



NATIONAL LGBT
TOBACCO CONTROL
NETWORK

SHARING OUR LESSONS

ISSUE 02 / WTR 2008

www.lgbttobacco.org

Making Minnesota's

Quitlines Accessible to LGBTs

case study of a successful
lgbt tobacco control effort

With Sharing our Lessons we hope to highlight activities happening in the field of LGBT tobacco control and share the stories and voices of those fighting the good fight against big tobacco. We believe that a community driven network must be at the core of the movement and that sharing our stories is an important way to keep the community strong. Please contact us if you know of a project that can be featured in future issues of this publication. lgbttobacco@gmail.com

National LGBT Tobacco Control Network

Fenway Community Health

7 Haviland St.

Boston MA 02115

IN THIS ISSUE:

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MAKING MINNESOTA'S QUITLINES LGBT-ACCESSIBLE



SARAH SENSEMAN, M.P.H. THE SENIOR PROJECT MANAGER OF PRIORITY POPULATION FUNDING AT BLUE CROSS AND BLUE SHIELD OF MINNESOTA.

SHARING OUR LESSONS; INTERVIEWS WITH LEADERS NATIONWIDE

In our first issue of Sharing Our Lessons we presented a full case study of a promising LGBT project. But we know there are few of those available, so in this issue we would like to introduce you to our original vision for this piece, having it present informal interviews with leaders doing excellent LGBT tobacco control work. We hope that by helping them tell their stories, we will create a new forum to share our lessons.

Thus, we are very happy to introduce a person who has been a leader in an amazing statewide effort to enhance LGBT access to tobacco quitlines, Blue Cross Blue Shield of Minnesota Senior Priority Population Project Manager Sarah Senseman. So, take it away Sarah, tell us a little of this interesting story...

Scout
Director, National LGBT TCN

HISTORY

Great, thanks Scout. Well let me give you some history first. Blue Cross and Blue Shield of Minnesota is doing priority population community funding and some direct work in the field of tobacco prevention and control. And when we were looking at our quitline, we wanted to do some tailorings for different priority populations to make sure that the quitlines were accessible to everyone. In looking at the local data, we started our efforts with the GLBT community because in Minnesota, a study showed very high smoking prevalence, approximately 41%-43%, in the GLBT community. So at Blue Cross, we decided to start there.

In Minnesota we are unique because we have many quitlines. Our state actually has eight different quitlines and it depends on your insurance status which quitline you use.

We have a central triage number which then connects people to the different quitlines. So we were very aware from the beginning that if we truly wanted to do something that was going to affect all GLBT Minnesotans, we were going to have to work with other health plans and the state quitline.

First we asked, 'were we reaching the GLBT community?' What we realized is that we really had no way to tell because we weren't asking people for sexual orientation or gender identity at the time of registration.

FIRST STEP - ASKING GLBT

So, first we looked at how to collect that data at intake. We worked with the National LGBT Tobacco Control Network to try and identify a best practice question that could easily be added to our intake process. One of the problems was that existing questions weren't thoroughly tested, and they excluded one population group, transgenders. So we worked with the National LGBT Tobacco Control Network, who told us that there was a promising LGBT question, but it hadn't yet been tested. So, as our first step, we commissioned them to do full state-of-the-art cognitive testing on the question. It took two rounds of testing, but we ended up with a question we had real faith would work for everyone.

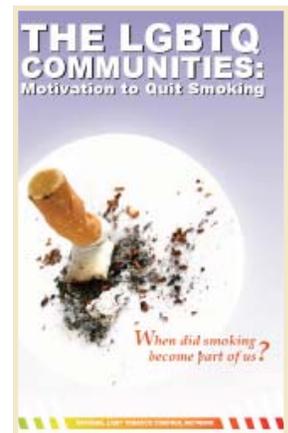
SECOND STEP - TRAINING QUITLINES

The second thing we realized was the quitline intake specialists needed to receive training on how to appropriately ask the question and respond in case any concerns arose. Plus, we wanted to know that when a person called the quitline and disclosed that they were GLBT, the quitline counselors had skills necessary to provide culturally relevant and tailored counseling to the GLBT community. So not only did they need to

know how to ask the question, they also needed to know how to provide counseling that addressed the unique issues that GLBT tobacco users face. So the National Network developed a quitline specific training. Then we asked all the other quitline providers to get on board to receive this training and they did. We ended up running 20 trainings in all, some with counselors as far away as Hawai'i. This way anyone in Minnesota who calls a quitline will be engaged with a counselor who has received training.

THIRD STEP - DEVELOPING GLBT QUITGUIDE

We also wanted to provide supplemental tailored materials to GLBT quitline callers. So, we worked with the National Network to review the materials available for GLBT people interested in cessation. Ultimately, we decided to create our own new pamphlet, in part because many existing ones offered quitplan guidelines, and we didn't want to interfere with the state of the art quitting strategies already offered by our providers. We created the new pamphlet to provide GLBT-specific information on targeting, triggers, and resources. Also, the booklet created a community-accountability loop for the quitlines, because on the back the National Network asks for feedback on people's quitline experiences. This feedback will help us assess the service we provide.

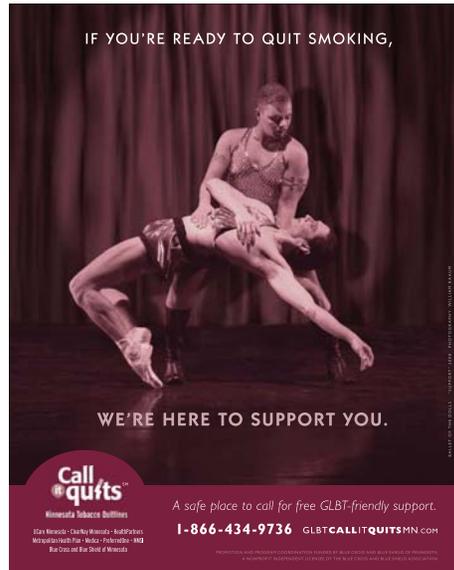


FOURTH STEP - TAILORING MEDIA

The fourth phase of this approach was developing promotional materials that were specific to the GLBT community.

We conducted some initial focus groups with a diverse group of GLBT community members and one of the things we asked them about was their experience or knowledge of quitlines, and we were very surprised that most of them had never heard of the quitlines. This is despite a lot of resources being put into advertisements on TV, radio, and multiple media formats. What we realized is that the message wasn't getting out to the GLBT community members. So, we decided to do a specific promotional campaign that was targeting the GLBT community. Also, through our focus groups we heard that what they really needed to know through these quitline ads was that this was a *safe* place for them to go. We talked a lot about how to do that, and how to convey that message. What we decided to do was to create a GLBT-specific promotional media campaign that was supported by a website. The website was a one page place where the GLBT community could go to find out more information before calling the quitline organizations.

In these focus groups, we also asked them, 'What kind of messages and images would resonate and convey that the state quitlines were safe to call?' Then, our media consultants used this information to create media images and tested them again with similar focus groups and community advisors. Through this process, we came up with images and messages that they felt would really be compelling for GLBTs, helping to ultimately make the quitline visible to them.



COMPONENTS OF SUCCESS

Key Partners

Since we have so many quitlines in this state, the Call it Quits collaborative was formed. Through this collaborative, representatives from all of the Minnesota health plans and ClearWay Minnesota meet together on a quarterly basis to share data, streamline services, and make sure that we are reaching all Minnesotans with quitline services. So when we decided to start this effort, we went to the collaborative and said, "This is something that Blue Cross wants to do, but we fully recognize that we cannot promote a GLBT-specific initiative unless we know that all of the quitline partners are on board." What people don't realize is when they are calling the quitline, they are routed to a vendor based on their insurance status. Our biggest fear was that somebody would call because they felt it would be a safe place and then land at a quitline that hadn't been through training and it wouldn't be safe. So we decided early on that unless everyone was willing to work on this project that we couldn't go down that road. So one



of the steps that we did very early with Call it Quits was to bring in some GLBT tobacco control experts. We brought in Dr. Scout from the National LGBT Tobacco Control Network, and Dr. Gary Remafedi, who is a local leader on this issue. These experts provided justification for this focus, oriented people on the GLBT smoking issues, and addressed some of the factors we might need to consider with the counselors. Luckily, after these steps, all of the other quitlines did get on board, so our project was set to proceed as a collaborative effort.

Statewide LGBT Community Network

Another key partner is our statewide GLBT community network, one of several that are funded for priority populations in this state.

We put out this funding to create statewide networks because we knew our work would only change so much, the real experts in local community change wasn't Blue Cross, but the community members themselves. So we funded community networks to help further reduce tobacco disparities for each of these priority populations and

begin to change norms about tobacco use and secondhand smoke. Each of these networks is doing a variety of activities to help contribute to this goal. All of them do a lot of community education and awareness. Unfortunately, through these networks, we've really learned a lot about how much effort it takes to get community leaders to prioritize tobacco control. Sometimes the networks really get creative about how to raise tobacco awareness. Like last year the GLBT network held an event in conjunction with the local GLBT pride celebration, called the Fruit Bowl. This was a bowling party right before Pride, with entertainment, health messages, and importantly, it was the only alcohol and tobacco free party connected with Pride. And it got rave reviews from community members. So it's a great example of the kind of work the community based organizations can do, that we at Blue Cross would never be able to achieve ourselves.

Community Advisory Committees

There were actually two groups that served as advisory boards throughout this whole process. One was a community advisory board that was specifically formed when we started the cognitive testing piece. Each of the members of this small but diverse group were GLBT community health leaders.

The second advisory board that we used was the Tobacco-free Lavender Communities (TLC), which is our Minnesota statewide GLBT tobacco coalition. This group was also looped in throughout the process and provided feedback to us when we were looking at promotional campaign images and messaging.

It was really important that we had these two community advisory layers because what's unique about this project is that while Call it Quits got the message out through advertising, we also relied heavily

IF YOU'RE READY TO QUIT SMOKING, WE'RE HERE TO SUPPORT YOU.
A SAFE PLACE TO CALL FOR FREE GLBT-FRIENDLY SUPPORT.



Call it quits
Minnesota Tobacco Quitlines

1-866-434-9736

What happens when you call?
STEP 1 **STEP 2** **STEP 3**

Ballet of the Dolls
"Support" 2008
Photography: William Rossum

CREDITS
MN TTY phone numbers [PDF]
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IMAGES FROM THE PRINT MEDIA CAMPAIGN WERE INTEGRATED WITH THE COMMUNITY-REQUESTED GLBT WEBSITE

on our community coalition to endorse the message and spread the word through community channels. Frankly, the success of this campaign is largely due to the fact that the community has bought into and supported this effort. Not only that, the community coalition has jointly funded some of the placement of advertising and distribution of materials related to this activity. So we've leveraged their resources to reach more people.

EVALUATION

For the evaluation of this project, we're starting to look at the data we received from all of the months we have been asking this question. One of the things we want to assess is the basic quality of data, to make sure that the question is being asked and answered in the matter in which it was intended. Secondly, we want to look at what percentage of GLBT individuals are

using the quitline, and compare that to what we would expect based on the local prevalence data. Also, we want to look at the impact of the promotional campaign on the GLBT call rates to the quitline because we need to understand if it's better to continue targeted ad placements, or just continue our general promotion strategies.

Also, I don't want to forget our earliest evaluation work. We evaluated each of the 20 different quitline counselor training sessions we conducted. The results were overwhelmingly positive. And after sitting in on many of those trainings, I was even more convinced that while counselors certainly adhere to a high standard of professional behavior, there was real value in educating them how discrimination might interact with cessation for this group, and in giving them specific tips on how to make GLBT callers as comfortable as possible.

IMPACT

I think there's many of levels of impact from this project. I think one really important impact was going through the process of working with the Call it Quits collaborative to address this issue. It also helped us broaden our scope when thinking about priority populations, looking beyond race and ethnicity and also understanding GLBT-related health disparities. I think this will have ripple effects into other targeted programs that are already underway.

Also, the community response has been overwhelming. I think all of us in the health plans have created community alliances and relationships that we can mutually benefit from. We found the community support of this campaign has allowed us to get our message out much farther than we would have and much less expensively had we done this all by ourselves.

Plus, we've been unexpectedly surprised with the impact this work has had beyond our state. Through the collaboration with the National Network our cognitive testing of the quitline question has been presented at several major health conferences. It has also been presented in front of key audiences, like at a Congressional Briefing in Washington D.C and at the recent National Coalition for LGBT Health meeting. Also, our tested quitline training is now the basis for a forthcoming online continuing medical education course that is being created by the Gay and Lesbian Medical Association. Soon, the National Coalition also hopes to make a version of our quitguide that other states can use too. So, while we've certainly struggled at times here, we are very confident we're making good changes for GLBT Minnesotans, and also, maybe even helping out other states a bit too.

LESSONS LEARNED

Despite extensive mainstream promotion, most GLBT community members did not even know about quitlines in Minnesota.

As a result of a long history of discrimination in healthcare - GLBT community members may 'tune out' services that don't specifically convey they are GLBT welcoming.

Asking if someone is GLBT helps us evaluate access, but it also is a way to show incoming callers quickly that the service is welcoming to GLBTs.

The coalition of stakeholders was key to the project success.

Engaging a wide range of community advisors was also key to its success.

Creating good access to the quitline for GLBT community members was a result of a multi-pronged approach.

NEXT STEPS

Continue analyzing evaluation data.

Modify media campaign as indicated from evaluation results.

Consider modifying other program components as indicated as a result of the evaluation.

Keep putting resources into the community network, since they will really help make these changes durable.