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Final Report for the Gay, Lesbian, Bisexual and Transgender Forum

Gay people have a different role than other minority groups. A lot of minority groups have had to fight for their political rights, but they haven't had to fight as hard as we have for their identity, for having their existence acknowledged.

U.S. Congressman Barney Frank

Historically, tobacco use issues among gays, lesbians, bisexuals, and transgender people (GLBT) have received scant attention from the public health community. However, the vulnerability of these populations is now coming to light, thanks in part to the American Legacy Foundation's identification of GLBT as one of six priority populations for tobacco control. Tobacco control advocates across the globe also became more aware of this issue when the 11th World Conference on Tobacco and Health scheduled its first breakout session examining GLBT tobacco use in August 2000.

There is very little research documenting tobacco use prevalence among GLBT, but preliminary studies indicate lesbians and gay men smoke more than their heterosexual counterparts do. These preliminary data make it clear that comprehensive, nationally representative surveillance is necessary to fully assess the prevalence and impact of tobacco use among GLBT.

Several factors appear to contribute to increased rates of smoking among GLBT, including higher stress levels, bars' role as a primary social outlet, increased incidence of substance use, reduced access to health care, and

targeted marketing efforts by the tobacco industry. But none of these commonly cited reasons has been scientifically measured, examined and associated with levels of smoking among GLBT, so scientific research into these areas is paramount. These factors also suggest a need for aggressive cessation and prevention programs for GLBT as well as strong advertising campaigns to counter the tobacco industry's GLBT marketing efforts.

While little is known about the determinants of smoking among GLBT adults, even less is known about these for GLBT adolescents. A number of hypotheses exist: GLBT youth may be especially vulnerable to tobacco use because of higher levels of stress related to identity and sexual exploration; increased feelings of being an outsider; less support from family, friends, and community; higher levels of emotional, psychological, and other life stress (thus the appeal of products that purport to provide tension reduction); and exposure to adult GLBT environments that support smoking. All of these factors require immediate scientific research.

The references to GLBT throughout this report include both adults and youth, including questioning youth who have not yet identified their sexual orientation. It is important to note that GLBT are of all races, ethnicities, classes and cultures, and should therefore be considered at every stage of the planning, development, and implementation of tobacco control programs.

Executive Summary

The American Legacy Foundation (Legacy) is developing program initiatives around the needs of six special populations it has identified. To obtain direction and input for these programs, Legacy hosted a series of six Priority Population forums. The Gay, Lesbian, Bisexual, Transgender Forum on Tobacco Control was held on Wednesday, November 8, and Thursday, November 9, 2000 in Atlanta, GA. A steering committee of 11 tobacco control experts from the GLBT community participated in the development of the forum agenda, nominations of participants, forum presentations and the facilitation of breakout

sessions. About 50 tobacco control experts, community advocates, representatives from state and local health programs, academics, and university-based researchers participated in the two-day forum.

Primary Issues

These primary issues were repeated often throughout presentations, breakout discussions, and recommendations:

- Lack of tobacco-related research or services specifically for GLBT
- Lack of GLBT representation in mainstream tobacco control efforts
- Lack of recognition of GLBT communities' broad diversity (age, ethnicity, gender identification, sexual identity, socioeconomic status, and geography, etc.)
- Targeted marketing to GLBT by tobacco companies
- GLBT organizations' reliance on tobacco funding
- Resistance among some GLBT to recognize tobacco as a serious public health problem and to direct scarce funding toward tobacco control, in light of such crises as HIV/AIDS, homophobia and other forces of marginalization
- Lack of information about GLBT youth and their involvement in the Truth Campaign and other anti-tobacco efforts
- Lack of any GLBT-organized network or structure to create coordinated and comprehensive tobacco control efforts
- Lack of infrastructure and capacity among GLBT communities to address tobacco use

Key Recommendations

Participants offered *key recommendations* that cut across the specific discussion topics:

- Fund and support tobacco-related efforts in the GLBT community

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- Include sexual orientation and gender identification in local, state, and national surveillance systems
 - Offer cessation and prevention services that are culturally competent
 - Conduct treatment and prevention research
 - Include, at all levels, GLBT 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
 - Have the leadership of GLBT anti-tobacco efforts represent all GLBT communities, including traditionally disenfranchised segments of GLBT such as transgender people, lesbian and bisexual women, people of color, GLBT youth, and people of lower socioeconomic status
 - Develop anti-tobacco media campaigns targeting GLBT
 - Help GLBT communities and organizations find alternatives to tobacco industry funding
 - Educate and involve GLBT community activists and leaders in tobacco efforts
 - Include GLBT youth in all levels of tobacco control efforts
 - Maintain a national network to support GLBT tobacco efforts, including development of a clearinghouse for information on GLBT issues, policies, "promising" practices, advertising, programs, tobacco documents, grant opportunities, etc.
 - Assess and build the infrastructure and capacity of GLBT communities nationwide to implement effective tobacco control efforts
 - Provide education, training and technical assistance to mainstream tobacco efforts to address the needs of GLBT

Recommendations by Topic

Key recommendations by specific topic included:

➤ **Prevention/Cessation**

Tobacco prevention and treatment services and research for GLBT are sorely needed in every jurisdiction of the U.S. First, local, state and national surveillance systems should include sexual orientation and gender identification to gather data and monitor the problem among GLBT. Second, each local community's resources should be assessed, and a coordinated and comprehensive tobacco control campaign by community planning groups should be developed. Third, demonstration projects should be funded to develop a broad range of prevention and cessation services that are tailored to GLBT in diverse communities and regions. In particular, prevention services should be targeted toward GLBT youth (both in- and out-of school adolescent and young adults). The cessation services should include training, technical assistance and education for medical and health providers about tobacco use among their GLBT clients, and the development of culturally specific cessation and prevention materials for individuals and the community. Fourth, a clearinghouse for information on GLBT-specific prevention and treatment should be available. Fifth, education programs should include showing community activists how to frame tobacco control as a social justice issue, and informing service providers about cultural competency and GLBT tobacco use. Sixth, GLBT should be involved in mainstream tobacco prevention and cessation efforts. Seventh, GLBT communities should be targeted both in service and research grants as priority populations to be included in all activities.

➤ **Policy/ETS**

Legacy should fund organizations that develop and disseminate information on alternative funding to tobacco industry sponsorship of programs and special events. Legacy also should work with GLBT organizations to incorporate tobacco prevention activities in their programs and events (e.g., Oasis of Pride in LA). Examples of model policies (voluntary and public) and programs for GLBT 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). States should include GLBT programs in their MSA-funded comprehensive programs. Legacy should also fund mechanisms for education, training and technical assistance to help mainstream tobacco control efforts address GLBT needs.

➤ **Research**

The consensus was that research regarding tobacco use among GLBT youth and adults is seriously lacking. First, surveillance research is necessary to identify which GLBT sub-populations are disproportionately harmed by smoking (e.g., people of color, people of lower socioeconomic status, transgender people). These harder-hit communities should be involved in all research-related activities. Second, formative research directly involving the community is needed to understand the determinants of smoking and quitting among GLBT. 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 GLBT, how GLBT successfully quit or cut down, and how GLBT remain smoke-free. Third, a thorough evaluation – from the processes to the outcomes – of culturally specific prevention and cessation services is necessary. We also need to assess how GLBT fare in cessation programs targeted at the general population and how those programs' best practices apply. Fourth, tobacco industry documents must be researched to learn how GLBT communities are targeted. Fifth, GLBT tobacco researchers should work with mainstream tobacco researchers when identifying "Requests for Proposals" and when reviewing grant proposals. Sixth, future GLBT tobacco researchers should be supported and mentored; particularly researchers from historically disenfranchised GLBT communities.

➤ **Media**

Legacy should develop a comprehensive anti-tobacco media campaign targeting GLBT that can serve as a countermarketing effort against the industry's GLBT-specific marketing. It is also important to identify

alternative sources of funding for GLBT publications that rely heavily on tobacco advertising to stay in business. Legacy should develop a culturally competent assessment of existing resources, with specific attention to regional differences that can be incorporated into current GLBT services, organizations, and communities. Legacy is also encouraged to set up a GLBT panel to advise on media development and guiding principles for ad agencies and organizations working on GLBT campaigns. Legacy should also encourage organizers of the TRUTH campaign to include more overt GLBT images in its ads.

➤ **Infrastructure and Capacity Building**

Comprehensive assessment and development of GLBT communities' infrastructure and capacity to implement effective tobacco control efforts are needed. Capacity assessments and development must recognize the different health and other needs among GLBT related to age, ethnicity, gender and gender identification, sexual orientation, socioeconomic status, geography, etc. Active, affirmative inclusion is key to GLBT tobacco efforts. And each local initiative's capacity should be taken into account, allowing a staged approach to grant funding, reporting, and evaluation. Funds need to be directed toward a range of GLBT organizations, from small grassroots efforts to large organizations with established infrastructures. GLBT community activists and leaders should be educated about and involved in tobacco efforts. They also should be trained on how to build linkages among communities and how to frame smoking as a social justice issue. A national network to support GLBT tobacco efforts is needed, including a clearinghouse for information on GLBT issues, policies, best practices, advertising, programs, tobacco documents, grant opportunities, etc.

Part I – Background and Introduction

We need to get over the idea that "tobacco is the least of all evils."

~Forum participant

Helping people quit smoking is an important activity, but cessation should really be done as part of a comprehensive tobacco control plan that includes prevention programs, hard-hitting media campaigns, organized projects that work to counteract the tobacco industry, lobbying for policies that reduce exposure to secondhand smoke in offices, restaurants and-- if we dare-- in bars, and reducing youth access.

~Forum participant

Background

Legacy is developing programs for six populations that it identified as affected by tobacco. To obtain direction and input for these programs, Legacy initiated a series of Priority Population forums focusing on African Americans; Hispanics/Latinos; Asian Americans and Pacific Islanders; Native Americans; Gays, Lesbians, Bisexuals and Transgender individuals; and populations with lower socioeconomic status (SES). These forums were designed to provide input from tobacco control experts on:

- Best and promising tobacco control practices
- Any gaps in tobacco control research and programs
- Recommendations for future efforts

Legacy held the Gay, Lesbian, Bisexual, Transgender (GLBT) Forum on Tobacco Control on Wednesday and Thursday, November 8 and 9, 2000, in Atlanta, GA. A steering committee of 11 tobacco control experts from the GLBT communities participated in the development of the forum agenda, nominations of participants, forum presentations, and facilitation of small discussion groups. The committee met through a series of conference calls and one in-person meeting on July 7 at Legacy's offices in Washington, DC.

Nominations to the forum came from steering committee members and individual nominations on Legacy's web site. Legacy wanted the forum to reflect a variety of tobacco control perspectives within the GLBT community and therefore encouraged the nomination of tobacco control

advocates, grassroots leaders, academics, public health practitioners and government experts. Forty-seven individuals participated in the forum.

Forum Goals:

Legacy wanted the Forum to:

1. Provide an overview of each critical area of tobacco control (prevention, cessation, research, infrastructure and capacity building, environmental tobacco smoke (ETS), policy, and media) that would include examples and case studies of programs and approaches in practice or in development
2. Learn about the communities' promising programs and best practices in tobacco control
3. Identify key issues, gaps and unmet needs that Legacy might help address.

In addition, the steering committee decided at its July 7 meeting that it wanted to identify actions to take, and determine how these actions should be taken and by whom.

Forum Process and Design:

The agenda was designed to be participatory. Brief community presentations were followed by structured discussions in six small groups. Six groups gave written answers to a series of questions on the presentations, and then discussed the questions and written responses. At the end of the first day, the groups' notes were combined, and all participants received a copy of the comments for each subject before the second day began.

On the second day, the large group was split into four discussion groups, with each focusing on a particular area(s): prevention and cessation; media; infrastructure and capacity building; and ETS and policy. Participants were encouraged to join a group that reflected their expertise and interest. The groups discussed information gathered from the first day and came up with recommendations for Legacy.

The recommendations to Legacy were summarized in presentations to the larger group and were then prioritized through the use of colored dots. Each participant received five dots that they placed on their top recommendations from their discussion group.

Part II—Extent of Tobacco Use in GLBT Community

"Tobacco is part of the culture. In bars, it is a way to meet people, the community norm, a 'social lubricant.' "

~Forum participant

One of the major gaps identified during the forum was the lack of national surveillance on GLBT tobacco use. Greg Greenwood of the University of California, San Francisco, said the lack of data could be attributed to several things, including the fact that large-scale household-based surveys do not ask about sexual orientation and large-scale health studies of LGBT populations generally do not ask about tobacco use. There are no large-scale studies of transgender populations and limited school-based data for LGBT youth.

Greenwood said several small studies show that smoking rates among gays and lesbians are high and rising rapidly. He cited the Urban Men's Health Study, a telephone interview conducted in Los Angeles, San Francisco, New York, and Chicago, which showed smoking rates in men 18 to 44 years old were 32 percent to 42 percent among MSM (men having sex with men), compared with 13 percent to 28 percent among heterosexual men. Greenwood noted that the study results are preliminary; the data have not been correctly weighted to reflect a representative sample of MSM and important sociodemographic factors such as age, education, SES, and ethnicity/race have not yet been examined.

Two school-based surveys in Massachusetts showed that between 1993 and 1995, smoking rates among GLBT increased by 13 percentage points (from 42 percent to 55 percent), while smoking rates in heterosexuals fell 7 percentage points (from 42 percent to 35 percent).

Greenwood concluded that future surveillance work should develop consensus on how to measure GLBT identity, to determine which segments are harder hit, and to direct prevention/treatment efforts and collaborations within and outside of the GLBT community.

Part III – Presentations

"The tobacco industry hates when we have some money to spend and when we get creative and show that we can be clever, organized and crafty like they are."

~Forum participant

Helen Lettlow, Legacy's Director of Program Development for Priority Populations, opened the forum with a brief overview of Legacy and its Priority Populations programs.

Tobacco use in the GLBT community

Bob Gordon, San Francisco Tobacco Free Project.

Gordon outlined ways the tobacco industry targets the GLBT community, noting that GLBT are not alone: "The tobacco industry targets anyone they can make a buck off of. How's this for a list: African Americans, Asian and Pacific Islanders, Caucasians, Latinos, Native Americans, poor people of all colors, small-town people of all colors, urban sophisticates of all colors, women of all colors, youth, teens and college students of all colors. And people of every color, in every nation in the world. Anyone who can purchase a cigarette. Anyone with at least some amount of breathing capacity."

Just as the GLBT community is not alone in being targeted, it is definitely not alone in fighting back, Gordon said. He outlined the activities of the Coalition of Lavender Americans on Smoking and Health (CLASH), a California-based non-profit that has two main goals: putting tobacco issues on the map of the GLBT community, and putting GLBT issues on the map of tobacco control communities.

CLASH initiated and runs "The Last Drag", free quit-smoking classes for the gay, lesbian, bisexual, transgender and HIV-positive communities. In 1995, CLASH launched the California Lavender Smokefree Project, which funded anti-tobacco efforts with a grant from the California State Tobacco Control Program. The project had resource teams in five cities: San Francisco, Los Angeles, San Diego, San Jose, and Sacramento. Each

team targeted four areas where the tobacco industry has a significant influence: convenience stores, gay newspapers and magazines, gay cultural events, and gay bars and restaurants.

Gordon said the project led to significant changes in each of those areas and encouraged the forum to use CLASH's work to start programs in other areas. He recommended that a national network be created to develop and share materials and training resources.

Media Presentation

Perry Stevens, Centers for Disease Control and Prevention

Stevens addressed some of the ways the industry markets to gays and lesbians, including direct and indirect advertising, industry sponsorships and promotions, and specifically targeted outreach efforts.

For example, he showed that the tobacco industry uses "coded" advertisements, depending on the audience. Say an ad running in a straight publication features a man and a woman. The industry will run a virtually identical ad in a gay publication but with a third person, rendering the ad sexually ambiguous. In addition, the industry significantly increases the advertising space it buys for special editions of gay/lesbian publications. For example, the commemorative edition of *The Advocate* that was handed out during the Millennium March on Washington had twice the usual number of cigarette ads. Gay media, Stevens said, must determine whether to accept tobacco advertising.

Indirect advertising—advertising in mainstream venues that have a high gay/lesbian audience—has been a priority for the tobacco industry for 20 years. The industry targets publications such as alternative weeklies (e.g., *NY Press*, *SF Weekly*, *Creative Loafing*, etc.), mainstream magazines (e.g., *Entertainment Weekly*, *GQ*, and *Vanity Fair*) and playbills for performing arts.

Another common way that the tobacco industry targets GLBT communities is through promotion nights at gay and lesbian bars and through sponsorship of special events. The industry has forged strong ties with gays and lesbians. A prime example appeared in the June 2000

issue of Out, in which a list of the 10 "Companies That Care" about the community appeared. Philip Morris topped the list. In actuality the "story" was an advertisement--designed to look like a feature article--about Philip Morris' commitment to diversity and \$14 million in contributions to HIV/AIDS efforts.

By allowing tobacco ads in GLBT publications, the GLBT community can be its own worst enemy. Yet often that is the only way the publications will survive, Stevens said, citing *Girlfriends* magazine.

Infrastructure and capacity building

Carlos Velazquez, LLEGO, the National Latina/o Lesbian, Gay Bisexual & Transgender Organization.

Velazquez applauded Legacy for its guiding principle that everyone, regardless of ethnicity, sex, age, religion, sexual orientation, marital status, political affiliation or status of tobacco use, must be able to participate in its infrastructure, program development and grant implementation. However, he cautioned, while Legacy may operate with such principles, outside of the foundation the playing ground is not level, the infrastructure is not fully developed, and cultural incompetencies exist in tobacco prevention and control efforts.

Addressing tobacco use effectively requires that the broad health disparities in all communities be addressed. It is important to be sure that any efforts to deal with health disparities are culturally competent. "The health disparities that exist in this country afflict the Black, the poor, the illiterate, the Latino, and the queer. The disparities act as borders. These divisions are real," Velazquez said, and can hinder tobacco control and prevention efforts. That fact must bring everyone working in tobacco control to a common goal: reducing tobacco use among all communities.

It is not enough to simply understand GLBT individuals' subjective experiences. Understanding the impact of health delivery systems and public health policies also is important. There should be a symbiotic relationship between such structures, but unfortunately they can be quite dysfunctional, Velazquez said. Health delivery systems and public health

measures cannot reduce disparities effectively if one set of structures is inaccessible, incongruent, or ignorant of the other—be they the natural networks of gay and bisexual men or a campaign against Hepatitis C.

This means infrastructures and prevention methodologies that account for the subjective experiences of GLBT communities as a way of decreasing health disparities and increasing cultural competencies must be developed for tobacco cessation. This also means coordinated efforts are needed that recognize the intersections of class, race, and sexual orientation as opposed to having them work as distinct realities. A working-class gay Mexican man may have more in common with a Native American farm worker than a highly assimilated English-speaking, bisexual Cubano. The social structures that intersect with GLBT populations must be considered in the development of infrastructures that effectively address tobacco use rates, Velazquez concluded.

Policy/Advocacy/ETS

Barry Dunayer, Minnesota Department of Health.

Dunayer said policy can be an effective tool for reducing tobacco use because it restricts where, when and how tobacco is used or obtained. Policy engages people as advocates, draws media attention and can change norms and attitudes.

Policy areas that Dunayer addressed included:

- Increasing smoke-free environments (reducing ETS) by banning tobacco use in worksites, restaurants, bars, daycare, recreational facilities and sporting arena/fields, and other public places, and discouraging its use in apartments, homes, and vehicles
- Reducing youth access to tobacco by cracking down on sale of tobacco products to underage youth and discouraging social sources of tobacco (friends, family members)
- Raising the price of tobacco products and creating other economic disincentives (i.e., increased health insurance premiums)

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- Reducing tobacco advertising and promotion– billboards, magazines, bar nights, GLBT event sponsorship, storefront displays
 - Developing or strengthening the tobacco policies of institutions such as schools, governments, and managed care organizations.

Prevention/Cessation Presentation

Gary Humfleet, University of California, San Francisco .

Humfleet presented an overview of four types of treatment and prevention programs being used in the GLBT community:

- **Group-based treatment as demonstrated by "The Last Drag":** The CLASH smoking cessation treatment program adapts the American Lung Association (ALA) model, "Freedom from Smoking," for the GLBT and HIV-positive communities. The program holds a series of two-hour sessions over six weeks in a location identified with the GLBT community. The program includes smoking-related information and issues specific to the GLBT community (e.g., reliance on bars and other settings with high rates of smoking for social interaction, information about the industry's targeting of GLBT communities, etc.). The program is facilitated by a GLBT person who is knowledgeable about tobacco's role in the GLBT community and other important issues, such as the potential interactions of nicotine and HIV treatments.
- **Individual-based treatment as demonstrated in "Out and Free":** This self-help treatment program is based on "Stages of Change," a model of health behavior change that has been researched and used effectively with many smokers. Out and Free draws parallels between the process of quitting smoking and the process of coming out. The Out and Free model helps the smoker develop new skills and knowledge about quitting smoking, and apply skills the individual learned while coming out to the effort to quit smoking.
- **Community-level cessation programs as demonstrated in the "Gay American Smokeout":** Based on the "Great American Smokeout," this program encourages GLBT smokers to consider quitting smoking, for

at least one day. The program involves a media campaign, participation by community organizations and businesses, and direct outreach to GLBT smokers.

- Youth intervention as demonstrated by the Youth Tobacco Prevention Program in Minneapolis: This two-year project aims to reduce regular tobacco use by GLBT youth and reduce the number of adolescents who start smoking. The program's activities include: establishing a community health advisory network of GLBT youth and concerned adults, training GLBT youth as community health advisors, working with youth-oriented organizations to advocate for a smoke-free environment, and promoting inclusion of GLBT youth in all tobacco prevention initiatives.

Part IV – Discussion groups by session–Day 1

[Tobacco use] is hardly considered important by the community—but that's our job to raise it. ...It's not perceived as an issue.

~ Forum participant

We need to make policy changes that affect the overall environment and change the cultural/societal norm of tobacco's place in society.

~ Forum participant

The community presentations were followed by small group discussions. Participants were divided into six small groups that were facilitated by steering committee members. At the beginning of each of the discussions, participants were given a series of written questions and asked to write their answers and discuss them with the small groups.

In general, the groups' answers were very similar. For example, when asked about the GLBT community's most significant concerns, the groups frequently mentioned equal rights, HIV/AIDS, safety and/or violence against GLBT, and family issues. When asked why GLBT start and continue to use tobacco, and what cues promote GLBT tobacco use, the groups

agreed that tobacco is a part of the culture of gay bars, is socially acceptable, and is readily accessible.

A key barrier to advocacy, several groups said, is acknowledging that tobacco is a health concern. The lack of funding and training/technical assistance for local organizations is seen as a significant gap in promoting tobacco control programs. One issue that participants saw as critical to promoting smoke-free events was finding alternative sources of funding. Alternative funding sources could continue special events but make them smoke-free. The groups also suggested that a key to getting cooperation from bars and restaurants is to show that going smoke-free will not hurt business. Homophobia, both within and outside the community, was also cited as a key barrier to accessing tobacco control programs.

Part V- Recommendations

Help communities figure out alternative funding to tobacco companies and provide funding from Legacy to supplement them.

~Forum participant

The second morning of the forum was dedicated to four discussion groups (infrastructure and capacity building, media, prevention and cessation, and ETS and policy) that developed key recommendations for Legacy. The recommendations are listed by category as they were presented to the forum on Thursday afternoon. After the group presentations, participants were asked to prioritize the recommendations for their specific session. The ? symbol indicates the number of participants who selected each recommendation as a top priority (there are five ? per person).

Media:

1. Develop GLBT advisory panel (integrated into all Legacy activities) to advise on media development and guiding principles to be used

by advertisement agencies working on campaigns for this community. ????????

2. Develop a media campaign for health providers
 - ◇ GLBT providers
 - ◇ general population providers ???
3. Provide local grants to CBOs and community centers (GLBT-specific) for local countermarketing, evaluation, baseline and TA
 - ◇ national cut-and-paste campaign that can be adapted to local community based in behavioral science ??????
4. Create a clearinghouse on information, materials, programs, grant opportunities – network; communications system (to be determined) ????
5. Use training/TA consortium to provide TA on media literacy program specific to GLBT ???
6. Provide money (grants) to local communities to do (bars, restaurants, clubs, music venues) outreach and research tobacco money uses in these venues. ??????
7. Conduct research on why GLBT youth and adults start smoking (for all segments of community) and standardize the methodology for this research (but start implementation of programs now).
 - ◇ fund GLBT research
 - ◇ encourage partners (ALA) to do the same
 - ◇ encourage addition of sexual orientation and gender ID in (national) research tools (i.e., YRBS, YTS) ????????
8. Fund local community-based social marketing initiatives ???????

Policy

General Recommendations:

1. Fund research, especially transgender ???????????

2. Evaluate existing programs (e.g., Last Drag)
3. Include sexual orientation and gender identity in national and state surveys ??????????
4. Include GLBT on all Legacy committees and board
5. Integrate GLBT issues into all Priority Populations ??
6. Provide TA pre-grant through program evaluation, including needs assessment and dissemination of results ??
7. Create a clearinghouse with information on GLBT issues (policies, best practices, ads, programs, tobacco documents, etc.) ???????
8. Target adults, not just youth ?
9. Promote GLBT participation in media development
10. Advertise in gay media outlets and work to partner with them in information dissemination
11. Target mainstream media to include GLBT issues
12. Fund GLBT local and community projects through GLBT CBOs
13. Legacy should study GLBT issues within states through program announcements, grants, literature, web page, etc. ?
14. Fund national forum on tobacco GLBT communities (work with CDC-funded GLBT community centers' tobacco project)
15. Make smoking cessation a priority with healthcare providers and HIV/AIDS organizations and integrate cause into substance abuse treatment ???
16. Partner with GLSEN and GLA to develop anti-smoking programs
17. Use HRSA school-based clinics for outreach
18. Share information from forums with state and national organizations, GLBT organizations
19. Help GLBT communities figure out alternative funding to tobacco companies and provide funding from Legacy to supplement them ?????

Specific Policy Recommendations:

1. Create a policy statement from this GLBT forum group to the GLBT national organizations and CBOs, framing smoking as a social justice issue, exposing negative aspects of tobacco funding (e.g., "selling our pride") ???
2. Sponsor a tobacco prevention campaign during Pride Week ?????
3. Work with GLBT organizations and events to develop tobacco prevention policies and incorporate tobacco prevention activities (e.g., Oasis of Pride in Los Angeles). Develop and disseminate policies to assist organizations not to accept tobacco sponsorship (this will also be a clearinghouse) ?????
4. Track organizations that implement policy–publicize and recognize them
5. Legacy/RWJ/CDC receive grantees/applicants to address how they plan to forgo tobacco industry funding, divestment of tobacco stocks and implementing tobacco–free environment (e.g. cessation, etc.)
6. Legacy should develop non–discrimination policies re: sexual orientation and gender identity and offer domestic partner benefits (done)
7. Grantees should also develop these policies–provide TA and resources on how to do it. Grantees should demonstrate linkages with mainstream tobacco–free coalitions in proposals
8. Provide and disseminate examples of model policies and programs for GLBT community (e.g. smoke–free bar nights, SF GLBT community centers; retailer policies–point–of–sale advertising, vendor–assisted sales, ad/promo restrictions, eliminate vending machines). Highlight policies that are enforced in the community ?????
9. These recommendations should be revisited by the steering committee at 1, 2, and 3 years ?

10. Develop and disseminate a guide to GLBT smoke-free venues (include research that vendors will not lose money) ?
11. Develop arguments to refute pro-GLBT smoking arguments (e.g. individual rights issue, "beware of forces" groups) ???
12. GLBT support and participation for tobacco tax initiatives and repeal of preemption initiatives, and support for a comprehensive tobacco program

Prevention/Cessation

1. Assess existing resources in communities (geographically) ????????
2. Create a centralized clearinghouse
3. Create community planning groups (local, statewide, national) ?
4. Include GLBT youth-focus in Truth campaign and sponsorship of GLBT youth groups and web sites ?
5. Fund GLBT cessation programs and evaluation
6. Quit Lines, Groups, Provider Education ?
7. Develop web-based treatment/prevention strategies for youth and adults ?
8. Fund demonstration projects to reduce cultural acceptability of tobacco use ?
9. Fund community-based local projects to address community support of tobacco use
 - ◇ local tobacco money support/sponsorship
 - ◇ smoking in bars/restaurants
 - ◇ local advertising
 - ◇ environmental changes ????????
10. Develop a model with CDC-funded GLBT community projects ??
11. Support inclusion of GLBT issues in all grant projects ???

12. Educate providers about GLBT cultural competency and tobacco use in the GLBT community ??
13. Expand funding of technical assistance to include existing GLBT programs
14. Educate GLBT community activists on how to frame tobacco control as a social justice issue ??
15. Develop campaign that can be incorporated into existing GLBT services/organizations/communities ??????
16. Establish a research task force data subgroup
 - ◇ sexual orientation on national surveys including Legacy
 - ◇ prevalence
 - ◇ transgenders
 - ◇ women
 - ◇ pilot test ????????
17. Incorporate members of GLBT forum to be members of committees/board ?????
18. Cross-represent across priority populations ???

Infrastructure And Capacity Building:

1. Create initiatives that are culturally competent and recognize regional differences ??????
2. Conduct regional assessments (i.e., minority CBOs or associations)
3. Partner with academic institutions for research and evaluation that is inclusive of CBOs
4. Consider entities such as government, tribes, academic institutions, CBOs and health departments for partnerships ?
5. Establish an informational clearinghouse and organize a summit regionally and nationally ?

6. Identify our allies internally and externally (not necessarily tobacco) ???
7. Capacity-building must recognize gender variance---operating on a continuum
8. Consider how identity and sexual orientation are distinct and intersect ?
9. Establish a training center consortium
10. Take an affirmative action approach toward inclusion (i.e., transgenders, bisexual, or HIV status) ??
11. Consider health disparities amongst G/L/B/T with training ??
12. Research must be funded ??
13. Build linkages
14. Provide "replacement" funding to counter tobacco funds
15. Training for American Lung and Cancer groups---including non-traditional allies ?
16. Build skills building (i.e., grantmanship, technical transfer, etc.) ????
17. Be specific with grant funding for segmented population
18. Fund mini-grants for specific purposes ?
19. Staged approach to grant funding (reporting/evaluation), component appropriate to initiative ???????
20. Utilize "community" experts to author and evaluate community initiatives ??

Part VI-Next Steps

At the conclusion of the meeting, Helen Lettlow thanked the participants for their time and insight and assured them that the information gathered would be considered in program development at Legacy. She highlighted a number of next steps for Legacy:

- Summarize findings from all six priority groups

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- Publish monograph series and special reports on key findings
 - Broadly disseminate forums' key findings
 - Develop RFP for priority populations by early next year
 - Fund planning grants and research demonstration projects
 - Identify subcommittee representatives to present key findings to Legacy staff and media contractors
 - Issue grants to minority researchers for pilot projects
 - Mentor researchers to channel into the NCI system
 - Provide fellowships, training and mentoring opportunities
 - Support infrastructure development and leadership training through CDC national networks and other venues
 - Support pilot interventions focusing on cessation and ETS reduction for the underserved
 - Create a confluence of media and program interventions at local level
 - Ensure broad-scale collaboration and influence other major grant makers
 - Collaborate with mainstream national organizations
 - Ensure that steering group members participate in Legacy's long-range planning
 - Organize annual intercultural tobacco control event involving all population