

Tobacco Control Recommendations Identified by LGBT Atlantans in a Community-Based Research Project

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What Is the Purpose of This Study?

- The purpose of this study was to assess the needs and concerns of metro-Atlanta's lesbian, gay, bisexual, and transgender (LGBT) community regarding smoking, smoking cessation, and reducing exposure to secondhand smoke.
- The team took a community-based, participatory research (CBPR) approach in collaboration with LGBT community members, business people, and policymakers to generate information that was relevant to all stakeholders, and to build strong partnerships that will support sustained commitment to the reduction of tobacco use in the LGBT community.

What Is the Problem?

- Recent data suggest that smoking prevalence is significantly higher among LGBT individuals than among the general U.S. population. This likely means that LGBT people also have higher rates of lung cancer, oral cancer, and chronic obstructive lung disease.
- Evidence shows that the LGBT community has been targeted by tobacco companies in attempts to increase smoking rates in these communities.
- Previous studies have shown that LGBT people are typically unaware of the higher smoking rates in their communities.
- In studies of ethnic communities with similarly elevated smoking rates, CBPR has been highlighted as a promising avenue for reaching marginalized groups and promoting cessation within them. However, little CBPR relevant to smoking has been carried out within LGBT communities.

What Are the Findings?

- LGBT participants in this study strongly supported pro-cessation measures, such as targeting cessation programs specifically at the community, raising awareness of LGBT smoking prevalence, and expanding smoke-free community space.
- Participants also suggested providing financial support for low-income individuals to purchase cessation aids, using LGBT "role models" in cessation awareness campaigns and targeting efforts at all sectors of the community.
- Some measures received less support because participants questioned their feasibility or efficacy. These included getting LGBT bars and organizations to refuse tobacco industry sponsorship funds and advocating for higher tobacco taxes.
- Support for different measures varied among current smokers, former smokers, and nonsmokers.
- These results reinforce several findings from prior research on tobacco use and cessation in marginalized communities. Participants in the present study emphasized that tobacco cessation programs for LGBT people should be tailored specifically to the community. Although they did not use the word, our participants clearly thought in "intersectional" terms, claiming that LGBT tobacco cessation needs could vary with income, gender identity, age, and other factors

- This study also draws attention to the importance of geographic location or “place,” which has been identified as a theme in prior research. In the present study, place is significant at the macro-level of the state: Although it was not often referred to explicitly, Georgia’s friendliness toward the tobacco industry and disregard for LGBT concerns shaped focus group discussion on issues such as how to expand smoke-free space without legislation and the desirability of rejecting tobacco industry funds given a variety of unmet community needs. Place was also significant at the micro-level; study participants wrestled with the fact that the central places in which LGBT community life unfolds—bars and nightclubs—are for the most part, smoke filled.

Who Should Care Most?

- People from lesbian, gay, bisexual, and transgender communities and their allies.
- Community-based organizations (CBOs) working with LGBT populations.
- Healthcare professionals, including doctors, nurses, respiratory therapists, social workers, and home care specialists treating people living with chronic obstructive pulmonary disease.
- Healthcare policymakers.
- Public health personnel.
- Urban planners and business people who develop plans for public and commercial space.
- Students and faculty in training programs for health providers such as nurses, respiratory therapists, social workers, and pulmonary rehabilitation therapists.

Recommendations for Action

- Develop a comprehensive education campaign to raise LGBT people’s awareness of the high rates and health impact of smoking within the community.
- Increase the availability of cessation programs that are tailored to and/or culturally competent to address the distinctive needs of LGBT individuals.
- Advocate for smoke-free legislation and, lacking such legislation, create an advocacy campaign encouraging LGBT venues to adopt smoke-free policies voluntarily.
- Identify funds and organizational partnerships that can aid low-income individuals in the purchase cessation products.
- Ensure that all pro-cessation efforts are designed to serve the diverse subgroups within the LGBT community, including people living on low incomes, trans people, youth, and ethnospecific LGBT communities.
- Include tobacco in overall LGBT health and wellness initiatives and highlight the connections between exercise, nutrition, and tobacco.