

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

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Acknowledgments

- ▶ **Co-authors**

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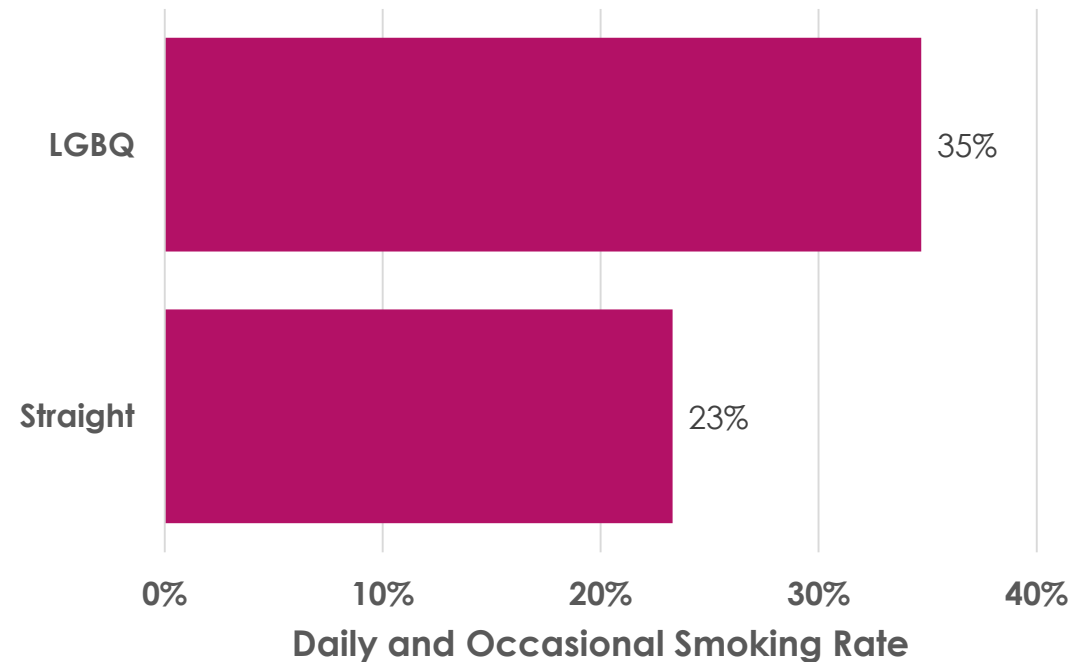
- ▶ **Collaborators**

- ▶ Aamer Esmail
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Smoking and the LGBTQ2S+ Community

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



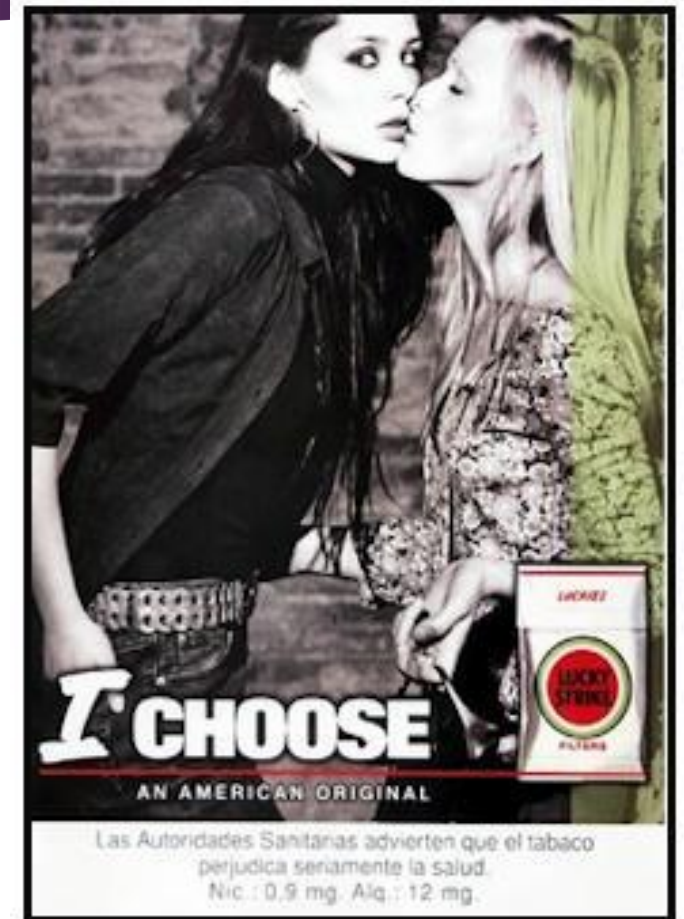
¹ Statistics Canada, Canadian Community Health Survey, 2014.

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 Blossnich, 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.



Publication

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RESEARCH ARTICLE

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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 |

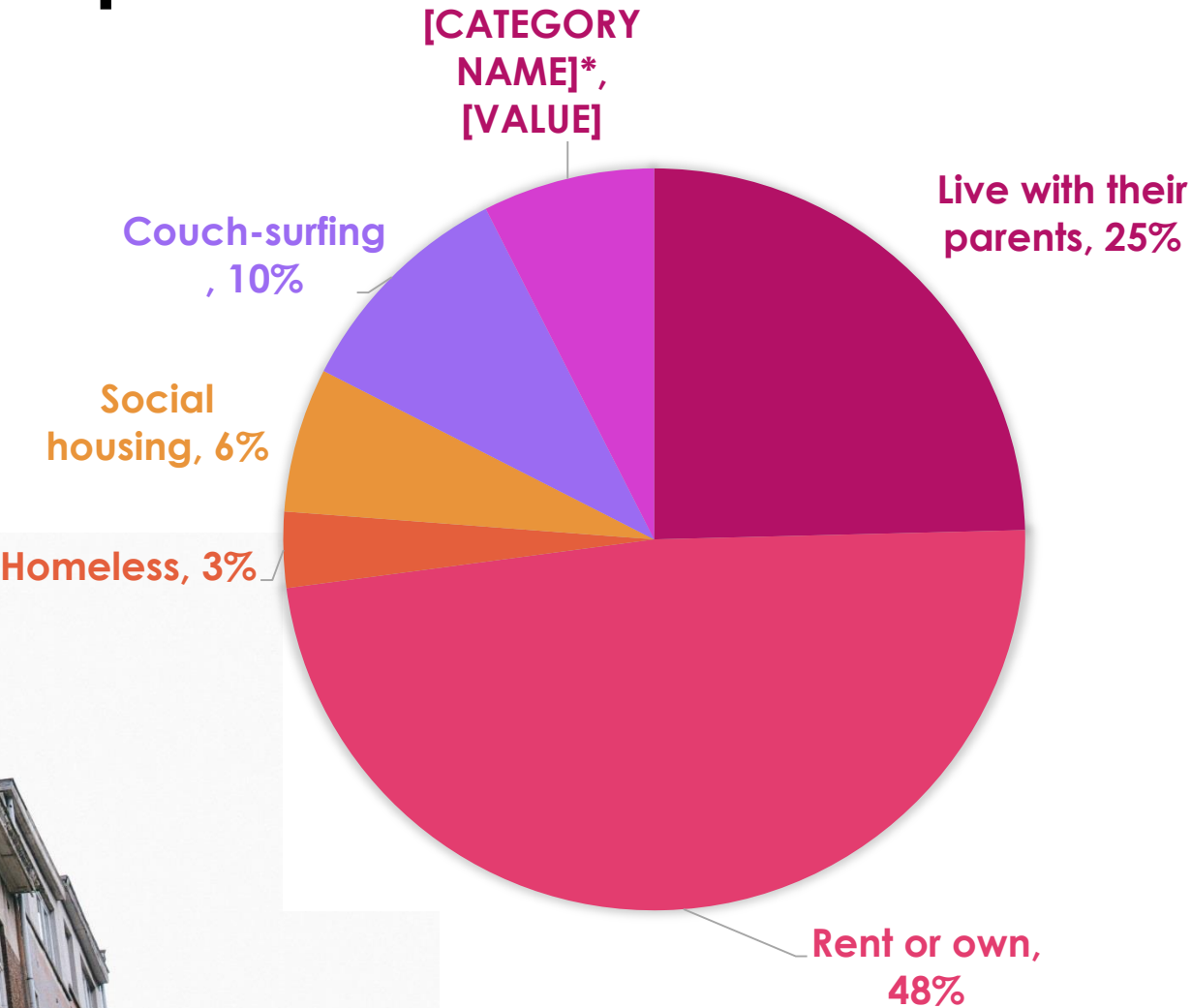
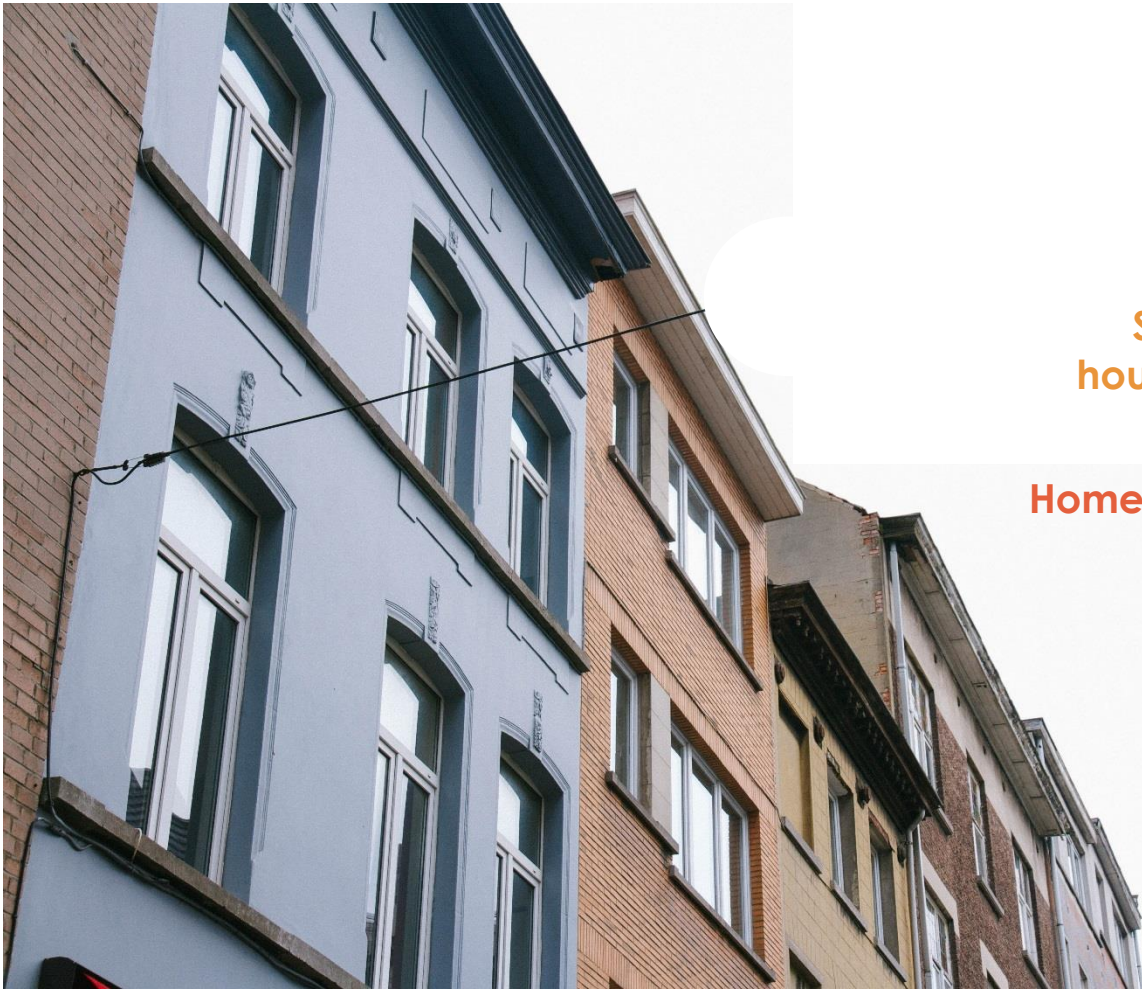
* More than one response allowed

| 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

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

| 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

| 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>
- ▶ Baskerville, N. B., Dash, D., Wong, K., Shuh, A., & Abramowicz, A. (2016). Perceptions Toward a Smoking Cessation App Targeting LGBTQ+ Youth and Young Adults: A Qualitative Framework Analysis of Focus Groups. *JMIR Public Health and Surveillance*, 2(2), e165. <http://doi.org/10.2196/publichealth.6188>
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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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