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What is the most effective way for lesbian, gay, bisexual, and transgender (LGBT) smokers to quit? By participating in a tailored stop-smoking class where they can speak freely about their issues in quitting? If so, how well does an LGBT approach serve the needs of diverse subgroups of this population? These and other questions inspired Queer* Tobacco Intervention Project (QueerTIP), funded by the California Tobacco-Related Disease Research Program.

**Queer is a term reclaimed by the LGBT community and is intended to include all LGBT persons.*

Background

Rates of smoking among lesbian, gay, and bisexual adolescents and adults appear to be higher than rates for the general population (Gruskin, et al., 2001; Ryan, et al., 2001; Stall, et al., 1999). Smoking is also likely problematic among transgender people, many of whom face poverty, homelessness, stressful living and work environments, and depression in their daily lives. Despite the fact that smoking negatively impacts or complicates health issues of particular importance to LGBT persons (e.g., hormone therapy for transgender people, HIV/AIDS), tobacco companies target these communities. Yet, there is little research on smoking cessation by and for LGBT persons.

Community activists in San Francisco started working more than a decade ago to address these problems. In the early 1990's, Lyon-Martin Women's Health Services initiated "The Last Drag," the first stop-smoking group for LGBT and HIV positive smokers. The California Lavender Smokefree Project (CLSP), funded by the state in the mid-90's, counteracted tobacco industry targeting of LGBT communities. In 1996, the Coalition of Lavender Americans on Smoking and Health (CLASH), with the help of Progressive Research and Training for Action (PRTA), (a community-based organization specializing in LGBT technical assistance), held Alive with Pleasure! the first federally funded conference on tobacco use among California's

LGBT population. In 1998, at the urging of CLASH members, the Center for AIDS Prevention Studies (CAPS) launched its first tobacco study with gay/bisexual men.

History of QueerTIP

With funding from the state of California, CAPS and PRTA identified the importance of smoking cessation research among LGBT people as a high priority. QueerTIP's aims were to:

- Strengthen collaboration and build capacity among members;
- Develop smoking cessation services specifically designed for LGBT smokers;
- Pilot-test services at three organizations serving diverse sub-segments of LGBT communities (Lyon-Martin, New Leaf, and LYRIC).

QueerTIP was run by CAPS and PRTA community research staff with the participation of and direction defined by a larger collaborative group. Project staff were responsible for preparation and facilitation of meetings, follow-up on the collaborative group's decisions, information gathering and dissemination, survey development, and overall project implementation. QueerTIP collaborative group members refined the research questions, provided direction and input, and implemented activities. A few members also served as paid consultants when their specialized services were required.

The Collaborative Process

The collaborative group met once a month for two hours from September 2000 to July 2001. Prior to each meeting, members received a packet with an agenda, feedback forms to prepare them for discussions, and materials. Members requested that CAPS host the meetings because of its central location and proximity to public transportation. Refreshments and compensation for travel and parking were provided. Members received a quarterly stipend for their participation and completed quarterly feedback forms on the collaborative process and project progress.

Different but mutually beneficial stakes in QueerTIP

At the first meeting, members identified the benefits they hoped to gain from their involvement with QueerTIP. In general, service organization representatives wanted to learn more about how to incorporate smoking cessation into existing services in a way that met clients' needs. Lyon-Martin wanted to pilot-test a class for lesbian and bisexual women. CLASH members hoped to find ways to raise awareness and lower tobacco use among youth. Transgender representatives hoped to help increase information about the health of their constituents and to reach them with education and information.

Given that HIV/AIDS, depression, and suicide were seen as high priorities for youth, smoking would need to be part of a total health approach.

The dynamic nature of collaborative research

CAPS, PRITA, and CLASH initially intended to develop inclusive classes for all LGBT persons and to pilot-test them at the three sites. However, in the second collaborative meeting, members raised concerns that group smoking cessation classes may not be a high priority for LGBT youth and transgender persons facing other health-related problems, homelessness, alcohol and other drug use, unemployment, and depression. Group members were also concerned about the limited representation of LGBT youth in the collaborative group. As a result, the research project changed to include surveys with youth and to produce a social and educational event for the transgender community at which surveys were conducted. The project director approached three LGBT youth agencies to seek wider representation and involvement.

Lessons Learned from Collaboration

- Conducting community collaborative research helped us to set more appropriate and effective directions for research.
- The collaboration functioned best in the presence of clear structure, roles, and support.
- Diverse representation was crucial for effective collaboration.
- Clarifying changing roles and expectations needed to happen continuously.
- Allowing time to follow up on discussions was crucial to maintaining participation.
- Payment was key for continuous participation.
- Extending meeting times helped accomplish specific tasks.

Findings from Surveys

The group developed a needs assessment survey that was administered at four community youth events and at a transgender education/social event.

	Youth (n=224)	Transgender (n=26)
Average Age	18.6 years	38.6 years
Gender	%	%
Female	61	0
Male	29	0
Transgender	6	100
Ethnicity	%	%
Anglo American	35	35
African American	11	08
Asian/Pacific Islander	8	15
Hispanic	11	12
Native American	2	4
Mixed	34	26
Sexual Identity	%	%
Gay	10	08
Lesbian	13	15
Queer	10	20
Questioning	19	0
Bisexual	13	15
Heterosexual	19	42

Youth Findings

When asked what they would like to see in a smoking cessation class, youth responded that they would like LGBT-specific services (90%) and would recommend such a class to friends (79%). They also reported they would like an LGBT class using LGBT images and classes of mixed gender (64% for each). Youth were interested in hearing LGBT ex-smokers talk (56%) and having LGBT-sensitive doctors (55%). Given that HIV/AIDS, depression, and suicide were seen as high priorities for youth, smoking would need to be part of a total health approach. Also, youth anti-smoking ads did not appeal to LGBT youth (67%). Approximately 68% of current smokers were interested in quitting now or at a later date, leaving 32% not interested in quitting at all.

Transgender Findings

Transgender persons reported similar desires in smoking cessation. Most wanted LGBT-specific services (84%) and would recommend them to friends (96%). Having LGBT-sensitive doctors was a higher priority for transgender persons (79%) than for youth, but having mixed-gender classes was less important (44%). Given that discrimination, employment, and suicide were

seen as high priorities for transgender persons, smoking cessation would need to be part of a total health approach. Transgender persons saw potential negative health consequences in the connection between smoking and hormone therapy and surgery. Approximately 67% of current smokers were interested in quitting now or at a later date, with 33% not interested in quitting.

Evaluating Existing Classes

QueerTIP evaluated two existing Last Drag classes, and one that was offered exclusively to lesbian, bisexual, and transgender women. Classes were evaluated in a similar manner, including baseline assessment and weekly follow-up measures.

	Last Drag October '00	Last Drag January '01	Women's January '01
Average Age	45	40	37
Years Smoked	25	22	22
Amount Smoked	23 cigarettes	18 cigarettes	20 cigarettes
Number in Class	27	22	7
Quit Rate	45%	28%	58%

- Quit rates were calculated using the ALA formula. The denominator included persons who attended two or more classes; the numerator included persons for whom we had data on smoking status at last class meeting.
- About one-third had attended a smoking cessation class before.
- Class satisfaction was very strong among all participants.
- Frequently cited reasons for lapses were habit and stress.

A New Smoking Cessation Manual: QueerTIPs for LGBT Smokers

QueerTIP created a detailed smoking cessation manual tailored for LGBT persons. It was based on the Last Drag manual and “best practice” models developed by the American Cancer Society (“FreshStart”) and the American Lung Association (“Freedom from Smoking”).

QueerTIPs explicitly addresses issues unique to LGBT smokers who are trying to quit, and in each session provides clear cessation guidelines. For example, health issues such as HIV/AIDS and hormone replacement therapy are explored as possible motivators or barriers to quitting. The roles of smoking in one’s identity (e.g., smoking to appear more masculine or feminine) and in dealing with the stress of living in a homophobic

and transphobic culture are also explored as possible triggers or contexts for relapse. Opportunities are presented for learning to apply the coping skills developed during “coming out,” or in dealing with societal discrimination or rejection, to the process of stopping smoking. The role of gay bars, where smoking is often common (inside or out), and the need to find non-bar social and recreational activities are introduced to help LGBT smokers understand and prepare for social pressures to smoke. Finally, targeted marketing by tobacco companies and smoking as a social justice issue are explored.

Training Workshop: QueerTIPs Training of Smoking Cessation Specialists

QueerTIP developed a two-day, 10-hour group workshop to train new LGBT smoking cessation specialists. Four LGBT persons received education about general smoking cessation treatments, specific smoking cessation needs of LGBT smokers, general LGBT health and other issues (e.g., multiple-identity development), as well as training in group facilitation and models of behavioral change.

Pilot Test of QueerTIPs for LGBT Smokers

Eighteen people (60% men; 75% Anglo-American; average age 37; average smoking history 20 years) started a class using the new *QueerTIPs* manual. Similar to quit rates achieved by standard American Cancer Society and American Lung Association classes, 40% had quit smoking by the last QueerTIPs class. Group satisfaction throughout the duration of this LGBT class was extremely high. In addition to attending the class, participants used a variety of methods to quit, including nicotine replacement therapies (patch or medication) and lifestyle changes such as diet and exercise.

Lessons Learned from QueerTIPs Pilot Test

- Classes were used by older (35+), primarily Anglo-American LGB persons.
- LGBT class satisfaction was very strong among all participants.
- Few transgender persons or youths sought traditional group-based cessation classes.

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- Interventions need to be multi-level to target LGBT at each stage of change.
- Cessation classes plus the utilization of other quitting tools was common.

Discussion

Within one year, this community/academic collaborative pilot project forged new partnerships and strengthened existing ones, and broke new ground with education outreach and needs assessment with LGBT youth and transgender persons. QueerTIP developed a new group smoking cessation manual for LGBT persons, trained four new LGBT Smoking Cessation Specialists, and conducted the first outcome research of a culturally-specific smoking cessation program for LGBT smokers.

Future Directions

- Advance collaborative treatment services and research by including representatives from the diverse LGBT communities.
- Revise the LGBT-tailored manual by getting direct input from LGBT smokers and facilitators who have used it.
- Develop comprehensive LGBT smoking cessation services to include training of providers (LGBT health providers, peer educators), self-help materials, and education and outreach for workshop interventions.
- Conduct a randomized clinical trial to determine the efficacy of LGBT-tailored smoking cessation services as compared to standard services in LGBT and traditional settings.

References

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- Stall RD, Greenwood GL, Acree M, et al. Cigarette smoking among gay and bisexual men. *American Journal of Public Health* 1999; 89:1875-1878.

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Materials Available

- Manual: *QueerTIPs for LGBT Smokers, A Stop Smoking Class for LGBT Communities*.