"If You Know You Exist, It's Just Marketing Poison": Meanings of Tobacco Industry Targeting in the Lesbian, Gay, Bisexual, and Transgender Community

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Tobacco use is the leading preventable cause of death in the United States.[1] Lesbian, gay, bisexual, and transgender (LGBT) individuals are particularly at risk. For example, one study showed that smoking rates among LGBT women (those either identifying as LGBT or reporting same-gender sexual contact) were nearly triple those among women overall (32.5% vs 11.9%); LGBT men's smoking rate was 50% higher than that of men overall (27.4% vs 19.1%), and the rate among transgender individuals was 30.7%.[2] Elevated smoking rates in the LGBT community may be related to social disenfranchisement, discrimination, and the prominence of the bar culture as a means of socializing.[3] Smoking is frequently depicted in magazines targeted toward LGBT groups, in both editorial imagery and advertising.[4,5]

Marketing to specific communities is commonly referred to as targeting. It is generally assumed that whether targeting is positive or negative depends on what is being promoted. Advocates "target" audiences with health promotion messages.[6–8] However, advocates and communities also object to "targeted" advertising promoting unhealthy products.[9–13] The targeting concept has been used for mobilization; for instance, in 1990, African Americans in Philadelphia successfully derailed RJ Reynolds's plan to target Uptown cigarettes to African Americans.[14,15]

Despite the term's resonance, we are aware of only 1 previous study exploring how targeting is perceived by the group or groups being targeted. Consistent with advocates' assumptions and the Uptown experience, the results of that study showed that tobacco company plans to target African Americans invoked anger and intentions to quit smoking and share information about tobacco industry targeting with others.[16]

Targeted corporate advertising and consumerism can be used to communicate and enhance social identities.[17] However, corporations also have been identified as structural causes of

In the public health literature, it is generally assumed that the perception of "targeting" as positive or negative by the targeted audience depends on the product or message being promoted. Smoking prevalence rates are high among lesbian, gay, bisexual, and transgender (LGBT) individuals, but little is known about how they perceive tobacco industry targeting.

We conducted focus groups with LGBT individuals in 4 US cities to explore their perceptions. Our findings indicated that focus group participants often responded positively to tobacco company targeting. Targeting connoted community visibility, legitimacy, and economic viability. Participants did not view tobacco as a gay health issue.

Targeting is a key aspect of corporate–community interaction. A better understanding of targeting may aid public health efforts to counter corporate disease promotion. (*Am J Public Health.* 2008;98:996–1003. doi:10.2105/AJPH.2007.118174)

disease.[18] Identities defined through consumption can encourage communities to accept corporate presence even when it promotes products, such as tobacco, that are inimical to health.

In the United States, political gains in the LGBT community have developed in parallel with the community's representation in consumer culture.[19] In the early 1990s, tobacco companies were among the first large corporations to advertise in LGBT publications and offer sponsorship and philanthropy to LGBT organizations.[20] Some in the LGBT population viewed this development with alarm, whereas others perceived it as indicating increased acceptance.[20] We sought to increase understanding of the perceptions of the LGBT community regarding tobacco industry targeting and to assess whether, as with the African American community, exposure to evidence of such targeting has the potential to mobilize the community for tobacco control.

METHODS

Design and Eligibility

Between May 2003 and October 2004, we conducted 19 focus groups (moderated group interviews useful in exploring variability in poorly understood phenomena[21,22]) in

Raleigh, North Carolina; Houston, Texas; Manhattan and the Bronx, New York City, New York; and San Francisco, California. Sites were selected to include participants of different ethnicities from different geographic and tobacco control policy environments.[23] Groups were conducted in both Manhattan and the Bronx to ensure racial/ethnic diversity in the sample. To be included in the study individuals had to self-identify as LGBT, be fluent in English, and be 18 years or older.

In Raleigh, pilot groups were conducted at a national gay men's health conference; all other groups were conducted at LGBT community centers. One pilot group included male smokers and nonsmokers. Thereafter, groups were organized according to gender and smoking status (based on reported tobacco use during the preceding year) to maximize participant comfort. Participants were recruited through e-mail announcements, advertisements placed in LGBT newspapers, and fliers distributed in LGBT neighborhoods, community centers, and bars; they were paid $40 for taking part in the study.

Procedures

Two researchers, trained in facilitating focus groups, used a standardized protocol with a

TABLE 1—Tobacco Industry Documents Discussed in Lesbian, Gay, Bisexual, and Transgender (LGBT) Focus Groups: California, New York, North Carolina, and Texas, 2003–2004

Document Title	Document Description	Year	Highlighted Quotation or Content
Gay-oriented publications[24]	Memo discussing plans to market cigarettes to the gay community	1992	"We see the gay community as an area of opportunity. . . . Philip Morris would be one of the first (if not the first) tobacco advertiser in this category and would thus 'own the market.' "
Special Kings/Genre coverage[25]	Memo praising a gay organization for help defending tobacco advertising in the gay press	1992	"News has moved on to the much broader issues of 'inclusion' and does not mention the new cigarette by name. The GLAAD spokesperson has been very effective in facilitating this transition."
Letter to shareholder J. P. R. Campos[26]	Company letter denying targeting to the gay community	1992	"Philip Morris has no marketing data specific to the 'homosexual market'—if such a market even exists. We do not collect that type of information."
Report on influencing LGBT voters[27]	Memo from a prominent gay leader advising the tobacco industry on cultivating community support	1998	"As they have historically supported all previous anti-tobacco initiatives, this would be a major departure for them. [It is important to] go directly to the Gay and Lesbian voter with a message that will resonate. . . that would include lifestyle regulation, government intrusion into private lives, and removing choice as an option for one's life decisions."
Contributions & communities: hunger–AIDS[28]	List of AIDS food banks funded by Philip Morris	2002	List of food and AIDS-related organizations receiving grant money from Philip Morris

Note. GLAAD = Gay & Lesbian Alliance Against Defamation.

low moderator involvement approach (i.e., open-ended questions and minimal moderator-initiated direction).[22] Participants consented to audiotaping; identifying information was deleted in transcripts. Participants completed a brief questionnaire focusing on their beliefs about whether tobacco companies target LGBT individuals, whether industry advertisements and sponsorships benefit their community, and whether smoking rates among LGBT individuals are higher than those among the mainstream population.

After questionnaires had been completed, focus group discussions were stimulated through a review of documents pertaining to tobacco industry activity in the LGBT community (Table 1; Figure 1). Most were tobacco industry documents made public after the 1998 Master Settlement Agreement.[29,30] Sections pertaining to targeting were highlighted. Facilitators presented documents in the same order to each group, calling attention to highlighted sections by reading them aloud (without commentary) to solicit responses to particular issues and accommodate participants with low literacy levels. After the discussions, participants completed the same questionnaire they had completed earlier to assess changes in perceptions.

Data Analysis

Verbatim transcript data were coded into thematic categories. We read and discussed several transcripts to identify and refine major themes. Remaining transcripts were coded by K. T.; the other 3 authors reviewed coding for quality control. NVivo[31] software was used to manage textual data, and SPSS[32] was used in descriptively analyzing questionnaire data.

RESULTS

Data on the demographic characteristics of the participants are presented in Table 2. The 19 focus groups included 163 individuals aged 18 to 74 years (mean age=38 years). Six themes emerged: acceptance of the tobacco industry, attitudes toward tobacco company activities, validation of the LGBT community through tobacco industry attention, attitudes toward inclusion of the LGBT community in "mainstream" society, tobacco as a gay health issue, and LGBT community response to tobacco targeting. Themes were addressed similarly among groups of smokers and nonsmokers, among men and women, and across locations. Taken together, they suggest that LGBT individuals often have positive perceptions of tobacco industry activities, including targeting.
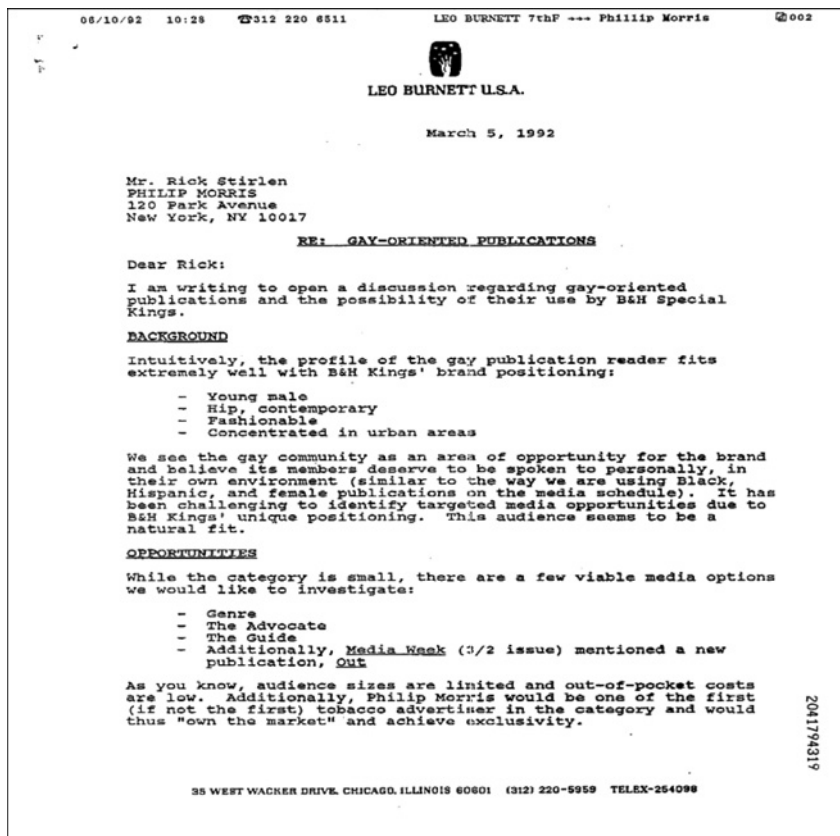
Acceptance of the Tobacco Industry

Participants frequently spoke of the legality, legitimacy, and profitability of tobacco industry operations. One participant noted, "It's legal for them to put it in the store to sell it. That's their job. Our job is either to buy it or not buy it" (female smoker [FS], Manhattan). A few participants expressed amazement at the industry's success. One asserted that it had paid out "billions" of dollars in lawsuit settlements "from people dying at early ages, years of loss of life, and yet it's still a viable market." Another participant reminded him, "It's still a legal product" (male nonsmoker [MN], Raleigh). Legality seemed equated, in these participants' minds, with moral legitimacy. Many participants made comments such as "money talks" and "business as usual."

Attitudes Toward Tobacco Company Activities

Some participants characterized tobacco companies as corporate pioneers for reaching out to the LGBT community despite the potential for social stigma. Participants linked gay-targeted tobacco advertisements with subsequent overtures by other companies. "Philip Morris paved the way for Subaru and all the other companies to follow," said one, suggesting that others observed tobacco companies marketing through LGBT venues and were of the opinion that "maybe it won't hurt us either" (male smoker [MS], Houston). Another likened tobacco companies to individuals who publicly self-identify as LGBT: "It's

Source. Parrish.[26]

FIGURE 1—Document from Philip Morris's advertising agency discussing strategies to "own" the gay market.

Some participants concluded that the industry was coercive and manipulative. "They've always lied about things," reflected one, "trying to force cigarette smoking on everyone or make it look glamorous" (MN, Houston). Whereas the idea of "business as usual" insulated the tobacco industry to a certain degree from ethical critiques of targeting practices, participants found the industry's deception more troubling.

Industry Attention as Validating

Participants perceived that their recognition as a market countered the LGBT community's historical invisibility. Tobacco industry interest was indicative of a new social climate in which "everybody knows that we exist" (MN, Bronx). Such recognition was significant:

> *Speaker 1:* Shouldn't we in some way feel sort of, um, good about being a target market, though? That means we are a market and are viable, and our dollar counts. (MS, San Francisco)
> *Speaker 2:* And we're not invisible. (MS, San Francisco)

Corporate marketing was perceived as reinforcing LGBT community influence and legitimacy. One participant said, "In a way, it is good that they acknowledge this community exists and we have some money and are worthy and they're not saying 'Oh, you're immoral, so we're not going to bother with you'" (female nonsmoker [FN], San Francisco). Targeting was thus an indicator of social value and moral acceptability. Corporate sponsorship was also viewed as legitimizing the LGBT community:

> *Speaker 1:* When you see sponsoring of a gay event, there must be something there. . . . It, it feels good, and for those who are not part of the community, "Oh, it's a legitimate event." (MS, Manhattan)
> *Speaker 2:* Couldn't it be that people are just more accepting of the gay community? (MS, Manhattan)
> *Speaker 1:* But the image that the media or corporations have created through these ads and TV shows sways that acceptance. (MS, Manhattan)

Corporate recognition of an LGBT market conveyed acceptance, both linking the LGBT community to respected institutions and creating a positive image that could alter social stereotypes.

that boldness that they have to represent all of us because we're bold, because we are not scared to come out" (FS, Bronx). According to this perspective, the tobacco industry, similar to the LGBT community, took a stand despite a judgmental society.

Participants frequently considered tobacco industry targeting of LGBT populations as standard business practice. One participant linked tobacco marketing to American values, saying it was "just about time" that companies marketed to gay communities. Selling something that is "perfectly legal," he argued, is "the American way" (MS, Houston). Another agreed: "They identified a group who is . . . more likely to smoke, and I don't see anything unethical about it" (MN, San Francisco).

Although participants for the most part expressed little objection to tobacco targeting, several discredited the industry for lying.

Recalling tobacco executives' congressional testimony that nicotine is not addictive, one said that they "lied through their teeth. I remember watching that and I almost bit through my lip in fury" (male member of mixed group of smokers and nonsmokers, Raleigh).

Deception also figured in discussions of 2 apparently incongruous documents, one from an advertising agency urging Philip Morris to "own" the gay market (Figure 1) and another from a Philip Morris vice president denying that the company had plans for the gay market, "if such a market even exists."[26] Participants noted the contradiction: "They're just lying," asserted one. "They actively *are* concerning themselves with the sexual orientation of their customers. They actively *are* trying to collect information for [sic] their target consumers" (MN, Manhattan). Such deception compromised the tobacco industry's legitimacy.

TABLE 2—Description of Lesbian, Gay, Bisexual, and Transgender (LGBT) Focus Groups: California, New York, North Carolina, and Texas, 2003–2004

			Sexual Orientation, No.				Ethnic Identity, No.					
	Focus Group Composition	Focus Group Size	Gay or Lesbian	Bisexual	Other	Transgender[a]	Native American	Asian/ Pacific Islander	African American	White	More Than 1 Identity	Hispanic
Men												
Raleigh	S	7	7					1	1	4	1	2
Raleigh	NS	12	11	1		1	1	1	1	8	1	3
Raleigh	Both S and NS	6	6						2	4		
Houston	S	6	6						1	5		1
Houston	NS	12	12					2		9	1	2
Manhattan	S	11	9	2				2	6	3		2
Manhattan	NS	10	10			1		2	2	5	1	2
Bronx	S	12	8	3	1	2			7	4	1	5
Bronx	NS	8	8						4	3	1	4
San Francisco	S	10	9	1			1	1	1	7		
San Francisco	NS	8	8				1	1		5	1	
Total		102	94	7	1	4	3	10	25	57	7	21
Women												
Houston	S	2	2						1	1		
Houston	NS	3	3			1				3		
Manhattan	S	9	4	4	1	2			7	1	1	2
Manhattan	NS	12	6	3	3	4		1	6	3	2	2
Bronx	S	11	6	3	2				10	1	1	3
Bronx	NS	9	7	2					7		1	
San Francisco	S	10	10			2	1			8	1	
San Francisco	NS	5	2	2	1	1			2	2	1	1
Total		61	40	14	7	10	1	1	33	19	7	8
Overall total		163	134	21	8	14	4	11	58	76	14	29

Note. S = smokers; NS = nonsmokers.
[a]Because transgender is a gender rather than sexual orientation, this category does not contribute to the total.

For some, corporate attention was unwelcome. "You always have to be critical," cautioned one participant: "In some ways, it's good to have . . . a lot more visibility in the mainstream media, but . . . is all that visibility a positive visibility?" (MS, San Francisco). Participants objected to characterizations of the gay market as male, White, affluent, urban, young, and fashionable, expressing doubts about corporate understanding of their community. One African American woman noted, "In their targeting market, I don't know if I'm a 'gay' " (FS, Bronx). Recognition could be partial or inaccurate, exacerbating LGBT stereotypes rather than eliminating them.

Attitudes Toward Lesbian, Gay, Bisexual, and Transgender Inclusion

Focus group participants repeatedly linked targeting and inclusion. To one, tobacco targeting in the LGBT community indicated that the industry was nondiscriminatory: "If they're going to target, they should target everyone" (FS, Houston). The harmfulness of the products being sold mattered less than the marketplace equality that targeting represented. Another explained that LGBT leaders attempted to persuade "all companies" to market to the community and to "target us or include us, or . . . support us" (MS, Houston). A few stated that targeting was a prerequisite for inclusion. A company "has to target someone to include them," asserted one participant, because targeting indicated to a group that it was "welcome" (FS, Bronx).

Some participants approved of inclusion but differentiated it from targeting. For them, targeting was an unfortunate accompaniment to being included. Others were less sanguine about inclusion in capitalist consumerism. One participant described the popular perception of LGBT inclusion as promising equal access and participation, demonstrating that LGBT individuals were "just like everybody else" and joining everyone "in one big party." She concluded sarcastically: "And doesn't it make you feel good to be included?" (FS, Manhattan). She and others in this group had negative feelings about such "inclusion," but theirs represented a minority viewpoint.

Respondents who criticized "inclusion" feared losing LGBT uniqueness and independence through homogenization. One warned of conflict between inclusion and retaining the uniqueness that "makes you [LGBT individuals] a niche and makes you under the radar." LGBT individuals could not be both "in the ghetto and the penthouse," he argued; they could not be both distinctive and assimilated (MS, San Francisco).

Targeting was exploitation, some argued. Tobacco companies claimed to support LGBT individuals but were "selling us down the river," one participant said (MN, Bronx). Another described targeting as "swooping down . . . like vultures to their prey, chicken hawks on chicken" (MS, Manhattan). For him, tobacco industry inquiries into the preferences of "a particular gender or color or race" were strategies of attack. Negative assessments of targeting were more frequently expressed in the Bronx and Manhattan groups, approximately 50% of whose members were African American.

Exploitation was viewed by some as an acceptable exchange. One participant concluded that his experience of homophobia made him want "any little taste of inclusion" (MS, Manhattan). Other participants agreed, although not always enthusiastically. As one said with only a hint of irony, "We want everything everybody else gets, so we get to have cancer and lung diseases and tuberculosis just like anybody else" (FN, Manhattan). However, another group skewered such "equality":

> Speaker 1: [The tobacco industry] would kill us just as well as they'd kill anybody else. (MN, Manhattan)
> Speaker 2: They'll equally kill all of us: straight, gay, Black, White, Republican, Democrat [laughter]. (MN, Manhattan)

For those who viewed targeting skeptically, inclusion meant that craving for validation caused people to overlook tobacco's deadliness. "If you already know you exist," explained one, "it's just marketing poison to you" (MS, San Francisco). Few participants expressed blame or disapproval of the tobacco industry, suggesting instead that the LGBT community was responsible for working toward, transcending the desire for, or finding alternatives to the inclusion targeting represented.

Tobacco as a Gay Health Issue

Most participants did not consider tobacco use a gay health issue. Participants expressed concerns regarding the "extra" harm of tobacco to the health of the LGBT community only in comparison with the general population. One participant reasoned that "they smoke a lot in straight bars [too]" (MS, Bronx). Although high rates of smoking in the LGBT community were linked to bar-focused socializing, some thought that these rates were declining. One participant suggested: "I think the population in general and the gay population—maybe not to the same extent—smokes less today, in spite of the targeted marketing" (MS, Houston).

Thus, the threat of LGBT-targeted tobacco marketing was mitigated by a belief that smoking rates were declining, even if rates in the LGBT community were not declining as rapidly as those in the heterosexual community. (The first reliable prevalence studies including sexual orientation have been published only recently; no data are available on LGBT smoking rates over time.)

Lesbian, Gay, Bisexual, and Transgender Community Response to Targeting

Although they believed that the presence of targeted advertisements and sponsorships could alter public perception of the LGBT community, few participants felt that the content of tobacco ads was influential. One participant asserted, "Gay people are not going to [smoke] just because of an advertisement" (MN, Bronx). Others agreed that LGBT individuals were "more educated consumers now" (MN, Houston) and that they are "not stupid and . . . will not get exploited" (MS, Bronx). The intelligence of the community meant that "they can throw whatever they want to at us and we're going to use our minds and . . . reach our own decisions" (MS, Houston). These participants claimed collective imperviousness to advertisements on the part of the LGBT community, arguing that "ads don't affect us."

However, others believed that the LGBT community was particularly receptive to tobacco targeting. One said, "Every old bull-dyke I know, including myself . . . we all still smoke [Marlboro cigarettes] because we all grew up watching the Marlboro man on TV and we all wanted to be him" (FS, Houston). Another commented that when tobacco companies "specifically address us in our publications [it] makes us very happy. . . . We're not used to that. So we're very vulnerable" (male member of mixed group of smokers and nonsmokers, Raleigh). For some participants, that vulnerability was increased by their still fragile openness about their LGBT identity. As one remarked, "We've already suffered so much oppression and we're just now starting to come out of the closet. . . . The last thing I need is somebody making money off the fact that I'm becoming comfortable with myself" (MS, San Francisco).

Gay and lesbian youths were described as especially vulnerable; LGBT youths "have a lot of issues to work through in terms of identity, in terms of coping," said one participant (MN, Manhattan). Many were concerned with LGBT young adults' lack of positive, health-promoting role models. As one remarked, "Fashion ads with a cigarette hanging from someone's lip [send] a message not at all subtly to young male audiences" (MN, Houston). Discussions of targeting and young people invoked protective attitudes among participants.

Pregroup and Postgroup Questionnaire Data

Although qualitative analyses did not reveal any systematic group differences (i.e., smoking status, gender, location), a few small differences were revealed in participants' responses to the pregroup and the postgroup questionnaire. The questionnaire asked whether participants agreed or disagreed that tobacco companies target LGBT individuals, industry activities benefit the LGBT community, tobacco advertisements induce LGBT individuals to smoke, and the LGBT community smokes more than the non-LGBT community. With the exception of tobacco companies targeting LGBT individuals, to which a bare majority (51.5%) indicated their agreement, the majority of participants disagreed with all of these statements (Table 3). More of the nonsmokers and those in the Raleigh groups agreed with the statement regarding targeting.

TABLE 3—Pregroup to Postgroup Differences in Numbers of Participants Agreeing With Questionnaire Statements: California, New York, North Carolina, and Texas, 2003–2004

	Tobacco Companies Target LGBT Community		Tobacco Sponsorship of LGBT Events Benefits LGBT Community		Tobacco Advertisements in LGBT Publications Benefit LGBT Community		Tobacco Advertisements Induce LGBT Individuals to Smoke		LGBT Community Smokes More Than Non-LGBT Community	
	Pregroup	Postgroup	Pregroup	Postgroup	Pregroup	Postgroup	Pregroup	Postgroup	Pregroup	Postgroup
Overall	84 (51.5)	117 (71.8)	42 (25.8)	48 (29.4)	27 (16.6)	34 (20.9)	58 (35.6)	75 (46.0)	68 (41.7)	71 (43.6)
Men	59 (54.6)	81 (79.4)	33 (32.3)	35 (32.4)	20 (19.6)	28 (27.5)	44 (43.1)	53 (52.0)	53 (52.0)	57 (55.9)
Women	23 (43.4)	34 (55.7)	9 (14.8)	13 (24.5)	7 (11.5)	6 (9.8)	13 (21.3)	21 (34.4)	13 (21.3)	11 (18.0)
Smokers	33 (41.3)	48 (60.0)	25 (31.3)	35 (43.8)	19 (23.8)	25 (31.3)	23 (28.8)	28 (35.0)	32 (40.0)	35 (43.8)
Nonsmokers	51 (61.4)	69 (83.1)	17 (20.5)	13 (15.7)	8 (9.6)	9 (10.8)	35 (42.2)	47 (56.6)	36 (43.4)	36 (43.4)
Bronx	16 (40.0)	21 (52.5)	10 (25.0)	14 (35.0)	9 (22.5)	9 (22.5)	12 (30.0)	15 (37.5)	10 (25.0)	12 (30.0)
Houston	12 (52.2)	18 (78.3)	4 (17.4)	6 (26.1)	2 (8.7)	4 (17.4)	7 (30.4)	12 (52.2)	12 (52.2)	14 (60.9)
Manhattan	19 (45.2)	28 (66.7)	10 (23.8)	12 (28.6)	7 (16.7)	9 (21.4)	15 (35.7)	19 (45.2)	16 (38.1)	15 (35.7)
Raleigh	17 (68.0)	21 (84.0)	11 (44.0)	7 (28.0)	3 (12.0)	5 (20.0)	13 (52.0)	13 (52.0)	17 (68.0)	18 (72.0)
San Francisco	20 (60.6)	29 (87.9)	7 (21.2)	9 (27.3)	6 (18.2)	7 (21.2)	11 (33.0)	16 (48.5)	13 (39.4)	12 (36.4)

Note. LGBT = lesbian, gay, bisexual, and transgender.

In the Raleigh group, a small majority (52.0%) also agreed that advertising influences LGBT individuals to smoke, and a larger majority agreed that smoking rates are higher in the LGBT community than in the non-LGBT community. These differences are perhaps not surprising given that the Raleigh focus groups were conducted at a health conference. Fewer smokers (28.8%; n=23) than nonsmokers (42.2%; n=35) agreed that advertising is influential. Fewer women than men agreed with any of the statements.

Responses to the postgroup questionnaire indicated few changes; more participants agreed that tobacco companies target the LGBT community (pregroup: 51.5%; postgroup: 71.8%). This change was more pronounced among smokers than nonsmokers, although nonsmokers expressed more overall agreement (postgroup percentages were 83.1% among nonsmokers and 60% among smokers). There was also a 29% increase (from 35.6% pregroup to 46% postgroup) in the number of participants who believed that advertising images induce LGBT individuals to use tobacco. Postgroup responses indicated that fewer Raleigh participants and nonsmokers agreed that tobacco sponsorships benefit the community; among all other groups, agreement increased or was unchanged.

DISCUSSION

African Americans have been found to perceive tobacco industry targeting as exploitation[16]; our study suggests that individuals from the LGBT community may perceive targeting as both indicating and promoting social acceptance. Evidence of targeting did not tend to arouse anger at tobacco companies, and questionnaire data suggest that even after discussing targeting activity, a substantial proportion of LGBT individuals perceived tobacco industry targeting as beneficial.

This perception may arise from several circumstances unique to the LGBT community. For example, most people are raised with family or community connections with those of their own race, ethnicity, or religion. Most LGBT individuals do not enter an LGBT community until late adolescence or adulthood. Participants' repeated references to the importance of public recognition of their existence may arise from this experience. Furthermore, the development of the community in the late 20th century, when social identities were increasingly created and expressed through consumerism, led to explicit debates within the community over whether it is "a movement or a market."[33,34] Perceptions of the community as a market may intensify the wish of its members to see it recognized through mechanisms of consumer capitalism.

Only recently has the LGBT community been considered a market by corporations. Whereas African Americans have constituted a visible market segment for decades and have been disproportionately targeted by the tobacco industry,[35,36] only since 1992 have LGBT individuals been targeted with tobacco advertising. Thus, the community's experience of targeting is novel and open to multiple interpretations.

For many participants, evidence of targeting by tobacco companies was met with a degree of satisfaction, sometimes tempered by caution or mistrust. Targeting represented recognition, legitimacy, and long-hoped-for social gains. Therefore, the tobacco industry was regarded as a facilitator of LGBT social progress, which trumped concerns about the product being promoted. The industry's own favored framing of itself as a purveyor of "legal products"[37] also resonated with participants, perhaps as a result of the community's particular concerns about government intrusion into private activity. Evidence of industry deception was regarded with universal indignation. In general, however, tobacco was not considered an important community issue.

Studies suggest that individuals tend to underestimate the effects of advertising on themselves[38] and on those similar to them.[39] Our participants frequently described the LGBT community as informed, powerful, and

able to resist targeting. However, the experience of "coming out" and the identity formation process of LGBT youths were seen as periods of special vulnerability. Efforts to explicitly delink tobacco use from positive LGBT identities may be more effective if they focus on these issues.

Participants' tendency to talk in terms of the LGBT community also suggests the stressing of group rather than individual health. Positive perceptions of tobacco industry targeting might be challenged through LGBT-specific education about the impact of tobacco on the LGBT community. Highlighting industry duplicity might counteract the notion that tobacco targeting facilitates LGBT "inclusion." Finally, emphasizing the harmful effects of tobacco industry targeting and early tobacco addiction on younger members of the LGBT community may mobilize community concern. Messages should represent the entire community as tobacco free, severing the association between tobacco use and gay identity among both young people and adults.

Our study methods had some limitations. Focus group research involves nonrandom sampling, precluding statistical generalization. Only LGBT individuals who lived in urban areas were included in this study. Data on characteristics such as age, ethnicity, and transgender identity were collected in aggregate but were not reflected in transcripts unless participants made self-identifying references. Participants were not screened with respect to socioeconomic status, educational level, reading ability, level of tobacco use, or smoking cessation attempts; discussions may have been influenced by these or other individual characteristics of the individuals who self-selected as participants. Also, participants' responses may have been affected by their awareness that the group moderators were affiliated with a health sciences institution.

Targeting is a vague and undertheorized concept in public health but one that increasingly implicates corporate vectors of disease.[40] Our study suggests that even when corporate targeting is foregrounded as a topic of discussion, its meaning varies. Our findings revealed disagreements and ambivalence about tobacco targeting. For the LGBT community, the meaning or value of targeting is independent of message content. Researchers

and public health practitioners need to better understand how corporate activity mediates community identity and, in turn, how identity shapes attitudes toward corporate disease promotion.[18] ∎

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Human Participant Protection
This study was approved by the institutional review board of the University of California, San Francisco. Participants provided written informed consent.

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