



# Tobacco Use Among Latinos Identifying as LGBTQ or Experiencing Mental Health Concerns

## *Summary of Key Findings from a Health Needs Assessment*

*Although rates of smoking have declined in the past half century, significant disparities in tobacco use remain across race and ethnicity, sexual orientation and gender identity, education and socioeconomic status, and region of the country.<sup>1,2</sup> In 2016, Comunidades Latinas Unidas en Servicio (CLUES), a human services organization in Minneapolis serving the Latino population, received funding through the Minnesota Department of Health’s Tobacco Free Communities to develop and implement a study looking at smoking in two such intersecting communities: Latinos<sup>3</sup> identifying as lesbian, gay, bisexual, transgender, or queer (LGBTQ) and Latinos experiencing mental health concerns.*

Compared to the U.S. population overall, the Latino population shows lower rates of smoking. According to the Centers for Disease Control, 11 percent of Latino adults smoke, compared to 16 percent of the population as a whole.<sup>2</sup> At the same time, adults identifying as lesbian, gay, or bisexual or experiencing psychological distress are more likely to smoke. More than one in five (21%) of adults identifying as lesbian, gay, or bisexual currently smoke, compared to 15 percent of heterosexual adults (data were not collected on adults identifying as transgender). Likewise, 36 percent of adults experiencing severe psychological distress smoke, compared with 15 percent of adults not experiencing distress.

While studies have looked at smoking within each of these populations, few studies have looked at the intersection of sexual orientation and gender identity, mental health status, and racial/ethnic identity in the Latino community, and their influence on smoking behaviors. The study described in this summary was conducted to help CLUES develop effective strategies to support smoking cessation for these two populations.

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<sup>1</sup> U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General. (2014). The health consequences of smoking—50 years of progress: A report of the surgeon general. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

<sup>2</sup> Center for Disease Control and Prevention. (2016). Current cigarette smoking among adults in the United States. Retrieved from [https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/adult\\_data/cig\\_smoking/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm).

<sup>3</sup> We understand the preferred term is Latinx for some people in these communities. Latino is used in this report to reflect the term used in data collection activities and CLUES’ communications.

## Recommendations

The following recommendations, based on results from the study, describe strategies CLUES can use to develop an effective communications and outreach plan to support smoking cessation in the Latino LGBTQ community and among Latinos experiencing mental health concerns.

- **Use relationship-based approaches**, such as one-on-one counseling or coaching, mentorship opportunities with people who had quit smoking, warm hand-offs when making referrals, and direct outreach through partnerships with trusted organizations and establishments.
- For broader communication efforts, **consider including stories or testimonials** from people from the two communities who have quit smoking.
- **Consider trauma-informed approaches** that provide clear and straightforward information, emphasize personal choice, and normalize help-seeking.
- Develop culturally specific supports that **take into account the histories, assets, and stressors of each community**, while also acknowledging individual differences.
- Continue to **build awareness of the tobacco industry's targeted efforts** in communities of color and the LGBTQ community.
- **Advocate for the inclusion of questions about smoking in mental health clinic protocols**, and **provide training to mental health professionals** about available supports and working with clients on smoking cessation.
- **Build a stronger presence in the LGBTQ community** through partnerships and attendance at events, and advocate for greater intersectional approaches in LGBTQ-serving organizations.
- Continue to provide services and supports that **address broader social determinants of health**.
- Provide additional **opportunities for key stakeholders and community members to give input** into these efforts.

## About the assessment

In 2016, CLUES partnered with Wilder Research to develop and implement a multi-method health assessment to learn more about smoking in the Latino LGBTQ community and among Latinos experiencing mental health concerns. The health assessment included a survey of 56 individuals from the two populations about beliefs and behaviors related to smoking and smoking cessation (18 respondents identified as LGBTQ, 51 experienced mental health concerns, and 13 fell into both categories). Two listening sessions were also held with members of these communities to explore these topics further (four people participated in the LGBTQ listening session and three people participated in the listening session related to mental health). In this

summary, people who completed the survey or attended a listening session are identified as “participants.” In addition, nine leaders in the Latino and/or LGBTQ communities and 15 mental health professionals who worked with the Latino population (“key stakeholders”) were interviewed about smoking and the types of strategies that would be most helpful in supporting smoking cessation in the two communities. In many cases, themes across the two populations were similar, but there were also key distinctions that are noted below. This summary describes key themes that emerged from the data.

## **Factors that contribute to smoking**

Understanding the factors that influence whether individuals decide to smoke tobacco products and barriers to quitting is important for developing effective smoking cessation approaches. The two groups identified a number of common factors that contributed to smoking:

- Family influences, including growing up with family members who smoked
- Drinking alcohol
- Socializing with others and having friends or family members who smoke
- Managing stress resulting from mental health symptoms or stigma and discrimination
- Limited access to health care
- Stigma around mental health issues
- Mistrust of medical establishments due to historical mistreatment in the LGBTQ community or concerns about reporting to immigration authorities
- Lack of awareness of available smoking cessation resources
- Targeted advertising and outreach by the tobacco industry in communities of color and the LGBTQ community

Participants were most likely to report using regular cigarettes, but findings also indicate some use of menthol cigarettes, e-cigarettes, and other types of tobacco. Within both populations, respondents included regular smokers or occasional (i.e., social) smokers.

## **Effective messaging and interventions**

Many of the participants in the study expressed some interest in quitting smoking, either in the near future or eventually. Findings point to some directions for messaging and outreach, described below. Multiple approaches are likely needed, as there are also differences within each population of focus and among individuals.

## ***Key messages***

The respondents identified a number of factors that motivated individuals to consider quitting smoking. Identifying these motivating factors is important in developing communications and outreach strategies that align with the needs and interests of both groups. Motivating factors for both groups included:

- Being a good role model and protecting the health of family and friends
- Improving physical and mental health and well-being
  - However, key stakeholders suggested that messages focusing on the health risks of smoking were not as effective, as most people already know about the dangers of smoking.
- Saving money
- Opposing the tobacco industry's targeting of communities of color and the LGBTQ community

Participants and key stakeholders also suggested other factors to consider when developing messages. Specifically, messages should:

- Offer clear, straightforward information, provide a variety of options, and emphasize personal choice.
- Normalize help-seeking, taking into account stigma and historical distrust of mental health services.

## ***Messengers and channels***

Participants and key stakeholders also identified trusted sources of health information, which may provide direction for communication channels and outreach moving forward.

### **Messengers**

Participants in both groups reported that they got important health information from medical professionals and friends and family.

Participants from both groups emphasized the importance of authentic relationships in any outreach efforts, either through hearing from people who had quit smoking themselves, warm hand-offs when connecting people to resources, or outreach from people in the community. Communications materials should also reflect those being reached, but should not rely on stereotypes or caricatures.

## **Channels**

Key stakeholders also recommended making use of organizations and institutions that already have trusting relationships with these communities. Outreach efforts in these settings should allow people to seek out information voluntarily and with some degree of confidentiality. Trusted places included:

- Churches, schools, restaurants, and mental health clinics for individuals experiencing mental health concerns
- Bars, coffee shops, events such as Pride, and organizations that serve the LGBTQ community for individuals identifying as LGBTQ

Social media may also be an effective way to reach people in the LGBTQ community, and web-based support could be helpful in reaching people who may not feel comfortable reaching out for support from medical or mental health professionals. However, key stakeholders also suggested that phone-, text-, or web-based programs that involve support from anonymous counselors would not be as effective as other strategies in the Latino community.

## ***Interventions***

Although many participants were likely to try to quit “cold turkey,” survey respondents in both groups felt that they would be more successful quitting using outside help. Both groups identified common interventions that they believed would be effective in their community:

- Approaches that increase awareness of available smoking cessation resources and offered a variety of different options, which are more likely to meet people’s individual needs and help people feel greater control of the process.
- One-on-one counseling, combined with over-the-counter medications. Interventions that include one-on-one counseling should consider stigma and other barriers to seeking help in formal settings, and might include mental health therapy, a quit coach, or informal relationships in the community.
- Culturally specific programs run specifically for Latinos would make participants feel more confident about quitting, according to the majority of respondents.
- Free or low-cost programs.

Interventions that respondents and stakeholders thought would be less effective included group-based programs, resources with limited information, and services that were not culturally responsive. Community leaders advised against outreach through churches for Latinos identifying as LGBTQ.

## *Policy and systems change efforts*

Continuing to support policy and systems change efforts is also critical to supporting smoking cessation in the two communities. Direct interventions should be balanced with systems-level strategies, such as advocating for smoke-free and other tobacco policies, challenging the tobacco industry's targeting of people of color and the LGBTQ community, addressing broader social determinants of health, and collecting more granular data about tobacco use among different populations.

In addition, there are opportunities to work with mental health professionals to encourage greater integration of smoking cessation into treatment plans. Findings from this study suggest that mental health professionals interviewed did not regularly ask clients about smoking for a variety of reasons, including:

- They did not want the client to feel judged
- Smoking was not relevant to the client's presenting concerns
- They saw smoking as coping mechanism for managing mental health symptoms or recovery from harder substances
- They did not feel that they were equipped with enough information about available smoking cessation resources
  - When mental health professionals did refer clients to smoking cessation programs, they suggested QUITPLAN or health care providers or social workers within the clinic.

However, mental health professionals had some interest in incorporating questions about smoking more regularly into their sessions. They noted that clinic commitment to doing so would be critical to ensuring that it became part of standard practice, and they were interested in additional training on available culturally responsive resources.

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### **For more information**

This summary presents highlights of the full report *Tobacco Use Among Latinos Identifying as LGBTQ or Experiencing Mental Health Concerns*. For more information about this report, contact

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