Identifying, Reaching and Delivering Culturally-Appropriate Telephonic Cessation to the GLBT Community

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Step 1: Assess local prevalence and climate

Minnesota Prevalence of LGBT Tobacco Use

As other states have found, smoking rates for LGBT Minnesotans are much higher than those of the general population.[1, 2, 3] Through convenience sampling at the 2005 Twin Cities Pride Festival and African-American Pride events, 41% of survey respondents (n=680) reported smoking within the last 30 days as compared to the 18% prevalence of current smokers reported in the 2003 Minnesota Adult Tobacco Survey.[1, 2]

In 2005, the results from 13 focus groups (101 participants) indicated stress, social pressure, tobacco industry targeting, and association with other addictive behaviors are the main factors contributing to high rates of smoking in Minnesota's LGBT communities.[1] These same focus groups identified the need for more research related to transgender tobacco use, the need to address LGBT-specific issues in cessation programs, and the need to include a broader representation of people, without reinforcing stereotypes, in the messages and images in outreach and cessation materials.

In Minnesota, all state residents have access to free tobacco cessation telephone counseling through a collaborative partnership of Minnesota's major health plans and ClearWay Minnesota. In 2006, the collaborative agreed to explore the idea of adding an LGBT assessment question to the quitline intake process. By the end of 2008, most health plans and ClearWay Minnesota will have added the LGBT status question and all quitline counselors serving Minnesotans will have undergone training to raise awareness of LGBT-specific tobacco use triggers, environmental cues, and cessation barriers so they may appropriately assist LGBT callers with the issues pertinent to their lives and their quit attempts.

LGBT Surveillance and Data Collection Briefing Paper – Summary

The National LGBT Tobacco Control Network has released the LGBT Surveillance and Data Collection Briefing Paper[3] outlining the research and justification for assessing LGBT status in order to better understand the landscape of LGBT tobacco use and to provide more appropriate tobacco cessation counseling to LGBT tobacco users seeking help.

According to the North American Quitline Consortium, at least 15 states currently ask some form of the question and more states will be adding it to their quitline's intake process in the future.[3] Interestingly, most people do not respond negatively to an LGBT status question, and there is greater sensitivity to a question about income.[3] The briefing paper outlines three LGBT questions that have undergone cognitive testing and indicates that asking such a question at the intervention stage may show elevated utilization rates for these communities (on par with high prevalence rates) compared to the rates of the general population accessing cessation services. Such findings would support further research and efforts to better serve LGBT tobacco users trying to quit.

Step 2: Develop assessment question and internal processes

The National LGBT Tobacco Control Network conducted cognitive testing to identify a question and scripting that would be appropriate for assessing sexual orientation and gender identity in Minnesota. Results of this cognitive testing, and the steps taken to coordinate this effort across multiple quitlines in the state are outlined below.

Cognitive Testing & Preparation for Study

Cognitive testing is a strategy for testing development of survey questions. Pioneered by Gordon Willis and others at the National Center for Health Statistics, cognitive testing is routinely used to develop survey questions for the largest national applications, where the introduction of unexpected measurement error would have profound adverse consequences.[4] Cognitive tests have routinely turned up question development problems not uncovered

through less intensive methods of testing such as focus groups. In a cognitive interview, the survey is administered under field or near-field conditions. Sometime soon after the question of interest is administered, the survey is interrupted and the participant undergoes a cognitive interview to assess their perception of the experience, their thoughts and cognitive steps undertaken to answer the specific question. No group interviews are used. Interviews are often semi-structured, allowing the researcher to explore particular issues as they arise.

In advance of this work, the following preparatory steps and training was in place. The principal investigator, Dr. Scout, has been faculty at Virginia Commonwealth University's Survey Evaluation Research Laboratory for four years. He specialized in survey methods during his doctoral training at Columbia University, and has been the lead researcher on a series of large scale surveys conducted in a variety of environments. He is also co-author of a paper on a cognitive test of a transgender surveillance question being completed now[5], and was originally part of the team slated to cognitively test the ATS LGBT question back in 2005 (testing cancelled). Directly prior to the Minnesota testing, Dr. Scout visited with Dr. K. Miller at National Center for Health Statistics. She is the author of their methods paper on cognitively testing an LGB question for the National Health And Nutrition Examination Survey (NHANES), lead scientist of the recent cognitive testing of a race question, and currently moderates their database of cognitive testing reports.[6] Dr. Miller updated Dr. Scout on the current cognitive testing strategies used by NCHS, including touring their facilities and advising on strategies to ensure this study analysis and reporting would meet the criteria to be included in the NCHS database of cognitive testing reports.[7]

As final preparation for this study, a full protocol was submitted through the Institutional Review Board at Fenway Community Health, this protocol is on file and is available to view.

Methods Summary

To summarize briefly: the plan was to recruit 40 people, conduct a mock phone intake using tobacco quitline procedures, then interview them about their process of responding to the LGBT question. The interviews would be split across different population groups, 20 general population, between 10 and 20 LGBTs. To ensure diversity, we set minimum goals for each group, 1/3 low SES, 1/3 people of color, and at least 50% of the LGBTs were to be gender variant.

Interviews were conducted in the public library for general population participants; they were recruited on the street outside the library. LGBT participants were interviewed in a variety of community-based organization offices, and recruitment was through a variety of channels, including emailing listservs, contacting organizational key influencers, and direct recruiting at social venues.

In practice, the first round of interviews was suspended early due to problems with question sensitivity (ability to correctly categorize LGBT respondents) and ineffectual preface language. The question was modified from lessons learned and a second round of interviews was launched to test the enhanced version.

Participants

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

Findings Summary

The enhanced question correctly classified 100% of participants. There was no refusal to answer. No one asked for supplemental definitions. There were no appreciable reservations about the question uncovered in the cognitive interviews. The enhanced preface language was remembered more successfully by participants, and notably increased their understanding of why they were being asked a sexual orientation/gender identity question in this forum. The target question most often provoked a mild curiosity about its relevance to cessation (possibly even more often in LGBT respondents), though this was not a deterrent to answering. The use of an open ended category was very key to some younger participants, who chose to identify by different words than the chosen terms, but wanted to nonetheless state their inclusion in the LGBT rubric.

Final Question

Preface language

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

Question

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

A) Straight
B) Gay or Lesbian
C) Bisexual
D) Transgender

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

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

Coordination Timeline Overview:

- Met with the Call It Quits Collaborative (ClearWay Minnesota[SM] and health plan partners) to introduce GLBT strategy and discuss collaborative efforts. This step included presentations on GLBT smoking prevalence, health inequities, and the rationale for culturally-tailored counseling. (Quarterly, September 06 – present)
- Developed introduction to demographic questions, scripting, FAQ and updated sexual orientation question based on NAQC MDS question (October 2006)
- Worked with Blue Cross's quitline Vendor to implement the question (October 2006)
- Pilot tested question on quitline (January – March 2007)
- Cognitive testing was conducted, final question and scripting developed (May 2007)
- Met 1:1 with top executives, account managers, and relevant staff to provide an overview of GLBT strategy (April 2007 – August 2007)
- Met with Strategic Overview Committee (CEO and his direct reports) to provide an overview of GLBT strategy (September 2007)
- Currently working with vendor to reinstate the revised question to program registration process (target date 12/1/07)
- Finalizing GLBT strategy background document and FAQ to be used by account managers with employer groups (target date 11/1/07)
- Communication to go to Sales VP's and account managers regarding the GLBT strategy and reinstating the question (target date 11/1/07)

Step 3: Train phone counseling staff on GLBT question and appropriate counseling strategies

Although all members of the Call It Quits collaborative are not going to implement a sexual orientation / gender identity question in 2008, all have agreed to participate in trainings for their quitline staff related to GLBT tobacco issues. These trainings will be conducted in the Winter of 2007, and no promotional materials will be distributed until all quitlines have completed this training.

Training overview

General principle: we are just adding a few new skills, some education, and new sensitivities to the existing skills counselors use well to do all their counseling interactions. LGBTs most likely quit using the same steps/processes as others.

Operating theory: LGBT status is related to smoking as proven by prevalence, therefore we expect elements of the LGBT experience are likely to interact with the quit process. Thus we want to make sure callers can present and discuss these factors in a supportive environment.

Main components of training

- LGBT 101
    - Diversity overview of LGBT communities, what is known on different cultural standards.
- Information about targeting/prevalence/impacts
    - Not just to educate counselors, but because this information is motivational to LGBTs, and the counseling session is the time where they provide a lot of motivational information.
    - Suggestions on how to include this information in interviews.
    - Information on factors influencing LGBT smoking
        - Detailed information on stressors and likely impacts
        - How might the average LGBT cessation profile vary from the norm?
        - Information on transgender smoking/hormone/surgery interactions.
- Orientation on supplemental materials that will be sent to (at least) MN LGBTs, so counselors are familiar with them.
- Providing a welcoming environment
    - If LGBT issues interact with the quit process, it is important that clients feel comfortable addressing these in counseling.
    - Basic competency issues to watch for: use of proper name, no assumptions, use of proper pronoun, when to echo back identifier language used & when not to, not making "pronoun assumptions" re: partners, etc.
    - Information on LGBT access to care barriers
        - No assumption of trust with government or healthcare entities (example)
        - Many LGBTs will be carrying a level of stress related to 1. avoiding discussion of their LGBT status, 2. bringing it up and disclosing, 3. concern over whether it will impact service delivery adversely to disclose.
    - How does a counselor convey openness to disclosure of LGBT status?
        - Training on how to look for signs that client is testing to see if it's safe to bring it up.
        - Providing assurances to prompt full disclosure
        - Prompting for needed information if there is avoidance of substantive issues (i.e. partners)
    - How does a counselor continue to convey neutrality to details related to LGBT status throughout interview?
    - How to avoid default prioritizing of the exotic or unfamiliar in counseling interactions, keeping focused on factors related to smoking.
    - Updated information on community-based projects and referrals

Step 4: Develop GLBT-specific promotional materials and quit guides

Promotional Materials

Blue Cross conducted several focus groups with the GLBT community to identify images and themes for use in our promotional campaign. At present, we are working to finalize these materials and our distribution plan. Messages that explicitly conveyed the supportive nature of the program were most strongly favored by the focus groups. Several local venues for distribution of these materials were also identified.

Many participants stated that having a website would be an important intermediary step between seeing the promotional materials and making a phone call to a quitline. This website would be used to learn more about the program, and to help the individuals to feel more confident that the quitline was culturally competent with respect to the GLBT community. Having promotional materials with GLBT images and/or in GLBT media alone would not demonstrate this for many of the focus group members.

Quit Guide Development
Several focus groups are being conducted to review existing quitguides and provide direction on adoption of an existing piece or development of a new quitguide. Current focus group and community leader input has resulted in the following components being identified for the emergent quitguide:

- Authoring by an LGBT community based group (to increase trust)
- Encouragement to use the traditional quitline materials for the full quitplan development
- One or more community members as "guides" to present and personalize the information
- Facts about LGBTs smoking prevalence
- Targeting information (community members identified this as the top importance)
- Information about smoking impact among subpopulations (i.e. transgenders, people of color, etc.)
- Tips/motivation from successful ex-smokers
- Additional resources
- Community based accountability process for quitline experience

Step 5: Program monitoring and evaluation

Pilot Period Data
During our pilot period (January – March 2007), 904 participants were asked the sexual orientation / gender identity question. Of these, 25 participants (2.7%) declined to answer the question. Only 1 (0.1%) complaint was received. Of those who responded, 19 (2%) identified as gay, lesbian, bisexual, or transgender.

Minnesota Adult Tobacco Survey (MATS) Data
In the MATS Survey, conducted approximately at the same time, 9,420 people were asked the sexual orientation / gender identity question. Of these, 1.8% identified as GLBT, 1% declined to answer, and zero complaints were received.

Future Evaluation
We will launch our promotional materials targeting the GLBT community in approximately January 2008. We will then be able to compare enrollment before and after this effort to assess the effectiveness of our campaign in increasing enrollment. We will also, if possible, conduct interviews with a sample of GLBT callers to learn more about their experiences with the quitlines and to provide feedback and training recommendations to our quitline vendors.

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