



A qualitative study of tobacco interventions for **LGBTQ2S+** youth and young adults: Overarching themes and key learnings

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- ▶ **Co-authors**

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- ▶ **Ryan Kennedy**
- ▶ **Katy Wong**
- ▶ **Alanna Shuh**
- ▶ **Aneta Abramowicz**
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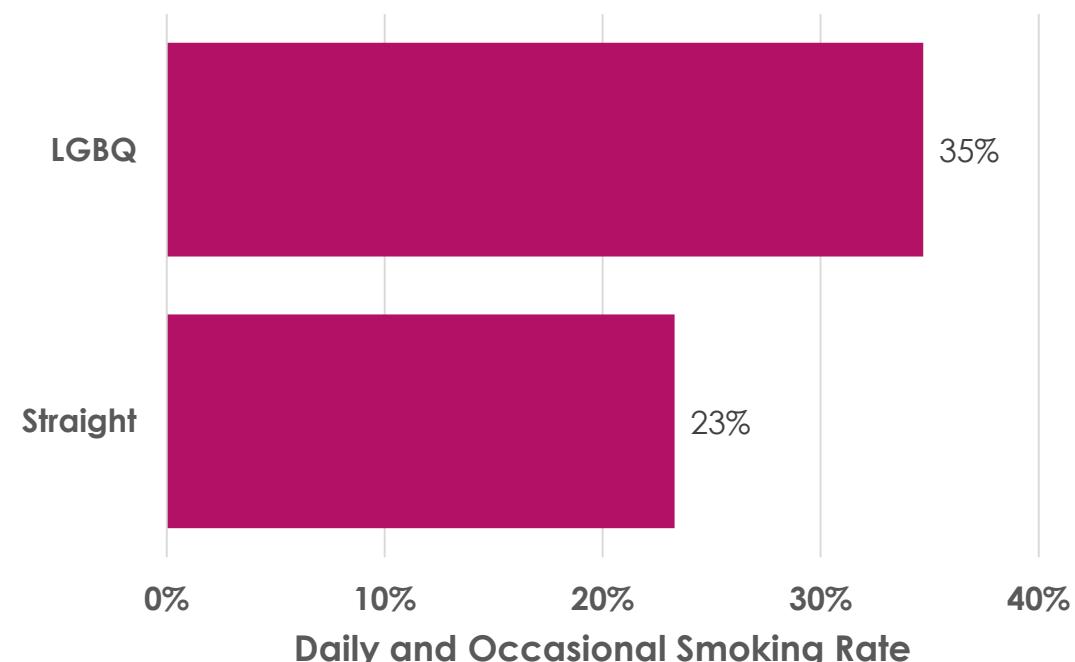
- ▶ **Collaborators**

- ▶ **Aamer Esmail**
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- ▶ **Sunday Azagba**

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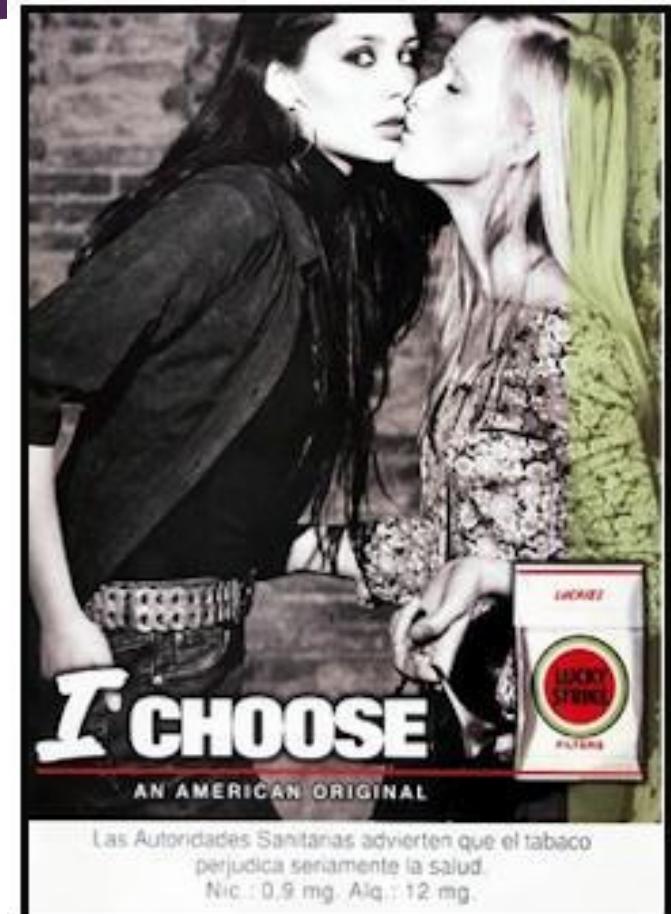
Smoking and the LGBTQ2S+ Community

2013/14 Canadian Community Health Survey¹
Smoking Rates 18 to 24 years old
Canada



Smoking and the LGBTQ2S+ community – Evidence Summary

- ▶ Growing body of evidence indicating that sexual minorities are at heightened risk of tobacco use.¹
 - ▶ Victimization and stress
 - ▶ Tobacco Industry Marketing
- ▶ Not enough programs specific for LGBTQ2S+ young adults.²
 - ▶ Little published evidence for LGBTQ2S+ youth and young adult interventions
 - ▶ Evidence to-date drawn from methodologically weak studies



¹ Blosnich, J. et al. A systematic review of the aetiology of tobacco disparities for sexual minorities. *Tobacco Control*, 2011.

² Baskerville, N.B. et al. Tobacco Use Prevention and Cessation Interventions for Lesbian, Gay, Bisexual, Transgender and Queer Youth and Young Adults: A Scoping Review. *Preventive Medicine Reports*. 2017; 6:53-62.

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A qualitative study of tobacco interventions for LGBTQ+ youth and young adults: overarching themes and key learnings

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Objectives

- ▶ The primary purpose of this study was to identify the key elements of tobacco use prevention and cessation interventions for LGBTQ2S+ youth and young adults.
- ▶ This presentation explores the key elements or learnings that may impact uptake, use, and ultimately, support behaviour change in tobacco use among LGBTQ2S+ youth and young adults.

Methods

- ▶ **Study population: LGBTQ2S+ Youth (16-17) and young adult (18-29) current smokers or recent quitters from Toronto and Ottawa**
- ▶ **Multi-mode recruitment: flyers, paid Facebook ads, LGBTQ2S+ agencies and participant referral. \$50 honorarium for participation.**
- ▶ **Moderated focus groups were asked questions such as likes and dislikes and suggestions for improving three evidence-based smoking cessation intervention scenarios.**

LGBTQ2S+ Group	# of Focus Groups	# of Participants
Lesbian	2	12
Gay	3	31
Bisexual	3	23
Transgender	3	32
Queer	2	13
Mixed (LGBTQ2S+)	11	93
TOTAL	24	204

Focus group questions

- ▶ **How do you feel about smoking?**
- ▶ **How do you feel about quitting?**
- ▶ **What would help you quit?**

Intervention Scenarios

- ▶ **How do you feel about this intervention scenario?**
- ▶ **Would you use it?**
- ▶ **What do you like about it?**
- ▶ **What don't you like about it?**
- ▶ **Is there anything you would change?**

Focus group scenarios

Group Cessation Counselling



Smartphone Application



Social Marketing Campaign



Qualitative data analysis

- ▶ **Framework approach** (Ritchie & Spencer, 1994; Ritchie & Lewis, 2003)
 - ▶ Familiarization (constant comparison methods)
 - ▶ Identifying a thematic framework
 - ▶ Indexing
 - ▶ Charting
 - ▶ Mapping and interpretation
 - ▶ Member Checking



Focus Group Participants' Demographic Information

Age, gender, and sexual orientation of focus group participants

Gender*	Percent (%)
Female (n=85)	42
Male (n=58)	29
Trans Female (n=8)	4
Trans Male (n=15)	8
Two-Spirited (n=9)	5
Gender-Queer (n=32)	16
Intersex (n=1)	1
Other (n=10)	5

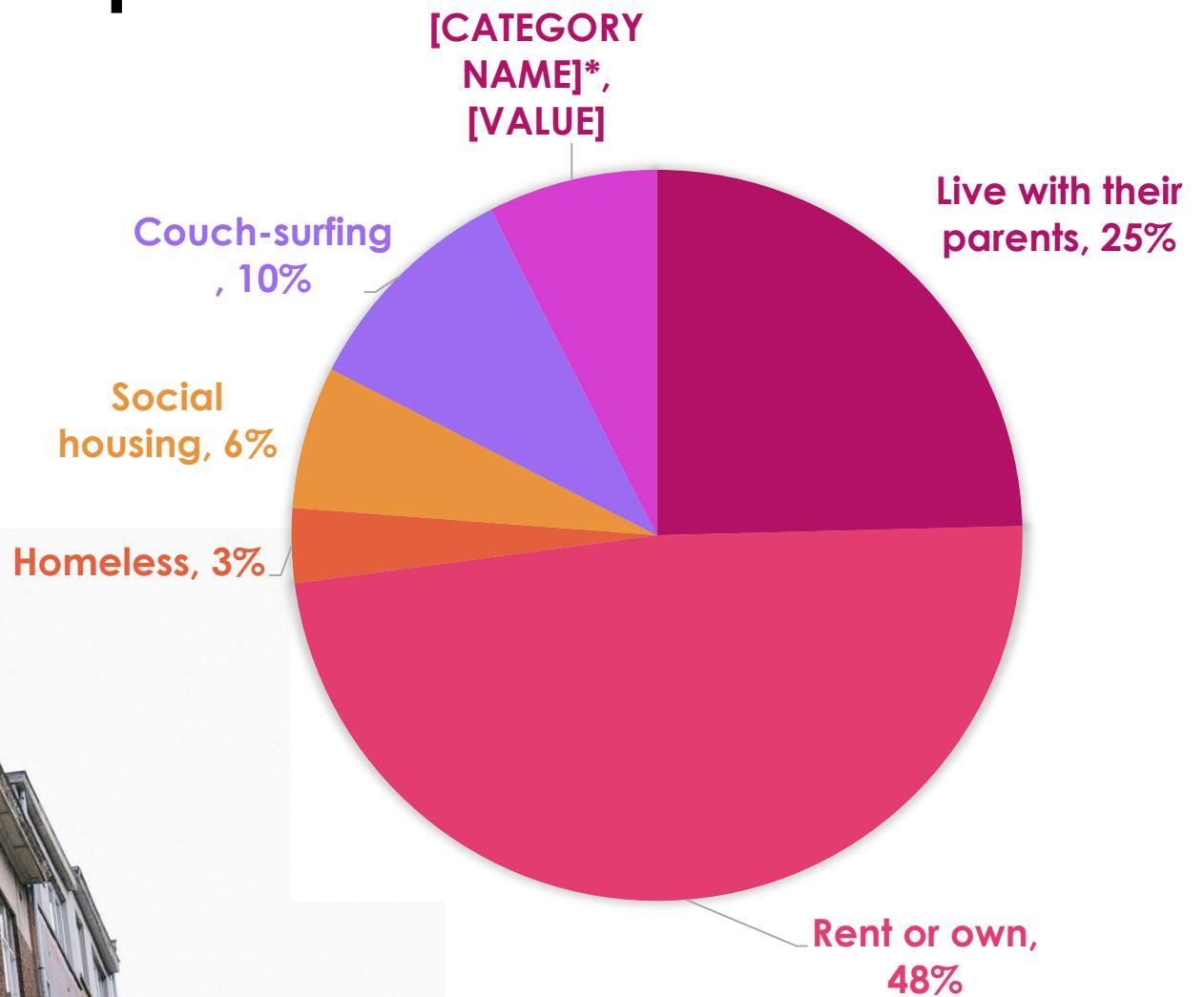
* More than one response allowed

Sexual orientation	Percent (%)
Lesbian (n=26)	12
Gay (n=52)	25
Bisexual (n=57)	27
Queer (n=50)	24
Intersex (n=5)	2
Other (n=19)	9

Age group	Percent (%)
16-17 years of age (n=23)	11
18-29 years of age (n=182)	89

Demographic information: Housing status of FG participants

Participants frequently checked off more than one response



Other* includes: university residence, car, streets, partner's house, friend's house, group home, co-operative housing, Toronto Public Housing

Tobacco use

Tobacco use	Percent (%)
Daily (n=113)	55
Occasionally (n=58)	28
Not at all* (n=30)	15
Missing (n=3)	2
Total (n=204)	100

*Quit within the last 5 months

Duration of smoking habit	Percent (%)
Less than 6 months (n=4)	2
6 months – 11 months (n=13)	6
1-3 years (n=48)	24
More than 3 years (n=115)	56
I don't smoke* (n=9)	4
Missing (n=15)	7
Total (n=204)	100

*Quit within the last 5 months

Smoked 100 Cigarettes	Percent (%)
Yes (n=186)	91
No (n= 16)	8

No. of Cigarettes smoked per day (n=178)	Average	Min	Max
7.8	1	30	

Key Learnings

PREVENTION AND CESSATION INTERVENTIONS FOR LGBTQ2S+ YOUTH AND
YOUNG ADULTS

Key Learnings

"Anything positive I think is a go. So, yes, I think showing what the benefits are of you not smoking and how you would feel if you weren't a smoker would be more positive than having people with holes in their neck on your cigarette packs." [Mixed group participant]

"My schedule is so packed that I wouldn't be able to attend anything. If it was online, maybe." [Bisexual group participant]

"We've been through a lot. We fight [things] that cis-hetero people don't even have to think about and so I think focusing on our strength and supporting each other, that's great" [Mixed group participant]

"There needs to be some kind of routine thing that can replace [smoking]." [Bisexual group participant]

"... it doesn't have to be monetary, but rewards might help with that mindset of 'I quit and I'm being rewarded for it,' like a [one]-month incentive, two-month, whatever interval of time." [Trans group participant]

- ▶ **Needs to be positive, motivational, uplifting, and empowering**
- ▶ **Needs to be inclusive and relatable**
 - ▶ Involve LGBTQ2S+ people in development
 - ▶ Include imagery of people of various abilities, ethnicities, and body shapes
- ▶ **Accessible: location, time, cost**
- ▶ **Needs to incorporate peer support and counselling services**
- ▶ **Provide concrete coping mechanisms**
- ▶ **Integrate with other activities**
 - ▶ Do not just focus on smoking
- ▶ **Integrate rewards, incentives**
- ▶ **Needs to be LGBTQ2S+-specific**
- ▶ **Integrate ideas from all of the scenarios**

LGBTQ2S+ specific interventions

"If I was in a group with just trans people, I feel like there would be so many different things to do together and talk about together and support each other. I think it would be a great idea."

[Trans group participant]

"You meet at a place where you already feel comfortable and you're with people who, hopefully, you feel a sense of community or shared identity with."

[Queer group participant]

"I think it would be interesting to be watching ... YouTube and see an ad that directly speaks to me as a member of the LGBTQ community ... who currently smokes. I would really relate to it and I think that even the general population seeing some of them would also bring awareness to the fact that it's an issue in the first place."

[Trans group participant]



Inclusive, relatable and highlight diversity

"I don't want to see young gay males... I want to see people who don't have representation. I want to see a black trans woman... or I want to see something different. People have been desensitized to these images, and I think that the correct way to shift your perspective in order to make that new, and something that people are interested in engaging in, is to change who you're representing."

[Mixed group participant]

"I like the idea [of] the social media campaign with the web page, Facebook page, YouTube videos, Twitter feed, as long as it was created by LGBTQ youth, I think that has potential."

[Trans group participant]

"If you had real LGBTQ people, not actors but real people, then that would be a lot better. And then you can relate to them and think, that could be me."

[Mixed group participant]



Limitations

- ▶ Generalizability
- ▶ Member checking was done with a subset of participants
- ▶ Analysis of each LGBTQ2S+ group was not done separately
- ▶ Overall, the sample of focus group participants was diverse in gender, ethnicity, sexuality, educational status and housing situation.

Next Steps

- ▶ **Building on work to-date, develop, implement and evaluate a LGBTQ2S+ social media based marketing program to promote smoking cessation:**
 - ▶ In partnership – for and by LGBTQ2S+ young adults
 - ▶ LGBTQ2S+ social influencers and social media channels, linkages to LGBTQ2S+ friendly interventions (e.g., cessation services, evidence-informed cessation app, peer social support) and promotion at LGBTQ2S+ experiential events.
- ▶ Partners: Rainbow Health Ontario, Leave the Pack Behind, Toronto Public Health, CAMH
- ▶ Seek funding

For More Information

Publications

- ▶ Baskerville, N. B., Dash, D., Shuh, A., Wong, K., Abramowicz, A., Yessis, J., & Kennedy, R. D. (2017). Tobacco use cessation interventions for lesbian, gay, bisexual, transgender and queer youth and young adults: A scoping review. *Preventive Medicine Reports*, 6, 53–62. <http://doi.org/10.1016/j.pmedr.2017.02.004>
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- ▶ Baskerville, N.B., Abramowicz, A., Dash, D., Wong, K., & Shuh, A. (2018). "I think media ... resounds over everything": A qualitative analysis of LGBTQ+ youth and young adult perceptions towards four stop smoking social marketing campaigns. *LGBT Health*. (Submitted).



Questions

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