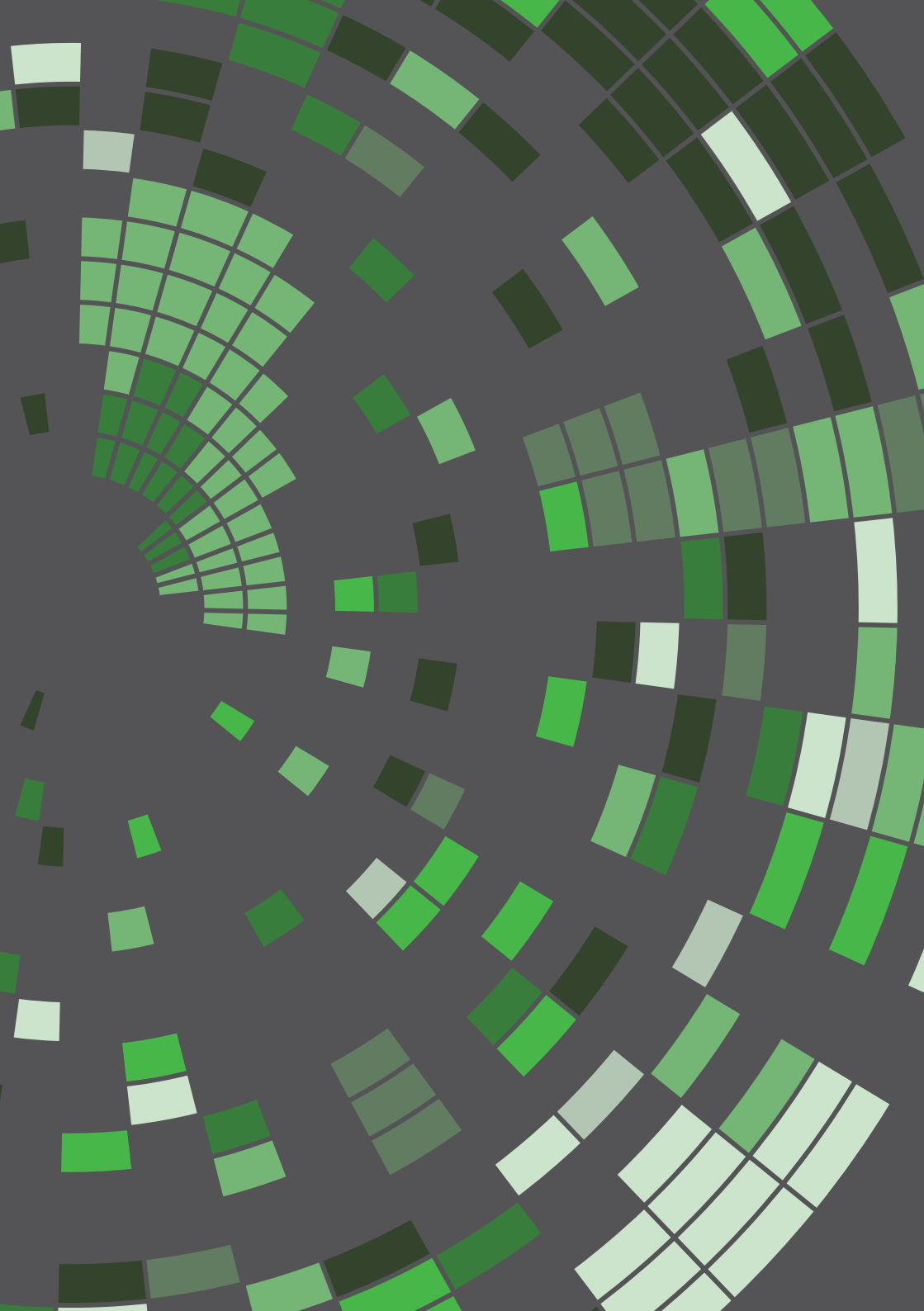


acon

HEALTH OUTCOME STRATEGY 2013-2018
SMOKING





CONTENTS

2	RATIONALE AND CONTEXT
3	POLICY FRAMEWORKS
4	WHAT'S DIFFERENT FOR LGBTI PEOPLE?
6	WHY ARE THINGS ARE DIFFERENT?
8	WHAT WORKS?
10	HOW WILL ACON RESPOND?
12	PROGRAM LOGIC FOR SMOKING REDUCTION AND CESSATION
13	OBJECTIVES, STRATEGIES AND ACTIVITIES
13	IMPLEMENTATION
14	PRIORITY ACTIVITIES
17	POTENTIAL ACTIVITIES
21	POPULATIONS
22	PRINCIPLES
22	DIVERSITY
23	EVIDENCE BASED
23	STATEWIDE APPROACH
23	PARTNERSHIPS
24	MONITORING AND EVALUATION
25	LIST OF REFERENCES



RATIONALE AND CONTEXT

The use of the community acronym LGBTI across the evidence underpinning this section is varied due to the scope and population target of each individual research study cited

Smoking remains the leading cause of preventable death in NSW. Although smoking prevalence in the general population has declined significantly in the last 40 years, the NSW Tobacco Strategy 2012-17 identifies certain populations as priority groups under the classification of populations with continued high rates of smoking (*NSW Health 2012*).

Available research shows that, for lesbian and bisexual women, gay men, transgender people, and people with HIV, smoking rates remain approximately double those of the general population, which places them firmly in this category.

Figures from the National Drug Strategy Household Survey (NDSHS) show smoking rates for the general population at 18.9%, while the smoking rate for those identifying as homosexual/bisexual is 39.5% (*A/HW 2011, p. 28*). In 2010, rates fell respectively to 17.5% for the general population and 34.2% for homosexual/bisexual populations (*Ibid.*).

Descriptive and small studies of transgender health also suggest high rates of smoking. 44.1% of trans men and 35.4% of trans women surveyed in the Private Lives study smoked on more than five occasions in the preceding month (*Pitts et al. 2006, p. 35*).

The HIV Futures study surveys people with HIV across Australia every two years. Between 2002 and 2013, reported smoking rates dropped from 54.6% (*Grierson et al. 2002, p. xii*) to 30.2% (*Ibid. 2013, p. vi*). This remains an alarmingly high rate compared to 18.9% of the general population. While rates of smoking have dropped among gay and bisexual men and people with HIV, the Sydney Women and Sexual Health (SWASH) survey shows that high rates of smoking among lesbians and other same sex attracted women have not altered between 2006 and 2012 (*Mooney-Somers et al. 2013, p. 26*).

Over the life of this strategy, we will continue to monitor rates of smoking, including through SWASH; advocate for more inclusive general smoking prevention services; and seek funding to use our considerable social marketing expertise to identify and address the current high rates of smoking in our communities.



POLICY FRAMEWORKS

The NSW Tobacco Strategy 2012-17 recommends the implementation of targeted measures to promote smoking cessation assistance to priority groups, alongside continued population wide approaches, which have had proven success in the past (*NSW Health 2012, p. 3*). This approach is consistent with Australian and international literature on smoking cessation.

While the NSW Tobacco Strategy does not explicitly address LGBT populations, it prioritises populations and groups 'with high smoking prevalence' (*Ibid, p. 15*). In discussions between ACON and the NSW Ministry of Health, during exploration of the possibility of funding for tobacco-reduction programs for LGBT communities and HIV positive people in 2012-13, it was agreed that LGBT populations met this criterion.

WHAT'S DIFFERENT FOR LGBTI PEOPLE?

2007 figures from the National Drug Strategy Household Survey (NDSHS) show smoking rates for the general population at 18.9%, while the smoking rate for those identifying as homosexual/bisexual was 39.5% (*AIHW 2011, p. 28*). In 2010, rates fell respectively to 17.5% for the general population and 34.2% for homosexual/bisexual populations (*Ibid.*).

In the NDSHS sample, gay women and men (genders not separated) were twice as likely to smoke, and, among smokers, were twice as likely to smoke daily compared to the heterosexual women and men in the sample.

In 2013, HIV Futures Seven reported a smoking rate among HIV positive people of 30.2% (*Grierson et al. 2013, p. vi*), a drop from the 2009 figures, which placed it at 42.3% (*Grierson et al. 2009, p. xiii*). Nonetheless, this is still high, comparative to the smoking rate of the general population, which was at 18% in 2010 (*AIHW 2011, p. 23*).

While these are national figures, there is some evidence to suggest that they apply to NSW and that there is unlikely to be significant interstate difference in smoking rates.

SWASH surveys women in contact with Sydney's LGBT communities every two years. Among this sample of largely lesbians and other same sex attracted women (SSAW), smoking rates have remained high across the last eight years of the survey, at 35.1%, 37.0%, 34.7%, and 33% in 2006, 2008, 2010, and 2012, respectively (*Mooney-Somers et. al. 2013, p. 26*).

In 2012, 22% of the women surveyed (or

66% of the current smokers) were daily smokers (*Ibid., p. 25*). For comparison, in the 2010 NDSHS of the general population, 16.3% of women aged 14 or older were current smokers (*AIHW 2011, p. 23*), versus 33% of SWASH participants, who are aged 16 or older (*Mooney-Somers et. al. 2013, p. 25*), with 13.9% of women being daily smokers (*AIHW 2011, p. 23*), versus 22% of SWASH participants (*Mooney-Somers et. al. 2013, p. 26*).

These are high rates of smoking compared with the general population, especially considering that this is a highly educated, largely urban sample (*Ibid., p. 25*). Around 37% of SWASH participants reside outside the Sydney metropolitan area (*Ibid., p. 18*), which is consistent with the statewide population distribution as estimated by researchers drawing on ABS data.

The Social, Economic and Environmental Factors (SEEF) sub-study of NSW residents aged 45 and over shows doubled rates of smoking among non-heterosexual (8%) to heterosexual participants (4%) (*Byles 2013*). Finally, recent market research conducted nationally with LGBT populations shows that the smoking rates of participants from Victoria, Queensland,

and NSW were much the same (*Pink Media Group 2013*).

While research into the health outcomes of sexual and gender minorities compared to the general population has uncovered significant health disparities and disproportionate risks facing LGBT communities, it has also assumed that these disparities play out similarly across each sub-population group. Further research is still needed to better understand the prevalence of tobacco use within LGBTI communities and the factors that influence LGBTI smoking behaviour (*Legacy 2012, p. 9*), in particular within the transgender community.

There is little Australian specific research that looks at those who identify as bisexual or who are transgender or gender diverse, and there is no data available on intersex people and smoking.

One other very significant difference for LGBT populations is the apparent indifference of tobacco control programs and institutions to these disparities. Of

the over \$80 million dollars spent on tobacco control in NSW over the period 2006/07 to 2013/14, not one dollar has been spent on LGBT specific programs and messaging (*Cancer Institute NSW 2007, 2008, 2009, 2010, 2011, 2012, and 2013*), despite the manifest evidence of the very limited impact, if any, of mainstream programs on smoking rates among lesbians and gay men. In 2009, ACON received a small grant from the NSW Cancer Council (of around \$30,000) to develop a program for people with HIV.

Engaging with key stakeholders and institutions, in particular the NSW Ministry of Health and the NSW Cancer Institute, to identify targets and strategies for reducing the rate of smoking among LGBT communities is therefore a key and critical first step in realising the goals of this strategy.





WHY ARE THINGS DIFFERENT?

Although members of LGBT communities and HIV positive gay men use drugs and alcohol for many of the same reasons as the population at large, there is evidence to suggest that shared experiences of discrimination based on sexual orientation and gender identity can lead to patterns of drug and alcohol use and misuse specific to LGBT people (*ed. Leonard 2002, p. 46; Ellard 2010, p. 16*).

Consideration should be given to the potential of sustained use of tobacco in this population group. Likely factors that influence prolonged tobacco use include early uptake of smoking due to the increased likelihood of depression among young LGBT people (*Ellard 2010, p. 3*), and adult lifestyles that more significantly involve alcohol and other drugs (*Ibid., p. 16*) and decreased likelihood of having children, which can motivate quit attempts.

Many researchers have suggested that a history of exclusion from a range of social settings has led lesbians, gay men, and bisexual people to make bars an important social focus (*Ibid.*). Factors that influence smoking among LGB adolescents are potentially more complex than those influencing adults (*Ibid.*).

Smoking among youth, in general, is associated with social desirability, ready access to cigarettes, risk taking and rebelliousness, feelings of being unsupported, low self esteem, negative mood factors, and other mental health factors (*Ibid.*).

A health study in the US looking at the health consequences of frequenting a lesbian bar found that many interviewees noted that smoking acted as a social lubricant and a conversation piece, giving them a way to affiliate with a community (*Remafedi 2007*).

While there is growing evidence confirming the higher prevalence of smoking amongst sexual and gender minority populations, there is minimal LGBT specific attitudinal research to smoking in Australia to date. What has been undertaken has yielded mixed views on the importance of the issue from within the communities themselves.

Comfort and McCausland surveyed a sample of LGBT people attending a Pride Fair Day Festival in Perth and identified that smoking was considered to be an issue of medium importance, with depression, suicide, HIV, anxiety, family and relationships, and alcohol ranking as more important (2013, p. 23).





Similar results were found by Rogers (2007) in a survey of LGBTI people attending festivals in South Australia. A needs assessment conducted as part of ACON's Living Older Visibly and Engaged (LOVE) Project, determining the health needs and preferences of older LGBTI people, has also identified low levels of concern about high rates of smoking, with many participants making a positive association between smoking and a counter cultural identity (2014).

In interviews with LGBT leaders from various organisations in the US, most did not perceive tobacco to be an issue of relevance to LGBT identity, seeing smoking as a personal choice and an individual right (*Offen, Smith, and Malone 2008, p. 1*).

Reasons given for this stance were that tobacco control is a peripheral issue and one that is not unique to the LGBT community (*Ibid., p. 9*); other issues, such as drug and alcohol use, were considered to be of higher importance

(*Ibid.*); or that taking a stance on tobacco issues might be perceived as marginalising smokers (*Ibid., p. 11*).

Additionally, McElroy, Everett, and Zaniletti (2011) found that support and preference for public and private smoke-free environments was generally low in the sexual and gender minority community in Missouri, US.

These initial findings suggest that more formative evaluations need to take place to better understand the motivations and attitudes to smoking, including the reasons behind the uptake of smoking amongst younger LGBTI people and intentions to reduce or quit smoking across LGBTI adult populations in Australia.



WHAT WORKS?

The small fall in smoking rates among some sub-populations (primarily gay men) may be accounted for by the broader success that smoking cessation initiatives have had amongst the general population.

The dramatic drop in smoking rates among HIV positive people (largely gay men) remains unexplored, but informed speculation suggests that the improved prospect of longevity, following the introduction of effective combination antiretroviral therapy, is a significant factor.

Also, HIV positive gay men are in more regular contact with primary health care than HIV negative men and are, therefore, more amenable to physician initiated brief interventions. In addition, a number of organisations have attempted smoking cessation interventions targeting gay men with HIV over the period 2007 to 2010.

However, the rates for LGBT populations still remain almost double those of the non-LGBT population (*A/HW 2011, p. 28*). These rates are unacceptably high. In particular, the largely unchanged rates of smoking among lesbians and other SSAW suggest that broader health promotion efforts have failed to engage this group at all.

The US Gay and Lesbian Medical Association (GLMA) argues that women may face different pressures and barriers to giving up smoking, such as greater likelihood of depression, weight control concerns, and child care issues (*ed. Leonard 2002, p. 49*).

Cultural barriers to quitting may also exist for lesbians, for whom smoking is a shared cultural practice, linked to their sense of personal and collective identity (*Ibid.*).

Depression and social isolation have also been found to impact negatively on smoking cessation attempts, and research

shows that LGBT populations and people with HIV report consistently higher rates of depression than those of the general population (*Ellard 2010, p. 16*).


While psychological distress and life dissatisfaction have been shown to be risk enhancers, a study by Rosario, Schrimshaw, and Hunter found that, contrary to the lay belief that smoking serves as a coping strategy to alleviate stress, LGB youths who smoked were actually less able to cope with stressors they experienced (*2011, p. 738*).

While little is known about preferences, intentions and behaviours regarding evidence based smoking cessation treatment for LGBT adults, one of the few studies of its kind in the US surveyed 1,633 LGBT smokers in Colorado, most (80.4%) of whom smoked daily (*Levinson et al. 2012, p. 910*).

Fewer than half (47.2%) had attempted quitting in the previous year, and only 8.5% were preparing to quit in the following month (*Ibid.*). More than one quarter (28.2%) of quit attempters had used nicotine replacement therapy (NRT) and a similar proportion said they intended to use NRT in their next quit attempt (*Ibid.*).

Lesbians were significantly less likely than gay men to have used or intend to use NRT and one quarter of respondents said that they were unlikely to seek cessation assistance through clinical encounters (*Ibid.*).

The literature in relation to smoking cessation approaches for LGBTI and HIV positive people is limited, and broadly supports the findings of the literature on smoking cessation generally. Research from the US and Switzerland suggests a preference for tailored group work



targeting gay men and people with HIV, specifically (Ellard 2010, p. 3).

While the literature indicates that LGBT communities would benefit greatly from targeted interventions, there is limited research on effective interventions, per se.

A pilot program run in the UK combining group work, nicotine replacement, and ongoing peer support using a 'quit cell' model of three to four participants is reported to have achieved a high attendance rate and a quit rate of 64% (Harding, Bensley, and Corrigan 2004).

Additionally, there is research recognition in the US that LGBT bars are under utilised avenues to implement tobacco control interventions (Leibel et al. 2011). Using evidence from HIV prevention strategies, such as outreach models and the use of popular opinion leaders (POLs), health researchers suggest that tobacco specific, bar based interventions could be as successful as sexual health intervention models have been in these settings (*Ibid.* p. 509).

Given that bar patronage is significantly associated with smoking among LGB people (Trocki, Drabble, and Midanik 2009), and that bars are historically important community space, LGBT bars are potentially important venues for reaching a population with high tobacco use prevalence (Leibel et al. 2011, p. 507).

In relation to smoking cessation programs in general, the literature finds that an individual approach combining pharmacotherapy with behavioural supports is effective (Ellard 2010, p. 4).

Behavioural supports which are shown to be effective include counselling and group therapy, social support as part of treatment, and social support outside of treatment (*Ibid.*, p. 10). Brief and opportunistic advice on smoking cessation by health professionals has also been shown to increase the number and success of quit attempts (*Ibid.*).

Quitlines, which provide individually tailored advice and referrals, were found to be effective, particularly when promoted in conjunction with advertising campaigns (*Ibid.*).

Research shows that mass media advertising campaigns impact differently on sub-populations and that 'interventions to prevent tobacco use initiation... and enhance smoking cessation efforts need to be conducted in a creative, strategic and sustained manner. Such efforts will require research that identifies the components and underlying process of successful media messaging to ensure optimal effects for all' (Richardson et al. 2011, p. 1103).



**HOW WILL
ACON RESPOND?**

ACON's expertise in understanding and engaging with LGBTI communities and in health promotion provides a strong basis for working with the wider smoking cessation and prevention sector to ensure that smoking related interventions effectively target and engage LGBT communities, and that mainstream services provide an inclusive service and supportive environment for those in our communities.

ACON's strengths are in health promotion and social marketing, community mobilisation and development, capacity building and service provider training, and advocacy and awareness raising. ACON is a key strategic partner for others seeking to engage with LGBTI communities.

The need to work with minority communities with high rates of smoking, such as Aboriginal and CALD communities, has long been recognised as essential to success by the mainstream smoking sector, and ACON is keen to find ways to work with mainstream providers and services to ensure that our communities also benefit from smoking prevention and cessation programs.

The attached program logic outlines an approach to addressing disparities among our communities, and in the following table, a set of potential activities are outlined, which we believe will assist in reaching the shared goals of improved health and wellbeing of people with HIV and LGBTI communities.

The areas in which we believe we can make the most impact in the short term are in:

- Conducting rapid assessments or intervention based research to identify why rates of smoking remain so high in our communities,
- Developing appropriate interventions, and building broader sector capacity to deliver effective services for individuals from LGBT communities, and
- Advocating for appropriate inclusion of LGBTI populations in relevant research and policy frameworks.

It should be noted here that ACON's contribution to these population level outcomes can only ever be partial, and much depends on the actions of many other stakeholders and decision makers.

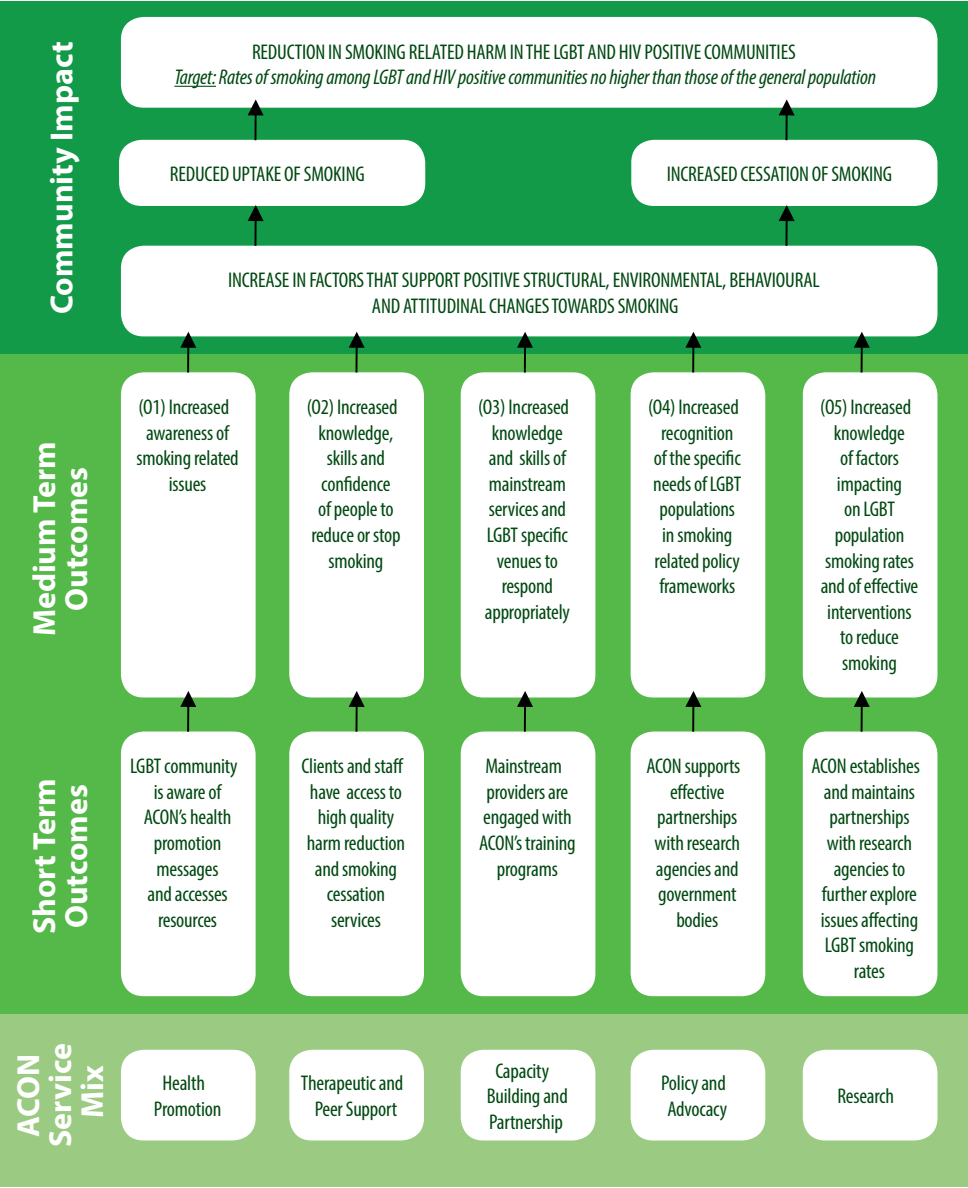
In particular, we note the failure of key institutions to recognise and engage with these significantly disproportionate rates of smoking as the key challenge to address before any significant progress can be made.

A priority focus of the strategy is, therefore, to engage with the NSW Cancer Institute and NSW Ministry of Health to establish targets for, and strategies to, achieve reductions in these unacceptably high rates of smoking.

We will, however, hold ourselves accountable for achieving the lower level objectives identified in the attached table, which we believe can contribute significantly to this ultimate goal, given adequate resourcing and the support of key partner organisations.



PROGRAM LOGIC: SMOKING REDUCTION AND CESSATION



PARTNERSHIPS

Active engagement is required from the following key institutions to enable the achievement of these goals: * **NSW Ministry of Health** * **NSW Cancer Institute**



OBJECTIVES, STRATEGIES, AND ACTIVITIES

IMPLEMENTATION

Over the life of this Strategy, we will continue to monitor rates of smoking, including through SWASH and other population health surveys, like the Sydney Gay Community Periodic Survey (SGCPS); advocate for more inclusive general smoking prevention and cessation services and seek funding to use our considerable social marketing and peer education expertise to identify and address the current high rates of smoking in our communities.

This Strategy outlines a comprehensive response and is contingent on appropriate funding and partnerships becoming available over its life.

However, much of the work outlined here remains unfunded at the present time. ACON will monitor funding opportunities and work with partners to deliver on this work, as and when opportunities arise.

OBJECTIVES, STRATEGIES AND PRIORITY ACTIVITIES

This table represents the strategies and activities ACON can currently deliver independently and/or in partnership **(P)**, within current resource and funding limitations in this area.

Objectives	Strategies	Priority Activities
1 Increased awareness of smoking related issues	1.1 Develop a range of targeted activities and/or interventions to prevent the uptake of smoking in at risk populations (P)	1.1.1 Identify potential partners to develop LGBT inclusive or specific social marketing (P)
	1.2 Promote the availability of smoking cessation support to those who may benefit from it	1.2.1 Include smoking cessation/reduction in the work of the LOVE Healthy Ageing project
		1.2.2 Seek funding to develop appropriately targeted smoking cessation and prevention interventions for our communities
	1.3 Develop a range of targeted activities and/or interventions to increase awareness of long term smoking related harms to at risk populations (P)	1.3.1 See Potential Activities Table
	1.4 Partner with key mainstream smoking organisations to implement mainstream campaigns within LGBT communities (P)	1.4.1 See Potential Activities Table

Objectives	Strategies	Priority Activities
2 Increased knowledge, skills and confidence of people to reduce or stop smoking	2.1 Build ACON's capacity to deliver smoking cessation and prevention interventions (P)	2.1.1 Train all ACON client services staff, including relevant peer-educators and/or volunteers, in conducting brief smoking interventions (P)
	2.2 Make the ACON workplace an environment that supports smoking reduction/cessation for its staff, clients and visitors	2.2.1 Revise internal policies to support smoking reduction/cessation
	2.3 Deliver peer education interventions that support smoking reduction/cessation	2.3.1 Incorporate smoking cessation activities into HIV health promotion programming
		2.3.2 Incorporate smoking cessation activities into LGBTI Ageing health promotion programming
3 Increased knowledge and skills of both mainstream services and LGBT specific venues to respond appropriately	3.1 Train mainstream health providers to provide culturally appropriate/LGBT sensitive services (e.g. Quitline, Medicare Locals) (P)	3.1.1 Continue to offer and promote LGBT sensitivity training to relevant smoking cessation services (P)
	3.2 Work with LGBT venues and businesses to promote environments that support positive changes to reduce smoking uptake and prevalence (P)	3.2.1 Explore possibility of venue smoking cessation support in light of impending total smoking bans in public (P)

OBJECTIVES, STRATEGIES AND PRIORITY ACTIVITIES (continued)

Objectives	Strategies	Priority Activities
4 Increased recognition of the specific needs of LGBT populations in smoking related policy frameworks	4.1 Advocate for increased recognition of LGBT populations in smoking related policy and for routine collection of sexuality and gender identity data among key smoking related service providers (P)	4.1.1 Meet with the Cancer Institute NSW to identify and establish targets for smoking cessation for LGBT individuals and identify strategies to achieve this (P)
		4.1.2 Partner with key smoking related organisations (CI, CC) to improve the routine collection of LGBTI related smoking and service-use data (P)
		4.1.3 Support Quitline to initiate of inclusive sexuality and gender questions for their clients (P)
5 Increased knowledge of factors impacting on LGBT population smoking rates and of effective interventions to reduce smoking among LGBT populations	5.1 Increase inclusion of LGBTI indicators in smoking related research	5.1.1 Identify opportunities for inclusion advocacy (e.g. when relevant population surveys are being conducted) and engage with researchers around inclusion
		5.2.1 Target universities (Department Public Health/Medical) to recruit a research student (P)
	5.2 Increase our knowledge around motivations for smoking and factors that may influence sustained high rates of smoking, and factors that may enable engagement with smoking reduction or prevention interventions (P)	5.2.2 Develop a smoking research proposal, in collaboration with an academic partner (P)
		5.3.1 Continue to include questions regarding smoking in SWASH
	5.3 Monitor smoking rates among LGBTI populations	5.3.2 Consider inclusion of questions on smoking in other routine surveys of gay men (e.g. GCPS)

OBJECTIVES, STRATEGIES AND POTENTIAL ACTIVITIES

Additional and potential activities that ACON aims to implement throughout the life of this Strategy, but that are contingent on securing additional funding, are outlined in the table below.

Objectives	Strategies	Potential Activities
1 Increased awareness of smoking related issues	1.1 Develop a range of targeted activities and/or interventions to prevent the uptake of smoking in at risk populations (P)	1.1.1 See Priority Activities Table
	1.2 Promote the availability of smoking cessation support to those who may benefit from it (P)	1.2.1 Engage with s100 and high case-load GPs to promote smoking cessation for people with HIV (P)
		1.2.2 Prioritise engaging with lesbians and other SSAW to better understand continued high smoking rates and effective means to engage around this issue (P)
	1.3 Develop a range of targeted activities and/or interventions to increase awareness of long term smoking related harms to at risk populations (P)	1.3.1 Target communities/whole of community to raise awareness of high rates of smoking
	1.4 Partner with key mainstream smoking organisations to implement mainstream campaigns within LGBT communities (P)	1.4.1 See Priority Activities Table



OBJECTIVES, STRATEGIES AND POTENTIAL ACTIVITIES (continued)

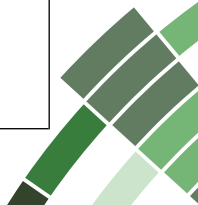
Objectives	Strategies	Potential Activities
2 Increased knowledge, skills and confidence of people to reduce or stop smoking	2.1 Build ACON's capacity to deliver smoking cessation and prevention interventions	2.1.2 Investigate whether smoking cessation can be incorporated into the work of the NGOTGP funded AOD project
		2.1.3 Investigate the relevance and potential to promote NRT and pharmaco-therapeutic approaches to cessation for LGBT populations, and the possibility of unrestricted funding grants from NRT suppliers to address this strategy
	2.2 Make the ACON workplace an environment that supports smoking reduction/cessation for its staff, clients, and visitors	2.2.1 See Priority Activities Table
	2.3 Deliver peer education interventions that support smoking reduction/cessation (P)	2.3.1 Develop models of peer led smoking awareness/cessation interventions that engage with 'natural' peer groups across mixed LGBT networks and separate networks of lesbians and gay men (P)
		2.3.2 Work with established community groups (e.g. Dykes on Bikes, Tropical Fruits, Harbour City Bears, OLGa) to promote smoking awareness/cessation (P)
		2.3.3 Develop online interventions, such as webinars or 'self check' workbooks and other interventions
		2.3.4 Use social media to engage with networks, promote 'success' stories, and raise the profile of network members' smoking reduction/cessation strategies and journeys

Objectives	Strategies	Potential Activities
3 Increased knowledge and skills of both mainstream services and LGBT specific venues to respond appropriately	3.1 Train mainstream health providers to provide culturally-appropriate/LGBT sensitive services (e.g. Quitline, Medicare Locals) (P)	3.1.1 See Priority Activities Table
	3.2 Work with LGBT venues and businesses to promote environments that support positive changes to reduce smoking uptake and prevalence (P)	3.2.1 See Priority Activities Table
4 Increased recognition of the specific needs of LGBT populations in smoking related policy frameworks	4.1 Advocate for increased recognition of LGBT populations in smoking related policy and for routine collection of sexuality and gender identity data among key smoking related service providers	4.1.1 Establish and support partnerships to advocate for increased recognition of LGBT populations in smoking related policy



OBJECTIVES, STRATEGIES, AND POTENTIAL ACTIVITIES (continued)

Objectives	Strategies	Potential Activities
5 Increased knowledge of factors impacting on LGBT population smoking rates and of effective interventions to reduce smoking among LGBT populations	5.1 Increase inclusion of LGBTI indicators in smoking related research	5.1.1 Influence LGBTI-specific researchers to ask smoking questions in research through direct engagement (P)
		5.1.2 Advocate to ensure the continued and improved inclusion of LGBTI populations in general population smoking related research
		5.1.3 Investigate/develop a proposal for an intervention based research project through NHMRC (P)
	5.2 Increase our knowledge around motivations for smoking and factors that may influence sustained high rates of smoking, and factors that may enable engagement with smoking reduction or prevention interventions (P)	5.2.1 Conduct population-specific focus groups across specific LGBT communities to determine knowledge and cultural differences and potential strategies relevant to each group (P)
		5.2.2 Partner with researchers to conduct exploratory research on the knowledge and behaviours of LGBT people in relation to smoking and the cultural factors that facilitate the high rates of smoking in these populations (P)
		5.2.3 Conduct a formal and systematic literature review of what drives smoking, what smoking cessation work has occurred, what interventions are evidenced to work at a mainstream level, and whether these interventions could be applied to LGBT settings
	5.3 Monitor smoking rates among LGBTI populations	5.3.1 Partner with researchers to identify, pilot, and evaluate the effectiveness of interventions to reduce smoking among LGBTI populations (P)



POPULATIONS

ACON's historical engagement with LGBT people means that we have experience in connecting with and providing health services that are meaningful to these populations, especially around HIV and STIs.

Some of this expertise may vary when it comes to the broader health issues affecting LGBTI people, and we do not expect to always have the answers or the connections.

This is why it is important that we partner with other health and community organisations that have the technical and social expertise to help us build the tailored interventions necessary to target the sub-population groups within LGBTI communities.

Within the context of funding constraints, our main communities of focus will include:

- LGBT people, and
- People with HIV.

ACON will partner with key organisations to build programs and services for the

following groups in our communities:

- Young people,
- Aboriginal and Torres Strait Islander people, and
- People who are culturally and linguistically diverse (CALD).

It is important to note here that intersex is not a category of sexual or gender identity. People who are intersex may identify as gay, lesbian, bisexual, heterosexual, transgender, and any number of other sexual and gender identities.

This Strategy, therefore, does not propose specific intersex smoking cessation interventions and relies on interventions targeting LGBT people to speak to intersex people.

We will also ensure that research conducted for this Strategy asks about the intersex status of participants, thus potentially building the foundations of an evidence base about LGBT intersex people and smoking.





PRINCIPLES

Diversity

Working with LGBTI communities means identifying and addressing common issues that impact the community as a whole, as well as recognising the diverse range of experiences and health disparities that may affect individual groups disproportionately, therefore, needing to provide a more tailored and targeted approach.

In order to deliver effective and culturally relevant health services, ACON acknowledges the importance of recognising diversity within each community group under the LGBTI community acronym.

This means acknowledging that experiences of sexual, sex, and gender diversity vary, as does the extent to which an LGBTI identity is central to self definition and community affiliation, and how experiences of social stereotypes and prejudice can impact on health outcomes.

These differences need to be taken into account when building targeted and effective public health interventions. As such, ACON will utilise different strategies and approaches to ensure that messaging and targeting is relevant to each key sub-population.



Evidence based

Evidence based responses are essential in maintaining the effectiveness of our work and the trust of our communities and funders. ACON maintains close collaborative ties with key research centres within Australia and incorporates new evidence and research into strategic, organisational, and program planning.

Statewide approach

As a statewide, community based organisation, our aim is to provide programs and services to people across NSW. We do this through our offices located in Sydney, the Hunter Region, and the Northern Rivers.

A great deal of work also occurs via outreach services across regional and rural NSW. This includes Port Macquarie, Coffs Harbour, the Illawarra, and Southern and Western NSW.

We will continue to allocate resources where they will have the greatest population level impact and ensure our use of online social media and partnership work extends our reach and messaging to target populations in NSW.

Partnerships

Working in partnership is integral to ACON's success in delivering effective programs across the diversity of our communities, as well as our ability to deliver statewide reach of these programs.

Maintaining and building partnerships involves collaborating with key partners including governments, other NGOs, healthcare providers, researchers and communities to maximise inclusiveness and relevance of health promotion strategies.

In relation to this strategy, key partners include:

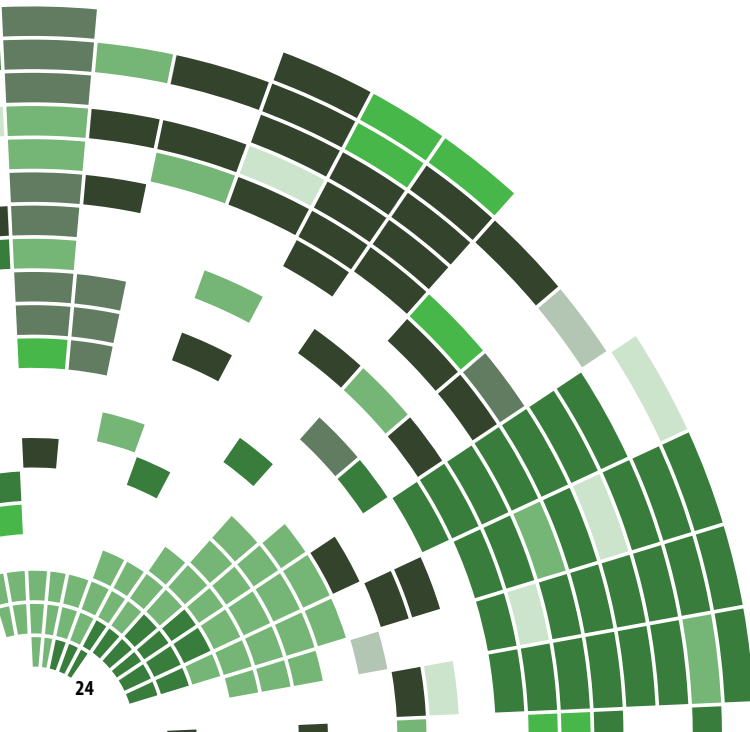
- Cancer Council of NSW,
- Gay and Lesbian Health Victoria,
- The Gender Centre,
- National Household Drug Survey,
- NSW Cancer Institute,
- NSW Ministry of Health, Population Health Division,
- Organisation Intersex International,
- Quitline,
- Twenty10,
- University of Sydney,
- Warehouse Youth Centre,
- LGBT community venues, and
- LGBT community groups.

MONITORING AND EVALUATION

ACON has developed a strong framework for evaluation and knowledge management in order to strengthen our culture of evaluation and review. This enables us to consistently evaluate interventions and programmes as they are implemented.

The nominated objectives are areas where ACON can feasibly measure the impact of our work. We will conduct a midterm review in order to assess the extent to which its objectives within the Strategy have been realised, and to adjust our immediate priorities in the light of the progress made to date.

At the conclusion of this Strategy, the data collected from all contributing programmes and projects will be reviewed and evaluated in order to determine the extent to which we have achieved the outlined objectives.



LIST OF REFERENCES

- Australian Institute of Health and Welfare 2008, 2007 National Drug Strategy Household Survey, AIHW, Canberra
- Australian Institute of Health and Welfare 2011, 2010 National Drug Strategy Household Survey, Drug statistics series no. 25, Cat. no. PHE 145, AIHW, Canberra
- Byles, J. 2013, Factors Influencing Health for the Older LGBTI Person: A SEEF perspective, University of Newcastle, presentation
- Cancer Institute NSW 2007, Annual Report 2006–07, Cancer Institute NSW, Sydney
- Cancer Institute NSW 2008, Annual Report 2008, Cancer Institute NSW, Sydney
- Cancer Institute NSW 2009, Annual Report 2009, Cancer Institute NSW, Sydney
- Cancer Institute NSW 2010, Annual Report 2010, Cancer Institute NSW, Sydney
- Cancer Institute NSW 2011, Annual Report 2011, Cancer Institute NSW, Sydney
- Cancer Institute NSW 2012, Annual Report 2012, Cancer Institute NSW, Sydney
- Cancer Institute NSW 2013, Annual Report 2013, Cancer Institute NSW, Sydney
- Comfort, J. and McCausland, K. 2013, 'Health Priorities and Perceived Health Determinants among Western Australians Attending the 2011 LGBTI Perth Pride Fairday Festival', Health Promotion Journal of Australia, Vol. 24, Iss. 1, pp. 20-25
- Ellard, J. 2010, Smoking Cessation Interventions: A literature review, AFAO and NAPWA, Sydney
- Grierson, J., Misson, S., McDonald, K., Pitts, M., and O'Brien, M. 2002, HIV Futures 3: Positive Australians on services, health and well-being, Monograph series no. 37, the Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne
- Grierson, J., Pitts, M., and Koelmeyer, R. 2013, HIV Futures Seven: The health and wellbeing of HIV positive people in Australia, Monograph series no. 88, the Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne
- Grierson, J., Power, J., Pitts, M., Croy, S., Clement, T., Thorpe, R. and McDonald, K. 2009, HIV Futures 6: Making positive lives count, Monograph series no. 74, the Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne
- Harding, R., Bensley, J., and Corrigan, N. 2004, 'Targeting Smoking Cessation to High Prevalence Communities: Outcomes from a pilot intervention for gay men', BMC Public Health, Vol. 4, No. 43, <http://www.biomedcentral.com/1471-2458/4/43>, Accessed 12 March 2014
- Legacy 2012, Tobacco Control in LGBT Communities, Legacy, Washington
- Leibel, K., Lee, J.G.L., Goldstein, A.O., and Ranney, L.M. 2011, 'Barring Intervention? Lesbian and gay bars as an underutilized venue for tobacco interventions', Nicotine and Tobacco Research, Vol. 13, No. 7, pp. 507-511
- Leonard, W. (ed.) 2002, What's the Difference? Health issues of major concern to gay, lesbian, bisexual, transgender and intersex (GLBTI) Victorians – research paper, Rural and Regional Health and Aged Care Services Division, Victorian Government Department of Human Services, Melbourne
- Levinson, A.H., Hood, N., Mahajan, R., and Russ, R. 2012, 'Smoking Cessation Treatment Preferences, Intentions, and Behaviors among a Large Sample of Colorado Gay, Lesbian, Bisexual, and Transgendered Smokers', Nicotine and Tobacco Research, Vol. 14, No. 8, pp. 910-918
- McElroy, J.A., Everett, K.D., and Zaniletti, I. 2011, 'An Examination of Smoking Behavior and Opinions about Smoke-Free Environments in a Large Sample of Sexual and Gender Minority Community Members', Nicotine and Tobacco Research, Vol. 6, pp. 440-448
- Mooney Somers, J., Deacon, R.M., Comfort, J., Richters, J., and Parkhill, N. 2013, Women in Contact with the Sydney Gay and Lesbian Community: Report of the Sydney Women and Sexual Health (SWASH) Survey 2006, 2008, 2010 and 2012, ACON and Centre for Values, Ethics and the Law in Medicine (VELiM), University of Sydney, Sydney

NSW Ministry of Health 2012, NSW Tobacco Strategy 2012-2017, NSW Health, North Sydney, accessed 11 March 2014

Offen, N., Smith, E.A., and Malone, R.E. 2008, 'Is Tobacco a Gay Issue? Interviews with leaders of the lesbian, gay, bisexual and transgender community', Culture, Health and Sexuality, Vol. 10, Iss. 2, pp. 143-157

Pink Media Group 2013, PinkMonitor 2013 - Understanding Australia's LGBT Consumer: Their media, brands and opportunities, presentation to ACON, 5 June

Pitts, M., Smith, A., Mitchell, A., and Patel, S. 2006, Private Lives: A report on the health and wellbeing of GLBTI Australians, Monograph series no. 57, the Australian Research Centre in Sex, Health and Society, La Trobe University, Gay and Lesbian Health Victoria, Melbourne

Remafedi, G. 2007, 'Lesbian, Gay, Bisexual, and Transgender Youths: Who smokes, and why?', Nicotine and Tobacco Research, Vol. 9, Suppl. 1, pp. 57-64

Richardson, A., Cullen, J., Mowery, P., McCausland, K., and Vallone, D. 2011, 'The Path to Quit: How awareness of a large-scale mass-media smoking cessation campaign promotes quit attempts', Nicotine and Tobacco Research, Vol. 13, No. 11, pp. 1098-1105p. 5

Rogers, G.D. 2007, 'Health Priorities and Perceived Health Determinants among South Australians Attending GLBTI Festival Events', Health Promotion Journal of Australia, Vol. 18, Iss. 1, pp. 57-62

Rosario, M., Schrimshaw, E.W., and Hunter, J. 2011, 'Cigarette Smoking as a Coping Strategy: Negative implications for subsequent psychological distress among lesbian, gay, and bisexual youths', Journal of Pediatric Psychology, Vol. 36, Iss. 7, pp. 731-742

Trocki, K.F., Drabble, L.A., and Midanik, L.T. 2009, 'Tobacco, Marijuana, and Sensation Seeking: Comparisons across gay, lesbian, bisexual, and heterosexual groups', Psychology of Addictive Behaviours, Vol. 23, No. 4, pp. 620-631



NOTES





SYDNEY (HEAD OFFICE)

414 Elizabeth Street, Surry Hills NSW 2010
PO Box 350, Darlinghurst NSW 1300
P: (02) 9206 2000 Fax: (02) 9206 2069
Freecall: 1800 063 060
Email: acon@acon.org.au
Web: www.acon.org.au

HUNTER

129 Maitland Road, Islington NSW 2296
P: (02) 4962 7700 Fax: (02) 4927 6485
Freecall: 1800 063 060
Email: hunter@acon.org.au

COFFS HARBOUR

Shop 21, 20 Gordon Street, Coffs Harbour NSW 2450
P: (02) 6651 6017 Fax: (02) 6651 4688
Freecall: 1800 063 060
Email: coffsharbour@acon.org.au

PORT MACQUARIE

3/146-150 Gordon Street, Port Macquarie NSW 2444
P: (02) 6584 0943 Fax: (02) 6583 3810
Freecall: 1800 063 060
Email: mnc@acon.org.au

NORTHERN RIVERS

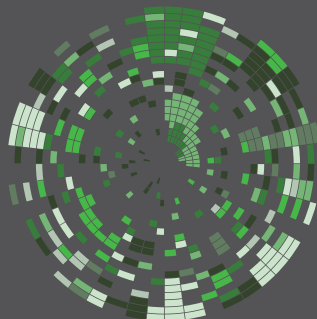
27 Uralba Street, Lismore NSW 2480
P: (02) 6622 1555 Fax: (02) 6622 1520
Freecall: 1800 063 060
Email: northernrivers@acon.org.au

SOUTHERN NSW

P: (02) 9206 2114
Email: regionaloutreach@acon.org.au

SEX WORKERS OUTREACH PROJECT

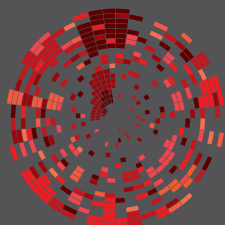
Level 4, 414 Elizabeth Street, Surry Hills NSW 2010
P: (02) 9319 4866 Fax: (02) 9310 4262
Freecall: 1800 622 902
Email: infoswop@acon.org.au



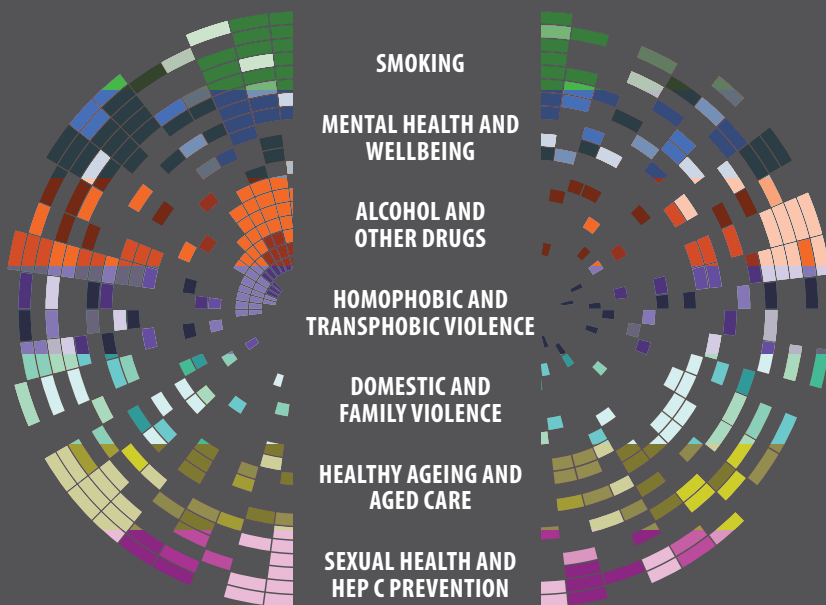
ACON STRATEGIC PLAN 2013-2018



HIV ACTION PLAN 2013-2018



LGBTI HEALTH OUTCOME STRATEGIES



acon
BUILDING OUR COMMUNITY'S
HEALTH & WELLBEING