TOBACCO CONTROL IN LGBT COMMUNITIES
ACKNOWLEDGEMENTS

We acknowledge and thank the four grantees whose tobacco control projects are featured in this publication. We are grateful to them for providing information about their initiatives and reviewing manuscript drafts. Kabi Pokhrel and Julie Caine are the primary architects and authors of this publication. We also acknowledge and thank Dr. Scout, network director at the Network for LGBT Health Equity and William Furmanski, senior vice president for collaboration and outreach at Legacy, for reviewing and providing valuable input for this report. Legacy staff colleagues Amber Bullock, Laura Hamasaka, Katherine Wilson, and members of Legacy’s research team contributed to this publication and also served as reviewers.

LEGACY

Legacy is a national non-profit dedicated to helping people live longer, healthier lives through tobacco prevention and cessation. Legacy was created as a result of the November 1998 Master Settlement Agreement reached among attorneys general from 46 states, five U.S. territories, and the tobacco industry. Located in Washington, D.C., Legacy develops programs that address the health effects of tobacco use—with a focus on vulnerable populations disproportionately affected by the toll of tobacco—through technical assistance and training, partnerships, youth activism, and counter-marketing and grassroots marketing campaigns.

LEGACY’S PROGRAMS INCLUDE:

Most smokers want to quit, but they don’t know how. Because smoking is an addiction, it can take a comprehensive plan to overcome it. That’s why Legacy developed EX®, an evidence-based cessation plan that helps smokers “re-learn life without cigarettes.” The centerpiece of EX is BecomeAnEX.org, a free website that prepares smokers for a quit attempt by helping them overcome their smoking triggers, find a medication and enlist support from their friends and families. The site also features a thriving online community filled with thousands of people sharing advice and encouragement.

Results in peer-reviewed publications demonstrate that exposure to EX TV ads is associated with an increase in cessation-related attitudes and beliefs, as well as a 24% increase in quit attempts. Research also shows that the more times people come to BecomeAnEX.org, the more likely they are to quit smoking.

To learn more about EX, visit BecomeAnEX.org.

The vast majority of adult smokers start before they turn age 18. Legacy’s truth® youth smoking prevention campaign was designed to counter that. Developed from extensive formative research with young people, truth exposes teens and young adults to facts and information about the health and social consequences of tobacco use and the tobacco industry’s marketing practices, so that they can make informed decisions about the use of tobacco products. For more than ten years, the campaign has been engaging young people through new and traditional media channels and grassroots outreach. And it’s had a direct impact on the nation’s health.

In its first four years alone, truth is estimated to have prevented 450,000 youth from using tobacco. A cost-effectiveness study found that the campaign not only paid for itself in its first two years but also saved between $1.9 and $5.4 billion in medical care costs to society. And truth has been lauded by leading federal and state public health officials, the U.S. Department of Health and Human Services and former President George H.W. Bush.

To see what truth is all about, visit thetruth.com.

For more information about Legacy, please visit www.legacyforhealth.org.
Legacy’s mission is to build a world where young people reject tobacco and anyone can quit. To further this mission, Legacy has engaged in a comprehensive dissemination effort to share lessons learned from the replicable, sustainable tobacco control projects that were implemented across the nation with the assistance of past Legacy funding. In response to the recent financial downturn and to maximize the impact of limited funds, Legacy has shifted its efforts to focus mostly on population-based strategies and suspended its competitive grant-making programs. Legacy no longer solicits or accepts competitive funding requests, and all existing grants will be phased out by 2012.

Tobacco Control in LGBT Communities is the twelfth publication in Legacy’s dissemination series. This publication calls attention to the issue of the high prevalence of tobacco use and nicotine dependence in the LGBT population in the United States and examines sociocultural facets of tobacco use and tobacco-related knowledge, attitudes, and behaviors in this population. It also includes four examples of promising projects implemented by Legacy’s past grantees to address the high prevalence of tobacco use and tobacco-related disparities in the LGBT population.
INTRODUCTION

Over the past 40 years, concerted public health campaigns and best-practice tobacco cessation strategies have increased public awareness about the dangers of tobacco, resulting in a substantial decline in tobacco use. Nevertheless, tobacco remains the leading cause of preventable death in the United States. More than 440,000 people die each year from tobacco-related illness and disease, and, despite decades of prevention and cessation policies and campaigns, 19.3% of adults in the general population still smoked cigarettes in 2010.1

Although nationally representative data is limited, state and local studies find that in lesbian, gay, bisexual, and transgender (LGBT) communities, tobacco use is high. Overall, LGBT adults may be 1.5 to 2.5 times more likely to smoke cigarettes than their heterosexual counterparts. An analysis of data from the 2009-2010 National Adult Tobacco Survey found that 32.8% of LGBT people smoke. Surveys conducted by seven states have found prevalence rates in LGBT populations ranging from 35.3% to 118.1% higher than those in the general population. Such a wide range of estimates exist because, as of 2012, no nationwide government-sponsored surveillance survey that measures tobacco use asks about sexual orientation.

One study found that lesbian and bisexual women are up to 2.0 times more likely to smoke than heterosexual women. In California, from 2003-2004 the prevalence rates for smoking by lesbians and women who have sex with women were 29% and 44% respectively, compared to 12% among all California women. Estimates of the smoking prevalence rate for gay men range from 24.4% to 31.5%, compared to 19% to 21.3% for their heterosexual counterparts.

Data on bisexual individuals are even more limited than those on lesbian and gay populations, and study results have been mixed. In some cases, studies have found higher rates of smoking among bisexual people than among lesbian, gay, or heterosexual populations. In other cases, however, researchers have found similar rates among different sexual minority groups, lower rates among bisexual individuals, or results that differ by gender when data from bisexual men and women are analyzed separately. Further research is needed to understand the variation in smoking prevalence among different LGBT sub-groups such as bisexual people.

Widespread tobacco use is not limited to LGBT adults, but is also found among LGBT youth and young adults. In California, 18-year-old lesbian women were found to be more than twice as likely and bisexual women were more than three times as likely as heterosexual women to have smoked cigarettes.

CHAPTER ONE: TOBACCO USE AND LGBT POPULATIONS

LGBT ADULTS MAY BE 1.5 - 2.5 TIMES MORE LIKELY TO SMOKE THAN THEIR HETEROSEXUAL COUNTERPARTS.
more than 100 cigarettes in their lives and to be current smokers.17 The same study found that 18-year-old gay men were 80% more likely to be current smokers than their heterosexual counterparts.18 Similarly, an analysis of the National Survey of Family Growth found that 15-24 year old women who identified as lesbian or bisexual were more than 3 times as likely as heterosexual women to be current cigarette smokers.19 Some research indicates that lesbian and bisexual girls may be at greater risk for smoking than gay and bisexual boys. A nationally representative study of young adults found that bisexual women and women who identified as gay were significantly more likely to smoke than heterosexual women, but did not find similar results among men.20

A small 2009 survey showed that of 275 LGBT young adults surveyed at New Mexico LGBT pride events, more than half were current smokers.21

RACE AND ETHNICITY also play a role in smoking prevalence among LGBT populations.22,23 A national survey of college students examined tobacco use among LGBT and heterosexual students by race/ethnicity, and found that, for all ethnic groups, LGBT students smoked cigarettes at significantly higher rates than their heterosexual counterparts.24 Similar disparities were found among African American lesbian women in a self-administered survey conducted in Chicago, Minneapolis/St. Paul, and New York City. Results from this survey found that African American lesbian women were more likely to smoke than either African American heterosexual women or white lesbians.25

Current data for transgender people are limited. According to a recent report by the American Lung Association, questions that would reliably identify transgender people on population-based surveys don’t widely exist.26 However, a recent national survey on transgender health showed a smoking prevalence rate of 30% among this population.27

The American Lung Association report, “Smoking Out a Deadly Threat: Tobacco Use in the LGBT Community,” states that although the data is limited, “enough information exists already to show that LGBT people should be treated as a priority population for tobacco control, similar to those racial and ethnic groups disproportionately affected by smoking.”28

LEGACY’S ROLE
As a leader in developing a more inclusive agenda in tobacco control among priority populations, Legacy has focused on LGBT communities for more than a decade—advocating for and supporting culturally tailored tobacco control programs aimed at specifically addressing tobacco-related health disparities facing these communities.

In November 2000, Legacy hosted a forum in Atlanta to gather direction and input for Legacy program initiatives designed to address the disparities in tobacco control for LGBT people. The Gay, Lesbian, Bisexual, Transgender Forum on Tobacco Control included a steering committee of 11 tobacco control experts from the LGBT community who helped develop the agenda, nominate participants, and develop presentations and breakout sessions. As a result, approximately 50 tobacco control experts, community advocates, representatives from state and local health programs, academics, and university-based researchers took part in the Atlanta forum.

Now, more than 10 years later, this report seeks to explore some of the reasons behind the continued disparities in tobacco use among LGBT people as compared with the general population, as well as highlight what a variety of organizations have done with Legacy support to address the needs of this priority population.

Given the leitmotiv of smoking as a health inequality in sexual minorities’ lives, local, state and federal tobacco programs should target lesbian, gay, bisexual, transgender (LGBT) populations in tobacco prevention and cessation interventions and include priority population indicators in the evaluation of program outcomes.


HIGH SMOKING RATES have serious health consequences for the LGBT community. Men in same-sex relationships are almost three times as likely as heterosexual men to have experienced an asthma attack in the past year, and women in same-sex relationships are more than two times as likely as heterosexual women to currently suffer from asthma.30 Additionally, there is a direct correlation between tobacco use and an increased prevalence of deadly, preventable diseases such as lung cancer and heart disease.31

Some of the primary issues identified at the forum included:

• A lack of tobacco-related research or services specifically for LGBT populations;

• A lack of LGBT representation in mainstream tobacco control efforts;

• A lack of recognition of the broad demographic diversity of LGBT communities;

• Targeted marketing of LGBT communities by tobacco companies;

• LGBT organizations’ reliance on tobacco company funding;

• Lack of knowledge among many in the LGBT community in recognizing tobacco as a serious public health threat;

• A lack of infrastructure and capacity among LGBT communities to address tobacco use; and

• A lack of any LGBT-organized network or structure to create coordinated and comprehensive tobacco control efforts.
Lesbian, gay, bisexual, and transgender (LGBT) individuals experience unique health disparities. Although the acronym LGBT is used as an umbrella term, and the health needs of this community are often grouped together, each of these letters represents a distinct population with its own health concerns. Furthermore, among lesbians, gay men, bisexual men and women, and transgender people, there are subpopulations based on race, ethnicity, socioeconomic status, geographic location, age, and other factors. Although a modest body of knowledge on LGBT health has been developed, these populations, stigmatized as sexual and gender minorities, have been the subject of relatively little health research.

PREVALENCE RATES AND DATA COLLECTION

Prevalence of tobacco use among LGBT people has not been adequately examined, in part because national and most state surveys do not include questions about sexual orientation and/or gender identity. Despite the standard demographic question is actually less sensitive than asking about income. A thorough analysis of the results from the New Mexico Adult Tobacco Surveys (ATS) for 2003 and 2006 and the BRFSS data for 2005-2008 demonstrates that a significantly higher percentage of people refused to answer a question about their household income than a question about their sexual orientation.

On surveys that do include questions about sexual orientation and tobacco use, sample sizes vary widely, adding to the difficulty in making a comprehensive national assessment of the prevalence of tobacco use and disease in LGBT populations.

Demographic data are essential to help paint a detailed picture of tobacco’s devastating effects. Such data allow clinicians, researchers, and public health officials to seek funding, to understand better who uses tobacco and why, and then to target specific segments of the population and tailor cessation strategies to best serve and meet their needs.

Arizona, California, Massachusetts, New Mexico, Oregon, Hawaii, and Washington have included sexual orientation questions in public health surveys.

STATES THAT INCLUDE SEXUAL ORIENTATION SURVEY QUESTIONS

More research on tobacco prevalence in the LGBT community is needed and warranted. While the existing data show a staggering problem, small sample sizes and a lack of consistent randomized selection of participants limit the utility of these data by public health organizations, funders, and policy and decision makers. In addition, local and national surveillance data are critical to develop programs to address tobacco-related disparities. According to the National LGBT Tobacco Control Network, “Despite availability of some full probability data, local interventions are most often driven by local data, thus adding an LG or LGBT question to local and national tobacco surveillance surveys is the first step towards providing local interventions for this disproportionately affected population.”

In addition, a better understanding is needed of the impact of this high prevalence of tobacco use, not only on the morbidity and mortality of LGBT communities as a whole, but also among the many subgroups that make up this diverse population.

BEHIND THE NUMBERS: TOBACCO AND LGBT COMMUNITIES

Although more research remains to be done, it seems that LGBT communities as a whole use tobacco at much higher rates than the general population. But what accounts for these marked differences in prevalence rates? The following sections explore some of the social, environmental, and industry-related issues that may be behind the statistics.

A clear understanding of disparities in smoking risks among lesbians and gay men will be made possible only as sexual identity demographic variables are routinely included in health surveillance surveys.


Social Stigma and Smoking

Although great strides have been made in recent years, discrimination and stigma based on sexual orientation and gender identity are still strong elements in our society. The Institute of Medicine of the National Academy of Sciences states that “Sexual and gender minorities are subjected to chronic stress as a result of their stigmatization as a minority group...The shared and common experience of stigma and the influences and impact of minority stress should be considered as central to LGBT health...”

These social stresses happen on a variety of levels, including rejection from family and friends, violent censure, emotional abuse, and harassment among peers and from society at large. Anti-LGBT messages come both from the most intimate confines of home as well as from the top tiers of government and national institutions.

Well-publicized campaigns against same-sex marriage and institutionalized policies such as the Defense of Marriage Act and the recently repealed “Don’t Ask, Don’t Tell” policy in the U.S. military sent strong societal messages that being an LGBT person is at worst unacceptable, and at best something to be kept secret.

Such stresses are a part of daily life for many LGBT people, and are considered to be one of the leading causes of smoking in this population. Smoking can also be a way to fit in, something especially important for LGBT youth responding to the pressures of discovering their identities and coming out for the first time.

The use of substances to alleviate stress is widespread. Some research indicates that discrimination, violence, and other stressors endemic to the early lives of many LGBT people may exacerbate sensation seeking behaviors that can contribute to substance use, including tobacco.

SOCIAL DETERMINANTS AFFECTING THE HEALTH OF LGBT INDIVIDUALS LARGELY RELATE TO OPPRESSION AND DISCRIMINATION.

Examples include:

- Legal discrimination in access to health insurance, employment, housing, marriage, adoption, and retirement benefits;
- A lack of legal protection against bullying in schools;
- A lack of social programs targeted to and/or appropriate for LGBT youth, adults, and elders; and
- A shortage of health care providers who are knowledgeable and culturally competent in LGBT health.

Source: HealthyPeople.gov, “Lesbian, Gay, Bisexual, and Transgender Health.”

Bar and Club Culture

Bars and clubs have traditionally been one of the few spaces in which LGBT people have felt safe to meet and socialize openly. Smoking can also be a way to fit in, something especially important for LGBT youth responding to the pressures of discovering their identities and coming out for the first time.

Along with high prevalence rates for tobacco use comes an increased risk for lung cancer and chronic obstructive pulmonary disease among LGBT populations. A 2001 study using data from several lesbian health surveys around the country pointed to a higher prevalence of certain breast cancer risk factors for lesbian women as compared to heterosexual women.

Access to health insurance within LGBT communities is also compromised. The Center for American Progress calculates that seventy-seven percent of LGBT adults have health insurance, as compared to eighty-two percent of heterosexual adults.

Health Care Disparities

In addition to higher rates of tobacco use, LGBT populations also suffer from a variety of health care disparities. Discrimination, social stigma, trauma, and violence continue to play a role in high rates of substance use, psychiatric disorders, and suicide among LGBT populations.

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Tobacco industry targeting

Beginning in the early 1990s, the LGBT community began to build a more visible presence and stronger political voice in the United States. In tandem with this emerging social and political acceptance, corporations began to recognize the LGBT community as a viable consumer market.

In 1992, a memo to Phillip Morris executives explained, “We see the gay community as an area of opportunity for the brand and believe its members deserve to be spoken to personally, in their own environment (similar to the way we are using Black, Hispanic, and female publications on the media schedule)... Philip Morris would be one of the first (if not the first) tobacco advertiser in the category and would thus ‘own the market’ and achieve exclusivity.”

Tobacco companies, well aware of the high smoking rates among LGBT people, were among the first to develop marketing campaigns to exploit this new market, including lesbian and gay youth. As one tobacco company document explains, “A large percentage of Gays and Lesbians are smokers. In order to grow the Benson & Hedges brand, it is imperative to identify markets with growth potential...Gays and Lesbians are good prospects for the Benson & Hedges brand.”

Targeted marketing campaigns promote specific cigarette brands to LGBT populations through outdoor advertising, ads in the LGBT press, nightclub and bar promotions, and through tobacco industry support of LGBT organizations and events.

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Identities defined through consumption can encourage communities to accept corporate presence even when it promotes products, such as tobacco, that are inimical to health.

The most notorious of these targeted campaigns was called Project SCUM (Sub-Culture Urban Marketing), an R.J. Reynolds marketing strategy aimed at gay men and homeless people in San Francisco.

Normalizing Smoking

Surveys of tobacco-related content in the LGBT press show that these marketing campaigns go well beyond advertising and corporate sponsorship.

A 2005 study showed that while cigarette advertising in the LGBT media was widespread, tobacco was more commonly shown in ads for other products and services, such as fashion, entertainment, sex, and rehab programs.

A 2006 survey of this type of noncommercial tobacco content in the LGBT press found that, although written content was often critical of tobacco, only 1.4% of the images showing smoking made no mention of tobacco whatsoever in the accompanying text. In addition, close to two-thirds of the images “associated celebrities with tobacco or smoking.”

“Thus, any positive or neutral depiction of smoking, advertising or editorial, paid or unpaid, becomes a reminder, a normalizer, and a subtle advertisement for smoking.”

Co-opting the Community

Targeting members of underrepresented communities due to their growing identity as a consumer market is not a new strategy for

In addition to providing better access to evidence-based cessation services, comprehensive and population-based preventive measures are warranted to address the fundamental causes of tobacco-related disparities facing LGBT communities. These preventive measures should include:

• Educating all segments of our society regarding sexual orientations and gender diversity to shift our social and cultural norms and behaviors toward LGBT communities;
• Raising awareness in LGBT communities about the health effects of tobacco use and the tobacco industry’s marketing strategies through culturally tailored media campaigns; and
• Enforcing tobacco-free environments, particularly in restaurants and bars and at LGBT-oriented community events.

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The head of an LGBT historical society said that “people should have in the American system of checks and balances and freedom, the ability to name their own poisons.” In this view, tobacco use was an issue of almost patriotic stature, a matter of rights and freedom rather than a community health problem of addiction and disease.

The tobacco industry. Marketing strategies aimed at the LGBT community parallel similar tobacco industry campaigns designed to capture the African American market.

In addition, the tobacco industry created an image that it was friendly and loyal to the LGBT community. Marketing strategies aimed at a positive light.

In a focus group conducted in 2003-2004 with LGBT people in North Carolina, Texas, New York, and California, a substantial portion of responses to tobacco company marketing efforts was positive. Tobacco companies were characterized as “pioneers” who stood in solidarity with a stigmatized community. Industry targeting was seen as a path to social acceptance, inclusion, and marketplace equality, as well as a welcome source of much-needed funds and support.

The tobacco industry started hiring openly gay and lesbian employees in the 1990s, cementing the perception within the LGBT community that the industry was progressive and part of the movement.

Overall, tobacco wasn’t considered to be an issue of importance to the LGBT community, in part based on a perception that tobacco use was on the decline overall, as well as the fact that tobacco use and cessation was not a priority for the LGBT community compared to other health concerns and therefore not as important for the limited resources of LGBT organizations.

A survey of leaders of 74 American LGBT organizations and publications conducted between September 2002 and July 2004 showed that only 24% of LGBT organizations considered tobacco to be an issue of high importance for the community.

In fact, for many in the LGBT community, being targeted by the tobacco industry is actually seen as a positive light.

WHAT NEEDS TO BE DONE?

Legacy recommends the following actions on the part of public health and tobacco control organizations to address tobacco-related disparities in LGBT communities:

• Engage directly with the LGBT community to offer cessation and prevention services that are culturally competent.
• Include questions on sexual orientation and gender identity in population-based studies and surveys of health status.
• Develop better and more standardized questions about sexual orientation and gender identity so a better picture of LGBT populations can be drawn.
• Conduct longitudinal cohort studies, which follow participants over long periods of time.
• Include, at all levels, LGBT people in mainstream tobacco control efforts.
• Develop tobacco control media campaigns targeting LGBT communities.
• Help LGBT communities and organizations find alternatives to tobacco industry funding.
• Include LGBT youth in all levels of tobacco control efforts.
• Ensure that the leadership of LGBT tobacco control efforts represents all LGBT communities, including traditionally disenfranchised segments such as transgender people, lesbian and bisexual women, people of color, LGBT youth, and LGBT people of lower socioeconomic status.

That funding is important: In a survey of LGBT leaders across the country, more than one-fifth of the organizations surveyed had accepted tobacco industry funding.

Using tobacco was seen by these leaders as a matter of individual choice, a concept deeply embedded in the LGBT community.

*Therefore, they may regard dealing with tobacco as a matter of making judgments about their peers, rather than confronting an external source of harm to the community.*

At a minimum, it is important that those involved in national, state, and local tobacco control efforts work in partnership with the LGB population to take full advantage of current best practice models of tobacco control, including multilevel efforts designed to reduce tobacco-related morbidity and mortality.


The National Network for LGBT Tobacco Control at the Fenway Institute has developed a resource called “Promising Practices for Comprehensive Tobacco Control Programs: Identifying and Eliminating LGBT Disparities,” which explores ways to develop and implement culturally competent programs to address tobacco use in LGBT communities. The report is available at:


Also from the Network for LGBT Health Equity at the Fenway Institute (The Network), the white paper, “LGBT Cultural Competency in Funding,” identifies key strategies for implementing culturally tailored funding to address the health inequities facing this population. The white paper is available at:

lgbttobacco.org/files/LGBTCulturalCompetencyInFundingWhitePaper.pdf

The Network has also published “MPowered: Best and Promising Practices for LGBT Tobacco Prevention and Control” as a resource on best and promising tobacco control strategies for LGBT communities. This publication is available at:

lgbthealthequity.org/system/resources/.../MPowered_081312.pdf
CHAPTER TWO: CASE STUDIES

DESCRIPTION OF GRANTEES

As part of Legacy’s ongoing commitment to addressing disparities in tobacco use in LGBT communities, this report highlights the work done by the following Legacy-funded projects:

1: LEAVE NO FUNDS BEHIND

Bridging the Gap Between LGBT Organizations and Tobacco Control Funding: A project of the Network for LGBT Health Equity to create a national database and toolkits and provide technical assistance and training in order to establish a bridge between LGBT organizations and tobacco control funders.

2: DELICIOUS LESBIAN KISSES

A Social Marketing Campaign With Staying Power: A campaign by Mautner Project: The National Lesbian Health Organization designed to address tobacco disparities among lesbian women over the age of 40.

3: CRUSH

The LGBT Lifestyle Project: An experiential marketing campaign by the Southern Nevada Health District Tobacco Control Program designed to address tobacco disparities among LGBT populations in Las Vegas, Nevada.

4: 30 SECONDS

Helping Health Care Providers Reach LGBT Tobacco Users: A Continuing Medical Education course designed by the Gay and Lesbian Medical Association to educate health care providers on providing culturally tailored Brief Tobacco Interventions to LGBT patients.
CASE STUDY ONE: LEAVE NO FUNDS BEHIND
BRIDGING THE GAP BETWEEN LGBT ORGANIZATIONS AND TOBACCO CONTROL FUNDING

PROJECT OVERVIEW

The Network for LGBT Health Equity (The Network) is a central resource for data and information regarding disparities in LGBT tobacco use and cessation. Its mission is to serve as a liaison between local, regional, and national LGBT organizations and researchers, policy makers, public health officials, state tobacco control agencies, and foundations.

“We keep our fingers on the pulse of the LGBT community, and on the pulse of state tobacco control funders,” said Scout, Ph.D., director of the Network.

“The point is to link everybody up and share information so that when community organizations want to expand or build new programs, they know what to do, what the best practices are, and where the funding opportunities exist.”

But, Scout said, linking up LGBT organizations and tobacco control funders was more difficult than it seemed. Although LGBT people may use tobacco at disproportionately higher rates than the general population, Scout said there was a lack of understanding within the LGBT community about the level of disparity, and therefore funding opportunities to combat the problem simply were not on the radar of many LGBT community organizations. As a result, even when tobacco control agencies and foundations wanted to fund cessation projects, they were not receiving proposals, and funds went unclaimed.

“We’d be at big tobacco control conferences where all the states would get together and they’d tell us that they tried to include LGBT populations in calls for proposals, but either no one applied, or the applications they did receive were either not appropriate or fundable,” said Scout. “Money was being left on the table, and meanwhile we had this hugely disproportionate smoking rate and a clear lack of activity in many parts of the country to do any organizing to counter it. Because of this disconnect, we identified it as one of the top priorities that we really needed to address in the LGBT community.”

THE NETWORK WORKED WITH LEGACY to create a project called “Leave No Funds Behind,” a multi-layered initiative aimed at increasing access to available funding for LGBT tobacco disparities programs.

ENGAGING THE COMMUNITY

The first step in the Leave No Funds Behind project was to identify LGBT community leaders and better understand the barriers standing in the way of engaging in tobacco cessation work.

We spend half our time begging state funders to include LGBT people in their funding opportunities. We spend the other half of our time begging LGBT organizations to include tobacco control in their missions.

—Scout, director, Network for LGBT Health Equity

To do this, the Network designed a qualitative survey, interviewing 49 LGBT community leaders in Massachusetts; Iowa; West Virginia; and Washington, D.C. Scout said the locations were chosen because the Network determined that these were areas where tobacco control funding was becoming available in the near future. They were also chosen to represent a diversity of responses from both urban and rural communities, as well as from states like Massachusetts, which has a highly organized LGBT community, and Washington, D.C., which has a highly organized LGBT community.

The survey focused on leaders of LGBT health organizations in addition to a wide variety of community-based organizations, including legal/political, HIV/AIDS, youth, educational, and domestic violence groups. Vanessa Oddo, the project coordinator, said it made sense to include organizations in the survey other than those whose primary mission was health care because the Network wanted to engage as many community leaders as possible.

“A lot of LGBT organizations are run by people who are really great community organizers,” Oddo said, “but their educational background isn’t usually public health.”

Amari Pearson-Fields, a grant writer and consultant, worked with the Network to design the survey questions and conduct interviews with community leaders.

QUESTIONS INCLUDED WHETHER the organizations currently had any kind of tobacco control projects, or had plans to do so in the future. Pearson-Fields also asked if organizations knew about tobacco funding, and if they would want to apply. She discussed the barriers to applying, and how the Network could help overcome those barriers. She also gauged their interest in both in-person and web-based training sessions.

PROJECT GOALS

• Identify and prepare LGBT leadership to engage in tobacco control work.
• Educate tobacco control funders in effective strategies to reach LGBT organizations.
• Act as a liaison between LGBT organizations and tobacco control funders.
• Create a sustainable clearinghouse of training materials, toolkits, RFPs (Requests for Proposals), and deadlines for LGBT tobacco control funding.
Finally, she asked for their perspective on the central health issues confronting the LGBT community. “Tobacco wasn’t even in the top three,” said Pearson-Fields, who noted in her report on the survey results that LGBT leaders ranked HIV/AIDS, substance abuse, and mental health as the top health issues facing their communities.

The survey also showed that many LGBT leaders believed that smoking was a right, and that tobacco control was both not a priority for many organizations and not something that fit well into their overall missions.

**TRAINING AND TECHNICAL ASSISTANCE**

The results from the leadership survey helped guide the Network in shaping and culturally tailoring the Leave No Funds Behind project, and in designing toolkits and online training resources for LGBT organizations with the following objectives:

- Educate LGBT organizations about tobacco use as a health disparity for LGBT people;
- Frame tobacco control as a social justice issue; and
- Give examples of how tobacco control can fit into a variety of LGBT organizational missions.

In addition, Pearson-Fields recommended a strategy of enhanced communication and outreach between funders and community-based organizations to ensure that funding opportunities and deadlines would not be missed.

Just knowing about funding opportunities was not enough, however—the survey results also showed that many LGBT organizations often had little or no experience with grant writing or tobacco control programming.

The Network decided to offer technical assistance and training to LGBT organizations to increase the likelihood both of successful grant applications and successful tobacco control programs.

They created an online training series that covered funding opportunities in LGBT tobacco control, the basics of grant writing, real-life examples of tobacco control at LGBT organizations, common errors in grant writing and project development, as well as discussion and collaboration among participants. Thirty-nine LGBT organizations from 20 different states participated in the webinars.

**AFTER THE TRAINING**, 12 LGBT organizations moved forward to apply for funding. The Network provided them with one-on-one tailored technical assistance by phone, reviewing letters of intent and grant proposals, helping to prepare budgets and evaluation plans, and acting as a liaison between grant seekers and funders.

“There would really be times when the funder would want something more from a grantee, and we’d explain that it might be too much to expect from such a small organization,” said Scout. “That’s a hard thing to say to a funder, but the funder saw us as being trustworthy. They would respect us and not just blow us off. Likewise, we’d go back to the grantee and be able to tell them what they needed more attention, and give them a good sense of whether or not they were on the right track with their proposal.”

Helping LGBT organizations understand the scope of the disparities and how to address them was only half the battle. State tobacco control funders also needed help learning how to shape Requests for Proposals (RFPs) to include LGBT populations.

“Some states didn’t realize there was a disparity, so there was some education that needed to happen on that side as well,” Oddo said. “It was surprising how many states had never really thought about it. It wasn’t that they were intentionally not including this population in their RFPs, but they just didn’t realize that they should.”

In my opinion, providing one-on-one technical assistance to LGBT organizations was the most successful and valuable part of this project. Even the organizations that didn’t get funded went through the process of writing a letter of intent, and putting together a proposal. They can use those lessons learned to apply for funding in the future.

—Vanessa Oddo, project coordinator, Leave No Funds Behind

Our role was matchmaker, cheerleader, and support system. The goal was to connect people on a number of levels—to the idea of including tobacco control if they hadn't before, to connect people to other organizations that were doing tobacco control, and to connect organizations and funders to enable the flow of money to support tobacco control programs.

—Amari Pearson-Fields, consultant, Leave No Funds Behind

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—Vanessa Oddo, project coordinator, Leave No Funds Behind
Often LGBT populations simply aren’t mentioned in RFPs. So a lot of LGBT organizations weren’t even aware that they could apply for the funding.

—Vanessa Oddo, project coordinator, Leave No Funds Behind

However, many states found that simply including LGBT populations in their RFPs was not enough. Community engagement was an essential step for getting the money into the right hands.

“Until state agencies experience adding LGBT populations to an RFP and then get no applicants, they don’t understand that they have to do more outreach to get onto the radar of the organizations that could apply for the money,” Scout said.

TO CONDUCT THAT OUTREACH, Scout said that state agencies needed to understand the larger context of mistrust that often exists between LGBT populations and state governments.

“If you have no history working together, LGBT people have a huge reason to mistrust any state entity,” stated Scout. “In a lot of places around the country, state entities might be the people fighting civil rights legislation, for example. So the LGBT communities and the state government are often oppositional on many issues that are very clearly defined and high-profile in LGBT communities. Even if it’s not the Department of Health that’s oppositional, it’s hard for another state liaison person to make a phone call and get respect, or a response. They’re seen as part of the larger opposing entity.”

In addition, because many LGBT organizations often operate with a skeleton staff and small budgets, many funding opportunities offered by states can be too big for these organizations to handle successfully. It’s called a “capacity mismatch.”

To help counter these problems, the Network offered cultural competency trainings for state agencies, bringing in LGBT leaders to meet and discuss the issues and needs of local LGBT organizations. These meetings helped establish a level of trust between the two sides, and also helped states design RFPs that better fit the capacity of local LGBT organizations.

TOOLKITS: BUILDING A BRIDGE OF COLLABORATIVE WORK

To make the Leave No Funds Behind project sustainable beyond the Legacy grant period, the Network created two online toolkits, one for LGBT organizations seeking funding and the other for state funders wanting to reach LGBT organizations.

If a funder has established a history of being unwelcoming to LGBT proposals, then they have to do something to change that course. Otherwise, no one will look to them as the next place to apply. Money will get left on the table, and the health disparities will not get addressed.

—Scout, director, Network for LGBT Health Equity

In addition, because many LGBT organizations often operate with a skeleton staff and small budgets, many funding opportunities offered by states can be too big for these organizations to handle successfully. It’s called a “capacity mismatch.”

Just because you have passionate, committed staff and a great mission that will create positive change in the world doesn’t mean you know how to craft that into a succinct package for a foundation or state agency. Leave No Funds Behind was there to support organizations in learning how to take their programs to the next level. You are not just telling people that the money is available, you are helping people get to the money.

—Amari Pearson-Fields, consultant, Leave No Funds Behind

THE TOOLKIT FOR STATE FUNDERS EXPLAINS that many LGBT organizations are small, and may have a broader, community-based approach rather than a health care or tobacco control mission. It uses responses from the LGBT leadership survey to discuss some of the barriers for LGBT organizations in seeking tobacco control funding. It also highlights challenges these organizations face in prioritizing tobacco control as an issue and gives concrete examples of innovative LGBT tobacco control projects.

It also discusses matching grant amounts to organizational mission and capacity, and suggests community outreach as an important initial step in developing RFPs that best fit community needs.

REPLICATION/RESULTS

As a result of the Leave No Funds Behind project, 12 LGBT organizations submitted full proposals for tobacco control funding. Eight organizations...
Mautner Project: The National Lesbian Health Organization (Mautner Project) promotes respectful and accessible health care for women who partner with women (WPW), lesbian, bisexual, and transgender women “without regard for their sexual orientation, gender identity, or gender expression.”

As such, Mautner Project provides direct services to women facing life-threatening illnesses; educates women on health issues; offers cultural competency training for health care providers; leads support groups; conducts primary research; advocates for public and private research on lesbian health; and promotes lesbian, bisexual, and transgender health advocacy and activism at the national, state, and local levels.

Kathleen DeBold was the executive director of Mautner Project from 1999-2006. DeBold and her colleagues saw an unmet need to develop a targeted tobacco cessation campaign aimed at lesbians and WPW. They wanted to focus specifically on women, rather than building a more general cessation campaign aimed at the overall LGBT community.

“There are a lot of questions about what makes a community a community,” DeBold said.

“For health issues, the more specific you can be in targeting your program, the more successful you will be....”

“If we generalized, it would be like saying we’re not going to focus on a Hmong Vietnamese health group because we’re doing a big project for people of color.”

Amari Pearson-Fields was the deputy director and research director for Mautner Project at the time of the project. She said the team decided to develop a culturally tailored social marketing campaign aimed specifically at lesbians and WPW over the age of 40.

More LGBT civil rights leaders’ voices have been silenced by tobacco disparities than any other single thing. Tobacco is the biggest health problem we face, but it is unsung and unknown. Tobacco corporations are really trying hard to get us to buy their product. For me, tobacco is one of the biggest social justice issues there is.

—Scout, director, Network for LGBT Health Equity

We hoped the campaign would reach older lesbians because we were trying to be as specific as possible. We saw them as being consistently left out of so many health messages during their formative years that young lesbians get today as a matter of course.

—Kathleen DeBold, executive director, Mautner Project, 1999-2006

Lessons Learned:

• Education on disparities and funding opportunities is needed for both LGBT organizations and funders.
• Funders should consider crafting RFPs that better match the organizational capacity of smaller LGBT community organizations.
• Framing tobacco disparities as a social justice issue is an effective tool for putting tobacco control on the radar of the LGBT community.

In addition, Scout and Vanessa Oddo created a poster presentation on the project for the 2009 National Conference on Tobacco or Health, and continue to display promotional material aimed at both LGBT organizations and tobacco control funders at conferences and events attended by Network staff.

Toolkits, funding opportunities, and resource materials are available online at: lgbthealthequity.wordpress.com
“We really wanted to focus on women who had been smoking a long time,” said Pearson-Fields. “We knew that if we could get older women to quit, then we could improve their overall health outcomes, since the older you get, the more at risk you are for a number of things.”

**Project Goals:**

- Develop an effective social marketing tobacco control campaign aimed at lesbians and WPs over 40.
- Conduct focus groups and needs assessments to determine an appropriate messaging strategy.
- Establish partnerships to get the word out in as many locations as possible.

**Delicious Lesbian Kisses**

Crafting the right message for the project was essential. To understand the themes that would allow them to reach their target audience in an innovative and effective manner, the Mautner Project team worked with Harris Interactive to survey focus groups of lesbians and WPs across the country. Participants were selected based on ethnicity, smoking status, sexual orientation, and gender identity, and were surveyed about potential cessation messages as well as the best ways to receive those messages.

**Focus Groups Were Asked** if they’d be more open to hearing cessation messages from celebrities, or from regular women like themselves. They were asked if health-based cessation messages resonated, or if fear tactics worked better. They were asked if they would quit because their partner asked them to, or for the health benefits of their children, or if they’d quit because their pets were being exposed to secondhand smoke.

Based on analysis of the responses, the Mautner Project team developed a series of ad mockups featuring cessation messages delivered by regular women, and centered on themes of quitting for the health of partners, kids, and pets. The team felt confident that they’d understood the best way to reach their target audience. But when they showed the mocked-up ads to the focus groups, they were surprised to learn that they had completely missed the mark.

“They absolutely hated them,” DeBold said. “We realized that we needed to better tease out what they had originally said to us. What we found is that they were really tired of being judged and blamed, they were tired of being the guilty one, and they were angry about being told what to do. Older lesbians in particular grew up facing tremendous societal stigma and judgment because of their sexual orientation, and many of them had started smoking in the gay and lesbian bars that were a safe haven from that stigma. They correlated being told that smoking is bad and they need to quit with a lifetime of being told that lesbianism is bad and they need to change. And that triggered [a] knee-jerk reaction against traditional anti-smoking programs.”

So the Mautner Project team went back to the drawing board. Rather than focusing on guilt, or fear, or even health consequences as motivations to quit smoking, they decided to take a more positive approach and chose the slogan “Delicious Lesbian Kisses” to promote the idea that non-smoking women were sexier and more fun to kiss.

“People already know that smoking is bad for their health,” said Pearson-Fields. “Our goal was to do something a little more cutting-edge that would get attention and generate discussion.”

The Mautner Project created two ads for the campaign. One featured an assortment of close-up images of lips belonging to women of different ages and ethnicities. The other ad used an image of a woman’s lips juxtaposed next to a pair of panties. Both ads implied that there are better things to do with your lips than smoke.

“It really turned the whole thing around in terms of getting people to listen and pay attention,” said DeBold. “We got so many more people in the door of smoking cessation because of this campaign.”

We floated a lot of different ideas for messages. We made mock-up ads asking women if they would quit for the sake of their kids, or for the sake of their partners, or even for the sake of their pets. Finally, we settled on the idea of ‘Delicious Lesbian Kisses’ because it was sexy, it was different, and it wasn’t fear-based. Sex is a great motivator.

—Amari Pearson-Fields, former deputy director and research director, Mautner Project

**Kiss-Ins, Red Hots, and Blinking Lips**

Starting in 2004, Mautner Project launched Delicious Lesbian Kisses (DLK) at partner sites in five cities nationwide.

Mautner Project premiered the campaign at a gala event in Washington, D.C. The Arizona Lesbian Cancer Project launched the DLK project in time for Valentine’s Day 2005 and later held a wine, cheese, and “Delicious Lesbian Kisses” event. The Milwaukee LGBT Community Center and Lesbian Alliance of Metro Milwaukee had a DLK event in Wisconsin, and the Mazzoni Center and Safeguards organizations held a joint DLK party in Philadelphia. Finally the Lesbian Health Task Force and Center of Excellence in Women’s Health joined forces to launch DLK during their annual New Year’s Eve party in Madison, Wisconsin, at the end of 2005.

**The Ads Were Made Into Posters** and displayed at the launch events, as well as in bars, on the side of buses, and at LGBT Pride events. In addition, the campaign created other DLK-branded materials such as free postcards with the DLK ad images, light-up blinking lips, red hot candies, mints, and lip balm. These materials were distributed to partner sites, and were available at LGBT venues and bars. Postcards were available at free stands in bars and restaurants in Washington, D.C.

In addition to the launch events, Mautner Project volunteers did community outreach such as handing out red hots and blinking lips at bars and coffee houses, or holding “kiss-ins” at clubs—asking the DJ to stop the music and announce that it was time for a “delicious lesbian kiss.” Once everyone had kissed, the DJ would announce that volunteers in white t-shirts had more information about smoking cessation. The volunteers would then direct interested women to Mautner Project’s website for information about LGBT-friendly cessation resources.

“It energized our volunteer base, especially the younger women,” said DeBold. “They were saving their community, but not in a negative, preachy way. It was positive about being a lesbian, and it was positive about trying to quit.”

DeBold said that although the original intention of the project was to reach women over 40, the message also resonated with women of many ages.
In tobacco control campaigns, I’ve found that people are often afraid to share smoking cessation information because they feel like they are being judgmental or that they will get an angry response. But people were not afraid to show the Delicious Lesbian Kisses materials or give the postcards to someone they loved. It was not a diseased lung, or something they couldn’t relate to. The message was ‘I love you. Here’s something really cool.’

—Kathleen DeBold, executive director, Mautner Project, 1999-2006

CREATING A BUZZ

The DLK campaign was also designed as a countermarketing advertising campaign, so the Mautner Project team purchased ad space in LGBT newspapers, built a website offering lesbian-focused cessation tips and resources, and produced a 30-second PSA called “How About a Delicious Lesbian Kiss?”

However, limited funding meant that money available to purchase advertising was minimal. Placing the PSA proved cost-prohibitive, and the website is no longer active. But because the DLK project was so innovative and direct, especially for its time, it received a lot of press coverage.

The Mautner Project team realized the potential of this form of free advertising for the project and its message, and developed a red wristband imprinted with the words “Delicious Lesbian Kisses.” The wristbands sold for $2 each, and all the proceeds went back to support the campaign. Mautner Project then sent out press releases about the wristbands and the DLK project. According to Pearson-Fields, this “earned media” buzz gave the campaign a great deal of momentum through free exposure to both LGBT and mainstream audiences, both online and in print.

The wristbands became a way not only to raise much-needed funds, but also a way for LGBT and heterosexual community members to show support for the issue.

“It was so quirky and cute that it enabled people to take that risk,” said DeBold. “So people then came into cessation programs with automatic social support.”

REPLICATION/RESULTS

Women seeking smoking cessation services in the Washington, D.C., area after the project launched increased by 100%. Mautner Project also used restocking rates of free DLK postcards and other materials to gauge the success of the campaign.

DeBold and Pearson-Fields gave presentations on the project at a variety of conferences, including the National Conference on Tobacco or Health, the American Public Health Association, New Jersey Lesbian Health Conference, and National Lesbian Health Conference.

But perhaps the biggest indication of the staying power of the project is the fact that materials such as the wristbands and postcards are still around today, almost seven years after the end of the project.

“When we put posters up in different venues, they always disappeared. They were so gorgeous that people would take them home.”

LESSONS LEARNED:

• Think carefully about how to design an effective message for your target audience.
• Be prepared to think outside “traditional health promotion” box.
• Take the time to build partnerships both inside and outside the LGBT community.
• Media coverage of innovative projects (i.e., ‘earned media’) can be very effective in promoting your work.
CASE STUDY THREE: CRUSH
THE LGBT LIFESTYLE PROJECT

PROJECT OVERVIEW

The Nevada Adult Tobacco Survey showed that in 2005, 53.6% of homosexual and 29.4% of bisexual individuals in Clark County, Nevada, where Las Vegas is located, were current smokers. In comparison, in that same year 25.1% of heterosexual adults in Clark County smoked.

“We needed to create something to reach this hard-to-reach community. It had to be culturally sensitive, and it had to be in the LGBT language.”

Ahlo learned from the focus groups that the most effective strategy would be to design an “ideal lifestyle” campaign that featured cessation messages based on the attractiveness of nonsmokers, rather than on any negative health consequences.

THE CAMPAIGN BRAND NAME, CRUSH, reflects this strategy. CRUSH has two meanings: being

Everyone already knows that smoking is bad for you, so the message shouldn’t be about health, or getting a black lung. What people need to know is that people prefer to date nonsmokers. That’s the reason they’ll want to quit.

—Malcolm Ahlo, health educator, Southern Nevada Health District Tobacco Control Program

PROJECT GOALS:

• Increase awareness about tobacco cessation with LGBT community in Las Vegas.
• Create a culturally tailored campaign to connect the community to cessation resources.
• Lower the tobacco use prevalence rate among LGBT people in Las Vegas.

CREATING A BRAND: CRUSH

To shape the direction of the campaign, Ahlo convened a focus group of LGBT community members in Clark County, NV including youth, business owners, nonprofit leaders, and other key stakeholders.

Ahlo said, “If a hot 21-year-old was smoke-free and proud, the 45-year-old man who is attracted to the 21-year-old would then look at his smoking habit and say, ‘If I want to get with this guy, I need to quit smoking as well.’”

“Those numbers were really alarming to us,” said Malcolm Ahlo, a health educator with the Southern Nevada Health District Tobacco Control Program. Ahlo works on tobacco prevention projects with youth, young adults, and LGBT communities. Ahlo, who is gay and had been a smoker himself, quit once he learned about the political agenda behind tobacco industry campaigns targeting LGBT community members. His grandfather also died after a lifetime of smoking. Ahlo said those two events were a wake-up call to him, and gave him the impetus to try to address the high prevalence of tobacco use in his community.
I always knew the dangers of smoking. Growing up, we learned about it in health class, but I just ignored it. Because we aren’t accepted by society as a whole, LGBT people can feel like victims, and do self-destructive things. It makes me really sad that so many LGBT people smoke. I think it’s because they feel like they aren’t valued by society, and get that victim mentality because of it.

—Ryan Messer, former smoker who quit because of the CRUSH campaign

Attracted to someone, or having a “crush” on them, and, based on that attraction, “crushing” tobacco use in the community.

The CRUSH campaign used the name to promote education on tobacco control and cessation in the LGBT community through media, events, text messages, a website, and brand ambassadors.

**BRAND AMBASSADORS: CRUSH CUTES**

To get the word out, the CRUSH campaign hired spokespersons, known as “CRUSH Cuties,” to go out into the LGBT community and spread the message that being tobacco-free was sexy.

Although the focus was primarily on gay men, brand ambassadors included male, female, transgender, and drag queens. Ambassadors were trained in the basics of Tobacco Control 101 and educated about LGBT prevalence rates and tobacco industry targeting of LGBT people.

Once they were trained, ambassadors went to the social gathering places frequented by the LGBT community—bars, clubs, picnics, festivals, and LGBT events—dressed only in their underwear. They were distributing promotional items and literature on how to quit. Print ads in LGBT publications in Las Vegas, as well as the text messages and brand ambassadors, all directed smokers to the website.

“Once the models were talking to you, and getting you interested in what CRUSH was all about, then you could go to the website to learn more,” said Ahlo. “It worked better than having the Cuties talk about quitlines and the health benefits of not smoking. If you’re in a bar and you’re drinking, the last thing you want to hear at that moment is someone telling you that 20 minutes after you quit smoking, your heart rate decreases. We left all of that to the website.”

**IN TWO YEARS, MORE THAN 2,000 PEOPLE signed up for the text messages, the website had more than 5,200 unique visitors, and the campaign placed print ads in LGBT publications with a combined circulation of over 500,000.**

**CRUSH EVENTS AND NONTRADITIONAL COMMUNITY PARTNERS**

Working with leaders in the LGBT community was an essential element for the success of the CRUSH project. Key leaders, including bar and club owners, were distributing promotional items and literature to promote tobacco cessation in the community.

The CRUSH project also partnered with local bars and clubs to sponsor branded CRUSH events, in which the entire venue would go smoke-free for the night. In Las Vegas, smoking is still legal in bars and clubs, so holding a smoke-free night could be a risky proposition for a venue, but the CRUSH campaign convinced four club owners to agree to host the events in the first year of the project.

The events were so successful that the venues filled to capacity, and people had to sign up to get in the door. Brand ambassadors and a variety of CRUSH promotional materials were part of the
events. The campaign also partnered with Emcees and DJs to help spread cessation messages while still making sure everyone had a great time.

J. Son, an Emcee and event host in Las Vegas who works with the CRUsH campaign, said that clubs are integral to Las Vegas social life.

“We live in a city designed for nightlife,” he said. “And I’m responsible for the energy and vibe in clubs. I go around and mingle, and I chat with people. I’m also in the DJ booth, and my job is to pump up the crowd.”

While he’s working the crowd at CRUsH events, J. Son gives out the CRUsH text number and website information and talks about cessation facts. He also asks people to stop for a minute and take a deep breath and enjoy how nice the venue is without being filled with smoke.

“A lot of the time, when I host regular events, I have to go and stand outside because it gets hard to talk on the microphone and get the crowd pumped up after you’ve been breathing in smoke for hours,” J. Son said. “I’ve had upper-respiratory infections that my doctor thinks were caused by my job hosting events in smoke-filled environments.”

J. Son said he knows many LGBT people who have quit because of the CRUsH campaign. He also acknowledged that his own endorsement of a nonsmoking lifestyle has an impact in a community in which he is something of a celebrity.

The idea was for a smoker at a club to meet this guy in CRUsH underwear, who would then tell the smoker to text him at a certain number. The next week, CRUsH would text that smoker at 11 o’clock on a Saturday night with a message like, ‘Hey guys, everybody take a deep breath of air. See how good that feels without all the smoke in the air?’ It makes them realize how much easier it is to breathe when things are smoke-free.

—Emcee/Event Host J. Son, Las Vegas

REPLICATION/RESULTS

In 2011, CRUSH sponsored 96 smoke-free events in Las Vegas. The project was also successful in convincing the organizers of the Las Vegas Pride festival to go smoke-free, and to refuse any tobacco industry funding or sponsorship.

In addition, Q Vegas, the biggest gay and lesbian magazine in Las Vegas, has agreed to no longer accept any tobacco industry advertising.

THE BIGGEST EFFECT OF THE PROJECT, however, can be seen in a greatly reduced smoking prevalence rate among LGBT people in Clark County, NV. According to Malcolm Ahlo, smoking rates among LGBT individuals in southern Nevada, which includes Clark County and the city of Las Vegas, fell from 63% in 2005 to 47% in 2008.

In addition, the Nevada Tobacco Users Helpline received a total of 1,411 calls from LGBT individuals between September 2008 and February 2010. This kind of quantitative data on sexual orientation is often difficult to collect, but the CRUSH project partnered with the Helpline to develop a process of requesting and collecting data on sexual orientation from all callers.

The project has also served as a replicable model for other communities, paving the way for similar projects in New Mexico, Maine, and California.
According to the project’s final report to Legacy, “This project has resulted in tobacco prevention and cessation being integrated into the core of the Las Vegas LGBT community. Prior to our intervention, the majority of the Las Vegas business community was apathetic toward the tobacco issue. We have been able to educate the Las Vegas business community including LGBT nightclub and bar owners about tobacco prevention and its importance. We have been able to foster a mutually beneficial relationship that has resulted in the businesses community allowing us to integrate the tobacco prevention message into the most critical events, sponsorships, projects, and venues in the LGBT community.”

LESSONS LEARNED:

- Reaching the community requires cultural tailoring.
- In this example, tailored messages were designed to resonate and attract their targeted audience.
- Building relationships with both traditional and nontraditional partners is essential.
- State partners and quitlines should track LGBT tobacco use and ask about sexual orientation when collecting demographic data.

CASE STUDY FOUR: 30 SECONDS
HELPING HEALTH CARE PROVIDERS REACH LGBT TOBACCO USERS

PROJECT OVERVIEW

The Gay and Lesbian Medical Association (GLMA) is an organization focused on the unique health care needs of LGBT people. As such, GLMA maintains a directory of LGBT-friendly providers that patients can browse when looking for health care. In addition, GLMA works with LGBT and straight physicians, nurses, nurse practitioners, physician assistants, behavioral health specialists, veterinarians, and dentists as well as members of other health professions to address health disparities affecting LGBT patients, including issues such as HIV/AIDS, obesity, cancer, and tobacco use.

The combination of disproportionately high rates of tobacco use among LGBT people and the fact that mainstream cessation strategies were not reaching them, led GLMA to declare LGBT tobacco use “one of the most significant sources of LGBT health disparities.”

“We asked ourselves why LGBT smokers weren’t hearing the messages they needed to hear. Why are they smoking at a higher rate? What is it about social stigma and their environment that leads them to smoke more?” said Emily Kane-Lee, education and communications manager for GLMA. “We realized that the LGBT populations were seeing tobacco cessation campaigns, and hearing their providers talk to them about quitting, but it didn’t resonate because they weren’t seeing themselves in those campaigns.”

Promoting LGBT cultural competency in addressing disparities is one of the hallmarks of GLMA’s mission with health care providers. The organization recognized the need for a culturally tailored provider training on LGBT-friendly tobacco cessation strategies.

“When you have an intervention that is targeted at a specific population, that really gets at the reasoning behind their behavior, you are able to affect change and better health outcomes much more effectively,” Kane-Lee said. “Providers training providers to be culturally competent is our unique niche; we do this every day. So, we decided to design and provide this training.”

In 2007, GLMA received Legacy funding to produce 30 Seconds: Helping Health Care Providers Reach LGBT Tobacco Users, an online Continuing Medical Education (CME) course for health care providers that would teach culturally tailored strategies for conducting Brief Tobacco Interventions with LGBT patients.

PROJECT GOALS:

- Develop an online Continuing Medical Education course.
- Describe key components of providing health care to LGBT persons in a culturally competent way.
- Describe basic concepts related to LGBT health.
- Apply evidence-based brief interventions for smoking cessation in clinical practice.

The fact that CRUSH was actually in the club, where people actually smoke, rather than a school or a hospital, made me realize that this was something I should pay attention to. And the CRUSH Cuties gave me the confidence to think that a really good-looking person is here, and they’ve got their act together, and they’re happy and confident, and they don’t smoke.

—Ryan Messer, former smoker who quit because of the CRUSH campaign
Health care providers have a huge impact on patient health. When a provider tells a patient about smoking risks, and asks them about quitting and gives referrals, it doubles the chances of that patient quitting. So we really saw this as an opportunity to target the health care professionals specifically, instead of a lot of campaigns that tend to look more at individuals and changing their behaviors.

—Emily Kane-Lee, education and communication manager, Gay and Lesbian Medical Association

30 SECONDS: THE LGBT TOBACCO PROJECT

GLMA staff had never produced an online CME course. To help with the design and content of the course, GLMA assembled an advisory board with expertise in LGBT health care, cultural tailoring, and tobacco control and cessation.

The board included Robert Like, professor and director of the Center for Health Families and Cultural Diversity at the UMDNJ Robert Wood Johnson Medical School; Steven A. Schroeder, director of the Smoking Cessation Leadership Center at the University of California, San Francisco; Bob Gordon, project director of the California LGBT Tobacco Education Partnership; Gloria Soliz, a consultant and trainer on tobacco cessation treatments; Rita S. Lee, assistant professor of medicine at the University of Colorado School of Medicine; and Amari Pearson-Fields, a health consultant and trainer based in Washington, D.C.

Scout, Ph.D., director of the LGBT Tobacco Control Network, joined the project in 2008 to oversee the course structure and content. Scout had recently completed a series of 30 LGBT-oriented trainings with quitline providers around the United States, and brought that experience of field testing cultural competency issues for LGBT cessation to the GLMA project.

“Many LGBT people may have social exclusion from one or more of these domains,” said Scout. “If they are closeted at work and in the neighborhood, or their family doesn’t accept them, then they can be overly reliant on their friends for support. For LGBT people, one of the major areas for seeing friends is in bars and clubs, which are high smoking situations. And they can’t give up their friend base, because they don’t have anything else.”

“In addition, for many LGBT people, the common domains of social support—family, friends, neighborhood, and the workplace—are often limited to friends only, which can make tobacco cessation harder than it might be for a heterosexual patient.

We needed to provide the steps so that providers would understand access to care barriers, and be able to overcome their own resistance and their patients’ fear of disclosure. The nice part is that these steps are applicable not only to cessation, but also to LGBT health care in general.

—Scout, director, Network for LGBT Health Equity

“Young women with transgender identity may have different experiences and needs than young men with transgender identity, and this needs to be understood.

“Language and Discrimination 101

Access to care barriers that keep LGBT people from trusting their providers can include a general lack of knowledge among providers about LGBT communities. It also includes the way a provider does or doesn’t use appropriate language when talking about sexual orientation or gender identity and a general lack of knowledge about LGBT people.

One example in health care is the language common to intake forms. Questions are often asked about a husband or wife, or whether a patient is married, single, widowed or divorced. If the forms aren’t tailored to use more LGBT-friendly language, that already puts up a barrier between a provider and an LGBT patient.

Emily Kane-Lee said that language issues may be as simple as understanding the difference between sex and gender, or what the terms lesbian, gay, bisexual, and transgender really mean. “Providers should understand and use terms that are sensitive and create a welcoming and positive environment, rather than using language that is not only hurtful, but is medically incorrect and so carries discrimination along with it,” she added.

In addition, for many LGBT people, the common domains of social support—family, friends, neighborhood, and the workplace—are often limited to friends only, which can make tobacco cessation harder than it might be for a heterosexual patient.

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Scout, director, Network for LGBT Health Equity

“The biggest barrier that we identified for LGBT smokers was the lack of trust in their provider, and the reluctance to honestly disclose different life circumstances that had a direct impact on being able to quit or not,” said Scout. “If you are getting cessation counseling from a provider and you are trying to hide many things that are very deeply related to your stressors, it’s like trying to quit smoking with a bunch of elephants in the room. You have to address these things head on if you want to identify your triggers and your support system. Your identity can’t be absent from the discussion of quitting smoking, and it really ties providers’ hands if they and their patient can’t be open with each other.”

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One example in health care is the language common to intake forms. Questions are often asked about a husband or wife, or whether a patient is married, single, widowed or divorced. If the forms aren’t tailored to use more LGBT-friendly language, that already puts up a barrier between a provider and an LGBT patient.

Emily Kane-Lee said that language issues may be as simple as understanding the difference between sex and gender, or what the terms
When a provider says, ‘We treat everyone the same,’ that’s a failure. Right now there is such an historic experience of discrimination and alienation for LGBT people that if you don’t actually show that you are the new breed of provider that is accepting and welcoming, then you will be presumed to be part of the old breed. If you treat everybody the same, you are keeping up access to care barriers, and you will fail your LGBT patients.

—Scout, director, Network for LGBT Health Equity

Kane-Lee said that social stigma also plays a central role in keeping LGBT people from seeking health care. For example, marriage discrimination may mean that patients have to go without health insurance coverage because they can’t legally access spousal coverage provided by their partner’s plan. Or patients may simply avoid discussing certain topics with a provider, such as whether they have a boyfriend or a girlfriend, which can be essential to understanding both the stressors and support system they have to help with a cessation attempt.

Tobacco Use and Interventions for Lesbian, Gay, Bisexual, and Transgender Individuals

Incorporating feedback from the advisory board, Scout designed a course that gives providers basic information about LGBT people, data about disparities in LGBT tobacco use, step-by-step guidelines on how to apply cultural competency tools in their practice, case studies illustrating the need for cultural tailoring and some of the reasons behind high rates of smoking in LGBT populations, and training in evidence-based Brief Tobacco Interventions, centered around the Ask, Advise, and Refer strategy.

The course is free of charge and is worth a maximum of two credit hours in continuing medical education. The course was promoted to nearly 3,500 people using direct emails from the GLMA database. In addition, the course was promoted via partner organizations, such as the National LGBT Tobacco Control Network.

A COMPREHENSIVE PRE- AND POST-TEST COVER THE FOLLOWING FOUR MODULES OF THE COURSE, EACH OF WHICH HAS CLEARLY STATED OBJECTIVES (DETAILED BELOW), RELEVANT LEARNING MATERIALS, AND A QUIZ AT THE END.

1. MODULE 1: LGBT TOBACCO ORIENTATION
   - Be able to describe the prevalence of smoking by LGBT people compared to smoking by non-LGBT people.
   - Be able to list the four most commonly theorized reasons for these disparities.
   - Be able to describe one example of tobacco industry targeting of LGBT people.

2. MODULE 2: LGBT CULTURE AND HEALTH BASICS
   - Be able to define common language or terms used by LGBT people.
   - Be able to describe at least one example of institutionalized discrimination against LGBT people.
   - Be able to describe barriers to accessing care that some LGBT patients experience.

3. MODULE 3: CULTURALLY APPROPRIATE CARE
   - Be able to identify at least four strategies a health care provider can employ to enhance LGBT persons’ access to and experience with health care.
   - Be able to articulate common population-based differences that affect health for LGBT people.
   - Understand how LGBT tobacco cessation may differ from typical cessation efforts.

4. MODULE 4: TOBACCO CESSATION INTERVENTIONS
   - Be able to counter common provider barriers to conducting a smoking intervention.
   - Be able to describe a 30-second smoking cessation intervention for LGBT patients/clients.
   - Be able to describe the steps to conduct a longer smoking cessation intervention for LGBT patients/clients.
There is no such thing as ‘One Size Fits All.’ The tobacco industry figured that out a long time ago, and that’s how the smoking disparities got created in the first place. The tobacco industry worked hard to exploit vulnerabilities in many populations. We have to recognize that we can’t get rid of disparities unless we tailor the fix, just like they tailored the cause.

—Scout, director, Network for LGBT Health Equity

ENDNOTES


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