



**Cessation barriers, attitudes and preferences
among Colorado GLBT smokers**

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Contents

Smoking cessation in the context of public health	1
Study purpose and methods	2
Results	3
Discussion	5
Tables	7

Smoking cessation in the context of public health*

To quit smoking takes motivation and coping skills. In many or most cases, it also takes medication to manage neuropsychological dependence, behavioral counseling, and/or clinical treatment for co-morbidities. Self-knowledge, attitudes towards assistance, and access determine whether a smoker uses the most individually appropriate strategies in attempting to quit.

Most adult (and many adolescent) smokers want to quit, but only a small percentage, about 15% to 30%, are “ready” to try. For the 70% to 85% who are not yet ready, public health programs use policy, mass media, or one-on-one information strategies to increase motivation to quit. Examples of these strategies include reducing opportunities to smoke, increasing product prices through taxation, reinforcing relevant social norms, delivering health care advice, regulating tobacco advertising, requiring health insurance to cover smoking cessation treatment, providing financial incentives for not smoking, etc.

Among smokers who are motivated to quit, assisted attempts are on the rise but unassisted “cold turkey” remains the majority strategy, currently used by 70% to 80% of quit-attempters (reduced from 90% in 1990). The self-change strategy succeeds for only 1% to 3% of those who use it, and we assume more in this group would succeed if they used effective support resources – the two most well-established are nicotine replacement therapy (NRT) and cognitive/behavioral coaching or counseling – but little is known about ways to motivate self-reliant quit-attempters to seek help.

In summary, a comprehensive public approach to smoking cessation uses appropriate strategies to address each of three main cognitive groups of smokers. Motivational strategies target those who aren’t ready to try quitting. Access and acceptance strategies target those who are ready but not considering use of effective support resources. Access and service provision strategies target those who are ready to try quitting with appropriate assistance resources.

In most (but not all) cases, public health interventions have the greatest impact when they address specific segments of the population.

Distinct sociocultural populations and smoking cessation

Cigarette smoking is two to three times as common among certain population groups, mainly those with social disadvantage associated with less education, less income, physical disabilities, mental health conditions, or diminished societal acceptance. In addition, effective cessation support resources are less commonly used by some cultural and socioeconomic groups.

While much remains unknown about reaching and assisting disadvantaged groups of smokers, perhaps least is known about smokers who self-identify or behave as gay, lesbian, bisexual or transgendered (GLBT) people. Cigarette smoking is roughly twice as high among GLBT adults compared to heterosexual adults, but little or nothing is known about this population’s motivation to quit smoking or attitudes toward / access to effective cessation resources.

* Adapted from: Abrams DB et al. Integrating individual and public health perspectives for treatment of tobacco dependence under managed health care: a combined stepped-care and matching model. *Annals of Behavioral Medicine* 1996; 18(4):290-304.

Study purpose and methods

The GLBT Community Center of Colorado (“Center”) is developing a public health initiative to reduce smoking among GLBT people. Consistent with principles described earlier, we conducted a needs assessment of motivations to quit, and attitudes toward / access to cessation resources, among Colorado GLBT smokers. Results are the subject of this report.

A large convenience sample of Colorado GLBT smokers completed a questionnaire about their attitudes, behaviors, beliefs and access regarding smoking cessation. Measures included individual history of smoking and attempts to quit; attitudes and beliefs about proven cessation strategies; usual sources of health information; self-esteem in relation to GLBT orientation, and demographics. The questionnaire was designed by the Tobacco Program Evaluation Group (TPEG), University of Colorado Denver, in collaboration with the Center. The draft instrument was pilot-tested in a focus group of six GLBT smokers who were regular users of the Center and were paid \$10 each. Based on feedback from the pilot-test, the instrument was revised and re-tested among an additional sample of five GLBT smokers, who reported no further issues. The final version was printed in English and Spanish. An online English version was also made available (SurveyMonkey, Portland, Oregon).

The survey was fielded during January-July 2007 by the Center, its Rainbow Alley program for adolescents, and seven partner agencies – Lambda Community Center, in Fort Collins; Western Equality, in Grand Junction; Boulder Pride; El Futuro, serving Latino men; Brothas4Ever and Kaleidoscope, serving African Americans, and the Pride Center, in Colorado Springs. Respondents were recruited at a total of 129 venues or events, including 30 GLBT bars and nightclubs, 23 GLBT events such as PrideFests, 23 private homes or parties, 16 outdoor public spaces, 12 GLBT community centers, and other settings. More than one-fourth of surveys (28%) were completed at GLBT events, 19% at GLBT bars or nightclubs, 17% online over the internet, and the remainder in GLBT centers, homes, outdoor public spaces or other settings. About half of respondents received appreciation tokens for completing the survey, including Quit Kits, bags, t-shirts, gum, lighters, wheels, food, bumper stickers, and carabineers.

A total of 2,062 questionnaires were received, including 414 that were completed online. Paper questionnaires ($n=1,648$) were independently double-keyed into Excel spreadsheets, and discrepancies were resolved by reference to original questionnaires. Questionnaires with extensive missing information ($n=129$) were removed from the data file, and 165 observations were excluded from analysis because of heterosexual orientation and behavior, because they were never-smokers or former smokers, or because of uninterpretable smoking status. A total of 1,768 questionnaires were available for analysis.

Missing or inconsistent responses for age, sexual orientation, gender or ethnicity were edited or imputed in order to allow standardized comparisons between GLBT and general population heterosexual smokers residing in the same counties. Gender was resolved for 28 observations, sexual orientation for 44 observations, and ethnicity for 20 observations using the individual’s answers to related items. Irresolvable missing items were imputed using best-subsets regression for age ($n=98$), gender ($n=104$), sexual orientation ($n=103$) and ethnicity ($n=102$). A total of 120 observations received imputed values on one or more of these variables; 40% of these respondents completed the questionnaire online.

For comparison, we used a 2005 population-level sample of Colorado smokers ($n=1,821$) residing in the same counties as GLBT respondents and not self-identified as GLBT in orientation. The two samples were standardized for comparisons (weighted to be similar) on age, gender and ethnicity. The heterosexual sample was weighted to represent the general population of smokers in the counties included for analysis. The significance criterion for contrasts is two-sided $\alpha=0.05$.

Results

The sample populations

Compared to heterosexual smokers, the GLBT sample was younger, less white/Caucasian and more black/African American, less affluent, and more likely to have graduated from college (table 1). Standardized on age, gender and ethnicity, both groups reported similar general health status (table 2). Current physical and mental/emotional limitations were no more common among GLBT than a statewide sample of heterosexual smokers. GLBT smokers were significantly less likely to have a regular health facility or to have recently visited the doctor; the proportions with health insurance were not significantly different.

Contrasts in smoking and quitting behaviors

Among GLB smokers aged 18-35, daily smoking was somewhat more common, and quit attempts were less common, than among same-age heterosexual smokers (table 3). Light and moderate daily smoking (1-9 and 10-19 cigarettes per day, respectively) were generally more common among heterosexual smokers, while heavy smoking was consistently more common among GLBT smokers.

No pattern of difference was seen in use of NRT or the QuitLine during previous quit attempts. Only gay men used internet cessation support in similar proportions to heterosexual smokers.

Readiness to try quitting in the next 30 days (“planning/preparation” stage) was similar across sexual orientations among smokers aged 25-54 and somewhat less common among GLB than heterosexual smokers aged 18-24. Contemplation of quitting was generally less common among GLBT than heterosexual smokers.

Intention to use NRT in the next quit attempt ranged from roughly 15% to 30% and was generally more common among GLB than heterosexual smokers aged 18-34 (table 4).

Cessation assistance preferences

Asked which cessation strategies would be preferred if all were available free, one-third to one-half of GLBT smokers said NRT would be their choice – but half to three-fourths also said they believe NRT is hazardous and/or addictive. Preference for classes ranged from 5% to 20%. Preference for the QuitLine generally ranged from 5% to 11% with somewhat higher levels among the small groups of older bisexuals and younger transgendered or intersex individuals. Preference for internet coaching was less than 10%. Heterosexual smokers were not asked this question.

About three-fourths of GLBT smokers aged 18-24 and half of those aged 25-54 said they were not comfortable asking a doctor for help to quit smoking (table 5).

QuitLine features that attract or repel GLBT smokers

More than half of GLBT smokers said they would be more likely to use the QuitLine based on four features – proven effectiveness, expert advice, free NRT, and confidentiality (table 6). Inability to speak to the same coach in all sessions was repellant to more than one-third of GLBT smokers. About 15% to 30% were put off by unavailability of GLBT-identified coaches and/or discussion protocols that don't include sexual orientation or gender identity. Spanish-language coaching was attractive to roughly one-fourth to one-third.

Internet support features that attract or repel GLBT smokers

More than half of GLBT smokers said they were more likely to use internet support based on proven effectiveness, expert advice, constant availability, confidentiality, and availability of mailed information (table 7). Peer support, including GLBT-identified peer support, was attractive to roughly 40% to 50%. Spanish-language availability was of interest to roughly one-fourth.

Sources of cessation support information

Young adult GLBT smokers were most likely (40% to 55%) to say they would probably seek information about quitting from family and friends (table 8). GLBT smokers aged 25-54 were most likely (25% to 40%) to seek such information from a health care provider. Other potential sources – GLBT organizations, QuitLine, internet, other quit-attempters, individual or group sessions – were selected by fewer than 10% in most cases. About one-fourth to one-third said they didn't know where they'd go for information, would not seek information, or wrote in an unlisted option.

Half to three-fourths of GLBT smokers said they frequently or occasionally get health information from friends or partners, the internet, television, radio, and general interest periodicals. Among those aged 25-54, half to three-fourths also cited doctors and hospitals as frequent or occasional sources. Bisexuals were generally less likely than gays or lesbians to cite any mode as a frequent or occasional source. Community centers, churches, and public transportation were sources for one-third or less of GLBT smokers.

Two-thirds to three-fourths of gay or lesbian smokers said they frequently or occasionally visit GLBT bars or clubs, read GLBT periodicals, or attend GLBT events. GLBT bath houses and sex clubs were frequent or occasional haunts for 10% to 25%.

Environmental smoking cues

About 40% to 60% of GLBT smokers said they lived in smoke-free households (table 9), generally higher rates than among Colorado heterosexual smokers in 2005 (45%). About one-third to one-half lived with another smoker, and about two-thirds had a significant other who also smoked.

Self-discomfort around sexual orientation

About two-thirds of GLBT smokers said smoking is a bigger problem for GLBT people than for other people (table 10). Discomfort with sexual orientation was uncommon – generally 20% or

fewer GLBT smokers reported it – and pride in sexual identity and GLBT community membership was high. Little difference was seen across levels of smoking dependence.

Discussion

Among GLBT and heterosexual smokers in Colorado, similar, small proportions plan to try quitting in the next 30 days. However, the next level of motivation – “contemplation” – appears lower among GLBT than heterosexual smokers, suggesting a need to conduct for quit-motivating interventions using approaches described near the top of page 1.

Perceptions of NRT as addictive or hazardous to health are widespread among smokers (Hyland, Cummings et al), and GLBT smokers are apparently no different. Education of all smokers is warranted on this point. The interventions will need to use credible themes, images and spokespeople appropriate to the target audience.

Heavy smoking was considerably more common among GLBT respondents. These smokers may experience the greatest benefit from access to NRT. Shifman et al suggest that NRT “levels the playing field” for heavy smokers, by helping them manage nicotine withdrawal and focus better on the psychosocial issues that face other smokers in quitting.* Further analysis should see if heavy GLBT smokers intend to use NRT in their next quit attempt, and how common NRT-wariness is in this group.

GLBT smokers’ interest in various cessation strategies resembles the distribution in other populations of smokers – NRT comes first, followed by counseling/coaching in person or on the telephone. A large proportion of GLBT smokers – three-fourths of those aged 18-24, and half of others – said they wouldn’t ask a doctor for help in quitting. We don’t think this question has been asked in other populations so can’t interpret the results.

The extent of interest in using QuitLine seems similar to expectations among heterosexual Colorado smokers (although comparable data are unavailable). QuitLine promotion to the GLBT smoker population might want to emphasize the features that are reportedly most attractive to this audience – proven effectiveness, expert advice, free advice and confidentiality. On the surface, none of these features seems likely to appeal more to GLBT smokers than to others trying to quit.

A substantial minority of GLBT respondents (28%) said they are less likely to use QuitLine because they can’t speak to a GLBT-identified coach. Further study is needed to determine whether providing such access would actually motivate QuitLine use among this group; in previous studies, smokers often request cessation strategies that are unavailable but fail to use them when the service is provided.

Of perhaps greater concern is the more than one-third (37%) who say they are less likely to use QuitLine because they won’t speak to the same coach in all sessions. Success in behavioral counseling depends partly – some say mainly – on forging a “therapeutic alliance” between the

* While NRT is recommended for all levels of smoking, some current research is exploring the possibility that light or even some moderate smokers may not benefit.

provider and the client. The “turnoff” of having to switch QuitLine coaches probably extends outside the GLBT smoker population, but the question hasn’t been asked elsewhere.

Roughly half of GLBT smokers live with another smoker, similar to the residential pattern among heterosexual smokers (data not shown). The Colorado QuitLine provider has a faculty member (Heather LaChance, Ph.D.) with expertise and an NIH research grant focused on family-based support for smoking cessation. Dr. LaChance may be able to help determine whether this type of support would be useful for dual-smoker partnerships and households.

Comparing GLBT and heterosexual smokers, the GLBT group showed several social disadvantages – less income, less education, less health care access and slightly more unemployment. These differences may be explained by the substantial age difference between the populations. Further analyses will assess this possibility.

Across GLBT respondents, widespread self-esteem and pride in sexual orientation, and an absence of elevated mental health limitations, are notable given the combination of smoking (a known self-medication for mood disorders) and the social stigma of GLBT identity/orientation. At least two possibilities come to mind:

- The sample largely represents GLBT smokers with open sexual identities and orientations, who may be more comfortable with their identities than “closeted” GLBT smokers. Roughly 80% of respondents completed the survey on paper through contact with data collectors. In passing, we noticed a slight shift upward in mean mental health limitations when online respondents were added to the analysis. Further analysis should compare paper vs. online respondents on these and other measures.
- GLBT smokers, or at least those who are open with their identities and orientations, might smoke more for social reasons than for mood management reasons often found among heterosexual smokers. Social reasons could include communion, celebration, habit, fear of social losses (no longer being “in”), or others.

We find it hard to interpret the widespread perception that smoking is more of a problem for GLBT people. Respondents may be aware that smoking prevalence is elevated among this population, or they may perceive smoking as a response to discrimination or stigma, or both. The ambiguity arises from the survey question, which was adopted from California’s large GLBT tobacco survey.

Tables

Table 1. **Comparison of Colorado GLBT respondents[†] and the general smoker population[‡] in corresponding regions**

	GLBT (n=1,768)	gen'l. pop. (n=1,821)
Sex		
male	49.8%	57.6%
female	47.0%	42.4%
transgender	2.2%	–
intersex	1.1%	–
Self-identified sexual orientation		
gay	43.8%	–
lesbian	37.1%	–
bisexual	15.9%	–
other	3.3%	–
Age		
younger than 18	4.1%	–
18-24	33.9%	19.1%***
25-34	28.0%	24.6%
35-44	19.0%	18.1%
45-54	11.7%	21.3%***
55-64	2.7%	11.4%
65+	0.6%	5.6%
Ethnicity		
Hispanic or Latino	21.9%	22.2%
White or Caucasian	60.1%	68.0%***
Black or African American	9.7%	4.9%***
Asian or Asian American	1.9%	1.2%
American Indian	2.2%	2.0%
Other / multiracial	4.3%	1.8%
Education^a		
0-8 years	1.4%	3.4%
9-11 years	9.4%	9.9%
high school graduate	18.9%	34.1%***
some college	32.7%	33.2%
college graduate or more	37.5%	19.4%***
Annual household income^a		
<\$15,000	17.9%	8.6%***
\$15,000 to <\$25,000	17.1%	16.3%
\$25,000 to <\$35,000	20.0%	14.7%***
\$35,000 to <\$50,000	21.1%	23.3%
\$50,000 or more	23.9%	37.2%*
Employment status^a		
employed for wages	60.1%	57.2%
homemaker	1.5%	4.7%
self-employed	12.3%	10.1%
student	6.0%	10.3%
retired	6.8%	7.0%
unemployed	8.8%	5.2%
unable to work	4.5%	5.6%

[†] Colorado GLBT Smoking Cessation Survey, 2007

[‡] Colorado Tobacco Attitudes and Behaviors Survey (TABS), 2005

^a GLBT rates are standardized to the general population distribution of age, sex and ethnicity.

*** Significant difference within row, p<0.001

Table 2. Health among Colorado GLBT smokers[†] and the general smoker population[‡] in corresponding regions^a

	male gay/ queer (n=727)	female lesbian/ gay/queer (n=613)	bisexual (n=244)	other (n=53)	all (n=1,637)	general pop. (n=1,310)	p [♦]
Perceived health status							
Excellent	22.7%	21.4%	23.2%	13.6%	21.5%	14.7%	<0.001
Very Good	37.5%	34.8%	30.0%	44.6%	35.8%	32.9%	
Good	27.8%	31.1%	32.5%	32.7%	30.1%	35.5%	<0.001
Fair	10.8%	10.9%	13.3%	9.2%	11.3%	12.4%	
Poor	1.2%	1.8%	1.0%	0.0%	1.4%	4.5%	
Physical health not good (days in past 30 days)	2.9	3.5	4.6	4.3	3.4	7.6 ^b	<0.001
Mental health not good (days in past 30 days)	4.7	5.0	8.4	9.8	5.5	8.8 ^b	<0.001
Have a regular health facility	57.5%	53.1%	57.1%	47.0%	56.2%	65.7%	<0.001
Visited MD in last 12 months	49.5%	47.4%	53.2%	38.7%	49.2%	67.4%	<0.001
Have health insurance	60.0%	65.2%	57.5%	43.7%	61.0%	66.3%	0.045

[†] Colorado GLBT Smoking Cessation Survey, 2007

[‡] Colorado Tobacco Attitudes and Behaviors Survey (TABS), 2005

^a GLBT rates are standardized to the general population distribution of age, sex and ethnicity.

[♦] P-value for comparison between all-GLBT and general population rate.

^b Behavioral Risk Factor Surveillance System 2006, Colorado adult smokers aged 18-54.

Table 3. Smoking status and cessation history by age group, Colorado GLBT survey respondents[†] and the general smoker population[‡] in corresponding regions^{a, b}

		male, gay/queer (n=727)	female, lesbian/ gay/queer (n=613)	bisexual (n=244)	all other (n=53)	general pop. (n=1,310)
Sample distribution by age (n)						
	18-24	254	222	99	25	189
	25-34	184	214	84	13	307
	35-54	289	177	61	15	814
Smoking status and dependence						
Daily smoker	18-24	83.3%*			48.9%	73.7%
	25-34	80.6%*			69.3%	72.5%
	35-54	85.0%*	76.4%	65.3%*	77.3%	78.2%
Smoke 1 to 9 cigarettes a day (daily smokers only)	18-24	48.4%***				28.3%
	25-34	39.0%***				18.1%
	35-54	27.6%***	36.3%***			14.1%
Smoke 20+ cigarettes a day (daily smokers only)	18-24	18.9%	17.9%	17.6%	11.4%	19.9%
	25-34	(with bisexual & "other")	15.7%***	22.5%*** (incl. male gay/queer)		44.3%
	35-54	41.8% (incl. "other")	32.8***		(with male gay/queer)	52.9%
Cessation history						
Tried to quit in past year (at least 24 hours)	18-24	38.3%***			64.4%**	87.8%
	25-34	51.2%***				69.2%
	35-54	46.1%	53.0%	61.5%	56.4%	52.4%
Duration of last attempt less than six months	18-24	91.7%	90.6%	84.7%	100.0%	91.1%
	25-34	86.7%	89.8%	91.0%	100.0%	95.7%
	35-54	80.5%	76.9%	87.8%	93.7%	95.3%
Used NRT in last attempt	18-24	28.3%*** (incl. bisexual)	11.0%	(with male gay/queer)	12.4%	9.1%
	25-34	30.5%* (incl. bisexual)	25.0%	(with male gay/queer)	14.6%	19.7%
	35-54	33.2%*** (incl. "other")		18.7%	(with male & lesbian gay)	21.4%
Used QuitLine in last attempt	18-24	6.6%	3.9%	8.6%	12.4%	8.8%
	25-34	8.0%	8.7%	4.5%	0.0%	7.7%
	35-54	6.6%	5.4%	3.2%	6.0%	9.5%
Used medication in last attempt	18-24	2.1%	1.0%	3.3%	0.0%	0.8%
	25-34	3.0%	2.3%	3.7%	0.0%	6.0%
	35-54	8.0%	10.2%	8.2%	3.0%	9.0%
Used QuitNet in last attempt	18-24	3.7%	0.0%	0.0%	0.0%	1.1%
	25-34	4.8%	3.1%	1.9%	0.0%	3.3%
	35-54	6.3%	2.4%	3.9%	0.0%	4.9%
Cessation intentions (readiness)						
will quit in next 30 days ("preparation/planning")	18-24	7.2%**				20.6%
	25-34	9.7%	12.9%	7.4%	5.1%	11.1%
	35-54	13.7%	12.0%	13.0%	36.0%	13.5%
will quit in next 6 months ("contemplation")	18-24	17.3%***				32.5%
	25-34	25.4%***				39.1%
	35-54	23.7%**		14.4%***		32.2%

[†] Colorado GLBT Smoking Cessation Survey, 2007

[‡] Colorado Tobacco Attitudes and Behaviors Survey (TABS), 2005

^a GLBT rates are standardized to the general population distribution of age, sex and ethnicity.

^b A combined rate is reported for G/L/B/others that are not significantly different within an age group.

P-values for comparison to general population rates within rows: * p<0.05; ** p<0.01; *** p≤0.001

Table 4. Perspectives and intentions regarding cessation aids, by age group, Colorado GLBT survey respondents[†] and the general smoker population[‡] in corresponding regions^a

		male, gay/queer	female, lesbian/ gay/queer	bisexual	all other	general pop.
Nicotine replacement therapy (NRT)						
	18-24	23.8%		18.1%	18.6%	16.4%
Intend to use it in next quit	25-34	32.0%	22.8%	(with male gay/queer)	36.4%	25.7%
	35-54	37.9%**	27.4%	28.1%	19.3%	27.1%**
	18-24	44.6%	48.7%	32.4%	52.5%	
Preferred choice if it is free	25-34	45.1%	37.7%*	51.1%*	20.7%	–
	35-54	44.3%	46.8%	42.2%	15.3%	
	18-24	48.3%*	52.8%	65.2%*	51.9%	53% to 73% ^b
25-34	56.7%*	61.2%	72.8%*	64.9%		
35-54	60.3%	44.4%	64.1%	77.7%		
Telephone coaching (Colorado QuitLine)						
Intend to use it in next quit	18-24	8.3%	11.3%	6.2%	5.8%	
	25-34	13.4%	15.3%	8.8%	32.0%	–
	35-54	11.4%*	20.4%*		9.0%	
Preferred choice if it is free	18-24	5.9%	5.2%	3.9%	36.4%	
	25-34	6.5%	11.8%	10.9%	0.0%	–
	35-54	8.2%	12.3%	20.4%	12.7%	
Internet coaching (Colorado QuitNet)						
Intend to use it in next quit	18-24	3.5%	3.1%	3.5%	0.0%	
	25-34	6.0%	2.9%	3.7%	4.4%	–
	35-54	9.4%	6.4%	6.9%	3.0%	
Preferred choice if it is free	18-24	2.3%	2.9%	6.6%	29.8%	
	25-34	2.5%	6.3%	5.8%	0.0%	–
	35-54	4.7%	8.2%	9.0%	3.0%	
Class or program						
Intend to use it in next quit	18-24	4.8%	3.6%	7.4%	3.8%	
	25-34	4.5%	5.9%	2.9%	0.0%	–
	35-54	12.0%	6.0%	2.9%	3.5%	
Preferred choice if it is free	18-24	6.8%	9.6%	6.2%	27.6%	
	25-34	7.2%	13.0%	9.5%	19.7%	–
	35-54	13.5%	18.1%	10.9%	13.4%	

[†] Colorado GLBT Smoking Cessation Survey, 2007

[‡] Colorado Tobacco Attitudes and Behaviors Survey (TABS), 2005

^a GLBT rates are standardized to the general population distribution of age, sex and ethnicity.

^b range among population subgroups, reported in: Cummings KM et al. Are smokers adequately informed about the health risks of smoking and medicinal nicotine. *Nicotine & Tobacco Research* 2004; 6(S3):S333-41.

P-values for comparisons within rows: * p<0.05; ** p<0.01; *** p≤0.001.

Table 5. Perspectives by age group regarding cessation classes, groups, programs, Colorado GLBT survey respondents[†]

		male, gay/queer	female, lesbian/ gay/queer	bisexual	all other
Very important component of assistance					
expert guidance or information for quitting	18-24	46.2%	46.0%	46.4%	47.8%
	25-34	64.0%**	50.6%**		33.3%
	35-54	59.8%			40.0%
access to cessation medication	18-24	37.7%	29.7%	34.4%	31.8%
	25-34	56.1%**		38.5%**	25.0%
	35-54	55.8%			46.7%
sympathy and encouragement from other quit attempters	18-24	39.8%		50.0%	45.5%
	25-34	50.4%		40.5%	50.0%
	35-54	47.7%**	60.0%**	(with male gay/queer)	73.3%
sympathy and encouragement from other GLBT people	18-24	41.3%	41.9%	42.3%	47.6%
	25-34	45.7%	46.3%	37.2%	25.0%
	35-54	43.3%*	55.2%*	(with male gay/queer)	60.0%
expert help with thoughts / feelings that make me want to smoke	18-24	39.5%	43.6%	41.2%	36.4%
	25-34	45.5%**	57.9%**	(with male gay/queer)	41.7%
	35-54	53.8%			50.0%
find new friends who really understand me	18-24	31.9%*		42.7%*	27.3%
	25-34	34.5%	31.6%	30.3%	25.0%
	35-54	33.7%	31.1%	35.8%	60.0%
takes just one or two visits to complete	18-24	34.8%*		24.5%*	18.2%
	25-34	39.7%***		17.9%***	33.3%
	35-54	33.9%	42.6%	(with male gay/queer)	26.7%
Comfortable asking doctor for assistance	18-24	24.8%	24.9%	21.9%	20.0%
	25-34	42.4%	42.3%	45.8%	15.4%
	35-54	54.6%*	43.0%*	49.2%	57.1%

[†] Colorado GLBT Smoking Cessation Survey, 2007

P-values for comparisons within rows: * p≤0.05; ** p≤0.01; *** p≤0.001.

Table 6. Influence of service features on decision to call the Colorado QuitLine among Colorado GLBT survey respondents[†]

Are you more likely to call, less likely to call, or neutral if ...			male,	female,	bisexual	all other
			gay/queer	lesbian/ gay/queer		
highly positive	service is proven to increase chance of success	more likely	63.0%	69.0%	63.5%	67.3%
		less likely	3.7%	2.5%	5.5%	1.8%
		unaffected	20.0%	17.8%	21.0%	23.6%
	service provides expert advice on quitting	more likely	60.0%	65.6%	61.3%	59.3%
		less likely	3.6%	2.5%	5.6%	5.6%
		unaffected	22.4%	21.4%	22.7%	27.8%
	service includes free nicotine patches	more likely	58.3%	64.4%	60.4%	46.3%
		less likely	3.6%	3.2%	4.0%	3.7%
		unaffected	26.3%	22.3%	24.5%	35.2%
	service is confidential	more likely	51.6%	58.8%	59.6%	61.1%
		less likely	2.1%	1.3%	2.9%	0.0%
		unaffected	33.8%	28.9%	28.7%	31.5%
moderately positive	sessions focus only on quitting smoking	more likely	48.6%	51.0%	48.3%	40.7%
		less likely	8.3%	7.2%	10.0%	22.2%
		unaffected	28.4%	30.3%	31.2%	29.6%
	I schedule each session	more likely	43.4%	49.3%	43.1%	46.3%
		less likely	9.4%	9.0%	12.3%	14.8%
		unaffected	32.6%	29.2%	33.8%	29.6%
	helper calls me for each session	more likely	40.5%	46.4%	48.1%	41.5%
		less likely	11.1%	9.9%	13.8%	13.2%
		unaffected	33.5%	31.2%	28.0%	37.7%
	available in English or Spanish	more likely	24.7%	30.3%	32.7%	32.7%
		less likely	5.1%	4.7%	6.3%	7.3%
		unaffected	56.1%	52.3%	47.8%	54.6%
moderately negative	I might not talk to same helper each time	more likely	15.1%	15.4%	18.2%	32.7%
		less likely	33.7%	39.2%	42.4%	21.8%
		unaffected	34.4%	30.6%	27.5%	32.7%
	service is not set up to provide a GLBT-identified coach for help to quit	more likely	13.0%***		23.3%***	18.5%
		less likely	27.6%***		15.6%***	(with gay/lesbian)
		unaffected	44.7%	40.9%	46.3%	40.7%
mixed	sexual orientation and gender identity are not part of the discussion	more likely	21.8%***		35.1%***	25.9%
		less likely	19.6%***		10.7%***	(with gay/lesbian)
		unaffected	44.6%	42.2%	42.4%	48.2%

[†] Colorado GLBT Smoking Cessation Survey, 2007; "don't know" proportions not shown
P-values for comparisons within rows: * p≤0.05; ** p≤0.01; *** p≤0.001.

**Table 7. Influence of service features
on decision to visit the Colorado QuitNet
among Colorado GLBT survey respondents[†]**

<i>Are you more likely to visit, less likely to visit, or neutral if ...`</i>			male, gay/queer	female, lesbian/ gay/queer	bisexual	all other
highly positive	service is proven to increase the chance of successful quitting	more likely	62.8%	66.8%	59.9%	60.4%
		less likely	2.6%	1.9%	5.2%	9.4%
		unaffected	21.6%	18.9%	24.2%	17.0%
	I can visit any time (24/7)	more likely	63.9%	65.8%	59.9%	63.5%
		less likely	3.2%	2.1%	3.4%	3.9%
		unaffected	19.9%	20.2%	25.8%	21.2%
	service provides expert advice on quitting	more likely	60.5%	65.9%	59.1%	62.3%
		less likely	3.9%	1.9%	3.8%	9.4%
		unaffected	21.9%	19.8%	25.4%	18.9%
	service is confidential	more likely	51.8%	59.1%	59.5%	52.8%
		less likely	3.4%	1.4%	4.1%	1.9%
		unaffected	31.6%	26.8%	25.7%	30.2%
moder- ately positive	can receive mailed information about smoking and quitting	more likely	49.3%	58.0%	53.4%	38.5%
		less likely	4.5%	2.3%	7.1%	5.8%
		unaffected	33.0%	27.9%	29.5%	40.4%
	can get support from other QuitNet users	more likely	47.1%	55.7%	48.9%	52.9%
		less likely	3.3%	2.5%	5.7%	5.9%
		unaffected	35.5%	29.6%	33.3%	29.4%
	can start or join a GLBT specific user club and chat	more likely	43.7%	53.0%	41.6%	50.0%
		less likely	5.2%	2.3%	5.2%	5.8%
		unaffected	37.8%	32.3%	39.0%	32.7%
	can start or join a QuitNet club and chat	more likely	39.1%	49.0%	41.8%	44.2%
		less likely	6.9%	5.4%	6.7%	9.6%
		unaffected	39.9%	33.5%	39.2%	34.6%
available in English or Spanish	more likely	25.9%	31.8%	32.1%	34.0%	
	less likely	4.0%	2.5%	4.5%	5.7%	
	unaffected	54.9%	52.0%	50.6%	47.2%	

[†] Colorado GLBT Smoking Cessation Survey, 2007; "don't know" proportions not shown

Table 8. Health information sources and recreational activities, by age group, among Colorado GLBT survey respondents†

		male, gay/queer	female, lesbian/ gay/queer	bisexual	all other
Most likely place respondent would go for help to quit					
family or friends	18-24	39.7%	45.7%	53.5%	41.7%
	25-34	28.8%	31.6%	29.8%	0.0%
	35-54	21.4%	19.2%	16.4%	33.3%
doctor or health care provider	18-24	13.9%	12.3%	12.1%	4.2%
	25-34	31.6%	23.3%	31.0%	30.8%
	35-54	35.4%	23.7%	45.9%	33.3%
GLBT organization	18-24	7.5%	13.2%	7.1%	16.7%
	25-34	13.0%	14.0%	4.8%	7.7%
	35-54	11.6%	15.8%	1.6%	26.7%
QuitLine or QuitNet	18-24	7.1%	7.3%	2.0%	4.2%
	25-34	13.6%	15.5%	10.7%	0.0%
	35-54	9.1%	13.0%	19.7%	6.7%
online or in-person support from other quit attempters	18-24	3.6%	2.7%	4.0%	0.0%
	25-34	5.1%	5.2%	4.8%	0.0%
	35-54	9.5%	5.1%	8.2%	6.7%
smoking cessation class or program	18-24	1.6%	1.4%	2.0%	0.0%
	25-34	1.7%	2.1%	3.6%	15.4%
	35-54	6.3%	6.8%	11.5%	6.7%
face-to-face individual support	18-24	1.2%	0.9%	2.0%	12.5%
	25-34	0.6%	2.6%	7.1%	7.7%
	35-54	3.9%	7.3%	3.3%	6.7%
don't know, no place, other	18-24	36.9%	27.4%	27.3%	37.5%
	25-34	26.6%	20.7%	33.3%	38.5%
	35-54	33.0%	25.4%	36.1%	13.3%
I frequently or occasionally ...					
go to GLBT bars or clubs	18-24	73.9%***		51.5%***	60.9%
	25-34	73.4%***		53.2%***	69.2%
	35-54	61.7%***		28.6%***	26.7%
read GLBT periodicals	18-24	65.4%***		38.8%***	56.5%
	25-34	58.6%*		44.3%*	76.9%
	35-54	64.4%***		40.0%***	46.2%
attend GLBT organization-sponsored events	18-24	66.1%***		47.4%***	54.2%
	25-34	58.6%*		43.0%*	53.8%
	35-54	62.0%***		35.7%***	57.1%
visit GLBT chat rooms, web sites, listservs	18-24	58.6%***	39.9%***		47.8%
	25-34	50.6%***	41.5%**	24.1%**	61.5%
	35-54	44.3%* ***	34.9%*	20.0%* ***	33.3%
go to GLBT bathhouses or sex clubs	18-24	24.3%***	11.2%***		17.4%
	25-34	17.9%	13.2% (p=0.202 vs gay)		15.4%
	35-54	24.2%***	9.5%***		7.1%

Table 8. Health information sources and recreational activities, by age group, among Colorado GLBT survey respondents†

		male, gay/queer	female, lesbian/ gay/queer	bisexual	all other
I frequently or occasionally get health info from ...					
friends or partners	18-24	75.4%	75.6%	71.1%	86.4%
	25-34	62.8%	74.1%	58.4%	66.7%
	35-54	70.5%	73.8%	53.8%	42.9%
internet	18-24	75.1%	73.5%	66.3%	73.9%
	25-34	60.4%	65.9%	55.1%	69.2%
	35-54	65.2%	56.2%	44.4%	53.3%
TV	18-24	68.6%**		52.7%**	52.2%
	25-34	69.0%***		44.2%***	61.5%
	35-54	62.5%		51.9%	33.3%
radio	18-24	63.4%***		38.9%***	47.8%
	25-34	60.6%***		36.4%***	61.5%
	35-54	49.7%		43.6%	46.7%
general interest periodicals	18-24	61.9%***		42.9%***	52.2%
	25-34	55.9%*		41.0%*	61.5%
	35-54	60.1%		59.3%	66.7%
GLBT periodicals	18-24	56.7%***		34.0%***	39.1%
	25-34	51.2%**		33.3%**	72.7%
	35-54	54.4%**		33.3%**	41.7%
GLBT events	18-24	51.8%* **	64.6%** , ***	37.5%* , ***	56.5%
	25-34	48.9%***		29.5%***	61.5%
	35-54	51.0%***		24.1%***	53.3%
information posted in bars	18-24	42.5%**		28.9%**	39.1%
	25-34	41.4%***		19.2%***	38.5%
	35-54	34.9%*		20.4%*	26.7%
health magazines	18-24	38.8%	44.1%	35.7%	39.1%
	25-34	44.8%	39.8%	37.7%	69.2%
	35-54	50.4%	52.7%	48.1%	46.7%
doctors, hospitals	18-24	39.5%	41.7%	50.5%	43.5%
	25-34	48.5%	52.5%	48.1%	61.5%
	35-54	66.7%	59.9%	61.1%	60.0%
health product stores	18-24	24.1%	34.3%	39.4%	30.4%
	25-34	38.4%	45.0%	35.1%	30.8%
	35-54	35.4%	39.0%	45.3%	35.7%
buses or other public transportation	18-24	29.0%	23.3%	26.5%	13.0%
	25-34	25.0%	21.1%	14.1%	33.3%
	35-54	21.4%	15.2%	22.2%	0.0%
community center or church	18-24	25.3%	27.8%	23.5%	21.7%
	25-34	28.7%	24.8%	20.5%	41.7%
	35-54	29.6%	31.1%	24.5%	33.3%

† Colorado GLBT Smoking Cessation Survey, 2007

P-values for comparisons within rows: * p≤0.05; ** p≤0.01; *** p≤0.001.

Table 9. Environmental smoking cues among Colorado GLBT survey respondents[†]

		male, gay/queer	female, lesbian/ gay/queer	bisexual	all other	general pop.
smokefree home (indoors only or both in- and out- doors)	18-24		44.3%**			59.1%**
	25-34	60.3%	57.3%	61.9%	69.2%	54.0%
	35-54	48.1%	48.9%	50.0%	33.3%	44.7%
household member smokes (besides self)	18-24	56.3%	54.5%	56.1%	64.0%	-
	25-34	50.0%	45.3%	51.2%	38.5%	-
	35-54	37.4%	38.3%	55.0%	33.3%	-
have a significant other	18-24	52.0%	73.8%	68.8%	76.0%	-
	25-34	44.6%	72.4%	63.9%	76.9%	-
	35-54	53.5%	73.3%	62.3%	53.3%	-
significant other smokes (among those who have significant other)	18-24	62.9%	66.9%	71.2%	57.9%	-
	25-34	62.2%	55.5%	69.8%	40.0%	-
	35-54	51.3%	48.8%	60.5%	75.0%	-

P-values for comparisons within rows: ** p≤0.01

[†] Colorado GLBT Smoking Cessation Survey, 2007

Table 10. Self-perceptions and smoking among Colorado GLBT survey respondents[†]

I strongly agree or agree that ...		male, gay/queer	female, lesbian/ gay/queer	bisexual	all other
Smoking is a bigger problem for GLBT people than for other people.	18-24		64.3%**	46.9%**	58.3%
	25-34		56.0%	45.6%	72.7%
	35-54		60.8%***	37.5%***	66.7%
Sometimes I dislike myself for having my sexual orientation.	18-24	22.0%*	13.1%*, ***	32.0%***	12.5%
	25-34	21.3%	16.8%	12.7%	27.3%
	35-54	18.6%	12.1%	21.8%	33.3%
I wish I were heterosexual.	18-24	15.4%**	7.6%** , ***	21.9%***	25.0%
	25-34	13.5%	8.8%*	21.8%*	9.1%
	35-54	13.0%*	7.3%*, x	18.5% ^x	33.3%
I am glad to be (gay, lesbian, bisexual, queer, transgender).	18-24		91.1%	85.6%	75.0%
	25-34		91.0%	83.3%	100.0%
	35-54		93.4%***	66.0%***	93.3%
I am proud to be part of the GLBT community.	18-24	84.3%	91.0%	88.5%	75.0%
	25-34	82.7%	87.0%	81.8%	90.0%
	35-54		86.8%***	66.7%***	93.3%

[†] Colorado GLBT Smoking Cessation Survey, 2007

P-values for comparisons within rows: * or ^x p≤0.05; ** p≤0.01; *** p≤0.002.