2019 Client Focus Group

TOBACCO USE & BEHAVIORS FOR PEOPLE LIVING WITH HIV

TURP Program

Tobacco Use Reduction for People Living with HIV (TURP)

MDHHS | TOBACCO SECTION

Contents

Background and Purpose

Tobacco use is the leading cause of preventable disease and death in the United States as in Michigan. Tobacco use including exposure to second-hand smoke kills 17,000 people in Michigan annually. More people die from tobacco-related diseases than from homicide, motor vehicle accidents, suicide, crack-cocaine and heroin, HIV and unintentional injuries *combined* (Campaign for Tobacco-Free Kids, 2020).

Fifty percent (50%) of people living with HIV (PLWH) in Michigan (HIV Client Survey, 2015) smoke cigarettes whereas, only 19.4% of the general adult population smoke cigarettes (BRFSS, 2017). HIV has become a manageable and chronic disease when treated with highly active antiretroviral therapies (HAART). Unfortunately, as with the general population, PLWHA who use tobacco are dying of heart disease, cancer, stroke and other tobacco-related diseases 12 years sooner than from complications due to AIDs (Helleberg et al., 2013).

Michigan's Tobacco Control Programs (TCP) vision is to "identify and eliminate disparities specific to race/ethnicity, socioeconomic status, occupation, geography, gender, and sexual orientation". PLWHA are a part of a vulnerable and at-risk group with high rates of death and disease due to tobacco use compared to their small population. In the fifth year of the project, starting January 2019, six focus groups were held with PLWH tobacco users representing eleven AIDS Service Organizations (ASOs) across the state. Several organizations, where the number of participants were limited, conducted shared focus groups to encourage involvement from as many organizations as possible.

The purpose of these focus groups were to gather qualitative data about clients' tobacco use and tobacco-related behaviors, as well as gather information about tobacco media and examples of media that were effective in influencing individuals to quit or stay tobacco-free during a quit attempt. For the second iteration of the focus groups, Michigan's TCP conducted six focus groups with representation from eleven ASOs. To allow for a comparison of themes across iterations of the focus groups, the same set of questions were utilized:

1. Question Set 1
    a. Part 1: In the past, if you ever tried quitting tobacco – what made you want to quit?
    b. Part 2: What can you remember and share about specific media images in magazines, movies, on TV, music videos, video games, or concerts/other events that influenced your choice to QUIT using tobacco products?
2. Question Set 2
    a. Part 1: If you decided to quit tomorrow, what support would you need?
    b. Part 2: What services or resources have helped you to quit in the past?

Methodology and Sample

Participants were notified by participating ASOs of the opportunity to participate in the focus groups around tobacco use and living with HIV. In order to be eligible for participation, clients were supposed to be HIV positive, living in Michigan, 18 years or older, and current tobacco user. However, due to low sampling frames there were several participants that did not meet the criteria for current tobacco use.

Focus groups were conducted and recorded by members of the State of Michigan's Tobacco Use Reduction for People Living with HIV (TURP) program. All the focus groups used standardized forms for data collection, reporting results, and demographic sheets. Each participant received two forms upon their arrival for the focus group; the first of which, was a consent and confidentiality form to participate, and the second was an anonymous demographics form. Participants signed the consent-confidentiality form and completed the demographic form before beginning the focus groups.

Demographics

Six focus groups were conducted by eleven organizations, 43 total participants. 61% of participants indicated that they were between the ages of 45 – 64 years old. 50% identified as male, 50% as female and 2% as Trans Men. 74% of participants were Black, 23% were white, and 2% Native American.

For sexual orientation: 40% identified as straight, 40% as gay, 15% as bisexual, and 2% as pansexual. 57% of participants had a high school diploma or less education, with only 12% of participants indicating they had a bachelor's degree or above. 79% of participants have an annual income of $20,000 or less. 67% of participants indicated being on disability income, while 17% of participants indicated being unemployed when asked about their employment status.

58% of participants have been living with HIV for greater than 10 years. 68% have been using tobacco products for greater than 10 years. When asked about their health status: 19% indicated their health was excellent, 51% good, 28% fair, and 2% rated their health as poor. Finally, 77% of participants indicated they had attempted to quit tobacco products at least once in the last year.

Discussion: Major Themes

Stress

One of the most prevalent themes throughout each of the focus groups was the role that stress plays in: their motivation to quit using tobacco and how it impacts their attempts to quit.

Stress is a reoccurring reason as to why many of the participants in the focus group started using and continue to use tobacco products. PLWH face many unique challenges on a daily basis that include but are not limited to managing several medications, navigating discrimination and stigma associated with living with HIV, social isolation, difficulties finding work or housing, and relationship disturbances. For many respondents, their tobacco use started as a reaction to the stress they were facing in their daily lives. Frequent handling of stress causes many individuals living with HIV to seek relief in the form of tobacco use. Tobacco provides individuals with opportunity to "manage" their stress by providing a momentary sense of relief. Unfortunately, this sense of relief comes at the price of the individual's health. Understanding the unique stressors and holistic needs of the individual is essential to assisting clients with successful quit attempts. Tobacco provides a small sense of solace amongst the never-ending demands of their lives, that often seem out of their control.

"*I have stress related helplessness. When something goes wrong and I can't do anything to correct it. I just can't handle it, I need my cigarettes"*

"I am so worried about today and the future that quitting smoking isn't on my mind"

Our beliefs about the degree to which our own internal actions and thoughts, as opposed to external forces beyond our control, have control over the events that occur in our lives is referred to as the locus of control (Lassi, Taylor, Mahedy, Heron, Eisen & Munafo, 2019). Locus of control is often divided into two categories: internal locus of control and external locus of control. Those that believe they have direct control over the circumstances in their lives have an internal locus of control. External locus of control would be the belief that external forces rather than our own actions determine the trajectory of our lives. Our perception of the events that occur in our lives and our beliefs about how our behavior affects the world we live in has a marketed effect on our health outcomes. Individuals with high levels of stress and an external locus of control are likely to feel at the mercy of their situation and engage in behaviors, like using tobacco, that negatively impact their health but provide solace from the stress. In a longitudinal study conducted in the UK, individuals that displayed an external locus of control at the age of 16 were associated with higher odds of being at least a weekly smoker at ages 17 and 21 than those individuals that displayed an internal locus of control at age 16 (Lassi et al., 2019). For some individuals the removal from tobacco from their life is a frightening thought because it is removing the one "stabilizing" factor in their life. In order to encourage more successful quit attempts among PLWH, individual cases need to be viewed holistically to better understand the circumstances that lead to tobacco use and prevent individuals from staying tobacco free.

Individuals with an external locus of control are far more susceptible to the impact of stress during a quit attempt than those with an internal locus of control. Therefore, these individuals should be targeted for more intensive case management or peer support services. Due to their

views about locus of control in their life, they are more likely to react to instances of stress or strife in their life with feelings of hopelessness and defeat. This is likely to lead to an unsuccessful quit attempt or relapse by the individual. Individuals with an external locus of control will require more advanced planning and support than those with an internal locus of control because of their tendency to externalize problems. Individuals with an internal locus of control are more likely to manage the stressful events that occur without relying on tobacco because of their understanding of how their actions impact their circumstances. Understanding each clients' unique perspective will give organizations insight into how they are likely to manage stress or difficult situations during their quit attempts. Allowing for the organizations to better allocate their resources efficiently.

Quit attempts increase the stress in the individual's life because it is used as a coping method for the other stressors. Thus, there is a need to address a person's ability to cope with the stress in their life before beginning a quit attempt. When stressful events occur in the midst of a quit attempt, respondents indicated that it often elicited feelings of anger, frustration and even sadness. Therefore, understanding the holistic needs of the individual and their perception of struggles that face them will allow Tobacco Treatment Specialists (TTS) to better assist their clients during quit attempts.

"I would need some real mental support. Its not just the nicotine"

"A puff of a cigarette just took the stress right out of me"

Recommendation: Organizations need to continue to me mindful of the unique circumstances that face PLWH and work to create a more holistic picture of the client's needs. Continue to work on addressing the most salient needs of the client that will prevent a successful quit attempt (housing, health care, mental health, etc.) before addressing tobacco. With less extraneous factors interfering, individuals' quit attempts have a better chance of success.

Support

The stress already present in the individual's life paired with the added stress of a quit attempt can make tobacco use reduction difficult. Participants of the focus group overwhelmingly indicated that they need support from social and family circles in order to be successful with their quit attempts. Furthermore, participants indicated that they would prefer support that is: in-person, consistent, available in group format, and most importantly that it comes from someone who can speak to their unique experience. Many participants indicated they would benefit from having a former smoker providing in-person support. Participants indicated that stress plays a major role in the success of their quit attempt and learning to cope with stress without tobacco is a major concern. Participants want peer support from someone who knows what it is like to quit and who can speak to the unique circumstances facing PLWH. This would make participants more comfortable and more likely to utilize tobacco reduction services.

"I would appreciate having someone that has quit for a long time, as a buddy that has quit, to help me. I need a stronger mind. Someone who is on top of me about it all the time. Someone who is consistent"

"Having a former smoker to talk to helps a lot! I need someone who can relate to the struggle I am going through"

Recommendation: Organizations would be well served to explore the possibility of hiring a peer support specialist to provide in-person support and consultation to interested clients. Ideally this peer support specialist would represent the community they are serving and should work to attain Tobacco Treatment Specialist (TTS) accreditation.

In addition, to the desire for peer support on an individual basis, participants indicated the desire for peer support groups that meet in person. Peer support groups provide the opportunity for individuals to share in a supportive community environment that helps foster personal growth and the building of self-efficacy. Participants were quick to point out the many beneficial aspects of peer support groups, including staying motivated and accountable, learning coping skills, provides sense of belonging, goal sharing, and the sharing of tips and barriers. Many indicated that they had attended groups in the past and had found them to be helpful during the midst of a quit attempt. Creating more opportunities this population to meet in group settings would be very beneficial.

"I like groups because everyone is struggling together. But we only had them a few times. It would be great if we have them more often"

"I go to as many group meetings as possible, especially the addiction ones. It doesn't always have to be just tobacco related; addiction is addiction. When I come back from those meetings, I always feel empowered"

"This is a group effort; we all started this group together and we are all here to quit together"

Recommendation: Organizations should continue to host and encourage participation for in-person peer support groups, as well as look for opportunities to expand participation. Utilizing innovative methods to circumvent the barriers that prevent in-person participation (transportation, timing, etc.). For those organizations that do not currently host peer support groups, they should seek to implement them on a regular cadence to encourage attendance. Incentivizing group participation may be necessary at first to build motivation to attend.

Participants from the focus group also indicated they needed support from their social and family circles when attempting to quit. Peer support specialists and peer support groups are extremely helpful but have limitations as to when clients can access them. Clients interact with

their social and family circles daily and have the potential to affect the outcome of the client's quit attempt. Participants of the focus group stated the desire for someone consistent in their lives who can help them to stay motivated and committed to their quit attempt. Family and friends naturally fit this role and already have frequent contact points with the individual. Several respondents even indicated that their motivation to quit using tobacco products was due to family member's concerns about their health or objections to bringing tobacco products around their kids. The utilization of these natural forms of support in conjunction with peer support specialists and peer groups is the ideal combination of support according to the focus group respondents.

"My son said I can't come see my grandkids if I smoke, so I am going to do it for myself and for my grandkids"

"I have tried those reminder apps, but I can ignore that. I can't ignore my best friend"

Friends and family are important sources of support because of the time limitations of peer support specialists and peer groups. However, many participants indicated that they have family members or friends in their social circle that also use tobacco products, making quit attempts considerably more difficult. Participants stated that even though they may be ready to quit or begin reducing tobacco consumption, they have trouble avoiding the temptation when surrounded by family and friends who are still using tobacco products. Many respondents stated they considered moving, changing their social circle, starting new hobbies, and avoiding social situations all together to avoid the temptation of tobacco. Certain activities and social situations, through frequent pairing, have been conditioned to be a stimulus for tobacco use. Thus, for some individuals working outside of their normal social and family circles is necessary to create lasting change. In an ideal situation, the family and friends could be used as another support system for the individuals attempting to quit, but it is important to consider the client's unique situation before making recommendations.

"Started smoking because it was the thing to do. My family smoked, so did my friends"

"Another reason that it is hard for me to quit, is that my husband and I are friends with people who give us free cigarettes"

"If I am offered one for free, I just can't say no"

"I would have to become a hermit and be around my family and not my friends. Have to be around those who don't smoke or drink"

Recommendation: When working with clients that are interested in quitting tobacco products it is important to understand the dynamics of their family and social circles. Some clients may need to plan to rearrange their daily activities in order to avoid situations that serve as a

stimulus for tobacco use. When possible, organizations should try to include family members in discussions around the client's quit plan. Often, clients aren't the only person in their social circle who wants to quit, but they are the only ones who have access to the services offered by organizations. By incorporating individuals from all aspects of the client's daily life in the quit plan process; organizations can better support the needs of the clients and ensure that the client's path to success is realistic and attainable.

Media

The discussion around media largely focused on the use of negative media messaging to discourage the use of tobacco. Many respondents discussed some form of negative media campaign utilizing 'scare tactics' to persuade the viewer to either quit using tobacco products or to avoid trying them in the first place. Most of the focus group participants reported that the negative media messaging, as seen in the Truth campaign commercials and the CDC's Tips from Former Smokers campaign, did not affect their decision to quit or motivate them to quit. The Truth campaign was designed to encourage teens and young adults to live tobacco free through the use of up-front powerful messaging that highlights the various nefarious practices used by Big Tobacco in past marketing efforts (Truth, 2020). The CDC's Tips from Former Smokers campaign uses real-life stories of former smokers who have undergone life changing procedures and or health conditions as a result of their tobacco use, to scare their audience into avoiding or quitting tobacco products (Centers for Disease Control and Prevention, 2019).

While a few respondents indicated the media did scare them, most indicated it did not lead to quit attempts. In fact, it drove several of the individuals to seek relief in form of a cigarette. The negative messaging used in tobacco media created discomfort and additional stress that drove them to disengage from the ad and some cases to use tobacco products. Increasing stress levels for PLWH is counterproductive to the goal of tobacco cessation as evident from the earlier discussion on stress. Media that increases stress has the potential to increase individual's tobacco use in the short term, making quit attempts more difficult to initiate. However, the CDC's recommended manual on designing and implementing tobacco counter-marketing campaigns highlights the effectiveness of early counter-marketing campaigns in California and Florida that focused on the dangerous health effects of tobacco (Centers for Disease Control and Prevention, 2003). Although most of the focus group participants indicated they weren't influenced to quit by the media, they did report the memories of the ads lingering with them for an extended period. Furthermore, most participants indicated that health concerns were the driving force behind their reason to quit. 70% of participants rated their health as either "good" or "excellent" despite noting health as a concern. It is possible that negative media campaigns based on the dangerous health effects of tobacco are ineffective motivators to quit in the short-term, but they may be effective in stimulating feelings of internal dissonance in the individual over their tobacco use, a hallmark of the pre-contemplation stage. More research needs to be done on the effectiveness of these types of marketing campaigns in reaching PLWH. The CDC's recommended manual on designing and

implementing counter-marketing campaigns has not been updated since 2003. It would be beneficial to gather new data on the effectiveness of these proposed strategies and to update the manual of best practices.

Those who reported being unaffected by the negative tobacco media shared similar experiences of disengagement from the message and unrealistic optimism about their chances of developing tobacco related issues. Many respondents indicated they simply ignored the negative media messaging by disengaging as soon as they recognized the intent. Additionally, participants tried distancing themselves from the consequences of tobacco use by reaffirming their belief "that this couldn't happen to them" or "that they would stop before it gets to that point." This line of thinking is common for tobacco users as a defense mechanism against the feelings of dissonance they experience. Several studies have shown that when asked via questionnaires, tobacco users engage in unrealistic optimism when comparing their risk of tobacco related disease with the average smoker (Weinstein, Marcus & Moser, 2005). Participants from the focus group who engaged in this unrealistic optimism about their health and chances of developing tobacco related disease also had engaged in similar unrealistic thinking when it came to their ability to quit using tobacco products. Media focusing on the dangerous health effects of tobacco may not be the most effective channel for short-term motivation.

"Truth commercials didn't do anything to me. If I saw a commercial with someone that I know and can relate to it would make me listen"

"When I see that I just walk away from the TV. I am scared to look at it, but as soon as I walk away, I go get a cigarette"

"It doesn't make me think about quitting. I think whenever I am ready to quit, I will quit"

"Smoking is the safest thing for me to do right now"

"I think smoking cigarettes isn't as bad as smoking crack"

Recommendation: Organizations should seek innovative ways to address concerns of smoking without relying on negative media 'scare tactics.' Participants from the focus group often disengaged from or ignored negative media about the health effects of tobacco use. Those that did report being scared by the negative media messaging also reported little immediate motivation to quit. There may be a place for negative media messaging campaigns as a strategy for encouraging tobacco use reduction based on CDC recommendations (Center for Disease Control and Prevention, 2003) and participant feedback about the negative ads lingering with them even if they weren't contemplating quitting. However, it is not recommended that this be the primary source of media messaging, nor should it be the focus. Many respondents indicated that negative media increased stress without increasing their number of quit

attempts. Instead, organizations should seek alternative means of media that doesn't rely on the dangerous health effects. Some participants did indicate that they would like to see themselves better represented in the media campaigns. They would be more apt to listen to the message if they felt they could relate to the person or situation. When possible try to incorporate real clients into media messaging, to make the message more relatable.

Reasons to Quit

Health

Among the participants of the focus groups the most frequently cited reason for wanting to quit was health concerns. Yet, 70% of participants ranked their health as "good" or "excellent" on four-point Likert scale. Participants discussed their declining health and the desire to be around for family members as strong motivators for them to quit using tobacco products. Some participants identified a defining moment as to when they decided they wanted to quit. Such events included: a family member or friend passing away from tobacco related disease, a severe health scare, or needed surgical operation. These events served as the catalyst to motivate the individual to move from the pre-contemplation stage to the contemplation stage of quitting. This form of motivation while effective, is impossible to introduce to clients in an ethical manner. However, media campaigns that tell these stories from real life clients may be excellent sources of motivation for pre-contemplation individuals, without using undue scare tactics aimed at the health effects. Instead of focusing on the negative health event, it can be presented in the context of family loss and social opportunity loss.

Clients also noted less serious health concerns as motivation for wanting to quit; including persistent cough, difficulty breathing, and low energy. Difficulty engaging in daily activities was frequently noted by participants of the focus group as one of the most noticeable health effects from tobacco use. Interference with hobbies and activities of enjoyment were noted by a few participants. For media, it may be effective to tie the effects of tobacco use to the social consequences and social opportunities missed out on as a result of poor health, rather than the direct health effects.

"I need an operation and I can't go forward with it if I am a smoker"

"I stopped when they told me that they were going to take my lung out because I had lung cancer"

"I can tell the difference when I don't smoke, I can breathe better"

"My mom had a stroke; she was a smoker"

"I like to ride my bike, if I am smoking it affects me"

Recommendation: Health concerns have a significant impact on individual's motivation to quit. However, media that focuses on the negative health impacts of tobacco is not preferred by clients. Therefore, it may be necessary to tailor media messaging around the stories of loss and missed opportunity as result of negative health effects of tobacco then focusing solely on the health effects alone. When possible connecting the health effects with real world stories of loss may be a powerful motivator for clients in the pre-contemplation stage of quitting.

Cost

Rising costs for tobacco products were noted by several participants of the focus group, however they were most often seen as a frustration rather than a deterrent for continued tobacco use. Most individuals indicated, despite the added barriers it created, cost was not a major factor in their reasons to quit. Many respondents indicated that they found ways to accommodate the cost into their lives or found other ways to circumvent the high taxes associated with tobacco use. Participants used several strategies to circumvent the high costs of tobacco: buying "loosie" cigarettes from local convenience stores, avoiding other tobacco users to avoid sharing, borrowing money, or in some cases smoking used cigarette "butts." It appears that increases in price can often be accommodated by the tobacco user and most likely disparately effects lower income community members.

"I will even take cigarette buts and roll them up in a paper to smoke if I can't afford to buy them"

"Cost isn't a problem… I can go get singles. Or there are always people selling cigarettes at the bus stop right out here"

"Cost is such an issue. I never pull out my pack of cigarettes when I am waiting at the bus station because everyone wants to grab one from me"

Recommendation: Since cost is noted by almost all participants as a barrier and concern when it comes to their tobacco usage, it may be beneficial to create media materials that speak to the financial cost of tobacco usage. The media should focus on the short-term financial burden tobacco users experience and the missed opportunities due to rising tobacco costs. Media could be framed in way that compares what could be done with the money saved annually from not using tobacco products.

Medication and Nicotine Replacement Therapy (NRT)

Many respondents stated they would likely need additional help in their quit attempts beyond the support and personal encouragement discussed in earlier sections. Many participants reported already knowing about various tobacco cessation medications and NRTs available, but

there were several participants who had never heard of or did not understand the purposes of the medications and NRTs available. Focus group participants tended to prefer the NRTs like nicotine patches, nicotine gum, and lozenges over medications like Chantix. Participants were more likely to report negative experiences with medications than with NRTs, largely in part due to the interaction between the myriad of other medications PLWH are often required to take to manage their viral load, and the newly prescribed tobacco cessation medication. Many participants were hesitant to begin taking another medication when they are already managing multiple prescriptions for their physical and mental health. Whereas, NRTs seem to be more accepted among individuals interested in quitting tobacco due to less associated side effects and lower risk for complications. NRTs provide much needed physiological support without placing additional medication burdens on individuals likely to be distrustful of the healthcare system due to stigma (Anderson, 2009).

Another point brought up by the participants of the focus group was their use of tobacco as a form of pain relief. Many individuals indicated experiencing an increase in chronic pain issues during quit attempts when they had previously used tobacco products to self-medicate, making it less likely that their quit attempt will be successful. Therefore, it is important to plan for how the client will manage their chronic pain during their quit attempt.

"I have no desire to go any of those meds. When I was at my sickest, I was on 16 pills a day with all my health issues. I don't want to have to worry about more meds added"

"I do like the smoking aids; the cinnamon toothpicks and mints have helped"

"I have mental health issues, so I think those meds didn't mix well for me"

"The pain made me smoke"

"I was given the lozenges, they said to take them every four hours. Can I overdose on those? I eat those like candy"

Recommendation: Organizations should continue to educate clients about all options available and encourage their clients to take an active role in researching what they would prefer the most. Not only would this help to better educate the client, but it should build feelings of self-efficacy because they are taking a more active role in their health (especially for those with an internal locus of control). Organizations should continue to provide clients as much information about the available medications and NRTs as possible. Information about possible side effects and interactions with other medications is important information for clients to consider. The TTS should be as transparent as possible when discussing the client's options with them, so that they can feel empowered to make the decision most suitable for their self.

Michigan Tobacco Quitline

When asked about the Michigan Tobacco Quitline, several respondents indicated that they had called the Quitline at some point. One participant did state they had found the Quitline to be very supportive in the beginning, but later found the service to be an annoyance, due to the frequency of the calls. Other participants echoed their frustrations with Quitline services. Common criticisms about the Quitline service included: participants finding the frequent calls/texts to be annoying, finding the service to be impersonal, and lack of dependability in regard to following up with clients. Questions around the Quitline often led to participants discussing their desire for in-person support and peer support groups. Participants desire for personal support during their quit attempts was one of the most heavily discussed topics throughout the focus groups. The Quitline services may not be the most effective resource for PLWH because of the high levels of stress they face and the strong desire for in-person support.

"I liked it at first, they gave me a lot of support in the beginning. But then it just got annoying"

"I don't like the Quitline, they are not dependable"

"It would make it more real to have a human in front of you. Makes it feel like support rather than someone just over the phone"

Recommendation: Organizations should continue to educate clients on all the resources that are available to them, so that the client can be the steward of their own health. However, knowing that most clients are facing high levels of stress and desire for a more personal connection with those that are supporting their efforts to quit, the Quitline may not be the most effective resource for PLWH.

Conclusion and Recommendations

People living with HIV represent a diverse array of races, gender identities, and sexual orientations; but when it comes tobacco use reduction many of the individuals face the same issues. Navigating a society and a healthcare system that often stigmatizes PLWH and tobacco users; creates additional stress and barriers for PLWH when attempting to begin a tobacco use reduction plan. Understanding their unique needs and how to best meet them where they are at in their quit process is essential to the success of the TURP program.

Peer Support Groups and Specialists

Many participants from the focus groups discussed their desire for more in-person supports to be available. Individuals would like to see more opportunities for peer support groups to meet. Support groups build a sense of community, support and accountability for those attempting to quit. In addition, they offer a chance for individuals to share their own experiences, hints and

the barriers they faced in their journey. This community of shared learning can help others in their quit attempts while building self-efficacy for all participants and empowering them to take control of their own health. To further expand the peer support services, it would be beneficial for organizations to employ a peer support specialist. This individual would be a former smoker who is also living with HIV. They would then be available to provide support and consultation to those attempting to quit. Peer support specialists should also be encouraged to become TTS certified. That way they can utilize evidence-based strategies while also leveraging their unique personal experience. Their unique experience would allow them to empathize with the struggles of the client and provide insight specific to the client's situation.

Medication and NRTs

Organizations should continue to educate their clients about all the available options for tobacco cessation medication and NRTs. Providing the client with all the information about the available resources allows them to make an informed decision about the best course of action for quit plan. TTS's can then work with the client to pick the support most conducive the client's situation. Some participants reported being unaware of different medications and options of NRTs. Continuing to educate clients about the available resources should be a priority for all organizations.

Media and Marketing

Negative tobacco counter-marketing media, focused on the health effects of tobacco, creates additional stress and anxiety for PLWH; which can lead to disengagement and increased tobacco usage. Media designed to scare individual are ineffective at influencing short-term motivation to quit tobacco for PLWH. Participants indicated a desire to see positive media messages of people who represent their community. Media should rely less on 'scare tactics' to encourage quit attempts. Instead, media could focus on missed opportunities for enjoyment, and social consequences of continued tobacco usage.

Social Determinants of Health and Stress

Social Determinants of Health (SDoH) account for over 80% of health outcomes, and our actual medical care only accounts for 10% – 20% of our health outcomes (Hood, Gennuso, Swain, Catlin., 2016). Therefore, it is important to understand the unique circumstances facing the client and to look at each case holistically to formulate a plan for addressing the social factors that underly the client's use of tobacco. Many participants mentioned stress as a major reason they have been unable to quit for good despite multiple attempts. Stress can come from many different sources, such as: issues with transportation, difficulty finding work, family tension, mental health issues, income and many more. In order to ensure the best chance of success for the client's quit attempt it is important to address the problems that drive the use of tobacco first. In no way are organizations expected to address every social determinant of health issue facing their clients, but it is important to first address the most urgent issues that will allow the client to focus their efforts on their quit attempt. By addressing the client's most urgent needs,

organizations can help clear the road of potential barriers that would otherwise serve as a stimulus for tobacco usage.

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Appendix-1 Tobacco Reduction Project Focus Group Consent to Participate Form

Focus Group Consent to Participate and Confidentiality Form

CONSENT TO PARTICIPATE

- The purpose of the group discussion and the nature of the questions have been explained to me.
- I consent to having my comments scribed by the focus group recorder.
- I understand that my participation is voluntary. I understand that I am free to leave the group at any time. If I decide not to participate at any time during the discussion, my decision will in no way affect the services that I receive from _____ (coordinating ASO).

CONFIDENTIALITY

- None of my experiences or thoughts will be shared with anyone outside of the Tobacco Reduction Project unless all identifying information is removed first.
- The information that I provide during the focus group will be scribed and noted in such a way that no personally identifying information will be associated with my comments.
- Additionally, my comments will be aggregated with answers from all focus group participants so that I cannot be identified.

_____

Please Print Your Name

_____ _____

Please Sign Your Name **DATE**

Appendix-2 Tobacco Reduction Project Focus Group Participant Demographic Sheet

Agency Convening Focus Group: _____ Date of Focus Group: _____

Participants complete below:

1. Age: _____

2. Gender Identity: _____

3. Race: _____

4. Sexual Orientation: _____

5. Self-assessment of Health:
   □ Excellent □ Good □ Fair □ Poor

6. Educational level:
   □ Less than High School □ High School □ Some College □ College and Above

7. Annual household Income:
□ up to $20,000 □ $20,000 - $30,000 □ $30,000 - $40,000
□ $40,000 - $50,000 □ more than $50,000

8. Employment status:
   □ Self-employed □ Employed □ Unemployed □ Disability Income

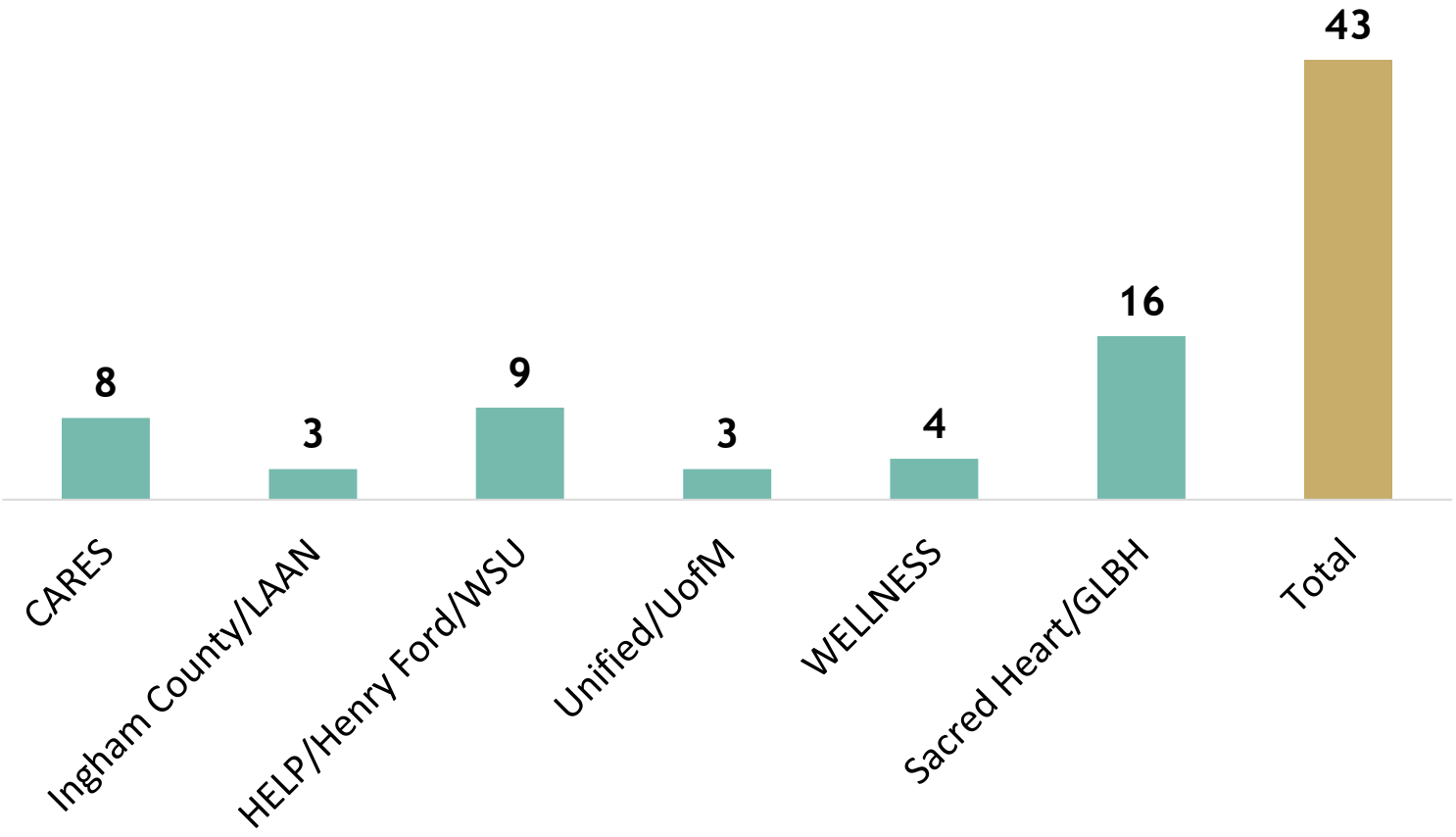
9. How long have you been living with HIV? _____ years

10. How long have you been using tobacco products? _____ years

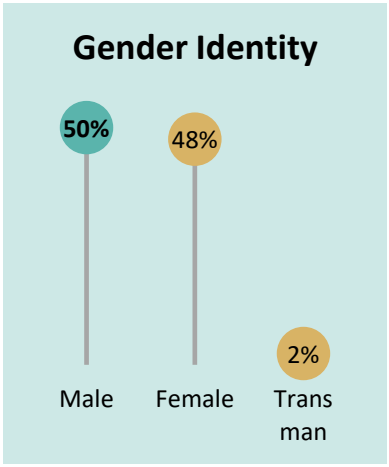
11. How many quit attempts to tobacco use have you made in the past year? _____

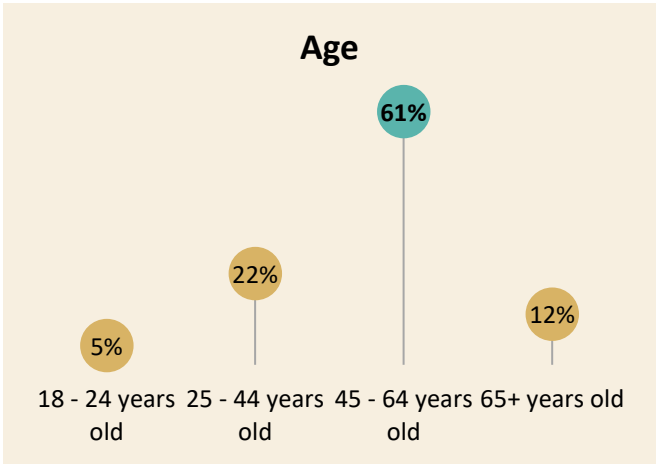
Appendix-3 Focus Group Data

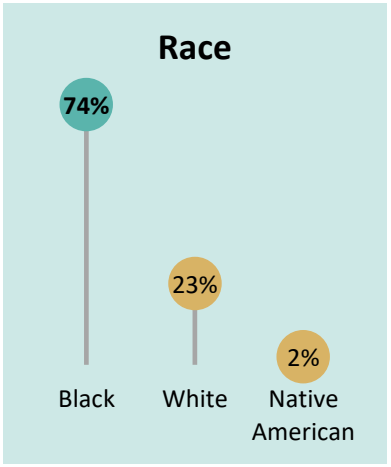
Number of Participants per Focus Group

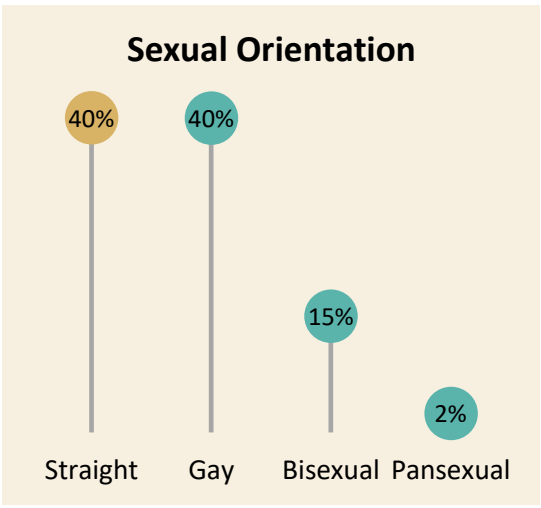


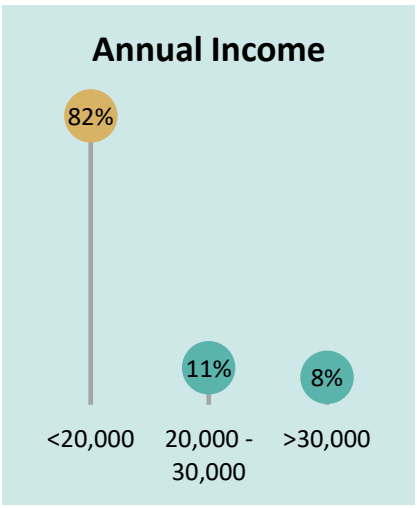
Demographics

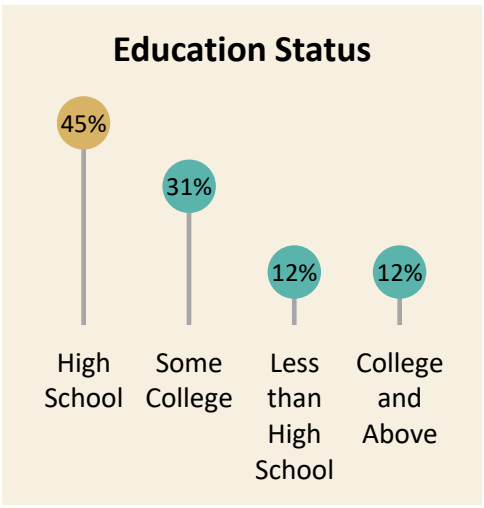


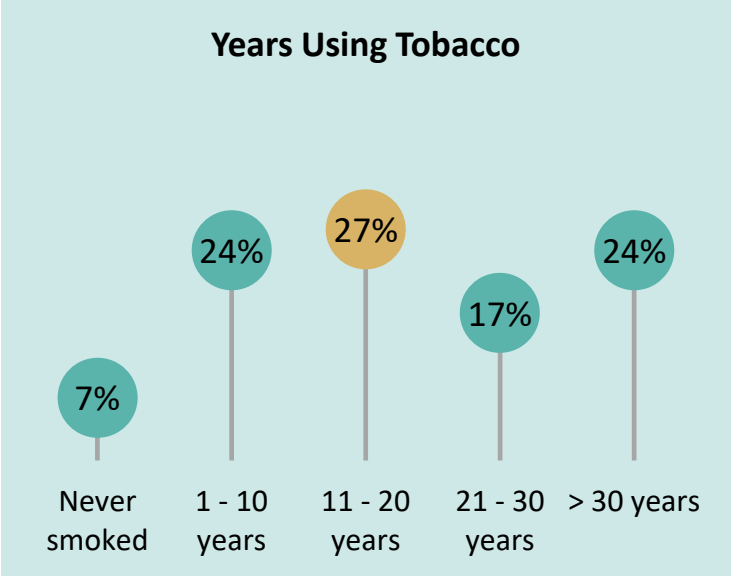


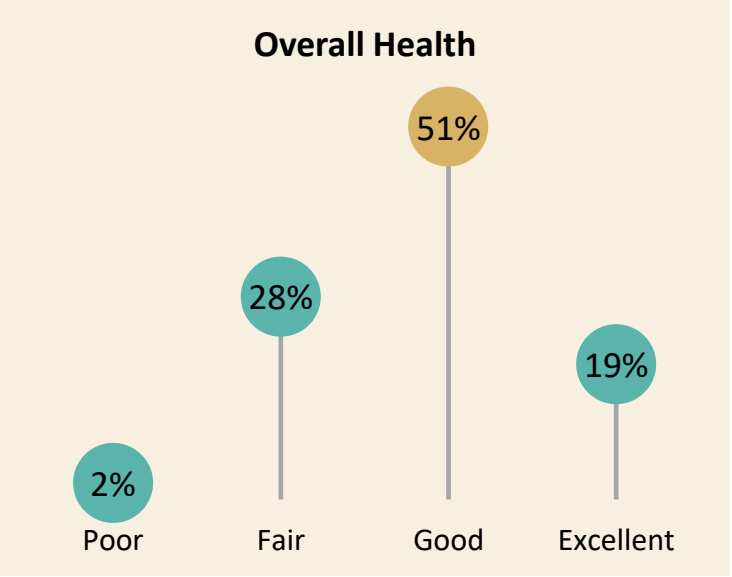


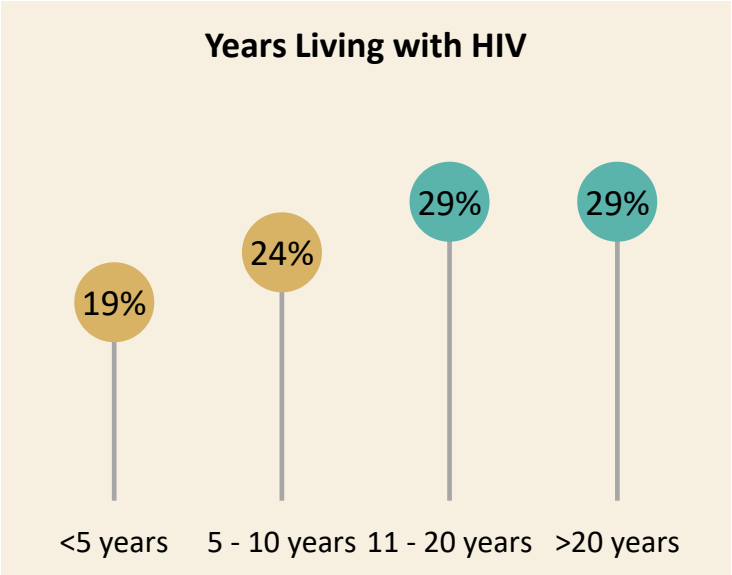

Sexual Orientation
40%
40%
15%
2%
Straight
Gay
Bisexual
Pansexual

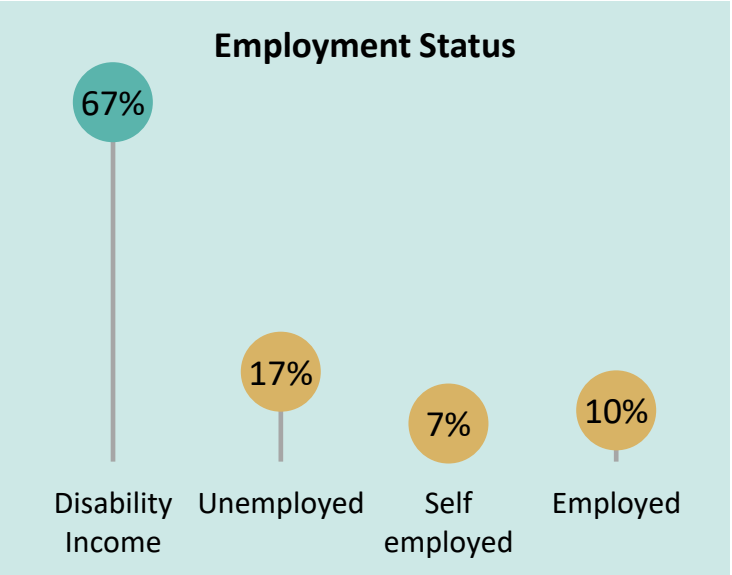

Annual Income
82%
11%
8%
<20,000
20,000 - 30,000
>30,000


Education Status
45%
31%
12%
12%
High School
Some College
Less than High School
College and Above

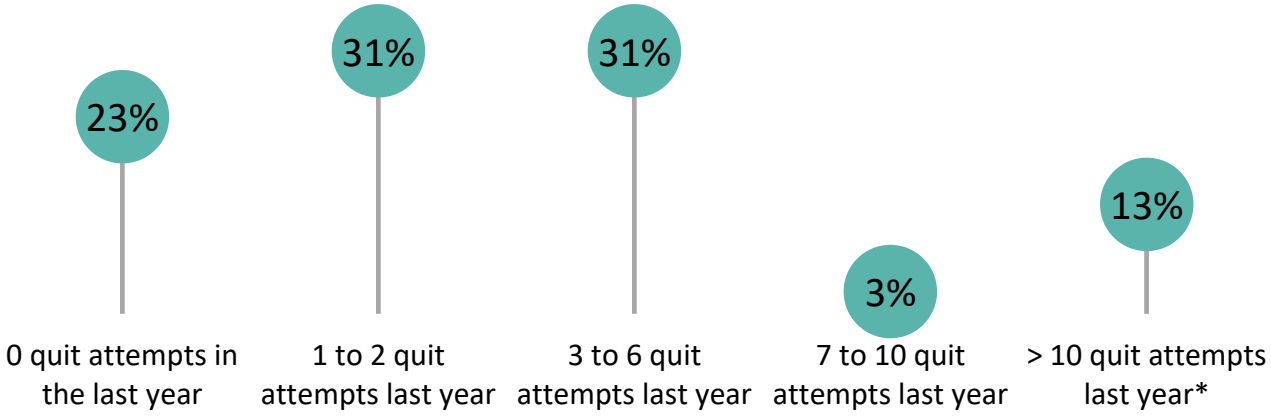

Years Using Tobacco
7%
24%
27%
17%
24%
Never smoked
1 - 10 years
11 - 20 years
21 - 30 years
> 30 years


Overall Health
2%
28%
51%
19%
Poor
Fair
Good
Excellent


Years Living with HIV
19%
24%
29%
29%
<5 years
5 - 10 years
11 - 20 years
>20 years

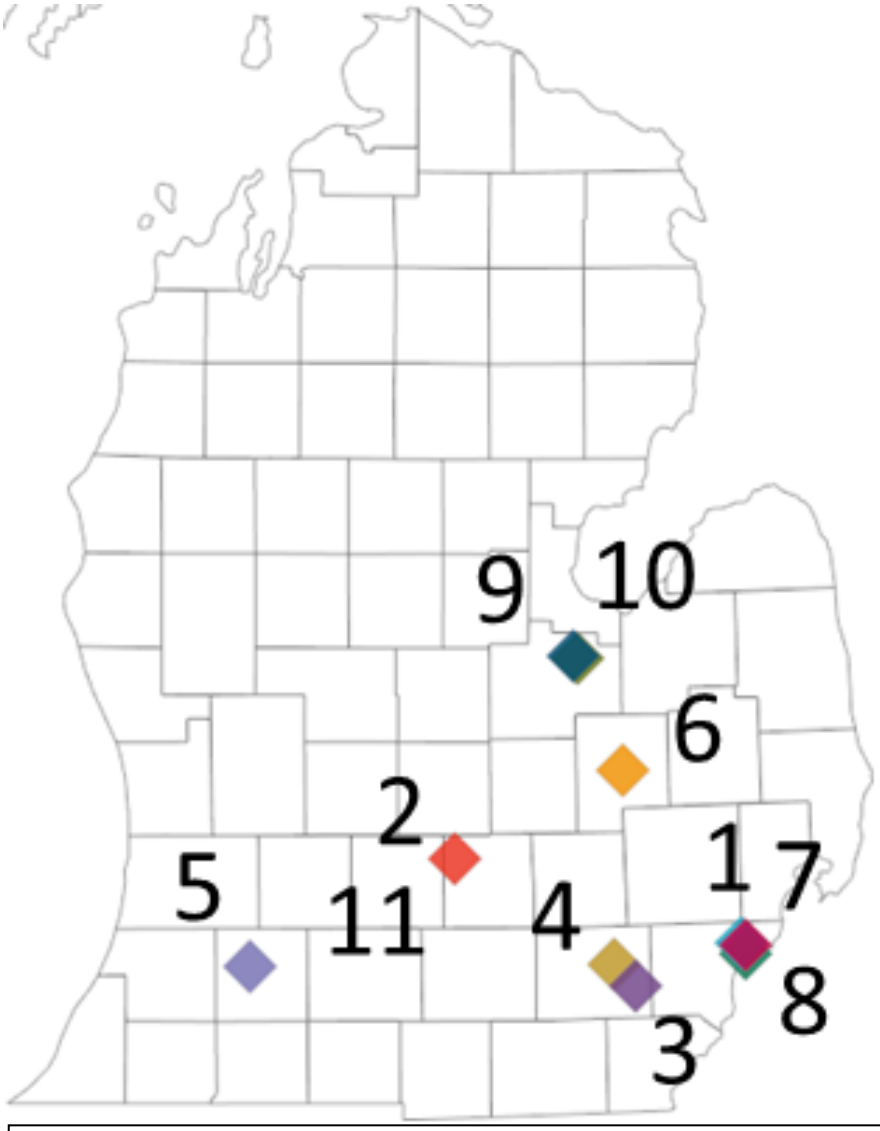

Employment Status
67%
17%
7%
10%
Disability Income
Unemployed
Self employed
Employed

Number of Quit Attempts in the Last Year



*Participants who responded with non-numeric answers were assigned to this group (E.G. “too many times” and “Hundreds”)

Appendix-4 Map of Organizations Participating in Focus Groups



Legend:

- [1]Health Emergency Lifeline Programs
- [2]Ingham County Health Department
- [3]UNIFIED HIV Health and Beyond [4]University of Michigan
- [5]Community AIDS Resources and Education Services
- [6]Wellness Services Inc
- [7]Henry Ford Health System
- [8]Wayne State University Horizon's Project
- [9]Great Lakes Bay Health Center
- [10]Sacred Heart Rehabilitation Center Inc.
- [11]Lansing Area AIDS Network (LAAN)