

Letter

Social ecology of tobacco surveillance data for sexual and gender minority populations

Joseph G. L. Lee

Lombardi, Silvestre, Janosky, Fisher, and Rinaldo (2008) provide further evidence of the role social–ecological determinants play in tobacco use disparities for gay men. They remind us of the need to develop effective, culturally competent prevention and cessation interventions against tobacco use among sexual and gender minorities (i.e., individuals with gay, lesbian, bisexual, and transgender identity *and/or* individuals with same-sex behavior and/or attraction).

While interventions sensitive to and within sexual minority communities are warranted, it is important to recognize that the social/political environment that causes tobacco-related disparities often has rendered sexual minorities invisible in data collection (Sell & Becker, 2001). Tobacco disparities are well documented for sexual minorities (Lee, Griffin, & Melvin, 2009); however, routine surveillance data that are needed to inform the development and evaluation of interventions to reduce these disparities (Centers for Disease Control and Prevention [CDC], 2007) are often not available (Mayer et al., 2008).

Some progress has been made in this area. Based on queries to the National LGBT Tobacco Control Network Listserv and a recent survey (Paxon, 2008), approximately 13 states and the District of Columbia have at one time collected or currently collect sexual orientation data in the Behavioral Risk Factor Surveillance System (California, Colorado, Connecticut, District of Columbia, Illinois, Massachusetts, Maine, North Carolina, North Dakota, New Mexico, Oregon, Vermont, Wisconsin, and Washington). Thirty percent of states (15) collect sexual orientation data during the Quitline intake process (Colorado, Hawaii, Idaho, Indiana, Iowa, Kansas, Montana, New Jersey, New Mexico, North Carolina [for callers over age 24 who are not primary caregivers], Ohio, Oregon, Pennsylvania, Texas, and Washington; North American Quitline Consortium [NAQC] News Flash—Sexual Orientation Intake Question, 7 January 2009). Unfortunately, there is no

tracking system to definitively tell us how many states collect data on sexual orientation. Approximately three quarters of states are not collecting these data, which would provide key information to identify and reduce disparities.

The National LGBT Tobacco Control Network has documented the rationale and feasibility of including sexual orientation in tobacco surveillance (Scout, 2008). The North American Quitline Consortium also has a standard optional question on sexual orientation (NAQC, 2006).

Since Hooker (1957) first sampled gay men outside of psychiatric institutions, it has been clear that our understanding of sexual minority health is strongly linked to sampling methods. The work of Lombardi et al. (2008) should serve as a call to accelerate the diffusion of a simple “innovation” to more states: the integration of a question on sexual orientation in routine tobacco surveillance. This would benefit not only tobacco control but also other fields where disparities exist for sexual and gender minorities (e.g., mental health, violence prevention, and HIV/STD prevention and control; King et al., 2008; Mayer et al., 2008).

Well-designed public health surveillance systems are a fundamental part of interventions addressing tobacco use disparities; yet, there is substantial room for improvement in how surveillance systems track indicators on health disparities (Gold, Dodd, & Neuman, 2008). State health departments, funders, and other stakeholders should add and consistently use sexual orientation questions (including an option for transgender) to provide data for the reduction of health disparities.

Declaration of Interests

None declared.

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