



# National L G B T tobacco control network

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## Leave No Funds Behind LGBT Community Leadership Interviews December 19, 2008

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## Introduction

As the evidence of tobacco disparities among lesbian, gay, bisexual, and transgender (LGBT) individuals mounts, state and local health departments have increasingly included this community in their tobacco disparities funding plans. Unfortunately, this increase in funding has been met with an underwhelming response from LGBT community-based organizations. This disconnect has resulted in missed opportunities to increase tobacco programming for a vulnerable population. In order to better understand the barriers faced by community organizations in accessing these funds and develop appropriate strategies to address those barriers, the National LGBT Tobacco Control Network (NatNet) began the *Leave No Funds Behind* (LNFB) project. The LNFB project is a multi-layered initiative aimed at increasing access to available funding for LGBT tobacco disparities programs, and improving the capacity of LGBT organizations to engage in tobacco reduction activities.

## Methods

In early 2008, the Network identified several states to participate in leadership/key informant interviews. The goal of these interviews was to determine the level of LGBT community engagement in tobacco programming, and identify ways to increase tobacco activity. Massachusetts, Iowa, West Virginia, and Washington, D.C. were selected to participate in the study. Questions addressed organizational structure, interest in and previous work on tobacco control issues, perceptions of the importance of tobacco as an LGBT health concern, and interest in attending an LGBT tobacco training workshop. Organizations within each state were identified via an internet-based search using the Gay Yellow Pages website. All organizations that served the LGBT community were eligible for inclusion. However, lists were later culled to remove organizations that were unlikely to provide health related or education services such as religious entities and PFLAG organizations. The remaining organizations were categorized as Community, HIV/AIDS, Health/Domestic Violence, Legal/Political, and Educational. Youth organizations were later classified for the purposes of this analysis. Telephone call lists were developed which included organizational name, location (city/state), program description, and contact information. Information was supplemented as necessary through an internet search of the organization's website. States with more urban populations had the highest number of LGBT organizations. The table below contains information on the eligible organizations identified in each state.



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	West Virginia	Washington, D.C.	Iowa	Massachusetts	Total	%
Community Org.	3	24	14	24	65	56.0
HIV/AIDS Org.	6	6	6	17	35	30.2
Health/Domestic Violence	0	4	3	9	16	13.8
Total	9	34	23	50	116	

Initial contact was made via telephone when telephone numbers were available. When telephone numbers were not available the initial contact was attempted through the organization's primary email address. All interviews conducted secondary to email contacts were completed by telephone. All interviews were conducted by phone. Because of the small sample size and the difficulty encountered in making contact with organizational staff, up to five telephone messages and or emails were left prior to considering the organization as non-responsive. Eligible interview subjects included the executive director, program director, or development director. When staff were not available (i.e., there were no paid staff), board members were identified and interviewed. A total of 49 interviews were conducted over several months. Below is a breakdown of the types of organization types that were included in this study.

Organizational Type	%
Community-Based Organizations	51%
AIDS Related Organizations	29%
Health Organizations	20%

## Analysis

The analysis of the key informant interviews with individuals in leadership positions was done using the PEN-3 framework. PEN-3 was developed to organize multiple theoretical models in a way that honors culture. The model uses the concept of *perceptions*, *enablers*, and *nurturers* to explain behaviors and behavioral change and as such presents a useful theoretical model to support the analysis of this data (Airhihenbuwa, 1995).<sup>1</sup>

For the purpose of this analysis *Perceptions* is used to identify the beliefs regarding the importance of tobacco as an issue among LGBT community leaders; *Enablers* refers to the organizational factors (resources, mission) that facilitate work in tobacco; and finally *Nurturers* are the reinforcing factors necessary to support tobacco related work. In this

<sup>1</sup> Airhihenbuwa CO. Health and culture: Beyond the western paradigm. Sage Publications: Thousand Oak, CA, 1995.



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application of PEN-3, *Nurturers* refers to the work of the Network to assist organizations in prioritizing tobacco related programming.

## **Perceptions**

An important issue impacting organizational engagement in tobacco control is the degree to which leaders believe that tobacco is important to their community. For many organizational leaders, tobacco was not in the top three LGBT health concerns. As one would expect, the top three LGBT concerns mentioned by respondents mirrored their organization's mission – for example, organizations that worked in HVI/AIDS were more likely to list HIV/AIDS as one of the top three LGBT health concerns. There was at least one notable divergence from this trend. One respondent admitted that the organizational mission (breast cancer) was not necessarily the most important issue to the community being served (mental health). This program manager believed that the organization's mission had not kept pace with the needs of the community. This could very well be the case with tobacco control as well.

The most frequently cited issues were:

- HIV/AIDS
- Substance Abuse
- Mental health Issues

Unfortunately, organizational leaders believe that they are responding to the needs and desires of their community by *not* pursuing tobacco funding and/or programming.

*[Tobacco is] not a huge issue in the LGBT community. The demand [for tobacco programming] is not high enough.*

*Community Organization, Iowa*

*Don't think anyone would show up for the [tobacco control] activities.*

*Community Organization, Iowa*

*Participants don't identify smoking as an issue – might feel out of place [with existing programs].*

*Community Organization, Massachusetts*

*One barrier is: is [tobacco] a priority? Should it be a priority given the other issues that they might need to work on? Particularly given that there isn't a huge amount going on in risk reduction overall. There are some programs on campus from the health center but there are other behaviors that need work – sexual assault, alcoholism.*

*Youth Organization, Washington, DC*



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Although tobacco did not rank in the top three LGBT health issues, it was the fourth most cited issue. This demonstrates that the door is at least open to tobacco related issues and provides an opportunity for organizational outreach to increase tobacco awareness and marketing of the Network as a viable resource in tobacco related programming and funding.

## **Enablers**

There are several factors that may enable organizations to pursue tobacco programming that include a general health and wellness mission focus; cultural and philosophical relevance of the funding goals; funding requirements; organizational capacity; and how well the program goals fit within the organizations activities.

## **Mission**

Few organizations explicitly mentioned tobacco reduction as part of their overall mission. Although, organizations with a health related mission were more likely to include tobacco control activities, not all did. Organizations with a health focus that had previously implemented tobacco related programming were the most interested in continuing or reigniting that work and expressed interest in attending a potential tobacco training offered by the Network. These organizations have clearly been able to incorporate tobacco in their programming even if it is not explicitly stated as a part of their mission. For example, one organization focused on women's health included a tobacco social marketing program as part of its health advocacy focus. Another organization providing primary medical care and HIV services to the LGBT community incorporated smoking cessation as part of that service delivery model. This illustrates opportunities to assist non-engaged organizations expand their "mission view" in ways that could encompass tobacco programming.

*'You'd think that all HIV programs would include other wellness programs as part of [their services] but they don't. We are interested in looking at life beyond HIV.'*

*HIV AIDS Program, Washington, DC*

This respondent expressed interest in expanding their services to a more wellness focus which would include tobacco. It should be noted however, that other cultural barriers to initiating tobacco programming, such as cultural relevance of interventions, etc., existed for this organization that would have to be overcome prior to a move toward tobacco programming. It is also worth noting that neither of the two previously engaged organizations mentioned above were able to sustain these initiatives after their funding ended.

How leaders interpret organizational mission statements can both enable or inhibit utilization of tobacco-related funding and expansion into tobacco programming. Leaders make decisions about what type of health programs to institute and what constitutes



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health related work. Sometimes these decisions are based on misperceptions. For example, one respondent did not see domestic violence as a public health issue which is how he classified tobacco control; another saw tobacco use as a “choice” and the use of other drugs as an addiction and by extension worthy of intervention. These and other comments about the relative lack of harm caused by tobacco use clearly demonstrates a need for education among organizational leaders on how tobacco can and does fit in with their current mission.

*‘...would have to bring it up with the board. It wouldn’t fit in with what they do now easily but could expand focus and staff and we have the administrative capacity.’*

*Community Organization, West Virginia*

*‘...if it fits with the mission. [Tobacco work] sounds like public health, but our focus is on domestic violence.’*

*Community Organization, Massachusetts*

*‘Tobacco is not part of our mission. We are a funding agency primarily and don’t do direct programs except for HIV outreach. We do have a program on crystal methamphetamine as well – outreach and referral...There are more pressing concerns in the LGBT community like homelessness, alcohol, crystal methamphetamine. Tobacco is a choice as much as an addiction. The effects of other drugs are much more destructive than the effects of tobacco.’*

*Community Organization, Washington, DC*

*‘[Tobacco is] not as much of an issue or interest in our organization and there is too much work to implement something like that. Would be better fit for the LGBT health center.’*

*Community Organization, Iowa*



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## Cultural & Philosophical Relevance

Cultural relevance and organizational philosophy also plays an enabling role for organizations in applying for tobacco funding:

*'[We would be interested] if the program [requests for funding] were culturally relevant and if there were realistic approaches, research, pilot projects, or best practices that could be adopted to the [African American] population.'*

*HIV Program, Washington, DC*

*'Among Asian Americans tobacco use is very prevalent. It is tied to cultural backgrounds. Chinese, smoke a lot. A lot of Asians smoke. It is part of the culture. So there is a hesitancy to tell people not to smoke. That hesitancy is part of their culture as well – you don't want to get in people's business.'*

*Community Organization, Washington, DC*

*'Approach would have to be the same as all the health promotion stuff, i.e., low threshold harm reduction model. Wouldn't focus on intervention and cessation, would work from an educational approach.'*

*Youth Organization, Massachusetts*

*'Another challenge would be tobacco cessation's lack of harm reduction approach -we don't want to tell them what to do about their behavior. Would only want to do education, etc.'*

*AIDS Organization, Massachusetts*

## Funding Requirements

Several organizations mentioned the appropriateness of the RFP itself and the funding requirements as the determining factor for whether they would be interested in pursuing tobacco money.

For example:

*'DC recently released 5 or 10K to do smoking social marketing for the entire LGBT community. The funding was not sufficient to do the work.'*

*Community Organization, Washington, DC*

*'It would have to be worth it – if it is a headache to go through the process [of applying], it would outweigh the benefits.'*

*Health Organizations, Washington, DC*

*'Depends on the amount. Usually funds don't cover total cost of a program. Would want to hire someone who has experience or is trained in a proven intervention. It would be important for the grant to cover the cost of hiring that person.'*



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*Youth Organization, Washington, DC*

*'Would depend on if there were match requirements and how much reporting work we would have to do.'*

*Community Organization, Iowa*

*'It would depend on what it would take to staff it here.'*

*Community Organization, Iowa*

## **Organizational Capacity**

Many LGBT organizations develop out of the community's need for services that mainstream organizations are either not providing or the manner in which they are provided is not culturally relevant. Therefore, many of these organizations start out as grassroots entities that have limited personnel and financial resources. In fact, several of the entities that participated in this study had all-volunteer staff and/or no physical location for program operations. The perception of the staffing and organizational resources needed to implement additional programming was a negative enabler or barrier to implementing new tobacco programming:

*'[We are a] one person operation. It is all volunteer-based. Any budget is out of pocket.'*

*Community Organization, Iowa*

*'No infrastructure – all money from dues.'*

*Community Organization, Massachusetts*

*'Getting it started. Staffing, i.e., who is going to run it.'*

*Community Organization, Washington, DC*

*'Not sure if there is a capacity, staff-wise.'*

*Community Organization, West Virginia*

*'Don't have resources – no way. Could only do it if they switched to only tobacco [programming] but don't have the resources. Have to deal with finding a doctor and mental health issues before you can address something like smoking. Basic resources, more leaders [would be helpful].'*

*Community Organization, West Virginia*

*'...would be interested but only if there was a staffing or overhead component incorporated into the project. We are pretty stretched in what we do already so it would be difficult to add things.'*

*Community Organization, Washington, DC*



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*'Infrastructure resources – space (all of their programming occurs in public space – a bar, restaurant, or coffee shop).'*

*Community Organization, Washington, DC*

*'Who would run the program? Don't have any staff at all. If the grant included staff time [that would be useful/helpful].'*

*Community Organization, Massachusetts*

Staffing and leadership issues for some LGBT organizations illustrate the tenuousness of the organization's work in general as illustrated by one organization that recently lost their leader to AIDS.

*'Organization is unstable right now without leader [who recently passed away] and they are trying to stay on top of what they are doing. Don't have the capacity to implement the grant or the funding. Don't want to do the grant proposal. Maybe in a year but they are going through a transition right now and the leader passed away. Just trying to get everyone regrouped.'*

*AIDS Organization, West Virginia*

## Program Goals

For some organizations with limited resources, collaborations and partnerships could represent ways to increase capacity for service provision.

*'Working with a network of community based organizations – there are 12 youth organizations around the state. Currently do it with substance abuse and it works well.'*

*Youth Organization, Massachusetts*

*'Collaborating with local AIDS agency [would be useful/helpful].'*

*Community Organization, Massachusetts*

*'Combining with another health issue or working with others [would be useful/helpful].'*

*Community Organization, Massachusetts*

*'Unrealistic to do it as an individual organization but might be interested in working in conjunction with a larger organization with the administrative capacity. Had a general outreach grant but had to turn funds back to them b/c there aren't enough people.'*

*Community Organization, West Virginia*

Tobacco is a commonly discussed, a well-integrated topic for some communities. However, cultural barriers exist to addressing tobacco within communities of color. This disparity holds true for the LGBT community as well. Suggestions regarding integrating



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tobacco into existing programs were discussed by two organizations as a way to initiate tobacco work.

*'We are pretty stretched in what we do already so it would be difficult to add things. Would be interested in finding ways to integrate anti-tobacco into the things that we are already doing. Students don't want to show up to a program focused on 'don't do this or don't do that'. We are trying to find sneaky ways to integrate messages into a broader event.... [It would be helpful if there were] ways to integrate smoking cessation and tobacco education types of things into broader initiatives. Basically not big programs but little things that can be done that are simple to do that wouldn't take up an hour of a workshop but maybe 5 minutes.'*

*Youth Organization, Washington, DC*

*'Looking for ways to integrate tobacco into programming that already exists. Maybe do 20 minutes in their retreat. 'Sort of ramp up to even begin the conversation [among African Americans].'*

*AIDS Organization, Washington, DC*

## **Nurturers**

A critical step in ensuring the longevity of tobacco related programming by LGBT organizations is the process of *nurturing* or supporting that decision. Therefore, determining ways in which the Network is able to support these activities is critical. Several options for supporting tobacco leadership initiatives include providing regional or statewide organizational training, individualized technical assistance, and linkages with national tobacco experts and advocates, and transfer of knowledge on available resources – all work that the Network is currently engaged in. These steps should address:

- Improving perceptions about the importance of tobacco as an LGBT issue
- Strategies addressing how to adapt and implement community best practices
- Generating tobacco partnerships, and
- Developing messages that link tobacco to any health oriented mission.

Participants were asked about their interest in attending a training related to increasing their access to LGBT tobacco related funds. Although a few organizations said that they would not be interested, most organizations would be interested in attending a training of this type. Some of the characteristics that would make this type of training more accessible were:



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## Length of training

Although a few organizations would be able to attend a training regardless of how long that training would take, most organizations stated that a half day training would be better than a full day training. Respondents expressed concerns about taking time away from their regular duties to attend the training. However, trainings that were directly linked to available funding and provided tangible information would be worth the time investment.

*'If it was nearby and didn't take up too much time, they wouldn't need anything. Once it gets into taking up a whole day or traveling more than a couple of hours, they would want reimbursements for travel and accommodation. Other incentives are always great.'*

*Community Organization, West Virginia*

## Location of training

Respondents remarked that a training that would require limited travel time, i.e., either held in their city or at least regionally located, would increase accessibility and attractiveness of the training. One organization also mentioned the start time as an important factor for accessibility indicating that a later start time would enable participants to avoid rush hour traffic.

*'If [the training] were free, and they didn't have to travel.'*

*Community Organization, Washington, DC*

*'Local/regional to save on travel costs and eliminate time away from duties.'*

*Community Organization, Washington, DC*

## Incentives

Respondents were queried about the types of incentives that would make attending a Network sponsored training more attractive. Many felt that the availability of food at the training created a space that is hospitable and pleasant for participants. Along the same vein, providing a stipend (while not deemed necessary by most respondents) was thought to be a nice plus if available.

*'Food would be great and stipend would always be great, especially if it was further away.'*

*Youth Organization, Iowa*

*'If a stipend or travel money was available that would make it easier to participate as well.'*

*Community Organization, Iowa*



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## **Limitations**

One of the limitation of this study results from a potential selection bias. The overall study response rate was 42%, and although there were several attempts made for each organization most were unsuccessful. The Network staff often left voice mail messages, and/or sent emails with no response from organizational staff. All contacts indicated the name of the Network a brief description of the reason for the call, and a call-back phone number and contact name. The non-response rate could indicate a lack of interest in tobacco in general and therefore bias findings toward representative of organizations with at least some interest in tobacco, even if it has not resulted in programming. Other reasons for the non-response rate also exist. For example, the low response rates in Iowa could be explained by the massive flooding experienced by the state during the summer of 2008 – the study period. Another explanation for non-response may be related to organizations that lacked staff capacity to respond to non-essential or non-client related inquiries thereby biasing these findings by under representing the number of small and virtual LGBT organizations. Since the perspectives of many small organizations *are* represented in this analysis, we believe that this is not a significant bias. However, the findings from this survey are not representative of all LGBT organizations.

## **Recommendations**

Several recommendations can be derived from these data – both in terms of how the Network could approach increasing community utilization of tobacco funds but also in how state health departments or other funding agencies can better serve the LGBT community. Key recommendations for development and implementation of a state intervention include:

**Enhanced Communication/Outreach:** Often LGBT community organizations are not “in the loop” for funding announcements resulting in becoming aware of funding too late to mount a credible response and missed opportunities. Obviously, enhancing the flow of communication to community-based organizations that funds are available, streamlined or easy to decipher application requirements will at least allow interested organizations to respond in a timely manner. Therefore, outreach to both state and local health departments as well as community-based organizations will form the cornerstone of the intervention proposed to address missed opportunities for LGBT tobacco funding.

**Best Practices Training and Technical Assistance:** Organizations that are interested in bringing tobacco programming to their community are unaware of best practices in the field – particularly as they relate to the diversity of the LGBT community. Ensuring that organizations receive training, technical assistance, and linkages to leaders in the field will enable groups to develop programs that are evidenced based and therefore have an increased likelihood of success. As the linchpin between LGBT service entities, researchers, and funding agencies the Network is well positioned to offer technical assistance, resources, and linkages to enhance knowledge of best practices.



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***Selling Tobacco Elimination to Community Leaders:*** The view of tobacco usage as a priority issue among LGBT organizations is at a crossroads. In light of the number of issues impacting the community and the tobacco industry's skillful co-opting of LGBT civil liberties and effective niche marketing, etc., it is easy for the anti-tobacco message to be overwhelmed. However, there is an opportunity to capitalize on the growing interest in wellness related programs, need for funding to support staff, and recognition of tobacco as a legitimate LGBT issue. Mobilizing the community by "selling" or marketing tobacco control to the leadership should be a key component of the Network's work. The challenge of preaching *outside* of the choir, so to speak (i.e., those already engaged in tobacco control), by making organizations aware of the work of the Network, availability of technical assistance in developing programs, potential for linkages with other experts in the field, and increasing awareness of tobacco funds is critical to making sure no funds are left behind.

## **Other Key Findings and Recommendations**

In addition to the work of the Network with community-based organizations, feedback with health departments and funding agencies is critical in meeting the needs of the community. Several issues emerged from our interviews that could help increase relevance of tobacco funding for the LGBT community.

**Message Integration** – instead of program creation: For some community-based organizations the conversation about smoking has not even begun. This is particularly true for organizations of color. Therefore, integrating tobacco control messages within their existing programs would enable them to "ramp up" to tobacco programming and prevent the creation programs for which there is no community demand - *yet*. This recommendation is particularly important in locations or organizations where there are limited LGBT services, infrastructure and capacity for program development. By supporting the integration of tobacco education into existing programs the need for additional staffing resources for "new programs" can be avoided thereby allowing organizations the opportunity to take their first step into tobacco and begin to change social norms related to tobacco.

**Harm Reduction** – in addition smoking cessation as a program focus: Although tobacco control advocates may not include a harm reduction model as a viable solution in tobacco control, this is not the viewpoint of some LGBT community-based organizations. Many LGBT organizations staunchly support the exercise of personal freedoms and therefore view tobacco as a "civil right" instead of a public health crisis. Coming to terms with this philosophical divergence and approach to reducing tobacco disparities may be one way to increase funding utilization.

**Wellness** - As research mounts on the importance of holistic wellness versus the disease model, LGBT organizations are beginning to look at utilizing this approach in their health programs. It is clear from the scientific literature that healthy lifestyle behaviors, such as



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exercise, maintaining a healthy weight, limiting alcohol exposure, and of course not smoking, positively enhance health outcomes on a number of different fronts, i.e., cancer, diabetes, heart disease, etc. Additionally, the impact of tobacco on disease processes such as HIV cannot be underestimated. Therefore, the incorporation of tobacco programming within the context of other health programs will not only enhance the overall health of LGBT community members but may be a viable way to position the inclusion of tobacco related programming for community leaders.

**Cultural Relevance** - Although the LGBT community represents an important and underserved group experiencing numerous health disparities, it is also an extremely diverse community. The community's diversity in issues such as race/ethnicity, urban/rural residence, low income/poverty, gender, and age has an impact on the messages and programming approaches in similar ways to the population as a whole. Ensuring that the LGBT community is not viewed as a monolith but that it's inherent diversity of culture is respected and incorporated will be an important step in creating and maintaining programs that are inclusive and meet the need of the community. For example, one African American organizational leader interviewed for this study noted differences in acceptability of smoking cessation groups. Similarly, an Asian Pacific Islander community leader mentioned the challenges inherent in engaging in the discussion of individual behavior change noting that this *intrusion* may be seen as impolite in that community. A one shot approach to the "LGBT community" is difficult for groups that are rooted in a particular segment of the community, e.g., lesbians, gay men, Latino/Latina, etc., to pull off.

**Networking/coalition building** - Many LGBT groups are small and lack infrastructure and capacity for large-scale tobacco programming. The option of coalitions and partnerships among organizations with budgets under 100K and primarily volunteer staff would be more appealing than going it alone. Supporting partnerships and collaborations between organizations would enable developed programs to reach deeper into the community and achieve cultural equity. For example, a small Asian Pacific Islander group interviewed as part of this study stated that they would not be able to implement a tobacco program but they would be interested in working with a larger organization to make sure that their community was involved, educated, and informed about the dangers of tobacco. Although competition between organizations sometimes makes these collaborations difficult, with appropriate support and facilitation these efforts could result in powerful partnerships in reducing tobacco usage in the LGBT community.

Findings from this study have lead to a proposed intervention model aimed at both LGBT organizations and funding agencies. This stepwise approach based on the staging determination of state funding availability will allow for both a measured and rapid response. Key components are explained below:

**Outreach to Health Departments:** While not all health departments designate LGBT as a priority population many not only recognize the disparities in the community but also



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have allocated funding to meet this need. However, not all funding agencies have linkages within the community that facilitate communicating funding announcements broadly. The first step in the Network Model will be to contact health departments and research other sources of information such as TTAC, TCN, etc., to determine and identify future tobacco disparities funding plans. Ideally, the Network will be able to identify states prior to the release of funding announcements to ensure enough time to mobilize the community for an adequate response. To better describe the timing of funding release and determine what type of response (rapid response or measured response) is appropriate, the Network has developed a three Tiered categorization of funding opportunities.

**Tier 1:** RFP not yet developed. At this stage State health departments, or other funding agencies, are not yet in the planning stage for the development of an RFP. Tobacco Disparity Directors or foundation program managers may have previously released funds or may be releasing these funds to the LGBT community for the first time. During this stage it may be possible to provide feedback from the community that may inform the type of funds/program request is released.

**Tier 2:** Funds have just been released or RFP has been developed. Although no input into the RFP process is possible, there is enough time to conduct community-wide training and technical assistance to the community to prepare them to respond to the RFP. For local funding these trainings could be done regionally throughout the state. Trainings for national funding opportunities could be done through web-based conferencing mediums. Trainings should include the organizational recommendations mentioned here as well as basic grant writing training. Ongoing technical assistance can also be provided through the application period.

**Tier 3:** RFP has been released and deadline is approaching. This stage requires a rapid response from the Network to mobilize the community for a response. Methods for quickly reaching out to the community through email, fax, telephone, and local LGBT media outlets could be implemented.

As demonstrated above, the Tier designation determines the level and type of engagement the network can have in a particular state. The acronym NAAG was developed to describe the possible Network activities on the community level.

- **Notify:** LGBT groups in targeted areas will be notified of the availability of funds through telephone, email and facsimile contact. Organizations will be identified through existing Network contacts within states and through available resources of community-based organizations such as the gay yellow pages, the National Association of LGBT Community Centers, state LGBT Equality organizations, etc. In addition, media ad placements may be utilized to reach community members involved with the community based organization such as board and advisory committee members, etc.



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- Agitate: More active notification of groups will be done by the Network to ensure that all eligible groups are not just aware of the availability of funding but educated about the importance of tobacco control activities for the LGBT community.
- Assist: The Network will serve as a bridge to connect interested applicants to experts in the field; provide technical assistance to organizations in the area of program development and grant writing; train organizations in the basics of LGBT tobacco control and cultural competence.
- Generate: The network will work with interested groups directly to generate proposals. This could include review of grant applications, commenting on staffing and budget plans, etc.

## Summary

These interviews have identified significant challenges to increasing tobacco control activities in the LGBT community. Issues of organizational capacity, or the lack thereof, and mission integration present significant barriers to the inclusion of new initiatives in tobacco for many organizations. However, the necessity and ability to adapt with changing environments and health care needs has always been the hallmark of LGBT organizations. A perfect example of this phenomenon is the emergence of HIV/AIDS organizations in the late 1980's, and the implementation of crystal methamphetamine projects. In both instances, once a clear need arose, organizations generated resources to meet those needs. Positioning tobacco use as an emerging health crisis for members of the LGBT community and engaging in the fight against tobacco as an issue of social justice are appropriate strategies for moving the LGBT anti-commercial tobacco cause forward. To date this has been a difficult sell. However, it is clear that the ice is beginning to break as more and more organizations become involved in tobacco work, and tobacco places higher on the important LGBT issues scale in the minds of community leaders. Of course this represents a critical juncture. Agencies that have made tobacco disparities funds available to the LGBT community must not be deterred by the lackluster response of the community and continue to make these funds available. Additionally, community advocacy and networking by entities like the Network must also continue to push, educate, assist, and support LGBT community organizations interested in embarking on this important work.

It should be noted that any efforts aimed at increasing LGBT community engagement in tobacco control may be hampered by the lack of capacity and organizational infrastructure. These elements are not likely to be ameliorated by an intervention aimed at increasing engagement. For example, the same challenges in response rates to this survey may limit the penetration of the intervention outlined here. Therefore, additional strategies may be necessary.



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## Appendix A: Community Leadership Interview Guide

### Interviews for community leaders

**Name of Organization:**

**State:**

**Date of Interview:**

1. What is your name and title – role in the organization?  
*Note: Make sure I'm interviewing a decision maker in the agency (manager or director)*
2. What types of services do you provide to the LGBT community?
  - a. Do you offer any health related services?
  - b. Do you have any future plans to?
3. Who would you say uses your services? (youth, adults, POC, etc)
4. What geographical areas do you serve? Include counties
5. How big is your budget & staff / volunteer base?
6. Approximately how many of your managers smoke? (example answer = 8 of 10, 1 of 2, none)
7. Would you be the main contact or someone else? (make sure to get this info)

**In the following sections, I could have more of a conversation, with the questions serving as guides.**

8. Can you name what you consider to be the top three LGBT health issues?
9. Does your organization have any history of tobacco work? If so, please describe.
10. Does your organization solicit or accept advertisements, sponsorships or donations from tobacco companies
11. Would you be interested in applying for funding to create LGBT tobacco control programming if it was offered in your community?



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12. What barriers are there to including tobacco programming in yr agency?

13. What would you find useful / helpful / to make it more likely for you to do so?

*Talk here a little about the types of trainings we might offer and how funding is becoming available from DOH to do this work.*

14. How likely would you or a member of your organization be to attend a training related to securing tobacco funding?

15. What factors would help make it easy to participate in tobacco funding trainings?  
**(Note: Let them bring up what's important, prompt with issues like stipend or distance away only if it seems relevant).**