



GLBT Community Center of Colorado's SmokeFree Case Study

**Presented at the STEPP Tobacco Control Institute
November 2007**

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New Funding Ignites GLBT Work in Colorado

In 2005 the State of Colorado passed Constitutional Amendment 35, increasing tobacco tax from .20 to 84 cents per pack. All new revenue, approximately \$189 million per year, was designated for health related purposes including approximately \$25 million earmarked for tobacco control efforts. As part of the enabling legislation, at least 15% of the funding coming into the tobacco control program had to be used to address those with higher than average tobacco related burdens. Based upon national data, the gay, lesbian, bisexual, and transgender (GLBT) population was designated by the State Tobacco Education and Prevention Partnership (STEPP) as a disparate health community launching a statewide effort of tobacco reduction within the GLBT community.

This Case Study provides a summary and highlights of Colorado's SmokeFree GLBT project as their movement begins to reverse decades of tobacco industry targeting, marketing, and resulting addiction within the GLBT community.

History

In 2002 the Colorado Department of Public Health and Environment's STEPP program funded a number of needs assessments in populations that were disproportionately impacted by tobacco use. This included a study assessing tobacco issues in the GLBT community. Over a period of several months, researchers and ten focus groups probed tobacco attitudes, knowledge, use and behavior - concluding their work with recommendations of utilizing multiple strategies and gay oriented programming, along with awareness and educational campaigns. Funding to address tobacco related disparities among all the identified populations, including the LGBT community was earmarked, however the overall Master Settlement program budget was unexpectedly cut and all new project proposals had to be withdrawn.

In 2004 a report, the "National LGBT Communities Tobacco Action Plan" was released identifying exceptionally high smoking rates, lack of coordination in addressing the issue, gaps in service, lack of surveillance data, inadequate research and limited evaluation efforts in regards to tobacco control efforts targeting GLBT smoking. It is generally agreed that lack of research and data on health issues and needs of the gay community has resulted in limited resources and programming. Previous efforts to include disparate populations were under the purview of local public health departments and more traditional community based health organizations.

When the tobacco tax increase passed in 2005 and there was a lack of state data, STEPP used national information to guide their selection of health disparate communities. Seeking agency representation of the identified populations, STEPP staff informally

reached out to lead organizations, including The Gay, Lesbian, Bisexual, and Transgendered Community Center of Colorado to assure that the availability of funds was well publicized and applications to serve each group were secured. .

The Center applied for funds following approval from their Board of Directors who were assured that no unfunded costs would be incurred and long term funding seemed predictable if high quality programs and responsible stewardship were a priority. The Program Director wrote the grant with a vision for a programmatic framework that would fund, educate and empower smaller community based GLBT organizations along with The Center and requested STEPP support.

A Request and Funding

The Center's initial request was ambitious, launching directly into programming. However, STEPP advisors urged revisions that would allow the organizations involved to build capacity, relationships, develop organizational readiness for programming, and institute solidified organizational commitment. It was good advice since GLBT organizations had limited if any paid staff, infrastructure, and program experience.

Another strategic decision which ensured GLBT visibility was made when STEPP secured funding from the Center for Disease Control to write a State Strategic Plan for Populations Disparately Affected by Tobacco and The Center was invited to participate in the creation of that plan which later became a permanent part of the State Tobacco Plan. The plan was completed and approved in 2007 with GLBT once again named as a target population.

In order to address lack of data as one of the biggest barriers in the development of GLBT programming STEPP made two investments towards creating real change in Colorado.

1. STEPP, working with its Quitline contractor National Jewish Research and Medical Center added a key question in 2006 regarding the sexual orientation of callers to the Quitline assessment form, - for the first time creating the ability to collect and track GLBT use of the Quitline.
2. In 2006, a sexual orientation question was added to the Colorado Behavioral Risk Factor Surveillance System (the world's largest telephone survey, which tracks health risks in the United States) with the potential of providing significant health GLBT data.

STEPP began funding The Center in January of 2006 bringing together a taskforce of GLBT organizations from across the state to address the high smoking rates and resulting addiction, chronic disease and death due to tobacco within the GLBT community.

Unlike most non-profit funders, the STEPP grant of \$116,800 provided for nine months of planning, capacity building and taskforce development. This commitment to building the capacity of organizations new to tobacco control was a critical component to future success. During this time, The Center had four primary goals:

1. To develop the necessary infrastructure to act as a lead agency on the statewide project

2. To build an internal knowledge base surrounding tobacco control. It was important to learn about tobacco in the GLBT community, national programs targeting this population, as well as resources available through STEPP and other local providers.
3. To identify qualified GLBT organizations and engage them in the process.
4. To hire or contract with qualified staff to manage the statewide program

The Center identified an independent consultant who is an “out” and visible member of the GLBT community and who also has years of experience in tobacco control work. This consultant began the project with an extensive survey of GLBT community agencies across Colorado and created a list of possible partners. The original goal for the grant was to identify 15 viable GLBT organizations. A list of preferred organizational capacity criteria was created to serve as a screening tool such as; 501c3 tax exempt status, an engaged Board of Directors, and a mission consistent with health programming.

The Healthy Living Program Director traveled around the state meeting with executive directors, board leadership, and community leaders gathering information on interest and capacity to develop programs around tobacco control. These meetings, which were facilitated by the Program Director guided the groups in defining organizational strengths, needs for growth and required resources. After numerous meetings with potential partners there were only five organizations in addition to The Center that met the basic criteria and each of these would need more extensive capacity building. Only one of these organizations, the youth service program at The Center, had more than one paid staff and two of them were very small HIV programs targeting African American and Latino males in Denver. It was also clear that a coalition to address tobacco in the GLBT community was not the most effective model to meet the contract criteria necessary for STEPP funding. It was at this point that the Lead Agency model was adopted, holding The Center, as the administrative agency, ultimately responsible for project planning, implementation and evaluation.

Local Health Agencies: Critical Partners for Capacity Building

During The Center’s capacity building phase in the fall of 2006 it became clear that GLBT organizations could benefit from local health agency’s (LHA) tobacco expertise and technical assistance. The Center identified and contacted appropriate LHA staff for collaboration and arranged for joint meetings. Letters of agreement were then signed formalizing a partnership between those LHA’s, participating agencies, and SmokeFree GLBT. (Attachment #2) These individuals, as representatives of their local health agencies joined the SmokeFree GLBT Task Force and attend all quarterly trainings as well as appropriate conference calls. In addition LHA staff agreed to provide training to the SmokeFree GLBT personnel in their respective counties.

Also during the capacity building phase, the Center worked to develop its internal capacity to act as lead agency on the project. A Program Manager was hired to coordinate capacity building and to address communication needs including:

1. Conduct national and international research on promising GLBT practices in prevention and cessation. Extensive searches were launched on GLBT tobacco use, data, and research, often to realize how little was known about this population

2. The creation of a website to serve as a tool for all partners and a GLBT community resource
3. The implementation of a newsletter, "The SmokeFree GLBT News" to inform all partner organizations, mainstream and STEPP contractors about SmokeFree GLBT and tobacco issues
4. Training of all Center staff on database management used for communications and tracking of agency contacts.
5. Adding teleconferencing technology
6. Assist in communication and supportive materials

The First Quarterly Training

The end of The Center's capacity building phase was marked by the hosting of the first meeting of the entire task force for two day training. SmokeFree GLBT was able to bring together two of the foremost experts in the country on GLBT Tobacco, Bob Gordon from the LGBT Tobacco Partnership in San Francisco California and Hope Wisneski, The Center's Youth Services Director, a nationally recognized trainer on tobacco and GLBT youth. Bob and Hope helped train GLBT organizations, Local Health Agency Task Force members and STEPP staff on the most up to date statistics, data and programming specifically for the gay community. This two day training was video taped and from this the DVD, "Queer Lives Up in Smoke" was produced.

Observations:

1. Very few GLBT organizations have the capacity to offer comprehensive health programs due to challenges created by lack of data and inadequate funding. Most organizations have been formed around advocacy or social and support activities, and offer very little programming.
2. Lead agency staff need be knowledgeable in tobacco issues as well as networked in the GLBT community.

SmokeFree GLBT Task Force Activity

The 2006 funding launched Task Force planning, capacity building and data collection with The Center's adult and youth divisions plus five organizations. Each organization was very different in its capacity building needs. Two organizations, Northern and Western Colorado were entirely volunteer driven so funds were made available to hire part-time contractors building organizational infrastructure. The five organizations that had staff were offered funds to increase, part-time staff to full time positions or to hire additional part-time staff. By October 2006 each organization had signed Memorandums of Understanding (Attachment #1), was funded for .5 FTE personnel receiving \$25,000 in funding for one year.

As a side note - STEPP administers funds on a reimbursement system coordinated and billed through the Center utilizing .1 FTE of Center Accountant time. This process has proved to be very complex and time consuming and requires accounting capability not available in smaller organizations.

With the second year, 2007 allocation, of \$350,000, The Center was able to again fund seven GLBT organizations representing either localities or ethnic sub-populations with grants of \$25,000 each and launching a group process of building organizational capacity,

surveying smokers within each “community” and piloting projects to educate their communities about the tobacco issue within the GLBT population and particular sub-populations within that community.

Capacity building needs were different for each organization. The first three months of the project was spent hiring staff and developing capacity building plans. Each organization identified areas they wanted to address in capacity building, negotiated this with the Program Director and then wrote detailed action plans to fulfill the stated goals. Monthly activities and deliverable were specified and the process for invoicing and payment/reimbursement were finalized. Organizations identified needs such as: updating agency contacts and databases, building community networks, developing a volunteer program, translation of materials, increasing outreach capability within targeted communities, identifying media outlets for publicity, developing websites and increased visibility within their communities.

Moving beyond the basic requirements of media outreach, some Task Force members far surpassed expectations. One by training and then working as an on-air radio talk show host for a new GLBT health issues program, and another who wove in tobacco messages with theater, and all of whom parlayed basic tobacco messages into websites, press releases, and events.

It is interesting to note that SmokeFree GLBT tobacco work has already been institutionalized in so many ways that were unexpected but of tremendous value. Beneficial outcomes range from teaching ongoing Social Marketing courses on GLBT outreach, to instituting smoke-free areas for entire PrideFests and annual events.

In addition to the goals identified by individual agencies, the partners were encouraged to identify two specific networks:

1. A community advisory committee of individuals or representatives from other groups that could be potential partners in future community projects. These advisory members were asked to convey tobacco information to GLBT events and meetings and appropriate compensation was encouraged.
2. A list of informal group leaders in their GLBT communities that could be utilized as distribution channels for information, data collection and services.

These two networks would also serve as advisors and assist with data collection during the tobacco survey process.

Gathering Statewide Data

The greatest challenge and biggest success of the first year of the SmokeFree GLBT Task Force was the gathering of 1800 surveys of GLBT smokers. The survey, written by the lead evaluator for STEPP, consisted of 74 detailed questions and was initially created to be an online survey with limited paper surveys available for distribution at events or mailing.

Initial efforts at data collection were geared toward driving people to the web-survey through email solicitation and distribution of palm cards at bars and events. After the first month, surveys completed on line were non-existent. The strategy needed to be rethought and a rigorous person-to-person effort with incentives was launched. Smokers complained that the survey was too long (taking 8 to 15 minutes), but reacted well to

small incentives for taking time to fill out the survey. The Center provided training for SmokeFree partners and their survey collectors, emphasizing relationships and community benefits.

Pride events were prime opportunities for collection of surveys especially with the offering of “free stuff” to peak curiosity. Over 500 surveys were collected at the two day PrideFest in Denver.

Observations:

1. When gathering data, responses were more positive when asked to help “the community” as opposed to themselves.
2. Incentives were critical. Rainbow bracelets with the www.SmokeFreeGLBT.org website and Queer Quit Kits (quit aids such as gum, tooth picks and quit line information) were very popular.
3. It helped to have a number of clipboards with pencils and surveys so surveyors could collect multiple responses simultaneously.
4. Training surveyors to be relational and to motivate people to take the time was productive

The Lead Agency Role

The role of Lead Agency during the first year was a challenging one. Prior to the SmokeFree GLBT partnership, the credibility of GLBT non-profits as providers of high quality programming and organizational stability was lacking. There were also some contentious relationships existing between a couple of the GLBT organizations and The Center. Professionalism and responsible stewardship of state funding as well as follow through on promised deliverables were critical in order to ensure legitimacy, stability and continued funding from the Colorado Department of Public Health and Environment. The ramifications are significant as data begins to make GLBT health issues more visible and GLBT organizations seen as credible partners for health programming. The Center worked to put tools in place to ensure productivity and steady progress toward project goals. These tools proved difficult to develop and track. Monthly invoices, deliverable check-lists and detailed work plans were required. The consequences for non-production were difficult to enforce because excuses were understandable with short staffing, lack of experience, and organizational day-to-day demands.

In order to stay closely connected with partner organizations, The Center put a number of training and communication tools in place. The primary communication tool was bi-weekly coaching calls by the SmokeFree GLBT consultant which offered support and also a feedback loop to assist with the completion of work plans and deliverables. This tool has been invaluable to the success of most of our partners. In addition to the quarterly trainings which brought all of the organizations and their Local Health Agency representatives together, a series of conference calls provided opportunities for partners to clarify expectations, share successes, and explore future challenges.

Along the way, two of the seven initial Task Force members left – for their own organizational/development or performance issues. But the rest remain vested in the SmokeFree program with new partnerships being developed. Relationships between GLBT organizations in Colorado are increasingly valued.

Initially, the Program Director viewed tobacco funding as a means to provide much needed infrastructure and organizational assistance for the small, struggling GLBT organizations serving niches of the statewide community. She hoped that a by-product would be increased knowledge and awareness on the problems of tobacco and other health risk factors providing a basis for these organizations to develop their own health program infrastructure. What Task Force members didn't expect was their surprising and new-found interest, anger, and commitment in addressing the tobacco industry's damage in the GLBT community.

Lessons Learned

Working with GLBT organizations requires attention to capacity building. staffing, training, on-going coaching, volunteer recruitment, image building, communication systems, and evaluation skills are needed before an organization can successfully attempt community programming. Depending on the level of commitment and competing activities this can be done in 6-12 months.

A specific person assigned to the SmokeFree program is essential and it is recommended that serious consideration be given to a contract or consulting arrangement. Adding to a special event, development director or executive director job description may result in tobacco being a lower priority. Payment should only be made upon demonstration or documentation of completed work. Partial or incomplete work will not satisfy the funder and may lower group expectations.

Statewide trainings not only provide the opportunity for accelerated learning but they also offer comradery, sharing of ideas, and more accountability. It is highly recommended to include primary stakeholders including volunteer leadership (i.e. board president), local health department representative, funder and staff/consultant.

Next Steps

Having completed the capacity building phase, survey collection and needs assessment, the group is now engaged in GLBT tobacco awareness and education. The next step will be the recruitment and training of street teams to expand community tobacco awareness and to motivate and recruit smokers to quit. Simultaneously there will be also be training and implementation of the culturally sensitive GLBT tobacco cessation program "Last Drag".

Using control groups, testing of nicotine replacement aids, social factors, group vs. self-help cessation, and other key components will be evaluated and help direct future cessation activity. In addition to cessation, the focus will be on prevention, advocacy and there is sufficient preliminary information to prompt attention to GLBT self image and self worth. Clearly early findings point to a need for tobacco messaging to take place in a safe, friendly GLBT environment with the message being conveyed by a knowledgeable and respected community member.

Each of The Center's quarterly trainings includes direction to seek broader support and diversified funding. It is a task that should be easier for many of the organizations now that they have more infrastructure and a demonstrated track record for project completion.

In Closing

Two of the most powerful shifts that have the potential to significantly reduce GLBT infatuation with tobacco have to do with GLBT designated funding and empowerment of the community most affected, allowing them to take the lead, flipping traditional roles. Bringing community to the front then asking for assistance from local health departments and traditional health agencies alters the dynamics and the results.

Attachment #1

Memorandum of Understanding Between

Western Equality and the GLBT Community Center of Colorado

This agreement is entered between Western Equality and The Gay, Lesbian, Bisexual and Transgender Community Center of Colorado (The Center). This agreement takes effect October 1, 2006 and remains in effect until either organization notifies the other in writing, and elects to dissolve it.

Western Equality and The Center agree to jointly collaborate on the SmokeFree GLBT Program in an effort to reduce the rates of chronic disease and death due to tobacco use in the GLBT community of Colorado.

Western Equality will:

- ◆ By October 31, 2006 hire or designate a staff person or consultant to be responsible for completion of local Smoke Free programming.
- ◆ Participate in all The Center's SmokeFree GLBT trainings, meetings and conference calls.
- ◆ Join and participate in Denver's Tobacco Education and Prevention Program (TEPP) committees as one of the GLBT community representatives.
- ◆ Develop a working partnership with local TEPP staff and co-create goals, objectives and work plans to complete the objectives set in partnership with SmokeFree GLBT.
- ◆ Develop a community GLBT Advisory Group. This group will be future partners or could be possible sub-contractors for local prevention and cessation efforts.
- ◆ Have the capability to use links on your website to facilitate access and distribution of tobacco education information.
- ◆ Utilize appropriate tobacco training videos for local staff and volunteers.
- ◆ Maintain strong lines of communication on GLBT tobacco programming with The Center's SmokeFree GLBT staff and with organizational leadership and staff.
- ◆ Participate in regularly scheduled coaching calls.
- ◆ Submit monthly reports and invoices by the 28th of each month and related administrative activities in a timely manner.
- ◆ Serve as an appropriate resource for GLBT tobacco inquiries (referrals, website and eventually programming) to western slope GLBT constituents.
- ◆ Identify five well networked GLBT contacts who will act as distributors of prevention and cessation messages and other health related social marketing materials. These contacts will be used to build The SmokeFree GLBT statewide tobacco contact database
- ◆ Conduct an organizational needs assessment and embark on a capacity building process with the goal of providing tobacco cessation and prevention programs to the western slope GLBT population
- ◆ Partner in the design and planning of GLBT Smoke Free programming and social marketing materials.
- ◆ Complete a three month pilot project and evaluation by September 30, 2007.

- ◆ Utilize The Center’s clearinghouse of best practices in GLBT tobacco prevention and cessation.
- ◆ Develop a plan for organizational sustainability and secure additional funds to supplement funding for 2007 and 2008.

The Center’s SmokeFree GLBT Program will:

- ◆ Act as the lead agency and fiscal agent, ultimately responsible for the SmokeFree GLBT Project to the State Tobacco Education and Prevention Partnership (STEPP) and the Colorado Department of Health and Environment.(CDPHE)
- ◆ Provide leadership and technical assistance to Western Equality and the SmokeFree GLBT Task Force as a whole.
- ◆ Provide high quality quarterly training sessions designed to prepare member organizations for the scope of work to be accomplished in the following quarter. Frequency of training sessions may change according to need.
- ◆ Act as the grant manager; provide grant writing, quarterly reporting to CDPHE and timely reimbursement of expenses to Western Equality.
- ◆ Develop and maintain a SmokeFree GLBT clearinghouse of training and programmatic resources and make it available to Western Equality via website.
- ◆ Comply with all appropriate local, state, or Federal laws and regulations.

 Chair, Board of Directors
 Western Equality

 Date

 Date

Director, Healthy Living Programs
 The GLBT Community Center of Colorado

 Date

Executive Director
 The GLBT Community Center of Colorado

Attachment #2

Colorado SmokeFree GLBT Task Force Outline for Local Health Agency/Tobacco Education and Prevention Partnership (TEPP) Partnerships

Colorado SmokeFree GLBT Task Force would like to invite County Tobacco Education and Prevention Programs to become active partners in a 3-5 year project to address high tobacco use in the GLBT population in the following counties:

1. Denver
2. Larimer
3. El Paso
4. Mesa
5. Boulder

Select GLBT organizations from each of those counties have been identified and have become members of the SmokeFree GLBT Task Force, committing them to partner with county TEPP agencies to:

1. participate on local tobacco control boards.
2. collect GLBT data in their communities.
3. identify and engage an advisory council of GLBT stakeholders to advise or partner in programming ventures.
4. build their internal capacity to become a quality programming partner.
5. be educated about available resources, best practices and recommendations for programming nuances in their communities.
6. outreach to youth with prevention and cessation activities, messages and materials.
7. outreach to GLBT smokers with cessation messages and/or resources.
8. assist in designing culturally appropriate programming for GLBT smokers.

What we are proposing for the SmokeFree GLBT and county TEPP partnerships.

TEPP Agencies would:

1. enter into Memorandums of Understanding with SmokeFree GLBT Task Force Member organizations to define roles and responsibilities.
2. Be an active partner with GLBT staff to meet regularly and assist with planning and capacity building.
3. Assist with hiring process of GLBT organization tobacco staff if requested.
4. Take the leadership role in the data collection, focus group facilitation and analysis of data during the needs assessment process.
5. Train GLBT organization about available resources, best practices and recommendations for programming nuances in their communities.
6. Partner in the program design and implementation phases of the GLBT projects.
7. Participate in SmokeFree GLBT quarterly trainings.