Attitudes Toward Tobacco Use and Clean Air Advocacy in the LGBT Communities of Monroe and Baton Rouge, Louisiana

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Introduction and Background Research

In 2009, the Louisiana Public Health Institute, through its Tobacco-Free Living (TFL) program, offered community-targeted grants to populations with tobacco use disparities. A $12,000 TFL grant for each population, including LGBT people, persons with HIV/AIDS, service industry workers, African-Americans, and other groups, was offered in each state Region. Forum For Equality, a state-wide LGBT rights organization, and the Louisiana Office of Public Health – HIV/AIDS Prevention Program co-authored and received grants for the LGBT population in Region 2 (Baton Rouge) and Region 8 (Monroe/Ruston). With funding from these two grants, we conducted a study in Baton Rouge and Monroe, Louisiana to examine tobacco use in the LGBT community and the attitudes of LGBT people toward tobacco. Ultimately, we, along with Tobacco-Free Living, aimed to decrease the number of LGBT smokers and encourage implementation of smoke-free public venues in Monroe and Baton Rouge, Louisiana. However we felt there were many pieces of information which we lacked. Were LGBT people aware of the increased smoking rates within their community? How accepting was the LGBT community of tobacco use and second-hand smoke? Were LGBT people aware of the health risks associated with smoking and second-hand smoke? Did LGBT people want to quit smoking, and if so, were they aware of resources and programs available to help in their cessation goals? Did any LGBT-friendly or LGBT-specific cessation programs exist in Baton Rouge and Monroe? What cessation programs were effective in addressing LGBT smokers' needs? What barriers to cessation existed for LGBT smokers? Were there any underlying factors which contributed to higher rates of smoking within the LGBT population? Were LGBT people interested in smoke-free venues? Would they support or advocate for smoke-free venues, and if not, what barriers kept them from doing so? These questions and others motivated our search for more information.

Though studies have widely documented and examined the high rates of alcohol and drug abuse, depression, stress, and inaccessible healthcare which affect the LGBT community, only recently have researchers begun to study the impact of tobacco on the LGBT community. In Louisiana, where state laws permit smoking inside bars and casinos, the LGBT community relies heavily on bars and clubs for dating and social interaction. As many participants pointed out in the focus groups, socializing in an LGBT bar in Louisiana tends to include alcohol and tobacco, which unfortunately has an effect on the health of these individuals. Whether the LGBT individuals in these focus groups were smokers or non-smokers, most identified that the bars and casinos were the locations they were most exposed to second-hand smoke.

Though TFL and other groups are pushing for a state law banning tobacco use inside public venues like bars and casinos and trying to spread cessation information across the state, little research exists to show the rates of Louisiana LGBT tobacco use, support for or against tobacco use, support or need for cessation strategies, and support for or against smoke-free LGBT venues. We conducted this study to learn more about the knowledge, attitudes, and behaviors of LGBT people concerning tobacco use; to understand the gap between perceived norms and actual norms in LGBT tobacco use; and to use this information to understand how to engage LGBT community in smoking cessation.

A number of peer-reviewed research studies point to a higher smoking prevalence among the LGBT population. A literature review of thirteen peer-reviewed studies measuring tobacco use in the LGBT community found LGBT people smoke at much higher rates than the general population, from 38-59% higher among LGBT youth and 11-50% higher among LGBT adults. Samples from the studies included in this literature review ranged from small interview samples to large samples, such as a randomized sampling of all public school students in Massachusetts (Ryan et. al, 2001). Smith, Offen, and Malone, in their study of tobacco advertising targeted at the LGBT community, note that "a study of men who have sex with men in four urban areas found that 31.4% were smokers, compared with 24.7% of men in general." Smith, Offen, and Malone also noted a California survey compared gay men and lesbians to their straight heterosexual counterparts and found gay men's smoking rate was 33.2% compared with 21.3% smokers among heterosexual men, and lesbians' smoking rate was 25.3% compared to 14.9% of smokers among heterosexual women (2005). Gary Remafedi, Anne M. Jurek, and J. Michael Oakes conducted a study examining tobacco use in LGBT and non-LGBT-identified youth sampled in drop-in and recreational centers, cafes, bars, and a park; they found LGBT youth were more likely to have smoked in the past and more likely to want to quit smoking (2008).

Researchers speculate the disparity in tobacco use may be due to a number of factors, such as high stress and depression documented in the LGBT community, the use of drugs and other high risk behaviors, and the bar/club culture that has historically offered places LGBT individuals can connect with others in the community (Ryan, et. al. 2001). Researchers also speculate that issues pertaining to an individual's sexual orientation and gender identity non-conformance may increase the tendency to smoke. These issues could include a lack of parental/familial support, feelings of isolation, the stress of coming out, identity re-formation within the LGBT community, harassment/violence, and/or fear of harassment/violence (Ryan, et. al. 2001).

Several studies also document tobacco companies' targeting of the LGBT community in advertising and marketing campaigns, which may have an impact on the smoking rates of LGBT individuals (Ryan, et. al. 2001). Smith, Offen, and Malone note "tobacco brand event sponsorship" has become an increasingly popular advertising method for tobacco companies. The U.S. federal government began restricting tobacco advertising in 1971 to keep tobacco ads off television, and in recent years has pushed harder to limit advertising, especially in magazines and other publications seen by youth (2005). Smith, Offen, and Malone analyzed national and local LGBT-targeted magazines and newspapers, and found 53% of advertisements with tobacco messaging and imagery were pro-tobacco and pro-smoking. 47% of the advertisements with tobacco messaging and imagery promoted tobacco cessation and anti-tobacco messages, though these advertisements were more likely to be less "glamorous," including black text only, no pictures, and smaller size advertisements less likely to catch readers' attention (2005). Smith, Offen, and Malone note that pictures in the pro-tobacco advertising glamorized smoking and reinforced the "neutrality" and "normality" of smoking with the LGBT community (2005).

Washington notes in "Burning Love: Big Tobacco Takes Aim at LGBT Youths," that tobacco companies have courted LGBT leaders and the community through sponsorships of LGBT political and social groups and HIV/AIDS organizations, along with print ads with "subtle" gay imagery – women couples in men's tailored clothes, men with pinky rings instead of wedding rings, pictures of men's crotches in jeans with a carton of cigarettes – in carefully placed venues, such as magazines with large gay male

readerships or lesbian readerships and in "gayborhoods" such as San Francisco's Castro district (2002). Washington also claims the tobacco industry is careful to exploit the bar culture of the LGBT community, because, as cited in one survey, "32% of lesbians and gays cited the bar culture as a factor for their nicotine addiction" (2002). She says the tobacco industry preys on the high rates of drug and alcohol use of LGBT youth and young adults, who are also more likely to suffer depression, suicidal thoughts, and social anxiety due to the stress of coming out and dealing with discrimination and intolerance toward their sexual orientation and gender identity (2002).

But the lack of published peer-reviewed studies offers little data showing LGBT individuals' attitudes and behaviors concerning toward tobacco use, tobacco cessation, second-hand smoke, or other tobacco-related issues, such as smoke-free venues. Several informal surveys of LGBT people conducted in different states by LGBT organizations, public health professionals, and state public health offices provide more in-depth information about the LGBT community's tobacco use and attitudes concerning tobacco and tobacco issues. Unfortunately, these studies are location specific; few studies compare state-by-state data or use nationwide samples. A cursory glance of these studies does show significant overlapping information.

In Breaking the Habit: The 2006 Southeastern Michigan LGBT Tobacco Use Report, individuals at Affirmations Gay and Lesbian Center surveyed 350 people in the summer of 2006 at LGBT bars and restaurants, Affirmations events, community pride events, and through an online survey. In this study, 76% of respondents identified as lesbian or gay, 14% as bisexual, and 2% as heterosexual; heterosexual respondents were included in case these respondents were transgender and identified as heterosexual. 33% of respondents indicated that they currently smoked, compared to 22% of all adults nationally who smoke. 51% of respondents agreed or strongly agreed that smoking is one of the most important LGBT health issues, and 73% of people supported smoke-free venues, including 70% of respondents who would be more or just as likely to frequent their favorite bar if it became smoke-free ("Breaking the Habit: The 2006 Southeastern Michigan LGBT Tobacco Use Report" 2006).

Another study conducted in Alburquerque, Santa Fe and Las Cruces, New Mexico in 2006 sampling self-identified LGBT people at Pride events looked at "tobacco prevention and cessation programming efforts for LGBT people." 40.4% of respondents identified as lesbian, 41.9% as gay, 10.4% as bisexual, and 7.3% as other. 5.4% of respondents identified as transgender. 38.7% of respondents said they currently smoked, compared to 19.3% of the general population of New Mexico who currently smoke; only 32.8% of respondents knew that LGBT people are more likely to smoke. The majority of respondents thought LGBT people were equally likely to smoke compared to straight people. In response to questions concerning second-hand smoking, 54.2% of respondents said bars were the place they most frequently were exposed to second-hand smoke. 27.8% of respondents believed bars should be smoke-free. 18.1% of respondents planned to quit smoking soon, and 25% were trying to actively quit or cut down on smoking at the time of the survey (Padilla, Reid, and Penaloza 2006).

John Daws and Violeta Dominguez analyzed the Arizona Adult Tobacco Survey data set from 2002 to 2005 to gather information concerning tobacco use and cessation among LGBT people in Arizona. 31% of GBT men and 36% of LBT women reported currently smoking, compared to 22% of heterosexual men and 18% of heterosexual women. Daws and Dominguez also noted that "the number of LGBT clients in cessation services has doubled over the past five fiscal years" in Arizona (Daws and Dominguez 2008).

A study conducted in North Carolina by the North Carolina Division of Public Health Surveillance and Evaluation Team and the North Carolina Tobacco Prevention and Control Branch surveyed 136 LGB people at the North Carolina Pride Festival in September 2004. 42% of respondents were current smokers as compared to the North Carolina general population's smoking rate of 24.8% in 2003. 52% of smokers reported trying to quit in the past year. 79% of participants supported smoke-free "public places," but the

study did not specifically ask about bars or casinos ("Sexual Orientation: Tobacco Disparities Short Report 2004).

A Minnesota study from December 2005 collected data from LGBT people through assessments of educational venues, thirteen focus groups, two annual surveys at LGBT pride festivals, and interviews with community leaders. Focus group participants noted smoking was a social lubricant for LGBT youth looking to fit in. The participants said a person's age, race, class, gender, and "scene" affected their rates of smoking, and respondents said stress, social and peer pressure, targeted marketing, and the association between smoking and other addictions were some of reasons for a higher smoking rate among the LGBT population. Respondents noted a number of health concerns caused by smoking and also social consequences, such as an impact on relationships and dating, social division between smokers and non-smokers, smokers' feeling of being ostracized, smoking as a social connection, and smoking as an enhancement of images of masculinity. When asked about secondhand smoke, respondents identified a negative impact to health, denial of impact on health, secondhand smoke as a social deterrent, and costs associated with exposure to secondhand smoke. The respondents also identified multiple barriers to smoking cessation, including: addiction, stress, anxiety, depression, hopelessness, routine/ritualistic smoking, social ties to smokers, and lack of success with cessation methods. Participants lived in a state which had already passed smoking bans in bars, so participants did not answer questions about support and advocacy for Clear Air laws. The surveys used in this study found 28% of the LGBT sample were current smokers. 67% of respondents also identified that they would somewhat support or strongly support laws that banned smoking inside public places, including bars. 83.1% of respondents said they would go out as often or more often if there was a law in their city/county requiring bars to be smoke-free (Cardona, Hastings, Zemsky 2005).

A Colorado qualitative study used ten LGBT focus groups between November 2001 and June 2002, along with 126 surveys administered to people throughout Colorado, in Denver-area LGBT bars/clubs and a coffee shop, and at Aspen's Gay Ski week. 46.8% of surveyed participants identified themselves as current smokers. The study revealed no cessation programs targeted specifically to LGBT adults in Colorado, and participants identified multiple barriers to cessation, including the stress of "being out" and homophobia, community connection through tobacco use and the "bar culture," psychological and physical benefits to smoking, positive or mixed images of smokers, an inability to find effective cessation strategies, and the lack of LGBT-sensitive health care providers and LGBT-targeted cessation programs. Non-smokers showed significant support for smoke-free venues, while smokers had mixed reactions about whether to make bars and clubs smoke-free ("A Qualitative Exploration of the Tobacco Control Needs of the Lesbian, Gay, Bisexual, and Transgender…" 2002).

An Ohio study on tobacco use and tobacco control which included two LGBT focus groups found participants were able to identify numerous state and national tobacco cessation campaigns, but participants felt that other health issues were more urgent for LGBT individuals. Participants could not identify any LGBT-specific tobacco cessation campaigns. The participants did note that stress and social connection to other LGBT people were reasons for why they started smoking, and they identified several barriers to cessation, including costs, lack of health insurance, ritualistic tobacco use, stress, and concern about weight gain ("Voices of the Lesbian, Gay, Bisexual, Transgender on: Tobacco Use, Tobacco Control, and the Effects of Tobacco" 2006).

These studies together provide a bevy of new information concerning LGBT tobacco use; in agreement with peer-reviewed studies, data from these studies corroborates that the LGBT population has a higher smoking rate than the general population. Factors specific to the LGBT community may affect LGBT smoking rates, including stress, alcohol and drug use, the "bar culture," feelings of isolation, and socialization and identity formation in the LGBT community. Barriers to cessation for LGBT smokers may include ritualistic tobacco use, costs, lack of health insurance, inability to find successful cessation strategies, and use of smoking as a connection to other LGBT individuals. Many LGBT smokers are

actively trying to quit smoking or plan to quit smoking, though there are few, if any, LGBT-focused resources to help address factors which may affect their ability to successfully quit. The studies also suggest there is support among the LGBT community for smoke-free bars, clubs, and other venues, though the amount of support varies by location.

Unfortunately, these studies do not use a uniform or even comparable methodology, making comparison difficult. Most of these studies did not have a definition for "current smoking;" a uniform definition would be helpful for data comparison. VanKim and Padilla in "New Mexico's Progress in Collecting Lesbian, Gay, Bisexual, and Transgender Health Data (and it's Implications for Addressing Health Disparities)" cite some of the other methodological issues which also affect research on LGBT people and public health research. To begin, "no standard estimates exist for the percentage of LGB[T] adults" and there is a severe lack of population studies and research in general which assesses the sexual orientation of respondents (VanKim and Padilla 2010). Data on LGBT populations is not available to offer a state-by-state or a state-to-national comparison. This lack of population data prevents accurate random sampling; samples of the LGBT population must be found through snowball or convenience sampling instead, which means data cannot be generalized to the whole LGBT population. Snowball or convenience sampling may have affected the ability of researchers to obtain an accurate sample of the LGBT population (Ryan, et. al. 2001). For example, studies which sampled only in LGBT bars might have captured a skewed sample with more smokers than average for the LGBT population. A study which used specific organizations to target LGBT people would end up with demographics suited to those organizations; for example, Forum For Equality's membership demographic is largely Caucasian, male, well-educated, gay, 30's and older, and middle- or upper-middle class, which probably influenced the sample of our study.

Due to these methodological issues, finding accurate data on the number of smokers in the LGBT population may be difficult, if not impossible. There is also no standard for measuring individual sexual orientation or transgender identity (Ryan, et. al. 2001). Most commonly, "sexual orientation is measured using self-identity [but] if individuals are not comfortable self-identifying as LGB…the self-identity measure would most likely underestimate the true percentage of LGB adults" (VanKim and Padilla 2010). However, many of the terms offered for respondents, including "lesbian," "gay," and "bisexual," "are not applicable to all individuals, particularly people of color or from various racial/ethic groups, as they may have other terms to describe their sexual identity" (VanKim and Padilla 2010). Individuals may prefer terms like queer, same-sex loving, genderqueer, pansexual, or other terms. Some researchers may question study participants about attraction and/or sexual behavior instead of using identity categories to better sample for individuals who have sexual attractions or sexual relations with people of the same sex, but who do not use the words "lesbian," "bisexual," or "gay" to describe themselves. While this method may be more accurate in capturing sexual behavior, as this method is not standard, using this method to sample may prove difficult when trying to compare findings from other studies which use identity to measure demographic information. No matter which method is used, sampling problems and identity issues may still hinder accuracy in research.

Unfortunately, there is a serious dearth of information pertaining to the LGBT community in Louisiana, and even more so, a lack of information pertaining to LGBT tobacco use in Louisiana. Only one study that we are aware of looked at tobacco use by Louisiana LGBT people and LGBT individuals' attitudes concerning tobacco use. The National Association of LGBT Community Centers conducted a series of focus groups across the United States, including a focus group of six gay men in Baton Rouge. Participants discussed the high rate of drug, alcohol, and tobacco use in the LGBT community, bars as locations for connecting with other LGBT people, and positive effects of nicotine on the lives of the participants. Focus group data was not analyzed but only available in transcript format. Further information on this study, the methodology used, and participants' responses was not available ("Year One Focus Group Summary and Codebook: NALGBTCC Tobacco Program" 2002).

In an effort to develop an understanding of how to decrease the number of LGBT smokers and encourage implementation of smoke-free public venues in Monroe and Baton Rouge, Louisiana, we present the findings of this study. Hopefully, this information will help to fill in some of the research gaps. Participants' experiences and opinions may assist in the creation of better cessation programs and campaigns for smoke-free venues. Louisiana organizations including the Louisiana Public Health Institute, the Louisiana Office of Public Health, colleges, and LGBT organizations across the state – along with medical and mental health providers – may find the results from this study helpful as they try to address the serious and multi-faceted issue of LGBT tobacco use.

Methodology

In an effort to develop an understanding of how to decrease the number of LGBT smokers and encourage implementation of smoke-free public venues in Monroe and Baton Rouge, Louisiana, data collection focused on examining LGBT participants' knowledge and attitudes concerning tobacco use, smoke-free venues, and Clean Air laws. To gather this baseline information, we conducted two focus groups in Monroe, Louisiana and two focus groups in Baton Rouge, Louisiana in April and May 2010. We drew our sample from adults who self-identified as lesbian, bisexual, gay, and/or transgender. We used LGBT political organizations, social groups, student groups, email contact lists, and HIV/AIDS resource centers in Region 2 (Baton Rouge-area) and Region 8 (Monroe/Ruston-area) to invite participants to attend these four focus groups. Flyers for the focus groups did not specify the topic of the focus groups or the study to limit bias and ensure equal representation of smokers and non-smokers in the group. The researchers had concerns that a focus group publicly identified as a "tobacco-free" or "tobacco-related" focus group would affect participation. Before each focus group, participants were briefed on the topic and methodology of the study as part of informed consent.

In Baton Rouge, the first focus group was held in the evening at the local Metropolitan Community Church (MCC BR), an LGBT-affirming local church. Both members and non-members of the church were invited to attend. The second focus group was held in the evening at the Women's Center on Louisiana State University's campus. Students, faculty, staff and individuals with no ties to the college were invited to attend. In Monroe, the first focus group was held in the afternoon at the Student Center on the University of Louisiana-Monroe's campus. Students, faculty, staff and individuals with no ties to the college were invited to attend. The second focus group in Monroe was held in the evening at GO CARE, an HIV/AIDS service organization in Monroe. The focus group coincided with the Gay Men's Wellness Center, a bi-monthly evening clinic held at GO CARE which provides health screenings, STI and HIV/AIDS testing, vaccinations, and referrals for gay men. Focus group participants received a free catered dinner of sandwiches and salads and a $15 gift card to Target as appreciation for their time and effort.

In an effort to learn more about the individuals in our sample, their tobacco use habits, and how they received information concerning the LGBT community and LGBT issues, we requested focus group participants complete an anonymous two-page survey. This survey included three parts: basic demographic questions; questions concerning participants' current tobacco use and history with tobacco cessation; and a marketing survey with questions concerning what magazines and websites participants read, LGBT bars and festivals participants attended, and participants' involvement in the LGBT community through social and political activities.

Each focus group consisted of four to twelve adult LGBT individuals who were asked a series of questions about their knowledge of LGBT tobacco use and tobacco companies' targeting; their attitudes

concerning tobacco use, smokers and smoke-free venues; and their attitudes toward anti-smoking campaigns and Clean Air laws. The question guide used for the focus groups can be found in Appendix A. The informed consent form for participants can be found in Appendix B. The survey filled out by focus group participants can be found in Appendix C. The focus groups lasted between one and a half to two hours and were tape recorded and transcribed in full. Using analytic induction, we conducted assessments of data patterns (Denzin and Lincoln 2005; Charmaz 1983) that enabled us to identify the participants' knowledge and attitudes concerning tobacco use, smoke-free venues, and Clean Air laws.

Findings

Participants' responses to the focus group questions and the survey questions fell into two themes: the knowledge, attitudes, and behaviors of LGBT people concerning tobacco use and information on engaging the LGBT community in smoking cessation and advocacy. The first section, "Knowledge, Attitudes, and Behaviors of LGBT People Concerning Tobacco Use," includes the participants' discussions and responses concerning reasons why they felt LGBT individuals use tobacco, methods they feel help smokers who are trying to quit, and their basic knowledge of the rates of LGBT tobacco use, cessation programs, and LGBT-specific cessation programs. The second section, "Engaging the LGBT Community in Smoking Cessation and Advocacy," includes the results of the marketing survey given to participants and participants' discussions and responses for supporting Clean Air laws and cessation programs, barriers to supporting Clean Air laws, reasons for advocating for Clean Air laws, and barriers to advocating for Clean Air laws.

Participants' Demographics and Tobacco Use

Baton Rouge

Responses to the demographics section of the survey completed by participants helped identify participants' backgrounds and possible sampling issues. In the Baton Rouge focus groups, eight participants identified their gender identity as "female," eight identified their gender identity as "male," one identified as "male/transman," and one left the question blank. Seven of the participants identified themselves as "lesbian," eight as "gay," one as "queer/pansexual," one as "bisexual," and one as "gay/nongay." The participant who identified as a "transman" also identified himself as "gay/nongay," [sic] possibly due to his transition, though he did not elaborate on his answer in the survey. Two of the participants were 20-24 years old, eight were 25-34 years old, four were 35-44 years old, two were 45-54 years old, and two were 55-64 years old. Fourteen participants identified their race/ethnic background as Caucasian, two as African-American, one as multi-racial, and one as other. All of the Baton Rouge participants had taken some college classes or completed degrees; four participants had taken some college classes but not yet graduated, nine participants had bachelor's degrees, and five participants had graduate degrees.

There were several concerns with this sample. According to 2000 U.S. Census data, the Baton Rouge population was 63% white/Caucasian, 34.10% African American/black, 1.6% Hispanic, .8% multiracial, and .5% other (Baton Rouge Area Chamber 2010). The sample for this study was not representative of this racial/ethnic background; the sample needed more people of color, especially African-Americans. The 2000 U.S. Census also recorded that 54.1% of Baton Rouge residents had a grade school or high school education, while 47.1% of residents had some college, an Associate's degree, a Bachelor's degree, or a Graduate degree. 14.8% of residents had completed a Bachelor's degree, and only 8% of residents had completed a Graduate degree (Baton Rouge Area Chamber 2010). The education level of the sample

was much higher than the education levels of residents in Baton Rouge; the sample needed more participants with a grade school or high school education level to be accurately representative of Baton Rouge residents. Almost half of the participants were in the same age range, from 25-34 years, and the sample could have included younger and older participants to balance out this age group. The sample also needed more bisexual and transgender participants.

The survey also showed the tobacco use and cessation history of participants. Of the eighteen Baton Rouge participants, two participants identified that they currently use tobacco. One of the two participants wrote that he smokes ".03 cigars per day," and the other participant wrote that he smokes "20 cigarettes per day." When asked where they smoke most often, one of the participants responded "at home" and the other responded "away from home." Four participants identified that they have tried to quit using tobacco in the past, and three wrote that they were successful in quitting. Three participants listed "cold turkey" as the method they used to quit, and one listed "Wellbutrin."

The survey is problematic because the questions did not prompt participants to identify if they smoked in the past, only if they smoked at the time of the survey. The survey also did not capture if an individual had successfully quit and then began smoking again later. Participants interpreted "quitting smoking" in different ways; for example, one participant said he was "successful" in quitting on the survey but reported in the focus group that he had started again just a few months after quitting and was smoking at the time of the focus group. The survey also did not measure the number of cessation attempts, the number of failed attempts, or any information on cessation methods that did not work, though some participants did record that they were unsuccessful in quitting and listed the method they used. It was not clear that all participants listed this data.

Statistical data for tobacco use in Baton Rouge was not available. According to the U.S. Centers for Disease Control (CDC), 20.5% of adult Louisiana residents smoke. The study oversampled non-smokers; a more representative sample should have included more smokers. U.S. CDC data also shows Louisiana adults smokers are more likely to be less educated, male, and between 25-44 years old (Centers for Disease Control and Prevention 2010). The sample for this study is skewed by a high number of non-smokers; the sample should have included more smoking participants. The high education level of the sample in this study possibly correlates to the low number of smokers.

Monroe

In the Monroe focus groups, three participants identified as "female" and six identified as "male." Six participants identified as "gay," two as "lesbian," and one as "bisexual." Two participants were 19 years old or younger, three were 20-24 years old, two were 25-34 years old, and one was 45-54 years old. Eight participants identified their racial/ethnic background as Caucasian and one participant identified her racial/ethnic background as African American. One participant had completed high school, six participants completed some college, one participant had a bachelor's degree, and one participant had a master's degree.

The Monroe sample had a better age representation than the Baton Rouge sample, though the study oversampled white, gay men. According to 2000 Census data, 36.8% of Monroe residents are Caucasian/white, 61.1% are African American/black, 1.0% are Hispanic, .6% are multiracial, and .2% are from another racial/ethnic background (U.S. Census Bureau 2000). The sample in this study should have included more people of color and more women to be representative of the Monroe population. A better sample would have also included more lesbian, bisexual, and transgender participants. The 2000 U.S. Census also reported that 48.81% of residents had a grade school or high school education, 21.33% had some college but had not completed their Bachelor's degree, 19.42% had completed an Associate's degree or a Bachelor's degree, and 10.44% had completed a Graduate degree (U.S. Census Bureau 2000).

Though the participants in this study had completed more college than the average Monroe resident, the sample's education level was more similar to the education levels of Monroe residents than the Baton Rouge sample.

Five of the nine Monroe participants reported currently using tobacco. One participant reported smoking "2-3 cigarettes" per day, one smoked "10 cigarettes per day," one smoked "30 cigarettes per day," one smoked "20 cigarettes per day," and one smoked "1 cigarette per month." Three participants reported that they smoked most at home, two smoked most in their cars, one smoked most at work, one smoked most at bars, and one smoked most at school. Three participants reported trying to quit, and two said they were successful. Two reported the methods they used when successful in quitting were "Chantix" and "cold turkey." The study oversampled smokers in Monroe as compared to the CDC data showing 20.5% of adult Louisiana residents smoke (2010).

Knowledge, Attitudes, and Behaviors of LGBT people Concerning Tobacco Use

In order to learn more about the knowledge, attitudes, and behaviors of LGBT people concerning tobacco use in Baton Rouge and Monroe, Louisiana, we asked a series of questions concerning participants' knowledge of LGBT tobacco use, knowledge of LGBT targeting by tobacco companies, knowledge of cessation resources, attitudes toward smokers and tobacco, and attitudes toward smoke-free venues. We strove to achieve two goals through this query: to learn more about the attitudes and behaviors of LGBT people concerning tobacco and to assess the knowledge of LGBT people concerning tobacco use, cessation resources, second-hand smoke, and targeting of the LGBT community. Participants' responses to these questions fell into four categories: reasons participants; think LGBT individuals smoke, methods that can help LGBT smokers quit, and knowledge of tobacco use, cessation resources, and targeting of the LGBT community by tobacco companies.

Reasons Why LGBT Individuals Use Tobacco

Participants discussed reasons why they felt LGBT individuals would choose to begin smoking and/or not to quit. Some participants spoke from experience; others expressed their opinions concerning tobacco use. Participants listed these reasons for smoking: social and cultural capital; tobacco as a coping method or replacement for other addictions; risk-taking attitudes and/or rebellion to parents/partner/friends' wishes to not smoke; encouragement from smokers or idolization of smokers; a lack of personal motivation to quit; and an addiction to tobacco. One or two participants also suggested other reasons for smoking, such as using tobacco appetite suppressant, but participants felt that was not a widespread reason for using tobacco. A better understanding of the factors which motivate LGBT people to begin smoking and/or choose not to quit can help public health campaigns and LGBT organizations better address the needs of LGBT smokers trying to quit. This information can also help inform educational campaigns on what issues to take into account when trying to promote smoking prevention and cessation.

Several participants in each of the focus groups suggested that LGBT youth and young adults begin smoking as a way to build social and cultural capital in the LGBT community. One gay male in the first Baton Rouge focus group explained,

> [For] the young adult population… the place to go is the bars…. it's almost in the bar you have to have a drink in one hand and a cigarette in the other. So I think that…climate…is where possibly the LGBT population differs from the general population is right at that age break and that particular cultural avenue for socializing.

A lesbian in the group responded, "Probably because there is nowhere else for us to go, really, but to the bars…there's not organizations here to hang out and socialize with other gays and lesbians in Baton Rouge, not a whole bunch, not like the big cities offer. So the only place you are going to meet people is going to the bars and the clubs." Participants from the other Baton Rouge focus group also felt smoking was, as one gay male participant pointed out, "a way to possibly blend in…when you are trying to discover who you are and what's going on…a way to assimilate into yet another community." A lesbian participant in this focus group remembered, "when I came out, my friends who I had seemed to smoke more, but it could have been when I came out I was old enough to start going to bars, too. So it could have just been a bar culture."

A Monroe participant also identified the LGBT culture as a trigger for smoking; he explained, "you tend to bond a lot through [the gay community], you tend to pick up certain traits from certain peers… you tend to click with certain cliques in the gay community and pick up all their traits… for my friends…one started smoking and then three weeks, thereabout ten of them started smoking, so it just picks up, I think."

LGBT youth and young adults may feel isolated and disenfranchised from their peers due to their sexual orientation; they may also feel overwhelmed and unable to connect to other LGBT individuals as they are just starting to come out. These youth and young adults may use smoking as a social activity to help spark conversations and help them fit into the larger LGBT bar culture. LGBT youth and young adults may feel pressured to mimic the behaviors of other LGBT people or other friend groups to help them feel more comfortable. As participants noted in discussing their own coming out and their experiences in the LGBT community, bars are an important part of socializing for the community. Cities like Baton Rouge and Monroe may provide few other LGBT-friendly spaces.

LGBT youth and adults also face another unique concern: a higher risk for depression, anxiety, and stress. LGBT people, especially when they are coming out, may deal with harassment, discrimination, and fear of negative reactions from friends, family members, and others based on their gender identity and/or sexual orientation. Several participants noted that they believed smoking may serve as a form of coping method or response to LGBT-related stress. A Baton Rouge participant explained, "I would think [tobacco use] would be higher for gay teens, you know, because the situation we all went through when we are younger. Why not, you know? Do you really want to live your life that long with society the way it is." He went on to explain that his own smoking habit is "a self-deprecating thing;" he said he used tobacco when he "really [didn't] feel like living longer, you know, when I don't really see the benefit of not smoking." Another participant in the same focus group agreed, saying, "I would think as well that [LGBT youth] are more likely to smoke due to stress and the differences. It seems to be…a good way of relieving stress. People cope in different ways and since our population has more stress, I would think they would be more apt to smoke." One Monroe male participant also used tobacco as a coping method; he explained, "If I get stressed a little, I'll smoke…it's something to get my mind off something."

Tobacco users' stress isn't limited to LGBT-related issues, though. Participants identified other stresses which may cause individuals to smoke or continue smoking. One female Baton Rouge participant explained, "I think [tobacco use] would correlate with substance abuse, too….in a group that is gonna be more inclined to have substance abuse, you are gonna see more smokers in that group, too. And the same thing [with individuals suffering from] depression." She went on to discuss how, in her experience in an LGBT Alcoholics Anonymous group, "I've been to that AA group, and they all smoke. But like, you're gonna see [with] people with different kinds of addiction problems… you just find another addiction or

whatever." Recovering addicts may turn to smoking to help relieve stress or as a replacement for another addiction.

Individuals may also begin smoking due to the same risk-taking behaviors which can lead to drug and alcohol use. Focus group participants attributed tobacco use in LGBT youth and young adults to risk taking attitudes, the rebellion of youth, and encouragement and influence from friends. A Baton Rouge female participant explained her understanding of risk taking, saying,

> You do a lot of things when you are younger than when you get older…. when you're young, you don't think anything terrible is going to happen to you, or that could be me that is going to have cancer, or that I'm gonna do it, it doesn't matter….When you're older you tend to wise up and say hey, I have these certain amount of years to live and I want to make them the best, and I'm gonna be cautious…When you're younger, you don't really care, and you just branch out with everything.

A male participant in the same focus group responded to her comment, saying,

> I can't think of a single person within my constituents that smokes, you know. The people that I can think of, the gay and lesbian people that I know that smoke, are young. And I don't know whether that's because…most of my friends are couples, most of us have children, that probably has a lot to do with it. But it seems like everyone I know that does smoke is a young person. Someone maybe who has just come out, quit frankly.

Participants in the other Baton Rouge focus group also felt like youth were more likely to try smoking for the first time or use smoking as a way to "feel cool" and fit in with a risk-taking social group. Several participants who had smoked noted that they also felt like smoking was a rebellion to their parents and other authority figures or a way to show their idolization of a smoker or group of smokers. A female Baton Rouge participant explained her idolization for her grandmother who smoked, saying "Neither of my parents smoked, and I started smoking just because I wanted to. I wanted to smoke when I was like five. My grandmother smoked, and [I thought that smoking made me] cool….I remember being twelve and telling my mother, when I'm older I'm going to have my own apartment so I can smoke."

A Baton Rouge female participant described her high school experience and the influence of friend groups, saying,

> As far as youth…I feel like it really affects what type your friend group is, like who you are around, like I mean, I happen to have a group of friends that they drank but they didn't smoke, or they smoked pot, more than they smoked cigarettes, so, I don't know. But I mean, if I had a friend group in high school that had smoked, I probably would be smoking, or would have smoked then, I don't know if I would continue to be, but I feel like it really depends on if your friend group or the people that you look up to or what to be around does something, you'll probably be more likely to do whatever it is.

A Monroe male participant explained that his friends picked up the habit almost directly one after another; the group's behaviors reinforced positive notions about smoking and downplayed the risks involved for each individual. He stated, "for my friends…one started smoking and then three weeks, thereabout ten of them started smoking." Another participant in the same focus group responded, "you always smoke when you're around your friends that smoke more." The participants' descriptions also provide another example of individuals using smoking to gain social or cultural capital; the participants felt youth mimicked the behaviors of their peers to feel a sense of belonging and support.

Unfortunately, participants also identified that once smokers picked up the habit, a lack of personal motivation to quit and addiction to nicotine could make quitting smoking very difficult. A female Baton Rouge participant discussed her brother and sister-in-law as an example,

> [They smoke] two packs of cigarettes a day… so it's like $400 a month for cigarettes, and that's… it's like you can buy medication with that… so there's always an excuse. I know he is sincere, but there is people out there that truly can't afford it and want to stop. So I mean, I know for certain my brother, because his wife smokes, too, and it would be hard for one and not the other. There's always an answer. You know, what if I stop, she's gonna… It takes a lot of willpower, it takes a lot of want, and it's expensive.

Even though the participant's family members had been through serious illnesses and discussed quitting, they never had the drive to complete a cessation program or stop smoking on their own. The participant also pointed out that income could play a role in whether individuals could access medication and high quality support services which are often very expensive. Other participants also expressed a similar sentiment; two Monroe smokers and a Baton Rouge smoker admitted that they could not afford the cost of medication.

But regardless of income, individuals must express a motivation to stop smoking, especially if they face overcoming multiple factors which motivate them to smoke. All the Monroe participants who currently smoked said they were not looking to quit in the near future, though they had considered the merits of cessation and might quit at some point. Motivation and willpower will be further discussed in the section devoted to discussing methods which help smokers quit.

Participants in the focus groups identified that addiction can provide a powerful factor in encouraging smokers to continue with their tobacco use. Participants had mixed feelings on smoking addiction; some felt all smokers were addicts, while others felt only heavy smokers could be classified as addicted to tobacco. Participants debated whether addiction to smoking was genetic or smokers developed the addiction through nicotine dependency. No matter the method or quantification of addiction, the participants did agree that addiction makes smokers more likely to start smoking and less likely to quit. Participants also felt that smokers who used more tobacco for longer periods were more likely to be addicts, though they disagreed on the quantity and time period which defined "tobacco addiction." One female Baton Rouge participant explained, "I think [tobacco use is] a habit. If you have the habit, you will smoke regardless….I don't think the location or the environment forces you." Two Baton Rouge participants explained their theories of addiction, saying, "I think when you get to our age, like in your 30's, I think that's when it's more of an addiction thing and not just a, oh, it's fine with your friends. [For example,]my brother smokes, and… he's smoked for a really long time now, and…had health issues over it already, but he's just not gonna quit." Another stated, "About the addictive gene… my mother [was addicted to smoking], of course she's still smoking now, probably like 30 something years, I don't know. So I grew up in the household with the tan walls from the nicotine or the tar or whatever, and my brother cannot stand cigarette smoke. But I started smoking."

Whether addicted or not, smokers face many motivations for choosing to begin smoking or not quit. These motivations and factors must be taken into account when designing educational and prevention programs for tobacco use. These factors also play an important role in whether individuals will be successful if they choose to quit; for example, a smoker might struggle more with quitting if all of his or her friends smoke or if he or she experiences very high levels of stress. The following section discusses the participants' thoughts on methods which can help LGBT tobacco users address these factors and others to successfully quit smoking.

Methods to Help LGBT Tobacco Users Quit

Participants suggested several methods which they felt could help smokers quit. These methods included: behavioral modification programs, flooding, step-down programs, quitting cold turkey, increasing the cost of tobacco, medication and over-the-counter aids, monetary or personal incentives to quit, counseling and mental health services, social support programs (online, religious, group, etc.), education about the effects of tobacco use to self and/or others, fear of negative effects of tobacco, external factors (pregnancy, joining the military, etc.), disrupting the "culture of smoking," and making smoking more difficult through government regulation. The methods varied wildly, but participants in all three focus groups agreed that different people will respond to different methods, so offering a variety of support and options is the best way to promote cessation successfully. Participants pointed out that several methods came with barriers, such as the high cost of medication and over-the-counter aids, which limited the options for some individuals. Several participants also suggested that a multi-targeted approach which combined two or more methods, such as a support program combined with medication, would be the best plan to approach cessation. None of the participants in any of the three focus groups could identify a tobacco cessation program which catered specifically to the LGBT community or which promoted LGBT inclusivity. Participants did feel that LGBT-inclusive or LGBT-specific tobacco cessation programs might be more effective in helping LGBT people quit smoking.

Participants described their own experiences trying to quit smoking; some of the experiences were successful, others were not. Participants also discussed helping or reflecting on the experiences of friends, family members, and partners who were trying to quit smoking. Several participants discussed flooding, or prolonged exposure therapy, where individuals overcome a phobia or habit by repeatedly exposing themselves in a short period of time until they can forcibly control their reaction to the fear or their behavior. A Monroe male participant explained this process, saying "[flooding is] where you just smoke and smoke and smoke and smoke…until you get sick, and when you get sick, you get sick, and [you] create an aversion to the smell and taste of cigarette smoke." A female Baton Rouge participant explained how this process worked to help her boss quit smoking; she said, "I used to work for an oral surgeon who quit by just smoking horribly, like, he smoked so much he made himself sick of it one entire weekend and he never could stand it again." Another female participant in the same focus group explained she used the same technique to quit after trying unsuccessfully to quit for several years,

> The one time I was successful [in quitting] we had a [party] and…stayed up all night long, not so much drinking as smoking and talking [and we] went to bed at like four o'clock in the morning. I woke up the next morning and went, 'oh my god, what the hell is wrong with me.' I had the worst cigarette hangover ever… And I quit that day; I was like, I never want to feel like that again.

Participants discussed their experiences quitting using behavioral changes. Several participants felt this method could be successful in helping individuals quit or cut down on tobacco use. Some participants began behavioral changes by cutting down during a specific time they smoked, such as in the car on the way to work, or by replacing a time they smoked with another activity. One Baton Rouge female participant explained,

> Something that helped me was not just changing my routine… but like I had to focus on something else, because I have a little bit of an addictive personality. So… I got my stamp collection out, and I would sit there…instead of going outside and smoking cigarettes with my coffee, I would sit there and put all my stamps in an album…. I had to reprogram my day and my brain to not think about smoking.

Other participants described working to deal with oral fixation by using another object, like a pretzel, to prevent a smoker from wanting a cigarette. One Monroe participants explained how his friend quit by

working on their oral fixations, saying, "Back in the 70s and 80s they had the filter things that you actually put on the regular cigarette and instead of grabbing the cigarette [my friend] would grab just put the filter…in their hand and in their mouth so that they would have something there." Another Monroe participant responded, saying, "My brother-in-law used pretzels- the long stick pretzels. He would have a bag of pretzels and he would carry it around in his mouth and it would take the place of the cigarette." Participants in both the Monroe and Baton Rouge focus groups also described knowledge of electronic cigarettes, which could be used to wean smokers off tobacco while also satisfying the oral fixation.

Several participants discussed their experiences quitting through willpower or personal incentives, whether they used a step-down or cold turkey process. One participant expressed that she felt no individual could be successful in quitting smoking without having a desire to quit. She explained that when helping someone quit, "The first thing I would ask is: Do you want to quit? Because…if it's not with them to want to do it, you're wasting your time even asking." Participants described that personal motivation could come in many different forms, but no matter what form, motivation could be a powerful factor in successfully quitting. One Baton Rouge participant explained how quitting using her own motivation made her feel, saying, "It's more empowering that way. I made that choice. I didn't do gum or patches or nothing made me quit… once I did that, I was like wow, I can do anything." Another Baton Rouge participant explained how her grandmother's religious beliefs helped motivate her to quit smoking; she stated,

> My grandmother smoke[d]…. my entire growing up, and then she just quit. She said it was God. She said she was holding a cigarette in one hand and a little pamphlet about the dangers of smoking in the other and she was looking from one to the other and she said she heard God say in her head, or in her heart, you know, you'll never light another one. And she threw it away, and that was it.

Another participant had a friend who quit using another personal motivation: his love of exercising. He explained that his friend "used to be a smoker, he's quit, but he said when he started running, he said that he couldn't exercise, and that made him stop." Two participants described using money as an incentive. The Baton Rouge participant explained, " the first thing I would probably do is put all the money you are saving by not smoking, if you can do in cold turkey or if you can do it in a way that is cheaper than buying cigarettes, put it in a little jar and then buy something that you've been wanting." The Monroe participant explained a program he designed for a psychotherapy class, "For every cigarette they smoke they have to put in $.50 or a $1.00 into [a jar to donate to] charity…So let's say on day one they have five cigarettes and its $5.00, and as each day goes by they lower the number of cigarettes and their actual physical cost to their smoking as well."

Unfortunately, finding personal motivation and willpower to quit, especially when fighting the powerful addiction of nicotine, can be very difficult. A lack of personal motivation can be a huge barrier to tobacco cessation. One Baton Rouge female participant suggested that an effective tobacco cessation program would have to "be a reality thing..something that you could display or make them see [the effects of tobacco]… it would have to be real dramatic, in order to make them think." The participant expressed that without personal motivation, other methods would fail in helping a smoker quit. Another Baton Rouge participant also suggested a similar motivation. She compared how reading about the environmental effects of eating meat motivated her to want to be a vegetarian, and she felt that smokers "might not be that concerned about themselves maybe, but like if they're smoking and they have kids, [then seeing]what [tobacco is]doing to their kids, that may hit other people." These methods may help to motivate smokers to want to quit.

Some participants mentioned that they felt medication and over-the-counter aids were the most effective in helping smokers quit. For some participants, using Wellbutrin/Ziban (a prescription drug marketed as a cessation aid and an anti-anxiety drug, depending on the name), the Nicorette patch, or Nicorette gum

helped to take the edge off cravings. Chantix, another prescription drug, helped others to build an aversion to the taste and smell of cigarette smoke. One Monroe participant explained how Chantix helped him quit after he had tried many other methods unsuccessfully, "Chantix blocks the nicotine receptor in the brain so you don't get the nicotine. And I took it- the first day I had gone from a pack, a pack and half a day down to two from the first day I started smoking and by the end of the week I had no desire at all." Another participant also described a nicotine-filled inhaler prescribed in conjuction with Wellbutrin to help step down nicotine use over time. The participant felt this inhaler worked for him, but no other participants identified or mentioned this method. Unfortunately, medication and over-the-counter aids have some drawbacks. Prescription medication can have nasty side effects and isn't appropriate for everyone. Both prescription medication and over-the-counter aids are incredibly expensive, making them a poor option for individuals who are uninsured or low-income. Participants noted their objections to the high cost of medication, and one participant expressed that her insurance didn't cover the cost of Chantix or Wellbutrin/Ziban for smoking cessation.

A few participants from both Baton Rouge focus groups suggested regulation of smoking could motivate or assist smokers to quit. For example, one participant explained her experiences living in California, where she quit smoking successfully, "You can't smoke anywhere in California…it was more of a burden to smoke than anything, you know, we went to Disneyland, and I'm like where is the one smoking spot that you have fifty people… I'm like, I'd rather not. And so, yes, definitely, I feel that if they would make [Clean Air laws], people would cut down on smoking." Another male Baton Rouge participant felt that "outlawing cigarettes in bars…would disrupt the culture of smoking" which he felt might discourage young LGBT not to begin smoking, cut down on social smoking, and help smokers who were trying to quit.

A handful of participants also suggested that external factors, like becoming pregnant, joining the military, or hospitalization for an illness, could cause an individual to quit smoking. A Baton Rouge female participant explained, "My friend quit when she went in the hospital…it was a non-smoking hospital, they said leave your cigarettes here, if you need it, here's your patch, if you don't need it, fine. And then when she got out, she said I've already quit, what's the difference." A Monroe female participant explained that pregnancy caused her sister to quit smoking, and other Monroe male participant noted cancer or another serious illness which could be exacerbated by tobacco use would be a strong motivation to quit smoking. He pointed out that illness could be "something that scares you to stop [smoking]."

By far, the most common method mentioned by participants in all three focus groups was a strong support system. The type of support system varied; participants suggested AA-type groups, support through friends or family, online support programs, phone lines, and support programs put on by local organizations. One Baton Rouge participant explained his idea of a support system, saying, "If you have somebody that's staying behind you in your corner, say that you have a spouse or partner or lover, if you went over your usual level of smokes and you really love somebody, and they tell you look, please give up smoking, you'd try, you know, and if you have somebody backing you and supporting you, then you'd say well, they're really sticking to me, so why not let's give it a try, like give it up for a little while."

Participants suggested going to support groups fashioned as "a twelve step program" or "seeing a counselor or social worker..with LGBT-focused [experience] to help them get through the mental stages" of quitting, especially for individuals who use smoking to cope with stress. One participant suggested online websites, like "Quit with Us Louisiana" or "NAMI.org," the website for National Alliance on Mental Illness which has "a smoking cessation section on their website." One participant used an online program to help her quit smoking, though she could not remember the name of the program. She was not successful quitting with the program, but she felt like the program was helpful in some ways. She described the program's features,

> It kept track of how many days I was smoke free, and would email you after like 30 days….[It tracked] how much money [you spent] and how much you would smoke…and then you put in your quit date, and…it would send you a random email saying…how much money you saved, it would calculate you've added this much to your life expectancy…And it was cool because it would just randomly email me…and on the website, I never really used it, but there were like chat rooms… cause by your name it would say how long you have been smoke-free, so people could get suggestions and stuff… I loved the pop-up emails.

The program worked to build on her own person strengths and connect her through supportive emails and networks with other people working toward the same goal. But ultimately, the participant said she was not successful in quitting this program because she turned to smoking when she felt stressed and when she was around friends.

Some participants from both Baton Rouge and Monroe suggested calling 800 numbers for state or national tobacco cessation programs, though participants had a hard time giving examples of 800 numbers. One Baton Rouge participant suggested a group or organization sponsoring non-smoking events to engage individuals trying to quit smoking who wouldn't feel comfortable around the smoke at bars. She stated,

> I think the social aspect is there, the culture is there, all together, and I think people need non-smoking social events, but I think a lot of times when people think of non-smoking social events, they think of we're going to have a smoke-free night at a bar, or you know a smoke-free concert is a good idea. Just something that you can steady do and know, ok, I can go do this, but know it's non-smoking and can carry over into your regular life.

Participants from both Baton Rouge and Monroe suggested that support could lead to increased accountability. They suggested having "someone quit with you" or having a group which meets regularly to create "consistency [and] regularity, so that there's that accountability as well, so if you do falter and smoke, when you come back for the next group day, and you have your support group there saying let's do things differently next time."

Participants also noted some barriers and drawbacks to specific types of support systems. One Baton Rouge male participant discussed an experience he had as a support "buddy" for a friend trying to quit during an "annual smoke-out event." He explained, "I've been a buddy for people [so] my job was always to sort of discourage them from smoking…I never had a success anytime I have ever done it...I didn't have any training [and] I didn't know how to [be effective.]" Support systems which do not offer guidelines and training might not be effective in helping smokers quit; programs must be well-designed and tailored to the needs of smokers.

Participants also expressed their lack of interest in 800 numbers; they were reluctant to call a hotline or recommend use of a hotline to someone else. One female Monroe participant said she would suggest a hotline only if a friend or family member's smoking was "really bad, like, a big chain smoker [who smoked] a whole pack in less than an hour, then yeah I'd definitely be like "Yo, maybe you should call this number!" Another male participant from Monroe said he would suggest calling a hotline "if [smoking] got in the way of their daily activities, especially with like work or something, I'd tell them to call [a hotline]." A Baton Rouge participant pointed out the discrepancy in her actions as a counselor, saying "I don't normally call 800 numbers too much. But I tell people to every day." Participants felt hotlines could be useful for some, but for the most part, they didn't have experience or want to partake in calling a hotline.

The participants offered a wide variety of methods they felt could help smokers quit, and participants from all of the focus groups suggested the importance of providing different methods to appeal to the needs of different individuals. Though some of these methods would probably work best in conjunction with others, the variety of methods suggests that tobacco use must be approached from multiple angles – legal, social, psychological, and chemical addiction – to name a few. Combined with the reasons for beginning smoking, the participants' responses suggest that each individual must target his or her own motivations for smoking to successfully quit. For some, that may mean managing stress through counseling, while others may need medication to help with the chemical and/or psychological addiction of nicotine. The social component – whether using tobacco as a social lubricant or using support groups to quit smoking – obviously plays a big role in why individuals use tobacco and how they can quit successfully. The history and needs of each individual must be taken into account when addressing tobacco cessation, because obviously this is a situation where one program does not fit the needs of every individual.

Another critical piece of building successful tobacco cessation programs requires understanding exactly what LGBT people know. Are they aware that the LGBT community has a higher smoking rate? Do they know that tobacco companies target the LGBT community specifically? Do they know how to access cessation aids? Knowing what methods work can be useless if individuals don't know how to find programs using those methods. The next section addresses these questions.

Knowledge of LGBT Tobacco Use, Tobacco Company Targeting and Cessation Aids

To better assess the knowledge of participants' concerning rates of tobacco use in the LGBT community, tobacco company targeting, and cessation aids, the focus group questions included a section to determine what information participants in the focus groups knew about these subjects. Understanding how LGBT people view their own community's behaviors and habits can also help explain why some LGBT individuals use tobacco as social and cultural capital. Individuals' understanding of who smokes, why they smoke, and how often they smoke can be a motivator or a deterrent for smoking, too, which is why many of the focus group questions looked at the knowledge of participants. If individuals don't know that tobacco use is a widespread public health problem for the LGBT community, they might be less likely to discuss the problem or recognize how tobacco use is affecting their community. If individuals don't know how to access cessation resources, they can't offer support to friends, family members, and partners who want to quit. Education is an important part of any public health campaign, but before public health campaigns can educate, they must understand what the community's knowledge of the problem and its effects. This section discusses the participants' responses to questions about the rates of LGBT tobacco use, tobacco company targeting, and cessation aids.

Participants in the focus groups were asked to compare the LGBT smoking rate to the smoking rate of the general population, and whether, in their opinion, LGBT people smoked more, equal to, or less than the general population. The majority of participants in all four focus groups felt LGBT people smoked on par with the general population. A few participants said they did not know. Only five or six of the participants correctly identified that LGBT people are more likely to smoke. One participant stated, "I would think…that they are more likely to smoke due to stress and the differences. It seems to be… a good way of relieving stress. People cope in different ways and since our population has more stress, I would think they would be more apt to smoke." None of the participants felt that LGBT people were less likely to smoke.

When asked to describe the number or percentage of their LGBT friends who smoked, participants had widely disparate answers. About half of participants cited a very large number – "all of them," "like 75-80%," "about 80%," "probably nine out of ten," etc, while the other half of participants cited a very small number – "a few," "about five," "only two," "maybe 10-20%," etc. But participants' appraisal of the number of their friends who smoked did not affect their view of the smoking rate of the LGBT community in general. Even after identifying large numbers of smoking friends, most participants still felt the smoking rates were "about the same as the general population." Participants' responses showed they didn't have an accurate knowledge of the rate of smoking in the LGBT community.

When asked about targeting of the LGBT community by tobacco companies, participants reported that they did not feel specifically targeted due to their sexual orientation or gender identity. Participants reported they felt that tobacco companies targeted "sex appeal," "young America" and people in general, but did not specifically choose LGBT as a target market. When asked if they had ever seen or experienced any tobacco marketing aimed at the LGBT-community, all participants but two responded that they had not. Only two participants could give examples of tobacco companies' promotions or advertisements at LGBT events or venues. A female from Baton Rouge reported, "I think some sort of a representative giver-outer came up to me at a Dallas bar, a lesbian bar, once to offer me a Camel cigarette, I don't know, I am not sure where it was. But that's the only time I can remember having anything like that." A male from Monroe remembered seeing a tobacco ad at a gay bar "years ago." He said, "[The advertisement] had the Camel in a speedo that was pride. It was at pride and he had like a pride speedo on him, with this Camel and he had like a big package on him. It was at Oz, I think…it was New Orleans Gay Pride." None of the participants could remember any tobacco advertisements targeting the LGBT community in Monroe or Baton Rouge, Louisiana.

Participants were also asked to identify what, if any, tobacco cessation programs they had seen or heard about. Participants from all four focus groups reported seeing advertisements for multiple cessation programs; the most common programs reported included: Truth commercials; Let's Be Totally Clear billboards, radio advertisements, online advertisements, and commercials; and Quit With Us LA online advertisements.

Participants described different tobacco cessation and Clean Air advocacy advertisements they had seen. A male participant from Baton Rouge explained, "I've seen lots of anti-smoking ads and stuff…including one where there was a bartender, a bartender saying that 'I deserve a smoke-free workplace, too.'" The program he described was "Let's Be Totally Clear," a program by the Louisiana Campaign for Tobacco-Free Living (the same program which provided a grant for this research project) and the Louisiana Department of Health and Hospitals Tobacco Control Program ("Let's Be Totally Clear"). Let's Be Totally Clear focuses on promoting smoke-free venues and supporting regulation of indoor smoking due to the negative effects of second-hand smoke. A female in the same Baton Rouge focus group also described hearing radio ads from this program, and another male from the same Baton Rouge focus group accessed the program's website, letsbetotallyclear.org. One participant from Baton Rouge described seeing Clear the Air commercials, though he said he "hadn't seen those as much lately." Another Baton Rouge participant described the tobacco cessation programs offered online by her workplace, the National Alliance on Mental Illness (NAMI). A Monroe participant described seeing 1-800-Quit-Now signs on billboards and at bus stops, along with hearing ads for the hotline over the radio. Participants in all four focus groups remembered billboards, radio ads, and other advertisements, but the majority of participants had trouble remembering the sponsoring organization or purpose for the billboards.

Six participants reported seeing LGBT-related tobacco cessation programs, though two of the programs listed were programs put on by the researchers in conjunction with the Forum For Equality and the Louisiana Office of Public Health's Tobacco-Free Living grants in Monroe and Baton Rouge. A few Baton Rouge participants reported hearing about the two smoke-free events at Dalton's Bar put on in fall of 2009 by Forum For Equality using the Tobacco Free Living grant for that region. Three Monroe participants reported attending or hearing about the smoke-free events at Rhythms Bar put on in Monroe in the fall of 2009, also by Forum For Equality using the Tobacco Free Living grant for that region. Only one participant, a female from Monroe, reported a program not related to this project. She described seeing a lesbian-targeted tobacco cessation program. She stated, "I saw something at a convention once… I remember it was signs specifically for lesbians to quit smoking, like "You don't want to kiss an ashtray"…I don't really recall the group behind it or whatever, but they were handing out little cards [at a] Convention...in Atlanta. So they were handing out breath mints or something, like use this instead of smoking. It had like lips on it."

Participants' responses to questions concerning basic knowledge of rates of LGBT smoking, tobacco company targeting, and cessation programs demonstrated that there could be a large knowledge gap and a need for education in the Monroe and Baton Rouge LGBT communities. Though some participants accurately assessed that LGBT people smoke at higher rates than the general population, most participants did not correctly identify this information. Participants were largely unaware that tobacco companies target the LGBT population. Participants had a stronger knowledge of tobacco cessation programs, though they had trouble identifying tobacco cessation programs targeted to the LGBT community. However, there might not be LGBT-targeted tobacco cessation programs available locally other than those participants identified, or national LGBT-targeted tobacco cessation programs are not reaching their target audience in Monroe and Baton Rouge, Louisiana. Either way, LGBT tobacco cessation programs are needed to help LGBT people quit smoking, but participants could not identify these resources. All of these issues must be addressed through increased education in these LGBT communities concerning tobacco use rates, the detriment tobacco use causes to the LGBT community, tobacco companies' targeting of the LGBT community, and resources for tobacco cessation. Before LGBT individuals can become engaged in smoking cessation and advocacy, they must first understand the harm tobacco use causes to LGBT people.

Engaging the LGBT Community in Smoking Cessation and Advocacy

In order to examine how to engage the Monroe and Baton Rouge, Louisiana LGBT communities in promoting smoking cessation and Clean Air laws, we queried participants about their attitudes concerning smoke-free venues, government regulation of smoking and smoke-free venues, and public health campaigns which promote smoking cessation. We strove to achieve two specific goals in our query: to better understand how to market information and reach an LGBT audience with smoking cessation messages, support, and smoke-free policies and to learn how to engage LGBT people in Monroe and Baton Rouge in smoke-free campaigning and support for Clean Air laws. This section includes a discussion of the marketing survey, reasons for support and barriers to support for Clean Air laws, and reasons for advocacy and barriers to advocacy for Clean Air laws.

Marketing Survey

To better understand how to market information and reach an LGBT audience with smoking cessation messages, support, and smoke-free policies, we asked each focus group participant to complete a marketing survey. This survey looked at how participants' receive information about the LGBT community; the survey contained questions about the LGBT bars participants visited, the LGBT organizations they belonged to, the LGBT publications they read, the community events they attended, what social networking sites they used, and the LGBT-related websites they visited. The survey can be found in Appendix C. The results show that there are several ways to market to both the LGBT communities in Monroe and Baton Rouge, Louisiana, but the inconsistency of participants' sources of information suggest that marketing and informational campaigns must incorporate multi-pronged approaches with various methods to send information to individuals in the LGBT community.

Baton Rouge

Survey results for Baton Rouge showed that all participants except one visit LGBT bars in Baton Rouge at least once every six months. Thirteen of the eighteen Baton Rouge participants visit an LGBT bar at least once a month, and seven participants said they visit an LGBT bar twice a month or more. When asked what LGBT bar participants visited, the three most popular bars listed were George's (listed ten times), Dalton's (a smoke-free bar, listed four times), L Bar (listed three times), and Splash (listed three times). Four participants also noted that they infrequently visited New Orleans LGBT bars, including Oz, The Bourbon Pub and Parade, Corner Pocket, 700 Club, Country Club, Rubyfruit Jungle, Sanctuary, John Paul's, and Lafitte's in Exile. As these bars draw a large local crowd, LGBT organizations often post information and hand out flyers and bar cards in these venues to reach the LGBT community. But the infrequency of visits reported by participants suggests that a large number of LGBT people are not receiving this information. Organizations must continue disseminating information in bars even though this method has considerable shortfalls due to the inconsistency of the audience and participants' reports that they avoid going out to bars due to the discomfort of second-hand smoke discussed later in this report. Information passed out or posted in bars may reach customers who attend the bar at least once a month, but customers who go only once every six months may miss this information. Compared to other sources of information mentioned in the survey (print media, LGBT organization membership, etc.), though, the bars remain an important source of information about local events because most participants had little contact with other local sources for information and advertising about the LGBT community.

Smoking cessation information placed in the bars is probably more likely to reach an audience of smokers, considering non-smoking participants' responses that they often avoid the bars due to second-hand smoke. But customers may not seriously consider the information in smoking cessation flyers when they are drinking in a room with friends and low lighting, where reading a flyer would be very difficult. Information marketed in these settings must be appropriate for the atmosphere and the audience; more research must be conducted to see what kind of posters and other marketing information promoting smoking cessation would be effective in the bar setting. The bar might also not be the best location for Clean Air law advocacy information; smokers in a bar would probably be the least supportive of banning smoking inside bars and casinos. Though, on the other hand, posters in a bar might strike up some interesting conversation and discussion among bar customers. More research must be conducted to assess whether promoting Clean Air law advocacy in a bar would be effective.

Participants in the focus groups were asked to list LGBT organizations in which they belonged as members or participants. The organizations listed by at least three participants included: the Human Rights Campaign, Capitol City Alliance, Forum For Equality, and the Progressive Business Network/Group. Organizations listed by only one participant included: LSU's Spectrum, NOLA Gay Men's Chorus, Rainbow Families, Metropolitan Community Church, National Gay and Lesbian Task Force, Gay Lesbian Straight Education Network, Lambda Legal, Gay and Lesbian Alliance Against Defamation, BiNet, LSU's Safe Space, PFLAG, and Krew Minedo. Of these organizations, six are local: Forum For Equality, Capital City Alliance, LSU's Spectrum, NOLA Gay Men's Chorus, and LSU's Safe Space. These organizations have very different missions and goals; Forum For Equality and Capitol City Alliance work primarily in political advocacy for gay rights, while the Gay Men's Chorus is purely a musical and social group, and Spectrum and Safe Space serve only the LSU campus and student body. As each of these organizations reaches a different type of audience, public health and LGBT organizations must consider their message and their audience if they plan to use these organizations as channels to market smoking cessation and Clean Air law advocacy to the LGBT community. For example, Forum For Equality and Capital City Alliance might be appropriate allies in the political fight for Clean Air laws, as both are already involved in state and local politics. Spectrum and Safe Space might be a good way to promote smoking cessation to college students at LSU.

The messages for each of these organizations and their members must be uniquely targeted. Even if public health and LGBT organizations were to use these organizations to reach the community, the low number of participants involved in these organizations suggests that there may be a large percentage of the Baton Rouge LGBT community which does not have ties to these groups. Marketing which includes using these groups as information channels must acknowledge the short reach of their membership and aim to use other channels to contact members of the LGBT community not involved in these groups. But partnering with these organizations might offer additional benefits beyond marketing. Members of these organizations might be willing to provide help through volunteering, donating, and acting in advocacy campaigns. LGBT and public health organizations should partner with existing organizations to host events, encourage advocacy, and get members engaged in other ways. Tapping into these existing networks could give new campaigns more recognition and clout in the Baton Rouge community.

Baton Rouge participants also listed the print LGBT publications they read. The publications were (from most listed to least): *Advocate*, *OUT*, *Ambush*, *Curve*, *Gay and Lesbian Review*, *Details*, *Backstory*, *The Dallas Voice*, and *Femme of Color*. Of these, only *Ambush* is a regional/local LGBT paper, but only three of eighteen participants read *Ambush*. As of early 2010, *Advocate* is no longer an independent magazine, but has been reduced to an insert in *OUT* magazine and a website only. This change may have cut down on the number of individuals reading the *Advocate*. The national publications would be ideal for disseminating educational information on LGBT smoking rates, second-hand smoke, tobacco-related illnesses, and national resources for LGBT people looking to quit smoking. Advertising in these publications might be rather expensive, though, so this is not a good option for a locally-targeted campaign or a campaign with a smaller budget. *Ambush*, which is published in New Orleans but claims to be available in LGBT bars and other venues across the state, might be a better option for local targeting. But as only three participants from Baton Rouge listed reading *Ambush* (and no Monroe participants cited it), *Ambush* may have an inconsistent readership among the Louisiana LGBT community. Even the national publications were not consistently listed by most or even half of the participants. The decline in

print publication readership and the results of this study indicate that print publication may not be the best marketing tool unless combined with other marketing options.

Thirteen participants listed LGBT community events they have attended. The most common event listed was Baton Rouge's Pridefest, though some participants indicated that they had attended other events, such as: Metropolitan Community Church services, Gay and Lesbian Film Festival, Pensacola Pride, Southern Decadence, dyke marches, and concerts by the NOLA Gay Men's Chorus. Participants also indicated they had attended Pride festivals in other cities. Baton Rouge's Pridefest is a great opportunity to promote tobacco cessation and educate LGBT people in Baton Rouge about smoke-free venues and LGBT tobacco use, but unfortunately, this event only happens once a year. Marketing campaigns should include this event and any other similar events. But marketing campaigns must also recognize that are no consistent year-round LGBT events in Baton Rouge, so marketing campaigns cannot rely on these events to disseminate information. Instead, public health organizations and LGBT organizations should encourage individuals to sign up for newsletters, emails, and other correspondence by email or mail at events. Metropolitan Community Church (MCC) services are held regularly, though only four participants listed that they attended MCC events and services. MCC could be a good resource for disseminating information about events and tobacco cessation, and MCC could be a good organization to partner with for events.

Sixteen out of eighteen participants used social networking/media websites. Fifteen participants listed using Facebook, six used Myspace, four used Twitter, two used LinkedIn, and one used Encounter and Yahoo IM. Participants' frequent use of social media suggests that this method may be the most effective in disseminating information. Social media is extremely accessible for most individuals and can help cut across class, race, and gender gaps which may be present in bars and organizations. Social media can also help organizations and campaigns build members and supporters more quickly and at less expense than through events and advertising, plus social media can help organizations and campaigns build members outside of their own geographic area.

These results suggest that Facebook may be the best way to directly target the Baton Rouge LGBT community with information about tobacco cessation and events. Facebook encourages organizations, companies, groups, etc. to buy advertisements and target these advertisements by location, age, sex, keywords, relationship interests, etc. Though individuals can choose to not self-identify their sexual orientation and other demographics on Facebook, Facebook's options for advertisements can help ensure information is reaching the target audience. Facebook can also offer no-cost marketing tools; public health and LGBT organizations can create a Facebook page, create event pages to market events, "friend" other people, post updates including tobacco cessation and smoke-free advocacy information, and interact with individuals by sending messages and posting on Facebook walls. These no-cost tools may offer one of the best ways to market directly to the Baton Rouge LGBT community in a consistent manner which reaches the most individuals in the target audience.

Myspace, Twitter, LinkedIn, and other social networking sites also offer similar options – paid advertisements and/or no-cost marketing tools. Myspace uses similar features to Facebook, like event sites, messaging, broadcast updates, etc. for no-cost options. Individuals on both Facebook and Myspace can include demographic information in their profiles, including sexual orientation if they choose, allowing users to target LGBT people. Twitter allows direct messaging and public updates only and does

not allow users to list demographic information, making targeted marketing more difficult. But Twitter offers an easy and no-cost way to disseminate educational information and encourage people to advocate for smoke-free venues, so this tool should still be utilized. Local Baton Rouge LGBT organizations may already have Facebook, Myspace, Twitter, or accounts with other social networking websites. Partnering with agencies that have already built a strong social networking presence in the Baton Rouge LGBT community may offer another way to use social networking to reach the targeted audience.

Participants were also queried about LGBT websites they visited regularly. All of the websites participants listed were national except one; these websites included: Advocate.com, Bilerco, Pam's House Blend, gay.com, LOGO.com, HRC.org, afterellen.com, Manhunt, MSNBC Gay Relationship and Dating, match.com, bear411.com, 365gay.com, belwothebelt.org, and livejournal. The only local/regional website was ForumForEquality.org. National websites, like national print media, may offer a way to disseminate educational information about tobacco cessation and LGBT tobacco use on a national scale, though advertisements on these websites may be expensive. But national websites are probably not the best tool for marketing to a Baton Rouge LGBT audience concerning local events. Forum For Equality's website might be a better option for local marketing, though only one person mentioned this website. Forum For Equality was mentioned in the "other sources of LGBT information list," possibly because Forum emails a weekly calendar of events around the state and sends emails concerning political advocacy for LGBT-related bills. Both of these marketing tools would probably be more effective than the website in disseminating information.

The surveys also asked participants to list any other sources of LGBT information they used. Participants listed these sources: friends' Facebook, postings at bars, Forum For Equality's calendar and emails, Capitol City Alliance emails, magazines in coffee shops, Google News, local newspaper, Progressive Business Group announcements, friends in the NOLA Gay Men's Chorus, and other internet websites. Capitol City Alliance, a local LGBT rights organization in Baton Rouge, sends emails concerning news, events, and political advocacy for LGBT-related bills. The Progressive Business Group is a LGBT group of professionals who meet for lunch on a regular basis, where announcements about events are also given. Both of these groups would be great partners for events and political campaigns.

We used several sources to advertise for the focus groups. These sources may be oversampled among participants' responses. These sources included: Forum For Equality's email list and Facebook page, Capitol City Alliance's mailing list, Metropolitan Community Church's events announcements and email list, and the Progressive Business Group's announcements.

A general overview of this data reveals that any marketing/advertising/educational campaigns conducted for the Baton Rouge LGBT community must use multiple approaches to target different members of this community. These approaches could include: partnering with local agencies to take advantage of their status/connections in the community, advertising and promoting in Baton Rouge LGBT bars, advertising in local print media *Ambush*, advertising and promoting at Baton Rouge's Pridefest and other annual events, and advertising and educating through social networking/media. Educational campaigns in national media and websites could find their way to a local audience, too, but national media and websites are not the best option for targeting locals concerning state/regional/local events and campaigns.

Monroe

Survey results for Monroe showed that seven of the nine participants visit a Monroe LGBT bar at least once a month, if not more often. One participant only visited once or twice a year, and one participant never visited. Respondents listed Corner Bar and Rhythms as the bars they visit, though Rhythms recently closed. Two respondents listed Splash in Baton Rouge and The Bourbon Pub and Parade in New Orleans. Corner Bar, as the only LGBT bar in Monroe, serves as the best physical location to reach LGBT people in Monroe. Due to the frequency of participants' visits and lack of local LGBT organizations in the Monroe area, Corner Bar may be the best location to pass out flyers and other information about upcoming events and advocacy campaigns. But, as discussed in the previous section of this report, promoting smoke-free advocacy and tobacco cessation in the bars may present unique challenges and barriers due to the location and audience. More research must be conducted on how to market specifically in the bar setting.

Six participants listed LGBT organizations they are involved in, including (in descending frequency): Forum For Equality, the University of Monroe's Gay-Straight Alliance, the Louisiana Tech Gay-Straight Alliance, and the Golden Crown Literary Society. Forum For Equality, the University of Louisiana-Monroe's Gay-Straight Alliance, and the Louisiana Tech Gay-Straight Alliance are all regional groups, though they target distinctly different audiences. The University of Louisiana-Monroe and Louisiana Tech's Gay-Straight Alliances serve only the LGBT communities on their respective university campuses; these organizations may offer a good avenue for tobacco cessation to college students and a place to disseminate information concerning smoke-free venues and events to individuals on the respective campuses. Forum For Equality is primarily a political organization, so it would serve as a good partner for advocacy campaigns for Clean Air laws. Forum For Equality's weekly calendar email may also provide an easy way to contact LGBT people in Monroe, though Forum is still working to build a presence in Monroe.

When asked about print media, four participants listed that they read no publications, five listed the *Advocate*, two listed *OUT*, and one listed *Curve*. As discussed in the previous section, the *Advocate* readership may change as the magazine becomes an insert in *OUT* instead of an independent publication. Either way, these publications are not useful for targeting the Monroe LGBT community concerning local events or state advocacy, but only for national educational campaigns on tobacco cessation and LGBT tobacco use.

Only two participants listed that they attended community events, including New Orleans Pride, the MCC Pride in Jackson, MS, and the Gay and Lesbian Film Festival (in Baton Rouge possibly, though this was not specified). None of these events were local. As these are not local and seem to be inconsistently attended by Monroe LGBT people, they will probably not prove useful for marketing to the North Louisiana/Monroe area.

All of the participants used some form of social networking/media. All participants listed using Facebook, seven listed Myspace, and one used LinkedIn. Similarly to the Baton Rouge LGBT community, Facebook and Myspace appear to offer the best methods of targeting the Monroe LGBT community due to the high rates of use and easy marketing methods available on these websites.

Five participants listed that they did not visit any websites for LGBT-related information. Two participants listed Gay.com, one listed LOGO.com, one listed Manhunt.net, one listed Lifeout.com, one listed Change.org's Gay Rights section, and one listed Adam4Adam. Manhunt.net, Gay.com, and Adam4Adam are national dating websites for gay men, so these would probably not serve as useful channels for local advertising about events or state advocacy. These websites could, like national publications, provide useful advertising space to target the gay male community on tobacco cessation and LGBT tobacco use educational information. But using sex/dating websites might not be the best place to discuss tobacco cessation. None of the other websites are for local/regional groups, either, so again, these websites could not serve for local targeting concerning events and advocacy, but only for national educational campaigns on tobacco use and smoking cessation.

Participants did list a few "other" sources for LGBT-related information, including: social networks, CNN, and the gay civil rights movement Facebook group.

The study may have oversampled individuals involved with Forum For Equality in Monroe because we primarily used Forum For Equality's mailing list and Facebook page to advertise for the focus groups due to the lack of other avenues to reach the Monroe LGBT community. We also contacted individuals through the Facebook pages of Louisiana Tech's Gay-Straight Alliance and University of Louisiana-Monroe's Gay-Straight Alliance.

The results of this marking survey suggest that there are few methods to directly contact LGBT people in Monroe. Monroe LGBT participants did read some national publications, belong to national LGBT organizations, and read nationally-focused LGBT websites. But there was a lack of local organizations, events, and publications for the Monroe LGBT community. Corner Bar was the only local bar, though participants reported visiting Corner Bar (and the now closed Rhythms Bar) frequently, making Corner a good site for disseminating information. Facebook and Myspace, which almost all Monroe participants reported using, may offer the best venue for marketing directly to the community about events, educational information, and advocacy campaigns. As other organizations, like Forum For Equality, build more members and participants in Monroe, these organizations may offer another method to contact LGBT people through email and social networks.

Smoke-Free Campaigning

In an effort to learn how to engage LGBT individuals in smoke-free campaigning, participants were queried in the focus groups about their opinions on Clean Air acts. Participants discussed both reasons why they would support and why they would not support smoke-free venues and government regulation of smoking through Clean Air acts. Participants expressed why they would or would not support government, non-profit, and/or privately-funded public health campaigns promoting tobacco cessation. Participants also discussed advocacy for and against Clean Air acts; they identified why they would or would not advocate for Clean Air acts, and the steps they would be willing to take for smoke-free advocacy. This data could help organizations, government, and public health campaigns learn how to build better advocacy campaigns to promote Clean Air acts and tobacco cessation within the LGBT community in Monroe and Baton Rouge, Louisiana. The participants' ideas and opinions can help create

new methods to target LGBT smokers for cessation and recruit both LGBT smokers and non-smokers in supporting their friends, family, and partners through smoking cessation.

Support for Clean Air Acts

The majority of focus group participants showed significant support for Clean Air laws which restrict smoking inside public venues, such as restaurants, bars, casinos, workplaces, government buildings, etc. Almost all participants supported the state law restricting smoking in restaurants and workplaces, which has been in effect since January 1st, 2007 (Americans for Non-Smokers' Rights, Louisiana, 2010).Though a state law banning smoking inside bars and casinos has come before the state legislature multiple times, including in the 2010 Louisiana Legislative session, the legislature has repeatedly voted down the law in committee or on the Senate and House floor (Smith, 2010). Some participants were aware that this bill was currently under review in the Louisiana legislature. Participants showed some knowledge that smoking bans in bars and casinos did exist in some other states, and there are different national and local groups pushing to change the law in Louisiana to ban smoking in bars and casinos. The participants in both Baton Rouge focus groups showed overwhelming support for the ban. The participants in the Monroe groups were evenly split – about half supported smoking bans for indoor public venues such as bars and casinos, and about half did not support indoor smoking bans. The Baton Rouge groups only included two smokers out of eighteen participants, while the Monroe focus groups included five smokers out of nine participants. The differing ratio of smokers in the groups, along with other differing factors, such as age and education levels, may account for why Baton Rouge focus group participants showed more support for non-smoking venues than Monroe participants.

Participants gave several reasons why they supported the indoor smoking ban, including concerns about the effects of second-hand smoke on their own health, concerns about the effects of second hand smoke on bar and casino employees' health, immediate bodily discomfort, and concern that they had the right to not be forced to breathe in second-hand smoke.

The most common reason for supporting indoor smoking bans was the comfort and health of themselves, non-smoking employees, and other customers; participants felt they should not be forced to breathe in second-hand smoke and risk the negative health effects. One female Monroe participant noted her concerns about smoking in crowded bars,

> I like the whole advertisement thing going on now where they are trying to pass legislation banning smoking in bars… I don't think you should be allowed to smoke in a bar. Cause there's people who work there that might not smoke, and it's not fair for them… and you can just go outside if you want to smoke, it's not that hard. Plus it's dangerous because when the bar gets packed, you get burnt all the time… I have scars all over me from being in a crowded bar and people smoking all around me.

A male participant from Baton Rouge also expressed his concerns about the health of employees exposed to second-hand smoke at their bar and casino workplaces.

> I just never thought about how bartenders have to put up with smoking regardless… there's laws that prohibit people from smoking in the workplace, but that is their

> workplace, and they choose to work there, yes, but at the same time, they don't have any say over whether people smoke or not, which definitely could affect their health.

A female from Baton Rouge explained how second-hand smoke negatively affected her body when she went to a gay and lesbian bar that allowed smoking indoors, "when I walk in a bar and it's really smoky, my eyes get real watery. It burns; I don't know why. But I can walk in a bar, and if there's a lot of smoke and ventilation isn't right, I got to go. Cause my eyes is like, I'm on something when I walk out. It's really bad."

Several other participants noted that they also limit their visits to gay and lesbian bars or avoid the bars altogether because the heavy second-hand smoke made them physically uncomfortable. A Baton Rouge male participant noted that he specifically avoids gay bars that allow smoking because he did not like the smell of cigarette smoke in his clothes and hair. He explained that he supports an indoor smoking ban because he would rather frequent a smoke-free bar. He stated,

> I would love to stop by the bar and have a drink, like if I am meeting people for dinner,…but I cannot do it because then, to go in route to where you are going, and you are totally infiltrated with smoke. If you are meeting friends at a nice restaurant or something, I mean, you go spend 40 minutes in that bar and you've gotta go home and shower…so I would love it if they did that smoke-free bar thing. So then I could stop and have a drink.

A Baton Rouge female participant also expressed similar sentiments,

> I still hate going to the bar, I still hate going home smelling like an ashtray. And it's just stuck in your hair and it clings to you and I can't stand it. There is actually a bar close to our house that we were going to all the time that was just like a little hole in the wall and the people were really friendly and it's just like a little neighborhood place, and I can't go there anymore because it just smells awful.

One male participant who had recently moved to Baton Rouge after living in Kentucky for several years explained his dilemma in connecting with the LGBT community in his new city,

> I have been in Baton Rouge since August… I have been trying to…find a community to be a part of, so I went to the bars one time and because the bar was smoky, I'll never go back. I kinda feel like I am separated from a community I would like to get involved in because of that one thing.

One gay male from Baton Rouge even noted that he would prefer to drive to gay bars in Houston, several hours away, because those bars are smoke free. He stated that he avoids Baton Rouge bars, saying, "I only go if it's really, you know, if I must. Or if I really feel like…I really miss my community, I'm going to go ahead and go [to a Baton Rouge bar]. Usually I tend to avoid it. Or usually I go a lot to Houston, and they don't smoke… their bars are smoke-free."

The concerns of these participants point to a possible pattern that Baton Rouge LGBT people avoid going to gay and lesbian bars and other bars because they are uncomfortable with the second-hand smoke. Over 70% of participants in both cities noted that they would prefer bars to have a designated smoking area

outside and no smoking inside. One participant, who had been to a non-smoking drag show at a gay and lesbian bar explained that he preferred the non-smoking venue based on his experience, "[Central Station in Shreveport, Louisiana has] their drag room where they do drag shows [and] they implemented non-smoking shows… and those seemed to be more attended. I know I would rather go to a non-smoking show than a smoking show."

Participants also noted their discomfort with groups of smokers who congregated around building entrances; several participants felt there should be a law banning smokers from smoking within a few feet of an entrance. A lesbian from Baton Rouge noted, "I also can't stand it when the smokers go outside, but they stand by the door, so I have to walk through the smoke…They build this little smoke wall." Another lesbian from Monroe stated,

> The other thing with the designated areas [where] smoking is outside…it's right outside the front door, so you actually have to walk through the smoking area to go into the bar or the area. [Bar owners should] put [the smoking area] in the back or on the side of a building [not] right at the front door where people are walking in. Besides that, it's also might detour people from coming into the building, if there's this big group of people out front and you don't know what is going on.

Another male participant in Monroe explained why he supported an indoor smoking ban with designated spaces outdoors for smoking, "you can smoke outside because that doesn't affect anybody else. But when you are in a bar then you are sort of infringing on somebody else's right to breathe clean air. And I can argue that that is there constitutional right to have clean air to breathe." A Baton Rouge female participant reiterated this sentiment, saying "[smokers] rights end where mine start…as long as it's your rights and they don't infringe on mine." Another Monroe male participant described smoking indoors as an "infringement of rights on the air space [when someone] chooses to engage in an unhealthy practice" which affects others.

Both non-smokers and some smokers expressed support for Clean Air laws. These findings suggest that there could be untapped strong support for smoke-free LGBT bars in the Monroe and Baton Rouge communities. This support must be organized and reinforced, possibly through marketing campaigns aiming to build a coalition of supporters or through public health campaigns to encourage individuals to voice their support for friends, family, and partners trying to quit smoking. This support also can be parlayed into advocacy campaigns, as will be discussed in the section "Support and Barriers to Advocacy." These advocacy campaigns could be more effective, however, if organizations and public health campaigns can assess the barriers which prevent individuals from not supporting smoke-free venues and tobacco campaigns. These campaigns must take into account why supporters feel this cause is important, while also working to actively break down barriers to recruit non-supporters and turn them into potential supporters.

Barriers to Support for Clean Air Acts

Participants identified reasons they could not or would not support a ban on smoking indoors in public venues, including the enjoyment of indoor smoking and tobacco smoke, especially as a social activity, and the concerns of government intrusion into private life. Participants who smoked were more likely to show support for indoor smoking venues. The majority of Baton Rouge participants were non-smokers;

the majority of Baton Rouge participants also did not support smoking venues. The majority of Monroe participants were smokers, and they showed strong support for smoking venues. A male participant in Monroe explained his support for indoor smoking venues by saying, "when I go to a bar, I expect it to be smoky." Another male participant in Monroe noted, "I just can't imagine having a martini and not having a cigarette with it at the same time. They just go hand-in-hand, alcohol and smoking. At least they have for me and all my friends." Smokers in the Monroe focus group also expressed their concern that weather conditions would affect their ability to smoke outside; for this reason, they did not want to ban smoking indoors. One participant explained, "When you go to smoke outside and it's snowing or raining or a hurricane is blowing through, it is kind of difficult to smoke outside."

Monroe participants, and specifically Monroe participants who smoked, were also more likely to note a high percentage of their friends smoked, from "80%" to "all of them." One participant noted that he is more likely to smoke in bars and more likely to smoke when friends are around; he explained the socialization of smoke breaks by saying, "We generally kind of congregate together. 'Oh, well, you're going to go smoke a cigarette? Well, I guess I'll go….'" Another male respondent agreed, saying, "You always smoke when you're around your friends that smoke more. Like, I don't smoke as much as when I'm around my friends when I'm by myself. Cause you, like, you smoke and you talk." Participants who engage in smoking as a social activity at bars would probably be less likely to support indoor smoking bans.

Participants in Monroe and Baton Rouge expressed concerns that Clean Air laws and government regulation of smoking were an inappropriate or unconstitutional abuse of government control. One male participant in Monroe explained his support for smokers and smoking venues by saying, "It's a constitutional issue. I have the right to do with my body as I please." Another male Monroe participant felt that the bar owners, not the government, should decide whether their bars should be smoking or smoke-free venues. He stated, "I believe it's the owners' choice, actually. If the bar wants to ban it… I think the owners [can choose to ban smoking]… it's their establishment, they're making money off it, they make their own rules." A female from Baton Rouge noted similar concerns when she stated,

> I don't think that the government should have laws on anti-drugs…I think the government is for a specific purpose…the laws to have no-smoking bars and restaurants, I mean that's a public health thing and it's like you're forcing that choice on someone else, and that's kind of not ok. But in order, as far as the government kind of saying like it's totally illegal for this or that, I think that's going too far.

One male participant in Monroe also invoked the argument that adults consent to exposing themselves to second-hand smoke. He explained that he drew the distinction between indoor smoking bans in restaurants and indoor smoking bans in bars based on the ability of customers in each place to consent to their exposure. He stated, "In restaurants I understand [banning smoking] because there are children there, and they don't have a choice, but in bars we are all adults, we have a choice [to expose ourselves to smoke or not]…It is consensual. You go there with the understanding that people are going to be smoking." Using this reasoning, the participant also supported bans in workplaces, though he did not explain the inconsistency that children are usually not present in workplaces, only adults. Ironically, the same rights violation argument was also used by participants who supported the ban; supporters of Clean

Air acts felt they had the right not to be exposed to second-hand smoke, while non-supporters felt they had the right to choose to smoke. Further research into court rulings may help clear up this issue, though participants who expressed these views did not offer any factual legal information to back up these claims, only their own opinions.

Other participants who supported the indoor smoking ban also expressed concerns about government over-regulation, but they drew the line at full smoking bans, not simply indoor smoking bans. Participants felt that the government should not completely ban all smoking because that would be an illegal or inappropriate abuse of government control which was also unfair to smokers and possibly unnecessary. One male participant from Baton Rouge noted he felt completely banning smoking was "a bit extreme" and other gay male participant noted that full bans was "infringing a little bit on somebody's rights." A female participant from Baton Rouge felt that by creating designated smoking areas and designated non-smoking areas, the government could ensure fairness for both smokers and non-smokers. She explained,

> You have to have equal…whether you are a smoker or a non-smoker, I think it would [be best] if we would have a non-smoking area in the same building and a smoking area, you know, because you have to supply to both… you can't just cut one out or the other. Although I would love for it to be a smoke-free world, it's just not, you can't please everybody, so I would like…every place be non-smoking and have a smoking area.

Another male participant from Baton Rouge also noted similar concerns as he tried to balance the rights of both groups. He stated, "I don't want to infringe upon… the smoker's rights. I try to find a middle ground there, but at the same time I don't want to be breathing [second-hand smoke] inside." All three of the views expressed by participants concerning rights -- non-smokers' rights to breathe clean air, smokers' rights to choose to smoke, and a balanced view – must be taken into account when building a campaign to promote tobacco cessation and smoke-free venues. Participants were very adamant about their views, and attempting to change these views might not be the best response. Campaigns must acknowledge these views on rights and somehow balance the conflicting concerns expressed. This barrier could be very difficult to overcome.

Some participants expressed very unique concerns with the issue of government regulation. Participants in one of the Baton Rouge focus groups discussed how their concern about government regulation grew out of a history of discrimination against LGBT people encoded into laws and enforced by police. One male explained, "It's an interesting concept…for us, because…we want some regulation but at the same time, we are our own little community, and… how we feel about smoking, some people could feel about homosexuality… so where do you draw that line?" As a member of a minority that has been historically oppressed and discriminated against in American society and law, these concerns may give LGBT people a unique reason for opposing government regulation of different types in cases where they feel their body and civil rights are in jeopardy.

Two Baton Rouge participants also identified another uniquely LGBT concern; they expressed worry that smokers sitting outside would be recognized and possibly outed to others as LGBT. One participant stated, "Especially in Baton Rouge… I don't think people like to sit outside, you know. I feel like the community here is more closeted than say, in Houston, and you have that… you have areas outside where you can smoke… and people hanging out, but here in Baton Rouge, I don't think it would work." The

second Baton Rouge participant expressed her concern, too, by saying "people would be afraid of being seen" where they could be easily recognized at a LGBT bar. LGBT people may be closeted at work or to family members for fear of discrimination and homophobia; these individuals may not feel comfortable standing outside a LGBT bar for fear of being recognized by others as LGBT.

To engage LGBT people in support and advocacy for smoke-free indoor venues, these barriers to support must be addressed. Smokers' concerns about weather and the discomfort of smoking outside are legitimate concerns; participants in the study showed their frustration and resistance to simply being "pushed outside" after enjoying indoor smoking. Some smokers also expressed that they felt they had a constitutional right to smoke. Public awareness and support campaigns for smoke-free venues must attend to these beliefs. How does the issue of personal rights fit in with second-hand smoke? Should smokers who expose others to the harmful effects of second-hand smoke be held personally responsible for violating other's rights? Where does one person's rights stop and another's begin? As several participants suggested, it is important to balance the needs and rights of both groups. Some focus group participants who smoked did support outdoor smoking areas and smoke-free indoor venues. Other smokers in the focus groups became defensive and frustrated quickly with people who suggested indoor smoking should be banned. The differences between these attitudes must be studied further to understand how individuals arrive at their beliefs concerning indoor smoking venues. Not all smoking participants expressed opinions against indoor smoking bans. This difference of opinion among smokers suggested there may be other smokers who support indoor smoking bans, and there may be a potential for growth in this support among smokers. More research on these attitudes and beliefs could show how to build effective public awareness campaigns and support within the smoking community for smoke-free indoor venues.

The participants' unique LGBT-related concerns about overreaching and/or abusive government regulation must be addressed, too. LGBT people are historically justified in raising concerns – after all, their community has been targeted by police abuse, discrimination within the military, violent attacks and murders, legalized marriage and tax discrimination, and other forms of discrimination, hatred, and violence. Federal, state, and local governments have not always shown support for the LGBT community, though now, in 2010, many states have passed employment non-discrimination laws, hate crimes protections, gay marriage laws, and other types of pro-LGBT legislation. Unfortunately, Louisiana does not have a strong track record for LGBT rights, and many participants identified their concerns about being openly gay in a state where many people still discriminate against LGBT people. Closeted individuals may fear their jobs or relationships with family and friends could be at risk if their sexual orientation is revealed. To engender support for more government regulation, even for laws that affect the general population equally and do not target the LGBT community, public awareness campaigns must address these concerns. These campaigns must show the benefit of smoke-free venues for the LGBT community – how can a ban on indoor smoking positively affect the health of the community? Looking at how tobacco corporations target the community and the effects of tobacco-related illnesses on LGBT people may be powerful talking points. The LGBT community also contains higher numbers of people who are uninsured or have trouble accessing routine, affordable healthcare, which means tobacco-related illnesses could have devastating effects on individuals within the LGBT community. Education about these problems may be one way to overcome the fears of government regulation as harmful and excessive.

Another suggestion for overcoming these barriers is to use public health campaigns to promote smoking cessation and awareness of the harmful effects of second-hand smoke. Participants differentiated between public health campaigns/smoking cessation support programs and legal regulation. Though participants had varying attitudes toward legal regulation, they showed unanimous support for public health campaigns and smoking cessation support programs. All of the smokers supported these campaigns and support programs. Possibly participants felt public health campaigns were not a threat to personal autonomy and legal rights because public health campaigns encourage smoking cessation without forcing the regulation of personal behaviors. Participants explained several reasons for their support, including concerns about smokers' health and educating the public about health effects of smoking, interest in promoting smoking cessation, and interest in lowering taxpayer burden for smoking-related illnesses covered by Medicare/Medicaid.

One lesbian participant from Baton Rouge explained her support for public health campaigns by saying,

> I think [smoking is] a public health issue. We have public dollars that go toward paying for smoking, and my taxes go toward Medicaid paying for somebody's cancer… if I have to pay for your cigarettes, if I have to pay for your disease, if I have to pay for my disease because of your cigarettes, then I have a problem with that. I think it's a public health issue.

A male participant from Baton Rouge also explained his support for public health campaigns in saying, "I think that the government should continue to educate the public about it as a health issue and put all the statistics out there and let everybody be well informed about it." Two participants even suggested the government subsidize free or low-cost medication and other smoking cessation aids, like Nicorette gum and patches, as part of a public health campaign to encourage cessation. They felt the short-term upfront costs could parlay the longer-term costs of major smoking-related illnesses, like cancer, for Medicare and Medicaid. One participant, a male from Baton Rouge said,

> If they put free condoms in bars and other gay spaces, how about some smoking cessation posters [in bars, and in] analyzing the cost of quitting, well, if a health agency was trying to do a smoking cessation aimed at the LGBT community, then maybe subsidize those quitting programs. You know, maybe at least one round of [medication].

Some participants endorsed a combination of government regulation of indoor smoking and public health campaigns to promote smoking cessation. One participant explained that he felt a combination of these approaches could "disrupt the culture of smoking" by addressing education about the health effects of smoking, decreasing public support for smoking, and discouraging smokers from smoking by making it difficult to find a public place to partake in the habit.

Though public campaigns cannot protect individuals from exposure to second-hand smoke in the same fashion as government regulation of indoor smoking, these programs serve an important purpose in helping smokers to quit and educating the public to prevent children and adults from starting to use tobacco. The universal support of the focus group participants for public health campaigns and smoking cessation campaigns suggests that government agencies and organizations that run these programs should look to the LGBT community to garner support for these programs and smokers who want to participate in public health smoking cessation activities. Support from friends, partners, and family members can

help smokers quit; these programs should tap into this support to engage more LGBT people in promoting cessation on a community-wide scale. Supporters can also help to educate their children, friends, and other family members about tobacco cessation and the harmful effects of tobacco use. Education and support from friends and family may help encourage youth not to start smoking.

As noted earlier in this report, LGBT participants could name several anti-smoking campaigns, but were not familiar with methods or support programs targeted to help individuals in general or LGBT people in particular with smoking cessation. Participants are not referring programs to their friends, family members, and partners who need help with smoking cessation, and conversely, these programs are not utilizing social support networks for individuals looking to quit. This disconnect between the individuals' support for these programs and their knowledge and utilization of these programs suggests that smoking cessation programs must engage in public relations and educational outreach to both smokers and non-smokers who act as social support to their smoking family members, friends, and partners. Connecting programs with potential supporters and support networks for individuals can increase the effectiveness of these programs in targeting, educating, and helping smokers on the path to smoking cessation. Widespread social support for these programs and intra-community support within the LGBT population can help lessen the stigma on smoking cessation and raising social acceptance and encouragement for people aiming to quit smoking.

The information from participants at both Baton Rouge and Monroe focus groups suggests there are possible methods to overcome barriers and increase support for smoke-free venues within the LGBT communities in these cities. The most effective programs and public awareness campaigns must be tailored to the specific concerns outlined in participants' responses. Strong support for public health campaigns and smoke-free venues existed within all four focus groups; the next step is to actively involve participants and others who already support these programs and Clean Air laws. The next section, Support for Advocacy and Barriers to Advocacy, will look at how to engage these supporters in action and advocacy to create more widespread support for public health programs and Clean Air laws.

Support for Advocacy and Barriers to Advocacy

When focus group participants were asked about their personal attitudes and opinions toward advocating for smoke-free venues and Clean Air laws, they responded quickly and clearly about whether they would advocate or not for these issues and the methods they would use to advocate. These responses indicated the steps public awareness and support programs, along with advocacy and awareness programs must take to engage LGBT individuals in actively promoting these laws in Louisiana. Participants also identified why they were not willing to advocate for smoke-free venues and Clean Air laws; these barriers to advocacy must be addressed to engender widespread support and advocacy for these laws.

Several participants acknowledged that they would advocate for smoke-free venues and Clean Air acts if asked to be involved in an advocacy campaign. As discussed in the previous section, many participants showed support for smoke-free venues. Most participants who said they supported smoke-free venues also said they would advocate for their support of these venues. The reasons for both supporting and advocating were usually the same; participants concerns about health, discomfort with second-hand smoke, and hope that they could enjoy bars and casinos that were smoke-free drove them to want to advocate for smoke-free venues. These participants identified several ways they would be willing to advocate. The most popular advocacy action participants were willing to engage in was click-through-

messaging and/or form emails which asked them to sign their name to a petition or forward an email of support on to friends, legislators, or others. Some participants were not comfortable forwarding messages onto friends; they worried about causing conflict or controversy and/or annoying their friends.

A few participants stated that they would be willing to start informal conversations with friends and family members to help encourage voting support for these laws. Two to three participants said they would attend a rally, though other participants said they would prefer to donate money instead of rallying. Participants' level of engagement depended on their own comfort and personal preference for advocacy; some participants preferred to be more "aggressive" through rallies, while others preferred "passive" methods like forwarding emails. None of the participants felt comfortable making phone calls or committing to volunteering to promote smoke-free venues and Clean Air laws.

Participants who would not advocate included both supporters and non-supporters of smoke-free indoor venues, although both groups had different reasons for not advocating. Non-supporters must overcome the barriers to support before they will be willing to advocate for Clean Air acts and smoke-free venues. Participants who supported smoke-free venues but refused to advocate cited two reasons for not advocating: personal reasons preventing advocacy and a concern that smoke-free venues and smoking cessation were not as important as other causes which needed advocacy. Personal reasons for not advocating included participants' concerns about the effects on their job, time constraints, or unwillingness to advocate for any cause. These personal reasons must be addressed on a case-by-case basis, so these will not be analyzed here. At least one participant from each focus group raised concern that there were more pressing issues they would prioritize advocating for over smoking cessation, including HIV/AIDS prevention and services and LGBT rights. A Baton Rouge participant explained, "I'll email all day long about ENDA [and] certain things that I'm very passionate about, but [Clean Air laws and smoking cessation are] not really something that I know I would take the time to send a letter or an email." A male in the other Baton Rouge focus group expressed a similar sentiment, "This idea of a lot of causes that apply so much more [to the LGBT community such as] AIDS… it's such a bigger thing in the community that if you're gonna have a campaign for LGBT health, you're gonna have something for AIDS and HIV before you start talking about tobacco use."

HIV/AIDS, LGBT rights, and other issues are obviously very important to the LGBT community because these issues impact the daily lives of LGBT Louisianans. To overcome this barrier to support and advocacy, LGBT health campaigns could promote LGBT health and wellness as a whole picture; instead of simply focusing on safe sex or tobacco cessation, programs can promote preventative healthcare, tobacco cessation, safe sex, HIV counseling and testing, counseling and mental health services, nutrition, vaccinations, etc. together in a holistic way. Often these issues tie together. As a community, LGBT people need help with many health concerns, and emphasizing the relationships between different health issues might lead to better holistic health practices. HIV/AIDS is a very important issue, but public health campaigns and LGBT organizations must emphasize that all health concerns, including tobacco-related illnesses, are important for the LGBT community.

Increased education about LGBT smoking rates could also help diminish this barrier to advocacy. Education about the high rates of smoking and the subsequently high rates of tobacco-related illnesses affecting LGBT people could help more LGBT people to understand the importance of tobacco cessation, as discussed previously in this report. If LGBT people understood the detriment of smoking and the

damage tobacco and second-hand smoke causes to LGBT individuals, they might feel more passionate about advocating for tobacco cessation and Clean Air laws. Building on support for smoke-free venues may also help increase individuals' drive for advocacy.

Except for one participant in Baton Rouge, participants in all four focus groups did not indicate that they had communicated their support for smoke-free venues with bar owners, state legislators, local city council, or other publicly-elected officials. Though these participants supported smoke-free bars and casinos, this support was not translated into action or communication. Instead, participants chose to avoid going out to smoky bars, leave smoky bars when they began experiences health problems and/or bodily discomfort, or only go out on rare occasions. If potential bar and casino customers are staying home and avoiding smoke-ridden bars because they feel uncomfortable inside smoking venues, bar owners are not getting an accurate idea of what their customers want or even the general demographics of potential customers. Instead, bar owners only see those customers who support smoke-free bars, giving them a false impression that LGBT people generally support smoking inside bars and casinos.

To better engage LGBT people in Baton Rouge and Monroe in promoting smoke-free venues, organizations and programs must encourage LGBT people to speak up about their opinions concerning indoor smoking. Bar owners and legislators must hear their concerns about the effects of smoking on their health and the health of bar and casino workers and their discomfort with smoky venues. Organizations and programs promoting tobacco cessation and smoke-free venues must offer avenues to help these individuals communicate their preferences and concerns, such as click-through-emails, phone numbers and contact information for bars and legislators, petitions, rallies, etc.

In order to engage more LGBT people in promoting tobacco cessation and Clean Air laws in Baton Rouge and Monroe, Louisiana, public health campaigns and advocacy campaigns could use the methods discussed, including petitions, click-through-messaging, forwarded emails to friends and legislators, and to some extent, rallies, to involve more LGBT people. Supporters of tobacco cessation and Clean Air laws would probably get involved rather quickly. To convert non-supporters and those reluctant to advocate because they are focused on other causes into supporters and advocators, public health campaigns and advocacy campaigns would need to address their direct concerns through education, open discussion about LGBT health, and other tactics.

Conclusion

The data from this study offered information which will hopefully help to improve public health campaigns for tobacco cessation and campaigns for Clean Air acts. Participants in the focus groups in Baton Rouge and Monroe, Louisiana, offered a wealth of responses on why they believe LGBT individuals use tobacco and methods which can help them quit. Unfortunately, the participants' responses to basic knowledge questions about tobacco use in the LGBT community, tobacco company targeting, and cessation resources suggests there may be a lack of education concerning the high rates of LGBT tobacco use, the way tobacco companies target LGBT people, and how to find resources to help themselves and/or other LGBT smokers quit. Participants also offered reasons why they support Clean Air acts and barriers to supporting these

regulations on tobacco use, along with reasons why they would advocate for Clean Air acts and barriers to advocacy. Coupled with the marketing survey, which offered data on how participants receive information about the LGBT community, this information may help campaigns looking to build support and increase advocacy to pass more regulations on tobacco use in the state of Louisiana. Though some barriers must be addressed, data from the focus groups suggested that most participants already supported these laws, though they did not have the means to advocate for the laws.

Though research on tobacco use in the LGBT community has increased exponentially over the past ten years, many gaps still remain. More research would be helpful in providing comparisons between states and national LGBT tobacco use data. The narrow focus and sample of this study unfortunately limits this data, but comparisons between other state-focused studies suggests that some of the trends identified in this report may apply to more than simply Baton Rouge and Monroe, Louisiana. This study will be most helpful in addressing the direct tobacco cessation and Clean Air advocacy needs of these cities, though more research might show that this data could be used to inform tobacco cessation programs and Clean Air advocacy in other Louisiana cities and possibly other states.

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(http://www.lgbttobacco.org/files/YearOneFocusGroups2ndedition.pdf National Association of Lesbian, Gay, Bisexual, and Transgender Community Centers)

Appendix A

Hello everyone and welcome to this discussion about the LGBT community and tobacco use. My name is Caroline Cottingham. I work with Forum For Equality, an LGBT equality organization based in New Orleans. We are working with the Louisiana Office of Public Health and Tobacco-Free Living to help gather information about LGBT people and tobacco use. My colleague Roger Schimberg will be taking notes tonight.

I will be guiding today's discussion. We will be using a guided discussion, or "focus group" technique to collect your experiences, observations, and suggestions. We hope this discussion will take no longer than an hour and a half. Please turn the name card in front of you so the others can see your name. These will make it easier for people to refer to others by name during this discussion.

We would like to hear from everyone here. We expect that people will have some similar experiences and opinions to share and some different experiences and opinions. We want to capture all of these, so we encourage you to disagree or share a different perspective than someone else in the group.

We would like to tape our conversation so that we don't miss anything that you say. We want to be sure we hear all of your comments and the tape will help us do that. All names will be changed in the report of this conversation. We will keep any other personal identifying characteristics confidential. Are there any objections to the taping?

Since we want to hear from everyone and we have a lot to cover, I may have to interrupt you at some point or I may ask you to specifically comment, if I haven't heard from you in a while. If you do not feel comfortable answering a question, you may choose not to answer.

We would like each person to answer the first question in turn, going around the table. The rest of the questions are to be answered as you feel led. Feel free to base your response to a question on the response of someone else. Please remember to respect each person's response as legitimate and valuable to our discussion.

Ice Breaking Question

If you could visit any place in the world, where would you choose to go and why?

Section I – Knowledge of LGBT Tobacco Use and Tobacco Companies' Targeting – 25 min

Do you think LGBT people are more likely to smoke than the general population? Youth?

How many LGBT friends do you have that smoke?

Do you have more LGBT friends who are smokers or non-smokers?

Do you think tobacco companies target LGBT people?

If yes… How? Probe for tobacco ads at LGBT events/bars/clubs?

What anti-smoking messages have you seen? What about LGBT anti-smoking messages?

Probe for where.

Section II –Attitudes about Tobacco Use, Smokers, and Smoke-Free Venues – 30 min

What do you think of LGBT people who smoke?

How do you feel about being in a bar or other public place where people are smoking?

How would you feel about living with someone who smokes?

How would you feel about dating someone who smokes?

If you smoke, how do you think your friends feel about your smoking?

How do you think your family/partner feels about your smoking?

How do you feel about non-smoking bars? Smoking bars?

Probe: Would you go to a non-smoking LGBT bar?

If you had a choice, would you prefer a smoking free or a smoking venue?

Where are you most exposed to second-hand smoke?

Probe: How do you feel about that location/being exposed to second-hand smoke?

Do you think second-hand smoke affects the health of people who work in smoking venues, such as bartenders in smoking bars?

Do you think second-hand smoke has an impact on your health?

Section III – Attitudes Toward Anti-Smoking Campaigns and Clean Air Laws – 30 min

What methods help smokers quit?

Do you know of any assistance or support for LGBT smokers looking to quit?

(note: E.g. Programs to help LGBT smokers quit)

If a friend wanted to quit, what help would you recommend?

Probe for knowledge of tobacco cessation supports.

If you are a smoker or were a smoker, have you ever tried to quit?

Were you successful in quitting or not?

Probe for why.

If you were trying to quit, what support programs would you want to use?

Probe for knowledge of tobacco cessation supports and ideas about good supports.

If you could design a program to help people quit smoking, what would it look like?

If you could design a program to help LGBT people quit smoking, what would it look like?

Do you think the government should try to prevent people from smoking?

Probe: Why or why not?

Do you think the government should ban smoking in bars?

Probe: Why or why not?

How do you feel about the bans on smoking in restaurants? Ban on smoking inside workplaces?

Would you vote for or against a law banning smoking inside public venues?

(Note: e.g. bars, clubs, etc.)

Would you advocate for or against a law banning smoking inside public venues?

(Note: advocate means to attend a rally, make phone calls, send letters to representatives, talk to friends/family, etc.)

Would you support a tobacco-free campaign which encourages smoke-free LGBT venues and

smoking cessation for LGBT people?

Probe for campaign for one or the other.

Appendix B

INFORMED CONSENT FORM

You are about to participate in a sociological study of LGBT tobacco use and attitudes toward tobacco use. This study is conducted by Forum For Equality in conjunction with Tobacco-Free Living. The purpose of this study is to evaluate tobacco use in the LGBT community and attitudes toward tobacco-free laws and venues. Your participation will involve answering questions about your personal ideas on tobacco use and tobacco-free laws and venues. No risk to participants is anticipated.

Informed Consent

I have been informed that I am participating in a study of LGBT tobacco use. I understand that neither my name nor any information that would identify me will be associated with portions of interview transcripts used as data in published materials. Further, I understand that personal information disclosed during the study will not be discussed with other group members or anyone else. I understand that I do not have to answer any questions I do not wish to answer and that that I can end the interview at any time. I also understand that I can withdraw as a participant any time prior to submission of manuscripts for publication. I voluntarily agree to participate in this study.

_____

Participant Name (printed)

_____

Participant Signature

_____

Date

Appendix C

Forum For Equality/TFL Focus Group Survey

This survey is part of a study of LGBT tobacco use in Baton Rouge and Monroe, Louisiana performed by Forum For Equality in conjunction with Tobacco-Free Living. The purpose of this study is to learn more about the attitudes of LGBT people concerning tobacco use and tobacco marketing. Your participation will involve answering questions about your personal tobacco use and habits. No risk to participants is anticipated.

Neither your name nor any information identifying you will be included in reported data. Further, any personal identifying information disclosed during this study will not be discussed with anyone else. You do not have to answer any questions you do not wish to answer. By taking this survey, you are agreeing that you are informed of your participation and that you consent to doing so.

Please answer all questions as thoroughly as possible.

Section I: Demographic Information

Gender Identity:

Sexual Orientation:

Please circle appropriate answer:

What is your age?

(19 and younger) (20-24) (25-34) (35-44) (45-54) (55-64) (>=65)

What is your race/ethnicity?

(African-American) (Asian) (Native American) (Multi-Racial) (Caucasian)

(Hispanic) (Other) (Do Not Wish to Give)

What is your highest level of completed education?

(Middle School) (High School) (Some college) (Bachelor's Degree) (Graduate)

Section II: Smoking Habits

Please write in the answer to each question.

1) Do you currently smoke any tobacco products (cigarettes, cigars, pipes)?

2) If you do smoke tobacco products, how much do you smoke on a typical day?

_____#cigarettes in a day _____#cigars in a day _____#pipes in a day

3) Where do you smoke most often? (e.g. at home, at work, in the car, at bars, at school, etc.)

4) Have you quit smoking before?

5) Have you been successful in quitting smoking? If so, what method did you use?

Section III: Marketing Survey

Please write in the answer to each question.

A) How often do you go to gay/lesbian bars/clubs?

B) Which gay/lesbian bars/clubs do you go to?

C) What LGBT organizations do you belong to, such as political groups, student organizations, professional organizations, workplace affinity groups, etc?

D) What LGBT publications do you read? (e.g. Advocate, Ambush, Curve, Lesbian News, etc.)

E) What LGBT community events do you attend? (e.g. Metropolitan Community Church, Pride events, Gay and Lesbian Film Festival, etc.)

F) What social networking sites do you use? List all. (e.g. Facebook, Twitter, Myspace, LinkedIn, etc.)

G) What LGBT websites and LGBT dating websites do you visit? (e.g. Advocate.com, afterellen.com, afterelton.com, LOGO.com, Gay.com, Match.com, HRC.org, HIV/AIDS websites, etc.)

H) Do you get information about the LGBT community anywhere else? If so, where?