



Community Health Needs Assessment of Tobacco Use among Sexual and Gender Minority Individuals in Houston, Texas



TABLE OF CONTENTS

| | |
|----|--|
| 03 | ACKNOWLEDGMENTS |
| 04 | EXECUTIVE SUMMARY |
| 05 | BACKGROUND |
| 06 | METHODOLOGY |
| 07 | ABOUT THE PARTICIPANTS |
| 17 | TOBACCO BELIEFS AND BEHAVIORS |
| 26 | COMMUNITY HEALTH CONCERNS |
| 28 | HEALTH INFORMATION COMMUNICATION |
| 29 | COVID-19 INFORMATION |
| 31 | LIMITATIONS |
| 32 | QUALITATIVE DATA – INDIVIDUAL INTERVIEWS |
| 44 | STRENGTHS OF QUALITATIVE SURVEY |
| 45 | LIMITATIONS OF QUALITATIVE SURVEY |
| 46 | RECOMMENDATIONS |

ACKNOWLEDGMENTS

The Community Health Needs Assessment (CHNA) summarized and analyzed in this report was conducted in partnership between the Houston Health Department (HHD) Asthma Prevention and Control Program and the Health Equity Research Group (HERG) at UTHealth School of Public Health.

This report summarizes findings from the qualitative study approved by HHD IRC Committee and from the UTHealth PRIDE study approved by the Institutional Review Board (IRB) of The University of Texas Health Science Center at Houston (UTHealth) under Protocol Number HSC-SPH-20-0200 (Principal Investigator: Irene Tami- Maury, DMD, MSc, DrPH).

The qualitative portion of this document was prepared by the Houston Health Department Breathe with Pride Program under the Bureau of Community and Children's Environmental Health. Jorge Sanchez, the Community Involvement Coordinator at HHD, led data collection and analysis with support and assistance from Robin Charles, the Public Health Educator, HHD staff from various programs, UT Health Assistant Professor Dr. Irene Tami-Maury and UTHealth MPH Student Mira Dani.

The quantitative portion of this document was prepared by the HERG. Dr. Irene Tami-Maury, UTHealth Assistant Professor, led survey design and data collection. UTHealth Doctoral Candidate Carolyn Crisp, MPH was responsible for data analysis. Dr. Irene Tami-Maury; Mira Dani, UTHealth MPH student; and Modupe Onigbogi, UTHealth Doctoral student; contributed to data interpretation and preparing the report.

The Houston Health Department thanks the Texas Department of State Health Services for their support and guidance throughout the CHNA process, from the early stages of reviewing the proposed survey design to their feedback in developing this report. Special thanks to HHD Director Stephen L. Williams, M.Ed., MPA., Deputy Director Patrick Key and Loren Hopkins, PhD. for their continued leadership and support.

The HHD and HERG would like to express gratitude to all community members who participated in this CHNA survey and allowed the team to highlight their thoughts, beliefs, and perspectives which are invaluable in guiding programmatic action to improve the health and well-being of their community.

Images used in this report are from The Gender Spectrum Collection or available under the Creative Commons License. Selected quotes from the quality improvement effort conducted by the Houston Health Department do not correspond to the individuals portrayed in the images presented in this report.

Many thanks to the Houston Health Department's Office of Communications & Public Affairs for their support and assistance in publishing this report.

For additional information contact Dr. Aftab Hashim at the Houston Health Department at Aftab.Hashim@houston.tx.gov

EXECUTIVE SUMMARY

This report describes the findings from the University of Texas Health Science Center at Houston (UTHealth) PRIDE surveys conducted from 2016-2021 among Sexual and Gender Minority (SGM) adult individuals residing in the Houston Metropolitan Area zip codes and across Texas. According to the National Health Institute:

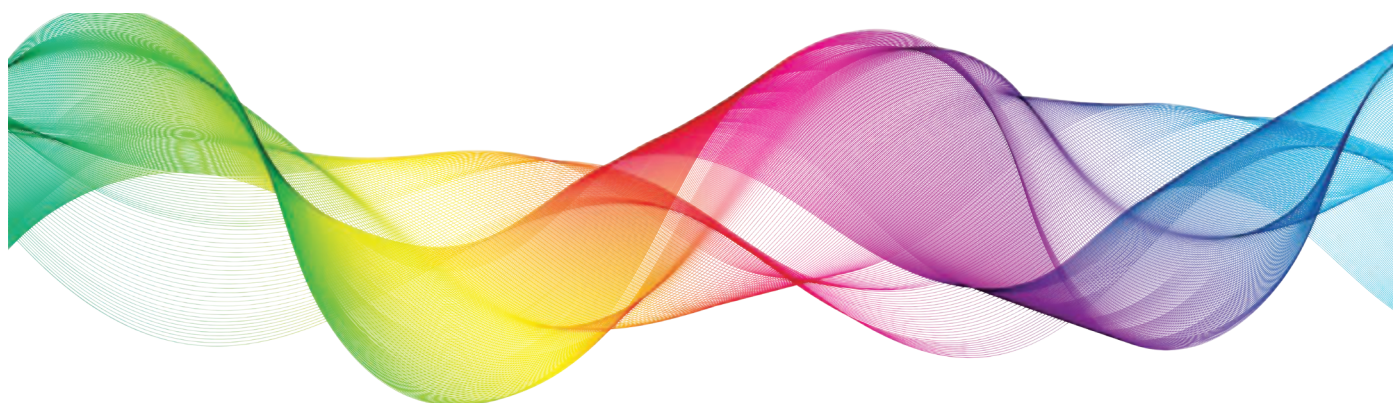
“SGM populations include, but are not limited to, individuals who identify as lesbian, gay, bisexual, asexual, transgender, Two-Spirit, queer, and/or intersex. Individuals with same-sex or -gender attractions or behaviors and those with a difference in sex development are also included. These populations also encompass those who do not self-identify with one of these terms but whose sexual orientation, gender identity or expression, or reproductive development is characterized by non-binary constructs of sexual orientation, gender, and/or sex.”

SGM individuals share common challenges and unique health problems, including often-overlooked high tobacco products usage rates.

This community assessment summarizes SGM individuals’ beliefs, attitudes, and behaviors surrounding the use of various tobacco products. In addition, it sheds light on the priority health needs that should be addressed in this population.

Tobacco use remains a significant health issue. The overall lifetime prevalence of cigarette smoking among Houston SGM individuals participating in the UTHealth Survey was 37%, and 19% reported being current smokers (individuals reporting smoking every day or some days by the time they completed the survey). Outdoor living areas, outdoor working areas, and inside the car were the most preferred locations by SGM survey respondents for smoking. More than half of the smokers responding to the UTHealth PRIDE survey were interested in quitting, indicating the urgent need for targeted tobacco prevention and control interventions specifically designed for SGM communities. Additionally, 15% of the survey respondents used electronic nicotine delivery devices every day or some days.

In addition, mental health issues, Human Immunodeficiency Virus (HIV) infection, and drug use are featured as additional priorities that must be addressed by SGM groups. These topics indicate the need for a comprehensive approach aimed at improving the quality of life for LGBTQ+ individuals residing in the Houston Metropolitan Area.



BACKGROUND

Historically, SGM communities were not frequently counted in local or national surveys limiting health information available about this population's needs. Early isolated reports, particularly from the east and west coasts of the United States, have shown the alarmingly high rates of tobacco use among SGM populations. They also highlight the predatory marketing and sales strategies implemented by the tobacco industry to target the LGBTQ+ community. Since 2014, the Health Equity Research Group (HERG) at The University of Texas, led by Dr. Irene Tami-Maury, began administering surveys to SGM individuals in Texas at annual PRIDE celebrations. The UTHealth PRIDE survey represents the first research effort in the Houston Metropolitan Area conducted to address tobacco use and health-related conditions among LGBTQ+ individuals, regardless of HIV infection.

The survey monitors SGM adults use of tobacco, and collects data to enhance the design, implementation, and evaluation of tobacco prevention and control programs and interventions, for LGBTQ+ Texans.

The results presented in this report incorporate data gathered from 2016 to 2021 across Texas, highlighting findings for the Houston Metropolitan Area. These findings are a call to action for the City of Houston to implement evidence-based tobacco prevention and control programs geared towards SGM communities.



"...the overwhelming amount of mental illness in the LGBT community is a factor that contributes to a large percentage of people who identify as LGBT smokers."

White, Cis Gay Man (26),
Current cigarette smoker

METHODOLOGY

This report is based on a descriptive analysis of data collected through pen-and-paper and online surveys collected annually between 2016 and 2021. Pen-and-paper surveys were distributed at the Houston Pride Festival from 2016 to 2019. The anonymous online survey conducted in 2020 and 2021 was distributed through a university-wide subscription with Qualtrics, a cloud-based platform for creating, distributing, and managing online surveys. In addition, flyers of the UTHealth PRIDE Survey were distributed to nonprofit organizations, community groups, health centers, spiritual community and faith-based organizations, and other stakeholders via email, website posting, Twitter, and Facebook. The survey flyer had the study link and QR code that could be scanned with smartphone devices for accessing the online survey.

A purposive, convenient, and snowball sampling method was employed to reach potential LGBTQ+ respondents. Eligibility criteria included:

- Be at least 18 years of age
- Be able to read English or Spanish
- Self-identify as a member of the LGBTQ+ community
- Reside in Texas

Respondents were informed that the data provided were collected anonymously, and they could stop their participation in the survey at any time or refuse to answer any questions.

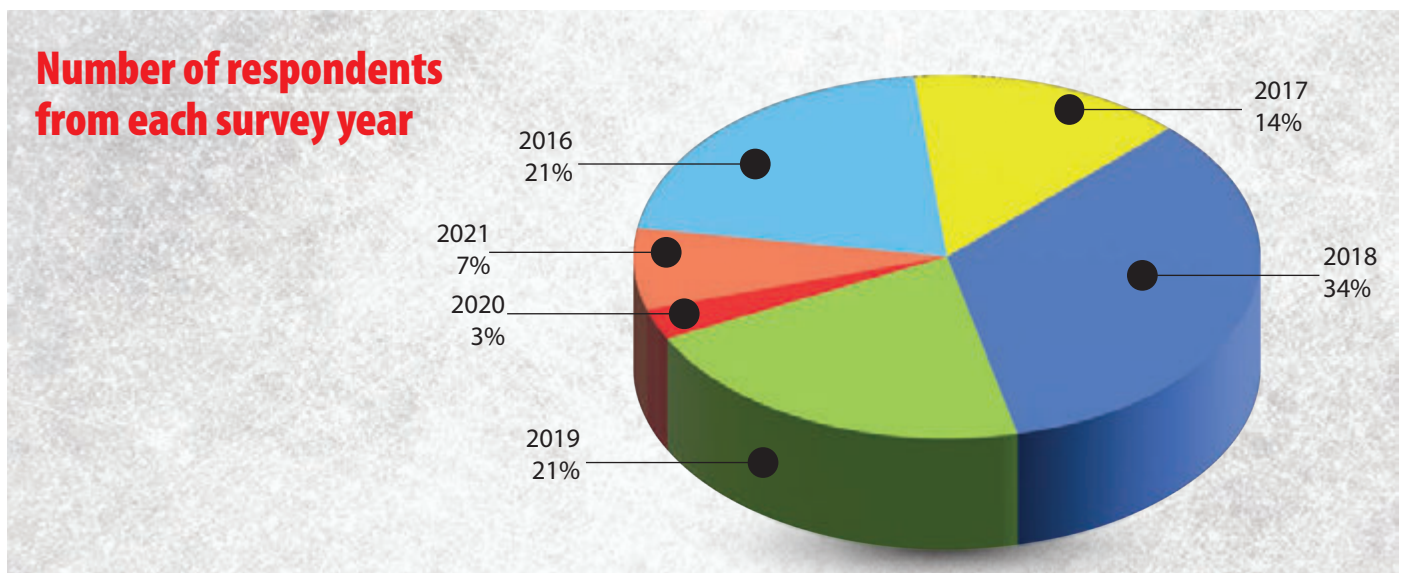
Data collected through the Qualtrics platform was electronically transferred to Stata V.15.1 (StataCorp, College Station, Texas, USA) for analysis purposes. Descriptive statistics (means, standard deviation, frequency, and proportions), in addition to charts, were used to present the findings of the UTHealth PRIDE survey from 2016 to 2021.

ABOUT THE PARTICIPANTS

There were 1,567 participants in the combined dataset from 2014 to 2021. From 2016 to 2021, 568 provided a Houston zip code, representing 36.2% of the combined dataset. The Houston Metropolitan Area zip codes include the following:



77001, 77002, 77003, 77004, 77005, 77006, 77007, 77008, 77009, 77010, 77011, 77012, 77013, 77014, 77015, 77016, 77017, 77018, 77019, 77020, 77021, 77022, 77023, 77024, 77025, 77026, 77027, 77028, 77029, 77030, 77031, 77032, 77033, 77034, 77035, 77036, 77037, 77038, 77039, 77040, 77041, 77042, 77043, 77044, 77045, 77046, 77047, 77048, 77049, 77050, 77051, 77052, 77053, 77054, 77055, 77056, 77057, 77058, 77059, 77060, 77061, 77062, 77063, 77064, 77065, 77066, 77067, 77068, 77069, 77070, 77071, 77072, 77073, 77074, 77075, 77076, 77077, 77078, 77079, 77080, 77081, 77082, 77083, 77084, 77085, 77086, 77087, 77088, 77089, 77090, 77091, 77092, 77093, 77094, 77095, 77096, 77097, 77098, 77099, 77201, 77202, 77203, 77204, 77205, 77206, 77207, 77208, 77209, 77210, 77212, 77213, 77215, 77216, 77217, 77218, 77219, 77220, 77221, 77222, 77223, 77224, 77225, 77226, 77227, 77228, 77229, 77230, 77231, 77233, 77234, 77235, 77236, 77237, 77238, 77240, 77241, 77242, 77243, 77244, 77245, 77248, 77249, 77251, 77252, 77253, 77254, 77255, 77256, 77257, 77258, 77259, 77261, 77262, 77263, 77265, 77266, 77267, 77268, 77269, 77270, 77271, 77272, 77273, 77274, 77275, 77277, 77279, 77280, 77281, 77282, 77284, 77287, 77288, 77289, 77290, 77291, 77292, 77293, 77297, 77298, 77299, 77315, 77316, 77325, 77336, 77337, 77338, 77339, 77345, 77346, 77347, 77373, 77375, 77377, 77379, 77383, 77388, 77389, 77390, 77391, 77396, 77401, 77402, 77410, 77411, 77413, 77429, 77433, 77447, 77449, 77450, 77484, 77491, 77492, 77493, 77501, 77502, 77503, 77504, 77505, 77506, 77507, 77508, 77520, 77521, 77522, 77530, 77562, 77536, 77547, 77562, 77571, 77572, 77586, 77587, & 77598.

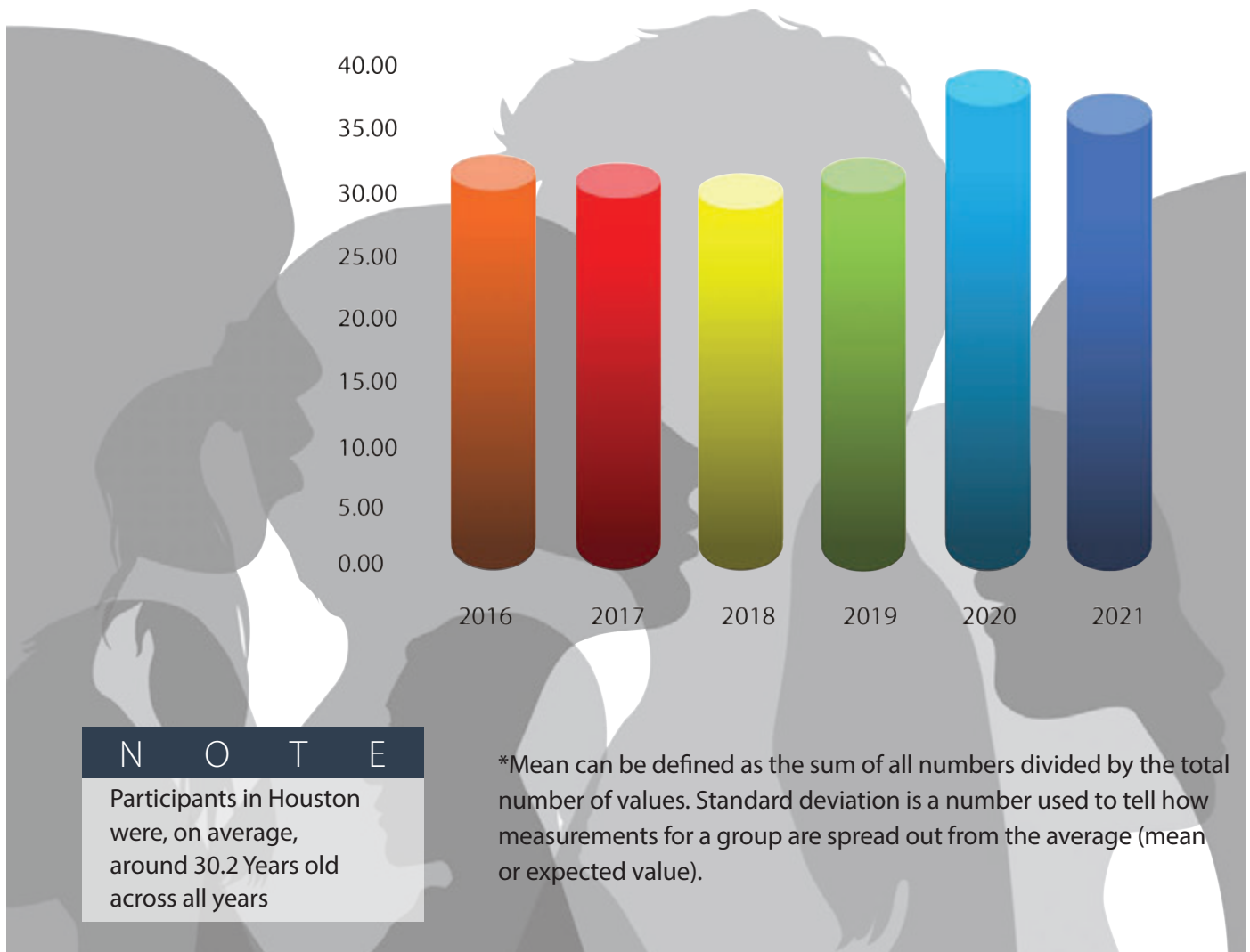


ABOUT THE PARTICIPANTS

Age

For the overall sample (Texas), the mean age was 30.9 years, with a standard deviation* of 12.6. The overall mean age was 30.2 years in the Houston sample, with a standard deviation of 11.8. The range of the ages was 18-80 for all participants and 18-73 for the Houston-based participants.

Average age of respondents



ABOUT THE PARTICIPANTS

Gender identity

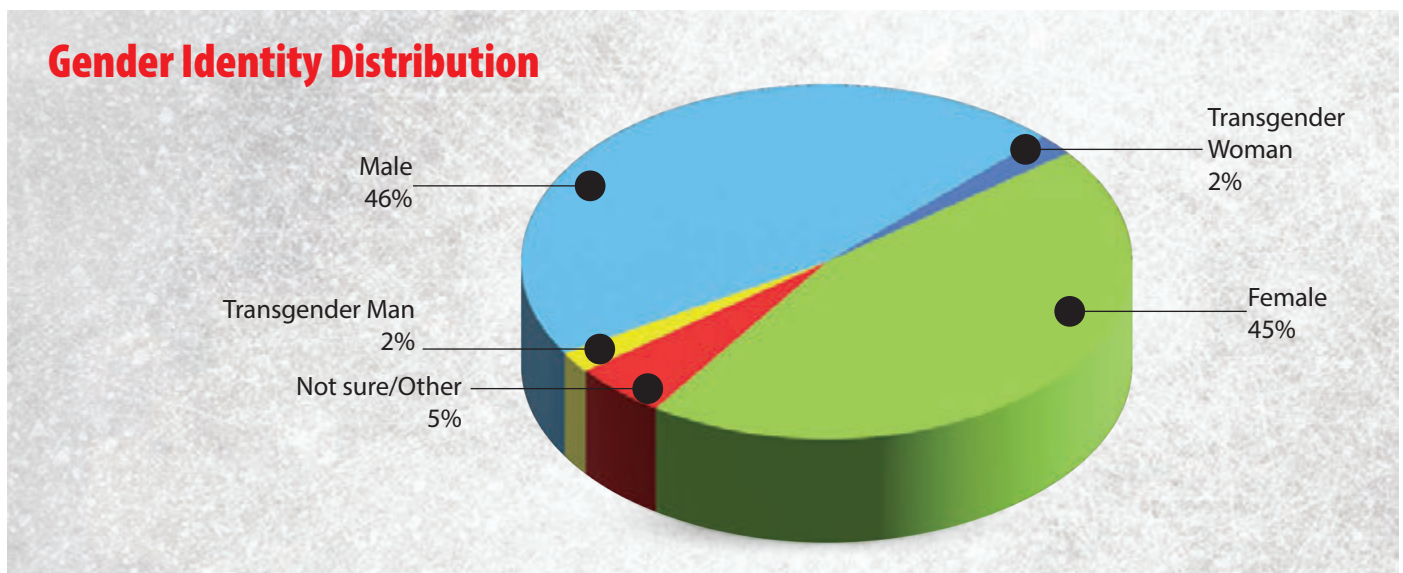
Gender identity was assessed using the following question in the PRIDE Survey: **“What is your gender identity?”**

The options to select were male, male transgender, female, female transgender, not sure, or other. In the PRIDE 2021 Survey, gender identity was assessed by asking the following question: **“Do you think of yourself as. .”**

Available options to select were:

- Male
- Female
- Transgender man/trans man/female-to-male (FTM)
- Transgender woman/trans woman/male-to-female (MTF)
- Genderqueer/gender non-conforming neither exclusively male nor female
- Additional gender category (or other)
- Decline to answer

Participants could only select one option. For the overall sample (Texas), around 80.5 % identified as either male or female, 12.7% identified as transgender man or woman and the remaining identified as unknown, not sure, other or queer. For Houston participants, around 91% identified as either male or female, 3.7% identified as transgender man or woman and the remaining identified as unknown, not sure, other or queer.



ABOUT THE PARTICIPANTS

Sexual orientation

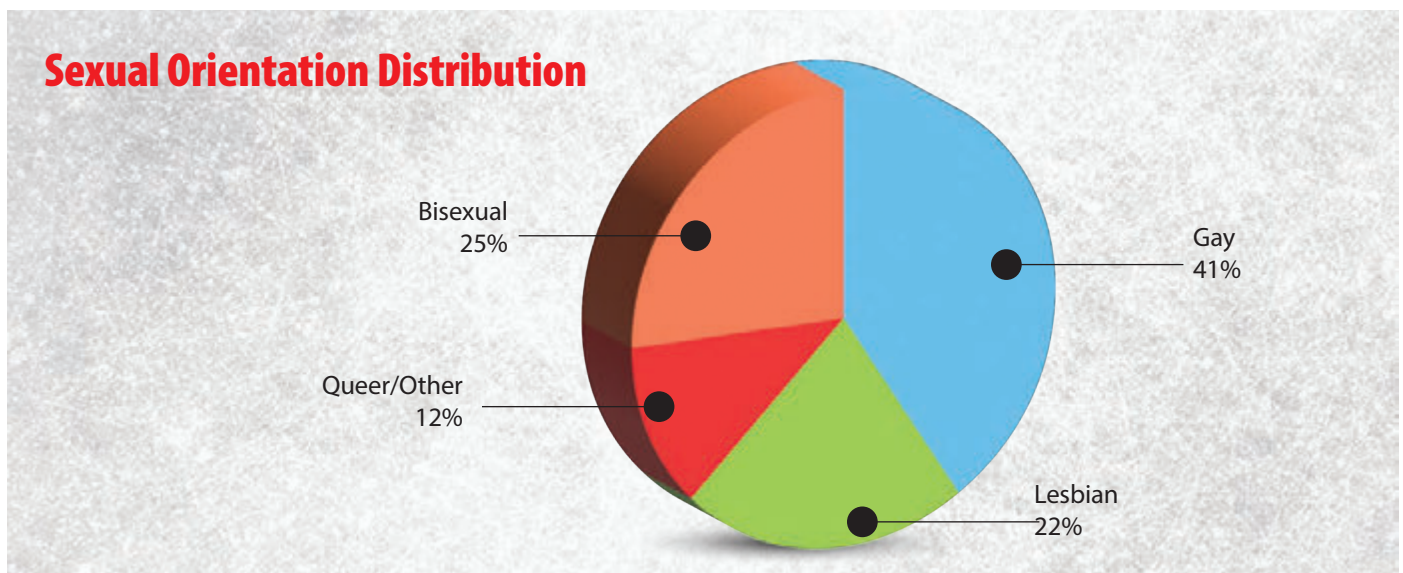
In the 2016-2020 PRIDE Surveys, sexual orientation was assessed by asking the participants, **“What best describes your sexual orientation? (Choose one)”**. Available options to select were:

- Lesbian
- Bisexual
- Queer (refers to the umbrella term for anyone who feels somehow outside of the societal norms in regards to gender or sexuality)
- Gay
- Straight/heterosexual
- Other (specify)

This question was updated in the PRIDE 2021 Survey as follows: **“Do you think of yourself as.”**
Available options to select were:

- Straight/heterosexual
- Gay
- Queer, pansexual, and/or questioning
- Lesbian
- Bisexual
- Something else please specify.

For the overall sample (Texas), over 36% of participants identified as gay, around 23% responded as lesbian, 21.8% responded as bisexual, and the remaining 19% identified as Queer or other. For the Houston participants, 41% of participants identified as gay, 22% responded as lesbian, 25% responded as bisexual, and the remaining participants identified as queer or other.



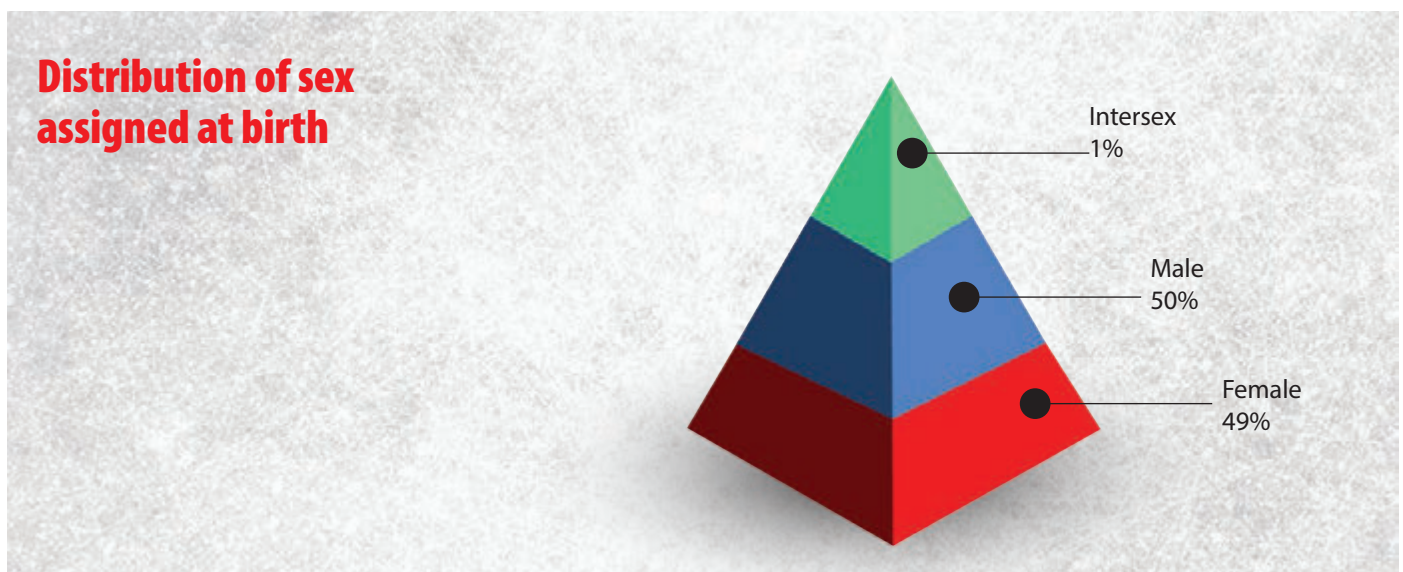
ABOUT THE PARTICIPANTS

Sex assigned at birth

To obtain the participant sex assignment at birth, the following question was asked in the PRIDE surveys: **“What is your assigned sex at birth? (Choose one)”**. Options for selection included:

- Male
- Female
- Intersex (refers to a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn’t seem to fit the typical definitions of female or male)

For the overall sample (Texas), 48% responded that they were assigned male at birth, approximately 51% responded that they were assigned female at birth, and the remaining participants were assigned intersex. For the Houston-based participants, 50% answered that they were assigned male at birth, approximately 49% responded that they were assigned female at birth, and the remaining participants were assigned intersex at birth.



ABOUT THE PARTICIPANTS

Race and ethnicity

The racial and ethnic composition of participants was determined by asking the following question in the PRIDE surveys **“What best describes your racial/ethnic background? (Choose all that apply)”**.

Participants could select any of the following:

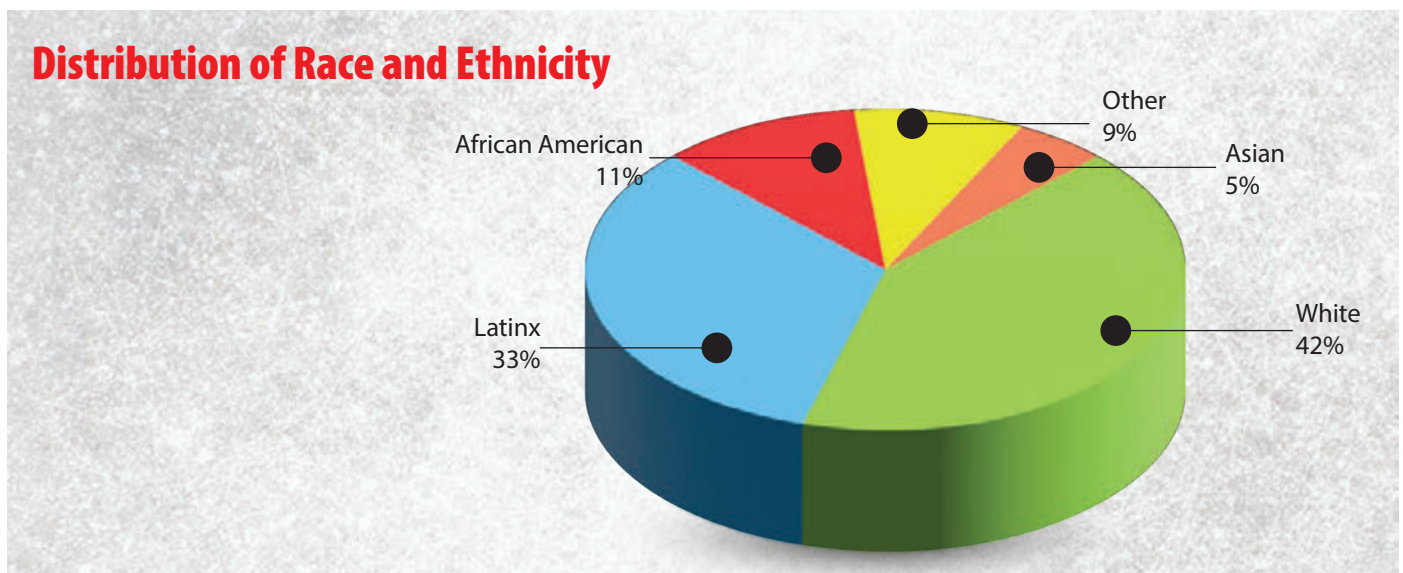
- Black/African American
- Hispanic/Latino
- Multiracial or Other (please specify)
- White/Caucasian
- American Native/Pacific Islander Native

In the PRIDE 2021 survey, the same question was asked, but the options were slightly modified as follows:

- Black/African American
- Hispanic/Latino
- Multiracial
- Native American/Alaska Native, Native Hawaiian or Other Pacific Islander
- Other (please specify)
- White/Caucasian
- Asian

For purposes of this report, only the following groups are reported: Black/African American, Asian, White/Caucasian, Latinx, Other (includes Native American/Alaska Native, Native Hawaiian or Other Pacific Islander, Multiracial)

For the overall sample (Texas), approximately 49% of participants identified as White, 28% identified as Latinx, around 10% identified as Other, and the remaining participants identified as either African American or Asian. For the Houston sample, approximately 42% identified as White, around 33% identified as Latinx, around 11% identified as African American and the remaining participants identified as either Other or Asian.



ABOUT THE PARTICIPANTS

Insurance status

Health insurance status was determined in all the PRIDE surveys by asking participants, **“Do you have any kind of health care coverage?”**

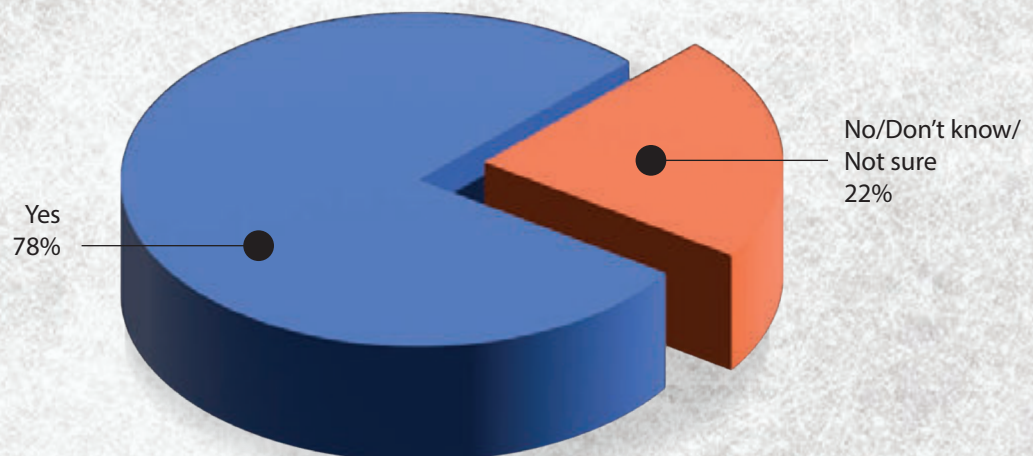
Answer options included:

- Yes
- No
- Don't know/not sure

For the overall sample (Texas), approximately 80% of participants had health care coverage. For Houston, approximately 78% of participants had health care coverage.



Distribution of Insurance Status



ABOUT THE PARTICIPANTS

Employment status

Employment status was ascertained in the 2019-2021 PRIDE surveys by asking participants, **“Which of the following best describes your current work situation? Right now, I am...”** Response options in the PRIDE 2014-2019 surveys included:

Response options in the PRIDE 2014-2019 surveys included:

- Working full time
- Working part-time
- Not working/volunteer

The PRIDE 2020 survey separated the options of not working/volunteering and included additional options such as:

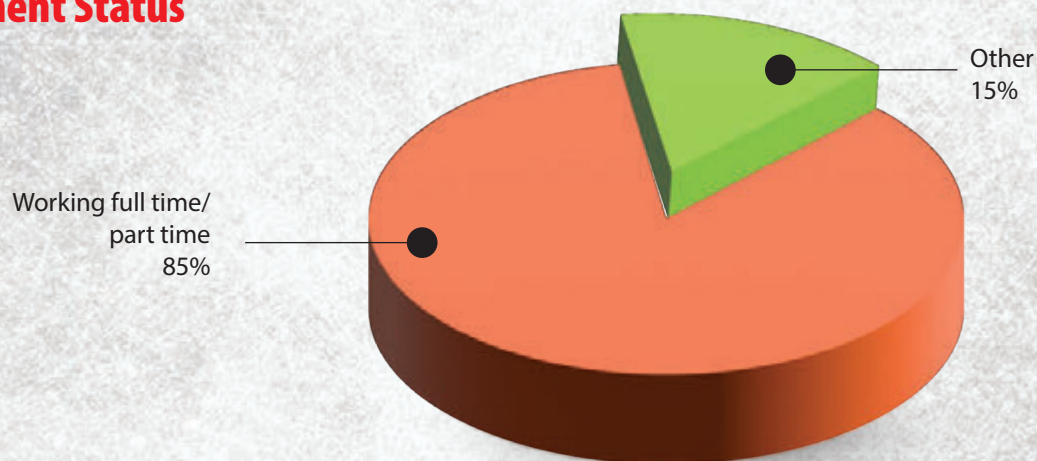
- Volunteer
- Retired

The PRIDE 2021 survey also included:

- Student
- Unemployed or retired

For the overall 2016-2021 sample (Texas), around 81% of participants noted that they were employed either full-time or part-time. For the 2016-2021 Houston sample, about 85% of participants were employed full or part-time

Distribution of Employment Status

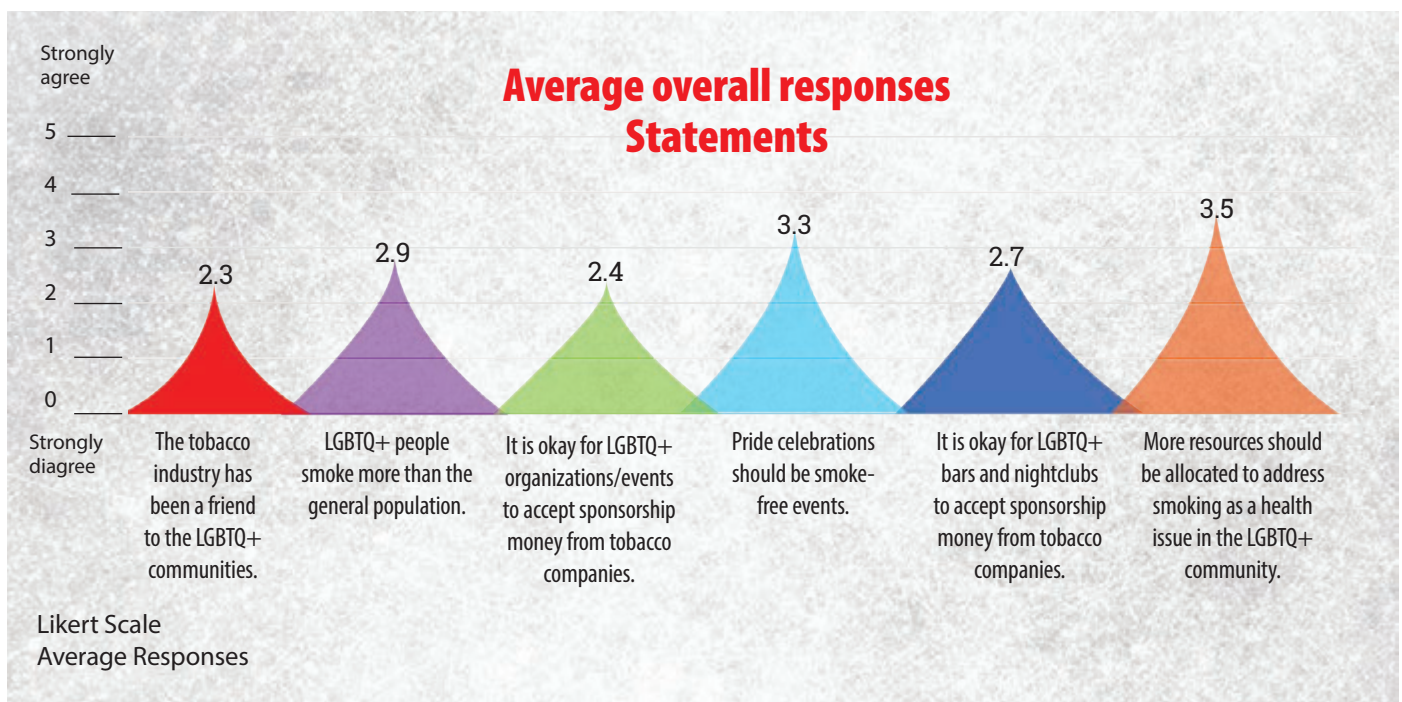


*Category “Other” included volunteer, retired, student, and unemployed.

TOBACCO BELIEFS AND BEHAVIORS

Smoking in the LGBTQ+ community

Six questions were posed in all the PRIDE surveys (2016-2021) as an attempt to **assess the beliefs and attitudes towards the tobacco industry, cigarette smoking among SGM individuals, pride celebrations, and if smoking is a significant health issue in the SGM community.** Responses were measured on a Likert Scale as follows: strongly agree (5), agree (4), neither agree nor disagree (3), disagree (2), and strongly disagree (1). Lower scores (closer to 1) indicate those survey respondents were more disagreeable with the statements. For the overall sample (Texas), the mean score was lowest for Statement 1, that *“The tobacco industry has been a friend to the LGBTQ+ communities”* (mean score= 2.3; standard deviation \pm 1.2). Conversely, the mean score was highest for Statement 6, that *“More resources should be allocated to address smoking as a health issue in the LGBTQ+ community”* (mean score= 3.5; standard deviation \pm 1.3) in the overall sample (Texas). For Houston, the mean score was lowest for the statement that *“The tobacco industry has been a friend to the LGBTQ+ communities”* (mean score= 2.3; standard deviation \pm 1.3). Conversely, the mean score was highest for the statement that *“More resources should be allocated to address smoking as a health issue in the LGBTQ+ community”* (mean score= 3.6; standard deviation \pm 1.3) in the Houston sample community.



“...I still see ads, especially during gay pride...”

Latino Cis Gay Man (42),
Current Cigarette Smoker

“...you’ve seen people from the tobacco company come into bars and give out a few packs of cigarettes or something just to answer questions.”

White Cis Gay Man (38),
Current Cigarette Smoker



“I’ve been to a few gay clubs where they actually have a cigarette vending machine, and you don’t see that in a lot of heterosexual clubs.”

Black, Cis Lesbian Woman (39),
Current Cigarette Smoker

“You gave them your ID, and they [cigarette girls] would just give you like four or five packs of cigarettes for free...”

Latino, Cis Lesbian Woman (42),
Former Cigarette Smoker

TOBACCO BELIEFS AND BEHAVIORS

Lifetime tobacco cigarette smoking

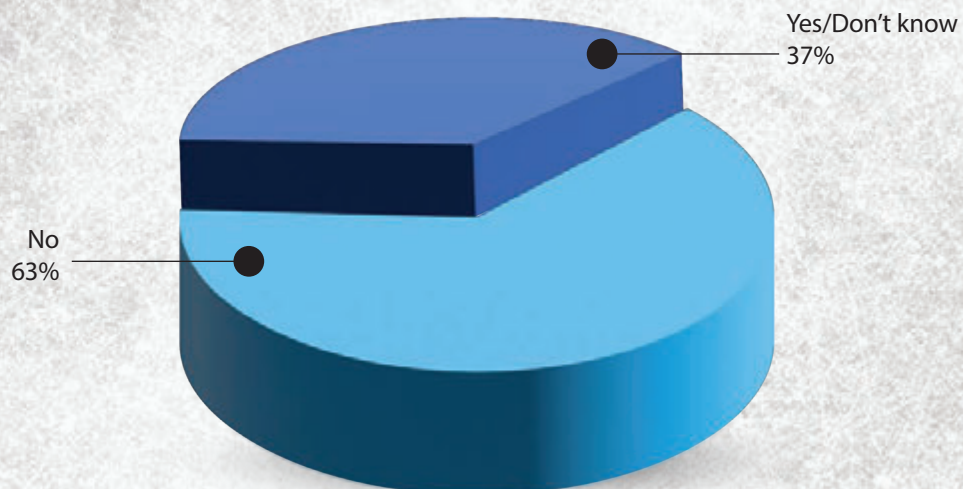
A series of questions assessed cigarette smoking among SGM individuals in all PRIDE Surveys (2016-2021). The first in these series of questions included **whether an individual had smoked at least 100 cigarettes in their entire life**. The results are shown in the graph below. For the overall sample (Texas), around 60% responded they had not smoked at least 100 cigarettes in their lifetime, and 40% had. For Houston participants, approximately 63% responded they had not smoked at least 100 cigarettes in their lifetime, and 37% had. In 2018, 14.4% of Texans smoked compared to 16.1% of Americans (national-level data are from the CDC and state-level data are from BRFSS).



"I think it [tobacco use] is considered a rite of passage, just like drinking and drug use are."

White, Cis Queer Man (45),
Current Tobacco Smoker

DID respondents smoke at least 100 cigarettes in their lifetimes?



TOBACCO BELIEFS AND BEHAVIORS

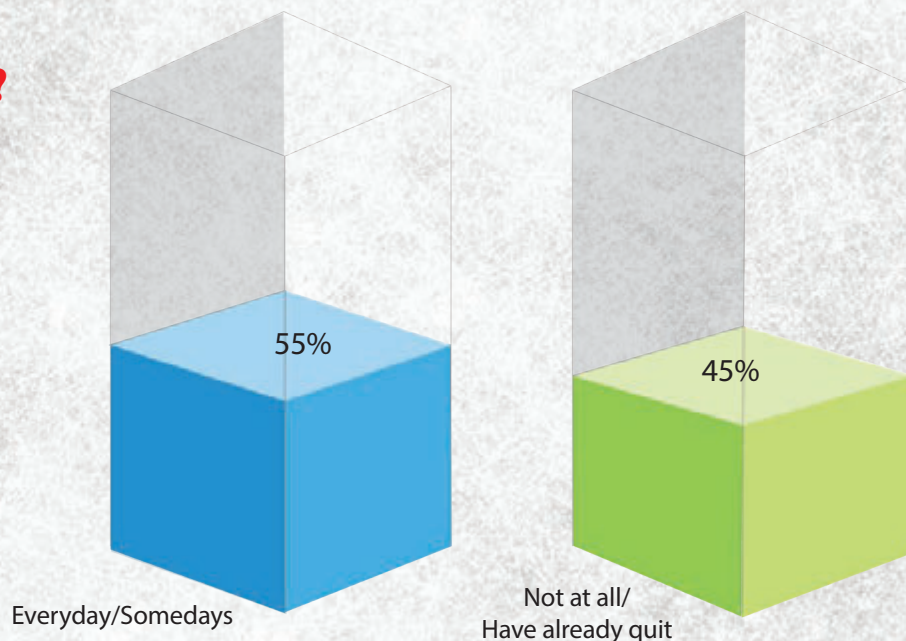
Frequency of cigarette smoking

The frequency of cigarette smoking was assessed in the PRIDE surveys by asking participants the following **“Do you currently smoke cigarettes every day, some days, or not at all? (Choose one).”** Participants could select either every day, some days, or not at all/ I have already quit. For this report, every day and someday, categories were collapsed. For all participants (Texas) who were cigarette smokers, 53% reported smoking every day or some days, and 47% reported either not smoking at all or had already quit. For Houston participants who were cigarette smokers, around 55% reported smoking every day or some days, and 45% reported either not smoking at all or had already quit.

“...you just see other gay people that smoke, and if you were younger at the time, you might have thought it was cool...”

White, Cis Gay Man (36),
Former Tobacco Smoker

How often do the participants smoke?



TOBACCO BELIEFS AND BEHAVIORS

Smoking status (current smokers/former smokers/ non-smokers)

Smoking status was determined by using the following questions:

1) if the individual had smoked at least 100 cigarettes in their life

2) their frequency of cigarette smoking

CURRENT SMOKERS:

Individuals who smoked at least 100 cigarettes in their life and smoked every day or somedays.

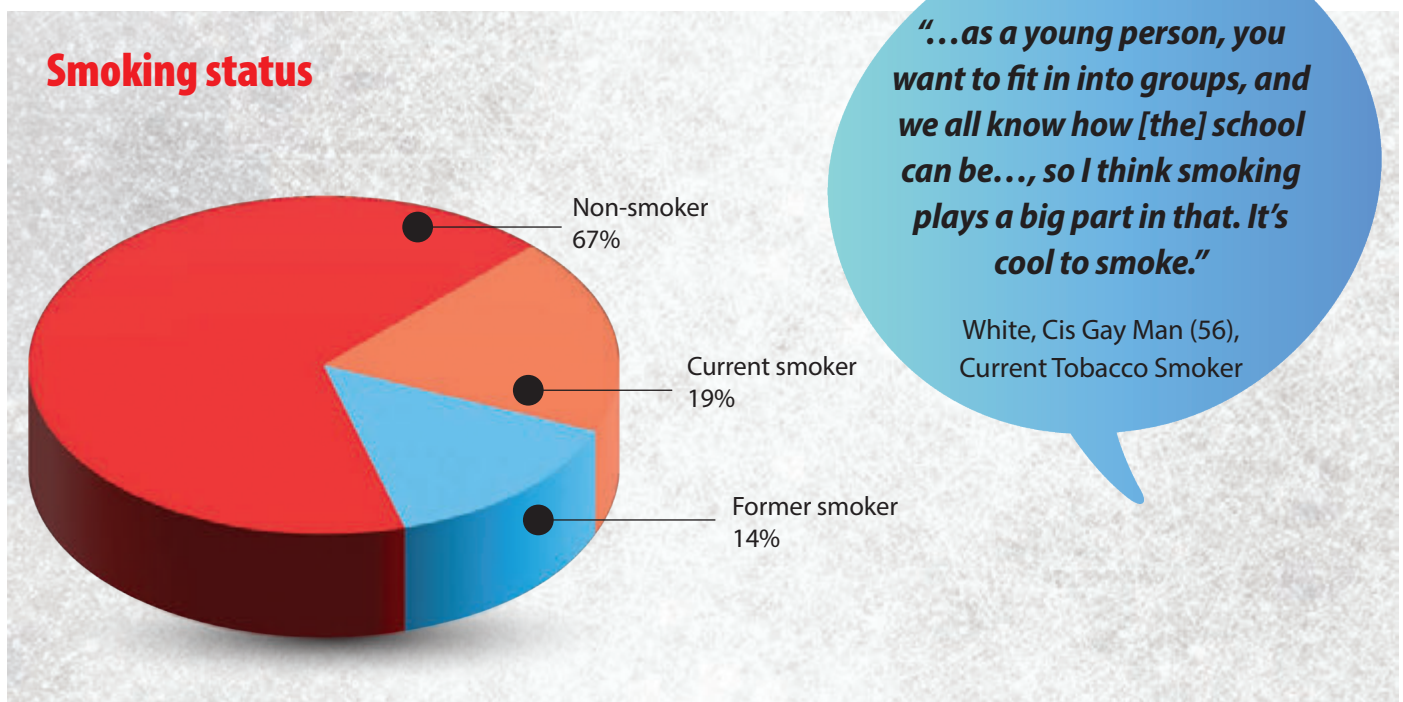
FORMER SMOKERS:

Individuals who smoked at least 100 cigarettes in their life but don't smoke currently or quit smoking.

NON-SMOKERS:

Individuals who had not smoked at least 100 cigarettes in their lifetime.

For the overall sample (Texas), just under 20% identified as current smokers, approximately 17% were former smokers, and 63% were non-smokers. For Houston participants, about 19% were current smokers, approximately 14% were former smokers, and 67% were non-smokers.



TOBACCO BELIEFS AND BEHAVIORS

Smoking location

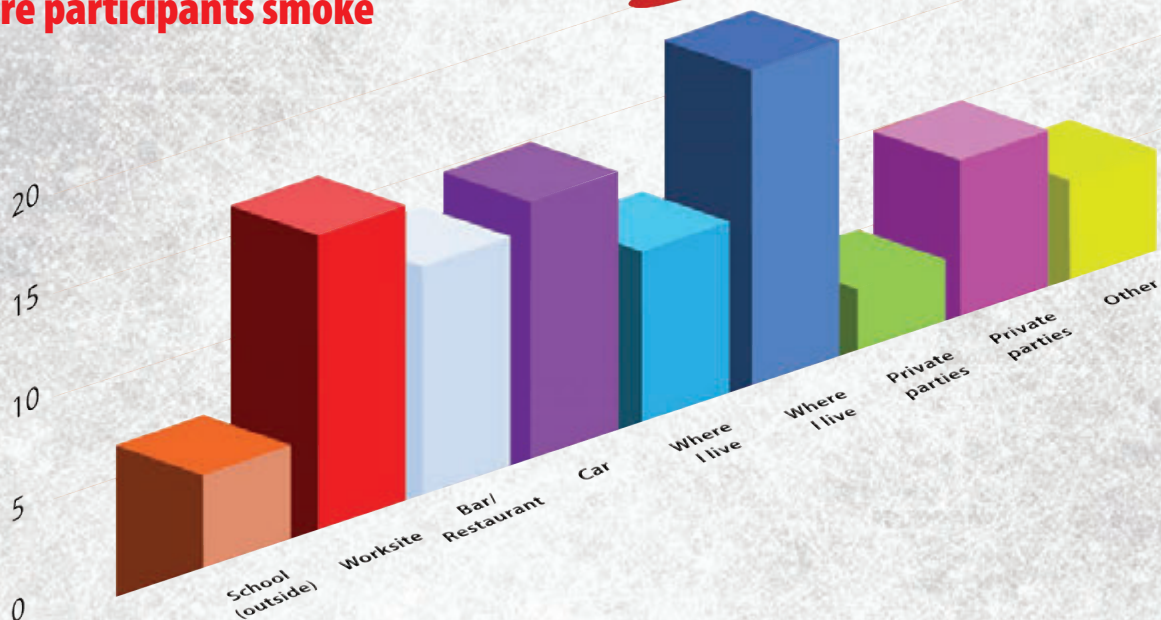
In the 2016-2021 PRIDE surveys, participants were also asked where they smoked, specifically phrased as **“When you smoke, where do you usually smoke? (Choose all that apply)”**. Options for responses included: at school (outside), at the worksite (outside), bar/restaurant (outside), in a car, where I live (inside), where I live (outside), private parties (inside), private parties (outside), other (inside), other (outside). For the overall sample (Texas), the top three places for smoking were reported to be where the participant lived (outside) (~20%), at a bar or restaurant (~15%), and their worksite (~15%). For Houston participants, the top three places for smoking was reported to be where the participant lived (outside) (~18%), at their worksite (~16%) or in their car (~15%).

Note that N here is the number of total responses for the particular location, not participants. Given that participants were able to provide multiple answers, the calculated percent is the percent of the number of times the specific location was selected divided by the total responses of that location.

“When [you are] driving you smoke, after [you] eat you smoke, when you’re in a social setting you smoke.”

White, Cis Gay Man (34),
Current Tobacco Smoker

Where participants smoke



TOBACCO BELIEFS AND BEHAVIORS

Smoking cessation

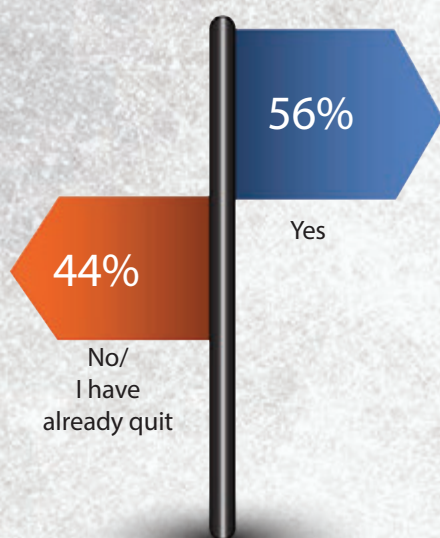
Participants were asked **if they wanted to quit smoking cigarettes** and they could select either “Yes,” “No,” or “I have already quit” (all PRIDE Surveys). The same question was asked in the PRIDE 2021 survey, with the removal of the “I have already quit” category. For the overall sample (Texas), around 60% wanted to quit, and approximately 40% had either already quit or did not want to quit. For Houston participants, approximately 56% wanted to quit, and around 44% had either already quit or did not want to quit.



"I quit cold turkey because at the time I couldn't afford any of those [smoking cessation] treatments...you know... the gum or anything like that. I didn't know about any other [smoking cessation] programs."

Black, Cis Lesbian Woman (29),
Current Tobacco Smoker

Do participants who smoke want to quit?



TOBACCO BELIEFS AND BEHAVIORS

Use of other tobacco products

In the PRIDE surveys, participants were asked **what other tobacco products they currently used**.

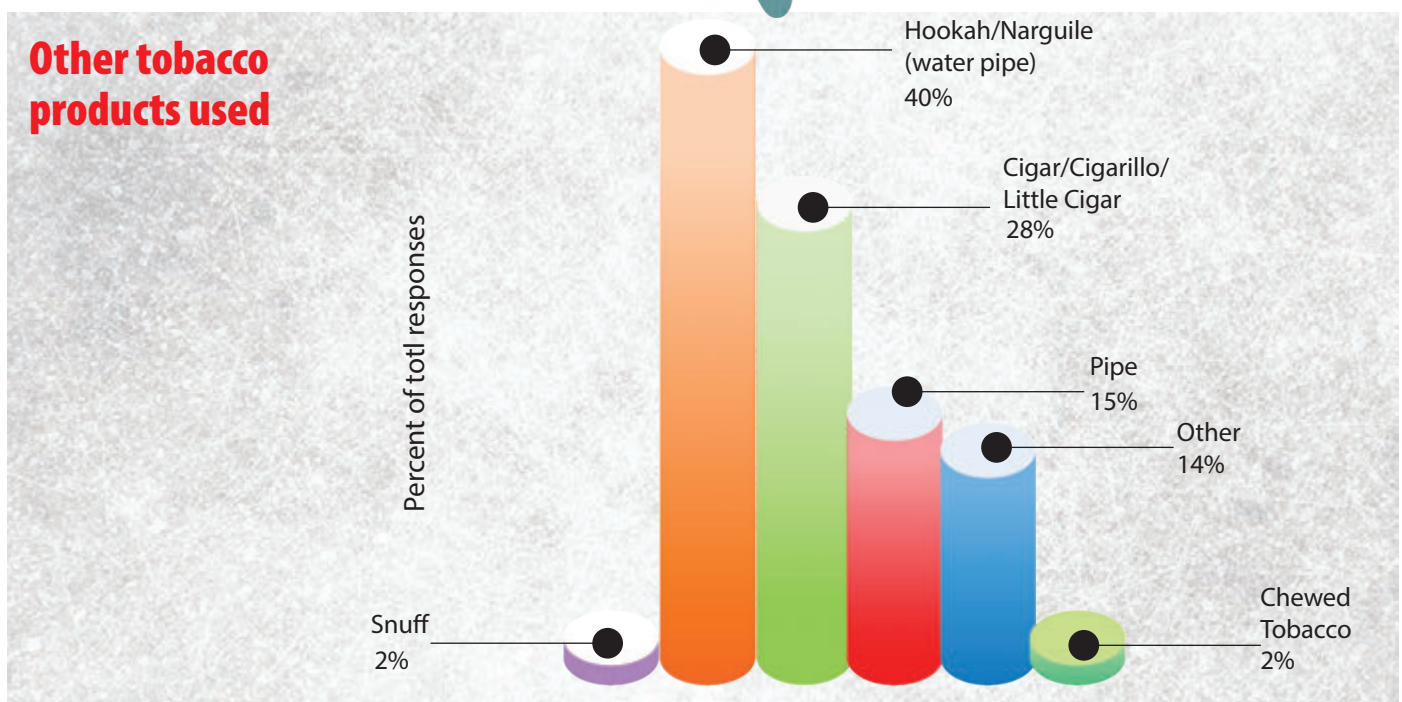
Options included:

- Nothing/I have already quit
- Chewed tobacco
- Cigar/cigarillo/little cigar
- Pipe, hookah/narghile (water pipe)
- Snuff
- Other (specify)

For the overall sample (Texas), over 60% smoked Hookah/Narghile or cigars/cigarillo/little cigars, around 15% smoked a pipe, 16% used tobacco products not listed, and the remaining used chewing tobacco. For Houston participants, over 67% smoked Hookah/Narghile or cigars/cigarillo/little cigars, around 15% smoked a pipe, 14% used tobacco products not listed, and the remaining used chewing tobacco.

“...I was celebrating my birthday, and [we] were out and drinking and stuff. And they had hookah at the lounge. And it [was] just kind of fun ... And it could taste like the flavor. And I thought that was pretty cool.”

Black Cis Gay Man (25), Current E-cigarette Smoker



TOBACCO BELIEFS AND BEHAVIORS

Frequency of other tobacco product use

An additional follow-up question was asked of participants to determine **how frequently they used the other tobacco products** (excluding tobacco cigarettes and ENDS* products). In the PRIDE 2014-2017 surveys, options for responses included:

In the PRIDE 2014-2017 surveys, options for responses included:

- Everyday
- Some days
- Not at all
- Don't know/Not sure

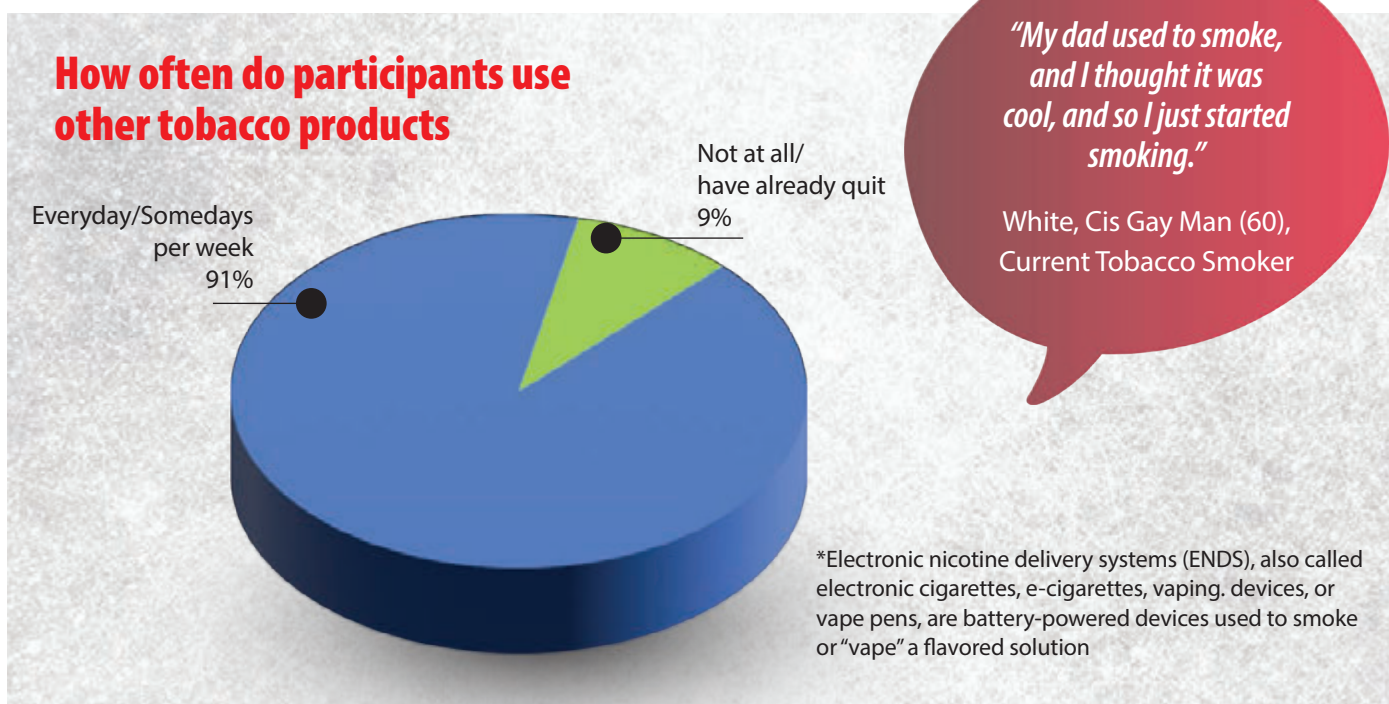
In the PRIDE 2018-2020 surveys, options for responses were:

- Every day
- Some days

In the PRIDE 2021 survey, additional options for responses included:

- A few times a week
- One or less times a week

For the overall sample (Texas), over 83% used other tobacco products either every day or some days. Around 10% did not use/had already quit other tobacco products, and the remaining sample used other tobacco products once or a few times per week or were not sure/ did not know how frequently they used other tobacco products. For the Houston participants, 91% used other tobacco products either every day or some days, around 9% did not use/had already quit other tobacco products, and the remaining sample used other tobacco products once or a few times per week.



TOBACCO BELIEFS AND BEHAVIORS

Frequency of electronic nicotine delivery devices (ENDS) use

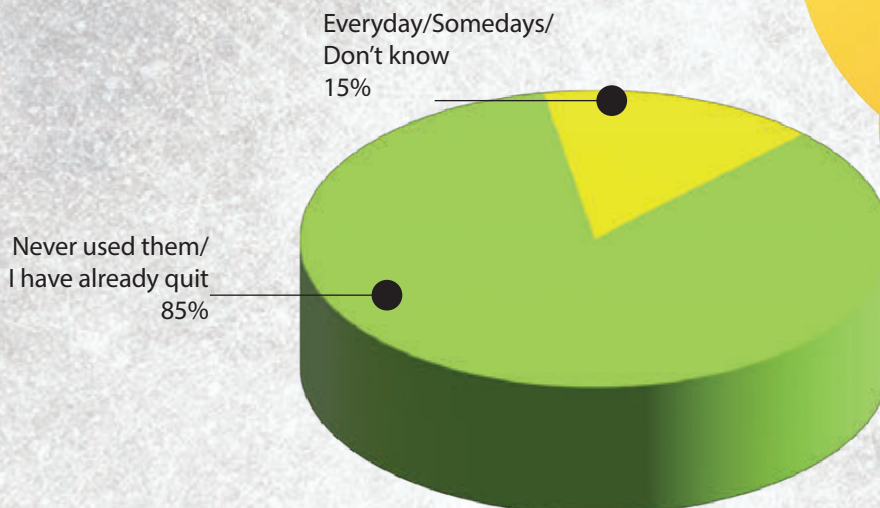
The frequency of ENDS use was assessed in the PRIDE surveys (2016-2021) by asking participants the following **“Do you currently use nicotine- delivery devices such as electronic cigarettes (eCigs), JUULS, hookah pens, eHookahs, vape pipes; every day, some days, or not at all? (Choose one)”**. Participants could select either:

- Every day
- Some days
- Not at all/ I have already quit

For this report, every day and someday categories were collapsed. For the overall sample (Texas), over 82% reported not using ENDS or had already quit using ENDS, around 17% of ENDS users selected they had used every day or somedays, and the remaining participants did not know or were not sure how frequently they used ENDS devices. For the Houston participants, 85% reported not using ENDS or had already quit using ENDS, and around 15% of ENDS users selected they had used them every day or somedays.



How often do participants use ENDS



“...the gay community has not...yet quite understood that vaping is just as dangerous [as cigarette smoking].”

Latino Cis Gay Man (42),
Current Cigarette Smoker

TOBACCO BELIEFS AND BEHAVIORS

Age of first ENDS use

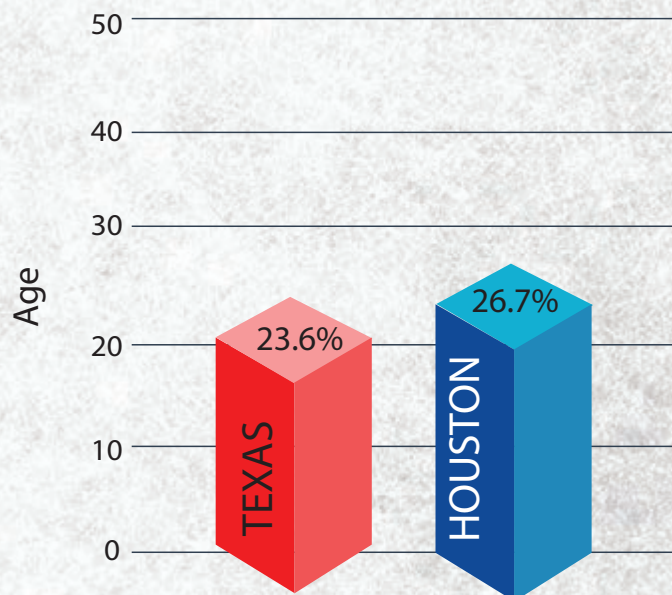
ENDS use initiation was only assessed in the PRIDE 2020 and PRIDE 2021 surveys by asking participants the following **“At what age did you begin using nicotine-delivery devices such as electronic cigarettes (eCigs), JUULS, hookah pens, eHookahs, vape pipes?”** Participants could select from a drop-down menu the age at which they first began using any of the aforementioned ENDS products. For the overall sample (2020 and 2021 in Texas), the mean age in which participants began using ENDS products was 23.6 years old (standard deviation ± 9 ; range of age between 7 and 49 years old). For Houston participants, the mean age in which participants began using ENDS products was 26.7 years old (standard deviation ± 12.1 ; range of ages between 13 and 49 years old).



Average age of first ENDS use

“...even [fewer] people smoke [combustible tobacco products]. I think it [tobacco use] started to come back a little bit with... smokeless tobacco...like all of the different vaping products and stuff, ...”

White, Cis Gay Man (36),
Former Tobacco Smoker



COMMUNITY HEALTH CONCERNS

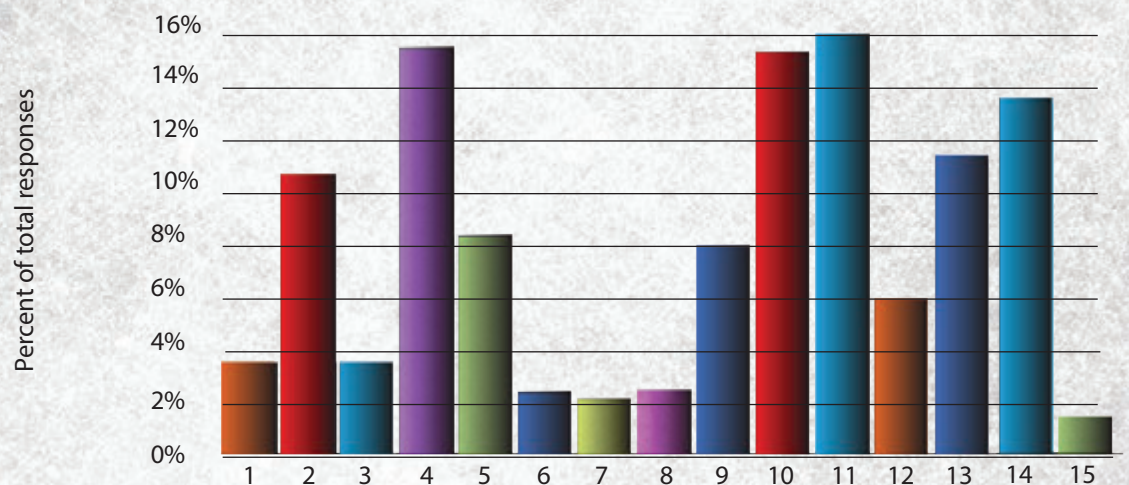
Top 3 Health Issues

The PRIDE surveys asked participants **“In your opinion, what are the top three health issues, for the LGBTQ+ community that need more resources?” (Choose only three options)**. Possible options that could be selected included:

- Active living/exercising
- Alcohol use
- Tobacco use and/or second hand smoke exposure
- Drug use (cocaine, meth, etc.,)
- Access to healthcare
- Healthy eating
- Cancer
- Obesity/Overweight related health consequences
- Health care providers knowledge of LGBTQ + issues
- Mental health issues
- HIV/AIDS
- Other sexually transmitted infections (STIs), including HPV (human papillomavirus)
- Bullying
- Suicide
- Elder Care
- Other*

*This includes anxiety/social anxiety, assistance with surgeries, classroom education about LGBT issues, social justice, youth homelessness.

Respondents beliefs on important lgbtq+ health issues



COMMUNITY HEALTH CONCERNS

Mental health issues, HIV/AIDS and drug use (cocaine, meth, etc.,) were the top three health issues selected by participants in the overall sample (Texas), as well as among the Houston participants.

Note that N here is the number of total responses for the particular health issue, not participants. Given that participants were able to provide multiple responses, the calculated percent is the percent of the number of times the specific health issue was selected divided by the total responses of that health issue.

“...if I skip a therapy appointment, then I tend to be much more stressed out and more willing to smoke...”

Latino, Cis Bisexual Man (28),
Current Tobacco Smoker



HEALTH INFORMATION COMMUNICATION

Preference for receiving health-related information

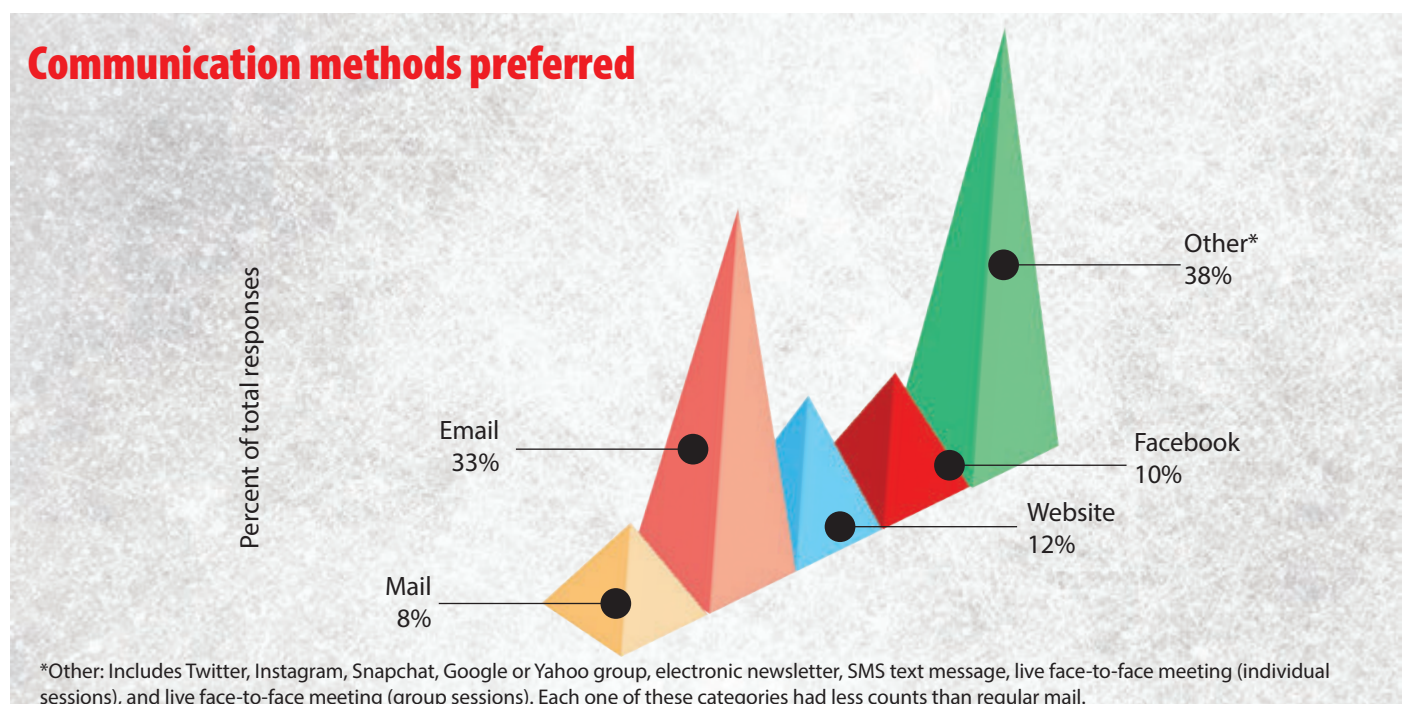
Lastly, the PRIDE surveys asked participants the following **“Indicate your preferred methods for receiving health related information (e.g., tobacco cessation programs, exercising routines, healthy dieting tips, etc.)?”**

Options included the following:

- Mail
- Email
- Website
- Facebook fan page/group
- Twitter/Instagram/Snapchat
- Google or yahoo group
- Electronic newsletter
- SMS text message
- Live, face-to-face meeting (individual session)
- Live, face-to-face meeting (group sessions)

Most individuals selected multiple preferences. The graph below shows how often these options were selected, not the number of individuals. For the overall sample (Texas), the top three preferences for receiving health information were by email (~31%), through a website (~12.3%), or via a Facebook fan page or a Facebook group (~10%). For the Houston-based sample, the top three preferences for receiving health information were by email (~33%), through a website (~12%), or via a Facebook fan page or Facebook group (~10%).

Note that for the 2014-2017 PRIDE surveys, the options were measured on a Likert scale from least preferred to most preferred, and for purposes of this graph, only the most preferred counts are included.



COVID-19 INFORMATION

COVID-19

All participants in the PRIDE 2020 survey were asked **“Have you ever been tested for Coronavirus/COVID-19? (Choose one)”**. Possible response options included:

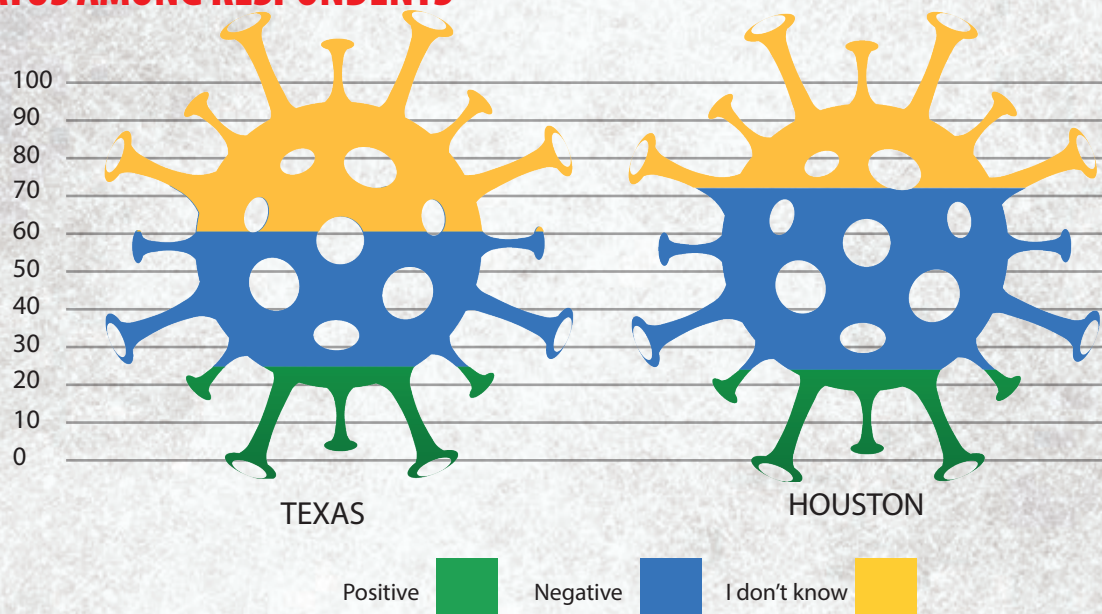
- Positive
- Negative
- I have never been tested

In the PRIDE 2021 survey, the question was changed to **“To your knowledge, do you have or have you had COVID-19?”** with the following response options:

- Yes/Positive
- No/Negative
- I don't know/I have never been tested

Among individuals answering this question across Texas (2020 and 2021), 9% tested positive, 45% had tested negative for COVID-19, and 46% did not know if they had been tested for COVID-19. Among Houston participants answering this question (2020 and 2021), 9% tested positive, 61% had tested negative for COVID-19, and 30% did not know if they had been tested for COVID-19.

COVID STATUS AMONG RESPONDENTS



COVID-19 INFORMATION

In the PRIDE 2021 survey, participants were also asked, “Have you received a COVID-19 vaccine (at least one dose of any available vaccines)?” Possible response options include:

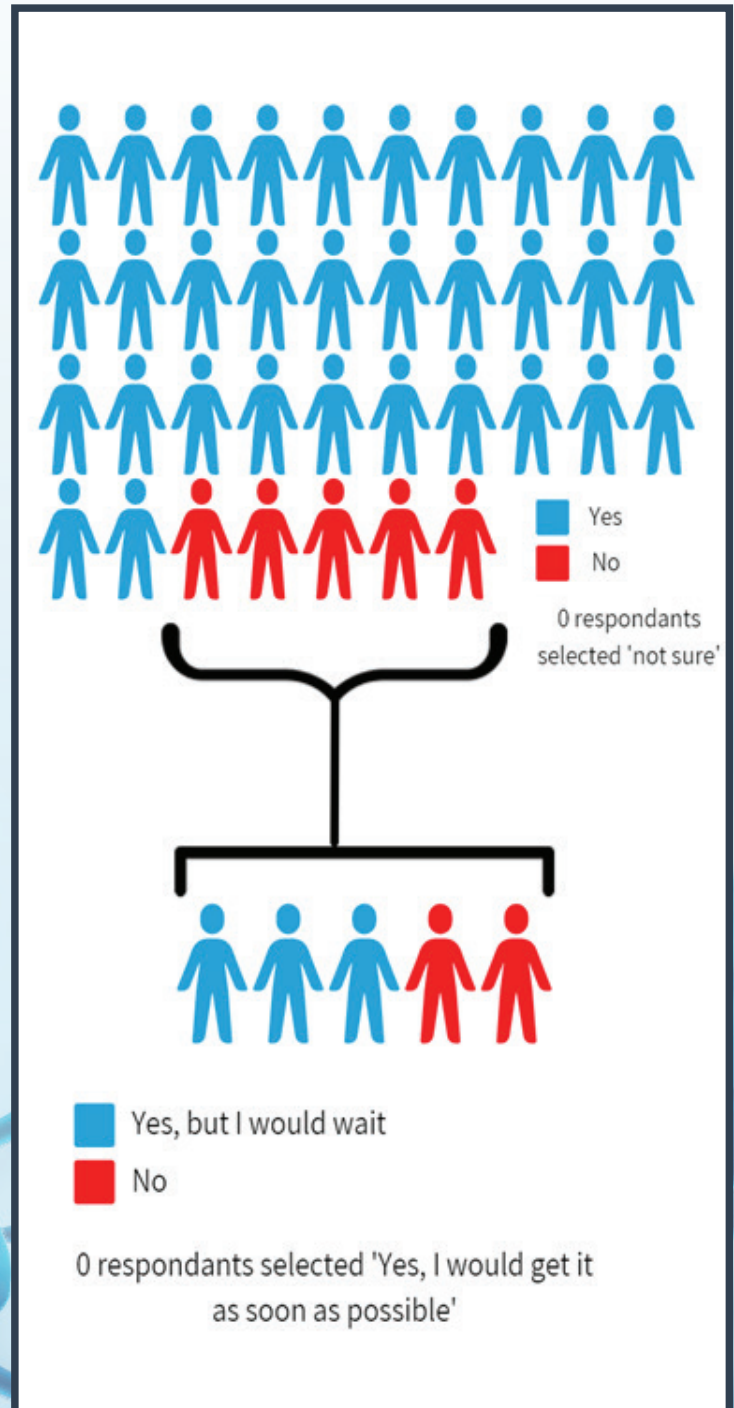
- Yes
- No
- Not sure

Among individuals answering this question across Texas (2020 and 2021), 90% had received the COVID-19 vaccine, and 10% had not. Among Houston participants answering this question (2020 and 2021), 87% had received the COVID-19 vaccine, and 13% had not.

In the PRIDE 2021 survey, participants were asked, “If the COVID-19 vaccine were available to you, would you get it?” Possible response options included:

- No
- Yes, I would get it as soon as possible
- Yes, but I would wait


Among individuals answering this question across Texas (2020 and 2021), 11% had stated they would get the COVID-19 vaccine as soon as possible, 50% would wait to get the COVID-19 vaccine, and 39% would not get the COVID-19 vaccine. Among Houston participants answering this question (2020 and 2021), 60% would wait to get the COVID-19 vaccine and ~0% would not get the COVID-19 vaccine.



LIMITATIONS

Despite the important findings of this community health assessment, several limitations must be considered:

- This report is based on cross-sectional data and a descriptive analysis.
- The sample was selected using non-probability sampling methods. Therefore, findings cannot be generalizable to Houston or the State of Texas.
- 2016 to 2019 data were collected through paper-and-pen format at the annual Houston Pride Festival. In 2020 and 2021, data were collected through an online survey, and included other cities in the State of Texas.
- Overall, the Houston Metropolitan Area participants made up only 36.2% of the total Texas sample.
- There was a reduced number of participants in 2020 and 2021 due to the COVID-19 pandemic.
- The use of tobacco products was based on self-report.
- Surveying participants at Pride events (paper-and-pen survey) or during the Pride Month celebration (online survey) may have resulted in individuals unrepresentative of the LGBTQ+ community as a whole in Houston and/or the State of Texas.



“I think some places should ban cigarettes on their premises all together to make it where you have to leave the property to smoke.”

White, Cis Bisexual Man (35),
Current Cigarette Smoker

QUALITATIVE DATA: INDIVIDUAL INTERVIEWS

INFORMATION AND TOBACCO USE BEHAVIORS

In December 2021, the Houston Health Department conducted thirty (30) individual interviews of current and previous tobacco users. The survey questions that were used to gather tobacco use data are in Appendix A.

The survey participants were between the age of 25 and 60 years old, and the median age was 38 years old. Most of the participants identified as Hispanic, Latino, or Spanish Origin (43%) followed by White (37%), Black or African American (17%), and Asian (3%). Of all the participants, 97% identified themselves as cisgender with the remaining participants identifying as transgender (3%). Among the participants, the most common sexual orientation reported was gay (70%) followed by bisexual (17%), lesbian (7%), asexual (3%), and queer (3%). When asked about the highest level of education, 37% of participants mentioned some college, 23% bachelor's degree, 23% High School graduate/received GED, Associates degree 10%, and Masters' degree seven percent (7%).

The following table summarizes the tobacco use behaviors among the participants interviewed. Out of the thirty (30) participants, 16 (53%) use tobacco products every day. When asked about the age of when they started using tobacco, their answers ranged from 13 to 38, with 53% stating they started using tobacco products at age 18 or younger. Most of the respondents (90%) have attempted to quit using tobacco in their life at least one time. Over half of the respondents (67%) have stopped using tobacco for one day or longer because they were trying to quit. At the time the interviews were conducted, 11 participants (37%) were not interested in quitting.



TOBACCO USE BEHAVIORS

| Characteristics | n=30 | % |
|--|------|----|
| Have you smoked at least 100 cigarettes in your entire life? | | |
| No | 3 | 10 |
| Yes | 27 | 90 |
| Do you now use any tobacco products every day, some days, or not at all? | | |
| Every day | 16 | 53 |
| Some days | 10 | 33 |
| Not at all | 4 | 13 |
| During the past 12 months, have you stopped using tobacco products for one day or longer because you were trying to quit? | | |
| No | 9 | 30 |
| Yes | 20 | 67 |
| N/Aa | 1 | 3 |
| How long has it been since you last used any tobacco products? | | |
| Within the past month | 24 | 80 |
| Within the past 3 months | 2 | 7 |
| Within the past 6 months | 2 | 7 |
| Within the past 5 years | 1 | 3 |
| Within the past 10 years | 1 | 3 |
| At what age did you start using tobacco products? | | |
| 13 | 2 | 7 |
| 14 | 4 | 13 |
| 16 | 2 | 7 |
| 17 | 4 | 13 |
| 18 | 4 | 13 |
| 20 | 2 | 7 |
| 21 | 4 | 13 |
| 22 | 1 | 3 |
| 23 | 1 | 3 |
| 24 | 1 | 3 |
| 25 | 2 | 7 |
| 29 | 1 | 3 |
| 37 | 1 | 3 |
| 38 | 1 | 3 |

TOBACCO USE BEHAVIORS

Which tobacco product do you use most frequently?

| | | |
|--------------|----|----|
| Cigarettes | 19 | 63 |
| E-cigarettes | 8 | 27 |
| N/A (b) | 3 | 10 |

Including yourself, how many tobacco users are in your household?

| | | |
|--------------------------------|----|----|
| 1 (I am the only tobacco user) | 22 | 73 |
| 2 | 5 | 17 |
| 3 or more | 1 | 3 |
| N/A (c) | 2 | 7 |

If you have a partner or spouse, do they use any tobacco products?

| | | |
|-----------------------------------|----|----|
| No | 5 | 17 |
| Yes | 4 | 13 |
| I do not have a partner or spouse | 21 | 70 |

How many of your friends use any tobacco products?

| | | |
|-------------|----|----|
| Few or none | 14 | 47 |
| Some | 9 | 30 |
| Many | 4 | 13 |
| Most or all | 3 | 10 |

How many people in your place of work or school environment use any tobacco products?

| | | |
|---------------------------------------|----|----|
| Few or none | 13 | 43 |
| Some | 5 | 17 |
| Many | 3 | 10 |
| I am not employed or in school | 4 | 13 |
| I am not around others at work/school | 5 | 17 |

How often do you and/or your friends and relatives use any tobacco products while driving in a car?

| | | |
|-----------|----|----|
| Never | 14 | 47 |
| Sometimes | 4 | 13 |
| Often | 7 | 23 |
| Always | 5 | 17 |

TOBACCO USE BEHAVIORS

How would you describe your stage of readiness to quit using any tobacco products?

| | | |
|-----------------------------------|----|----|
| Not interested in quitting | 11 | 37 |
| Plan to quit in the next 30 days | 4 | 13 |
| Plan to quit in the next 6 months | 10 | 33 |
| I have already begun to quit | 2 | 7 |
| N/A (d) | 3 | 10 |

How many times have you attempted to quit using tobacco in your life?

| | | |
|------------------------------|----|----|
| I have not attempted to quit | 2 | 7 |
| 1-4 attempts | 21 | 70 |
| 5-8 attempts | 4 | 13 |
| 9-12 attempts | 1 | 3 |
| 13 or more attempts | 1 | 3 |
| N/A (e) | 1 | 3 |

Since you started using tobacco, what is the longest amount of time you have gone without using tobacco when you attempted to quit?

| | | |
|-----------------------------|----|----|
| Between 1 day and 1 week | 2 | 7 |
| Between 1 week to 1 month | 1 | 3 |
| Between 1 month to 6 months | 11 | 37 |
| More than 6 months | 13 | 43 |
| N/A (f) | 3 | 10 |

If you have attempted to quit using tobacco, what cessation methods have you used?

| | | |
|---------------------------------------|----|----|
| Cold Turkey | 23 | 77 |
| Quitline (phone counseling) | 1 | 3 |
| Text-based Quit Program | 2 | 7 |
| In person group/individual counseling | 1 | 3 |
| Nicotine Replacement Therapies | 12 | 40 |
| Pharmacotherapy | 6 | 20 |
| Other (g) | 8 | 27 |

What is your gender identity?

| | | |
|-------------|----|----|
| Cis man | 26 | 87 |
| Cis woman | 3 | 10 |
| Trans woman | 1 | 3 |

TOBACCO USE BEHAVIORS

How do you identify your sexual orientation right now?

| | | |
|----------|----|----|
| Asexual | 1 | 3 |
| Bisexual | 5 | 17 |
| Gay | 21 | 70 |
| Lesbian | 2 | 7 |
| Queer | 1 | 3 |

Which categories describe you?

| | | |
|------------------------------------|----|----|
| Asian | 1 | 3 |
| Black or African American | 5 | 17 |
| Hispanic, Latino or Spanish Origin | 13 | 43 |
| White | 11 | 37 |

What is the highest level of education or degree you have received?

| | | |
|-----------------------------------|----|----|
| Associates Degree | 3 | 10 |
| Bachelor's Degree | 7 | 23 |
| High School Graduate/Received GED | 7 | 23 |
| Master's Degree | 2 | 7 |
| Some College | 11 | 37 |

In terms of paying for your expenses each month, would you say:

| | | |
|--|----|----|
| I am covering expenses and have money left over to save or spend | 18 | 60 |
| I am covering expenses and getting by, with little left over | 12 | 40 |

Note:

- (a): One participant was a previous smoker and had already quit for over 10 years.
- (b): Three participants had quit using tobacco completely. They did not answer the question about which tobacco product they used most frequently.
- (c): Two participants had quit using tobacco recently, so they didn't answer the question about how many tobacco users live in their household.
- (d): Three participants had already quit.
- (e): One participant had already quit.
- (f): Three participants were successful in quitting.
- (g): Others included: Tobacco app, vaping, regular chewing gum, sunflower seeds, and hand-to-mouth technique

INTERVIEWS FINDINGS

Peer pressure is a major factor in initiation of tobacco use

Over half of the participants (67%) stated that peer pressure was a major factor of why they started to use tobacco. Most of them mentioned that it was because they were around friends that were smoking, and they were offered a cigarette.

“I really think it was just peer pressure. I had recently graduated high school and I just had a whole different set of friends and a lot of them like to smoke and go out and I ended up doing the same thing.”

[Cis Gay Man (36), previous tobacco user]

“So, I first started to use tobacco cause I was around my friends and they were smoking and you know that’s how I started to start smoking. Because they were doing it and then you know it was just easy for me to say yes and I grab a cigarette and then start smoking. So that’s the reason why.”

[Cis Gay Man (31), current tobacco user]

Curiosity (13%) and being around family members that smoked (17%) were other contributing factors of why some participants decided to take up smoking.

“Honestly the reason I picked up a cigarette and I will never forget it was because my mom was a smoker at the time. And I just thought that’s what people do; you know. So, I took a cigarette from her purse and smoked it.”

[Cis Gay Man (26), current tobacco user]

Stress, anxiety, and depression are triggers for tobacco use

Twenty participants (67%) mentioned stress, anxiety, and depression is a major factor why individuals use tobacco.

“Well, I started using tobacco probably about 18 mostly to deal with stress, dealing with anxiety and depression because at that point in time I was living on my own. Moved out of my parents’ house when I was about 15 years old. So, I guess just kind of just to deal with the stresses of life mostly. And at that time a lot of you know my classmates and stuff were smoking as well.”

[Cis Bisexual Man (28), current tobacco user]

When discussing the triggers, most of them would mention stress and depression together. Anxiety and coping with everyday problems including fear of stigma and discrimination were also mentioned in the same sentence.

“Honestly, from my standpoint, in my opinion, I think that we have a lot of stress factors that causes anxiety and we just turn to a cigarette. But for me I came from a very strict Catholic background and it just helped me with my anxiety whenever I would think of if my mom ever found out that I was a lesbian, what would happen? So, I just became a heavier smoker.”

[Cis Lesbian Woman (42), previous tobacco user]

INTERVIEWS FINDINGS

“Depression. Almost like 70% of people that do smoke have some sort of imbalance or some sort of depression or bipolar disorder or something. And that’s a trait that you see in the LGBT community. So, I would contribute it to depression and mental illness. Or coping with depression and stress.”

[Cis gay Man (26), current tobacco user]

Several participants mentioned that socializing and being around other people that smoke was a trigger for them to start up smoking again even after they had already begun to quit.

“Especially when you’re trying to quit when people talk about smoking or ask you how it’s going or want to ask any kind of questions regarding smoking that can trigger you to start up again and then just smelling it. Having somebody not know that you’ve already tried to quit or that you’re cutting down and they offer or say, come smoke with me and that will automatically just trigger you to go ahead and start it up again.”

[Cis gay man (34), current tobacco user]

Some participants mentioned that rebellion against the mainstream and wanting to look cool were triggering factors on why LGBTQ2IA+ individuals use tobacco. “Fitting in” and “being accepted” was also mentioned as triggers to using tobacco (13%).

“I think while a lot of queer people do smoke, similar to my situation, whether is acceptance, whether you know in their family life, work life, just acceptance in general in our society. We have a lot of queer people who are very stressed out and a lot of them smoke around other smokers and you know quite a lot of people do use other recreational drugs and drinking also I think is a contributor to that as well.”

[Cis bisexual man (28), current tobacco user]

Tobacco use is no longer considered a norm in the LGBTQ2IA+ community

About 27% of respondents said society’s norms are against tobacco users. They said that it’s no longer the standard to be a tobacco smoker. Some participants mentioned that smoking tobacco in the community is not as prevalent as it used to be, and it’s no longer seen as cool.

“It’s kinda not cool to smoke anymore. Because back in the day when I first start going out to the bars and at the time in the bars that was allowed in the bars. So, everybody was smoking. And it seems like now a days people kinda look at you funny if you’re a smoker. So, I don’t know. I think the norms have changed in the LGBTQ community. Because it’s not cool to 1. smell like cigarettes, 2. to be seen smoking. It’s just not cool anymore.”

[Cis gay man (51), current tobacco user]

INTERVIEWS FINDINGS

When asked about tobacco use in social settings and/or alone, half of the participants mentioned that they use tobacco both alone and in social settings. The number one reason why they smoked alone was because either their friends don't smoke, or they know that the other people around them don't like smoke.

"Social settings and alone really. It all depends who I'm around because some people don't like to smoke which I understand, and then I have to go away from people. You know if someone does smoke, then they don't care apparently."

[Cis gay man (34), current tobacco user]

A few other participants mentioned a sense of self shame or judgement coming from non-smokers. The ones that smoked mostly alone mentioned that other people didn't know that they smoked.

"I actually smoke mostly alone because I'm ashamed that I'm a smoker. Because it's no secret how bad cigarettes are for you. And for folks to continue to try, myself included, knowing this, it's this kind of shameful. There are so many repercussions that come from it, and I mean whenever I see people who have cancer or some terminal disease that they got of no fault of their own, and here I am smoking a cigarette that has been proven to cause that, it makes me feel ashamed." **[Cis gay man (38), previous tobacco user]**

When it comes to other communities, most of the participants (53%) agreed that they don't think the views/norms around tobacco use among the LGBTQ2IA+ community are any different than those of the heterosexual community. They don't think sexuality or orientation has anything to do with why people smoke.

"No, I don't think there's anything different than the LGBT community. I mean, there are no rules. So, I never looked at it or thought of it in that way. I really don't look at it as an LGBT person or it's a straight person when it comes to a smoker."

[Cis gay man (56), current tobacco user]

"Not really, no. I think that it's a personal decision to smoke and you know, most times you know, yes there are addicting factors. But I mean, you know at some point or another everybody makes the decision to you know, try smoking or not smoke. I don't think that sexuality has really or orientation really has a major influence on whether somebody smokes or not. I mean it can for some, but I mean, I, I think you're going to find a lot of similarities across the board, both in the LGBTQ community and the heterosexual world as well when it comes to why people started smoke."

[Cis gay man (46), current tobacco user]

INTERVIEWS FINDINGS

No connection between tobacco use and the LGBTQ2IA+ identity

A big number of participants agreed that they don't think there's a connection at all between tobacco use and the queer identity. Some of them mentioned that they don't think it's prominent in the community. They feel tobacco use is something that's prevalent in society and it's not connected to one community.

"I don't think it has anything to do with being gay cause it doesn't discriminate. There's people that smoke in all sexualities, all races, all age groups."

[Cis gay man (34), current tobacco user]

"Well, honestly I've never thought about it like that to just specify it to a community. I don't think there's a connection. People are going to have their preferences, whether their sexual preference is different than the other. Like being heterosexual or homosexual. It doesn't matter. If you like it, you like it."

[Cis bisexual woman (35), current tobacco user]

Drinking and smoking go hand in hand among the queer nightlife (Connection to Bar/Alcohol/Drugs/Other Risk behavior)

The consensus among the queer community is that their nightlife does encourage tobacco use. Drugs and alcohol were mentioned as big triggers for people to start smoking.

"Honestly, there's just a lot of substance abuse in general that goes along with that. A lot of younger LGBT people end up smoking, end up drinking too much. End up using too many recreational drugs and they just fall into bad habits really quickly."

[Cis gay man (36), previous tobacco user]

Others (20%) mentioned drinking and drug use as being part of the culture around tobacco use in the community.

"I think it's, honestly I think smoking in being part of the LGBT community kind of go a little bit hand in hand. It's a great stress reliever. A lot of people, like I mentioned before, use recreational drugs and alcohol pretty frequently and I know a lot people who pretty much, you know, when they're drinking, they have to smoke, they have that cigarette. You know, it's just a nice buzz that adds to whatever, you know, stimulate their partaking in."

[Cis bisexual man (28), current tobacco user]

INTERVIEWS FINDINGS

While most said that the queer nightlife encourages tobacco use, there were others who were skeptical and didn't think smoking in general is subjective to just the queer nightlife but associate it with just a normal thing to do when you go out.

"I don't think that it's really specifically limited to the gay bars you know or the queer nightlife. There are a lot of people that will associate smoking with drinking, and I think that that plays a huge factor you know, going out and smoking socially. Whenever they indulge in alcohol, they will oftentimes also indulge with nicotine. And I've heard that countless times, that you know they'll smoke only when they go out."

[Cis gay man (46), current tobacco user]

Answers are split on whether the queer community thinks the tobacco industry targets the LGBTQ2IA+ community

Forty percent of participants strongly felt that the tobacco industry markets the queer community by frequenting gay clubs/bars to sell their product and giving out coupons. One participant went further to suggest that the tobacco companies target the queer community because they know that they are a vulnerable population.

"I think that there is a push in the tobacco industry to reach out to the LGBTQ community because it is a vulnerable group of people that can and oftentimes will look for different methods to cope with various stressors that influence their life with, you know, coming out being anything other than heterosexual. And you know, factors that that will influence their behavior." [Cis gay man (46), current tobacco user]

Another 40% disagreed with a relationship between the tobacco industry and the queer community. Most of them mentioned that they don't remember ever seeing an advertisement geared specifically to gay people.

"Honestly, they cater to all communities. I don't see any commercials geared towards the homosexual LGBT communities. It's all people."

[trans asexual woman (44), current tobacco user]

Difficult to quit tobacco smoking

Quitting smoking tobacco products was hard for most of the participants. About 77% of them have tried to quit smoking, and for most of them were unsuccessful.

"It was horrible. I was really angry, frustrated, very moody, irritable. I was also eating a lot. I gained like so much weight that I just decided to go back and cause I was replacing the cigarettes with food. It's true you really do that you just want that hand to mouth sensation."

[Cis lesbian woman (42), previous tobacco user]

INTERVIEWS FINDINGS

Different cessation methods were used by the participants from patches, nicotine gum, vaping, nasal spray, counseling, pharmacotherapy. One respondent even mentioned acupuncture and hypnosis. 77% of the participants mentioned “cold turkey” as the cessation method they used the most after other methods failed or were not affordable. A few of the participants (13%) mentioned they had to quit smoking due to a surgery or a health condition, but unfortunately other triggers got them right back in the habit.

When it comes to any barriers that got in the way of quitting, they mentioned being around other people that smoked (33%) and life stressors (33%) as obstacles to quitting tobacco products.

“I started again due to extreme stressors, like breakups or just, you know, hating your job, especially whenever I was younger. Or just having a lot of emotional distress, and that would always just start me back up.”

[Cis gay man (34), current tobacco user]

“Yeah, those barriers would be being around people who smoke. The smell of it makes me want to have a cigarette so I just try to stay away from those who do smoke just for a little bit just to get me out of the habit. Get me out of wanting to smoke.”

[Cis bisexual woman (35), current tobacco user]

Intervention is needed to eliminate/reduce tobacco use in the queer community

When discussing resources or programs that would be beneficial to eliminating tobacco use in the queer community, most of the respondents mentioned counseling as the best method. They think having a real person discuss with you the harms of tobacco are more beneficial and productive. Support groups, buddy systems, and cessation programs were also mentioned as a type of counseling resource that can benefit the community. Advertising and education were also highly mentioned as well as access to free or affordable nicotine replacement therapies. There were a few people (10%) that were not as motivated to eliminate tobacco use in the community.

“I’m one of those people that I think people should be allowed to do what they want without experiencing negative social sanctions. And so I’m really not sure that I’m in favor of a targeted effort to eliminate anything from the LGBT community. I think that’s babying us. I think we should be allowed to express our own agency about what we will and will not put into our bodies.” **[Cis queer man (45), current tobacco user]**

INTERVIEWS FINDINGS

The impact of tobacco control policies in the queer community

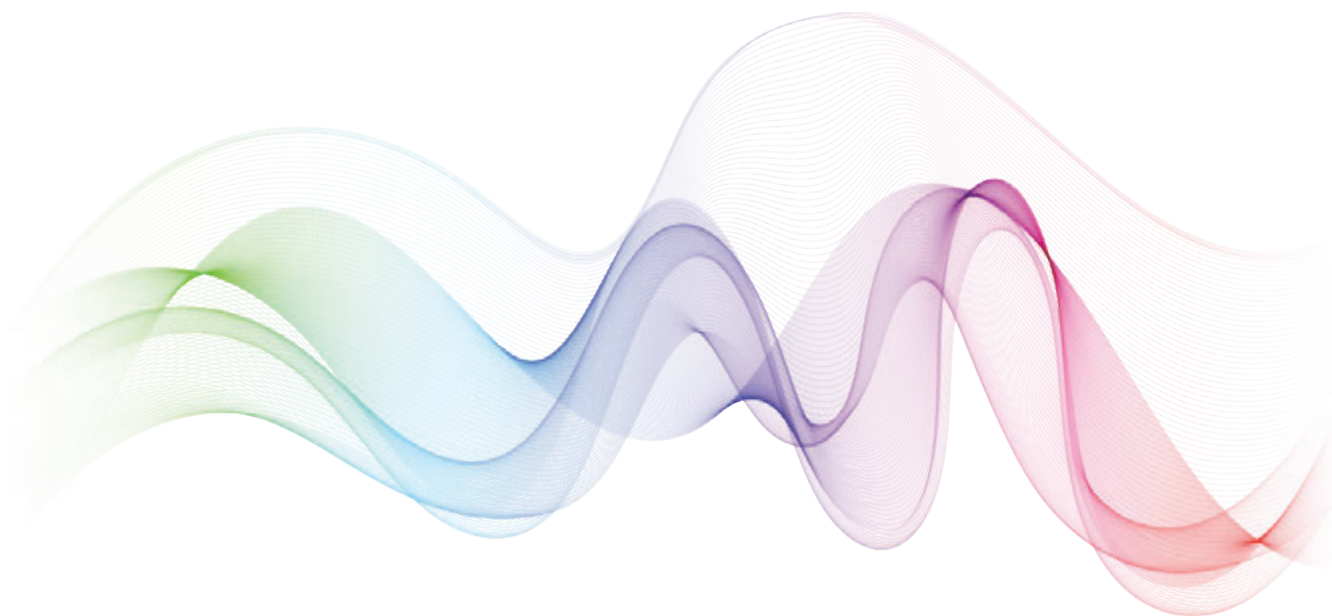
The common understanding among the queer community regarding tobacco control policies and their impact on the LGBTQ2IA+ community is that they don't think these policies affect the community in any way, shape, or form. 33% of respondents did not think that these policies directly impact the community.

"I mean, it doesn't affect anybody any like if you can't smoke somewhere you can't smoke somewhere like that's a fair policy. So, I don't think it's impacting LGBT like specifically, I just think if it's a policy, it's a policy so I know it's not like negatively affecting them, but it's a policy." **[Cis bisexual man (36), current tobacco user]**

"I don't think they impact them at all. Honestly, I don't think they impact any community. Like if you're a smoker, you're gonna smoke. You'll follow the rules cause you have to, but you're gonna smoke. So, I don't think it impacts anything. All it does is just you know carry you from where those rules are and then you go somewhere where the rules are where you want them to be." **[Cis gay man (46), current tobacco user]**

Twenty three percent believed that these policies do affect the queer community in a positive way.

"I think it's a good thing. I think that people need to be informed more about what it's doing to us. I have never felt so much better from quitting cigarettes and I didn't know all of this was possible. Like I'm able to run more and exercise more. So, I think that more people need to be informed, and if these tobacco policies are in place, I think it would help our community more." **[Cis lesbian woman (42), previous tobacco user]**



STRENGTHS OF QUALITATIVE SURVEY

The data collected have an enhanced level of detail to it and provided more opportunities to gather insights from it. The interviews made it possible to get underneath superficial responses and rational thoughts to gather information from participants emotional responses, which allowed us to understand drivers of participants' decision making that influenced their behavior.

The interviews encouraged participants to express themselves with authenticity and provided better explanation of participants' attitudes and behaviors.



LIMITATIONS OF QUALITATIVE SURVEY

The selection process was online (virtual) and in-person at a bar which limited participation from people who are not online/use social media and/or frequent bars.

- **Sample size** – This is a small sample size and not all races are equally represented.
- **Language** – English was the second language for a few of the participants, and some of them spoke very little English.
- **Understanding the questions** – Quite a few of the participants had a hard time understanding some of the questions and constantly asked for the question to be repeated or explained because of the language barrier and/or educational background.



RECOMMENDATIONS

- LGBTQ+ individuals participating in this community health needs assessment have not yet identified tobacco use as a health issue, despite the high prevalence of tobacco consumption.
- Routine questions on sexual orientation and gender identity should be integrated into tobacco surveillance efforts to monitor use and prevention among a larger sample of sexual and gender minority individuals residing in Houston, Texas.
- Establish a comprehensive framework for monitoring the use of tobacco products and prevention policies through an annual survey and use collected data to design strategies to prevent initiation and promote cessation.
- Expand surveillance efforts to include second- and third-hand tobacco smoke and ENDS aerosols exposure, and design strategies and programs aiming at reducing the risk, particularly among infants and children.
- Involve researchers, governmental agencies, and community stakeholders in the design and implementation of culturally appropriate educational programs to raise awareness about the risks associated with tobacco consumption among sexual and gender minority groups.
- Prevent initiation of emerging tobacco products, including ENDS (Electronic Nicotine Delivery Devices), particularly among LGBTQ+ adolescents and youth.
- Design and implement evidence-based tobacco cessation programs specifically tailored to sexual and gender minority individuals.
- Enforce bans on tobacco advertising, promotion, and sponsorship in the City of Houston to protect the LGBTQ+ groups from the dangers of tobacco use and its severe effects on health and quality of life.
- Secure financial resources to address tobacco as a health issue in the LGBTQ+ community, as well as other health needs such as mental health, HIV infection, drug use, among others.



"I couldn't really have an opinion on that [available smoking cessation programs for LGBTQ+ smokers]...I don't know what's available or what's offered, so I couldn't say what's better to be offered."

Cis Bisexual Woman (35),
Current Tobacco Smoker