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The National LGBT Cancer Network understands CDC tobacco grantee states, tribes, and territories are in the process of creating their new Work Plans for the next five years. We wanted to take this opportunity to suggest some ways that the sexual and gender minority (SGM) population may be included as a health equity target population in your new Work Plans.

Ask an Expert

To make sure we give you the best possible information, we asked a member of the lesbian, gay, bisexual, transgender, and queer communities and longtime Director of Tobacco Cessation for North Carolina to consider different ways she could put SGM into the requested Work Plan format. Please welcome Joyce Swetlick from North Carolina Department of Health and Human Services.



Examples of SGM Inclusion Strategies

Under current guidance from CDC's National and State Tobacco Control Program, CDC-RFA-DP20-2001, states are required to address community-based disparities through policy, systems and environmental change strategies and activities. Programs wanting to include Sexual/Gender Minority (SGM) Health Equity in their annual Work Plans can consider the following examples.

Community Interventions

- A. Work with Pride festivals and other SGM events to be 100% tobacco free.
- B. Sponsor SGM events and/or Promote Quitlines and other tobacco treatment resources at these events through table exhibits and participation in parades. (e.g., select a "Dragless" Quitline Queen – a drag queen who has quit tobacco- to be with you in the parade)
- C. Promote Quitline and other Tobacco Treatment resources with and for SGM organizations and groups
- D. Include SGM groups such as LGBTQ Centers to partner in advocacy work on tobacco-free policies in public spaces such as restaurants and bars, workplaces, shelters, and behavioral health facilities.

Mass-Reach Health Communication Interventions

- A. Conduct earned, and where possible, paid media in SGM news and social media outlets.
- B. Ensure all new ad development includes SGM tailored ads.
- C. If collecting SGM data in BRFSS or other places, disaggregate data to determine further disparities and focus communication on that population for cessation. For example, North Carolina found 47% of lesbian and bisexual women smoked.

Tobacco Use and Dependence Treatment Intervention

- A. Increase referrals for smoking cessation support for SGM communities AO: By June 29, 2021, increase referrals of sexual and gender minority smokers [specify adults and/or youth] made by Federally Qualified Health Centers (FQHCs) [and/or Accountable Entities] plus Free Clinics to a QuitLine [or whatever smoking-cessation service a state provides or endorses] by [number of calls or percentage of callers]. Consider using language that represents an increase, such as an increase in number of calls or percentage of callers, from X to Y.
 - a. Create and have available brochures tailored to SGM communities on Quitline services and quitting tobacco including vaping
 - b. Provide cultural competency training for staff to ensure SGM welcoming
- B. Tailor tobacco treatment programs to better reach SGM population, for example by offering SGM specific cessation services and support through social media or groups at places where the SGM communities may congregate.

Surveillance and Evaluation

- A. Ensure you are following the North American Quitline Consortium (NAQC) Minimal Data Set (MDS) for quitline intake (which includes SGM measures).
- B. Include SGM questions on BRFSS and YRBS.
- C. Include SGM questions in other applicable data collection (opinion polling, evaluation surveys, panel surveys, etc.).

Infrastructure Administration and Management

- A. Collaborate with your states' CDC funded HIV program to screen for tobacco use and promote tobacco prevention and evidence-based tobacco treatment in HIV/STD clinics.
- B. Reframe HIV/STD clinics to reduce stigma - call them something like Sexual Health Clinics. Train team members from the reception desk to the clinic, to referral sites and the business office to be open, affirming and culturally humble.
- C. Include SGM groups such as LGBTQ Centers or SGM Advocacy groups in development of statewide tobacco control strategic plans.
- D. Ensure SGM leadership is represented on community advisory boards & grantmaking review panels.



Joyce Swetlick, MPH (joyce.swetlick@dhhs.nc.gov), a member of the SGM population, is the Director of Tobacco Cessation at the North Carolina Department of Health and Human Services. She has been involved in tobacco control and cessation since the early 1990's starting in Kentucky after conquering her own addiction and continue to help others today. As a member of the SGM population, she has seen many wonderful, beautiful people who have lived through the stress and stigma of being SGM and have overcome major obstacles such as discrimination, substance use disorders, depression, violence, and management of HIV only to succumb to tobacco use health conditions. Joyce Swetlick believes that we need to hold our health care providers, our leaders, decisionmakers, and ourselves accountable to helping all of us. Her colleague, **Sally Herndon, MPH**, the head of the NC Tobacco Prevention and Control Branch, assisted with the preparation of this guidance. Find the most updated version of this document online at the National LGBT Cancer Network Resource Library at cancer-network.org/resource-library/.