcohol use (1.82; 1.03-3.23) also was associated with GLB orientation. Model II, Lifetime Frequencies of Behaviors, showed that frequency of crack cocaine use (1.38; 1.06-1.79), inhalant use (1.30; 1.05-1.61), and number of sexual partners (1.27; 1.06-1.43) was associated with GLB orientation. Model III, Frequency of Recent Behaviors, showed smokeless tobacco use in the past 30 days (1.38; 1. 20-1.59) and number of sexual partners in the previous 3 months (1. 47; 1.31-1.65) were associated with GLB orientation. Model IV, Frequency of Behaviors at School, showed having one's property stolen or deliberately damaged (1.23; 1.08-1.40) and using marijuana (1.29; 1.05-1.59) and smokeless tobacco (1.53; 1.30-1.81) were associated with GLB orientation. Overall, GLB respondents engaged disproportionately in multiple risk behaviors, reporting an increased mean number of risk behaviors (mean = 6.81 +/- 4.49) compared with the overall student population (mean = 3.45 +/- 3.15). CONCLUSION: GLB youth who self-identify during high school report disproportionate risk for a variety of health risk and problem behaviors, including suicide, victimization, sexual risk behaviors, and multiple substance use. In addition, these youth are more likely to report engaging in multiple risk behaviors and initiating risk behaviors at an earlier age than are their

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peers. These findings suggest that educational efforts, prevention programs, and health services must be designed to address the unique needs of GLB youth.

287. Lecca, P. J. (1998). Cultural Competency in Health, Social, and Human Services : Directions for the Twenty-First Century. New York, Garland Publishing.

288. Marrazzo, J. M., L. A. Koutsky, et al. (1998). "Genital human papillomavirus infection in women who have sex with women." Journal of Infectious Diseases 178(6): 1604-9. http://www.ncbi.nlm.nih.gov/pubmed/9815211.

Genital infection with human papillomavirus (HPV), as determined by polymerase chain reaction detection of HPV DNA and prevalence of HPV-6 and -16 serum antibodies, was investigated in 149 women who were sexually active with women. By use of HPV L1 consensus primers and hybridization to types 6/11, 16, 18, 31/33/35/39, and 45 and a generic probe, HPV DNA was detected in 30% of subjects; of these, 20% had type 31/33/35/39, 18% had type 16, and 2% had type 6/11. Of 21 subjects reporting no prior sex with men, HPV DNA was detected in 19% and squamous intraepithelial lesions in 14%. By capture ELISA with HPV-6 and -16 L1 capsids, 47% of subjects were seropositive for HPV-16 and 62% for HPV-6. Current smoking was associated with detectable HPV DNA. Genital HPV infection and squamous intraepithelial lesions are common among women who are sexually active with women and occur among those who have not had sex with men.

289. Patton, L. L., R. G. McKaig, et al. (1998). "Oral manifestations of HIV in a southeast USA population." Oral Diseases 4(3): 164-9. http://www.ncbi.nlm.nih.gov/pubmed/9972166.

OBJECTIVES: Examine variations in oral manifestations of HIV by gender, race, risk behaviors, substance use and immune status in a previously unstudied population in the southeast region of the USA. DESIGN: Cross-sectional analytic study. SETTING: Academic medical center, North Carolina, USA. SUBJECTS: First 238 HIV-infected adults (76% male; 59% Black) enrolled in an ongoing longitudinal study. METHODS: Oral examination, medical chart review, sociodemographic and behavioral interview. Descriptive, bivariate, and multivariable analyses. OUTCOMES: Presence of oral manifestations of HIV. RESULTS: 50% had recent CD4 counts < 200 cells microliters-1, 48% had one or more oral lesion. Specific lesion prevalence: hairy leukoplakia (OHL) 26.5%; candidiasis (OC) 20%; HIV-associated periodontal diseases (HIV-PD) 8.8%; aphthae 4.2%; papillomas 2.5%; herpes simplex 2.1%; HIV salivary gland disease 2.1%; Kaposi's sarcoma (KS) 1.7%; other 1.3%. In bivariate analyses, OHL was associated with being male, White, having a CD4 < 200, and men who have sex with men (MSM); OC was associated with CD4 < 200 and current smoking; HIV-PD was associated

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with consumption of more than seven alcohol-containing drinks per week; KS was associated with being male and MSM. Significant variables in multivariable analysis for presence of any oral lesion were White, CD4 < 200, and more than seven drinks/week; for OHL were male and CD4 < 200; and for OC were White, CD4 < 200, current smoking, and not MSM. CONCLUSIONS: MSM were at increased risk for KS and OHL, not OC, while smokers were at increased risk of OC. OC, OHL, and any oral lesion were associated with immune suppression. OHL was more likely in males independent of CD4 count.

290. Rankow, E. J. and I. Tessaro (1998). "Cervical cancer risk and Papanicolaou screening in a sample of lesbian and bisexual women." Journal of Family Practice 47(2): 139-43. http://www.ncbi.nlm.nih.gov/pubmed/9722802.

BACKGROUND: Previous studies of lesbian and bisexual women have suggested that negative experiences with health care practitioners, combined with misinformation about the health needs of this diverse population, have led to an underutilization of medical services. METHODS: This study combined focus group data (N = 44) with a self-administered questionnaire (N = 57) to explore the health concerns of lesbian women, including the prevalence of risk factors for cervical cancer, the frequency of Papanicolaou (Pap) test screening, and the barriers to obtaining care. We examined the influence of women's perceptions regarding the knowledge and sensitivity of their clinicians to lesbian issues and their experiences of discrimination in the medical setting of Pap test utilization. RESULTS: Respondents reported risk factors for cervical cancer, including multiple past or current sexual partners (both male and female), early age at first coitus, history of sexually transmitted diseases, and cigarette smoking. One forth of respondents had not had a Pap test within the last 3 years, including 39 (7.6%) who had never had a Pap test. Women who reported that their health care providers were more knowledgeable and sensitive to lesbians issues were significantly more likely to have had a Pap test within the last year, even when controlling for age, education, income, and insurance status. CONCLUSIONS: Lesbian women are at risk for cervical cancer and should receive routine cytologic screening according to individual risk assessment. The quality of clinician-patient interactions strongly influences care-seeking within the population sampled.

291. Roberts, S. A., S. L. Dibble, et al. (1998). "Differences in Risk Factors for Breast Cancer: Lesbian and Heterosexual Women." Journal of the Gay and Lesbian Medical Association 2(3): 93-101. http://dx.doi.org/10.1023/B:JOLA.0000004051.82190.c9

Purpose/Objectives: To compare differences in risk for developing breast cancer between lesbian and heterosexual women. Design: Retrospective medical record review. Setting: Lyon-Martin Women's Health Services

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(LMWHS) in San Francisco, California. Sample: Women age 35 or older, seen at LMWHS in 1995, 1996, or 1997, who described themselves as either lesbian or heterosexual. The typical participant (n = 1019) was 42.9 years old (SD = 6.85, range 35–75), white (70%), and employed (49.9%). Most were without health insurance and 99% were poor (n = 586) described themselves as heterosexual and 42.4% (n = 433) as lesbian. Measurements: Medical Record Audit Form completed by two research assistants with an interrater reliability of more than 95%. Results: There were no significant differences between the lesbian and heterosexual women in family history of breast cancer, current or past alcohol use and history of blackouts or alcohol problems, age at menarche and menopause, use of hormone replacement therapy, ever having had a mammogram or age at most recent mammogram, nor the prevalence of breast cancer. The lesbians reported more breast biopsies and had a higher body mass index; the heterosexuals had higher rates of current smoking, pregnancy, children, miscarriages, abortions, and use of birth control pills. Conclusions: There were significant differences between lesbian and heterosexual women in some of the risk factors for the development of breast cancer. Future studies should sample women of different ages, economic groups, and geographic regions. In particular, the finding that lesbians report more breast biopsies should be further explored.

292. Welch, S., P. Howden-Chapman, et al. (1998). "Survey of drug and alcohol use by lesbian women in New Zealand." Addict Behav 23(4): 543-8.

The objective of this study is to describe the prevalence of alcohol and drug use and attitudes towards alcohol use in a group of New Zealand lesbian women. The method used is 1,222 copies of a postal questionnaire (the Lesbian Mental Health Survey [LMHS]) were distributed via lesbian newsletters over a 4-month period. Responses were received from 561 women, an estimated response rate of 50.8%. The respondents were predominantly New Zealand European, highly educated, urban women in the 25- to 50-year age bracket; 30.1% smoked cigarettes, and 90.2% had drunk alcohol at some time in the past year, over half once per week or less. The median number of drinks per week was 1.5 drinks, equivalent to 22.5 ml alcohol per week. Despite a comparatively low reported use of alcohol, 48.1% of respondents expressed the view that alcohol is used excessively in the lesbian community; 75.8% had used cannabis at least once, 32.6% in the past year; 30.8% had used recreational drugs other than cannabis and alcohol at some time, 4.5% in the past year.

293. Bradford, J., J. Honnold, et al. (1997). "Disclosure of Sexual Orientation in Survey Research on Women." Journal of the Gay and Lesbian Medical Association 1(3): 169-177.

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294. Galai, N., L. P. Park, et al. (1997). "Effect of smoking on the clinical progression of HIV-1 infection." J Acquir Immune Defic Syndr Hum Retrovirol 14(5): 451-8. http://www.ncbi.nlm.nih.gov/pubmed/9170420.

Cigarette smoking as a risk factor in progression of HIV-1 disease was investigated in the Multicenter AIDS Cohort Study of homosexual men. Longitudinal data for T-cell subsets, HIV-related clinical symptoms, smoking behavior, and AIDS medication use were collected semiannually from 2,499 HIV-1-seropositive men for up to 9 years. Survival methods, including Kaplan-Meier analysis and multivariate Cox regression models, were used to assess the effect of cigarette smoking on development of Pneumocystis carinii pneumonia (PCP), AIDS, death, and self-reported oral thrush. After adjustment for CD4+ lymphocyte count and use of antiretroviral and anti-PCP medications, smoking was not significantly associated with progression to PCP, AIDS, or death in either the HIV-seroprevalent or-seroincident cohort members. Among men who had baseline CD4+ cell counts > 200/microliter, smoking was associated with a 40% increase in the hazard of oral thrush (p < or = 0.01). These data indicate that cigarette smoking does not have a major effect on the progression of HIV-1 infection to AIDS or death but may affect the incidence of oral thrush.

295. Holly, E. A., C. Lele, et al. (1997). "Non-Hodgkin's lymphoma in homosexual men in the San Francisco Bay Area: occupational, chemical, and environmental exposures." Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology 15(3): 223-31. http://www.ncbi.nlm.nih.gov/pubmed/9257657.

Chemical, occupational, and other exposures as risk factors for non-Hodgkin's lymphoma (NHL) among homosexual men are reported from a population-based case-control study of 1593 eligible subjects with NHL and 2515 control subjects conducted in the San Francisco Bay Area between 1988 and 1995. Results are presented for 312 homosexual men with NHL and 420 homosexual control subjects. HIV-positive patients were less likely than control subjects to have worked in technical, sales, and administrative occupations; service occupations; and precision production, craft, or repair-related occupations. They were likely to have had less exposure to petroleum products, aldehydes, cleaning solvents, adhesives, insecticides, welding fumes, and tar, pitch, soot, or ash. The HIV-negative patients were less likely than the control subjects to have worked in managerial or professional specialty occupations and in technical, sales, or administrative occupations. HIV-negative patients were somewhat more likely than control subjects to have been exposed to herbicides (OR = 2.0, CI = 0.89 to 4.7), to radioactivity (OR = 4.7, CI = 1.7 to 13), and to tar, soot, pitch, or ash (250+ hours: OR = 2.3, CI = 0.96 to 5.6). HIV-negative NHL patients also were somewhat more likely to have lived on a farm as children than the control subjects (OR = 2.4, CI = 1.0 to

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5.6). Pooled over HIV status, patients were somewhat more likely to have worked as motor vehicle or rail operators for more than 1 year (OR = 2.1, CI = 0.98 to 4.4). Most occupational exposures were of brief duration and many chemical exposures were reported as minimal. No clear and strong associations were found, although the risk for NHL related to exposure to several chemicals generally was reduced among HIV-positive men and elevated among HIV-negative men.

296. Krieger, N. and S. Sidney (1997). "Prevalence and health implications of anti-gay discrimination: a study of black and white women and men in the CARDIA cohort. Coronary Artery Risk Development in Young Adults." International Journal of Health Services 27(1): 157-76. http://www.ncbi.nlm.nih.gov/pubmed/9031018.

This study investigates the prevalence of self-reported experiences of discrimination based on sexual orientation among black and white women and men (25 to 37 years old) who are members of CARDIA, a multisite longitudinal study of cardiovascular risk factors. Among the 1,724 participants who responded to a 1989 questionnaire obtaining data on lifetime number of sexual partners and who participated in the Year 7 exam (1992-1993), which included questions about discrimination, 204 (12 percent) reported having at least one same-sex sexual partner: 27 (7 percent) of the 412 black women, 13 (6 percent) of the 221 black men, 87 (14 percent) of the 619 white women, and 77 (16 percent) of the 472 white men. Among these four groups, 33, 39, 52, and 56 percent, respectively, reported having experience discrimination based on sexual orientation. Additionally, 85 percent of black women and 77 percent of the black men reported having experienced racial discrimination, and 89 percent of the black women and 88 percent of the white women reported having experience gender discrimination. In the light of research associating negative stressors with poor health outcomes, including elevated blood pressure, future studies should assess public health implications of discrimination based on sexual orientation, in conjunction with racial and gender discrimination.

297. Palefsky, J. M., E. A. Holly, et al. (1997). "Anal cytology as a screening tool for anal squamous intraepithelial lesions." Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology 14(5): 415-22. http://www.ncbi.nlm.nih.gov/pubmed/9170415.

Anal squamous intraepithelial lesions (ASIL) are common in homosexual and bisexual men, and high-grade ASIL (HSIL) in particular may represent an anal cancer precursor. Cervical cytology is a useful screening tool for detection of cervical HSIL to prevent cervical cancer. To assess anal cytology as a screening tool for anal disease, we compared anal cytology with anoscopy and histopathology of anal biopsies. A total of 2958 anal examinations were performed on 407 HIV-positive and 251 HIV-negative

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homosexual or bisexual men participating in a prospective study of ASIL. The examination consisted of a swab for anal cytology and anoscopy with 3% acetic acid and biopsy of visible lesions. Defining abnormal cytology as including atypical squamous cells of undetermined significance and ASIL, the sensitivity of anal cytology for detection of biopsy-proven ASIL was 69% (95% confidence interval: 60 to 78) in HIV-positive and 47% (95% confidence interval; 26 to 68) in HIV-negative men at their first visit and was 81% and 50%, respectively, for all subsequent visits combined. The absence of columnar cells did not affect the sensitivity, specificity, or predictive value of anal cytology. Anal cytology may be a useful screening tool to detect ASIL, particularly in HIV-positive men. The grade of disease on anal cytology did not always correspond to the histologic grade, and anal cytology should be used in conjunction with histopathologic confirmation.

298. White, J. C. and V. T. Dull (1997). "Health risk factors and health-seeking behavior in lesbians." Journal of Womens Health 6(1): 103-12. http://www.ncbi.nlm.nih.gov/pubmed/9065379.

Lesbians may engage in behavior that places their health at risk and may delay health care and screening more than do their heterosexual counterparts. This article examines influences on lesbians' health risk factors and health-seeking behaviors. A statewide, self-administered survey of members of a lesbian community organization was performed. Univariate and bivariate analyses were calculated, and linear regression was used to examine models of health risks and health-seeking behavior. Of 324 respondents, 90% had disclosed sexual orientation to at least one provider, 22% reported seeking care without symptoms (preventive care), and 23% reported waiting until symptoms are at their worst or never seeking care. Young age, belief in the importance of lung cancer, difficulty of getting health care when needed, reliance on the partner for health support, and fewer male partners were all associated with greater health risk for lesbians. Difficulty obtaining health care, difficulty communicating with the primary care provider, discomfort in discussing depression, and degree of comfort in discussing menopause were all associated with a delay in seeking health care. Sensitive communication with lesbians and further identification of lesbians' specific barriers to care may improve health-seeking behavior and provide more opportunities for screening and risk factor counseling in this population.

299. (1996). "Young gay men who suffer sexual abuse more prone to HIV." AIDS Policy Law 11(13): 9. http://www.ncbi.nlm.nih.gov/pubmed/11363674.

AIDS: A study by Canadian researchers found that young gay men with a history of sexual abuse were twice as likely to have unprotected anal intercourse as gay men who had not been abused. Nearly one third of the 287 gay men in the study sample in Vancouver reported being coerced

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into having sex. Sexual abuse survivors were more apt to experience depression and self-loathing attitudes, and were more likely than other gay men to use cocaine, tobacco and nitrite inhalants. The findings suggest a vulnerability among male survivors of sexual abuse toward behaviors that place them at risk for HIV infection, and suggest that sexual abuse counseling should be integrated into HIV prevention efforts. Researchers of the study suggest that lingering effects of sexual abuse appear to be a more potent risk factor than the use of either alcohol or drugs.

300. Conley, L. J., T. J. Bush, et al. (1996). "The association between cigarette smoking and selected HIV-related medical conditions." AIDS 10(10): 1121-6. http://www.ncbi.nlm.nih.gov/pubmed/8874629.

OBJECTIVE: To clarify the effect of cigarette smoking on the development of conditions associated with HIV infection. DESIGN: Prospective and retrospective cohort study, with interview and examination twice a year since 1988. METHODS: Data on 516 HIV-infected men from cohorts of homosexual and bisexual men in San Francisco, Denver and Chicago, who were repeatedly interviewed and examined between 1988 and 1992, were analysed. After excluding men who did not have well-defined dates of seroconversion and those who were classified as ex- or intermittent smokers, 232 men remained for analysis: 106 were smokers and 126 were non-smokers. Univariate and Kaplan-Meier survival analyses were performed to assess the relationship between cigarette smoking and loss of CD4+ T-lymphocytes, diagnosis of any AIDS-defining illness, and specific diagnosis of Kaposi's sarcoma, Pneumocystis carinii pneumonia (PCP), oral candidiasis, hairy leukoplakia, and community-acquired pneumonia. RESULTS: By univariate analyses, cigarette smoking was not associated with clinical AIDS, loss of CD4+ cells, Kaposi's sarcoma or PCP, but was significantly associated with oral candidiasis [relative risk (RR), 1.32; 95% confidence interval (CI), 1.02-1.70], hairy leukoplakia (RR, 1.51; 95% CI, 1.15-1.99), and community-acquired pneumonia (RR, 2.62; 95% CI, 1.30-5.27). Dose-response effect was also evident for these three conditions (all $P < 0.01$). Kaplan-Meier survival analysis indicated no association between cigarette smoking and time of progression to clinical AIDS, Kaposi's sarcoma (KS), or PCP ($P = 0.62$, 0.54 and 0.11, respectively) but showed that cigarette smokers developed oral candidiasis, hairy leukoplakia, and pneumonia more quickly than non-smokers ($P = 0.031$, 0.006 and 0.009, respectively). CONCLUSIONS: Cigarette smoking was not associated with an increased likelihood or rate of developing KS, PCP or AIDS, but was associated with developing community-acquired pneumonia, oral candidiasis, and hairy leukoplakia in these HIV-infected men.

301. Nieto, D. S. (1996). "Who is the male homosexual? A computer-mediated exploratory study of gay male Bulletin Board System (BBS) users in New York

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City." Journal of Homosexuality 30(4): 97-124. http://www.ncbi.nlm.nih.gov/pubmed/8738747.

Using simple computer technology, 290 male homosexual Bulletin Board System (BBS) users in the greater New York City area participated in a study, the objective results of which are presented here as information of potential importance and/or interest to social workers, psychologists, and related mental health professionals. While, in general, members of the population studied tend to look like everyone else, some interesting differences with respect to (1) health-related concerns and behaviors, (2) educational attainment, and (3) socio-emotional characteristics (measured by computer administration and scoring of the Myers-Briggs Type Indicator) were identified and are presented and discussed. Further work relative to the latter is both urged and anticipated in the mental health professions' continuing efforts to operationalize their shared concerns about and values related to diversity.

302. Page-Shafer, K., G. N. Delorenze, et al. (1996). "Comorbidity and survival in HIV-infected men in the San Francisco Men's Health Survey." Ann Epidemiol 6(5): 420-30.

The course of disease associated with infection with the human immunodeficiency virus varies widely. Some patients deteriorate rapidly, while others live for years, even after an illness that defines the acquired immunodeficiency syndrome (AIDS). In this study, comorbidity, or the presence of concurrent health problems, was investigated prospectively as a possible co-factor for different rates of decline in 395 homosexual/bisexual men in the San Francisco Men's Health Study (SFMHS) who were infected with the human immunodeficiency virus (HIV). Comorbidity data obtained from baseline interviews included both chronic and infectious diseases as well as depression. Smoking, alcohol, and drug use were also examined. The most prevalent comorbid conditions were sexually transmitted diseases (90%) and hepatitis B infection (76%). Most chronic and acute concurrent health conditions were not significant discrete predictors of survival to AIDS or death after controlling for immune status and markers of disease progression. Significantly, other risk factors (e.g., depression and smoking) were found to be associated with more rapid progression. Men with symptoms of depression had a higher risk of progression of AIDS diagnosis; the relative hazard (RH) was 1.4 (95% confidence interval [CI], 1.00-2.08); smoking was associated with higher risk of death (RH, 1.6; 95% CI, 1.20-2.17). Older age was marginally associated with poorer survival to death. No associations were found between survival and alcohol and drug use.

303. Skinner, W. F. and M. D. Otis (1996). "Drug and alcohol use among lesbian and gay people in a southern U.S. sample: epidemiological, comparative, and

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methodological findings from the Trilogy Project." Journal of Homosexuality 30(3): 59-92. http://www.ncbi.nlm.nih.gov/pubmed/8743117.

The Trilogy Project is a longitudinal study of lesbian and gay people living in and around two metropolitan areas in a southern state. The study was specifically designed to provide (1) epidemiological data on the lifetime, past year, and past month prevalence rates for the use of 6 illicit, 4 psychotherapeutic, and 2 licit drugs, and (2) comparative data to the National Household Survey on Drug Abuse (NHSDA). Self-report data were collected on 1067 respondents using multiple sampling strategies and a research design that yielded response rates averaging over 50%. Results indicated some age group differences in the prevalence of certain drugs by gay men compared to lesbians. When comparisons were made to the NHSDA, Trilogy Project respondents were found to have significantly higher prevalence rates for the past year use of marijuana, inhalants, and alcohol but not cocaine. While lesbian and gay people drink alcohol more frequently during the month than NHSDA respondents, few differences occurred between the two samples for heavy alcohol consumption. Research questions suggested by the data and theoretical directions for future research are discussed.

304. Glantz, S. A. and W. W. Parmley (1995). "Passive smoking and heart disease. Mechanisms and risk." JAMA 273(13): 1047-53. http://www.ncbi.nlm.nih.gov/pubmed/7897790.

OBJECTIVE--Recent clinical, laboratory, and epidemiological evidence that passive smoking causes heart disease was reviewed, with particular emphasis on understanding the underlying physiological and biochemical mechanisms. DATA SOURCES--Publications in the peer-reviewed literature were located via MEDLINE, citation in other relevant articles, and appropriate reports by scientific agencies. Greatest emphasis was given to work published since 1990. CONCLUSIONS--Passive smoking reduces the blood's ability to deliver oxygen to the heart and compromises the myocardium's ability to use oxygen to create adenosine triphosphate. These effects are manifest as reduced exercise capability in people breathing secondhand smoke. Secondhand smoke increases platelet activity, accelerates atherosclerotic lesions, and increases tissue damage following ischemia or myocardial infarction. The effects of secondhand tobacco smoke on the cardiovascular system are not caused by a single component of the smoke, but rather are caused by the effects of many elements, including carbon monoxide, nicotine, polycyclic aromatic hydrocarbons, and other, not fully specified elements in the smoke. Nonsmokers exposed to secondhand smoke in everyday life exhibit an increased risk of both fatal and nonfatal cardiac events. [References: 98]

305. Hirschtick, R. E., J. Glassroth, et al. (1995). "Bacterial pneumonia in persons infected with the human immunodeficiency virus. Pulmonary

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Complications of HIV Infection Study Group." New England Journal of Medicine 333(13): 845-51. http://www.ncbi.nlm.nih.gov/pubmed/7651475.

BACKGROUND. Patients with human immunodeficiency virus (HIV) infection are at increased risk for bacterial pneumonia in addition to opportunistic infection. However, the risk factors for bacterial pneumonia and its incidence in this population are not well defined. METHODS. In a multicenter, prospective, observational study, we monitored 1130 HIV-positive and 167 HIV-negative participating adults for up to 64 months for pulmonary disease. The HIV-positive group comprised 814 homosexual or bisexual men, 261 injection-drug users, and 55 female partners of HIV-infected men. RESULTS. There were 237 episodes of bacterial pneumonia among the HIV-positive participants (rate, 5.5 per 100 person-years), as compared with 6 episodes among the HIV-negative participants (rate, 0.9 per 100 person-years; P < 0.001). The rate of bacterial pneumonia increased with decreasing CD4 lymphocyte counts (2.3, 6.8, and 10.8 episodes per 100 person-years in the strata with more than 500, 200 to 500, and fewer than 200 cells per cubic millimeter, respectively; P < or = 0.022 for each comparison). Injection-drug users had a higher rate of bacterial pneumonia than did homosexual or bisexual men or female partners. In the stratum with the fewest CD4 lymphocytes, cigarette smoking was associated with an increased rate of pneumonia. Mortality was almost four times higher among participants with an episode of pneumonia than among the others. Prophylaxis with trimethoprim-sulfamethoxazole was associated with a 67 percent reduction in confirmed episodes of bacterial pneumonia (P = 0.007). CONCLUSIONS. Bacterial pneumonia is more frequent in HIV-positive persons than in seronegative controls, and the risk is highest among those with CD4 lymphocyte counts below 200 per cubic millimeter and among injection-drug users.

306. RJ Reynolds. (1995). "Project SCUM." Retrieved May 23, 2005, from http://legacy.library.ucsf.edu/tid/mum76d00.

307. Bradford, J., C. Ryan, et al. (1994). "National Lesbian Health Care Survey: implications for mental health care." Journal of Consulting and Clinical Psychology 62(2): 228-42. http://www.ncbi.nlm.nih.gov/pubmed/8201059.

This article presents demographic, lifestyle, and mental health information about 1,925 lesbians from all 50 states who participated as respondents in the National Lesbian Health Care Survey (1984-1985), the most comprehensive study on U.S. lesbians to date. Over half the sample had had thoughts about suicide at some time, and 18% had attempted suicide. Thirty-seven percent had been physically abused as a child or adult, 32% had been raped or sexually attacked, and 19% had been involved in incestuous relationships while growing up. Almost one third used tobacco on a daily basis, and about 30% drank alcohol more than once a week, 6% daily. About three fourths had received counseling at some time, and

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half had done so for reasons of sadness and depression. Lesbians in the survey also were socially connected and had a variety of social supports, mostly within the lesbian community. However, few had come out to all family members and coworkers. Level of openness about lesbianism was associated with less fear of exposure and with more choices about mental health counseling.

308. Eskild, A. and G. Petersen (1994). "Cigarette smoking and drinking of alcohol are not associated with rapid progression to acquired immunodeficiency syndrome among homosexual men in Norway." Scandinavian Journal of Social Medicine 22(3): 209-12. http://www.ncbi.nlm.nih.gov/pubmed/7846480.

In order to study the influence of cigarette smoking and drinking of alcohol on the progression to acquired immunodeficiency syndrome (AIDS), eighty HIV infected homosexual men were included in a prospective study from the date of diagnosed HIV seropositivity. Two men were lost to follow-up. The mean follow-up time was 62 months. By the end of the follow-up period 26 out of 78 subjects (33%) were diagnosed with AIDS. When controlling for age, year of HIV diagnosis, number of male lifetime partners and frequency of receptive anal intercourse, the adjusted relative risk of being diagnosed with AIDS for the group smoking 1-20 cigarettes daily was 0.4 (0.2-1.2, 95% confidence interval) and 1.1 (0.4-2.7, 95% confidence interval) for the group smoking more than 20 cigarettes daily, as opposed to the non-smoking group. The adjusted relative risk of progression to AIDS for daily alcohol drinkers as opposed to less frequent drinkers was 0.8 (0.3-2.2, 95% confidence interval). The adjusted relative risks of receptive anal intercourse often or usually and more than 500 lifetime male partners were 2.2 and 2.0, respectively. These estimates, however, were not significantly above 1.0. The lack of positive association between cigarette smoking, drinking of alcohol and progression to AIDS found in this study as well as in other studies, may have implication for the understanding of the pathogenesis of the HIV disease and for counselling HIV infected subjects.

309. Goebel, K. (1994). "Lesbian and Gays Face Tobacco Targeting." Tob Control 3: 65. http://tobaccocontrol.bmj.com/content/3/1/65.citation#related-urls.

310. Knowlton, R., J. McCusker, et al. (1994). "The use of the CAGE questionnaire in a cohort of homosexually active men." Journal of Studies on Alcohol 55(6): 692-4. http://www.ncbi.nlm.nih.gov/pubmed/7861797.

The prevalence and correlates of alcohol-related problems measured by the CAGE questionnaire were investigated in a population of 249 homosexually active men at a Boston community health center. Two hundred eight men (79.4%) reported alcohol use during the past 6 months and 22.9% (27.4% of alcohol users) were CAGE positive (two or more positive responses). Increased frequency of alcohol use was strongly

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associated with CAGE positivity ($p < .001$). Controlling for frequency of alcohol use, cigarette smoking was independently associated with a positive CAGE score. Other substance use and demographic variables were not independently associated with CAGE problems.

311. Lamster, I. B., M. D. Begg, et al. (1994). "Oral manifestations of HIV infection in homosexual men and intravenous drug users. Study design and relationship of epidemiologic, clinical, and immunologic parameters to oral lesions." Oral Surgery, Oral Medicine, Oral Pathology 78(2): 163-74. http://www.ncbi.nlm.nih.gov/pubmed/7936584.

This article describes the baseline findings from a study designed to compare the oral manifestations of HIV infection in homosexual men and intravenous drug users. Both seropositive and seronegative persons were studied. A standard examination instrument was developed to record indexes of oral disease as well as to record the presence of oral lesions. The two groups differed in terms of education, race, socioeconomic status, employment status, housing, and smoking experience. The prevalence and type of oral lesions differed in the two seropositive groups. In seropositive homosexual men, white lesions on the tongue (28.4%) predominated; whereas for the seropositive intravenous drug users, oral candidiasis (43.0%) and gingival marginal erythema (33.3%) were most often detected. We also observed that seronegative intravenous drug users displayed a greater number of oral lesions than seronegative homosexual men. For seropositive homosexual men, lesion presence was significantly associated with decreased levels of CD4; positive associations were seen with current smoking, antiviral drug use, and antibiotic use, and a negative association was observed with current employment. In contrast, only exposure to antiviral drugs was significantly correlated with lesion presence for seropositive intravenous drug users. This baseline analysis from our longitudinal study suggests clear differences in oral manifestations of HIV infection between seropositive homosexual men and intravenous drug users and between seronegative homosexual men and intravenous drug users. Among other parameters, it is apparent that lifestyle, access to health care, and the condition of the oral cavity before infection influence the development of oral lesions in persons with HIV infection.

312. Skinner, W. F. (1994). "The prevalence and demographic predictors of illicit and licit drug use among lesbians and gay men." American Journal of Public Health 84(8): 1307-10. http://www.ncbi.nlm.nih.gov/pubmed/8059891.

Studies on illicit and licit drug use among homosexuals of both sexes have focused primarily on gay men, used limited drug measures, and been conducted in cities known for large homosexual populations. This paper examines (1) the prevalence of 12 illicit and licit drugs by sex and age group and (2) the demographic predictors of past-year frequency of

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marijuana, alcohol, and cigarette use. Organizational mailing lists were used to collect self-report data on 455 homosexuals living in a southern state. Differences were found between gay men and lesbians in the use of specific substances and in the demographic predictors of drug use.

313. Arday, D. R., B. R. Erdin, et al. (1993). "Smoking, HIV Infection, And Gay Men In The United State." Tob Control 2: 156-158. http://tobaccocontrol.bmj.com/content/2/2/156.citation.

This article looks at three important questions: Is cigarette smoking more prevalent among homosexual men than it is among heterosexual men? Does smoking increase the risk of acquiring HIV infection? Does smoking enhance the progression of HIV disease?

314. Creatsas, G. K. (1993). "Sexuality: sexual activity and contraception during adolescence." Current Opinion in Obstetrics and Gynecology 5(6): 774-83. http://www.ncbi.nlm.nih.gov/pubmed/8286689.

Adolescent sexual activity is increasing. Premature sexual intercourse results in high figures of adolescent pregnancy and abortion, as well as in increased risk of sexually transmitted diseases (STDs). Lack of information on the prevention of STDs and poor hygiene in both boys and girls are also main reasons for increased morbidity because of STDs during adolescence. Contraceptive behaviour during adolescence varies between countries and communities. It seems, however, that the condom and oral contraceptives (OC) are popular contraceptive methods. Ineffective methods such as periodic abstinence, coitus interruptus, and withdrawal before ejaculation are in use. On the other hand, compliance of adolescents on contraception is poor. The above are additional causes for increasing rates of adolescent pregnancies. Countries providing sexual education programs in schools present lower rates of pregnancy and abortion. Adolescent pregnancy is safe if a careful follow up is accepted by the teenager. A significant number of homeless youth are homosexuals or lesbian adolescents. Most of them are at high risk for HIV infection, AIDS, and STDs. It is concluded that sexual education programs are absolutely necessary to offer adolescents the knowledge on the complications of premature sexual activity, as well as prevention of the undesired pregnancy and STDs.

315. Hogg, R. S., K. J. Craib, et al. (1993). "Sociodemographic correlates for risk-taking behaviour among HIV seronegative homosexual men." Can J Public Health 84(6): 423-6.

The aim of this paper is to determine the sociodemographic characteristics of seronegative men engaging in behaviours at high risk for HIV transmission within a cohort of homosexual men. Eligible subjects in the cohort (n = 139) were those who were HIV negative and who completed an index visit between October 1989 and September 1990 and reported

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having sexual contact with casual partners during the previous 12-month period. Risk-takers (n = 31) were those who reported having unprotected anal receptive or insertive intercourse with casual partners; while the remaining subjects (controls) (n = 108) were those who reported either not engaging in anal intercourse with casual partners or using condoms when they did. Risk-takers were significantly younger and were more likely than controls to have incomes below $10,000, to smoke cigarettes and to use nitrite inhalants. Our findings suggest the importance of targeting AIDS prevention activities to specific subgroups within the gay community who are more at risk of HIV infection.

316. Park, L. P., J. B. Margolick, et al. (1993). "Influence of HIV-1 infection and cigarette smoking on leukocyte profile in homosexual men." Annals of the New York Academy of Sciences 677: 433-6. http://www.ncbi.nlm.nih.gov/pubmed/8494235.

317. Siegel, M. (1993). "Involuntary smoking in the restaurant workplace. A review of employee exposure and health effects.[see comment]." JAMA 270(4): 490-3. http://www.ncbi.nlm.nih.gov/pubmed/8320789.

OBJECTIVE--To determine the relative exposure to environmental tobacco smoke for bar and restaurant employees compared with office employees and with nonsmokers exposed in the home (part 1) and to determine whether this exposure is contributing to an elevated lung cancer risk in these employees (part 2). DATA SOURCES--MEDLINE and bibliographies from identified publications. STUDY SELECTION--In part 1, published studies of indoor air quality were included if they reported a mean concentration of carbon monoxide, nicotine, or particulate matter from measurements taken in one or more bars, restaurants, offices, or residences with at least one smoker. In part 2, published epidemiologic studies that reported a risk estimate for lung cancer incidence or mortality in food-service workers were included if they controlled, directly or indirectly, for active smoking. DATA EXTRACTION--In part 1, a weighted average of the mean concentration of carbon monoxide, nicotine, and respirable suspended particulates reported in studies was calculated for bars, restaurants, offices, and residences. In part 2, the relative lung cancer risk for food-service workers compared with that for the general population was examined in the six identified studies. DATA SYNTHESIS--Levels of environmental tobacco smoke in restaurants were approximately 1.6 to 2.0 times higher than in office workplaces of other businesses and 1.5 times higher than in residences with at least one smoker. Levels in bars were 3.9 to 6.1 times higher than in offices and 4.4 to 4.5 times higher than in residences. The epidemiologic evidence suggested that there may be a 50% increase in lung cancer risk among food-service workers that is in part attributable to tobacco smoke exposure in the workplace. CONCLUSIONS--Environmental tobacco smoke is a

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significant occupational health hazard for food-service workers. To protect these workers, smoking in bars and restaurants should be prohibited.

318. Borland, R., J. P. Pierce, et al. (1992). "Protection from environmental tobacco smoke in California. The case for a smoke-free workplace." JAMA 268(6): 749-752. http://jama.ama-assn.org/cgi/content/abstract/268/6/749

319. Craib, K. J., M. T. Schechter, et al. (1992). "The effect of cigarette smoking on lymphocyte subsets and progression to AIDS in a cohort of homosexual men." Clinical and Investigative Medicine. Medecine Clinique et Experimentale 15(4): 301-8. http://www.ncbi.nlm.nih.gov/pubmed/1516287.

We investigated the effect of cigarette smoking on the percentage of CD4 and CD8 cells (CD4%, CD8%) within a prospective study of homosexual men in Vancouver, Canada and compared progression rates to AIDS among seroincident smokers and non-smokers. Serial measurements of CD4% and CD8% obtained from four annual visits were available for 299 men and were compared with respect to smoking status and serologic group. CD4% was significantly elevated (p less than 0.025) and CD8% was significantly lower (p less than 0.002) in seronegative smokers compared to non-smokers. However, no effect of smoking was observed in the seropositive group for either of these variables. In a prospective analysis of 122 seroincident subjects, we failed to find a significant association between smoking and progression to AIDS (p = 0.829) or Pneumocystis carinii pneumonia (p = 0.894). At 72 months, cumulative AIDS progression was 29.1% in seroincident smokers compared to 25.2% in seroincident non-smokers. These data suggest that in the absence of HIV, smoking is associated with higher CD4% and lower CD8% but these effects are not present in seropositive subjects with longer durations of infection. Cigarette smoking does not appear to be associated with an altered rate of progression to AIDS.

320. Penkower, L., M. A. Dew, et al. (1991). "Behavioral, health and psychosocial factors and risk for HIV infection among sexually active homosexual men: the Multicenter AIDS Cohort Study." American Journal of Public Health 81(2): 194-6. http://www.ncbi.nlm.nih.gov/pubmed/1990857.

We examined whether 644 homosexual men who engaged in receptive anal intercourse were at particularly elevated risk for seroconversion if they also possessed specific behavioral, health or psychosocial vulnerability characteristics. Of 11 potential factors examined, heavy drinking, moderate to heavy drug use, and younger age were significantly related to seroconversion. These variables were also associated with an increased number of sexual partners, anonymous sex, and failure to use condoms.

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321. Coates, T. J., R. D. Stall, et al. (1988). "Behavioral factors in the spread of HIV infection." Aids 2 Suppl 1: S239-46. http://www.ncbi.nlm.nih.gov/pubmed/3147677.

PIP: Evidence that behavioral factors affect the spread of HIV infection, both direct and by implication from high-risk behavior in general, and a model for further research and intervention are reviewed. Measurement of prevalence of high-risk behaviors over time is essential to see whether risk is increasing or decreasing in populations. There is good evidence that AIDS education programs have controlled HIV spread among homosexual and bisexual men in San Francisco, judging by both HIV seroprevalence and that of gonococcal proctitis. These educational interventions virtually saturated the area. Other populations have failed to respond to AIDS education, particularly teens, young adults, poor, non-white, less educated, and people from other areas. 39% of AIDS cases in the U.S. are from minority groups; 50% are Black and 24% are Hispanic. Currently homosexual men living outside a gay community, those without social ties and bisexual men are still showing increasing HIV infections, while homosexual men in open, active communities have decreasing rates. Other risk-behaviors associated with HIV infection include use of drugs, alcohol, tobacco, and having sex outside of "relationships." Conditions correlated with safe behaviors included knowing of one's positive HIV status, possessing skills of safe sex, perceiving one's risk accurately, and having peer support. Peer support is extremely influential, and includes general social support, peer expectations and support for behavior change, and capability to seek help when needed. A detailed AIDS risk reduction model is proposed and described.

322. Remafedi, G. (1987). "Adolescent homosexuality: psychosocial and medical implications." Pediatrics 79(3): 331-7.

Despite a widespread interest in the health of the gay community, the psychosocial and medical problems of gay and bisexual adolescents have not been adequately investigated. In this study, 29 gay and bisexual male teenagers participated in anonymous and confidential interviews regarding the impact of sexuality on family, employment, education, peers, intimate relationships, and physical and mental health. The majority of subjects experienced school problems related to sexuality, substance abuse, and/or emotional difficulties warranting mental health interventions. In addition, nearly half of the subjects reported a history of sexually transmitted diseases, running away from home, or conflict with the law. A minority had been victims of sexual assaults or involved in prostitution. Those less than 18 years of age experienced higher rates of psychiatric hospitalization, substance abuse, high school drop-out, and conflict with the law than did older participants. Various explanations for the prevalence of these problems and their implications for health professionals are discussed.

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323. Bauer, G. R., J. A. Jairam, et al. "Sexual health, risk behaviors, and substance use in heterosexual-identified women with female sex partners: 2002 US National Survey of Family Growth." Sex Transm Dis 37(9): 531-7.

BACKGROUND: Despite knowledge that some people engage in same-sex sexuality without espousing a sexual minority identity, this has rarely been studied in women. METHODS: Heterosexual women aged 20 to 44 who indicated one or more female sex partners in the past year were compared to those with less recent female sex partners, and to bisexual, homosexual, and exclusively heterosexual women using 2002 US National Survey of Family Growth data. RESULTS: Compared to exclusively heterosexual women, heterosexual women with a past-year female sex partner were significantly more likely to smoke tobacco (46% vs. 19%), binge drink (34% vs. 11%), use marijuana (58% vs. 11%), and use cocaine (19% vs. 2%). Substance use was high in this group overall, but they did not differ significantly from bisexuals on tobacco use or from homosexual or bisexual women on regular alcohol consumption. Most heterosexual women with a past-year female sex partner had only one in their lifetime. They had 10 median lifetime male partners versus 1 to 7 for other groups. Whereas similar to heterosexual women with less recent female sex partners and to bisexual women on some sexual risk measures, these women were more likely than any other group to have had a non-monogamous male partner (40%) or to have engaged in sex while high (69%). Differences in sexual risk and substance use were not explained by demographic differences. CONCLUSIONS: Results suggest same-sex behavior in heterosexual-identified women is a marker for a substance use and sexual risk profile distinct from that of bisexual, lesbian, or exclusively heterosexual women.

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