Culture in Evaluation #1: LGBT
Tobacco Control Evaluation with the Lesbian/Gay/Bisexual/Transgender (LGBT) Communities

TCEC
Tobacco Control Evaluation Center

Smoking Prevalence in California

Although tobacco use has generally declined in the United States in the past two decades, high rates of smoking have been found in the LGBT community (Gruskin et al., 2007; Tang et al., 2004), greatly exceeding that of their heterosexual counterparts. In California, for example, the LGBT smoking rate ranges from 25% to 44% (Gruskin et al., 2007; Tang et al., 2004) compared to the 12.9% smoking rate of adults overall (CDC, 2009). This disparity is more pronounced among females in the LGBT community, who smoke up to three and a half times as much as the general population (Gruskin et al., 2007; Austin et al., 2004).

It is estimated that over 400,000 Americans die from tobacco-related diseases each year (American Cancer Society, 2008). The high rates of smoking among the LGBT community should thus be a concern. This Culture in Evaluation Tool therefore describes contextual issues surrounding this health problem and provides evaluation recommendations for those who conduct research and evaluation with the LGBT community.

Note: Each group within this larger LGBT category has a culture different from the others, while each of the groups is in turn very diverse. Lifestyles, norms, values and health behaviors among individuals within each of these groups vary greatly. Moreover, gender and sexual identity intersect with other aspects of identity, such as ethnicity, race, social class, geographic location, and so on. When using the following facts and guidelines in your work with LGBT communities, keep in mind that they are generalizations. Researchers and evaluators must find out what applies and what does not.

Big Tobacco Targets the LGBT Community

Research shows that the tobacco industry has targeted the LGBT community once it realized it was a viable market. Big tobacco began placing advertisements in gay publications in 1992, and around the same time began supporting LGBT organizations. Since that time, the industry has hired marketing companies to capitalize on and target this community, hiring LGBT leaders and bar promoters, and providing financial support for LGBT festivals, bars, media and local organizations in a multi-faceted marketing strategy (Smith and Malone, 2003). In fact, documents show that Phillip Morris characterized particular sectors of the LGBT community as "an area of opportunity," and over the last couple decades it and other tobacco companies have aggressively targeted this community by also sponsoring gay community events and AIDS organizations (Smith et al., 2008).

Studies identifying Big Tobacco's methods have shown that the aforementioned strategies—advertising to specific populations, promoting events and providing financial support—are typical of efforts used by the industry to normalize tobacco use among a particular population (Stone and Siegel, 2004). In this manner, the targeting of specific populations "encourage communities to accept corporate presence even when it promotes products, such as tobacco, that are inimical to health" (Smith et al., 2008:996). Research suggests that this targeting of the LGBT community helps to maintain and even increase the health disparity between the LGBT community and their heterosexual counterparts (Smith and Malone, 2003; Smith et al., 2008).

The targeting of the LGBT community by the tobacco industry taps into the perceived identity of LGBT individuals, who often adopt a counter-mainstream rebellious attitude. Because tobacco use has been labeled "bad" or "dangerous" by the dominant culture, smoking becomes a symbol of rebellion against oppression (Smith et al., 2008). Similar to other marginalized groups, smoking

comes "naturally" to the outsider. Advertisements thus depict this identity in gay and lesbian-targeted magazines, oftentimes presenting smoking as sexy, masculine and rebellious (Smith et al., 2008). This association may be most pronounced among LGBT youth, where Big Tobacco promotes smoking as a way to enhance one's sense of self, experiment as part of a "rebel" status, and be associated with an "alternative" crowd. In this vein, many feel that smoking is part of the gay identity (Smith et al., 2008).

Known Stressors in the LGBT Population

Although several factors may contribute to the higher prevalence rates of smoking among the LGBT community, there are known stressors specific to LGBT individuals that researchers have theorized contribute to the disparity. Research shows that LGBT individuals face high levels of daily stress due to a host of reasons, including heterosexism, racism, and sexism (Meyer, 2003), all causing feelings of stigma, isolation, and repression. These stressors, combined with the direct targeting of the LGBT community by the tobacco industry, provide a clear picture of some of the causes of the disparity of tobacco use between the LGBT community and their heterosexual counterparts. A short list of stressors include:

- Enforced gender norms
- Repression
- Stigmatization
- Isolation
- Prejudice
- Antigay violence

Mental Health Problems and the LGBT Community

Researchers theorize that the stressors prevalent in the LGBT community create mental distress and disorders due to the aforementioned social stress (Meyer, 2003). Evidence suggests that compared to their heterosexual counterparts, LGBT individuals suffer from more mental health problems. For instance, depression has been found to be more prevalent in LGBT individuals as compared to their heterosexual counterparts (Mills et

al., 2004). Similarly, LGBT individuals have been found to be at a high risk for substance abuse disorders and suicide (Cochran, 2001). These and other mental health disorders include (see *Meyer, (2003) for more details)*:

- Mental distress
- Mental disorders
- Loneliness
- Substance abuse
- Feelings of shame
- Anxiety
- Suicidal thoughts
- Feelings of low self esteem
- Depression
- Internalized homophobia

LGBT's Dissatisfaction with the Health Care Community

The LGBT community has a long history of problems and barriers in healthcare. Much of this derives from negative personal experiences or shared information of insensitivity and discrimination among those in the healthcare community. Studies have thus shown that LGBT individuals tend to avoid routine healthcare visits. Much of this derives from a perception of dissatisfaction with the healthcare they receive. Other reasons for this avoidance include the fear of the consequences of disclosing sexual identity because the medical community and practitioners are often perceived as insensitive (Trippet and Bain, 1993; White and Dull, 1997). LGBT individuals also report that the health community is insensitive to their specific health needs—based, in part, on their sexuality. Hence, it has been found that LGBT patients do not always disclose necessary information about treatment and prevention (Schatz and O'Hanlan, 1994). Because of these issues, LGBT individuals are likely to be wary of treatment, including tobacco cessation treatment. Below is a list of some of the causes of the LGBT community's distrust of the health care providers.

- History of classifying homosexuality and transgender behavior as mental disorders
- History of substandard care for LGBT population

- Medical forms and formats for medical intake forms are often insensitive to the experience of LGBT population
- Discriminatory treatment following disclosure of sexual orientation in paramedical and auxiliary care settings, including nursing homes, domestic violence centers, senior centers, etc.

Research and Evaluation with LGBT Community

Just like cultural competency for any minority population, there are general principles to follow for conducting research and evaluation in the LGBT community. Scout and colleagues (2007) list four key items, including: 1) engaging a trained LGBT person to facilitate the sessions; 2) distributing appropriate and inclusive materials through community-based outlets; 3) providing cultural competency training to all non-LGBT staff who interact with participants; and 4) modifying the curricula to include LGBT-specific and other culturally relevant information for participants.

In carrying out research and evaluation, it is also important to be mindful of where the LGBT individuals are in their life cycle. Research shows that LGBT individuals have different needs depending on their age and maturity. For instance, although a bar setting may be a primary space for interacting with LGBT individuals when they are younger, as they age they tend to spend less time in bar settings (Greenwood and Gruskin, 2007). In the same vein, it is important to understand the stage they are in at the time of the "coming out process." Individuals may begin using tobacco or other drugs when they first identify as LGBT. Tobacco and drug usage, and the reasons behind it, may change as one's sexual orientations becomes more established (Greenwood and Gruskin, 2007).

The process of research and evaluation of the LGBT community, like any other area of research and evaluation, is a process. It includes planning the intervention and evaluation, recruiting volunteers, and promoting the services to be rendered. In terms of recruiting, it is imperative to engage a recruitment staffer with established networks—both professionally and personally—with the LGBT community. As is the case with other priority and impacted communities, knowledge of the local community, its organizations, resources and leaders is key.

During the course of the recruiting process, promotion of the services is vital. Creating and implementing a plan will be needed, which provides a roadmap to follow. Routine monitoring of the promotion strategy ensures consistency and can allow for making changes, if necessary. Other specific promotion strategies that have been found to be effective include (*see Scout et al, 2007 for more details*):

1. Placing advertisements in local LGBT, free and alternative weekly newspapers and periodicals. Use your community insiders and "champions" to tell you which papers are read by or target LGBTs.
2. Scheduling regular "flyering" and literature drops. This can include posters and palm cards that creatively inform the community of the interventions.
3. Promoting through LGBT health or social service agencies. Many towns have one of these organizations providing services to local community members.
4. Placing free advertisements on listservs, community newsletters and websites. Listservs, popular community bulletins and LGBT websites can be used to provide key information to members.
5. Promoting at community events. Possible venues include all type of community events and health fairs, as well as LGBT-specific community events.
6. Peer-to-peer recruiting. This has been found to be one of the most effective strategies in recruiting LGBT individuals.

Prior to conducting an intervention and evaluation, consider holding focus groups of current LGBT smokers. Moreover, key informant interviews of smokers, as well as experienced facilitators in the field, may provide valuable insight into the process that lies ahead. We have

also listed other recommendations related to some of the most common tobacco control evaluation tasks such as conducting opinion polls and other surveys, interviewing key informants, and carrying out observations:

- **Gain trust**: Because of the negative experiences with the general public and with health professionals and institutions, evaluators need to gain the trust of the LGBT community. Evaluators should expect skepticism and mistrust. An anti-discrimination statement that specifically addresses the LGBT community at the point of contact is useful, for instance:
  "ABC organization does not discriminate on the basis of sexual orientation and strongly condemns discrimination against lesbians, gays, bisexuals, and transgender individuals."

- **Resistance**: There is a strong possibility that cooperation in tobacco control evaluation will be rejected because it might be interpreted as a means of mainstream/dominant culture's control effort of the community's lifestyle. Work with and through established LGBT groups and organizations that agree with your agenda.

- **Find supporters**: Many individuals in the LGBT community are strong supporters of healthy lifestyles. Find individuals and organizations in the community that volunteer to participate in your evaluation efforts.

- **Work with insiders**: Members of the LGBT community are often more likely and willing to talk to one of their own than to someone who might in their eyes represent the very institutions and structures that have excluded and discriminated against them. Have LGBT members on your team; better yet: have your evaluation team come entirely from the community.

- **Avoid stereotyping**: Remember that sexual orientation is only one identifier, and it may or may not play a great role in the person's life. The person you will be interviewing or surveying might just as much identify with or be influenced by his or her ethnic background, socioeconomic status, etc. Members of the LGBT community have a wide range of values, political views, religious backgrounds, and so on. Since individuals might belong to the LGBT community and to a community of non-or limited English speakers, make sure your surveys and interviews do not exclude those who do not speak English. Be prepared to recruit a translator and phrase questions in a way that they leave room for multiple identifiers.

- **Use the communication tools that the group uses**: Many members of this group network electronically. Using electronic means such as ads on target websites and online surveys work well with this group and bring higher-than-usual results.

- **Locate the population**: Ask insiders to help you determine the real and the virtual places where these communities interact, for instance online discussion boards, community centers, LGBT film festivals, pride events, etc. Keep in mind that individuals belonging to this population are geographically dispersed and cannot easily be "located" in one physical location. Many members of this population do not frequent gay centers, bars, or events. Online network places can be good locations for advertising and looking for volunteer survey participants.

- **Conducting surveys**: Conduct surveys online if possible. If surveys are conducted pen-to-paper in a face-to-face setting, the person asking the questions should come from within the LGBT community. If the person is not trained in conducting surveys, training is needed.

- **Developing survey questions**: Develop your survey questions with members of the LGBT community. They speak the community language and know which questions have high relevance.

- **Survey questions on gender**: Refrain from using gender identifying questions that exclude LGBT members (check standardized instruments and adapt them). Use open-ended questions that allow respondents to identify their own gender identity.

- **Survey questions on family status**: Instead of using the standard "family" questions that often use categories like "married," "divorced," "spouse," etc., ask about household or relationship ("members in your household," "life partner," etc.)

- **Pilot test**: Since the LGBT communities are very diverse, pilot testing your instrument is very important. An instrument that works in one setting might not work in another.

- **Surveys on general population and LGBT community**: You might be conducting surveys with people who are not exclusively from the LGBT community, and with people who belong to several communities. Ask your questions in a way that is sensitive to all.

- **Interviews in the LGBT community**: In order for the LGBT community member to open up to an interviewer, trust is essential. A known and trusted member of the community is the most suited person to conduct interviews, but simply being known is not sufficient. If the person is not versed in interviewing techniques, it is important to train him or her beforehand.

- **Observation**: Observations at sites where LGBT members congregate must be conducted with great sensitivity. An outside observer can be seen as an intruder into an already marginalized community, and the observer's intentions might not be clear.

- **Analysis**: Consult with community members when interpreting the results of your data. Pay attention to multiple identifiers, for instance: How much of your result is based on respondents' sexual orientation and not on socio-economic status or ethnic background? How do the various identifiers come together in explaining an individuals' and group's health behavior?

- **Report writing**: Keep in mind that the LGBT community is your most important stakeholder. Write your report with this community as your audience in mind.

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Suggested Resources:

Association of Gay, Lesbian & Bisexual Issues in Counseling of Alabama. www.aglbical.org

Communities of Excellence in Tobacco Control. A Framework for Assessing Community Tobacco Control Needs & Developing, Implementing and Evaluating a Tobacco Control Plan. California Department of Health Services, Tobacco Control Section.

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