

**The National LGBT Communities
Tobacco Action Plan:**

Research, Prevention, and Cessation

November 2004

TABLE OF CONTENTS

| | |
|--|-----------|
| ACKNOWLEDGMENTS | 3 |
| EXECUTIVE SUMMARY | 4 |
| I. INTRODUCTION | 8 |
| II. DEVELOPMENT OF A NATIONAL PLAN | 9 |
| III. HISTORY OF LGBT ANTI-TOBACCO EFFORTS | 13 |
| IV. ANALYSIS OF EXISTING LGBT ANTI-TOBACCO EFFORTS | 16 |
| A. Research | 16 |
| B. Prevention | 21 |
| C. Cessation/Treatment | 24 |
| V. ACTION ITEMS | 27 |
| A. General Approaches | 27 |
| B. Top Five Action Items | 28 |
| 1. Create One National Campaign | 28 |
| 2. Develop Clearinghouse on LGBT Tobacco Efforts | 32 |
| 3. Identify Data Sets for Analysis and Conduct New Research | 35 |
| 4. Enhance Connectivity with Larger Anti-Smoking Organizations | 37 |
| 5. Build Resources for Developing Programs and Initiatives | 40 |
| C. Additional Ideas for Action | 41 |
| VI. CONCLUSIONS | 44 |
| VII. APPENDICES | 45 |
| A. Participants and Work Groups | 45 |
| B. Recommendations from LGBT Tobacco Reports | 50 |
| C. Full List of Action Ideas from Working Meeting | 55 |
| D. Top 25 Ideas with Feasibility, Impact, and Combined Ratings | 57 |
| E. Resources | 59 |
| VIII. REFERENCES | 85 |

ACKNOWLEDGMENTS

The *National LGBT Communities Tobacco Action Plan* was made possible in part through contributions from the Tobacco Technical Assistance Consortium. Most importantly, this project would not have been possible without the valuable input of Steering Committee members and Working Meeting participants who dedicated countless hours to the conceptualization and composition of the *Action Plan*.

This document was prepared by Patricia Dunn of Amphora Consulting with help from Jennifer S. Taylor and Stephanie Muro and editing by Alison Sipler of the Tobacco Technical Assistance Consortium. Scout, from the Fenway Institute, conceived of the *Action Plan* and facilitated the planning process.

Financial support for the Working Meeting was provided by the following organizations: American Legacy Foundation; The California Endowment; The Center: Home for GLBT in DC; Centers for Disease Control and Prevention, Office on Smoking and Health; Fenway Institute; Gay and Lesbian Community Services Center of Orange County; Gay and Lesbian Medical Association; Human Rights Campaign; Latino Council on Alcohol and Tobacco Prevention; Lesbian, Gay, Bisexual, and Transgender Community Center, NYC; Level Four Communications and Consulting; LLEGO- the National Latina/o LGBT Organization; Los Angeles Gay and Lesbian Center; National Association of LGBT Community Centers; National Coalition for LGBT Health; National Youth Advocacy Coalition; Praxis; Tobacco Technical Assistance Consortium; and Virginia Commonwealth University, Survey & Evaluation Research Laboratory.

Work Groups prepared advance information for the meeting, and were chaired by Francisco O. Buchting, University of California Office of the President, Tobacco-Related Disease Research Program (Research); Lynn Martinsen, SafeGuards Health Project (Prevention); and Phillip McCabe, Tobacco Dependence Program, UMDNJ-School of Public Health Program in Addictions and National Association of Gay and Lesbian Addiction Professionals (Cessation/Treatment).

The following individuals provided important organizational and informational support throughout the planning process: Lisa Carlson, Emory University; John Carroll, Dynamic Directions; Michael Glaza, Level 4 Communications and Consulting; Donald Hitchcock, National Coalition for LGBT Health; Kristina Keck, National Association of LGBT Community Centers; Cheryl Pearson-Fields, The Mautner Project for Lesbian Health; Perry Stevens, Consultant; and Barbara Warren, New York City LGBT Community Center.

And finally, numerous participants provided very useful comments on the draft *Action Plan*, particularly: Roxanna Bautista, Asian & Pacific Islander American Health Forum; Francisco O. Buchting, University of California Office of the President, Tobacco-Related Disease Research Program; Bob Gordon, California LGBT Tobacco Education Partnership; David Haltiwanger, Chase Brexton Health Services; Phillip McCabe, Tobacco Dependence Program, UMDNJ-School of Public Health Program in Addictions and National Association of Gay and Lesbian Addiction Professionals; Deborah May, Bronx Lesbian and Gay Health Resource Consortium; Steven Rickards, American Cancer Society's California Division; Perry Stevens, Consultant; Juan Carlos Velazquez, LLEGO- the National Latina/o Lesbian, Gay, Bisexual and Transgender Organization; Frank Wong, Georgetown University School of Nursing and Health Studies; and Jessica Xavier.

EXECUTIVE SUMMARY

In 2002, a network of lesbian, gay, bisexual, and transgender (LGBT) health groups came together to address the need for a comprehensive national action plan to address the disproportionately high rates of tobacco use among LGBT communities. Creating an action plan was identified as a high priority by LGBT tobacco control advocates in order to facilitate joint goal setting and inter-coordination among LGBT tobacco prevention and control efforts taking place at the national, state, and local levels. In addition, agency collaboration was deemed necessary to strengthen the national agenda for increasing research and services committed to eliminating smoking in LGBT communities.

The Process

A Steering Committee was formed to initiate the planning process and expand the scope and diversity of those invested in the *Action Plan*. A high priority was placed on securing Committee members and action plan contributors who reflected the diversity of LGBT communities and the breadth of LGBT health and tobacco control efforts. Members representing LGBT health organizations that had not previously worked on addressing smoking were chiefly targeted, as well as organizations that characterized a variety of disciplines and organization types.

The Steering Committee identified that the purpose of the *Action Plan* was to establish key criteria and goals to actively address and fight the disproportionate consumption and health burden of tobacco use in LGBT youth and adult communities. In preparation for a Working Meeting to outline the plan, three advance workgroups were formed to examine the state of current efforts in prevention, cessation/treatment, and research. The workgroup chairs – each with particular expertise in their area – coordinated teams to discuss and develop presentations for the *Action Plan* Working Meeting. The information compiled by the workgroups added to the planning process by: 1) documenting the history and major milestones in LGBT anti-tobacco efforts, 2) reporting on the state of existing efforts, and 3) providing recommendations with regard to the topics of Prevention, Cessation/Treatment, and Research.

A working meeting was convened in Washington, D.C. in October 2003, which drew 64 anti-tobacco and LGBT health activists from 20 states in development of the *Action Plan*. During the Working Meeting, participants were involved in a variety of strategic planning exercises. They reviewed the importance of tobacco use in the LGBT communities and heard presentations from the three LGBT tobacco advance workgroups on the topics of Prevention, Cessation/Treatment; and Research. Participants discussed the purpose and principles of the *Action Plan* and elements it should comprise. Lastly, specific strategies to ensure action were discussed.

At the meeting, a unique form of technology was utilized to maximize input and to help drive the decision making process. The technology involved an Internet-based software tool that guided teams through a goal-focused process to organize ideas, make decisions, and develop action items. Utilizing the computer-based technology, the group brainstormed national crosscutting ideas for addressing needs related to LGBT smoking. To promote interaction and resource sharing, participants networked with one another and linkages were made between groups drawing upon each other's resources and expertise.

The Action Plan

The principles utilized for the development of the *Action Plan* were to:

- Utilize an action-oriented approach;
- Identify the most viable, cross-cutting action items that could be implemented on a national level and have the greatest impact on reducing LGBT smoking;
- Determine—and begin to take—concrete steps following from the recommendations developed in previous LGBT tobacco documents;
- Involve as diverse and inclusive a group as possible;
- Utilize a dynamic process; and
- Strive for broad community involvement through an Internet-based mechanism for feedback and participation.

Meeting participants brainstormed ideas for addressing needs related to LGBT smoking, focusing on what could be accomplished in one year. The group generated 40 ideas for possible national, crosscutting work and ranked them with respect to feasibility and importance. The top five ideas with respect to impact and feasibility were highlighted and small teams met to develop concrete steps for implementation on six strategy areas (research, treatment, prevention, policy, sustainability, and public relations/outreach). The planning team also identified overarching principles to the *Action Plan* that relate to all five actions, as well as to other collaborative efforts to address LGBT smoking.

Top Five Action Ideas

1. Create One National Campaign: One Logo/Name and Message

This approach is essential to help give the issue of LGBT smoking visibility and clout, and to demonstrate the existence of an important national movement that is greater than local efforts.

2. Develop Clearinghouse on LGBT Tobacco Efforts

A clearinghouse is important in order to have one place to obtain information on all proven methodologies and resources. A centralized location is needed that includes print and electronic sources that are easily accessible. The clearinghouse would also be a resource for policy advocates, policy makers, and for general public health and tobacco control efforts. The clearinghouse would promote sharing among programs and resources, to help prevent “reinventing the wheel.”

3. Identify Data Sets for Analysis and Conduct New Research

Identifying data sets for analysis could be a catalyst for significant movement in the research community. This *Action Plan* process could increase collaboration and information sharing among researchers and lead to identifying opportunities for new research and obtaining and disseminating additional data.

4. Enhance Connectivity with Larger Anti-Smoking Organizations

It is important to build on existing—and create new—working relationships between LGBT anti-tobacco efforts and larger organizations such as American Lung Association (ALA), American Cancer Society (ACS), and American Heart Association (AHA). There is a need to examine existing initiatives and reach out to these natural partners at national and regional levels to increase and enhance such initiatives.

5. Build Resources for Developing Programs and Initiatives

It would be very useful for local community-based organizations to have a basic set of materials and tools for use in developing anti-tobacco programs and initiatives. These could be reproduced on a CD-ROM for easy and broad dissemination.

Overarching Principles:

- Recognition of all cultures
- Creation of opportunities for all LGBT individuals to participate; develop support systems
- Use of inclusive language that reaches broadest group

Conclusions

The need for increased efforts to address the elevated rates of smoking in LGBT communities is clear and profound. Collaborative, broad-based national initiatives such as those outlined in the *Action Plan* will have the most impact and cost-effectiveness while supporting local programs and initiatives in working within their communities. The *Action Plan* sets forth a strategic course of action for establishing partnerships, working collaboratively, and taking the next critical steps in addressing LGBT smoking.

Development of the *Action Plan* was a diverse collaborative effort involving hundreds of volunteer hours and much organizational support. Implementing the *Action Plan* will also require ongoing collaboration and partnership because no single organization can effectively address the need for national responses to LGBT smoking.

With the *Action Plan* as a guide, a rich history of successful grassroots efforts, and continued commitment and persistence, those concerned about LGBT smoking can succeed in expanding and enhancing efforts to address LGBT smoking, and ultimately reducing smoking in our communities.

I. INTRODUCTION

The need for increased efforts to address the elevated rates of smoking in lesbian, gay, bisexual, and transgender (LGBT) communities is clear and profound. Studies have estimated smoking rates for LGB youth range from 38 percent to 59 percent while national youth smoking rates during comparable periods ranged from 28 to 35 percent, with similarly higher rates in LGB adults' smoking.¹ While there is a particular dearth of data regarding transgender smoking, a recent study at the University of Minnesota shows that over 50 percent of the patients in their transgender health clinic who received hormone therapy were current or past smokers, and the rate of current smokers was almost double the rate in the general population.² Unfortunately, important challenges have made it difficult to fully understand the magnitude of the problem within these communities.

In order to achieve important reductions in LGBT tobacco use, it was determined that LGBT health and tobacco control advocates throughout the nation needed to develop a coordinated and comprehensive approach to address the following issues:

- Higher smoking rates in LGBT communities;
- Lack of coordination and joint goal-setting among the wide range of LGBT, health, and tobacco control advocates working to reduce LGBT smoking rates;
- Gaps in services between LGBT youth and adult anti-tobacco activities;
- Lack of surveillance data to gauge LGBT tobacco use rates, including rates for specific subgroups such as transgender individuals and racial and ethnic minority individuals;
- Inadequate research to explain why LGBT individuals initiate smoking; and
- Limited evaluation to determine the effectiveness of prevention and cessation efforts.

Over the course of two years, planning activities provided a unique opportunity for a diverse spectrum of constituencies with broad perspectives and insights to participate in strategic planning and collaboration exercises. Following extensive evaluation and assessment of LGBT anti-tobacco efforts to date, a Working Meeting, and indispensable feedback from participants and the community, the *National LGBT Communities Tobacco Action Plan (Action Plan)* was developed.

This document describes the process by which the Action Plan was created, summarizes the history of LGBT anti-tobacco efforts, provides an analysis of existing LGBT anti-tobacco efforts and ultimately highlights the top five actions for implementation at the national level based on rankings of feasibility and impact.

II. DEVELOPMENT OF A NATIONAL PLAN

Getting Started

In 2001, a group of individuals attending the National Conference on Tobacco or Health identified that the creation of a coordinated, national action plan was needed to address the disproportionate consumption and health burden of tobacco use among LGBT youth and adults. An action plan was deemed critical to promote and support inter-coordination among the various groups of people involved in LGBT tobacco control research, prevention, and cessation/treatment efforts.

The following year, at the LGBTI (lesbian, gay, bisexual, transgender, and intersex) Tobacco Control and Research Summit held in conjunction with the 2002 National Conference on Tobacco or Health, anti-tobacco activists reiterated the need for a national action plan. Following the Summit, representatives from the National Coalition for LGBT Health, National Association of LGBT Community Centers, Gay and Lesbian Medical Association, and Tobacco Technical Assistance Consortium mobilized the initiative.

By early 2003, several other national LGBT organizations joined the planning process, including: LLEGO - the National Latina/o Lesbian, Gay, Bisexual and Transgender Organization; the Mautner Project for Lesbian Health; the National Youth Advocacy Coalition; the National Coalition of Lesbian and Feminist Cancer Projects; and the National Association of Lesbian and Gay Addiction Professionals. These groups formed the basis of a Steering Committee that rallied together to structure the planning process in 2003.

The Purpose of the Action Plan

The Steering Committee worked in collaboration to determine the aim of the *Action Plan*. The purpose of the plan is to establish key criteria and goals to actively address and fight the disproportionate consumption and health burden of tobacco use.

Participant Recruitment

A high priority was placed on targeting groups to participate in the planning process that reflected the diversity of LGBT communities and the breadth of LGBT health efforts. In order to achieve a comprehensive national plan, it was important to the Steering Committee to increase the groups involved in planning discussions to represent various disciplines and organization types, and include LGBT and health organizations who had not previously worked on addressing smoking in LGBT communities. The planners aimed to expand those addressing LGBT smoking beyond the “LGBT tobacco insiders,” while recognizing and utilizing the expertise of the long-time LGBT tobacco control activists. This approach ensured

greater diversity in the planning process as well as promoted awareness and involvement in tobacco by a wider range of organizations.

A Web-based survey was conducted among Steering Committee members and a “Diversity Grid,” indicating priorities for representation, such as race/ethnicity, gender, sexual orientation (to include lesbian, gay, bisexual, and heterosexual participants), geography, disability status, age, socioeconomic status, and gender identity (including female to male and male to female transgender individuals) was completed. This initial work set the tone for an inclusive meeting by engaging a variety of participants. Targeted groups included: grassroots tobacco control and health advocates, educators, researchers, physicians and other health care providers, policy advocates, community organizers, and administrators from universities, primary health care clinics, national and local LGBT civil rights organizations, LGBT health-focused groups, local, state and federal governmental public health officials, and national voluntary organizations.

The Working Meeting: October 2003

A Working Meeting was held in October 2003 in Washington, D.C. to develop the *Action Plan*. Sixty-four anti-tobacco and LGBT health activists from 20 states participated in planning exercises over a two-day period (Appendix A).

An innovative computer-based technology was utilized throughout the planning process to ensure effective and efficient communications and to promote full participation during the meeting. *Web IQ*, an Internet-based software tool, guided teams through a goal-focused process to organize ideas, make decisions, and develop action items. Additionally, *Group Systems* software was used during the meeting to support the decision-making process, where three participants worked together on a laptop computer to present their ideas to the larger group during planning exercises. The technology allowed the participants to represent their ideas virtually and to interact as a larger group to rank and prioritize their ideas to form the basis for the *Action Plan*. Most participants felt the technology accelerated and streamlined idea generation, consensus building, and decision-making. The technology also allowed active and inclusive engagement of meeting participants because ideas could be expressed without revealing individual identities. Expressing ideas via the interactive computer system reportedly permitted participants to address important but potentially sensitive points that may not have been mentioned in other meeting formats.

The Working Meeting involved two intense days of planning activities (Table 1).

Table 1. Working Meeting Agenda, October 2003

| Working Meeting Agenda: | |
|--|--|
| Day One | |
| <ul style="list-style-type: none">• Purpose and principles of the <i>Action Plan</i>• Tobacco: Why is it Important?<ul style="list-style-type: none">– <i>Overview of tobacco in LGBT communities</i>– <i>Presentations from each work group: Prevention; Cessation/Treatment; Research</i>• Crosscutting Ideas for 2004<ul style="list-style-type: none">– <i>What could we accomplish in a year?</i>• Decisions<ul style="list-style-type: none">– <i>What to include in the Action Plan</i> | |
| Day Two: | |
| <ul style="list-style-type: none">• Ranking the Ideas<ul style="list-style-type: none">– <i>Impact</i>– <i>Feasibility</i>• For top five feasible and important action ideas, teams developed concrete action steps. Teams focused on:<ul style="list-style-type: none">– Research– Cessation/Treatment– Prevention– Policy– Sustainability– Public relations/outreach• <i>Personal Action Plans</i><ul style="list-style-type: none">– <i>Creating details for the Action Plan based on each person's focus area</i>▪ Moving into Action<ul style="list-style-type: none">– <i>Specific strategies and commitments</i> | |

On the first day of the meeting, participants reviewed the importance of addressing tobacco use in LGBT communities and heard presentations from three LGBT tobacco work groups convened by the Steering Committee on the topics of research, prevention, and cessation/treatment. Utilizing the computer-based technology, the team brainstormed national crosscutting ideas for addressing needs related to LGBT smoking, focusing on what could be accomplished in one year. The group developed 40 ideas for possible crosscutting work (Appendix C).

On the second day, after facilitated discussion on proposed ideas and consolidation of duplicative items, the group outlined 25 major ideas and ranked them with respect to feasibility and importance. Using the computer-based technology, each participant rated each idea with regard to impact and feasibility on a scale of 1 (low) to 10 (high). For the top five ranking ideas with respect to impact and feasibility – each with a combined score of over 15 points – small teams met to develop concrete steps for implementation in six strategy areas: research, cessation/treatment, prevention, policy, sustainability, public relations/outreach. Team members in each strategy area determined next steps

and committed to initial efforts to make certain that actions would be implemented. Participants also created “Personal Action Plans,” to develop individual commitments based on each individual or organization’s focus area.

Obtaining Community Feedback

Following the Working Meeting, the Tobacco Technical Assistance Consortium provided a venue for community involvement and feedback by posting the materials from the meeting and the draft *Action Plan* on its Web site, www.ttac.org. The outline of this *Action Plan* and basic concepts were also disseminated for discussion and feedback in December 2003 at the National LGBTI Tobacco Control and Research Summit held in conjunction with the National Conference on Tobacco or Health.

III. HISTORY OF LGBT ANTI-TOBACCO EFFORTS

It is important to understand that efforts to address smoking in LGBT communities began long before the *Action Plan* process was initiated, and these efforts provide the inspiration and impetus for the current movement to implement synergistic and coordinated actions on a national level. This summary was drawn from a variety of sources including research articles, educational presentations, and community outreach materials developed by LGBT tobacco control advocates.

Grassroots efforts

Grassroots efforts in local LGBT communities began in the early 1990s to respond to the need for LGBT-sensitive tobacco cessation programs. Two early LGBT cessation models were the “Last Drag” program in San Francisco³ and the “Out and Free” program created by the Sexual Minorities Tobacco Coalition in Seattle.⁴ In 2000, the Minnesota Department of Health funded the first LGBT youth smoking prevention program under the auspices of District 202, the University of Minnesota, Street Works, and school districts in St. Paul and Hennepin County.

Also in 2000, the Centers for Disease Control and Prevention (CDC) created a five-year cooperative agreement with the National Association of LGBT Community Centers to fund research and development of a multi-city tobacco prevention and cessation program.⁵ In late 2003, the project released findings from nationwide LGBT focus groups exploring smoking issues.⁶

An inventory of LGBT tobacco programs across the country revealed there are now increasing numbers of cessation programs tailored to the LGBT community in the United States, several of which focus on youth. Additionally, several innovative anti-smoking approaches utilized for the general public have been adapted to meet the needs of LGBT communities, including:

- The “Gay American Smoke Out”,⁷ modeled after the “Great American Smokeout”,⁸ a day each year when the American Cancer Society encourages smokers to quit cigarettes for at least one day, in the hopes they will quit permanently;
- Phone and Internet quitlines, such as the University of California at San Francisco’s iQuit, an Internet-based cessation program for LGBT smokers;⁹
- LGBT-focused anti-tobacco media campaigns to counter tobacco advertising and disseminate LGBT-inclusive messages; and
- Promotion of the U.S. Public Health Service’s Clinical Practice Guideline, *Treating Tobacco Use and Dependence*,¹⁰ among health care providers who care for LGBT patients.

Policy, research, and organizing efforts

Policy, research, and organizing efforts with respect to LGBT smoking have also grown during the past decade. In 1991, the Coalition of Lavender Americans on Smoking and Health (CLASH) was formed in San Francisco. In 1996, with CDC funding, CLASH organized the first statewide conference in California focusing on prevention of tobacco and alcohol problems in LGBT communities. In 1998, the Tobacco-Related Disease Research Program at the University of California Office of the President funded the first national multi-city (San Francisco, Los Angeles, New York, Chicago) household-based study to examine smoking rates among gay men.

In 2000, the American Legacy Foundation (Legacy) organized an LGBT Forum on Tobacco Control with approximately 50 attendees including community advocates, state and local health representatives, academics, and university-based researchers, resulting in a final report with recommendations for addressing LGBT smoking.¹¹ Additional recommendations were made in the Tobacco Use Chapter of the *Healthy People 2010 Companion Document for LGBT Health*¹² and the National Association of LGBT Community Centers' CDC-funded 2003 report¹³ on forty-six focus groups held in twenty-two cities (Appendix B).

In 2001, Ryan et al. published an important literature review summarizing eight studies of lesbian, gay, and bisexual individuals from 1987 to 2000 that included questions on tobacco use.¹⁴ The article concluded that published information on LGB smoking is limited; that LGB concerns should be better represented in tobacco surveillance and data collection efforts; and that preliminary studies indicate smoking rates are higher among LGB adolescents and adults than in the general population.

The 2002 and 2003 LGBTI Tobacco Summits held in conjunction with the National Conference on Tobacco or Health highlighted the significant developments in LGBT anti-tobacco efforts over the last decade. The total of over 200 participants brought their experiences with local, regional, and national anti-tobacco efforts on many fronts to those meetings and to the *Action Plan Working Meeting*. At both summits, participants organized coordinated advocacy efforts:

- In 2002, a consensus letter was written and signed by dozens of LGBT health and tobacco control advocates to encourage The Robert Wood Johnson Foundation to fund LGBT anti-smoking efforts;
- In 2003, a consensus letter about LGBT tobacco was signed by nearly 200 people and presented to a federal government panel.

In late 2002, the *Healthy People 2010* Tobacco Use Work Group convened a hearing in conjunction with the National Conference on Tobacco or Health, and LGBT advocates provided extensive testimony and presented the committee with a consensus letter signed by nearly 200 individuals regarding the need for more data on LGBT smoking.

The CDC Office on Smoking and Health (CDC/OSH), in addition to providing funding to the National Association of LGBT Community Centers, has been responsive to the needs for more data and greater attention to LGBT smoking. In January 2003, CDC/OSH convened an “Experts Panel to Examine Tobacco Surveillance among Lesbian, Gay, Bisexual, and Transgender Communities,” and has been working to implement recommendations from that meeting.

Kevin Goebel published important findings on tobacco industry targeting of LGBT communities in 1994.¹⁵ In the late 1990s, Perry Stevens—on behalf of the CDC--compiled and presented one of the first workshops on the targeting of LGBT individuals by tobacco companies. Beginning with this first presentation at the International Tobacco or Health Conference in Chicago in 2000, Stevens has created many other invaluable resources, including a CD-ROM for the Tobacco Technical Assistance Consortium on the history of the tobacco industry's efforts to market their products to lesbians and gays.¹⁶ A National Institutes of Health grant was awarded to the University of California at San Francisco to identify references to LGBT populations in recently released tobacco industry documents. Increased research in this area has also sparked a number of recent educational efforts, including Legacy's Project SCUM advertising and email campaign to draw attention to, and counter, the targeting of urban gays and lesbians and homeless people in an early 1990s marketing campaign.¹⁷

The tobacco industry's targeting of LGBT communities has also taken the form of providing funding contributions and sponsorships of non-profit LGBT organizations. In 1998, CLASH produced the guidebook, *“Ethical Funding for LGBT Community-Based Organizations: Practical Guidelines When Considering Tobacco, Alcohol and Pharmaceutical Funding,”* which was reprinted in 1999 by Progressive Research and Training for Action, and revised and republished in 2001.¹⁸ Since 1999, with this guide and related tools such as an ad campaign entitled *“Our Pride is Not for Sale,”* CLASH has led efforts to urge LGBT community organizations to adopt “no-tobacco sponsorship or contribution” policies.

IV. ANALYSIS OF EXISTING LGBT ANTI-TOBACCO EFFORTS

In preparation for the Working Meeting, three work groups were formed to examine the state of current efforts with respect to LGBT tobacco research, prevention, and cessation/treatment.

A. Research Assessment

Francisco Buchting from the Tobacco-Related Disease Research Program at the University of California Office of the President chaired the Research Work Group by convening an expert group of researchers who met by conference call and Internet-based discussions from late August to early October 2003. The Research Work Group identified several important areas for investigation and offered suggestions for improving the LGBT and tobacco research base. Their approach to research was inclusive, recognizing the strengths and weaknesses of each type of data source and the importance of examining data sources that can be used for scientific, program evaluation, and policy purposes.

Social Epidemiology Research

Research indicates that lesbians, gay men, and bisexuals (both adolescents and adults) use tobacco at higher rates than in the general population. In 1999, Stall and colleagues, found that 41.5 percent of gay men smoke compared to 28.0 percent of men in the general population. They also found a lower smoking rate among gay and bisexual men with higher education than the rate for other gay and bisexual men.¹⁹

A 1997 study using random digit dialing in Los Angeles found that 37.0 percent of lesbians and 50.0 percent of bisexual women smoke, compared to 14.0 percent of heterosexual women and 22.1 percent of women nationwide.²⁰ It is suspected that higher rates of smoking occur among LGBT persons of color and transgender individuals; however, data are especially lacking with respect to these individuals.

There are numerous obstacles to obtaining exact estimates of smoking among LGBT individuals. An important barrier is that LGBT health studies generally do not research tobacco use. National tobacco and health surveys do not ask sexual orientation or gender identity questions, and there have been few studies on LGBT individuals and tobacco. Many of the findings reported in the scientific literature are derived from questions in research projects that have a primary focus other than tobacco use. Questions used in these studies to determine tobacco use and smoking status lack consistency, such as those regarding daily consumption and lifetime smoking. Sampling concerns and homogenous demographics of samples (e.g., gay white men) have made it difficult to adequately determine the impact of tobacco use on the entire LGBT community. There is also insufficient data on smoking for many groups within LGBT communities—such as persons of color

and transgender individuals—due to the fact that studies do not over-sample in order to obtain enough responses from all groups.

Suggestions for improving social epidemiology include:

- More studies to report or examine prevalence data (population-based);
- Collection of prevalence data for specific LGBT groups (e.g., LGBT persons of color, lesbians, transgender individuals);
- Future studies to examine predictors of tobacco use;
- Future studies to examine the natural history of tobacco use in LGBT individuals;
- Inclusion of LGBT questions in existing tobacco surveys; and
- Inclusion of smoking and tobacco use questions in existing LGBT health surveys.

Disease Epidemiology Research

LGBT individuals—both adolescents and adults—use tobacco at higher rates than in the general population. Therefore, the burden of tobacco-related diseases and health problems (cardiovascular, cancers (lung), etc.) may also be greater among LGBT persons. Comorbidity (the presence of multiple, concurrent health conditions) could be a possible determinant of different tobacco-related death rates; for example, esophageal cancer with cigarette smoking and heavy alcohol use,^{21,22} medical conditions related to the course of HIV infection²³, and mental health disorders such as depression, anxiety disorders and multiple addictions.^{24, 25, 26, 27, 28, 29}

Smoking-related health disparities among LGBT individuals are exacerbated by decreased access to culturally appropriate quality health care and sensitive tobacco cessation programs and materials.³⁰ These factors create barriers to quitting for LGBT smokers. LGBT individuals may be less likely to receive preventive care, meaning that they may receive less frequent tobacco cessation education and counseling.³¹ For example, “[m]any lesbians avoid seeking health care because of past negative experiences with homophobic practitioners. These experiences have been well-documented within the medical literature and may include patronizing treatment, intimidation, attempts to change the patient's sexual orientation, hostility toward the patient or her partner(s), breach of confidentiality; invasive and inappropriate personal questioning, neglect, denial of care, undue roughness in the physical exam, and sexual assault.”³² Additionally, most employers do not provide health insurance coverage to same-sex partners of employees, and any employees who do receive health coverage for their gay or lesbian partner must pay federal income taxes on the value of the insurance.³³

More information is needed on environmental tobacco smoke (ETS)/secondhand smoke. Higher smoking rates among LGBT people and the role of bars and clubs in many segments of LGBT culture suggest that LGBT communities may have higher rates of exposure to secondhand smoke; this may lead to higher rates of tobacco-related diseases associated with ETS exposure.^{34,35,36}

Of further concern for the LGBT community is the relationship between HIV/AIDS and smoking. HIV positive persons are significantly more likely to smoke compared to HIV negative individuals.^{37,38} There are conflicting findings on the effects cigarette smoking has on the incidence of *Pneumocystis carinii* pneumonia (PCP), Kaposi's Sarcoma (KS), and disease progression to an AIDS diagnosis or death.³⁹ There is, however, a consistent association between smoking and bacterial pneumonia, hairy leukoplakia, oral candidiasis, and AIDS-related dementia.^{40,41,42,43,44,45,46,47}

The panel determined that the following subjects require attention in order to improve disease epidemiology-related research:

- Health disparities (health effects/disease rates, comorbidity, Environmental Tobacco Smoke [ETS]/Secondhand Smoke);
- HIV/AIDS (addressing the conflicting findings, and examining interactions between smoking and immune system and between smoking and AIDS medications); and
- Transgender individuals (e.g., interactions between smoking and hormone replacement therapy).

Cessation Research

The panel agreed that information on cessation research is insufficient. There are few clinical trials underway studying LGBT cessation programs. Studies are also needed to examine the Internet and cessation, the use of cessation programs by rural LGBT individuals, and to evaluate the effectiveness of ongoing programs. In addition, empirically tested cessation methods need to be developed.

Prevention Research

Studies about lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth and 18 to 24 year olds (both college and non-college) are needed. Only a few studies have been conducted to date. Studies are needed to examine predictors of tobacco use uptake (including stressors, mental health, self-acceptance, social support, victimization, discrimination, cultural determinants, etc.). More data are required to identify protective factors and evaluate existing LGBT prevention programs and initiatives.

Policy Research

Studies are needed to examine advertisements, the relationship between tobacco industry sponsorship and LGBT leaders/organizations and the impact on LGBT smoking rates, the effectiveness of counter-marketing campaigns, and the extent and effectiveness of anti-smoking/pro-health policies (bar laws, tax increases, etc.) in the LGBT community.

Economic Research

Economic studies on the burden of tobacco use are needed, including examination of disease costs, impact on consumers, cost-effectiveness of tobacco-control policies, and the role of gay media.

Tobacco Industry Document Research

The panel indicated that more research may not be needed in this area, as it may already be saturated. Some non-traditional document research may be possible, including the impact of using documents for prevention or cessation efforts.

Ethnographic/Anthropology Research

No research has been reported in this area. Some examples of possible research include “natural history” of tobacco use and the role of tobacco use in gay identity, the coming out process, and gay culture.

International Research

There have been very few studies published on LGBT tobacco use in country-specific journals, and there have been no international studies on LGBT smoking funded by the U.S. government.

Understudied/Neglected Areas

In addition to greater research needed for all groups within LGBT communities, studies are needed in 2 key areas: LGBT persons of color and transgender individuals. The rationale of “insufficient numbers to analyze” is not acceptable, and can be addressed by providing additional funding, conducting targeted studies, and diversifying grant review committees. There are many areas of needed inquiry with respect to smoking and the transgender community.

Evaluation

Research and evaluation must be viewed on a continuum. Evaluation is a critical area of research, including evaluation of cessation, prevention and policy initiatives specifically regarding their effectiveness in LGBT communities.

Research Panel Recommendations

Following an assessment of the LGBT and tobacco research landscape, the Research Panel proposed the following recommendations:

- Include sexual orientation and gender identity questions in national tobacco and health surveys;
- Include tobacco use questions in LGBT health research;

- Over-sample for specific LGBT groups, in order to obtain good prevalence data;
- Include LGBT in mainstream tobacco research;
- Develop standard sexual orientation and gender identity questions for survey research (CDC/OSH is working on this);
- Conduct psychosocial studies (ethnographic/anthropology/history of smoking);
- Increase policy research (social norm changing in the LGBT communities, effects of tobacco industry sponsorship, uptake and cessation);
- Study comorbidities;
- Conduct research on urban versus rural LGBT individuals;
- Conduct multi-city and multi-state research (e.g., smoking in gay bars);
- Fund grants for pilot programs;
- Conduct economic and marketing studies;
- Expand prevention studies (e.g., coming out process – information is needed for developing effective prevention and cessation tools);
- Transdisciplinary Tobacco Use Research Center (TTURC) should more fully address LGBT individuals;
- *Healthy People 2010* process should address LGBT individuals and the need for data;
- Build the infrastructure/support for LGBT tobacco researchers;
- Increase research in all areas – government and private funders should issue RFAs to fund research on LGBT individuals and tobacco use;
- Address LGBT and tobacco use as issues of social justice, health disparity, and parity, and hold funders, LGBT organizations, and non-LGBT organizations accountable for the relationship between tobacco funding and the community.

Working Meeting participants added background information and discussed current research issues. Comments included:

- There is a strong need to over-sample LGBT communities of color; however, there is a stronger need to fund research that studies the variables and intersections of race, ethnicity, and gender/sexual identity;
- It is necessary to determine the best way to share data already collected among LGBT tobacco programs.
- An additional recommended action is to lobby the organizers of the World Conference on Tobacco or Health (WCTOH) to start addressing the LGBT community needs as serious topics for plenary panels or research tracks. The lack of consideration and efforts to address LGBT and tobacco use continue to plague the organizing efforts for the WCTOH, and a concerted effort is paramount to achieving significant changes in their position.

B. Prevention Assessment

Lynn Martinsen, at the time from the Safeguards Health Project in Philadelphia, chaired the Prevention Work Group. Participants discussed unique prevention challenges and existing prevention campaigns and programs in the LGBT community to provide a background on prevention for the Working Meeting.

Prevention Trends

Traditionally, prevention has focused on youth because smoking begins in adolescence. LGBTQ youth have not, however, been separately or specifically identified for prevention interventions despite findings of higher rates of smoking by LGBTQ youth. Additionally, research has not been conducted to confirm or deny age of smoking initiation in LGBTQ tobacco users.

LGBT individuals may be more likely to smoke due to a variety of unique factors including daily stress caused by homophobia and discrimination.⁴⁸ Research suggests that smoking is more prevalent among groups experiencing high levels of stress,⁴⁹ and that young LGBT persons are more likely to be depressed, lonely, isolated, victimized or discriminated against, attempt suicide, and be physically or verbally victimized compared to their heterosexual counterparts.⁵⁰

In addition, because of increased stress and other factors, behaviors associated with smoking -- such as alcohol and drug use -- may also be higher among LGBT individuals than among heterosexual counterparts.^{51,52} Venues where smoking is prevalent -- such as bars -- historically have been an important social focus for LGBT communities, possibly because of a history of exclusion from, or discrimination in, other social settings.

Other possible theories for why LGBT individuals initiate smoking include the stresses caused by being different; internal and external homophobia; anti-gay violence (and fears caused by pervasive violence); lack of support from family and friends; and body image issues, such as fear of weight gain.^{53,54}

Tobacco Industry Targeting

Another major issue to address in prevention of LGBT smoking is the tobacco industry's targeting of the gay market. Since the early 1990s, LGBT marketing has occurred through four main strategies: direct advertising, indirect advertising, event sponsorships, and outreach efforts and promotions in the community.⁵⁵

Many factors contribute to the vulnerability and receptiveness of the LGBT community to tobacco industry marketing. Cigarettes may provide emotional support in the face of unique social pressures and mental health needs of LGBT people. The "bar culture" of LGBT social life increases opportunities for the use of cigarettes as a social tool. LGBT audiences seem to respond to ads that

“eroticize” tobacco use, perpetuating myths such as “tobacco use equals masculinity” or “smoking will make you sexy.” Other myths, such as “tobacco demonstrates independence or rebellion” and “tobacco use is just part of being gay,” may also contribute to tobacco’s appeal in the LGBT community. Additionally, the highly prioritized problems of AIDS, anti-gay violence, and discrimination lead LGBT communities to believe that tobacco use is “no big deal.”

There is strong LGBT loyalty to industry “friends,” who encourage the belief that tobacco use is good for the community because tobacco companies “support us.” Despite all the targeted attention to LGBT populations by tobacco companies, there are few tobacco control efforts directed at LGBT people.

Finally, internalized homophobia plays a role in LGBT audiences’ vulnerability to tobacco advertising; beliefs that “I’m not worthy of being healthy” or “I’m not entitled to live a long and happy life” can break down resistance to tobacco use messages. According to an online marketing survey, LGBT smokers are more likely than the general adult population of smokers to believe that smoking shortens lives (96 percent vs. 88 percent),⁵⁶ yet LGBT people smoke at higher rates.

On a community and policy level, CLASH recommends the following actions to counter the tobacco industry’s efforts:

- Educate ourselves and others about the harm tobacco does to our community;
- Pressure organizations, publications, and politicians that take tobacco industry sponsorship or advertising to adopt a “no-tobacco money” policy;
- Support organizations and publications that refuse tobacco money;
- Remember that the issue is not the “right to smoke,” but the health of the LGBT community - individually and collectively;
- Point the finger where it belongs: not at smokers, but at the tobacco industry for continuing to promote a product that it admits is addictive and deadly.⁵⁷

Recommendations for Improving Prevention Efforts

There are several specific steps that anti-tobacco programs and organizations can take to get the attention of LGBT audiences. LGBT consumers tend to respond more to marketing efforts that focus on individuality; meet a need for association, such as creating community; highlight and celebrate life’s diversity; reduce stress; and address skepticism and mistrust. Several strategies can be used to position anti-tobacco use programs to appeal to LGBT populations. It is important to demonstrate sensitivity and trustworthiness to LGBT people: for example, developing and posting non-discrimination policies within the organization that protect LGBT people, and using inclusive language in marketing communications such as “partner” and “significant other” that won’t alienate LGBT people or marginalize their relationships.

Another key approach is making use of LGBT media to establish the visibility of anti-tobacco programs in the LGBT community: for example, buying paid advertising space and advertising job opportunities in LGBT publications and including national and local LGBT publications on their press lists. Mainstream tobacco control organizations can form alliances with LGBT organizations in order to offer educational resources to appeal to LGBT people. Finally, anti-tobacco programs should be able to show LGBT people the ways in which they are manipulated and exploited by the tobacco industry.

Other recommendations to prevent the initiation of smoking among LGBT individuals include:

- Focus on changing social norms regarding acceptance of smoking;
- Produce an environment supportive of non-smoking behavior and LGBT communities;
- Develop new and expanded strategies to counter advertising by the tobacco industry that targets the LGBT communities;
- Develop policies and regulations regarding use.

Based on these strategies and recommendations, there are several specific strategies that LGBT organizations and programs can follow to target LGBT audiences. Displaying posters and pictures portraying LGBT people, ensuring that LGBT people are included on boards and community advisory groups, and exhibiting rainbow stickers or other LGBT-friendly symbols in lobbies are all ways to create organizational environments that welcome LGBT people. Spending paid advertising dollars with LGBT publications, sponsoring LGBT events, and establishing a presence at GAY Pride events by entering a float or staffing a booth are other action steps that will draw LGBT attention to anti-tobacco organizations. It is also important for organizations to include LGBT populations when discussing disparities among various population groups. Finally, anti-tobacco programs must be willing to go where LGBT people use tobacco; conducting educational outreach at LGBT bars and clubs, for example.

The Billy DeFrank Lesbian and Gay Community Center, The Center in Orange County, and the American Legacy Foundation developed a statewide social marketing campaign in California called “Cigarettes are My Greatest Enemy.” This anti-tobacco campaign depicts LGBT people sharing their real-life triumphs over adversities such as gay bashing, drug and alcohol use, HIV, depression, and sexual assault to find the strength to quit smoking. The ads also remind audiences that tobacco causes more deaths in the LGBT community than AIDS, drugs, breast cancer and bashing combined.

Through expanded research and collaboration between LGBT, tobacco, and public health experts, there is an important need to address several open questions regarding prevention of smoking in LGBT communities, including:

- Are school-based prevention programs effective, appropriate and/or culturally competent for LGBT youth?
- Where can LGBT youth be most effectively reached?
- What messages are most effective for LGBT youth?
- What's missing with respect to unique approaches needed to reach LGBT youth?

C. Cessation/Treatment Assessment

Phillip McCabe from the National Association of Lesbian and Gay Addiction Professionals and the Tobacco Dependence Program, University of Medicine and Dentistry of New Jersey-School of Public Health Program in Addictions chaired the Cessation/Treatment Work Group and presented the group's findings at the Working Meeting.

Cessation/Treatment Challenges

Treatment of nicotine dependence is difficult. It is estimated that 1.3 million Americans successfully quit smoking each year; this reflects only 10 percent of those who attempt to stop. While 70 percent of individuals quit after one or two tries, 22 percent make three to five attempts before they are successful, and 9 percent try six or more times before succeeding.⁵⁸

Fifty percent of continuing smokers will die of tobacco-caused illness.⁵⁹ Smoking cessation – even after many years of the habit – has immediate positive health benefits. The age for risk of coronary heart disease is reduced 10 to 15 years following cessation compared to that of lifelong non-smokers. A lifelong smoker who quits at age 50 reduces by 50.0 percent his or her chances of dying before age 65. One year after quitting, half of the excess heart disease risk is gone.⁶⁰ An estimated 46 million adults were former smokers in 2002, representing 50.1 percent of those who had ever smoked. For the first time, more adults have quit than are still smoking.⁶¹

Much of the research and clinical practice over the last thirty years has focused on finding the ideal intervention. However, it is clear that there is no one treatment that will be effective for virtually all smokers. Success does not need to be defined solely on the basis of permanent abstinence. In fact, these messages may have masked the true nature of tobacco dependence.

Some clinicians prefer replacing the concept of “cessation” with “treatment.” This line of reasoning is based on the belief that compulsive use of tobacco products is best understood as a dependence on nicotine, and that cessation is not a clinical activity, but refers to something the patient/smoker “does.” Those who prefer the

term treatment view cessation as something that happens in a single moment in time rather than a process or a continuing event like treatment. The belief is that continued use of the term cessation perpetuates the conflicting message that the anti-tobacco advocates (like Big Tobacco) still thinks of smoking as a bad habit.

Others, especially those from community-based tobacco control programs, believe the term cessation should continue to be used due to historical reasons and because smokers in many communities are more comfortable with this concept than with treatment. This perspective is grounded in the fact that cessation, like detoxification, falls under the umbrella of treatment; cessation and detoxification are particular types of treatment for addiction to a substance.

Recommendations for Improving Cessation/Treatment Outcomes

1. Review core issues specific to LGBT individual smokers and how they are best integrated into cessation/treatment.

These core issues include:

- How smoking and paraphernalia entwine with/enhance sexual and gender identity;
- Impact of oppression, stress, and heterosexism;
- Impact of smoking among community/peers/life-partners;
- Environmental Tobacco Smoke (ETS)/Tobacco use in LGBT clubs and bars;
- Weight control, body image, and low self-esteem;
- Other related health risks and tobacco-caused illness;
- Interplay with other addictions—alcohol, drug use and abuse;
- Impact of direct marketing and sponsorship by tobacco companies.

2. Develop research on LGBT smoking prevalence and patterns.

3. Encourage programs to utilize best practices and recommendations in the U.S. Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence*.⁶²

4. Use a stepped care model of tobacco cessation/treatment. This includes assessment and triage to an intervention of varying levels of intensity. In this model, there are three levels of intensity of care. Step one (minimal) includes self-change and self-help. Step two (medium) includes brief counseling, plus follow-up. Step three (high) includes specialized, intensive clinical treatment. All three levels need to be available in the LGBT communities.

5. Integration of medications and counseling or behavioral therapy. Smoking abstinence rates were 27 percent for the active nicotine patch compared to 13 percent for the placebo patch at the end of 4 to 8 weeks of treatment, and 22 percent compared to 9 percent at six months.⁶³ Abstinence rates increase when medications are combined with behavioral therapy.

6. Behavioral interventions. These interventions include breaking associations, decreasing access, preparing for cravings and withdrawal, addressing concerns about weight gain, and preparing for “slips.”

There is a need to develop cessation/treatment resources for rural LGBT individuals and others who cannot access onsite treatment. One example is “iQuit”, an Internet-based program for LGBT smokers⁶⁴.

There are unique and important issues related to access of LGBT and questioning youth to cessation/treatment programs. Eighty-nine percent of adults who smoke daily report having tried their first cigarette before age 18.⁶⁵ Youth service providers should discuss tobacco use with LGBTQ youth in a non-confrontational, non-judgmental, and supportive manner. It is very important that LGBTQ youth do not get the mixed message that smoking is acceptable for LGBT adults but bad for youth. Mainstream cessation/treatment programs need to be LGBT sensitive.

Recommendations for providers and insurers were also presented. Providers should follow the Public Health Service (PHS) guidelines of the 5 A’s (ask, advise, assess, assist, and arrange).⁶⁶ Providers also need to make sure they are providing culturally competent care to LGBT patients and asking them about smoking at least as frequently as heterosexual patients.

The PHS guidelines also state that insurance plans should include counseling and pharmacotherapy treatments among their benefits. Clinicians should be reimbursed for providing tobacco dependence treatment just as they are reimbursed for treating other chronic conditions.

Working Meeting participants added background information and discussed existing cessation/ treatment programs and resources (Appendix E). Comments included:

- Use of the word “Queer” is not accepted in most of the black LGBT community. More inclusive language needs to be identified.
- The marketing of menthol products to people of color is a concern. The images in those ads are often not gay themed, however, they do show the manipulation of people of color by the tobacco industry.
- “Stop Smoking” may be a more appropriate term for materials aimed at low socio-economic status populations, rather than cessation or treatment.
- Are there any specific programs that target LGBT people of color? Do these programs take into account the other co-morbidities faced by these communities such as drug use, limited access to healthcare and health promotion efforts, class and/or social status?
- There is a need for translation of successful LGBT-sensitive cessation manuals/materials into different languages.

V. ACTION ITEMS

Working Meeting participants initially identified 40 possible action items. To develop the *Action Plan*, the participants focused on the “Top Five” actions identified by the group as having greatest impact and most feasible to implement. This section summarizes the general approaches and each of the five top actions as they relate to the following categories:

- Rationale
- Implementation ideas
- Concerns
- Strategies and next steps for action developed by small teams
 - Research
 - Cessation/Treatment
 - Prevention
 - Policy
 - Sustainability
 - Public Relations/Outreach

Following this section are additional action ideas the group considered, highlighting other important needs along with potential strategies to address them.

A. General Approaches

The group identified three general approaches to the *Action Plan* that relate to all five actions, as well as to other collaborative efforts to address LGBT smoking. These approaches are to:

- **Recognize all cultures.** It is important to recognize that LGBT communities include many cultures, including all races and ethnicities, youth, elders, transgender and bisexual persons, those with low socio-economic status (SES), persons with disabilities, non-urban, all disciplines (e.g., researchers, grassroots activists, educators, cessation providers, health care providers, policy advocates) and others.
- **Create opportunities for all LGBT individuals to share; develop support systems.** It is imperative that an inclusive group is at the table. To accomplish this, a method is needed to identify ways to provide support to partners with minimal resources or those less experienced (e.g., conference calls, training and technical assistance, and mutual support).
- **Use inclusive language that reaches the broadest group.** Utilization of language that does not close doors is important. For example, the term “queer” is favored by many rather than the cumbersome LGBT (and sometimes Q and I), yet many communities of color and older LGBT individuals are resistant to this expression. Also, many racial and ethnic groups do not relate to the concepts of “coming out” and being “out.”

B. Top Five Action Items

Action 1. Create One National Campaign: One Logo/Name and Message

The idea of developing a single, universal, national campaign scored the highest for impact and feasibility. One title for the campaign, which summarizes a single message, would be utilized, with a corresponding logo.

Rationale

This approach is essential because it would help give the issue of LGBT smoking visibility and clout, and it demonstrates existence of an important national movement that is greater than local efforts.

Implementation Ideas

Several general ideas for the campaign were suggested, including:

- Create a toolkit and Web site;
- Buy an ad in a prominent LGBT outlet like *The Advocate* with a catchy ad line. All the LGBT organizations could simultaneously send out an email to their entire list and a coordinated news release to their press lists announcing the ad, generating free media coverage;
- Create a "bug" to include on the ads, which could also be turned into a pin for non-smokers to wear allowing them to be "out" and to encourage conversation; publicize "look for the bug.";
- "LGBT Tobacco Free" – revive the ink pad stamp;
- All LGBT anti-tobacco groups could sign on to one, existing national media campaign, e.g., Gay American Smoke Out or LGBT Health Awareness Week;
- Ensure the campaign is relevant to all racial and ethnic groups;
- Consider utilizing a social justice orientation to the campaign.

The group brainstormed ideas for the primary message, with the following ideas among the main possibilities.

i. General comments about message:

- Consider all needs in LGBT communities; therefore, it is best to not use the word "queer" or emphasize "coming out" or being "out.";
- Important to meet individual and local/regional needs, and not exclude groups;
- Not all LGBT individuals identify with LGBT communities;
- Moralizing messages do not work for LGBT communities.

ii. Specific Ideas for Message:

- Invoking Love: Lung, Spirit, and Mind
- Speak Your Mind WithOUT Tobacco
- Get the Facts about Big Tobacco
- Free Your Lungs and Your Mind Will Follow
- LGBT Tobacco Free
- Campaign for Tobacco Free Queers
- QUIT – Queers United to Interrupt Tobacco
- Stand OUT
- Tomorrow WithOUT Tobacco
- CLASH—Coalition of Lavender Americans on Smoking and Health
- The Last Drag
- Kick Butts
- Kick Ash
- Break the Chains
- Queer Voices Against Tobacco
- Take Back the Air
- Treatment Works
- Gay American Smoke Out
- I didn't survive gay bashing to die from lung cancer
- What will YOU do with YOUR \$5000?" (Smoking 2 packs a day adds up to \$5000 a year just for cigarettes. How else can you spend your money?)
- For men, emphasize smoking relationship to impotence (e.g., the California campaign, cowboy with the limp cigarette). This message has untapped potential for men who have sex with men

Concerns

Some participants felt it is important to first identify what works by evaluating existing LGBT prevention and cessation efforts. Many individuals expressed the importance of the campaign meeting diverse local and cultural needs, and not excluding groups.

Although some participants envisioned this as a new national organization with staff (perhaps with chapters), many felt strongly that additional funds should not be directed to this purpose, and that the theme should be adopted and disseminated with existing resources, leveraging the work of national organizations. However, others expressed concerns that a strong campaign cannot be implemented on a volunteer basis, especially because of the time it will take to coordinate set up.

Strategies for Action

Teams met to develop concrete steps for implementation in six strategy areas (research, cessation/treatment, prevention, policy, sustainability, public relations/outreach) for a national campaign; key steps are summarized below:

i. Research

- Ground all public relations and media messages in research;
- Evaluate the campaign based on outcome measures;
- Facts to be used in the campaign should be supported by research.

ii. Cessation/Treatment

Possible approaches:

- “Treatment Works” is an important message and needs to be repeated often;
- Smoking as a social justice issue;
- “Take Back the Air,” a national campaign similar to “Take Back the Night”;
- Work from a national model, such as the American Lung Association training for facilitators, “Freedom from Smoking”
- Develop cessation/treatment training based on U.S. Public Health Guidelines; identify objectives for LGBT focus’
- Utilize treatment approaches from the evidence-based research on medical models of treatment and integrate into LGBT programs.

iii. Prevention

- Each organization can produce one event to support the campaign or separate components focused on their particular expertise.
- Possible Campaign Messages
 - Need powerful message, e.g., “I didn't survive gay bashing to die from lung cancer!”;
 - Other strong messages: “Invoking Love, Lung, Spirit and Mind,” “Speak Your Mind WithOUT Tobacco,” “Get The Facts about Big Tobacco,” “I could have freed more people if they knew they were enslaved.” (Harriet Tubman), “Free Your Lungs and Your Mind Will Follow.”
- Hold a conference call to agree on key points and identify needs (e.g., campaign name and theme, literature to disseminate, logo ideas and development).
- Organize a National Tool Kit to include:
 - Fact sheets on smoking prevention for all relevant groups and issues. For example, youth organizations provide information on preventing LGBT youth from initiating smoking, and those working with people in recovery provide information about those issues;
 - Logos from LGBT and tobacco groups, with links to their Web sites.
- How to accomplish this:
 - LGBT tobacco organizations and advocates commit to bringing the Tool Kit and resources for this new national campaign to presentations and conferences;
 - Conference calls with Web technology to develop the national materials;
 - Get feedback from as many groups as possible.

iv. Policy

- The theme should be developed and adopted with a specific policy component and “call to action” that incorporates policy change;
- The Policy Team will be available to discuss the policy component as the theme is developed, and will draft policy action step(s) for the campaign;
- Advocate for funding from the federal government to support the campaign and local LGBT tobacco control prevention and cessation efforts.

v. Sustainability

- Develop a Web site to encourage online resource sharing and participation in the campaign.
 - The National Coalition for LGBT Health will fund domain purchase and facilitate the development of the Web site; everyone will provide content.
- Identify a fiscal agent for the entire process. The Sustainability Team will create a budget for getting the Web site started.
- Establish an online process on the Web site for individuals and organizations to participate in development.
- Seek private and federal government funding to support the campaign and local LGBT tobacco prevention and cessation efforts.
- Create a calendar of tobacco and LGBT health events to add to the Web site.
 - The Sustainability Team will develop and maintain the site
 - Others can contribute through the Web site and emails

vi. Public Relations/Outreach

- Develop a timeline with media opportunities, including the campaign kickoff.
 - First year goal: create a campaign/message/name that will encourage LGBT organizations/leaders to sign on to long-term smoke-free goals.
 - Mark by a series of earned media opportunities arising from each commitment received.
- Link to the campaign URL from national health, tobacco, and LGBT organizations, e.g., Human Rights Campaign, PFLAG, American Lung Association, American Cancer Society, American Public Health Association, primary care health centers, and LGBT Community Centers.
- Work through local community-based organizations, Pride events, and local and state health agencies to get the word out.
- Distribute a news release with mission, scope, and specific projects.
- Translate into several languages, and apply appropriately to all cultures.
- Develop alliances with universities, national voluntary associations, etc. to support and broaden outreach efforts.
- Pitch concepts at international and national tobacco conferences.
- Attend Pride events locally – both large and small.
 - Work with Black Pride Federation, Youth Prides, and other coalitions. Develop list. Buy ads in programs.
 - Identify and work with those involved in Pride events from listserv.

Action 2. Develop Clearinghouse on LGBT Tobacco Efforts

A “one-stop resource” for LGBT tobacco information and resources would have a very positive impact on efforts to reduce LGBT smoking. This could be a resource for prevention and cessation efforts (e.g., best practices and campaign materials, and a clearinghouse for research findings and pending studies). Concrete implementation plans developed at the meeting make this action highly feasible.

Rationale

A clearinghouse is important in order to have one place to obtain information on all proven methodologies and resources. There is a need for a centralized location that includes print and electronic sources and that is available for all, including grassroots efforts. The clearinghouse would also be a resource for policy advocates, policy makers, and for general public health and tobacco control efforts. The clearinghouse would promote sharing among programs and resources to avoid “reinventing the wheel.”

Implementation Ideas

The National Coalition for LGBT Health could develop a Web-based clearinghouse that all local and national health and LGBT organizations could link to. This could include:

- Standardized resource list and promotion of existing efforts, such as Queer Tips and Smoke Screen (facilitator’s manual and training manual could be available);
- Promising practices;
- Directory of LGBT-identified and inclusive cessation/treatment programs that can be sorted by specific LGBT groups (e.g., lesbian and bisexual women, gay and bisexual men, transgender, Spanish language programs, and race/ethnicity, as well as by geography (state/city));
- Education materials, ideally multi-lingual and appropriate for all reading levels (e.g., low literacy, ESL), including examples of grassroots efforts to change cultural norms
- Sample advertisements;
- Develop an LGBT-specific curriculum, and assistance for training the trainers;
- Publications list;
- Funding resources;
- Tips and background information to support legislative advocacy;
- Research questionnaires, standard national survey, data sets, literature reviews, evaluation instruments;
- Resource pages for media and policy makers to help educate about the needs for increased research and for LGBT-specific funding ;
- Calendar of tobacco and LGBT health events.

The clearinghouse is feasible because the project can start small and expand as possible. Existing groups can develop the clearinghouse, without the need for a new infrastructure.

The clearinghouse would provide a mechanism for getting LGBT-focused ads that have been effective in countering tobacco advertising into the hands of all editors of LGBT publications around the country. Many of these editors will use the population-specific Public Service Announcements when they have space to fill or if they want to focus on health, perhaps in conjunction with National LGBT Health Awareness Week.

Concerns

A major concern of some participants is how to fund the clearinghouse. Some thought it would take a great deal of work to gather and update information (e.g., to continuously solicit new information and verify existing entries). Others expressed that it would be relatively easy to keep information current if the clearinghouse were Access-based (i.e., a host-server would be needed and resource contributors could provide their own materials and information). However, there were also concerns expressed about quality control and the need to evaluate materials and programs before posting.

Strategies for Action

Key steps and strategies for implementing Action 2, the LGBT Tobacco Clearinghouse, were developed by the Teams and are summarized below.

i. Research

- Provide a resource for researchers, such as promising practices, evaluation tools, research questionnaires, data sets, research literature;
- Tabular analysis of intervention programs (mode and type of intervention) as well as a discussion of what has been effective, and for which individuals or groups;
- Create a table/matrix of information pertaining to cessation programs, including whether the program was evaluated, what has been done, and with whom;
- Investigate what resources for research/data already exist in the LGBT section of the University of California San Francisco Tobacco Control Archives. Partner with archives and any other LGBT libraries or resource center, universities involved in LGBT research and studies.

ii. Cessation/Treatment

- Registry of LGBT-identified and LGBT-inclusive providers to increase networking;
- Offer technical assistance on cessation/treatment developing programs.

iii. Prevention

- Start with a list of existing providers; identify priority populations, program duration, and activities;
- Review the National Youth Advocacy Coalition's (NYAC's) Research Database and Local Programs Searchable Database, National Coalition for LGBT Community Centers, and LGBT health centers;
- Ensure that resources are varied for diverse groups and individuals;
- Develop a way to assess (e.g., criteria) whether mainstream programs are LGBTQI-sensitive.

iv. Policy

- Policy Work Group can collect information from organizations that have been involved in policy and advocacy work in tobacco control;
- Provide resources on smoke-free ordinances; tobacco-free sponsorship policies for bars, businesses, organizations, and events; and how to advocate on tobacco issues affecting LGBT communities;
- Include *Ethical Funding*, the CLASH guidelines on tobacco-free sponsorship for LGBT communities on this list;⁶⁷
- Advocate for government funding to support the clearinghouse and local efforts; share resources for local and state governmental advocacy.

v. Sustainability

- The National Coalition for LGBT Health will be responsible for Web site design and hosting, which will allow this to be easily initiated and maintained;
- Seek private and governmental funding for clearinghouse and related local efforts.

vi. Public Relations/Outreach

- Disseminate announcements and send link widely by email when available, including to LGBT media;
- Begin by identifying existing resources, perhaps with technical assistance, working in conjunction with the Research Team and teams focused on specific areas such as cessation/treatment, prevention, and policy.

Action 3. Identify Data Sets for Analysis and Conduct New Research

More data are essential to understanding how to best address LGBT tobacco use. Identifying and analyzing available data sets is most feasible; however, new research is needed. Both approaches are essential because data drive policy and funding.

Rationale

Identifying data sets for analysis could be a catalyst for significant movement in the research community. This *Action Plan* process could increase collaboration and information sharing among researchers. In addition, it could lead to identifying opportunities for new research and obtaining and disseminating additional data. While an important need is to get sexual orientation and gender identity questions added to national, state, and local tobacco and health surveys, accomplishing this is expensive and highly influenced by politics. Therefore, in the short term, existing data sets should be analyzed and other research options should be explored.

Implementation Ideas

One approach is to identify a set of researchers to work within a limited resource setting (i.e., on a *pro bono* basis) to analyze existing data sets for LGBT data. The first step would be bringing together those who research LGBT tobacco and health. Tobacco and health researchers also need to be educated about the value of LGBT-specific research. This could be a function of the clearinghouse, perhaps with technical assistance for the organizing efforts.

Many participants felt it is most important to create new data and initiate new research projects, emphasizing the following areas:

- Research that examines tobacco use—including smoking rates—among LGBT people of color and transgender individuals;
- More research is needed in general to determine why individuals are smoking. Evaluation of effectiveness of existing programs before implementing new ones is important;
- Work with the National Coalition for LGBT Health, Human Rights Campaign (HRC), National Gay and Lesbian Task Force (NGLTF), National Association of LGBT Community Centers, the Gay and Lesbian Medical Association (GLMA), National Youth Advocacy Coalition (NYAC), LLEGO, the LGBT elected officials' organization, and other national LGBT policy/advocacy organizations to advocate adding sexual orientation and gender identity questions to population-based health surveys, to national and state tobacco surveillance and as a mandatory, not optional, data collection category in the American Legacy Foundation's cross-site evaluation of their Priority Populations Initiative for all grantees.

Concerns

There was some disagreement about feasibility. Researchers require funding and, although many LGBT researchers may be willing to work on a *pro bono* basis, it may not be prioritized and completed due to other demands in paid research projects.

Strategies for Action

Key steps and strategies for implementing Action 3, Identify Data Sets for Analysis and Conduct New Research developed by the teams are summarized below.

i. Research

- Increase efforts toward inclusion of LGBT questions in surveys beyond national, to state and local. Create a matrix to include name of survey, how it was developed, population targeted, validity/reliability, contact information, and whether the survey/data set is public or private;
- Scan LGBT and tobacco/health organizations to identify what unpublished research and evaluation have been performed, including work without a tobacco focus but may include tobacco as a component;
- Collect data on available surveys as well as data sets, national, state and local;
- Coordinate with the Centers for Disease Control and Prevention Office on Smoking and Health (CDC/OSH), which has been working to expand inter-organization collaboration and information sharing.

ii. Policy

- Work with national groups to adopt tobacco as a priority and to use their leverage to advocate inclusion of sexual orientation and gender identity questions on national and state surveys;
- Advocate on federal and state levels for inclusion of sexual orientation and gender identity questions on health surveys, and for increased funding for research regarding LGBT smoking.

iii. Sustainability

- Post information on these efforts on the Web site;
- Provide bulletin board, chat forum, etc., in order to increase communication among researchers and between researchers and community-based programs.

iv. Public Relations/Outreach

- Disseminate any new findings or announcements about initiation of new research or advocacy efforts when available;
- Once data are available, add the information to the clearinghouse; make hard copy and Web-based versions of the data available;
- Progressive Research and Training in Action (PRTA) can help with dissemination of the data;

- With technical assistance, the Research Team can develop and maintain a list of all the current and pending LGBT research;
- Track global initiatives;
- The Outreach Team can present the statistics at local and national conferences; with technical assistance, model presentations can be prepared.

Action 4. Enhance Connectivity with Larger Anti-Smoking Organizations

It is important to build on existing, and create new, working relationships between LGBT anti-tobacco efforts and larger organizations such as the American Lung Association (ALA), American Cancer Society (ACS), and the American Heart Association (AHA). Existing initiatives require examination—such as the California division of the American Cancer Society’s decision to designate LGBT as one of their special populations for 2004-2005—with outreach to these natural partners at national and regional levels to increase and enhance such initiatives. LGBT groups need to support the commitment of the larger anti-smoking organizations in addressing LGBT smoking and promote additional specific collaborations, including Web site cross-linking and sharing of materials.

Rationale

Enhancing connections with the larger anti-smoking organizations will help leverage resources and insure that national mainstream organizations and more of their local and regional divisions understand the extent of smoking in, and unique needs of, LGBT communities. This effort will also promote better access to LGBT information and resources for those living in non-urban areas and lacking LGBT-specific programs.

Implementation Ideas

Outreach to national voluntaries and other national mainstream organizations is necessary to inquire about their current efforts and commitment to develop initiatives to address the high rates of smoking in LGBT communities.

A good start would be to scan LGBT anti-tobacco advocates regarding existing LGBT initiatives by mainstream organizations at regional levels. Once this information is obtained, a next step would be sending a letter to the Chief Executive Officers of ACS, ALA, AHA, Americans for Non-smokers’ Rights (ANR), Campaign for Tobacco Free Kids (TFK), and The Robert Wood Johnson Foundation (RWJ) to acknowledge these existing efforts and inquire about additional plans at national and regional levels. To date, there has been some, but not enough, recognition of LGBT as one of the “priority populations.”

Another important initial step is to link community-based organizations to the national voluntary, public health and anti-tobacco efforts. For example, a link to one site, such as the LGBT section of the Tobacco Technical Assistance Consortium, or tobacco section of the National Coalition for LGBT Health, and later the LGBT tobacco clearinghouse, could provide information about all LGBT services and resources.

Concerns

It may require extensive work and communications (including providing information and follow-up) to develop enhanced ongoing relationships. Such relationships are necessary for securing lasting changes in programmatic sensitivity and increased efforts to address LGBT smoking by mainstream anti-smoking and health organizations. Therefore, it would be best to identify contact persons who can commit to this level and duration of work. It is also important to make sure collaborations include non-Internet options for those who are financially or technically unable to access the Internet.

Strategies for Action

Major steps and strategies for implementing Action 4, Connectivity with Larger Anti-Smoking Organizations, were discussed by the teams and include:

i. Cessation/Treatment

- Work from a national model, such as the American Lung Association national facilitator training, "Freedom From Smoking." Use this model to train local cessation facilitators, as long as it is LGBT-sensitive;
- Explore the possibility of the national clearinghouse to inventory and distribute materials;
- Connect with organizations about current efforts on the *Action Plan*. Working with the mainstream organizations should be one a top priority;
- Ask, "What can we do together to increase the extent to which LGBT tobacco issues are on the table?" (e.g., Web site pages, culturally sensitive materials);
- Approach local contacts about national contacts; ask: "Who is best to talk to?"

ii. Prevention

- Disseminate LGBT-focused materials to local health departments;
- Participants in the *Action Plan* process who are not already working with local chapters of ALA, AHA, ACS, and Americans for Non-smokers' Rights (ANR) can initiate letters from their organizations to their local chapters and national offices to let them know about additional efforts to work on LGBT tobacco generated by the *Action Plan* participants;
- Those who have or will start working with their local chapters could train others on how to do this work;

- Include information about the work being done by the *Action Plan* participants, and that the group represents a national movement with resources throughout the country;
- Establish a steering committee to coordinate these efforts;
- Outreach to Campaign for Tobacco Free Kids and other national youth health organizations like Advocates for Youth.

iii. Policy

- Survey national organizations to assess their current efforts and commitment to LGBT communities in order to initiate a dialogue, seek support, and begin to establish work with LGBT communities as a priority;
- Request national organizations' support and partnership, and offer and provide assistance in orienting and focusing their advocacy and research resources on issues unique to LGBT tobacco use, particularly the need for more research on LGBT smoking and for inclusion of sexual orientation and gender identity questions in national health surveys and data collected by public health organizations at local, state, and federal levels;
- Leverage this dialogue to encourage LGBT organizations to adopt smoke-free policies and to recognize tobacco as a priority for LGBT communities, as well as to seek support, such as funding, Internet hyperlinks, etc;
- Send a letter to ACS, AHA, ALA, ANR, TFK, Legacy, RWJ, to determine what LGBT tobacco programs they offer. Ideally, this letter would be sent by a coalition of organizations or key national organizations such as GLMA and the National LGBT Coalition for LGBT Health;
- Participants in the *Action Plan* process from AHA and ACS will work with their organizations' national offices;
- Urge national organizations to support advocacy efforts aimed at increased funding and inclusion of sexual orientation and gender identity on national health surveys;
- Prioritize connecting with The Robert Wood Johnson Foundation about what they can do to support LGBT anti-tobacco efforts.

iv. Sustainability

- Use a Web site for communication and updates about local and national efforts, including information on model local collaborative initiatives between mainstream and LGBT anti-tobacco organizations;
- Start a monthly electronic newsletter, focusing on LGBT tobacco issues that can be shared with and contributed to by mainstream anti-tobacco organizations.

Action 5. Build Resources for Developing Programs and Initiatives

It would be very useful for local community-based organizations to have a basic set of materials and tools for use in developing anti-tobacco programs and initiatives. These resources could be reproduced on a CD-ROM for easy and broad dissemination.

Rationale

This project would be useful because there are many nascent and potential LGBT anti-tobacco efforts around the country that would benefit from the experiences and materials of other organizations that have been doing this work. Accomplishing Action 5 would be very feasible because it takes a one-time, collaborative effort that will then be accessible and useful for future program development across the country.

Implementation Ideas

The CD-ROM could include such things as a resource inventory, list of materials, directory of cessation programs, promising practices, and updates on critical topics: prevention, cessation/treatment, research, policy, etc. Technical assistance with CD-ROM development would be useful for this project.

Concerns

Similar to creating one national campaign, some participants expressed the importance of identifying what works by evaluating existing LGBT efforts before dissemination. Others added that it is important to plan for updating the CD-ROM every two to three years, or provide resources (e.g., Web site) for obtaining updated information in the future. Related, there was concern that creating a CD-ROM is duplicative of Action 2, “Developing a Web-based Clearinghouse,” and is an inferior strategy because it would require extensive additional costs for production and dissemination and frequent updating to remain current and relevant.

Strategies for Action

Key steps and strategies for implementing Action 5, to Build Resources for Developing LGBT Tobacco Programs and Initiatives (such as a CD-ROM with a set of tools), were developed by the teams, and are summarized below. Each team determined specific materials in their areas that would be useful to include, which provided a good collaborative model for accomplishing this project.

i. Research

- Create a matrix of information pertaining to each program including evaluation information, how the work was done, what was accomplished, and with whom.

ii. Cessation/Treatment

- Outline evidence-based cessation/treatment recommendations;
- Utilize an integration model so there is no wrong door to access treatment;
- Include all areas where training in tobacco cessation/treatment is needed, e.g., HIV, homeless, youth, community-based providers, addiction, and advocacy.

iii. Prevention

- All who participated in the *Action Plan* process and who work in LGBT tobacco control can create and submit materials for specific LGBT to package as a national campaign. Technical assistance with gathering and organizing these materials would be helpful, and convening a committee comprised of people involved in this process to review the materials would be necessary.

iv. Policy

- Advocate for governmental funding to support development of a CD-ROM and related model programs at the local level.

v. Sustainability

- Provide a link on the Web site to organize the discussion (i.e., for submission of ideas and materials, and for updates);
- Seek private and governmental funding to support development of a CD-ROM and local LGBT programs.

vi. Public Relations/Outreach

- This resource will help local organizers in meetings with local LGBT events and organizations to explain why becoming smoke-free is important.

C. Examples of Other Ideas for Action

In addition to the five “top ideas,” the group identified other important items for action. Although specific strategies and action steps for implementing these items were not fully discussed, they are included here with some implementation ideas as examples of other national collaborative projects that could be undertaken, and for consideration by planners, policy makers, and funding organizations.

1. Identify and recruit 15 additional cities for the Gay American Smoke Out

- Outreach to 15 or more cities for a national campaign; both small and large areas can join the effort;
- Conduct outreach through community center events, newsletters, and online (e.g., Web links, banners, group emails, online support groups, sample fact sheets, self assessment quiz, online certificate for completion);
- Training of trainers for target groups;
- Develop a media kit of social marketing products and create partnerships with ACS and ALA.

2. Create a report card on inclusion of tobacco-related efforts in LGBT organizations' work plans

- For example, organizations such as Human Rights Campaign and National Gay and Lesbian Task Force could include tobacco as a social justice issue.
- Create a report card on inclusion of LGBT in non-LGBT tobacco organizations' work plans. For example, organizations with national visibility, funding, and influence, such as ALA, ACS, AHA, ANR, and RWJ could be surveyed about what they currently do with respect to LGBT communities.
 - Also ask about domestic partner benefits
- One way to accomplish both tasks with minimal resources is to have each participant commit to writing a few letters to HRC, NGLTF, GLAAD, or other LGBT organizations and to their local chapters of ACS, ALA, and AHA (copying the national office). A sample could be made available on the Web sites, and this would result in many letters bringing LGBT tobacco issues to the table.

3. Urge national and local LGBT organizations to address fund-raising ethics and pledge to decline tobacco money

- Create and promote a standardized set of policies;
- Identify alternative funding sources and provide this information (perhaps with technical assistance), so organizations have diversified options;
- Approach national LGBT organizations to address the ethics of fund-raising. Give national recognition to organizations that pledge not to take tobacco money. Set the goal of no LGBT community organization/events accepting tobacco money;
- Ask LGBT-supportive foundations to create a clause in their contracts that recipient organizations will not accept tobacco money, will pledge to become a smoke-free environment, will offer cessation assistance to employees/members/clients, and will promote no-tobacco policies.

4. Create and disseminate a Pride Funding Toolkit: information on ethical funding and declining tobacco sponsorship

- Help Pride events expand their alternatives for advertising (e.g., through local businesses). Technical assistance and model funding solicitation materials should also be provided;
- Pride festivals using tobacco ads for funding purposes will need to replace funding that would be lost by omitting these advertisements from their events;
- Instead, Pride events could buy ads with anti-smoking messages and purchase booths to market information on the effects of smoking to LGBT people;
- Each Pride event is different, so strategies should be adaptable for relevance to the nature of different Pride festivals.

5. Develop a national LGBT “quitline,” or identify key national tobacco-related hotlines/resources to cross-link with the national LGBT services/hotline

- Some participants felt that another quitline is not needed when so many are being defunded. Instead, education and technical assistance on how existing lines can serve the LGBT communities should be provided. It is critical that that existing

quitlines inquire about sexual orientation and gender orientation, and are culturally sensitive.

- Other participants believe that at least one LGBT-specific quitline is necessary for people who do not have computer access or who need confidential help, because it is a long term process for mainstream hotlines to become fully LGBT-sensitive.
- Existing LGBT Help Lines could educate volunteers to take on the role of a quitline volunteer so that these help lines could also serve this purpose.

6. Promote professional education through conference presentations (e.g., Gay and Lesbian Medical Association (GLMA); Women in Medicine (WIM); LGBT Health Awareness Week) and Web site links

- Links to smoking prevention/treatment resources (TTAC, Legacy, etc.) on Web sites of GLMA, WIM, National Coalition for LGBT Health, etc.;
- Development of model presentations/PowerPoint slides is needed.

7. Create an interactive online support group for LGBT individuals, especially for underserved rural areas

- Create an online quit 'buddy' system;
- Establish an Internet chat room and monthly conference call for facilitator support;
- Advertise in the rural communities and provide technical assistance.

VI. CONCLUSIONS

There have been many important lessons learned throughout the process of creating the *Action Plan*. Development of the plan was a diverse, shared effort involving hundreds of volunteer hours and much organizational support which culminated in a set of concrete action items. Careful targeting and outreach to potential participants resulted in representation of key stakeholders. Involvement of such a variety of organizations and individuals yielded a more thorough and effective plan, as well as fostered relationship building and provided opportunities to broaden the knowledge base on the widespread topics impacting LGBT tobacco use.

The *Action Plan* sets forth a strategic course of action for establishing partnerships, working collaboratively, and taking the next critical steps in addressing LGBT smoking. Of course, collaborative, broad-based national initiatives—such as those outlined in the *Action Plan*—will have the most impact and cost-effectiveness in tandem with local programs and initiatives operating within communities. While achieving the *Action Plan* is an important success, further effort is required to ensure that partnerships continue, especially since no single organization can solely address the need for national responses to LGBT smoking. Ideally, funding, organizational resources, and/or designated staff time and infrastructure will need to be identified to help move forward on the *Action Plan* and support ongoing national LGBT anti-tobacco efforts. In the meantime, those who participated in the meeting and others concerned about LGBT tobacco can determine a volunteer-based system for follow-up and coordination of initial steps toward implementation.

The *National LGBT Communities Action Plan* is a valuable guide for those committed to expanding and enhancing efforts to address LGBT smoking, and ultimately for reducing smoking in our communities.

VII. APPENDICES

APPENDIX A: PARTICIPANTS AND WORK GROUPS

Participating Organizations

- Affinity
- Affirmations Lesbian and Gay Community Center
- American Cancer Society, California Division
- American Heart Association, Western States Affiliate
- American Legacy Foundation
- American Lung Association, National Headquarters
- American Psychological Association
- Amphora Consulting
- Asian & Pacific Islander American Health Forum
- Asian Pacific Partners for Empowerment and Leadership (APPEAL)
- Atlanta Lesbian Cancer Initiative
- Boston Public Health Commission
- Bronx Lesbian and Gay Health Resource Consortium
- Bucks County Health Improvement Project
- The California Endowment
- California Rural Indian Health Board
- Callen-Lorde Community Health Center
- The Center: Home for Gays, Lesbians, Bisexuals, and Transgenders in the District of Columbia
- Centers for Disease Control and Prevention—Office on Smoking and Health
- Chase Brexton Health Services, Inc.
- Citizens for Enforceable Discrimination Laws (CEDL)
- City of Philadelphia
- Coalition of Lavender Americans on Smoking and Health (CLASH)
- Columbia University, School of Public Health
- Damien Ministries, Inc.
- DC BREATHE (District of Columbia Bar and Restaurant Employees Advocating Together for Healthy Working Environments)
- District of Columbia Black Pride
- District of Columbia HIV Prevention Community Planning Group
- District of Columbia Republican Committee
- Fenway Community Health
- Fenway Institute
- The Gay American Smoke Out
- Gay and Lesbian Community Services Center of Orange County (The Center)
- Gay and Lesbian Medical Association
- Gay City Health Project
- Georgetown University, International Health Program, School of Nursing and Health Studies
- Howard Brown Health Center
- Human Rights Campaign
- International Federation of Black Prides
- Justice Resource Institute—Health
- Latino Council on Alcohol and Tobacco Prevention
- Legal Marriage Alliance of Washington (LMA)
- Lesbian Community Cancer Project, Bitch to Quit Program
- Level Four Communications and Consulting

- Log Cabin Republicans/District of Columbia
- Los Angeles County Alcohol and Drug Program Administration
- Los Angeles Gay and Lesbian Center
- Lyon-Martin Women's Health Services
- Mautner Project for Lesbian Health
- Montrose Clinic
- National African American Tobacco Education Network (NAATEN)
- National Association of Lesbian, Gay, Bisexual, and Transgender Community Centers
- National Association of Lesbian and Gay Addiction Professionals (NALGAP)
- National Cancer Institute
- National Coalition for Lesbian, Gay, Bisexual, and Transgender Health
- National Coalition of Lesbian and Feminist Cancer Projects
- National Institute of Mental Health
- National Latina/o Lesbian, Gay, Bisexual, and Transgender Organization (LLEGÓ)
- National Youth Advocacy Coalition
- New York City Lesbian, Gay, Bisexual, Transgender Community Center
- Out Front Labor Coalition
- The Praxis Project
- Progressive Research and Training for Action (PRTA)
- Robert Wood Johnson Foundation's Developing Leadership for Reducing Substance Abuse Project
- SafeGuards Health Project
- Seattle Lesbian, Gay, Bisexual, Transgender Community Center
- Seattle Metropolitan Elections Committee for Gays, Lesbians, Bisexuals, and Transgendered Persons (SEAMEC)
- Sexual Minority Alliance of Alameda County Youth Center (SMAAC)
- Sexual Minority Youth Assistance League (SMYAL)
- Smoke Free Allen County, Inc.
- Smokefree DC
- Smoke Screen -- a collaboration between PRTA, UCSF, SMAAC, and New Leaf
- Society for the Psychological Study of Lesbian, Gay, and Bisexual Issues (American Psychological Association Division 44)
- Tobacco Dependence Program, University of Medicine and Dentistry of New Jersey-School of Public Health Program in Addictions
- Tobacco-Related Disease Research Program, University of California Office of the President
- Tobacco Technical Assistance Consortium
- Union Positiva
- University of California, San Francisco
- Verbena (formerly the Seattle Lesbian Cancer Project and Sappho's Health Services)
- Virginia Commonwealth University, Survey and Evaluation Research Laboratory
- Walden House
- Washington State LGBT Tobacco Coalition
- Witeck Combs Communications
- ZAMI, Inc.
- Zuna Institute

Participants

Mary Anne Adams, Atlanta, GA
zami@zami.org

India Alexis, San Francisco Bay Area
ialexis@prtaonline.org; 510-705-8981

Tom Aloisi, Boston, MA
tomaloisi@aol.com; 617-988-2605 x 210

Urooj Arshad, Washington, DC
uarshad@nyacyouth.org; 202-319-7596

Roxanna Bautista, San Francisco, CA
rbautista@apiahf.org; 415-568-3304

Judy Bradford, Richmond, VA; Boston, MA
jbbradfo@vcu.edu; 804-828-4990

Francisco O. Buchtig, Oakland, CA
francisco.buchtig@ucop.edu; 510-987-9883

Misti Burmeister, Washington, DC
mistihappy@aol.com; 240-401-4397

Katy Caldwell, Houston, TX
katyc@montroseclinic.org; 713-830-3052

Lisa M. Carlson, Atlanta, GA
Lisa_Carlson@emoryhealthcare.org

Edwin M. Craft, Washington, DC
emcraft@hotmail.com; 301-443-3953

Odessa Deffenbaugh, Boston, MA
odeffenbaugh@bphc.org; 617-534-2375

Margaux Delotte-Bennett, Washington, DC
margaux.db@smyal.org

Colleen Dermody, Washington, DC
cdermody@witeckcombs.com; 202-887-0500

Bill Dubay, Seattle, WA
billdubay@aol.com; 206-284-1857

Pat Dunn, JD, MSW, San Francisco, CA
pdunn@amphoraconsulting.org; 415-824-0824

Mary Dzieweczynski, Seattle, WA
mary@verbenahhealth.org; 206-323-6540

Alyssa Easton, Atlanta, GA
ace7@cdc.gov; 770-488-5703

Bonnie Feldkamp, Fort Wayne, IN
Mariesf@fwi.com; 260-482-7485

Michael Ferens, Washington, DC
mtferens@aol.com; 202-265 9388

Praveen Fernández, Washington, DC
praveen.fernandes@hrc.org; 202-216-1559.

Doretha Williams-Fluornoy, San Francisco
dfLOURNOY@LYON-MARTIN.ORG; 415-565-7667

Earl Fowlkes, Washington, DC
jrfowlkes@aol.com; 202-526-3020

Lisa Fu, Oakland, CA
lfu@lcua.edu; 510-272-9536

Jessica Halem, Chicago, IL
jessica@lccp.org; 773-561-4662 ext. 105

Ken Haller, MD, St. Louis, MO
hallerka@slu.edu; 314-772-7849

Michael Hinson, Jr., Philadelphia, PA
Michael.Hinson@phila.gov; 215-686-4459

Donald Hitchcock, Washington, DC
coalition@lgbthealth.net; 202-797-3516

Susan Hollinshead, Washington, DC
susanh30@aol.com

Brent Hope, Chicago, IL

Gary Humfleet, San Francisco, CA
hac@itsa.ucf.edu; 415-467-7674

Jennifer Johnsen, Atlanta, GA

Laura Kane-Witkowski, Ferndale, MI
Laura.Witkowski@GoAffirmations.org; 248-398-7105 x 26

Kristina E. Keck, Orange County, CA

Kirk Kleinschmidt, San Francisco, CA

Deirdre Lawrence, Bethesda, MD
lawrencd@mail.nih.gov

Jacelyn Macedo, Sacramento, CA
jacelyn.macedo@mail.his.gov;
916-929-9761 x1510

Bruce Maeder, Seattle, CA

Lynn Martinsen, Langhorne, PA

Philip T. McCabe, New Brunswick, NJ
philip.mccabe@umdnj.edu; 732-235-8229

Kenneth J. Miller, Honolulu, HI
info@thecenterhawaii.org; 808-951-7000

Ash Pachauri, New York, NY

Cheryl B. Pearson-Fields, MPH, Washington, DC
cfields@mautnerproject.org; 202-332-5536

Bryan M. Philpot, Oakland, CA
bphilpot2003@yahoo.com; 510-834-9578

Laura Ramos, Los Angeles, CA

Francine Ramsey, Sacramento, CA
Francine@zunainstitute.org; 916-419-5075

Steven Rickards, Oakland, CA
steven.rickards@cancer.org; 510-893-7900

Sonya Satinsky, New York, NY
sstainskycl@hotmail.com; 212-271-7268

Randall Sell, New York, NY
RIs39@columbia.edu; 212-305-3457

Gloria Soliz, Oakland, CA
glosol@aol.com; 510-823-7198

Perry Stevens, Memphis, TN
perrystevens487@msn.com; 901-452-8486

Mark Taylor, Baltimore, MD
mtaylor@chasebrexton.org; 410-545-4481

Juan Carlos Vega, Washington, DC
jcvega@thepraxisproject.org; 202-234-5291

J. Carlos Velásquez, Washington, DC
JCVelazquez@llego.org; 202-408-5380

Mackie-Lou Vigal, Washington, DC

Barbara E. Warren, New York, NY
barbaraw@gaycenter.org; 212-620-7310

Frank Y. Wong, Washington, DC
fyw@georgetown.edu; 202-687-0333

Loretta Worthington, Los Angeles, CA
lworthington@dhs.co.la.ca.us; (626) 299-3201

Scout, Providence, RI
scoutdc@aol.com

Teams Formed at October 2003 Working Meeting

Cessation/Treatment

- Ed Craft
- Phil McCabe

Policy

- Michael Hinson
- Kirk Kleinschmidt
- Laura Ramos
- Steven Rickards

Prevention

- Kristina Keck
- Susan Hollinshead
- Lynn Martinsen

Public Relations/Outreach

- Colleen Dermody
- Jessica Halem
- Ken Haller
- Bryan Philpot
- Perry Stevens

Research

- Judy Bradford
- Francisco Buchting
- Alyssa Easton
- Gary Humfleet
- Randall Sell

Sustainability

- Urooj Arshad
- Misti Burmeister
- Donald Hitchcock
- Loretta Worthington

Appendix B: Recommendations from LGBT Tobacco Reports

The following are recommendations drawn from:

- **ALF:** American Legacy Foundation LGBT Forum (November 2000)
- **HP:** Healthy People 2010 Companion Document for LGBT (March 2001)
- **N:** National Association of LGBT Community Centers Final Report for CDC Office on 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. The American Legacy Foundation should work with LGBT organizations to incorporate tobacco prevention activities in their programs and events (e.g., Oasis of Pride in Los Angeles, CA). (ALF)
4. Increase LGBT-specific prevention programs at community centers and other venues. (N)
5. 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. Counseling sessions should incorporate how discrimination and prejudice can impact lives. (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. Conduct formative research directly involving the community in order 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 SES, 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 SES, 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 – process and 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. The American Legacy Foundation 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 SES. (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 as priority populations in both service and research grants. (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)
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 and 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 anti-smoking campaigns. (HP)
8. The American Legacy Foundation 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 control 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 and 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 counter marketing 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 tobacco prevention and treatment efforts, including development of a clearinghouse for information on

- LGBT issues, policies, "promising" practices, advertising, programs, tobacco documents, grant opportunities, etc. (ALF)
4. Conduct 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, SES, 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)

Appendix C: Full List of Action Ideas from Working Meeting

Forty Crosscutting Ideas for Action

1. Create one national campaign: one logo/name and message.
2. Develop clearinghouse on LGBT tobacco efforts.
3. Prioritize research that examines tobacco use among LGBT communities of color.
4. Identify data sets for analysis and conduct new research.
5. Create connectivity with larger anti-smoking organizations (e.g., American Lung Association, American Cancer Society).
6. Urge national and local LGBT organizations to address fund-raising ethics and pledge to decline tobacco money.
7. Create directory of cessation programs.
8. Create opportunities for all groups within LGBT communities (e.g., lesbians over 40, trans elders, etc) to share in expertise and develop support systems.
9. Educate/lobby mainstream organizations about LGBT cultural competency.
10. Build Resources for developing programs and initiatives (CD-ROM with set of tools for LGBT Community Organizations)
11. Translate educational materials.
12. Educate existing quitlines about LGBT.
13. Within all possible projects, ensure recognition of all cultures - youth, elders, communities of color, etc.
14. Create an interactive online support group for LGBT populations, especially for underserved rural areas.
15. Create and disseminate Pride Policy Package: information on ethical funding and declining tobacco sponsorship.
16. Urge the producers of *Will and Grace* and other LGBT-themed television shows to address tobacco's impact on the LGBT community.
17. Create standard LGBT resources list for use by all organizations, urge American Heart Association, American Lung Association, and American Cancer Society to link to LGBT resources.
18. Urge Human Rights Campaign to adopt LGBT tobacco initiatives.
19. Promote professional education through conference presentations (e.g., GLMA; Women in Medicine; LGBT Health Awareness Week) and links to smoking prevention and cessation/treatment resources (Tobacco Technical Assistance Consortium, American Legacy Foundation, etc.) on Web sites.
20. Develop inclusive language that will reach the broadest possible group of people.
21. Disseminate Queer Tips and Smoke Screen program to the national LGBT community as a possible model on regional levels.
22. Create a report card on inclusion of tobacco in LGBT organizations' work plans; for example, the Human Rights Campaign should include tobacco in their platform as a social justice issue.

23. Link community based LGBT organizations to the national voluntary, public health, and anti-tobacco efforts.
24. Urge all LGBT elected officials to pledge not to accept tobacco money.
25. Develop publications list.
26. Identify and recruit 15 additional cities for the Gay American Smoke Out.
27. Create a well-publicized pledge that LGBT organizations and leaders endorse.
28. Establish and promote a national LGBT tobacco quitline.
29. Create a campaign "I love you, I will support you if you try to quit smoking", that offers a kit for non-smokers on supporting quit efforts, and quit resources for smokers.
30. Identify researchers to analyze existing data sets for LGBT on a *pro bono* basis.
31. Create partnerships with children's organizations to fight against exposure to tobacco marketing near schools, parks, or recreation centers.
32. Advocate on range of LGBT smoking-related issues (e.g., social justice, policy change (voluntary and/or legislative), funding, partnerships).
33. Disseminate resources and information on programs that are proven effective.
34. Hold special events that are smoke-free including dog shows; publicize recent study showing that pets can die from tobacco-related illness.
35. Recruit athletes from the Gay Games to pledge to lead tobacco-free lives.
36. Host a forum that addresses the eroticization of cigar smoking within the leather and bear communities.
37. Identify and organize existing resources.
38. Commission an artist to create a memorial to recognize the lives of LGBT people who have died from tobacco-related deaths.
39. Identify key national tobacco-related hotlines/resources to cross-link with national LGBT services/hotlines.
40. Fund a study that examines tobacco in LGBTQ movies and films and role models who smoke; develop a list of role models who have died from tobacco-related diseases.

Appendix D. Top 25 Ideas with Feasibility, Impact, and Combined Rankings

| BIG IDEAS Ranking Summary | IMPACT | | FEASIBILITY | | TOTAL |
|---|--------|-------|-------------|-------|-------|
| | Rank | Score | Rank | Score | Score |
| 1. Create one national campaign: one logo/name and message. | 1 | 8.26 | 7 | 7.7 | 15.96 |
| 2. Develop clearinghouse on LGBT tobacco efforts. | 2 | 8.11 | 6 | 7.75 | 15.86 |
| 3. Create directory of cessation programs. | 7 | 7.11 | 1 | 8.7 | 15.81 |
| 4. Build resources for developing programs and initiatives (CD-ROM with set of tools for LGBT community organizations) | 9 | 7.00 | 2 | 8.55 | 15.55 |
| 5. Identify data sets for analysis and conduct new research. | 4 | 7.47 | 5 | 7.9 | 15.37 |
| 6. Create connectivity with larger anti-smoking organizations (e.g., American Lung Association, American Cancer Society). | 5 | 7.12 | 4 | 7.9 | 15.02 |
| 7. Prioritize research that examines tobacco use among LGBT communities of color. | 3 | 7.68 | 13 | 6.85 | 14.53 |
| 8. Promote professional education through conference presentations (e.g., GLMA; Women in Medicine; LGBT Health Awareness Week) and links to smoking prevention and cessation/treatment resources (TTAC, Legacy, etc.) on Web sites. | 18 | 6.44 | 22 | 8.05 | 14.49 |
| 9. Identify and recruit 15 additional cities for the Gay American Smoke Out. | 25 | 5.84 | 3 | 8.47 | 14.31 |
| 10. Educate existing quitlines about LGBT. | 11 | 6.89 | 8 | 7.4 | 14.29 |
| 11. Create standard LGBT resources list for use by all organizations, urge American Heart Assoc, Lung Assoc & Cancer Society to link to LGBT resources. | 16 | 6.68 | 9 | 7.25 | 13.93 |
| 12. Within all possible projects, insure recognition of all cultures, youth, elders, communities of color, etc. | 12 | 6.84 | 12 | 7.05 | 13.89 |
| 13. Create and disseminate Pride Policy Package: information on ethical funding and declining tobacco sponsorship. | 14 | 6.74 | 10 | 7.15 | 13.89 |
| 14. Educate/lobby mainstream organizations about LGBT cultural competency. | 8 | 7.05 | 14 | 6.75 | 13.8 |

| | | | | | |
|--|----|------|----|------|-------|
| 15. Urge national and local LGBT organizations to address fund-raising ethics and pledge to decline tobacco money. | 6 | 7.11 | 19 | 6.45 | 13.56 |
| 16. Translate educational materials. | 10 | 7.00 | 18 | 6.5 | 13.5 |
| 17. Develop publications list. | 24 | 6.05 | 11 | 7.15 | 13.2 |
| 18. Create an interactive online support group for LGBT populations, especially for underserved rural areas. | 13 | 6.82 | 20 | 6.21 | 13.03 |
| 19. Develop inclusive language that will reach the broadest possible group of people. | 19 | 6.35 | 17 | 6.65 | 13 |
| 20. Create a report card on inclusion of tobacco in LGBT organizations' work plans; for example, HRC should include tobacco in their platform as a social justice issue. | 21 | 6.16 | 15 | 6.68 | 12.84 |
| 21. Link community-based LGBT organizations to the national voluntary, public health and anti-tobacco efforts. | 22 | 6.11 | 16 | 6.65 | 12.76 |
| 22. Disseminate Queer Tips and Smoke Screen program to the National LGBT community as a possible model on regional levels. | 20 | 6.33 | 21 | 6 | 12.33 |
| 23. Urge Human Rights Campaign to adopt LGBT tobacco initiatives. | 17 | 6.58 | 23 | 5.5 | 12.08 |
| 24. Urge the producers of <i>Will and Grace</i> and other LGBT-themed TV shows to address tobacco's impact on the LGBT community. | 15 | 6.74 | 24 | 4.25 | 10.99 |
| 25. Urge all LGBT elected officials to pledge not to take tobacco money. | 23 | 6.11 | 25 | 3.15 | 9.26 |

Appendix E. Resources

Listings marked with an asterisk were obtained through an online inventory of LGBT tobacco control projects, and are current as of August 1, 2004. Additional results from the scan are available online at <http://www.surveymonkey.com/Report.asp?U=54098630627>. For further information about this survey, contact Scout at scoutdc@aol.com.

I. National Programs

Asian & Pacific Islander American Health Forum's Tobacco Program* (AAPI Partnership)

Asian & Pacific Islander Tobacco Education Network (APITEN)
Contact: Roxanna Bautista
Address: 450 Sutter Street, Suite 600, San Francisco, CA 94108
Phone: 415-954-9988 ext. 304
Email: rbautista@apiahf.org
Web site: www.apiahf.org

The mission of the Asian & Pacific Islander American Health Forum's Tobacco Program is to organize individuals and groups to advocate for tobacco-free Asian American and Pacific Islander (AAPI) communities. APITEN strives to counteract the factors that contribute to high smoking levels in their communities through technical assistance and training, campaign for tobacco free policies, developing regional coalition activities, youth fellowship and coalition, information dissemination, and their mini-grants program.

Beds, Breakfasts, and Butts

Contact: Kathleen DeBold, Executive Director
The Mautner Project
Address: 1707 L Street, NW, Suite 230, Washington, DC 20036
Voice/tty: 202-332-5536
Email: kdebold@mautnerproject.org
Web site: www.mautnerproject.org

Beds, Breakfasts, and Butts is an innovative new program to deliver tobacco cessation information to lesbians through partnerships with inns and bed and breakfast facilities (B&B's) that cater to a lesbian clientele. The goal of Beds, Breakfasts, and Butts is to increase the number of smoke-free LGBT-friendly venues and to get smoking cessation information into the hands of as many smokers, their lovers, and friends as possible. Vacations are a good time for people to make resolutions about healthier lifestyle—and Lesbian-friendly B&B's provide a safe place for lesbians to relax be themselves, and receive health messages, especially older and closeted lesbians who may not attend LGBT community events.

Cigarettes are my Greatest Enemy* Better World Advertising

Contact: Les Pappas
Phone: 415-837-1100

This is an anti-tobacco social marketing campaign aimed at the LGBT community. The campaign was originally created for California but is also being used in Chicago and Colorado. The campaign was created by Better World Advertising for The Center Orange County (CA) and the Billy DeFrank LGBT Center (San Jose CA). The campaign consists of newspaper ads, posters, outreach cards, and a Web site.

The Gay American SmokeOut*

Contact: Elise Lindborg

Phone: 206-938-8828

Web site: www.gaysmokeout.net

The Gay American Smoke Out is an opportunity for lesbian, gay, bisexual, and transgendered (LGBT) individuals to challenge themselves to quit smoking. It is also an opportunity for LGBT organizations to provide resources for quitting and host fun events to raise awareness about tobacco use.

Gay and Lesbian Medical Association (GLMA)

Contact: Joel Ginsberg, Interim Executive Director

Address: 459 Fulton Street, Suite 108, San Francisco, CA 94102

Phone: 415-255-4547 ext. 314

Fax: 415-255-4784

Email: iginsberg@glma.org

Web site: www.glma.org

GLMA conducted the Health Care Provider Tobacco Survey in early 2004. GLMA educates health care providers about LGBT smoking and the importance of LGBT competence and smoking cessation counseling for patients.

International Federation of Black Pride Smokers Research Project***International Federation of Black Prides**

Contact: Earl Fowlkes

Phone: 202-841-7104

Email: jrfowlkes@aol.com

The International Federation of Black Prides (IFBP) has received a small amount of money to do focus groups and surveys of Black/African American LGBT smokers in five cities – Los Angeles, CA; Nashville, TN; St. Louis, MO; Twin Cities, MN; and Philadelphia, PA to gather information on the habits of smokers in the target population.

iQuit: A Quit Site for LGBT Smokers***University of California, San Francisco**

Contacts: Gary Humfleet, Ph.D. and Anthony Taylor

University of California, San Francisco

Address: Box 0939, 1515 Scott Street, Suite 2, San Francisco, CA 94143-0939

Phone: 415-476-7459 or 1-866-895-8050 (toll free)

Email: taylor@itsa.ucsf.edu

Web site: www.iQuit.medschool.ucsf.edu

iQuit: A Quit Site for LGBT Smokers is a federally-funded research study evaluating the effectiveness of Internet-based smoking treatments for lesbian, gay, bisexual, and transgender cigarette smokers. This group is recruiting LGBT smokers from around the country and internationally who are interested in quitting smoking.

NALGBTCC Tobacco Program*

Contact: Terry Burch, OC Director of Programs/Tobacco Program Manager

National Association of Lesbian, Gay, Bisexual, & Transgender Community Centers

The Gay & Lesbian Community Services Center of Orange County

Address: 12800 Garden Grove Boulevard, Suite F, Garden Grove, CA 92843

Phone: 714-534-0862 ext. 105

Fax: 714-534-3441

Email: tburch@lgbtcenters.org

Web site: www.lgbtcenters.org

The Lesbian, Gay, Bisexual, and Transgender (LGBT) Tobacco Prevention and Control Project is a five-year Centers for Disease Control (CDC) project administered by The Center Orange County on behalf of the National Association of Lesbian, Gay, Bisexual, and Transgender Community Centers (NALGBTCC).

National Coalition for LGBT Health

Contact: Donald Hitchcock

Address: 1407 S Street, NW, Washington, DC 20009

Email: 202-797-3516

Fax: 202-797-4430

Email: coalition@lgbthealth.net

Web site: www.lgbthealth.net

The Coalition helps to facilitate the *National LGBT Communities Tobacco Action Plan* process, is a general resource and clearinghouse for LGBT health information, publishes a weekly listserv with LGBT health updates, and convenes two meetings per year in Washington, D.C. focused on national LGBT health advocacy. The Coalition also coordinates National Health Awareness Week, with the annual message, "Take Charge of Your Health Today." We feel that this message needs to be stressed now more than ever. Millions in the LGBT communities lack access to quality health care, which is critical to the health of our community and our nation.

Tobacco Industry Targeting of Gay Men and Lesbians*

Contact: Libby Smith Ph.D., Project Director

Email: libbys@itsa.ucsf.edu

This NCI-funded project (PI: Ruth Malone, RN, PhD) has four components: (1) research in the tobacco industry documents; (2) interviews with LGBT leaders and periodical editors; (3) content analysis of the LGBT press; and (4) focus groups with the LGBT community about findings.

II. Local Programs (listed by State)

Arizona

1N10—VOIT/Horizons

Address: P.O. Box 33367, Phoenix, AZ 85067-3367

Phone: 602-264-5437

Web site: www.1N10.org

This group provides smoke-free facilities and participates in the Gay American Smoke Out. They participate in anti-tobacco media efforts and smoking prevention and cessation programming.

Wingspan*

Web site: www.wingspan.org

In collaboration with the Pima County Health Department, Wingspan (Southern Arizona's LGBT Community Center) advertises and hosts smoking cessation classes.

California

Billy DeFrank Lesbian, Gay Bisexual, and Transgender Community Center

Contact: Patrick Soricone, Executive Director
Address: 938 The Alameda, San Jose, CA 95126
Phone: 408-293-3040
Fax: 408-298-8986
Helpline: 408-293-2429
Email: ed@defrank.org
Web site: www.defrank.org

Billy DeFrank LGBT Community Center has created a campaign in collaboration with the Gay & Lesbian Community Services Center of Orange County. Their campaign features images of lesbian, gay, bisexual and transgender people who have triumphed over adversities like alcohol and drug addiction, homelessness, rape, and other life threatening situations and are using this strength to quit smoking. They have created these ads to raise awareness about the high rates of tobacco use among lesbian, gay, bisexual and transgender (LGBT) people and hopefully inspire people to think about quitting. For more information, check out www.mygreatestenemy.org

California LGBT Tobacco Education Partnership* A Project of the San Francisco Study Center

Contact: Bob Gordon
California LGBT Tobacco Education Partnership
Address: 1800 Market Street #4, San Francisco, CA 94102
Phone: 415-436-9182
Email: info@lastdrag.org

For the first time the California Tobacco Control Section has funded a statewide LGBT Partnership which will be working side by side with six other partnerships in the following communities: African American Asian American & Pacific Islander American Indian Hispanic/Latino Low Socioeconomic Status and Labor. The LGBT Partnership is based at the San Francisco LGBT Community Center. The Partnership will be providing LGBT technical assistance to the tobacco programs in California's 58 counties, working with LGBT event committees to create outdoor secondhand smoke policies, working with the LGBT Legislative Caucus to resist tobacco industry donations, and providing guidance to CA Smokers' Helpline 1-800-NO-BUTTS to provide culturally-specific outreach and service to Californians of all sexual orientations and gender identities.

Identifying Smoking Programs and Policies in Substance Abuse Facilities* Los Angeles County Alcohol and Drug Program Administration

Contact: Loretta Worthington
Address: 1000 S. Fremont Bldg. A-9 E 3rd Floor, Alhambra, CA 91803
Phone: 626-299-3201
Email: worthington@ladhs.org or mobbeta@yahoo.com

For this Robert Wood Johnson Fellowship project, Identifying Smoking Programs and Policies in Substance Abuse Facilities has involved interviewing Executive Directors and upper management staff of substance abuse treatment facilities on their existing policies and programming regarding tobacco use in clients and staff. The project has also gathered personal opinions and beliefs about integrating tobacco treatment in the existing curricula used in their programs. Three target populations are being used to compare to the general population; LGBT, dual-diagnosed, and perinatal substance abuse treatment facilities. These

target populations may need more assistance and resources to successfully quit using tobacco products; this information will assist in an American Legacy grant.

Gay and Lesbian Adolescent Social Services (GLASS)

Project YET

Address: 650 North Robertson Boulevard, Suite A, West Hollywood, CA 90069

Phone: 310-358-8727

Web site: www.glassla.org

Youth for the Elimination of Tobacco (Project YET) addresses the need for innovative interventions to empower youth populations in Los Angeles County to make wise decisions regarding tobacco use. The project's goal is to utilize Peer Outreach Workers to increase the availability of, as well as access to, health-related information regarding the negative aspects of tobacco use among young people. Project YET's main objective is to empower youth in the community to take ownership and leadership in the development on interventions and activities that will lead to increased awareness and effective peer communication to avoid tobacco addiction. Through experience and youth participation, GLASS has found that the peer approach, using simple pamphlets, peer group support, and fun activities, has proven successful in giving youth alternatives to using tobacco products.

The Gay & Lesbian Community Center of Greater Long Beach

Contact: Trip Oldfield, Executive Director

Address: 2017 E. 4th Street, Long Beach, CA 90814-1001

Email: 562-434-4455 ext. 226

Fax: 562-433-6428

Web site: www.centerlb.org

This organization is listed as including tobacco prevention and control programming in the National Association of LGBT Community Centers' directory. See: www.lgbtcenters.org

The Jeffery Owens Community Center

Contact: Kenneth H. Sandoval, Jr., Vice-President; Peggy Roa – Executive Officer

Address: P.O. Box 146, Riverside, CA 92502-0146

Email: info@jocc.org

Web site: www.jocc.org

The Jeffery Owens Community Center is listed as including tobacco prevention and control programming in the National Association of LGBT Community Centers' directory. See: www.lgbtcenters.org

Lambda Community Center

Address: 1927 L Street, Sacramento, CA 95814

Phone: 916-442-0185

Lambda Community Center hosts a youth group on Friday nights. They are working with the STAND OUT Quit guide to possibly start cessation programming. They also provide smoke-free facilities and smoke-free events and activities.

The Last Drag*

Coalition of Lavender Americans on Smoking & Health (CLASH) funded by the San Francisco Tobacco Free Project

Address: 1800 Market Street #4, San Francisco, CA 94102

Phone: 415-339-7867

Email: info@lastdrag.org

Web site: www.lastdrag.org

The Last Drag is a free quit-smoking program for LGBT and HIV+ smokers. The program is coordinated by the Coalition of Lavender Americans on Smoking & Health (CLASH) and funded by the San Francisco Tobacco Free Project. Facilitators are certified by the American Lung Association. Classes are held at the San Francisco LGBT Community Center.

Los Angeles Gay & Lesbian Center

Contact: Lorri L. Jean, Chief Executive Officer

Address: 1625 N. Schrader Boulevard, Los Angeles, CA 90028

Phone: 323-993-7400

Fax: 323-993-7699

Farina Dary : 323-860-7394

Email: info@laglc.org

Web site: www.laglc.org

The Alcohol, Tobacco, and Other Drugs (ATOD) Prevention Program was established in 1996 to help reduce and prevent use and abuse of alcohol, tobacco, and other substances in the lesbian, gay, bisexual, and transgender community through education, community mobilization, and outreach. Through a coalition of agencies called the Community Prevention Council (CPC), the ATOD Program engages in community organizing, development of public information and awareness campaigns, hosts alternative (drug- and smoke-free) events, and provides training for other community-based organizations.

Pacific Pride Foundation - North County

Contact: Janet L. Stanley, MA, Executive Director

Physical Address: 819 West Church Street, Santa Maria, CA 93454

Mailing Address: 126 E. Haley St. Suite A-11, Santa Barbara, CA 93101

Phone: 805-349-9947

Fax: 805-349-8638

Email: ppf@pacificpridefoundation.org

Web site: www.pacificpridefoundation.org

The Pacific Pride Foundation is listed as including tobacco prevention and control programming in the National Association of LGBT Community Centers' directory. See: www.lgbtcenters.org

Queer Tobacco Intervention Project (QueerTip)

Contact: Greg Greenwood, Ph.D., of UCSF and Carolyn Hunt of Progressive Research and Training for Action, Principal Investigators

Web site: www.caps.ucsf.edu/pdfs/Q-TIPS2C.pdf

In a one-year pilot study funded by California's Tobacco Related Disease Research Program, the QueerTIP collaborative—Bay Area service providers, researchers, activists, and cessation specialists—surveyed queer youth events, hosted a transgender community educational program, evaluated Last Drag classes at a women's clinic, and developed a 9-week curriculum, which was tested at an LGBT counseling services center. The curriculum is based on ACS, ALA, Last Drag, and Out and Free manuals and contains enhancements, including sessions on quitting and coming out, addiction in the LGBT community, and target marketing, as well as handouts. The Center in NYC is using this model and planning to further refine it to include a 3-session pre-contemplator program, a training video, and a participant manual.

The Rainbow Community Center

Address: 2118 Willow Pass Road, #509, Concord, CA 94520

Phone: 925-692-0090

The Rainbow Community Center provides smoke-free facilities and smoke-free events and activities. This group also participates in the Gay American Smoke Out and in anti-tobacco media efforts and the tobacco prevention coalition of the county.

STAND OUT**The Gay & Lesbian Community Services Center of Orange County**

Contact: Terry Stone, Executive Director

Address: 12800 Garden Grove Boulevard, Suite F, Garden Grove, CA 92843

Phone: 714-534-0862

Fax: 714-534-5491

Email: administration@thecenteroc.org

Web site: www.thecenteroc.org

STAND OUT helps queer young people (identified as lesbian gay, bisexual, transgender, or questioning) and supportive allies learn about tobacco companies' targeting of the queer community, as well as the risk factors of tobacco use. STAND OUT provides the Commit to Quit program, advocates for policy change, create programs to raise awareness of tobacco prevalence, and develops leadership opportunities for queer young adults and allies ages 18-24. This group offers the opportunity to take a STAND for yourself and your community by advocating for healthier policies regarding tobacco and the queer community. STAND OUT also supports anyone who wants to quit tobacco use. The services are all about respect and support, believing that that no one should be stigmatized for being Queer, for being a supportive ally, or for using tobacco.

Ventura County Rainbow Alliance

Address: 2021 Sperry Avenue #3, Ventura, CA 93003

Phone: 805-339-6340

The program is based on Freedom from Smoking, an American Lung Association program. The program has been proven to be effective for smoking cessation and tobacco prevention. They also provide smoke-free facilities and events and participate in anti-tobacco media efforts.

Colorado**GLB Community Services Center of Colorado**

Address: P.O. Box 9798, Denver, CO 80209-0798

Phone: 303-832-2260

Web site: www.coloradoglbt.org

GLB Community Services Center of Colorado provides smoke-free facilities and smoke-free events and activities. They hosted a Drag Free Drag Show for the Gay American Smoke Out. They are looking for funding for smoking prevention and cessation programming.

The OASOS Program**Boulder County Health Department**

Address: 3450 Broadway, Boulder, CO 80026

Phone: 303-678-6139

The program is based on a model program that has been proven to be effective. They provide smoke-free facilities and events and participate in anti-tobacco media efforts. In addition, they offer queer-competent tobacco prevention materials; services in smoke-free

areas, including weekly meetings, and regular social events. They also offer referral to queer-competent service providers that help youth quit smoking and connect OASOS youth with local anti-tobacco youth activism info.

Rainbow Alley*

The GLBT Community Center of Colorado

Contact: Hope Wisneski LCSW, Director of Youth Services

Address: P.O. Box 9798, Denver, CO 80209

Email: hope@coloradoglb.org

Rainbow Alley partners with larger agencies for prevention work and support through cessation for youth.

Connecticut

Rally Connecticut Gay American Smoke Out*

MATCH (Mobilize Against Tobacco for Children)

Contact: Cari Carter, Grassroots Manager

Address: 78 Beaver Road, Wethersfield, CT 06109

Phone: 860-721-6888

Email: carter@matchcoalition.com

Rally Connecticut Gay American Smoke Out is in its initial stages. They have partnerships formed with the American Cancer Society and the Hartford Gay and Lesbian Health Collective. The idea behind the project is to foster awareness of tobacco abuse in the LGBT community and to start the discussion around this topic by activating youth in the local Gay Straight Alliances at high schools across the state and Pride groups on college campuses. Their goal is to present an advocacy plan to these groups and then let them decide whether or not to take up the torch and plan events or forums centered around the Gay American Smoke Out. The Smoke Out provides a safe and clear way to address the issue and start the discussion. They have reached out to the LGBT community in Connecticut and continue to do so in hopes of building support. They are also seeking support from other organizations that work in tobacco control and include them in the planning as well as the action.

Georgia

National Organization Network; Adult Tobacco Survey*

Contact: Alyssa Easton

CDC/NCCDPHP/OSH

Office on Smoking and Health

Address: 4770 Buford Highway N.E. (K-50) , Atlanta, GA 30341

Phone: 770-488-5709

1. National Organization Network builds capacity and infrastructure in L/G/B/T community.
2. Qualitative research to enhance competency of Adult Tobacco Survey for L/G/B/T community.

Hawaii

The Center's Tobacco Awareness & Smoking Cessation Program*

The Center of Hawaii

Contact: Kenneth Miller, Executive Director

Physical Address: 2424 S. Beretania Street, Honolulu, HI 96826

Mailing Address: P.O. Box 22718, Honolulu, HI 96823-2718

Phone: 808-951-7000

Fax: 808-951-7001

Email: info@thecenterhawaii.org

Web site: www.thecenterhawaii.org

By increasing the awareness of how the tobacco industry has targeted the LGBT community and by enlightening the community on how tobacco use affects health, the Center's Tobacco Awareness & Smoking Cessation Program aims to create social change in their communities and thereby a healthier environment. Also with this social change, individuals who need assistance in quitting their tobacco use receive a LGBTIQ sensitive Smoking Cessation program.

Illinois

Bitch to Quit* – TEMPORARILY CLOSED

The Lesbian Community Cancer Project (LCCP)

Contact: Jessica Halem, Executive Director

Address: 4753 North Broadway, Suite 602, Chicago, IL 60640

Phone: 773-561-4662 ext. 105

Email: jessica@lccp.org

Web site: www.bitchoquit.com

Bitch to Quit is the name of the media campaign and cessation clinics operated by the Lesbian Community Cancer Project (LCCP). Since 2000, numerous clinics have been conducted that target By Women For Women, with the majority of participants being queer and feminist women. Marketing is political and hip and gets a lot of attention. The curriculum and the way clinics are conducted is unique to LCCP; the curriculum and facilitators are empowered to change adapt the eight week layout to fit the needs of the women who join. A large portion of the project is public media/marketing (not focused on convincing women to quit...but speaking directly to smokers who want to quit - which is the majority) and the remainder includes operating the clinics.

Chicago Health and Life Experiences of Women Study*

University of Illinois at Chicago

Contact: Tonda Hughes

Email: thughes@uic.edu

The Chicago Health and Life Experiences of Women Study collects data on smoking as part of a larger study that focuses on substance use among lesbians.

Q-TECC Call It Quits*

Howard Brown Health Center

Contacts: Simone Koehlinger and Chris Powers

Address: 4025 N Sheridan Road, Chicago, IL 60613

Phone: 773-388-1600, 773-388-8880 or toll-free at 1-877-897-2777

Web site: www.howardbrown.org

Over the course of two years, Q-TECC Call It Quits is distributing 2000 surveys to collect information about LGBTQ smoking rates, cessation attempt history, and related variables. Three community-based organizations have collaborated on this project. The organizations are Howard Brown Health Center, CALOR, and Task Force AIDS Prevention. Smoking

cessation groups tailored for LGBTQ people in the Chicagoland community. Groups are offered in both English and Spanish.

Indiana

Indiana Youth Group

Address: P.O. Box 20716, Indianapolis, IN 46220

Phone: 317-541-8726

Web site: www.indianayouthgroup.org

Indiana Youth Group provides smoke-free facilities, activities, and events as well as participates in anti-tobacco media efforts and smoking prevention and cessation programming.

Iowa

Cedar Rapids Gay and Lesbian Resource Center

Contact: Scott Alt

Phone: 319-366-2055

This group holds an annual meeting and participates in the *Great American Smoke Out*.

Youth and Shelter Services, Inc.

Address: 420 Kellogg, P.O. Box 1628, Ames, IA 50010

Phone: 515-233-3141

Web site: www.yss.ames.ia.us

Youth and Shelter Services, Inc. provides smoke-free facilities, events and activities, as well as research-based anti-tobacco media efforts and smoking prevention and cessation programming. Project TNT (Towards no Tobacco Use) provides education in schools from 5th to 7th grade. TED (Tobacco Education group) and TAP (Tobacco Awareness Program) for education and cessation respectively targeting high school students. Youth leadership opportunities/activities through the "Teen Task Force of Story County," for junior and senior high school students.

Kentucky

Louisville Youth Group

Address: P.O. Box 406764, Louisville, KY 40204

Phone: 502-454-3300

Web site: www.louisvilleyouthgroup.org

The Louisville Youth Group provides smoke-free facilities and participates in the Jefferson County Smoke-Free Coalition. They provide smoking prevention and cessation programming that has been replicated. They are also involved with the Outreach Committee of the Local Region 5 Board of the Kentucky agency for Substance Abuse Policy that brings together the expertise of the local Champions groups, the Regional Action Coalition and the Regional Prevention Center, along with leaders from other sectors of the community. The board provides a coordinated system of advocacy for effective prevention policies that will assist in sustaining a region of healthy communities free of smoking, alcohol, and drug abuse and related consequences. They are also involved with the Smoke Free Louisville Campaign that is working to give all workers a safe and smoke-free worksite.

Maine

Getting Healthy/Coastal Women's Connection Getting Healthy: A Healthy Maine Partnership

Contact: Joanne Joy

Address: 230 Water Street, Gardiner, ME 04345

Phone: 207-582-8011

Email: j.joy@adelphia.net

Getting Healthy/Coastal Women's Connection is collaborating with an existing social group to offer a tobacco cessation and relapse prevention weekly group for Lesbians. The group also is increasing physical activity and improving nutrition. This is a relatively small initiative of an organization that is charged with reducing tobacco related health disparities so also works with providers to low-income pregnant smokers, providers to individuals with mental illness, and worksite wellness programming.

Maryland

Chase Brexton Health Services, Inc

Address: 1001 Cathedral Street, Baltimore, MD 21201

Phone: 410-837-2050 or 410-545-4481 ext. 1700 for The Last Drag

Web site: www.chasebrexton.org

Chase Brexton Last Drag provides free smoking cessation classes, based in part on the American Lung Association's "Freedom From Smoking" program. The program provides a confidential and supportive group setting with trained smoking counselors to help quit smoking. Free nicotine patches and gum are also provided.

Massachusetts

American Cancer Society GLBT Advisory Board

American Cancer Society Boston Office

Contact: Carrie M. Bush, Community Executive

Cancer Control American Cancer Society

Address: 25 Stuart Street, 4th Floor, Boston, MA 02116

Phone: 617-556-7443

Email: carrie.bush@cancer.org

The GLBT Advisory Board of the American Cancer Society works to develop partnerships with diverse community-based organizations health professionals advocates and consumers. The group endeavors to identify and remove barriers to care and promote culturally competent standards of practice for health care and support services. The board also strives to develop and disseminate resource materials and information and to establish a comprehensive plan for education, prevention, detection, and treatment of cancer for gay, lesbian, bisexual, and transgender individuals in Massachusetts.

LGBT Incubation Project*

The Fenway Institute

Phone: 617-927-6450

The LGBT Incubation Project researches the feasibility and acceptance of recruiting groups of friends into cessation groups together allowing them to quit without leaving their support network.

Smokefree Bodies**Fenway Community Health Center**

Address: Boston, MA

This cessation group is loosely based on both the American Cancer Society's and American Lung Association's cessation models, with additional modifications guided by the Stages of Change theory. It is a six-session group, meeting once a week for 1.5 hours. In addition to LGBT-specific content, some additional HIV information has been added.

Tobacco Control Program and the LGBT Health Office***Boston Public Health Commission**

BPHC LGBT Health Office

Phone: 617-534-2282

Email: lgbthealth@bphc.org

The tobacco control program is the Boston Public Health Commission's surveillance program for the whole city of Boston. It includes educational and advocacy programming for all Bostonians. The LGBT Health Office is the program focusing on the health disparities noted among LGBT Bostonians by holding community educational events, advocacy trainings, and various other related activities.

Tomorrow WithOUT Tobacco**The Home for Little Wanderers**

Address: 271 Huntington Avenue, Boston, MA 02115

Phone: 617-585-7547

Web site: www.thehome.org

Peer education program recruits, hires, and trains GLBTQ youth, ages 12-23, to work within their own community to change attitudes and behaviors around tobacco. Peers conduct outreach at events and venues frequented by GLBTQ youth, support and encourage programs to become smoke-free, provide "other options" for youth attempting to quit, reduce, or avoid tobacco use, and provide smoke-free social events for queer youth. Empower youth to become smoke-free and better able to handle social stressors associated with their queer identities through a variety of trainings designed specifically for queer youth. Cessation workshop series to help move youth through the stages of change beginning where they are, whether smoking and ready to quit, smoking but not ready to quit, or non-smoking and want to stay smoke-free.

Michigan**Affirmations Lesbian and Gay Community Center***

Contacts: Deanna Tocco, Leslie Ann Thompson (Executive Officer)

Address: 195 West Nine Mile Road, Suite 106, Ferndale, MI 48220

Phone: 248-398-7105

Fax: 248-541-1943

Helpline: 800-398-4297

Email: info@goaffirmations.org

Web site: www.goaffirmations.org

The Affirmations Lesbian and Gay Community Center's recent involvement in smoking cessation and tobacco prevention includes participation in a Smoke OUT, starting a "Kick Butts" group, and passing out Quit Kits and hosting smoke-free programming and events for LGBTQ youth.

Minnesota

Bemidji Safe Youth & Family Programs

Address: P.O. Box 662, Bemidji, MN 56619-0662

Phone: 218-751-8223

Web site: www.evergreenhouse.org

Bemidji Safe Youth & Family Programs provide smoke-free facilities and smoke-free events and activities. This organization provides effective smoking prevention and cessation programming that has been replicated.

District 202 H.E.A.T*

Contact: Grady Shiney Shapiro, Tobacco prevention coordinator

Address: 1601 Nicollet Avenue South, Minneapolis, MN 55403

Phone: 612-871-5559

Web site: www.dist202.org

District 202 operates a grant funded program within the center. They focus on GLBTQQA smoking habits in the youth community with the aim of helping people understand the dangers of secondhand smoke.

Smoke Out Campaign*

Gay Men's Center

Contact: Peter Northland

Address: 8 North 2nd Avenue East, Suite 308-309, Duluth, MN 55802

The Smoke Out Campaign provides information about quitting smoking.

Youth Link

Address: 41 North 12th Street, Minneapolis, MN 55403

Phone: 612-252-1200

Fax: 612-252-1201

Web site: www.youthlinkmn.org

Youth Link provides smoke-free facilities, events, and activities. They also organize anti-tobacco media efforts and smoking prevention and cessation research and programming.

Missouri

Missouri Partnership on Smoking or Health*

American Lung Association of Missouri

Contact: Jeanette Mott Oxford, Director of Field Operations

Address: 1118 Hampton Avenue, St. Louis, MO 63139

Phone: 314-645-5505, ext. 2003

Email: joxford@smokingorhealth.org

Missouri Partnership on Smoking or Health is a non-partisan tobacco use prevention organization comprising local, regional, and statewide health and mental health organizations, statewide associations, nonprofit organizations, racial/ethnic constituencies, physicians, and individuals interested in reducing the toll of tobacco use.

New Jersey

The Pride Center of New Jersey, Inc.

Contact: Ellen J. Gilio - Executive Director

Street Address: 1048 Livingston Avenue, North Brunswick, NJ 08902-1846

Mailing Address: P.O. Box 5130, New Brunswick, NJ 08903

Phone: 732-846-2232

Helpline: 732-846-2232

Email: info@pridecenter.org

Listed as including tobacco prevention and control programming in the National Association of LGBT Community Centers' directory. See: www.lgbtcenters.org

New Mexico

FiercePride*

Contact: Andrea Quijada

Web site: www.FiercePride.org

FiercePride is a group of queer activists in New Mexico who are dedicated to the creation of a statewide queer tobacco awareness campaign.

New York

Becoming Smoke-Free with Pride Project

The Lesbian, Gay, Bisexual & Transgender Community Services Center

Contact: Richard Burns - Executive Director

Address: 208 West 13th Street, New York, NY 10011

Phone: 212-620-7310 ext. 412

Fax: 212-924-2657

Helpline: 212-620-7310

Email: info@gaycenter.org

Web site: www.gaycenter.org

Adapted from the American Cancer Society Fresh Start cessation model, this revision emphasizes the Stages of Change and adds LGBT content. There are three components to the group: a 5-week contemplator group, a 4-week quit group, and drop-in relapse prevention support. There is also a three-hour contemplator workshop with additional HIV information for fielding at AIDS service organizations. The group is not currently being fielded, as the Center is involved in revising QueerTIP for use in the future. The Center's SmokeFree Project offers smoking cessation groups to clients in two stages, designed to give participants the tools to identify the pros and cons of quitting, building a support network, develop a plan, and finally, to quit smoking for good. In addition, they offer individual counseling for clients, and provide training and education. The first stage for clients is Not Quite Ready to Quit, a psycho-educational, 4-hour session intended for those who are considering quitting, but are not sure that they are ready and/or have attempted to quit in the past without success. The second group is our Commit to Quit Group, a 6-week group for smokers who have definitely decided the time to stop smoking is now! (Participants must attend one session of Not Quite Ready To Quit to be eligible for this group.) Those interested in the groups, or in the other SmokeFree Project offerings, such as smoking cessation training for providers, can call 212-620-7310, ext. 412.

GMAD—Gay Men of African Descent

Address: 103 East 125th Street, Suite 503, New York, NY 10035-1641

Phone: 212-828-1697

Web site: www.gmad.org

GMAD provides smoke-free facilities and smoke-free events and activities. They may also be offering smoking cessation programs either in-house or through referral in the very near future.

GURLZ (BOYZ TRANZ) KICK ASH!***Bronx Lesbian and Gay Health Resource Consortium**

Contact: Deborah May, Program Coordinator

Address: 448 East 149th Street, Third Floor, Bronx, New York 10455

Phone: 718-292-4368

Fax: 718-292-4999

Web site: www.blghrc.org

Bronx LGBT community-based program was designed to educate providers in culturally competent LGBT tobacco interventions, support Bronx LGBT smokers who want to cut down or quit, and conduct research on Bronx LGBT tobacco-related behavior.

Intention to Quit Smoking Among LGBT Smokers***Dept. of Psychiatry & Behavioral Sciences, Memorial Sloan-Kettering Cancer Center**

Contact: Jack Burkhalter Ph.D., Clinical Assistant Psychologist

Address: 1275 York Avenue, New York, NY 10021

Phone: 212- 583-3013

Fax: 212-230-1953

Email: burkhalj@mskcc.org

This is a National Cancer Institute funded research project to identify culturally specific factors and theoretically important variables affecting intention to quit smoking among adult LGBT smokers. This study uses qualitative and quantitative information-gathering as preparation for developing a smoking cessation intervention for LGBT smokers.

Ithaca College LGBT Student Tobacco Smoking Prevention/Cessation Initiative***Ithaca College Center for LGBT Education Outreach & Services**

Contact: Lisa Maurer, Coordinator

Address: 150 Hammond Center, Ithaca, NY 14850

Phone: 607-274-7394

Email: lmaurer@ithaca.edu

The Ithaca College Center for Lesbian Gay Bisexual and Transgender (LGBT) Education Outreach and Services designed and implemented the “LGBT Smoking Awareness Initiative” aimed at smoking prevention and smoking cessation among sexual minority youth ages 17-22. The initiative sought to increase knowledge of and attitudes toward the health risks for LGBT tobacco users and non-users; increase knowledge of ways tobacco companies target the LGBT community and create action plans to resist those tactics; promote quitting among LGBT students; and prevent initiation of tobacco use among LGBT students. This effort was created to address the smoking behaviors of LGBT youth population at Ithaca College—both LGBT college students who already smoke and those who are considering smoking. Additional outreach was also made to high school aged sexual minority youth and to LGBT adults in the community.

Participation in all aspects of the initiative was open to all regardless of smoking/nonsmoking status, sexual orientation, or gender identity.

LGBT SmokeFree Project*

The Lesbian, Gay, Bisexual, & Transgender Community Center

Contact: Christopher Murray, MSW, Project Coordinator

Address: 208 West 13th Street, New York, NY 10011

Phone: 212-620-7310

Web site: www.gaycenter.org

The LGBT SmokeFree Project at New York City's Lesbian Gay Bisexual & Transgender Community Center provides groups for people thinking about quitting as well as six-week quit groups and individual short-term counseling. Additionally, the Project is involved in local SmokeFree coalitions and is a leader in national LGBT anti tobacco advocacy.

LILCI/OUT TO QUIT*

Long Island Lesbian Cancer Initiative

Email: info@outtoquit.com, info@lilci.org

Web site: www.outtoquit.com

The campaign consists of marketing/outreach effort targeting LGBT adults, including a Web site, posters, palm cards, resource guides, and incentives. Both the resource guide and the Web site contain information on how to access smoking cessation programs with facilitators and administrators that have attended a full day gay/lesbian-centric cultural competency training (with a tobacco specific module), and they collect data on the sexual orientation of their clients.

New York State Reality Check*

Capital Region BOCES

Contact: Christine Ewart

Phone: 518-464-3942

Email: cewart@gw.neric.org

Web site: www.realitycheckny.com

Reality Check partners with GLSEN (Gay Lesb. Str. Education Network) to educate LGBT youth about the tobacco industry's targeting of youth and the LGBT community.

Task Force for Tobacco-Free Women and Girls*

Health Research Inc. - Roswell Park Cancer Institute Division

Contact: Pat Hysert Director

Dept. of Health Behavior

Address: Elm and Carlton Streets, Buffalo, NY 14263

Phone: 716-845-8080

Fax: 716-845-8904

Email: Pat.Hysert@RoswellPark.org

The Task Force for Tobacco-Free Women and Girls is a statewide initiative in New York State. They have a steering committee of six women leaders and a general membership of about 100. Their strategies to encourage women and girls to stop using tobacco or never start include collaborations with organizations that work with women and girls such as Girl Scouts, American Association of University Women - NY Women Infants and Children Nutrition Program, and LGBT community centers. They have developed some innovative materials, most notably a personalized computer demonstration to show

people how smoking will affect their future appearance. They collaborate with organizations that serve women or girls, with tobacco control coalitions, and with health organizations.

Youth Enrichment Services (YES)

Lesbian and Gay Communities Services Center

Address: 208 West 13th Street, New York, NY 10011

Phone: 212-620-7310

Web site: www.centeryes.org

YES provides smoke-free facilities and smoke-free events and activities. This group also provides effective smoking prevention and cessation programming based on health survey collected at youth dances. They are starting a “Not Quite Ready to Quit Group” and have begun a Media Team that improves media literacy skills for youth with workshops that look at tobacco advertising and the media.

North Carolina

North Carolina LGBT Data Project*

Contact: Scott K. Proescholdbell MPH or Larry Gourdine

North Carolina Tobacco Prevention & Control Branch

Phone: 919-715-3497; and

Sheryl Scott, Scott Consulting; 919-220-9638

This group has sponsored two outreach activities at GLBT Pride events. This year, they will develop a sampling plan to collect basic prevalence and secondhand smoke attitude data using Palm pilots at community events and/or organizations. They collected 200 brief (intercept) surveys at the Charlotte Pride event last May. They made it fun and educational as well through a booth and through a roaming sampling plan.

Ohio

The Lesbian & Gay Community Service Center of Greater Cleveland

Contact: Mary Zaller, Co-Executive Director

Address: 6600 Detroit Avenue, Cleveland, OH 44102

Phone: 216-651-5428

Fax: 216-651-6439

Helpline: 888-429-8761

Email: info@lgcsc.org

Web site: www.lgcsc.org

Listed as including tobacco prevention and control programming in the National Association of LGBT Community Centers' directory. See: www.lgbtcenters.org

Oregon

Oregon's LGBT Tobacco Prevention and Education Network*

Oregon's Tobacco Prevention and Education Program Dept. Of Human Services

Phone: 503-731-4273

This group has just received approval to fund a statewide LGBT Tobacco Prevention Education and Cessation Network.

Pennsylvania

The Attic Youth Center

Address: 419 South 15th Street, Philadelphia, PA 19146

Phone: 215-545-4331

Web site: www.atticyouthcenter.org

The Attic Youth Center Break the Chain program assists youth tobacco users in long term cessation through one-on-one counseling, support groups, and relapse prevention. In addition, youth participate with a local health organization to help produce a social marketing campaign to help bring information to LGBTQ youth tobacco users.

Mazzoni Center Smoking Cessation*

Mazzoni Center

Contact: Elizabeth Byrne

Address: 1201 Chestnut Street, 2nd floor, Philadelphia, PA 19107

Phone: 215-563-0663 ext 242

Email: ebyrne@mazzonicenter.org

The Mazzoni Center Smoking Cessation provides smoking cessation classes using the ALA Freedom to Stop Smoking and the Queer TIPs curricula. The classes meet over the course of seven weeks. They also offer an on-going weekly drop-in group and free NRT (patch or gum) to any participant involved in their programs. Individual cessation counseling is available for those who cannot make group times.

Philadelphia Community Health Alternatives

Address: 1201 Chestnut Street, Third Floor, Philadelphia, PA 19107

Phone: 215-563-0652 or 215-563-0663 for cessation phone

Web site: www.pchal.org

Philadelphia Community Health Alternatives provides free cessation classes to LGBTQ adults ages 18 years and older. Participants in the classes are encouraged to create their own goals for the duration of the class (i.e. not everyone is pushed or encouraged to quit depending on their readiness). Individuals can have a goal to reduce their use with the intention of quitting at some point in the future, even if not within the 8-class session, different from some other classes where everyone is expected to have the goal to quit as a group. They have found this approach really successful.

Philadelphia LGBT Tobacco Control Project*

The SafeGuards Project & LGBT Health Resource Center

Contacts: Dr. Andrew Bills, PhD, MPH; Ms. Zoe Erwin, MA, Tobacco Control Coord.

Phone: 215-496-9560 ext. 3025

Fax: 215-557-0769

Email: zerwin@safeguards.org

Web site: www.LGBTHealthResource.org

Funded by the City Dep. of Health, the purpose of the SafeGuards tobacco project is to create a public awareness and education campaign about the health risks of tobacco use in the LGBTQ community and change the norm that it is acceptable to use tobacco products. The goal of this program is to help change societal norms and decrease smoking behaviors in Philadelphia's LGBTQ community. The project: 1. conducts research on tobacco use and perceptions among LGBT people; 2. develops public-health based health communications

media to reduce tobacco use and change norms' and, 3. provides technical assistance to others interested in tobacco and the LGBT community.

**N-O-T for LGBQ and LGBT Minority Youth*
University of Pittsburgh**

Contact: Nina Markovic, Principle Investigator
Persad Center, Inc.

Address: 5150 Penn Avenue, Pittsburgh, PA 15224

Email: ninam@pitt.edu

Reaction group meetings for each of the Not-On-Tobacco program conducted with LGBQ and LGBQ minority youth (14-18 years old) in an urban setting. Project objective is to assess cultural relevance of N-O-T materials for LGBQ and minority youth and to refine the program for implementation in cessation activities with LGBQ and LGBQ minority youth. N-O-T was chosen as it has some evidence of effectiveness in reducing measures of depression and increasing measures of social support and self-esteem.

N-O-T is a program that works and is supported by the American Lung Association.

Psychosocial Correlates of Smoking in Gay Men and Lesbians*

Contact: Catherine Massey, PhD

Slippery Rock University

Phone: 724-738-2532

Email: catherine.massey@sru.edu

Examines psychosocial correlates of smoking in gay men and lesbians such as social support, mental health, anti-gay victimization, stress and coping, and attitudes toward smoking. These data will provide a foundation to develop a smoking cessation program specific to gay men and lesbians.

The Rainbow Room of Planned Parenthood

Address: 301 South Main Street, Suite 2E, Doylestown, PA 18901

Phone: 215-348-0558 ext 65

Web site: www.ppbucks.org

The Rainbow Room of Planned Parenthood provides smoke-free facilities, events, and activities. This group participates in anti-tobacco media efforts and smoking prevention and cessation programming that has been formally evaluated. They are based on the NOT on Tobacco by the American Lung Association model program.

Texas

Houston Area Community Services, Inc. (HACS)

Address: 3730 Kirby, Suite 820, Houston, TX 77098

Phone: 713-526-0555

Web site: www.hacstxs.org

They provide smoke-free facilities and smoke-free events and activities.

Lambda GLBT Community Services

Address: 216 South Ochoa Street, El Paso, TX 79901

Phone: 915-562-4297

Web site: www.lambda.org

This group provides smoke-free facilities and conduct smoke-free events and activities.

Out Youth, Inc.

Address: 909 East 49 ½ Street, Austin TX, 78751

Phone: 512-419-1233

Web site: www.outyouth.org

Out Youth, Inc. provides smoke-free indoor facilities. They provide a one-time smoking education and cessation group. An intern from the School of Social Work at University of Texas is facilitating the group. There will be emphasis placed on tools to aid in the smoking cessation process and education about the physical and psychological effects and implications of smoking.

Smoke Free Houston***Jacob Young Productions**

Contact: Jacob Young

Phone: 713-702-7020

Smoke Free Houston partners with other non-profits to sponsor smoke-free events at GLBT bars and restaurants. Funding is provided to the venue to advertise and cover costs for the event. This makes it risk-free for the venue, alleviating its reluctance to participate.

Utah**The Gay & Lesbian Community Center of Utah**

Contact: Paula Wolfe, Executive Director

Address: 355 North 300 West, (1st floor), Salt Lake City, UT 84103

801-539-8800; 801-521-5215 (fax)

Email: thecenter@glccu.com

Web site: www.glccu.com

This organization is listed as including tobacco prevention and control programming in the National Association of LGBT Community Centers' directory. See: www.lgbtcenters.org

Vermont**Outright Vermont**

Address: P.O. Box 5235, Burlington, VT 05402

Phone: 802-865-9677; 1-800-452-2428 (Vermont, Massachusetts, New Hampshire, New York)

Web site: www.outrightvt.org

Outright Vermont has been working to incorporate anti-tobacco messages into their programming and education work for many years. Numbers from the most recent Vermont Youth Risk Behavior Survey show that 63% of Vermont youth who have had sexual intercourse with someone of the same sex use tobacco as opposed to 44% of their peers who have had sexual intercourse with someone of the opposite sex. It is no great secret that queer youth are more likely to use tobacco than their heterosexual counterparts. In response, Outright has partnered with Our Voices Exposed (OVX) and the American Cancer Society to provide cessation materials and truths about big tobacco's aggressive advertising campaigns, as well as providing crucial information to youth about the short and long term health risks of tobacco use as well as the range of social equalizers and conversation starters that exist besides smoking a cigarette.

Washington

Out & Free

Address: Seattle, Washington

This program has a 44-page cessation guidebook which can be purchased on the Web. It also offers customized support options for the individual pursuing cessation.

Tobacco Prevention & Education Program Clark County Health Department* **Clark County Health Department**

Contact: James Lanz, RN, Public Health Nurse

Address: P.O. Box 9825 ,Vancouver, WA 98666-9825

The Last Drag is a project of the Tobacco Prevention & Education Program Clark County Health Department designed to reach the LGBT community in Clark County Washington with culturally specific and gender sensitive tobacco cessation materials. Activities include placing ads for the statewide tobacco quitline in local LGBT publications, providing cessation materials at the annual gay pride celebration, encouraging a gay bar and other LGBT-serving organizations to participate in the Gay American Smokeout in November, and outreach to LGBT college and youth groups.

Washington, DC

Kicking Butts*

Mautner Project, The National Lesbian Health Organization

Contact: Carol Walker, Client Services Director

Address: 1707 L Street, NW, Suite 230, Washington, DC 20036

Phone: 202-332-5536

Fax: 202-332-0662

Email: cwalker@mautnerproject.org

Kicking Butts is a psychoeducational program aimed at increasing quit rates among lesbian, gay, bisexual, transgender people. This is an 8-week program that utilizes instruction, peer support, and relaxation techniques to assist clients dealing with the psychological and physiological aspects of quitting.

Out to Quit*

Whitman Walker Clinic

Contact: Emily O. Smith, MPH

Phone: 202-745-6171

Email: esmith@wwc.org

Web site: www.wwc.org

Out to Quit is a smoking cessation curriculum. This is NOT a current project. They were originally funded by American Legacy but the funding was not renewed. As a result, they decided to implement the curriculum on a volunteer-basis (led by two staff who donated their time after hours) in early 2004.

SMYAL, Sexual Minority Youth Assistance League

Address: 410 7th Street, SE, Washington, DC 20003

Phone: 202-546-5940

Web site: www.smyal.org

SMYAL is working on a social marketing campaign that is being created to disseminate information about tobacco to LGBTIQ youth. There is a team of six youth who have been

working since December 2002 to create a logo, campaign posters, and promotional items. The Breathe Easy team will also create a website for the campaign. In the Fall, SMYAL will probably start a cessation program at the youth center. Currently, they hold kick-butt nights every other month to share tobacco information through games.

Wisconsin

COPE*

Safe Zone Foundation

Contact: Doug Seubert, Executive Director

Address: P.O. Box 504, Marshfield, WI 54440-0504

Email: safezone5@excite.com

COPE stands for Center for Outreach Prevention and Education and it is a branch of an LGBT community organization serving north-central Wisconsin. COPE provides access to current and accurate health and prevention information on HIV/AIDS, sexually transmitted diseases, substance abuse (including alcohol, tobacco, and other drugs), eating disorders, depression, and suicide. Through COPE, the Safe Zone Foundation provides access to accurate and current information, prevention, education, and treatment options. They cooperate with local and state agencies to provide information and referrals for services regarding prevention, education, and treatment in a range of topics and issues most affecting the LGBT community.

GALAXY

Address: 3219 Commerce Street, La Crosse, WI 54601

Phone: 608-781-2783, ext. 3

Web site: www.ywcalax.org/galaxy

Smoking cessation/prevention programming includes educating young people about targeting by tobacco and alcohol companies, peer education, resources and community links for young people who want to quit smoking, and work with the statewide coalition (RAY— Rainbow Alliance for Youth) to convene smoke-free conferences and events.

GLSEN South Central Wisconsin

Address: 1202 Williamson Street, Madison, WI 53703

Phone: 608-661-4141

Web site: www.glsenscw.org

GLSEN South Central Wisconsin provides smoke-free facilities and events. The organization works with the local Tobacco Free Coalition, which also has booths at the GLSEN conferences.

La Crosse Area Hmong Mutual Assistance Association

Address: 2513 George Street, La Crosse, WI 54603

Phone: 608-781-5744

Provides smoke-free facilities, activities, and events. Participates in effective anti-tobacco media efforts and smoking prevention and cessation programming. They also have a youth peer education tobacco prevention program called TRUTH.

Milwaukee LGBT Community Center/Project Q

Address: 315 West Court Street, Milwaukee, WI 53212

Phone: 414-223-3220

Web site: www.projectQ.org

This group provides smoking cessation program aimed at the health and wellness of LGBTQ youth in the Greater Milwaukee area. Initiated program with prevalence survey of 1000 youth and subsequent training of Peer Counselor & Educators with National Association of LGBT Community Centers curriculum. During regular drop-in programs, programming for smoking cessation is available. Participates in Gay American Smoke Out.

III. Major Cessation Campaigns and Resources

American Cancer Society

A Fresh Start & Great American Smokeout

Web site: www.cancer.org

This campaign includes healthcare provider training materials, cessation groups, and a wide variety of promotional and educational materials. The program is based on the Clinical Practice Guidelines and draws from the Stages of Change theory. ACS also runs the Great American Smokeout, a day set each year to spotlight the dangers of tobacco and encourage cessation.

American Lung Association

Freedom From Smoking

Web site: www.lungusa.org

This campaign includes many different cessation options, including self-help materials, a book, cessation support groups, video and audiotapes.

Campaign for Tobacco-Free Kids

Web site: www.tobaccofreekids.org

The country's largest non-governmental initiative to protect kids from tobacco addiction and exposure to secondhand smoke. CTFK offers a variety of resources, promotional materials, an informative Web site, and school-based educational programs.

State Helplines

Many states involved in the Master Settlement Agreement now have statewide quitlines and Web sites. Consumers can call the quitlines and usually obtain a tailored list of local tobacco cessation resources, or sometimes even access live tobacco cessation counseling.

IV. LGBT Tobacco-related Research

Funded Projects-UC Tobacco-Related Disease Research Program

- **Behavioral Epidemiology of Tobacco Use Among Gay Men**
Greenwood, Gregory L. and Stall, Ronald D., UCSF
- **Cigarette Smoking in HIV-Positive Populations**
Humfleet, Gary L., UCSF
- **Determinants of Smoking Among Gay & Lesbian Youth**
Paul, Jay P., UCSF
- **Partnerships to Reduce Smoking Among the LGBT Community**

Greenwood, Gregory (UCSF) & Hunt, Carolyn Co-Principal Investigators (Progressive Research and Training for Action)

- **Smoking Interventions in Diverse LGBT Communities**
Greenwood, Gregory (UCSF) & Crawford, Brenda Co-Principal Investigators (Progressive Research and Training for Action)
- **Tobacco Industry Responses to Industry Focused Campaigns**
Malone, Ruth E., UCSF

Funded Projects-National Institutes of Health

- **Intention to Quit Among Smokers**
Burkhalter, John E., Sloan-Kettering Inst for Cancer Research
- **LGBT Internet Based Smoking Treatment**
Humfleet, Gary L., UCSF
- **Psychosocial Correlates of Smoking in College Students**
Massey, Catherine j., University of Pennsylvania Slippery Rock
- **Tobacco Industry Targeting of Gays and Lesbians**
Malone, Ruth E., UCSF
- **Sexuality, HIV/Drug in 3 Groups of Asian/Gay/Bi Men/MSM**
Wong, Frank y., Georgetown University
- There are a few studies looking at the effects of smoking and HIV/AIDS, smoking and immunosuppression – the focus is biomedical
- One study looking at AIDS and NRT cessation

V. Other Major Resources

American Legacy Foundation

Contact: Helen Lettlow, Assistant VP for Priority Populations
Address: 2030 M St., NW, 6th Floor, Washington, DC 20036
Phone: 202-454-5555
Fax: 202-454-5599

Web site: www.americanlegacy.org

Tobacco is not an equal-opportunity killer. Low-income Americans and members of racial, ethnic, and cultural minority groups bear the greatest burden of smoking-related death and disease. Americans below the poverty line are more than 40 percent more likely to smoke than others. A disproportionate number of the poor in this country are also minorities. Poor Americans, regardless of race or ethnicity have less access to smoking cessation and other health services. The high smoking rates among the most vulnerable sectors of our society is not a coincidence. It's because the tobacco industry aggressively targets these populations with heavy advertising and community outreach. Because these populations are the target of the tobacco industry, they are a priority for the foundation in terms of outreach and education. That's why the Priority Populations program was created and is unique among those organizations that focus on tobacco control. The Priority Populations programs focus on six underserved communities where tobacco has had a disproportionate negative impact:

- African American
- Asian American/Pacific Islander
- Hispanic/Latino
- Native American/Alaska Native
- Lesbian, Gay, Bisexual and Transgender (LGBT)
- Low socio-economic status, regardless of race

Helping those who have the fewest resources to fight the scourge of tobacco is more than a public health issue — it's a matter of social justice.

American Legacy Foundation-funded Projects:

- Fenway Institute, LGBT Incubation Project
- Home for Little Wanderers, Tobacco Education for Gay and Lesbian Youth (TEGLY)
- Lesbian & Gay Center, LGBT Center SmokeFree Project
- Whitman-Walker Clinic, Inc., Take Charge! Project
- Billy DeFrank Lesbian and Gay Community Center, Tobacco Awareness Program
- Bronx Lesbian and Gay Health Resource Consortium, Queer and Healthy in the Bronx
- Howard Brown Health Center, The Queer-Tobacco Elimination and Control Collaborative (Q-TECC)
- Mautner Project for Lesbians with Cancer, Nationwide Lesbian-Focused Anti-Smoking Media/Countermarketing Campaign
- National Youth Advocacy Coalition Tobacco control and prevention initiative targeting lesbian, gay, bisexual and transgender (LGBT) youth
- Sexual Minority Youth Assistance League (SMYAL), Capacity Building for LGBT Smoking Prevention and Cessation Program

Tobacco Technical Assistance Consortium (TTAC)

Phone: 404-712-8474

Web site: www.ttac.org

- Web site:
 - *National LGBT Communities Tobacco Action Plan*
 - *Subscribe to TTAC Exchange*
- *LGBT Populations and Tobacco CD*
 - How the industry targets LGBT populations;
 - Reasons behind LGBT vulnerability to tobacco marketing messages; and
 - Strategies and a call to action for tobacco control professionals to work to decrease tobacco use prevalence among LGBT people.
- *Basics of Tobacco Control CD-ROM: Orientation to data and program planning for comprehensive tobacco control*
- Both CD-ROMs free by request to ttac@sph.emory.edu

VI. Publications

Best Practices for Comprehensive Tobacco Control Programs, CDC, 1999.

This report gives best practice outlines for comprehensive tobacco control programs. The information is generally geared towards states, emphasizing a combination of system level interventions and outlining the budget line items associated with each. It does an excellent job of reviewing many different tobacco control activities in one document (i.e., school programs, enforcement activities, etc.).

View this document at: <http://www.cdc.gov/tobacco/bestprac.htm>

Clinical Practice Guideline: Treating Tobacco Use and Dependence. US Dept of Health and Human Services, Public Health Service, June 2000.

DHHS commissioned the most comprehensive review of anti-smoking research to date to create the clinical practice guidelines. You can read the full 32-page report or view a summary in the Journal of the American Medical Association, June 28, 2000.

Office of the US Surgeon General. Women and Smoking—A report of the Surgeon General—2001. Centers for Disease Control and Prevention (CDC), Office on Smoking and Health. This document is available at http://www.cdc.gov/tobacco/sgr/sgr_forwomen/index.htm

Reducing Tobacco Use: A Report of the Surgeon General. US Department of Health and Human Services, CDC, NCCDPH, Office on Smoking and Health, 2000. This extensive document includes chapters on history, education strategies, nicotine management, regulatory efforts, economic approaches and comprehensive programs. The report can be accessed at http://www.cdc.gov/tobacco/sgr/sgr_2000/

VIII. REFERENCES

- ¹ Ryan, H., Wortley, P.M., Easton, A., Pederson, L., & Greenwood, G. (2001). Smoking among lesbians, gays, and bisexuals: A review of the literature. *American Journal of Preventive Medicine*, 21(2):142-9.
- ² Feldman, J.L., Bockting, W. Smoking Cessation Among Persons Receiving Transgender Hormone Therapy, presented at the Harry Benjamin International Symposium on Gender Dysphoria, Gent, Belgium, September 10-13, 2003.
- ³ Last Drag: a tobacco-free smoking cessation treatment program based on American Lung Association "Freedom from Smoking." <http://www.lastdrag.org>.
- ⁴ Out and Free Intervention Program.
- ⁵ The Lesbian, Gay, Bisexual, and Transgender (LGBT) Tobacco Prevention and Control Project, administered by [The Center Orange County](#) on behalf of the National Association of Lesbian, Gay, Bisexual and Transgender Community Centers (NALGBTCC). <http://www.lgbtcenters.org/tobacco.htm>.
- ⁶ National Association of Lesbian, Gay, Bisexual and Transgender Community Centers Tobacco Control Program Final Report, October 2003. <http://www.lgbtcenters.org/documents/tobaccofinalreport.pdf>.
- ⁷ Gay American Smoke Out. <http://www.gaysmokeout.net/>.
- ⁸ American Cancer Society's Great American Smokeout, http://www.cancer.org/docroot/PED/ped_10_4.asp.
- ⁹ iQuit, a free Internet Quit Site for Lesbian, Gay, Bisexual and Transgender (LGBT) Smokers <https://www.iquit.medschool.ucsf.edu/>.
- ¹⁰ U.S. Department of Health and Human Services Public Health Service. (2000). Treating Tobacco Use and Dependence, Clinical Practice Guideline. Rockville, MD.
- ¹¹ American Legacy Foundation. (2001). Final Report for the Gay, Lesbian, Bisexual and Transgender Forum. Washington, DC.
- ¹² Gay and Lesbian Medical Association and LGBT health experts. (2001). Healthy People 2010 Companion Document for Lesbian, Gay, Bisexual, and Transgender (LGBT) Health. San Francisco, CA: Gay and Lesbian Medical Association, 358-69.
- ¹³ National Association of LGBT Community Centers. Tobacco Program Final Report, 2003.
- ¹⁴ Ryan, H., Wortley, P.M., Easton, A., Pederson, L., & Greenwood, G. (2001). Smoking among lesbians, gays, and bisexuals: A review of the literature. *American Journal of Preventive Medicine* 21(2):142-9.
- ¹⁵ Goebel, K. (1994). Lesbians and gays face tobacco targeting. *Tobacco Control*. 3:65-67.
- ¹⁶ Tobacco Technical Assistance Consortium, LGBT Populations and Tobacco. Atlanta, GA, 2003. <http://www.ttac.org/products/index.html>
- ¹⁷ Project Sub Culture Urban Marketing (SCUM) www.projectsbum.org.

-
- ¹⁸ Drabble, L. (2001). Ethical Funding, The Ethics of Tobacco, Alcohol, and Pharmaceutical Funding: A Practical Guide for LGBT Organizations. Coalition of Lavender Americans on Smoking and Health and Progressive Research and Training for Action.
- ¹⁹ Stall, R.D.; Greenwood, G.L.; Acree, M.; Paul, J.; Coates, T.J. (1999). Cigarette smoking among gay and bisexual men. *American Journal of Public Health* 89(12), 1875-8.
- ²⁰ Diamant, A.L.; Wold, C.; Spritzer, k.; et al. (2000) Health behaviors, health status, and access to and use of health care: a population-based study of lesbian, bisexual, and heterosexual women. *Archives of Family Medicine* 9:1043-1051.
- ²¹ Launoy, G.; Milan, C.H.; Faivre, J., et al. (1997). Alcohol, tobacco and esophageal: Effects of the duration of consumption, mean intake and current and former consumption. *British Journal of Cancer* 75:1389-1396.
- ²² Thomas, D.B. (1995). Alcohol as a cause of cancer. *Environmental Health Perspectives* 103:S153-S160.
- ²³ Gay and Lesbian Medical Association and LGBT health experts. (2001). Healthy People 2010 Companion Document for Lesbian, Gay, Bisexual, and Transgender (LGBT) Health. San Francisco, CA: Gay and Lesbian Medical Association:359.
- ²⁴ Lenz, BK (2004). Tobacco, depression, and lifestyle choices in the pivotal early college years. *J Am Coll Health* 52(5):213-9.
- ²⁵ Patkar AA, Vergare MJ, Batra V, Weinstein SP, Leone FT. (2003). Tobacco smoking: current concepts in etiology and treatment. *Psychiatry* 66(3):183-99.
- ²⁶ Ziedonis D, Williams JM, Smelson D. (2003). Serious mental illness and tobacco addiction: a model program to address this common but neglected issue. *Am J Med Sci.* 326(4):223-30.
- ²⁷ Clary GL, Palmer SM, Doraiswamy PM. (2002). Mood disorders and chronic obstructive pulmonary disease: current research and future needs. *Curr Psychiatry Rep* 4(3):213-21.
- ²⁸ Degenhardt L, Hall W. (2001). The relationship between tobacco use, substance-use disorders and mental health: results from the National Survey of Mental Health and Well-being. *Nicotine Tob Res* Aug;3(3):225-34.
- ²⁹ Lasser K, Boyd JW, Woolhandler S, Himmelstein DU, McCormick D, Bor DH. (2000). Smoking and mental illness: A population-based prevalence study. *JAMA* 284(20):2606-10.
- ³⁰ Gay and Lesbian Medical Association and LGBT health experts. (2001). Healthy People 2010 Companion Document for Lesbian, Gay, Bisexual, and Transgender (LGBT) Health. San Francisco, CA: Gay and Lesbian Medical Association:358-69.
- ³¹ Bradford, B., Ryan, C. (1988). *The National Lesbian Health Care Survey*. National Lesbian and Gay Health Foundation, Washington, DC: 76-85.
- ³² Rankow, E. (1995). Breast and cervical cancer among lesbians. *Women's Health Issues* 5(3):123-129.
- ³³ Human Rights Campaign Web site. Washington, D.C., 2003. www.hrc.org.
- ³⁴ HHS. (1986). *The Health Consequences of Involuntary Smoking. A Report of the Surgeon General*. Rockville, MD: HHS, Public Health Service, CDC, Center for Health Promotion and Education, Office on Smoking and Health.

-
- ³⁵ U.S. Environmental Protection Agency (EPA). (1992). *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders*. EPA Pub. No. EPA/600/690/006F. Washington, DC: U.S. Environmental Protection Agency.
- ³⁶ California Environmental Protection Agency. (1997). *Health Effects of Exposure to Environmental Tobacco Smoke*. Final Report. Sacramento, CA: California Environmental Protection Agency, Office of Environmental Health Hazard Assessment.
- ³⁷ Craib, K.J.; Schechter, M.T.; Montaner, J.S.; et al. (1992). The effect of cigarette smoking on lymphocyte subsets and progression to AIDS in a cohort of homosexual men. *Clinical and Investigative Medicine* 15(4):301-308.
- ³⁸ Burns, D.N.; Kramer, A.; Yellin, F.; Fuchs, D.; Wachter, H.; DiGiola, R.A.; Sanchez, W.C.; Grossman, R.J.; Gordin, F.M.; and Biggar, R.J. (1991). Cigarette smoking: A modifier of human immunodeficiency virus type-1 infection. *Journal of Acquired Immune Deficiency Syndrome* 4(1):76-83.
- ³⁹ Gay and Lesbian Medical Association and LGBT health experts. (2001). *Healthy People 2010 Companion Document for Lesbian, Gay, Bisexual, and Transgender (LGBT) Health*. San Francisco, CA: Gay and Lesbian Medical Association:359.
- ⁴⁰ Boulter, A.W.; Soltanpoor, N.; Swan, A.V.; et al. (1996). Risk factors associated with Epstein-Barr virus replication in oral epithelial cells of HIV-infected individuals. *AIDS* 10(9):935-940.
- ⁴¹ Conley, L.J.; Bush, T.J.; Buchbinder, S.P., et al. (1996). The association between cigarette smoking and selected HIV-related medical conditions. *AIDS* 10:1121-1126.
- ⁴² Galai, H.; Park, L.P.; Wesch, J., et al. (1997). Effect of smoking on the clinical progression of HIV-1 infection. *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology* 14:451-458.
- ⁴³ Greenspan, J.S.; Barr, C.E.; Sciubba, J.J.; and Winkler, J.R. (1992). Oral manifestations of HIV infection. Definitions, diagnostic criteria, and principles of therapy. The USA Oral AIDS Collaborative Group. *Oral Surgery, Oral Medicine, and Oral Pathology* 73(2):142-144.
- ⁴⁴ Hirschtick, R.E.; Glassroth, J.; Jordan, M.C.; et al. (1995). Bacterial pneumonia in persons infected with the human immunodeficiency virus. Pulmonary complications of HIV Infection Study Group. See comments. *New England Journal of Medicine* 333(13):845-851.
- ⁴⁵ Palacio, H.; Hilton, J.F.; Canchola, A.J.; and Greenspan, D. (1997). Effect of cigarette smoking on HIV-related oral lesions. *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology* 14:338-342.
- ⁴⁶ Reardon, C.C.; Kim, S.J.; Wagner, R.P.; et al. (1996). Phagocytosis and growth inhibition of *Cryptococcus neoformans* by human alveolar macrophages: Effects of HIV-1 infection. *AIDS* 10(6):613-618.
- ⁴⁷ Syrjanen, S.; Valle, S.L.; Antonen, J., et al. (1988). Oral candidal infection as a sign of HIV infection in homosexual men. *Oral Surgery, Oral Medicine and Oral Pathology* 65:36-40.
- ⁴⁸ Neisen, J. (1993). Healing from cultural victimization: Recovery from shame due to heterosexism. *Journal of Gay and Lesbian Psychotherapy* 2(1):49-63.
- ⁴⁹ Centers for Disease Control and Prevention. (1998). *Tobacco Use Among U.S. Racial/Ethnic Minority Groups—African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General*. Atlanta, GA.

-
- ⁵⁰ National Association of LGBT Community Centers. Tobacco Program Final Report, 2003.
- ⁵¹ Gruskin, E.P., Hart, S., Gordon, N., & Ackerson, L. (2001). Patterns of cigarette smoking and alcohol use among lesbians and bisexual women enrolled in a large health maintenance organization. *American Journal of Public Health* 91(6).
- ⁵² Stall, R.D.; Greenwood, G.L.; Acree, M.; Paul, J.; Coates, T.J. (1999). Cigarette smoking among gay and bisexual men. *American Journal of Public Health* 89(12), 1875-8.
- ⁵³ Gay and Lesbian Medical Association and LGBT health experts. (2001). Healthy People 2010 Companion Document for Lesbian, Gay, Bisexual, and Transgender (LGBT) Health. San Francisco, CA: Gay and Lesbian Medical Association:354.
- ⁵⁴ Hughes, T.L. and Jacobson, K.M. (2003). Sexual orientation and women's smoking. *Current Women's Health Reports* 3:254-261.
- ⁵⁵ Goebel, K. (1994). Lesbians and gays face tobacco targeting. *Tobacco Control* 3:65-67.
- ⁵⁶ Harris Interactive/Witeck-Combs poll, 2001.
- ⁵⁷ CLASH, Smoking and the LGBT Community. Brochure, 2004.
- ⁵⁸ American Lung Association, www.lungusa.org.
- ⁵⁹ Doll, R.; Peto, R.; et. al; *British Medical Journal*, Volume 309, 8 Oct 1994.
- ⁶⁰ The Health Benefits of Smoking Cessation, 1990 Surgeon General Report.
- ⁶¹ CDC. (2004). *Cigarette Smoking Among Adults in the United States, 2002*. MMWR Highlights May 28, 2004; Vol. 53; No. 19.
- ⁶² U.S. Department of Health and Human Services Public Health Service. (2000). Treating Tobacco Use and Dependence, Clinical Practice Guideline. Rockville, MD.
- ⁶³ *JAMA*, June 7, 1995. p.1657.
- ⁶⁴ iQuit, a free Internet Quit Site for Lesbian, Gay, Bisexual and Transgender (LGBT) Smokers. <https://www.iquit.medschool.ucsf.edu/>.
- ⁶⁵ U.S. Department of Health and Human Services Public Health Service. (1994). *Preventing Tobacco Use Among Youth People: A Report of the Surgeon General*. Atlanta, GA: HHS, Public Health Service, CDC, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
- ⁶⁶ U.S. Department of Health and Human Services Public Health Service. (2000). Treating Tobacco Use and Dependence, Clinical Practice Guideline. Rockville, MD.
- ⁶⁷ Drabble, L. (2001). Ethical Funding, The Ethics of Tobacco, Alcohol, and Pharmaceutical Funding: A Practical Guide for LGBT Organizations. Coalition of Lavender Americans on Smoking and Health and Progressive Research and Training for Action.

