

Call for Abstracts

6th Annual LGBTQ Tobacco Summit

Be A Movement, Not a Market

September 22-23, 2008

The Sheraton Suites Country Club, Kansas City, MO

Sponsored by the National LGBTQ Tobacco Control Network

Abstract Submissions will be accepted beginning Monday, July 28 with a submission deadline of August 15, 2008 to lgbttobacco@gmail.com.

Responses to abstract requests will be e-mailed on August 22, 2008. • e sub-titles for each of the three areas (Philosophy, Professional Goals, Issues).

- Three (3) letters of recommendation from professional individuals in the academic major, which address academic status, leadership potential, and career commitment. Two (2) of the letters must be from the applicant's advisor and a major professor.

The National LGBT Tobacco Control Network is pleased to announce the sixth Annual LGBTQ Tobacco Summit: *Be A Movement, Not a Market*. This conference/training will engage and energize LGBTQ communities and allies in the fight against commercial tobacco abuse. The Summit will feature plenary and closing speakers, an interactive Hot Topics panel discussion, eight breakout sessions, case studies of successful programs, and time for networking with other states. The conference/training is an excellent opportunity to meet colleagues and learn about the successes and challenges of advocates who work on tobacco issues in the LGBTQ community.

Conference Objectives:

- Engage leaders, researchers, advocates, and allies in national, state, and local tobacco control efforts in the LGBTQ community
- Prepare state program management to develop initiatives in the LGBTQ community
- Prepare LGBTQ leaders to actively participate in tobacco control activities
- Disseminate information on promising tobacco control practices in research, treatment, social marketing, and program development
- Develop state, local, and grassroots partnerships and coalitions to move forward the objectives of Smoke Free 2010

The Summit planning committee invites abstract submissions that address specific issues, approaches, or strategies that contribute to tobacco work in LGBTQ communities. Abstracts will be accepted for breakout sessions and poster presentations.

Please limit your abstract to 250 words and include your name(s), title(s), agency, address and e-mail. Unfortunately, presenters will need to pay for their own transportation and hotel. Scholarships are available and requests must be submitted by August 11, 2008.

Breakout Sessions

Clearing the Air: Creating Smoke-Free Spaces at LGBTQ Events

The creation of smoke-free spaces and places is one of the key tenets of tobacco control. This session seeks to explore how communities have mobilized to create, support, and sustain smoke-free areas. We are particularly interested in the process through which smoke-free policies were created and sustained in diverse venues (pride parades, bars, community centers, health centers, neighborhoods, etc.) frequented by members of LGBTQ communities.

How did the community mobilize? What strategy was used? What were particular strengths and weaknesses of that strategy? Most importantly, what can advocates across the country learn from these efforts, and how can they be replicated or adapted for other states, communities and locales? Abstracts on smoke-free advocacy projects that include multiple racial/ethnic and/or transgender communities are encouraged.

Sampling Invisibility – The Politics and Policy of LGBTQ Inclusion in Surveys and Surveillance

LGBTQ tobacco control requires a strong base of evidence to document disparities, inform interventions, and provide assurance of effectiveness. Sexual minority status, however, has frequently been left out of important tools for data collection. This session seeks to explore two areas: 1) best practices in question development and implementation and 2) lessons learned and future potential for advocating the inclusion of sexual minority status questions in large population-based surveys.

In the area of best practices in question development, we are interested in the development of questions across multiple domains of sexuality (identity, attraction, behavior) and their appropriateness in survey design. To what extent have different questions on sexual minority status been tested and how could they best be deployed in surveys that also collect information on tobacco use? Presenters should provide information to help, for example, Quit Lines add questions on sexual minority status or model language for states to include in BRFSS, YRBSS, and other surveys. Other areas of interest include the compliance of Quit Line staff in asking intake questions on sexual orientation.

In the area of advocacy lessons learned, we are interested in how opposition to the inclusion of sexual minority status questions has been overcome. How have advocates and public health officials successfully included questions on sexual minority status? What are particular barriers, challenges, and successes to inclusion? Importantly, what

can advocates from across the country learn from successful and unsuccessful efforts? How can those efforts be adapted to local politics and cultures? We are particularly interested in the process through which surveys have been modified to include sexual minority status and the organizing necessary to effect such change.

Programming for Specific Communities: Reaching People of Color

Too often the tobacco movement has failed to reach out to communities of color and include programming that meets specific needs. However, some agencies have developed outreach strategies and culturally-competent programs that have successfully involved communities of color. Are you one of those agencies?

We are seeking abstracts from LGBTQ programs in the African American, American Indian, Asian American, and Latino communities. Tell us what strategies you have used and ideas you have for replication of your program in other parts of the country. Have you included tobacco within a wellness program? Are you promoting tobacco cessation and prevention in relation to other health issues like HIV, diabetes, or heart disease?

Poster Sessions

Counter-marketing

Marketing is one of Big Tobacco's strengths, and pouring money and energy into targeting specific communities is their strategy. However, there are also great examples of the LGBTQ community fighting back. By sharing these examples of counter-marketing campaigns, we can pool our known resources and efforts in this area. For this session, we are seeking abstracts that profile LGBTQ specific counter-marketing campaigns that have been successful, with a particular emphasis on what made the campaign successful and what lessons were learned.

Some elements you might want to include are: What themes were chosen and through what process? What sorts of materials were created and distributed (posters, palm cards, online) and what kind of response were received? What lessons were learned about what was most effective (texting? Smaller palm cards vs. larger handouts? Etc.)? Was there one particular theme for many types of materials or different themes for different materials? How did you evaluate your campaign and its success?

By sharing the process, outcomes, and lessons learned, we can help fellow LGBTQ tobacco control advocates create successful counter-marketing campaigns in their own communities without having to re-invent the wheel.

State Initiatives in LGBTQ Communities

Only in the last five years have many state tobacco programs begun to work in LGBTQ communities. How did your state program launch an LGBTQ initiative? What barriers

did the state encounter in reaching out to the LGBTQ community? How did your state address legislative concerns about the use of MSA funding for the LGBTQ community? How did you start? Was gathering data important to establishing legitimacy and funding? Did you conduct a needs assessment? What were the challenges in collaborating with community groups? How did you find community groups that were willing to add tobacco to their agenda?

Many states are still struggling with implementing an LGBTQ initiative. By sharing the process of creating a successful program and lessons learned, we can help fellow states to create successful LGBTQ initiatives. How are you evaluating the state initiative?

Strategies to Reach LGBTQ Smokers with Cessation Alternatives

What methods have you found to be effective in reaching and treating LGBTQ smokers? Do you offer an array of quitting strategies such as culturally-competent Quit Lines, LGBTQ-specific classes and support groups, a Buddy system, an internet program, or individual counseling or telephone counseling? What strategies have you found to work in helping LGBTQ smokers to quit? How have you recruited community members? What sub-groups of the community have you reached out to? What have you learned about the importance of assessing readiness to quit, LGBTQ specific groups and curricula, and concomitant alcohol and drug use?

Some elements you might want to include: examples of recruitment materials, Quit Line training materials for LGBTQ cultural competency, The Last Drag and other curricula, and reports of results.

Collaborating to Create Policy Change

In taking on policy change, we not only have to educate policymakers and the public, but often we have to educate our own community. How have you educated the LGBTQ community about policy? Have you been successful in reaching the bar crowd? How have you worked within LGBTQ communities including communities of color to effect policy change? Have you created effective strategies to reach people with HIV/AIDS, heart disease, asthma, seniors and youth and collaborate on a common agenda? What policy changes have you promoted—pledges not to take tobacco sponsorship, smoke-free events, clean indoor air, removing cigarettes from pharmacies, smoke-free affordable housing, smoke-free beaches and parks? Tell us about LGBTQ collaborations in policy efforts with allied communities, your successes and challenges, and your recommendations to others.

Other Posters:

We invite state programs and LGBTQ advocates to submit abstracts on other topics that are relevant to the LGBTQ community, youth/adult tobacco control partnerships, and prioritizing tobacco as a significant LGBTQ health issue.