

### Evidence Profile (Quantitative)

**Recommendation question: Should inclusive group-based interventions for 2SLGBTQI+ persons be recommended?**

**Recommendation 4.1:** The expert panel recommends health-service organizations implement group-based interventions for 2SLGBTQI+ people addressing the social determinants of health. These group-based interventions should be inclusive of and promote access to underserved 2SLGBTQI+ people including: Two-Spirit, Black, Indigenous and People of Colour, older adults, youth, migrants and people with disabilities.

Population: 2SLGBTQI+ persons, across the lifespan

Intervention: Inclusive, group-based interventions (could be peer or professional led)

Comparator: Standard care or no comparator

Outcomes: Social support and/or sense of belonging [Critical], Patient experience (including leadership) [Critical], Peer acceptance (attitudes and bias) and knowledge [Important], Self-care/self-management [Important], Inclusion of 2SLGBTQI+ health within policies and model of care [Important]

Setting: All health care settings

Bibliography: 49093, 49678, 60248, 48631

Quality assessment							Study details		No. of participants/ events		Summary of Findings	Certainty	Reference
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Country	Intervention	Inclusive group-based interventions	No group-based intervention			
<b>Patient Experience (Acceptability Questionnaire, Satisfaction Questionnaire)</b> Follow-up: immediately post-intervention													
2	Single arm quasi-experimental studies (Pre/post design)	Very Serious <sup>a</sup>	Not Serious	Serious <sup>b</sup>	Serious <sup>c</sup>	Potential for publication bias <sup>d</sup>	49093: Canada	49093: AFFIRM group coping skills program for sexual and gender minority youth in a community setting.	49093: N= 30  Mean survey results: I learned a lot from this AFFIRM workshop: 3.37 (.669) I was given a chance to participate and	NA	Overall two studies found that persons reported positive experiences (as assessed by satisfaction and acceptability questionnaires) after participating in a support group or counseling program tailored for sexual and gender minority (SGM) youth.  49093: Participants rated the program positively based on the acceptability questionnaire post-intervention.	⊕○○○  <b>Very Low</b>	49093: Craig & Austin, 2016

Recommendation 4.1 Evidence Profile: Promoting 2SLGBTQI+ Health Equity

Quality assessment							Study details		No. of participants/ events		Summary of Findings	Certainty	Reference
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Country	Intervention	Inclusive group-based interventions	No group-based intervention			
									discuss information: 3.77 (.430) The AFFIRM workshop was well organized: 3.20 (.805) I felt comfortable participating in the AFFIRM workshop: 3.40 (.770) I can use what I learned to deal with stress: 3.55 (.506) I can use what I learned to help with some of my problems: 3.55 (.506) The workshop has helped me think about how my feelings and my actions and my thoughts are connected: 3.50 (.682) The AFFIRM workshop was enjoyable 3.53 (.681) I have talked about my strengths in this program: 3.00 (.910) The facilitators and staff were supportive and helpful: 3.63 (.490)				

Recommendation 4.1 Evidence Profile: Promoting 2SLGBTQI+ Health Equity

Quality assessment							Study details		No. of participants/ events		Summary of Findings	Certainty	Reference
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Country	Intervention	Inclusive group-based interventions	No group-based intervention			
							49678: Canada	49678: ASSET school-based group counseling program for LGBTQ youth.	The topics of the AFFIRM workshop were interesting: 3.47 (.629) I will be able to apply what I learned from this AFFIRM workshop in my life: 3.52 (.634) The facilitators helped me be interested in the workshop: 3.33 (.802) The topics of this the AFFIRM workshop were relevant to my life: 3.40 (.675) I would recommend the AFFIRM workshop to other queer youth: 3.57 (.568) Overall, I am satisfied with AFFIRM: 3.45 (.686) If you were to need help in the future, would you contact the AFFIRM staff? 3.07 (.944)	49678: N= 261 Mean questionnaire results: "I would recommend this	49678: Participants rated the program positively based on satisfaction questionnaire administered post-intervention.		49678: Craig, Austin & McInroy, 2014

Recommendation 4.1 Evidence Profile: Promoting 2SLGBTQI+ Health Equity

Quality assessment							Study details		No. of participants/ events		Summary of Findings	Certainty	Reference
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Country	Intervention	Inclusive group-based interventions	No group-based intervention	Reported effects/outcomes		
									program to other LGBTQ youth": 3.8 (0.40) "I have learned things from this program that will help me" and "I am satisfied with this program": 3.6 (0.41) "This program has helped me improve the way that I deal with my problems": 3.4 (0.42)				
<p><b>Self-care or self-management</b> (Risk behaviours: self-report (frequency of alcohol, street drugs and tobacco use and safer sex rated on a likert scale), Coping: The Stress Appraisal Measure for Adolescents (SAMA), The Reflective Coping Subscale (RCS), Proactive Coping Inventory (PCI))  <i>Follow-up: immediately post-intervention, 3 months follow-up, information collected over a 10 year period</i></p>													
3	Single arm quasi-experimental studies (Pre/post design)	Very Serious <sup>e</sup>	Not Serious <sup>f</sup>	Serious <sup>b</sup>	Not Serious <sup>g</sup>	Potential for publication bias <sup>h</sup>	49093: Canada	49093: AFFIRM coping skills program for sexual and gender minority youth in a community setting.	49093: Post-intervention: N=30 3-months follow-up: N= 17 Mean RCS: <i>pre</i> : 29.88 (7.46) <i>post</i> : 20.35 (11.40) 3 months: 20.88 (11.31)	NA	Overall three studies assessed the impact of a group-based program on self-care and reported improved coping skills or decreased risk behavior such as alcohol use.  49093: Overall, coping and stress appraisal increased from baseline but were not consistent across time points. Reflective coping increased at both time points. Stress appraisal increased for all domains from baseline to immediately post intervention however, only persisted for threat appraisal at 3 months.	⊕○○○ <b>Very Low</b>	49093: Craig & Austin, 2016

Recommendation 4.1 Evidence Profile: Promoting 2SLGBTQI+ Health Equity

Quality assessment							Study details		No. of participants/ events		Summary of Findings	Certainty	Reference
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Country	Intervention	Inclusive group-based interventions	No group-based intervention	Reported effects/outcomes		
							49678: Canada	49678: ASSET school-based group counseling program for LGBTQ youth.	Mean SAMA: Threat appraisal: <i>pre</i> : 18.45 (4.55) <i>post</i> : 17.03(6.05) 3 months: 15.82(5.98) Challenge appraisal: <i>pre</i> : 8.88 (3.66) <i>post</i> : 11.48 (4.08) 3 months: 9.85(4.21) Resource appraisal: <i>pre</i> : 7.97 (3.17) <i>post</i> : 9.14(2.94) 3 months: 8.35(2.47)  49678: N= 232  Mean PCI: <i>pre</i> : 93.97 (12.93) <i>post</i> : 98.32 (12.96)  ANOVA: Wilks' k = 0.964, F (2.216) = 8.168, p = 0.005 effect size g2 = 0.04.		49678: Proactive coping increased from baseline to post-intervention. An ANOVA (linear model) indicated a main effect of an increase in proactive coping across all groups.		49678: Craig, Austin & McInroy, 2014
							60248: USA	60248: HATCH youth a drop-in center designed to improve mental health and reduce behavioral risk outcomes by increasing social support among GLBT youth.	60248: N= 614 Exposure to Hatch Youth- Time Interval Often drink alcohol: No 9.93 (5.56) Yes 8.14 (5.13) Often use street drugs: No 9.64 (5.57) Yes 10.22 (5.08) Often use tobacco:		60248: Less alcohol use was associated with hatch youth attendance. There was no difference between other risk behaviours and hatch youth attendance (street drugs, tobacco and safer sex).		60248: Wilkerson et al., 2018

Recommendation 4.1 Evidence Profile: Promoting 2SLGBTQI+ Health Equity

Quality assessment							Study details		No. of participants/ events		Summary of Findings	Certainty	Reference
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Country	Intervention	Inclusive group-based interventions	No group-based intervention	Reported effects/outcomes		
									No 9.88 (5.61) Yes 8.94 (5.25) Often engages in safer sex, if sexually active: No 9.45 (5.51) Yes 9.72 (5.49)				
<b>Social Support</b> (Multidimensional Scale of Perceived Social Support, Social Connectedness Scale (SCS)) Follow-up: immediately post intervention, cross-sectional design													
2	Single arm quasi-experimental studies (Pre/post design)	Serious <sup>i</sup>	Serious <sup>j</sup>	Serious <sup>b</sup>	Serious <sup>k</sup>	None	48631: USA	48631: HATCH youth a drop-in center designed to improve mental health and reduce behavioral risk outcomes by increasing social support among GLBT youth.	48631: N=108  Duration of attendance in Hatch Youth, months (β, 95% confidence interval): <1: reference 1-6: 0.57 (0.07, 1.07) 6+: 0.44 (0.14, 0.75) * adjusted for age, gender, sexual orientation, and race/ethnicity	NA	Overall results were mixed. In one study social support and/or sense of belonging for SGM youth increased with the duration of attendance in the group-based drop-in group, whereas social support in SGM youth in a school-based counseling program did not improve.  48631: Duration of attendance in Hatch Youth was associated with increased perceived social support after adjusting for age, gender, sexual orientation, and race/ethnicity.	⊕⊕○○  Low	48631: Wilkerson et al., 2017

Recommendation 4.1 Evidence Profile: Promoting 2SLGBTQI+ Health Equity

Quality assessment							Study details		No. of participants/ events		Summary of Findings	Certainty	Reference
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Country	Intervention	Inclusive group-based interventions	No group-based intervention	Reported effects/outcomes		
							49678: Canada	49678: ASSET school-based group counseling program for LGBTQ youth.	49678: N=108 Mean SCS: <i>pre</i> : 15.06 (3.110) <i>post</i> : 15.48 (3.200) ANOVA: Wilks' k = 0.987, F (2.98) = 1.277, p = 0.261, effect size g2 = 0.01		49678: Social Connectedness Scale was unchanged from pre to post intervention.		49678: Craig, Austin & McInroy, 2014

Explanations:

- a. Studies were assessed using the ROBINS-I tool. One study was rated as *critical* risk of bias and one was rated as *serious* risk of bias. The reasons for downgrading were due to potential for confounding, measurement of outcomes (outcomes were not blinded and self-reported) and missing data. We downgraded by 2.
- b. The studies were from settings outside of health care and only included LGBT persons. However, the intervention and outcome were directly related to our question. We downgraded by 0.5.
- c. Total sample size < 400. We downgraded by 1.
- d. It was noted that all studies included for this outcome are from the same author group.
- e. Studies were assessed using the ROBINS-I tool. One study was rated as *critical* risk of bias and two were rated as *serious* risk of bias. The reasons for downgrading were due to potential for confounding, measurement of outcomes (outcomes were not blinded and self-reported) and missing data. We downgraded by 2.
- f. The three studies that assessed coping demonstrated a positive direction of effect. One study examined risk behaviours with mixed results. A positive result was noted for alcohol use however, there was a null effect for all other risk behaviours (tobacco and street drug use and safe sex). We did not downgrade as the inconsistency was easily explained.
- g. Total sample size > 400, therefore we did not downgrade.
- h. It was noted that two out of three studies included for this outcome were published by the same author group.
- i. Studies were assessed using the ROBINS-I tool. Two studies were rated as *serious* risk of bias. The reasons for downgrading were due to potential for confounding, measurement of outcomes (outcomes were not blinded and self-reported) and deviations from intended interventions. We downgraded by 1.
- j. One study is demonstrating a positive direction of effect. One study demonstrated no change. We downgraded by 0.5.
- k. The total sample size was 369. We have downgraded by 0.5.





**CERQual Evidence Profile**

**Recommendation Question: Should inclusive group-based interventions for 2SLGBTQI+ persons be recommended?**

**Recommendation 4.1:** The expert panel recommends health-service organizations implement group-based interventions for 2SLGBTQI+ people addressing the social determinants of health. These group-based interventions should be inclusive of and promote access to underserved 2SLGBTQI+ people including: Two-Spirit, Black, Indigenous and People of Colour, older adults, youth, migrants and people with disabilities. and People of Colour, migrants and people with disabilities.

**Aim:** To explore the perceived benefits of inclusive group-based interventions for 2SLGBTQI+ persons on patient experience, peer acceptance, social support and self-care.

**Bibliography:** 48628, 49027, 49084, 56718, 57041, 60179, 57738, 1616, 2370

<b>Finding (patient experience):</b> Participants of group-based interventions expressed experiencing improved self-confidence and self-acceptance. Participants valued group interactions that affirmed their sexual and gender identity.							
Studies contributing to the Finding	Included study designs	CERQual Assessment				Overall CERQual Assessment of Confidence	Explanation of Judgement
		Assessment of Methodological Limitations	Assessment of Relevance	Assessment of Coherence	Assessment of Adequacy of Data		
48628: Romjinders et al., 2017  49027: Logie, Lacombe-Duncan, Lee-Foon, 2016  49084: Wilkens, 2016  56718: Amodeo, Picariello, Valerio, et al., 2018  57041: Blockett, 2018	Data collection: Semi-structured interviews, participant observation, focus groups  Analysis: thematic analysis, constant comparison analysis, critical ethnography	Moderate concerns (Most studies lack consideration of researcher reflexivity; one study was poor quality in all domains)	Minor concerns (The setting was indirect and population included only 2SLGBTQI+ persons)	No concerns (The patterns in the data were relatively clear)	Minor concerns (8 studies offering moderate data richness with relatively small sample sizes)	<b>Low confidence</b>	The finding was graded as low confidence due to moderate concerns over methodological limitations of the individual studies and minor concerns over relevance and adequacy of data.

Recommendation 4.1 Evidence Profile: Promoting 2SLGBTQI+ Health Equity

60179: Tallentire et al., 2016							
57738: Brooks, 2017							
1616: Lapointe and Crooks, 2018							
<b>Finding (peer acceptance):</b> Participants expressed that participating in groups-based interventions enhanced friendships and interpersonal relationships (peer acceptance) by providing a safe space.							
48628: Romjinders et al., 2017	Data collection: Semi-structured interviews, participant observation, focus groups	Moderate concerns (The studies lacked consideration of researcher reflexivity)	Minor concerns (The setting was indirect and population included only 2SLGBTQI+ persons)	No concerns (The patterns in the data were relatively clear)	Minor concerns (2 studies offering moderate data richness with relatively small sample sizes)	<b>Low confidence</b>	The finding was graded as low confidence due to moderate concerns over methodological limitations of the individual studies and minor concerns over relevance and adequacy of data.
49027: Logie, Lacombe-Duncan, Lee-Foon, et al., 2016	Analysis: thematic analysis						
<b>Finding (social support):</b> Participants in group-based interventions expressed experiencing social support as the group-based interventions fostered a sense of belonging and reduced feelings of social isolation and loneliness.							
48628: Romjinders et al., 2017	Data collection: Semi-structured interviews, participant observation, focus groups	Moderate concerns (Most studies lack consideration of researcher reflexivity; one study was poor quality in all domains)	Minor concerns (The setting was indirect and population included only 2SLGBTQI+ persons)	Minor concerns (The data was somewhat variable between studies)	Minor concerns (9 studies offering moderate data richness with relatively small sample sizes)	<b>Low confidence</b>	The finding was graded as low confidence due to moderate concerns over methodological limitations of the individual studies and minor concerns over relevance, coherence and adequacy of data.
49027: Logie, Lacombe-Duncan, Lee-Foon, et al., 2016	Analysis: thematic analysis, constant comparison analysis,						
49084: Wilkens, 2016							
56718: Amodeo, Picariello,							

Recommendation 4.1 Evidence Profile: Promoting 2SLGBTQI+ Health Equity

Valerio, et al., 2018	critical ethnography						
57041: Blockett, 2018							
60179: Tallentire et al., 2016							
57738: Brooks, 2017							
1616: Lapointe and Crooks, 2018							
2370: Dowers et al., 2020							
<b>Finding (self-care):</b> Participants expressed experiencing self-care through the development of coping strategies.							
1616: Lapointe and Crooks, 2018	Data collection: focus groups  Analysis: thematic analytic	Moderate concerns (The study on had one author conduct data analysis)	No concerns (The intervention was relevant to the research question)	No concerns (The patterns in the data were relatively clear)	Moderate concerns (1 study offering moderate data richness)	<b>Low confidence</b>	The finding was graded as low confidence due to moderate concerns over methodological limitations of the individual studies and adequacy of data.