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Response to Cochran *A strategic approach to eliminating sexual orientation-related health disparities*

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We thank Cochran and colleagues for their thoughtful comments regarding the needed research to eliminate health disparities, in this case related to tobacco use and secondhand smoke (SHS) exposure in the lesbian, gay, and bisexual (LGB) community. As we reported in our study, both tobacco use and SHS exposure have fallen over time for sexual minority as well as heterosexual adults in California, though both prevalence rates remain higher in sexual minority populations. A number of explanations have been suggested to explain the greater rates of tobacco use and SHS exposure in the LGB community, including a bar-focused subculture, targeted tobacco industry efforts, stress, and structural stigma and discrimination commonly perceived by LGB adults. Cochran and colleagues suggest that another factor that might be considered as moderating SHS exposure is household composition, which they define as living alone or with others.¹ Other measures of household composition could include living with a spouse and the presence or absence of children in the home.

The four generation framework proposed by Thomas et al.² is indeed a useful one for evaluating our progress towards eliminating sexual identity disparities in smoking and SHS exposure. To this framework, we would add documenting the impact of these disparities. There is a growing literature that reports greater rates of illness, including asthma, cancer, cardiovascular disease, and diabetes among sexual minorities, particularly women,³⁻⁶ and tobacco use is cited by several of these studies as a potential causal factor. Determining the health-related economic burden that results from tobacco use and exposure in LGB adults is an additional way to measure the impact of tobacco use on sexual-identity health disparities. Documenting the impact of disparities helps motivate the development of interventions to reduce them. The LGB community proved to be extremely adept at organizing to bring attention to an earlier threat to health - that of HIV/AIDS. Estimates of the healthcare and other costs that tobacco imposes on the LGB community will be very useful for rallying the developing networks of LGB tobacco control advocates⁷ as well as the public health community at large to redouble efforts toward reducing the impact of tobacco on this highly vulnerable community.

CONTRIBUTORS

All authors contributed to this letter.

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