Connecticut

True to You Coalition

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

Strategic Plan: 2024 – 2026

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

True to You Coalition
Live life free.

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

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Executive Summary

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

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

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

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

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

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

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

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

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

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

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

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

True to You Coalition

Mission
Vision
Members

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

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

T2U's goals include:

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

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

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

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

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

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

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

Assessment

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

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

SURVEY TOOL AND DATA COLLECTION

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

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

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

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

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

The survey closed on March 31, 2024.

DATA CLEANING

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

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

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

DATA ANALYSIS

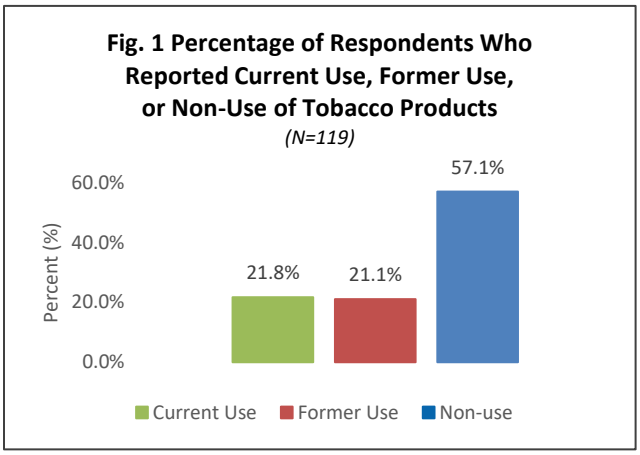
For the purposes of the strategic plan, data from the youth and adult survey tracks were combined due to a small youth sample size (N=19). Data from questions about current tobacco product use and current e-cigarette use were combined and termed "tobacco products" (unless otherwise stated) because e-cigarettes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

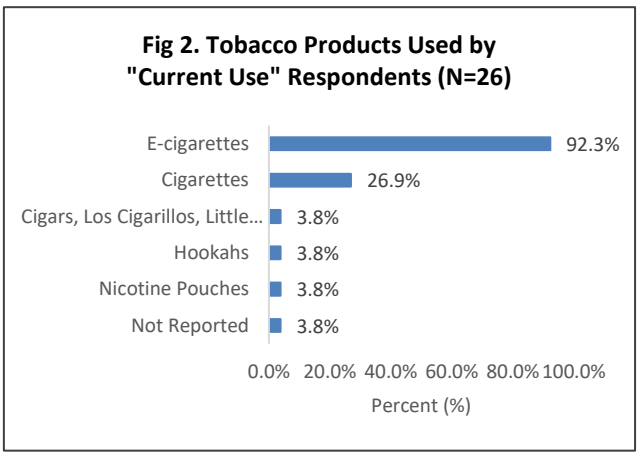
Survey findings were recalculated for questions that offered "Not Applicable" (N/A) as a response option; the "N/A" responses were removed, a new "N" was calculated for each question, and the percentages for the remaining responses were reconfigured. In addition, some data analytic decisions were made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

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

KEY FINDINGS

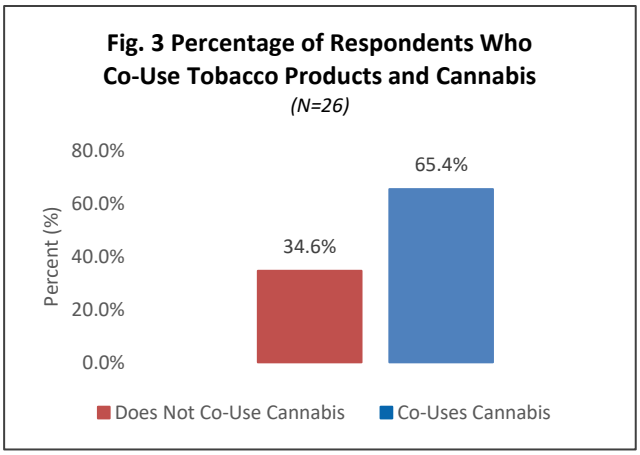
1. **Over 1 in 5 respondents currently use tobacco products.** More than 20% of respondents (21.8%) reported current use of tobacco products. Of those, 76.9% were adults ages 21 years old or older, and 23.1% were youth and young adults between the ages of 13 and 20 years old. Note: The legal age to purchase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



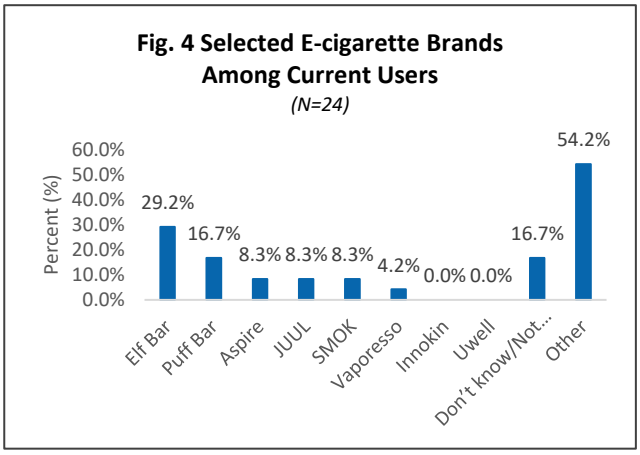


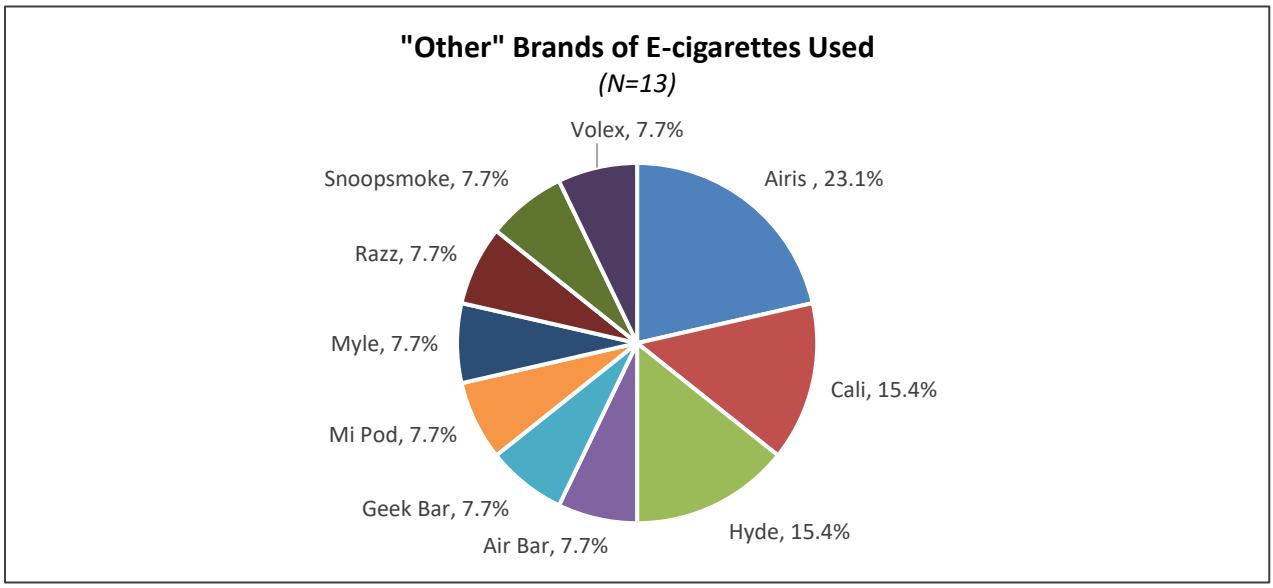
E-cigarettes are the tobacco product most commonly used. Ninety-two percent (92.3%) of "current use" respondents use e-cigarettes (Figure 2). "Current use" respondents also use other tobacco products including: cigarettes (26.9%); cigars, los cigarillos, and little cigars (3.8%); hookahs (3.8%); and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

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

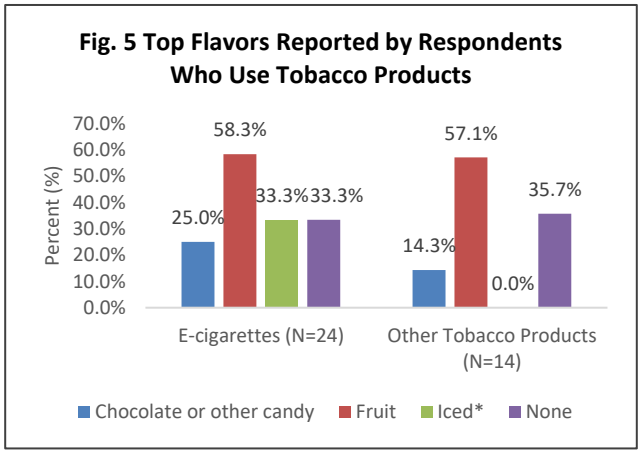


3. **"Elf Bar" is the most popular e-cigarette brand reported.** "Elf Bar" is the e-cigarette brand most selected (29.2%) by current e-cigarette users, followed by "Puff Bar" (16.7%), "Aspire" (8.3%), "JUUL" (8.3%), and "SMOK" (8.3%) (Figure 4). Surprisingly, "JUUL" was selected by some respondents even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

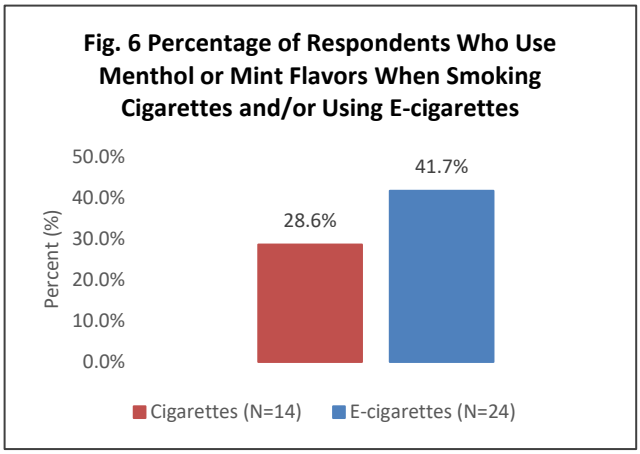




4. **Fruit flavors are the most commonly used flavor among tobacco users.** Tobacco companies develop and promote a wide variety of flavors to secure initial and continued use of their products. "Fruit flavors" is the most common flavor selected by respondents who use e-cigarettes (58.3%) and/or other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

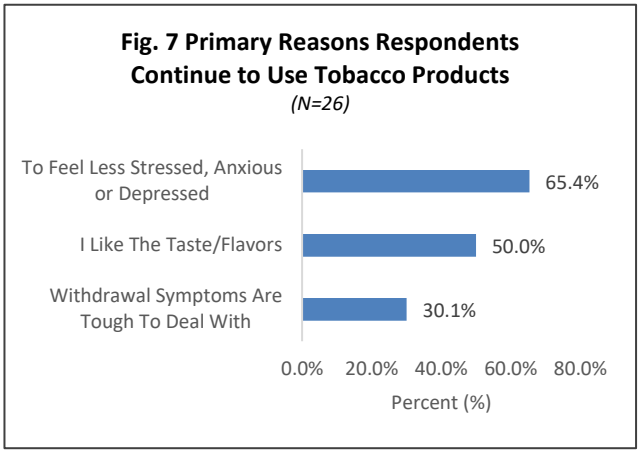


"Iced" was not a survey response option for respondents who use other tobacco products.

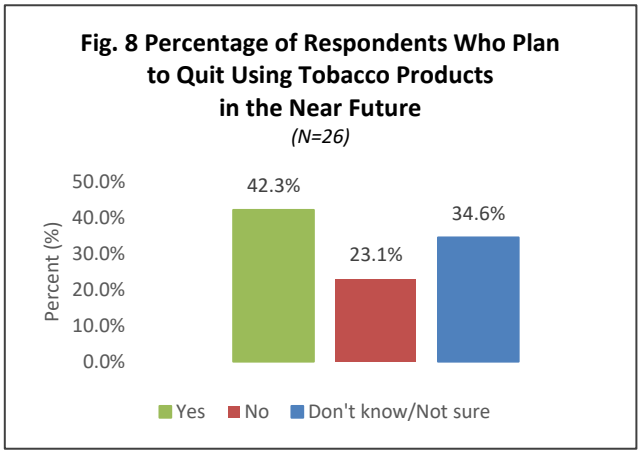


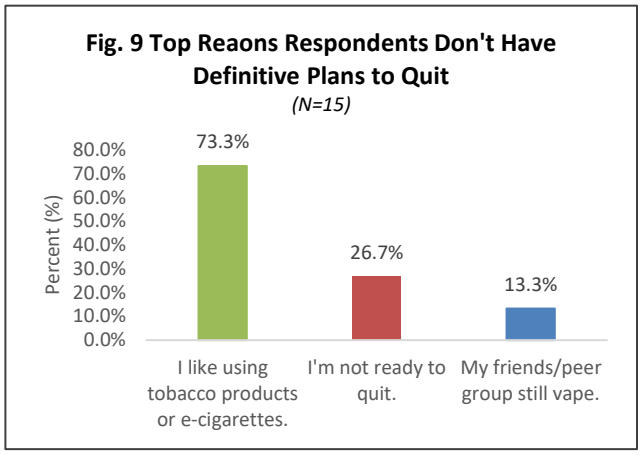
Menthol and mint flavors are more commonly used among e-cigarette users. Tobacco companies have aggressively marketed menthol-flavored tobacco products to the LGBTQ+ community because menthol reduces the harshness of cigarette smoke and the irritation of nicotine, which increases the likelihood that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

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

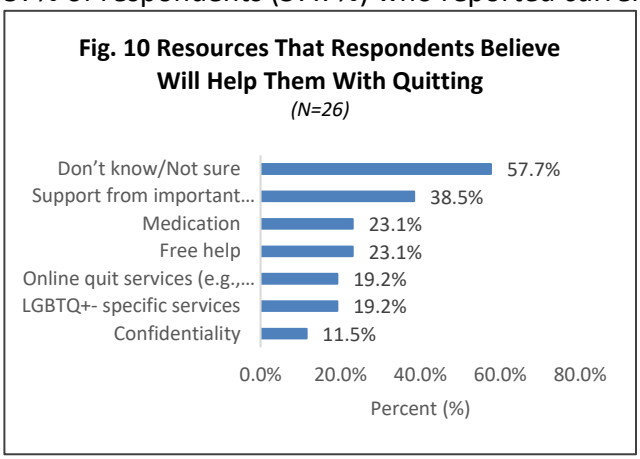


6. **Many respondents who use tobacco products do not have definitive plans to quit.** Most individuals who use tobacco products often express a desire to quit. However, 57.7% of respondents indicated they do not have definitive plans to stop using tobacco products in the near future: 23.1% do not plan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

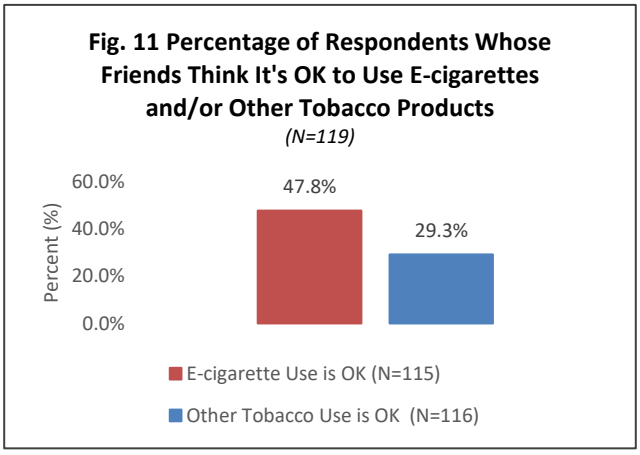




Many respondents who use tobacco products are unsure about what would help them quit. Over 57% of respondents (57.7%) who reported current tobacco product use indicated they don't know what would be helpful to them if they decided to quit. Others were able to identify one or more sources of support,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



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



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

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

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

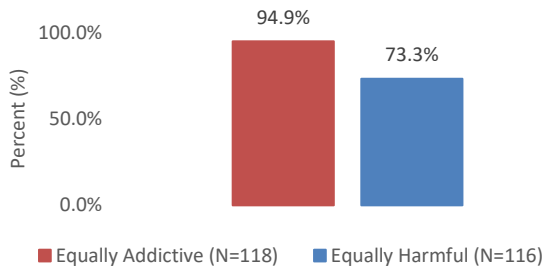
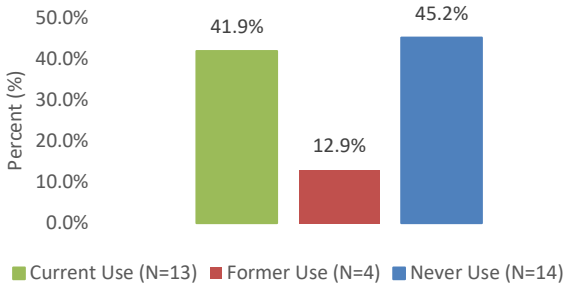


Fig. 13 Percentage of Respondents Who Believe E-cigarettes Are Less Harmful Than Other Tobacco Products by Use Status



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

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

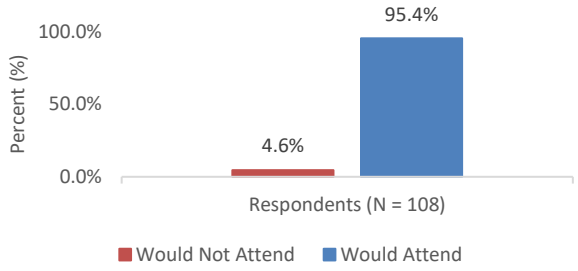
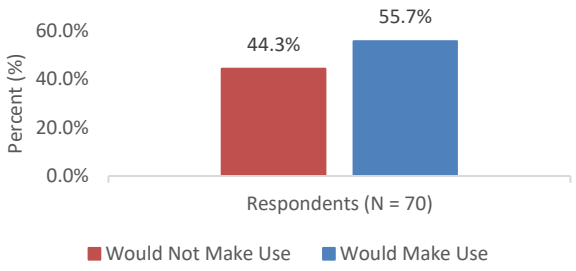


Fig. 15 Percentage of Respondents Who Would Make Use of Designated Smoking or Vaping Areas Outside of Campus or Event Areas



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

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

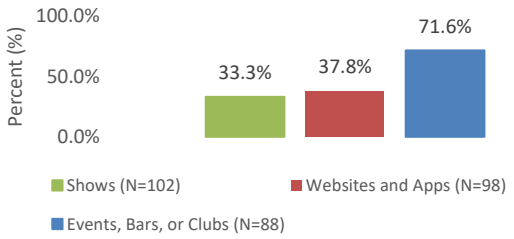
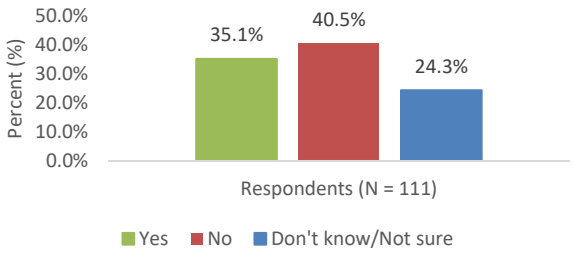


Fig. 17 Percentage of Respondents Who Reported Their Healthcare Provider Considered Their LGBTQ+ Identity During Visits



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

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

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

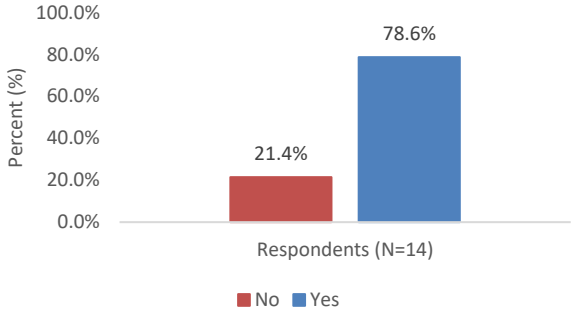
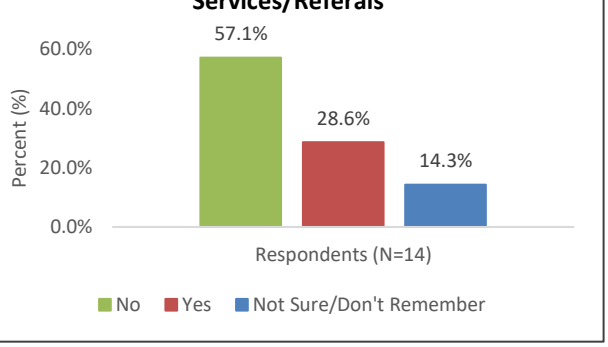


Fig. 19 Percentage of Respondents Who Were Offered or Given Cessation Services/Referals



LESSONS LEARNED

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

Survey Design

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

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

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

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

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

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

Survey Promotion

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

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

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

Assessment Design

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

Strategic Plan

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

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

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

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

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

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

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

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

YEAR 1 – GOAL 3: Advocate for smoke-free and vape-free LGBTQ+ spaces in Connecticut.			
Objectives	**Activities**	**Timeframe**	**Measures of Success**
A. Create an infographic that promotes the reasons for and benefits of implementing smoke-free and vape-free spaces.	1. Identify and prioritize evidence-based information on smoke-free and vape-free spaces, including the benefits and implementation considerations.	June 2024 – July 2024	• Evidence-based information is reviewed and selected for inclusion in the infographic AEB T2U meeting minutes and email exchanges.
	2. Identify and prioritize T2U survey results that support the implementation of smoke-free and vape-free spaces, including but not limited to: a. Percentage of T2U survey respondents who would still attend PRIDE and other LGBTQ+ events if smoking and vaping were prohibited; b. Percentage of T2U survey respondents who would not make use of designated smoking or vaping areas outside of campus or event areas; c. Percentage of respondents whose friends are bothered by secondhand smoke; and d. Percentage of respondents whose friends are bother by secondhand vapor/aerosol.	June 2024 – July 2024	• T2U survey results are identified and prioritized for inclusion in the infographic AEB T2U meeting minutes and email exchanges.

YEAR 1 – GOAL 3: Advocate for smoke-free and vape-free LGBTQ+ spaces in Connecticut.			
	3. Develop and use the infographic when speaking with organizers of PRIDE and other LGBTQ+ events, with coalition members, and community champions.	June 2024 – July 2024	• Infographic is created and available for use.
B. Work with PRIDE and other LGBTQ+ event organizers to implement smoke-free and vape-free spaces.	1. Work with our partners and LGBTQ+ networks (e.g., The Health Collective, Triangle Community Center, Southington Pride, Granby's Got Pride, New Haven Pride, CT Pride, the LGBTQ+ Health and Human Services Network, etc.) to develop a comprehensive list of PRIDE and other LGBTQ+ events in Connecticut.	June 2024 – July 2024	• A list of PRIDE and other LGBTQ+ events is developed.
	2. Identify contacts for each event to speak with about implementing smoke-free and vape-free spaces.	June 2024 – July 2024	• Contacts are identified for each event.
	3. Identify and/or develop lawn signs that celebrate PRIDE and promote smoke-free and vape-free spaces; submit lawn sign design and budget to DPH for approval.	July 2024	• Sign designs are submitted to DPH AEB submission email. • Sign designs are approved by DPH AEB approval email.
	4. Meet with event contacts; use infographic as a springboard for a discussion about smoke-free and vape-free events; ask what would be needed to host smoke- and vape-free events; determine how we can meet identified need(s).	July 2024 – August 2024	• Meetings with event contacts are scheduled and occur. • Contacts' needs are documented.
	5. Attend at least three LGBTQ+ events from the list to promote tobacco- and vape-free living and provide information on cessation resources.	July 2024 – August 2024	• T2U tables three events and distributes materials to attendees.
C. Provide event attendees with materials to create personalized quit kits.	1. Work with our partners and other experts (e.g., The LGBT Cancer Network, The Health Collective, The American Lung Association, and the American Cancer Society) to identify essential materials for quit kits, which may include: a. Cessation information and resources; b. Quit plan guidelines or templates; c. Worksheets and/or activities to help individuals plan their quit; d. Worksheets to help individuals track their progress; e. Fidgets, candy, gum, Tootsie Pops, stress stars, etc.	August 2024 – September 2024	• Items are identified AEB T2U meeting minutes and email exchanges.
	2. Submit proposed materials list and cost per kit to DPH for review and approval.	September 2024	• Proposed materials list and cost per kit are submitted to DPH AEB submission email. • Proposed materials list and cost per kit are approved by DPH AEB approval email.

YEAR 1 – GOAL 3: Advocate for smoke-free and vape-free LGBTQ+ spaces in Connecticut.			
	3. Purchase materials; work with Northwest Village School staff and student partners to assemble kits.	September 2025 – October 2025	• Kits are assembled and available for distribution to community partners.

YEAR 1 – GOAL 4: : Draft a *Best Practices for Reducing Tobacco Use in the Connecticut LGBTQ+ Community* Manual.			
Objectives	**Activities**	**Timeframe**	**Measures of Success**
A. Draft a best practices manual.	1. Draft a template for the best practices manual that includes the following sections: a. State and Community Interventions b. Mass-Reach Health Communication Interventions c. Cessation Interventions d. Surveillance and Evaluation e. Infrastructure Administration and Management	September 2024	• A template for the best practices manual is created.
	2. Include in the best practices manual: a. Activities accomplished-to-date; b. Strategies used to carry out the activities; c. Outcomes of activities; d. Successes and opportunities for improvement; and e. Recommendations for future projects.	September 2024 – October 2024	• A best practices manual is developed.
	3. Draft a complete analysis of the 2024 T2U community needs assessment; include the full analysis and survey tool in the best practices manual.	September 2024 – October 2024	• A full analysis of the 2024 T2U community needs assessment is included in the best practices manual.
	4. Submit the best practices manual to DPH for review and approval.	November 2024	• The manual is submitted to DPH AEB submission email. • The manual is approved by DPH AEB approval email.

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

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

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

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

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

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

Appendix

Survey Respondent Characteristics

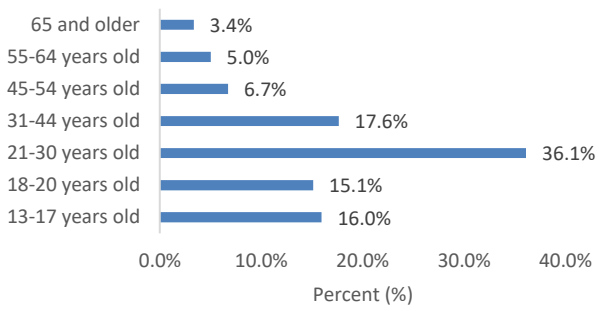
APPENDIX A: SURVEY RESPONDENT CHARACTERISTICS

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

AGE GROUP

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

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

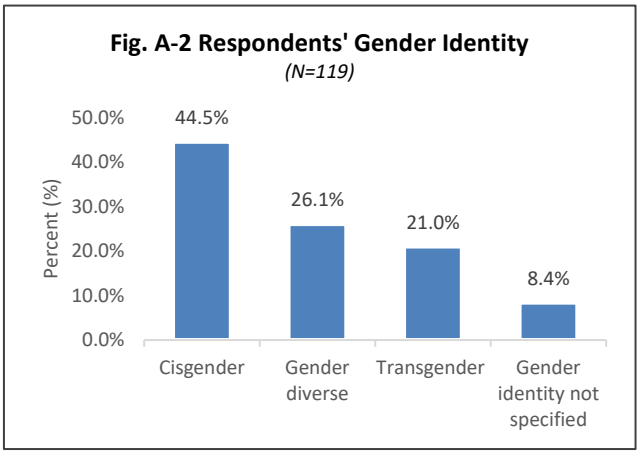


GENDER IDENTITY

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

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

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

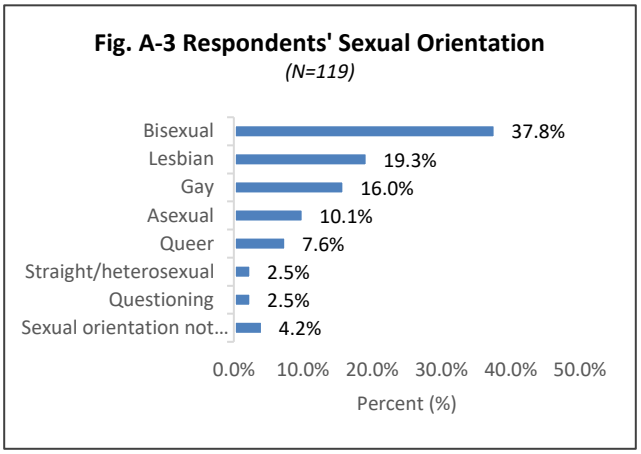


Respondents who chose "Transfemme," "Transgender man/Trans man/Female-to-male (FTM)," "Transgender woman/Trans woman/Male-to-female (MTF)," or "Transmasc" – or a combination thereof – were placed under the umbrella of "Transgender." Respondents who selected "Agender," "Gender fluid," "Genderqueer," "Gender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

SEXUAL ORIENTATION

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

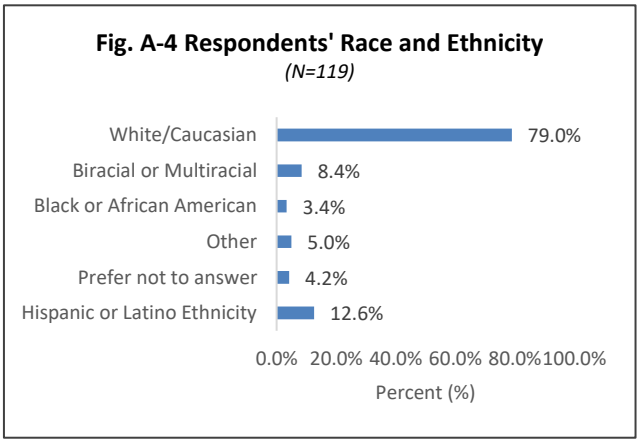
Many individuals selected one or more sexual orientations, and some wrote in their sexual orientations under "Other," including "Pansexual," "Aromantic," "Dyke," and "I like girls, but I'm not sure what to call that." As they reviewed the data, coalition members realized that the small sample size coupled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

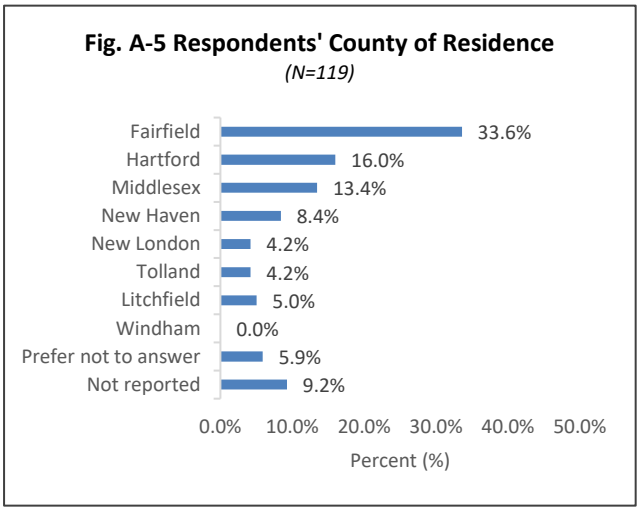


Respondents who identified as "Gay," "Lesbian," "Bisexual," "Asexual," or "Straight/ Heterosexual" were placed under those umbrella categories, respectively. Individuals who identified solely as "Queer" were placed under the umbrella "Queer." However, if they identified as "Queer" and "Lesbian" or "Queer"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

RACE AND ETHNICITY

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





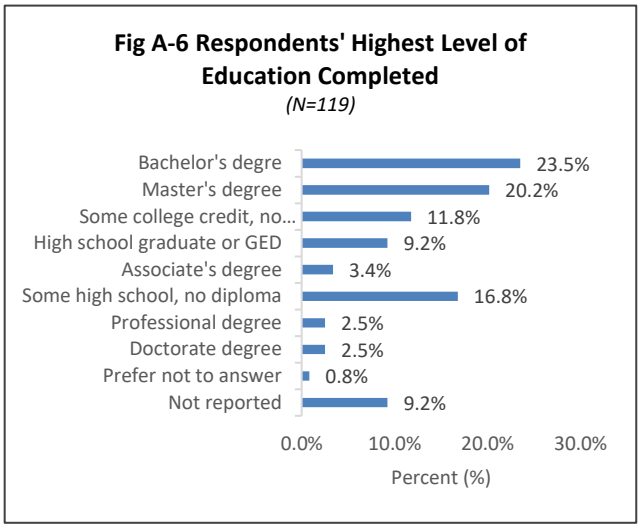
COUNTY OF RESIDENCE

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

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

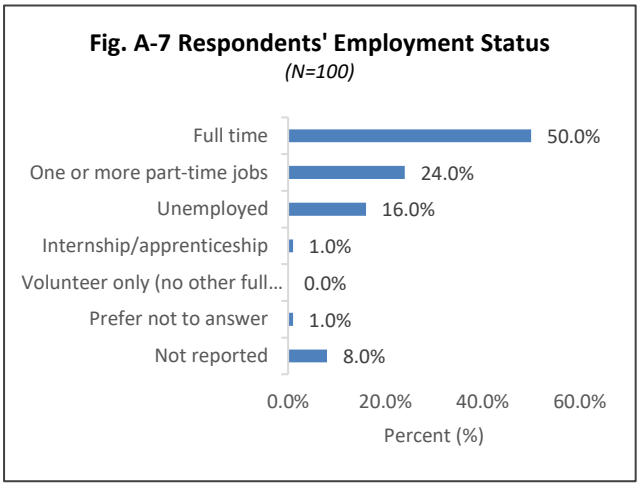
HIGHEST LEVEL OF EDUCATION COMPLETED

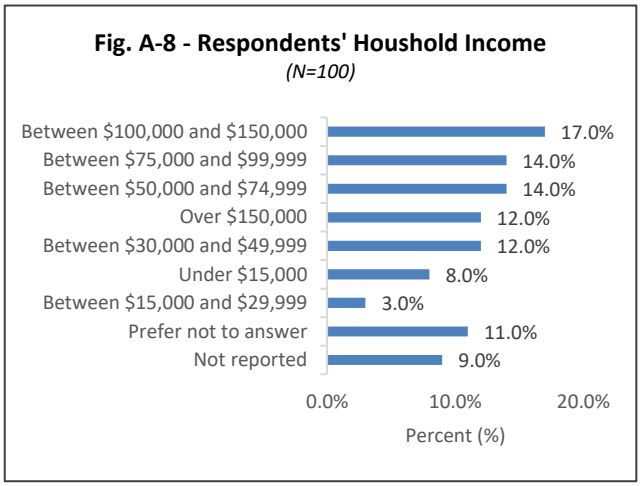
Figure A-6 shows that over 50% of respondents have earned an educational degree beyond high school: Associate's degree (3.4%); Bachelor's degree (23.5%); Master's degree (20.2%); Professional degree (2.5%); and Doctorate degree (2.5%). It should be noted that 80.0% of the respondents who chose "Some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



EMPLOYMENT STATUS AND HOUSEHOLD INCOME

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





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