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Smoking Cessation  
Leadership Center



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University of California  
San Francisco

## 2024 Cessation Updates: Year in Review

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January 29, 2025

# Moderator

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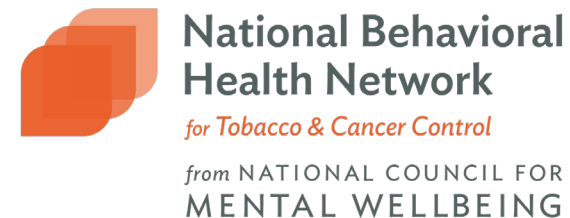
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Catherine Bonniot, Christine Cheng, Brian Clark, Karin Kasza, PhD, Jennifer Matekuare, Julia McQuoid, PhD, Ma Krisanta Pamatmat, MPH, CHES, Jessica Safier, MA, Jason Satterfield, PhD, Andy Tan, PhD MPH MBA MBBS and Maya Vijayaraghavan, MD, MAS.

# Thank You to Our Funders



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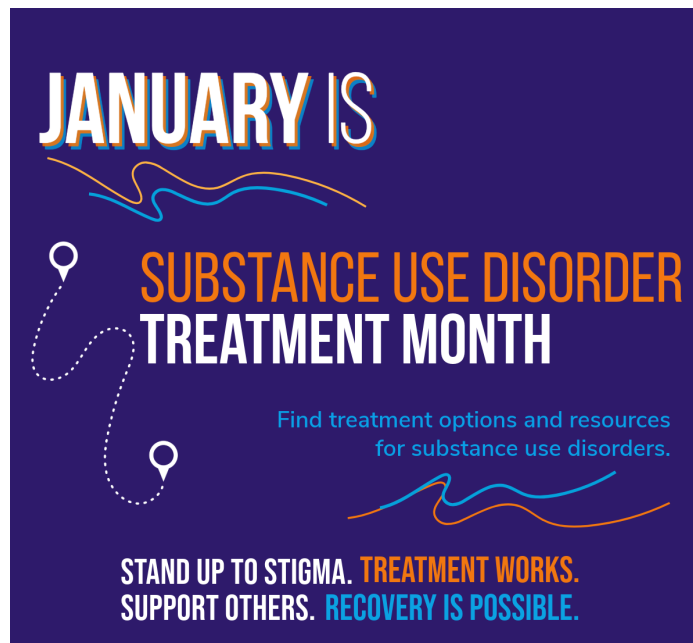
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- CDC Tips<sup>®</sup> Campaign 2024
  - Tips From Former Smokers<sup>®</sup> Motivational Cards:  
[www.cdc.gov/tobacco/campaign/tips/resources/motivational-cards/index.html](http://www.cdc.gov/tobacco/campaign/tips/resources/motivational-cards/index.html)
- Find resources at: [www.cdc.gov/tobacco/campaign/tips/index.html](http://www.cdc.gov/tobacco/campaign/tips/index.html)





**SAMHSA**

- Did you know that smoking cessation interventions, when offered concurrently with substance use treatment, were associated with a 25% increased likelihood of long-term drug and alcohol abstinence?
- Visit [samhsa.gov/observances/treatmentmonth](https://www.samhsa.gov/observances/treatmentmonth) to learn more about treatment and support options that give those with substance use disorders the care they deserve.

# Today's Presenter

Karin A. Kasza, PhD.  
Assistant Professor of Oncology,  
Department of Health Behavior

Roswell Park Comprehensive  
Cancer Center



# Today's Presenter

Julia McQuoid, PhD.  
Assistant Professor

University of Oklahoma Health  
Sciences Center



# Today's Presenter

Andy SL Tan, PhD MPH MBA  
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Pennsylvania



**UCSF Smoking Cessation Leadership Center**  
**2024 Cessation Updates: Year in Review**  
**January 29, 2025**

# **National Longitudinal Tobacco/Nicotine Product Cessation Rates Among Adults in the US: PATH Study 2013-2023 Spotlight on Sexual and Gender Identity**



**Karin Kasza, PhD**  
**Assistant Professor of Oncology**  
**Department of Health Behavior**

# Roswell Park Comprehensive Cancer Center Indigenous Land Acknowledgment

Roswell Park gratefully acknowledges and respects the Haudenosaunee Confederacy and the Onöndowa'ga: "The People of the Great Hill" also known as the Seneca Nation, the original caretakers of the land upon which Roswell Park Comprehensive Cancer Center stands. We also recognize their strong connection to the Earth and its immeasurable value.

As we are all committed to our mission of eliminating cancer's grip on humanity, we celebrate the vital contributions of our Indigenous workforce, their cultural knowledge and traditions that deepen our scientific journey, guiding us with respect for the land and its history. In unity, we aim to foster an environment that values cooperation, respect, and lifelong learning while incorporating the wisdom and contributions of Indigenous peoples, both past, present, and future.

# Funding & Disclosures

- The PATH Study is supported by the National Institute on Drug Abuse, NIH, and the Center for Tobacco Products, Food and Drug Administration, under contract to Westat (Contract Nos. HHSN271201100027C & HHSN271201600001C).
- The content of this presentation is solely the responsibility of the presenter and does not necessarily represent the views of the NIH, FDA, or any other agency.
- The information reported here was generated in accordance with a Data Use Agreement between Roswell Park Comprehensive Cancer Center and the Inter-university Consortium for Political and Social Research (ICPSR) National Addiction and HIV Data Archive Program (NAHDAP).
- The presenter has no conflicts of interest to disclose.

**Data citation:** United States Department of Health and Human Services. National Institutes of Health. National Institute on Drug Abuse, and United States Department of Health and Human Services. Food and Drug Administration. Center for Tobacco Products. Population Assessment of Tobacco and Health (PATH) Study [United States] Restricted-Use Files. Inter-university Consortium for Political and Social Research [distributor], 2024-06-14. <https://doi.org/10.3886/ICPSR36231.v39>.

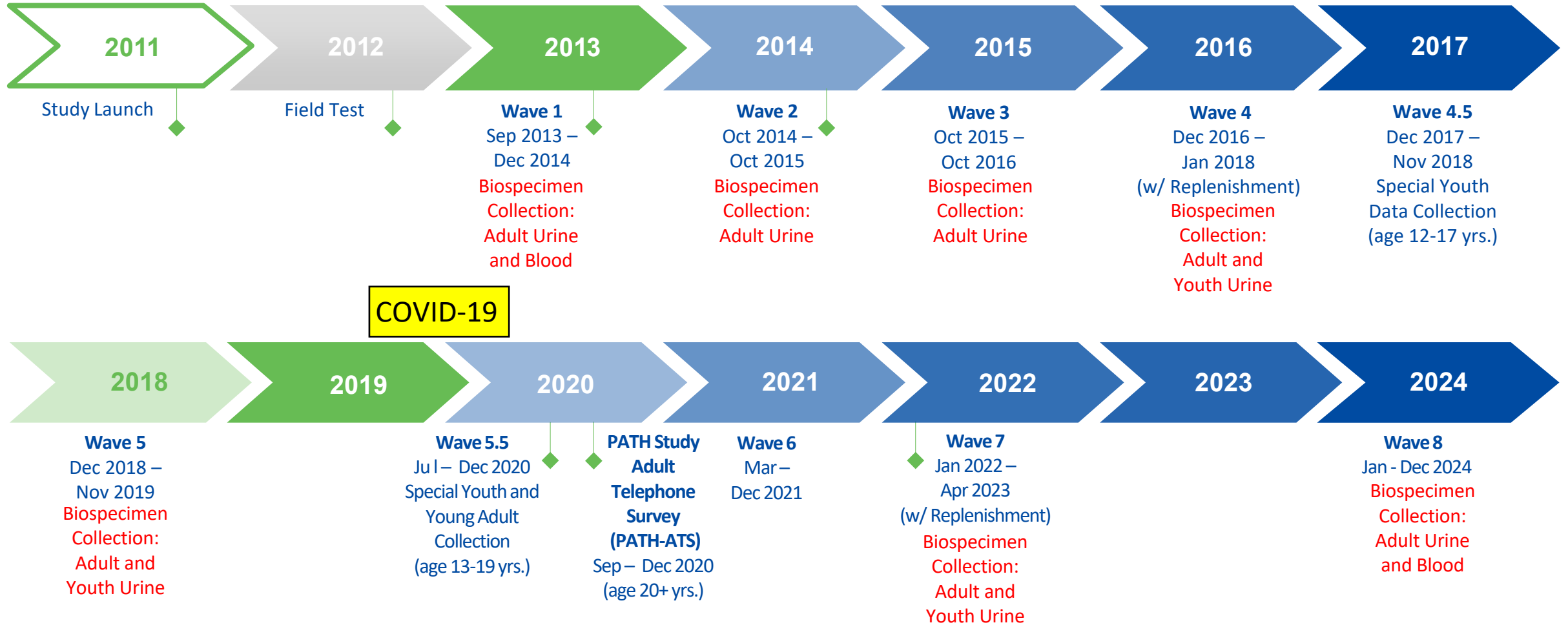
# The PATH Study



# Population Assessment of Tobacco and Health (PATH) Study

- Nationally-representative, cohort study of ~45,000 youth and adults in the United States (ages 12+ years)
- Study design allows for assessment of transitions in tobacco/nicotine product use over time, and for assessment of factors associated with transitions in use
- Biospecimen collections from adults and youth, used to measure biomarkers of exposure and potential harm related to tobacco use
- Data are available to research community via ICPSR/NAHDAP  
<https://doi.org/10.3886/Series606>

# PATH Study Data Collections



## National longitudinal tobacco product cessation rates among US adults from the PATH Study: 2013–2019 (waves 1–5)

Karin A Kasza ,<sup>1</sup> Zhiqun Tang ,<sup>2</sup> Haijun Xiao,<sup>3</sup> Daniela Marshall,<sup>4,5</sup> Cassandra A Stanton ,<sup>2</sup> Amy L Gross,<sup>3</sup> Kathy M Jackson,<sup>3</sup> Dannielle Kelley,<sup>3</sup> Megan J Schroeder,<sup>3</sup> Juan C Vivar,<sup>3</sup> Andrew Hyland<sup>1</sup>

### ABSTRACT

**Objective** To report on longitudinal tobacco product cessation rates, by product type, among adults (ages 18+ years) in the USA between 2013 and 2019.

**Methods** The Population Assessment of Tobacco and Health Study, a nationally representative, longitudinal cohort study was used to report on annual and biennial rates of the following three cessation behaviours across 2013–2019: (1) discontinuing tobacco product use (ie, transition from past 30-day use to no past 30-day use), (2) attempting to quit tobacco product use and (3) quitting tobacco product use among those who attempted to quit. Each cessation behaviour was evaluated separately for cigarettes, electronic nicotine delivery systems (ENDS), cigars, hookah and smokeless tobacco. Generalised estimating equations were used to evaluate linear and nonlinear trends in cessation rates across the study period.

**Results** Between 2013 and 2019, rates of

### WHAT IS ALREADY KNOWN ON THIS TOPIC

⇒ Tobacco product transition behaviours from the Population Assessment of Tobacco and Health Study in the USA covering 2013–2016 were previously published. Since then, the tobacco product marketplace has expanded, and new tobacco regulatory actions have been implemented.

### WHAT THIS STUDY ADDS

⇒ Rates of discontinuing cigarette smoking among adults in the USA increased between 2013 and 2019, with there being increases in both cigarette quit attempt rates and rates of quitting among attempters, while rates of discontinuing ENDS use among adults decreased across this same time period.

Kasza KA, Tang Z, Xiao H, et al. National longitudinal tobacco product cessation rates among US adults from the PATH Study: 2013–2019 (waves 1–5). *Tobacco Control* 2024;33:186–192.

- National-level increases in cigarette discontinuation rates among adults
- Cigarette discontinuation rates remained low compared to discontinuation rates for other types of tobacco/nicotine products
- Between 2016/17–2018/19, e-cigarette discontinuation rate sharply decreased compared to previous years
  - Aligns with growth of salt-based nicotine e-cigarettes in the US

Kasza KA, Tang Z, Xiao H, et al. National longitudinal tobacco product cessation rates among US adults from the PATH Study: 2013–2019 (waves 1–5). *Tobacco Control* 2024;33:186–192.

# Cessation Rates: 2018/19-2022/23

- **Sexual/Gender Minority (SGM) Self-Identification**

“Do you think of yourself as...Gay/Lesbian or gay; Straight, that is, not [gay/lesbian or gay]; Bisexual; Something else; I am not sure about my sexual identity; Don't know; Refused”

“Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Do you consider yourself to be transgender?” with response options: “Yes; No; Don't know; Refused”

- **Cigarettes**
- **E-cigarettes** (includes all types of electronic nicotine delivery products)
- **Cigars** (includes traditional cigars, cigarillos, filtered cigars)
- **Hookah**
- **Smokeless** (includes snus)

# Tobacco/Nicotine Product Use and Cessation Behaviors

## **P30D Use:**

- For each product, in the past 30 days, [smoked/used] the product, even one or two [puffs/times]

## **Discontinue Use:** No P30D Use

## **Current Established Use:**

- For cigarettes, currently smoking every day or some days and smoked at least 100 cigarettes in lifetime
- For each other product, currently using the product every day or some days and ever used the product 'fairly regularly'

## **Made Quit Attempt:** Tried to quit completely in the past 12 months or is currently not [smoking/using] the product at all

**Quit Use:** Among those who tried to quit, currently not [smoking/using] the product at all





# National Tobacco/Nicotine Product Discontinuation Rates: 2018/19-2022/23

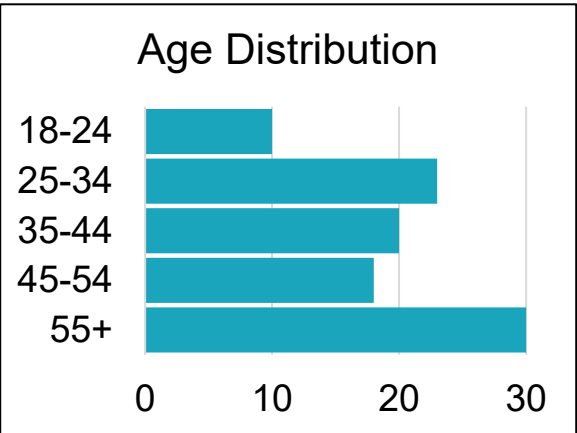
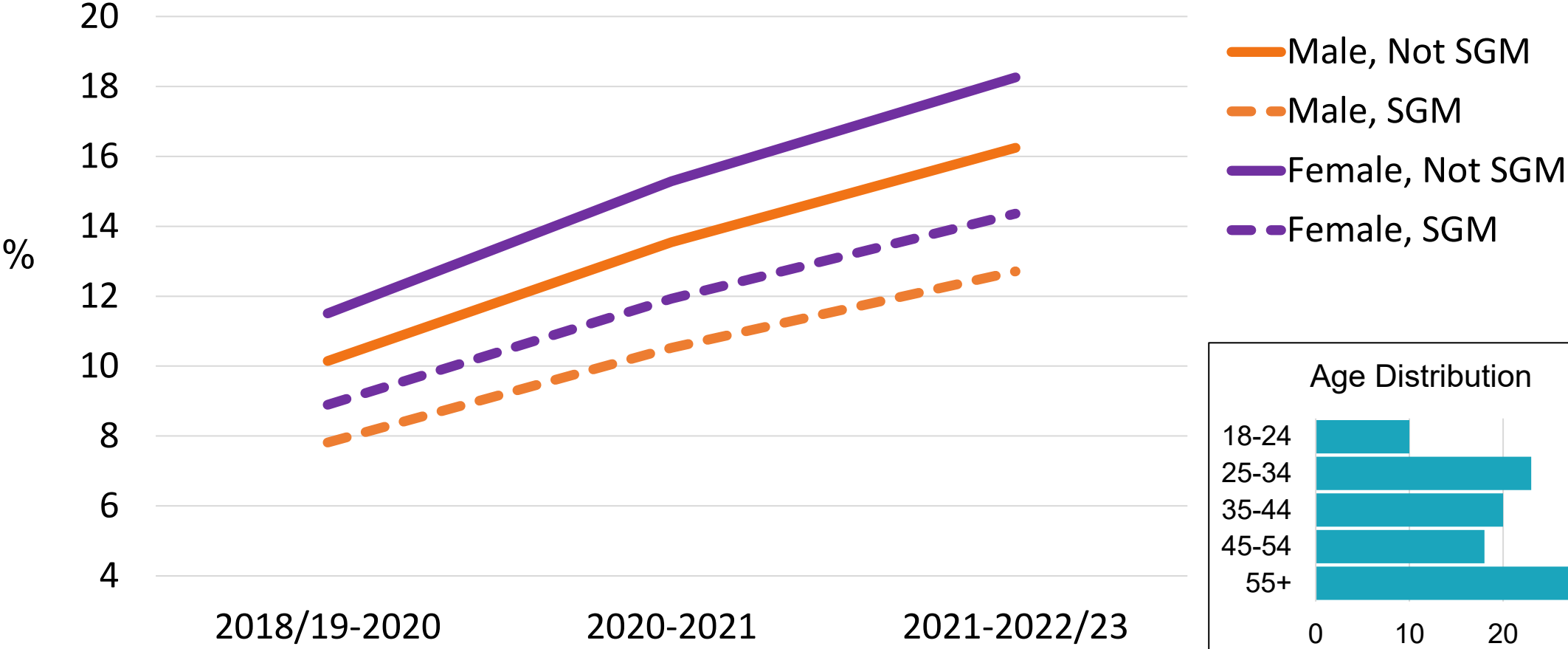
Discontinuation: P30D Use → No P30D Use

Three time periods:

- 2018/19 - 2020
- 2020 - 2021
- 2021 - 2022/23

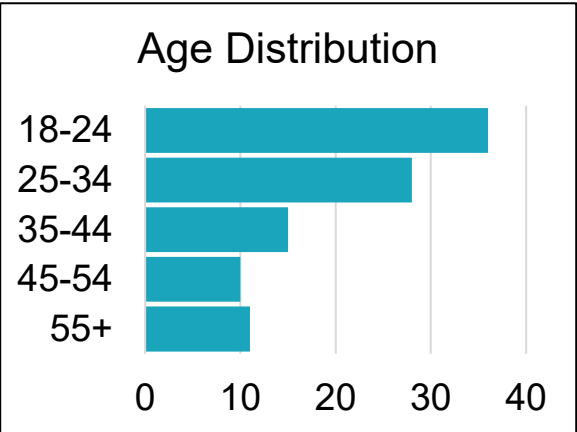
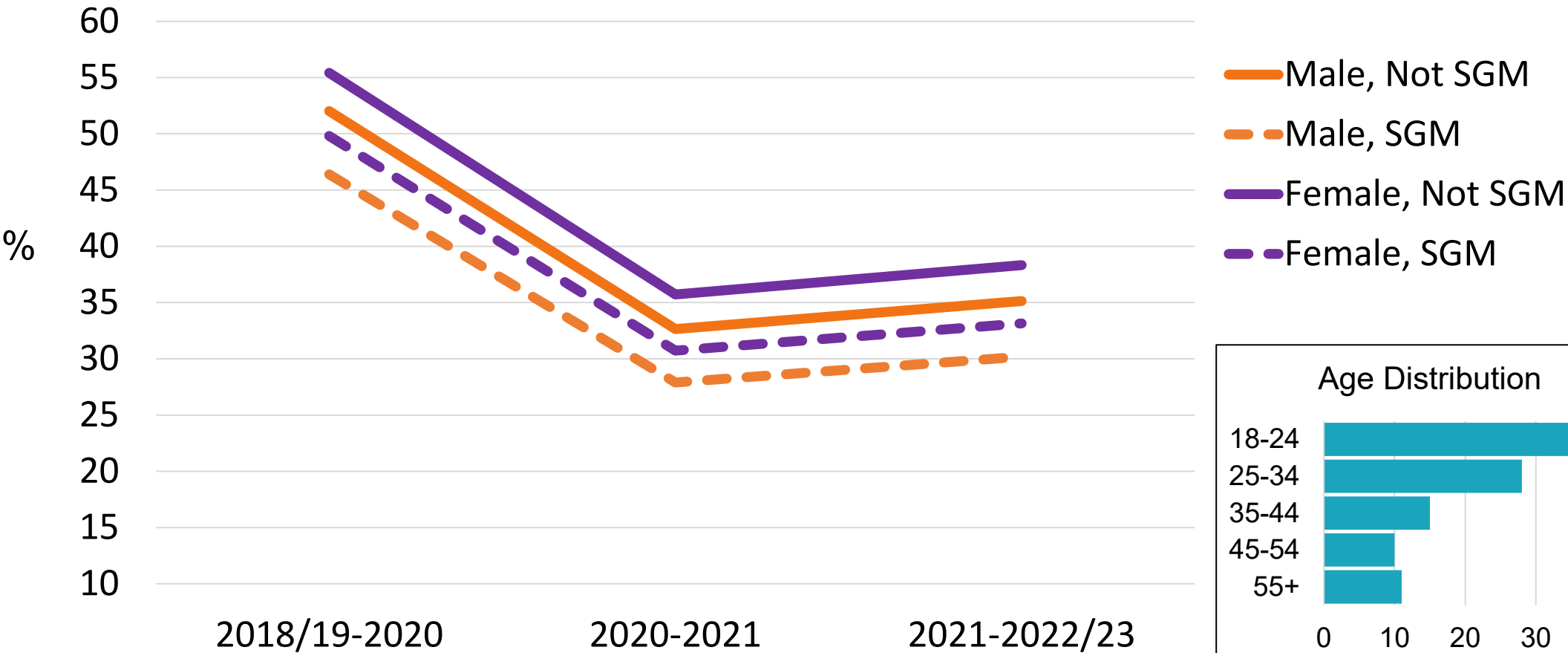
# Cigarette Discontinuation Rates: 2018/19-2022/23

Cigarette Discontinuation Rates (N=6,411)



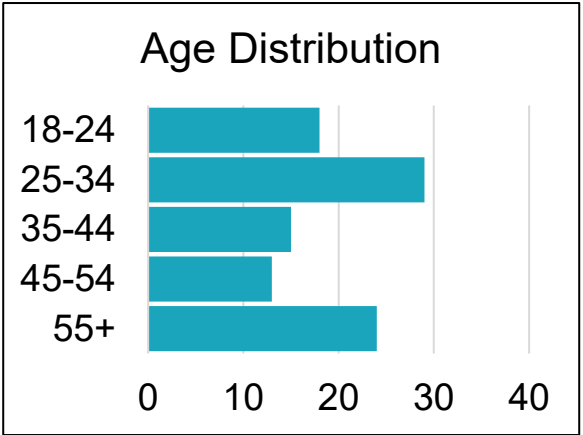
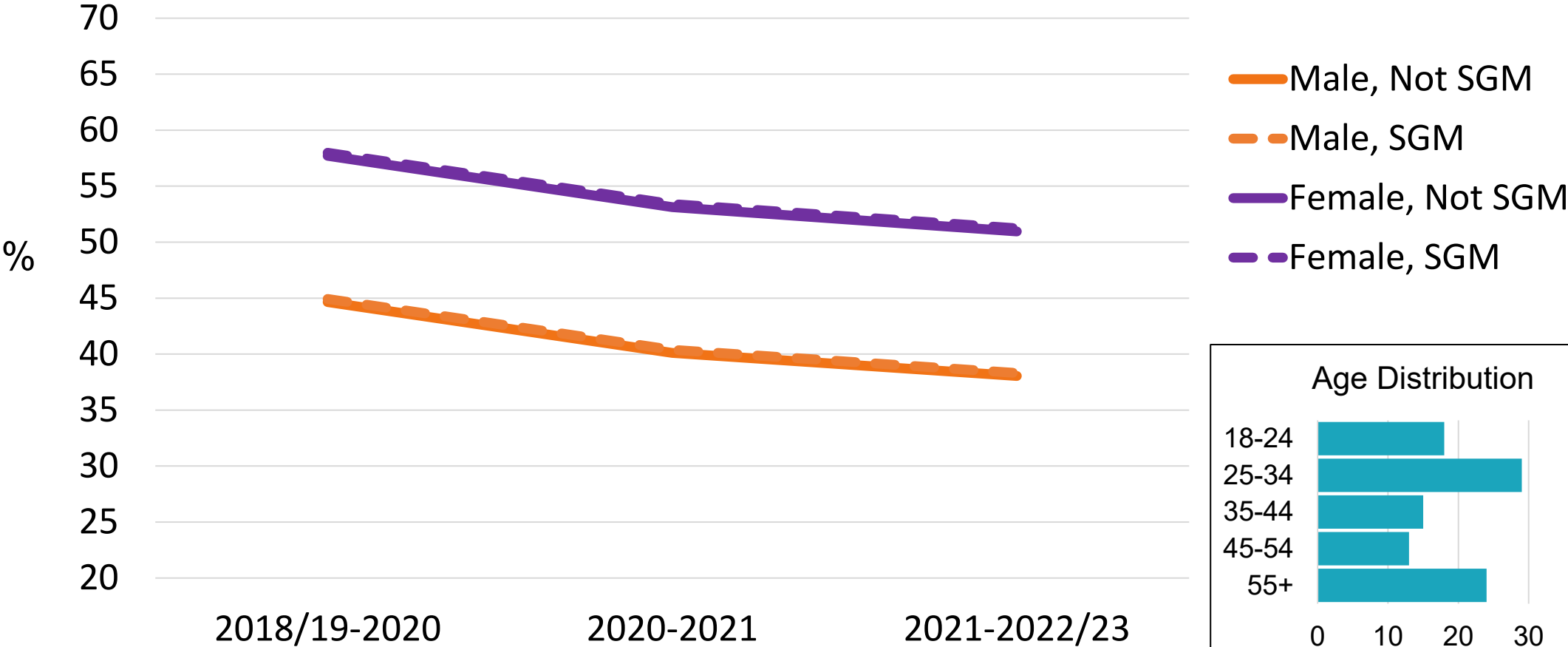
# E-cigarette Discontinuation Rates: 2018/19-2022/23

## E-cigarette Discontinuation Rates (N=4,570)



# Cigar Discontinuation Rates: 2018/19-2022/23

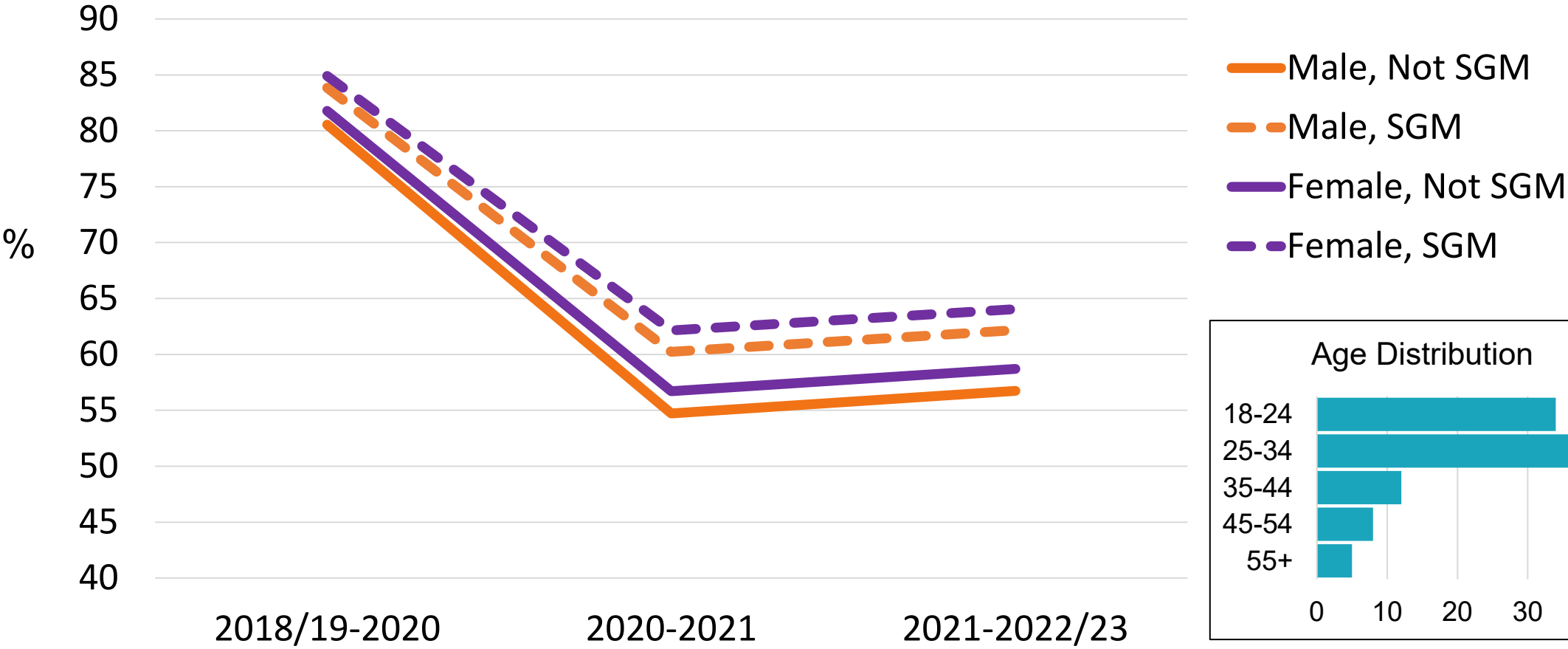
### Cigar Discontinuation Rates (N=2,233)



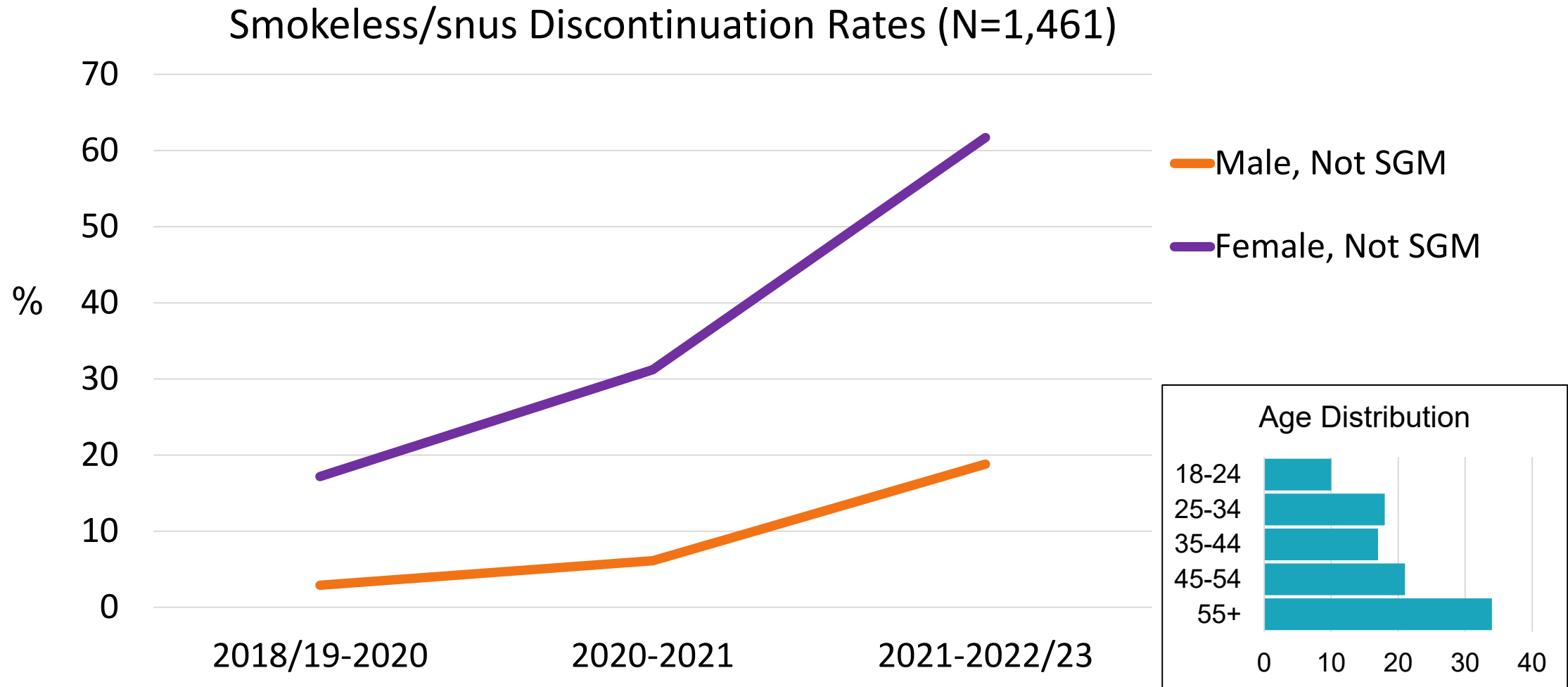
# Hookah Discontinuation Rates: 2018/19-2022/23

Hookah model did not converge. Interpret estimates with caution

### Hookah Discontinuation Rates (N=626)



# Smokeless/snus Discontinuation Rates: 2018/19-2022/23





**Key Points:  
Discontinuation**

# National Tobacco/Nicotine Product Discontinuation Rates: 2018/19-2022/23

- **Cigarettes**: Increasing discontinuation rates
  - Remain lower than other tobacco/nicotine products
  - Lowest among SGM males and SGM females
- **E-cigarettes**: Decreasing discontinuation rates
  - Lowest among SGM males and SGM females
- **Cigars**: Slightly decreasing discontinuation rates
  - Similar across SGM strata
- **Hookah**: Decreasing discontinuation rates
- **Smokeless/snus**: Increasing discontinuation rates

**Next Up:  
Quit Attempts**

# **National Tobacco/Nicotine Product Quit Attempt Rates: 2018/19-2022/23**

Current Established Use → Made a Quit Attempt

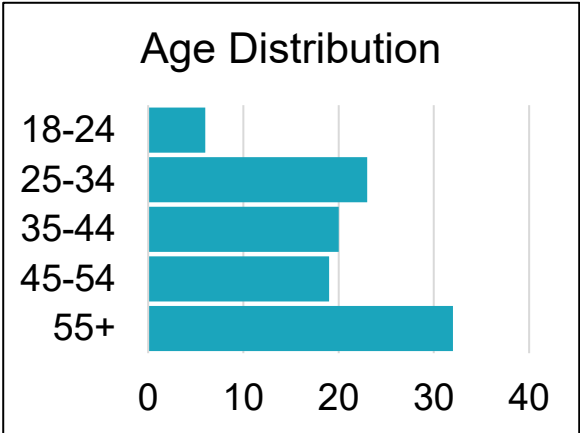
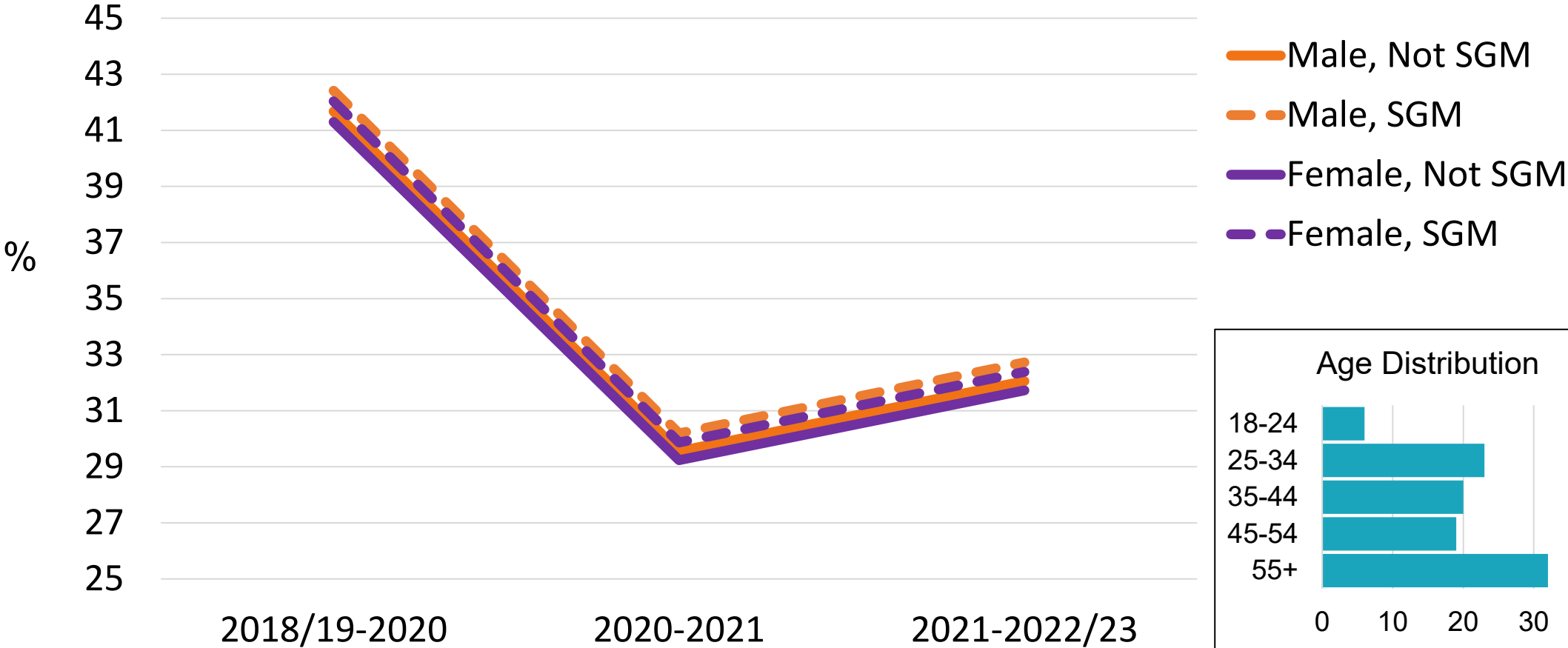
Three time periods:

- 2018/19 - 2020
- 2020 - 2021
- 2021 - 2022/23



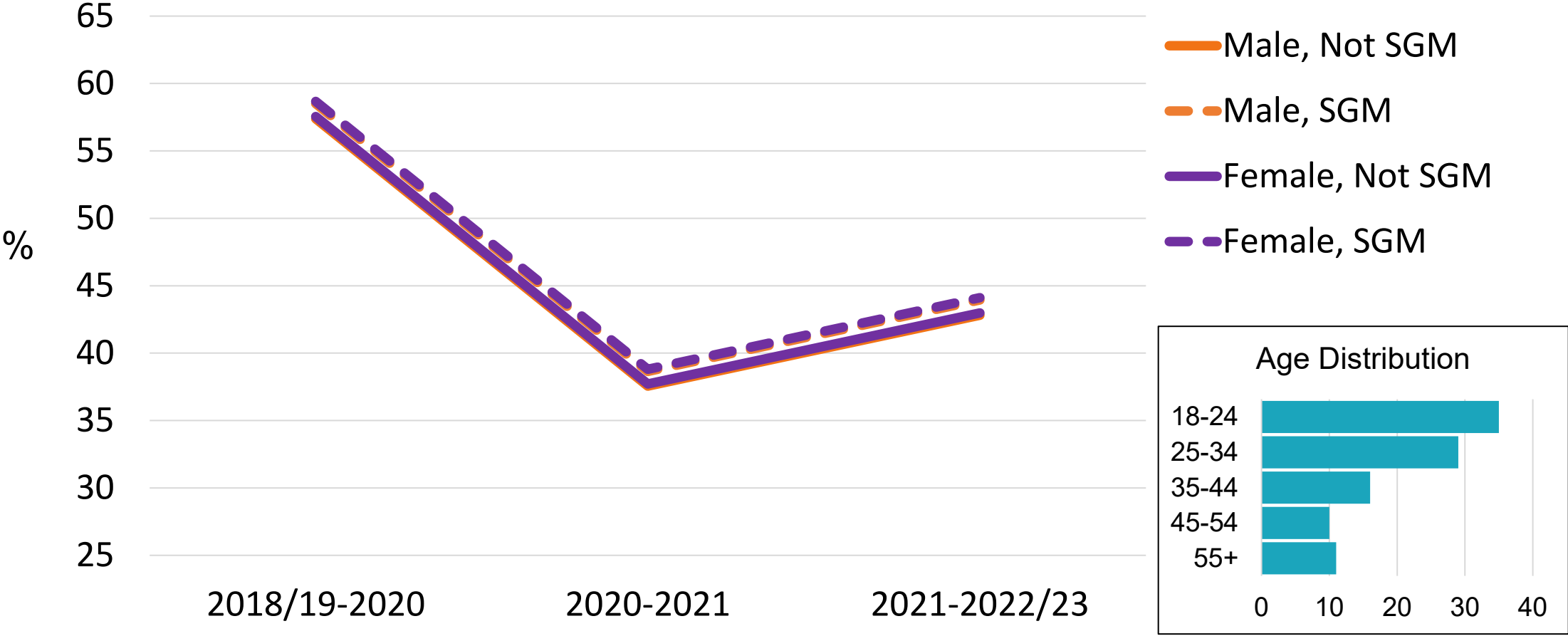
# Cigarette Quit Attempt Rates: 2018/19-2022/23

## Cigarette Quit Attempt Rates (N=5,364)

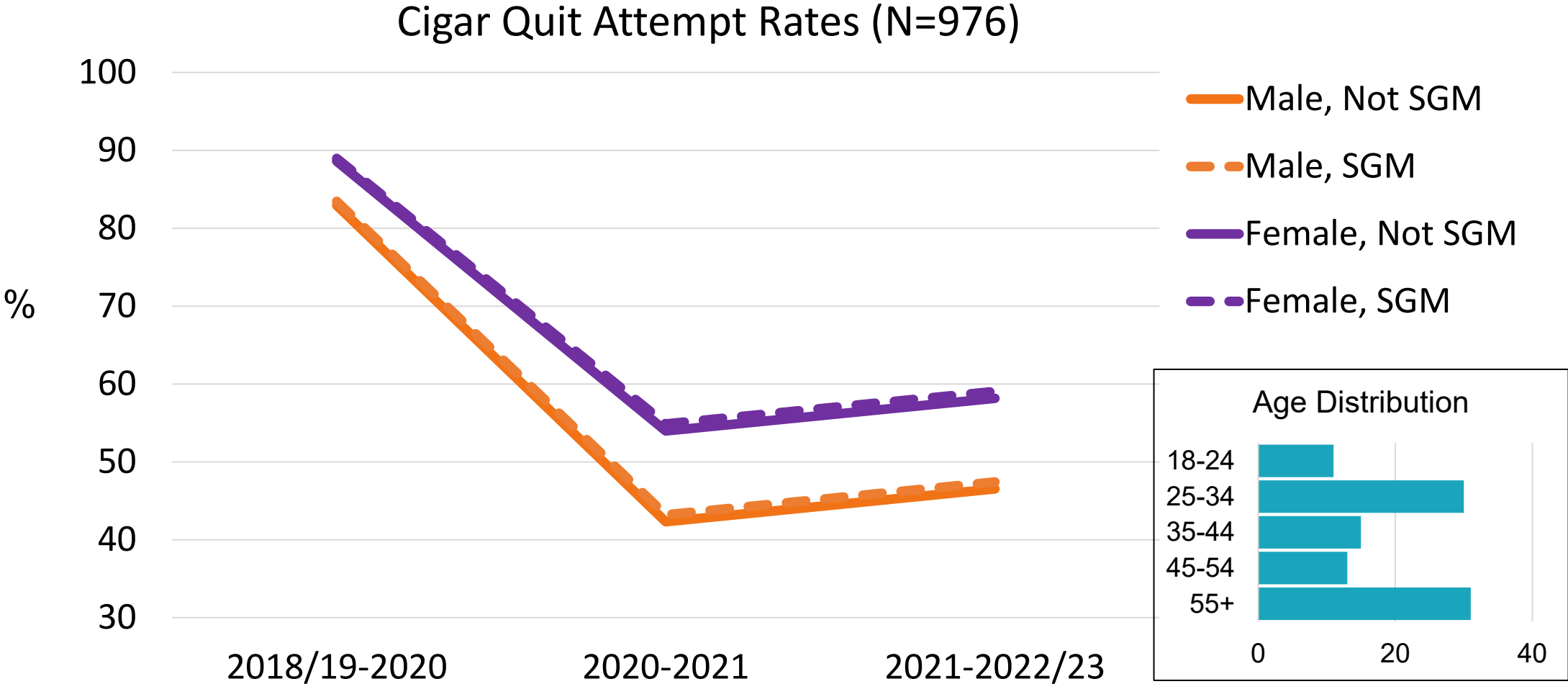


# E-cigarette Quit Attempt Rates: 2018/19-2022/23

E-cigarette Quit Attempt Rates (N=2,861)



# Cigar Quit Attempt Rates: 2018/19-2022/23





**Key Points:  
Quit Attempts**

# National Tobacco/Nicotine Product Quit Attempt Rates: 2018/19-2022/23

- **Similar pattern across products:** Rates highest between 2018/19-2020 (pandemic onset), then dropping between 2020-2021, then increasing slightly between 2021-2022/23
- **Cigarettes:** Quit attempt rates relatively low
  - Similar across sex-SGM strata
- **E-cigarettes:**
  - Similar across sex-SGM strata
- **Cigars:**
  - Similar across SGM strata

**Next Up:  
Cigarette Quitting**

# **National Cigarette Quit Rates Among Those Who Attempted to Quit: 2018/19-2022/23**

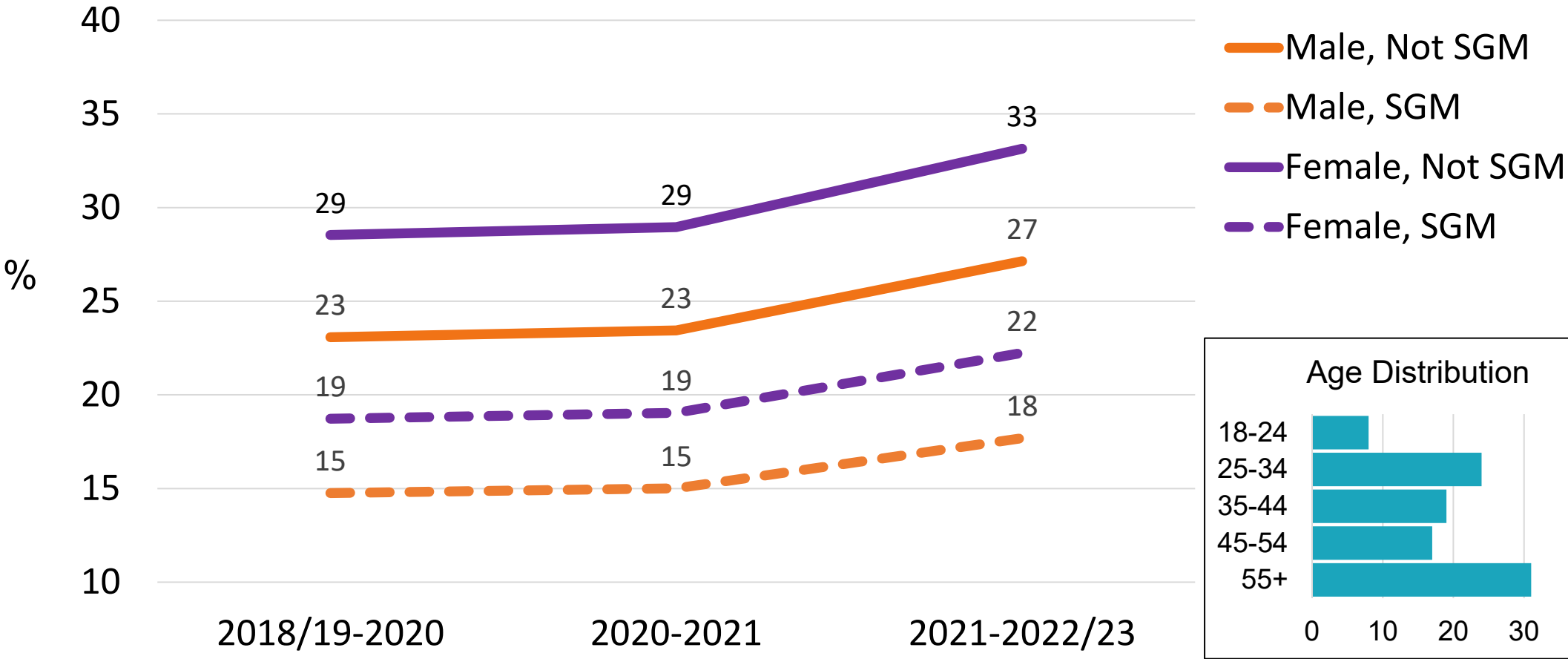
Current Established Use  $\xrightarrow{\text{Quit Attempt}}$  Quit

Three time periods:

- 2018/19 - 2020
- 2020 - 2021
- 2021 - 2022/23

# Cigarette Quit Rates Among Attempters: 2018/19-2022/23

Cigarette Quit Rates Among Attempters (N=2,283)





**Key Points:  
Cigarette  
Quitting**

# **National Cigarette Quit Rates Among Those Who Attempted to Quit: 2018/19-2022/23**

- **Cigarettes:**
  - Quit rates among attempters increasing
  - Remain lower among SGM males and SGM females than heterosexual cisgender counterparts

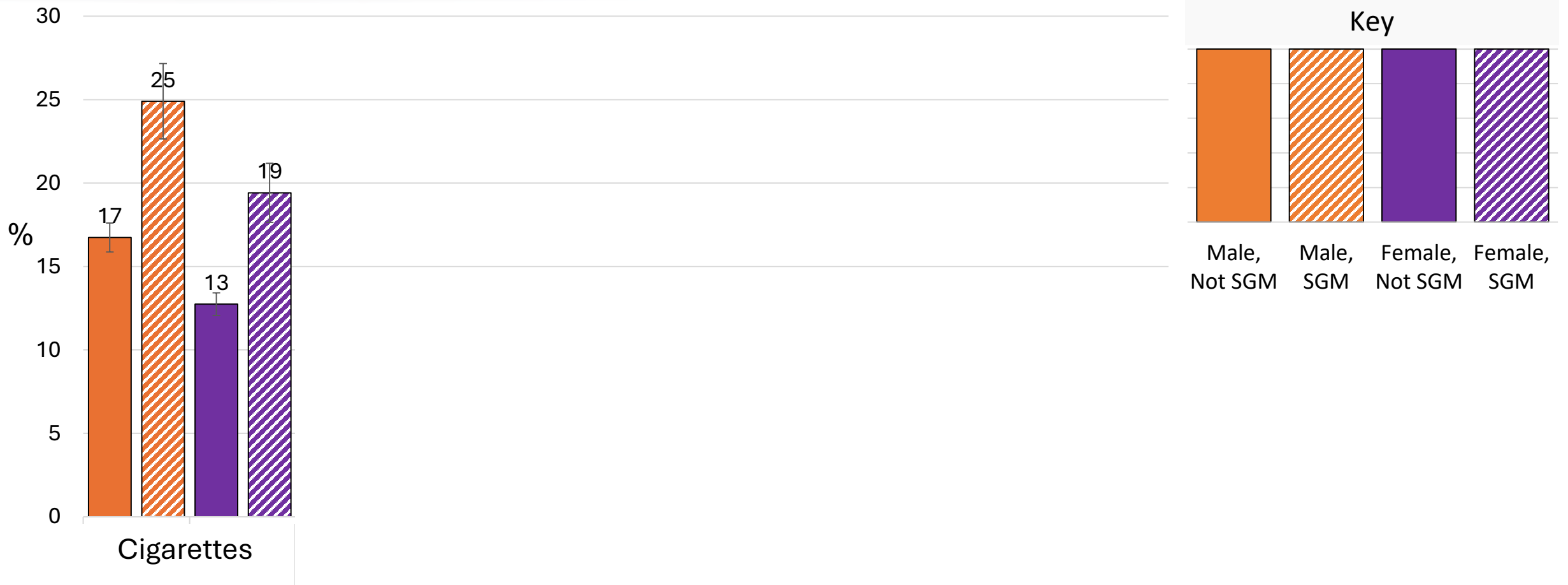
**Next Up:  
2022/23 Prevalence**

# **National Tobacco/Nicotine Product Use Prevalence in 2022/23**

Prevalence: P30D Use



# Tobacco/Nicotine Product Use Prevalence: 2022/23



- **US nationally representative findings from 2018/19-2022/23:**
  - Cigarette discontinuation rates among adults in the US remain lower than discontinuation rates for every other type of tobacco/nicotine product
    - Disparities in discontinuation rates by SGM status persist
  - Cigarette smoking prevalence among adults in the US remains higher than prevalence of every other type of tobacco/nicotine product
    - Disparities in cigarette smoking prevalence by SGM status persist

If current trends in cigarette discontinuation rates were to persist, and absent any differences in trends in cigarette initiation rates by SGM status that would impact cigarette smoking prevalence, then disparities in cigarette smoking prevalence by SGM status are expected to persist in the US

# Limitations

- Did not investigate poly-product use, switching to/from product types
- Did not disaggregate cigars
- Did not disaggregate beyond sex-SGM strata
- Did not investigate whether experiencing a *change* in SGM status may be associated with a *change* in tobacco use behavior
- Sample sizes small for some products/inability to estimate all rates for all products

Future research to address a range of posthoc hypotheses based on these broad population-level findings

# Acknowledgements

- PATH Study participants
- PATH Study interviewers
- Colleagues

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# Tobacco Cessation and Prevention Interventions for Sexual and/or Gender Minoritized (SGM) People and the Theories that Underpin Them:

## Taking Stock and Exploring New Directions

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**Smoking Cessation Leadership Center**

University of California, San Francisco

Webinar: "2024 Cessation Updates: Year in Review"

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The UNIVERSITY of OKLAHOMA HEALTH SCIENCES

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## No conflicts of interest to disclose

## Community Partner Collaborators

Mataia Blackwell (Freedom Oklahoma)  
Taylor Raye (Freedom Oklahoma)  
Elizabeth Horn (Freedom Oklahoma)



## Stephenson Cancer Center's Tobacco Treatment Research Program

TSET Health Promotion Research Center



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Andy S.L. Tan (University of Pennsylvania)  
Arturo Durazo (UC Merced)  
Shari Clifton (OUHSC)  
Pamela M. Ling (UC San Francisco)  
Amanda Y. Kong (Wake Forest)  
Evan Mooney (OUHSC)  
Summer G. Frank-Pearce (OUHSC)

# SGM tobacco use disparities

**Sexual and/or gender minoritized (SGM) people** – LGBTQIA2S+. Those of us with non-heterosexual orientation and/or gender not aligned with sex assigned at birth

**Persistently high rates of tobacco use** and related health disparities (e.g., lung cancer risk)

**Roots in social, political, and physical environments where SGM people live**

Coping with hostile/unsupportive environments

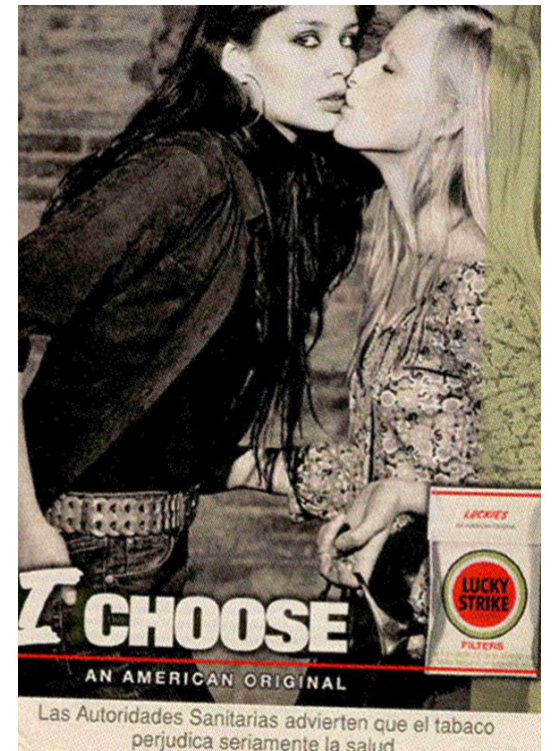
Tobacco industry targeting promotes pro-tobacco norms

Barriers to tobacco education and treatment

Community and social norms enables smoking as symbol of resistance



PBS news, Mar 31, 2023



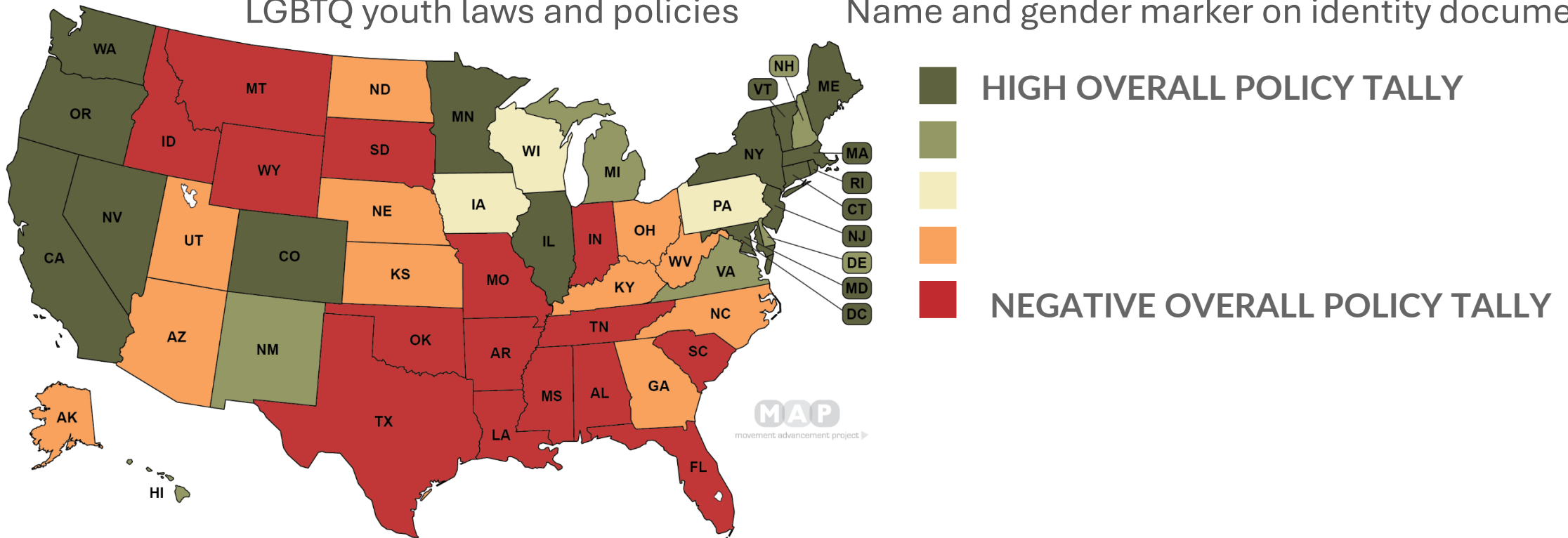
# SGM tobacco use disparities

Disparities are more pronounced where stigma is higher (*Hatzenbuehler et al, 2014; Pachankis et al, 2014*)

## LGBTQ2S+ EQUALITY BY STATE

State non-discrimination laws  
Relationship and parental recognition  
LGBTQ youth laws and policies

Healthcare laws and policies  
Criminal justice laws and policies  
Name and gender marker on identity documents





# SGM tobacco use interventions

SGM people express preference for **SGM-tailored and culturally-relevant** interventions that specifically address the unique needs, experiences, norms, and values of SGM communities.

**Interventions** are programs and strategies intended to influence health and/or health-related behavior positively (*Glanz & Bishop 2010*).

**Past decade increase** in tobacco education, cessation, and prevention efforts tailored for SGM people (*Lee, et al 2014; Berger & Mooney-Somers 2016; Riley, et al 2023*).

# Frameworks: Vantage points for action



**Gap:** Identifying and reflecting on the social and behavior change theories underpinning SGM-tailored tobacco interventions thus far.

Theory-informed interventions more effective than those lacking explicit theoretical basis.

**Theories** are a set of interrelated concepts that explain or predict events or situations by specifying relations among variables (*Glanz & Bishop 2010*).

→i.e., evidence-based ways of explaining or predicting how and why people do what they do

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# Frameworks: Vantage points for action

## Aims:

1. Identify social and behavior change theories that have informed tobacco interventions for sexual and/or gender minority (SGM) people.
2. Consider these theories within the context of known drivers of SGM tobacco disparities.
3. Identify new theoretical directions for SGM-tailored tobacco interventions.

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# Scoping review

**N=22 pubs; 15 unique SGM-tailored tobacco interventions**

Data sources: Medline (Ovid), Scopus, PubMed, Google Scholar (01/01/1946-10/27/2022)

Inclusion criteria:

- Peer-reviewed publications in English from anywhere in the world
- SGM-tailored tobacco education, cessation, and/or prevention intervention or campaigns

Documented:

- Theoretical frameworks cited in reference to design and/or implementation
- Intervention components (e.g., group counseling, 7-week program, began with educational focus and shifted to a social support focus in later weeks)
- Evaluation outcomes (e.g., sample size, use of comparison/control group, primary outcomes)

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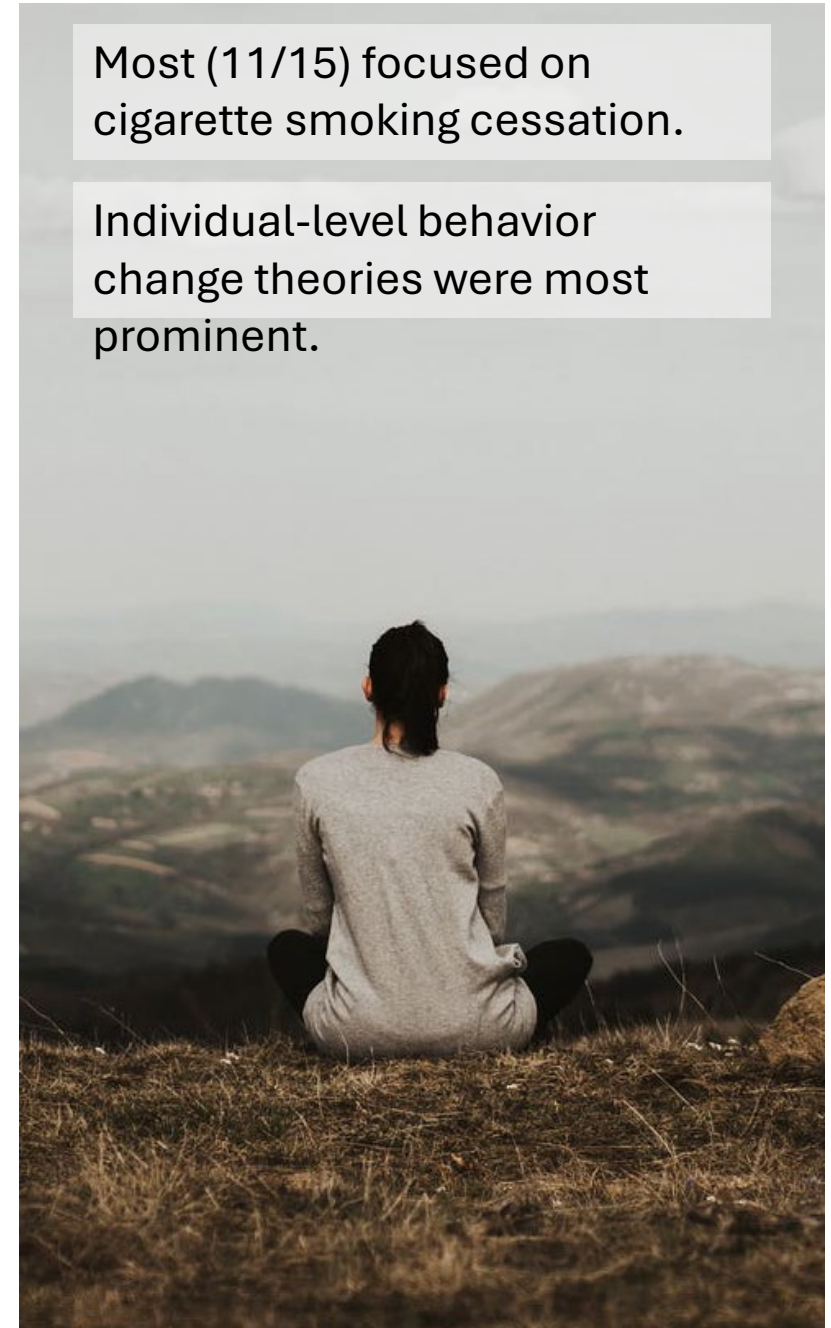
# Findings

	#interventions (out of 15)*
<b>No explicit theoretical framework</b>	<b>5</b>
<b>Individual-level theories of behavior</b>	<b>8</b>
Transtheoretical Model	3
Theory of Reasoned Action	3
Social Inoculation Theory	2
Theory of Psychological Reactance	2
Health Belief Model	1
Relational Frame Theory (RFT)	1
Self-Determination Theory	1
<b>Theories of social context and behavior</b>	<b>4</b>
Diffusion of Innovations Theory	3
Minority Stress Model	1

\*Multiple interventions cited more than 1 theory.

Most (11/15) focused on cigarette smoking cessation.

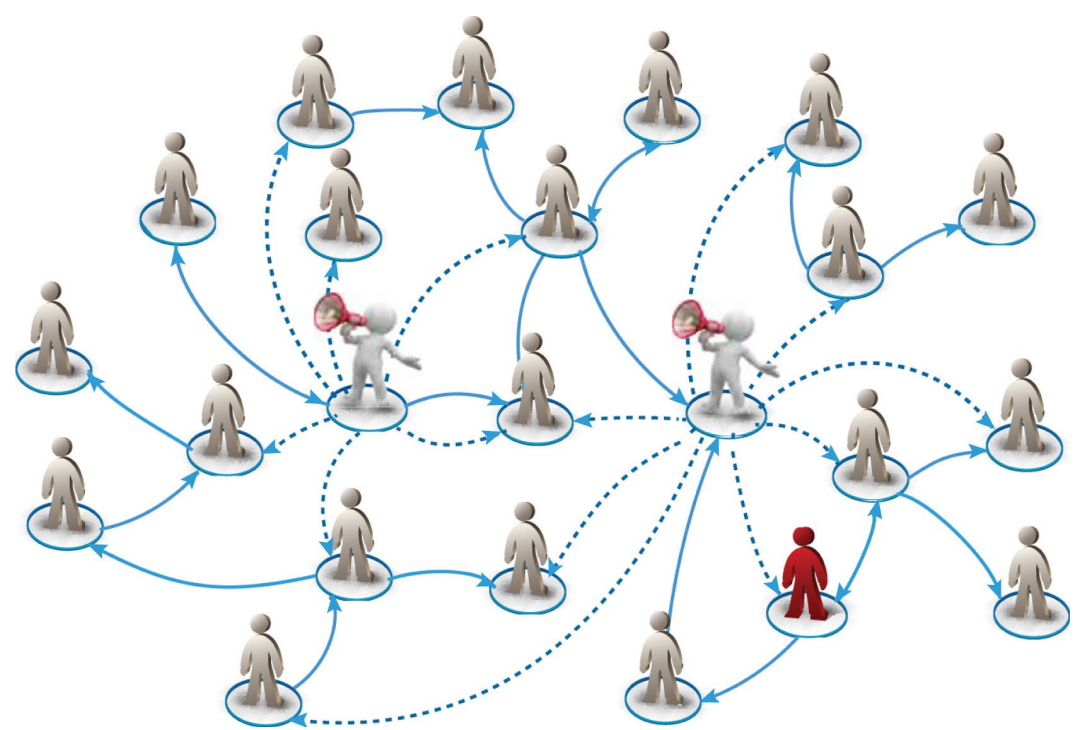
Individual-level behavior change theories were most prominent.



# Findings

## Theories of social context and behavior were less utilized

- Diffusion of Innovations Theory (Rogers, 1995)
  - 3 interventions
    - CRUSH*
    - Break Up*
    - This Free Life + local Social Branding*
- Minority Stress Model (Meyer, 2003)
  - 1 intervention
    - Courage to Quit (SGM-tailored)*



Zhang, et al (2016). *Physics Reports*



<https://www.lgbtqandall.com>

# Scoping review summary

Most tobacco interventions tailored to SGM people thus far have:

- Targeted individual-level behavior
- Leveraged theories focusing on individual-level behavior change processes

Few leveraged theories that focus on the link between behavior and context.

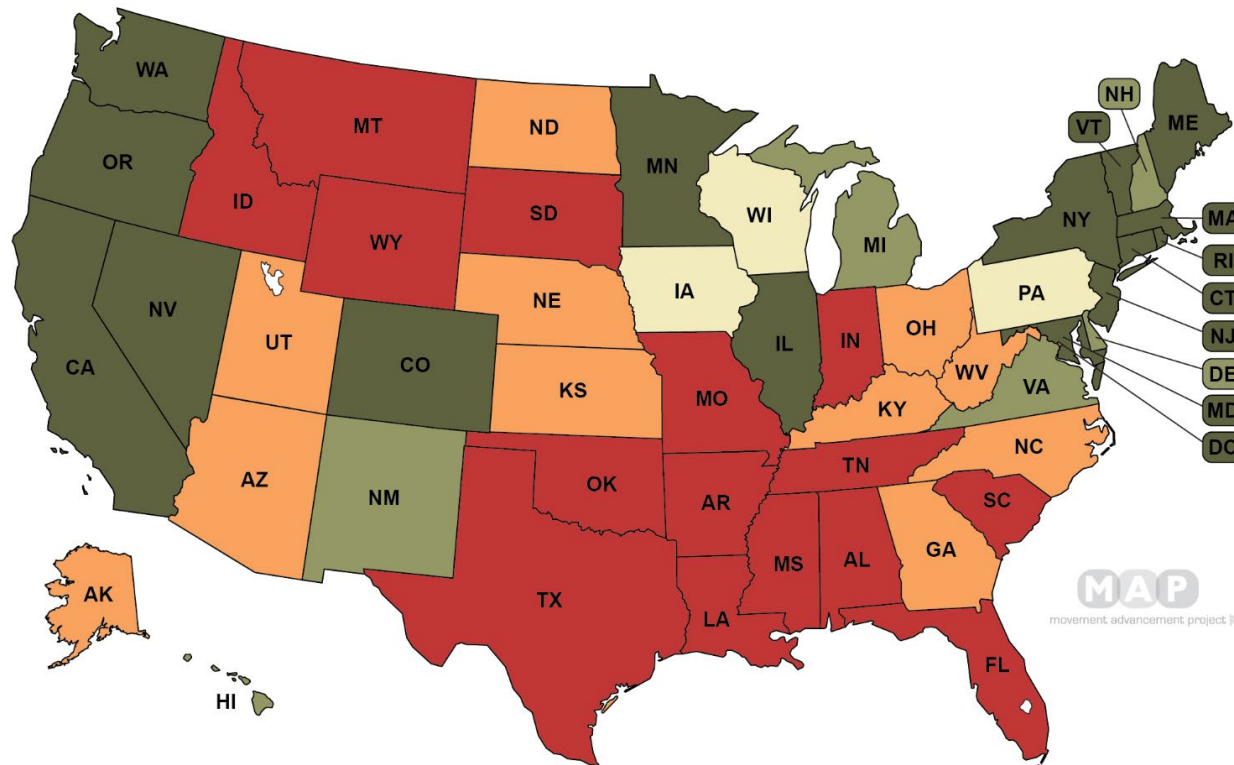
*(McQuoid et al, 2023)*



# Aligning theory with the problem

## 35% of SGM people in US live in highly unsupportive environments

- No interventions to address unique challenges of smoking cessation in these environments
- More meaningful public health partnerships needed with SGM-serving organizations to address root causes of tobacco use



## Frameworks for intervening

- Use theories that look beyond individual-level processes of behavior change?
- Less focus on smoking cessation by itself?
- Multi-level problem requiring multi-level solutions?



# Exploring future directions

## **Empowerment Theory**

Framework for understanding processes and consequences of efforts to exert control and influence over decisions that affect one's life, organizational functioning, and the quality of community life.

### Individuals

Processes: Participation with others to achieve goals, gain access to resources, understand one's sociopolitical environment.

Outcomes: Perceptions of personal control and a proactive approach to life.

### Organizations

Processes: Shared decision-making, responsibilities, and leadership.

Outcomes: Resource acquisition and networking with other organizations.

*(Holden et al, 2004; Perkins & Zimmerman, 1995; Zimmerman, 2000)*

# Empowerment-based smoking cessation

## Design premise

When SGM people in high stigma environments volunteer with community organizations and others in their community to support their community, they can experience positive change for themselves.

## More empowered individuals

May enhance standard smoking cessation treatment success via:

- Greater social support
- Pride about SGM identity
- More adaptive ways of coping with minority stress
- Sense of efficacy in helping make positive change in the world

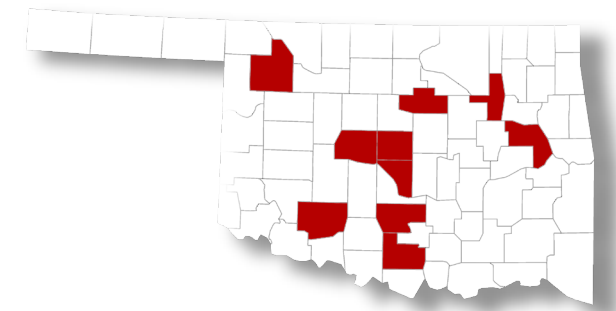
## More empowered organizations

Volunteer hours support missions of organizations working to shift high stigma environments into places that support SGM people to thrive.

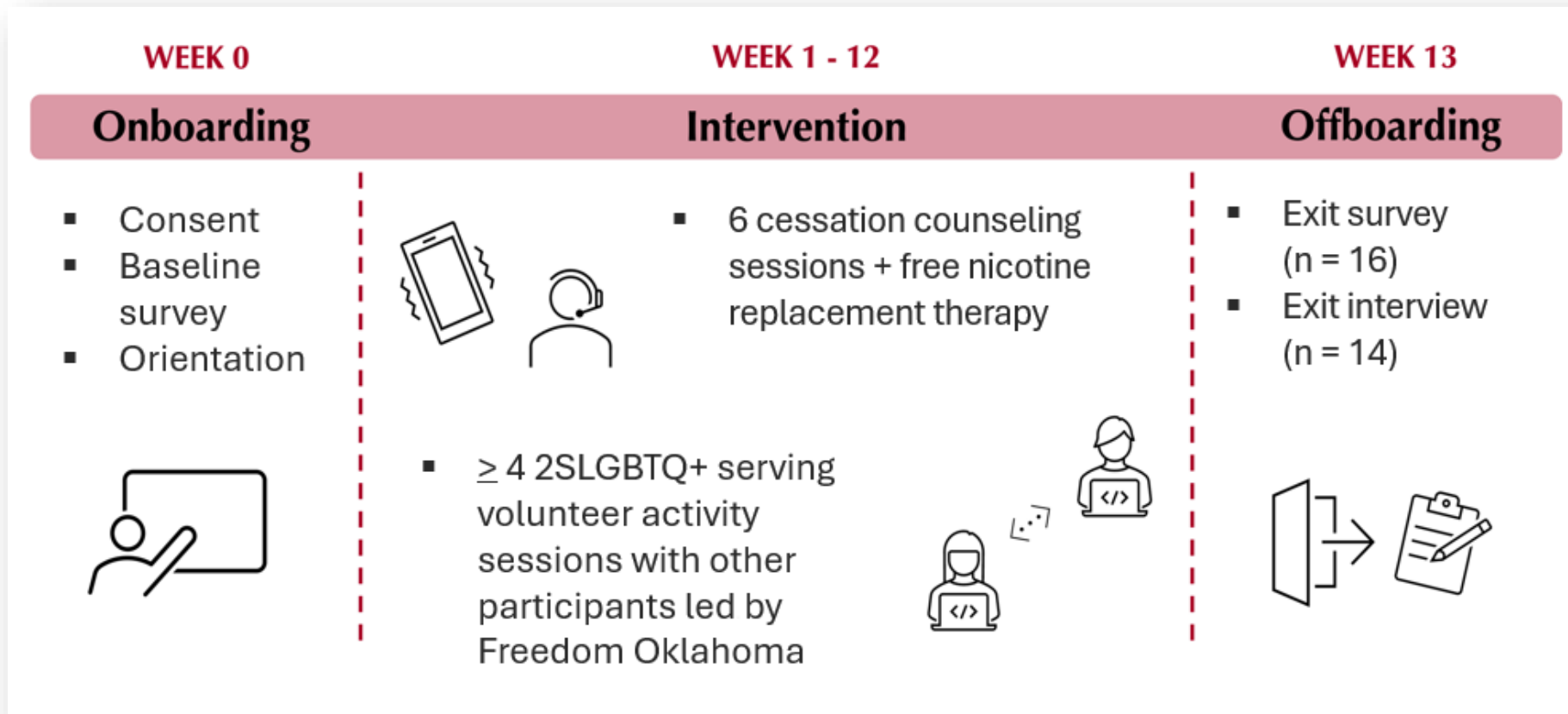


TSET Health Promotion Research Center

# Pilot study (N=20, Oklahoma)



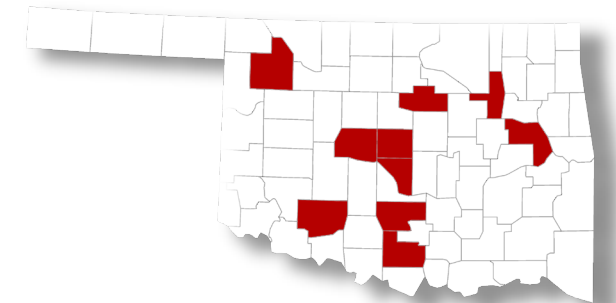
Remotely delivered smoking cessation support for SGM adults living in high-stigma places



Stephenson  
Cancer Center's  
Tobacco  
Treatment  
Research  
Program

**Freedom**  
OKLAHOMA

# Pilot study (N=20, Oklahoma)



EXAMPLES OF ONLINE  
VOLUNTEER ACTIVITIES  
1.5 to 2 HOUR GROUP  
SESSIONS

**WE HAVE COMPILED A LIST  
OF EVERY PUBLIC SCHOOL  
BOARD IN THE STATE**

**LOOK UP YOUR DISTRICT,  
AND ADVOCATE FOR LIVED  
EQUITY FOR ALL STUDENTS**

**OKLAHOMA SCHOOL  
BOARDS ►**

Collect publicly-available  
school board contact  
information to help  
community members  
participate in their  
school districts



Make follow-up phone  
calls with a script to  
Name Change and  
Gender Marker  
Correction Clinic clients  
to assess for further  
assistance needed

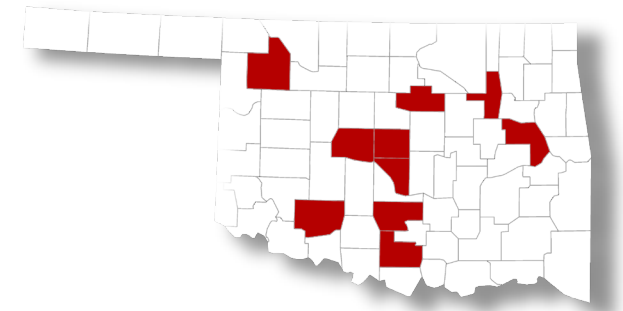
freedomoklahoma

**HIV is not a crime,  
but in Oklahoma  
it can still be  
criminalized**

Freedom  
OKLAHOMA

Identify HIV/AIDS  
resources for  
Oklahomans through  
internet searches

# Participants



Participants	N=20
<b>Sexual orientation</b>	
<i>Gay</i>	13 (65.0%)
<i>Bisexual, Pansexual, Queer</i>	6 (30.0%)
<i>Lesbian</i>	1 (5.0%)
<b>Gender</b>	
<i>Cisgender man</i>	15 (75.0%)
<i>Cisgender woman</i>	3 (15.0%)
<i>Woman, Non-Binary</i>	1 (5.0%)
<i>Man, Two Spirit</i>	1 (5.0%)
<b>Age in years</b>	39.6 avg (range: 21-65)
<b>No. counties</b>	18

# Participant outcomes

*\*missing = smoking*

Started the Intervention (N=20)	
Retention (intervention start to exit survey)	16 (80.0%)
Self-reported 7-day point prevalence abstinence at Week 12*	9 (45.0%)
Completed the Exit Survey (N=16)	
Attended ≥4 online volunteer activities	10 (62.5%)
Attended ≥4 cessation counseling sessions	14 (87.5%)
Would recommend the intervention	13 (81.3%)
Agreed that the volunteer activities increased...	
... <i>connection to SGM community</i>	11 (68.8%)
... <i>comfort with SGM identity</i>	10 (62.5%)
... <i>ability to cope with SGM-based discrimination</i>	8 (50.0%)
... <i>confidence in quitting smoking</i>	6 (37.5%)
Increased internal quitting self-efficacy (e.g., stress coping)	8 (50.0%)
Increased external quitting self-efficacy (e.g., environment)	7 (43.7%)
Self-reported 7-day point prevalence abstinence at Week 12	9 (56.3%)

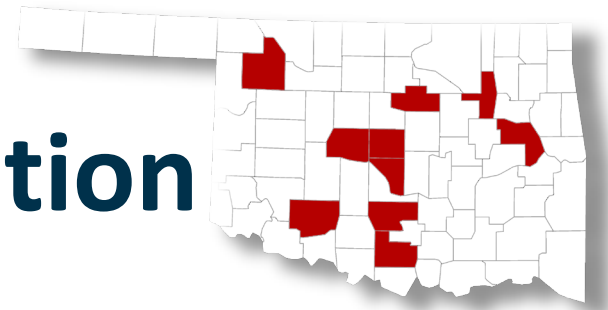
# Exploratory outcomes

Increased from baseline to exit		N=16
Sense of belonging to LGBTQ2S+ community		4 (25.0%)
Active Coping with Minority Stress		1 (6.3%)
Lesbian, Gay, and Bisexual Identity Pride		4 (25.0%)
Perceived Sociopolitical Control		6 (37.5%)
Participatory Competence		6 (37.5%)
Perceived Assertiveness		9 (56.3%)
Decreased from baseline to exit		N=16
Internalized Transphobia		9 (56.3%)
LGB Identity Concealment Motivation		9 (56.3%)
LGB Identity Acceptance Concerns		12 (75.0%)
Internalized Homonegativity		8 (50.0%)



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# Reasons for endorsing the intervention



## Community, identity, hope:

*[I was able to] gain more insight into my own expression of my own identity when it comes to being an LGBT person. (P219)*

*It gives you a sense of belonging and gives you something to look forward to. [It] gives me hope for these new people that are coming out and transitioning and things like that, because it's hard. (P038)*

## Purpose, growth:

*I can't stand the mean people no more. [...] I want to be able to get out there and make a difference and help. (P125)*

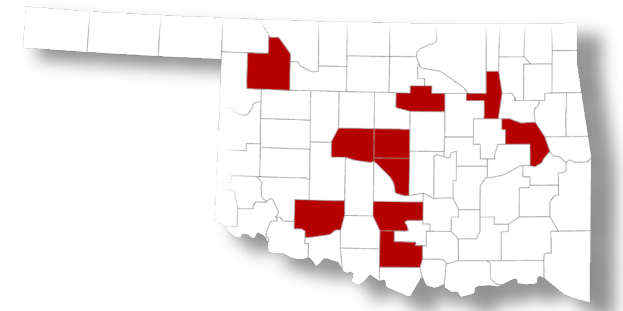
*It took me on a journey other than just to stop smoking. I got to learn something new also. Something to get motivated about also. [...] I learned that even one person can help change something. (P368)*



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# Community partner outcomes



- Over 120 volunteer hours
- Finished School Board Contact Info List (start-to-finish); live on website
- Follow up phone calls with 54 former gender marker and name correction clinic participants
- Extended outreach throughout the state, especially rurally



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# Key pilot lessons learned

- Novel Empowerment Theory-based, community-engaged approach to SGM smoking cessation
  - Feasible, acceptable, preliminary efficacy for participants & organizations
- SGM-serving organizations are valuable partners in tobacco control efforts
- Empowerment Theory might best inform SGM cessation intervention design when paired with SGM-specific constructs that capture unique SGM experiences (e.g., SGM identity Pride)
- Per exit interviews, this approach may not be acceptable for people with time scarcity or extensive prior SGM advocacy experience

# Conclusions – Theory & SGM cessation



- SGM tobacco use disparities are rooted in environments where SGM people live
- Most SGM-tailored tobacco interventions focus on supporting individual-level behavior change
- Employ contextually-engaged theory to complement strengths of individual-level theory
  - Especially where living environments are least supportive of SGM communities
- Minority Stress Model – Diffusion of Innovations – Empowerment Theory
- Other frameworks that help link SGM tobacco use to our living environments?

The Health Equity Promotion Model (*Fredriksen-Goldsen et al, 2014*)

Model of Resources that Promote SGM Resilience (*Edwards et al, 2023*)

Dyadic Health Model (*Newcomb, 2020*)

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# Reference (2/2)

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# Culturally Tailored Anti-Smoking Messages to Influence Intentions to Use Cigarettes & Quit Intentions Among U.S. Sexual Minority Young Women

SCLC Seminar Series 2025

Andy Tan (he/him)

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# It Takes A Village!

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Scout (National LGBT Cancer  
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- We acknowledge the courage and dedication of The PRIDE Study participants for sharing their stories; the careful attention of PRIDENet Participant Advisory Committee (PAC) members for reviewing and improving every study application; and the enthusiastic engagement of PRIDENet Ambassadors and Community Partners for bringing thoughtful perspectives as well as promoting enrollment and disseminating findings. For more information, please visit [https://pridestudy.org /pridenet](https://pridestudy.org/pridenet).





## Study objectives

- Generate evidence base for an anti-smoking messaging approach to reduce smoking among young adult SMW.
- How do we support later adoption and implementation of this approach?

# Rationale

## Why focus on young adult sexual minority women (SMW)?

- Increased risks of smoking-related illnesses than heterosexual women
- Increased tobacco marketing among sexual minorities
- Lack of health campaigns designed for SMW

## Why inoculation and culturally tailored intervention?

- Preferences among young LGBTQ audiences for representation & inclusion in campaigns
- Higher perceived effectiveness

## Why engage stakeholders?

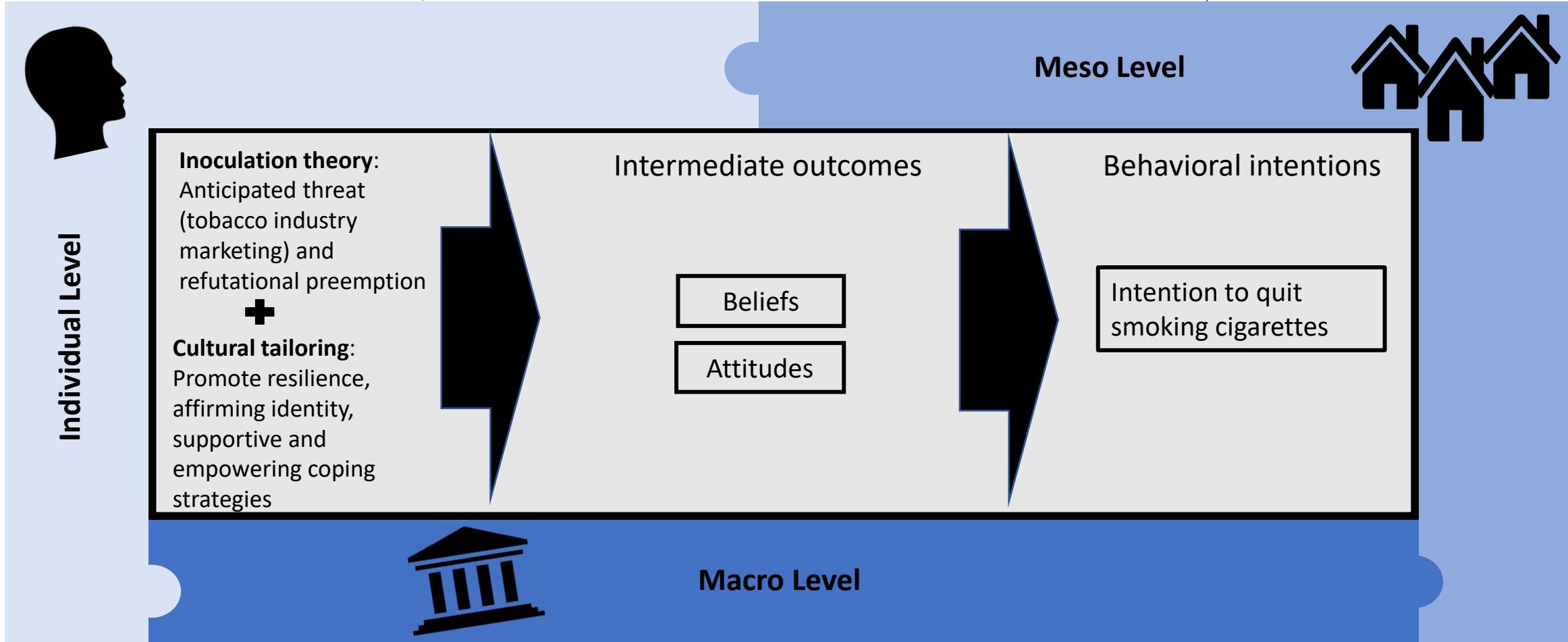
- Enhance future intervention reach, adoption, and implementation



<https://truthinitiative.org/research-resources/targeted-communities/lgbtq-infographic>

**Stress:** victimization, sexual orientation concealment, discrimination events  
**Demographics:** race, education, income, partnership status  
**Health:** substance use, mental health, health status, health insurance

**Cultural:** identification with LGBT community, salience of LGBT identity  
**Social:** bonding, social support, social norms of smoking and alcohol use, bar culture



**Policy:** state level tobacco environments, tobacco control policies  
**Tobacco industry:** LGBT-targeted advertising, positive smoking-related imagery

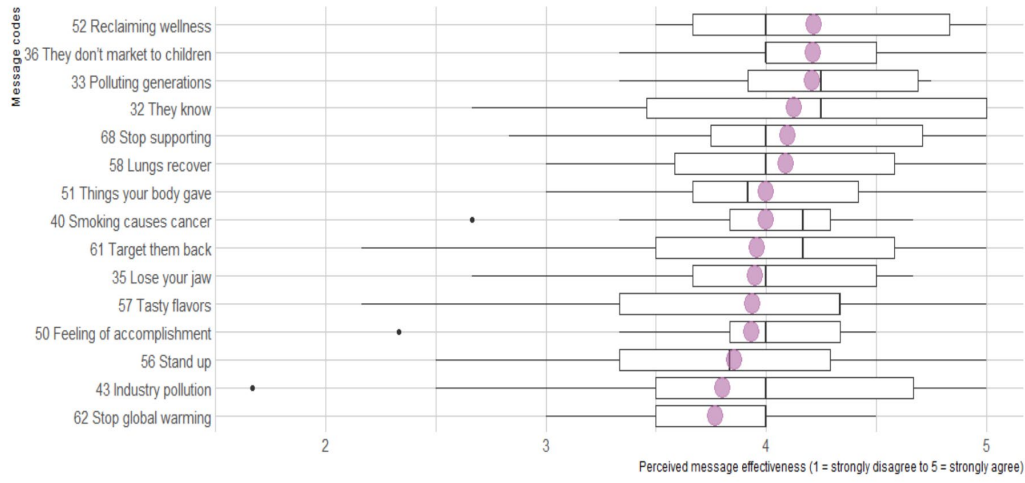
Figure 1 – Conceptual model

# Research questions

- **Main effects:**
  - Does exposure to LGBTQ+ culturally tailored anti-smoking ads change intentions to quit smoking at 1-month follow-up compared with exposure to control ads?
- **Mediation:**
  - Do anti-industry beliefs and attitudes mediate the main effect of exposure to culturally anti-smoking messages on quit intention?

# Message Stimuli Design

---



2 rounds of surveys to obtain PME ratings and qualitative comments to select strong anti-smoking arguments

Pretest visual treatment comparing photos of people, abstract representation, and graphics



Pretest 21 images for identification, emotions, perceived targetedness, similarity, liking to select appropriate images

2 rounds of surveys to pretest close-to-final ads integrating the anti-smoking arguments and images to select the top ads

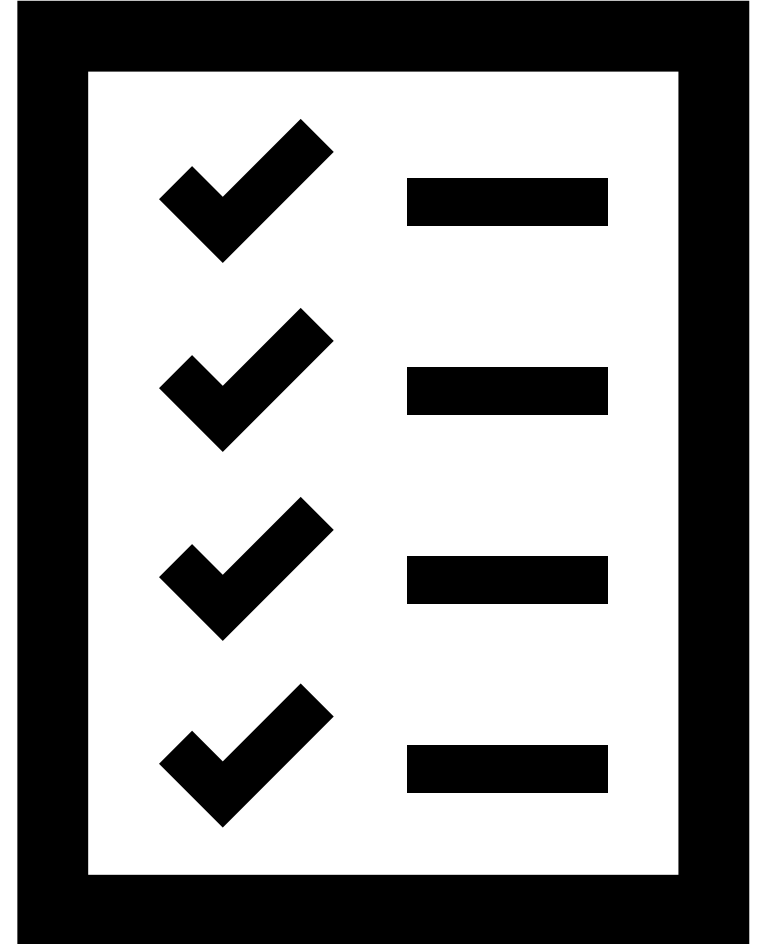
# Message testing outcomes

## Quantitative outcomes

- Perceived Argument Strength Scale
- Reactance
- Perceived targetedness
- Perception of the identity of individuals portrayed in ads
- Affect related to the message

## Qualitative data

- Brief open-ended feedback on each message (optional)

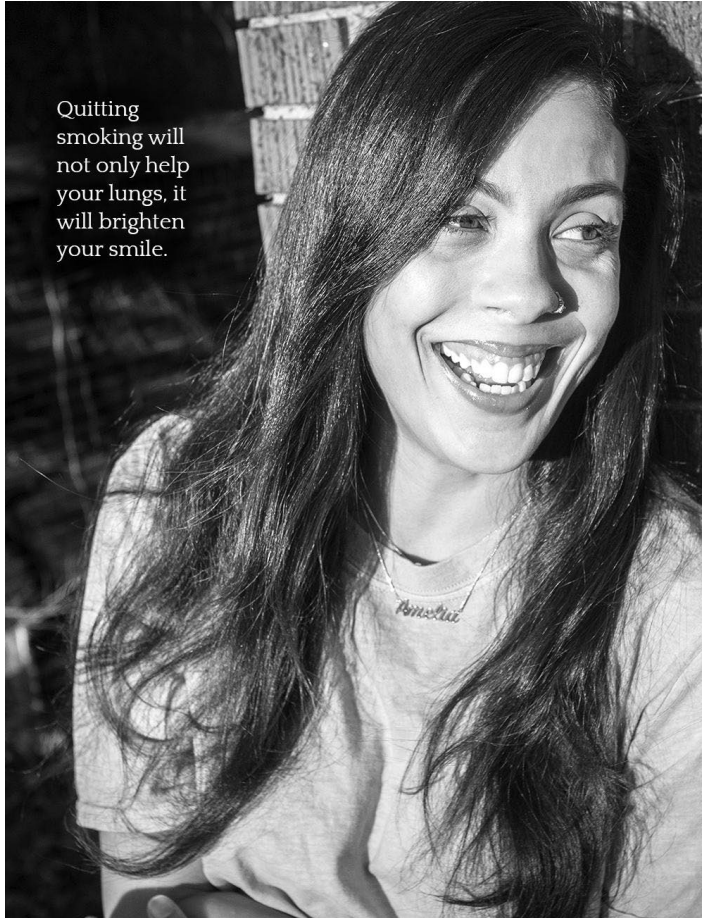


# Synthesis of qualitative feedback from pre-testing

- Participants recommended against ads that stated LGBTQ+ people as smoking at higher rates and ads that stigmatize individuals for smoking
- They recommended including LGBTQ+ people and using subtler cues to indicate the intended audience of the ads
- They preferred statements that evoked positive emotions and provided encouragement among viewers




# Examples of close-to-final ads for Aim 2 experiment




Quitting smoking will not only help your lungs, it will brighten your smile.

TEXT QUIT TO 47848



FIND OUT MORE ABOUT THE HARMFUL EFFECTS OF SMOKING.



projectresist  
Keeping LGBTQ+ people well is our work.



Who's going to control your destiny? You? Or your cigarettes?

TEXT QUIT TO 47848



FIND OUT MORE ABOUT THE HARMFUL EFFECTS OF SMOKING.



projectresist  
Keeping LGBTQ+ people well is our work.




Let's come together as a community and say no to big tobacco, they've targeted us enough.

TEXT QUIT TO 47848

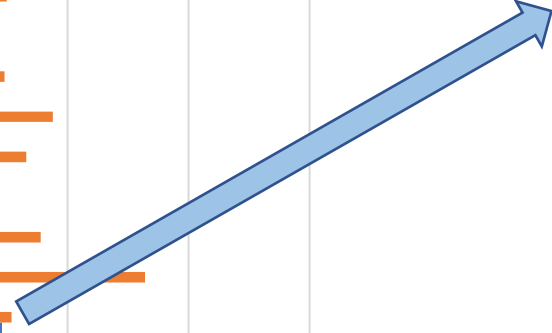
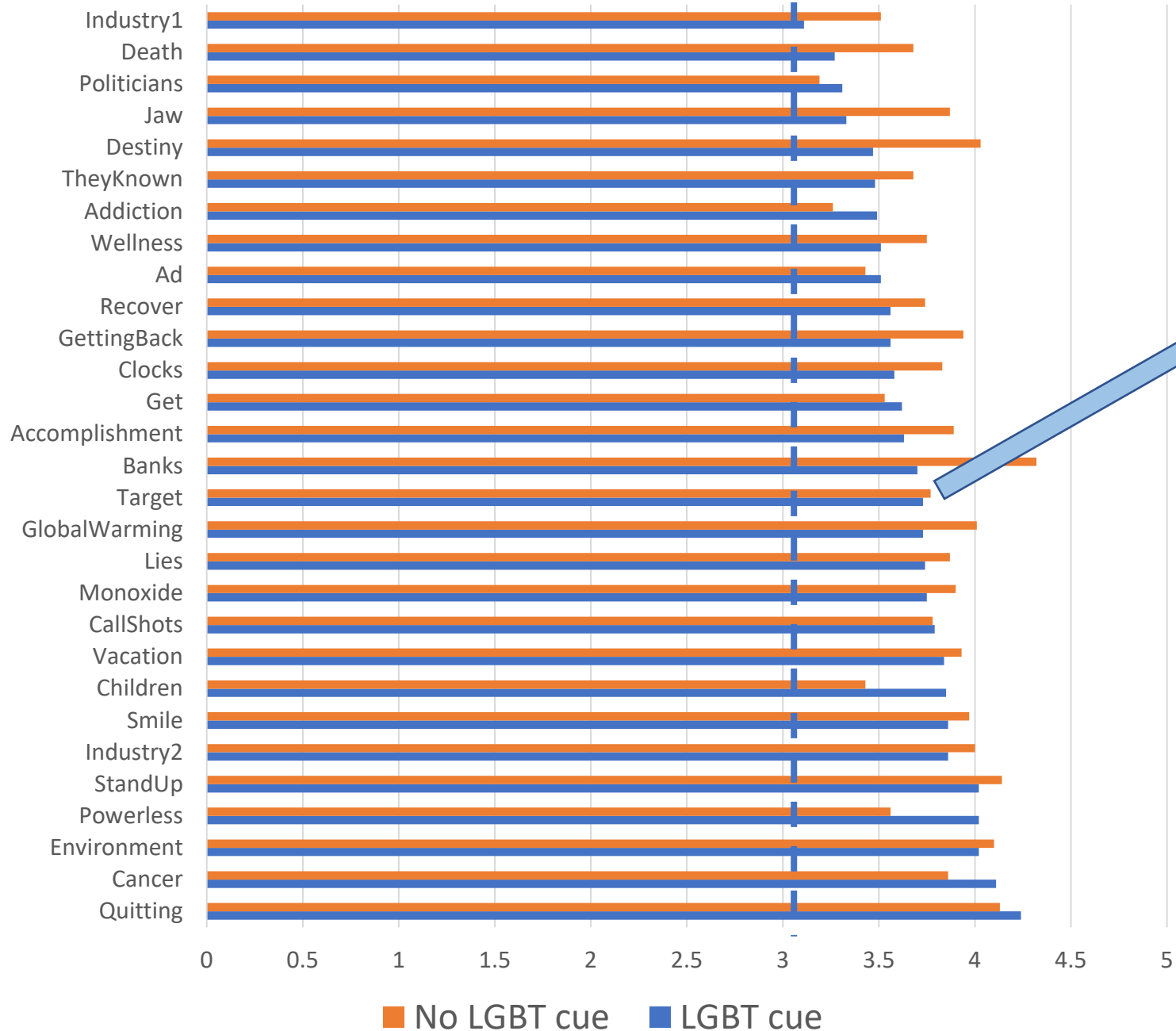


FIND OUT MORE ABOUT THE HARMFUL EFFECTS OF SMOKING.



projectresist  
LGBTQ+ health is our focus.

# Perceived Argument Strength Scale



## Open-ended comments:

“It’s pretty uplifting. I agree that we should fight back against big tobacco.”

“This one is a little cheesy, but it's empowering. I think it's important for people to consider how the tobacco industry has targeted specific groups above others.”

# Anti-smoking message themes

- Harms of smoking
- Benefits of quitting smoking
- Tobacco industry targeting
- Environmental impacts of the tobacco industry

Within two weeks of quitting smoking, your lungs start to recover.



TEXT QUIT TO 47848



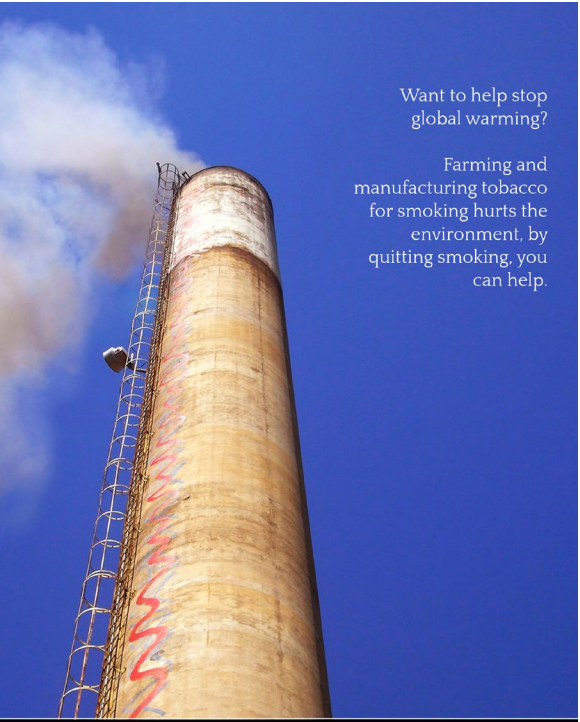
FIND OUT MORE ABOUT THE HARMFUL EFFECTS OF SMOKING.




projectresist  
Keeping LGBTQ+ people well is our work.

Want to help stop global warming?


Farming and manufacturing tobacco for smoking hurts the environment, by quitting smoking, you can help.



TEXT QUIT TO 47848



FIND OUT MORE ABOUT THE HARMFUL EFFECTS OF SMOKING.



projectresist  
Keeping LGBTQ+ people well is our work.

# Study population and methods

---

## LGBQ+ cis and trans women wanted for a research study

Receive up to \$15 in gift cards



We are looking for LGBQ+ cis or transgender adult women ages 18 to 30 who currently smoke cigarettes and live in the US to join a research study

## LGBQ+ cis and trans women wanted for a research study

Receive up to \$15 in gift cards



We are looking for woman identifying LGBQ+ adults ages 18 to 30 who currently smoke cigarettes and live in the US to join an online research study

# Study Population Recruitment

- **Study sample:** 1212 US SMW, cisgender or transfeminine, ages 18-30 years, who currently smoke, 966 had complete data in the 1-month follow-up (79.8%)
- **Recruitment:** The PRIDE Study cohort, online panel (Prolific), Instagram ads, dating app ads (HER), and through LGBTQ organizations' social media accounts
- **Quality checks:** Assessed fraud and duplicate scores via Qualtrics, attention check and honey pot questions, location, matching data from screener vs. baseline surveys

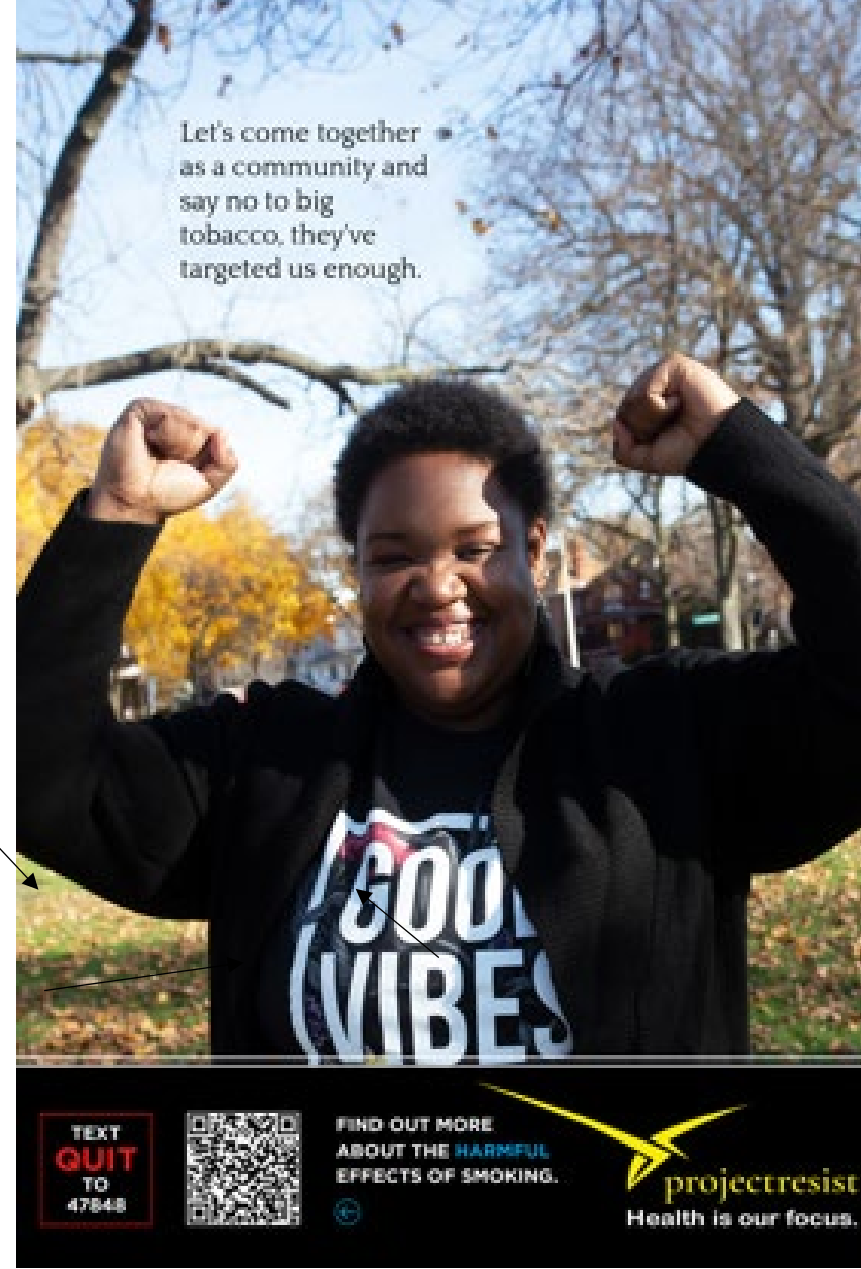
**Identical image:**  
Volunteers who identify as young adult SMW and stock images



“LGBTQ+ health is our focus” slogan

Campaign logo using LGBTQ+ Pride flag

**Identical message:**  
Let’s come together as a community and say no to big tobacco, they’ve targeted us enough.



“Health is our focus” slogan

Campaign logo using yellow color

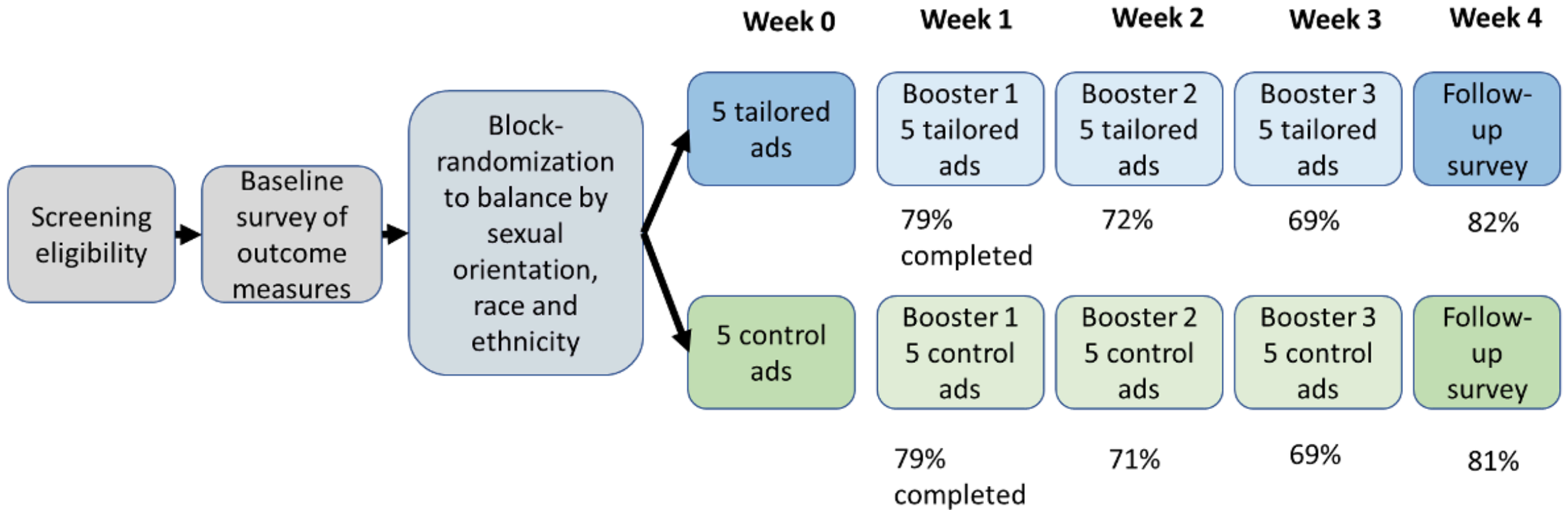
**Identical call to action:**  
Text to quit number and QR code to CDC’s website

# Manipulation check at post-test survey

- Participants were asked at post-test to indicate whether LGBT, gay or lesbian, bisexual, and transgender populations came to mind when they saw messages over the past month.
- Participants in the tailored condition were significantly more likely to report that all groups came to mind than those in the control condition
  - LGBT: 76.6% vs. 67.7%,  $\chi^2(1, N=966) = 9.55, p < .01$
  - Gay or lesbian: 66.9% vs. 58.0%,  $\chi^2(1, N=966)=8.08, p < .01$ ;
  - Bisexual: 25.0% vs. 15.0%,  $\chi^2(1, N=966)=15.11, p < .01$
  - Transgender: 19.5% vs. 10.6%,  $\chi^2(1, N=966)=15.12, p < .01$ .

# Message Stimuli Exposures Protocol

## *Current Smokers*



- Potential of viewing up to 20 unique anti-smoking messages over 4 weeks
- Participants in both arms were instructed that the ads will be shown for 1 minute before they can proceed to the next question



# Study Outcomes & Analyses

- **Primary outcomes**
  - Intention to purchase cigarettes (Juster scale)
  - Intention to quit smoking (4-item scale)
- **Mediator variables**
  - Anti-industry beliefs (4-item scale)
  - Anti-industry attitudes (2-item scale)
- **Covariates**
  - Baseline scores of each outcome
  - Previous quit attempt in the past 12 months
- **Analyses**
  - Linear regression models to predict changes each outcome
  - Adjusted for baseline scores of each outcome
  - Structural equation model and bootstrapping procedures
  - Sensitivity analyses



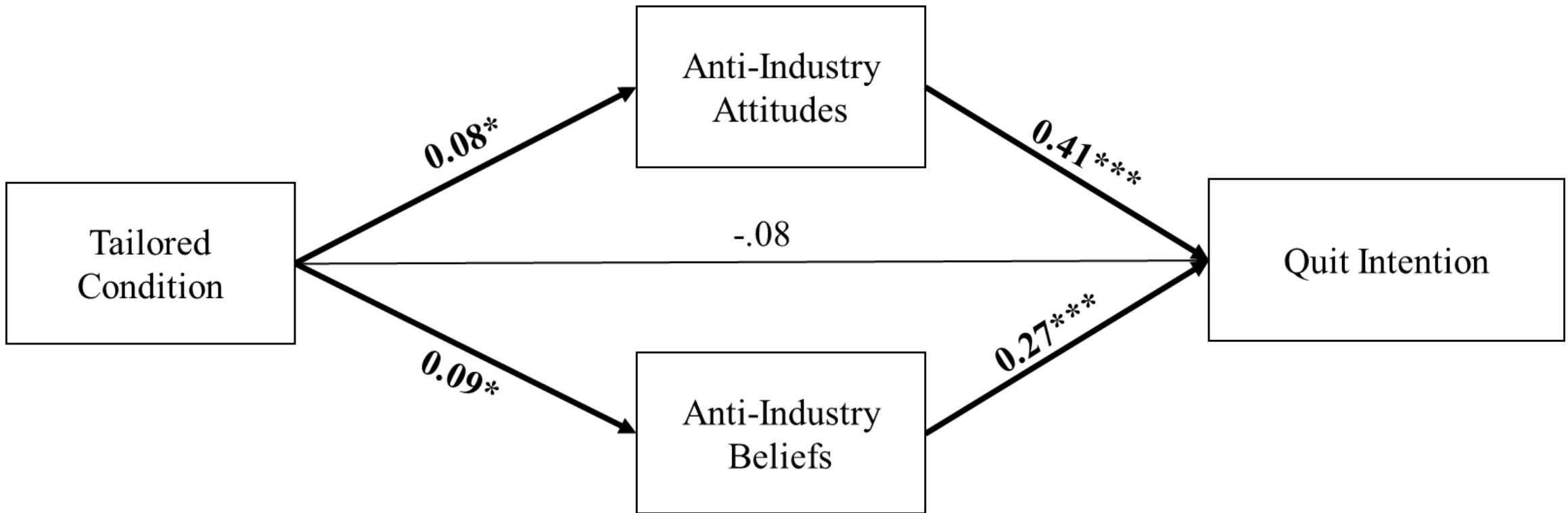
# Analyzed sample demographics

- 2.3% identified as transgender woman, 82.8% identified as cisgender woman, 66.5% as woman
- 72.0% of participants identified as lesbian or gay, 15.3% identified as bisexual, and 12.6% identified as another sexual orientation
- 30.5% were ages 18-23 and 69.5% ages 24-30
- 32.8% identified as non-Hispanic white, 22.7% as non-Hispanic Middle Eastern, Arab, or Arab American, 17.5% non-Hispanic and other racial identity, 11.5% non-Hispanic Black, 7.5% Hispanic, and non-Hispanic Asian or Pacific Islander (8.1%). Participants
- 52.1% attained a four-year college degree or higher
- Mean of 4 quit attempts in the past 12 months

# Main effect – No significant tailoring effect on quit intentions

- Among those who smoked, there was no significant treatment effect of culturally-tailored ads versus control ads for their follow-up intention to quit (B=-0.041; 95%CI -0.649, 0.568; p=0.896)
- Ads used in both conditions were associated with changes in quit intention in the desirable direction between baseline and follow-up:
  - Non-tailored (B=4.844; 95%CI 4.394, 5.295; p<0.001)
  - Tailored (B=4.814; 95%CI 4.352, 5.276; p<0.001)

# Mediation analysis – Significant mediation via anti-industry attitudes and beliefs



Structural equation model with standardized regression weights. Note: Error correlations and covariates (baseline anti-industry attitude, anti-industry beliefs, quit intention, and quit attempts) not shown to reduce visual clutter. \*  $p < .05$ ; \*\*  $p < .01$ ; \*\*\*  $p < .001$ . Model fit:  $\chi^2=3.196$ ,  $df=3$ ,  $CFI=1.000$ ,  $TLI=0.999$ ,  $RMSEA=0.008$ ,  $SRMR=0.008$ .

	Effect size	Bias-corrected Bootstrap 95% Confidence Interval	
<b>Total Effects (Direct + Indirect Effects)</b>			
Tailored condition->Quit intention	-0.020	-0.163	0.148
<b>Direct effects</b>			
Tailored condition->Quit intention	-0.078	-0.215	0.079
<b>Indirect effects</b>			
Tailored condition->Anti-industry beliefs-> Quit intention	<b>0.024</b>	<b>0.004</b>	<b>0.056</b>
Tailored condition->Anti-industry attitude-> Quit intention	<b>0.034</b>	<b>0.006</b>	<b>0.077</b>

Total, direct, and indirect effects for mediation analyses

# Limitations

---

- Brief exposures to cultural tailoring manipulation (slogan and logo) may not be sufficiently distinct from the control messages
- Controlled exposure to up to 20 anti-smoking messages for at least 1 minute across both arms differs from real-world exposure to health messages
- Brief follow-up of 1-month may not be sufficient to detect behavioral intention change
- Anti-industry beliefs and attitudes were not experimentally manipulated
- Non-representative sample of young adult SMW

# Key Takeaways

- Anti-industry beliefs and attitudes mediated the effect of LGBTQ+-tailored anti-smoking messages on increasing quit intentions among young adult sexual minority women who smoke
- While the direct effect of tailored messaging on quit intentions was not significant, the study found that LGBTQ+ cultural cues in anti-smoking ads can work through changing shorter term outcomes such as beliefs and attitudes about the tobacco industry
- Future anti-smoking campaigns for young adult SMW should consider incorporating both LGBTQ+-specific elements and counter-industry messaging themes to promote quit intentions through these mediating pathways

# Research dissemination to participants

- Research in brief summaries



- Newsletters to The PRIDE Study participants and website



- Infographics

## CREATING EFFECTIVE ANTI-SMOKING MESSAGES FOR LGBTQ+ YOUNG WOMEN

PRIDENet

Andy SL Tan, PhD, MPH, MBA, MBBS et al., American Journal of Preventive Medicine [2024]

### What Did We Do?

We created LGBTQ+ tailored and non-tailored anti-smoking messages. Then we randomly assigned participants to see either tailored or non-tailored messages over one month.

Participants answered surveys about:

- ◆ demographics.
- ◆ smoking history.
- ◆ plans to purchase cigarettes or to quit smoking .
- ◆ attitudes and beliefs about the tobacco industry.

### What Did We Learn?

Tailored messages were more effective than non-tailored messages in reducing positive beliefs about the tobacco industry among those who smoke.

Both types of messages had positive effects among those who smoke and those who do not.

This includes:

- ◆ more plans to quit smoking.
- ◆ fewer plans to purchase cigarettes.
- ◆ having more negative attitudes and beliefs about the tobacco industry.

### What Does This Mean For Our Communities?

Tailoring anti-smoking messages for the LGBTQ+ community can be effective in reducing positive beliefs about the tobacco industry.

### New & Notable

Our study was one of the first about helping to quit smoking that focused specifically on young adult LGBTQ+ women. Our study is more inclusive by recruiting both cisgender and transgender women participants.



# References

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# Questions



Q & A



# CME/CEU Statements

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