Recent MSASS Presentations

- Bauermeister, J.A., Johns, M., Youatt, E., & Pingel, E. (2012). Intersecting disparities: The role of race/ethnicity, sexual identity, and internalized homophobia as predictors of sexual minority female youths' smoking status. Poster presented at the *2012 American Public Health Association Meeting*, San Francisco, CA (October 30).

- Pingel, E., Youatt, E., Johns, M., & Bauermeister, J.A. (2012). Tobacco use among young lesbian, bisexual and queer-identified women: Considering the "community" in designing interventions and smoking cessation programs. Poster presented at the *2012 American Public Health Association Meeting*, San Francisco, CA (October 30).

- Youatt, E., Pingel, E., Johns, M.M., & Bauermeister, J.A. (2012). Sexual Minority Females' Attitudes toward Targeted Smoking Cessation Programs. Poster presented at the *2012 Society for Research on Nicotine and Tobacco (SRNT) Annual Meeting*, Houston, Texas (March 16).

Intersecting Disparities: The Role of Race/Ethnicity, Sexual Identity, and Internalized Homophobia as Predictors of Sexual Minority Female Youths' Smoking Status

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Abstract

Smoking disparities exist across sex, age, and race/ethnicity in the United States. The role of sexual identity as a social determinant of smoking has received less attention. Sexual minority women are more likely to smoke than heterosexual counterparts. Data on smoking correlates among SMF are limited, yet suggest that SMF youth may smoke as a strategy to cope with sexual minority stress. Using data from a cross-sectional web-survey of SMF youth (*N*=475; ages 18-24; 75% smokers), we examined the multivariate relationships between smoking status and demographic (race/ethnicity, sexual identity, age, urbanicity) and psychological correlates (depression, anxiety, internalized homophobia and self-esteem). Using logistic regressions, we entered race/ethnicity, sexual identity, age, and urbanicity into the model. In our final analyses, Blacks (AOR=3.16; *p*<.05) and Latinas (AOR=3.25; *p*<.10) were more likely to smoke than Whites. Women identifying as queer (AOR=.22; *p*<.01) or other sexual minority identity (AOR=.13; p<.01) were less likely than lesbians to smoke. We noted no difference between lesbian and bisexual women. Smoking odds increased with age (AOR=1.23; p<.05). Participants in suburban neighborhoods were less likely to smoke than those in urban neighborhoods (AOR=.40; p<.01).

Once we entered all the psychological variables into the model, we found that internalized homophobia was associated with smoking, washing away any differences noted by race/ethnicity and sexual identities. These findings underscore the importance of addressing internalized homophobia in smoking campaigns and the role of sexuality as a social determinant of health.

Methods

Procedures

We conducted the current study using data from the Michigan Smoking and Sexuality Survey (M-SASS), a cross-sectional, observational study examining sexual minority women and their smoking behaviors (analytic sample size n=475). To be eligible for the study, participants had to be between the ages of 18 and 24, and either identify as something other than heterosexual *or* have had sexual experiences with a woman in the past year. We recruited participants through advertisements on Facebook, which allowed us to tailor advertisements to women who fit the eligible age range, and marked themselves as interested in women. Promotional materials displayed a synopsis of study, a mention of a $25 electronic gift card incentive, and the link to the web-survey.

Sample

Fifty-four percent of women in this sample identified as lesbian, 33% as bisexual, 7% as queer, and 6% as another identity (i.e., pansexual, no label, heterosexual). Most of the sample identified as White/ European-American (70%), followed by 12% identifying as Black/African American, 6% as Latina/ Hispanic. Twelve percent identified as another racial category. We asked women to characterize the area or neighborhood in which they lived—55% said they lived in an urban environment, 25% said suburban, 19% said rural. Women in this study ranged in age from 18 to 24 (*M* = 21.37; *SD*=1.81 years).

Three quarters of our sample were smokers. Specifically, 25% of our sample identified as everyday smokers, 51% said they smoked some days, and 24% said they never smoked. Of the smokers (n=360), 77% percent said they smoked five or more cigarettes a day, while 23% said they smoked less than five cigarettes a day.

Data Analytic Strategy

•Bivariate descriptive analyses on study variables by smoking status (Table 1).

•Stepwise logistic regressions examining the relationship between smoking status and mental health indicators (depression; anxiety; internalized homophobia; self-esteem), after accounting for race/ethnicity, sexual identity, urbanicity, and age.(Table 2).

•Simultaneous logistic regression of mental health indicators as predictors of smoking status, after accounting for sociodemographic variables (Table 3).
•*Multicollinearity between indicators was examined (r's < .45) prior to model estimation.*

Data & Results

Table 1. Descriptive Statistics by Smoking Status

	Non-Smokers	Smokers	X^2/t/F	p-value
Race/Ethnicity			8.71	0.05
White	88(26.7%)	242(73.3%)		
Black	7(12.5%)	49(87.5%)		
Latina	3(10.0%)	27(90.0%)		
Other Race	15(25.9%)	43(74.1%)		
Sexual Identity			45.64	0.001
Lesbian	43(16.5%)	218(83.5%)		
Bisexual	38(24.1%)	120(75.9%)		
Queer	19(57.6%)	14(42.4%)		
Other	14(60.9%)	9(39.1%)		
Urbanicity			19.60	0.001
Urban	45(17.4%)	214(82.6%)		
Sub-Urban	45(38.1%)	73(61.9%)		
Rural	19(21.8%)	68(78.2%)		
Age	20.71(2.01)	21.59(1.68)	-4.21	0.001
Depression	2.15(.55)	2.40(.42)	-4.45	0.001
Anxiety	2.15(.84)	2.64(.85)	-5.22	ns
Internalized Homophobia	1.43(.54)	2.12(.60)	-11.41	0.05
Self-Esteem	2.89(.53)	2.67(.39)	4.02	0.001

Table 2. Adjusted Odds Ratio between Mental Health Indicators and Smoking Status

	AOR	95% CI	p-value
Depression	2.80	(1.63, 4.81)	.001
Anxiety	1.95	(1.43, 2.65)	.001
Internalized Homophobia	3.95	(2.95, 6.14)	.001
Self-Esteem	0.45	(.27, .74)	.010

Note. Separate models are summarized above, after accounting for race/ethnicity, sexual identity, urbanicity, and age.

Table 3. Full Model examining Smoking Status across Study Variables

	AOR	95% CI	p-value
Black	2.54	(.80, 8.12)	*ns*
Latina	3.33	(.85, 13.04)	*ns*
Other Race	0.68	(.32, 1.45)	*ns*
Bisexual	0.75	(.42, 1.35)	*ns*
Queer	0.4	(.16, 1.03)	*ns*
Other	0.22	(.07,.65)	.01
Rural	0.84	(.41, 1.72)	*ns*
Suburban	0.57	(.32, 1.03)	*ns*
Age	1.09	(.94, 1.26)	*ns*
Depression	1.35	(.68, 2.70)	*ns*
Anxiety	1.27	(.86, 1.87)	*ns*
Internalized Homophobia	3.22	(1.92, 5.39)	.001
Self-Esteem	1.01	(.53, 1.91)	*ns*

Discussion

- Race/ethnicity and sexual identity, respectively, contribute to smoking patterns among sexual minority female youth.
- Consistent with prior literature regarding negative coping behaviors, we noted a positive association between markers of psychological distress (depression, anxiety, internalized homophobia) and smoking behavior. On the other hand, participants who reported greater self-esteem were less likely to engage in smoking behavior. These findings highlight the importance of considering psychological well-being, as well as the risk and resilience of sexual minority youth.
- Once we accounted for all psychological variables in the model, the racial/ethnic smoking disparities disappeared. Does homophobia confound the relationship between race/ethnicity and smoking, or is it a proxy for a more complex mediational pathway?
- Qualitative and quantitative research that examines the intersections between race/ethnicity and sexuality are needed to understand these relationships.

Limitations

- Cross-sectional design hinders ability to make causal assertions.
- Given our eligibility criteria, our findings may not be generalizable to all same-sex attracted women.
- Sample was predominantly White, limiting our ability to carryout race-specific analyses.
- Analyses focus on smoking dichotomy; subsequent analyses will examine smoking frequency and amount.
- Direct effects are included in these analyses. Indirect effect analyses are forthcoming.

Conclusions

- Structural interventions that address sexuality-related inequities are warranted.
- Extending our understanding of the intersections between racial/ethnic and sexuality disparities on the psychosocial health of sexual minorities deserve greater attention.
- Smoking reduction programs for sexual minority women should include coping skills and strategies to mitigate psychological distress.
- Smoking prevention and cessation programs should be sensitive to the psychosocial needs of sexual minorities, paying particular attention to how sexuality-related stressors (e.g., internalized homophobia) may increase sexual minority women's vulnerability to smoke.

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Funding for the Michigan Smoking and Sexuality Study was provided by the University of Michigan Comprehensive Cancer Center (PI: Bauermeister).

Tobacco use among lesbian, bisexual, and queer-identified women:
Considering the "community" in designing interventions and smoking cessation programs

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Summary

- Young sexual minority women (YSMW) have higher rates of cigarette smoking compared to the general population (1)
- To investigate this disparity, we conducted 30 in-depth interviews among lesbian, bisexual and queer (LBQ)-identified women, half of whom were current smokers
- Participants voiced diverse viewpoints when asked how they felt about the importance of smoking cessation programs tailored to LBQ women
- We contextualize these viewpoints within participants' larger narratives regarding identification with the LGBTQ community and experiences with discrimination
- We discuss the implications of our results in considering appropriate future steps aimed at curbing tobacco use in this population

Method

- In-depth, semi-structured telephone interviews (60-90 mins) with 30 sexual minority women, aged 18-24, residing in Michigan
- Topics included personal and family smoking history, connection to LGBTQ community, perspectives of smoking among LGBTQ individuals, & discrimination

Sample

- 15 women self-identified as lesbian, 13 as bisexual, 1 as queer, and 1 as pansexual
- 24 self-identified as White, 4 as African American/Black, 2 as Mixed Race
- 8 women were never smokers, 6 were former smokers, and 16 were current smokers

Data Analytic Strategy

- Research team transcribed and coded all interviews using a thematic codebook

- Based on the higher-level codes and a thorough reading of the transcripts, the first author developed the following research question:

How do beliefs about LGBTQ community and experiences with discrimination contextualize participants' suggestions concerning LGBTQ-specific and women-only smoking cessation programming?

- Using thematic analysis, we identified six domains specific to our research question: identification with the LGBTQ community, perceptions of smoking within the LGBTQ community, quit smoking narratives, descriptions of social networks, experiences of discrimination, and opinions on LGBTQ-specific and women-only smoking cessation programs

- After coding for each domain, we then performed an in-depth analysis of each one and pursued conceptual linkages between domains

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"If a quit smoking program were designed for LGBTQ smokers, how should that program look?"

- **Treat us like everyone else**
- **Avoid "othering" by forcing the link between smoking and sexuality**
- **Include resources for stress management**

*"The LGBTQ community, except in, like, large cities, I think **still faces a lot of discrimination** and a lot of **feeling "the other."** So, a quit smoking campaign would have to not make smokers feel like the other. ….And it would have to be more concentrated on, like, where it's getting you, like a health campaign or something like that, as opposed to being like, 'You are a smoker. That is wrong. Change your behavior.' **Because so many of us have been told that already about our sexuality**." (Kathleen, Bisexual, Non-Smoker)*

*"Just like, **you gotta treat us like everyone else** basically. You can't bring the whole 'Oh you should stop smoking 'cause of your gay thing you're doing.' Then we'll just get mad at you." (Sarah, Lesbian, Non-Smoker)*

*"If it's about smoking, **I'd try to keep it about smoking and not ask about homosexuality** or anything like that. Or "do they know how much homosexuality causes you to smoke" or something like that, that leads into why they're gay." (Kia, Lesbian, Smoker)*

*"I think they might take it, gays might take it more personally that you're **acting like their bodies are different**, that they need a whole different non-smoking quitting program than anybody else. I just. 'Cause I mean, honestly, they want to be treated the same as everyone else 'cause they are…besides, you know, their sexuality, which is behind closed doors…**I wouldn't advertise it as a gay product**." (Mary Ann, Bisexual, Smoker)*

"How important would it be to have a quit program for female-only members of the LGBTQ community?"

- **Participants construct and contest diverse criteria of inclusion**

*"No, **I think men also need to be included**…Um, I think having it all together would actually be more effective just because some people think different, some people have different mindsets than other, than just their gender they've been placed with because of what sexual organs they have." (Brianna, Lesbian, Non-Smoker)*

*"**I don't know**. Sorry, I come from **a very sheltered place of LGBTQ**." (Susan, Lesbian, Smoker)*

*"Um, I'm not sure because, you know, like I said **I don't know that many gay people** and um, I don't think there's really that much importance to have like a female session or whatever." (Liz, Lesbian, Non-Smoker)*

*"**I think female members of the community would really appreciate just the attention**. Because women's health and women, well especially women's health right now, are so **under attack**, that I think it'd be very important and very effective to have a women's only program or something **geared only towards women**." (Nancy, Lesbian, Smoker)*

*"I think it'd be **important to target groups** and say "Okay, **we recognize you**, and you matter", but I'm not sure if we should only focus on females. **Would it be beneficial at the cost of excluding** all the gay men or the straight men even, I guess?" (Amber, Bisexual, Non-Smoker)*

*"Ohh, I don't know. **My initial reaction is to say, 'That's not really that important'**, but I don't know if it's a problem specific – I mean, if it's a problem specifically for queer, you know, female-identified people, then maybe there is a need for a support group like that, that's more, um, more identity-targeted. I guess **it would all depend on the need…of the people in that community**." (Paula, Lesbian, Non-Smoker)*

Positioning Interventions: Discrimination & Othering

•Participants expressed a diversity of opinions about the utility and implications of designing LGBTQ-specific and women-only smoking cessation programming
•Young women's narratives about experiences with discrimination and othering, from both heterosexuals and other LGBTQ individuals, may lend insight to these opinions

*"When you do come out about this and others know about it, **they start to act differently around you**. They start to treat you differently, **like you are just disgusting**." (Siena, Bisexual, Smoker)*

*"I think it's hard for people to sometimes accept other gay people because people are different from each other and, you know, **it's difficult to see through someone else's eyes**. I try to be interactive with, with a lot of different people. But there's **certain people who won't let you in** because they've been through a lot of crap or they've been **discriminated against a lot**…" (Joan, Bisexual, Smoker)*

*"**Even in the LGBTQ community**, like, I've had gay people and lesbians be like, 'well, you just can't decide, that's why you're bisexual.' Like, very like, **not uplifting comments about being bisexual**." (Kathleen, Bisexual, Non-Smoker)*

Targeting Populations: Unpacking the LGBTQ community

•Alternating expressions of reluctance, ambivalence, and enthusiasm toward the notion of LGBTQ-specific and women only smoking cessation programming may reflect the lack of a cohesive "one- size-fits-all" community and the tensions surrounding the enactment of sexual identity labels

__The lesbian label is such a hard one__ to wear too, I mean, there's a lot of tensions from that community about __what constitutes a lesbian__. They're pretty, they're a pretty hard group to run with." (Stephanie, Queer, Smoker)

*"I find that **I actually get along best with just average people in the average bar** because there is a lot of women that are actually bisexual whether they would like to admit it or not, and they're more open to me being that way than they are at the gay bars. The gay bar people don't get, actually I find more problems with lesbians and gays being comfortable with me being bisexual than straight people." (Mary Ann, Bisexual, Smoker)*

*And then there is this whole thing about, oh you know, who's top, who's bottom, who's the guy, who's the chick and it's like, **it's more fluid**. There aren't necessarily boundaries to that, like, you know **sometimes I'm big spoon, sometimes I'm little spoon**. (Sarah, Lesbian, Non-Smoker)*

*Like **I don't like to identify as me having a lifestyle**. This is who I am, there's no different community. I associate with everyday people. So, I don't like…that makes you different. I'm not trying to be different. I might date the same sex, but I'm the same person, the same me." (Kia, Lesbian, Smoker).*

*In many ways, it's, it's an open, accurate term [LGBTQ community] that reflects how many diverse people are in the, you know, queer identified community, but I think in other ways, it also is limited by the fact that it **doesn't acknowledge the many differences between us**. (Paula, Lesbian, Non-Smoker)*

Conclusions

- Many participants spoke of facing discrimination and being made to feel "othered" by virtue of their attractions, appearance, or other trappings of their identity. As a result, they worried that LGBTQ-specific programs would inadvertently promote "othering".

- Historically, women have constructed and contested the adoption of sexual and gender identity labels (2). As our participants wrestled with who is included and excluded in "the community" and more pressingly, the meaning of being an LBQ woman, they emphasized the fluidity and multiplicity of their identities and questioned the usefulness and/or applicability of the notion of "LGBTQ community."

- Women expressed ambivalence towards interventions and smoking cessations programs targeting them based upon their sexual identity. Measures of attractionality may better predict adverse health outcomes than specific sexual identities, making this an important avenue for continued research of tobacco use in this population. (3)

- It is necessary to delve deeper into potential drivers of this sexuality-based disparity, such as sexual minority stress, to determine the best course of action vis-à-vis intervention development.

Citations

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Sexual Minority Females' Attitudes Towards Targeted Smoking Cessation Programs

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Abstract

Purpose: Sexual minority females (SMFs) smoke cigarettes at higher rates than their heterosexual counterparts. Recent reports by the Institute of Medicine and Centers for Disease Control and Prevention identify smoking among lesbian, gay, and bisexual (LGB) youth as a priority research area. We sought to better understand young SMFs' (ages 18-24) smoking-related attitudes and experiences, as well as their smoking cessation needs and interest in LGB-specific quit programs. These data are vital to develop culturally-sensitive prevention and cessation programs for SMF youth. Methods: We conducted 30 qualitative interviews with SMFs living in Michigan. Participants were recruited via the Internet using LGB listservs and Facebook™ advertisements. Eligible individuals were female, ages 18-24, currently residing in Michigan, and identified as a sexual minority (i.e. not heterosexual). In order to compare SMF's attitudes toward and experiences with tobacco, we purposely interviewed current smokers, non-smokers, and former smokers. Interviews were telephone-based and lasted approximately one hour. Results: Participants (mean age: 22) self-identified as lesbian (15), bisexual (13) or other (2). Half of the sample reported being current smokers. Participants suggested a number of topics for inclusion in quit smoking programs including generalized stress, sexual minority stress, weight gain, and coping with peer influences. When asked about the elements and formats of quit smoking programs they believed would most influence SMF quit rates, some participants stated that offering in-person quit smoking programs would be effective, while many suggested that online approaches are preferable. In addition, while some participants believe that quit smoking programs should target LGB smokers exclusively, others felt LGB-specific programming was unnecessary. Conclusion: We discuss participants' attitudes towards LGB-specific programming, highlighting components where the delivery and content may require cultural adaptation.

Methods

Data were collected during a series of individual interviews with sexual minority females (N=30). To be eligible for participation, women had to be between the ages of 18 and 24, currently reside in Michigan, and identify as a sexual minority (lesbian/gay, bisexual, queer or otherwise non-heterosexual). Participants were recruited online through sexual minority listservs, and via Facebook ™ advertisements. Social network advertisements were viewable only to women who fit our age range and who live in Michigan. Promotional materials displayed a synopsis of eligibility criteria, a mention of a $30 Visa gift card incentive, and a phone number to call for further study details. Upon calling, study candidates were screened by a study team member to determine eligibility.

Consented participants completed a single semi-structured, in-depth telephone interview. (average duration: 55 minutes). Trained interviewers conducted the interview in a specialized phone interview room at the University of Michigan School of Public Health. All study protocols received Institutional Review Board approval.

Sample

The sample's median age was 22 years old. The racial/ethnic composition of our sample (n=30) was as follows: 24 self-identified as White, 4 as African American/Black and 2 as Mixed Race (White/Latino and White/Latino/Other). Thirteen participants self-identified as bisexual, fifteen as lesbian, and two as other. Two-thirds of participants identified as current or former smokers (N=20), while one-third of participants were non-smokers. More than half of the sample resided in an rural area (N=18; population < 50,000) and the remainder lived in an urban or university-setting (N=12).

Data Analytic Strategy

Interviews were audio-recorded and transcribed. A thematic codebook was created and tested with one transcript by the entire research group. The codebook was then refined after results were compared among the group. Using the final codebook, each transcript was independently coded by two members of the research team who met to resolve any discrepancies between their codes to ensure reliability. After coding all 30 transcripts, each finalized version was entered into NVivo.

Research Questions

1. What type of content would SMFs like in an LGB-targeted smoking cessation program?
2. How important are LGB-targeted smoking cessation interventions to SMFs?
3. What intervention format would best reach and engage SMF smokers interested in quitting smoking?

Results

Smoking-related stressors and barriers identified in the general smoking population are relevant to SMF smokers

- Participants smoke to cope with generalized stress and seek other forms of stress reduction
- Participants want assistance combatting peer influences and smoking social norms
- Weight gain associated with quitting is a concern and barrier to quitting for some participants

I think maybe like showing that, um, there are other ways to deal with stress. Like I think that would be a big thing because, you know, going to school or even dealing with day-to-day stuff like jobs and home life, um, is really stressful and a lot of kids smoke because of stress.
-Joan, 22 years old, smoker

Modifying existing program elements to reflect LGB-awareness may increase message relevance to SMF smokers

- Addressing sexuality-related issues (i.e. coming out; social rejection) acknowledges unique stressors experienced by SMF smokers
- Appealing to a LGB-specific future orientation (i.e. marriage equality; broader social acceptance) may motivate quitters
- Same-sex partners may help encourage and support SMF smokers in their quit attempts

…Probably most LBGT kids smoke is just the whole it looks cool thing, so I'll look cool thing. Then the stress and we have the added stress of dealing with people who don't accept us kind of thing. So um, I guess just trying to give them other options besides smoking.
-Sarah, 22 years old, non-smoker

…Maybe just try and, you know, appeal to that like, there's going to be a future. Like, don't you want to see gay marriage get legalized? Like don't you want to see the day that being gay really doesn't matter to anyone? Like, don't you want to be alive to see that?
-Stephanie, 23 years old, smoker

SMFs broadly support LGB-targeted smoking interventions, and highlight the complexities of creating programs that target sexual identity

- Participants emphasize programs should reflect sexuality as one of many aspects of a person's identity
- Targeted interventions should be careful to avoid caricatures or stereotypes of LGB identities
- LGB-smokers may be resistant to authoritative messages and calls for behavior change

Like, a really flaming guy come and talking about it or, you know, a really butch women. Not necessarily, you know, the stereotype of, you know, "This is you," kind of thing. There's so many different types of people in the community that it gets old that they keep using that kind of thing
-Sammie, 23 years old, smoker

…Obviously being different or outside of the societal norm is hard enough, so if you add something like, you know, all gays should stop smoking this week, it would be almost accusatory and I don't think that that's quite the right way to go about it.
-Lydia, 21 years old, non-smoker

Sexuality-related reasons drive interest in both online and in-person interventions

- Online interventions may be more accessible to non-urban smokers and facilitate anonymity
- In-person programs may offer personalized support and opportunities to connect with other members of the LGB community

Probably online more because we're, you know, a very tech-savvy generation and I think gay people especially…Just because there's, it's, when you're isolated and you're the only, you know you think you're the only gay person in your little village . . .you can always jump online and be connected to other people who understand what's going on. So I think the gay youth definitely use that more, ah, to their advantage.
-Nancy, 24 years old, smoker

Conclusions & Summary

Participants in our study reflected on the program content and delivery format that would best suit the smoking cessation needs of sexual minority female smokers. SMF smokers articulated reasons for smoking and barriers to quitting that were not related to their sexual identity, including work and school related stress, concerns about their weight, and living in social environments that are permissive of smoking. These concerns have also been expressed by heterosexual female smokers; therefore, content from existing programs designed for a general population smokers may be useful in interventions for SMF smokers.

Many participants also desire program content that is targeted based on sexual identity. Participants connected their smoking behavior to stressful life experiences that resulted from their sexual minority status. In addition to addressing general life stressors, SMF smokers may benefit from program components that acknowledge stressors related to their sexual identity. Drawing on smoker's connection to (or isolation from) the LGB community and the support of same-sex partners may motivate and support SMF smokers interested in quitting.

The precarious nature of designing LGB-targeted health programs was acknowledged by participants in our study. Some expressed concerns about singling out the LGB community for their smoking behavior and stated that, given the resistance and social rejection many LGB individuals have faced relative to their sexuality, being targeted with quit-smoking messages may be ill-received. A small number of participants did not believe that LGB-targeted programs were a high priority. These participants often had a hard time connecting smoking behavior to sexuality, and did not believe LGB smokers needed specialized help quitting. Nevertheless, other participants recognized the heavy burden of smoking in sexual minority communities, and believe that programs tailored to reflect the lived realities of LGB smokers may be beneficial. Taken together, these findings underscore the importance of considering the centrality and salience of sexual identity in SMF's smoking decisions. Should LGB-targeted interventions be created, careful consideration into the tone and type of messages delivered is warranted.

Study participants endorsed both in-person and online intervention formats. Reasons for their endorsement were related to both efficacy and sexuality-based rationales. Participants hypothesized that in-person programs might build community among LGB smokers, and that these personal connections would help hold quitters accountable to their quit attempts. Among those who supported online interventions, the ease of participation, the pervasiveness of Internet use, and the anonymity afforded by web-based participation were mentioned as strengths of this format type. Future research examining the feasibility and efficacy of smoking cessation programs for SMF are warranted.

Limitations

- Social desirability bias due to participants' awareness of the study's focus and objectives.
- Limited recruitment of non-heterosexual women who do not identify as lesbian or bisexual
- Participants were recruited via the Internet, potentially influencing their beliefs regarding online intervention strategies.

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