

# ***National LGBT Communities Tobacco Action Plan***

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## **Executive Summary**

**To be written following community feedback and plan finalization**

# ***National LGBT Communities Tobacco Action Plan***

## **A. Background**

### **1. How We Got Here**

While smoking has been identified as the single most preventable cause of death and disease in the world, surveys consistently find that lesbian, gay, bisexual, and transgender (LGBT) people smoke at rates at least 10 higher than the general population.<sup>1</sup>

- A statewide Massachusetts survey found that 59 percent of LGBT teens smoke, compared with 35 percent of teens in general.<sup>2</sup>
- In a large-scale study, 56 percent of lesbians were current or former smokers, compared with 35 percent of women in general.<sup>3</sup>
- In one research study, 48.5 percent of gay and bisexual men smoked, compared with 29.0 percent of men in general.<sup>4</sup>
- A recent study at the University of Minnesota shows that over 50 percent of the patients in their transgender health clinic smoke.<sup>5</sup>

More data are needed to adequately gauge tobacco use among LGBT individuals, and especially among transgender individuals. Despite the high predictors of smoking initiation in transgender populations, the least is known about the impact of smoking on this community. Research studies are critically needed, including to assess the interactions between smoking and hormone use, and the impact of smoking on complications from gender confirmation surgeries.

There are no major federal health survey data available that separate out LGBT individuals. Yet, a catch-22 exists in because the lack of data is cited as justification for not prioritizing funding or efforts to address LGBT health.

Tobacco kills more people a day than alcohol, drugs, accidents, fire, homicide, suicide, and AIDS combined.<sup>6</sup> Yet, nearly every anti-smoking campaign has ignored the LGBT community while this community has the highest rate of smoking of any other minority population.

In 2001, a group of individuals attending the LGBT gathering at the National Conference on Tobacco or Health identified a vital priority: creating an action plan to address the disproportionate consumption and health burden of tobacco use in the LGBT youth and adult communities. An action plan was important to promote and support inter-coordination among the groups of people involved in LGBT tobacco control efforts and for LGBT tobacco control advocates to benefit from joint-goal setting. The next 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 2002 Summit, representatives from the National Coalition for LGBT Health, the National Association of LGBT Community Centers, and the Gay and Lesbian Medical Association met with the Tobacco Technical Assistance Consortium (TTAC). After receiving TTAC's pledge of support, the national organizations agreed to develop the *National LGBT Communities Tobacco Action Plan*, the first comprehensive tobacco control action plan for LGBT communities. (The *National LGBT Communities Tobacco Action Plan* is referred to as the *Action Plan* throughout this document).

TTAC, an independent non-profit organization established in 2001 and based at Rollins School of Public Health at Emory University in Atlanta, is funded by the Robert Wood Johnson Foundation, American Legacy Foundation, and the American Cancer Society. With the mission to "build capacity to achieve effective tobacco control programs and policies by providing knowledge, tools, and resources to local, state, and national tobacco control organizations, TTAC was the ideal resource for the national LGBT organizations to partner with in undertaking this project. TTAC strives to create and foster an environment, internally and externally, that reflects creativity, inclusiveness, innovation, continuous learning, and the celebration of achievements.

In early 2003, several other national LGBT organizations joined the original conveners in the planning process for the *Action Plan*: 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.

Once the planning process was begun, the *National LGBT Communities Tobacco Action Plan* Steering Committee was formed to plan a Working Meeting to develop the *Action Plan*. TTAC committed technical assistance resources to support development of the *Action Plan* through a broad community process, and contracted with consultants to coordinate the planning process, facilitate the Working Meeting, provide technical support, and write the *Action Plan*.

**National LGBT Communities Tobacco Action Plan Steering Committee**

<b><i>Organization</i></b>	<b><i>Representative</i></b>
Affinity	Chris Smith
Asian and Pacific Islander American Health Forum	Roxanna Bautista
Boston Public Health Commission	Wilfred Labiosa
California Rural Indian Health Board	Jacelyn Macedo
Centers for Disease Control and Prevention Office on Smoking and Health	Alyssa Easton
Coalition of Lavender Americans on Smoking and Health	Gloria Soliz
Fenway Institute	Scout, Judy Bradford
Gay and Lesbian Medical Association	Ed Craft
Howard Brown Health Center	Brent Hope
Lesbian Community Cancer Project, Bitch to Quit Program	Jessica Halem
LLEGO- the National Latina/o Lesbian, Gay, Bisexual and Transgender Organization	Carlos Velazquez
Los Angeles Gay and Lesbian Center	Monica Weisberg
Mautner Project for Lesbian Health	Cheryl Pearson-Fields
National Association of Lesbian and Gay Addiction Professionals	Philip McCabe
National Association of LGBT Community Centers	Kristina Keck
National Coalition for LGBT Health	Donald Hitchcock
National Coalition of Lesbian and Feminist Cancer Projects	Cheryl Pearson-Fields
National Youth Advocacy Coalition	Susan Hollinshead
New York City LGBT Community Center	Barbara Warren
SafeGuards Health Project	Lynn Martinsen
Tobacco Technical Assistance Consortium	Lisa M. Carlson, Pat Dunn
University of California Tobacco-Related Disease Research Program	Francisco Buchting
University of Medicine and Dentistry of New Jersey-School of Public Health Program in Addictions; Tobacco Dependence Program	Philip McCabe
Virginia Commonwealth University, Survey and Evaluation Research Laboratory	Judy Bradford

The Steering Committee agreed upon the purpose and principles for the *National LGBT Communities Tobacco Action Plan* to guide the meeting planning.

Purpose of the *National LGBT Communities Tobacco Action Plan*

To establish key criteria and goals to actively address and fight the disproportionate consumption and health burden of tobacco use

**2. October 2003 Working Meeting, Washington, D.C.**

The Working Meeting was held October 9 to 11, 2003 in Washington, D.C., involving a diverse group of 64 anti-tobacco and LGBT health activists from 20 states in development of the *Action Plan*. The Steering Committee sought to include participants that reflected the diversity of LGBT communities and to allow for discussions across disciplines and

organization types. Participants 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 mainstream health and anti-tobacco organizations, including the American Lung Association (ALA), American Heart Association (AHA), and American Cancer Society (ACS). (See Appendix 1, Participant Biographies and Appendix 2, Participating Organizations).

In preparation for the meeting and throughout the two-day meeting, innovative computer-based technology was used for more effective and efficient communications across distances and to promote full participation during the meeting. The technology included an internet-based software tool that guided teams through a goal-focused process to organize ideas, make decisions, and develop action items. Group Systems software was utilized during the meeting to support the decision-making process, with participants working in groups of three and one laptop per group, allowing the discussion to be captured in real time. The technology allowed the groups 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 promoted active and inclusive engagement by meeting participants because ideas could be put on the table without revealing the identity of the individual, and it also allowed people to bring up important but potentially sensitive points that may not have been brought up in other meeting formats.

On the first day of the meeting, the participants reviewed the importance of addressing tobacco use in the LGBT communities and heard presentations from

three LGBT tobacco work groups convened by the Steering Committee: Prevention; Cessation/Treatment; and Research. Participants discussed the purpose and principles of the *Action Plan*, and—utilizing the computer-based technology—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. (See Appendix 4, Full Lists of Action Ideas from Working Meeting).

On the second day, after group discussion to clarify and comment on proposed ideas, and consolidation of duplicative ideas, the group delineated the 25 major ideas and ranked them with respect to feasibility and importance (See Appendix 4). Using the computer-based technology, each participant assigned each idea with numbers between 1 (low) and 10 (high) for impact and 1 and 10 for feasibility.

### **Top Five Action Ideas**

- 1. Create One National Campaign: One Logo/Name and Message**
- 2. Develop Clearinghouse on LGBT Tobacco Efforts**
- 3. Identify Data Sets for Analysis and Conduct New Research**
- 4. Create Connectivity with Larger Anti-Smoking Organizations**  
(e.g., American Lung Association, American Cancer Society)
- 5. Build Resources for Developing Programs and Initiatives**  
(CD-ROM with set of tools for LGBT Community Organizations)

For the ideas ranked as the top 5 with respect to impact and feasibility—which each had a combined score of over 15 points—small teams met to develop concrete steps for implementation in six strategy areas (research, treatment, prevention, policy, sustainability, public relations/outreach). Team members in each area determined next steps and committed to initial steps to insure actions would be implemented. Participants also created “Personal Action Plans”, to develop individual commitments based on each person’s or organization’s focus area.

This document highlights the discussion, implementation strategies, and action steps for the top five action ideas. Also included are other top action ideas the group considered, because many important needs and ideas for addressing them were discussed, and because they may be useful for planners, policy makers and funding organizations.

## **Working Meeting Agenda:**

### **Day One**

- Purpose and Principles of the *Action Plan*
- Tobacco: Why is it Important?
  - *Overview of tobacco in LGBT communities*
  - *Presentations from each work group: Prevention; Cessation/Treatment; Research*
- Crosscutting Ideas for 2004
  - *What could we accomplish in a year?*
- Decisions
  - *What to include in Action Plan*

### **Day Two:**

- Ranking the Ideas
  - *Most important*
  - *Most viable*
- For top five feasible and important action ideas, teams developed concrete action steps. Teams focused on:
  - Research
  - Treatment
  - Prevention
  - Policy
  - Sustainability
  - Public relations/outreach
- Personal *Action Plans*
  - *Creating details for the Action Plan based on each person's focus area*
- Moving into Action
  - *Specific strategies and commitments*

### ***Working Meeting Sponsors***

#### ***Travel Scholarships:***

- Centers for Disease Control and Prevention Office on Smoking and Health
- The California Endowment

#### ***Reception:***

*The opening evening reception enabled participants to meet informally, network, begin developing Action Plan ideas.*

- American Legacy Foundation
- Tobacco Technical Assistance Consortium

#### ***Meals and Breaks:***

- The California Endowment
- The Center: Home for GLBT in DC
- The 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
- The 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
- Virginia Commonwealth University Survey & Evaluation Research Laboratory

Following the meeting, TTAC provided a venue for community involvement and feedback by posting the documents from the meeting and the draft *Action Plan* on a new LGBT section of their website, [www.ttac.org](http://www.ttac.org). The outline of this *Action Plan* and basic concepts were also disseminated for discussion and feedback in Boston in December, 2003 at the National LGBTI Tobacco Control and Research Summit, held once again in conjunction with the National Conference on Tobacco or Health.

### **3. Milestones in the 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 in local LGBT communities began in the early 1990's to respond to the need for LGBT-sensitive tobacco cessation programs. Two early LGBT cessation models were the "Out and Free" program created by the Sexual Minorities Tobacco Coalition in Seattle,<sup>7</sup> and the "Last Drag" program in San Francisco.<sup>8</sup> In 2000, the Centers for Disease Control and Prevention 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.<sup>9</sup> In late 2003, the project released findings from nationwide LGBT focus groups exploring smoking issues.<sup>10</sup>

As of late 2003, there were 34 known cessation programs tailored to the LGBT community in the United States, 11 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",<sup>11</sup> modeled after the "Great American Smokeout",<sup>12</sup> 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 Quit Lines such as the University of California at San Francisco's iQuit, an Internet-based cessation program for LGBT smokers;<sup>13</sup>
- LGBT-focused anti-tobacco media campaigns to counter tobacco advertising and disseminate LGBT-inclusive messages; and
- Promotion of the U.S. Public Health Services' Clinical Practice Guideline, *Treating Tobacco Use and Dependence*,<sup>14</sup> among health care providers who care for LGBT patients.

(See Appendix 5, Resources)

The American Legacy Foundation (Legacy), established in 1999 as a result of the Master Settlement Agreement with tobacco companies, identified LGBT as a "priority population", and funded eight LGBT smoking prevention, cessation, and research projects nationwide.

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, and in 1996, with CDC funding, they organized the first statewide conference in California focusing

on prevention of tobacco and alcohol problems in LGBT communities. 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 (see below).

Legacy organized an LGBT Forum and issued a final report with recommendations for addressing LGBT smoking;<sup>15</sup> additional recommendations were made in the Tobacco Use Chapter of the *Healthy People 2010 Companion Document for LGBT Health*,<sup>16</sup> and the National Association of LGBT Community Centers' CDC-funded 2003 study<sup>17</sup> which involved forty-six focus groups in twenty-two cities, also recommended changes. (See Appendix 3, Recommendations from LGBT Tobacco Reports for a consolidated list of recommendations from the three reports).

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.<sup>18</sup> 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.<sup>19</sup>

*Healthy People 2010*, the federal government's 10-year health agenda for the nation, highlights the need to "eliminate health disparities... including differences that occur by gender, race or ethnicity, education or income, disability, geographic location, or sexual orientation".<sup>20</sup> The *Tobacco Use* chapter includes sexual orientation in the data tables while indicating that data are not collected for this population. LGBT health and tobacco control advocates have worked to include sexual orientation and gender identity questions in national health surveys, specifically advocating the need to include such measures in tobacco surveys. 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.

Initial findings about targeting of LGBT communities by tobacco companies were published by Kevin Goebel in 1994.<sup>21</sup> A National Institutes of Health grant to the University of California at San Francisco is helping to identify references to LGBT populations in recently released tobacco industry documents. Increased research in this area has 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 1990’s marketing campaign.<sup>22</sup>
- TTAC’s production of a CD-ROM on LGBT Populations and Tobacco, including information regarding tobacco industry marketing to LGBT people and strategies and a call to action for tobacco control professionals to work to decrease tobacco use prevalence among LGBT people.<sup>23</sup>

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.<sup>24</sup> 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.

## 4. Existing LGBT Anti-Tobacco Efforts

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

### Research

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. Dr. Buchting presented the group's findings at the Working Meeting.

The group identified several areas important for examination:

- Tobacco-Related Sciences (research areas)
  - Social Epidemiology
  - Disease Epidemiology
  - Cessation Research/Neuroscience
  - Prevention
  - Policy
  - Economic
  - Tobacco Industry Documents
  - Ethnographic/Anthropology
  - International Studies
  - Understudies Areas
  - Other
- What we know, what we need to know
- Funded Projects
- Research vs. Evaluation
- Recommendations
- Gold Standard for "Research Translation"

### What we Know about Social Epidemiology

Research indicates that lesbians, gay men, and bisexuals (both adolescents and adults) use tobacco at higher rates than in the general population. A 1999 study (Stall, et. al), found that 41.5 percent of gay men smoke compared to 28.0 percent of men in the general population. It also found a lower smoking rate among gay and bisexual men with higher education than the rate for other gay and bisexual men.<sup>25</sup>

A 1997 study using random digit dialing in Los Angeles (Diaman, et. al) found that 37 percent of lesbians and 50 percent of bisexual women smoke, compared to 14.0 percent of heterosexual women and 22.1 percent of women nationwide.<sup>26</sup> 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 populations.

### Obstacles to Knowledge

It is difficult to arrive at exact estimates of smoking among LGBT populations for a variety of reasons. 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 populations and tobacco.

Many of the findings reported in the scientific literature are derived from questions in research projects which 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 life-time smoking. Sampling concerns and homogenous demographics of samples (e.g. gay white men) have made it difficult to adequately determine the impact tobacco use has on the entire community. Finally, there is a particular dearth of sufficient data on LGBT persons of color and smoking, rationalized by “the insufficient number for adequate analysis.”<sup>27</sup>

### What is Needed in Social Epidemiology

The panel’s “wish list” for improving social epidemiology includes:

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

### What we Know about Disease Epidemiology

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) also may be greater among LGBT populations. Comorbidity (the presence of multiple, concurrent health conditions) may also be a possible determinant of different tobacco-related death rates; for example, esophageal cancer with cigarette smoking and heavy alcohol use,<sup>28</sup> medical conditions related to the course of HIV infection,<sup>29</sup> and mental health disorders such as depression, anxiety disorders and multiple addictions.<sup>30</sup>

Smoking-related health disparities in LGBT populations are exacerbated by decreased access to culturally appropriate quality health care and sensitive tobacco cessation programs and materials.<sup>31</sup> These factors create barriers for LGBT smokers for quitting. LGBT individuals also may be less likely to receive preventive care, meaning that they may receive less frequent tobacco cessation

education and counseling.<sup>32</sup> 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.”<sup>33</sup> 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.<sup>34</sup>

Also, more information is needed on environmental tobacco smoke (ETS)/second-hand smoke. Assuming LGBT communities have higher rates of exposure to secondhand smoke, they will also have higher rates of tobacco-related diseases which are associated with ETS exposure.<sup>35</sup>

Of additional major 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.<sup>36</sup> HIV-positive gay males smoke at higher rates than HIV- positive heterosexual males.<sup>37</sup> 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.<sup>38</sup> There is, however, a consistent association between smoking and bacterial pneumonia, hairy leukoplakia, oral candidiasis and AIDS-related dementia.<sup>39</sup>

#### What is Needed in Disease Epidemiology

The panel agreed that there are many needs with respect to disease epidemiology-related research, including information on:

- 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 populations (e.g., interactions between smoking and hormone replacement therapy).

#### What we Know about and Need in 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.

#### What is Needed in 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. We also need studies to examine predictors of tobacco use uptake (including stressors, mental health, self-acceptance, social support, victimization, discrimination, cultural determinants, etc.). More data are also needed regarding protective factors and evaluation of existing LGBT prevention programs or initiatives.

#### What is Needed in 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.

#### What is Needed in 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.

#### What is Needed in 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.

#### What is Needed in 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.

#### What is Needed in International Research

To date, a few articles on LGBT smoking have been reported in country-specific journals, such as the Australian Nursing Journal.<sup>40</sup> There was also one article in *Tobacco Control*,<sup>41</sup> however, there have been no international studies on LGBT smoking funded by the U.S. government.

#### What is Needed in Understudied/Neglected Areas

Studies are needed especially for two key neglected populations: LGBT persons of color and transgender individuals. For LGBT persons of color, 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.

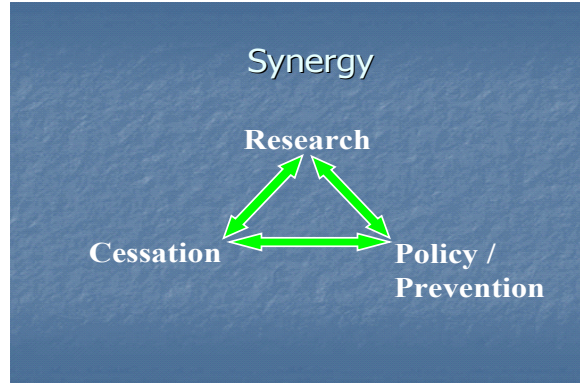
## Recommendations

In summary, the Research Panel made 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 vs. rural LGBT populations.
- 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 populations.
- *Healthy People 2010* process should address LGBT populations 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 populations and tobacco use.

## Influencing Funding Streams

The panel also recommended addressing LGBT and tobacco use as issues of social justice, healthy disparity, and parity. This includes holding funders, LGBT organizations, and non-LGBT organizations accountable for the relationship between tobacco funding and the community.



There are several funded research projects underway with respect to LGBT smoking. See Appendix 5, Resources.

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.
- We need to determine the best way to share data already collected among LGBT tobacco programs.

An additional recommended action is that we begin to lobby the organizers of the World Conference on Tobacco or Health (WCTOH) to start addressing our communities' 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. A concerted effort will be necessary to achieve significant changes in their stand on this issue. The next WCTOH conference will be in Washington, DC. The American Cancer Society is the lead agency, and Dileep Ball—at the Department of Health Services in California—is the co-chair for the conference.

## Prevention

Lynn Martinsen, at the time from the Safeguards Health Project in Philadelphia, chaired the Prevention Work Group which developed a background summary on prevention for the Working Meeting. Working Meeting participants also discussed prevention challenges and existing prevention campaigns and programs (see Appendix 5, Resources).

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, specific 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 due to homophobia and discrimination.<sup>42</sup> Research suggests that smoking is more prevalent among groups experiencing high levels of stress,<sup>43</sup> and that young LGBT persons are more likely to be depressed, lonely, isolated, victimized or discriminated against, to attempt suicide, and to be physically or verbally victimized—compared to heterosexual counterparts.<sup>44</sup>

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.<sup>45 46</sup> Places 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.<sup>47</sup>

Moreover, since the early 1990's, the tobacco industry has targeted the gay market through direct advertisement, sponsorship, and promotional events.<sup>48</sup> CLASH recommends the following community 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 our 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.<sup>49</sup>

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
- Develop new and expanded strategies to counter advertising by the tobacco industry that targets the LGBT communities
- Develop policies and regulations regarding use

Through expanded research and collaboration between LGBT, tobacco, and public health experts, we 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 we most effectively reach LGBT youth?
- What messages are most effective for LGBT youth?
- What's missing with respect to unique approaches needed to reach LGBT youth?
- What's feasible right now?
- What's feasible in the future?

## Cessation/Treatment

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.

Treatment of nicotine dependence is difficult. About 85 percent of adults who smoke meet a DSM-IV diagnosis of nicotine dependence.<sup>50</sup> Seventy-five percent of current tobacco users want to quit. However, of the nearly 50 percent who make a concerted effort to quit this year, only seven percent will be successful.<sup>51</sup> Fifty percent of continuing smokers will die of tobacco-caused illness.<sup>52</sup> Of all individuals who have ever used tobacco, just over 50 percent have quit smoking.<sup>53</sup>

Clinicians believe that the concept of "cessation" needs to be replaced 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. Cessation is not a clinical activity, and refers to something the patient/smoker "does." Moreover, cessation happens in a single moment in time; and is not a process or a continuing event like treatment. The belief is that continued use of the term cessation perpetuates the conflicting message that we (like Big Tobacco) still think of smoking as a bad habit. Quitting smoking is a process, and not an event; most people try to quit five to seven times before they are successful.<sup>54</sup>

Others from community-based tobacco control programs, however, 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."

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.

The workgroup developed 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 do smoking and paraphernalia entwine with/enhance sexual and gender identity?
- Oppression, stress, and heterosexism
- The 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
- Addiction--alcohol and drug use and abuse
- 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. U.S. Public Health Services’ Clinical Practice Guideline, “*Treating Tobacco Use and Dependence*”.**<sup>55</sup>

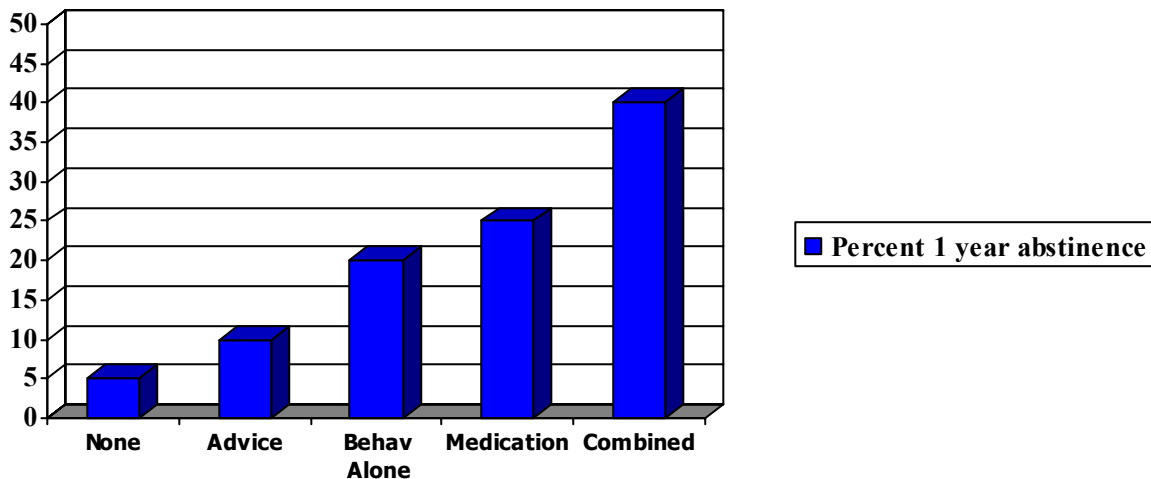
**4. Use a stepped care model of tobacco cessation/treatment.** This includes assessment and triage to an intervention of varying levels of intensity. In this model, there are three levels of intensity of care. Step one (minimal) includes self-change and self-help. Step two (medium) includes brief counseling, 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.**

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

Studies show that the best success rates (40 percent) occur among people who have tried a combination of interventions, followed by those who used medication only (25 percent), behavioral intervention (20 percent), advice (10 percent), and no treatment (5 percent).<sup>56</sup>

**Success Rates**



There is a need to develop cessation/treatment resources for rural LGBT individuals and others who cannot access onsite treatment. Three such examples

are “Queer Quit Net”, a computer-based interactive program,<sup>57</sup> “iQuit”, an Internet-based program for LGBT smokers,<sup>58</sup> and “Queer Quitline”, individualized phone assistance for cessation/treatment.<sup>59</sup>

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.<sup>60</sup> 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 OK for LGBT adults but bad for youth. Mainstream/non-gay 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).<sup>61</sup> 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 (See Appendix 5, Resources). Comments included:

- Use of the word “Queer” is not accepted in most of the black LGBT community. We need to find more inclusive language.
- 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 either treatment or cessation.
- Are there any specific programs which 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.

## **B. Action Plan: The Top Five Actions**

To develop the *Action Plan*, the Working Meeting participants focused on the “Top Five” actions identified by the group as being most feasible and important. This section summarizes each action using 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

(See Appendix 1 for composition of the Teams and other resources for implementation of the Actions).

Following this section are other top action ideas the group considered, to provide examples of the many other important needs and ideas for addressing them that were discussed, for consideration by all readers—especially planners, policy makers and funders. Additionally, included in Appendix 4 are the full lists of action ideas considered by the group: the initial 40 brainstormed ideas, and the top 25 ideas with group rankings for feasibility and importance.

### **General Approaches**

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

#### ***Recognize all cultures***

It is important to recognize that LGBT communities include many cultures, including youth, elders, communities of color, 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 populations to share; develop support systems***

Related, we must insure there is an inclusive group at the table. In order to do this, we need to identify ways to provide support for those who have minimal resources or are less experienced to participate, e.g., conference calls, training/technical assistance, and mutual support for working within communities.

### ***Use inclusive language that reaches broadest group***

We need to use language that does not close doors, for example, “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 turned off by this. Also, many racial/ethnic groups do not relate to the concepts of “coming out” and being “out”, so this should not be the theme for a single national campaign.

## ***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 website.
- 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 e-mail to their entire list and a coordinated news release to their press lists announcing this 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.

### Ideas for Message

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

#### *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.

#### *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 Chain
- 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 un-tapped potential for men who have sex with men.

### Concerns

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

Although some 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 created and 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.

#### **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 backed up by research.

## **Cessation/Treatment**

Possible approaches:

- “Treatment Works” is an important message; we need to repeat this 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; this can be integrated into LGBT programs.

## **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 websites.
- 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.

## **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.

### **Sustainability**

- Develop a website 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 website. Content will be provided by everyone.
- Identify a fiscal agent for the entire process. The Sustainability Team will create a budget for getting the website started.
- Establish an online process on the website for individuals and organizations to participate in development.
- Create a calendar of tobacco and LGBT health events to add to the website.
  - The Sustainability Team will develop and maintain the site
  - Others can contribute through the website and emails.

### **Public Relations/Outreach**

- Develop a timeline with media opportunities, including the campaign kickoff.
  - First year goal is to 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 news release with mission, scope, and specific projects.
- Translate into several languages, and apply appropriately for all cultures.
- Develop alliances with universities, national voluntary associations, etc., to support and broaden our outreach efforts.
- Pitch this at international and national tobacco conferences.
- Attend Pride events locally—both large and small.
  - Also 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 our listserv

## **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

It is important for there to be a clearinghouse, 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 help prevent “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 resources 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, as well as by geography (e.g., 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 ads;
- Develop an LGBT-specific curriculum, and assistance for training the trainers;
- Publications list;
- Research questionnaires, standard national survey, data sets, literature reviews, evaluation instruments;
- Resource pages for media and policy makers; and
- Calendar of tobacco and LGBT health events.

The clearinghouse is feasible because we 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 these 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 said it would be relatively easy if it is Access-based; i.e., we would simply need a host-server and everyone could provide their own resources and information. However, there were also concerns expressed about quality control, that materials and programs should be evaluated.

## Strategies for Action

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

### **Research**

- Provide a resource for researchers as well, 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 what populations.
- 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.

### **Cessation/Treatment**

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

### **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.
- Insure that resources are varied for diverse populations.
- Develop a way to assess (e.g., criteria) whether mainstream programs are LGBTQI-sensitive.

### **Policy**

- Policy workgroup 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.<sup>62</sup>

### **Sustainability**

- The National Coalition for LGBT Health will be responsible for website design and hosting, which will allow this to be easily initiated and maintained.

### **Public Relations**

- Disseminate announcements and send link widely by email when available, including to LGBT media.

### **Outreach**

- Begin by identifying existing resources, perhaps with technical assistance, working in conjunction with the Research Team and Teams focused on specific areas (e.g., Cessation/Treatment, Prevention, and Policy).

## **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, we also need new research. Both approaches would have a major impact 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, we should analyze existing data sets and find ways to conduct other research.

### 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 (with an interest in tobacco). We also need to educate tobacco and health researchers about the value of LGBT-specific research. This could be a function of the clearinghouse, perhaps with technical assistance for the organizing efforts.

Many 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.
- We need more research in general, not about WHO is smoking as much as WHY. We also need to evaluate the effectiveness of existing programs before implementing new ones.
- 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 Legacy'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.

### **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 research/evaluation has been done that has not been published, including work that was not focused on tobacco 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), who has been working to expand inter-organizations' collaboration and information sharing.

### **Policy**

- Work with national groups to adopt tobacco as a priority and to use their leverage to advocate inclusion of LGBT populations on national and state surveys.

### **Sustainability**

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

### **Public Relations**

- Disseminate any new findings or announcements about initiation of new research or advocacy efforts when available.

### **Outreach**

- Once data is available, we can add the information to our clearinghouse, both web-based and make hard copies 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 also.
- The Outreach Team can use the statistics in presenting at local and national conferences. With technical assistance, we can prepare model presentations.

## **4. Create Connectivity with Larger Anti-Smoking Organizations**

It is important to develop working relationships between LGBT anti-tobacco efforts and larger organizations such as ALA and ACS. We need to reach out to these natural partners to assess and support their commitment to addressing LGBT smoking and to develop specific collaborations, including website cross-linking and sharing of materials.

### Rationale

Connecting with the larger anti-smoking organizations will help leverage resources, insure national mainstream organizations understand the extent of smoking in—and unique needs of the—LGBT communities, and promote better access to LGBT information and resources for those living in non-urban areas that do not have LGBT-specific programs.

## Implementation Ideas

We should affirmatively reach out to national voluntaries and other national mainstream organizations, and inquire about their current efforts and commitment to develop initiatives to address the high rates of smoking in LGBT communities.

A good start is sending a letter to the Chief Executive Officers of ACS, ALA, AHA, Campaign for Tobacco Free Kids (TFK), and Robert Wood Johnson Foundation (RWJ) with these inquiries. To date, there has not been much recognition of LGBT populations as one of the “priority population.”

Another good first step is to link our community-based organizations (CBOs) to the national voluntary, public health and anti-tobacco efforts. For example, a link to one place, such as the LGBT section of the TTAC website, 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 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. Also, it is 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:

### **Cessation/Treatment**

- Work from a national model, such as the American Lung Association national facilitator training, "Freedom From Smoking". Use this model for training local cessation facilitators, as long as it is LGBT-sensitive.
- Explore possibility of the national clearinghouse doing an inventory and distribution of materials.
- Connect with organizations about our current efforts on the *Action Plan*. Working with the mainstream organizations should be one of our top priorities.
- Ask: “what can we do together to bring LGBT tobacco issues to the table?” (e.g., web site pages, culturally sensitive materials)
- Approach local contacts about national contacts; ask: “[w]ho is best to talk to?”

### **Prevention**

- Disseminate LGBT-focused materials to local health departments
- All participants in the *Action Plan* process can initiate letters from their organizations to local and national ALA, AHA, and ACS chapters to let them know that we are working on LGBT tobacco.
- 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 we are doing, and that we are 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.

### **Policy**

- Survey national organizations to assess their commitment to LGBT communities in order to initiate a dialogue, seek support, and begin to establish work with LGBT communities as a priority.
- Leverage this dialogue to also 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, TFK, Legacy, RWJ, to ask what LGBT tobacco programs they offer. Hopefully, this 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.
- Prioritize connecting with Robert Wood Johnson about what they can do to support LGBT anti-tobacco efforts.

### **Sustainability**

- Use a website 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, which can be shared with and contributed to by mainstream anti-tobacco organizations.

## **5. Build Resources for Developing Programs and Initiatives**

(CD-ROM with set of tools for starting LGBT tobacco efforts)

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.

## 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 this 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, treatment, research, policy, etc. Technical assistance with CD-ROM development would be useful for this project.

## Concerns

Similar to creating one national campaign, some expressed the importance of identifying what works by evaluating existing LGBT efforts before dissemination. Others added it is important to provide for updating the CD-ROM every two to three years, or provide resources (e.g., website) for obtaining updated information in the future.

## 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 a project such as this.

### **Research**

- Create a table/matrix of information pertaining to each cessation program. This should include whether the program was evaluated, how the work was done, what was accomplished, and with whom.

### **Cessation/Treatment**

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

### **Prevention**

- All who participated in the *Action Plan* process and who work in LGBT tobacco control can create and submit materials for specific LGBT communities that we

work with to package as a national campaign. Technical assistance with gathering and organizing these materials would be helpful, and we could convene a committee comprised of people involved in this process to review the materials.

### **Sustainability**

- Provide a link on the website to organize the discussion, i.e., for submission of ideas and materials, and for updates.

### **Public Relations**

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

## C. Examples of Other Ideas for Action

In addition to the five “big ideas,” the group also identified other important ideas for action. Although specific strategies and action steps for implementing these 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, but more would be ideal – Why not all 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 the American Cancer Society and American Lung Association.

### 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.
- Also, 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, and RWJ could be surveyed about what they currently do with respect to LGBT populations.
  - Also ask about domestic partner benefits
- One way to accomplish both tasks with minimal resources is to have each person commit to write 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 website, and this would result in many letters bringing LGBT tobacco issues to their tables.

### 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 taking 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, offer cessation assistance to employees/members/clients, and 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 use tobacco ads for funding purposes, so they need to strategically plan to replace the funding that would be lost by omitting tobacco ads.
- We should buy ads with anti-smoking messages and purchase booths to market information on the effects of smoking to LGBT people.
- Every Pride event is different, so strategies should be adaptable for relevance to the nature of different Pride festivals.

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

- Some feel we do not need another quit line when so many are being de-funded, therefore we should instead provide education and technical assistance on how existing lines can serve the LGBT communities. Make sure the existing quit lines ASK about sexual orientation and gender orientation and are culturally sensitive.
- Others think at least one LGBT-specific quit line is necessary for people who do not have computer access or who need confidential help and 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 Quit Line 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 website links**

- Links to smoking prevention/treatment resources (TTAC, Legacy, etc.) on websites of GLMA, WIM, National Coalition for LGBT Health, etc.
- We need to develop model presentations/power point slides.

**7) Create an interactive online support group for LGBT populations, 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.
- Some did not agree that this would be viable.

## **D. Conclusion**

### **1. Lessons Learned**

#### Lessons learned

There have been some challenges—and lessons learned—in the process of creating and implementing the *Action Plan*.

TTAC's support through assigning consultants to the process made it possible to leverage the volunteer time of otherwise busy Steering Committee members and to plan and convene a successful meeting to develop and write a viable *Action Plan*. After the meeting, with no paid person designated to coordinate communications, it was initially difficult to sustain continued efforts.

The diverse experience bases, national representation, and multidisciplinary approach also add unique dimensions to the process. Amidst these challenges, however, and in many cases because of them, there are many strengths to aid in implementation of the *Action Plan*:

- The *Action Plan* was created with minimal resources, and a great deal of work has already been accomplished—a collaborative plan has been developed that can be implemented with minimal resources;
- The diversity of the group allows for input by most stakeholders, mutual education of each other, and wider outreach;
- Ultimately leading to a more effective plan with investment and participation by key organizations and individuals.

### **2. Next Steps**

Ideally, some designated staff time and infrastructure is needed to move forward on the *Action Plan* at least until funding or organizational resources are secured to support ongoing 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 implementing the *Action Plan*.

The teams or other small groups should be reconvened and new members recruited to re-ignite work on the strategies developed at the Working Meeting. E-mail and conference call communications for small groups and cross-cutting efforts would help keep the momentum going.

The LGBT section of the TTAC website and the LGBT tobacco listserv can be utilized for posting of information and communications until the National Coalition for LGBT Health creates an LGBT tobacco website, which can be used for initiation of action steps for the “big five” action ideas and others.

## E. Appendices

## ***Appendix 1: Participant Biographies and Contact Information***

### **Mary Anne Adams, ZAMI, Inc.**

#### **India Alexis**

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India Alexis has been a project manager and grant writer for over six years. She is currently Project Manager for Smoke Screen, a smoking cessation collaboration between PRTA, UCSF, SMAAC and New Leaf in the San Francisco Bay Area. The project draws upon the best practices of Queer Tips Smoking Cessation Workshops.

Ms. Alexis is aware of the challenge of getting people to stop smoking, having gone through smoking cessation programs for herself. She is currently a non-smoker.

India is passionate about her work with the LGBT population with a special interest in those of color.

#### **Tom Aloisi**

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When not a GLBT health activist, Tom Aloisi is the program coordinator for the Management Assistance Program (MAP) at JRI Health in Boston. MAP is funded to support organizations to emerge as pioneering community leaders and agents for social justice and change within our society. Tom is also pursuing a Master's Degree in Health Promotion, and hopes to complete his studies in 2004. Before moving to Boston, Tom spent 7 years at the AIDS Program at the Department of Health in Vermont, and was known as a national leader on rural gay men's health issues, especially tobacco and HIV. He is also a founding member of the bear health collective, which focuses on health issues among bear communities.

### **Urooj Arshad, National Youth Advocacy Coalition**

#### **Roxanna Bautista**

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Roxanna Bautista is currently the Chronic Diseases Program Director at the Asian and Pacific Islander American Health Forum (APIAHF). APIAHF is a national advocacy organization dedicated to promoting policy, program, and research efforts to improve the health and well being of Asian American and Pacific Islander (AAPI) communities. Roxanna manages APIAHF's tobacco and cancer programs. She has experience in cultural competency trainings, technical assistance and training (TAT) activities, and reviewing grants for local, state, and national funding groups to ensure inclusion of AAPI groups and projects. She has also worked with APIAHF's HIV/AIDS program to develop an AAPI LGBT tobacco survey, which was disseminated and collected in 2002. Roxanna obtained her Bachelor of Science from University of California, Davis and her Masters in Public Health at Loma Linda University.

**Judy Bradford**

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Judy Bradford is Director of the Survey and Evaluation Research Laboratory at Virginia Commonwealth University in Richmond and Co-Director (with Dr. Ken Mayer) of The Fenway Institute at Fenway Community Health in Boston. Judy chairs a doctoral concentration in health policy, teaches courses in health disparities and access, and conducts community research in HIV/AIDS and in LGBT health. She served as research director for the National Lesbian Health Care Survey in 1984-85 and has worked continuously in LGBT health since. Current research studies include transgender health, engagement in care for underserved HIV+ persons, smoking cessation, and research-evaluation capacity building for community-based organizations serving cultural minority communities.

**Misti Burmeister**

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Misti Burmeister came to the DC area just over a year ago to accept a fellowship from the National Cancer Institute (NCI). She earned her Masters of Art in Human Communication with an emphasis in Health and Leadership Communication, a Bachelor's degree in Kinesiology as well as a Bachelor's degree in Psychology from the University of Northern Colorado. While at the University, she helped to create the Styker Institute, expanding services and opportunities for leadership development to first generation, low-income, and communities of color on campus. Additionally, she researched and presented on Women's Health and Queer Theory, making connections between coming out and healthy behaviors. While at the NCI, Misti had the opportunity to assist in a variety of tasks such as: planning a National Synthesis Conference; serving as a member of the Diversity Subcommittee for the National Conference on Tobacco or Health (NCTOH); reviewing abstracts for the NCTOH; and planning the logics and programming of the National Conference on Tobacco and Health Disparities. Ms. Burmeister is proud of her contributions to the Tobacco Control Research Branch of the NCI and looks forward to working with other health organizations in the future, as she continues her job search.

**Francisco O. Buchting**

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Francisco Buchting, Ph.D., has been Research Administrator of Epidemiology, Policy, and Economic Sciences of the California Tobacco-Related Disease Research Program since May 2000. He brings to the program a combination of wide-ranging experience in clinical practice and research, and extensive personal involvement in health advocacy and community activism. Francisco earned his BAS (Bachelor of Arts and Science) in Philosophy and Psychology at University of California at Davis and a M.S. and Ph.D. in Clinical Psychology at Boston University. His career includes several years of behavioral medicine science and behavioral genetics research, bilingual clinical practice in behavioral medicine, author research articles, co-author of a bi-monthly newspaper column on health, and service on community based organization boards and museum advisory committees.

**Katy Caldwell**

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Katy Caldwell is currently the Executive Director of the Montrose Clinic, a not for profit health facility which provides low or no cost health, social, educational, and research services. Prior to her position with the Clinic, Katy was a partner in the firm, Quantum Consultants, a government relations and political consulting firm where she served as a legislative consultant for business and local governments. From 1991 until 1994, Katy served as the elected Treasurer of Harris County. Katy Caldwell is a native Houstonian, a graduate of the University of Houston and lives in Midtown with her husband, Eric Ingenthron and their cats, Pancho and Rocky.

**Lisa M. Carlson**

Lisa M. Carlson, MPH, CHES, was at the time of the Working Meeting the Director of Strategic Initiatives, Tobacco Technical Assistance Consortium, Rollins School of Public Health (RSPH), Emory University. Lisa has over ten years experience in public health, most recently as Vice President, Population Health for the Arthritis Foundation's National Office, where she led implementation of the National Arthritis *Action Plan* - the first public health approach to arthritis. She is a past President of Georgia Public Health Association and adjunct associate professor at RSPH. Lisa is a Certified Health Education Specialist, holds a Master of Public Health from RSPH, and is a graduate of Yale University. Lisa is currently the Academic Program Director of the Emory Transplant Center.

**Edwin M. Craft**

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Edwin M. Craft, Dr.P.H., M.Ed., LCPC represented the Gay and Lesbian Medical Association (GLMA) on the Steering Committee. He is a public health administrator, health care professional, academic fellow, and community advocate with over 25 years of experience in public health issues. In carrying out his duties as a member of the GLMA Board of Directors, Vice-President of The DC Center, and a career civil servant, Dr. Craft maintains an extensive professional network with key government employees throughout the Executive Branch and States, Congressional staff, the research/academic communities, constituency groups, providers, and consumers. He has had extensive experience coordinating the work of diverse professional, technical, and support personnel. Dr. Craft's experience includes Federal budget formulation and execution; evaluation and synthesis of the scientific literature to carry out long-and short-term local and national program planning, execution, and evaluation/research; and formulation, defense, and passage of pivotal Federal and State legislation and regulations.

**Odessa Deffenbaugh**

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Odessa Deffenbaugh has worked in the field of Public Health since 1996 specializing in topics such as HIV/AIDS and Tobacco Control. Working both domestically and internationally, Odessa has explored how individual's health seeking behaviors exist within supportive social environments and she strives to create these environments through her work. Currently, Odessa works at the Boston Public Health Commission's Tobacco Control Program as the Senior Health Education Specialist.

## **Margaux Delotte-Bennett, Sexual Minority Youth Assistance League**

### **Colleen Dermody**

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Colleen Dermody is vice president for WITECK • COMBS COMMUNICATIONS, a national strategic public relations firm based in Washington, D.C, where she co-heads the firm's Health and Disability Practice. Her professional experience includes serving as Communications Director for the Center for Science in the Public Interest, the nation's highest profile health and nutrition advocacy organization. She is also known and respected for her work in women's issues and progressive advocacy communications with senior posts at the Feminist Majority Foundation and the Humane Society of the United States/Humane Society International. In addition, Dermody is an adjunct professor teaching strategic communications for American and Central Michigan Universities. She serves as Chair of NOW's Lesbian Rights Committee and is President of the Potomac Executive Network (PEN), Washington, D.C.'s only LGBT business professional's organization.

### **Bill Dubay**

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Bill Dubay is partnered to John Reitberger, his spouse of 31 years, and is 55 years old. GLBT community organizations Bill is currently affiliated with: LGBT Tobacco Coalition (State of Washington); Citizens for Enforceable Discrimination Laws (CEDL); SEAMEC; Legal Marriage Alliance of Washington (LMA); DON'T AMEND.COM; and Out Front Labor Coalition (OFLC). He has previously been affiliated with: Hands Off Washington (HOW); Freedom Day Committee (FDC – Seattle's Gay Pride Organization); Bigot Busters. Bill is currently a Legislative Aide to the King County (WA) Assessor, and was previously a campaign manager for citywide, countywide, and Congressional races; and held varying roles in ballot measure races. He spent approximately 23 years as manager (electric motor shop) or controller (fishing industry business) of small business. Political affiliations include: local (legislative district) Democratic board member; King County Democrats Executive Board; Washington Stonewall (GLBT) Democrats chair and board member.

### **Pat Dunn**

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Pat Dunn, Amphora Consulting, was hired by the Tobacco Technical Assistance Consortium to write the National LGBT Communities Tobacco *Action Plan*. Pat's consulting practice is grounded in her twenty-five years experience in policy, advocacy, program coordination, and planning for health and social justice. She has worked extensively with and on behalf of diverse communities, including LGBTI; immigrants; women; children and youth; and low-income populations. Prior to beginning her consulting practice, Pat was the Director of Policy and Programs for the Gay and Lesbian Medical Association, where she coordinated efforts to insure the health needs of LGBT populations are addressed by the federal government and health care system. Pat received a *Juris Doctorate* from the University of California at Davis and a Masters of Social Work from Washington University in St. Louis.

**Mary Dzieweczynski**

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Mary is the Executive Director of Verbena (formerly the Seattle Lesbian Cancer Project & Sappho's Health Services). Verbena builds vibrant communities for lesbians, bisexual and queer women, and transgendered individuals through health advocacy, education, support services, and access to care. Mary has worked in the non-profit sector for over 15 years including as Program Director of Parkview Services, a residential support program for people with developmental disabilities. Mary earned her B.A. in learning psychology from the University of Minnesota in 1995. She completed the Certification Program in Human Services Management from the University of Washington in 1997 and earned an M.A. from Antioch University in the Environment and Community Program in 2000 where she focused on social justice, community organizing, and ecopsychology.

**Alyssa Easton**

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Alyssa Easton, PhD, MPH, is an Epidemiologist in the Office on Smoking and Health, and leads the Surveillance and Specific Populations Team. In part, the Team works to advance science and public health practice as it relates to tobacco use among specific populations. Priority activities include the development of Adult Tobacco Surveys for American Indian, Alaska Native, Urban Indian, Hispanic/Latino, and Gay, Lesbian, Bisexual, and Transgender adults. Dr. Easton was a contributing author of the 2001 Surgeon General's Report on Women and Smoking. She was the U.S. principal investigator for the 1999 *Budapest Student Health Behavior Survey*, and a lead researcher on the *Women Physicians' Health Survey* in collaboration with Emory University School of Medicine. She joined the CDC in 1997 as an Epidemic Intelligence Service Officer.

**Bonnie Feldkamp**

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Bonnie Feldkamp is a veteran grassroots activist for social justice. In 1989, she co-founded the Minority Health Coalition of Allen County with an African American nurse to address health disparities of minorities. In addition, she co-founded Smoke Free Indiana Northeast Coalition in 1993, Indiana most successful community-based coalition. She helped led the coalition to pass Indiana's only comprehensive smokefree ban for restaurants and workplace in 1998. Under her leadership in 2001, the coalition became Indiana's first free standing and non-profit tobacco-free coalition. In 1999, she co-founded Cancer Services of Allen County LGBT Outreach. In 2001, she retired from Cancer Services of Allen County as Director of Program Services. She has received numerous community service awards. She has mentored several grassroots leaders to continue social justice advocacy. She is native of Detroit Michigan, a former Lutheran educator and the mother of 5 children (including twins). She is a proud grandmother and a very much "out"spoken Lesbian at age 68. She is also a cancer survivor. Bonnie currently serves as President of Smoke Free Allen County Inc. In 2004, she will help led the coalition to expand it current smokefree ban to include bars and bowling alleys. Fort Wayne is the second largest city in the state of Indiana and will be the second city to pass a ban to include bars and bowling alleys. Bloomington, Indiana (a college town) passed a smokefree ban in 2003 to include bars and bowling alleys.

**Michael Ferens**

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Michael Ferens is President and Founder of DC BREATHE (Bar and Restaurant Employees Advocating Together for Healthy Working Environments) and a member of the SMOKEFREE DC Steering Committee. He is a member of the Log Cabin Republicans/District of Columbia and has served on the District of Columbia Republican Committee since 2002. He chaired the Log Cabin Republican/DC campaign to elect Carol Schwartz for Mayor in 2002, organized the oversight fundraiser for the campaign of DC City Councilmember David Catania, and helped organize the DC Bush Unity Rally in Washington, DC in September 2000. He has assisted with numerous other local and national campaigns. In addition, he has participated in the AIDS RIDE in 1998, 2000, and 2002.

**Praveen Fernandes**

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Praveen Fernandes is a Public Policy Advocate with the Human Rights Campaign, where he works on issues relating to HIV/AIDS, LGBT health, sex education, same-sex marriage, and judicial nominations. Praveen has a J.D. from the University of North Carolina College of Law, an M.P.H. from the University of North Carolina School of Public Health, and a B.A. (in Biomedical Ethics) from Brown University. Before working for the Human Rights Campaign, Praveen practiced health care law with the law firm of Ropes & Gray and worked for the Senate Labor Committee (under Senator Edward M. Kennedy).

**Doretha Williams-Fluornoy**

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Doretha Williams-Fluornoy, MS, serves as Chief Executive Officer of Lyon-Martin Women's Health Services Inc. and specializes in program design and community interventions targeting marginalized women and people of color. Lyon-Martin provides primary medical care and health prevention and promotion services to women and Transgender people throughout the Bay Area. Located in San Francisco's Castro District, Lyon-Martin specializes in chronic disease management and case management services for women who typically do not have access to quality medical care designed to meet their unique lifestyle, and/or sexual and gender orientation.

**Earl Fowlkes**

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Earl Fowlkes has served as the President of DC Black Pride for six years. He is also the President of the International Federation of Black Pride (IFBP), an umbrella organization comprised of eighteen Black LGBT Pride celebrations throughout the United States and South Africa. Earl is the Executive Director of Damien Ministries, Inc., a faith-based agency serving the "poorest of the poor" living with HIV/AIDS in Washington, DC, and is very involved in HIV/AIDS and LGBT community service. He is the Community Co-Chair of the District of Columbia HIV Prevention Community Planning Group and serves on five local non-profit boards of directors. He is an active member of 100 Black Men, whose mission is to mentor underprivileged black youth, and the National African American Tobacco Education Network (NAATEN). Earl provides free organizational development technical assistance to several AIDS/LGBT organizations in Johannesburg, South Africa.

**Lisa Fu**

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Lisa Fu is the Community Advocate and Leadership Coordinator at Asian Pacific Partners for Empowerment and Leadership (APPEAL) in Oakland, California. APPEAL is a national social justice network of organizations and individuals working towards a tobacco-free Asian American and Pacific Islander (AAPI) community. A recent graduate of the UCLA School of Public Health, Lisa has worked at AAPI organizations in California and Guam around the issues including tobacco control and cancer. Most recently, she worked with the Chamorro community at Guam Communications Network in Long Beach, California.

**Jessica Halem**

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Jessica has always wanted to be a professional feminist. She worked for the UN Commission on Human Rights in Geneva, Switzerland and spent two years as Press Aide to Bella Abzug, president of Women's Environment & Development Organization (WEDO). She moved to Chicago in 1996 to pursue stand-up comedy and also worked in public relations and public policy for both corporate and non-profit enterprises. In 2001, Jessica became Executive Director of LCCP. LCCP works to advance the health and quality of life for lesbian, bisexual and transgender women through advocacy and public education. For 13 years, LCCP has been providing: referrals; smoking cessation clinics; and support for women with cancer and caregivers. LCCP has also partnered with Mautner Project since 1999 to provide the Removing the Barriers training.

**Ken Haller**

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Kenneth Haller, MD, is an Assistant Professor of Pediatrics at the Saint Louis University School of Medicine and is the current President of the Gay and Lesbian Medical Association. He received his MD degree from the Creighton University School of Medicine in 1980. He worked in community health centers in East St. Louis, Illinois, for ten years before moving to Saint Louis University. He was recognized by the American Medical Association in 1990 and 1998 for his work in underserved areas and is the recipient of the 1990 Illinois State Medical Society Public Service Award.

**Michael Hinson, Jr.**

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Michael is the Founder and former Executive Director of The COLOURS Organization, a Philadelphia based non-profit social service organization by and for sexual minority people of color. He is also the Co-Founder of Philadelphia Black Gay Pride. He was a member of the Philadelphia HIV Community Planning Group and EMA HIV Commission, and Co-Chaired both groups. He was a founding Executive Committee member of the National Coalition for LGBT Health. He was a Board Member and Policy Committee Chair of the Communities Advocating for Emergency AIDS Relief (CAEAR) Coalition). He currently serves as an Assistant Managing Director for the City of Philadelphia and the Mayor's Liaison to the LGBT Communities, and is responsible for LGBT policy and program development for the Administration and all operating Departments. Some of his most significant accomplishments are: addition of the "Gender Identity" protection to the City's Fair Practices Ordinance; funding of the Mazzone Health and Wellness Center's LGBT Clinic; and major policy changes that led to opening of a permanent housing facility for LGBT youth in the care of the Department of Human Services.

**Donald Hitchcock**

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Donald is the National Field Director for the National Gay, Lesbian, Bisexual, and Transgender Health Coalition. His background of LGBT activism spans from... campus organizing to employee rights, grassroots campaigns to beltway politics. He has served as an openly gay teacher in an inner city school for at-risk youth, a southern field organizer for a national LGBT organization, a senior associate in a gay and lesbian “boutique” public relations firm, and an understudy to a prominent civil rights attorney. He has founded 3 LGBT organizations, produced a documentary short on challenges for a transgender lobbyist, and is currently working on a book addressing identifying one’s sexual orientation and gender identity. At age 12, he was able to get his father to quit smoking. His additional education includes a BA in Mathematics and a BS in Spanish from Stetson University in DeLand, Florida.

**Susan Hollinshead**

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Susan is a Licensed Clinical Social Worker with over twelve years of professional experience in Policy and Planning, Direct Service and Clinical Supervision. She earned her Master's of Science Degree in Social Work from the University of Wisconsin in Madison. Susan is proud of her contributions to research with regard to the needs of Women, Transgender Communities of Color and Deaf Communities. At NYAC--National Youth Advocacy Coalition--she created a Tobacco Control and Prevention Program using youth adult partnerships to develop: A National LGBTQ Youth Tobacco Control Resource Guide, fact sheets and a small media campaign. She plans to continue in private practice.

**Brent Hope**

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Director of Research at Howard Brown Health Center for over 15 years, Brent Hope received his MSW with a specialization in adult psychotherapy. He has worked on the development of several counseling interventions for men who have sex with men, including a trial for high-risk MSM combining sex and drugs, a trial for HIV+ MSM, and the national EXPLORE cohort. Mr. Hope provides administrative oversight and clinical input on a three-year Legacy funded smoking cessation project. He manages a staff of over 25 people working on 15+ LGBT research studies.

**Gary Humfleet**

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Gary Humfleet, PhD, is an Associate Clinical Professor in the Department of Psychiatry at the University of California, San Francisco. His areas of interest are substance abuse and HIV. His current research activities focus on nicotine dependence among HIV-positive individuals, tobacco use and smoking cessation in gay, lesbian, bisexual and transgender (GLBT) communities, depression and smoking, and development of smoking treatments based on a conceptualization of nicotine dependence as a chronic, relapsing disorder. He has a NIDA-funded grant to develop and evaluate an Internet-based smoking treatment for the LGBT community which should begin recruitment by the end of the year.

**Jennifer Johnsen, Atlanta Lesbian Cancer Initiative**

**Laura Kane-Witkowski**

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Laura Kane-Witkowski is the Health Services Coordinator at Affirmations Lesbian Gay Community Center in Ferndale, MI. She has a B.A. in Psychology from the University of Detroit Mercy and a certificate in Women's Studies. Smoking cessation and tobacco education are top priorities for the Health Services Department for both the youth and adult LGBT population. Through classes, workshops, awareness trainings, smoke free events and education, Affirmations works hard to help the LGBT population of Michigan the freedom from tobacco they deserve, while providing a safe space for learning, socializing and empowerment.

**Kristina E. Keck**

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Kristina was at the time of the Working Meeting the Tobacco Program Manager for the National Association of Lesbian, Gay, Bisexual and Transgender Community Centers. After earning a BS in Applied Psychology with an emphasis on Behavior Analysis at St. Cloud State University in Minnesota she went on to earn a MA in Mental Health Counseling at Seattle University in Washington. She has worked with the LGBT community for over 5 years and is a member of many local and national LGBT Health Coalitions.

**Kirk Kleinschmidt**

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Kirk Kleinschmidt is VP of Advocacy for the American Heart Association, Western States Affiliate. In this role, he heads up a team of 7 who seek policy change to promote heart health. An AHA employee for 15 years, Kirk has long been involved in grassroots and statewide tobacco policy issues. He was appointed by the Speaker to the CA Tobacco Education and Research Oversight Committee and has served as chair for 2 years. He is co-chair of the San Francisco Tobacco Free Coalition, and a Board member for Americans' for Nonsmokers' Rights. He earned a MA from the University of Wisconsin at Madison and a BA from Marquette University.

**Deirdre Lawrence**

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Deirdre Lawrence, PhD, MPH, is currently an epidemiologist in the Risk Factor Monitoring and Methods Branch at the National Cancer Institute (NCI). She earned a B.S. in biology from Spelman College (1989) and a Ph.D. in toxicology from the Massachusetts Institute of Technology (1997). Her Ph.D. thesis research involved a novel way to quantify human DNA modifications caused by exposure to benzo(a)pyrene, a cancer causing compound found in cigarette smoke. Dr. Lawrence earned an M.P.H. from Harvard University (1998), with a concentration in quantitative methods. Her postdoctoral training at NCI and her current research interests involve the monitoring and analysis of tobacco-related health disparities.

**Jacelyn Macedo**

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Jacelyn Macedo (Yurok/Hupa) is the Adult Tobacco Survey (ATS) Project Coordinator / Health Education Specialist II for California Rural Indian Health Board's (CRIHB) Centers for Disease Control and Prevention (CDC) funded Tobacco Education and Prevention Technical Support Center (TEPTS). Jacelyn is an enrolled member of the Yurok Tribe, whose family is from the village of Hop-paw along California's Klamath River. She has a Master of Arts in Sociology with an emphasis in Applied Social Research from Humboldt State University plus eight years of research experience collaborating with diverse ethnic, cultural, and socioeconomic communities.

**Bruce Maeder, Gay City Health Project****Lynn Martinsen**

Lynn Martinsen is the Cardiovascular Risk Reduction Project Manager for the Bucks County Health Improvement Project in Langhorne, Pa. She is responsible for developing community-based public health programs to address the unusually high percentage of county residents with one or more CVD risk factor. Ms. Martinsen's commitment to promoting health at the community level led her to become involved with LGBT Tobacco Use issues while employed at The SafeGuards Project in Philadelphia. This position provided the opportunity to increase knowledge and awareness of the health disparities in LGBT communities. A graduate of Temple University in Philadelphia, Lynn is now completing an MPH at West Chester University and continues at SafeGuards on a voluntary basis.

**Philip T. McCabe**

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Philip T. McCabe CSW, CAS, CCGC, CDVC, is a Certified Social Worker, Certified Compulsive Gambling Counselor and a Nationally Certified Addiction Specialist in the areas of Compulsive Gambling, Alcoholism, Tobacco, Drugs and Other Addictions and a Nationally Certified Domestic Violence Counselor. He is employed by UMDNJ School Of Public Health, in the Tobacco Dependence Program, as the Mental Health Consultant. He has provided public health advocacy and community education within the LGBT communities since 1979. Mr. McCabe has extensive experience and training in Family Systems, with significant focus on Adult Children of Alcoholics and Survivors of Sexual/Physical Abuse. Additionally, he has expertise in Co-occurring Disorders. His experience as an addiction professional includes prevention, education, intervention, staff development, personal and professional growth, with many years experience in leadership. He currently serves as the co-chair of NAADAC/The Association of Addiction Professionals, Clinical Affairs Committee and chairs the PRN Advisory Committee. Mr. McCabe is on the Board of Directors of the National Association of Lesbian & Gay Addiction Professionals. He also serves as the Client Liaison for Holiday Express Inc., a New Jersey based non-profit group that provides holiday shows and gifts to underserved individuals. He has been published in The Counselor magazine, as well as contributing to the Center for Substance Abuse Treatment's, *A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual and Transgender Individuals*. He has presented workshops at various local, state and national events and also in the United Kingdom.

**Kenneth J. Miller**

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Kenneth Miller, BBA, currently, the Center's Executive Director, has been Co-Chair of the Board of Directors for The Center (formally known as the Gay and Lesbian Community Center of Hawai'i) since 1998. Through the early 1990's, Ken played a significant role in Hawai'i's, and the Nations, struggle for LGBT equality in marriage. He was Co-Chair of the Board of Directors for Marriage Project Hawai'i and its Executive Director during the litigious 1998 election. He is currently on the governing board of the Coalition for a Tobacco Free Hawai'i and is an active member of the Oahu Coalition for a Tobacco Free Hawaii. He earned his degree from the University of Hawai'i in Business Administration and has been a business owner as well as working in the travel and tourism industry. Ken born and raised in the lush Kalihi Valley is a native Hawaiian who has found his life work in supporting the diverse needs of the local LGBT and minority communities of Hawai'i.

**Cheryl B. Pearson-Fields**

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Cheryl Pearson-Fields, MPH (Washington, DC), is the Health Education and Research Director for the Mary-Helen Mautner Project for Lesbians with Cancer, and directs the *Tobacco Counter-Media Campaign for Lesbians over 40*, and the *Removing the Barriers to Accessing Health Care for Lesbians*. Additionally, she is the principle investigator on two research projects related to access to health care for butch identified lesbians and health and cancer screening behaviors of African American lesbians. Ms. Fields was awarded the 2001-2002 Ford Foundation Research Fellowship. Her previous work has included research on HIV, substance abuse, maternal and child health and adolescent violence. She is currently a doctoral student in Health Services.

**Bryan M. Philpot**

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Bryan Philpot, Special Projects Coordinator at SMAAC Youth Center, works as a program assistant in SMOKE SCREEN – LGBTQ Smoking Cessation Project (Collaboration with University of California, San Francisco, PRTA [Berkeley], New Leaf Services [San Francisco] and SMAAC Youth Center [Oakland]). The goal of this project is to develop a culturally competent sex (6) session smoking cessation intervention for both LGBTQ Majority Population Adults as well as African American LGBTQ Youth. Bryan also worked as a Program Coordinator for Rapid Response, Rapid Assessment – MSM Healthy Life Choices/Assessment Intervention (The National Black Lesbian and Gay Leadership Forum—Oakland) – Survey of Emerging Infections in high risk populations who rarely seek treatment. The goal of this project was to develop a culturally competent intervention which would encourage and equip Young African American Men who have sex with Men to “take charge” of their health and to encourage healthy living. Bryan also served as a Co-Program Coordinator for AAMUAA (African American Men United Against AIDS) – Community Planning Capacity Building Program. The goal of this project was to study African American participation in Community Planning Bodies in Eleven Western States; and to development a proper scheme to increase African American participation. Bryan attended Georgia State University, Atlanta (BIS 1989 Political Science & Sociology); University of Georgia, Athens (MA 1993 Political Science—Theory and Philosophy); and San Francisco Theological Seminary (2001-Theology).

**Laura Ramos, Los Angeles Gay and Lesbian Center**

**Francine Ramsey**

[Francine@zunainstitute.org](mailto:Francine@zunainstitute.org); 916-419-5075

Francine is the Co-Founder and President of Zuna Institute, a national advocacy organization for Black Lesbians. She has been a community advocate for over 20 years working with civil rights organizations, and various LGBT organizations of color. Her professional career is in organizational development, community organizing, and leadership development. She served on the board of NIA Collective for five years an organization that serves Lesbians of African Descent based in Oakland, California.

**Steven Rickards**

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Steven received a Masters of Social Work from the School of Social Administration at Temple University. He has been a community health care professional for over 20 years, focusing on program development, implementation, management and evaluation. He is the Mission Delivery Director for the American Cancer Society's California Division, providing oversight for tobacco programming and policy statewide.

**Sonya Satinsky**

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Sonya is Outreach and Training Coordinator at Callen-Lorde Community Health Center. A primary focus of her work is to develop and deliver trainings to both healthcare providers and consumers on issues of LGBT health and access to care.

**Randall Sell**

[Rls39@columbia.edu](mailto:Rls39@columbia.edu); 212-305-3457

Dr. Sell is an Assistant Professor at Columbia University's Mailman School of Public Health. Dr. Sell's research focuses on lesbian, gay, bisexual and transgender health. Dr. Sell is the leading expert in defining and measuring sexual orientations, and sampling sexual minorities for research. Dr. Sell has researched and published on the history and best practices of sampling homosexuality (Sell and Petruccio, 1996; Sell 1997; Sell and Bradford, 2000), has created an assessment of sexual orientation (Sell, 1996), and was one of the first to estimate the prevalence of lesbians, gays and bisexuals in a probability sample of the United States, United Kingdom, and France (Sell et al., 1995). Further, Dr Sell has examined and reported on the importance of routinely including sexual orientation variables in public health data collection activities (Sell and Becker, 2001). And finally, Dr. Sell serves as a consultant to an ever-increasing number of surveys and programs that have begun to collect sexual orientation data.

**Gloria Soliz**

[glosol@aol.com](mailto:glosol@aol.com); 510-823-7198

Gloria is the Tobacco Education Specialist at Walden House, a substance abuse treatment agency. She is the founding facilitator of the award winning stop smoking program for lesbian, gay, bisexual, transgender and HIV-positive smokers, The Last Drag. Over the past 12 years, she has helped over 3,000 people quit smoking. Gloria is a co-founder and a current Board Member of CLASH, the Coalition of Lavender-Americans on Smoking and Health. In 1997, Gloria received an achievement award for her tobacco control work in and for the Lesbian, Gay, Bisexual and Transgender communities from the Gay and Lesbian Medical Association. Gloria served 5 years on San Francisco's Human Rights Commission's Lesbian Gay Bisexual and Transgender Advisory Committee. She served several years as a co-chair of the Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Substance Abuse Advisory Committee of the Community Substance Abuse Services of the Department of Public Health. Gloria was the Coordinator for the California statewide federally funded conference, *Alive with Pleasure: Preventing Tobacco and Alcohol Problems in the Lesbian and Gay Communities*. Gloria is a consultant with the California statewide Lesbian, Gay, Bisexual and Transgender Technical Assistant and Training Project with the Progressive Research and Training for Action. Gloria has her Masters in Divinity from the Pacific School of Religion, Berkeley, California. Gloria and her partner, Julie along with their canine companion, Sophie, live in a smoke-free home in Oakland.

**Perry Stevens**

[perrystevens487@msn.com](mailto:perrystevens487@msn.com); 901-452-8486

Perry is a consultant specializing in crisis communication, media advocacy, media relations, and tobacco industry marketing issues. He is a former press officer and health communications specialist with the U.S. Centers for Disease Control and Prevention's Office on Smoking and Health. Prior to working at the CDC, he was a broadcast news director/talk show host. His combined experiences give him a unique perspective on the most effective ways to communicate vital public health information to the public. His present clients include the CDC and the Tobacco Technical Assistance Consortium (TTAC) at Emory University.

**Mark Taylor**

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Mark Taylor, LCSW-C, was born and raised in the greater Baltimore Metropolitan area and currently live in Baltimore City. He has a Bachelor's degree in Psychology from Loyola College in Baltimore and a Master's degree in Social Work from the University of Maryland at Baltimore School of Social Work. He is currently the Coordinator of Addiction Services at Chase Brexton Health Services, Inc. Mark began working with people in 1983 and have been doing so in one program or another ever since. He is a non-smoker and quit smoking on May 23, 2002 at 7:25pm using Chase Brexton Health Services' smoking cessation program, The Last Drag. He currently co-facilitates weekly classes of The Last Drag.

**Juan Carlos Vega**

[jcvega@thepraxisproject.org](mailto:jcvega@thepraxisproject.org); 202-234-5291

Juan Carlos' involvement in tobacco control began as Information Resources Manager with the National Latino Council on Alcohol and Tobacco Prevention in 2001. His transition to The Praxis Project as Information Specialist makes him responsible for the operation of Praxis' Information Resource Center. His work pays special attention to health justice and health disparities among communities of color and LGBT populations, and addresses how the lack of information and resources directly affects the health, social and economic parity for these communities. He has a BA in Marketing and Latin American Studies and a Master's in Library and Information Studies.

**J. Carlos Velázquez**

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JC is the Director of Prevention Programs for LLEGO, the National Latina/o Lesbian, Gay, Bisexual, and Transgender Organization. He oversees the largest HIV capacity-building program in the US. He is the former Executive Director of District 202 in Minneapolis and of the Nevada AIDS Foundation in Reno.

**Mackie-Lou Vigal, Sexual Minority Youth Assistance League****Barbara E. Warren**

[barbaraw@gaycenter.org](mailto:barbaraw@gaycenter.org); 212-620-7310

Barbara Warren, Psy.D., CASAC, CPP, is the Director for Organizational Development, Planning and Research for the Lesbian, Gay, Bisexual and Transgender Community Center of New York City. For fourteen years, Dr. Warren was the Center's Director of Mental Health and Social Services until she was recently promoted to initiate a new department for the Center. Dr. Warren holds a doctorate in counseling psychology from the Florida Institute of Technology's School of Psychology and is a credentialed alcoholism and substance abuse counselor and credentialed substance abuse prevention professional in New York State. She has 25 years of experience in the development and implementation of mental health, substance abuse and social service programs in community based settings. The Center has developed 7 programs providing a continuum of substance abuse and other counseling, advocacy, referral and training services to LGBT persons from diverse backgrounds. As part of her special interest in working with the transgender communities, in 1990 Dr. Warren initiated the development of the Center's peer empowerment program for transgender and transsexual people, the Gender Identity Project, which has served as a model and a resource for transgender services worldwide and is a member of the Harry Benjamin International Gender Dysphoria Association, the association of professionals working in gender identity.

**Frank Wong, International Health Program, School of Nursing and Health Studies, Georgetown University**

**Loretta Worthington**

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Loretta is certified through the California Association for Addiction and Recovery Resources as an Addiction Specialist, and is completing her BS in Human Services. She is currently working in the Prevention Department of the Los Angeles County Alcohol & Drug Program Administration. Her previous employment was serving as a Health Education Specialist for the L.A. Gay & Lesbian Center (LAGLC). Loretta coordinated the Los Angeles County Lesbian, Gay, Bisexual, Transgender Tobacco Control Consortia and the tobacco prevention program for LAGLC. She was the co-chair for the Community Prevention Council, the co-chair for LA County's Tobacco Free Communities Coalition, and is currently the Secretary of the State of California Alcohol & Drug Programs LGBT Constituent Committee. Loretta is also a Fellow in the Robert Wood Johnson Foundation's Developing Leadership in Reducing Substance Abuse Fellowship Program, and is currently working on tobacco-related issues in the LGBT recovering community.

**Scout**

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Scout is the Transgender Health Research Coordinator for the Fenway Institute in Boston Massachusetts. His recent activities include: member of the Core Consulting Group for the House Ball Project in New York City; participation on the National Executive Committee for the National Coalition for LGBT Health; and Planning Committee representative for the National Conference on Tobacco or Health. Scout is the Project Director for the anti-tobacco *LGBT Incubation Project*, and the HIV-related Special Project of National Significance, *Positive Connections*. In 2002, he gave the plenary presentation for the Gay and Lesbian Medical Association Conference, titled: *Smoke, Lies and Mirrors, Tobacco in LGBT Communities*. Scout is a doctoral candidate in Public Health at Columbia University, and is currently finishing a dissertation on Social Determinants of Transgender Health.

## National LGBT Communities Tobacco *Action Plan* Steering Committee

<b>Organization</b>	<b>Representative</b>
Affinity	Chris Smith
Asian and Pacific Islander American Health Forum	Roxanna Bautista
Boston Public Health Commission	Wilfred Labiosa
California Rural Indian Health Board	Jacelyn Macedo
Centers for Disease Control and Prevention Office on Smoking and Health	Alyssa Easton
Coalition of Lavender Americans on Smoking and Health	Gloria Soliz
Fenway Institute	Scout, Judy Bradford
Gay and Lesbian Medical Association	Ed Craft
Howard Brown Health Center	Brent Hope
Lesbian Community Cancer Project, Bitch to Quit program	Jessica Halem
LLEGO- the National Latina/o Lesbian, Gay, Bisexual and Transgender Organization	Carlos Velazquez
Los Angeles Gay and Lesbian Center	Monica Weisberg
Mautner Project for Lesbian Health	Cheryl Pearson-Fields
National Association of Lesbian and Gay Addiction Professionals	Philip McCabe
National Association of LGBT Community Centers	Kristina Keck
National Coalition for LGBT Health	Donald Hitchcock
National Coalition of Lesbian and Feminist Cancer Projects	Cheryl Pearson-Fields
National Youth Advocacy Coalition	Susan Hollinshead
New York City LGBT Community Center	Barbara Warren
SafeGuards Health Project	Lynn Martinsen
Tobacco Technical Assistance Consortium	Lisa M. Carlson, Patricia Dunn
University of California Tobacco-Related Disease Research Program	Francisco Buchting
University of Medicine and Dentistry of New Jersey- School of Public Health Program in Addictions; Tobacco Dependence Program	Philip McCabe
Virginia Commonwealth University, Survey and Evaluation Research Laboratory;	Judy Bradford

## Meeting Sponsors

- American Legacy Foundation
- The California Endowment
- The Center: Home for GLBT in DC
- Centers for Disease Control and Prevention, Office on Smoking and Health
- The 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
- The 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
- Virginia Commonwealth University, Survey & Evaluation Research Laboratory

## Working Groups to Examine Existing LGBT Efforts in Advance of Meeting

- **Prevention**  
Chair: Lynn Martinsen, SafeGuards Health Project
- **Cessation/Treatment**  
Chair: Phillip McCabe, Tobacco Dependence Program, UMDNJ-School of Public Health Program in Addictions; National Association of Gay and Lesbian Addiction Professionals
- **Research Panel**  
Chair: Francisco Buchting, UC Tobacco-Related Disease Research Program

**Research Panel:**

Edith Balbach  
Judy Bradford  
Francisco Buchting  
Alyssa Easton  
Greg Greenwood  
Gary Humfleet  
Jacelyn Macedo  
Catherine Massey  
Roland Moore  
Naphatali Offen  
Jay Paul  
Cheryl Pearson-Fields  
Libby Smith  
Barbara Warren  
Frank Wong

**Teams Created at October 2003 Meeting**

**Research**

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

**Cessation/Treatment**

- Ed Craft
- Phil McCabe

**Prevention**

- Kristina Keck
- Susan Hollinshead
- Lynn Martinsen

**Policy**

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

**Sustainability**

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

**Public Relations/Outreach**

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

## ***Appendix 2: 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 and 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
- California Tobacco-Related Disease Research Program
- Callen-Lorde Community Health Center
- The Center: Home for Gays, Lesbians, Bisexuals, and Transgenders in the District of Columbia
- The 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 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.
- Tobacco Dependence Program, University of Medicine and Dentistry of New Jersey-School of Public Health Program in Addictions
- Tobacco Technical Assistance Consortium, Rollins School of Public Health, Emory University
- 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

### **Appendix 3: Recommendations from LGBT Tobacco Reports**

The following are the recommendations from the three documents listed below, roughly organized by category.

Legend of Sources <b>ALF</b> American Legacy Foundation LGBT Forum (Nov. 2000) <b>HP</b> Healthy People 2010 Companion Document for LGBT (March 2001) <b>N</b> National Association of LGBT Community Centers Final
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#### *Prevention*

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1. Prevention services should be targeted toward LGBT youth (both in- and out-of school adolescent and young adults). ALF
2. Smoking prevention programs must be LGBT-competent, affordable, and accessible to LGBT individuals. HP, ALF
3. Legacy should work with LGBT organizations to incorporate tobacco prevention activities in their programs and events (e.g., Oasis of Pride in LA). ALF
4. Increase 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*

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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 people's 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*

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

### *Policy/Advocacy/Inclusion*

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1. LGBT should be involved in mainstream tobacco prevention and cessation efforts. ALF
2. Include LGBT youth in all levels of tobacco control efforts. ALF
3. Have the leadership of LGBT anti-tobacco efforts represent all LGBT communities, including traditionally disenfranchised segments of LGBT such as transgender people, lesbian and bisexual women, people of color, LGBT youth, and people of lower socioeconomic status. ALF
4. Active, affirmative inclusion is key to LGBT tobacco efforts. ALF
5. Include, at all levels, LGBT in mainstream tobacco control coalition efforts by the American Legacy Foundation, the Centers for Disease Control and Prevention, the National Cancer Institute, the American Cancer Society, the American Lung Association, the American Heart Association, and statewide and local anti-tobacco organizations. ALF

6. LGBT communities should be targeted 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*

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1. Educate people about the connection between tobacco and alcohol. N
2. LGBT communities must be educated about tobacco advertising and its role in promoting tobacco use. HP
3. Work to ensure that counseling group participants feel comfortable discussing their lives, including discussions that involve their gender/sexuality. N
4. Create messages that will target smokers better. Messages that do not stigmatize smokers. N
5. Create messages that will target the specific attitudes of smokers rather than just simple repetition that smoking has negative health affects. N
6. Create messages that target the many roles smoking/tobacco use has in the lives of people. N
7. Counter-advertising campaigns that promote health-positive messages should be conducted and targeted to LGBT populations. Such campaigns could be modeled after the "Truth" campaign and California Department of Health Services antismoking campaigns. HP
8. Legacy should encourage organizers of the TRUTH campaign to include more overt LGBT images in its ads. ALF
9. Education programs should include showing community activists how to frame tobacco control as a social justice issue. ALF
10. Education programs should include informing service providers about cultural competency and LGBT tobacco use. ALF
11. LGBT community activists and leaders should be educated about and involved in tobacco 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 & Lesbian Medical Association and general physicians about ways to increase tobacco use awareness and cessation programs. N
14. Educate the Gay and Lesbian Medical Association and general physicians that tobacco use can also correspond with concurrent substance use and co-occurring disorders (depression, etc.) and must be incorporated into health care guidelines. N

15. Develop anti-tobacco media campaigns targeting LGBT. ALF
16. Legacy should develop a comprehensive anti-tobacco media campaign targeting LGBT that can serve as a countermarketing effort against the industry's LGBT-specific marketing. ALF
17. Develop culturally specific cessation and prevention materials for individuals and the community. ALF
18. A coordinated and comprehensive tobacco control campaign by community planning groups should be developed. ALF
19. Legacy should set up a LGBT panel to advise on media development and guiding principles for ad agencies and organizations working on LGBT campaigns. ALF
20. Focus more attention on venues that promote tobacco use like bars and clubs. N
21. Educate and involve LGBT civil rights community activists and leaders in tobacco efforts. ALF

### *Capacity Building, Funding, & Support*

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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, socioeconomic status, geography, etc. ALF
7. Fund and support tobacco-related efforts in the LGBT community. ALF
8. Legacy should fund organizations that develop and disseminate information on alternative funding to tobacco industry's general support and sponsorship of programs and special events. ALF
9. Identify alternative sources of funding for LGBT publications that rely heavily on tobacco advertising to stay in business. ALF
10. Funds need to be directed toward a range of LGBT organizations, from small grassroots efforts to large organizations with established infrastructures. ALF

## ***Appendix 4: Full Lists of Action Ideas from Working Meeting***

### **FORTY CROSSCUTTING IDEAS FOR ACTION**

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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 Quit Lines about LGBT.
13. Within all of these possible projects, insure 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 TV shows to address tobacco's impact on the LGBT community.
17. Create standard LGBT resources list for use by all organizations, urge American Heart Assoc, Lung Assoc & 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 (TTAC, Legacy, etc.) on websites.
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, HRC 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 take 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 sign on to.
28. Establish and promote a National LGBT Tobacco quit line.
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, e.g., information on programs that have worked.
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 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 looks at tobacco in LGBTQ movie and films and role models who smoke; develop a list of role models who have died from tobacco-related diseases.

## 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 websites.	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 Quit Lines 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 of these 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 Will and Grace 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 5: Resources***

**NOTE TO REVIEWERS:  
THIS IS A PARTIAL LIST WHICH WILL BE EXPANDED IN  
THE FINAL DOCUMENT. PLEASE EMAIL ADDITIONAL  
RESOURCES TO BE ADDED TO THIS LIST TO:  
[pdunn@amphoraconsulting.org](mailto:pdunn@amphoraconsulting.org) BY JULY 6' 2004**

**[ADD IN PROGRAMS LISTS BY REGION FROM NALGBTCC, OTHERS?]**

### **Prevention**

- The University of Minnesota has a LGBT tobacco prevention program for LGBT youth that includes the school districts in St. Paul and Minneapolis. They are working with Gay Straight Alliance (GSA) groups.
- There is a small prevention program for youth (Our Gang) in Wichita that targets youth and is highly inclusive of Latino and Native American youth. The program is not, however, LGBT specific.

### **Cessation/Treatment**

- Gay American Smoke Out
- Great American Smokeout
- iQuit
- U.S. Public Health Services, Clinical Practice Guideline, "Treating Tobacco Use and Dependence"
- A great book on Stages of Change is "Changing For Good" by James Prochaska, John Norcross, and Carlo DiClemente.

### **Community Education/Advertising**

LGBT-focused anti-tobacco media campaigns to counter tobacco advertising and disseminate LGBT-inclusive messages:

- California
- Legacy's Project SCUM

### **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

**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, Centers 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)**

[www.ttac.org](http://www.ttac.org); 404-712-8474

- Website:
  - *LGBT Action Plan*
  - Request technical assistance
  - Apply to be a TTAC consultant
  - 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](mailto:ttac@sph.emory.edu)

## **Appendix 6: Citations**

### **TO BE COMPLETED IN FINAL DOCUMENT**

<sup>1</sup> 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 Public Health*, 21(2).

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<sup>7</sup> Out and Free

<sup>8</sup> Last Drag

<sup>9</sup> NALGBTCC project

<sup>10</sup> NALGBTCC study

<sup>11</sup> Gay American Smoke OUT

<sup>12</sup> Great American Smoke OUT

<sup>13</sup> iQuit

<sup>14</sup> U.S. Department of Health and Human Services Public Health Service. Treating Tobacco Use and Dependence, Clinical Practice Guideline. Rockville, MD, 2000.

<sup>15</sup> American Legacy Foundation. Final Report for the Gay, Lesbian, Bisexual and Transgender Forum. Washington, DD, 2001.

<sup>16</sup> Gay and Lesbian Medical Association and LGBT health experts. Healthy People 2010 Companion Document for Lesbian, Gay, Bisexual, and Transgender (LGBT) Health. San Francisco, CA: Gay and Lesbian Medical Association, 2001:358-69.

<sup>17</sup> National Association of LGBT Community Centers. Tobacco Program Final Report, 2003.

<sup>18</sup> 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 Public Health*, 21(2).

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<sup>20</sup> HP 2010

<sup>21</sup> Goebel, K. (1994). Lesbians and gays face tobacco targeting. *Tobacco Control*. 3:65-67.

<sup>22</sup> Project SCUM

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<sup>23</sup> Tobacco Technical Assistance Consortium, LGBT Populations and Tobacco. Atlanta, GA, 2003.  
<http://www.ttac.org/products/index.html>

<sup>24</sup> 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.

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<sup>32</sup> Bradford, B., Ryan, C. *The National Lesbian Health Care Survey*. National Lesbian and Gay Health Foundation, Washington, DC, 1988:76-85.

<sup>33</sup> Rankow, E. *Women's Health Issues*, Fall 1995.

<sup>34</sup> Human Rights Campaign website. Washington, D.C., 2003. [www.hrc.org](http://www.hrc.org).

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<sup>42</sup> Neisen, J. (1993). Healing from cultural victimization: Recovery from shame due to heterosexism. *Journal of Gay and Lesbian Psychotherapy* 2(1):49-63.

<sup>43</sup> Centers for Disease Control and Prevention. 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: 1998.

<sup>44</sup> National Association of LGBT Community Centers. Tobacco Program Final Report, 2003.

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<sup>45</sup> 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).

<sup>46</sup> Stall

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<sup>48</sup> Goebel, K. (1994). Lesbians and gays face tobacco targeting. *Tobacco Control*. 3:65-67.

<sup>49</sup> CLASH, Smoking and the LGBT Community. Brochure, 2004.

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<sup>55</sup> U.S. Department of Health and Human Services Public Health Service, 2000.

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<sup>61</sup> U.S. Department of Health and Human Services Public Health Service, 2000.

<sup>62</sup> 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.