

LGBT Tobacco Surveillance: the challenge and successes



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Please see associated paper:

Scout. 2007. LGBT Surveillance and Data Collection Briefing Paper. Online publication. Downloaded from National LGBT Tobacco Control Network website at <http://www.lgbttobacco.org/files/Surveillance%20Briefing%20Paper%2004.doc>. Last updated June 28, 2007.



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The challenge

- Available evidence shows lesbian, gays, bisexuals, and transgenders experience significant disparities related to tobacco use.
- Increasingly, state level programs are tailoring programs to counter tobacco's effects in disparity populations, including LGBTs.
- National and state level surveillance instruments rarely ask if a person is LGBT, thus leaving a dearth of information on the exact level of adverse impact on this disparity population.



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The challenge

*Data are needed to address
this health disparity.*



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What do we know?

- A 2001 review of available literature reported that LGB people smoke at rates 40-60% higher than the general population.
- 2001 California Health Interview Survey data – gay men smoke at rates 55% higher than other men, lesbians smoked at rates almost 70% higher than other women.
- 2003 California LGBT Tobacco Survey – LGBT men smoked at rates 50% higher than other men, LGBT women almost 200% higher than other women.



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What do we know?

There are almost no data on LGBT of color, leaving little guidance on how these disparities interact. One reported study, from a full probability sample in CA:

- Hispanic lesbians/gays (LGs) smoked 150% more than other hispanics.
- African American LGs smoked 110% more than other AAs.
- Asians LGs smoked 330% more than other asians.



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What do we know?

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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Feasibility

- Questions that ask if a person identifies as LGBT have been fielded successfully in many large-scale and tobacco-specific applications.
- Asking about a person's sexual behavior is clearly a sensitive question and needs special handling in a survey. Asking about their identity is different, straight people are usually happy to declare they are straight and LGBTs are often relieved not to be invisible.



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Who is asking now?

Currently:

- At least eight state Behavioral Risk Factor Surveillance System surveys (BRFSS) include LGB questions.
- At least thirteen Youth Risk Factor Surveillance (YRBS) surveys include LGB questions.
- 15 state tobacco quitlines ask LGB or LGBT



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Who is asking now?

Likewise the following federal surveys include
LGB questions:

- National Health and Nutrition Examination Survey;
- National Survey of Family Growth;
- National Epidemiologic Survey on Alcohol and Related Conditions;
- National Household Survey on Drug Abuse;
- National Comorbidity Study-R



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Myth #1: Breakoff

- Strikingly, the National Epidemiological Survey on Alcohol and Related Conditions has had zero breakoffs on the sexual orientation question in over 30,000 interviews (with only 1.7% refusal rate).
- Likewise the Nurses Health Study II had zero breakoffs in 91,000 paper surveys administered with a sexual orientation identity question in 1995 (with only 0.9% refusal rate).



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Myth #2: Refusals

In general, refusals for this question are a very minor consideration.

- In the Massachusetts Behavioral Risk Factor Social Survey an average of 3.6% of people (spanning five years) refused to answer the sexual orientation identity question, compared with 5.3% refusing the income question.
- In a survey of the North American Quitline Consortium members, refusals to this question (asked at intake) ran from 1.9% to 2.9%. Again these compared very favorably with refusals for other demographic questions.



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Recommendation

- ***The National LGBT Tobacco Control Network recommends that states ask LGBT identity questions on the ATS, BRFSS, YRBS (h.s.), and at quitline intake.***



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Use tested questions

- LGBT questions are very sensitive to small changes in wording. For example, many people do not understand the difference between homosexual and heterosexual -- so including these words increases your measurement error.
- The lesson is... use a question that has been tested.



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Cognitively tested questions



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Option #1: single 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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Option #2: dual questions

Do you consider yourself to be*

Heterosexual or straight

Gay or lesbian

Bisexual

Sex/gender**

Female

Male

Transgender male to female

Transgender female to male

Transgender do not identify as exclusively male or female

Not sure

* Later testing shows heterosexual can be confusing

** Tested with youth only



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Additional Resources



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National LGBT TCN Online Resources

www.lgbttobacco.org

Key content of interest

- Library of LGBT tobacco resources
 - └ Including literature, reports, ads, etc.
- Online directory of people and projects
- Factsheets + more



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New Network Resources

- Surveillance Briefing Paper
 - Facts about why LGBT data collection is feasible
 - Which instruments to collect data on
 - Examples of tested questions
- State Best Practices 2007
 - Consensus document from community about the best current strategies to eliminate LGBT tobacco disparities



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