

Serving LGBTs through a state quitline: Case study in Minnesota



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Authors

Presentation Authors

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Additional project team members

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Project steps

1. Assess local prevalence & climate
2. Develop assessment question
3. Train quitline staff
4. Develop LGBT specific materials
5. Program monitoring and evaluation



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1. Assess local prevalence and climate



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Minnesota prevalence

- Through convenience sampling at the 2005 Twin Cities Pride Festival and African-American Pride events, 41% of LGBT survey respondents (n=680) reported smoking within the last 30 days as compared to the 18% prevalence of current smokers reported in the 2003 Minnesota Adult Tobacco Survey.



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What we know nationally

LGBT tobacco disparities have been established by a series of studies over the last decade.

The studies consistently show LGBT smoking prevalence is 40-200% higher than the general population.



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Office on Smoking and Health literature review (2001):

- Reviewed 12 different studies- 4 youth and 8 adult
- Found that smoking rates are consistently higher among adolescent and adult LGB's than in the general population
- With smoking rates as high as 40-60% higher.



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Youth Impact

- Disturbingly, early evidence showing LGB youth smoke at rates 68% higher than other youth (59% v. 35%)⁷ continues to be corroborated with new studies:
 - ┌ 1999 Growing Up Today Survey – 9.3 % of heterosexual v. 42.9% of lesbian/bi female adolescents: 8.2% of heterosexual v. 17.4% of “mostly heterosexual” male adolescents.
 - ┌ 1994/5 National Longitudinal Study of Adolescent Health – 35% of men & 45% of women reporting same sex attraction or relationships smoked versus 29% of others.



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LGBT of color

- Too little data collection!
- Recent study from CA
 - Latino/as – smoke at rates 152% higher
 - Black/AA – smoke 110% higher
 - Asian Am/Pacific Islander – 330% higher



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2. Develop assessment question



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Evidence of feasibility

- 15 states ask LGB or LGBT on their tobacco quitlines
- Question does not spur breakoffs, less sensitive than income
- See much more evidence in associated APHA session: *Tobacco surveillance for LGBTs: The challenge and successes*, Wed 2:30



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Cognitive testing

- Only previous surveillance questions required multiple questions to capture LGBT
- Challenge: could a single pass question successfully capture LGBT and not confuse others?



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Cognitive testing

Findings

- 72 participants were tested, 33 in round one, and 39 with the enhanced question in round two.
- Age from 18 to 61, median 29.
- Low SES people were oversampled (this group is most likely to have difficulties with survey comprehension).
- People of color comprised approximately 45% of the total participants.
- Within each subgroup, minimum ratios of 1/3 people of color and 1/3 low SES were maintained.
- Transgender people were oversampled, due to problems with initial question sensitivity, they comprised 30% of the final sample.



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Cognitive testing findings

- The enhanced question correctly classified 100% of participants.
- There was no refusal to answer.
- No one asked for supplemental definitions. There were no appreciable reservations about the question uncovered in the cognitive interviews.
- The enhanced preface language was remembered more successfully by participants, and notably increased their understanding of why they were being asked a sexual orientation/gender identity question in this forum.



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Cognitive testing findings

- Even people who could not define the word “transgender” were clear on their classification.
- The target question most often provoked a mild curiosity about its relevance to cessation (possibly even more often in LGBT respondents).
- The use of an open ended category was very key to some younger participants, who chose to identify by different words than the chosen terms, but wanted to nonetheless state their inclusion in the LGBT rubric.



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The question

Preface language

Several communities have been targeted by the tobacco industry or have higher smoking rates. We have some special materials for people in these communities. So we'd like to ask you some demographic questions, please remember your answers are completely confidential.

Question

Do you consider yourself to be one or more of the following: (say the letter so that they can respond by letter)

- A. Straight
- B. Gay or Lesbian
- C. Bisexual
- D. Transgender

IF pause or refusal/none of above, also say:

You can name a different category if that fits you better: _____



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3. Train quitline staff



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Strategy

- **Training 4 different quitlines**
- **2 hr trainings per quitline**
- **2 trainings per vendor, to cover all staff**
- **For both intake and counselors**



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Development

- Created with input from prior quitline trainings in IA and CA
- And with input from local advisory committee
- And in consultation with quitline staff
- Using SAMHSA LGBT cultural competency training elements



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Content areas

- **LGBT 101**
- **Information about targeting/prevalence/impacts**
- **Orientation on supplemental materials that will be sent to (at least) MN LGBTs**
- **Providing a welcoming environment**



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4. Develop LGBT specific materials



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Promo Materials

- Focus group driven
- Many LGBTs do not know about the quitlines
- Important to place in LGBT venues
- Promo materials alone wouldn't be compelling, need intermediary (e.g. LGBT website)



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Quit Guide Development

- **Several focus groups are being conducted**
- **Reviewing existing quitguides**
- **Planned to be sent to LGBT quitline callers**



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Quit Guide Components

- **Authoring by an LGBT community based group (to increase trust)**
- **Encouragement to use the traditional quitline materials for the full quitplan development**
- **One or more community members as “guides” to present and personalize the information**
- **Facts about LGBTs smoking prevalence**



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Quit Guide Components

- **Targeting information (community members identified this as the top importance)**
- **Information about smoking impact among subpopulations (i.e. transgenders, people of color, etc.)**
- **Tips/motivation from successful ex-smokers**
- **Additional resources**
- **Community based accountability process for quitline experience**



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5. Program monitoring and evaluation



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Strategies

- **Surveillance monitoring on the:**
 - **Adult Tobacco Survey**
 - **Quitline**
- **Can breakout usage for quitlines, compare to prevalence**
- **Evaluation component in quitguide through LGBT community group**



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