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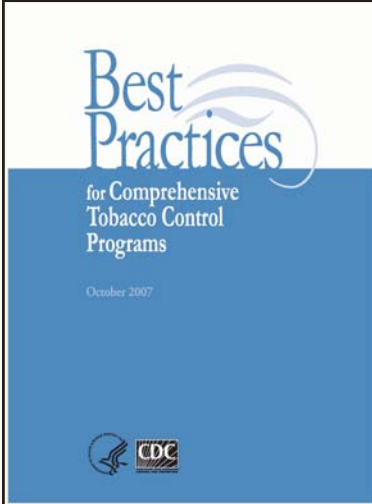
Promising Practices for Comprehensive Tobacco Control Programs

Identifying and Eliminating LGBT Disparities

NATIONAL ADVISORY COUNCIL

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

CDC's Best Practices document gives the following guidelines:

	<p>Activities to support reaching this goal may include:</p> <ul style="list-style-type: none"> • Conducting a population assessment to guide efforts • Identifying and assembling a diverse and inclusive stakeholder group • Prioritizing reduction in tobacco-related disparities and assessing capacity • Developing a strategic plan • Funding community organizations to implement proven or promising interventions • Providing culturally competent technical assistance and training to grantees and partners • Evaluating intervention efficacy and refining efforts
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To provide additional guidelines for the lesbian, gay, bisexual, and transgender communities, the Network for LGBT Tobacco Control convened members in 2007 to assemble tailored promising practice information. While many of these strategies have not had the luxury of undergoing a full evaluation, they are the culminated wisdom of dozens of community leaders and experts. The original document had three dozen community leaders co-signing in support of these measures, The ensuing document has been reviewed each year subsequent. It is strongly recommended that states or localities addressing wellness or tobacco control include each of these measures as part of their larger strategic plan.

1. Include LGBT community members in policy planning steps

Rationale: Consistently involving local LGBT community leaders in policy planning will bring experience and input that naturally tailors your programs to the local community environment. It will also engage and educate key LGBT opinion-makers, which can then provide access to other resources.

Promising Practices:

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

2. Monitor impact of tobacco on LGBTs

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

Promising Practices:

- Include LGBT data collection questions on state tobacco surveillance measures, including BRFSS, YRBS, & ATS.
- If needed, use non-probability surveys to approximate this information while working to add it to the surveillance instruments. A common strategy is to survey people at large community events such as Pride festivals.
- Analyze data each year for changes and trends.

3. Establish cultural competency standards for statewide programs

Rationale: LGBT community members often carry memories of adverse experiences with government officials or healthcare providers, any group that truly wishes to provide services to these communities must tailor their business practices to overcome this well-documented structural barrier to care.

Promising Practices:

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

4. Fund community-based programs to help reduce LGBT tobacco disparities

Rationale: The LGBT communities have built up a large infrastructure of social, political and health organizations; these organizations have spent years building expertise in creating community change on many levels. Funding programs at these organizations represents the best value per dollar invested into LGBT tobacco change.

Promising Practices:

- Build leadership on tobacco through training and mentoring individual key influencers from the LGBT communities. There are many examples of these leaders being a consistent motivating force even when funding fluctuates.
- Tune funding to the realities of the groups being funded, allow a portion of funding to go for infrastructure, provide technical assistance as needed, and avoid funding gaps that can destabilize hard won momentum.
- Engage groups that have experience addressing within-community diversity, particularly but not limited to: race/ethnicity, gender identity, and age.

5. Routinely integrate LGBT tailored efforts into larger wellness/tobacco campaigns.

Rationale: A history of health discrimination leaves LGBT communities inured to mainstream health promotion, yet industry targeting and the effects of this discrimination create health vulnerabilities that must be countered.

Promising Practices:

- Create community-driven and tailored health promotion pieces to run parallel to mainstream health promotion pieces.
- Ensure CPPW planning and funded projects include appropriate advising, outreach, and access plans for LGBT communities.

6. Disseminate findings and lessons learned

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

Promising Practices:

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





