

Recommendations

Legend Of Sources

- ALF** American Legacy Foundation LGBT Forum (Nov. 2000)
HP Healthy People 2010 Companion Document for LGBT (March 2001)
N National Association of LGBT Community Centers Final Report for CDC Office of Smoking and Health Funding (July 2003)

Prevention

1. Prevention services should be targeted toward LGBT youth (both in- and out-of school adolescent and young adults). ALF
2. Smoking prevention programs must be LGBT-competent, affordable, and accessible to LGBT individuals. HP, ALF
3. Legacy should work with LGBT organizations to incorporate tobacco prevention activities in their programs and events (e.g., Oasis of Pride in LA). ALF
4. Increase smoke-free services at community centers and other venues. N
5. Increase LGBT specific prevention programs at community centers and other venues. N
6. Work with Federal, State, County and City officials to fund prevention programs. N

Cessation

1. LGBT individuals must have access to comprehensive, nondiscriminatory health insurance that covers smoking cessation products and services. HP
2. Smoking cessation programs must be LGBT-competent, affordable, and accessible to LGBT individuals. HP, ALF
3. Cessation programs must see alcohol as a potential trigger for relapse. N
4. The cessation services should include training, technical assistance, and education for medical and health providers about tobacco use among their LGBT clients. ALF
5. Increase LGBT specific cessation programs at community centers and other venues. N
6. Assess how LGBT fare in cessation programs targeted at the general population and how those programs' best practices apply. ALF
7. Incorporate how discrimination and prejudice can impact people's lives into counseling sessions. N
8. Health care providers need training on how to provide culturally competent care to LGBT smokers and to adhere to guidelines on tobacco screening and treatment. HP
9. Because clinical cessation guidelines may be used as a training tool for educating health care providers, LGBT-specific concerns regarding tobacco use and LGBT-competent prevention and treatment services should be reflected and addressed in such guidelines. HP
10. Work with Federal, State, County and City officials to fund cessation programs. N

Research and Evaluation

1. Formative research directly involving the community is needed to understand the determinants of smoking and quitting among LGBT. Such research should use varied methodologies to uncover how identity (gender, sexual and ethnic), socioeconomic status (SES), geography (urban, suburban and rural) and related issues contribute to smoking

among LGBT, how LGBT successfully quit or cut down, and how LGBT remain smoke-free. ALF

2. Harder-hit communities should be involved in all research-related activities (e.g., people of color, people of lower socioeconomic status, transgender people). ALF
3. Surveillance research is necessary to identify which LGBT sub-populations are disproportionately harmed by smoking (e.g., people of color, people of lower socioeconomic status, transgender people). ALF
4. Local, state, and national surveillance systems should include sexual orientation and gender identification to gather data and monitor the problem among LGBT. ALF
5. Sexual orientation and gender identity must be included in national and local data sets to study differences in smoking rates and treatment success. HP
6. A thorough evaluation - from the processes to the outcomes - of culturally specific prevention and cessation services is necessary. ALF
7. Tobacco industry documents must be researched to learn how LGBT communities are targeted. ALF
8. Each local initiative's capacity should be taken into account, allowing a staged approach to grant funding, reporting, and evaluation. ALF
9. Legacy should develop a culturally competent assessment of existing resources, with specific attention to regional differences that can be incorporated into current LGBT services, organizations, and communities. ALF
10. Data are needed on a variety of LGBT-specific tobacco-related issues so that culturally competent social marketing and public education campaigns, prevention activities, and cessation programs can be established and implemented. HP
11. Conduct treatment and prevention research. ALF
12. LGBT tobacco researchers should work with mainstream tobacco researchers when identifying "Requests for Proposals" and when reviewing grant proposals. ALF
13. Future LGBT tobacco researchers should be supported and mentored; particularly researchers from historically disenfranchised LGBT communities. ALF

Policy/Advocacy/Inclusion

1. LGBT should be involved in mainstream tobacco prevention and cessation efforts. ALF
 2. Include LGBT youth in all levels of tobacco control efforts. ALF
 3. Have the leadership of LGBT anti-tobacco efforts represent all LGBT communities, including traditionally disenfranchised segments of LGBT such as transgender people, lesbian and bisexual women, people of color, LGBT youth, and people of lower socioeconomic status. ALF
 4. Active, affirmative inclusion is key to LGBT tobacco efforts. ALF
 5. Include, at all levels, LGBT in mainstream tobacco control coalition efforts by the American Legacy Foundation, the Centers for Disease Control and Prevention, the National Cancer Institute, the American Cancer Society, the American Lung Association, the American Heart Association, and statewide and local anti-tobacco organizations. ALF
 6. LGBT communities should be targeted both in service and research grants as priority populations to be included. ALF
 7. States should include LGBT programs in their MSA-funded comprehensive programs. ALF
 8. LGBT-oriented community centers and other LGBT-affirming community-based organizations should be recognized as resources and included in developing, implementing, and evaluating culturally competent smoking cessation and prevention programs. HP
 9. Educate and advocate for ending discrimination and prejudice against LGBT individuals. N
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10. Provide education, training and technical assistance to mainstream tobacco efforts to address the needs of LGBT. ALF
11. Examples of model policies (voluntary and public) and programs for LGBT communities could be disseminated (i.e., smoke-free bar nights, clean indoor air, and retail policies including point-of-sale advertising, vendor-assisted sales, advertising and promotion restrictions, elimination of vending machines). ALF
12. Advocate for smoke-free venues. N

Education & Media

1. Educate people about the connection between tobacco and alcohol. N
2. LGBT communities must be educated about tobacco advertising and its role in promoting tobacco use. HP
3. Work to ensure that counseling group participants feel comfortable discussing their lives, including discussions that involve their gender/sexuality. N
4. Create messages that will target smokers better. Messages that do not stigmatize smokers. N
5. Create messages that will target the specific attitudes of smokers rather than just simple repetition that smoking has negative health affects. N
6. Create messages that target the many roles smoking/tobacco use has in the lives of people. N
7. Counter-advertising campaigns that promote health-positive messages should be conducted and targeted to LGBT populations. Such campaigns could be modeled after the "Truth" campaign and California Department of Health Services antismoking campaigns. HP
8. Legacy should encourage organizers of the TRUTH campaign to include more overt LGBT images in its ads. ALF
9. Education programs should include showing community activists how to frame tobacco control as a social justice issue. ALF
10. Education programs should include informing service providers about cultural competency and LGBT tobacco use, ALF
11. LGBT community activists and leaders should be educated about and involved in tobacco efforts. ALF
12. LGBT community activists should be trained on how to build linkages among communities and how to frame smoking as a social justice issue. ALF
13. Educate the Gay & Lesbian Medical Association and general physicians about ways to increase tobacco use awareness and cessation programs. N
14. Educate the Gay and Lesbian Medical Association and general physicians that tobacco use can also correspond with concurrent substance use and co-occurring disorders (depression, etc.) and must be incorporated into health care guidelines. N
15. Develop anti-tobacco media campaigns targeting LGBT. ALF
16. Legacy should develop a comprehensive anti-tobacco media campaign targeting LGBT that can serve as a countermarketing effort against the industry's LGBT-specific marketing. ALF
17. Develop culturally specific cessation and prevention materials for individuals and the community. ALF
18. A coordinated and comprehensive tobacco control campaign by community planning groups should be developed. ALF
19. Legacy should set up a LGBT panel to advise on media development and guiding principles for ad agencies and organizations working on LGBT campaigns. ALF
20. Focus more attention on venues that promote tobacco use like bars and clubs. N
21. Educate and involve LGBT civil rights community activists and leaders in tobacco efforts. ALF

Capacity Building, Funding, & Support

1. Demonstration projects should be funded to develop a broad range of prevention and cessation services that are tailored to LGBT in diverse communities and regions. ALF
2. Health-positive environments for LGBT and questioning youth must be funded, supported, and sustained so that LGBT youth have healthier venues in which to socialize and "come out." HP
3. Maintain a national network to support LGBT prevention and treatment tobacco efforts, including development of a clearinghouse for information on LGBT issues, policies, "promising" practices, advertising, programs, tobacco documents, grant opportunities, etc. ALF
4. Comprehensive assessment and building of the infrastructure and capacity of LGBT communities and organizations nationwide to implement effective tobacco control efforts. ALF
5. Each local community's resources should be assessed. ALF
6. Capacity development must recognize the different health and other needs among LGBT related to age, ethnicity, gender and gender identification, sexual orientation, socioeconomic status, geography, etc. ALF
7. Fund and support tobacco-related efforts in the LGBT community. ALF
8. Legacy should fund organizations that develop and disseminate information on alternative funding to tobacco industry's general support and sponsorship of programs and special events. ALF
9. Identify alternative sources of funding for LGBT publications that rely heavily on tobacco advertising to stay in business. ALF
10. Funds need to be directed toward a range of LGBT organizations, from small grassroots efforts to large organizations with established infrastructures. ALF