

1340 Boylston Street, 8th Fl
Boston, Massachusetts
02115

TELEPHONE 617-927-6451

FACSIMILE 617-267-0764

www.thefenwayinstitute.org



STATE LGBT TOBACCO DISPARITIES BEST PRACTICES

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

As professionals working to eliminate tobacco disparities for the lesbian, gay, bisexual and transgender (LGBT) communities we are heartened by the increasing number of state agencies dedicating resources to address this important health issue. We look forward to the day when an array of evidence-based replicable practices can create a model for states to follow in their tobacco disparity efforts. In the meantime, we have compiled tested strategies that states have used to address LGBT tobacco disparities. It is the opinion of the undersigned that these strategies represent the current best practices available to address LGBT tobacco disparities, and as such, we strongly encourage states to adopt as many of these best practices as possible. ©2007

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.

Best practices:

- a. Create statewide disparities plan that addresses all disparity groups and is developed with guidance from community representatives for these groups.
- b. Continue to engage LGBT leaders in ongoing policy planning efforts.
- c. Acknowledge that the knowledge and experience of the representatives is valuable by paying people stipends for their time.
- d. 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.

Best practices:

- a. Include LGBT data collection questions on state tobacco surveillance measures, including BRFSS, YRBS, & ATS.
- b. 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.
- c. 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.

Best practices:

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

Best practices:

- a. 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.
- b. 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.
- c. Engage groups that have experience addressing within-community diversity, particularly but not limited to: race/ethnicity, gender identity, and age.

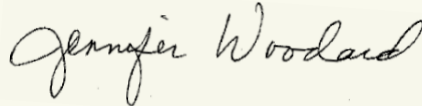
5. Disseminate findings and lessons learned

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

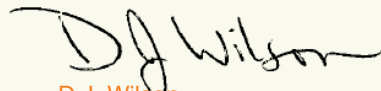
Best practices:

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

INDIVIDUAL SIGNERS



Jennifer Woodard
Director of Healthy Living
LGBT Community Center of Colorado



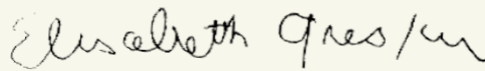
D.J. Wilson
Tobacco Control Director
Municipal Tobacco Control Technical
Assistance Program
Massachusetts Municipal Association



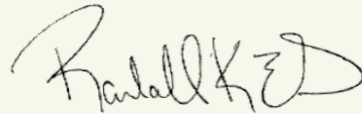
R.E. Szego, M.S.
Program Coordinator - Breathe Free: Oregon
LGBTQ Coalition Against Tobacco



Rebecca Fox
Director
National Coalition for LGBT Health



Elizabeth Gruskin
PhD Research Scientist
Kaiser Permanente



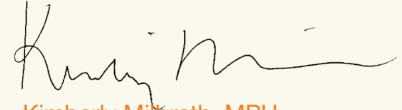
Randall Ellis
Director of Government Relations
Legacy Community Health, Houston Center



Loraine Hutchins
National Co-coordinator
BiNetUSA



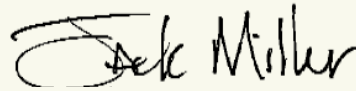
Lani Ka'ahumanu
National Co-coordinator
BiNet USA



Kimberly Milbrath, MPH
Communities Smoke-free Consultant
Tobacco-free Lavender Communities of MN



Sarah L. Sowa-Crowder
Health Parities Coordinator
Verbena Health



Jack L. Miller, MHE
Program Manager- Project Filter
Idaho's Tobacco Prevention and Control Program




Alejandro Garcia-Barbon
Executive Vice-President
National Latino Council on Alcohol
and Tobacco Prevention



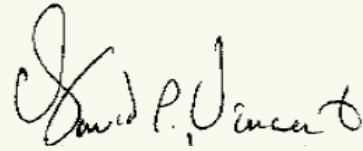
Barbara Warren, Psy. D.
Director Organizational Development, Planning
Outreach Consultant and Research
The Lesbian, Gay, Bisexual & Transgender
Community Center



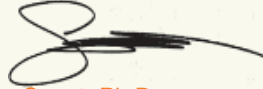
Robert Yoon
Program Manager
Gay City Health Project
Center of LGBT Health-Seattle



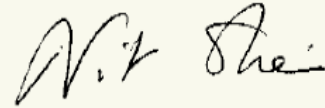
Bob Gordon
Project Director
California LGBT Tobacco Education Partnership



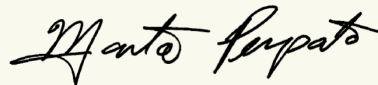
David Vincent
Associate Executive Director
Callen-Lorde Community Health Center



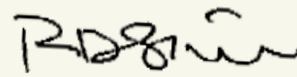
Scout, Ph.D.
Director
National LGBT Tobacco Control Network
The Fenway Institute



Nurit Shein
Executive Director
Mazzoni Center of Philadelphia



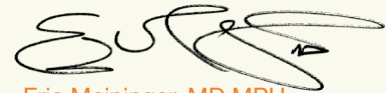
Marta Perrupato
Manager
National LGBT Tobacco Control Network
The Fenway Institute



Ron Stall, Ph. D. MPH
Professor and Chair, Dept. of Behavioral
Community Health Sciences



Lara Crustinger-Perry
Director of Health
National Youth Advocacy Coalition



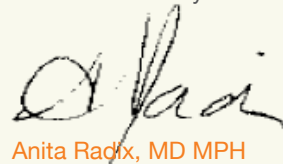
Eric Meininger, MD MPH
Staff Physician
St. Croix Family Medical Clinic
Southside Community Health Services



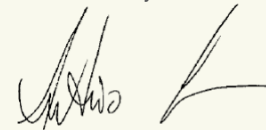
Terry Stone
Executive Director
National Association of
LGBT Community Centers



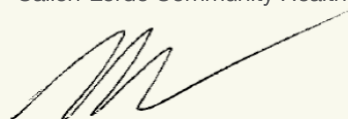
Andrea Densham
Interim Executive Director
Mautner Project



Anita Racht, MD MPH
Associate Medical Director
Callen-Lorde Community Health



Antonio Cardona
Outreach Consultant
Tobacco-Free Lavender Communities of MN



Wendy Stark
Interim Executive Director
Callen-Lorde Community Health Center



Jamie Broderick
Regional Director of Programs
Indiana Tobacco Prevention and Cessation
OUT Against Tobacco
Indiana's LGBT Tobacco Control Coalition