REDUCING TOBACCO USE AMONG CONNECTICUT'S LGBTQ+ COMMUNITY

A Guide For Best Practice

True To You Coalition

Live life tobacco-free.

This publication was supported with funds by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) under Grant # NU58DP006784. The contents are those of the Coalition and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Tobacco smoking is the leading cause of preventable disease, disability, and death in the United States.[1] Disparities in commercial tobacco use, tobacco-related illnesses, and tobacco dependence treatment can exist based on economic, social and demographic factors, including sexual orientation and gender identity. The lesbian, gay, bisexual, transgender, queer or questioning, and other sexual orientations and gender identities (LGBTQ+) community experiences higher rates of tobacco use than the non-LGBTQ+ community in the United States and in Connecticut. Several factors contribute to the higher rates of use, including stress, discrimination, aggressive marketing tactics by tobacco companies, and barriers to tobacco dependence treatment.

In 2023, the Connecticut Department of Public Health's (DPH) Tobacco Control Program awarded funding to the Connecticut Center for Prevention, Wellness and Recovery (CCPRW), a program of Wheeler Clinic, to promote tobacco-free living among Connecticut's LGBTQ+ community. CCPWR applied strategies from the Centers for Disease Control and Prevention (CDC) *Best Practices for Comprehensive Tobacco Control Programs – 2014* to develop and implement a framework for addressing tobacco use among Connecticut's LGBTQ+ youth, young adults, and adults. CDC best practices[2] include:

1. **State and Community Interventions:** Interventions that mobilize communities to prevent the initiation of tobacco use; promote tobacco use cessation; eliminate exposure to secondhand smoke and aerosol/vapor; and eliminate tobacco-related disparities.

2. **Mass-Reach Health Communication Interventions:** Interventions that use a variety of strategies including digital technologies to prevent initiation, promote cessation, and shape social norms about tobacco use.

3. **Cessation Interventions:** Interventions that promote health systems change and support state quitline capacity.

4. **Surveillance and Evaluation:** The process of continuously monitoring tobacco-related attitudes, behaviors, and health outcomes over time.

5. **Infrastructure, Administration, and Management:** Structures that create sufficient capacity for program sustainability, efficacy, and efficiency and enable programs to plan their strategic efforts.

[1] U.S. Department of Health and Human Services. *Smoking Cessation: A Report of the Surgeon General—Executive Summary*. Atlanta, GA: 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, 2020.
[2] Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs: Executive Summary*, 2014.

Reducing Tobacco Use Among Connecticut's LGBTQ+ Community: A Guide For Best Practice illustrates how the True to You (T2U) Coalition applied CDC best practices to improving the health and wellbeing of Connecticut's LGBTQ+ community over a 22-month period. Strategies used, activities implemented, successes achieved, lessons learned, and recommendations for future work are outlined throughout the manual.

Highlights include:

- Over 30 LGBTQ+ individuals, allies, and organizations contributed to the initiative.

- More than 100 LGBTQ+ youth, young adults, and adults shared their attitudes, beliefs, and experiences with tobacco use through a comprehensive community needs assessment designed by T2U.

- Fifteen (15) original hard-copy and digital materials were developed to help healthcare providers incorporate tobacco dependence treatment into their practices; hard-copy materials were distributed to 71 healthcare provider networks across Connecticut.

- Over 351,000 individuals listened to or watched T2U's tobacco prevention and cessation ads on digital platforms during a 10-week period.

- Seven hundred sixty-three (763) unique individuals visited the newly created T2U website during a four-month period; the website was built to support T2U's outreach to healthcare providers and their tobacco prevention and cessation ads on digital platforms.

Stakeholders and community partners have expressed how valuable the initiative has been. LGBTQ+ individuals appreciate the use of positive, strength-based messaging and inclusive images to promote tobacco-free living among LGBTQ+ youth, young adults, and adults. Community partners value the resources and materials created to support their tobacco prevention efforts with the LGBTQ+ community and their work with healthcare providers to incorporate tobacco dependence treatment into healthcare practices. There is need for and community interest in this work continuing in Connecticut and across the United States.

LGBTQ+ TOBACCO USE IN CONNECTICUT

THE PREVALENCE OF TOBACCO USE AMONG THE LGBTQ+ COMMUNITY

The lesbian, gay, bisexual, transgender, queer or questioning, and other sexual orientations and gender identities (LGBTQ+) community in the United States experiences higher rates of tobacco use than the non-LGBTQ+ community. Factors that contribute to higher use rates include stress due to identity-related stigma and discrimination; family, peer, and community rejection; limited opportunities for social bonding outside smoking venues (e.g., bars and clubs); lack of access to quality treatment and care; aggressive marketing tactics by tobacco companies; and ambivalence among LGBTQ+ leaders to prioritize tobacco use as a significant health issue.[3]

Connecticut's LGBTQ+ community also experiences the same tobacco-related disparities. The Connecticut Department of Public Health (DPH) monitors prevalence rates for tobacco use, tobacco cessation, and exposure to secondhand tobacco smoke/aerosol among Connecticut residents, including LGBTQ+ residents. Prevalence rates for high school youth are estimates based on data from the Youth Tobacco Survey, the Youth Tobacco Component of the Connecticut School Health Survey (CSHS). Prevalence rates for adults are estimates based on data from the Behavioral Risk Factor Surveillance System (BRFSS). Analysis of the most recent available data is illustrated below.

Connecticut LGBTQ+ High School Youth

Thousands of Connecticut high school students complete the Youth Tobacco Survey (YTS) as part of the CSHS every other year with the most recent data from 2023. A review of the data showed LGBTQ+ high school youth reported higher rates of any tobacco use than their non-LGBTQ+ peers during the past three survey periods (Figure 1.1). A question on quit attempts during the past 12 months was included in the 2021 and 2023 survey tools. The data showed a greater number of non-LGBTQ+ high school youth reported quit attempts in 2021, but a larger number of LGBTQ+ high school youth reported quit attempts in 2023 (Figure 1.2).

Figure 1.1 Percent of LGBTQ+ and Non-LGBTQ+ High School Youth Reporting Any Tobacco Use

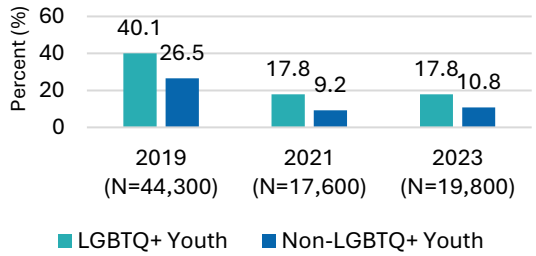
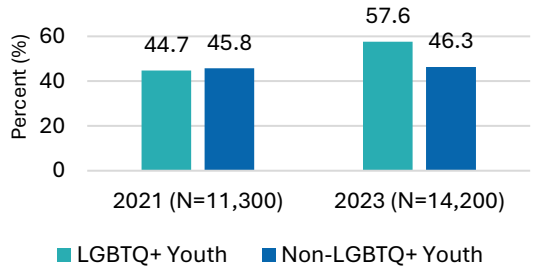


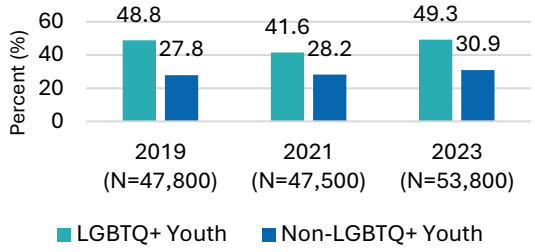
Figure 1.2 Percent of LGBTQ+ and Non-LGBTQ+ High School Youth Reporting Quit Attempts



[3] American Lung Association. *The LGBT Community: A Priority Population for Tobacco Control*, 2009.

LGBTQ+ high school youth also experienced higher rates of exposure to secondhand smoke or aerosol than non-LGBTQ+ high school youth during the past three surveys (Figure 1.3).[4]

Figure 1.3 Percent of LGBTQ+ and Non-LGBTQ+ High School Youth Reporting Exposure to Secondhand Smoke or Aerosol



Connecticut LGBTQ+ Adults

Hundreds of thousands of Connecticut adults ages 18 and older complete the BRFSS each year with the most recent data available from 2023. A review of the data showed LGBTQ+ adults reported higher rates of any tobacco use than non-LGBTQ+ adults during the past three survey periods (Figure 1.4). A question on quit attempts during the past 12 months was included in the 2021 BRFSS instrument. The data showed a greater number of non-LGBTQ+ adults reported quit attempts during the past 12 months than LGBTQ+ adults (Figure 1.5). LGBTQ+ adults also experienced higher rates of exposure to secondhand smoke or aerosol during the past three reporting periods (Figure 1.6).[5]

Figure 1.4 Percent of LGBTQ+ and Non-LGBTQ+ Adults Reporting Any Tobacco Use

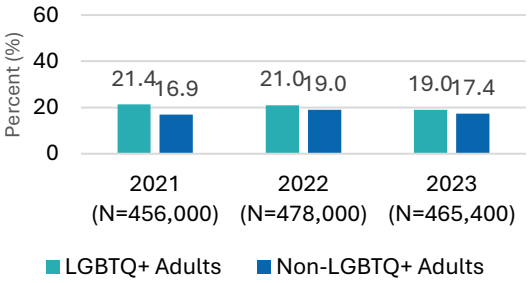
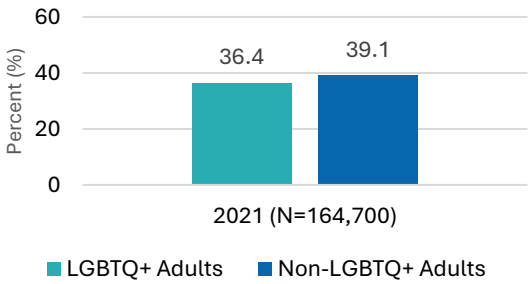
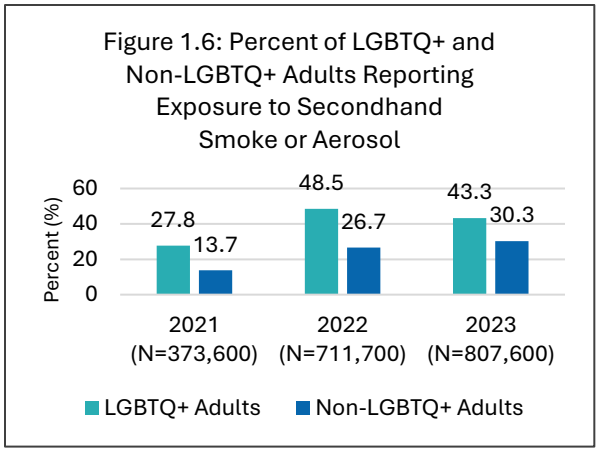


Figure 1.5 Percent of LGBTQ+ and Non-LGBTQ+ Adults Reporting Quit Attempts



[4] In the 2023 CSHS, "secondhand smoke" was defined as secondhand tobacco or marijuana smoke.
[5] In the 2022 and 2023 BRFSS, "secondhand smoke" was defined as secondhand tobacco or cannabis smoke.



In 2021, fewer LGBTQ+ high school youth and adults reported quit attempts than non-LGBTQ+ youth and adults. The reason for fewer quit attempts is unclear. One factor that may have contributed to fewer quit attempts is the COVID-19 pandemic.

CONNECTICUT'S TOBACCO CONTROL LANDSCAPE

Tobacco use is a leading cause of preventable death and disease in Connecticut and takes the lives of 4,900 state residents each year.[6] In response, the State of Connecticut allocates funding to state agencies and non-profit coalitions and community organizations to prevent the initiation of tobacco use among youth and to promote tobacco cessation across the lifespan. State and local support for tobacco prevention and cessation communicates a commitment to Connecticut residents' health and well-being that is proximal to where individuals and families live, go to school, work, and participate in community activities. A list of state agencies, non-profit coalitions, and community organizations is outlined below.

Connecticut State Agencies

1. **Department of Public Health Tobacco Control Program (DPH):** DPH works to enhance the wellbeing of Connecticut residents by promoting tobacco-free lifestyles and by educating communities about the economic and health costs and consequences of tobacco use. DPH coordinates and assists state and local efforts to prevent people from starting to use tobacco; to help current users quit; to reduce nonsmokers' exposure to both secondhand and thirdhand smoke and aerosol; and to reduce disparities related to tobacco use. DPH oversees the Connecticut Quitline, which is funded under a CDC National and State Tobacco Control Program grant in combination with support from the Connecticut Office of Policy and Management Tobacco and Health Trust Fund.

2. **Office of Policy and Management (OPM)'s Tobacco and Health Trust Fund Board:** The Tobacco and Health Trust Fund accepts transfers from the Tobacco Settlement fund in accordance with Public Act 15-244 (Section 90). The Tobacco and Health Trust Fund Board supports and encourages the development of programs to reduce tobacco and nicotine use through prevention, education and cessation and uses the CDC's *Best*

[6] American Lung Association. *State of Tobacco Control: Connecticut 2024*, January 23, 2024.

Practices for Comprehensive Tobacco Control Programs as guide to plan for statewide projects. Funded projects and initiatives fall into the following categories: (1) state and community interventions, (2) communication methods to disseminate health information to a wide audience, (3) cessation interventions, (4) surveillance and evaluation, and (5) infrastructure, administration and management. The trust fund is used to support the reduction in use of all tobacco and nicotine products, including, but not limited to, combustible, noncombustible, electronic and synthetic tobacco and nicotine products.

3. **Office of the Attorney General Financial and Revenue Services (OAG):** OAG is responsible for a variety of tobacco-related matters including enforcement of the Master Settlement Agreement ("MSA") with more than forty participating tobacco product manufacturers. The Financial & Revenue Services Section ensures that Connecticut continues to receive the monetary payments it is owed under the MSA from participating manufacturers, that those manufacturers comply with the public health provisions of the MSA, that nonparticipating manufacturers selling cigarettes in Connecticut make their requisite escrow deposits for Connecticut's benefit, and that all tobacco product manufacturers abide by other requirements of state and federal law.

4. **Connecticut Department of Revenue Services Tobacco Enforcement Division (DRS)**: DRS enforces Connecticut statues related to the sale of tobacco products in Connecticut. They manage the process through which tobacco product retailers obtain licenses to legally sell cigarettes and other tobacco products in Connecticut to customers ages 21 and older.

5. **Connecticut Department of Consumer Protection (DCP):** The DCP manages the processes through which Electronic Nicotine Delivery System (ENDS) or vapor product manufacturers and retailers obtain certificates of registration to legally manufacture or sell ENDS or vapor products in Connecticut to customers ages 21 and older. The DCP also oversees ENDS retailers' compliance with Connecticut Public Act 24-54, which requires owners or designees of registered ENDS retail establishments to complete an online training as part of their initial license application and for each application renewal. They also permit Tobacco Bars in the state.

6. **Department of Mental Health and Addiction Services Tobacco Prevention and Enforcement Program (DMHAS TPEP):** DMHAS TPEP educates retailers and the public about laws prohibiting the sale of tobacco and nicotine products to individuals ages 20 and younger. DMHAS TPEP promotes tobacco use prevention by preventing youth access through retailer compliance inspections (e.g., undercover buys); retailer education (e.g., online training, quarterly meetings, quarterly newsletters); and community awareness (e.g., media campaigns and news segments). They also are responsible for administering Juul Settlement funds to the Regional Behavior Health Action Organizations in accordance with Public Act 23-92, and support tobacco, vaping, and nicotine prevention at the regional and local level.

Non-Profit and Community Organizations

1. **Mobilize Against Tobacco for Connecticut's Health (MATCH) Coalition:** The MATCH Coalition is a statewide coalition of organizations and individuals committed to reducing the effects of tobacco in Connecticut by promoting smoke-free environments, reducing disparities in tobacco control, and increasing access and funding for tobacco prevention and cessation programs. MATCH accomplishes this through grassroots advocacy and public education. There are over 50 member organizations including the American Cancer Society, the American Heart Association, and the American Lung Association.

2. **Local Health Agencies (LHA):** LHAs include independent municipal health departments and regional health districts. They promote tobacco cessation, educate and work with local partners to prevent youth access to tobacco products, and enforce local tobacco laws, as applicable.

3. **Tobacco Merchant and Community Education Steering Committee (TMCE):** TMCE works to reduce the sale of tobacco and electronic cigarette/vapor products to youth under the age of through retailer education, awareness campaigns, and compliance inspections. TMCE members include tobacco and e-cigarette retailers, state agency partners, prevention professionals, and local coalition members. TMCE is funded by the Connecticut Department of Mental Health and Addiction Services.

4. **Connecticut Clearinghouse:** Connecticut Clearinghouse, a program of Wheeler's Connecticut Center for Prevention, Wellness and Recovery, is the state's premier library and resource center for information and materials on substance use and mental health disorders, prevention, health promotion, harm reduction, treatment, recovery, wellness, and related topics. The Clearinghouse supports all activities carried out by the True to You Coalition and coordinates the activities conducted by the Tobacco Merchant and Community Education Sterring Committee (TMCE). Clearinghouse resources are available at no cost for Connecticut families, teachers, students, professionals, and communities. Connecticut Clearinghouse is funded by the Connecticut Department of Mental Health and Addiction Services.

5. **Regional Behavioral Health Action Organization (RBHAO):** Five (5) RBHAOs coordinate and support behavioral health initiatives (mental health, suicide prevention, substance misuse, and problem gambling) across Connecticut. They administer the Local Prevention Council (LPC) grants to municipalities to stimulate the development and implementation of prevention activities and use the Strategic Prevention Framework to guide their nicotine and vaping activities and initiatives. RBHAO representatives participate on the MATCH Coalition and the Tobacco Merchant and Community Education Steering Committee. The RBHAOs are funded by the Connecticut Department of Mental Health and Addiction Services.

6. **Local Prevention Councils (LPC):** One hundred fifty (150) LPCs facilitate the development of alcohol, tobacco, and other drug (ATOD) abuse prevention initiatives at the local level with the support of Chief Elected Officials. The specific goals of LPCs are to increase public awareness of ATOD prevention and stimulate the development and implementation of local prevention activities primarily focused on youth. LPCs receive funding from the Connecticut Department of Mental Health and Addiction Services through the RBHAOs.

Connecticut state agencies, non-profit coalitions, and community organizations remain in continuous communication through listservs, newsletters, and participation on tobacco-related coalitions and committees (e.g., MATCH, TMCE). They frequently partner with one another to achieve Connecticut's goal of reducing tobacco use across the lifespan.

BEST PRACTICES IN TOBACCO CONTROL

Section I: State and Community Interventions

INTRODUCTION

Active, coordinated, state- and community-level interventions form the foundation of comprehensive tobacco control programs. These interventions mobilize communities to promote tobacco use cessation; prevent tobacco use initiation; eliminate secondhand smoke exposure; and identify and eliminate tobacco-related disparities. State and community interventions that can change a community's knowledge, attitudes, and behaviors on tobacco use include developing partnerships and coalitions; establishing a strategic plan for comprehensive tobacco control; educating on evidence-based policy change; engaging stakeholders to address disparities; collecting, disseminating, and analyzing data; sponsoring training and technical assistance; and monitoring pro-tobacco influences to facilitate public discussion.[7]

CDC funding was awarded to the Connecticut Center for Prevention, Wellness and Recovery (CCPWR), a program of Wheeler Clinic, through the Connecticut Department of Public Health's Tobacco Control Program to promote tobacco-free living among Connecticut's LGBTQ+ community in 2023. Best practices in state and community interventions were implemented including establishing a statewide coalition; conducting a community needs assessment; developing a data-driven two-year strategic plan; and reducing exposure to secondhand smoke through community education and support.

ESTABLISHING A STATEWIDE COALITION

Decreasing disparities in tobacco use occurs largely through engagement in evidence-based community interventions, such as coalition development.[8] Coalitions consisting of diverse stakeholders and community partners are a best practice because they have "the means to pool together the abilities, expertise, and resources of numerous stakeholders to positively affect community health."[9] The Connecticut True to You (T2U) Coalition was established to reduce tobacco use among the state's LGBTQ+ youth, young adults, and adults. Many in the LGBTQ+ community have experienced discrimination and inequitable care from the healthcare community, which has caused LGBTQ+ youth, young adults, and adults to mistrust healthcare professionals. Clarifying and communicating the coalition's mission, vision, and guiding principles was an essential first step to obtaining the LGBTQ+ community's support for and involvement in the coalition.

Define the Coalition's Mission, Vision, and Value Statements

Clear and concise mission, vision, and value statements convey to stakeholders and community partners the coalition's purpose, long-term objectives, guiding principles, and

[7] Centers for Disease Control and Prevention (CDC). *Best Practices for Comprehensive Tobacco Control Programs: State and Community Interventions Fact Sheet 2014*. National Center for Chronic Disease Prevention and Health Promotion: Office on Smoking and Health.

[8] Centers for Disease Control and Prevention (CDC). *Best Practices for Comprehensive Tobacco Control Programs: State and Community Interventions 2014*. National Center for Chronic Disease Prevention and Health Promotion: Office on Smoking and Health. Page 22.

[9] Ganner, M.L., Sharpe, P.A. *Evaluating Community Coalition Characteristics and Functioning: A Summary of Measurement Tools.* Health Education Research, 2004.

core beliefs. They ensure a mutual understanding of the coalition's charge and provide a framework for decision-making around the coalition's objectives and activities.

A strength-based approach was applied to crafting T2U's mission, vision, and value statements. Many LGBTQ+ individuals who use tobacco products utilize them to manage stress, anxiety, and depression, symptoms which often present themselves in response to identity-related discrimination and stigma; family, peer, and community rejection; and limited or no access to safe and equitable health care.[10] Using strength-based language, T2U conveyed a guiding principle of promoting health within the LGBTQ+ community, starting with tobacco-free living. Figure 2.1 outlines T2U's mission, vision, and value statements.

Figure 2.1 T2U's Mission, Vision, and Value Statements	
Mission Statement (purpose)	To promote tobacco-free living among Connecticut's LGBTQ+ youth, young adults, and adults.
Vision Statement (long-term objectives)	To lower the rate of commercial tobacco product use and to prevent the initiation of commercial tobacco product use among Connecticut's LGBTQ+ community, using best practices established by the Centers for Disease Control and Prevention (CDC).
Value Statement (guiding principles and core beliefs)	LGBTQ+ individuals have the right to live and thrive in communities that promote and support their health and wellbeing; make informed choices about their health; and partner with healthcare providers who welcome, understand, and consider their unique needs when discussing and providing treatment or services.

Determine the Coalition's Membership Composition Goals

Membership composition goals provide structure for coalition recruitment. They define the desired number of members and help an organization assemble a diverse group of people with the knowledge, skills, lived experience, and influence needed to fulfill the coalition's mission. Membership composition goals ensure stakeholders are well-represented and actively involved in decision making; different perspectives based on age and tobacco use status are shared, discussed, and incorporated into the coalition's activities; and members' skills, expertise, and influence complement the coalition's mission and vision. Membership composition goals for T2U were established by CCPWR based on their vast experience convening statewide coalitions. Figure 2.2 illustrates T2U's membership composition goals:

Figure 2.2 T2U Membership Composition Goals
A minimum of 16 members and a maximum of 25 members.
At least 50% of T2U members identify as LGBTQ+.

[10] American Lung Association. *The LGBT Community: A Priority Population for Tobacco Control*, 2009.

Figure 2.2 T2U Membership Composition Goals
LGBTQ+ members include youth, young adults, and adults.
Individuals who currently use tobacco products are welcome, as are people who quit using tobacco products and those who have never used tobacco products.
Members possess skills, expertise, and influence in the areas of tobacco prevention and cessation, health, mental health, and/or education.

Design and Implement a Recruitment Plan

A recruitment plan is a strategic approach to identify and engage prospective members to join a coalition. CCPWR devised a recruitment plan based on their prior experience recruiting stakeholders and community partners for statewide coalitions. The T2U recruitment plan included:

1. **Identify Prospective Members**

   Prospective members should include stakeholders and community partners because these individuals possess high levels of interest, expertise, commitment, and influence. Inclusion of stakeholders and community partners from diverse backgrounds is essential, for "diverse people bring different contacts, can reach a greater audience and therefore bring additional opportunities....Teams should be intergenerational, interracial, and represent many different backgrounds to ensure that coalitions are reflective of the community at large. Networks of diverse people provide more creative solutions, new ideas, and powerful answers to problems because of the different kinds of perspectives brought to the table."[11]

   Stakeholders in LGBTQ+ tobacco control initiatives are culturally diverse youth, young adults, and adults who identify as LGBTQ+ and may or may not use tobacco products. Community partners are organizations that provide services to the LGBTQ+ community and/or promote tobacco-free living. Stakeholders and community partners can be identified through outreach to groups and organizations, including but not limited to:

   - LGBTQ+ health centers
   - Gender-affirming care centers and programs
   - LGBTQ+ social and community centers
   - LGBTQ+ PRIDE centers and organizations
   - LGBTQ+ arts organizations

[11] Dedrick, Elandre. *Advancing Inclusion Through Strategic Coalition Building*. German Marshall Fund, 2025.

- LGBTQ+ owned and operated businesses
- High school Gay/Straight Alliances (GSAs)
- College and university PRIDE clubs and/or Sexual Orientation/Gender Identity Expression (SOGIE) clubs
- Tobacco prevention and control programs
- State and local prevention councils
- State and local health departments and districts
- Healthcare centers and behavioral health organizations
- School-based health centers
- College and university health centers
- State agencies

2. **Develop Recruitment Messages and Materials**
   Recruitment messages communicate to prospective members key information about a coalition and its purpose, including the presenting issue; the population of interest; proposed strategies for mitigating or resolving the issue; a need for members; and a person to contact for more information. Recruitment messages also use language and images that resonate with the intended audience.

   Flyers are an effective and versatile medium for conveying recruitment messages. They can be disseminated through email distribution lists and listservs; converted into images (e.g., pngs or jpegs) for posting on social media platforms; and placed at front desks and on bulletin boards at LGBTQ+ and community partner organizations. See *Appendix A: T2U Coalition Recruitment Flyers* for copies of coalition recruitment flyers created by the coalition.

3. **Select Recruitment Strategies**
   Recruitment strategies are the direct and indirect approaches used to recruit prospective coalition members.

   - Direct Approaches: Direct approaches can consist of phone calls, video chats, and personal email messages. Direct approaches are typically used with prospective members known to the recruitment team; however, they can be used with individuals unknown to the recruitment team as a way of personalizing a request to

join a coalition. Direct approaches allow prospective members to ask questions, determine if they are interested in the initiative, and decide if they possess the knowledge, skills, experience, influence, and time to support the initiative.

- Indirect Approaches: Indirect approaches can include listservs, email distribution lists, posts on digital platforms, and postings on organization and/or community bulletin boards. Indirect approaches can reach hundreds if not thousands of prospective members from across a city, region, or state. Indirect approaches use flyers, graphics, or other tools to communicate the coalition's recruitment message and request for participants.

Coalitions can use both direct and indirect approaches to expand their reach. CCPWR used phone calls, personal email messages, listservs, and email distribution lists to recruit coalition members.

4. Implement Recruitment Strategies

Establishing a timeframe for recruiting coalition members helps to keep an initiative on track. A 60-90-day window is a sufficient amount of time to recruit people, initially.

Initial outreach efforts require follow-up. Many individuals juggle competing priorities, and initial recruitment attempts may go unnoticed. Also, different recruitment strategies are successful with different people, i.e., a direct approach that works with some stakeholders may not work with other stakeholders. Tobacco control programs should be open to shifting strategies; following up on personal emails with personal phone calls; and alternating use of digital technologies to distribute recruitment materials, i.e., using listservs during week one and social media posts on week three, etc.

CCPWR finalized T2U membership in September 2023. Figure 2.3 compares the coalition's membership composition goals with the outcomes of their recruitment plan.

Figure 2.3 T2U Membership Composition Goals and Recruitment Plan Outcomes

Membership Composition Goals	Recruitment Plan Outcomes
Goal 1: T2U will include a minimum of 16 members and a maximum of 25 members.	**Goal Met:** 22 stakeholders and community partners joined T2U.
Goal 2: At least 50% of members will identify as LGBTQ+.	**Goal Met:** 56% of members identified as LGBTQ+.
Goal 3: LGBTQ+ members will include youth, young adults, and adults.	**Goal Partially Met:** LGBTQ+ members included three youth and nine adults; it did not include young adults.
Goal 4: Individuals who currently use tobacco products will be welcome, as will people who quit using tobacco products	**Goal Met:** Members included individuals who currently used tobacco products, had quit using tobacco products, and had never used tobacco products, per self-

Figure 2.3 T2U Membership Composition Goals and Recruitment Plan Outcomes	
and those who have never used tobacco products.	disclosures during recruitment activities and coalition discussions.
Goal 5: Members will possess skills, expertise, and influence in the areas of tobacco prevention and cessation, health, mental health, and/or education.	**Goal Met:** Members included individuals with expertise in tobacco prevention, cessation, healthcare, mental health care, and education.

Members also included individuals from diverse backgrounds, specifically American Indian/Native Alaskan, Asian, Latino/a, White, or more than one race.

CCPWR experienced challenges recruiting LGBTQ+ young adults and Black individuals. Leveraging CCPWR's and Wheeler's partnerships with LGBTQ+ and Black organizations, coalitions, and councils may have increased participation from these subpopulations. Direct outreach to colleges and universities, affirming houses of worship, LGBTQ+ owned and operated businesses, and Black owned and operated businesses also may have increased LGBTQ+ young adult and Black involvement, if time and resources allowed.

Although most membership composition goals were met, CCPWR learned that membership recruitment is an ongoing process. Several original members drifted away, citing competing priorities, changes in personal or professional lives, and changing priorities in the socio-political environment. Continuous membership recruitment should be built into coalition recruitment plans.

Develop The Coalition's Meeting Structure

A well-structured meeting is essential to the success of a coalition. Structure provides "a clear framework and expectations for participants, ensuring that time is used efficiently. Without structure, meetings can quickly become disorganized....In an unstructured meeting, participants might veer off-topic, dominate conversations, or leave without clear next steps, which diminishes the meeting's value."[12]

Components of a well-structured meeting can include but are not limited to:

1. **Recurring Meeting Date and Time:** Establishing a recurring meeting date and time ensures members understand the frequency and duration of coalition meetings and can plan accordingly. Identifying a recurring date and time can be challenging, especially among a large group of people. Using an online tool like Doodle Poll allows members to mark dates and times that consistently work best for them.

[12] Roberts, Jordan. *Why Meeting Structure Matters*. Journey Alliance, June 11, 2024.

2. **Location:** Meetings can be held in-person or virtually. In-person meetings provide a greater opportunity for individuals to build rapport before and after meetings. However, consistent attendance can prove challenging for members who live further away from the designated meeting space. Conversely, virtual meetings eliminate travel time for individuals who live further away, allowing more members to regularly attend meetings. However, opportunities for building rapport before and after meetings is greatly diminished. Annual or bi-annual in-person meetings to recognize members and celebrate successes can build and strengthen bonds between members and foster continuous momentum for the initiative.

3. **Meeting Announcement:** Using technology, such as Outlook Calendar or Microsoft Teams, to send a meeting announcement 7-10 days prior to a meeting ensures all members receive timely meeting information, including date, time, agenda, prior meeting minutes, and location/virtual link. It also allows members to identify scheduling conflicts and for the meeting organizer to track the number of individuals planning to attend the meeting.

4. **Meeting Agenda:** A meeting agenda generally includes the meeting date, time, and topics to be discussed. It can also feature member introductions and opportunities for members to share other business. Providing members with a copy of the meeting agenda 7-10 days prior to the meeting gives individuals ample time to submit questions or recommend additional items for discussion.

5. **Meeting Minutes:** Meeting minutes capture information presented and decisions made during a prior meeting. Providing members with copies of meeting minutes 7-10 days prior to a meeting reminds individuals of topics discussed, decisions made, and intended next steps.

CCPWR conducted T2U meetings in accordance with the established structure. Full coalition meetings were held from 3:00 p.m. – 4:00 p.m. on the third Wednesday of every month for the first year and every other month for the second year of the initiative. The 3:00 p.m. hour for full coalition meetings was chosen to accommodate the school schedules of three youth members.

Many members held full-time jobs with multiple responsibilities and could not dedicate more than one hour per month to the initiative. As a result, full coalition and subcommittee meetings were used to generate ideas and make decisions. Developing tools and materials occurred outside the meeting space by the T2U project coordinator and CCPWR staff. This process enabled T2U to fulfill its objectives, but it did not allow coalition members to assume full ownership of the initiative. Future coalitions may want to identify and communicate to prospective members that amount of time they will need to devote to coalition activities outside of regularly scheduled meetings, so that expectations are clear and, more importantly, members assume full ownership of the project.

ASSESSING COMMUNITY NEED

Understanding a community's perceptions of and experiences with commercial tobacco products is essential for developing authentic and effective tobacco prevention and cessation campaigns, materials, and resources. A literature review can yield up-to-date information about a population's perceptions of and experiences with tobacco. A community needs assessment can also provide timely data, especially if the information found through the literature review isn't current or is non-existent.

Develop A Community Needs Assessment

The primary goal of a community needs assessment ["survey"] on LGBTQ+ tobacco use is to obtain current data from the LGBTQ+ community on their perceptions of and experiences with tobacco use and cessation services. Capturing additional data elements, such as the LGBTQ+ community's experiences with healthcare providers and with digital platforms, can also prove beneficial, especially if healthcare provider outreach and tobacco prevention and/or cessation digital marketing campaigns are pre-planned goals.

The survey development process requires thoughtful discussion about which data elements will yield the most meaningful information. Questions and response options should be carefully constructed to ensure the desired data is collected. If resources allow, questions that have not been validated, should be. Consideration should also be given to which survey(s) format will be the most effective for the assessment goals and intended audience. Some T2U members had experience with survey design, data collection, and analysis; they led coalition discussions on survey development, and they converted members' recommendations into a comprehensive survey they believed would yield meaningful data. Key components of the T2U survey as well as decisions about survey participation and format are detailed below.

1. **Data Elements**
   Survey data elements can be categorized into seven survey domains:

   a. Attitudes and Beliefs: Questions about attitudes and beliefs focused on respondents' perceptions of peer approval of tobacco use; perceptions of harm associated with tobacco use; exposure to secondhand smoke and aerosol; sources of exposure to images of tobacco use (e.g., entertainment, social media, public events); and awareness of free and confidential cessation services.

   b. Tobacco Use Status: For data analysis purposes, questions and response options were developed to classify respondents as one of three types of tobacco users:

      1) *Current use:* Respondents who reported they used one or more types of tobacco products during the past 30 days.

2) *Former use:* Respondents who reported they had not used any tobacco products during the past 30 days and stated they had quit using tobacco products.

3) *Non-use/never used:* Respondents who reported they had not used any tobacco products during the past 30 days and stated they had never used them in their lifetime.

c. Tobacco Use Behaviors: Questions and response options were developed for each tobacco use status; they centered on the types and frequency of tobacco products used and the reasons for use – or non-use – of tobacco.

1) *Current Use:* Respondents were asked to disclose the types of tobacco products they used (e.g., cigarettes, e-cigarettes, cigars, chew, dip, snuff, snus, nicotine pouches, hookahs); the brands of e-cigarettes they used; the frequency with which they used menthol products during the past 30 days; the other flavors they used during the past 30 days; and if they used cannabis during the past 30 days. Questions about their reasons for initial and ongoing tobacco use were also included.

2) *Former Use:* Respondents were asked to share their period of last use (e.g., less than 6 months ago, 7-12 months ago, 1-2 years ago, etc.); the reason(s) they stopped using tobacco products; if they received help with their quit process; and the people or resources that helped them quit.

3) *Non-use/Never Used:* Respondents were asked to identify their reason(s) for not using/never using tobacco products.

d. Cessation History and Intent to Quit: Questions and response options were designed to determine if respondents who currently used tobacco products had prior quit attempts; found specific people or resources helpful during previous quit attempts; planned to quit in the future; were aware of factors that prevented them from quitting; and could identify people and resources that would be helpful if they decided to quit.

e. Experiences with Healthcare Providers During the Past 12 Months: Questions and response options assessed if respondents experienced care that was safe, welcoming, affirming, and inclusive; felt comfortable discussing tobacco use with their providers; were screened for tobacco use; advised on the benefits of quitting; and were given – or were offered – medication and/or a referral to cessation services.

f. Preferred Digital Platforms: Question and response options asked respondents to identify the digital platforms (e.g., social media apps, streaming services, and

dating apps) they used most often. Note: Dating apps were not included in the digital platforms presented to youth under 18 years of age.

g. Survey Respondent Characteristics: All respondents were asked to share their gender identity; sexual orientation; race; Hispanic or Latino ethnicity; the individuals with whom they live; their town of residence; their county of residence; and their level of education completed. Respondents ages 18 and older were also asked about their work status; military service history; and total household income.

2. LGBTQ+ Community Participation

Because the coalition wanted to better understand the needs and experiences of the LGBTQ+ community, the survey was only open to Connecticut residents who identified as LGBTQ+ and were 11 years old or older. Providers, allies, and youth 10 and younger who were interested in taking the survey were referred to resources and ways to get involved in the coalition.

3. Assessment Tools

An electronic survey instead of a paper-based survey was recommended by coalition members with experience in survey design, data collection, and analysis. Reasons for choosing electronic surveys over hard-copy surveys include but are not limited to:

a. Cost-effectiveness: Electronic surveys are less expensive to create; they eliminate the cost of paper, printing, postage, manual data entry, and transcription of responses to open-ended questions.

b. Efficiency: Electronic surveys are easier to create, distribute, collect data, and analyze results.

c. Design flexibility: Electronic surveys offer more design options, such as check boxes, radio buttons, matrix tables, and skip logic, which makes them easier for respondents to navigate and complete.

d. Data accuracy: Electronic surveys reduce the risk of errors associated with manual data entry and transcription of responses to open-ended questions.

e. Broader reach: Electronic surveys can be completed by anyone with access to internet services through their phones, tablets, laptops, or computers.

The electronic survey was developed in SurveyMonkey® in English and in Spanish. Parameters were set, so that survey responses were anonymous, confidential, and voluntary. The survey contained two tracks based on age. Respondents who reported their ages as between 11 and 17 years old were directed to a youth track; respondents who reported their ages as 18 years old or older were directed to an adult track. The questions on both tracks were almost identical; however, the response options differed

for some questions to reflect contrasts in life experiences. For example, youth are unable to access bars, clubs, and dating apps, so those response options were unavailable to them on certain questions.

Most survey response options included "other," so that respondents could provide answers that accurately reflected their personal experiences. Response options for more sensitive questions (e.g., demographic questions) included "prefer not to answer."

See *Appendix B: T2U Community Needs Assessment* for copies of the survey tool developed by the coalition.

Community Needs Assessment Promotion

Strategies for promoting surveys are most effective when they consider and include multiple pathways for reaching the intended audience. People have different preferences for receiving information, such as email, text, social media, websites, community events, bulletin board posts, billboards, newspapers and magazines, and radio and television (streaming) ads. Factors that can influence selected approaches include available time, resources, and budget. Limited time and budget influenced the strategies chosen by T2U, who had to reach large numbers of people quickly, efficiently, and simultaneously; and survey promotion materials (e.g., flyers, social media tiles) had to be created by coalition members with basic digital marketing and/or graphic design skills. The survey promotion strategies used by T2U included email (distribution lists and listservs), social media, websites, tabling opportunities, and bulletin boards, and the survey promotion materials included flyers and social media tiles.

1. **Survey Promotion Strategies**
    a. Email Distribution Lists
        1) *True to You Email Distribution List:* A comprehensive email distribution list of 300+ individuals working for LGBTQ+ organizations or for programs that support the LGBTQ+ community was created by T2U. The list included LGBTQ+ organizations (e.g., arts, bars/cafés/clubs, businesses, community centers, gender-affirming care programs, healthcare centers, and PRIDE clubs); behavioral healthcare organizations; community health centers; health departments and districts; HIV/AIDS testing centers; college and university health, PRIDE, and SOGIE centers; school-based health centers; youth service bureaus; tobacco cessation programs; and tobacco prevention programs. Survey promotion flyers were distributed to individuals on the list.

        2) *Connecticut Clearinghouse Prevention Listserv:* Over 2,500 education, health, and human service professionals subscribe to the listserv, which focuses on mental health promotion and substance use prevention.

        3) *Connecticut Healthy Campus Initiative Listserv (CHCI):* More than 300+ individuals who work at Connecticut college and university campuses

subscribe to the listserv. CHCI focuses on underage and high-risk drinking prevention; mental health promotion; suicide prevention; and opioid and stimulant education and awareness.

b. Social Media Tiles: Social media tiles were developed in English and in Spanish by T2U for members to post on their organizations' social media pages, primarily on Instagram and Facebook.

c. Websites: Information and links to the surveys in English and in Spanish were posted on the T2U website.

d. College and University Outreach: Relationships with CCPWR staff and coalition members were leveraged to allow the T2U project coordinator to host tables at seven Connecticut colleges and universities for two-hour periods. During this time, the project coordinator informed LGBTQ+ and ally students about the survey; invited LGBTQ+ students to complete the survey; and requested assistance from LGBTQ+ and ally students in promoting the survey.

e. Bulletin Board Posts: Flyers were created and posted on bulletin boards in T2U members' organizations.

2. Survey Promotion Formats

a. Flyers

Flyers were developed in English and in Spanish for distribution through email distribution lists and listservs and posting on organizations' bulletin boards. A primary flyer was developed and then modified to address specific audiences, including:

1) LGBTQ+ youth

2) LGBTQ+ young adults

3) LGBTQ+ adults

4) LGBTQ+ multi-generational

5) LGBTQ+ bar, café, and club customers

Flyers were created using CanvaPro and structured as invitations to the LGBTQ+ community to share their thoughts and experiences about using – or not using - tobacco products. Flyers included multiple ways to access the survey (e.g., QR code, hyperlink, and URL) and featured language that reassured individuals the survey was anonymous. See *Appendix C: T2U Community Needs Assessment Promotional Flyers* for copies of all flyers created by T2U.

b. Social Media Tiles

A set of social media tiles was created in English and in Spanish to inform the LGBTQ+ community about the survey. The tiles were developed for use with Instagram carousel, a technique that allows users to view multiple tiles in a single post by swiping through the content. A question and answer format was applied to engage viewers. Modified versions of some of the tiles were developed for Facebook users. A link to the survey was placed in the Bio. See *Appendix D: T2U Community Needs Assessment Social Media Tiles* for samples of tiles created by T2U.

Community Needs Assessment Launch and Data Collection

Informing stakeholders and community partners about an upcoming survey can expand the number of individuals promoting the survey among the LGBTQ+ community. A "community partners" flyer was developed and distributed to stakeholders and community partners through the email distribution list and listservs 12 days prior to the launch of the survey. The flyer outlined the purpose of the survey and included links to the survey promotional flyers and social media tiles. Stakeholders and community partners were asked to promote the survey on their websites and social media pages. See *Appendix C: T2U Community Needs Assessment Promotional Flyers* for copies of all flyers created by T2U.

The survey was promoted by T2U members through social media posts on their Instagram and Facebook pages; bulletin board posts in their organizations' foyers and waiting rooms; and by hosting tables at seven Connecticut colleges and universities. Social media posts were boosted on Connecticut Clearinghouse's Facebook (Meta), Instagram, and WhatsApp pages for one week to publicize the survey. The advertising did not yield a significant increase in survey responses. However, the ad received several offensive posts on Facebook from some of its users. It is unknown if the negative comments deterred individuals from completing the survey. Connecticut Clearinghouse staff continuously monitored and removed offensive posts and reported users to Facebook for hate speech, in accordance with Wheeler's protocol for responding to discriminatory and offensive language.

A minimum of 100 completed surveys from LGBTQ+ youth, young adults, and adults was required as part of the program's contract. The survey was open for six weeks, during which time 200 surveys were submitted. Not all of the surveys submitted were completed from start to finish (see "Community Needs Assessment Analysis" below), so a set minimum of more than 100 may be more appropriate. In addition, timing the survey with PRIDE month may increase the number of individuals who complete the survey. Inviting people to complete the survey at PRIDE events may not only expand the number of individuals who complete the survey but also the diversity of individuals who take the survey.

Community Needs Assessment Analysis

Data from 200 surveys submitted was exported from SurveyMonkey® into an Excel worksheet for data cleaning and analysis. Excel offered the flexibility needed for sorting and analyzing the data in ways that were meaningful to the initiative. Access to a third-party

evaluator may have been helpful; it would have allowed for more in-depth analysis of the data.

Of the 200 surveys submitted, 81 were flagged for removal from the final data analysis for the following reasons:

1. The respondents identified themselves as non-LGBTQ+ individuals (N=26).

2. The respondents started the survey but answered less than 50% of the questions (N=54).

3. The respondent reported cannabis use only, i.e., they did not report use of tobacco products (N=1).

After removing the responses listed above, there were 106 respondents who completed the full survey and all demographic questions; eight respondents who completed the full survey and most demographic questions, i.e., they ended their participation when they were asked to disclose their town or county of residence; and five respondents who completed at least 50% of the survey but none of the demographic questions. In total, 119 survey responses were included in the final analysis.

Several key findings emerged from the survey results. Five findings directly influenced the development of T2U's two-year strategic plan:

1. More than one in five respondents reported tobacco use, and e-cigarettes were the tobacco product most commonly reported.

2. Managing stress, anxiety, and depression was reported as the primary reason for continued tobacco use.

3. Many respondents who use tobacco products reported they did not have definitive plans to quit; and many were unsure about what would help them quit.

4. Respondents often received indifferent and inconsistent care from healthcare providers, especially around tobacco use treatment.

5. Respondents would still attend PRIDE and other LGBTQ+ events even if smoking and vaping were prohibited; many respondents reported their friends were bothered by secondhand smoke.

Survey findings were published in T2U's two-year strategic plan. *See Appendix E: T2U Strategic Plan 2024-2026* to review the strategic plan written by T2U. Several opportunities for improving future iterations of the community needs assessment process were identified, including:

Survey Design

1. **Reduce the number of questions included in the survey.** The survey tool was too long for both youth and adult respondents as evidenced by the number of individuals (54) who answered less than 50% of the questions. Comprehensive community needs assessments are valuable tools. However, the length of time it can take to complete a survey will vary depending upon respondents' literacy levels and the speed at which they read through the questions. Offering shorter, periodic surveys or collecting meaningful data using other collection tools or methods may yield a greater response from the community.

2. **Combine questions about tobacco product and e-cigarette use.** Survey questions about e-cigarette use were separated out from questions about other tobacco product use since not everyone views e-cigarettes as a tobacco product. E-cigarettes are generally defined as a tobacco product, especially if they contain nicotine. The Food and Drug Administration (FDA) regulates products that contain nicotine, including synthetic nicotine. The decision to separate out e-cigarette questions made the data analysis more difficult, even though the questions were virtually the same for both sections. It is recommended that questions about current tobacco and e-cigarette use be combined on future surveys.

3. **Redesign the question on tobacco products used to include "Other (please specify)."** The assessment utilized a matrix table to identify the tobacco products respondents used during the past 30 days and how often. A full list of tobacco products for respondents to choose from was provided; however, some respondents indicated that although they used tobacco products during the past 30 days, they did not use any of the products listed on the survey. It is recommended the question include the response option "Other (please specify)" to allow respondents to define in their own words the tobacco products they used.

4. **Include questions that ask respondents who use e-cigarettes and other tobacco products to specify which product they started using first.** Over 46% of respondents who reported current use of tobacco products indicated that they use both products. Adding questions to future surveys that invite respondents to identify which product they started using first and why they use multiple products is recommended.

5. **Limit demographic questions.** T2U had several discussions about whether to include questions about respondents' towns and/or counties of residence; the concern was that the questions would deter some respondents from completing the survey but decided to include both questions. Respondents were asked to identify their town of residence, with the option of choosing "prefer not to answer." Respondents who selected, "prefer not to answer," were then asked to indicate their county of residence, with the option of choosing, "prefer not to answer." Eight respondents ended their participation in the survey at this point. Asking county of residence on future surveys only if the information is vital for data analysis and strategic planning purposes is recommended.

Survey Promotion

1. **Offer incentives for conducting full community needs assessments.** Comprehensive community needs assessments are valuable tools. Offering incentives, such as the opportunity to win gift cards, to individuals who complete the full community needs assessment in the future is recommended.

2. **Promote the survey among diverse communities.** Survey analysis indicated 79.0% of respondents reported their race as "White/Caucasian" and 87.4% of respondents reported their ethnicity as "Not Hispanic or Latino." In addition, less than 10% of respondents reported their age as 55 years old or older, and 16.0% reported their age as between 13 and 17 years old. Exploring ways to reach more diverse communities with regards to race, ethnicity, and age is recommended. It may involve promoting the survey among affirming organizations as well as LGBTQ+ organizations (e.g., affirming churches, affirming businesses such as Target, Whole Foods, REI, etc.).

3. **Promote the survey on LGBTQ+-specific socials.** Identifying and promoting future surveys on CT LGBTQ+-specific Facebook groups and asking CT LGBTQ+ influencers to promote the survey on their Instagram feeds is recommended.

Assessment Design

1. **Conduct focus groups with LGBTQ+ youth, young adults, and adults who currently use tobacco products.** After survey analysis, it was realized that although information was gathered on why respondents use tobacco products (e.g., primarily to manage stress, anxiety, or depression or for enjoyment), the root causes of respondents' reasons were not gleaned, i.e., what are the major sources of stress, anxiety, or depression in their lives? What other sources of enjoyment or pleasure do they have? Focus groups would allow more in-depth information on the factors that contribute to use of these products.

DEVELOPING A STRATEGIC PLAN

Strategic plans are best practice because they provide a blueprint for program activities; ensure activities are aligned with program goals and available resources; and allow progress on goals and activities to be monitored and measured. A two-year strategic plan was developed to outline T2U's goals, objectives, and activities. The goals were informed by the results of the community needs assessment and included:

1. **Year One (2024-2025)**
    a. Develop a statewide health communications campaign to prevent the initiation of commercial tobacco product use and promote the cessation of commercial tobacco product use among Connecticut's LGBTQ+ youth, young adults, and adults.

    b. Provide healthcare providers with an LGBTQ+ Allyship Toolkit that promotes tobacco use screening, treatment, and referrals to cessation services.

c. Advocate for smoke-free and vape-free LGBTQ+ spaces in Connecticut (e.g., PRIDE events).

2. **Year Two (2025-2026)**
   a. Increase public awareness of tobacco product use among the LGBTQ+ community.

   b. Update healthcare provider allyship toolkits to include information and/or materials identified in providers' feedback.

   c. Advocate for smoke-free and vape-free LGBTQ+ spaces in Connecticut (e.g., cafés, bars, and clubs).

In addition to the community needs assessment results, two sources guided the development of the strategic plan's objectives and activities:

1. **Centers for Disease Control and Prevention (CDC):** The CDC's *Best Practices for Comprehensive Tobacco Control Programs – 2014* offers evidence-based strategies for reducing tobacco use. T2U applied two interventions to the development and implementation of the strategic plan:

   a. Mass-Reach Health Communications Interventions: Mass-reach health communications interventions are designed to prevent the initiation of tobacco use and promote tobacco cessation by shaping social norms about tobacco use.[13] Key features include graphic, emotional anti-tobacco ads; use of digital platforms with sufficient reach, frequency, and duration to encourage – and sustain – behavior change; audience testing and feedback; and promotion of cessation services. T2U applied these concepts to the development and implementation of the prevention and cessation health communications campaigns (Year One | Goal One).

   b. Cessation Interventions: Cessation interventions promote health systems change to fully integrate tobacco dependence treatment into clinical care and support state quitline capacity.[14] T2U applied these interventions to the development and implementation of the healthcare providers' allyship toolkit (Year One | Goal Two).

2. **The Montana Institute: Positive Community Norms (PCN):** PCN is an application of the Science of the Positive Framework. It applies the Science of the Positive in organizations, systems, communities and cultures to grow positive, protective norms. PCN focuses on the evidence-based practice of correcting misperceptions of norms to

[13] Centers for Disease Control and Prevention (CDC). *Best Practices for Comprehensive Tobacco Control Programs: Mass-Reach Health Communication Interventions Fact Sheet 2014*. National Center for Chronic Disease Prevention and Health Promotion: Office on Smoking and Health.
[14] Centers for Disease Control and Prevention (CDC). *Best Practices for Comprehensive Tobacco Control Programs: Cessation Interventions Fact Sheet 2014.* National Center for Chronic Disease Prevention and Health Promotion: Office on Smoking and Health.

reduce harm and increase health across the social ecology. The CDC, the Substance Abuse and Mental Health Services Administration (SAMHSA), and other agencies consistently reference positive norms, social norms, and norms science as evidence-based approaches to prevention.[15] T2U applied the concept of PCN to the development of the tobacco prevention and cessation health communications campaigns (Year One | Goal One).

The two-year strategic plan was posted to the T2U website and disseminated to T2U members, LGBTQ+ stakeholders, and community partners. *See Appendix E: T2U Strategic Plan 2024-2026* to review the T2U strategic plan.

REDUCING EXPOSURE TO SECONDHAND SMOKE AND AEROSOL/VAPOR

Working with the LGBTQ+ community on reducing exposure to secondhand smoke and aerosol/vapor was not merely a contract requirement for T2U; data from T2U's 2024 community needs assessment showed the top three reasons why respondents who refrained from smoking or vaping chose to live tobacco-free:

1. "It's bad for my health." (94.1%)

2. "It's bad for the environment." (54.4%).

3. "Important people in my life don't approve." (51.5%)

Health, the environment, and important people in a person's life can all be harmed by exposure to secondhand smoke and aerosol/vapor. Research shows smoke-free policies are the only way to fully protect people who do not smoke from secondhand smoke exposure. Smoke-free policies can also help people who smoke quit and can prevent young people from starting.[16] Evidence-based strategies for reducing exposure to secondhand-smoke[17] include:

1. Educate community members, community leaders, and other decision makers about the harms of secondhand smoke and the benefits of smoke-free/tobacco-free policies.

2. Increase the number and reach of comprehensive smoke-free policies in workplaces, restaurants, bars, and casinos.

3. Ensure smoke-free policies are linked to increased access to, and promotion of, cessation services.

[15] The Montana Institute. *Positive Community Norms*, 2025.
[16] Centers for Disease Control and Prevention (CDC). *Preventing Exposure to Secondhand Smoke in the Community*. CDC Smoking and Tobacco Use, May 15, 2024.
[17] Centers for Disease Control and Prevention (CDC). *Public Health Strategies for Tobacco Prevention and Control.* CDC Reach, March 28, 2024.

Providing LGBTQ+ leaders, decision-makers, and community members with information, tools, and resources can help the LGBTQ+ community adopt tobacco-free policies for PRIDE and other public events. But it's a process. Historically, the LGBTQ+ community had limited opportunities for socialization outside bars and clubs where tobacco use was permitted and promoted by tobacco industry sponsors. Adopting tobacco-free policies for PRIDE and other public events will take time and trust. Three approaches employed by T2U were designed to build trust, educate, and raise awareness. They included sponsoring PRIDE events; offering free resources to event organizers; and developing informational materials about why tobacco-free events are in the best interest of everyone.

Sponsoring PRIDE Events

Sponsoring PRIDE and other LGBTQ+ events is an effective way to introduce an initiative to the LGBTQ+ community and begin to build trust with community members. Sponsorship benefits vary; at a minimum, they often include posting ads in digital and/or print programs; placing coalition logos on event banners, posters, and/or social media platforms; and staffing resource tables ["tabling"]. Tabling allows for conversations with LGBTQ+ youth, young adults, and adults about tobacco use and cessation as well as the dissemination of tobacco prevention and cessation print materials, including materials on the harms associated with exposure to secondhand smoke and aerosol/vapor. T2U sponsored three PRIDE events in late summer 2024; over 11,000 people attended the events. Several individuals took print materials – sometimes for themselves, but more often for people they cared about. One of the events adopted a smoke-free policy for its youth area only; the two other events did not adopt smoke-free policies. Sponsorship of PRIDE and other LGBTQ+ events can be limited to communities that adopt smoke-free policies. However, setting boundaries can reduce opportunities for conversations about tobacco prevention and cessation with people who may benefit from such discussions (e.g., LGBTQ+ youth, LGBTQ+ individuals who are misinformed about tobacco cessation services, including the Quit Line).

Offering Tools

Communicating a tobacco-free policy to event attendees requires ample signage. Signs must be written in clear, concise language that does not shame individuals who use tobacco products. Some communities have funds to purchase signs; others do not. Providing communities with signage at no cost to them is an effective strategy for supporting tobacco-free policies.

Tobacco-free PRIDE lawn signs were created by T2U and offered to all Connecticut communities hosting PRIDE events in late 2024 and 2025. Prior to development, T2U learned from community members that some would be hesitant to prohibit smoking and vaping at PRIDE events because those events are held in public parks, which permit the use of tobacco products. To address this issue, one sign was designed for communities who wanted to encourage attendees to refrain from smoking and vaping but believed they could not legally prohibit tobacco use. This sign wished attendees "Happy Pride" and thanked them for not smoking or vaping. The other sign was designed for communities who were hosting a tobacco-free event. The sign read, "Proud to be a tobacco-free event." Both signs

were double-sided in English and Spanish. See *Appendix F: T2U Tobacco-free PRIDE Lawn Signs* to see the signs created by T2U.

Lawn signs were offered to three communities in late 2024; one community requested signs for the youth area of their PRIDE event. Lawn signs were offered to 18 communities in 2025; four communities (22%) requested lawn signs. The four communities requested equal quantities of both signs.

Providing Information

Most individuals and communities involved in establishing new policies want to know why a policy change is warranted; who will be impacted and how; what steps will be involved; and what resources will be available to support the change. Answering these questions is essential to obtaining buy-in from LGBTQ+ leaders, decision-makers, and community members. Creating an infographic or flyer that addresses these concerns and summarizes the benefits of tobacco-free policies is an effective strategy for starting the conversation.

An infographic was created by T2U to discuss with leaders and decision makers the benefits of hosting tobacco-free PRIDE in 2025. The infographic emphasized tobacco use is an LGBTQ+ issue; tobacco-free events benefit everyone; support exists for tobacco-free events; and steps for adopting tobacco-free events. See *Appendix G: T2U Tobacco-free PRIDE 2025 Infographic* to view a copy of the infographic developed by T2U. T2U's initial plan was to meet with PRIDE event organizers and use the infographic as a springboard for discussing hosting tobacco-free events. Due to time constraints and competing priorities, T2U members were not able to meet with event organizers. Instead, the infographic was distributed to 18 PRIDE event organizers in Spring 2025 via email. The email encouraged organizers to consider adopting tobacco-free policies and offered lawn signs to help communities implement the change. Four community event organizers (22.2%) stated they would begin migrating towards tobacco-free PRIDE events and requested lawn signs.

More policy reviews, community conversations, and community engagement is needed to better understand how to address and educate PRIDE event organizers on adopting tobacco-free policies, specifically when parks and other outdoor venues permit tobacco use.

Best Practices:
State and Community Interventions

1. Convene a coalition of diverse LGBTQ+ stakeholders, community partners, and decision-makers to address tobacco-related disparities in the LGBTQ+ community. Create a shared mission and vision and identify opportunities to build community knowledge and capacity. Continuously recruit stakeholders, offer a variety of ways for members to contribute, and establish group responsibilities and processes to ensure ongoing involvement and action.

2. Decide what data is needed and how to collect it. Collect data from the LGBTQ+ community on attitudes, beliefs, and behaviors on tobacco use through periodic, brief surveys or through qualitative research methods like focus groups. Offer incentives for participation.

3. Schedule surveys during peak seasons or months, such as June (PRIDE month) to increase participation by diverse members of the LGBTQ+ community.

4. Develop and utilize a strategic plan to guide and monitor coalition activities.

5. Research and identify LGBTQ+-specific motivators for adopting tobacco-free policies and spaces. Reserve ample time and resources to meet and discuss with LGBTQ+ community leaders and decision-makers the benefits of – and processes for – migrating towards tobacco-free events and venues.

BEST PRACTICES IN TOBACCO CONTROL

Section II: Mass-Reach Health Communication Interventions

INTRODUCTION

Mass-reach health communication interventions can prevent initiation, promote cessation, and shape social norms about tobacco use. These interventions are effective in countering pro-tobacco advertising and promotion, especially among youth and young adults. Mass-reach health communication interventions should include graphic, emotional anti-tobacco ads; ads with sufficient reach, frequency, and duration to encourage and sustain behavior change; focus group feedback if developing new materials; surveillance to understand messaging, placement, and marketing; local media support and community collaboration to increase awareness and reinforce social norms; digital technologies for further dissemination, as appropriate; promotion of cessation services to support tobacco user who want to quit; and process and outcome evaluation.[18]

Tobacco prevention and cessation health communication campaigns are effective when rooted in data. Campaign concepts that are data driven lend authenticity to the campaign; the messages and images communicate to the intended audience that they are seen, heard, and their shared experiences have value.

USING DATA TO INFORM HEALTH COMMUNICATIONS CAMPAIGNS

Coalitions can use data to shape tobacco prevention and cessation health communications campaigns that are candid, emotional, and promote tobacco-free living. The data should be recent; from reliable sources (e.g., community needs assessment, focus groups, Centers for Disease Control and Prevention, National Institutes of Health, etc.); and relevant to the campaign. Findings from the 2024 T2U community needs assessment (Figure 3.1) revealed key areas of focus for LGBTQ+ tobacco prevention and cessation campaigns: health; mental health; the environment; relationships; and quit services.

Figure 3.1 Key Findings from 2024 T2U Community Needs Assessment

Top Reasons for Not Using Tobacco Products	Top Reasons for Continued Tobacco Use	Top Quit Resources
It's bad for my health (94.1%)	To feel less stressed, anxious, or depressed (65.4%)	Don't know/not sure (57.7%)
It's bad for the environment (54.4%)	I like the taste/flavors (50.0%)	Support from important people in my life (38.5%)
Important people in my life don't approve (51.5%)	Withdrawal symptoms are too tough to deal with (30.1%)	Medication (23.1%)

[18] Centers for Disease Control and Prevention (CDC). *Best Practices for Comprehensive Tobacco Control Programs: Mass-Reach Health Communication Interventions Fact Sheet 2014*. National Center for Chronic Disease Prevention and Health Promotion: Office on Smoking and Health.

Findings also showed respondents' preferred platforms for accessing digital content (e.g., streaming services, social media platforms, and dating apps) (Figure 3.2). Posting and boosting (where available) digital spots on YouTube, Instagram, and Spotify would provide sufficient frequency and reach to the LGBTQ+ community; and running spots for 10 weeks or longer would provide the duration needed to encourage and sustain behavior change among Connecticut's LGBTQ+ community.

Figure 3.2 Preferred Platforms

Youth (13-17 Years Old) N=19	Young Adults (18-30 Years Old) N=61	Adults (31 Years Old and Older) N=39
YouTube (100.0%)	YouTube (83.6%)	YouTube (79.5%)
Netflix (78.9%)	Instagram (80.3%)	Netflix (79.5%)
Spotify (63.2%)	Spotify (73.8%)	Facebook (74.5%)
TikTok (57.9%)	Netflix (72.1%)	Instagram (71.8%)
Instagram (52.6%)	HBO Max/TikTok (62.3%)	Prime Video (69.2%)

DEVELOPING CAMPAIGN CONCEPTS

Key findings from the 2024 T2U community needs assessment informed the development of four tobacco prevention and four tobacco cessation campaign concepts. The science of positive community norms (PNC) influenced the style, language, and images chosen for the concepts. PNC was developed by the Montana Institute[19] and focuses on the evidence-based practice of correcting misperceptions of norms to reduce harmful behaviors and increase healthy behaviors. The perception among many in the LGBTQ+ community is tobacco use is part of LGBTQ+ culture. The campaign concepts emphasized the healthy behaviors and states of being that are part of LGBTQ+ culture - meaningful relationships, pride, self-esteem, internal strength, self-care, caring for others, and environmental conservation – and are reasons to live tobacco-free. Note: Since some individuals do not consider vapes/e-cigarettes to be tobacco products, the concepts featured phrases such as "living tobacco- and vape-free" or "quitting smoking and vaping."

The **prevention campaign concepts** centered on the LGBTQ+ community's commitment to relationships, self-care and self-esteem (e.g., mental health), and the environment as reasons to live tobacco-free.). Figure 3.3 features the four prevention campaign concepts.

Figure 3.3 Prevention Campaign Concepts

What's Your "Why?"	A narrator asks the viewer, "What's your 'why?'" The viewer is unsure what the "why" refers to, but LGBTQ+ individuals begin to answer the question: "Him," "Her," "Them," "My Found Family," "My Health," "My Future," "Our

[19] The Montana Institute. *Positive Community Norms*, 2025.

Figure 3.3 Prevention Campaign Concepts	
	Community's Future." Tagline: "What's your 'why' for not smoking and vaping? Tell us at CTTrueToYou.org."
Pride in Self, Pride in Health	A narrator states, "Pride in self, pride in health looks like…" and several LGBTQ+ individuals share their thoughts, including: "Confidence," "Connection," "Community," "Determination," "Joy," "Resilience," "Self-care," and "Self-love." Tagline: "Pride in self, pride in health looks like me, and I live my life tobacco- and vape-free. Learn more at CTTrueToYou.org."
I Am Proud to Be…	Several LGBTQ+ individuals state they are proud to be tobacco-free, vape-free, substance-free, and "me" or "we" (e.g., part of a couple). Tagline: "Be you. Be we. Be free. Learn more at CTTrueToYou.org.
Healthy You, Healthy Planet	As several images of LGBTQ+ individuals appear, a narrator states, "You recycle, compost, eat tofu on meatless Mondays. You volunteer to clean up parks and beaches. You are saving the planet one step at a time. Next step: live tobacco- and vape-free – for you, our community, and the planet. Tagline: Healthy you. Healthy planet. Learn more at CTTrueToYou.org.

The **cessation campaign concepts** focused on the LGBTQ+ community's commitment to health, mental health, relationships, and the environment as reasons for quitting tobacco use. Figure 3.4 features the four cessation campaign concepts.

Figure 3.4 Cessation Ad Concepts	
Thinking of Quitting?	As images of LGBTQ+ individuals and couples rotate in and out of view, a narrator says to the viewer, "Thinking of quitting smoking or vaping? You don't have to do it alone." The narrator informs the viewer free and confidential help is available in Connecticut through the Connecticut Quitline and Vape Free CT. The narrator states that using counseling and medication together more than doubles a person's chances of quitting successfully. Call to Action: Visit CTTrueToYou.org to learn more.
Strength In Admitting	An image of a gay couple appears. One of the men appears to be contemplating something important. A narrator says, "There is strength in admitting when something isn't working." Then, the viewer hears one of the men's thoughts via a voice over: "I really liked smoking and vaping…at first. I liked the taste, the feeling of connection with my friends and community, the sense of calm it gave me when I took

Figure 3.4 Cessation Ad Concepts	
	my first puff in the morning. But now? Now, I can't sleep. I can't focus. I'm always thinking about when I can take my next puff. And when I can't, I get grouchy…and stressed. I snap at my friends, my family…at him. And then I feel awful. This is not who I want to be. I want my life back. I want me back." A narrator speaks to the viewer, "Nicotine addiction can change how you think, feel, and act with others. But you can take back your life; you can quit smoking and vaping. Call to Action: Strength in admitting. Pride in quitting. Learn more at CTTrueToYou.org."
It's Time for You. Choose Health.	An image of a transgender woman appears. She says, "I've dedicated my life to making sure we can marry the person we love, serve our country, and live safely in cities across the state. I am proud of my service to Connecticut's LGBTQ+ community, my community. There is still work to be done, and I want to be here to do it. So, I've decided it's time to take care of me, of my health. I'm going to quit smoking and vaping. I know it will be tough, but I've never backed away from a challenge. Call to Action: Want to join me? Learn more at CTTrueToYou.org."
Healthier You, Healthier Planet	As several images of LGBTQ+ individuals appear, a narrator states, "You recycle, compost, eat tofu on meatless Mondays. You volunteer to clean up parks and beaches. You are saving the planet one step at a time. Next step: think about quitting smoking and vaping – for you, our community, and the planet. Call to Action: Healthier you. Healthier planet. Learn more at CTTrueToYou.org."

All campaign concepts were presented to members of the LGBTQ+ community for feedback prior to developing creative content (e.g., audio and video spots). The concepts were tested via focus groups and focused interviews.

TESTING CAMPAIGN CONCEPTS WITH FOCUS GROUPS

Obtaining feedback through focus groups has several benefits:

1. The group dynamics can promote discussion, idea sharing, and debate.

2. Focus groups provide a breadth of shared experiences from people with similar characteristics.

3. Focus groups can be used at every stage of creating a digital product, from finding out more about the needs of your audience to refining and testing new content and features of your product.[20]

Focus Group Recruitment Plan

A focus group recruitment plan was developed by T2U to obtain feedback from LGBTQ+ youth, young adults, and adults on all campaign concepts. The plan specified a minimum of three groups would be held – one for each age group – and each group would be limited to eight individuals. Youth groups would be held in person. Young adult and adult groups would be held in-person and/or online. All participants would identify as LGBTQ+ and would be Connecticut residents. Additionally, all participants would be compensated for their time via a Visa gift card.

Direct and indirect outreach strategies were used to recruit focus group participants.

1. **Direct Outreach Strategies (Emails)**
   Emails were sent directly to individuals who work with Connecticut's LGBTQ+ community. Recipients included individuals affiliated with T2U, such as program leaders of LGBTQ+ youth groups and health centers, and people unfamiliar with T2U, such as professors of the arts, gender studies, psychology, sociology, and social work at Connecticut's colleges and universities. The emails explained T2U's mission; the plan to develop tobacco prevention and cessation campaigns for the LGBTQ+ community; and a desire to obtain feedback from the community on proposed campaign concepts. Emails included a flyer for distributing to clients/students and posting on social media and/or shared building or campus spaces. The flyer included a QR code and clickable link for interested individuals to register for the focus groups. See *Appendix H: T2U Focus Group Recruitment Flyers* to view flyers developed by T2U.

2. **Indirect Outreach Strategies (Email Distribution Lists/Listservs)**
   The focus group recruitment flyer was also distributed through three email distribution lists and listservs [described in Section I: State and Community Interventions – Community Needs Assessment Promotion] reaching over 3,000 individuals. The flyer included a QR code and clickable link to access the focus group registration form.

   The direct outreach strategies proved effective. Twenty-two LGBTQ+ youth, young adults, and adults volunteered to participate in one of two focus groups held in designated program spaces. The youth group was held in the group's meeting room at the community center; and the young adult/adult group was held in the conference room at the LGBTQ+ health center.

[20] GOV.UK. How to use focus groups to evaluate your digital health product. Office of Health Improvement and Disparities, January 30, 2020.

The indirect outreach strategies proved more challenging. Dozens of individuals responded to the flyer distributed through the email distribution list and listservs. However, it appeared most registrants were either bots or were misrepresenting themselves as members of the LGBTQ+ community and/or Connecticut residents. False email addresses were given, and several email inquiries about the focus groups and the gift cards featured the same language. The first online focus group was held in good faith; no one presented for the group. The remaining groups were cancelled.

A review of the flyer and registration process showed the flyer stated the focus groups were LGBTQ+ focus groups, but it did not say participants must identify as LGBTQ+ and must be Connecticut residents. The flyer also specified the amount of the gift card. Finally, the online registration form did not include a captcha to prevent bot registrations.

A second series of online focus groups for young adults and adults was scheduled, and a second flyer was sent out through the email distribution list and listservs. The amended flyer listed the participation requirements and did not specify the gift card amount. Additionally, the online registration form featured a captcha to prevent bot interference. See *Appendix H: T2U Focus Group Recruitment Flyers* to view flyers developed by T2U, including the revised flyer.

The desire to recruit focus group members from across Connecticut was an earnest objective. However, the use of email listservs proved to be an ineffective approach, given that people who did not meet the eligibility criteria for the groups attempted to participate in order to obtain monetary compensation. A more effective – and less time consuming - approach may have been to (1) be less specific about how participants would be compensated, or (2) work with known stakeholders and community partners to recruit individuals for focus groups.

Focus Group Framework

Establishing a framework for conducting focus groups and focused interviews [“focus groups”] ensures participants know what to expect from the process and coalitions can obtain meaningful and actionable feedback. The framework implemented by T2U was based on input from T2U members who had experience conducting focus groups. The framework featured:

1. **Group Introductions:** Asking participants to introduce themselves fosters connection and builds a foundation for open dialogue between group members. Introductions can be as simple as asking participants to state their names, their cities of residence, and their favorite movie or TV/streaming program. More advanced ice breakers can also be used, if time allows.

2. **Focus Group Purpose:** Reviewing with participants the goal(s) of the focus group ensures they have a collective understanding of the topic(s) to be discussed and the

information desired. Creating tiered goals can be helpful, as they can move the group from macro concepts to micro concepts, the latter of which participants may be more hesitant to discuss openly. An example of the tiered goals used by T2U when facilitating focus groups for their tobacco prevention and cessation campaign concepts included:

- Identify key elements of effective health messages for the LGBTQ+ community
- Discuss participants' experiences with health and wellness ads on social media and streaming platforms
- Review and provide input on proposed tobacco prevention and cessation ads

3. **Group Expectations:** Establishing expectations for participant behavior in focus groups creates a respectful environment where individuals feel comfortable sharing their thoughts, opinions, and experiences with others. The group expectations set by T2U for their focus groups included:

   - Everyone brings lived experiences to the group.
   - Everyone's thoughts and experiences are valid and will be heard.
   - We want to hear from many different viewpoints and would like to hear from everyone.
   - There are no right or wrong answers to focus groups questions.

4. **Verbal Consent:** Establishing a set of statements or "agreements" to which participants must give verbal or written consent fosters trust; it ensures individuals understand their participation is voluntary and contingent upon honest self-report and respect towards others. The set of agreements presented to focus group participants by T2U included:

   - I have been invited to participate in the focus group because I affirmed that I identify as LGBTQ+ and that I live in Connecticut.
   - My participation in the focus group is voluntary. I can choose to leave the focus group at any time.
   - The information I share will be truthful and reflect my experiences.
   - The information I share will be kept confidential.
   - I will respect others' thoughts, experiences, and unique identities.

- I will be removed from the group if I disrespect others, in accordance with Wheeler's protocols.

Participants were asked to give verbal consent prior to starting the focus group. Virtual group participants were required to have cameras and microphones on while providing consent.

5. **Focus Group Questions:** Focus group questions can generate meaningful feedback by following important guidelines:[21]

   - Use open-ended questions that allow for qualitative feedback from participants and do not have fixed responses or elicit one-word answers.
   - Avoid questions that can be answered with a "yes" or "no."
   - Limit the use of "why" questions: they can make participants feel defensive and think they need to provide an answer.
   - Use "think back" questions, i.e., ask participants to reflect on a past experience rather than envision a future experience.
   - Carefully prepare questions – types and order.
     - Ask un-cued questions first; cued questions second. (Cues are the hints or prompts that help participants recall specific features or details.)
     - Focus the questions using a sequence that goes from general to specific.
   - Have an appropriate ending question (e.g., asking participants to reflect on the entire discussion) and offer their positions or opinions.

The focus group questions were developed by T2U members with experience in conducting focus groups. See *Appendix I: T2U Focus Group Questions* to review the questions developed by T2U.

Focus Group Feedback

Participants were asked a series of questions that began with general inquiries (e.g., *What health and wellness topics interest you most?*") and then transitioned to specific questions about campaign concepts (e.g., *What do you like about prevention ad concept #1?*"). Through the conversations, participants offered feedback that helped identify campaign concepts – or elements of campaign concepts – that were most effective and promising.

[21] Douglah, Mohammad et al. *Developing Questions for Focus Group Interviews*. Downtown Market Analysis Toolbox Program. University of Wisconsin-Madison.

They also offered insight and guidance to further shape the concepts, so that they would resonate with the LGBTQ+ community. Key validations and insights included:

1. Keep the concepts simple and short (15 seconds or less).

2. Use strength-based language and images (e.g., positive community norms).

3. Don't make the ads "too happy" – show the truth, e.g., the impact of tobacco use on mental health.

4. Be affirming and inclusive, especially around gender (e.g., feature non-binary and transgender individuals).

5. Avoid "rainbow capitalism" and don't overemphasize pride – it can seem "performative."

6. Be careful with the phrase "counseling and medication" – it suggests the involvement of healthcare providers, and many in the LGBTQ+ community have had negative experiences with the healthcare industry.

7. Use real people from the community to tell their stories; don't tell fictitious stories to get your point across.

8. Use actors or still photos taken by the coalition; try not to use stock photos – the community has already seen all of them.

INCORPORATING FOCUS GROUP FEEDBACK TO CAMPAIGN CONCEPTS

Incorporating focus group feedback into tobacco prevention and cessation campaign concepts infuses the campaigns with an authenticity the LGBTQ+ community will recognize and respond to. The T2U tobacco prevention and cessation campaign concepts were reworked to feature as much focus group feedback as time and funding allowed. For example, time and budget constraints prevented T2U from hiring actors or taking still photos for audio and video spots. Instead, stock images were purchased, and the media production company hired to create the spots applied AI tools to the photos to create a sense of movement. The images weren't changed but how viewers experienced them was altered.

The "What's Your 'Why?'" prevention campaign concept and the "Thinking of Quitting" cessation campaign concept were selected for further development. The "scripts" were revised to condense and strengthen the original text, so that the messages were short but still addressed directly the wider LGBTQ+ community's interests and areas of concern around tobacco prevention and cessation. Stock photos were selected by T2U, and a media production company was hired to convert the new concepts into 15-second video spots for YouTube and Instagram and 30-second audio spots for Spotify.

All spots were created in English and Spanish. Video and audio spots can be viewed and heard HERE. They are posted at CTTrueToYou.org and Connecticut Department of Public Health Tobacco Control Program.

PROMOTING CAMPAIGNS ON DIGITAL PLATFORMS

Using digital platforms to promote tobacco prevention and cessation campaigns is an effective strategy for reaching large audiences. Most people have one or more social media accounts (e.g., YouTube, Instagram, TikTok) or streaming services (e.g., Spotify, Netflix, Prime Video) and are open to watching or listening to spots of interest from unknown entities. However, organizations or coalitions may need to convert their spots to paid advertisements ["ads"] in order reach large groups of people.

Converting Spots to Paid Ads

Coalitions with thousands of followers and a large digital presence promote campaigns by posting spots on their social media pages. Coalitions that want to expand a campaign's reach beyond their followers need to convert their spots to paid ads by paying a fee to the digital platform(s). As paid ads, the spots appear in more people's feeds, expanding the visibility of the campaigns beyond a coalition's followers. The T2U tobacco prevention and cessation spots were posted on Connecticut Clearinghouse's Instagram, YouTube, and Spotify pages; these pages had a few hundred followers. The goal was to reach 25,000 individuals, so the spots were converted to paid ads.

Directing Paid Ads to The Intended Audience

When using paid ads, coalitions can ensure their posts reach their intended audience by targeting specific demographics or areas of interest. However, digital platforms do not allow coalitions to target youth under 18 years of age, and they prohibit targeting viewers based on sexual orientation and gender identity or other sensitive categories like race, religion, health, or political affiliation. These necessary safeguards post unique challenges for tobacco control programs that strive to prevent the initiation of tobacco use among youth and address tobacco-related disparities among the LGBTQ+ community.

Effective strategies for working within the safeguards can include but are not limited to:

1. **Include Youth in Audio and Video Spots:** A common practice on digital platforms is to share videos with family and friends. Videos that address tobacco prevention and cessation among LGBTQ+ youth will be seen by adults and allies who may share those videos with youth.

2. **Select Interests Based on Focus Group Feedback:** When setting up paid ads, coalitions can choose to drive their ads towards audiences with shared interests. Reviewing focus group feedback is a way to identify shared interests among the LGBTQ+ community. Coalitions can match those interests to the list of interests offered by digital platforms and increase the likelihood of reaching members of the LGBTQ+ community.

Figure 3.5 shows the areas of interest identified by T2U focus groups and the corresponding areas of interest identified on digital platforms.

Figure 3.5 Targeted Areas of Interest	
Focus Group Areas of Interest	**Digital Platforms Interest Categories**
Caring for Others	Family and relationships
	Love and dating
Health	Fitness and exercise
	Fitness and wellness
	Health and wellness
	Healthy living
	Quality of life
Mental Health	Self-awareness
	Self-confidence
	Self-esteem
	Happiness
	Personal development
Pets	Pets
	Dogs

3. **Choose Interests Common to Most People:** Food, movies, music, pop culture, travel…these areas of interest are common to most people regardless of sexual orientation and gender identity. Including them in the list of interests expands the visibility of the campaigns and ensures reach to the LGBTQ+ community.

CAMPAIGN RESULTS

Because digital platforms prohibit targeting viewers by age (e.g., youth under 18 years old) and sexual orientation and gender identity, data on the number of youth and LGBTQ+ individuals who heard/saw the paid ads was not available. Data that was available included reach (the number of unique individuals who heard/saw the paid ads) and impressions (the number of times the paid ads were heard/seen). Figure 3.6 shows reach and impression data for each platform and the number of weeks the paid ads appeared on each platform.

Figure 3.6 T2U Social Media Metrics			
Platform	**Reach**	**Impressions**	**Number of Weeks On Platforms**
Spotify – All Ads	275,510	328,388	4
Instagram – All Ads	75,569	140,436	10.5
YouTube – All Ads	N/A*	581,914	8.5

**YouTube does not track reach.*

In addition, the T2U paid ads on YouTube were non-skippable ads, i.e., viewers had to watch the 15 second ads to completion in order to watch the videos they wanted to see – or they could exit the ads and subsequently exit the videos they wanted to see. The English-language tobacco prevention and cessation ads were played to completion 95.8% of the time; the Spanish-language ads were played to completion 93.8% of the time.

T2U's goal was to reach at least 25,000 LGBTQ+ youth and young adults across all platforms. The campaigns reached more than 25,000 individuals on each platform for which reach data was available.

CAMPAIGN IMPACT

The tobacco cessation audio and video paid ads promoted the Connecticut Quitline for adults ages 18 and older and My Life, My Quit™ for youth ages 13 – 17 years old. A review of Connecticut Quitline data during the campaign showed no significant increase in calls among LGBTQ+ individuals to the service, but an increase in brand recognition, which is a key starting point for building trust among the LGBTQ+ community. A longer run time and broader media strategy would have likely had a greater impact.

Best Practices:
Mass-Reach Health Communication Interventions

1. Use best-practices and data from the community needs assessment as a starting point for developing tobacco prevention and cessation campaign concepts.

2. Conduct focus groups with the LGBTQ+ community to determine if campaign concepts will resonate with – and inspire action among - community members.

3. Leverage partnerships with stakeholders and community partners to recruit focus group participants.

BEST PRACTICES IN TOBACCO CONTROL

Section III: Cessation Interventions

INTRODUCTION

Quitting smoking has immediate and long-term health benefits. Encouraging tobacco users to quit—and supporting them as they quit tobacco—is the fastest way to reduce tobacco-related disease, death, and health care costs. While tobacco control programs should provide cessation treatment services to certain vulnerable populations, programs should focus on large-scale strategic efforts to normalize quitting and encourage or require health care systems, insurers, and employers to provide cessation services. Cessation interventions should: promote health systems change to fully integrate tobacco dependence treatment into clinical care; expand public and private insurance coverage for proven cessation treatments; and support state Quitline capacity.[22]

Community needs assessment data can inform and prioritize health systems changes. Findings from the 2024 T2U community needs assessment showed 83.3% of respondents who currently use tobacco products reported their healthcare provider(s) conducted a tobacco dependence screening during their healthcare visit(s) within the past 12 months. Of those respondents, 70.0% stated they informed their provider(s) of their tobacco use, and 30.0% indicated they did not tell their provider(s) about their tobacco use. Of the 70% of respondents who disclosed tobacco use to their healthcare provider(s), 78.6% reported their provider(s) informed them of the benefits of quitting, and 28.6% reported their provider(s) gave them – or offered to give them – cessation medication and/or referrals to cessation services.

The findings presented an opportunity to promote health systems change within Connecticut by supporting healthcare providers to fully integrate tobacco dependence treatment into clinical care with LGBTQ+ patients; and to promote the Connecticut Quitline and My Life, My Quit™ cessation services to Connecticut's LGBTQ+ community.

INTEGRATING TOBACCO DEPENDENCE TREATMENT INTO CLINICAL CARE

Healthcare providers may experience challenges to integrating tobacco dependence treatment into their clinical practice, such as:

1. **Time Limits:** Patients may present with multiple or complex needs, and time constraints due to patient surges or managed care contract requirements may prevent healthcare providers from prioritizing tobacco dependence treatment.

2. **Capacity Limits:** Healthcare practices may not have incorporated a tobacco dependence treatment process into their patient workflow.

[22] Centers for Disease Control and Prevention (CDC). *Best Practices for Comprehensive Tobacco Control Programs: Cessation Interventions Fact Sheet 2014.* National Center for Chronic Disease Prevention and Health Promotion: Office on Smoking and Health.

3. **Technology Limits:** Electronic medical records (EMR) may not include designated fields for documenting tobacco dependence treatment, and their EMR systems may not be set up to seamlessly access the Connecticut Quitline e-referral system.

4. **Knowledge Gaps:** New tobacco and nicotine products emerge daily, and healthcare providers may be unfamiliar with the types of products available; their nicotine content; and their method(s) of use (e.g., oral, topical).

In addition, some healthcare providers may be unaware of the unique needs and experiences of LGBTQ+ patients.

A Healthcare Provider Resources Toolkit ["toolkit"] was conceptualized to support healthcare practitioners to fully integrate tobacco dependence treatment into clinical care with LGBTQ+ patients. The proposed toolkit contents included information and resources to providing inclusive, affirming, and equitable care to LGBTQ+ patients; facts about LGBTQ+ tobacco use; tobacco dependence treatment tools; and cessation information and materials for providers and LGBTQ+ patients.

Feedback from the healthcare community was essential, so two practice managers from Wheeler Clinic, a federally qualified health center with multiple locations offering LGBTQ+ specialty care, were invited to review the proposed toolkit contents and provide feedback. They offered the following recommendations:

1. Prioritize digital materials over hard copy materials; hard copy materials may accidentally get lost or damaged in busy healthcare centers or practices.

2. Offer suggestions on how to incorporate tobacco dependence treatment into patient workflow.

3. Include tobacco cessation apps in patient handouts; they're more appealing to youth and young adults.

4. Connect providers with training opportunities on providing inclusive, affirming, and equitable care to LGBTQ+ patients.

5. Distribute materials to providers who already serve the LGBTQ+ community; they may be more open to receiving materials that support their care.

CONSTRUCTING THE HEALTHCARE PROVIDER RESOURCES TOOLKIT

Three key toolkit elements were discussed and finalized before development: intended audience; toolkit format; and toolkit contents.

1. **Intended Audience:** Healthcare leaders from healthcare provider networks across Connecticut were the designated audience for the toolkit. Healthcare leaders within the

networks were defined as individuals in management or senior management positions who had access to large groups of providers, such as Chief Medical Officers, Medical Directors, Practice Managers, and Directors of LGBTQ+ Specialty Care Programs. Healthcare provider networks were defined as healthcare organizations most likely to serve members of the LGBTQ+ community and included federally qualified health centers; college and university health centers; school-based health centers; LGBTQ+ health centers and specialty care programs; and HIV/AIDS medical treatment programs. One hundred twelve (112) healthcare leaders were identified from 71 provider networks to receive information about the toolkit.

2. **Toolkit Format:** A hybrid toolkit was designed, one that featured hard copy and digital materials. Several factors influenced the decision to create a hybrid toolkit:

   - T2U was a new initiative in Connecticut and was most likely unknown to healthcare professionals. Healthcare providers would be more likely to open an envelope delivered via the U.S. Postal Service than an email sent from an unknown sender.

   - The hard-copy materials provided in the mailing would include a cover letter that introduced providers to T2U; explained the toolkit and its resources; and featured a QR code to connect providers to additional digital resources.

   - Digital materials would be viewed by healthcare providers as more practice-friendly in busy healthcare centers (e.g., less likely to be misplaced or damaged).

   - Digital materials would give providers the opportunity to preview materials and decide which ones would benefit their colleagues and patients.

   - Digital materials would be continuously available for downloading and printing.

   - Digital materials would be easy to update and make available to providers.

   A Healthcare Provider Resources homepage and sub-pages were added to the T2U website to facilitate provider access to all materials. The homepage was the central access point for healthcare providers to obtain information, tools, and other materials to support integration of tobacco dependence treatment into clinical care for LGBTQ+ patients. The homepage featured language informing providers they have unique opportunities to talk with LGBTQ+ patients about tobacco use and cessation during annual wellness exams; gender affirming care visits; and chronic disease management appointments. It included links to subpages on tobacco use among the LGBTQ+ community; tobacco dependence treatment information and tools; patient cessation materials; provider education and training resources; and materials to welcome LGBTQ+ patients to healthcare centers.

3. **Toolkit Contents:** Toolkit contents included information, materials, and resources to support tobacco dependence treatment with LGBTQ+ patients. All contents were created in digital formats and added to the Healthcare Provider Resources webpages for downloading, printing, and use; select materials were printed and mailed to healthcare providers. Toolkit contents fell into one of five categories: tobacco use among the LGBTQ+ community; tobacco dependence treatment tools; cessation resources for LGBTQ+ patients; provider education and training resources; and materials to welcome LGBTQ+ patients. See *Appendix J: T2U Healthcare Provider Resources Toolkit Contents* to view the materials and resources developed by T2U.

DISTRIBUTING HEALTHCARE PROVIDER RESOURCES TOOLKITS

A cover letter and three hard-copy resources were mailed to 112 healthcare leaders at 71 healthcare provider networks in December 2024. The cover letter featured a QR code that, when scanned, brought providers to the T2U Healthcare Provider Resources homepage, where they could access, download, and print digital resources. It also included the T2U homepage URL for providers who were reticent to scan the QR code. The hard-copy materials included:

1. *Tobacco Use Among the LGBTQ+ Community* Infographic

2. *The Brief Tobacco Intervention: 2As & R* Tobacco Screening Tool

3. *Thinking About Quitting Smoking or Vaping?* Patient Handout (English and Spanish)

A follow-up/reminder mailing via a postcard was planned for six weeks later but was pushed back several weeks due to printing delays. The postcard highlighted T2U's free tobacco dependence treatment resources for healthcare providers and their LGBTQ+ patients. It featured a QR that, when scanned, brought providers to the T2U Healthcare Provider Resources homepage. The postcard also included a URL to a brief survey for providers to share feedback about the resources. The postcard was mailed to the original 112 healthcare leaders plus 69 behavioral healthcare leaders from the 71 healthcare provider networks. See *Appendix K: T2U Healthcare Provider Resources Postcard and Provider Survey* to review the postcard and provider feedback survey developed by the coalition.

Healthcare provider response to the mailings was low – 38 providers (21.5%) visited the Healthcare Provider Resources homepage, and none of the providers completed the feedback survey. The Healthcare Provider Resources homepage featured links to subpages; the subpages accessed by many of the 38 providers included "Materials to Welcome LGBTQIA+ Patients" (71.1%); "Tobacco Screening & Cessation Referral Tools" (65.7%); and "Provider Education & Training Resources" (65.7%). The resources accessed by the 38 providers included "Tobacco Screening, Treatment, and Referral Workflow" provider handout (23.7%); "Thinking About Quitting Smoking or Vaping" patient handout (21.0%); and one or more digital welcome signs for waiting rooms (18.4%).

A more direct, real-time approach may have generated a greater response from providers. Strategies for future consideration can include:

1. **Phone Call:** Contact practice managers directly to request a 15 minute in-person or virtual meeting to discuss the free resources available to help their providers address tobacco dependence treatment with LGBTQ+ patients.

2. **Networking:** Sponsor and/or host tables at workshops and conferences for health and mental health providers and/or for the LGBTQ+ community. Distribute hard-copy materials and display digital materials using a tablet or laptop. Offer to follow-up with providers via a phone call or virtual meeting.

3. **Tabling Event:** Sponsor or table LGBTQ+ PRIDE and other events. Distribute hard-copy materials to other providers tabling the events. Offer to follow-up with them via a phone call or virtual meeting.

Best Practices: Cessation Interventions

1. Use best-practices and data from the community needs assessment to inform and prioritize health systems changes and to increase the community's access to and use of cessation services.

2. Meet and work with healthcare providers to fully integrate tobacco dependence treatment, including the use of *The Brief Tobacco Intervention: 2As and R* (Ask, Advise, and Refer), in all Connecticut healthcare centers and provider practices.

3. Expand healthcare providers' access to digital information, materials, and resources on tobacco use among the LGBTQ+ community and integrating tobacco dependence treatment into patient care.

4. Implement multiple strategies for sharing digital information, materials, and resources with healthcare providers.

BEST PRACTICES IN TOBACCO CONTROL

Section IV: Surveillance and Evaluation

INTRODUCTION

Strong surveillance and evaluation systems are essential for comprehensive tobacco control programs to understand program effectiveness, make decisions, and be held accountable. These systems can also inform the public about the rapidly changing tobacco control environment, including the impact of federal product regulation and new products in the marketplace. Some existing surveillance and evaluation resources include State Youth and Adult Tobacco Surveys; Behavioral Risk Factor Surveillance System; National Adult Tobacco Survey; National Youth Tobacco Survey; State Tobacco Activities Tracking and Evaluation (STATE) System; and Youth Risk Behavior Surveillance System. State tobacco control programs should leverage these resources to conduct surveillance and evaluate program activities.[23]

The Connecticut Department of Public Health's (DPH) Tobacco Control Program continuously monitors prevalence rates for current any tobacco use, tobacco cessation, and exposure to secondhand tobacco smoke and/or aerosol/vapor among Connecticut's LGBTQ+ community. Prevalence rates for LGBTQ+ high school youth are estimates based on data from the Youth Tobacco Survey (YTS), the Youth Tobacco Component of the Connecticut School Health Survey. Prevalence rates for LGBTQ+ adults are estimates based on data from the Behavioral Risk Factor Surveillance System (BRFSS). DPH shares the findings with funded initiatives and programs ["programs"] through their website; funded programs are encouraged to apply the data to program improvement and decision-making.

Organizations that receive DPH funding evaluate their programs' effectiveness by establishing performance measures and monitoring outcomes through data collection and analysis. Performance measures were established for T2U in three CDC best practice domains: state and community interventions; mass-reach health communication interventions; and cessation interventions. The performance measures and outcomes are outlined below.

STATE AND COMMUNITY INTERVENTIONS

Two performance measures were established for state and community interventions. One measure was designed to ensure a sufficient number of LGBTQ+ individuals completed the community needs assessment; the other measure was created to monitor the number of communities adopting smoke-free policies for LGBTQ+ events.

Community Needs Assessment

Performance Measure: At least 100 surveys will be completed by the LGBTQ+ youth, young adult, and adult populations.

[23] Centers for Disease Control and Prevention (CDC). *Best Practices for Comprehensive Tobacco Control Programs: Surveillance and Evaluation Fact Sheet 2014*. National Center for Chronic Disease Prevention and Health Promotion: Office on Smoking and Health.

Brief Discussion: An online community needs assessment ["survey"] was planned for the winter of 2024. The most recent findings from the 2021 YTS and the 2021 BRFSS were reviewed and established as the baseline for LGBTQ+ tobacco use in Connecticut. The T2U survey featured questions about tobacco use behavior similar to those included in the YRBS and BRFSS tools, specifically the prevalence of current any tobacco use; prevalence of quit attempts; and prevalence of exposure to secondhand smoke and/or aerosol/vapor. Questions about the LGBTQ+ community's attitudes, beliefs, and behaviors around the use – or non-use – of tobacco products were also included as were questions about recent experiences with healthcare providers and preferred digital platforms.

Outcome: One hundred nineteen LGBTQ+ youth, young adults, and adults completed the community needs assessment.

Tobacco-free Spaces

Performance Measure: At least three public events adopt a tobacco-free policy.

Brief Discussion: Three coalition members represented three communities that agreed to host tobacco-free PRIDE events in June 2024. Two communities adopted tobacco-free policies and posted "no smoking/no vaping" signs at their PRIDE events. The third community also adopted a tobacco-free policy and placed a notice on the event website. They did not place "no smoking/no vaping" signs in the event space because the event was held in a public park that permitted smoking and vaping. Event organizers believed they could not legally prohibit attendees from smoking and vaping.

Outcome: Three LGBTQ+ PRIDE events adopted tobacco-free policies in June 2024. In addition, one event adopted a tobacco-free policy for youth areas only in August 2024; and four communities have committed to hosting tobacco-free PRIDE events in June 2025.

MASS-REACH HEALTH COMMUNICATION INTERVENTIONS

Two performance measures were established for mass-reach health communication interventions. One measure was developed to guarantee focus group feedback was obtained from the LGBTQ+ community on tobacco prevention and cessation messages; the other measure was designed to ensure tobacco prevention and cessation messaging reached a large number of LGBTQ+ youth and young adults.

Focus Groups

Performance Measure: At least one focus group will be held for each group – youth, young adults, and adults – to provide feedback on tobacco prevention and cessation messaging.

Brief Discussion: Tobacco prevention and cessation campaign concepts were developed to promote tobacco-free living among Connecticut's LGBTQ+ community. Focus group feedback was needed prior to converting the concepts into digital campaigns to ensure the concepts resonated with the LGBTQ+ community. A focus group recruitment plan was

developed and implemented. Youth focus groups would be held in-person with existing LGBTQ+ youth groups. Young adult and adult focus groups would be held online. Direct (emails) and indirect strategies (email distribution lists/listservs) were used to recruit young adult and adult participants for four virtual focus groups. The indirect strategies yielded unintended results, i.e., bots and several individuals who did not meet the registration criteria signed up for the groups. One virtual focus group was held in good faith; no one attended. The three remaining virtual focus groups were cancelled.

Outcome: One in-person focus group was held for youth; one in-person focus group was held for young adults and adults; two virtual focused interviews were held with young adults; and one virtual focus group was held with adults. All individuals provided feedback on tobacco prevention and cessation messaging.

Tobacco Prevention and Cessation Messaging Reach

Performance Measure: At least 25,000 youth and young adults will receive tobacco prevention digital marketing messaging.

Brief Discussion: Prevention and cessation digital marketing messages were developed for LGBTQ+ youth, young adults, and adults, as T2U opted to expand the audience to include all age groups within the LGBTQ+ community. Digital marketing messages consisted of audio and video spots for three digital platforms: Spotify, Instagram, and YouTube. The spots were converted to paid ads on all platforms to ensure sufficient reach. Figure 4.1 outlines the type of spot(s) created for each platform.

Figure 4.1 Digital Marketing Formats and Platforms

Spotify (Audio Ads)	Instagram (Video Ads)	YouTube (Video Ads)
30-second prevention spot (all ages)*	15-second prevention spot (all ages – relationships)	15-second prevention spot (all ages – relationships)*
30-second cessation spot (youth 13-17 years old)*	15-second prevention spot (all ages – mental health)	15-second prevention spot (all ages – mental health)*
30-second cessation spot (adults 18 and older)*	15-second cessation spot (youth 13-17 years old)	15-second cessation spot (youth 13-17 years old)
	15-second cessation spot (adults 18 and older)	15-second cessation spot *(adults 18 and older)

**Ads posted in English and Spanish.*

Digital platforms prohibit directing ads to youth under 18 years of age, and they do not allow targeting viewers based on sexual orientation or other sensitive categories like race, religion, health, or political affiliation. Targeting viewers based on common interests is allowed, so T2U chose targets based on areas of interest reported by focus group participants and areas of interest common to most people (e.g., food, movies, pop culture, travel, etc.).

Because digital platforms prohibit targeting viewers by age (e.g., youth under 18 years old) and sexual orientation, data could be obtained only for the number of individuals who listened to or viewed the paid ads ["reach"] and/or the number of times the ads were listened to/viewed ["impressions"]. Figure 4.2 shows the number of unique individuals who heard/saw the prevention and cessation ads and the number of times the ads were aired.

Figure 4.2 T2U Social Media Metrics

Platform	Reach	Impressions	Number of Weeks On Platforms
Spotify – All Ads	275,510	328,388	4
Instagram – All Ads	75,569	140,436	10.5
YouTube – All Ads	N/A*	581,914	8.5

**YouTube does not track reach.*

Figure 4.3 shows the number of unique individuals who heard/saw the prevention ads and the number of times the prevention ads were aired.

Figure 4.3 T2U Social Media Metrics – Prevention Ads Only

Platform	Reach	Impressions	Number of Weeks On Platforms
Spotify – Prevention Ads	90,812	107.627	4
Instagram – Prevention Ads	29,699	64,001	10.5

Both figures show more than 25,000 individuals aged 18 years old and older saw the prevention and cessation ads.

Outcome: Almost 91,000 adults (90,812) ages 18 years old and older heard tobacco prevention messaging on Spotify, and over 29,000 adults (29,699) viewed tobacco prevention messaging on Instagram.

CESSATION INTERVENTIONS

Two performance measures were established for cessation interventions. One measure was developed to guarantee healthcare provider networks received tobacco cessation materials to use with LGBTQ+ patients; the other measure was designed to ensure large quantities of tobacco cessation materials were developed, printed, and available for healthcare provider use.

Healthcare Provider Network Outreach

Performance Measure: At least 50 healthcare provider networks will receive updated, hard-copy materials to use for referral of patients who use tobacco to cessation services.

Brief Discussion: Healthcare provider networks were defined by T2U as healthcare organizations most likely to serve members of the LGBTQ+ community and included federally qualified health centers; college and university health centers; school-based health centers; LGBTQ+ health centers and specialty care programs; and HIV/AIDS medical treatment programs.

A cover letter and three updated, hard-copy materials were mailed to 112 healthcare leaders at 71 healthcare provider networks. The cover letter featured a QR code that, when scanned, brought providers to the T2U Healthcare Provider Resources homepage, where they could view digital materials and print them, if desired. It also included the T2U homepage URL for providers who were reticent to scan the QR code. The hard-copy materials included an infographic on tobacco use among the LGBTQ+ community; a tobacco dependence screening tool for providers to use with patients; and an LGBTQ+ patient cessation handout. Of the 112 packets mailed, three packets (2.6%) were returned to T2U as "non-deliverable." The three packets were addressed to providers from three different provider networks. Two of the three packets were resent with updated mailing addresses; the third packet was discarded, as the provider had retired.

Outcome: 111 healthcare leaders from 71 provider networks received updated, hard-copy materials to use for referral of patients who use tobacco to cessation services.

Tobacco Cessation Materials

Performance Measure: At least 500 hard-copies of each material developed for healthcare provider networks will be printed.

Brief Discussion: A hard-copy Healthcare Provider Resources toolkit was planned for printing and distribution to healthcare provider networks. However, a meeting with two practice managers from a federally qualified health center revealed healthcare centers prefer digital materials to hard-copy materials because digital materials are less likely to be misplaced or damaged. The toolkit was redesigned to feature four hard-copy materials and multiple digital materials and resources. A cover letter was one of the four hard-copy materials and featured a QR code that, when scanned, brought providers to the T2U Healthcare Provider Resources homepage, where they could view digital materials and print them, if desired. Each of the four hard-copy materials was printed in quantities of 500.

Outcome: Five hundred (500) hard copies of each of four materials developed for mailing to healthcare provider networks were printed.

Best Practices: Surveillance and Evaluation

1. Providing tobacco control programs with access to existing surveillance and evaluation resources (e.g., YTS, BRFSS) gives programs insight into the type of data that has been – or is being – collected, and the type of data that is needed to inform program development.

2. Establishing performance measures helps programs set program goals and objectives; monitor program performance; adjust strategies in response to unintended or undesirable patterns or trends; and measure the effectiveness of their programs.

BEST PRACTICES IN TOBACCO CONTROL

Section V: Infrastructure, Administration & Management

INTRODUCTION

Tobacco control programs need strong, fully-functioning infrastructures to implement effective interventions. Program infrastructure, administration, and management support program capacity, implementation, and sustainability. Maintaining program infrastructure and capacity increases health impact and helps achieve the benefits of tobacco control faster.[24] Tobacco control programs should have dedicated staff to cover the key components of project management, fiscal management, and surveillance and evaluation.

KEY COMPONENTS

Project Management

Project management in tobacco control programs encompasses planning, organizing, and managing resources (e.g., people, budget, timelines) to achieve pre-defined goals or outcomes, such as reducing tobacco-related disparities among LGBTQ+ youth, young adults, and adults. Appointing or hiring a full-time project manager is essential for project success; project managers oversee the day-to-day activities of the initiative, ensuring tasks are completed and deliverables are met efficiently, effectively, on time, and within budget. A project manager was hired to oversee the T2U initiative. The activities coordinated and carried out by the T2U project manager included:

- Recruiting T2U members
- Providing training and technical assistance to T2U members on LGBTQ+ tobacco use and evidence-based practices for reducing tobacco-use disparities
- Assessing the Connecticut LGBTQ+ community's attitudes, beliefs, and behaviors around tobacco use – and non-use
- Developing and implementing a strategic plan to guide project activities
- Managing day-to-day activities to ensure all strategic plan goals, objectivities, and activities were completed and outcomes were achieved
- Keeping funders informed about project status and progress through verbal and written reports
- Monitoring expenditures to ensure deliverables were met within budget

Project management – and having a dedicated project manager to guide activities – helped T2U to stay on track and deliver results that exceeded planned outcomes [see Section IV Surveillance and Evaluation for details on performance measures and outcomes]. However,

[24] Centers for Disease Control and Prevention (CDC). *Best Practices for Comprehensive Tobacco Control Programs: Infrastructure, Administration, and Management Fact Sheet,* 2014.

expanding the duration of the project from two years to three years may have allowed for greater opportunities to introduce T2U and the initiative to the LGBTQ+ community; educate the community on why tobacco use is an LGBTQ+ issue; extend the duration of the prevention and cessation campaigns to a full three months on all platforms; develop additional resources to augment the digital prevention and cessation campaigns (e.g., posters, pins, social media tiles); and partner with LGBTQ+ health and community centers to bring campaign messages and resources into their facilities.

Fiscal Management

The CDC recommends states create, fund, and sustain tobacco control programs. Sustained investments enable tobacco control programs to build the capacity, longevity, and reputation needed to change a community's social norms on tobacco use, tobacco cessation, and exposure to secondhand smoke and aerosol/vapor. Tobacco use has long been accepted as part of LGBTQ+ culture. Considerable funding and sustained investment in tobacco control programs for the LGBTQ+ community are needed to change the culture.

Funding organizations that are known to the LGBTQ+ community, have expertise in substance dependence treatment and/or public health, and have a demonstrated history of fiscal responsibility increases the likelihood of project success. Through the state's request for proposal process, the Connecticut Department of Public Health awarded a tobacco control grant to Wheeler Clinic to implement the T2U initiative. Wheeler is a lead provider of LGBTQ+ responsive services in Connecticut, has offered substance dependence treatment for over 50 years, and is well-known among state partners for sound fiscal practices. Wheeler's continuous monitoring of T2U grant funds, meaningful spending, and leveraging existing relationships with vendors helped to secure the initiative's success. All deliverables were met on time and within budget, and all outcomes were achieved.

Surveillance and Evaluation

Tobacco control programs can be enhanced by assigning or hiring a project evaluator. They should have the expertise, experience, and time to guide the development of surveys or other data collection instruments and convert the findings into information that is relevant, actionable, and offers a deeper understanding of tobacco use among the LGBTQ+ community. The evaluator should also support the coalition in monitoring performance measure data and recommending responses to unintended or undesirable outcomes.

Best Practices: Infrastructure, Administration, and Management

1. Assign or hire a project manager to ensure all deliverables are met efficiently, effectively, on-time, and within budget.

2. Provide considerable and sustained funding for tobacco control programs designed for the LGBTQ+ community that enables the programs to build the capacity, longevity, and reputation needed to change the community's social norms on tobacco use, tobacco cessation, and exposure to secondhand smoke and aerosol/vapor.

3. Assign or hire a project evaluator to guide the development of data collection instruments and performance measures, interpret data findings, and recommend responses to data that shows unintended or undesirable outcomes.

RECOMMENDATIONS FOR FUTURE PROJECTS

INTRODUCTION

T2U completed numerous activities in two years to reduce tobacco use among Connecticut's LGBTQ+ community. A statewide coalition was established; a comprehensive community needs assessment that provided valuable information and insight was developed and carried out; statewide tobacco prevention and cessation digital health campaigns were created and launched on multiple platforms; tobacco cessation resources were developed and distributed to health care providers for use with LGBTQ+ patients; and steps were taken to encourage communities to adopt tobacco-free policies for PRIDE and other LGBTQ+ events. Lessons learned have been identified throughout the manual; recommendations for future activities are outlined below.

RECOMMENDATIONS

Recommendation #1: Work with LGBTQ+ leaders and decision-makers to prioritize tobacco use prevention and cessation as an LGBTQ+ issue.

"Tobacco use is not a priority issue for the LGBTQ+ community" was a statement heard by several coalition members during the past two years. Civil rights, mental health, safe and equitable health care, homelessness and housing insecurity, and hate crimes are viewed by LGBTQ+ youth, young adults, and adults as their most urgent issues, for these are the problems the community encounters daily. Meeting with LGBTQ+ community leaders and decision-makers and presenting them with information and materials that demonstrate the intersection of tobacco use and key LGBTQ+ issues can help them prioritize tobacco use prevention and cessation in the LGBTQ+ community and mobilize the community to act.

Recommendation #2: Be a presence in the LGBTQ+ community.

Tobacco control programs that address LGBTQ+ tobacco use should include ongoing, active involvement from LGBTQ+ youth, young adults, and adults. However, a boots-on-the-ground community presence is also needed. Many within the LGBTQ+ community have experienced stigma, discrimination, and rejection from family, peers, and society, which has generated mistrust towards the non-LGBTQ+ community. Building trust with the LGBTQ+ community requires a tobacco control program to be a presence in the community. Sponsoring and/or tabling PRIDE and/or other LGBTQ+ events gives tobacco control programs an opportunity to meet with LGBTQ+ youth, young adults, and adults, to introduce and explain their initiative, and to talk with community members about tobacco use prevention and cessation in an environment that is non-threatening, using an approach that is non-shaming. Contacting LGBTQ+ community organizations and asking to meet with staff and clients is another strategy for introducing LGBTQ+ individuals to a tobacco control program and explaining the program's purpose, which is to support the LGBTQ+ community in reducing tobacco-related health disparities within the community.

One of the most valuable insights obtained through meeting with LGBTQ+ individuals via focus groups was the belief among Connecticut's LGBTQ+ community that the Connecticut Quitline was staffed by healthcare professionals. Individuals who held this belief were less likely to use the Quitline because of past negative experiences with the healthcare

community. Learning of this misperception enabled T2U to develop two statewide LGBTQ+-centric cessation videos – one for youth and one for adults - explaining the CT Quitline was staffed by Quit Coaches, many of whom had lived experience with tobacco use – effectively dispelling the myth that doctors handled the calls.

Building trust within the community takes time and effort – an effort the community deserves and will respond to for themselves and for the people they care about.

Recommendation #3: Develop LGBTQ+-specific information, materials, and resources on the impact of tobacco use on mental health.

The 2024 T2U community needs assessment featured a question that asked individuals who currently use tobacco products their reason(s) for continued tobacco use. Over 65% of respondents (65.4%) reported they smoke, vape, or use other tobacco products to feel less stressed, anxious, or depressed. Educating the LGBTQ+ community - and the health and mental health providers that serve them – on how nicotine affects the brain and people's mental health – should be a key strategy for addressing tobacco use prevention and cessation among the LGBTQ+ community. An LGBTQ+-centric tobacco use prevention video was developed by T2U and posted on YouTube and Instagram as a paid ad, reaching thousands of individuals. In addition, a webpage, "Tobacco Use and Your Mental Health" was developed on the T2U website to briefly explain the impact of tobacco use on mental health. However, more resources are needed. LGBTQ+-specific information, materials, and resources on tobacco use and its effects on mental health need to be developed and distributed at no cost to LGBTQ+ health centers, community centers, and gender-affirming care programs. In addition, identifying and training LGBTQ+ individuals to be tobacco use prevention and cessation champions for their community may be an effective approach to raising awareness about the risks and harms associated with tobacco use, including the risks to people's mental health. Equipping individuals within the community to deliver tobacco prevention and cessation messages builds strength from within the community and eliminates the barrier of mistrust that can exist between LGBTQ+ individuals and non-LGBTQ+ individuals.

Recommendation #4: Advocate for menthol and flavor bans on all tobacco products, including e-cigarettes and vapor products.

The 2024 T2U community needs assessment featured a question that asked individuals who currently use tobacco products their reason(s) for continued tobacco use. Fifty percent (50.0%) reported they smoke, vape, or use other tobacco products because they like the taste/flavors. Eliminating menthol and other flavors from all tobacco products would reduce the sensory pleasure individuals receive from the products. A lack of taste/flavors may inspire individuals who currently use tobacco products to seek cessation services and may prevent people, especially youth, who do not use tobacco products, from initiating use. Advocacy work pertaining to banning menthol and other flavors should be incorporated into all tobacco prevention and cessation initiatives and programs.

Recommendation #5: Meet healthcare providers where they are in order to bridge the gap between tobacco dependence screening and tobacco cessation referral.
The 2024 T2U community needs assessment results showed 83.3% of respondents who currently use tobacco products reported their healthcare provider(s) conducted a tobacco dependence screening during their healthcare visit(s) within the past 12 months. Of those respondents, 70.0% stated they informed their provider(s) of their tobacco use, and 30.0% indicated they did not tell their provider(s) about their tobacco use. Of the 70% of respondents who disclosed tobacco use to their healthcare provider(s), 78.6% reported their provider(s) informed them of the benefits of quitting, and 28.6% reported their provider(s) gave them – or offered to give them – cessation medication and/or referrals to cessation services.

The reason(s) for the gap between the percentage of respondents who were informed about the benefits of quitting and the percentage of respondents who were given – or offered – cessation medication and/or referrals to cessation services is unknown. Attempts by T2U to address the gap included the development and dissemination of hard-copy materials and digital resources to 112 healthcare providers at 71 healthcare provider networks; and a follow-up mailing via postcard to 181 healthcare providers at the same 71 healthcare provider networks. Approximately 22% of recipients responded by accessing one or more digital resources.

Healthcare providers and their staff are busy and must prioritize the information, materials, and resources shared with them. Printed materials can be set aside, forgotten about, misplaced, and/or damaged. A stronger approach for recruiting healthcare practitioners to provide tobacco dependence treatment and cessation referrals to LGBTQ+ patients may be to meet with providers and/or key staff face-to-face virtually or in-person; discuss barriers to treating tobacco dependence and referring to cessation services; and brainstorm strategies for resolving barriers. Other ways for reaching healthcare providers and/or their staff may include tabling healthcare provider conferences and networking with providers at PRIDE and other LGBTQ+ events.

CONCLUSION

Prevalence rates for tobacco use are higher among the LGBTQ+ community than the non-LGBTQ+ community in Connecticut and across the United States. The best practices outlined in this manual show a multi-pronged approach is needed to reduce tobacco-related health disparities among the LGBTQ+ community in Connecticut. The involvement of LGBTQ+ leaders, decision-makers, community members, healthcare providers, coalitions, and legislators is essential to turning the tide on tobacco use among the LGBTQ+ community. T2U hopes other states find the information in this manual useful to their work in reducing tobacco use among the LGBTQ+ community.

APPENDICES

Appendix A:
T2U Recruitment Flyers

Youth Flyer

Young Adult Flyer

Adult Flyer

Appendix A: T2U Recruitment Flyer - Youth

Appendix A: T2U Recruitment Flyer – Young Adults

True To You

Coalition for LGBTQIA+ Tobacco-free Living

DID YOU KNOW?

Tobacco companies spend billions of dollars each year to aggressively market their products to the LGBTQIA+ community, greatly impacting our health and the health of our families.

Our Coalition's Objectives:

- Invite the LGBTQIA+ community to share their experiences with tobacco use through a confidential survey
- Develop materials and messages that promote tobacco-free living and support tobacco cessation
- Encourage LGBTQIA+ organizations and venues to host tobacco-free events
- Create cessation tools and resources for providers to share with LGBTQIA+ patients

Wheeler | CONNECTICUT Clearinghouse a program of the Connecticut Center for Prevention, Wellness and Recovery

DPH Connecticut Department of Public Health

For more information or to **join the coalition**, contact Holly Giardina at CT Clearinghouse at 1.800.232.4424 or hgiardina@wheelerclinic.org.

Appendix A: T2U Recruitment Flyer - Adults

True To You

Coalition for LGBTQ+ Tobacco-free Living

DID YOU KNOW?

Tobacco companies spend billions of dollars each year to aggressively market their products to the LGBTQ+ community, greatly impacting our health and the health of our families.

Our Coalition's Objectives:

- Invite the LGBTQ+ community to share their experiences with tobacco use through a confidential survey
- Develop materials and messages that promote tobacco-free living and support tobacco cessation
- Encourage LGBTQ+ organizations and venues to host tobacco-free events
- Create cessation tools and resources for providers to share with LGBTQ+ patients

Wheeler | CONNECTICUT Clearinghouse a program of the Connecticut Center for Prevention, Wellness and Recovery

DPH Connecticut Department of Public Health

For more information or to **join the coalition**, contact Holly Giardina at CT Clearinghouse at 1.800.232.4424 or hgiardina@wheelerclinic.org.

Appendix B:
T2U Community Needs Assessment

Youth Survey Track

Adult Survey Track

Appendix B: T2U Community Needs Assessment – Youth Track

(Also available in Spanish)

LGBTQ+ Tobacco Use Community Needs Assessment Introduction

Thank you for volunteering to complete this survey.

The True to You Coalition is a statewide coalition of LGBTQ+ individuals, allies, and organizations working to promote tobacco-free living among LGBTQ+ youth, young adults, and adults. The coalition is led by Wheeler Clinic with funds from the Connecticut Department of Public Health.

The survey seeks to understand commercial tobacco and e-cigarette use among Connecticut's LGBTQ+ community and their quitting needs. It is designed to allow participants to share their beliefs and personal experiences with smoking, vaping, and other forms of commercial tobacco use (e.g., cigars, cigarillos, little cigars, dip, chew, etc.). The information you share will help us to develop materials that promote tobacco-free living within the LGBTQ+ community across the state.

This survey is anonymous, confidential, and voluntary. We will not ask for your name, and you cannot be identified. The survey should take 5-10 minutes to complete.

We ask that only individuals who identify as LGBTQ+ complete the survey. Allies who are interested in supporting this initiative can visit the True to You webpage by clicking HERE or contact or Holly Giardina at Connecticut Clearinghouse (800.232.4424) for more information.

Thank you very much for your help. Be well.

1. LGBTQ+ Identity and Age Group

1a. LGBTQ+ Identity

1a. I identify as (please choose only one):

- ○ LGBTQ+ individual
- ○ Non-LGBTQ+ individual*

**Automatic response given to non-LGBTQ+ individuals: Thank you for your interest in the survey. At this time, we ask that only individuals who identify as LGBTQ+ complete the survey. If you would like more information about how you can support tobacco- and vape-free living among Connecticut's LGBTQ+ community, please visit the True to You webpage HERE. Thank you.*

1b. Age

1b. How old are you?

- ○ 10 years old or younger*
- ○ 11-12 years old
- ○ 13-17 years old
- ○ 18-20 years old
- ○ 21-30 years old
- ○ 31-44 years old
- ○ 45-54 years old
- ○ 55-64 years old
- ○ 65 years old or older

**Automatic response given to individuals 10 years old or younger: Thank you for your interest in this survey. We are inviting our younger members of the LGBTQ+ community to help in other ways. Please visit the True to You webpage HERE to learn about other ways that you can help.*

2. Thoughts & Opinions About Tobacco & E-cigarettes

The table below includes statements about tobacco products and e-cigarettes.

- ***Tobacco products include commercial tobacco items like cigarettes, cigars, cigarillos, little cigars, dip, chew, snus, snuff, dissolvables, and hookahs.***
- ***E-cigarettes include e-cigs, vapes, vapor products, vape pens, and mods.***

Please choose the response that best matches your belief about each statement.

2a. Mark your level of agreement with the statements below.

	Strongly disagree	Disagree	Agree	Strongly agree	Not applicable
Most people in the LGBTQ+ community use tobacco products.	○	○	○	○	○
Most people in the LGBTQ+ community use e-cigarettes.	○	○	○	○	○
My friends believe it is OK to use e-cigarettes.	○	○	○	○	○
My friends are bothered by the secondhand smoke from tobacco products.	○	○	○	○	○
My friends are bothered by the secondhand vapor from e-cigarettes.	○	○	○	○	○
E-cigarettes are less harmful than tobacco products.	○	○	○	○	○
E-cigarettes are less addictive than tobacco products.	○	○	○	○	○
I often see people using tobacco products or e-cigarettes on the LGBTQ+ shows I watch on TV or streaming services.	○	○	○	○	○

	Strongly disagree	Disagree	Agree	Strongly agree	Not applicable
I often see people using tobacco products or e-cigarettes at the LGBTQ+ events I go to.	○	○	○	○	○
I often see people using tobacco products or e-cigarettes on the LGBTQ+ websites and social media platforms that I use.	○	○	○	○	○
Tobacco and e-cigarette companies market their products to the LGBTQ+ community more aggressively than they do to the non-LGBTQ+ community.	○	○	○	○	○
It is OK for tobacco and e-cigarette companies to sponsor and to display their products at PRIDE and other LGBTQ+ events.	○	○	○	○	○
I would still attend LGBTQ+ events, including PRIDE, if smoking and vaping were prohibited.	○	○	○	○	○
I would make use of designated smoking or vaping areas outside of campus or event areas.	○	○	○	○	○
I am aware of the free services in Connecticut that	○	○	○	○	○

	Strongly disagree	Disagree	Agree	Strongly agree	Not applicable
help someone quit using tobacco products and e-cigarettes.					
I am aware of the confidential services in Connecticut that help someone quit using tobacco products and e-cigarettes.	○	○	○	○	○
E-cigarettes are a safe tool for quitting smoking.	○	○	○	○	○
E-cigarettes are an effective tool for quitting smoking.	○	○	○	○	○

3. Current Tobacco Use

The next set of questions asks about tobacco use during the past 30 days. This does not include e-cigarette use. There is also one question about cannabis use (marijuana use).

Tobacco use includes the use of commercial tobacco products, such as cigarettes, cigars, chew, dip, and hookahs.

3a. Have you used tobacco products during the past 30 days?

- ○ Yes
- ○ No

3b. How often did you use tobacco and/or nicotine products during the past 30 days?

	Every day	Some days	Not at all	Don't know/ Not sure
Cigarettes	○	○	○	○
Cigars, cigarillos, or little cigars	○	○	○	○
Chew, dip, snuff, snus, or dissolvables	○	○	○	○
Hookahs	○	○	○	○
Nicotine pouches	○	○	○	○

3c. How often did you use menthol- or mint-flavored tobacco products during the past 30 days?

- ○ Every day
- ○ Some days
- ○ Not at all
- ○ Don't know/Not sure

3d. What other flavors did you use when using tobacco products during the past 30 days? Check all that apply.

- ☐ Alcoholic beverage flavors
- ☐ Chocolate or other candy flavors
- ☐ Clove, cinnamon, or spice flavors
- ☐ Fruit flavors
- ☐ N/A - I did not use flavored tobacco products.
- ☐ Other flavors (please specify) _____

3e. How often did you use cannabis (marijuana) during the past 30 days?

- ○ Every day
- ○ Some days
- ○ Not at all
- ○ Don't know/Not sure

4. Current E-cigarette Use

The next set of questions ask about e-cigarette use during the past 30 days. There is also one question about cannabis use (marijuana use). E-cigarettes include such items as e-cigs, vapes, and vape pens.

4a. How often did you use e-cigarettes during the past 30 days?

- ○ Every day
- ○ Some days
- ○ Not at all
- ○ Don't know/Not sure

4b. What brand(s) of e-cigarettes did you use during the past 30 days? Check all that apply.

- ☐ Aspire
- ☐ Elf Bar
- ☐ Innokin
- ☐ JUUL
- ☐ Puff Bar
- ☐ SMOK
- ☐ Uwell
- ☐ Vaporesso
- ☐ Don't know/Not sure
- ☐ Other (please specify) _____

4c. How often did you use menthol- or mint-flavored e-cigarettes during the past 30 day?

- ○ Every day
- ○ Some days
- ○ Not at all
- ○ Don't know/Not sure

4d. What other flavors did you use during the past 30 days? Check all that apply.

- ☐ Chocolate or other candy flavors (e.g., gummies, cotton candy, Skittles)
- ☐ Desserts or sweets flavors (e.g., donuts, cookies, custards)
- ☐ Drink flavors (e.g., juices, sodas)
- ☐ Fruit flavors (e.g., mango, strawberry, watermelon)
- ☐ Iced or frozen flavors (e.g., iced mango, iced watermelon)
- ☐ N/A - I did not use flavors.
- ☐ Other flavors (please specify)

4e. How often did you use cannabis (marijuana) during the past 30 days?

- ○ Every day
- ○ Some days
- ○ Not at all
- ○ Don't know/Not sure

5. Reason(s) for Using Tobacco Products or E-cigarettes

The next few questions ask about the reason(s) you first tried tobacco products or e-cigarettes and the reason(s) you use them today.

5a. Why did you first try tobacco products or e-cigarettes? Check all that apply.

- ☐ I saw my family members use them.
- ☐ I saw my friends/peer group use them.
- ☐ I saw them used on social media or streaming services.
- ☐ Someone offered them to me.
- ☐ I wanted to fit in.
- ☐ I was curious.
- ☐ I felt bored or lonely.
- ☐ I felt stressed, anxious, or depressed.
- ☐ Not sure/don't remember.
- ☐ Other (please specify)

5b. Why do you currently use tobacco products or e-cigarettes? Check all that apply.

- ☐ To fit in with my friends/peer group.
- ☐ I like the taste.
- ☐ I don't think they're bad for me.
- ☐ To focus better in school or sports.
- ☐ To feel less bored or lonely.
- ☐ To feel less stressed, anxious, or depressed.
- ☐ I tried to quit but it's too hard.
- ☐ Other (please specify)

5c. Have you ever tried to quit using tobacco products or e-cigarettes?

- ○ Yes
- ○ No

5d. Who or what helped you when you tried to quit? Check all that apply.

- [ ] Doctor, dentist, or nurse
- [ ] Counselor/therapist
- [ ] Medication
- [ ] Support from loved ones (e.g., parents/caregivers) or trusted adults (e.g., coaches, teachers, mentors)
- [ ] Support from friends/peer group
- [ ] Quit app, hotline, text, or chat
- [ ] N/A - I didn't use any resources or supports.
- [ ] Other (please specify)

5e. Are you planning to quit in the near future?

- ○ Yes
- ○ No
- ○ Don't know/Not sure

5f. What stops you from quitting? Check all that apply.

- [ ] I'm not ready to quit.
- [ ] I like to vape or use tobacco products.
- [ ] I'm afraid doctors or others won't help me because I identify as LGBTQ+.
- [ ] I'm afraid doctors or others won't treat me with respect because I identify as LGBTQ+.
- [ ] My friends/peer group still vape or use tobacco products.
- [ ] I don't have money to pay for help with quitting.
- [ ] Don't know/Not sure.
- [ ] Prefer not to answer.
- [ ] Other (please specify)

5g. What would be helpful to you if you decide to quit? Check all that apply.

- [ ] LGBTQ+ specific service
- [ ] Online quit services (e.g., quit app)
- [ ] Quit hotline, text, or chat
- [ ] Counseling
- [ ] Medication
- [ ] Free help
- [ ] Confidentiality
- [ ] Support from friends/peer group
- [ ] Support from loved ones (e.g., parents/caregivers) or trusted adults (e.g., coaches, teachers, mentors)
- [ ] Don't know/Not sure
- [ ] Other (please specify)

5. Reason(s) For Not Using Tobacco Products or E-cigarettes

This question(s) asks about why you do NOT use tobacco products or e-cigarettes.

5a. Have you ever used tobacco products or e-cigarettes in your lifetime?

- ○ No, I have never used tobacco products or e-cigarettes. *(Respondent is directed to #5b.)*
- ○ Yes, but I quit. *(Respondent is directed to #5c.)*

5b. Why do you choose NOT to use tobacco products or e-cigarettes? Check all that apply.

- ☐ It's bad for my health.
- ☐ I am an athlete/I play sports.
- ☐ I care about my school performance.
- ☐ It's addictive.
- ☐ It's against my religious or spiritual beliefs.
- ☐ It's bad for the environment.
- ☐ It's too expensive.
- ☐ Important adults in my life don't approve (e.g., parents/caregivers, coaches, teachers, mentors).
- ☐ My friends/peer group don't approve.
- ☐ Other (please specify) _____

5c. When was the last time you used tobacco products or e-cigarettes?

- ○ Less than 6 months ago
- ○ 7-11 months ago
- ○ 1-2 years ago
- ○ 3-5 years ago
- ○ Not sure/don't remember.

5d. Why did you stop using tobacco products or e-cigarettes? Check all that apply.

- ☐ I didn't like how they made me feel.
- ☐ I wanted to do better in school.
- ☐ I wanted to do better in sports.
- ☐ It's too expensive.
- ☐ It's against my religious or spiritual beliefs.
- ☐ Pressure from loved ones (e.g., parents/caregivers) or trusted adults (e.g., coaches, teachers, mentors).
- ☐ Pressure from friends/peer group.
- ☐ Other (please specify) _____

5e. Did you get help to quit using tobacco products or e-cigarettes?

- ○ Yes
- ○ No

5f. Who or what helped you to quit? Check all that apply.

- ☐ Doctor, dentist, or nurse
- ☐ Counselor
- ☐ Medication (from doctor, nurse, or dentist)
- ☐ Quit app, hotline, text, or chat
- ☐ Support from friends/peer group
- ☐ Support from loved ones (e.g., parents/caregivers) or trusted adults (e.g., coaches, teachers, mentors)
- ☐ Other (please specify) _____

6. Experience With Healthcare Providers

The next few questions ask about your experience with healthcare providers.

6a. Do you feel comfortable talking about your tobacco use or vaping with a doctor, dentist, or nurse?

- ○ Yes
- ○ No
- ○ Don't know/Not sure.
- ○ Not applicable - I don't use tobacco products or e-cigarettes.

6b. During the past 12 months, have you gone to a doctor's office, dental office, or school or community health center for medical or dental services?

- ○ Yes
- ○ No
- ○ Not sure/don't remember.

6c. During those visits, did you feel welcomed and safe most of the time?

- ○ Yes
- ○ No
- ○ Not sure/don't remember.

6d. During those visits, did the doctor, dentist, or nurse affirm and respect your LGBTQ+ identity when talking with you about your needs and treatment?

- ○ Yes
- ○ No
- ○ Not sure/don't remember.

6e. During those visits, did the doctor, dentist, or nurse ask if you use tobacco products or e-cigarettes?

- ○ Yes
- ○ No
- ○ Not sure/don't remember.

6f. Did they advise you on the benefits of quitting and the help available?

- ○ Yes
- ○ No
- ○ Not sure/don't remember.
- ○ N/A - I told them I don't use tobacco products or e-cigarettes.

6g. Did they give you – or offer to give you – medication and/or a referral to quit services (e.g., quit hotline, text-based support, local cessation programs) to help you quit?

- ○ Yes
- ○ No
- ○ Not sure/don't remember.
- ○ N/A - I told them I don't use tobacco products or e-cigarettes.

7. Preferred Digital Platforms

The next question asks about your preferred streaming and social media platforms.

7a. Which of the following streaming and social media platforms have you used during the past 30 days? Check all that apply.

- ☐ Apple Music
- ☐ Apple TV
- ☐ Disney+
- ☐ Facebook and Messenger
- ☐ Google Play Music
- ☐ HBO Max
- ☐ Hulu
- ☐ Instagram
- ☐ Netflix
- ☐ Paramount+
- ☐ Peacock
- ☐ Prime Video
- ☐ Snap Chat
- ☐ Spotify
- ☐ TikTok
- ☐ X
- ☐ YouTube
- ☐ None
- ☐ Other (please specify)

8. About You

This set of questions asks about you: your gender identity, sexual orientation identity, race, ethnicity, etc.

8a. Which of the following best represents your gender identity?

- ☐ Agender
- ☐ Cisgender Man
- ☐ Cisgender Woman
- ☐ Genderfluid
- ☐ Genderqueer
- ☐ Gender Non-Conforming
- ☐ Intersex
- ☐ Non-binary
- ☐ Transfemme
- ☐ Transgender man/trans man/female-to-male (FTM)

- [ ] Transgender woman/trans woman/male-to-female (MTF)
- [ ] Transmasc
- [ ] Two-Spirit
- [ ] Not sure/don't know.
- [ ] Prefer not to answer.
- [ ] Other (please specify)

8b. Which of the following best represents your sexual orientation identity?

- [ ] Asexual (Ace)
- [ ] Bisexual
- [ ] Fluid
- [ ] Gay
- [ ] Lesbian
- [ ] Queer
- [ ] Pansexual, omnisexual, sapiosexual, or polysexual
- [ ] Straight/heterosexual
- [ ] Not sure/In the process of figuring out my sexuality.
- [ ] Do not think of myself as having sexuality.
- [ ] Do not use labels to identify myself.
- [ ] Don't know.
- [ ] Prefer not to answer.
- [ ] Other (please specify)

8c. What is your race?

- ○ American Indian, Native American, or Native Alaskan
- ○ Asian
- ○ Black or African American
- ○ Native Hawaiian or Pacific Islander
- ○ White/Caucasian
- ○ Biracial or Multiracial
- ○ Unknown
- ○ Prefer not to answer.
- ○ Other (please specify)

8d. Are you Hispanic or Latino? Check all that apply.

- [ ] No
- [ ] Yes, I am Cuban or Cuban-American.
- [ ] Yes, I am Mexican, Mexican-American, or Chicano.
- [ ] Yes, I am Puerto Rican.
- [ ] Yes, I am some other Hispanic or Latino not listed here.
- [ ] Prefer not to answer.

8e. Who do you live with? Check all that apply.

- [ ] My parents or legal guardians
- [ ] One or more roommates
- [ ] One or more pets
- [ ] My partner
- [ ] No one - I live alone.
- [ ] Prefer not to answer.
- [ ] Other (please specify)

8f. What town do you live in?

8g. Which Connecticut county do you live in? If you are not sure, click HERE for a map of towns by county.

- ○ Fairfield
- ○ Hartford
- ○ Litchfield
- ○ Middlesex
- ○ New Haven
- ○ New London
- ○ Tolland
- ○ Windham
- ○ Prefer not to answer.

8h. What grade are you in?

- ○ 6th grade
- ○ 7th grade
- ○ 8th grade
- ○ 9th grade
- ○ 10th grade
- ○ 11th grade
- ○ 12th grade
- ○ GED program
- ○ College (Associate's or Bachelor's degree)
- ○ Prefer not to answer
- ○ Other (please specify)

Final Thoughts

Is there anything else you would like to share about your thoughts or experiences with tobacco products or e-cigarettes? Please write it in the space below.

Thank you for taking the survey. If you would like information and resources about quitting tobacco or e-cigarette use, please click HERE.

Appendix B: T2U Community Needs Assessment – Adult Track

(Also available in Spanish)

LGBTQ+ Tobacco Use Community Needs Assessment Introduction

Thank you for volunteering to complete this survey.

The True to You Coalition is a statewide coalition of LGBTQ+ individuals, allies, and organizations working to promote tobacco-free living among LGBTQ+ youth, young adults, and adults. The coalition is led by Wheeler Clinic with funds from the Connecticut Department of Public Health.

The survey seeks to understand commercial tobacco and e-cigarette use among Connecticut's LGBTQ+ community and their quitting needs. It is designed to allow participants to share their beliefs and personal experiences with smoking, vaping, and other forms of commercial tobacco use (e.g., cigars, cigarillos, little cigars, dip, chew, etc.). The information you share will help us to develop materials that promote tobacco-free living within the LGBTQ+ community across the state.

This survey is anonymous, confidential, and voluntary. We will not ask for your name, and you cannot be identified. The survey should take 5-10 minutes to complete.

We ask that only individuals who identify as LGBTQ+ complete the survey. Allies who are interested in supporting this initiative can visit the True to You webpage by clicking HERE or contact or Holly Giardina at Connecticut Clearinghouse (800.232.4424) for more information.

Thank you very much for your help. Be well.

1. LGBTQ+ Identity and Age Group

1a. LGBTQ+ Identity

1a. I identify as (please choose only one):

- ○ LGBTQ+ individual
- ○ Non-LGBTQ+ individual*

**Automatic response given to non-LGBTQ+ individuals: Thank you for your interest in the survey. At this time, we ask that only individuals who identify as LGBTQ+ complete the survey. If you would like more information about how you can support tobacco- and vape-free living among Connecticut's LGBTQ+ community, please visit the True to You webpage HERE. Thank you.*

1b. Age

1b. How old are you?

- ○ 10 years old or younger*
- ○ 11-12 years old
- ○ 13-17 years old
- ○ 18-20 years old
- ○ 21-30 years old
- ○ 31-44 years old
- ○ 45-54 years old
- ○ 55-64 years old
- ○ 65 years old or older

**Automatic response given to individuals 10 years old or younger: Thank you for your interest in this survey. We are inviting our younger members of the LGBTQ+ community to help in other ways. Please visit the True to You webpage HERE to learn about other ways that you can help.*

2. Thoughts & Opinions About Tobacco & E-cigarettes

The table below includes statements about tobacco products and e-cigarettes.

- ***Tobacco products include commercial tobacco items like cigarettes, cigars, cigarillos, little cigars, dip, chew, snus, snuff, dissolvables, and hookahs.***
- ***E-cigarettes include e-cigs, vapes, vapor products, vape pens, and mods.***

Please choose the response that best matches your belief about each statement.

2a. Mark your level of agreement with the statements below.

	Strongly disagree	Disagree	Agree	Strongly agree	Not applicable
Most people in the LGBTQ+ community use tobacco products.	○	○	○	○	○
Most people in the LGBTQ+ community use e-cigarettes.	○	○	○	○	○
My friends believe it is OK to use e-cigarettes.	○	○	○	○	○
My friends are bothered by the secondhand smoke from tobacco products.	○	○	○	○	○
My friends are bothered by the secondhand vapor from e-cigarettes.	○	○	○	○	○
E-cigarettes are less harmful than tobacco products.	○	○	○	○	○
E-cigarettes are less addictive than tobacco products.	○	○	○	○	○
I often see people using tobacco products or e-cigarettes on the LGBTQ+ shows I watch on TV or streaming services.	○	○	○	○	○

	Strongly disagree	Disagree	Agree	Strongly agree	Not applicable
I often see people using tobacco products or e-cigarettes at the LGBTQ+ clubs, bars, or events I go to.	○	○	○	○	○
I often see people using tobacco products or e-cigarettes on the LGBTQ+ websites, dating apps, and social media platforms that I use.	○	○	○	○	○
Tobacco and e-cigarette companies market their products to the LGBTQ+ community more aggressively than they do to the non-LGBTQ+ community.	○	○	○	○	○
It is OK for tobacco and e-cigarette companies to sponsor and to display their products at PRIDE and other LGBTQ+ events.	○	○	○	○	○
I would still attend LGBTQ+ events, including PRIDE, if smoking and vaping were prohibited.	○	○	○	○	○
I would make use of designated smoking or vaping areas outside of campus or event areas.	○	○	○	○	○

	Strongly disagree	Disagree	Agree	Strongly agree	Not applicable
I am aware of the free services in Connecticut that help someone quit using tobacco products and e-cigarettes.	○	○	○	○	○
I am aware of the confidential services in Connecticut that help someone quit using tobacco products and e-cigarettes.	○	○	○	○	○
E-cigarettes are a safe tool for quitting smoking.	○	○	○	○	○
E-cigarettes are an effective tool for quitting smoking.	○	○	○	○	○

3. Current Tobacco Use

The next set of questions asks about tobacco use during the past 30 days. This does not include e-cigarette use. There is also one question about cannabis use (marijuana use).

Tobacco use includes the use of commercial tobacco products, such as cigarettes, cigars, chew, dip, and hookahs.

3a. Have you used tobacco products during the past 30 days?

- ○ Yes
- ○ No

3b. How often did you use tobacco and/or nicotine products during the past 30 days?

	Every day	Some days	Not at all	Don't know/ Not sure
Cigarettes	○	○	○	○
Cigars, cigarillos, or little cigars	○	○	○	○
Chew, dip, snuff, snus, or dissolvables	○	○	○	○

	Every day	Some days	Not at all	Don't know/ Not sure
Hookahs	○	○	○	○
Nicotine pouches	○	○	○	○

3c. How often did you use menthol- or mint-flavored tobacco products during the past 30 days?

- ○ Every day
- ○ Some days
- ○ Not at all
- ○ Don't know/Not sure

3d. What other flavors did you use when using tobacco products during the past 30 days? Check all that apply.

- ☐ Alcoholic beverage flavors
- ☐ Chocolate or other candy flavors
- ☐ Clove, cinnamon, or spice flavors
- ☐ Fruit flavors
- ☐ N/A - I did not use flavored tobacco products.
- ☐ Other flavors (please specify)

3e. How often did you use cannabis (marijuana) during the past 30 days?

- ○ Every day
- ○ Some days
- ○ Not at all
- ○ Don't know/Not sure

3f. Connecticut has legalized cannabis (marijuana) for use by adults ages 21 and older. Has the legalization of cannabis made you less concerned about the health risks associated with smoking and other tobacco use?

- ○ Yes
- ○ Somewhat
- ○ No
- ○ Don't know/Not sure

4. Current E-cigarette Use

The next set of questions ask about e-cigarette use during the past 30 days. There is also one question about cannabis use (marijuana use). E-cigarettes include such items as e-cigs, vapes, and vape pens.

4a. How often did you use e-cigarettes during the past 30 days?

- ○ Every day
- ○ Some days
- ○ Not at all
- ○ Don't know/Not sure

4b. What brand(s) of e-cigarettes did you use during the past 30 days? Check all that apply.

- ☐ Aspire
- ☐ Elf Bar
- ☐ Innokin
- ☐ JUUL
- ☐ Puff Bar
- ☐ SMOK
- ☐ Uwell
- ☐ Vaporesso
- ☐ Don't know/Not sure
- ☐ Other (please specify) _____

4c. How often did you use menthol- or mint-flavored e-cigarettes during the past 30 day?

- ○ Every day
- ○ Some days
- ○ Not at all
- ○ Don't know/Not sure

4d. What other flavors did you use during the past 30 days? Check all that apply.

- ☐ Chocolate or other candy flavors (e.g., gummies, cotton candy, Skittles)
- ☐ Desserts or sweets flavors (e.g., donuts, cookies, custards)
- ☐ Drink flavors (e.g., juices, sodas)
- ☐ Fruit flavors (e.g., mango, strawberry, watermelon)
- ☐ Iced or frozen flavors (e.g., iced mango, iced watermelon)
- ☐ N/A - I did not use flavors.
- ☐ Other flavors (please specify) _____

4e. How often did you use cannabis (marijuana) during the past 30 days?

- ○ Every day
- ○ Some days
- ○ Not at all
- ○ Don't know/Not sure

4f. Connecticut has legalized cannabis (marijuana) for use by adults ages 21 and older. Has the legalization of cannabis made you less concerned about the health risks associated with e- cigarette use/vaping?

- ○ Yes
- ○ Somewhat
- ○ No
- ○ Don't know/Not sure

5. Reason(s) for Using Tobacco Products or E-cigarettes

The next few questions ask about the reason(s) you first tried tobacco products or e-cigarettes and the reason(s) you use them today.

5a. Why did you first try tobacco products or e-cigarettes? Check all that apply.

- ☐ I saw my family members use them.
- ☐ I saw my friends/peer group use them.
- ☐ I saw them used on social media or streaming services.
- ☐ Someone offered them to me.
- ☐ I wanted to fit in.
- ☐ I was curious.

- [ ] I felt bored or lonely.
- [ ] I felt stressed, anxious, or depressed.
- [ ] Not sure/don't remember.
- [ ] Other (please specify)

5b. Why do you currently use tobacco products or e-cigarettes? Check all that apply.

- [ ] My partner/spouse and/or friends use them.
- [ ] I like the taste/flavors.
- [ ] I am not as concerned about the health risks.
- [ ] To focus better in school or at work.
- [ ] To feel less bored or lonely.
- [ ] To feel less stressed, anxious, or depressed.
- [ ] Withdrawal symptoms are tough to deal with.
- [ ] Other (please specify)

5c. Have you ever tried to quit using tobacco products or e-cigarettes?

- ○ Yes
- ○ No

5d. Who or what helped you when you tried to quit? Check all that apply.

- [ ] Doctor, dentist, or nurse
- [ ] Counselor/therapist
- [ ] Nicotine Replacement Therapy (e.g., patch, gum, lozenge)
- [ ] Nicotine Replacement Therapy (e.g., bupropion, varenicline, oral inhaler, nasal spray)
- [ ] Support from important people in my life (e.g., parents/caregivers, partner/spouse, friends)
- [ ] Quit app, hotline, text, or chat
- [ ] N/A - I didn't use any resources or supports.
- [ ] Other (please specify)

5e. Are you planning to quit in the near future?

- ○ Yes
- ○ No
- ○ Don't know/Not sure

5f. What stops you from quitting? Check all that apply.

- ☐ I'm not ready to quit.
- ☐ I like using tobacco products or e-cigarettes.
- ☐ I am afraid I will be denied services because of my LGBTQ+ identity.
- ☐ I believe the provider(s) will not be aware of the unique needs and experiences of LGBTQ+ individuals.
- ☐ I believe the provider(s) will not consider my LGBTQ+ identity when discussing my service needs.
- ☐ I don't have health insurance or money to pay for quit medication or services.
- ☐ Don't know/Not sure.
- ☐ Prefer not to answer.
- ☐ Other (please specify) _____

5g. What would be helpful to you if you decide to quit? Check all that apply.

- ☐ LGBTQ+ specific service
- ☐ Online services (e.g., quit app, Facebook group)
- ☐ Quit hotline, text, or chat
- ☐ Counseling
- ☐ Medication
- ☐ Free help
- ☐ Confidentiality
- ☐ Support from important people in my life (e.g., parents/caregivers, partner/spouse, friends)
- ☐ Don't know/Not sure
- ☐ Other (please specify) _____

5. Reason(s) For Not Using Tobacco Products or E-cigarettes

This question(s) asks about why you do NOT use tobacco products or e-cigarettes.

5a. Have you ever used tobacco products or e-cigarettes in your lifetime?

- ○ No, I have never used tobacco products or e-cigarettes. *(Respondent is directed to #5b.)*
- ○ Yes, but I quit. *(Respondent is directed to #5c.)*

5b. Why do you choose NOT to use tobacco products or e-cigarettes? Check all that apply.

- ☐ It's bad for my health/my family's health.
- ☐ I am an athlete/I play sports.
- ☐ I care about my school and/or job performance.
- ☐ I have a family history of addiction.
- ☐ I have a family history of cancer or other chronic disease.
- ☐ It's against my religious or spiritual beliefs.
- ☐ It's bad for the environment.
- ☐ It's too expensive.
- ☐ Important people in my life don't approve (e.g., parents/caregivers, partner/spouse, friends).
- ☐ Other (please specify) _____

5c. When was the last time you used tobacco products or e-cigarettes?

- ○ Less than 6 months ago
- ○ 7-11 months ago
- ○ 1-2 years ago
- ○ 3-5 years ago
- ○ 6-10 years ago.
- ○ More than 10 years ago.
- ○ Not sure/don't remember.

5d. Why did you stop using tobacco products or e-cigarettes? Check all that apply.

- ☐ I didn't like being addicted to them.
- ☐ I have a family history of addiction.
- ☐ I have a family history of cancer or other chronic disease.
- ☐ I wanted to do better at school and/or work.
- ☐ It's too expensive.
- ☐ I wanted to take better care of my health.
- ☐ I was diagnosed with cancer or a chronic disease.
- ☐ It's against my religious or spiritual beliefs.
- ☐ Pressure from important people in my life (e.g., parents/caregivers, partner/spouse, friends).
- ☐ Other (please specify) _____

5e. Did you get help to quit using tobacco products or e-cigarettes?

- ○ Yes
- ○ No

5f. Who or what helped you to quit? Check all that apply.

- ☐ Doctor, dentist, or nurse
- ☐ Counselor/therapist
- ☐ Nicotine Replacement Therapy (e.g., patch, gum, lozenge)
- ☐ Nicotine Replacement Therapy (e.g., bupropion, varenicline, oral inhaler, nasal spray)
- ☐ Quit app, hotline, text, or chat
- ☐ Support from loved ones (e.g., parents/caregivers, partner/spouse) or friends
- ☐ Other (please specify) _____

6. Experience With Healthcare Providers

The next few questions ask about your experience with healthcare providers.

6a. Do you feel comfortable talking about your tobacco use or vaping with a doctor, dentist, or nurse?

- ○ Yes
- ○ No
- ○ Don't know/Not sure.
- ○ Not applicable - I don't use tobacco products or e-cigarettes.

6b. During the past 12 months, have you gone to a doctor's office, dental office, or school or community health center for medical or dental services?

- ○ Yes
- ○ No
- ○ Not sure/don't remember.

6c. During those visits, did you feel welcomed and safe most of the time?

- ○ Yes
- ○ No
- ○ Not sure/don't remember.

6d. During those visits, did the doctor, dentist, or nurse consider your LGBTQ+ identity when discussing your healthcare needs and recommending services?

- ○ Yes
- ○ No
- ○ Not sure/don't remember.

6e. During those visits, did the doctor, dentist, or nurse ask if you use tobacco products or e-cigarettes?

- ○ Yes
- ○ No
- ○ Not sure/don't remember.

6f. Did they advise you on the benefits of quitting and the help available?

- ○ Yes
- ○ No
- ○ Not sure/don't remember.
- ○ N/A - I told them I don't use tobacco products or e-cigarettes.

6g. Did they give you – or offer to give you – medication and/or a referral to quit services (e.g., quit hotline, text-based support, local cessation programs) to help you quit?

- ○ Yes
- ○ No
- ○ Not sure/don't remember.
- ○ N/A - I told them I don't use tobacco products or e-cigarettes.

7. Preferred Digital Platforms

The next question asks about your preferred streaming and social media platforms.

7a. Which of the following streaming and social media platforms have you used during the past 30 days? Check all that apply.

- ☐ Apple Music
- ☐ Apple TV
- ☐ Bumble
- ☐ Facebook and Messenger
- ☐ Google Play Music
- ☐ Grindr
- ☐ HBO Max
- ☐ HER
- ☐ Hulu
- ☐ Instagram
- ☐ Jack'd
- ☐ Lex
- ☐ Netflix
- ☐ OKCupid
- ☐ Paramount+
- ☐ Peacock
- ☐ Prime Video
- ☐ Scruff
- ☐ Snap Chat
- ☐ Spotify
- ☐ TikTok
- ☐ X
- ☐ YouTube
- ☐ None
- ☐ Other (please specify) _____

8. About You

This set of questions asks about you: your gender identity, sexual orientation identity, race, ethnicity, etc.

8a. Which of the following best represents your gender identity?

- ☐ Agender
- ☐ Cisgender Man
- ☐ Cisgender Woman
- ☐ Genderfluid
- ☐ Genderqueer
- ☐ Gender Non-Conforming
- ☐ Intersex
- ☐ Non-binary
- ☐ Transfemme
- ☐ Transgender man/trans man/female-to-male (FTM)
- ☐ Transgender woman/trans woman/male-to-female (MTF)
- ☐ Transmasc
- ☐ Two-Spirit
- ☐ Not sure/don't know.
- ☐ Prefer not to answer.
- ☐ Other (please specify) _____

8b. Which of the following best represents your sexual orientation identity?

- ☐ Asexual (Ace)
- ☐ Bisexual
- ☐ Fluid
- ☐ Gay
- ☐ Lesbian
- ☐ Queer
- ☐ Pansexual, omnisexual, sapiosexual, or polysexual
- ☐ Straight/heterosexual
- ☐ Not sure/In the process of figuring out my sexuality.
- ☐ Do not think of myself as having sexuality.

- [ ] Do not use labels to identify myself.
- [ ] Don't know.
- [ ] Prefer not to answer.
- [ ] Other (please specify) _____

8c. What is your race?

- ○ American Indian, Native American, or Native Alaskan
- ○ Asian
- ○ Black or African American
- ○ Native Hawaiian or Pacific Islander
- ○ White/Caucasian
- ○ Biracial or Multiracial
- ○ Unknown
- ○ Prefer not to answer.
- ○ Other (please specify) _____

8d. Are you Hispanic or Latino? Check all that apply.

- [ ] No
- [ ] Yes, I am Cuban or Cuban-American.
- [ ] Yes, I am Mexican, Mexican-American, or Chicano.
- [ ] Yes, I am Puerto Rican.
- [ ] Yes, I am some other Hispanic or Latino not listed here.
- [ ] Prefer not to answer.

8e. Who do you live with? Check all that apply.

- [ ] My parents or legal guardians
- [ ] My partner/spouse and/or my children
- [ ] One or more roommates.
- [ ] One or more pets
- [ ] No one - I live alone.
- [ ] Prefer not to answer.
- [ ] Other (please specify)

8f. What town do you live in?

_____

8g. Which Connecticut county do you live in? If you are not sure, click HERE for a map of towns by county.

- ○ Fairfield
- ○ Hartford
- ○ Litchfield
- ○ Middlesex
- ○ New Haven
- ○ New London
- ○ Tolland
- ○ Windham
- ○ Prefer not to answer.

8h. What is the highest level of education you have completed?

- ○ Some high school, no diploma
- ○ High school graduate, diploma, or GED
- ○ Trade/technical/vocational training
- ○ Some college credit, no degree
- ○ Associate's degree
- ○ Bachelor's degree
- ○ Master's degree

- ○ Professional degree
- ○ Doctorate degree
- ○ Prefer not to answer.
- ○ Other (please specify)

8i. Do you currently work? Check all that apply.

- ☐ Yes - full-time
- ☐ Yes - part-time
- ☐ Yes - multiple part-time jobs
- ☐ Yes - internship or apprenticeship
- ☐ Yes - volunteer job
- ☐ No
- ☐ Prefer not to answer.
- ☐ Other (please specify)

8j. Have you served in the military?

- ○ Yes
- ○ No
- ○ Prefer not to answer.

8k. What is your total household income?

- ○ Under $15,000
- ○ Between $15,000 and $29,999
- ○ Between $30,000 and $49,999
- ○ Between $50,000 and $74,999
- ○ Between $75,000 and $99,999
- ○ Between $100,000 and $150,000
- ○ Over $150,000
- ○ Prefer not to answer.

Final Thoughts

Is there anything else you would like to share about your thoughts or experiences with tobacco products or e-cigarettes? Please write it in the space below.

Thank you for taking the survey. If you would like information and resources about quitting tobacco or e-cigarette use, please click HERE.

Appendix C:

T2U Community Needs Assessment Promotional Flyers

LGBTQ+ Youth Flyer

LGBTQ+ Young Adult Flyer

LGBTQ+ Adult Flyer

LGBTQ+ Multi-Generational Flyer

LGBTQ+ Bar, Café, and Club Customers Flyer

T2U Community Partners Flyer

Appendix C: T2U Community Needs Assessment Promotional Flyers - *LGBTQ+ Youth Flyer* *(Also available in Spanish)*

Appendix C: T2U Community Needs Assessment Promotional Flyers - *LGBTQ+ Young Adult Flyer* *(Also available in Spanish)*

Appendix C: T2U Community Needs Assessment Promotional Flyers - *LGBTQ+ Adult Flyer* *(Also available in Spanish)*

Appendix C: T2U Community Needs Assessment Promotional Flyers - *LGBTQ+ Multi-Generational Flyer* *(Also available in Spanish)*

Appendix C: T2U Community Needs Assessment Promotional Flyers - *LGBTQ+ Bar, Café, and Club Customers Flyer (Also available in Spanish)*

Appendix C: T2U Community Needs Assessment Promotional Flyers - *Community Partners Flyer*

SURVEY OPENS

MONDAY

FEBRUARY 12, 2024

ONLINE

English/Spanish

PURPOSE

To understand commercial tobacco and e-cigarette use among Connecticut's LGBTQ+ community and their quit needs.

To create a statewide campaign that promotes tobacco- and vape-free living, founded on the community's experiences.

Statewide Online

LGBTQ+
Community Needs Assessment
Tobacco Use & Vaping

Sponsored by the True to You Coalition, in partnership with Connecticut Clearinghouse and funded by the CT Department of Public Health.

LGBTQ+ individuals have higher rates of tobacco and e-cigarette use than non-LGBTQ+ individuals.

This is **due to stigma, discrimination, and targeted marketing** by tobacco and e-cigarette companies.

You can **help us turn the tide**. We invite you - our partners - to **promote our online community needs assessment** on your campuses, through your organizations, and in your communities.

Please click below to **access our flyers and social media tiles for posting** in your buildings, on your mailing lists, and on your socials. **All contain links to the needs assessment.**

Flyers - English | **Flyers - Spanish**

Socials - English | **Socials - Spanish**

Appendix D:

T2U Community Needs Assessment
Social Media Tiles

Appendix D: T2U Community Needs Assessment Social Media Tiles *(Also available in Spanish. Links to surveys were included in the Bio.)*

Carousel #1

Carousel #2

Carousel #3

...Tobacco and e-cigarette companies market their products more aggressively to the LGBTQ+ community than the non-LGBTQ+ community?

Our health matters. Our lives matter.
Let's start a conversation.

Share your thoughts or experiences around tobacco use and vaping by taking our brief, anonymous survey.

Carousel #4

...LGBTQ+ youth, young adults, and adults have higher rates of tobacco use and vaping than non-LGBTQ+ individuals?

Our health matters. Our lives matter.
Let's start a conversation.

Share your thoughts or experiences around tobacco use and vaping by taking our brief, anonymous survey.

Carousel #5

Carousel #6

Appendix E:
T2U Strategic Plan 2024 – 2026

Connecticut

True to You Coalition

Promoting Tobacco-Free Living Among Connecticut's LGBTQ+ Community

Strategic Plan: 2024 – 2026

Developed by the True to You Coalition with support from Wheeler Health and the Connecticut Department of Public Health.

True to You Coalition
Live life free.

Wheeler | CONNECTICUT Clearinghouse
a program of the Connecticut Center for Prevention, Wellness and Recovery

CONNECTICUT Public Health

TABLE OF CONTENTS

Executive Summary

For many years, research studies have shown that the prevalence of tobacco product use and exposure to secondhand smoke is greater among the lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more (LGBTQ+) community than among the non-LGBTQ+ (heterosexual/straight) community. The same studies have identified key factors that contribute to these higher rates of use, including high levels of stress due to stigma, discrimination, and rejection by family, peers, and communities; limited opportunities to interact with peers outside of smoking venues (e.g., bars and clubs); limited access to quality health care; and targeted marketing by the tobacco industry (*The LGBT Community: A Priority Population for Tobacco Control*, American Lung Association, 2009).

The Connecticut Department of Public Health (DPH) collects data on prevalence rates for current tobacco use and exposure to secondhand smoke annually among Connecticut adults ages 18 years old and older through the Behavioral Risk Factor Surveillance System (BRFSS) and biannually among Connecticut high school students through the Youth Risk Behavior Survey (YRBS). Data is analyzed by demographic characteristics, including gender identity and sexual orientation. The 2022 BRFSS results showed that 21.0% of LGBT adults reported current tobacco use.[1] The 2022 BRFSS data also showed that 48.5% of LGBT adults reported exposure to secondhand tobacco smoke and/or secondhand vapor/aerosol during the seven days prior to the survey. The 2023 YRBS data showed that 17.8% of LGBTQ+ youth respondents reported current any tobacco use.[2] The 2023 YRBS data also showed that 49.3% of LGBTQ+ youth respondents indicated exposure to secondhand tobacco or marijuana smoke and/or secondhand vapor/aerosol during the seven days prior to the survey.

The True to You Coalition ("T2U") conducted a community needs assessment ("survey") in February and March of 2024. The survey was used to collect data on respondents' current use, former use, and non-use of commercial tobacco products.[3] It was also used to gather information on respondents' reasons for current use and non-use; reasons for quitting; quit history, future quit plans, and quit needs; experiences with healthcare providers; and attitudes and beliefs about the use of tobacco products within the LGBTQ+ community (see "Assessment" on pages 9 - 19).

T2U used assessment findings to inform a two-year strategic plan. The plan prioritizes and directs the coalition's activities to reduce commercial tobacco product use among Connecticut's LGBTQ+ youth, young adults, and adults. The plan includes goals and objectives under five domains:

1. Prevent the initiation of commercial tobacco product use;
2. Reduce current commercial tobacco product use;
3. Strengthen allyship between healthcare providers and LGBTQ+ patients;
4. Implement smoke-free and vape-free spaces; and
5. Develop a best practices manual.

[1] Adult current any tobacco use includes cigarettes, e-cigarettes (or other electronic vapor products), cigars, hookahs (waterpipes), chewing tobacco, snuff, and snus. Adult current any tobacco users are defined as persons who, at the time of the interview, reported using one or more of these tobacco products some days or every day during the past 30 days (CT DPH Tobacco Control Program).

[2] Youth current any tobacco use includes high school students who reported using one or more of cigarettes, e-cigarettes, cigars, hookahs (waterpipes), chewing tobacco, snuff, snus, dip, or dissolvable on one or more of the past 30 days prior to the survey (CT DPH Tobacco Control Program).

[3]Commercial tobacco products are defined as cigarettes, e-cigarettes (or other electronic vapor products), cigars, los cigarillos, little cigars, hookahs (waterpipes), chewing tobacco, dip, snuff, snus, dissolvables, and nicotine pouches.

T2U will use evidence-based approaches to carry out goals and objectives, where available; collaborate with community partners and experts to develop resources, creative content, and materials for education, awareness, and cessation deliverables; obtain and incorporate feedback from focus groups on all creative content and materials developed; and deliver creative content and messages through the preferred communication platforms identified by survey respondents. T2U has identified measures of success for each objective and will continuously monitor the strategic plan's progress and effectiveness through quarterly reports submitted to DPH.

The strategic plan will be published on the T2U website. The T2U website will include information that promotes tobacco product use prevention and cessation; allyship between healthcare providers and their LGBTQ+ patients; the implementation of smoke- and vape-free spaces; and best practices for reducing tobacco product use among the LGBTQ+ community. Each webpage will feature effective implementation strategies; free access to documents and handouts, creative content, and materials developed; and links to local, state, and national resources.

T2U will share and promote the website with community partners. Partners will be notified through the T2U email distribution list that includes addresses from the Connecticut Clearinghouse listserv and the Connecticut Healthy Campus Initiative (CHCI) listserv. T2U members will promote the coalition website on their organization sites and encourage their community and prevention partners to add T2U's website to their sites' lists of resources.

T2U will actively implement Year 1 goals and objectives. Member organizations and community partners are encouraged to carry out Year 2 (Y2) goals and objectives by sharing the list of approved Y2 activities; providing tools and technical assistance to implement those activities; convening regular meetings to share successes and discuss opportunities for improvement; and creating space on the T2U website to promote their upcoming events and activities, as they pertain to reducing tobacco product use among the LGBTQ+ community.

True to You Coalition

Mission
Vision
Members

T2U is a statewide coalition committed to promoting tobacco-free living among Connecticut's LGBTQ+ youth, young adults, and adults. T2U receives support from Connecticut Clearinghouse, a program of Wheeler Health, through the Connecticut Department of Public Health (DPH) funding. T2U's mission is to lower the rate of commercial tobacco product use and to prevent the initiation of commercial tobacco product use among Connecticut's LGBTQ+ community, using best practices established by the Centers for Disease Control and Prevention (CDC).

T2U embraces the belief that LGBTQ+ individuals have the right to live and thrive in communities that promote and support their health and wellbeing; make informed choices about their health; and partner with healthcare providers who welcome, understand, and consider their unique needs when discussing and providing treatment or services.

T2U's goals include:

- Promote tobacco-free living among Connecticut's LGBTQ+ community through statewide prevention and cessation campaigns;

- Provide healthcare practitioners with the information and resources they need to consistently screen LGBTQ+ patients for tobacco use and offer them cessation information, medication, and other quit resources; and

- Reduce the LGBTQ+ community's exposure to secondhand smoke and secondhand vapor/aerosol by working with event sponsors to offer smoke-free and vape-free events.

T2U members include youth, young adults, and adults from across the state who identify as LGBTQ+ or as allies; use tobacco products, have quit using tobacco products, or who have never used any products; and are committed to providing Connecticut's LGBTQ+ community with the information and resources they need to live tobacco-free. A complete list of members is available below.

MEMBER	ORGANIZATION
Haley Brown	Connecticut Department of Mental Health and Addiction Services
Kayla Champagne	Western Connecticut Coalition
Kaitlin Comet	Catalyst CT/The Hub
James Crocker	Granby's Got Pride
Kelley Edwards	Connecticut Department of Mental Health and Addiction Services
Holly Giardina	Wheeler Health/CT Clearinghouse
Kathryn Glendon	Rushford Center
David Grant	The Health Collective
Aisha Hamid	Wheeler Health/CT Clearinghouse
Kathy Hanley	Western Connecticut Coalition
Nicole Heady	Wheeler Health/Walk with Me

MEMBER	ORGANIZATION
Daisy Hernandez	Middletown Health Department
Kelsey Hust	United Services, Inc.
Audrey Kelley	UCONN Student Health & Wellness
Ava LeBlanc	Southington STEPS
John Lee, Ph.D.	Yale School of Medicine
Leah Maier	Apex Community Center
Nicole Mason	Alliance for Prevention & Wellness
Jolene Miceli	Southington Pride
Melissa Perez-Constantine	Catalyst CT/The Hub
John Pica-Sneeden	CT Gay and Lesbian Chamber
Amanda Redfern	Triangle Community Center
Julia Resener	United Services, Inc.
Kris Robles	Connecticut Department of Children and Families
Genesis Rosario	UCONN/Middletown Health Department
Vanessa St. Clair	Connecticut Department of Public Health
Michael Tingley	BEST for Bristol
Deborah Walker	SERAC

The Connecticut Department of Public Health and Connecticut Clearinghouse wish to thank all T2U members for their hard work and dedication to this vital initiative.

Assessment

Survey Tool and Data Collection
Data Cleaning
Data Analysis
Key Findings
Lessons Learned

T2U conducted a community needs assessment ("survey") in early 2024 to collect and use data to inform the strategic plan's goals and objectives. Information about the survey, specifically the development, promotion, and data analysis processes are outlined below. Key findings and lessons learned are also discussed in this section.

SURVEY TOOL AND DATA COLLECTION

In the Fall of 2023, T2U members developed an electronic survey to better understand commercial tobacco product use among Connecticut's LGBTQ+ community and their quitting needs. They designed the survey to assess for any tobacco product use, including e-cigarettes. E-cigarette use was asked in a separate section from other tobacco product use to ensure feedback was captured from respondents who may not view e-cigarettes as a tobacco product.

The survey tool was thoughtfully designed to yield meaningful data about the LGBTQ+ community's attitudes, beliefs, and behaviors around the use – or non-use – of commercial tobacco products. T2U discussed and prioritized questions and response options for inclusion in the survey. They acknowledged that the survey was lengthy and could deter some individuals from participating in the process. However, the questions included were essential to understanding the prevalence of commercial tobacco product use among Connecticut's LGBTQ+ community. The survey was submitted to the National LGBT Cancer Network and the CT LGBTQ+ Health and Human Services Network for review and feedback, which network members provided. Feedback was incorporated into the survey.

The electronic survey was anonymous, confidential, and voluntary and was available in English and Spanish. The survey was hosted on SurveyMonkey and contained two tracks based on age. Respondents who reported their ages as between 11 and 17 years old were directed to a youth track; respondents who reported their ages as 18 years old or older were directed to an adult track. The questions on both tracks were almost identical; however, the response options differed for some questions to reflect contrasts in life experiences. For example, youth are unable to access bars, clubs, and dating apps, so those response options were unavailable to them on certain questions.

On February 1, 2024, T2U announced to the LGBTQ+ community and their community partners that a statewide survey on tobacco product use among Connecticut's LGBTQ+ community was forthcoming. Information about the survey was shared through the T2U email distribution list. On February 12, 2024, T2U announced that the survey was open. T2U members promoted the survey on their Instagram and Facebook pages and through the T2U email distribution list. DPH informed all local health directors of the availability of the survey. In addition, T2U members hosted tables on college campuses to promote the survey, including the University of Connecticut in Storrs, Wesleyan University, Manchester Community College, Tunxis Community College, Gateway Community College, Goodwin University, and the University of St. Joseph.

On March 20, 2024, Facebook (Meta) ads were purchased to publicize the survey on its platforms (e.g., Facebook, Instagram, and WhatsApp) for seven days. The advertising did not yield a significant increase in survey responses. However, the ad received several offensive posts on Facebook from some of its users. It is unknown if the negative comments deterred individuals from completing the survey. Connecticut Clearinghouse staff continuously monitored and removed offensive posts and reported users to Facebook for hate speech, in accordance with Wheeler's protocol for responding to discriminatory and offensive language.

The survey closed on March 31, 2024.

DATA CLEANING

Data from 200 survey responses were reviewed to determine eligibility for inclusion in the final data set. Surveys were flagged for removal from the final analysis for the following reasons:

- The respondents identified themselves as non-LGBTQ+ individuals (N=26)
- The respondents started the survey but answered less than 50% of the questions (N=54).
- The respondent reported cannabis use only, i.e., they did not report use of tobacco products (N=1).

After removing the responses listed above, there were 106 respondents who completed the full survey and all demographic questions; eight respondents who completed the full survey and most demographic questions, i.e., they ended their participation when they were asked to disclose their town or county of residence; and five respondents who completed at least 50% of the survey but none of the demographic questions. In total, 119 survey responses were included in the final analysis.

DATA ANALYSIS

For the purposes of the strategic plan, data from the youth and adult survey tracks were combined due to a small youth sample size (N=19). Data from questions about current tobacco product use and current e-cigarette use were combined and termed "tobacco products" (unless otherwise stated) because e-cigarettes are considered a tobacco product, and respondents reported a high rate of co-use. Respondents who reported use of tobacco products "every day" or "some days" during the past 30 days were classified as "current use." Respondents who reported that they quit using tobacco products were classified as "former use," and respondents who reported they never used tobacco products were classified as "non-use."

Survey findings were recalculated for questions that offered "Not Applicable" (N/A) as a response option; the "N/A" responses were removed, a new "N" was calculated for each question, and the percentages for the remaining responses were reconfigured. In addition, some data analytic decisions were made when summarizing SOGI data ("sexual orientation / gender identity"). The decisions are discussed in Appendix A: Survey Respondent Characteristics.

Of note, since the survey data are not weighted to be representative of the LGBTQ+ population, the results and key findings are reflective of the respondents who took the survey and cannot be generalized to the entire LGBTQ+ population in Connecticut. Additionally, caution should be used when drawing conclusions based on a cell size count of five (5) or less, as the results may have limited statistical reliability.

KEY FINDINGS

1. **Over 1 in 5 respondents currently use tobacco products.** More than 20% of respondents (21.8%) reported current use of tobacco products. Of those, 76.9% were adults ages 21 years old or older, and 23.1% were youth and young adults between the ages of 13 and 20 years old. Note: The legal age to purchase and use tobacco products in Connecticut is 21 years old. In addition, 21.1% of respondents reported they quit using tobacco products, and 57.1% of respondents indicated they have never used tobacco products (Figure 1).

Fig. 1 Percentage of Respondents Who Reported Current Use, Former Use, or Non-Use of Tobacco Products
(N=119)

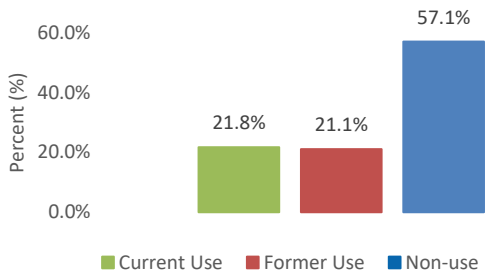
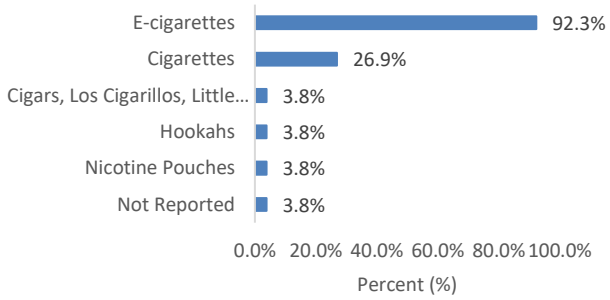


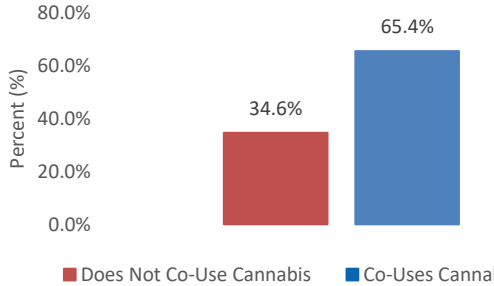
Fig 2. Tobacco Products Used by "Current Use" Respondents (N=26)



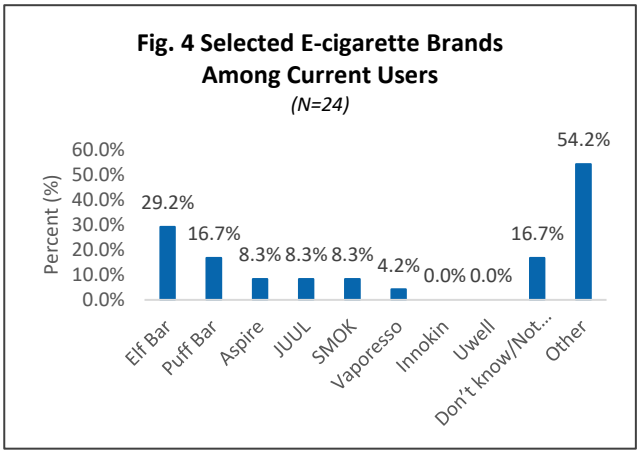
E-cigarettes are the tobacco product most commonly used. Ninety-two percent (92.3%) of "current use" respondents use e-cigarettes (Figure 2). "Current use" respondents also use other tobacco products including: cigarettes (26.9%); cigars, los cigarillos, and little cigars (3.8%); hookahs (3.8%); and nicotine pouches (3.8%). No one reported the use of dip, chew, snuff, snus, or dissolvables. Half (50.0%) of the "current use" respondents use two or more tobacco products; the most common pairing is e-cigarettes and cigarettes.

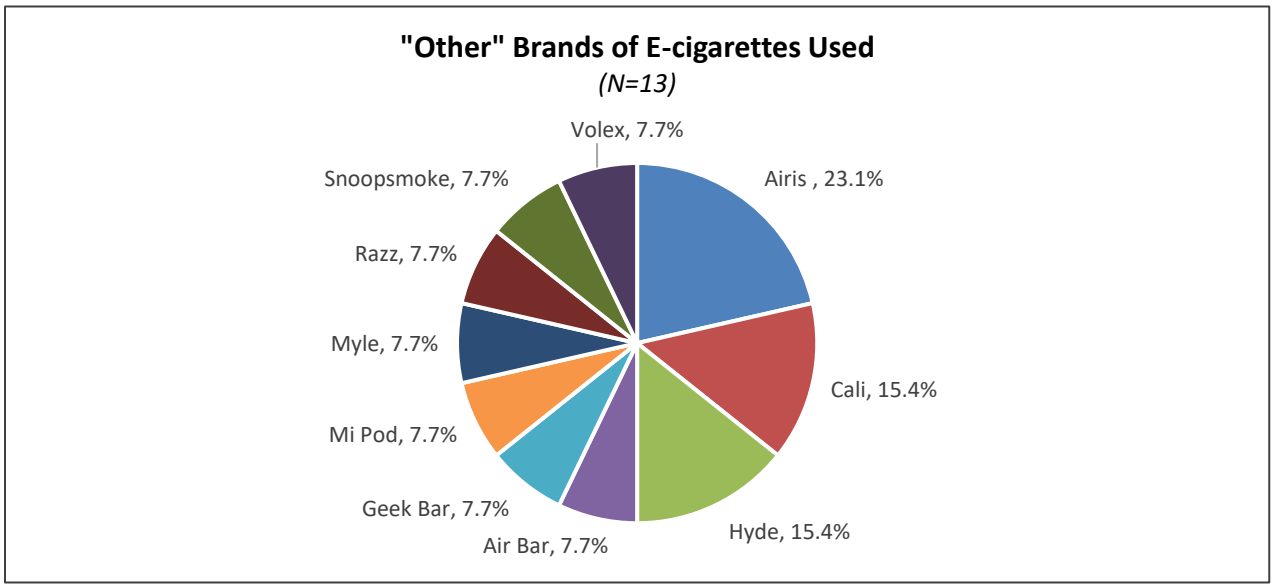
2. **More than half of the respondents who use tobacco products also use cannabis (marijuana).** Over 60% of respondents (65.4%) reported they co-use tobacco products and cannabis (Figure 3). Most respondents (94.1%) report current use of e-cigarettes and current use of cannabis as opposed to current use of other tobacco products and current use of cannabis. The majority of respondents (82.4%) who reported co-use were adults ages 21 years old or older. Note: The legal age to purchase and use cannabis in Connecticut is 21 years old or older.

Fig. 3 Percentage of Respondents Who Co-Use Tobacco Products and Cannabis
(N=26)

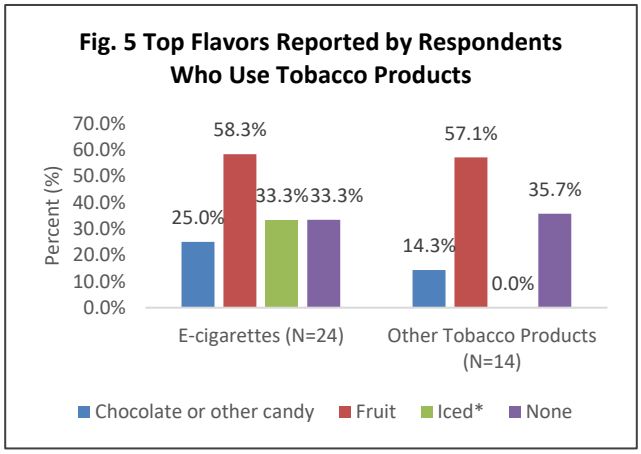


3. **"Elf Bar" is the most popular e-cigarette brand reported.** "Elf Bar" is the e-cigarette brand most selected (29.2%) by current e-cigarette users, followed by "Puff Bar" (16.7%), "Aspire" (8.3%), "JUUL" (8.3%), and "SMOK" (8.3%) (Figure 4). Surprisingly, "JUUL" was selected by some respondents even though "JUUL" products were banned in the United States at the time of survey administration. In addition, 54.2% of current e-cigarette users indicated they use "Other" brands of e-cigarettes, which are illustrated in the pie chart below.

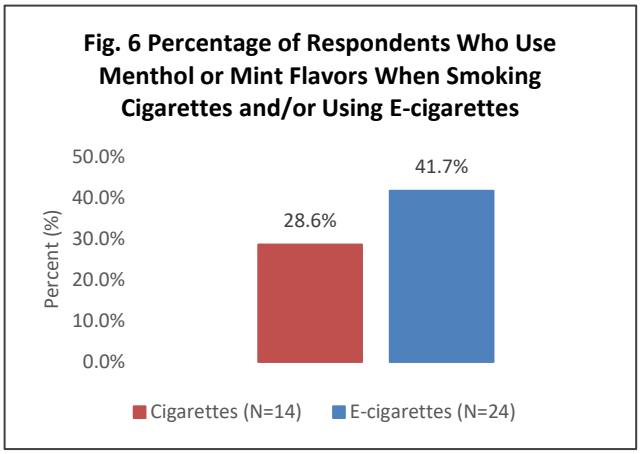




4. **Fruit flavors are the most commonly used flavor among tobacco users.** Tobacco companies develop and promote a wide variety of flavors to secure initial and continued use of their products. "Fruit flavors" is the most common flavor selected by respondents who use e-cigarettes (58.3%) and/or other tobacco products (57.1%) (Figure 5). Surprisingly, more than 30% of respondents reported they do not use any flavors when using e-cigarettes (35.7%) and/or other tobacco products (33.3%).

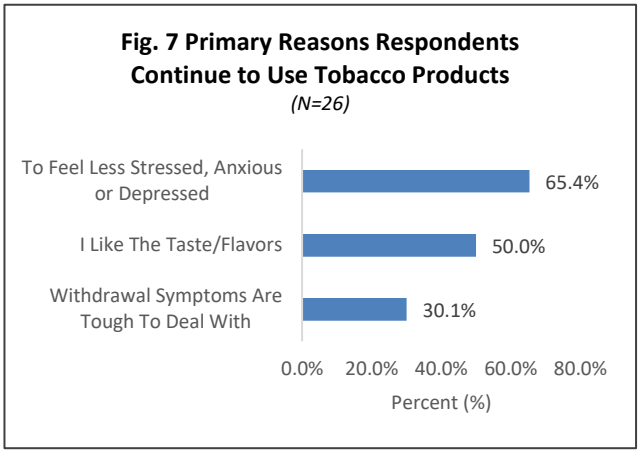


*"Iced" was not a survey response option for respondents who use other tobacco products.

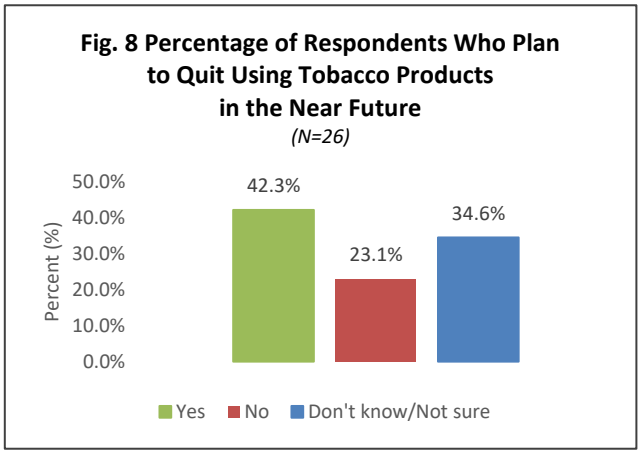


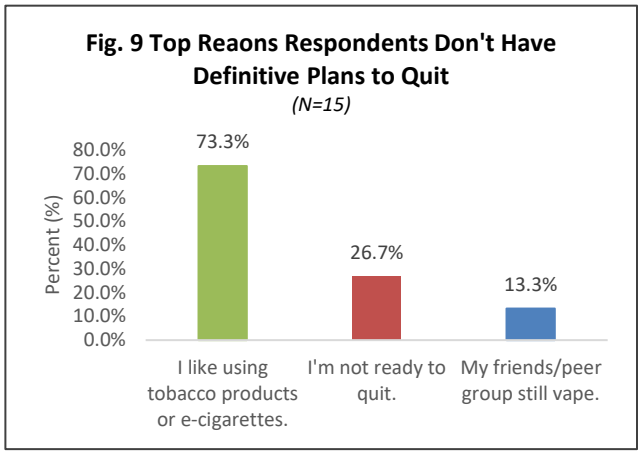
Menthol and mint flavors are more commonly used among e-cigarette users. Tobacco companies have aggressively marketed menthol-flavored tobacco products to the LGBTQ+ community because menthol reduces the harshness of cigarette smoke and the irritation of nicotine, which increases the likelihood that individuals will continue to use their products (American Lung Association, February 1, 2024). Fifty-four percent (53.8%) of respondents reported using menthol or mint flavors when using tobacco products, specifically cigarettes and e-cigarettes. Of those respondents, 28.6% reported using menthol or mint flavors when smoking cigarettes, and 41.7% reported using menthol or mint flavors when using e-cigarettes (Figure 6).

5. **Managing stress, anxiety, and depression was reported as the primary reason for continued tobacco use.** Historically, individuals have used tobacco products to manage stress, anxiety, and depression. However, nicotine withdrawal often exacerbates these symptoms, contributing to individuals continued use of tobacco products. When respondents were asked why they continue to use tobacco products, 65.4% reported, "To feel less stressed, anxious, or depressed" (Figure 7). They also identified the following as primary reasons for continued use: "I like the taste/flavors" (50.0%); and "Withdrawal symptoms are tough to deal with" (30.1%).

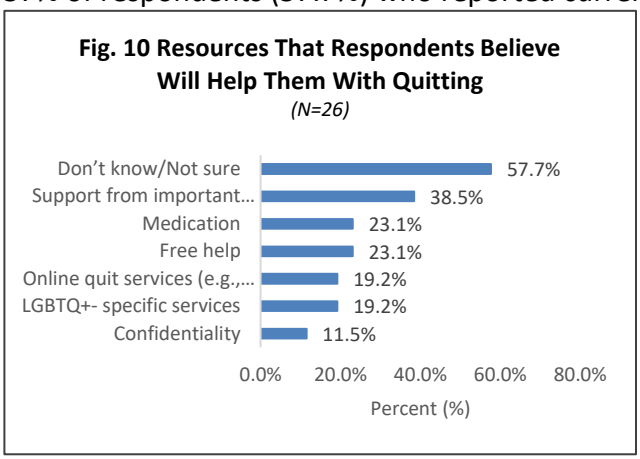


6. **Many respondents who use tobacco products do not have definitive plans to quit.** Most individuals who use tobacco products often express a desire to quit. However, 57.7% of respondents indicated they do not have definitive plans to stop using tobacco products in the near future: 23.1% do not plan to quit; and 34.6% are unsure about quitting (Figure 8). The majority of respondents (40.0%) who do not have definitive plans to quit were between the ages of 21-30 years old; others were between 13-17 years old (20.0%); 18-20 years old (6.7%); and 31-44 years old (33.3%). Respondents who are unsure/do not plan to quit identified three primary reasons: "I like using tobacco products or e-cigarettes" (73.3%); "I'm not ready to quit" (26.7%); and "My friends/peer group still vape" (13.3%) (Figure 9).

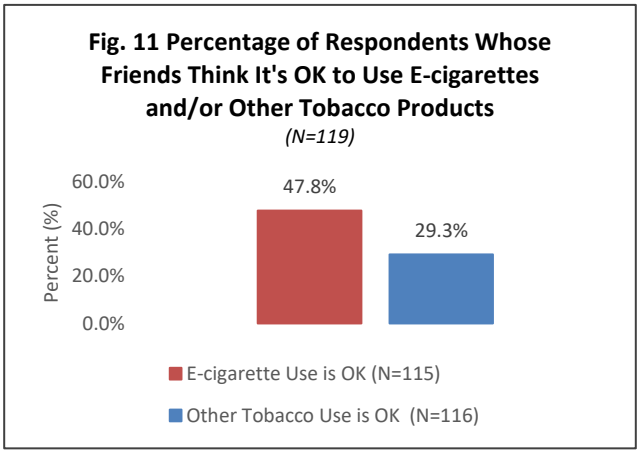




Many respondents who use tobacco products are unsure about what would help them quit. Over 57% of respondents (57.7%) who reported current tobacco product use indicated they don't know what would be helpful to them if they decided to quit. Others were able to identify one or more sources of support, including: "Support from important people in my life" (38.5%); "Medication" (23.1%); "Free help" (23.1%); "Online quit services (e.g., quit app, Facebook group)" (19.2%); "LGBTQ+-specific services" (19.2%); and "Confidentiality" (11.5%) (Figure 10). "Counseling" and "Quit hotline, text, or chat" were also selected by a small percentage of respondents.



7. **Respondents reported their friends are more accepting of e-cigarette use than other tobacco product use.** The majority of respondents reported their friends do not believe it's OK to use tobacco products. However, respondents indicated their friends are more accepting of e-cigarette use than other tobacco product use. Figure 11 shows that while 47.8% of respondents reported their friends believe it's OK to use e-cigarettes, only 29.3% of respondents reported their friends believe it's OK to use other tobacco products. The factors that influence their friends' greater acceptance of e-cigarette use is unknown.



Most respondents (94.9%) agreed that e-cigarettes are equally as addictive as other tobacco products (Figure 12). However, fewer respondents (73.3%) agreed that e-cigarettes are equally as harmful as other tobacco products. Further analysis revealed the majority of respondents who reported e-cigarettes are less harmful than other tobacco products were those who never used

e-cigarettes or other tobacco products (45.2%). However, it was only a slight majority: 41.9% of respondents who believe e-cigarettes are less harmful than other tobacco products were those who currently use e-cigarettes and/or other tobacco products (Figure 13).

Fig. 12 Percentage of Respondents Who Agree That E-cigarettes Are Equally As Addictive and/or Harmful As Other Tobacco Products

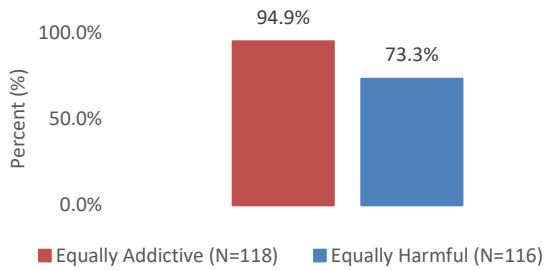
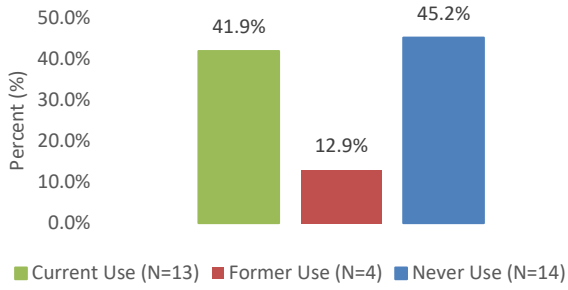


Fig. 13 Percentage of Respondents Who Believe E-cigarettes Are Less Harmful Than Other Tobacco Products by Use Status



8. **Respondents would still attend PRIDE and other LGBTQ+ events even if smoking and vaping were prohibited.** Most respondents (95.4%) reported they would still attend PRIDE and other LGBTQ+ events even if smoking and vaping were prohibited (Figure 14). However, fewer respondents (55.7%) reported they would make use of designated smoking or vaping areas outside of campus or event areas (Figure 15). The data affirms the importance of PRIDE and other LGBTQ+ events as an essential source of community and connection for LGBTQ+ individuals.

Fig. 14 Percentage of Respondents Who Reported They Would Still Attend PRIDE or Other LGBTQ+ Events If Smoking and Vaping Were Prohibited

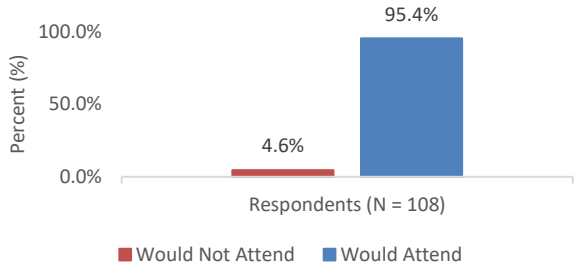
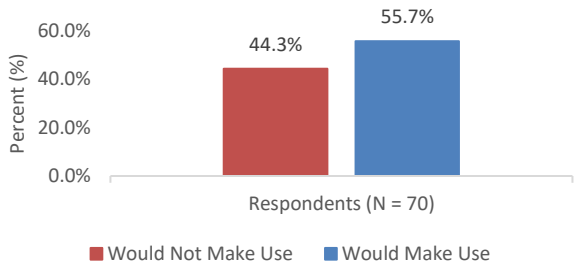


Fig. 15 Percentage of Respondents Who Would Make Use of Designated Smoking or Vaping Areas Outside of Campus or Event Areas



9. **Tobacco product use is often observed while attending LGBTQ+ events, bars, or clubs.** Respondents were asked if they often see LGBTQ+ individuals using tobacco products while watching LGBTQ+ shows on TV or streaming services; visiting LGBTQ+ websites, dating apps, or social media apps; and attending LGBTQ+ events, bars, or clubs. Figure 16 shows that more respondents (71.6%) observe tobacco product use while attending LGBTQ+ events, bars, or clubs than while watching LGBTQ+ programming (33.3%) or spending time online (37.8%).

Fig. 16 Percentage of Respondents Who Often Observe Tobacco Product Use On LGBTQ+ TV or Streaming Services, Websites and Apps, or in the Community

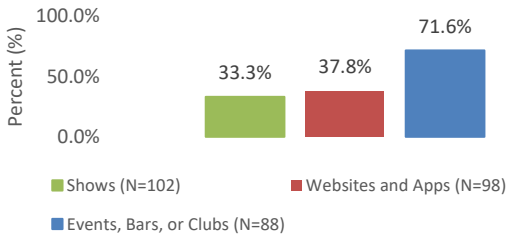
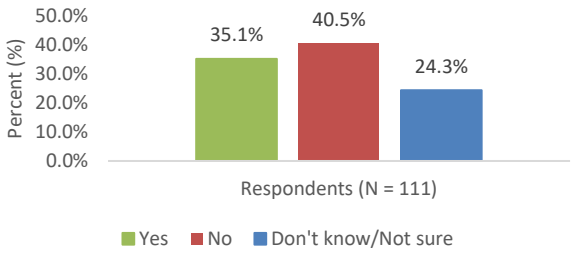


Fig. 17 Percentage of Respondents Who Reported Their Healthcare Provider Considered Their LGBTQ+ Identity During Visits



10. **Respondents often receive indifferent and inconsistent care from healthcare providers.** Over 40% of respondents (40.5%) who accessed healthcare services during the 12 months prior to the survey reported their healthcare provider(s) did not consider their LGBTQ+ identity when discussing their healthcare needs and services (Figure 17). Thirty-five percent (35.1%) indicated their provider(s) considered their LGBTQ+ identity, and 24.3% reported they did not know/were not sure if their provider(s) considered the LGBTQ+ identity.

Eighty-three percent (83.3%) of respondents who currently use tobacco products reported their healthcare provider(s) conducted a tobacco use screening during their healthcare visits. Of those respondents, 70.0% reported they informed their provider(s) they use tobacco products, and 30.0% indicated they did not tell their provider(s) they use tobacco products. The majority of respondents (78.6%) who confirmed their tobacco product use during the screening reported their provider(s) informed them of the benefits of quitting (Figure 18). Fewer respondents (28.6%) reported their healthcare providers gave them – or offered to give them – cessation medication and/or referrals to cessation services (Figure 19).

Fig. 18 Percentage of Respondents Who Were Advised On The Benefits Of Quitting

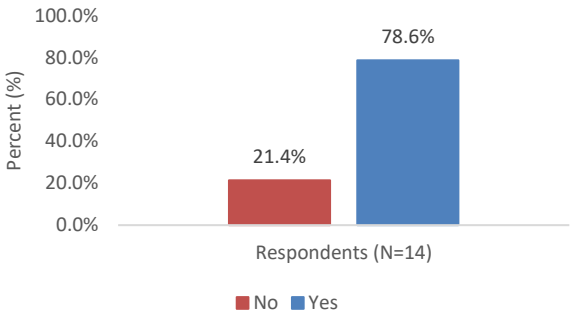
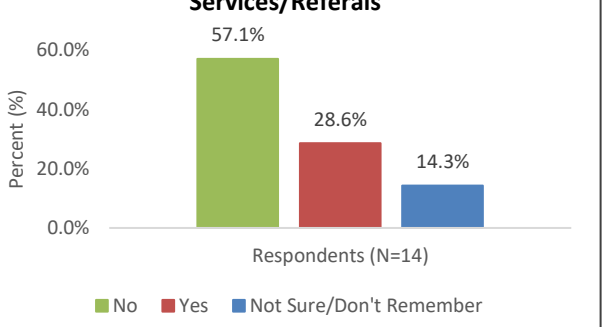


Fig. 19 Percentage of Respondents Who Were Offered or Given Cessation Services/Referals



LESSONS LEARNED

Opportunities for improvement during the phases of survey development, survey promotion, and survey analysis are noted below. These lessons learned are valuable insights for future iterations of the needs assessment and for our partners and member organizations conducting a community assessment.

Survey Design

1. **Combine questions about tobacco product and e-cigarette use.** T2U decided to separate out survey questions about e-cigarette use from other tobacco product use since not everyone views e-cigarettes as a tobacco product. E-cigarettes are generally defined as a tobacco product, especially if they contain nicotine. The Food and Drug Administration (FDA) regulates products that contain nicotine, including synthetic nicotine. The decision to separate out e-cigarette questions made the data analysis more difficult, even though the questions were virtually the same for both sections. It is recommended that questions about current tobacco and e-cigarette use be combined on future surveys.

2. **Redesign the question on tobacco products used to include "Other (please specify)."** The assessment utilized a matrix table to identify tobacco products respondents used during the past 30 days and how often. A full list of tobacco products for respondents to choose from was provided; however, some respondents indicated that although they used tobacco products during the past 30 days, they did not use any of the products listed on the survey. It is recommended the question include the response option "Other (please specify)" to allow respondents to define in their own words the tobacco products they used.

3. **Include questions that ask respondents who use e-cigarettes and other tobacco products to specify which product they started using first.** Over 46% of respondents who reported current use of tobacco products indicated that they use both products. Adding questions to future surveys that invite respondents to identify which product they started using first and why they use multiple products is recommended. It would be interesting to see if most respondents used other tobacco products first and then started using e-cigarettes in the hopes of quitting tobacco use.

4. **Rework the questions about cannabis use.** The assessment included a question about cannabis use to understand if the legalization of cannabis in Connecticut caused respondents to be more concerned or less concerned about the health effects of tobacco product use. When the data was analyzed, it was realized that the assessment had not included questions that would establish a baseline for respondents' concerns about the health effects of tobacco product use prior to the legalization of cannabis. Future survey iterations should include a question(s) that establish this baseline in future surveys.

5. **Limit demographic questions.** T2U had several discussions about whether to include questions about respondents' towns and/or counties of residence; the concern was that the questions would deter some respondents from completing the survey but decided to include both questions. Respondents were asked to identify their town of residence, with the option of choosing "prefer not to answer." Respondents who selected, "prefer not to answer," were then asked to indicate their county of residence, with the option of choosing, "prefer not to answer." Eight respondents

ended their participation in the survey at this point. Asking county of residence on future surveys only if the information is vital for data analysis and strategic planning purposes is recommended.

Survey Promotion

1. **Offer incentives for conducting full community needs assessments.** The survey tool was too long for both youth and adult respondents as evidenced by the number of individuals (54) who answered less than 50% of the questions. Comprehensive community needs assessments are valuable tools. Offering incentives, such as the opportunity to win gift cards, to individuals who complete the full community needs assessment in the future is recommended.

2. **Promote the survey among diverse communities.** Survey analysis indicated 79.0% of respondents reported their race as "White/Caucasian" and 12.6% of respondents reported their ethnicity as "Hispanic or Latino." In addition, less than 10% of respondents reported their age as 55 years old or older, and 16.0% reported their age as between 13 and 17 years old. Exploring ways to reach more diverse communities with regards to race, ethnicity, and age is recommended. It may involve promoting the survey among affirming organizations as well as LGBTQ+ organizations (e.g., affirming churches, affirming businesses such as Target, Whole Foods, REI, etc.).

3. **Promote the survey on LGBTQ+-specific socials.** The survey was promoted on coalition member organizations' social media pages. Identifying and promoting future surveys on CT LGBTQ+-specific Facebook groups and asking CT LGBTQ+ influencers to promote the survey on their Instagram feed is recommended.

Assessment Design

1. **Conduct focus groups with LGBTQ+ youth, young adults, and adults who currently use tobacco products post-survey to fully understand survey results.** After survey analysis, it was realized that although information was gathered on why respondents used tobacco products (e.g., primarily to manage stress, anxiety, or depression or for enjoyment), root causes of respondents' reasons, i.e., what are the major sources of stress, anxiety, or depression in their lives was not gleaned. What other sources of enjoyment or pleasure do they have in their lives? Focus groups would allow more in-depth information on the factors that contribute to use of these products. Including a section at the end of the survey that invites interested respondents to participate in focus groups post-survey, i.e., the respondents who are interested would be asked to provide their contact information is recommended.

Strategic Plan

Year 1 Goals and Objectives (2024-2025)
Year 2 Goals and Objectives (2025-2026)

T2U STRATEGIC PLAN: YEAR ONE (MAY 2024 – APRIL 2025)

YEAR 1 – GOAL 1: Develop a statewide health communications campaign to prevent the initiation of commercial tobacco product use and promote the cessation of commercial tobacco product use among Connecticut's LGBTQ+ youth, young adults, and adults.			
Objectives	**Activities**	**Timeframe**	**Measures of Success**
A. Identify gaps in messaging directed towards the LGBTQ+ community in current tobacco use prevention and cessation campaigns; address gaps through T2U campaigns, as appropriate.	1. Review national and statewide tobacco prevention and cessation campaigns and consider evidence-based approaches for delivering tobacco prevention and cessation campaigns (i.e., CDC's Best Practices for Comprehensive Tobacco Control Programs and Positive social norming), including but not limited to: a. Tips From Former Smokers (Cessation - CDC) b. Every Try Counts (Cessation - FDA) c. The Real Cost Campaign (Prevention - FDA) d. Truth Campaign (Prevention - Truth Initiative) e. Commit to Quit and VapeFree CT (Cessation - DPH) f. Know Ur Vape and Be In the Know (Prevention - CT DMHAS)	May 2024 – June 2024	• Reviews are conducted and discussed AEB completed campaign review tool and T2U meeting minutes and email exchanges.
	2. Identify gaps in campaigns' messages directed towards the LGBTQ+ community.	May 2024 – June 2024	• Gaps are identified AEB completed campaign review tool and T2U meeting minutes and email exchanges.
	3. Prioritize gaps and address them through T2U's campaigns, as appropriate.	May 2024 – June 2024	• Gaps are prioritized and addressed AEB inclusion in T2U's campaign content.
B. Use data to inform the tobacco prevention and cessation campaigns for Connecticut's LGBTQ+ community.	1. Review tobacco product current use, former use, and non-use data from state and national surveys, including but not limited to: a. 2024 T2U Community Needs Assessment; b. 2022 Behavioral Risk Factor Surveillance System (BRFSS) Survey; c. 2022 National Youth Tobacco Survey (NYTS); and d. 2023 Youth Risk Behavior Survey (YRBS).	May 2024 – June 2024	• Survey data is reviewed and discussed AEB T2U meeting minutes and email exchanges.

YEAR 1 – GOAL 1: Develop a statewide health communications campaign to prevent the initiation of commercial tobacco product use and promote the cessation of commercial tobacco product use among Connecticut's LGBTQ+ youth, young adults, and adults.			
	2. Select and prioritize data that supports and promotes tobacco- and vape-free living, including but not limited to: a. Percentage of survey respondents who do not use tobacco products; b. Top reasons why survey respondents do not use tobacco products; c. Percentage of survey respondents who quit using tobacco products; d. Top reasons why survey respondents quit using tobacco products; e. Percentage of survey respondents who believe tobacco products are harmful and addictive; f. Percentage survey respondents who report that their friends do not support the use of tobacco products; g. Percentage of survey respondents who report that their friends are bothered by secondhand smoke and/or aerosol; h. Data that shows quitting is possible and quitting is a process; and i. Data that promotes the combined use of medication and counseling/support as the most effective cessation strategy.	May 2024 – June 2024	• Data is selected and prioritized AEB T2U meeting minutes and email exchanges.

YEAR 1 – GOAL 1: Develop a statewide health communications campaign to prevent the initiation of commercial tobacco product use and promote the cessation of commercial tobacco product use among Connecticut's LGBTQ+ youth, young adults, and adults.			
C. Develop tobacco use prevention and cessation campaigns that include clear and compelling creative content and materials.	1. Design audio and/or digital marketing content ("creative content") for LGBTQ+ youth, young adult, and adult audiences that: a. Addresses identified gaps in current tobacco product use prevention and cessation campaigns, as applicable; b. Incorporates key survey findings and other data that promote prevention and cessation; c. Uses strength-based messaging and images; d. Helps individuals recognize internal assets and resources in order to strengthen refusal skills and support the commitment to quitting (e.g., "How can you be true to you?" or "What's your superpower?"); e. Promotes creative and accessible alternatives to using tobacco products; f. Communicates the harmful effects associated with using tobacco products; g. Communicates the risk of addiction associated with using tobacco products; h. Introduces the concept of replacement behaviors; links to website activities that can help individuals identify replacement behaviors that will work for them and address the underlying needs that drive tobacco product use; i. Promotes the benefits of quitting (e.g., living addiction-free, improved health and mental health, more money in your pocket, care for the environment, etc.); j. Provides information on quit services, including the different types of quit services available; the availability of free and confidential quit services; what to expect when accessing quit services, etc.); and k. Provides a link or QR code to additional resources.	June 2024 – August 2024	• Creative content is developed for LGBTQ+ youth, young adult and adult tobacco use prevention and cessation campaigns.

YEAR 1 – GOAL 1: Develop a statewide health communications campaign to prevent the initiation of commercial tobacco product use and promote the cessation of commercial tobacco product use among Connecticut's LGBTQ+ youth, young adults, and adults.			
	2. Develop materials that augment creative content, including but not limited to: a. Additional T2U webpages, including activities like Mind Maps that help visitors define their own reasons for living tobacco- and vape-free; b. Stickers for water bottles and laptops; c. Wristbands; d. Pins for backpacks; e. Quit kits; and f. Other items to be identified by T2U members.	June 2024 – August 2024	• Materials are developed for LGBTQ+ youth, young adult and adult tobacco product use prevention and cessation campaigns.
	3. Identify performance measures to evaluate the effectiveness of creative content and materials (e.g., views, likes, and shares on social media; clicks on social media; clicks on static ads; click through rates and video completion rates on video ads; website hits via Google analytics; calls to the CT Quitline; texts to VapeFreeCT; number of visits to Commit to Quit and VapeFreeCT websites; number of promotional items distributed; changes in tobacco product use reported by the LGBTQ+ community on the YRBS and BRFSS).	June 2024 – August 2024	• Performance measures are selected.
	4. Invite coalition members and community partners to recruit participants for three focus groups (youth, young adult, and adult).	June 2024 – August 2024	• Participants are identified and their names are submitted to DPH.
	5. Present creative content and materials to three focus groups (youth, young adult, and adult) for review and feedback.	September 2024	• Focus group feedback is received AEB group meeting minutes.
	6. Incorporate focus group feedback into creative content and materials.	September 2024	• Creative content and materials are revised and reflect focus group feedback.
	7. Submit creative content and materials to DPH for review, feedback, and approval.	September 2024	• Creative content and materials are submitted to DPH AEB submission email and approved by DPH AEB approval email.
	8. Implement approved creative content and materials.	October 2024 – November 2024	• Creative content and materials are implemented as evidenced by quarterly progress reports to DPH.

YEAR 1 – GOAL 2: Provide healthcare providers with an LGBTQ+ Allyship Toolkit that promotes tobacco use screening, treatment, and referrals to cessation services.			
Objectives	**Activities**	**Timeframe**	**Measures of Success**
A. Identify and/or develop content that promotes LGBTQ+ allyship.	1. Work with our partners and other experts (e.g., The LGBT Cancer Network, The Health Collective, The Triangle Community Center, The Catalyst/The Hub) to obtain or develop the following documents for the toolkit: a. Allyship guide for healthcare providers; b. LGBTQ+ glossary of terms; and c. Other documents that promote allyship between healthcare providers and LGBTQ+ patients, as appropriate.	June 2024 – August 2024	• Documents are created and available for inclusion in the toolkit.
B. Identify and/or develop content that promotes screening for tobacco use and referring LGBTQ+ patients to cessation services.	1. Work with our partners and other experts (e.g., The LGBT Cancer Network, The Health Collective, The American Lung Association, and the American Cancer Society) to obtain or develop the following documents for the toolkit: a. A provider handout that emphasizes the importance of screening LGBTQ+ patients for tobacco use and referring them to cessation services; b. A culturally responsive tobacco screening tool; c. An LGBTQ+ patient handout that explains the benefits of quitting and provides referrals to cessation services; and d. An LGBTQ+ patient rights' handout in plain language.	June 2024 – August 2024	• Documents are created and available for inclusion in the toolkit.
C. Design three (3) 8.5 by 11 cessation posters for healthcare providers to place in waiting rooms, bathrooms, and/or exam rooms.	1. Design three (3) patient posters (8.5 by 11) for LGBTQ+ youth, young adults, and adults that: a. Mirror the creative content of the statewide tobacco use cessation campaign; b. Encourage patients to seek cessation information and services; and c. Feature a QR code that, when scanned, enables youth and young adult patients to access cessation information and resources discreetly while in the presence of parents or legal guardians.	June 2024 – August 2024	• Posters are created and available for inclusion in the toolkit.
D. Create packaging and evaluation for healthcare providers.	1. Design a toolkit cover and cover letter for both the electronic and hardcopy versions of the toolkit; include in the cover letter a link and/or QR code for healthcare providers to click/scan and access a feedback survey.	October 2024	• A cover and cover letter are created and include access to the healthcare provider feedback survey.

YEAR 1 – GOAL 2: Provide healthcare providers with an LGBTQ+ Allyship Toolkit that promotes tobacco use screening, treatment, and referrals to cessation services.			
	2. Develop a brief survey in SurveyMonkey for healthcare providers to share feedback on the toolkit; promote the evaluation through email and/or mail.	October 2024	• The feedback survey is created and available in SurveyMonkey.
E. Submit all materials to DPH for review and approval, including Spanish translated materials, as needed.	1. Submit all documents, posters, infographics, and/or presentations to DPH for review and approval.	November 2024	• All materials are submitted to DPH AEB submission email. • All materials are approved by DPH AEB approval email.
F. Assemble, print, and distribute toolkits.	1. Organize all materials into a master copy of the toolkit.	December 2024	• A master copy of the toolkit is created.
	2. Convert all documents, posters, infographics, and/or presentations into PDF format and assemble into an electronic toolkit; upload the electronic toolkit to the DPH TCP and T2U websites.	December 2024)	• An electronic copy of the toolkit is created and available online.
	3. Identify and contract with a vendor to print and assemble 500 copies of the toolkit.	December 2024	• 500 copies of the toolkit are created and available for distribution.
	4. Distribute hard copies of the toolkit to at least 50 healthcare provider networks across Connecticut.	January 2025 – February 2025	• Toolkits are mailed to 50 healthcare provider networks.

YEAR 1 – GOAL 3: Advocate for smoke-free and vape-free LGBTQ+ spaces in Connecticut.			
Objectives	**Activities**	**Timeframe**	**Measures of Success**
A. Create an infographic that promotes the reasons for and benefits of implementing smoke-free and vape-free spaces.	1. Identify and prioritize evidence-based information on smoke-free and vape-free spaces, including the benefits and implementation considerations.	June 2024 – July 2024	• Evidence-based information is reviewed and selected for inclusion in the infographic AEB T2U meeting minutes and email exchanges.

YEAR 1 – GOAL 3: Advocate for smoke-free and vape-free LGBTQ+ spaces in Connecticut.			
	2. Identify and prioritize T2U survey results that support the implementation of smoke-free and vape-free spaces, including but not limited to: a. Percentage of T2U survey respondents who would still attend PRIDE and other LGBTQ+ events if smoking and vaping were prohibited; b. Percentage of T2U survey respondents who would not make use of designated smoking or vaping areas outside of campus or event areas; c. Percentage of respondents whose friends are bothered by secondhand smoke; and d. Percentage of respondents whose friends are bother by secondhand vapor/aerosol.	June 2024 – July 2024	• T2U survey results are identified and prioritized for inclusion in the infographic AEB T2U meeting minutes and email exchanges.
	3. Develop and use the infographic when speaking with organizers of PRIDE and other LGBTQ+ events, with coalition members, and community champions.	June 2024 – July 2024	• Infographic is created and available for use.
B. Work with PRIDE and other LGBTQ+ event organizers to implement smoke-free and vape-free spaces.	1. Work with our partners and LGBTQ+ networks (e.g., The Health Collective, Triangle Community Center, Southington Pride, Granby's Got Pride, New Haven Pride, CT Pride, the LGBTQ+ Health and Human Services Network, etc.) to develop a comprehensive list of PRIDE and other LGBTQ+ events in Connecticut.	June 2024 – July 2024	• A list of PRIDE and other LGBTQ+ events is developed.
	2. Identify contacts for each event to speak with about implementing smoke-free and vape-free spaces.	June 2024 – July 2024	• Contacts are identified for each event.
	3. Identify and/or develop lawn signs that celebrate PRIDE and promote smoke-free and vape-free spaces; submit lawn sign design and budget to DPH for approval.	July 2024	• Sign designs are submitted to DPH AEB submission email. • Sign designs are approved by DPH AEB approval email.
	4. Meet with event contacts; use infographic as a springboard for a discussion about smoke-free and vape-free events; ask what would be needed to host smoke- and vape-free events; determine how we can meet identified need(s).	July 2024 – August 2024	• Meetings with event contacts are scheduled and occur. • Contacts' needs are documented.
	5. Attend at least three LGBTQ+ events from the list to promote tobacco- and vape-free living and provide information on cessation resources.	July 2024 – August 2024	• T2U tables three events and distributes materials to attendees.

YEAR 1 – GOAL 3: Advocate for smoke-free and vape-free LGBTQ+ spaces in Connecticut.			
C. Provide event attendees with materials to create personalized quit kits.	1. Work with our partners and other experts (e.g., The LGBT Cancer Network, The Health Collective, The American Lung Association, and the American Cancer Society) to identify essential materials for quit kits, which may include: a. Cessation information and resources; b. Quit plan guidelines or templates; c. Worksheets and/or activities to help individuals plan their quit; d. Worksheets to help individuals track their progress; e. Fidgets, candy, gum, Tootsie Pops, stress stars, etc.	August 2024 – September 2024	• Items are identified AEB T2U meeting minutes and email exchanges.
	2. Submit proposed materials list and cost per kit to DPH for review and approval.	September 2024	• Proposed materials list and cost per kit are submitted to DPH AEB submission email. • Proposed materials list and cost per kit are approved by DPH AEB approval email.
	3. Purchase materials; work with Northwest Village School staff and student partners to assemble kits.	September 2025 – October 2025	• Kits are assembled and available for distribution to community partners.

YEAR 1 – GOAL 4: : Draft a *Best Practices for Reducing Tobacco Use in the Connecticut LGBTQ+ Community* Manual.			
Objectives	**Activities**	**Timeframe**	**Measures of Success**
A. Draft a best practices manual.	1. Draft a template for the best practices manual that includes the following sections: a. State and Community Interventions b. Mass-Reach Health Communication Interventions c. Cessation Interventions d. Surveillance and Evaluation e. Infrastructure Administration and Management	September 2024	• A template for the best practices manual is created.
	2. Include in the best practices manual: a. Activities accomplished-to-date; b. Strategies used to carry out the activities; c. Outcomes of activities; d. Successes and opportunities for improvement; and e. Recommendations for future projects.	September 2024 – October 2024	• A best practices manual is developed.

YEAR 1 – GOAL 4: : Draft a *Best Practices for Reducing Tobacco Use in the Connecticut LGBTQ+ Community* Manual.			
	3. Draft a complete analysis of the 2024 T2U community needs assessment; include the full analysis and survey tool in the best practices manual.	September 2024 – October 2024	• A full analysis of the 2024 T2U community needs assessment is included in the best practices manual.
	4. Submit the best practices manual to DPH for review and approval.	November 2024	• The manual is submitted to DPH AEB submission email. • The manual is approved by DPH AEB approval email.

T2U STRATEGIC PLAN: YEAR TWO (MAY 2025 – APRIL 2026)

YEAR 2 – GOAL 1: Increase public awareness of tobacco product use among the LGBTQ+ community.			
Objectives	**Activities**	**Timeframe**	**Measures of Success**
A. Develop canned presentations about tobacco product use among the LGBTQ+ community for use by LGBTQ+ organizations, health and human service organizations, college and university student activities departments, and youth organizations.	1. Identify and prioritize content for three (3) PowerPoint presentations for youth, young adult, and adult audiences. Content will include but will not be limited to: a. Definition of tobacco products; b. Prevalence of tobacco product use among the LGBTQ+ community – nationally and in Connecticut; c. History of aggressive marketing tactics by tobacco companies towards the LGBTQ+ community; d. Risk factors for – and protective factors against – tobacco product use among LGBTQ+ individuals; e. Strategies to prevent the initiation of tobacco product use; f. Reasons for initial and continued tobacco product use, as reported by T2U survey respondents; g. Barriers to LGBTQ+ individuals seeking cessation services; h. Cessation services available in Connecticut.	April 2025 – June 2025	• Three (3) PowerPoint presentations are developed.
	2. Develop an electronic form for organizations to complete prior to accessing/downloading the PowerPoint presentations (form will allow T2U and DPH to track access).	July 2025	• Electronic form is created.
	3. Submit PowerPoint presentations and form to DPH for review and approval.	July 2025	• Materials are submitted to DPH AEB submission email. • Materials are approved by DPH AEB approval email.
	4. Post PowerPoint presentations and form on the DPH Tobacco Control Program's website and the T2U website.	August 2025	• Three (3) PowerPoint presentations and form are posted on websites.
	5. Promote the availability of approved PowerPoint presentations on the DPH Tobacco Control Program's website, T2U's website, T2U's electronic distribution list, Connecticut Clearinghouse's Prevention listserv, and the Connecticut Healthy Campus Initiative (CHCI) listserv.	September 2025 – October 2025	• Three (3) PowerPoint presentations are promoted on DPH and T2U websites and through T2U's electronic distribution list, Connecticut Clearinghouse's Prevention listserv, and the CHCI listserv.

YEAR 2 – GOAL 1: Increase public awareness of tobacco product use among the LGBTQ+ community.			
	6. Monitor access to and use of PowerPoint presentations through electronic form submissions.	September 2025 – April 2026	• Form submissions are completed; data is submitted to DPH via quarterly reports.

YEAR 2– GOAL 2: Update healthcare provider allyship toolkits to include information and/or materials identified in providers' feedback.			
Objectives	**Activities**	**Timeframe**	**Measures of Success**
A. Review healthcare providers' feedback from year one "Allyship" toolkits.	1. Analyze completed surveys from healthcare providers who received "Allyship" toolkits in year one; prioritize findings and comments for inclusion in an updated toolkit.	October 2025	• Surveys are analyzed, and findings and comments are prioritized AEB email exchanges with DPH.
B. Identify and/or develop materials to address survey findings and providers' comments.	1. Work with our partners and other experts (e.g., The LGBT Cancer Network, The Health Collective, The American Lung Association, and the American Cancer Society) to obtain or develop materials that address prioritized survey findings and providers' comments.	October 2025 – November 2025	• New materials are obtained or developed and available for inclusion in updated toolkits.
	2. Submit new materials to DPH for review and approval.	November 2025	• New materials are submitted to DPH AEB submission email. • New materials are approved by DPH AEB approval email.
3. Incorporate new materials into the existing toolkits and notify healthcare providers of the update.	1. Work with a vendor to translate all materials into Spanish, as needed; submit Spanish translations to DPH for review and approval.	December 2025	• Spanish translations of materials are submitted to DPH AEB submission email. • Spanish translations of materials are approved by DPH AEB approval email.
	2. Convert new materials to PDF format and insert them in the master toolkit; add "Updated 2025" to the cover page; and upload the updated toolkit to the DPH TPC and T2U websites.	January 2026	• The master electronic toolkit is updated and uploaded to the DPH and T2U websites.
	3. Notify healthcare providers of the updated toolkit via T2U's comprehensive email contact list for healthcare provider networks in Connecticut.	February 2026	• Providers are notified AEB Constant Contact detail report.

YEAR 2 – GOAL 3: Advocate for smoke-free and vape-free LGBTQ+ spaces in Connecticut.			
Objectives	**Activities**	**Timeframe**	**Measures of Success**
A. Support LGBTQ+ café, club, and bar owners in complying with the Clean Air Act.	1. Review and revise as needed the year one infographic on implementing smoke-free and vape-free spaces; tailor the information and/or images to reflect the Clean Air Act (CAA) as it pertains to cafés, bars, and clubs.	May 2025	• Infographic is updated and includes CAA information.
	2. Review and revise as needed T2U's list of LGBTQ+ cafés, clubs, and bars in Connecticut.	May 2025	• List of LGBTQ+ cafés, clubs, and bars in Connecticut is updated.
	3. Identify owners and/or managers at each venue to talk with about complying with the CAA.	June 2025	• Owners and/or managers are identified for each venue.
	4. Meet with owners and/or managers and use the infographic as a springboard for discussion about the CAA; ask them what they would need to comply with the CAA; determine how T2U can meet identified need(s).	July 2025 – August 2025	• Meetings with owners and managers are scheduled and occur. • Barriers are identified and resolved.

YEAR 2 - GOAL 4: Update the Best Practices for Reducing Tobacco Use in the Connecticut LGBTQ+ Community Manual.			
Objectives	**Activities**	**Timeframe**	**Measures of Success**
A. Support LGBTQ+ café, club, and bar owners in complying with the Clean Air Act.	1. Update the "Best Practices" manual to include from year two: a. Activities accomplished-to-date; b. Strategies used to carry out the activities; c. Outcomes of activities; d. Successes and opportunities for improvement; and e. Recommendations for future projects.	September 2025 – October 2025	• The "Best Practices" manual is updated.
	2. Submit the updated manual to DPH for review and approval.	November 2025	• The updated manual is submitted to DPH AEB submission email. • The updated manual is approved by DPH AEB approval email.

Appendix

Survey Respondent Characteristics

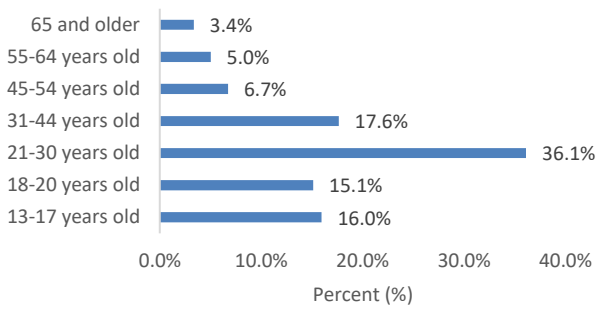
APPENDIX A: SURVEY RESPONDENT CHARACTERISTICS

Survey respondents were asked to provide demographic information at the end of the survey, including age, gender identity, sexual orientation, race and Hispanic or Latino ethnicity, living situation, town or county of residence, and grade level or highest level of education completed. Adult respondents were also asked to provide their employment status, their military service history, and their household income. All demographic questions included the response options, "Other" and "Prefer not to answer," so that respondents could share only that information with which they felt comfortable. Eight respondents chose to end their survey participation at the point in which they were asked to identify their town or county of residence. The eight respondents were included in the final data analysis and their omitted responses were documented as "not reported."

AGE GROUP

Almost 85% of respondents (84.8%) reported their ages as between 13 and 44 years old. Most of these respondents were between 21-30 years old (36.1%). Others were between 31-44 years old (17.6%); 13-17 years old (16.0%); and 18-20 years old (15.1%). Fewer respondents were between 45-54 years old (6.7%); 55-64 years old (5.0%); and 65 and older (3.4%).

Fig. A-1 Respondents' Age Groups
(N=119)

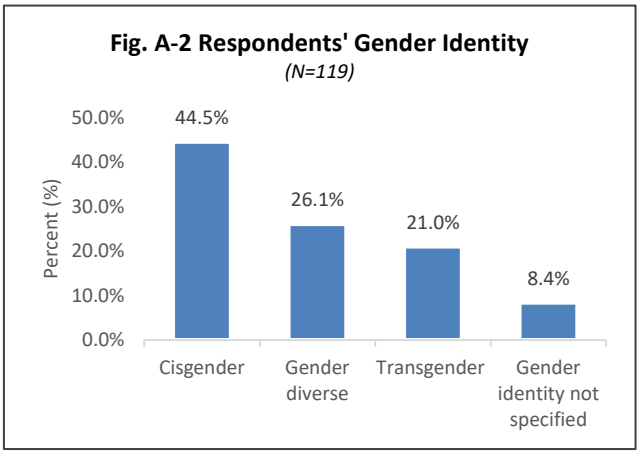


GENDER IDENTITY

T2U views gender identity as personal and complex. Asking individuals to share their gender identity(ies) by selecting one or more terms from a finite list, risks being impersonal and exclusionary. Coalition members recognized these risks, so they designed the question to read – "Which of the following best represents your gender identity?" – and encouraged respondents to choose as many identities as they needed to fully express how they experienced gender. All gender identity terms were hyperlinked to definitions from affirming sources (e.g., It Gets Better) and included "Agender," "Cisgender man," "Cisgender woman," "Gender fluid," "Genderqueer," "Gender non-conforming," "Intersex," "Non-binary," "Transfemme," "Transgender man/Trans man/Female-to-male (FTM)," "Transgender woman/Trans woman/Male-to-female (MTF)," "Transmasc," "Two-spirit," "Not sure/Don't know," and "Prefer not to answer." Additionally, respondents were able to choose "Other" and define their gender identity using words that resonated with them.

Many individuals selected one or more gender identities, and some wrote in their gender identities under "Other," including "Bigender," "Demigirl," "Intergender," "Lesbian female," and "Woman." As they reviewed the data, coalition members realized that the small sample size coupled with the large set of response options made it difficult to identify patterns or trends in the data. They decided to combine and reclassify the gender identity terms into four "umbrella" categories: "Transgender;" "Gender diverse;" "Cisgender;" and "Gender identity not specified." The coalition did not make this decision lightly; they understood that their actions could be seen as erasing respondents' very personal identities. However, they realized that combining and reclassifying the data was the only way to provide meaningful data analysis. The coalition recommends that future iterations of the survey inform

respondents that (1) their gender identify information may be combined with other identities for data analysis purposes and (2) invite them to choose which "umbrella" gender identity they would like to be included in.

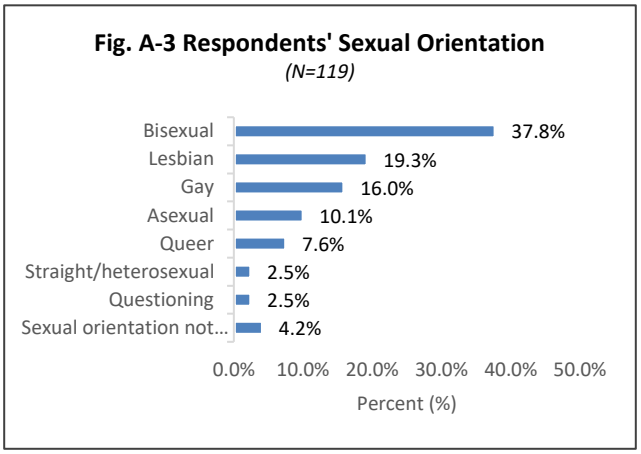


Respondents who chose "Transfemme," "Transgender man/Trans man/Female-to-male (FTM)," "Transgender woman/Trans woman/Male-to-female (MTF)," or "Transmasc" – or a combination thereof – were placed under the umbrella of "Transgender." Respondents who selected "Agender," "Gender fluid," "Genderqueer," "Gender non-conforming," "Intersex," "Non-binary," or "Two-spirit" – or a combination thereof – were placed under the umbrella "Gender diverse." Respondents who selected "Cisgender man" or "Cisgender woman" were placed under the umbrella "Cisgender," and respondents who chose "Not sure/Don't know" or "Prefer not to answer" were placed under the umbrella of "Gender identity not specified." Figure A-2 shows that the several respondents identified as "Cisgender" (44.5%). Others identified as "Gender Diverse" (26.1%); "Transgender" (21.0%); and "Gender identify not specified" (8.4%).

SEXUAL ORIENTATION

As with gender identity, asking individuals to disclose their sexual orientation by selecting one or more terms from a finite list, risks being impersonal and exclusionary. Coalition members recognized these risks, so they designed the question to read – "Which of the following best represents your sexual orientation identity?" – and encouraged respondents to choose as many identities as they needed to fully express their sexual orientation. All sexual orientation terms were hyperlinked to definitions from affirming sources (e.g., It Gets Better) and included "Asexual," "Bisexual," "Fluid," "Gay," "Lesbian," "Queer," "Pansexual, Omnisexual, Sapiosexual, or Polysexual," "Straight/Heterosexual," "Not sure/In the process of figuring out my sexuality," "Do not think of myself as having a sexuality," "Do not use labels to identify myself," "Don't know," and "Prefer not to answer." Additionally, respondents were able to choose "Other" and define their sexual orientation using words that resonated with them.

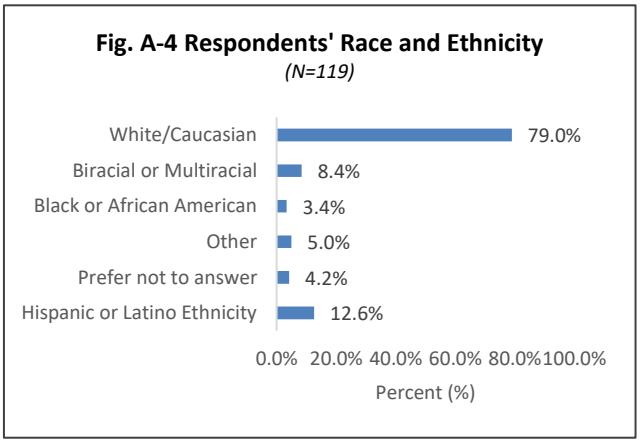
Many individuals selected one or more sexual orientations, and some wrote in their sexual orientations under "Other," including "Pansexual," "Aromantic," "Dyke," and "I like girls, but I'm not sure what to call that." As they reviewed the data, coalition members realized that the small sample size coupled with the large set of response options made it difficult to identify patterns or trends in the data. They decided to combine and reclassify the sexual orientation terms into eight "umbrella" terms: "Gay;" "Lesbian;" "Bisexual;" "Queer;" "Asexual;" "Straight/ Heterosexual;" "Questioning;" and "Sexual orientation not specified." The coalition did not make this decision lightly; they understood that their actions could be seen as erasing respondents' very personal identities. However, they realized that combining and reclassifying the data was the only way to provide meaningful data analysis. The coalition recommends that future iterations of the survey inform respondents that (1) their sexual orientation information may be combined with other orientations for data analysis purposes and (2) invite them to choose which sexual orientation "umbrella" they would like to be included in.

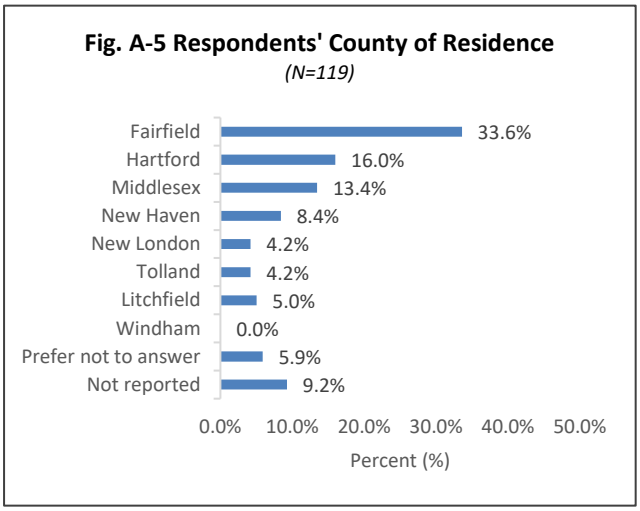


Respondents who identified as "Gay," "Lesbian," "Bisexual," "Asexual," or "Straight/ Heterosexual" were placed under those umbrella categories, respectively. Individuals who identified solely as "Queer" were placed under the umbrella "Queer." However, if they identified as "Queer" and "Lesbian" or "Queer" and "Asexual," then they were placed under the umbrellas for "Lesbian" and "Asexual," respectively. Respondents who identified as "Fluid" or "Pansexual, Omnisexual, Sapiosexual, or Polysexual" were placed under the umbrella "Bisexual." Respondents who selected "Not sure/In the process of figuring out my sexuality" and "Don't know" were placed under the umbrella "Questioning." Individuals who chose "Do not think of myself as having a sexuality," "Do not use labels to identify myself," and "Prefer not to answer" were placed under the umbrella "Sexual orientation not specified." Figure A-3 shows that most respondents identified as "Bisexual" (37.8%), "Lesbian" (19.3%), or "Gay" (16.0%).

RACE AND ETHNICITY

Figure A-4 shows that the majority of respondents identified their race as "White/Caucasian" (79.0%). Other respondents identified as "Biracial or Multiracial" (8.4%); "Black or African American" (3.4%); or "Other"[4] (5.0%). Some respondents chose not to provide information about their race (4.2%). Less than 15% of respondents reported Hispanic or Latino ethnicity (12.6%).





COUNTY OF RESIDENCE

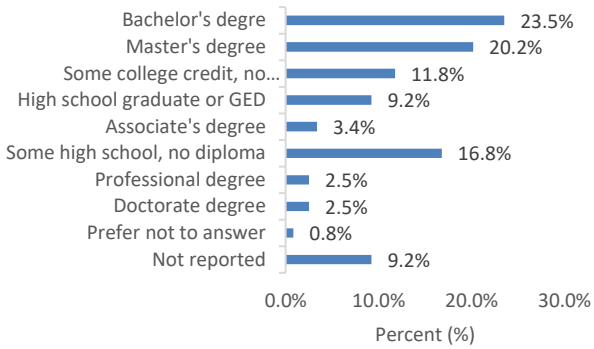
Figure A-5 illustrates 33.6% of respondents reported that they lived in Fairfield County. Others indicated that they lived in Hartford County (16.0%); Middlesex County (13.4%); or New Haven County (8.4%). Fewer respondents reported that they lived in Litchfield (5.0%), New London (4.2%), and Tolland (4.2%) counties. Approximately 15% of respondents did not share their county of residence, either by selecting "Prefer not to answer" (5.9%) or choosing to end their survey participation at this point, e.g., "Not reported" (9.2%).

[4] T2U combined the responses of individuals who identified their race as "Asian," "Native Hawaiian or Pacific Islander," and "American Indian, Native American, Native Alaskan," and "Unknown" because the N values were very small.

HIGHEST LEVEL OF EDUCATION COMPLETED

Figure A-6 shows that over 50% of respondents have earned an educational degree beyond high school: Associate's degree (3.4%); Bachelor's degree (23.5%); Master's degree (20.2%); Professional degree (2.5%); and Doctorate degree (2.5%). It should be noted that 80.0% of the respondents who chose "Some high school, no diploma" were still in high school at the time that the T2U survey was administered.

Fig A-6 Respondents' Highest Level of Education Completed
(N=119)



EMPLOYMENT STATUS AND HOUSEHOLD INCOME

Figure A-7 shows that almost 75% of adult respondents reported that they were employed full-time (50.0%) or worked one or more part-time jobs[5] (24.0%). Sixteen percent (16%) indicated that they were unemployed. According to the CT Department of Labor, the Connecticut unemployment rate in February and March of 2024 was 4.5% (CT DOL, Unemployment Rate/Residents Unemployed, April 2024). Figure A-8 shows that the majority of respondents (17.0%) reported a household income of between $100,000 - $150,000. Others reported earning between $75,000 and $99,999 (14.0%); between https://www1.ctdol.state.ct.us/lmi/unemploymentrate.asp $50,000 and $74,999 (14.0%); over $150,000 (12.0%); between $30,000 and $49,999 (12.0%); under $15,000 (8.0%); or between $15,000 and $29,999 (3.0%). A few respondents chose "Prefer not to answer" (11.0%), and 9.0% were categorized as "Not reported."

Fig. A-7 Respondents' Employment Status
(N=100)

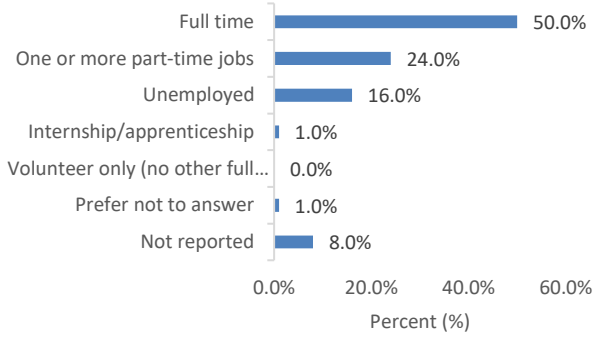
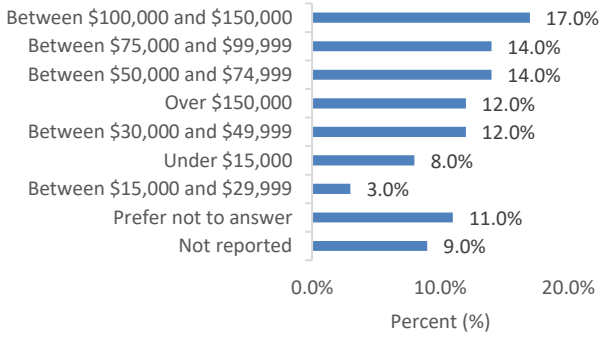


Fig. A-8 - Respondents' Houshold Income
(N=100)



[5] On the survey, there were two response options for part-time work: "Yes – part-time" and "Yes – multiple part-time jobs." T2U combined the two categories in this report for data analysis purposes.

Appendix F:
T2U Tobacco-free Lawn Signs

“Happy Pride” Lawn Sign

“Proud to Be A Tobacco-Free Event” Lawn Sign

Appendix F: T2U Tobacco-Free Lawn Signs

"Happy Pride" Lawn Signs (double-sided in English and in Spanish)

"Proud to Be A Tobacco-free Event" Lawn Signs (double-sided in English and in Spanish)

Appendix G:
T2U Tobacco-free PRIDE 2025 Infographic

Appendix G: Tobacco-free PRIDE 2025 Infographic *(Side A)*

Tobacco-Free PRIDE 2025

Celebrate community. Champion health.

Tobacco Use is an LGBTQIA+ Issue

DID YOU KNOW...

...LGBTQIA+ people have higher rates of tobacco use than non-LGBTQIA+ people?

As a result, LGBTQIA+ individuals are disproportionately impacted by tobacco-related diseases, disability, and death - making tobacco use a public health issue for our community.

Stress due to identity-related discrimination and stigma, and aggressive marketing tactics by tobacco companies contribute to these higher rates of tobacco use - making tobacco use a social justice issue, too.

Source: Smoking rates among the LGBTQ+ population (Prevent Cancer Foundation): https://preventcancer.org/article/smoking-lgbtq-population/

Source: Smoke-Free Outdoor Pride Event Toolkit: National LGBT Cancer Network Smoke-free PRIDE Toolkit.pdf

Tobacco-Free PRIDE Benefits Everyone

Tobacco-Free PRIDE Events:

- Create an LGBTQIA+ culture free from tobacco industry influence.
- Model smoke- and vape-free behavior for LGBTQIA+ and ally youth.
- Create a more welcoming and family-friendly environment for all.
- Reduce exposure to secondhand smoke and aerosol and the associated health risks from exposure, including asthma attacks.
- Minimize environmental hazards like tobacco litter and fires.

Source: Smoke-Free Outdoor Pride Event Toolkit: National LGBT Cancer Network Smoke-free PRIDE Toolkit.pdf

Appendix G: Tobacco-free PRIDE 2025 Infographic *(Side B)*

Support for Tobacco-Free PRIDE Events

Connecticut's True to You (T2U) Coalition surveyed 119 LGBTQIA+ CT residents in 2024 and found:

- 78% of respondents did not use tobacco products, including e-cigarettes.
- 71% of respondents reported their friends were bothered by secondhand smoke.
- 95% of respondents would still attend PRIDE and other LGBTQIA+ events if smoking and vaping were prohibited.

2024 -2026 Strategic Plan: https://www.ctclearinghouse.org/Customer-Content/www/CMS/files/T2U_Strategic_Plan_2024-2026_-_6_28_24.pdf

Steps to Make PRIDE Tobacco-Free in 2025

1. Encourage PRIDE event planners to adopt smoke- and vape-free policies.
2. Post tobacco-free lawn signs at event entrances (available at no cost from the True to You Coalition; see samples to the right; available in English and Spanish).
3. Prohibit tobacco and e-cigarette company sponsorship and participation.
4. Promote tobacco and e-cigarette cessation at events.

For more information about hosting tobacco-free events or to order free lawn signs, please email hgiardina@wheelerclinic.org or visit CTTrueToYou.org.

True to You Coalition
Live life tobacco-free.

True to You (T2U) is a statewide coalition committed to promoting tobacco-free living among Connecticut's LGBTQIA+ community. T2U receives support from Wheeler Health through Connecticut Department of Public Health funding.

Appendix H:
T2U Focus Group Recruitment Flyers

Original Focus Group Recruitment Flyer

Amended Focus Group Recruitment Flyer

Appendix H: T2U Focus Group Recruitment Flyers - Original Focus Group Recruitment Flyer

Sponsored by Connecticut's True to You Coalition
Live life free.

ADULT VOLUNTEERS NEEDED: CT LGBTQIA+ FOCUS GROUPS!

TOPIC: Meaningful Health Campaigns for the LGBTQIA+ Community

DISCUSSION POINTS

- Identify **key elements of effective health messages** for the LGBTQIA+ community.
- Discuss the **use of social media and streaming platforms to promote healthy behavior**.
- **Review and provide input** on proposed **tobacco & vaping prevention and cessation ads**.

WHY PARTICIPATE?

- **Influence Change:** Be part of elevating LGBTQIA+ health in CT.
- **Be Heard:** Use your voice and experience to shape how health information is provided to the LGBTQIA+ community.
- **Connect & Collaborate:** Meet and work with others in our community committed to LGBTQ+ health.

Focus groups will occur on Zoom. Limit is 8 individuals per group.
Click here or scan the QR code for dates, times, and registration.
All participants will receive a $25 Visa Gift Card.

Questions? Email Holly Giardina at hgiardina@wheelerclinic.org.

Appendix H: T2U Focus Group Recruitment Flyers - Amended Focus Group Recruitment Flyer

Appendix I:
T2U Focus Group Questions

Appendix I: Focus Group Questions

1. What health and wellness topics interest you the most? Why?

2. Where do you see ads for health and wellness information?
   Probes: magazines; billboards; movie theaters; social media; streaming services; websites

3. Think about a health and wellness ad that resonates or sticks with you.
   a. What did you remember noticing about the ad?
      Probes: images, colors, sounds, length

   b. How did the ad make you feel?

   c. How did you engage with the ad?
      Probes: likes; shares; commented on; watched; clicked.

   d. What made you keep watching the ad?
      Probes: story, images, colors, sounds, call to action

   e. Is there anything else you want to share about your engagement with the ad?

4. Think about health and wellness or other ads that you have skipped.
   a. What makes an ad not worth watching?
      Probes: subject matter; message; images; time

5. We would like to share with you four concepts for ads designed to prevent commercial tobacco use and vaping, and four concepts for ads designed to encourage people to quit smoking or vaping. After we review each ad concept, we will explore:

   PREVENTION MESSAGES
   - What do you like about each ad concept (e.g., images, text, overall message)?
   - What don't you like about each ad concept (e.g., images, text, overall message); and

   CESSATION MESSAGES
   - What do you like about the ad concept (e.g., images, text, overall message)?
   - What don't you like about the ad concept (e.g., images, text, overall message); and

6. What will make tobacco prevention campaigns more impactful for the LGBTQIA+ community in CT?

7. What will make tobacco cessation campaigns more impactful for the LGBTQIA+ community in CT?

Appendix J:
T2U Healthcare Provider Resources Toolkit Contents

"Tobacco Use Among the LGBTQIA+ Community" Infographic

"The Brief Tobacco Intervention: 2As and R" Tobacco Dependence Screening Tool

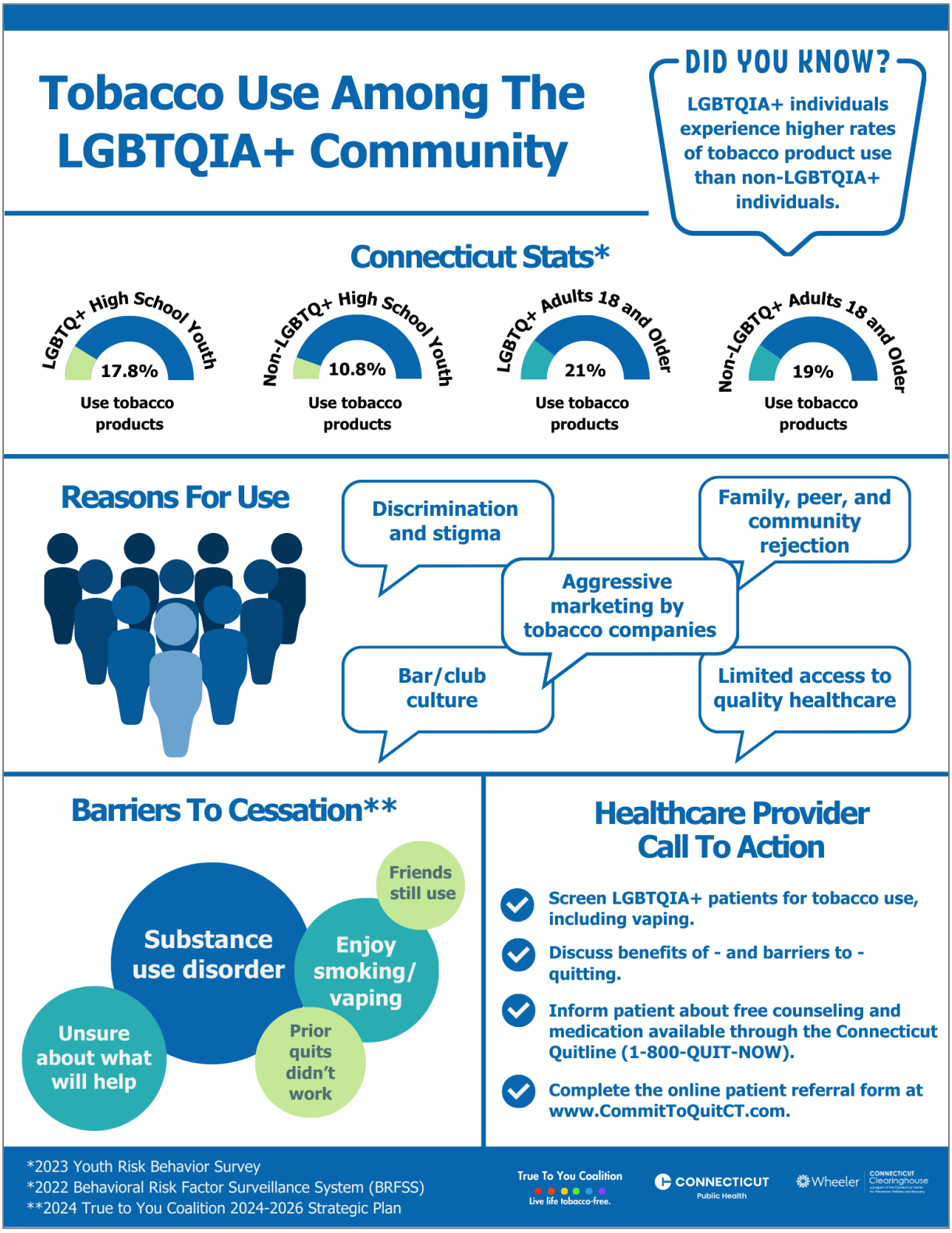
"Thinking About Quitting Smoking or Vaping" LGBTQ+ Patient Handout

Tobacco Products Quick Reference Guide for Providers

"My Quit, My Plan" LGBTQ+ Patient Quit Plan Worksheet

LGBTQ+ Youth Digital Welcome Signs for Waiting Rooms

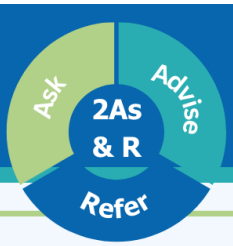
Appendix J: T2U Healthcare Provider Resources Toolkit Contents - "Tobacco Use Among the LGBTQIA+ Community" Infographic



Appendix J: T2U Healthcare Provider Resources Toolkit Contents - "The Brief Tobacco Intervention: 2As & R" Tobacco Dependence Screening Tool

The Brief Tobacco Intervention

Adapted from "The Brief Tobacco Intervention" at www.cdc.gov



A **Ask about tobacco use:**
"Do you currently smoke, vape, or use other forms of tobacco?"

A **Advise the patient to quit:**
"Quitting tobacco use or vaping is one of the best things you can do for your health. I strongly encourage you to quit. Are you interested in quitting?"

R **Refer the patient to resources:**
IF READY TO QUIT - Provide direct referrals to resources that will assist the patient in quitting. Prescribe medications, if appropriate.

"This is a resource I recommend. It will provide you with support, help you create a quit plan, and talk to you about how to overcome urges you might have to smoke."

IF NOT READY TO QUIT - Strongly encourage patients to consider quitting by using personalized motivational messages. Let them know you are there to help them when they are ready.

i **Recommended resources in Connecticut include:**

- **Connecticut Quitline (1-800-QUIT-NOW)** - Free and confidential telephone counseling, support, and medication for adults ages 18 and older.

Healthcare providers can refer patients directly to the Connecticut Quitline by completing the online patient referral form at www.CommitToQuitCT.com.

- **My Life, My Quit™** - Free and confidential text support for youth ages 13-17 years old. Patients can **text "Start My Quit" to 36072** to sign up.

True To You Coalition
Live life tobacco-free.

CONNECTICUT Public Health

Wheeler CONNECTICUT Clearinghouse

Appendix J: T2U Healthcare Provider Resources Toolkit Contents - "Thinking About Quitting Smoking or Vaping" LGBTQ+ Patient Handout (Also available in Spanish)

Appendix J: T2U Healthcare Provider Resources Toolkit Contents

- Tobacco Products Quick Reference Guide for Providers

TODAY'S TOBACCO, E-CIGARETTE, AND NICOTINE PRODUCTS

A Quick Reference Guide for Healthcare Providers

True to You Coalition
Live life tobacco-free.

CONNECTICUT Public Health

Wheeler | CONNECTICUT Clearinghouse
a program of the Connecticut Center for Prevention, Wellness and Recovery

INTRODUCTION

A variety of commercial tobacco products are available, including cigarettes, cigars, los cigarillos, little cigars, smokeless tobacco, nicotine pouches, hookah tobacco, and most e-cigarettes/vapes. Many of the products are infused with flavors, such as mint, chocolate or other candies, fruit, etc., which make them more appealing to youth and young adults.

All tobacco products contain nicotine, a chemical compound naturally found in the tobacco plant. Other products, which the FDA classifies as "tobacco" contain synthetic nicotine, i.e., nicotine that is made in a lab and has a molecular makeup similar to the nicotine found in the tobacco plant. **Both nicotine types can change the way a person's brain works;** they can cause an individual to crave nicotine in increased quantities. Continued use of nicotine products can lead to nicotine dependence or substance use disorder.

Nicotine keeps people using tobacco products. The thousands of chemicals contained in tobacco and tobacco smoke are what can cause chronic health conditions and illnesses, such as cancer, COPD, diabetes, gum disease and tooth loss, heart disease and stroke, anxiety and depression, and vision loss and blindness.

Connecticut's True to You (T2U) Coalition, with funding from the CT Department of Public Health and support from Wheeler Health, has created Tobacco Products: A Quick Reference Guide for Healthcare Providers in response to the growing number of tobacco and nicotine products available to consumers, especially LGBTQIA+ consumers. **LGBTQIA+ individuals experience higher rates of tobacco use due to the stress of stigma, discrimination, familial rejection, and targeted marketing by the tobacco industry.**

We hope you find the reference guide helpful.
Connecticut's True to You Coalition

Source: U.S. Food and Drug Administration, www.fda.gov/tobacco-products, 2024

Bidis

Bidis (or "beedies") are small, flavored, filter-less Indian cigarettes. Bidis are tobacco, hand-rolled in a tendu or temburi leaf (plants native to Asia), and tied with colorful strings on the ends. People light the tip of one end to burn the tobacco, and they inhale the smoke through the unlit end. Bidis can be flavored (e.g., chocolate, cherry, mango) or unflavored (Source: Macomb County Health Department, 2024).

Cigarettes

Cigarettes consist of tobacco, chemical additives, a filter, and paper wrapping. People light the unfiltered end of the cigarette to burn the tobacco and inhale the smoke through the filtered end. Cigarettes can be menthol- or mint-flavored.

Cigars

Cigars are rolls of tobacco wrapped in leaf tobacco or in a substance that contains tobacco. They do not have filters. People light the tip of one end to burn the tobacco. Some people inhale the smoke from the unlit end; others do not. Cigars can be flavored (e.g., alcohol, chocolate, cherry, coffee, etc.)

Los Cigarillos and Little Cigars

Los cigarillos and little cigars are filled with pipe tobacco and have a filter. People light the unfiltered end to burn the tobacco and inhale the smoke from the filtered end. Los cigarillos and little cigars can contain candy or fruit flavors that appeal to adolescents and young adults.

Source: U.S. Food and Drug Administration, www.fda.gov/tobacco-products, 2024

Dissolvable Tobacco

Dissolvable tobacco is finely processed to dissolve on the tongue or in the mouth. Forms include lozenges, oral use strips, or sticks and may look like hard candy. Dissolvable tobacco products are not intended to be heated or burned, and they do not require spitting. (Image: NPR, Dissolvable Tobacco Products Draw FDA Scrutiny)

E-cigarettes/Vapes

E-cigarettes (also known as vapes) are battery-operated devices that contain cartridges filled with e-liquid. Most e-liquids contain nicotine. The e-cigarette or vape heats the e-liquid to create an aerosol that the individual inhales. Most e-liquids come in flavors, which are very appealing to youth and young adults.

E-liquid

E-liquid usually contains nicotine derived from tobacco, as well as flavorings, propylene glycol, vegetable glycerin, and other ingredients. The liquid is heated using an e-cigarette or vape to create an aerosol that is inhaled. The flavors - candy, fruit, ice, soda - are often what attract youth and young adults to these products.

Hookah Tobacco

Hookah tobacco (also known as waterpipe tobacco, maassel, shisha, narghile, or argileh) typically contains a mixture of tobacco, sweeteners, and flavoring. Hookah tobacco is used with a hookah device (pictured). When heated, the tobacco produces a smoke that the person inhales.

Source: U.S. Food and Drug Administration, www.fda.gov/tobacco-products, 2024

Kreteks

Kreteks, also known as clove cigarettes, consist of tobacco, cloves, and other additives. People light one end of the kretek to burn the tobacco and inhale smoke through the other end. Kreteks can be filtered or unfiltered.

Nicotine Gels

Nicotine gels contain nicotine, either added directly or as part of a tobacco extract. They can also contain propylene glycol, preservatives, binders like xanthan gum, and permeation enhancers. People place or rub the gel on the skin, where it is absorbed. Nicotine gels are not intended to be heated or burned.

Nicotine Pouches

Nicotine pouches contain nicotine in the form of either nicotine powder or nicotine salts, which is chemically synthesized or extracted from the tobacco leaf. They can also contain microcrystalline cellulose (a term for refined wood pulp), sweeteners such as xylitol or maltitol, other flavors, and preservatives. Nicotine pouches can be used without the need for the person using them to spit. During use, the pouches are typically placed between the gum and upper lip, where the nicotine is absorbed into the body.

Non-combusted Cigarettes

A non-combusted cigarette consists of a heating source and tobacco. The tobacco may be wrapped in paper or glass fibers. The tobacco is heated to create an aerosol that the individual inhales.

Source: U.S. Food and Drug Administration, www.fda.gov/tobacco-products, 2024

Pipe Tobacco

Pipe tobacco consists of loose-leaf tobacco burned in a traditional smoking pipe with a bowl. Most people who use pipes draw the smoke into their mouths and not their lungs. Pipe tobacco is available in flavors such as cherry, chocolate, coffee, and vanilla.

Roll-Your-Own Tobacco

Roll-your-own tobacco consists of loose tobacco that a person places inside rolling paper and burns. Roll-your-own tobacco products are not safer than other types of cigarettes, i.e., the person still burns the tobacco and inhales harmful chemicals.

Smokeless Tobacco - Chew

Chewing tobacco ("chew") is cured tobacco in the form of loose leaf, plug, or twist. A person places it in their mouth between their gum and their cheek or lip. Chew is not meant to be heated or burned. Chew is available in flavors, including mint, wintergreen, straight, natural, and fruit flavors.

Smokeless Tobacco - Dip, Snuff, Snus

Dry snuff is loose finely cut or powdered dry tobacco that is sniffed through the nostrils. Moist snuff (e.g., dip) and snus are cut tobacco that can be loose or pouched and placed in the mouth between the gums and cheek or lip. Snuff, dip, and snus are not meant to be heated or burned and are available in mint, wintergreen, straight and natural flavors.

Source: U.S. Food and Drug Administration, www.fda.gov/tobacco-products, 2024

ADDITIONAL RESOURCES

Tobacco Cessation Support Services

- **CT Quitline** - Call 1-800-QUIT-NOW or click HERE for more information (For adults ages 18 and older).
- **My Life, My Quit™** - Text “Start My Quit” to 36072 for more information (For youth ages 13-17 years old).

Online Tobacco Information Resources

- True to You Coalition
- CT Department of Public Health Tobacco Control Program
- Centers for Disease Control and Prevention - Smoking and Tobacco Use
- Food and Drug Administration - Center for Tobacco Products
- American Lung Association
- American Cancer Society

Appendix J: T2U Healthcare Provider Resources Toolkit Contents - My Quit, My Plan" LGBTQ+ Patient Quit Plan Worksheet – Side A

(Also available in Spanish)

MY QUIT, MY PLAN

Quitting tobacco can be tough, but I don't have to do it alone.

MY QUIT DATE

I am quitting: ☐ smoking ☐ vaping ☐ other tobacco or nicotine products

My quit date is: _____ / _____ / _____

MY REASONS FOR QUITTING

My reasons for quitting include (check all that apply):

- ☐ To feel better.
- ☐ To own my health.
- ☐ To feel less stressed or anxious.
- ☐ To feel less depressed.
- ☐ To take control of my future.
- ☐ To be here for my loved ones.
- ☐ To save money.
- ☐ To protect my spouse/partner's health.
- ☐ To protect my family's health.
- ☐ To protect my children's or pet's health.
- ☐ To protect the environment.
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

MY CONCERNS ABOUT QUITTING

I'm worried about quitting because (check all that apply):

- ☐ I like to smoke or vape.
- ☐ I like smoking or vaping with others.
- ☐ Smoking or vaping is a big part of who I am.
- ☐ My family or friends still smoke or vape.
- ☐ I use smoking or vaping to handle stress.
- ☐ I've got too much going on right now to quit.
- ☐ I'm too stressed to deal with quitting.
- ☐ I'm worried about withdrawal symptoms.
- ☐ I've quit before and it didn't last.
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

MY STRENGTHS

I will use my strengths to help me quit. I am (check all that apply):

- ☐ Able to change
- ☐ Brave
- ☐ Capable
- ☐ Creative
- ☐ Curious
- ☐ Determined
- ☐ Funny
- ☐ Hopeful
- ☐ Motivated
- ☐ Positive thinker
- ☐ Resourceful
- ☐ Self-aware
- ☐ Smart
- ☐ Spiritual
- ☐ Strong
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

Appendix J: T2U Healthcare Provider Resources Toolkit Contents

- My Quit, My Plan" LGBTQ+ Patient Quit Plan Worksheet – Side B

(Also available in Spanish)

MY TRIGGERS

Sometimes, I experience feelings and situations that trigger me to want to smoke or vape. They are (check all that apply):

- ☐ Anxiety or stress
- ☐ Boredom or loneliness
- ☐ Depression
- ☐ Doing homework or studying
- ☐ Texting or using social media
- ☐ Hanging out with friends
- ☐ Watching streaming services
- ☐ Playing video games
- ☐ Seeing ads for smoking or vaping
- ☐ Seeing others smoke or vape
- ☐ Smelling tobacco smoke or vapor
- ☐ Driving
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

MY PLAN TO DEAL WITH MY TRIGGERS

I will deal with my triggers by (check all that apply):

- ☐ Practicing saying, "I quit."
- ☐ Disposing of all tobacco and vape products.
- ☐ Washing clothes, bedding, and anything else that smells like smoke or vapor.
- ☐ Using replacement behaviors, (e.g., chewing sugar-free gum or eating sugar-free candy).
- ☐ Keeping my hands busy (e.g., journaling, drawing, knitting, painting, cleaning, petting my dog or cat).
- ☐ Going for a walk, run, or bike ride.
- ☐ Taking deep breaths or listening to music.
- ☐ Helping someone with a project or problem.
- ☐ Avoiding stores that sell tobacco or vapes.
- ☐ Asking others not to smoke or vape around me.
- ☐ Reaching out to others (e.g., see "My Resources").
- ☐ Other: _____

MY RESOURCES

I will use resources to support my quit. My resources are (check all that apply):

Counseling and/or Medication

- ☐ **Connecticut Quitline** - Provides adults ages 18 and older with free and confidential one-on-one telephone counseling and quit medications. Text support is also available. Call 1-800-QUIT-NOW for more information.
- ☐ **My Life, My Quit ™** - Offers youth ages 13 - 17 with free and confidential one-on-one text support. Text "Start My Quit" to 36072 for more information.
- ☐ **My healthcare provider** - Provides prescriptions for quit medications.
- ☐ **quitSTART or other apps** - Provides information and tips for quitting; tracks quit progress; offers tools and games to manage cravings. Available at Google Play and the Apple Store.
- ☐ **Other** (specify): _____

Supports

Having the support of others is an important part of my quit journey. They will help me remember why I decided to quit, encourage me if I feel like giving up, and celebrate my successes with me. My supports will be (check all that apply):

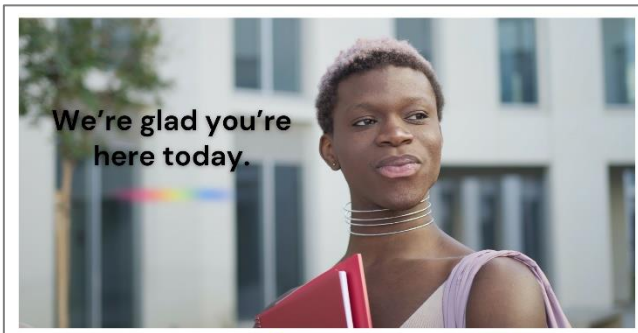
- ☐ Parent(s)
- ☐ Found family
- ☐ Siblings
- ☐ Friends
- ☐ Boyfriend/girlfriend
- ☐ Husband/wife
- ☐ Co-workers
- ☐ Faith leaders
- ☐ Pets
- ☐ Teachers
- ☐ Coaches
- ☐ Counselor
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

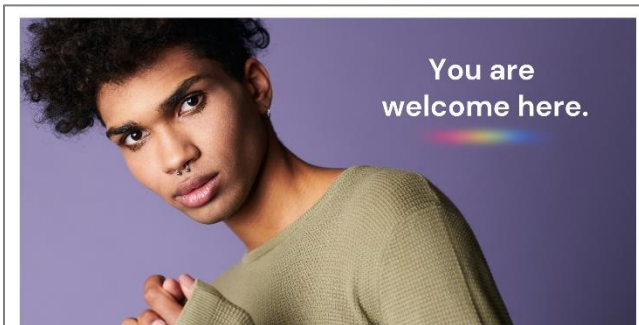
True to You Coalition
Life life tobacco-free

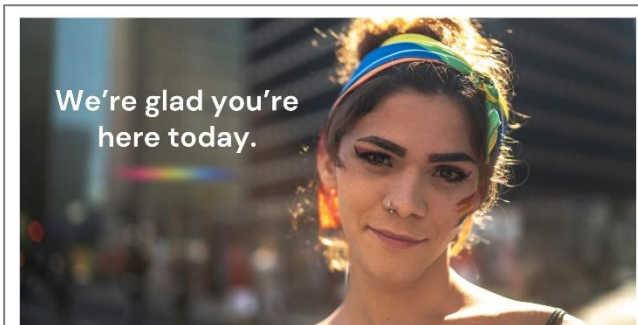
CONNECTICUT Public Health

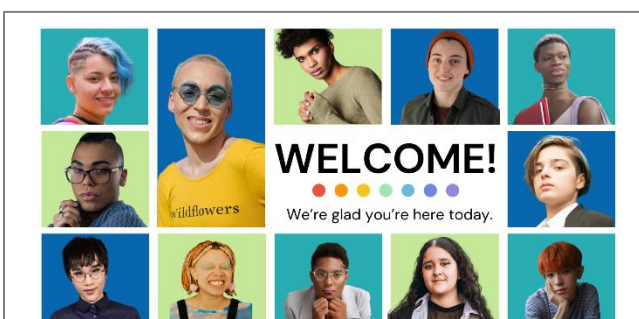
Wheeler | CONNECTICUT Clearinghouse

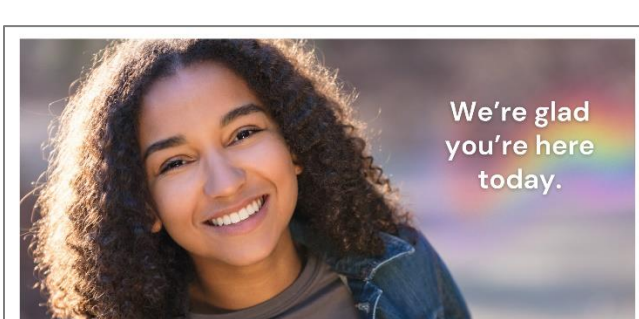
Appendix J: T2U Healthcare Provider Resources Toolkit Contents - LGBTQ+ Youth Digital Welcome Signs for Waiting Rooms

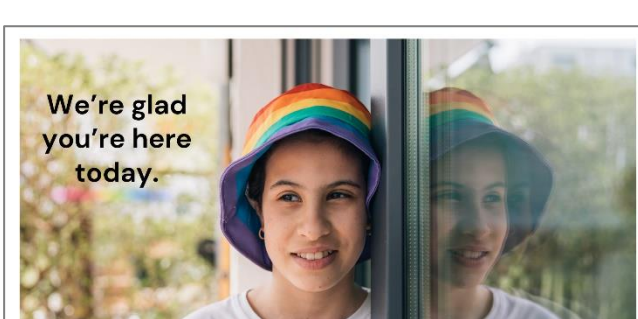












Appendix K:

T2U Healthcare Provider Resources Postcard and Provider Survey

T2U Healthcare Provider Resources Postcard

T2U Healthcare Provider Survey

Appendix K: Healthcare Provider Resources Postcard

Postcard – Side A

FREE HEALTHCARE PROVIDER RESOURCES

TO SUPPORT CONNECTICUT'S LGBTQIA+ COMMUNITY

QUIT SMOKING AND VAPING



Postcard – Side B

Free resources are available to support the LGBTQIA+ community make tobacco-free living the norm for today, tomorrow, and for future generations!

Resources include:

- Digital "Welcome" signs for lobbies and waiting rooms
- "You Are Safe with Me" pins
- Tobacco screening and cessation referral tools and resources
- Handouts and quit plans for LGBTQIA+ patients, clients, and students
- Links to live and on-demand training for staff

Visit CTTrueToYou.org or scan the QR code below to access resources.

Please share your feedback by taking our brief survey:
www.surveymonkey.com/r/CTT2U

Wheeler | CONNECTICUT Clearinghouse
334 Farmington Avenue
Plainville, CT 06062

Appendix K: Healthcare Provider Resources Provider Survey

True to You Healthcare Provider Feedback Survey

Thank you for volunteering to complete this survey.

True to You (T2U) is a statewide coalition that promotes tobacco-free living among Connecticut's LGBTQIA+ community. T2U is a program of Wheeler Clinic and receives funding from the Connecticut Department of Public Health.

The survey consists of six questions and will take less than five minutes to complete. Your feedback will help T2U develop and disseminate tobacco prevention and cessation information and resources to providers who serve LGBTQIA+ youth, young adults, and adults.

Thank you for your feedback.

---

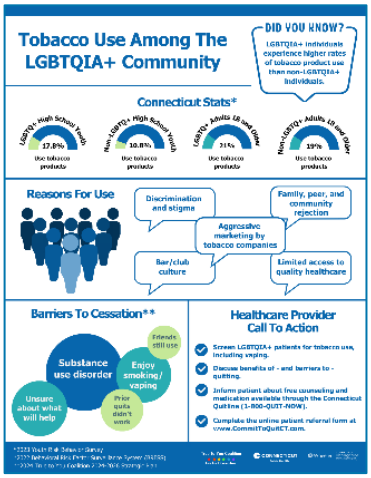
1. Where do you work? (Check all that apply.)
   - ☐ Federally Qualified Health Center (FQHC)
   - ☐ LGBTQIA+ health or community center
   - ☐ LGBTQIA+ or gender-affirming care program
   - ☐ HIV/AIDS care program or services
   - ☐ CT college or university health center
   - ☐ CT college or university counseling center
   - ☐ CT School-based Health Center
   - ☐ Other (please specify): _____

2. What is your role at your place of work? (Check all that apply.)
   - ☐ Medical Officer or Director
   - ☐ Dental Officer or Director
   - ☐ Nursing Officer or Director
   - ☐ Behavioral Health Director
   - ☐ Campus Health Director
   - ☐ Physician
   - ☐ Dentist
   - ☐ Nurse
   - ☐ Practice Manager
   - ☐ Psychiatrist
   - ☐ Psychologist
   - ☐ Counselor or Therapist
   - ☐ Case Manager
   - ☐ Peer Support Specialist
   - ☐ Other (please specify): _____

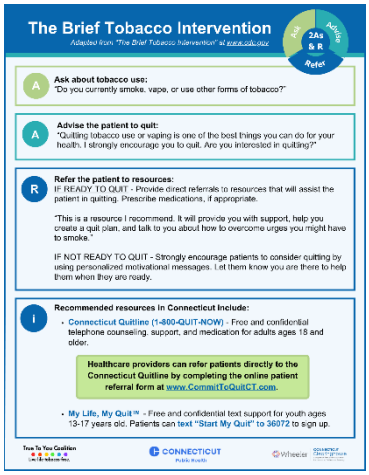
3. Prior to receiving our mailing, were you aware:

	Yes	No
The LGBTQIA+ community has higher rates of tobacco use than the non-LGBTQIA+ community?	○	○
Connecticut offers free tobacco and vaping cessation services for teens through My Life, My Quit™?	○	○
Connecticut offers free tobacco and vaping cessation services for adults through CT Quitline?	○	○
Healthcare providers can complete an online patient referral to the CT Quitline?	○	○

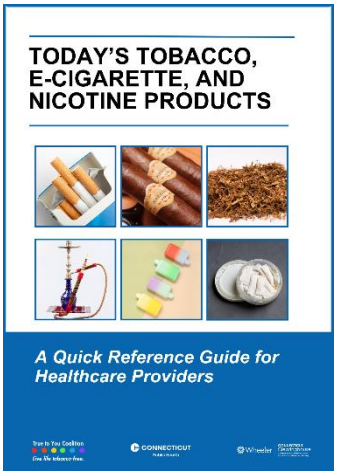
The images below are of resources T2U has made available to providers through statewide mailings and/or the T2U Healthcare Provider Resources webpage. Please review them and proceed to question 4.



Tobacco Use Among the LGBTQIA+ Community

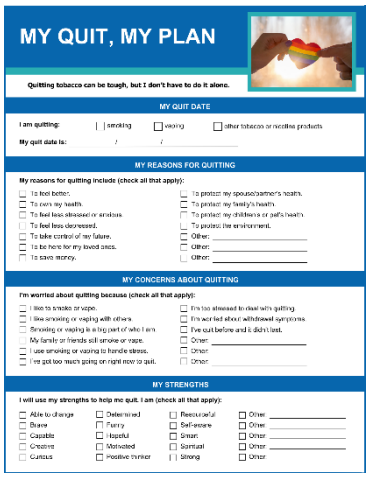


The Brief Tobacco Intervention: 2As & R

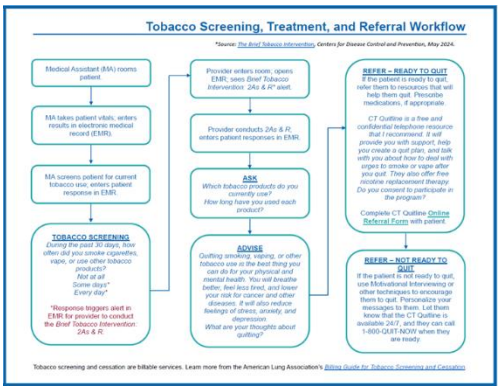


Today's Tobacco, E-cigarette, and Nicotine Products Guide

Thinking About Quitting Smoking or Vaping?



My Quit, My Plan



Tobacco Screening, Treatment, and Referral Workflow

Digital Welcome Signs for Waiting Room or Lobby TVs

4. Please tell us if you and/or your staff use each resource and if it is helpful.

	We do not use this resource.	We plan to use this resource.	We use this resource.
Tobacco Use Among the LGBTQIA+ Community	☐	☐	☐
The Brief Tobacco Intervention: 2As & R	☐	☐	☐
Today's Tobacco, E-cigarette, And Nicotine Products	☐	☐	☐
Thinking About Quitting Smoking or Vaping?	☐	☐	☐
My Quit, My Plan	☐	☐	☐
Tobacco Screening, Treatment, and Referral Workflow	☐	☐	☐
Digital Welcome Signs for Waiting Room or Lobby TVs	☐	☐	☐

5. What other resources would help you and/or your staff serve the LGBTQIA+ community around tobacco and vaping prevention and cessation? (Check all that apply.)

- ☐ Posters
- ☐ Pamphlets
- ☐ Fact sheets
- ☐ Pocket guides
- ☐ Wallet cards
- ☐ Other (please specify)

6. What additional information would help you and/or your staff serve the LGBTQIA+ community around tobacco and vaping prevention and cessation?

Thank you for your completing the survey.

All resources contained in this manual are available for public use.

Please contact
Connecticut Clearinghouse at
info@ctclearinghouse.org
for more information.