NOTE: This comment was originally submitted on March 24, 2020, to the Center for Disease Control and Prevention by NFN Scout, Deputy Director of the National LGBT Cancer Network.

It can be viewed here: <https://www.regulations.gov/document?D=CDC-2020-0005-0027>

Achieving Health Equity in Tobacco Control for LGBTQ+ Persons

The undersigned organizations would like to express our concern that LGBTQ+ persons have been shown to use tobacco at rates that are 50% higher than the general population. Further, Youth Risk Behavior data show our youth also have increased rates of smoking and vaping, as well as evidence that we smoke menthol tobacco products at higher rates than the general population.

Despite the fact that tobacco use in our communities is the single health risk factor taking the most years off our lives, we rarely see any investment in tobacco control at the LGBTQ+ organizational level. We are much more likely to see investment in HIV prevention or mental health work from traditional public health avenues. While these are both critical, they do not accurately reflect the range of health risks our population experiences.

As such, we ask for CDC to take stronger steps in their own funding and, as a leader in this area, to ensure a greater percentage of tobacco control activities include tailored outreach to the LGBTQ+ population.

The first step in this work is to ensure that all surveillance activities collect sexual orientation and gender identity (SOGI) data. We cannot measure progress without data collection. One method to accomplish this is to make SOGI data collection mandatory on the Behavioral Risk Factor Surveillance System. As the surveillance system with the largest number of respondents, this also helps identify subpopulation disparities such as those within the trans, bi, or LGBTQ of color communities. We appreciate the CDC special analyses of tobacco use from existing LGB data collection but strongly urge data collection be expanded to include T on all surveillance systems in all states.

The next step is to expand partnerships between tobacco control organizations and LGBTQ-serving organizations. We have a robust range of organizations that serve our communities and these groups should have access to funded options for creating community facing educational and intervention campaigns. Some of these organizations specialize in reaching distinct and particularly vulnerable subpopulations within our communities, such as LGBTQ+ people of color, bi people, trans people, undocumented immigrants, etc. We appreciate the fact that CDC has funded a national network to coordinate LGBTQ work in this area, the National LGBT Cancer Network, and we want to urge an expansion of investment in our many and varied community-based organizations.

As a novel respiratory-based contagious illness moves to the level of a pandemic and disrupts daily life all over the world, we carry a particular concern about our populations' added vulnerability related to high tobacco use. We are a set of strong and vibrant communities with well developed health interventions; we ask the CDC to help us get additional resources to turn these proven behavior change strategies towards the issue of tobacco use.

Organizational Signers:

Advocates for Youth

Atlanta Pride Committee

Bradbury-Sullivan LGBT Community Center

Cal Voices

California LGBTQ Health and Human Services Network

CenterLink: The Community of LGBT Centers

Equality California

Equality North Carolina

Fenway Institute

Gay Elder Circle

GLMA: Health Professionals Advancing LGBTQ Equality

Hetrick-Martin Institute

Inside Out Youth Services

Lansing Association for Human Rights

Long Beach Gray Panthers

Mazzoni Center

National Center for Transgender Equality

National LGBT Cancer Network

PowerOn, a program of LGBT Technology Institute

Pride Center Of Vermont

Pride Community Services Organization

SAGE Metro Detroit

Silver State Equality-Nevada

Siouxland Pride Alliance

Union for Reform Judaism