

EMERGING Promising Practices

Tobacco Control as a Catalyst for Policy Change: Data Collection among LGBTT Communities in Puerto Rico



Puerto Rican LGBTT community members filling out the first survey to address LGBTT health during the 2010 Boquerón Pride event in the town of Cabo Rojo.



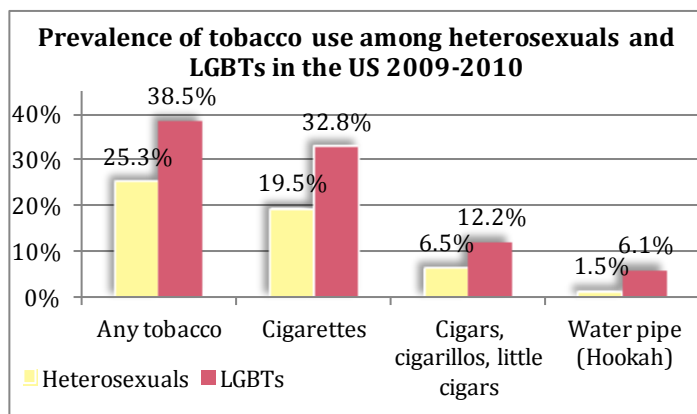
Contributors: Jeannette Noltenius, Juan Carlos Vega, Elba C. Díaz-Toro, Lissette Rodríguez, Lais Miachon, and Adrian Althoff.

Published: December 2012

TOBACCO CONTROL AS A CATALYST FOR POLICY CHANGE: Data Collection Among LGBTT Communities in Puerto Rico

PROBLEM ADDRESSED

In the United States (US), the smoking prevalence among LGBT communities is higher than that of the overall population. According to recent data from the National Adult Tobacco Survey, LGBTs in the US have an overall tobacco use prevalence of 38.5% compared to 25.3% of heterosexuals¹. Unfortunately, in 2009 there was no data on the prevalence of tobacco use of LGBTT communities in Puerto Rico (PR). According to the 2011 Behavioral Risk Factors Surveillance System (BRFSS) of the Centers for Disease Control and Prevention (CDC), 14.8% of Puerto Rican adults smoke, but without data on LGBTT smoking behavior it was impossible to evaluate the magnitude of the tobacco problem in PR.



Data from the 2009-10 National Adult Tobacco Survey¹

Without data collection, LGBTT (Lesbian, Gay, Bisexual, Transgender, and Transsexual) communities become invisible or vilified, and are therefore more vulnerable to the negative impacts of tobacco on their overall health. Data about LGBTT communities' health had not been systematically gathered in PR despite the presence of local

groups that support social networks and services regarding HIV/AIDS and STD care. Issues such as cancer, smoking, alcohol use and abuse, depression, and other risk factors and social determinants of health were neither previously identified nor addressed due to the lack of available data for LGBTT communities in PR.

Between October 2009 and October 2010, there were monthly physical attacks and/or murders of LGBTT people in Puerto Rico due to their gender identity and/or sexual orientation². According to the local newspaper *El Nuevo Dia*, Puerto Rico reported more hate crimes, murders, and violent assaults than New York City. In addition, LGBTTs in PR, especially transsexuals and transgenders, face discrimination when trying to access health care services. Many physicians and health care professionals have insensitive attitudes and misinformation about LGBTTs, which prevent them from providing appropriate health care services.

A group of local tobacco control advocates and community volunteers decided to engage, organize and build capacity among LGBTT communities, especially as pertaining to the negative health consequences of tobacco use.

DESCRIPTION OF KEY STAKEHOLDERS AND PARTNERS

The initial core group leading this effort was composed of: Juan Carlos Vega, Elba C. Díaz-Toro, and Lissette Rodríguez. Margie Alvarez, Beatriz Febus, and many other local volunteers subsequently joined their efforts. They also received technical assistance from Yanira Arias of the Latino Commission on AIDS and from Juan Carlos Velázquez of HMA Associates, and support from the Network for LGBT Health Equity. This core group

¹ Brian A. King, Shanta R. Dube, and Michael A. Tynan. (2012). Current Tobacco Use Among Adults in the United States: Findings From the National Adult Tobacco Survey. *American Journal of Public Health*. e-View Ahead of Print.

² Gabrielle for www.autostraddle.com Online Community. *18 Murders in 18 Months: Puerto Rico's LGBTTs Face New Threats, Old Politics*, June 28, 2011. Access at <http://www.autostraddle.com/18-murders-in-18-months-puerto-ricos-lgbtts-face-new-threats-old-politics-9576/>

TOBACCO CONTROL AS A CATALYST FOR POLICY CHANGE: Data Collection Among LGBTT Communities in Puerto Rico

identified partners and collaborators who represented all segments of society and could work together to combat the health burden of tobacco use and reduce health disparities among LGBTT communities. It is important to note that within the Puerto Rican context of violence and discrimination against LGBTT communities, the public support of the following organizations is in itself a success in the work to improve the well-being of LGBTTs.



LGBTT pride parades in Puerto Rico draw thousands of community members and allies

Local agencies and community organizations that engaged in local LGBTT events, conferences, pride parades, etc. include:

- LGBTT groups such as the PR Community Network for Clinical Research on AIDS (PR CoNCRA), Coaí, PR Para Tod@s, Comité Contra el Discrimen y la Homofobia (UPR-student group), Fundación Gaviota, Fundación Artículo II, LGBTT Community Center of PR, the GAMMA Project, and Saliendo del Closet.
- Private businesses such as Kandela Catering, Puttanesca Pizzeria, Samadhi Yoga Institute, and Medina Printing.

- Insurance companies like COSVI of PR, which now advertises cancer insurance coverage for same-sex partners.
- Local health groups such as the Smoke Free Coalition of PR, the Cancer Control Coalition of PR, the Association of Professional Social Workers of the PR-Metro Chapter, the American Cancer Society-PR Chapter, Iniciativa Comunitaria, Susan G. Komen for the Cure-PR Chapter, Taller Salud, PAS, Civil Rights Commission of PR, and Colegio de Cirujanos Médicos (Medical College Surgeons) of PR.
- University of Puerto Rico (UPR) students at the PR Comprehensive Cancer Center-UPR.
- Schools of Nursing and Dental Medicine, the Graduate School of Public Health, the Center for Infant-Maternal Studies, the AIDS Clinical Trial Unit (ACTU), the Florida/Caribbean AIDS Education & Training Center and the Center for Technological Support, all located at the Medical Science Campus of the University of Puerto Rico (MSC UPR).
- Puerto Rico Department of Health programs including Tobacco Control and Oral Health Promotion and Chronic Disease Self-Management.
- Trans groups: Transsexuals and Transgender on the Move (TTM) and Mujeres Transexuales Puerto Rico, Inc.
- Hospitals and clinics such as the LGBT Program at the Veterans Hospital, Clínica Pda. 18, and several community health centers.
- Several open door churches.
- Local media outlets such as Conexión G, Bonita Radio, Saliendo del Closet radio, Diálogo Newspaper (UPR), Caguas and Central Region Newspaper, and El Nuevo Día.

National, regional, and state level nonprofit organizations and foundations, federal initiatives, and Caribbean groups include:

- The Centers for Disease Control and Prevention (CDC).
- The Office of Smoking and Health (OSH) of the CDC.
- National Networks for Tobacco Control and Prevention (NN).

TOBACCO CONTROL AS A CATALYST FOR POLICY CHANGE: Data Collection Among LGBTTT Communities in Puerto Rico

- National Latino Tobacco Control Network (NLTCN).
- The Network for LGBT Health Equity, formerly the LGBT Tobacco Control Network.
- The Food & Drug Administration Globe Program - Puerto Rico Chapter.
- The Department of Health and Human Services - Region II Resource Network Program.
- The National Influenza Vaccination Disparities Partnership.
- The AmeriCorps Vista Community Service Corporation.
- Health organizations such as the Latino Commission on AIDS, Rainbow Health Initiative, Indiana Latino Institute, Inc., and HMA Associates, Inc.
- Legacy Foundation.
- Translatin@ Coalition trans group.
- Social justice and LGBTTT organizations like Lambda Legal, the Anti-Violence Project of NYC, and Human Rights Watch.
- Regional groups such as Liberty Place, Inc. in St. Croix, Virgin Islands and the Nicaraguan Alternative for Sexual Diversity (ANDISEX).



NLTCN members Juan Carlos Vega and Lissette Rodríguez administer the health survey at an LGBTTT educational event in 2009.

DESCRIPTION OF INNOVATIVE ACTIVITY

In order to advance LGBTTT health and tobacco control efforts, advocates developed a community driven set of innovative activities starting with: community-based participatory research to determine the needs of LGBTTTs in Puerto Rico; adaptation of a short health survey to be distributed at pride events; partnering with the Comprehensive Cancer Center-UPR to obtain assistance with scientific data collection and analysis; appending their First Pro-LGBTTT Health Summit to the PR DOH 2010 Tobacco Control Summit; including LGBTTT questions in the PR-BRFSS and PR Quitline Minimal Data Set; creating the Citizens Alliance Pro LGBTTTA Health of PR (where 'A' stands for Allies); and organizing a second independent summit.

COMMUNITY-BASED PARTICIPATORY RESEARCH LEADING TO ACTION

In 2009, NLTCN tobacco control and community health advocates began to engage LGBTTTs in events such as pride parades and local health conferences. Based on the principles of community-based participatory research (CBPR), representatives from Puerto Rico's LGBTTTA communities led the development of instruments for the needs assessment research. Advocates and volunteers engaged community members and potential allies through panel presentations, individual conversations, attendance at health coalition meetings, supporting petitions, and distributing educational resources at LGBTTT conferences, pride events, open-door churches, and places where trans women gather. Through this engagement, advocates recognized the need to develop a culturally and linguistically appropriate survey to measure the health status of LGBTTTs in Puerto Rico. Most individuals who were reached showed interest in addressing the health needs of LGBTTT communities. This interest was vital for applying CBPR methods in needs assessment research, which was used as a basis for the development and implementation of a survey tailored to PR LGBTTT communities.

TOBACCO CONTROL AS A CATALYST FOR POLICY CHANGE: Data Collection Among LGBTT Communities in Puerto Rico

INCLUSION OF TRANS COMMUNITIES

In an effort to include transgender and transsexual (trans) communities and help combat the rampant discrimination they suffer when accessing health care, advocates educated themselves and others on trans health issues, realities, and perspectives. The most important strategy used was the inclusion of members of trans communities in the decision making process from the beginning of the project in order to debunk myths, ignorant assumptions, stigma, and misunderstanding about these communities. NLTCN members in PR approached the topic of trans health by learning the correct nomenclature and avoiding the many negative stereotypes used to refer to trans' gender and sexuality. Educating people about trans communities continues to be a priority for advocates.



Tobacco control and health-related educational materials distributed with the survey at various pride events in 2010.

ADAPTATION OF AN LGBT SURVEY

The Rainbow Health Initiative (RHI), a non-profit organization from Minneapolis, Minnesota, gave NLTCN permission to translate their 2009 health survey. Members of CDC's National Networks for Tobacco Control and Prevention translated, edited, and adapted the RHI survey to create the first LGBTT community health survey of Puerto Rico (*Encuesta sobre la salud en la comunidad LGBTT de Puerto Rico – 2009*). See pages 14-15). The survey runs two pages long and can be filled out in a few minutes. The exchange of ideas between CDC National Networks and LGBTT advocates in Puerto Rico resulted in the use of

culturally competent terminology, comparable questions to other tobacco surveys in the US, and sexual identity and gender orientation questions that accurately identify LGBTT populations and their health status.

In November 2009, local tobacco control advocates piloted the survey at a local LGBTT educational summit hosted by the group "Saliendo del Closet". During the two-day event, NLTCN volunteers helped collect over 96 completed surveys. The attendees responded positively to the survey and were anxious to learn about the results, as their concerns were being captured and used to improve advocacy action, and health outcomes of LGBTTs.

A researcher at the Comprehensive Cancer Center–UPR became a de-facto advisor providing guidance and technical support on accurate data collection, ensuring proper implementation of research methods and the inclusion of feedback from LGBTT communities. After pre-analyzing the first 96 surveys, local advocates utilized community organizing strategies to continue administering the surveys. During the following year, volunteers from different parts of the LGBTT spectrum worked to obtain a convenience sample of 520 participants by taking the survey to pride parades, streets frequented by sex workers, LGBTT conferences and events, open door churches, etc. This convenience survey was the first step towards mainstreaming LGBTT data collection in Puerto Rico.



LGBTT community members fill out health surveys at the 2010 San Juan Pride Parade.

TOBACCO CONTROL AS A CATALYST FOR POLICY CHANGE: Data Collection Among LGBTT Communities in Puerto Rico

INSTITUTIONALIZING LGBTT ISSUES AT TOBACCO CONTROL EVENTS

With the first sample survey completed, NLTCN and the Network for LGBT Health Equity worked with the Puerto Rico Department of Health to include LGBTT topics at the 2010 Tobacco Control Summit. The DOH included LGBTT identifying questions in their evaluation forms and hosted the first workshop on LGBTT tobacco control. Since then, the 2011 and 2012 Tobacco Summits have included sessions on LGBTT tobacco control, thereby institutionalizing a focus on LGBTTs as a target priority community for tobacco control in PR.



Díálogo LGBTT

¿Cómo creamos y fortalecemos una agenda de justicia social a favor de la comunidad LGBTT en Puerto Rico?

¿Cómo contribuir para una política de salud humana para la comunidad LGBTT Latina dentro y fuera de Puerto Rico?

¿Qué tipo de alianzas estratégicas podemos crear para eliminar el uso de tabaco entre la comunidad LGBTT en Puerto Rico?

Invita: Latinos Saludables Sin Tabaco

¡Ven y participa!

12 de Marzo
10:00 am a 12:00 pm

Lugar: Sala Las Brisas
Hotel Embassy Suites
Dorado del Mar

NLTCN advocates organized a dialogue about LGBTT health at the 2010 DOH-PR Tobacco Control and Prevention Summit.

RESULTS

INSTITUTIONAL LGBTT DATA COLLECTION

This local and national collaboration project resulted in many changes involving the institutionalization of LGBTT data collection at the local level. With the survey and data in hand, PR LGBTT advocates and NLTCN members demonstrated not only the large existing tobacco problem but also the need for further data collection on LGBTT health and tobacco use in Puerto Rico. These innovative

activities led to changes in the Minimal Data Set (MDS), the list of questions used by members of the North American Quitline Consortium (NAQC) in state quitline services. The MDS of PR Quitline now includes questions about gender and sexual orientation (including questions pertaining to trans identities), which will enable the collection of further data on LGBTT tobacco use.

With technical assistance from the Epidemiology Branch of OSH, the PR DOH made changes to their Behavioral Risk Factor Surveillance System (BRFSS), incorporating two questions that identify LGBTT populations. This change ensures the collection of data not only on tobacco-related health issues but also the formation of a complete health profile of the PR LGBTT population. This information is vital in assessing the health needs of and improving the provision of quality health care services for this segment of the population. Additionally, the PR DOH included LGBTT communities as a target population in their application for renewal of funding from OSH.

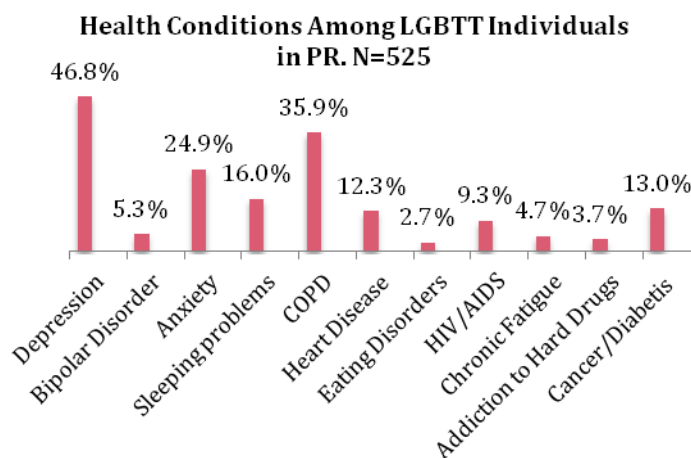
INSTITUTIONALIZED LGBTT RESEARCH AT UPR

The University of Puerto Rico joined the LGBTT data collection efforts. UPR research students were trained in cultural competency and gained the skills to administer the health survey to LGBTT populations. As the project progressed, students were able to conduct their own independent research and help advance the existing knowledge of LGBTT health issues in Puerto Rico. Furthermore, UPR incorporated cultural competency trainings into their Medical Sciences Campus schools, including the new Doctorate in Social Determinants of Health at the Graduate School of Public Health, in order to produce health care professionals with the understanding and skills necessary to serve LGBTT communities.

TOBACCO CONTROL AS A CATALYST FOR POLICY CHANGE: Data Collection Among LGBTT Communities in Puerto Rico



NLTCN members Carlos Velázquez and Dr. Elba C. Díaz-Toro discuss the LGBTT health survey at the PR DOH Tobacco Control and Obesity Summit in 2010.



Survey on the health of LGBTT communities in Puerto Rico shows a high prevalence of depression, anxiety, and chronic obstructive pulmonary disease (COPD), a condition related to smoking and/or exposure to secondhand smoke.

HEALTH PROFILE OF LGBTT COMMUNITIES

The community health convenience survey of Puerto Rico resulted in the first local health profile of LGBTT communities; it documented a 39% smoking prevalence and 74% alcohol consumption rate among LGBTTs, and a high level of exposure to secondhand smoke in local LGBTT pubs and clubs.

Other results include³:

- 11% of LGBTTs in Puerto Rico are not covered by health insurance.
- 85.4% of Puerto Rican LGBTT smokers initiate smoking before the age of 21 with 50% initiating before the age of 18.
- 39% of LGBTTs in Puerto Rico smoke compared to only 11% of the general island population. This matches the smoking prevalence for US LGBTs.

FIRST LGBTT HEALTH SUMMIT

With the support of all of the partners and stakeholders, the core group launched the First Pro-LGBTT Health Summit of PR; a one-day event appended to the 2011 DOH Puerto Rico Tobacco Control Summit and the Network for LGBT Health Equity Steering Committee meeting, both taking place in PR. The objective of this First Summit was to gather recommendations for improvements in LGBTT health care. The Summit was a space where gays, lesbians, bisexuals, transsexuals and transgender people could exchange views on their health concerns and individual priorities. Over 130 people attended this First Summit, which was sponsored by 20 organizations and received extensive media coverage and strong representation from UPR and PR DOH leadership.

³ Diaz-Toro, E. & Vega, J.C. *Health profile of a convenience sample of LGBTT communities: findings from the community-base LGBTT health initiative survey of PR from 2009-2010*, APHA Poster Presentation, Wash., DC, Oct 31, 2011.

TOBACCO CONTROL AS A CATALYST FOR POLICY CHANGE: Data Collection Among LGBTT Communities in Puerto Rico



Beatriz Febus moderates a panel on lesbian and bisexual health at the First LGBTT Pro-Health Summit of PR in 2011.

CREATION OF THE ACPS-LGBTTA

The Citizens' Alliance Pro LGBTTA Health (Alianza Ciudadana Pro-Salud LGBTTA or ACPS-LGBTTA, in which the 'A' stands for Allies) originated from a dialogue that started during the First LGBTT Pro-Health Summit. NLTCN Steering Committee members led a strategic planning session in PR in order to help determine goals, structure and immediate next steps needed to make the ACPS-LGBTTA a success. NLTCN also provided continued technical assistance and training throughout its development.

The ACPS-LGBTTA enabled the creation of a leadership group within Puerto Rico's LGBTTA communities. Additionally, it created a space for LGBTT communities to come together and advocate for their health, social concerns, safety, and human rights. This is an important transformation for in the past, LGBTT issues focused on HIV/AIDS, and STDs. Among other things, the ACPS-LGBTTA prioritizes a holistic understanding of the socioeconomic status, public safety issues, systematic discrimination, and abuse faced by LGBTTs in Puerto Rico.

SECOND LGBTT PRO-HEALTH SUMMIT

Whereas NLTCN members and other local volunteers hosted the First LGBTT Pro-Health Summit, ACPS-LGBTTA organized the Second LGBTT Pro-Health Summit of PR as an independent two-day event in June 2012. During this Summit there were approximately 100 participants, 17 sponsors, and a number of volunteers who worked to deliver 25 presentations on LGBTT health issues, 5 of which focused on tobacco control. The agenda also included discussions on how to advance government prevention and treatment programs and LGBTT inclusion in the island-wide public health system. Presentations, panels and discussion sessions led to a better understanding of social factors that contribute to poor health outcomes among LGBTTs in PR such as machismo, stigma, discrimination, hate crimes, and violence.

The First and Second LGBTT Pro-Health Summits resulted in:

- A Spanish-English bilingual library of LGBTT electronic health resources, which are downloadable and free of charge.
- Dissemination of health information to PR LGBTT communities through direct outreach, online and print sources, radio shows, and online social platforms.
- Print and online local newspaper coverage.
- Exposure of current LGBTT health and social realities to mainland US and adjacent islands.
- Production and distribution of extensive documentation on LGBTT health and tobacco control issues in Puerto Rico.
- Fiscal and administrative support from national and local non-profit organizations and the UPR.

TOBACCO CONTROL AS A CATALYST FOR POLICY CHANGE: Data Collection Among LGBTT Communities in Puerto Rico



Yanira Arias presenting on LGBTT cultural competency at the Second LGBTT Pro-Health Summit of PR in 2012.

SKILLS USED

Skills used in this intervention include the ability to:

- Understand and apply knowledge of the adverse health effects of tobacco;
- Apply tobacco control knowledge to other health equity issues;
- Engage members of LGBTT communities in PR;
- Connect with groups serving LGBTT communities;
- Understand culturally sensitive issues faced by the LGBTT population;
- Understand the value of data collection for health action;
- Conduct surveys, literature reviews, and analyze data;
- Organize events and conferences;
- Obtain media coverage;
- Use current technologies, social media, and online platforms to disseminate information;
- Advocate for equity in marginalized communities, especially in Latino/a, Latin American, and LGBTT communities.

ACHIEVEMENTS

The main achievements of this intervention include:

- Successful adaptation, piloting, and implementation of an existing Minnesota survey to the Puerto Rico context.
- Completion of a scientifically determined sample of 520 LGBTTs in PR.
- Creation of a health profile of LGBTTs in PR.
- Incorporation of LGBTT issues into the PR DOH Tobacco Control Summits and establishment of LGBTTs as a priority population for tobacco control in PR.
- Inclusion of gender and sexual orientation questions in the PR MDS and local quitlines.
- Inclusion of gender and sexual orientation questions in the PR Behavioral Risk Factor Surveillance System.
- Inclusion of LGBTT cultural competency trainings in research and alliances with several departments at the UPR.
- Capacity building among LGBTTs in evidence-based research, program development, strategic planning, leadership, and health policy development.
- Engagement of over 60 businesses, foundations, government agencies, community-based organizations, and LGBTT advocacy groups. Public support from organizations is especially relevant given the PR context of violence against and social exclusion of LGBTTs.

TOBACCO CONTROL AS A CATALYST FOR POLICY CHANGE: Data Collection Among LGBTT Communities in Puerto Rico

RESOURCES NEEDED

- Funding (\$5,000 per year) from NLTCN for expenditures of two advocates;
- Financial support from Legacy Foundation, Lambda Legal, and various other funders in PR and the US.
- Scholarship funding and LGBTT expertise from the Network for LGBT Health Equity;
- Technical assistance, training, and support from NLTCN, the Network for LGBT Health Equity, the Latino Commission on AIDS, UPR Comprehensive Cancer Center and other Medical Science Campus (MSC) schools, PR DOH, CDC OSH, PR BRFSS, PR Quitline, and other supporting groups and organizations (*see list in pages 3-4*);
- Connections to different LGBTT communities and influential community members;
- University students interested in LGBTT health and social justice issues;
- Local community health advocates to present local LGBTT perspectives at federal hearings and meetings.

EVALUATION MEASURES

This bottom-up intervention, which created valid data on tobacco use and other PR LGBTT health issues, has not yet been scientifically evaluated. Before this intervention there was no simple two-page Spanish health questionnaire created in a participatory manner by tobacco and LGBTT advocates in either PR or the US, and now there is one. The data collected through this “opportunistic” methodology in pride parades, LGBTT conferences, and on the sidewalks, was gathered by trained volunteers under the supervision of a UPR researcher. This research was an effort to obtain an LGBTT health profile using existing research tools from Minnesota and adapting them to the local PR context. In a way, the results obtained validate quick surveillance methodologies brought forth by, for, and with LGBTT communities in one state and applied to a different cultural and linguistic context.

LESSONS LEARNED

- It takes time and resources to form a core group of advocates. It is important to train, engage and support advocates for a few years preceding an intervention, giving them technical assistance and financial resources to cover basic expenditures.
- It is more time-effective to use existing surveys, adapting and translating them in order to make them relevant to the local community.
- LGB and TT groups can have large differences and are not used to working together. However, it is important to make a special effort to reach out to transsexuals and transgenders as they are often the most marginalized communities in the LGBTT spectrum.
- Local health departments and smoke-free coalitions need to reach out to LGBTT community-based groups, provide training and support them before asking them to attend meetings.
- Building a coalition can help groups create their own identity, institutionalize change, and form a unified voice for local LGBTTs.
- Sharing leadership roles can help minimize the workload for the core group while increasing participation and creating a wider sense of ownership over successful programs/events.
- In order to begin changing social norms surrounding LGBTT inclusion and smoking, it is important to reach out to a wide audience. Use social media platforms, press releases, print and online media, radio, and listservs to educate people.

TOBACCO CONTROL AS A CATALYST FOR POLICY CHANGE: Data Collection Among LGBTT Communities in Puerto Rico



Carlos Velázquez leading a youth workshop during the Second LGBTT Pro-Health Summit of PR on utilizing social media against bullying in schools.

SUSTAINING THIS INNOVATION

In order to sustain this innovation, there is the need for continued funding to support advocates and LGBTT events. Such funding will help continue cultural competency trainings, participation in local and national conferences, webinars, letters of support, blogs, etc. In addition, in order to create a comprehensive health profile of LGBTT communities, PR must expand its data collection systems. Next steps include updating and expanding the current two-page survey, collecting responses online, and adding more resources to the LGBTT Bilingual Virtual Health Library.

The National Networks need to renew their commitment to local PR advocates, ensuring that at least ten thousand dollars are annually dedicated to these efforts. The Tobacco Control Program of the PR DOH also needs to continue reaching out and be inclusive of LGBTT communities. In order to produce health care professionals that are able to provide culturally competent quality services for all LGBTTs, UPR and other local universities need to include mandatory cultural competency coursework in the training of all health care professionals. The PR Quitline must receive LGBTT cultural competency training and apply the collected data

in innovative and evidence-based ways to help these communities quit smoking.

ADAPTATION BY OTHER ORGANIZATIONS

When implementing this project, organizations may consider the following suggestions learned from this innovative activity:

- Train, engage, and support a small group of advocates who represent all the letters (LGBTTA) and can form a core group to lead initial efforts at the local level.
- Involve state tobacco control programs, National Networks, community-based researchers and academics, and public health advocacy groups from the beginning.
- Start by securing support from a university, community-based organizations, and/or LGB or TT groups; ask for their help in recruiting others.
- Engage diverse groups (e.g.: church, business, youth, policy makers) in the development of the strategic plan for tobacco control, especially representatives from minority groups who experience a heavier tobacco burden.
- Use CBPR principles to engage and maintain relationships with target populations.
- Always listen to community priority issues, considering the social context of each group. It is sometimes necessary to become involved in issues such as human rights, violence, etc., before engaging communities in tobacco control work.
- Disaggregate Latino/a and/or Hispanic data. Latino/a data sets should include information about sub-ethnicities (i.e.: Puerto Rican, Cuban, etc.), further disaggregating by city where they live.
- Gender identity and sexual orientation data should be tailored to the local communities.
- There is a desperate need for research on Latino/a LGBTT youth, with special emphasis on Latino/a transgender and transsexual individuals.

Promising Practices

Encuesta sobre la Salud en la Comunidad LGBTT en Puerto Rico - 2009

Con el propósito de ayudar a identificar las necesidades y el desarrollo de servicios y eventos que promueven la salud y el bienestar, deseamos obtener información sobre la comunidad lesbiana, gay, bisexual, transgénero y transexual (LGBTT) en Puerto Rico. Por favor, tome unos minutos para completar esta encuesta voluntaria. Para contestar, rellene completamente el cuadrado ☐. Conteste las preguntas en ambos lados de esta hoja. Todas las respuestas son anónimas.

¿Quién eres?

- 1 ¿Cómo describe usted su género? (marque todo lo que aplique)
- ☐₁ Masculino ☐₃ Transgénero (femenino a masculino) ☐₅ Transexual
- ☐₂ Femenino ☐₄ Transgénero (masculino a femenino) ☐₆ Otro: _____
- 2 ¿Cómo describe usted su orientación sexual? (marque una sola respuesta)
- ☐₁ Gay/Homosexual ☐₂ Lesbiana ☐₃ Bisexual ☐₄ Heterosexual/Straight
- ☐₅ No me identifico con ninguna de las anteriores ☐₆ Otro: _____

- 3 ¿Qué edad tiene? _____ 4 ¿En qué Municipio reside? _____

- 5 ¿Cuál de los siguientes niveles corresponde al ingreso en su hogar?
- ☐₁ 0 - \$15,000 ☐₂ \$16,000 - \$35,000 ☐₃ \$36,000 - \$50,000 ☐₄ Más de \$50,001

- 6 ¿Cuál es el nivel más alto de educación que ha alcanzado?
- ☐₁ Maestría o Doctorado ☐₂ Graduado de Universidad ☐₃ Escuela técnica o algunos cursos universitarios ☐₄ Graduado de secundaria (high school) ☐₅ No terminé la secundaria (high school)

- 7 ¿Tiene seguro médico o acceso a servicios de salud? ☐₁ Sí ☐₂ No ☐₃ No sé

¿Cuáles son sus preocupaciones y problemas personales de salud?

Fumar y el uso de tabaco

- 8 ¿Cuál de las siguientes afirmaciones mejor representa su uso de tabaco? (marque una sola respuesta)
- ☐₁ Yo nunca he fumado 100 cigarrillos durante mi vida y no fumo ni uso tabaco ahora → **PASE A LA #13**
- ☐₂ Yo fumo y/o uso tabaco y he fumado por lo menos 100 cigarrillos durante mi vida
- ☐₃ Yo solamente fumo de 5 a 10 cigarrillos al día y/o yo fumo en situaciones sociales
- ☐₄ Yo fumaba, pero lo deje – he fumado por lo menos 100 cigarrillos durante mi vida → **PASE A LA #12**

- 9 Si usted fuma o usa tabaco, ¿en alguna ocasión ha intentado dejarlo?
- ☐₁ No ☐₂ Sí 9.a ¿Cuántas veces ha intentado dejarlo? _____

- 10 Si ha intentado pero no ha logrado dejar el tabaco, ¿cuáles fueron las causas? (marque todo lo que aplique)
- ☐₁ Antojos, ganas de usar, ansiedad ☐₅ No está seguro donde buscar ayuda
- ☐₂ Modos en el cual maneja el estrés ☐₆ Interferencia en mis relaciones de trabajo/personal
- ☐₃ Miedo a aumentar de peso ☐₇ No tenía un verdadero deseo de dejarlo
- ☐₄ Costo de productos/medicinas para ayudarme a dejarlo ☐₈ Otro: _____

- 11 Si usted fuma o consume tabaco, ¿cuál de las siguientes frases mejor describe su intención de dejarlo?
- ☐₁ Pienso que nunca voy a dejarlo ☐₃ Voy a dejarlo en los próximos 6 meses
- ☐₂ Pudiera dejarlo, pero no en los próximos 6 meses ☐₄ Voy a dejarlo durante el próximo mes

- 12 Si fuma o dejó de fumar, ¿qué tipo de producto consume o consumía? (marque todo lo que aplique)
- ☐₁ Cigarrillos ☐₇ Cigarrillos con otros sabores (no mentol)
- ☐₂ Cigarros o puros ☐₈ Masticable (Skoal), Bolsitas (Snus) o Disolubles (Orbs)
- ☐₃ Usted mismo envuelve su tabaco en papel ¿Conoce estos productos solubles? ☐ Si ☐ No
- ☐₄ Pipa ☐₉ ¿Qué marca de cigarrillos usa o usaba?
- ☐₅ Cigarrillos electrónicos (E-Cigarettes) _____
- ☐₆ Cigarrillos con Mentol o Mentolados ☐₁₀ ¿A qué edad comenzó a fumar? _____

Promising Practices

Encuesta sobre la Salud en la Comunidad LGBTT en Puerto Rico - 2009

13 Regularmente estoy expuesto al humo de tabaco de segunda mano cuando estoy: (marque todo lo que aplique)

- ☐₁ En mi hogar
 ☐₂ En compañía de mi pareja/o que fuma
☐₃ En mi lugar de empleo y/o escuela
 ☐₄ En los bares, restaurantes, y clubes
☐₅ Nunca estoy expuesto al humo de segunda mano
 ☐₆ Otro: _____

Otros asuntos de salud

14 ¿Alguna vez ha sido diagnosticado o tratado por una de estas enfermedades? (marque todo lo que aplique)

- ☐₁ Depresión
 ☐₇ Anorexia/Bulimia
☐₂ Desorden Bipolar
 ☐₈ HIV/SIDA/ETS
☐₃ Ansiedad
 ☐₉ Fatiga Crónica
☐₄ Insomnio
 ☐₁₀ Adicción a Drogas o Alcohol
☐₅ Asma / Bronquitis / Enfisema
 ☐₁₁ Cáncer, ¿qué tipo? _____
☐₆ Enfermedades del Corazón
 ☐₁₂ Diabetes, ¿qué tipo? _____

15 ¿Usted toma bebidas alcohólicas?

- ☐₁ No, nunca he tomado alcohol
 ☐₂ Ahora no, he dejado de tomar alcohol
☐₃ Sí, pero infrecuentemente (menos de 1 al día)
 ☐₄ Sí, tomo regularmente (1 o más al día)

¿Cuáles piensa usted que son las preocupaciones y los problemas de salud que afectan a la comunidad LGBTT?

Evalúe la importancia de los siguientes problemas relacionados con la salud de la comunidad LGBTT marcando 1 como algo no tan importante hasta el 5 como algo muy importante:

	1—no tan importante hasta 5—muy importante				
	1	2	3	4	5
16 Los proveedores de salud deben de entender asuntos LGBTT	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
17 Su doctor debe saber que usted se identifica como LGBTT	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
18 VIH/SIDA y Enfermedades de Transmisión Sexual (ETS)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
19 Fumar y/o estar expuesto al humo de segunda mano	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
20 El uso de alcohol y otras drogas	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
21 Acceso a servicios médicos y cuidados de salud	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
22 Acceso a servicios odontológicos - cuidados dental	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
23 Otro: _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Por favor diga si usted está de acuerdo o en desacuerdo con las siguientes declaraciones:

	1—rotundamente en desacuerdo hasta 5—completamente de acuerdo				
	1	2	3	4	5
24 Individuos LGBTT fuman más que el resto de la población general	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
25 En la comunidad LGBTT hay poco énfasis sobre el fumar y la salud	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
26 El humo del cigarrillo de otra(s) persona(s) perjudica la salud de otros	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
27 La Parada de Orgullo y otros eventos LGBTT deben de ser libres del humo de tabaco	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
28 Las industrias tabacaleras han apoyado a la comunidad LGBTT	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
29 No hay nada de malo si los bares, clubes y otros establecimientos y/o eventos LGBTT son patrocinados por las compañías tabacaleras.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Por último, conteste Sí o No a las siguientes preguntas:

30 Si es LGBTT, ¿lo sabe su doctor (o proveedor de servicios médicos)?	<input type="checkbox"/> ₁	Sí	<input type="checkbox"/> ₂	No	<input type="checkbox"/> ₃ n/a
31 Si es LGBTT, ¿cree que su doctor (o proveedor de servicios médicos) conoce sobre asuntos de salud que afectan a individuos LGBTT?	<input type="checkbox"/> ₁	Sí	<input type="checkbox"/> ₂	No	<input type="checkbox"/> ₃ n/a
32 ¿Ha oído sobre la Coalición para un Puerto Rico Libre de Tabaco?	<input type="checkbox"/> ₁	Sí	<input type="checkbox"/> ₂	No	
33 ¿Sabe que existe una línea telefónica de apoyo para dejar de fumar? Se llama ¡Déjalo Ya! y es auspiciada por el Depto. de Salud de Puerto Rico.	<input type="checkbox"/> ₁	Sí	<input type="checkbox"/> ₂	No	

Rainbow Health Initiative – 2009 Survey

The Rainbow Health Initiative is collecting information for members of the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community in Minnesota to identify and develop ongoing services and events that meet the needs of our community. Please take a moment to complete this survey if you identify as LGBT and live in MN. Your answers are completely anonymous, and so important to us.

What are the LGBT community health problems and concerns?

To begin, we'd like you to think about the current health of our LGBT community. Please rate the importance of the following health-related LGBTQ issues:

		1-not so important to 5-highest priority				
		1	2	3	4	5
1	Sexually transmitted diseases & infections (STDs/STIs)-not HIV/AIDS	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2	HIV/AIDS	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3	Smoking and/or second-hand smoke exposure	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4	Alcohol use	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
5	Access to health care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
6	Competence of health care providers regarding LGBTQ issues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7	Other: _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Please tell us know whether you disagree or agree with the following statements:

		1-strongly disagree to 5-strongly agree				
		1	2	3	4	5
8	LGBTQ people smoke more than the general population.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
9	Pride celebrations should be smoke-free events	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
10	There is nothing wrong with LGBTQ organizations/events accepting sponsorship money from tobacco companies.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
11	There is too little emphasis on smoking as a health issue in the LGBTQ community.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
12	There is nothing wrong with LGBTQ bars and nightclubs accepting sponsorship money from tobacco companies.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
13	The tobacco industry has been a friend to the LGBTQ communities.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
14	Other: _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

What are your personal health issues and concerns?

Smoking and tobacco use

- 15 Which ONE of the following best describes your smoking and tobacco use?
- ☐₁ I never smoked 100 cigarettes in my life and do not smoke or use tobacco now → **GO TO Question 20**
- ☐₂ I am a current smoker/tobacco user and have smoked at least 100 cigarettes in my lifetime.
- ☐₃ I used to smoke, but quit – I smoked at least 100 cigarettes in my lifetime.
- 16 If you are a current or past smoker/tobacco user, have you ever tried to quit?
- ☐₁ No → **GO TO Question 18**
- ☐₂ Yes → 16.a How many times have you tried to quit? _____
- 17 If you ever tried to quit using tobacco but did not succeed, what were the barriers? (check all that apply)
- ☐₁ Cravings/feelings of withdrawal ☐₅ Cost of classes/cessation programs
- ☐₂ Loss of a way to handle stress ☐₆ Interference with social/work relationships
- ☐₃ Fear of gaining weight ☐₇ No real desire to quit
- ☐₄ Cost of medications/products to help quit ☐₈ Other: _____
- 18 If you are a current smoker/tobacco user, what best describes your intention regarding quitting?
- ☐₁ I never expect to quit ☐₃ I will quit in the next 6 months
- ☐₂ I might quit, but not in the next 6 months ☐₄ I will quit in the next month

Promising Practices

Rainbow Health Initiative – 2009 Survey

- 19 Are you regularly exposed to second-hand tobacco smoke... (Check all locations that apply)
- | | |
|---|--|
| <input type="checkbox"/> ₁ At the place where you live? | <input type="checkbox"/> ₃ At bars, restaurants, clubs? |
| <input type="checkbox"/> ₂ At the place where you work/go to school? | <input type="checkbox"/> ₄ Other: _____ |
| <input type="checkbox"/> ₅ I am not exposed to second-hand tobacco smoke | |

Other health issues

- 20 Have you ever been diagnosed or treated for any of the following? (check all that apply)
- | | |
|--|---|
| <input type="checkbox"/> ₁ Depression | <input type="checkbox"/> ₅ Anorexia |
| <input type="checkbox"/> ₂ Bipolar disorder | <input type="checkbox"/> ₆ Bulimia |
| <input type="checkbox"/> ₃ Anxiety | <input type="checkbox"/> ₇ Chronic fatigue |
| <input type="checkbox"/> ₄ Insomnia | <input type="checkbox"/> ₈ Drug or alcohol addiction |
- 21 Do you drink alcoholic beverages?
- | | |
|---|--|
| <input type="checkbox"/> ₁ No, I have never been a drinker | <input type="checkbox"/> ₃ Not now; I quit drinking |
| <input type="checkbox"/> ₂ Yes, but infrequently (less than 1 a day) | <input type="checkbox"/> ₄ Yes, I am a regular drinker (1+ every day) |
- 22 Do you consider yourself a person in recovery from alcohol or drug addiction?
- | |
|---|
| <input type="checkbox"/> ₁ No → GO TO Question 23 |
| <input type="checkbox"/> ₂ Yes → 22.a How long have you been in recovery from alcohol or drug addiction? _____ |

Who are you?

- 23 How old are you to the closest full year? _____ years
- 24 What best describes your gender? (check one only)
- | | | |
|--|---|--|
| <input type="checkbox"/> ₁ Male | <input type="checkbox"/> ₃ Transgender (MtF) | <input type="checkbox"/> ₅ Intersexed |
| <input type="checkbox"/> ₂ Female | <input type="checkbox"/> ₄ Transgender (FtM) | <input type="checkbox"/> ₆ Gender Queer |
| <input type="checkbox"/> ₇ Other: _____ | | |
- 25 What best describes your sexual orientation? (check one only)
- | | | | |
|--|---|--|---|
| <input type="checkbox"/> ₁ Gay | <input type="checkbox"/> ₃ Lesbian | <input type="checkbox"/> ₄ Bisexual | <input type="checkbox"/> ₅ Queer |
| <input type="checkbox"/> ₂ Straight/Heterosexual <input type="checkbox"/> ₆ Other: _____ | | | |
- 26 What best describes your racial/ethnic background? (check one only)
- | | | |
|--|--|--|
| <input type="checkbox"/> ₁ White/Caucasian | <input type="checkbox"/> ₅ Latino/Hispanic | <input type="checkbox"/> ₈ Native American/Alaskan Native |
| <input type="checkbox"/> ₂ Black/African American | <input type="checkbox"/> ₆ Asian | <input type="checkbox"/> ₉ Mixed race |
| <input type="checkbox"/> ₃ African born | <input type="checkbox"/> ₇ Pacific islander/ Hawaiian | <input type="checkbox"/> ₁₀ Other: _____ |
| <input type="checkbox"/> ₄ Middle Eastern | | |
- 27 What best describes your household income level?
- | | | | |
|---|--|---|---|
| <input type="checkbox"/> ₁ Below poverty | <input type="checkbox"/> ₂ Low income | <input type="checkbox"/> ₃ Middle income | <input type="checkbox"/> ₄ High income |
|---|--|---|---|
- 28 In general, would you say your health is:
- | | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> ₁ Excellent | <input type="checkbox"/> ₂ Very Good | <input type="checkbox"/> ₃ Good | <input type="checkbox"/> ₄ Fair | <input type="checkbox"/> ₅ Poor |
|---|---|--|--|--|
- 29 Do you have health insurance?
- | | |
|---|--|
| <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No |
|---|--|
- 30 If you are LGBTQ, are you *out* to your doctor/health care provider?
- | | |
|---|--|
| <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No |
|---|--|
- 31 If you are LGBTQ, do you feel that your doctor/health care provider is knowledgeable and competent in LGBTQ health issues?
- | | |
|---|--|
| <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No |
|---|--|
- 31 A. **If not**, would you prefer that your doctor/health care provider is knowledgeable and competent in LGBTQ health issues?
- | | |
|---|--|
| <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No |
|---|--|

- | | | |
|---|---|--|
| 32 Have you ever heard of the Rainbow Health Initiative (RHI)? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No |
| 33 Have you ever heard of MN Tobacco-Free Lavender Communities (TLC)? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No |

If you would like more information or if you want to volunteer, please tell the volunteer who will take your contact info.

Thank you for completing the survey!!

TOBACCO CONTROL AS A CATALYST FOR POLICY CHANGE: Data Collection Among LGBTT Communities in Puerto Rico

ACKNOWLEDGMENTS

The National Latino Tobacco Control Network (NLTCN) would like to thank its Steering Committee and the leadership of the Network for LGBT Health Equity for assuring that Puerto Rico and members of the LGBTT communities are included in their decision-making bodies. The support of the Office of Smoking and Health of the CDC for the National Networks, the state tobacco control programs and quitlines has been essential and we are very thankful for it. NLTCN also appreciated Legacy Foundation and other national organizations for making minority and LGBTT issues a priority. Our thanks to Loretta Worthington of the Rainbow Health Initiative for sharing the survey instrument. NLTCN would also like to congratulate the Citizens' Alliance Pro LGBTTA Health of Puerto Rico (ACPS-LGBTTA) for their leadership in advancing the movement for LGBTT health equity via tobacco control initiatives. Special thanks to the trans communities of Puerto Rico, the US and Latin America for having the courage, leadership and strength to come forth in defense of LGBTT health.

Most importantly, the success of this Promising Practice is due to the commitment of LGBTTs and their allies in PR to making tobacco use a thing of the past and health equity and social justice for all communities their vision for the future.

The National Latino Tobacco Control Network (NLTCN) is an open information and support system for tobacco control and health disparities advocates and experts who want to become more effective in changing policies and social norms around tobacco control through exchange of information and personal and institutional linkages. www.latinotobaccocontrol.org

NLTCN is a member of the National Networks for Tobacco Control and Prevention. <http://www.tobaccopreventionnetworks.org/>

This publication was supported by CDC Cooperative Agreement Number U58/DP001515. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

RESOURCES

Please note that the resources included in this Promising Practice are intended to be used as examples and adjusted as appropriate for specific needs and populations:

Encuesta sobre la Salud en la Comunidad LGBTT en Puerto Rico – 2009. Survey adapted and translated to Spanish from the Rainbow Health Initiative 2009 Survey (See pages 12-13).

Rainbow Health Initiative – 2009 Survey. Original English survey (See pages 14-15).

Note: The RHI has since published a new and updated version of their health survey, which can be found at www.rainbowhealth.org

The online bilingual library of LGBTT health resources compiled throughout this intervention can be found at www.saludlgbtta.org

The Network for LGBTT Health Equity: <http://lgbthealthequity.wordpress.com/>

The ACPS-LGBTTA is a volunteer non-profit organization devoted to improving LGBTT health in Puerto Rico in collaboration with its allies.

Contact ACPS-LGBTTA via email at: SaludLGBTT@gmail.com

For electronic LGBTT health and social justice educational resources and publications in Spanish and English visit the “Biblioteca Virtual” tab in the ACPS-LGBTTA website at www.saludlgbtta.org

Join us on Facebook at [Facebook.com/SaludLGBTT](https://www.facebook.com/SaludLGBTT)