# 2022 UMD-PRC Community Health Needs Assessment Report

## Investigating Tobacco Use and Cessation Experiences of LGBTQ Youth and Young Adults in Prince George's and Montgomery County, Maryland


SCHOOL OF PUBLIC HEALTH
PREVENTION RESEARCH CENTER

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# Table of Contents



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# Executive Summary

Funded by the Centers for Disease Control and Prevention (CDC), the current needs assessment was led by the University of Maryland Prevention Research Center (UMD-PRC) in conjunction with the UMD Center for Health Literacy and the Maryland Department of Health to better understand tobacco use among Black and Latino/a/x lesbian, gay, bisexual, transgender, queer, and other sexual and gender diverse (LGBTQ) youth and young adults in Prince George's and Montgomery counties. The Maryland Department of Health and the University of Maryland Institutional Review Boards approved the project.

The goals of the community needs assessment were to identify health needs among Black and Latino/a/x LGBTQ communities related to tobacco use, factors associated with health and tobacco use for these communities, and the strengths and resources available to address these needs and associated factors. The degree to which existing tobacco prevention and cessation health campaigns resonate with Black and Latino/a/x young adults was also assessed.

## Needs Assessment

The needs assessment took place from April to September 2022 and included seven focus groups with Black and Latino/a/x LGBTQ people aged 18-30 with various histories of tobacco use, key informant interviews with community stakeholders, analysis of state-level health surveillance data, a review of county and state tobacco resources and programs, and a literature review of existing tobacco and cessation messaging focused on LGBTQ communities. The project's Community Advisory Board (CAB) – comprised of Black, Latino/a/x, and LGBTQ-focused service providers and community members in Prince George's and Montgomery counties – provided feedback the report. They also offered ideas regarding action items that resulted from the data. Results will inform upcoming project initiatives, including the development of a health communication campaign and community outreach programs. The assessment yielded the following findings:

### State Surveillance Data

- We used data from the 2018-2019 Maryland Youth Risk Behavioral Survey/Youth Tobacco Survey (YRBS/YTS, aged ~13-18) and 2018-2019 Maryland Behavioral Risk Factor Surveillance System (BRFSS, aged 18 and older).
- Our sample was restricted to participants from Prince George's and Montgomery counties and analyzed to assess tobacco use behaviors by sexual orientation and gender identity, as well as correlates of these behaviors.
- Results showed greater cigarette use, e-cigarette use, cigar use, and early initiation among LGBT[a] residents relative to cisgender, heterosexual residents (i.e., non-LGBT).
- We did not observe differences in poor physical and mental health days between adult LGBT and non-LGBT respondents.

[a] We use LGBT instead of LGBTQ when referring to results from the YRBS/YTS and BRFSS because response options for the sexual orientation questions are limited to heterosexual, lesbian, gay, or bisexual and response options for the gender identity question are limited to cisgender or transgender.

- Among youth, all tobacco use behaviors were higher among LGBT youth who reported feeling sad or hopeless and experiences of bullying when compared to LGBT youth who did not experience these feelings and interactions.

### Focus Groups

- Seven focus groups were conducted with residents aged 18-30 in Prince George's and Montgomery counties (30 participants total).
- Participants discussed using tobacco to cope with life stressors.
- Focus group conversations highlighted the links between tobacco use, mental health, and discrimination.
- Participants were unaware of most general or community-specific tobacco prevention and cessation resources.

### Stakeholders Interviews

- Six key informant interviews were conducted with community service professionals from organizations serving LGBTQ, Black, and/or Latino/a/x residents in Prince George's and Montgomery counties.
- One organization reported an increase in tobacco use among clients since the start of the COVID-19 pandemic.
- All stakeholders were interested in receiving tobacco prevention and cessation resources and support.
- Stakeholder interviewers emphasized the mental health and substance use concerns among clients.

## Top Issues and Priorities

Through stakeholder interviews, focus group discussions, and review of the literature and existing campaigns, the following priorities were established:

- Tobacco use services do not appear to be a priority for local LGBTQ-serving organizations.
- Tobacco prevention/cessation messaging and services should be paired with other topics, including mental health, stigma, coping, and peer pressure.
- Our initial age range of focus (12-30 years) is too large to develop a single tailored communication health campaign; therefore, we will restrict our focus to Black and Latino/a/x youth aged 15-20. This decision was based on our literature review and focus group findings, but also to emphasize prevention and cessation early in the life course.
- Communication channels for exposure to tobacco advertisements and prevention messages differed across both Black and Latino/a/x focus groups, suggesting channel preferences for our own tobacco messages.
- Tobacco prevention and cessation campaign messages should be disseminated in traditional and digital formats that consider preferences and needs.
- Smoking prevention and cessation messages for Black and Hispanic LGBTQ young adults must be carefully tailored to avoid stereotypes while appealing to cultural values.
- The literature review shows a critical gap in existing research that tests and evaluates the effectiveness of tobacco and prevention control (TPC) messaging targeted at Black and Latino/a/x LGBTQ communities.

# Background

## Background

Lesbian, gay, bisexual, transgender, queer/questioning, and other sexual and gender-diverse (LGBTQ) populations in the U.S. are at elevated risk for tobacco use, particularly during adolescence and young adulthood. Recent data from the 2019 National YRBS show that compared to 22.7% of heterosexual youth, 32.9% of LGB[b] youth report ever having tried cigarettes.[1] Moreover, LGB youth are nearly twice as likely as heterosexual youth to report trying cigarettes before the age of 13.[2] LGB youth are also more likely to be current cigarette and cigar smokers (13.9%) relative to heterosexual youth (8.2%), and have slightly elevated rates of vaping (32.8% heterosexual vs. 34.1% LGB).[2]

Among LGBTQ youth, transgender youth and young adults may be at greatest risk. Although national data on the use of tobacco among transgender youth and young adults is limited, studies suggest that transgender populations are 2-3 times more likely to report cigarette, e-cigarette, and cigar use than their cisgender (i.e., non-transgender) peers.[3,4] Data from the 2015-2016 Population Assessment of Tobacco and Health (PATH) Study found that among youth aged 14-17 years old, transgender youth were more likely to report lifetime use of cigarettes (33.9%), electronic nicotine delivery system (ENDS) (40.2%), and smokeless tobacco (21.5%) than their cisgender peers (14.1%, 23.0%, and 6.0%, respectively). Transgender youth were also more likely to report recent use of these products when compared to cisgender youth.

Given documented disparities in tobacco use for LGBTQ populations, several national health agencies (e.g., the Centers for Disease Control and Prevention, National Institutes of Health) and initiatives (e.g., Healthy People 2030) emphasize the need to address tobacco use and related social determinants for LGBTQ people. Social determinants of health focus on the environmental and relational context for a person's life: family structure and support, access to food, transportation, and housing, social inclusion and friendship, and adverse childhood experiences (ACEs). Social determinants provide a framework to understand what factors contribute to increased smoking among LGBTQ populations, or what barriers exist in implementing successful cessation and prevention campaigns. For example, it has been well-documented that tobacco companies have targeted the LGBTQ population in marketing and advertisements, making LGBTQ at higher risk for tobacco consumption. Additionally, models such as Minority Stress Theory outline the ways in which intersectional and compounded trauma through social stigma, peer pressure, bullying, and efforts to cope make marginalized communities vulnerable to tobacco campaigns due to the desire to feel included or to relieve daily stress disproportionate to cisgender, heterosexual peers. [5,6,7,8] Furthermore, given historical and ongoing tobacco industry advertisement, campaign efforts specifically targeting communities of color[9] and differential health impacts of tobacco use for these populations[10] the current project focuses on reducing tobacco-related health disparities among Black and Latino/a/x LGBTQ youth and young adults.

[b] We use LGBTQ and various iterations (LGB, LGBT) to accurate reflect the sample of characteristics of the studies reviewed.

## Project Summary

The *Implementing Tobacco Control Strategies to Achieve Health Equity: Engaging LGBTQ Communities in Maryland* project aims to reduce tobacco-related health disparities in LGBTQ communities in Prince George's and Montgomery counties. The project uses comprehensive tobacco prevention and control strategies in collaboration with groups that are inclusive of and reach LGBTQ youth and young adults ages 12-30.[c] According to the 2018-19 Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS) and 2018-2019 Behavioral Risk Factor Surveillance System Survey (BRFSS), Prince George's and Montgomery counties are home to 5,153 and 5,223 LGBTQ youth and 32,470 and 34,188 LGBTQ adults, respectively. Thus, Prince George's and Montgomery are the third and fourth most LGBTQ-populated counties in Maryland (following Baltimore City and County) and account for nearly a fourth of all LGBTQ youth tobacco users in Maryland.

Our community needs assessment includes a secondary analysis of state tobacco surveillance data, a literature review of tobacco prevention and cessation communication health messaging, focus groups with Black and Latino/a/x LGBTQ young adults (ages 18-30) in Prince George's and Montgomery counties, key informant interviews, and retrospective review of existing tobacco prevention and cessation resources and programs. The goal of this assessment is to gather information on the demographic characteristics of LGBTQ youth and young adults; their tobacco use beliefs, motivations, behaviors, and initial reactions to tobacco messaging for LGBTQ youth and young adults. The needs assessment along with ongoing collaboration with a CAB will inform a multi-year communication campaign to help prevent tobacco initiation and motivate tobacco cessation for LGBTQ youth and young adults in Prince George's and Montgomery counties. These activities will likely include the development and dissemination of a tobacco prevention and cessation communication health campaign along with tobacco- and LGBTQ-focused training and technical assistance for local community organizations and service providers.

[c] The original proposal focused on youth and young adults aged 12-30. However, based on the current needs assessment, we learned that this age range is too broad for a focused health communication campaign. As stated in the implications section, our future work will focus on youth and young adults aged 15-20.

# State Health Surveillance Data

The use of state-level surveillance data provides a broad overview of tobacco use disparities and factors associated with disparities (e.g., demographics, mental health, peer interactions) between LGBTQ and cisgender heterosexual youth and adults within Prince Georges and Montgomery counties. For the current section, the UMD-PRC worked in conjunction with the Maryland Department of Health to estimate LGBTQ-related disparities in several tobacco use behaviors using the 2018-19 YRBS/YTS and 2018-2019 BRFSS.

## Maryland Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS)

### Data Source and Sample

The Maryland Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS)[d] is a system of surveys compiled and distributed by the CDC and administered at the federal, state, and local levels. These surveys monitor a variety of different health-related behaviors, including tobacco use and mental health, and are shown to be a reliable way to measure health and behavior trends among middle and high-school-aged individuals.

Due to delays resulting from the COVID-19 pandemic, the most recent survey data available are from the 2018-19 school year. For this analysis, the 2018-19 YRBS/YTS data for Maryland was restricted to participants from Prince George's and Montgomery counties. All data presented here only reflect participants from these two counties. Data were analyzed using SAS software to estimate demographic and social factors associated with tobacco use.

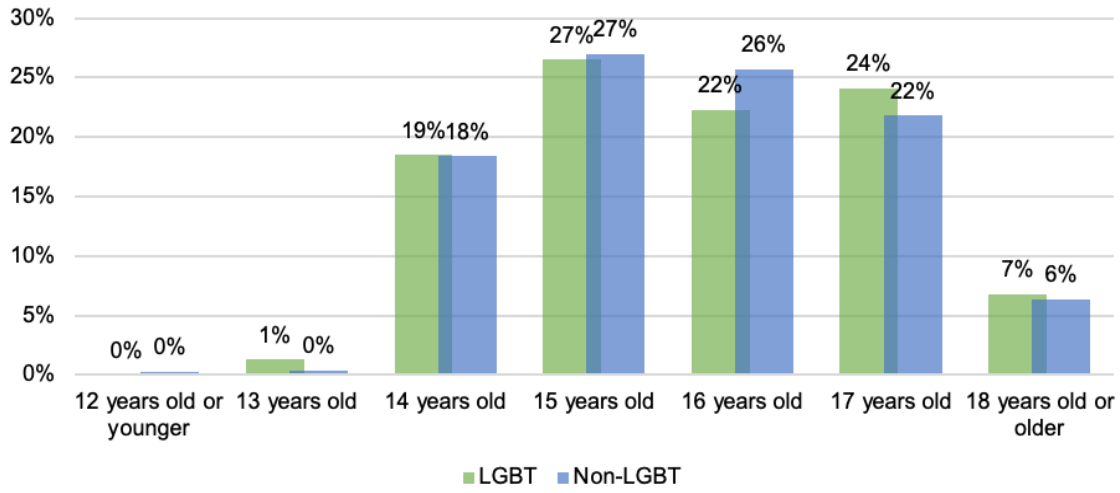
Given sample size limitations, lesbian, gay, bisexual, and transgender respondents were combined into a single category to compare groups of LGBTQ youth with cisgender heterosexual youth.

### Sample Characteristics

Most respondents in our sample were 14-17 years old (see Figure 1). Less than a quarter (23.1%) of LGBTQ respondents identified as male, compared to over half (52.3%) of cisgender, heterosexual respondents. Racial demographics were evenly distributed among LGBTQ and cisgender, heterosexual respondents. Among LGBTQ respondents, 36.7% identified as Black, 29.2% as Hispanic or Latino/a/x, 5.2% as Asian,19.5% as White, and 9.5% as other/multiracial. Among cisgender heterosexual respondents, 35.7% identified as Black, 31.6% as Hispanic or Latino/a/x, 10.7% as Asian, 5.3% as White, and 6.7% as other/multiracial.

[d] Centers for Disease Control and Prevention. 2019 Youth Risk Behavior Survey. Available at: https://health.maryland.gov/phpa/ccdpc/Reports/Pages/YRBS-Main.aspx

Figure 1. Age Ranges Among YRBS Respondents from Prince George's and Motgomery Counties



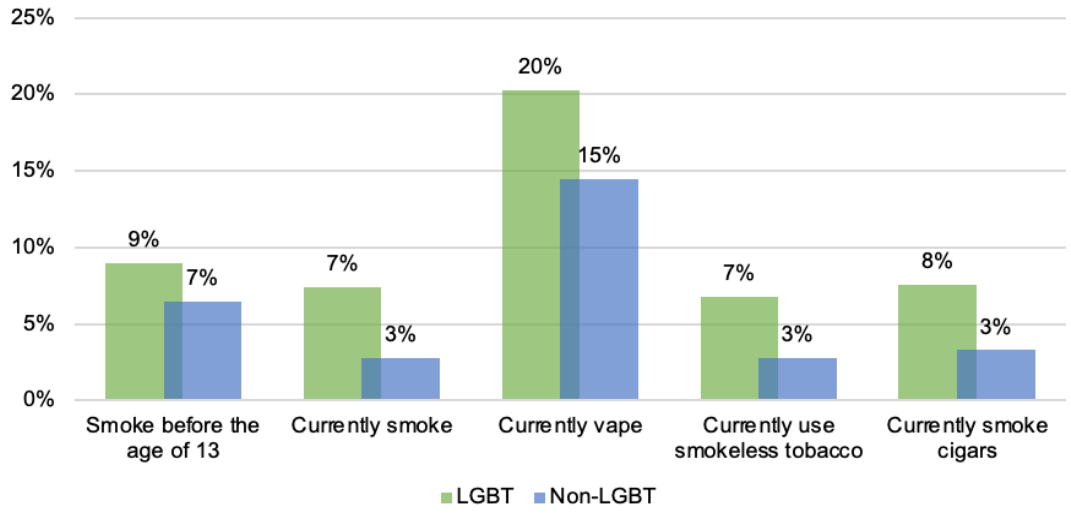

## Tobacco Use

Sexual orientation and gender identity disparities were observed across a variety of tobacco use behaviors.

- 20.3% of LGBTQ youth reported using electronic smoking devices (ESDs) (e.g., e-cigarettes, e-pipes, vaping pens) in the past 30 days, compared to 14.5% of cisgender heterosexual youth.
- 4% of LGBTQ youth reported smoking cigarettes in the past 30 days, relative to 2.8% of cisgender heterosexual youth.

LGBTQ youth were also more likely to report past 30-day use of smokeless tobacco (chewing tobacco, snuff, dip, snus, etc.) (6.8%), cigars (7.6%), and hookah (7.1%) than their cisgender heterosexual peers (2.8%, 3.3%, and 2.3%, respectively). Approximately 9% of LGBTQ youth reported tobacco use before the age of 13, compared to 6.5% of cisgender heterosexual youth (see Figure 2).

Figure 2. Tobacco Use among LGBT and non-LGBT Youth from Prince George's and Motgomery Counties



Regarding personal expectations and perceptions of tobacco use:

- 10.6% of cisgender heterosexual youth compared to15.8% of LGBTQ youth said that they "think they definitely or probably will smoke a cigarette, cigar, cigarillo, or little cigar in the next year".
- LGBTQ youth did not differ significantly from heterosexual cisgender youth in their perceptions of whether "people who smoke have more friends" (42.1% LGBTQ vs. 40.4% cisgender heterosexual) and that "smoking makes young people look cool or fit in (23.7% LGBTQ vs. 23.8% cisgender heterosexual).

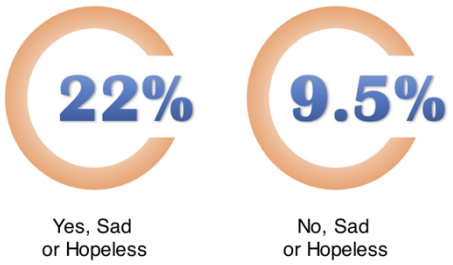
## Adverse Childhood Events, Mental Health, and Bullying

Adverse Childhood Events (ACEs) are childhood experiences that include things such as physical and/or emotional abuse, neglect, careger substance use, and household violence. ACEs are strongly associated with youth and adult mental health challenges and substance use, including tobacco use. Given stigma, LGBTQ youth may be more susceptible to ACEs in addition to minority stress (e.g., rejection and victimization), which may increase risk for tobacco use behaviors. Additionally, research highlights the association between psychological distress and tobacco use – we therefore were interested in assessing the degree to which LGBTQ youth experience these social factors and to what degree they are associated with specific tobacco use behaviors.

Results showed that LGBTQ youth had, on average, almost double the number of ACES as heterosexual cisgender youth (LGBTQ Mean(*M*)=1.33 vs. heterosexual cisgender *M*=.76). Approximately 23% of LGBTQ students reported feeling so sad or hopeless during the previous two weeks prior that they stopped doing usual activities as compared to 7% of heterosexual cisgender youth.

Among LGBTQ youth who reported feeling sad or hopeless, 22% indicated that they had vaped or used e-cigarettes in the 30 days compared to 9.5% of LGBTQ who did not indicate they have been feeling sad or hopeless (see Figure 3).

Figure 3. E-Cigarette Use by Mental Health among LGBTQ Youth

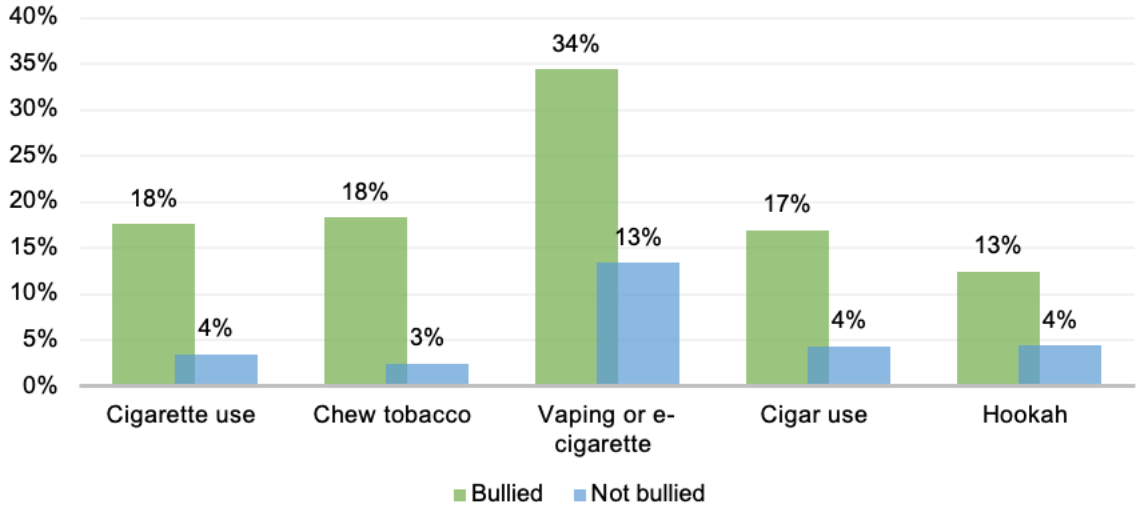



Among LGBTQ youth, 20% of those who reported feeling sad or hopeless indicated that they planned to continue smoking as compared to 8.4% of LGBTQ youth who did not feel sad or hopeless (see Figure 4).

Figure 4. Plans to Continue Smoking by Mental Health among LGBTQ Youth

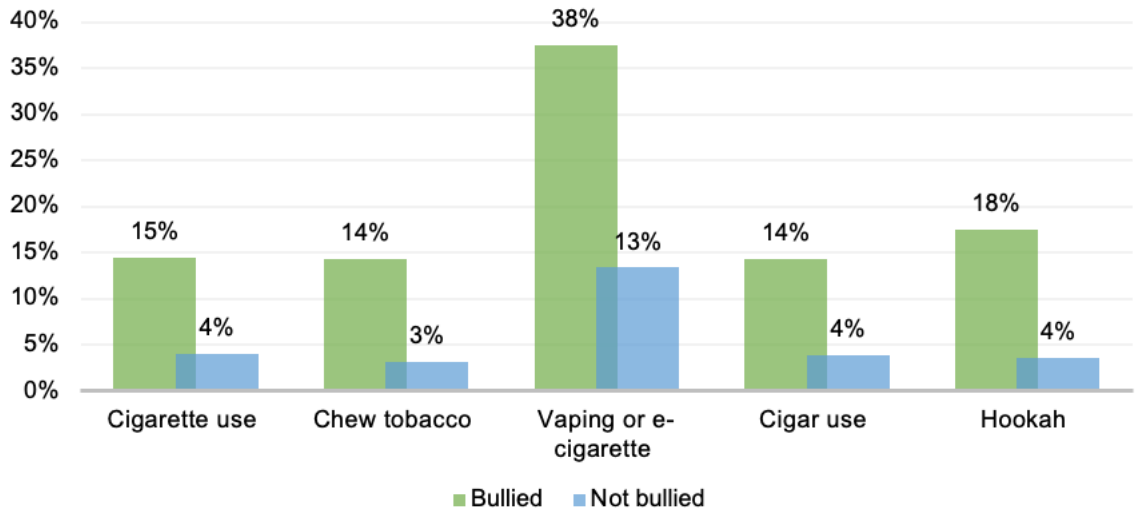

Victimization and bullying are known drivers of tobacco use disparities between LGBTQ and cisgender heterosexual youth. In our sample, we found that LGBTQ youth who reported bullying and cyberbullying were 2-3 times more likely to use various tobacco products when compared to LGBTQ youth who did not experience bullying or cyberbullying (see Figure 5).

Figure 5. Tobacco Use by Past Year Bullying Among LGBTQ Youth from Prince George's and Motgomery Counties




Findings show that LGBTQ youth in Prince George's and Montgomery counties show disparities in cigarette use, e-cigarette use, cigars, chew, and hookah when compared to their cisgender and heterosexual peers. LGBTQ youth are also more likely to report ACES, poor mental health, and peer bullying than heterosexual and cisgender youth. Furthermore, LGBTQ youth who report mental health concerns and bullying were more likely to report a host of tobacco use behaviors than LGBTQ youth who did not experience these stressors (see Figure 6).

Figure 6. Tobacco Use by Past-Year Cyber Bullying among LGBTQ Youth from Prince George's and Motgomery Counties



# Maryland Behavioral Risk Factor Surveillance System (BRFSS)

## Data Source and Sample

The Maryland Behavioral Risk Factor Surveillance System (BRFSS)[e] is a system of state-administered telephone surveys across the United States, the District of Columbia, and three US territories. Surveying over 400,000 adults, the BRFSS survey is conducted annually to collect information regarding health-related risk behaviors, chronic issues, and preventative care. Approximately 15,000 Maryland residents participate in BRFSS each year.

For this analysis, the 2018 and 2019 BRFSS data were restricted to participants from Prince George's and Montgomery counties and were analyzed via SAS software to demographic and social factors associated with tobacco use behavior. Due to sample size limitations, data were aggregated across sexual orientation and gender identity compare groups comprised of LGBTQ and cisgender heterosexual youth.

## Sample Characteristics

The total number of LGBTQ respondents was 266, while the total number of cisgender heterosexual respondents was 6850 for a total N=7118 among Prince George's and Montgomery counties. The mean age for LGBTQ respondents was 37, while the mean age for cisgender, heterosexual respondents was 48. Among total respondents, 3.7% identified as LGBTQ. Within this sample, more cisgender heterosexual participants were unemployed than LGBTQ individuals (41.5% as compared to 29.7%), whereas more LGBTQ individuals were college or graduate students (8.6% as compared to 2.9%). LGBTQ and cisgender heterosexual groups did not statistically differ in terms of their racial/ethnic or gender composition, with 40.6% LGBTQ respondents identifying as male as compared to 43.2% cisgender heterosexual respondents. 59.4% LGBTQ respondents identified as female as compared to 56.8% cisgender heterosexual respondents. Among LGBTQ respondents, 47% identified as White, 33.3% identified as Black, 9.5% identified as Hispanic, and 10.2% identified as multiracial or other. Among cisgender heterosexual respondents, 49.2% identified as White, 34.5% identified as Black, 7.2% identified as Hispanic, and 9.1% identified as multiracial or other.

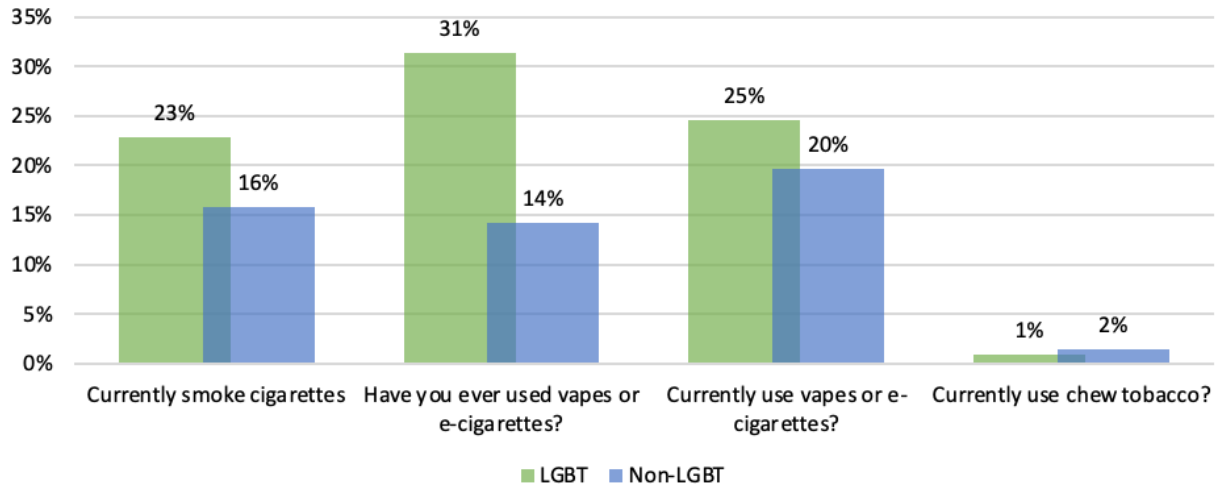
## Tobacco Use

LGBTQ participants were nearly twice as likely to be considered current smokers (14.9%) compared to cisgender heterosexual participants (7.7%).

- LGBTQ adults were more likely than cisgender heterosexuals to report smoking cigarettes either every day (22.9% LGBTQ vs. 15.8% cisgender heterosexual) or on some days (29.3% LGBTQ vs. 12.2% cisgender heterosexual).
- LGBTQ adults were also significantly more likely to consume tobacco products such as vaping and e-cigarettes (see Figure 7).
- LGBTQ participants were twice as likely to report lifetime (31.3%) and current (24.6%) e-cigarette use compared to cisgender heterosexual participants (14.2% and 19.6%, respectively; see Figure 8).
- Among those who attempted to quit smoking in the past 12 months, 11.6% were LGBTQ.

[e] Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2022

Figure 7. Tobacco Use Among BRFSS Respondents from Prince George's and Motgomery Counties

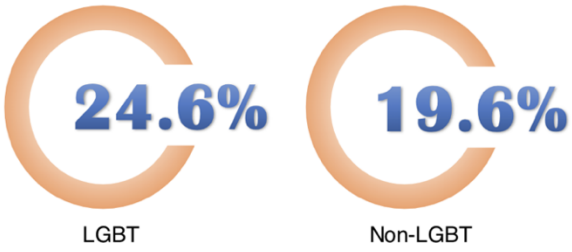



Both LGBTQ and non-LGBTQ individuals identified beginning to smoke, on average, around age 18. However, the average range for LGBTQ individuals was between 16-20 years old, whereas, for cisgender heterosexual participants, on average, the range was 18-19 years old.

### Self-reported Health Status and Access to Care

Cisgender heterosexual and LGBTQ participants reported similar rates of general, physical, and mental health in the previous month. Among people diagnosed with depressive disorder, 11.6% identify as LGBTQ, whereas only 3.8% of individuals without a depressive disorder identify as LGBTQ.

Figure 8. Consumption of Vaping and E-Cigarettes




## What Do These Findings Tell Us?

In sum, LGBTQ adults were more likely to report current tobacco use, which include both combustible and e-cigarette use. LGBTQ participants were also over-represented among participants who reported a quit attempt in the previous year. Although cisgender, heterosexual and LGBTQ participants did no different in the number of general, physical, and mental health days in the previous month, LGBTQ participants were over-represented among those reporting a depressive disorder diagnosis.

# Literature Review: TPC Messaging

A preliminary review of the literature on tobacco prevention and cessation (TPC) messaging, particularly among Black and Latino/a/x communities, was conducted by the team. Broadly, TPC messaging research occupies a large base of the public health literature and seeks to understand the specific messages and interventions that are effective at preventing tobacco use and motivating tobacco cessation. The primary aim of the preliminary literature review was to examine studies that investigated the effectiveness of tobacco prevention or cessation messages on target communities. Studies that achieved this objective were included in the review.

To identify relevant articles, Black and Latino/a/x communities a variety of search terms were used to search relevant databases—PubMed, PubMed Central, and ScienceDirect—in addition to Google Scholar. The following phrases were used in various combinations to find results: “tobacco messaging,” “tobacco prevention messaging,” “LGBT tobacco prevention,” “Latino tobacco prevention,” “African American tobacco prevention,” “Black tobacco prevention,” “LGBT tobacco control messaging,” “Black tobacco control messaging,” “Latino tobacco control messaging,” “LGBT Latino tobacco,” “LGBT Latino tobacco prevention,” “LGBT Black tobacco prevention,” “LGBT Latino tobacco control,” “LGBT Black tobacco control” “LGBT Latino tobacco prevention messaging,” and “LGBT Black tobacco prevention messaging.” In addition to this search, additional targeted searches were conducted in the following health communication and public health journals: Journal of Heath Communication, Journal of Social Science and Medicine, Journal of Homosexuality, Journal of American College Health, Journal of Substance Use and Misuse, Journal of Addiction, Journal of Health Risk and Society, and Journal of Health Care Communications. The snowball method was also used to identify relevant articles by examining citations within existing sources.

Our purpose in conducting the literature review was to investigate the research on what types of TPC messages may be most impactful specifically, among LGBTQ communities. Given our population of interest, we also examined the TPC literature to understand what, if any, research has been conducted among Black and Latino/a/x LGBTQ communities.

The current literature review discusses the findings from relevant articles but does not provide more in-depth descriptions of article methodologies or contexts. As such, these results should be interpreted only as a starting point for messaging strategies and used in tandem with the focus group findings from the current study. The next step in the literature review process will provide a more systematic and holistic investigation into TPC messaging for target communities.

When paired with our focus group findings, understanding the specific needs of LGBTQ subgroups will help us better understand the similarities and differences in effective messaging for each community. [11]

## Tobacco-Related Messaging among LGBTQ Communities

Recent studies examining the LGBTQ community more broadly suggest that TPC messages should appeal to LGBTQ cultural themes without relying on stereotypes. For example, one qualitative interview study among transgender and gender diverse young adults suggested a preference for messages that appeals to community members' cultural values, including freedom of expression, pride in one's identity, autonomy, and self-acceptance.[12]

### Message Strategies

The *This Free Life* campaign, a national tobacco prevention and reduction campaign focused on LGBTQ young adults, notably attempted to integrate these types of themes. In a survey analyzing community members' responses to several of the *This Free Life* advertisements, Navarro et al. (2019) found evidence of the campaign's effectiveness that was associated with the degree to which a person identified with the LGBTQ community; such that, people who felt more strongly connected to their LGBTQ identity rated the advertisements as more effective than those who felt less connected to that part of their identity. This finding is particularly pertinent given differences in identity strength among LGBTQ subgroups. In the present study, cisgender bisexual males expressed the lowest levels of LGBTQ identity affiliation whereas cisgender lesbian females expressed some of the strongest connections to LGBTQ identity. These nuances in identity affiliation are crucial given that a stronger connection to LGBTQ identity was associated with greater perceived effectiveness of the *This Free Life* campaign.[13]

Thus, appealing to cultural identity can be an effective messaging strategy for tobacco prevention and cessation, but only when those messages avoid negative LGBTQ stereotypes that call upon gay ball culture and sexist stereotypes, like appearance-based images depicting people who smoke as having wrinkled skin and appealing to traditionally feminine beauty standards.[12]

Although positive TPC messaging (e.g., affirming, positive tone) are well-received by the audience, the impact of the message may not be as memorable as anti-smoking campaigns with negative-emotional messaging.[14] Additionally, studies have found a series of individual, cultural, and psychosocial barriers to smoking cessation among LGBTQ populations; these include a desire for social acceptance, coping mechanisms for social and systemic stress, and rebellion against antismoking attitudes. Successful tobacco cessation campaigns focused on positive, uplifting messages, accessibility, LGBTQ-specific messaging, and counseling, and provide useful coping mechanisms. While many LGBTQ individuals noted awareness of antitobacco and cessation messages in mainstream media, there was a notable lack of messaging in LGBTQ-focused media platforms, which is consistent with research indicating successful campaigns highlight LGBTQ identities. Finally, there are disparities within the LGBTQ community with respect to the risks of smoking. For example, gay men, lesbian and bisexual women tend to have higher smoking rates than bisexual men. Transmasculine individuals are three times more likely to smoke than their transfeminine peers.

### Message Dissemination

Beyond appeals to cultural identity, messages circulated in brief digital formats may hold promise for effective LGBTQ TPC messaging. Researchers have found that shortened TPC messages draw attention faster in digital advertisements and are more effective compared to broadcast ads (e.g., television, radio).[14]

For example, messages from the *Truth* anti-smoking campaign were displayed on digital platforms (e.g., Snapchat, Twitter, Facebook, Instagram, and Facebook) in one study, and participants indicated they were able to recall digital ads more than broadcast ads. This finding is not surprising given research suggesting that LGBTQ individuals are more likely to be exposed to and search for tobacco-related messaging on social media, whereas non-LGBTQ are more likely to be exposed to such content from traditional media sources; these findings were persistent after controlling for participants' age.[15]

## TPC Messaging among Black and Latino/a/x Communities

### Message Strategies

Both Black and Latino/a/x communities seem to benefit from culturally tailored messages, and the content of these messages varies by culture. Research assessing tailored TPC messaging for Black communities found that messages that include cultural beliefs regarding anti-smoking were more likely to influence intentions to quit smoking (compared to non-culturally targeted messages) among low-income Black individuals.[10] Cultural messaging can include visible characteristics in advertisements, and references to history of slavery and smoking, targeted advertising, deaths due to tobacco in the Black community, and health consequences of smoking in the Black community.[15]

For Latino/a/x communities, TPC messages that incorporated Latino/a/x cultural values, *familismo* (consulting friends and family before seeking a health professional) and *fatalismo* (perceptions about control over health and wellness), were found to be effective.[16] Other effective TPC messaging strategies tailored to Latino/a/x communities had messages available in Spanish, used gain-framing or loss-framing, and included a call to action.[16]

### Message Dissemination

Preliminary research suggests that youth in both Black and Latino/a/x communities may be receptive to targeted digital advertisements on social media. For example, Guo et al. (2020) assessed the effectiveness of the U.S. Food and Drug Administration's (FDA's) *Fresh Empire* tobacco education campaign. The campaign utilized targeted advertisements that appealed to social media users who followed hip-hop cultural accounts, and found that Black and Latino/a/x youth reacted to these digital ads positively.[17]

## TPC Messaging among Black and Latino/a/x LGBTQ Communities

There is limited research on TPC campaigns for individuals who are both racial and sexual minorities, and no study identified in the preliminary literature search explicitly compared the effectiveness of TPC messaging between Black and Latino/a/x LGBTQ communities. Some research studies do offer suggestions for future work and preliminary findings.

For example, a variety of ads from the Truth anti-smoking campaign were shown to Black, LGBTQ, and Black and LGBTQ young adults. [18] Although the study found evidence for the impact among Black individuals, there were insufficient results for individuals who identified as both Black and LGBTQ. The study found Black individuals rated Black-targeted public service announcements (PSAs) to be less effective than non-targeted PSAs. Additionally, they found that Black individuals rated low effectiveness for LGBTQ-focused ads compared to non-focused ads, suggesting that the targeted ads in the study produced defensive reactions.[19] Researchers suggest the need to explore the intersections between race and sexual orientation in TPC campaign messages.[19]

## What Do These Findings Tell Us?

The preliminary search of the literature on tobacco prevention and control messaging among our target populations suggests two key findings, both of which we plan to investigate further.

First, tailored TPC advertisements should utilize but further examine the role of cultural messaging based on both ethnicity and sexuality. LGBTQ communities have expressed a desire for messages that acknowledge their cultural identity but do not appeal to stereotypes. People from Black and Latino/a/x communities have separately perceived TPC messages as effective when they have targeted cultural beliefs and values related to smoking and tobacco prevention, but Black individuals have also expressed fewer positive attitudes toward culturally tailored advertisements.

Second, digital media is a useful tool for disseminating TPC messaging among Black, Latino/a/x, and LGBTQ youth and young adults. Although no study has explicitly examined these strategies among Black and Latino/a/x LGBTQ young people, research on individuals from both racial and sexuality subgroups suggests a preference for messaging facilitated through digital media, especially social media. We aim to utilize and further examine this finding among Black and Latino/a/x LGBTQ young adults.

Together, our preliminary findings suggests that Black and Latino/a/x LGBTQ communities will require thoughtfully designed messages that connect to their multiple communities without exploiting their cultural identities for the sake of effective messaging. We aim to conduct a more comprehensive follow-up assessment to isolate what types of TPC messages may be most effective among Black and Latino/a/x youth and young adults.

# Focus Group

The UMD-PRC, in partnership with a local research firm, conducted focus groups to better understand tobacco use, prevention, cessation, and related social determinants of health among LGBTQ Black and Latino/a/x youth and young adults in Prince George's and Montgomery counties. We also sought participant feedback on existing tobacco prevention and cessation campaign materials to inform our approach to message development.

## Methodology

Focus groups were held virtually (via Zoom). They lasted approximately 90-120 minutes and were designed to elicit participants' perceptions of health and tobacco use in the LGBTQ community, history of tobacco uses and cessation efforts, factors related to tobacco use, and reactions to existing tobacco prevention and cessation campaigns (see Appendix 1 for focus group interview protocol).

We aimed to recruit eight focus groups of six people each that represented various intersections of age, race/ethnicity, and tobacco use history. These included:

1. Black LGBTQ 18–24-year-old non-tobacco users;
2. Latino/a/x LGBTQ 18–24-year-old non-tobacco users;
3. Black LGBTQ 18–24-year-old current tobacco users;
4. Latino/a/x LGBTQ 18–24-year-old current tobacco users;
5. Black LGBTQ 25–30-year-old current tobacco users;
6. Latino/a/x LGBTQ 25–30-year-old current tobacco users;
7. Black LGBTQ 25–30-year-old former tobacco users; and
8. Latino/a/x LGBTQ 25–30-year-old former tobacco users.

Participants were eligible for focus group participation if they lived in Prince George's or Montgomery County, identified as LGBTQ and Black and/or Latino/a/x, and were between the ages of 18-30. Unfortunately, due to recruitment challenges, focus groups included fewer members than anticipated. We also we were not able to recruit enough participants to conduct a separate focus group for Black LGBTQ 18–24-year-old non-tobacco users (FG #1).

Additionally, although focus groups included Latino/a/x LGBTQ 25–30-year-old former tobacco users (FG #8) and Latino/a/x LGBTQ 18–24-year-old non-tobacco users (FG #2), these findings are not in this drafted report. These data were not received in time to be included in the analysis and are still undergoing quality review and analysis.

**Black LGBTQ Focus Group Recruitment and Enrollment** Black focus group participants were recruited through various platforms, including social media (e.g., Reddit, Facebook), physical flyers in high-traffic areas (e.g., metro stops, coffee shops), and preexisting relationships with community organizations. Recruitment materials included either a QR code or a link to a brief screening survey, which asked about sociodemographic characteristics and health-related experiences.

UMD-PRC team members reviewed survey responses twice a week. To determine the eligibility and legitimacy (i.e., screening for "scammers" and bots) of survey responses, we assessed location and reporting consistency via county and state of residence, zip code alignment with Prince George's or Montgomery County, and IP address consistent with county and state location. Additional inclusion criteria were assessed, including sexual orientation, gender, racial/ethnic identity, and age.

Additional survey participants were excluded due to incomplete responses or inaccurate contact information. Recruitment occurred during the months of June to August 2022.

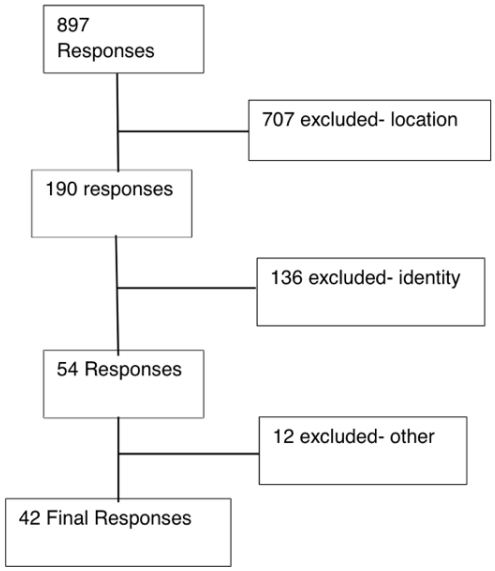



Figure 9. Focus Group Participant Screening Process

Of 897 initial responses, 707 were excluded due to location criteria, 136 were excluded for identity criteria, and 12 were excluded for other reasons. Forty-two (42) responses were considered eligible based on our focus group inclusion criteria.

Once identified, eligible participants were contacted via email and phone to schedule their participation in a focus group.

### Latino/a/x Focus Group Recruitment and Enrollment

Latino/a/x focus group participants were conducted in Spanish and recruited by a local firm with a strong history of recruiting and conducting focus groups with the Latino/a/x community in the Washington, DC, Maryland, and Virginia (DMV) area. Once identified, staff verbally translated the screening survey and manually entered participant responses.

## Focus Group Sample

The sample population across all focus groups included 30 participants included thirteen men, eight women, and nine non-binary, transgender, or genderqueer participants. Twenty individuals identified as gay or lesbian, nine identified as bisexual, and one as demisexual or queer.

Among Black participants (thirteen), the majority (seven) had a bachelor's degree, four had a graduate degree, one had an associate degree, and one had completed some college. More than half (7) participants stated they had just enough money to make ends meet, and five participants reported having a little money left over each month.

Among the Latino/a/x participants (thirteen), two had completed some college, ten had completed high school or received their GED, and five had not completed high school. Seven participants reported that they didn't have enough money to make ends meet, three

had just enough, and seven had a little left over each month. Participant gender identity and sexual orientation across focus groups are presented in Figures 10 and 11.

Figure 10. Gender Identity Across Focus Groups

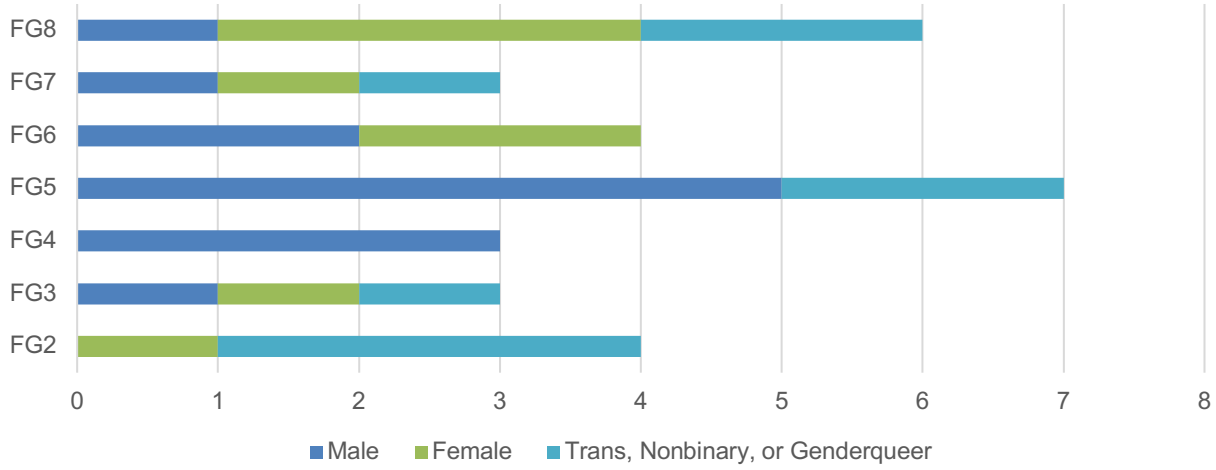
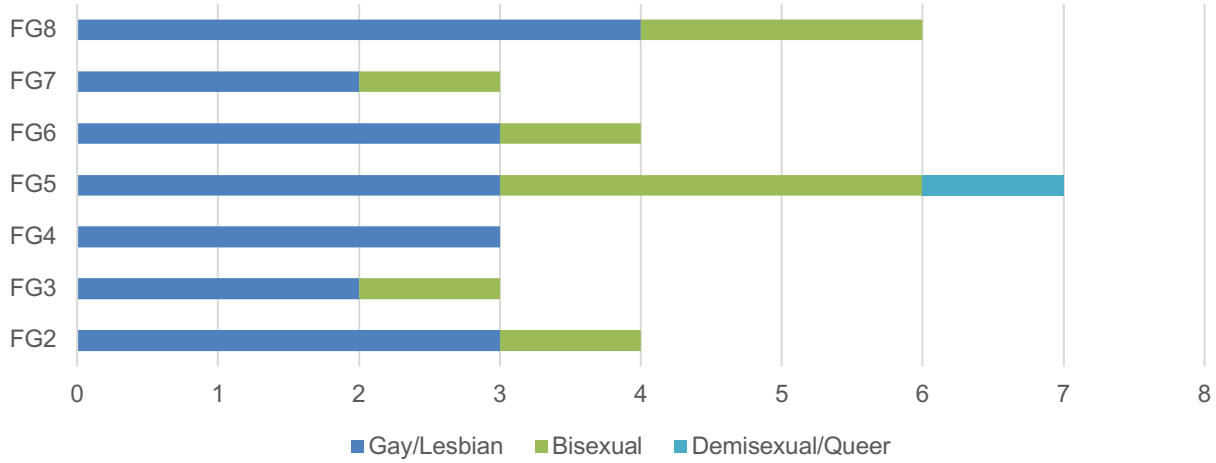



Figure 11. Sexual Orientation Across Focus Groups




## Screening Survey Results

In addition to sociodemographic characteristics, the screening survey asked focus groups about their perspectives on tobacco use and healthcare access within the LGBTQ community.

Nearly 70% of participants (21 of 30) stated they believe LGBTQ people smoke more than the average population. Approximately 60% believed pride events should be free from smoking and vaping, with 40% not having a strong opinion.


Believe LGBT individuals smoke more than the general population

Nearly 70% of individuals reported a negative experience with healthcare due to LGBTQ status or race; 77% of individuals reported fear of seeking healthcare due to past or potential experiences (see Figure 12).

# Focus Group Results

## Black and Latino/a/x LGBTQ Participant Key Themes

We observed similar themes across most of the Black and Latino/a/x focus groups related to reasons for using tobacco, as well as perceptions of who within the LGBTQ community were more likely to use tobacco.

***Coping with negative life experiences was a primary reason for tobacco use among Black and Latino/a/x focus group participants.*** Experiencing discrimination or stigma due to their LGBTQ identity was a factor that contributed to tobacco use, according to participants.

Both Black and Latino/a/x focus group participants ***reported differences within the LGBTQ community. For example, participants specifically reported that transgender, lesbian, bisexual, and/or gay community members were thought to be most likely to use tobacco.*** Additionally, both Black and Latino/a/x groups ***also shared the notion that addiction was a major barrier to overcoming the use of tobacco.*** Major ***influences of tobacco use for both groups were social networks, including family, friends, and peers***. ***It was not noted whether this was their personal experience.***

Although similarities were noted across both groups, ***LGBTQ natural remedies was reported as method for quitting tobacco use.*** This was not discussed among the Black focus group participants.

Additionally, the channels for seeing tobacco advertisements, and prevention or cessation promotion also differed across racial and ethnic groups. Latino/a/x participants were more likely to report ***seeing these communications in print materials and local businesses, whereas Black participants reported seeing these ads in social media in addition to other channels such as billboards or fliers in various community locations***.
Participants did not report whether the materials they saw were English or Spanish. The focus groups were conducted in Spanish, which may imply that they were describing materials that were in Spanish but cannot confirm.
We provide excerpts supporting these findings below.

## Black LGBTQ Participant Key Themes

***Mental health and substance abuse are top health issues among Black LGBTQ community members.*** Mental health issues including depression and anxiety, as well as substance abuse were noted as top health concerns across all or most of the focus groups.

- “Yeah, I would say we have higher rates of substance use, and I’ll also say that we are being rejected and bullied and also depressed.” [18-24 yrs., Current tobacco user]

Considering that mental health was reported as a top health issue, participants expressed how ***tobacco use provided them feelings of calm, happiness, and reduction in anxiety and depression.***

- "All right. For me, tobacco makes me feel happy. If I'm down and depressed, it helps me to concentrate and probably gives me more energy. Though the effect doesn't seem to last long, but at least it makes me feel good." [18-24 yrs., Current tobacco user]

Although mental health and substance abuse were primarily reported as top health issues in most or all the focus groups, participants noted that ***other health issues such as stigma and sexual health intersect with the mental health and substance use issues*** that the Black LGBTQ community experiences.

- "I mean, historically, and I would say it still continues today, sexual health is usually a very prominent topic that is addressed in LGBTQ issues and its association with mental health. As well as substance and drug abuse. I would say those are probably the three most well-known, I would say, health issues that are impacting the LGBTQ community." [25-30 yrs., Current tobacco user]

Most participants perceived ***Black transgender individuals and gay men to be more likely to use tobacco than other members of the LGBTQ community.*** Focus group participants reported that elevated use among these groups were likely related to their experiences of discrimination as a result of their identity.

- "I would say the trans guys. I don't know. I can't really place a reason. Maybe because they face a lot more discrimination because—for me right now I could just act normal. I'm actually bisexual, right? I could easily blend in. I don't have issues with, oh, something's going on there. I find it easy to fit in wherever I find myself. The trans guys, it can be more difficult for them, so I feel like they face more of the discrimination. Yeah, more prone to resorting to tobacco products." [25-30 yrs., Current tobacco user]

***Social networks were primary influences for tobacco use.*** Across all three focus groups, it was reported that friends, family, and peers influenced the start of tobacco use or why they enjoyed tobacco use.

- "Mine is from peer group. Mine is not stress or anything, so my peer group led me into tobacco use. Tobacco products, yeah. Friends." [18-24 yrs., Current tobacco user]

***Despite the perceived benefits of tobacco use, participants had negative feelings about tobacco use.*** Participants noted that they did not like being addicted to tobacco and when trying to quit or successfully quit it is challenging.

- "Yes...the addiction it's, 'cause we're told it's bad. It's bad for you. Kind of always bad, people die from lung cancer and all that. You're trying to stop, but you can't stop, and you know it's killing you and you try and not to get too used to it. When it is that bad that's the only way to live. If that makes any sense, then." [18-24 yrs., Current tobacco user]

However, former tobacco users reported that family, healthcare providers, and wanting a healthier lifestyle were ***reasons for quitting tobacco use***.

***There was limited or no awareness of specific tobacco prevention and cessation resources.*** Focus group participants reported being aware of tobacco prevention and cessation resources in general such as quitlines, medications, and cessation programs but were unable to name who sponsors or provides these resources.

***Social media was a common space for seeing tobacco advertisements and prevention or cessation promotion and were motivators for quitting, in addition to other channels such as billboards.*** Facebook and YouTube were the specifically named social media platforms in most of the focus groups.

- "I believe I saw; this one was related to the electronic one. It was like an advertiser on YouTube, and it showed like this giant monster of lead, and basically the advertising was basically saying, you don't want this getting into your system." [25-30 yrs., Former tobacco user]

## Latino/a/x LGBTQ Participant Key Themes

***The primary health issues of concern varied across both focus groups.*** The top health issues reported were sexual health (i.e., STD/Is, hormonal process), mental health (i.e., depression, anxiety), discrimination, and chronic conditions (i.e., cancer).

- "I think that the main ones that affect, even though today we are quite careful, are STDs, which are sexually transmitted diseases because there is always a very high probability of infection or transmission of any of the diseases" [18-24 years old, Current Smoker]
- "I think one of the main one can be cancer, colon cancer, lung cancer." [25-30 years old, Current tobacco users]
- "Mental health problems are at the top...the LGTBQ community has stress...that we have to face from society...." [18-24 years old, Mix group of non-tobacco and current non-tobacco users]
- "I think there's a lot of conditions in most people but mostly from the LGBTQ community because of discrimination that you have to suffer since childhood and in the nuclear family because that's where everything begins. You can't express the bullying that you suffer at school, on the street, at your job. All of that creates psychological problems." [25-30, Latino/a/x, Current Tobacco users]
- "Ooo sexually transmitted diseases and others. The LGTBQ community, we are very promiscuous. Our community is characterized in having a partner today, having a partner tomorrow, having another partner the next day. In the year we can 365 partners and we don't know with all those partners if we used a type of protection. We can get any kind of sickness." [18-24 years old, Mix group of non-tobacco and current non-tobacco users]
- "For example, with trans they could be affected if they have hormonal process. They could be affected because they are injected with hormones. They could also take hormonal pills. If you're taking tobacco, you could have skin discolorations. Or normally you advance in sickness of the liver. [18-24 years old, Mix group of non-tobacco and current non-tobacco users]

***Tobacco use was commonly reported as a method to cope with life stressors and challenges.*** Both groups stated that tobacco provided feelings of calm and relaxation while providing opportunities to get a break from life's expectations. It was also reported that stress contributed to tobacco use.

- "It relaxes me. To me, for example, to me, I feel that it relaxes me. Ah I don't know why, but I feel like it relaxes me, like the stress is taken away from me suddenly. Before I worked in the kitchen, and it got super busy and the only thing I could say was I have to finish this so I can have a cigarette." [18-24 years old, Current Smoker]
- "Personally, I feel that it relaxes me. I feel that it relaxes me when I feel nervous. I smoke a cigarette and my nerves calm down" [25-30 years old, Current smoker]
- "And I have experience with cigarettes well, I don't know I've never talked about this I just believe or have it in my mind, I had talked to myself... When I am having a cigarette...I feel like I am with myself." [18-24 years old, Current Smoker]
- "Personally, what led me to smoke was depression and stress." [25-30 years old, Mix group of former and current non-tobacco users]
- "In the beginning I started because it took away stress. Problems. I felt good." [18-24 years old, Mix group of non-tobacco and current non-tobacco users]
- "I think that the majority and well we're focusing on the LGTBQ community, but the stereotypes lead us the community to fall into drugs, alcohol, and tobacco because we want to escape." [18-24 years old, Mix group of non-tobacco and current non-tobacco users]

***Social networks played a role in tobacco use.*** Participants said that family and peers influenced their use:

- "And another thing that I feel was that it influenced me as my dad also smokes. So, he smoked in front of us, or he didn't care if we were in front or not, he smoked then I just saw it and I'd think that was one of the things that influenced me" [18-24 years old, Current Smoker].
- "I remember at my job at a call center. When I went to school as well. It was girls that would tell me to try. I remember that first time because I lit it up backwards and after that it was the custom to see it as popular. The environment that you're in influences a lot. Then it becomes an addiction. Even though I don't see the girls anymore I still need a cigarette" [25-30 years old, Current Smoker].
- "I saw that people smoked around me, and it was more normal for me to smoke, and I never saw it as bad, but now I like I see that it is so harmful no, but that is never told to you when you are starting it." [18-24 years old, Current Smoker]
- "I think one of the things that influences a lot is peer pressure or social pressure. When you are in a social meeting where most of your friend's smoke…I don't smoke anymore but my friends offer me, and I say no. I tell them I don't smoke anymore. But they say just one. It's not that social pressure dominates it's more of that you want to be accepted in the group." [25-30 years old, Mix group of former and current non-tobacco users]
- "We simply have to drain our minds and feel that drunk or drugged, or smoking is the way or be in a group to socialize. We do it mostly because of that because we want to be in a place where we are part of because if we don't do it, we are going to

be like people that don't feel accepted or feel that we don't belong" [18-24 years old, Current Smoker]

***Addiction was also as a barrier to overcoming tobacco use.*** Participants in most of the focus groups acknowledged that they are aware that tobacco is harmful but cannot stop the behavior.

- "Well, for me, I do it, but at the same time I start to think this hurts me, because we all know that it hurts us. We know that it does hurt but that is, despite the fact that we know that it hurts us, we continue to do it or because of course I know what is good, a cigarette" [18-24 years old, Current Smoker]
- "And I say this because I have struggled to leave it, I do not know for other people, but I have struggled to leave it and sometimes it happens for a bit where it has been a little controlled, but then it's so and it's so difficult after" [18-24 years old, Current Smoker]
- "I wanted to stop, and I couldn't. It was horrible. It wasn't until they detected…or they obligated me to stop then I could…yes it was hard. I swear it was hard. Because now I smell it and I am disgusted. But at that time, it was hard. When you take it, you feel that you are letting go of everything that you feel. It was a vice where I had one in the morning, in the afternoon, one at night. It was horrible." [25-30 years old, Mix group of former and current non-tobacco users]

Participants also reported the ***discomfort of tobacco use symptoms such as headaches, bad breath, and lack of oxygen while exercising***.

- "I recently had an experience where I was riding a bike with my partner. It wasn't even 20 minutes, and I was drowning. Your lung capacity. Over time we do feel it and when we start to see later it's too late" [25-30 years old, Current Smoker]
- "Yes, there are secondary effects. When you've smoked too much during a day. For example, I drink a beer and I smoke I feel pain in my chest the next day. I think it's a respiratory problem. It's harmful. In the moment you enjoy smoking but the next day you feel the effects" [25-30 years old, Current Smoker]
- "And sometimes yes when I do sports, I'm short out of breath and with all that I say aha it's because of the cigarettes, but that's it" [25-30 years old, Current Smoker]
- "I get horrible headaches and I don't like bad breath in my mouth. It's an ugly smell and I've tried to stop. I'm trying vape pens as Magaly mentioned. They have different flavors but I'm not stopping the use of tobacco. The liquids are strong. It's expensive too." [25-30 years old, Mix group of former and current non-tobacco users]

***Tobacco advertising was primarily seen in non-digital channels although social media was also noted as a channel.*** Examples included convenience stores, gas stations, bus stops, bars, and print media (magazines).

- "At 7th, at Wawa. Well practically all... all the ones that are like gas stations that have their store, in the bars." [18-24 years old, Current Smoker]
- "Many posters or stickers encourage you. They are there. In gas stations and shops that sell the products.... It's not so much on tv but more so in stickers and things like that." [25-30 years old, Current tobacco user]

- “Normally through social media” [25-30 years old, Mix group of former and current non-tobacco users]
- “I think they have it on bus stops.” [25-30 years old, Mix group of former and current non-tobacco users]
- “There are certain clinics that have posters or binders that offer help to quit smoking. One time on the metro, I don’t know if it was on Columbia Heights. There was a picture that said no to drugs and also an image was there with a cigarette and a circle that give you the impression not to smoke.” [25-30 years old, Mix group of former and current non-tobacco users]

***It was noted in one focus group that faith leaders or organizations (church) were motivators to stop tobacco use.***

- “What motivated me to stop smoking. Well going to church. I made a change at that point in my life. I tried to take the things of God seriously at that time. I stopped many things for five years. But like they say the devil does not rest.” [25-30 years old, current tobacco user]

***Immigration was a common theme discussed across the groups as it relates to LGBTQ identity, exposure to tobacco prevention and advertisement awareness.*** Participants compared their prior lived experiences in their home countries and present experiences in the United States with health care, tobacco use and perception of tobacco ads.

- “Well, I think that here you don’t see it as much [tobacco ads] so much like the billboards, as the country in which one comes from, but if we also refer to the country of each one, personally also the billboards. Even on the television they show many ads that talk about tobacco and all that, here I don’t see much of that.” [18-24 years old, Current tobacco users]
- “I have been to places [to receive healthcare] that they have been very attentive. What I do believe and hope not to create a confrontation, but I think that when we are more Hispanics, one feels it a little bit more, how you are seen, how they talk to you, that you know that they are looking at you whenever you go with your partner. It's a little more indiscreet people, sometimes it's obvious, sometimes it's just like perception.” [18-24 years old, Current tobacco users]
- “Since I’ve come to this country, I haven’t had a bad experience. But we all know that when we go to a doctor visit in our country it’s different...There’s more freedom. You can be who you really are. Maybe because of discrimination in your country you are scared of what people say or if your family is going to accept you just like the others have said. But at the moment I haven’t had a bad experience in this country.” [25-30 years old, Current Tobacco]

***Relying on natural remedies to support quitting tobacco use and detoxing was one unique theme mentioned in the current tobacco users focus groups.*** A participant shared:

- “I know recipes like green tea. I was taking not too long ago to detox my body water with cucumbers” [25-30 years old, Current tobacco users]

### Black and Latino/a/x LGBTQ Key Themes Feedback and Reactions to Existing Tobacco Campaign Materials

Focus group moderators presented both Black and Latino/a/x focus groups with two visual examples from existing tobacco campaigns specifically tailored to the Black and Latino/a/x LTGBTQ+ community [See Appendix #1].

- Campaign example 1 conveyed the message that tobacco use can be overcome with support, as well as that life is better when not using tobacco.
- Campaign example 2 conveyed the message that quitting tobacco use is not easy and may involve failure but can be achieved.

We asked participants questions about their impressions of the posters, what they thought the message(s) of the campaigns were, whether these campaigns were relevant to the Black and Latino/a/x LTGBTQ+ community, and what would they change.

- Younger participants (18-24 years) in the focus groups of Black were more likely to prefer campaigns with vibrant colors and messaging that clearly denoted LGBTQ identity (more consistent with Example 1). However, there were mix reporting of image preferences among the Latino/a/x focus group participants. Some members in both ages 18-24 and 25-30 years of age reported that the colors were eye-catching.
- Older participants (25-30 years) in most of the Black participants preferred more neutral tones in color design.
- LGBTQ Both Black and Latino/a/x groups reported the need and desire for more direct messaging with clear next steps (e.g., website URL, phone number) for learning more about ways to prevent or quit tobacco use. In both Black and Latino/a/x groups reported that the second campaign example provided a clearer message and recommended action to quit tobacco use.

## What Do These Findings Tell Us?

Both Black and Latino/a/x LGBTQ community members are using tobacco to cope with life stressors and challenging experiences related to their cultural identities. It is important to assess whether and how mental health and other influences of tobacco use are being incorporated in efforts to support tobacco use prevention and quitting. Additionally, tobacco prevention and cessation messaging should be framed in the context of what is causing tobacco use (e.g., mental health issues) within the community.

Focus groups also reported not being aware of specific tobacco prevention and cessation resources available to the general population, as well as Black, Latino/a/x, and LGBTQ communities. Communication plans for promoting and disseminating tobacco prevention and cessation resources in local community organizations should be assessed to determine the most effective approaches for delivering tailored resources to the intended communities of focus.

Black and Latino/a/x participants were similar in their comments about tobacco use as a coping mechanism, the challenges of addiction, motivators for quitting, and their top health issues including mental health and discrimination. However, there were key differences that indicate the need for tailored tobacco prevention and cessation communication materials that consider both race/ethnicity and LGBTQ identity.

For example, Latino/a/x participants reported how immigration influenced their perceptions and use of tobacco, whereas Black participants noted how seeing more people like themselves of various melanin skin tones in the LGBTQ community was important for them.

Additionally, these two groups reported differences in communication channels for seeing tobacco advertisements, and promotion of tobacco prevention and cessation. Black participants were more likely to report social media, whereas Latino/a/x reported channels such as print media and local community businesses.

Age and tobacco use status are also critical cultural markers. Older and younger participants expressed different preferences for health communication materials in color, messaging, design, and content. Additionally, both groups tended to report different lived experiences with tobacco use, thus these factors should be considered in the development and design of health communication materials.

# Stakeholder Interviews

In addition to focus groups with LGBTQ community members, we wanted to interview key stakeholders (i.e., key informants) who work with LGBTQ communities, Black and Latino/a/x communities, and youth within Prince George's and Montgomery counties. Key informant interviews (KIIs) were designed to better understand the organizations serving these communities; the services they offer; the degree to which they engage Black, Latino/a/x, and LGBTQ communities; and what types of tobacco prevention and cessation resources and programs they offer, if any (see Appendix 2 for Key Informant interview protocol).

## Methodology

Interviews were conducted virtually (via Zoom), lasted approximately 30-45 minutes, and were designed to gather information and perceptions of health and tobacco use in the LGBTQ community. The UMD-PRC team contacted over 50 organizations and service providers in Prince George's and Montgomery counties, including sexual health clinics, federally qualified health centers, high school tobacco prevention programs, community-based service organizations, and college health and LGBTQ centers. Additionally, the UMD-PRC team posted flyers using various platforms on social media, many being the exact places where our Focus Groups were utilized and asking persons who were selected to participate in the Focus Groups. There were flyers in high-traffic areas (e.g., metro stops, and bars where LGBTQ community), and preexisting relationships with community organizations.

## Sample

Among our six participants, 3 were women, 4 were LGBTQ, 4 were Black or African American, and 2 were Latino/a/x.

## Results

Despite engagement and interest from 17 key informants, we could only conduct six interviews due to cancellations or scheduling conflicts.

The majority of our participants worked at community-based non-profits. Many of the organization's programmatic activities were focused on housing and sexual health services. Although the organizations represented by the stakeholders provide benefits to anyone who needs assistance, their primary focus was serving Black, African American, and/or Latino/a/x LGBTQ community members.

Roughly 4 of our key informants reported that their organization did not ask clients about their tobacco use. Although, all noted that many of their clients use tobacco products, especially e-cigarettes.

Among the many items discussed, there were three prominent themes which reflected mental health concerns, the influence of peer pressure, and a lack of training options for LGBTQ-focused tobacco prevention and cessation efforts.

- All stakeholders reported that ***mental health concerns were among their agencies' biggest challenges***. All stakeholders stated they had to increase the number of therapeutic sessions for the consumers. One of the stakeholders mentioned that their organization has seen an uptick in tobacco use among their clients since the onset of the COVID-19 pandemic. "Mental health is a problem that has come to be more and more prevalent in community. Young LGBTQA persons are using e-cigs to cope with their issues."
- "Many of the consumers are using more and because they don't have the outlets since COVID."
- Key informants also discussed the role that ***peer pressure played in encouraging tobacco use among their clients.*** "We work with youth in both our DC and Maryland offices, and they are facing a lot of things. Many times, these things are pressure from their peers, and they are forced into using tobacco products just to fit in. These ages range from 16- to 20-year-old."
- "The consumer is following their peers and start using substances many of them start with just a pack of Newport or some type of cheap cigarette and then they are off to the races."

All the Stakeholders mentioned that their organizations do not provide tobacco prevention or cessation resources or programs, except for referring clients to the Maryland State Quitline. That said, all participants said that they would be ***interested in information, training, and technical support on tobacco prevention and cessation efforts***. They also said they would be interested in receiving and sharing tobacco prevention and cessation communication materials.

- "My co-workers and I don't have training needed to discuss TCP messages."
- "We don't discuss this because several of our own clinical personnel smokes to keep ourselves calm and collective."

## What Do These Findings Tell Us?

In sum, key informants represented Black and Latino/a/x-serving community organizations and reported that many of their clients engage in tobacco use, particularly e-cigarette use. Similar to our surveillance and focus group data, mental health appears to be key health concerns for their clients and related to tobacco use. Peer pressure was also considered a key social factor in client's tobacco use.

Despite high rates of use among clients, these organizations do no provide tobacco prevention and cessation supports, except for Maryland Tobacco Quitline referrals. Key informants were interested in receiving training in tobacco prevention and cessation and would be willing to share tailored tobacco prevention and cessation communication materials with their clients.

# Implications and Next Steps

In this section, we discuss the findings across each section of our assessment and the implications of those findings for our activities moving forward.

Notably, we encountered several challenges in conducting this needs assessment. Despite extensive outreach through numerous channels and networks, we had great difficulty engaging and securing participation from key stakeholders and focus group participants. Furthermore, despite the use of state-wide surveillance data, we did not have the sample size necessary to disaggregate or stratify data across subpopulations of LGBTQ participants, test differences by race or ethnicity, and assess the degree to which some social factors may be related specific tobacco use behaviors. We were also limited in our literature review, given a dearth of empirical studies that assess tobacco prevention and cessation messaging for Black and Latinx LGBTQ youth and young adults. We, therefore, had to extrapolate from existing studies that focus on either LGBTQ, Black, and Latino/a/x youth and young adults. Furthermore, given our limitations and review of the literature, we feel that the data are most limited in highlighting the experiences and needs of Black and Latino/a/x transgender youth and young adults.

Given these challenges, our approach to documenting needs and potential strategies related to tobacco prevention and cessation among our communities of interest will be ongoing throughout the project award period. Even with these limitations, however, we did identify key implications and next steps, which we list below.

## Implications

- Participants in the focus groups and KIIs described mental health and peer pressure as factors in tobacco use.
- Discrimination and stigma were key themes across both Black and Latino/a/x focus groups, and participants reported that tobacco use was a coping mechanism and stress reliever for managing discrimination and stigma.
- Tobacco use services do not appear to be a priority for local LGBTQ-serving organizations.
- There were significant socioeconomic differences (e.g., education, income) between the Black and Latino/a/x focus group participants that may have influenced tobacco use experiences and observations of participants.
- Some focus group findings and existing studies suggest that certain groups within the LGBTQ community – transgender communities – were perceived to be more likely to use tobacco.
- Communication channels for exposure to tobacco advertisements and prevention messages differed across both Black and Latino/a/x focus groups, suggesting channel preferences for our own tobacco messages.
- The literature review shows a critical gap in existing research that tests and evaluates the effectiveness of tobacco and prevention control (TPC) messaging targeted at Black and Latino/a/x LGBTQ communities.

- Based on focus group data, engagement from our CAB, and responses from community members, we learned that our initial age range of focus (12-30 years) is too large to develop a single tailored communication health campaign.
- State surveillance data highlight significant disparities across a variety of tobacco use behaviors between LGBTQ and cisgender, heterosexual residents, particularly youth.
- LGBTQ youth on the YRBS/YTS were more likely to report social and psychological factors associated with tobacco use (i.e., ACEs, mental health, and bullying). These experiences were statistically associated with increased risk for tobacco use among the LGBTQ youth in our sample.

## Next Steps

This section represents ideas and activities that we could explore based on the assessment we have conducted thus far and CAB input:

- Work closely with our CAB to better understand the tobacco and prevention cessation needs among LGBTQ communities and organizations in Prince George's and Montgomery County.
- Engage a broad network of stakeholders and community members throughout the development, dissemination, and evaluation of our programs.
- Draft and test how to pair tobacco prevention/cessations with other topics, including mental health, stigma, coping, and peer pressure.
- Use our resources to develop a communication campaign for a younger age group (15-20 years) and repurpose existing communication materials (e.g., "This Free Life") for older age groups (21-30 years).
- Tobacco prevention and cessation campaign messages should be disseminated in traditional and digital formats that consider preferences and needs.
- Smoking prevention and cessation messages for Black and Hispanic LGBTQ young adults must be carefully targeted to avoid stereotypes while appealing to cultural values.
- Provide resources and support for community organizations to include tobacco-related services and information for their clients.
- Collect sexual orientation and gender identity data annually in state-level surveys.
- Continue to conduct assessments on these populations and issues to fill the many gaps we identified.

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# Appendices

## Appendix 1: Focus Group Interview Protocol

**INTRODUCTION**

Hi, my name is [*NAME of Facilitator*]. I am a member of the research team, and the principal investigator of this research study is Dr. Jessica Fish. Welcome to today's session. We appreciate very much that you've agreed to take part in this research study. Thank you again for agreeing to be a part of this session. We are conducting this research study to better understand the overall health needs of the LGBTQ community, including tobacco use. We are also interested in learning the types of tobacco quitting and prevention messages that members of the LGBTQ community would want to see and hear when considering or planning to quit tobacco products, or when trying to maintain a tobacco free lifestyle. In today's focus group, we are interested in hearing from current tobacco users in the LGBTQ community.

Today we will ask you to share your experiences with tobacco use as a [*BLACK/ LATINO/A/X*] LGBTQ [AGES *YEAR TOBACCO USER/ NON-TOBACCO USER*] and your perceptions of tobacco use in the community. This interview will help us to understand how to develop appropriate and helpful informational resources about tobacco use, specifically for the LGBTQ community. It will also help us consider how to partner with the local LGBTQ community to help with overall health and wellness. We will ask you some general questions and there aren't any right or wrong answers.

[For FG with 18–24-year-olds] As many of you know, it is illegal for retailers to sell tobacco products to people under the age of 21. However, it is NOT illegal for people under 21 to possess tobacco products. We want to emphasize that there are no legal consequences to you sharing your experiences with tobacco products and that the information you do share is confidential.

At this point, you all have reviewed and signed our informed consent. Informed consent means that we have provided you with understandable information about this research study, we have answered any questions you have, and you agree to participate in the research study. I would like to offer you the opportunity to ask questions before we get started. Remember, you can still change your mind and don't have to participate if we don't address your concerns. You are also able to skip any questions you do not wish to answer. [Ask for questions and once complete if everyone is ready to begin].

To start, I'd like to invite everyone to go around and introduce themselves by their first name and to share a little bit about why you decided to participate in this focus group.

**Part I: Perceptions of Tobacco Use and Other Health Needs in the LGBTQ Community**

*For our first section, we're going to ask you some questions about health and tobacco use in the LGBTQ community. By tobacco use, we are referring to combustible cigarettes, electronic cigarettes, cigars, cigarillos, smokeless tobacco, and other related products.*

1. What are the top health issues impacting the LGBTQ community?
    a. Which are the most important health issues and why?
    b. Probe for participants experiences with mental/behavioral health issues
2. Do you have any stories about how you or your friends have had negative experiences with a health care service provider (e.g., doctor, nurse, technician) related to your sexual orientation or gender identity?
    a. What about positive experiences with health care and service providers related to your sexual orientation or gender identity?
    b. How does this impact where you go for health services?
3. We know you can't speak for everyone in your community, but research shows that tobacco use is more common in the LGBTQ community. Why do you think that might be?
4. In your opinion, what specific groups within the LGBTQ community are more likely to use tobacco?
    a. Why do you think this is?
    b. Probe: Differences in tobacco product use by different subpopulations, racial/ethnic differences
    c. What are people's opinions about tobacco use in your community, the [*BLACK/ LATINO/A/X]* community?

**Part II. Initial and Current Experience with Tobacco Products**
*These next questions are about your experiences with using tobacco.*

5. Thinking about when you initially started smoking or using tobacco products, talk about what encouraged you to start smoking or using tobacco products.
    - How did peers like friends or family play a role in you starting to smoke?
    - What about media -- like movies, TV, and social media -- how did they influence your use of tobacco products?
6. Think about the times, places, or situations where you really enjoy smoking/using tobacco products the most. Can you describe these to me?
    a. Who are you with? What are you typically doing? Where are you usually at?
7. What about smoking/tobacco use makes you feel good/positive?
8. What about smoking/tobacco use makes you feel bad/negatively?

**Part III. Experiences with Quitting Tobacco Products**
*For this next section, we want to ask you about your thoughts and experiences around quitting tobacco use.*

9. Many people who smoke consider or try quitting. Have you tried to quit or are you considering quitting smoking or other tobacco products?
    a. What is or what would be the most difficult part about quitting?
    b. If you did quit for a time, what motivated you to quit? What got you started again?
10. What resources are you aware of that can help you quit using tobacco products?
    a. Probe: Quit Lines (1-800-QUIT-NOW' Maryland Tobacco Quitline 1-800-784-8669)? Quit Websites? Quit Apps? Medications? Primary doctor?
    b. How helpful do you think these types of services would be for people who want to quit smoking or using tobacco products?
    c. If you used any of these resources, what did you like or dislike about them?
    d. What other unmet needs do you have that you feel make it harder for you to quit smoking/tobacco products (probe for social determinants of health such as unstable housing, financial difficulties, uninsured/underinsured, other chronic health conditions, lack of healthy food options, other substance use, etc.)? What additional support would you need to help you quit using tobacco products?
11. If you wanted to quit using tobacco products, where would you feel most comfortable receiving services?
    a. *Probe for characteristics of services that they would prefer (e.g., LGBTQ-specific, community-specific, etc.)*

**Part IV. LGBTQ Community Tobacco Prevention or quitting Messages**
*For this last section, we want to get your opinions on some messages that have been developed to address tobacco use in the LGBTQ community.*

- Where do you typically see <u>tobacco advertisements</u>, promoting tobacco products?
    - Probe: posters, social media, bars, advertising at Pride, or other locations?
- Where do you typically see <u>tobacco prevention and quit</u> messages?
    - Probe: posters, social media, bars, advertising at Pride, or other locations?

Now we're going to show you our first campaign


- What's your first impression?
- What do you think these posters are about?
    - What stands out to you?
- What about this posters/materials is relevant to you as a [*BLACK/LATINO/A/X*] LGBTQ people your age?
    - How would you change this to make it more relevant for you as a [*BLACK/LATINO/A/X*] LGBTQ person your age?

Next, we're going to show you are second campaign


- What's your first impression?
- What do you think these posters are about?
    - What stands out to you?
- What about this posters/materials is relevant to you as a [*BLACK/LATINO/A/X*] LGBTQ people your age?
    - How would you change this to make it more relevant for you as a [*BLACK/LATINO/A/X*] LGBTQ person your age?

Now let's look at both on the same screen, and tell me which is your favorite, and which do you prefer



- [Which one is more attractive or appealing? Why?
- Which one do you think is more effective at communicating a tobacco message to the [*BLACK/LATINO/A/X*] LGBTQ community?

That concludes the focus group. Thank you so much for taking the time to participate in this interview and contribute to this research. If you have any questions, feel free to contact us using the information noted in the consent form.

# Appendix 2: Stakeholder Interview Protocol

Hi, my name is [INTERVIEWER NAME]. Thank you for taking the time to speak with us today.

Today we will ask you questions that will allow us to get to know one another and for our team to learn more about your organization and services. As part of this initial phase of the project, we are completing a community needs assessment and this interview contributes to learning about assets and challenges related to LGBTQ inclusive tobacco prevention and control efforts in Prince George's County and Montgomery County. There aren't any right or wrong answers.

Before we begin the interview, we will go through the informed consent process with you. Informed consent means that we have provided you understandable information about this research study, we have answered any questions you have, and you agree to participate in the research study. I will read the form aloud and pause for questions as we go. You can stop me if you don't understand something or have a question. You can still change your mind and don't have to participate if we don't address your concerns. You are also able to skip any questions you do not wish to answer. Ok, let's begin. [*Send consent form, answer questions, ask participants to verbally consent. After they consent, begin recording.*]

Before we begin with the first question, what is your role?

1. What is your role or title in your organization?
2. How many years have you practiced in your profession/role/title?

**Part I. Organizational Services Including Tobacco Prevention and Quit Support**

1. I'd love to start by hearing about your organization. Can you describe for me your organization's mission, and the type of services you offer?
    a. What are your most popular or most utilized services?
    b. What types of tobacco prevention or quitting services do you offer?
    c. Probe for differences in prevention/quitting, resource sharing, referral, etc.
2. What is your organization's typical client population(s)?
    a. Probe: about age, LGBTQ engagement, Black and Latino/a/x engagement
3. How does your organization ask clients about whether or not they use tobacco products (By tobacco use, we are referring to combustible cigarettes, electronic cigarettes, cigars, cigarillos, smokeless tobacco, and other related products)?
    a. What types of resources and/or referrals do you offer clients who use tobacco products?
4. Are you familiar with county and state resources for tobacco prevention and quitting support?

a. Probe for knowledge of the Quitline

b. Probe for who they partner and work within this area

5. Does your organization/agency have a current policy regarding tobacco (including electronic smoking devices) use on your premises?

    a. Does your organization specify some or all spaces and events as tobacco-free? Tobacco-free events are those where all participants will frame from using tobacco products while at a venue or event.

    b. If yes, which and how do you communicate this?

6. [If tobacco-related services are offered] How do you customize your tobacco prevention or quitting communication strategies for Black and Latino/a/x communities?

    a. Probe: for the specific type of resources/referrals?

    b. Probe: for how these are typically provided, and who provides these and in what context

    c. Probe: for how often these resources are actually used by clients

**Part II. Organization's Perception of Black and Latino/a/x LGBTQ Communities Tobacco Use**

7. From your perspective, what are the top health issues impacting the LGBTQ community?

    a. Which are the most important health issues and why?

    b. How does tobacco use fit with these other top health issues?

8. From your perspective, what do you notice about tobacco use among your Black LGBTQ client population?

9. From your perspective, what do you notice about tobacco use among your Latino/a/x LGBTQ client population?

10. How does your organization collect data about sexual orientation, gender identity, race/ethnicity, and/or tobacco use and quitting among your client population?

    a. How do you use this data, and the SOGI data specifically, to inform your work in the community?

**Part III. Organization's Interest in Participating in our Project on LGBTQ Communities Tobacco Prevention and Quitting Background**

11. Would your organization be interested in helping disseminate tobacco prevention and quitting resources and messages to your clients?

    a. Probe for sharing information with clients via social media

b. Probe for willingness to offer resources and referrals to quitting services (e.g., Quitline)

12. Would your organization be willing to help recruit participants for surveys or focus groups to help us evaluate the impact of our tobacco and prevention control efforts?

13. Given your role in the community would you or a representative from your organization be interested in serving on our community advisory board?

**Part IV. Organizational Technical Assistance Needs**

14. What type of support do you need to provide tobacco prevention and quitting services to your clients? Black and Latino/a/x clients?

15. What type of support do you need to communicate tobacco prevention and quitting services to your clients? Black and Latino/a/x clients?

**Part V. Organization Tobacco and Quitting Communication Strategies for Black and Latino/a/x LGBTQ Communities Tobacco Prevention and Quitting Background**

16. What else would you like us to know about tobacco prevention, use, or quitting among your client population that we have not asked you? About the Black and Latino/a/x client population?

That concludes most of my questions. Is there anything else you would like to share that I did not ask you about regarding your experiences with providing services and information regarding tobacco prevention and quitting for the LGBTQ, and specifically, Black and Latino/a/x LGBTQ communities?

**Part VI. Demographic Information**

One of our goals is to ensure that we have a diverse representation of experiences. I'd like to ask you a few demographic questions that should take no more than a minute.

1. What is your gender identity? (check all that apply)
   - ❑ Man
   - ❑ Woman
   - ❑ Transgender
   - ❑ Genderqueer/Gender Non-Conforming
   - ❑ Nonbinary
   - ❑ Another gender identity (please specify): _____

2. Which of the following best describes your sexual orientation? Click here for definitions of these words? (select all that apply)
   - ❑ Bisexual
   - ❑ Gay
   - ❑ Lesbian
   - ❑ Pansexual
   - ❑ Asexual spectrum
   - ❑ Demisexual

- ❑ Queer
- ❑ Same gender loving
- ❑ Straight / Heterosexual
- ❑ Another orientation (please specify): _____
- ❑ I prefer to not share this information

3. What is your age? _____

4. Do you identify as Hispanic?
   _____ Yes
   _____ No

5. What is your racial identity?
   _____ White
   _____ Black or African American
   _____ American Indian or Alaska Native
   _____ Native Hawaiian or other Pacific Islander
   _____ Asian
   _____ Mixed race
   _____ Other: _____

That concludes the interview. Thank you so much for taking the time to participate in this interview and contribute to this research. If you have any questions, feel free to contact us using the information noted in the consent form.

# Appendix 3: Tobacco Prevention & Cessation Resources

We searched both Prince George's and Montgomery counties' Department of Health websites and reached out to their TPC departments to gather the list of tobacco prevention and control resources. The resources obtained include the following: call and text quitlines, in-person cessation programs, quit/cessation apps, resource websites, and LGBTQ hotlines (see Appendix #). Upon review, these resources have limited LGBTQ inclusivity. Although both counties have a considerable number of tobacco prevention and control resources and recommendations, none appear tailored for LGBTQ populations. The Prince George's county website offers support hotlines for LGBTQ youth, but they are not tobacco-related. We could not find resources for LGBTQ people on the Montgomery county website.

## Montgomery County

### Stop Smoking Cessation Program

The program provides culturally and linguistically appropriate information on the dangers of using tobacco products, nicotine addiction, and tobacco cessation programs and therapies (medications and behavioral counseling) offered throughout the county. The program promotes the free Maryland Tobacco Quitline (1-800-784-8669). This program is funded in part by the Maryland Cigarette Restitution Fund Program.
Phone: 240-777-1222

### Text Hotlines

These are text hotlines are designed to help tobacco users and family members quit and to teach parents how to support their children.

- Text QUIT to 47848
- Text ESP to 47848
- Text MOM to 222888
- Text DITCHJUULto 88709

### Freedom From Smoking Cessation Programs

Freedom From Smoking®, the leading adult smoking cessation program for over 30 years, shows you how to quit in a safe, supportive environment. You'll be given the tools and resources to overcome your tobacco addiction so you can enjoy the benefits of better health, extra money in your pocket, and healthier relationships.
Email: events.suburbanhospital.org or stacey.bisnette@holycrosshealth.org

### Mobile Cessation Apps

Go to your mobile app store and download the following apps. These apps are designed to help you quit tobacco use with coping strategies.

- Download Stay Quit Coach
- Download QuitGuide
- Download quitStart

### Websites

These websites are designed to help individuals quit tobacco use and to support them along this journey with different resources and tips.
SmokingStopsHere.com
BecomeAnEx.org

### State Cancer Profiles–Montgomery County Listed

A comprehensive incidence rate of lung cancer in Montgomery County from the years 2014 to 2018.

## Prince George's County

### Tobacco Control Program

This program consists of smoking cessation classes, patches, and gum to assist persons to quit smoking, and counseling sessions free of charge to Prince George's County residents.
Phone: 301-333-4802

### LGBTQ Hotlines

SAMHSA's National Helpline
A confidential, free, 24-hour-a-day, 365-day-a-year, information service, in English and Spanish, for individuals and family members facing mental and/or substance use disorders. This service provides referrals to local treatment facilities, support groups, and community-based organizations.
Phone: 1-800-662-HELP (4357)

Translifeline (Trans Suicide Hotline)
Phone: 1-877-565-8860

GLBT National Youth Talkline
Phone: 1-800-246-PRIDE

Suicide Prevention Lifeline
Phone: 1-800-273-TALK (8255)

The Trevor Project
Phone: 1-866-488-7386

LGBTQQ Youth-CASA Prince George's County-Youth Equality Project
Phone: 301-209-0491

### Prince George's County Health Zone

A comprehensive incidence rate of lung cancer in Prince George's County from the years 2014 to 2018.

## State-Wide Maryland

### Maryland's Quitline

The state of Maryland's quitline and website with free resources to help individuals and their loved one's quit for good
Phone: 1-800-QUITNOW
Text READY to 200-400

### Maryland Tobacco Control and Prevention Center

"Our mission is to link professionals and providers to state tobacco initiatives, to provide evidence-based, effective resources and tools to local programs, to create and support an extensive, collaborative network of tobacco prevention and cessation professionals, and to provide a forum for sharing best practices throughout the state of Maryland."

## Cancer Data Visualization Tool

This source has the incidence rates of lung and bronchus cancer based on county and is a good tool for visualization.

### Apollo Maryland

Tobacco quitline demographic reports for the state of Maryland

### Live Vape Free

An online support tool focused on supporting parents and other concerned adults with the Vaping epidemic

### 211 Maryland

Resources in the Maryland area including substance abuse

### Maryland Smoke-Free Living

Resources in the Maryland area including substance abuse

## National Resources

### CDC LGBT Smoking and Tobacco Use

Findings of LGBTQ smoking and tobacco use in the United States.

### CDC Pride Month Smokefree Life

Findings of LGBTQ smoking and tobacco use in the United States with resources for quitting.

### SmokeFree.Gov

LGBTQ specific website with quit resources

## Outlast Tobacco

Anti-tobacco campaign for LGBTQ people

## The LGBTQ Communities: Motivations to Quit Smoking

Motivations for why people in the LGBTQ community should quit smoking

## National LGBT Cancer Network LGBT Fact Sheet

Fact sheet on tobacco use in LGBTQ community

## Truth Initiative: Tobacco Use in LGBT Communities Fact sheet

Fact sheet on tobacco use in LGBTQ community

## FDA Tobacco Use in the LGBT Community

Information on tobacco use in LGBTQ community

## Chase Brexton: Quitting Smoking

A website designed to help people quit smoking with smoking cessation classes available
Phone: 410-837-2050 x2212

## GLMA: Resources for Supporting LGBTQ Patients

There are resources on how to help and support LGBTQ patients and client quit smoking

## Appendix 4: Acronym Use and Explanation

**LGBTQ**: Lesbian, gay, bisexual, transgender, queer/questioning, and other sexual and gender-diverse individuals. Where necessary and relevant, some studies only reference sexual orientation (LGB) or gender identity status (T) and have been designated as such

**CAB**: Community Advisory Board

**TPC**: Tobacco Prevention and Cessation

**ESDs**: Electronic Smoking Devices, also referred to as vaping or e-cigarettes

**YRBS/YTS**: Youth Risk Behavioral Survey/Youth Tobacco Survey, a study geared at assessing and understanding risk factors regarding sexual activity, physical activity, tobacco, alcohol, and substance use, and other health concerns among middle and high school students across the United States

**BRFSS**: Behavioral Risk Factor Surveillance System, a national health survey system every year through telephone interviews of over 400,000 adults across 50 states, Washington, DC, and US Territories. BRFSS is the largest continuous health survey system, collecting data about risk factors, chronic illness, and utilization of preventative measures

**ACEs**: Adverse Childhood Experiences, a way of describing potentially traumatic exposures between birth and 18 years of age (e.g., violence, abuse, neglect, food insecurity).

**KII**: Key informant Interviews, focused qualitative interviews with individuals who work with tobacco cessation and/or LGBTQ populations to better understand the needs of the community