

## Colorado Statewide

## LGBT Network Case Study

highlights from a successful  
statewide lgbt anti-tobacco 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](mailto:lgbttobacco@gmail.com)

National LGBT Tobacco Control Network

Fenway Community Health

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Boston MA

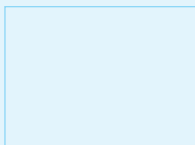
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# GLBT COMMUNITY CENTER OF COLORADO



SMOKEFREE GLBT STATEWIDE STREET TEAM IS A TRAINED GROUP THAT PROVIDED VISIBILITY, OUTREACH AND EDUCATION ALL OVER THE STATE OF COLORADO IN 2008.

## NEW FUNDING IGNITES GLBT WORK IN COLORADO

In 2005, Colorado increased their tobacco tax from .20 to 84 cents per pack. \$25 million of this money was earmarked for tobacco control efforts and at least 15% of this funding had to be used to address populations that are disproportionately affected. 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. This launched a statewide effort of tobacco reduction within the GLBT community, with the GLBT Center of Colorado as the lead organization.

## 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, including the GLBT community.

The assessments probed tobacco attitudes, knowledge, use and behavior – and conclusions included 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. Because of a lack of state data, STEPP used national information to guide their selection of health disparate communities in 2005. Seeking agency representation of the identified populations, STEPP staff informally reached out to lead organizations, including The GLBT Community Center of Colorado to assure that the availability of funds was well publicized. The Program Director at the Center wrote a grant proposal 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.

## FIRST YEAR ACTIVITIES

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. 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. 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 Gay and Lesbian data.

STEPP began funding The Center in January of 2006 bringing together a taskforce of GLBT organizations from across the state. 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 developing the necessary infrastructure to act as a lead agency
- 2 building an internal knowledge base surrounding tobacco control
- 3 identifying qualified GLBT organizations/engage them in the process
- 4 contracting/hiring qualified staff to manage the statewide program

### Strategies to Accomplish Primary Goals

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 Healthy Living Program Director traveled around the state to meet with executive directors, board leadership, and community leaders gathering information on interest and capacity to develop programs around tobacco control and guiding 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. 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.

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 asked them to join 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.

A Program Manager was hired to coordinate capacity building and to address communication needs. 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:

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.

Lead agency staff need be knowledgeable in tobacco issues as well as networked in the GLBT community.

### Gathering Statewide Data

The greatest challenge and biggest success of the first year of the SmokeFree GLBT Task Force was the gathering of 2000 surveys of GLBT smokers. The survey, written by the lead evaluator for STEPP, consisted of 54 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.

### OBSERVATIONS:

When gathering data, responses were more positive when asked to help “the community” as opposed to themselves.

Incentives were critical. Rainbow bracelets with the URL [www.SmokeFreeGLBT.org](http://www.SmokeFreeGLBT.org) and Queer Quit Kits (quit aids such as gum, tooth picks and quit line information) were very popular.

It helped to have a number of clipboards with pencils and surveys so surveyors could collect multiple responses simultaneously.

Training surveyors by emphasizing relationships and community benefits and how to be relational and to motivate people as well as to take the time was productive.

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.

### SECOND YEAR ACTIVITIES

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. A group process was launched to build organizational capacity, survey smokers within each “community” and pilot 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. 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,



COLORADO'S PRIDEFEST SAW 210,000 PEOPLE. A DEDICATED GROUP OF VOLUNTEERS MADE THE HEALTHY LIVING AREA A HIGHLY VISIBLE PRESENCE.

identifying media outlets for publicity, developing websites and increased visibility within their communities.

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

#### **A community advisory committee**

that could be potential partners in future community projects. These advisory members were asked to convey tobacco information to GLBT events and meetings.

**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.

#### **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.

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.

## LESSONS LEARNED

Working with GLBT organizations requires attention to capacity building, staffing, training, on-going coaching, volunteer recruitment, image building, communication systems, and evaluation. 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. 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.

## NEXT STEPS

**GLBT tobacco awareness and education.**

**Recruitment and training of street teams to motivate and recruit smokers to quit.**

**Implementation of the culturally sensitive GLBT tobacco cessation program “Last Drag”.**

**Direction to seek broader support and diversified funding.**