Opening the Doors to

A Community Readiness Assessment Report

December 4, 2014

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Section 1: Introduction

The City of Milwaukee Tobacco-Free Alliance is a geographically-based Multi-Jurisdictional Coalition, funded by the Wisconsin Tobacco Prevention and Control Program. Local community coalitions, like this one serving in the boundaries of the City of Milwaukee, are structured to be on the ground to address issues/needs unique to each community. Although the disparity of LGBTQ+ tobacco use is certainly not a uniquely Milwaukee problem, this coalition was uniquely set to address this issue thanks to the partners from local LGBTQ+-serving agencies.

An LGBTQ+ serving health organization called Diverse & Resilient (D&R) had implemented a tobacco cessation program called rm2breathe ("Room to Breathe"), which ran from 2008-2011. A new coordinator was brought on at the end to close out the grant when the original coordinator left the organization. Funding for the program was only supposed to go from 2008-2010, but they were awarded a small extension. The program was available to all LGBTQ+ folks and ran in Milwaukee, Madison, LaCrosse, & Green Bay. The main focus of the program was groups to help people who wanted to quit do so, but it was really hard for people to follow through to the end of the program. Program staff felt a Community Readiness Assessment, which they had done for other programs, would help identify where efforts would need to start in order to address tobacco use within the community.

Staff at Diverse and Resilient and the City of Milwaukee Tobacco-Free Alliance teamed up to make a presentation at the 2013 Statewide Prevention Conference about LGBTQ+ tobacco use disparities and tools for addressing this issue in communities. This motivated the passion for work to be done on the ground in Milwaukee and in 2014, The City of Milwaukee Tobacco-Free Alliance established an LGBTQ+ Tobacco Prevention workgroup. One of the key goals of this group was to conduct a Community Readiness Assessment. The group then received the exciting news in mid-2014 that the Wisconsin Tobacco Prevention and Control Program provided some additional funding for the group to do the survey by end of 2014 and the initiative for this project really began.

It is thanks to the many amazing partners that this assessment has been able to get off the ground and provide useful information that can be used to guide LGBTQ+ tobacco prevention and control initiatives in Milwaukee and beyond. All involved in this project hope this report compiled with the results of this assessment will be a first step in the journey to eliminating the disparity of LGBTQ+ tobacco use and exposure.

Section 2: Methods

The Community Readiness for Community Change Model was born out of the Tri-Ethnic Center for Prevention Research at Colorado State University. The tool can be used for a multitude of community issues utilizing a flexible structure to be applied to any issue a group would be working on. The outcomes of this survey are based on the Transtheoretical Model of Behavior Change (Prochaska and DiClemente, 1992) and give the project leads a “score” based on the stages of change model. The stages of change are: Pre-Contemplation, Contemplation, Preparation, Action, and Maintenance as well as leaving room for relapse.

This model is perfect for the discussion of tobacco use, prevention, and control because this stages of change process happens both with a personal decision to cease use of tobacco as well as changes in community norms about the use of the product. The stages of change are translated into five dimensions that are assessed for readiness in a community:

Community Knowledge of Efforts
Leadership
Community Climate
Community Knowledge of the Issue
Resources

These dimensions are assessed quantitatively across each stakeholder group, and a readiness score is formulated for each group. In this report, summaries of qualitative findings will also be shared.

The Community Readiness Model is based upon a structured set of questions that are then tailored to the group/issue the community is interested in researching. The questions are asked in a way to gauge how respondents feel the selected community (such as LGBTQ+ people in Milwaukee) would feel about certain things, but not about personal opinion or suggestion thus not requiring Institutional Review Board approval. The City of Milwaukee Tobacco-Free Alliance’s LGBTQ+ Tobacco Prevention Workgroup worked together to structure the questions that were then approved by partners and program administration. The project was also overseen by Bruce Christensen from the Center for Tobacco Research and Intervention.

The workgroup identified 11 stakeholder groups to be filled by a sample size of at least 4 in each category. According to the Community Readiness Model, a sample size of 4 provides a robust variety of responses and can create a truer score per group. There were originally eleven stakeholders groups identified to interview for this assessment:

1. LGBTQ+ Youth aged 13-18
2. LGBTQ+ Young Adults aged 18-24
3. Lesbian-Identified Adults aged 25-64
4. Gay-Identified Adults aged 25-64

5. Bisexual-Identified Adults aged 25-64
6. Transgender/Trans*-Identified Adults aged 25-64
7. Queer/"+"-Identified Adults aged 25-64
8. LGBTQ+ Older Adults (aged 65+)
9. LGBTQ+ Health Service Providers
10. LGBTQ+ Serving Business Owners
11. Milwaukee Pridefest Committee Members

Participants were recruited via a "snowball" method, where referrals were made from outreach to community members/ gatekeepers that would then refer further and so on. Those surveyed were assured that their responses would only be utilized in a conglomerate score/qualitative response and not identified to their name. There was also a $30 VISA card thank you gift sent to each participant, to be utilized in any way other than purchasing a tobacco product.

Due to difficulty in finding willing participants, three groups had to eliminate completely: The LGBTQ+ Older Adults, the LGBTQ+ Serving Business Owners, and the Milwaukee Pridefest Committee Members. There was one participant in the LGBTQ+ Older Adults stakeholder group, but as only one interview would not accurately reflect the population, it was added to the Lesbian-Identified Adults group. In addition, there were eight participants in the LGBTQ+ Young Adults group.

Section 3: Demographics of Survey Participants

The demographic categories included sexual orientation, gender, and race. Sexual orientation and gender were asked as open-ended questions, with the participant defining each one as it applied to them. There were eight racial categories:

1. White
2. African American or Black
3. Asian
4. Hispanic or Latino
5. Native American or Alaskan Native
6. Native Hawaiian or Other Pacific Islander
7. Multiracial
8. Another identity not listed here (the option was given for the participant to define this)

Tobacco use by the participant was assessed by first asking if the individual has used a tobacco product at least 100 times (5 packs) in their entire life. If they answered "yes," they were asked how often they currently use tobacco: Every day, Some days, or Not at all. A chart was given with the types of tobacco and the participant was asked which type(s) they used, and the frequency (every day, some days, not at all). Lastly, they were asked if they were interested in quitting tobacco use. All of the demographic data has been compiled into histograms and are included in this report.

The ages of the participants were organized into seven demarcations, chosen to separate youth, young adults, adults, and older adults.

They are represented in the following histogram, Figure 1.

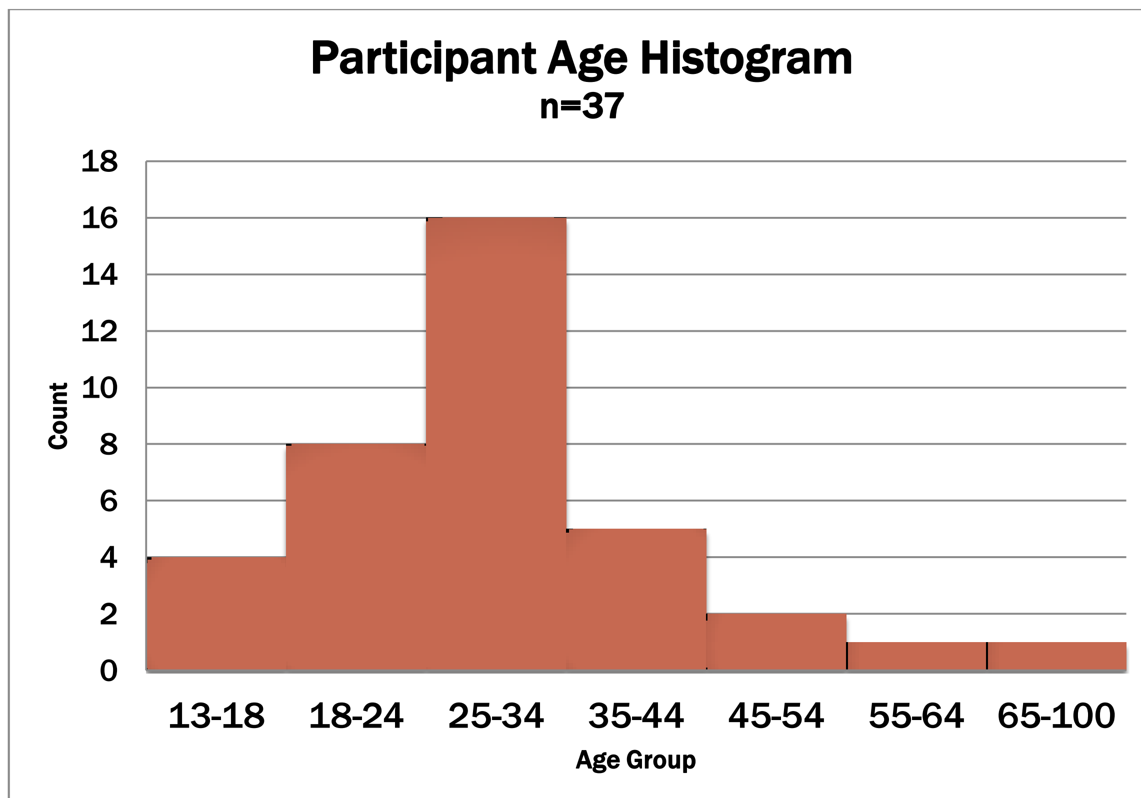

Figure 1.

The three highest age categories are the 25-34, 18-24, and 35-44 groups, respectively. This is representative of predominantly working adults, and young adults.

The Race/Ethnicity demographic data resulted in only four racial categories yielding participants: White, African American or Black, Multiracial, and Hispanic or Latino. These data are represented by Figure 2.

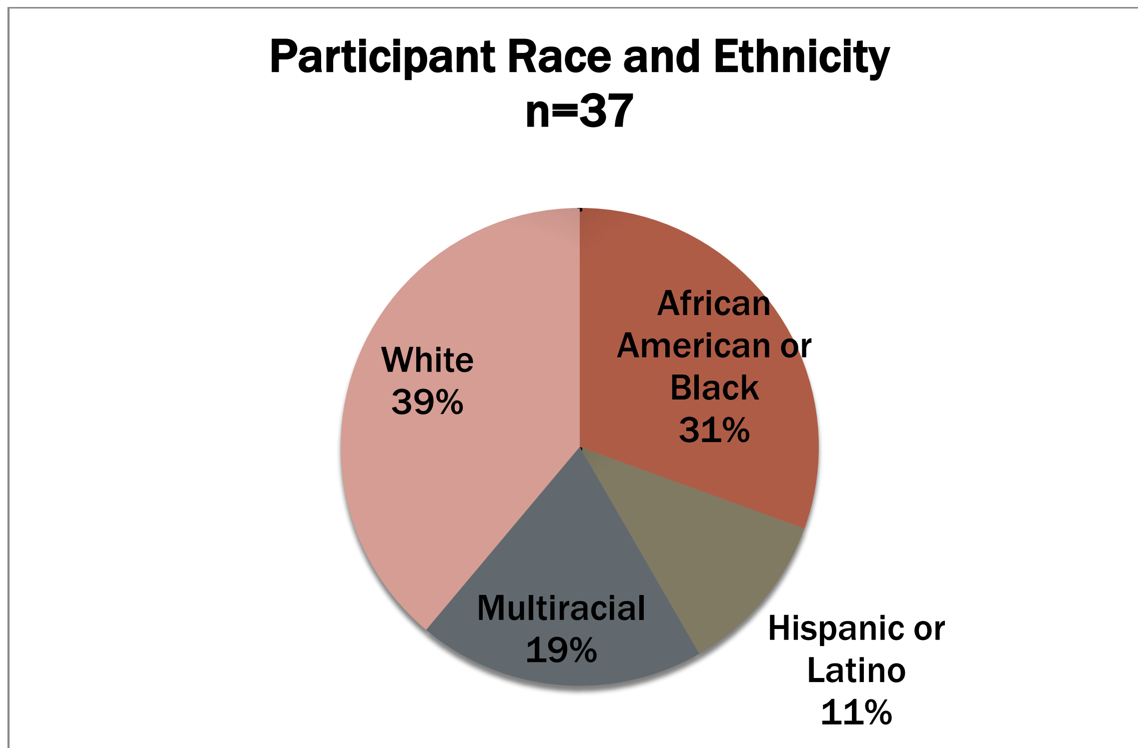

Figure 2.

The two highest categories by a wide margin are White and African American or Black, comprising 70% of the population assessed.

Regarding tobacco use, there were three options for current use: Every day, Some days, and Not at all. This is represented by Figure 3, below.

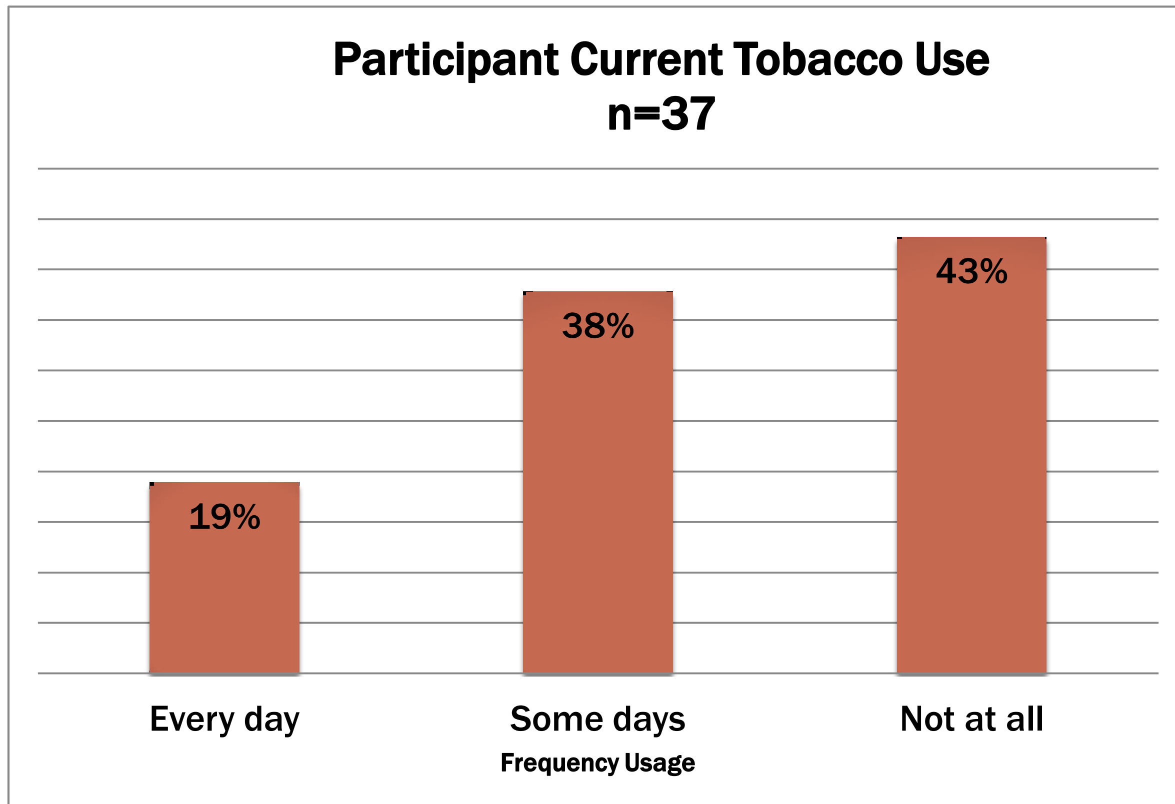

Figure 3.

Almost half of the participants do not currently use tobacco, however, they could have used it in the past. Also, 38% currently use tobacco some days. A small percentage, 19% use tobacco every day.

The types of tobacco used were organized into six categories:

1. Cigarettes
2. Pipes/Roll your own
3. Cigars/cigarillos
4. Chew/snug/snus, other
5. Smokeless
6. E-cigarettes/vapor pens

Of the participants that stated they either currently use tobacco, or have used it in the past, were asked to classify the types of tobacco used into these six categories. The resultant data is represented in Figure 4, below.

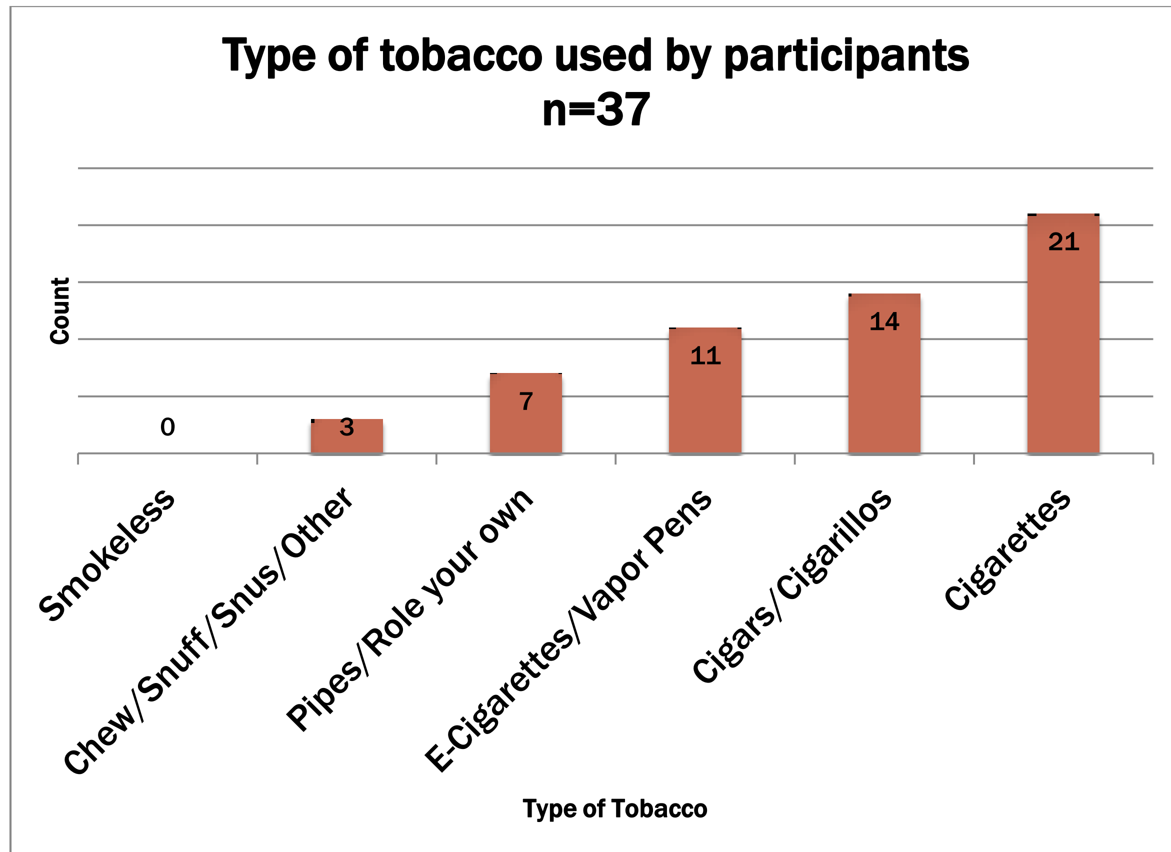

Figure 4.

Not surprisingly, cigarettes comprised the largest category of the type of tobacco used, followed by cigars/cigarillos and e-cigarettes/vapor pens.

The participants that reported they currently use tobacco, were then asked if they were interested in quitting tobacco use. Of the seven individuals that reported "every day" usage, four of them (30.7%) stated they are interested in cessation. Of the thirteen that reported "some days" usage, seven of them were interested in cessation (53.8%). There is one case where the individual reported "some days" usage, but the tobacco cessation question is missing data. There were also two cases where the participant showed hesitancy in saying "yes" to being interested in quitting, denoted by the interviewer making the notes: "maybe in the future," and "She was hesitant to say yes, she basically said 'maybe.'" These were counted as "yes" answers for interest in quitting tobacco use. These data are represented by Figure 5.

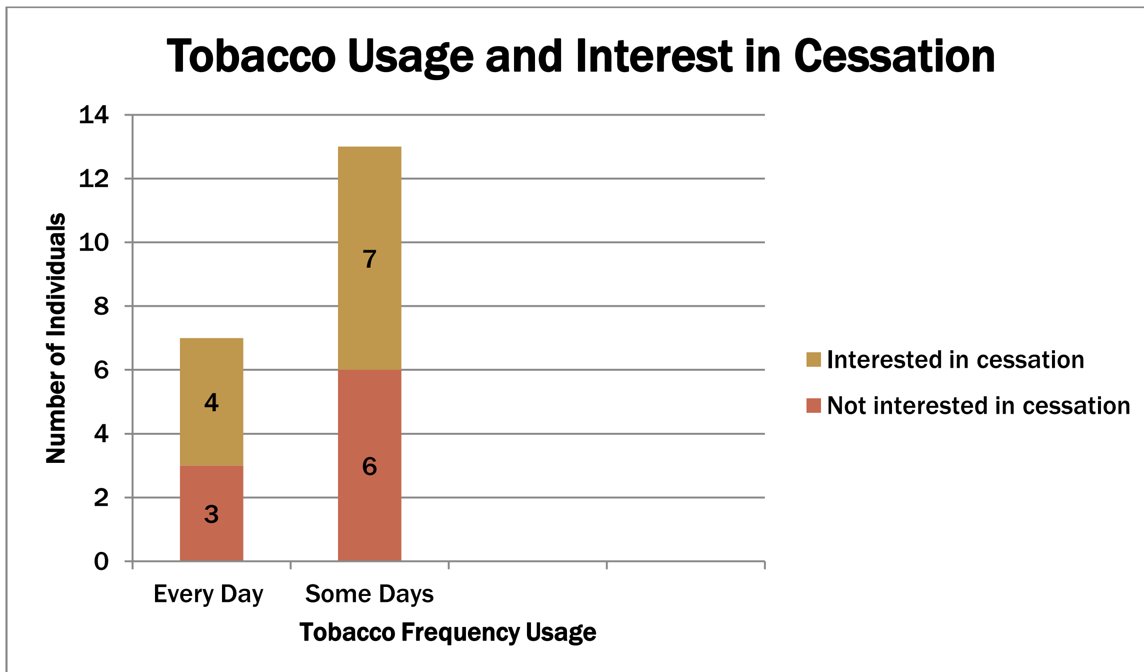

Figure 5.

Section 4: Study Dimensions and Overall Scores

Once again, the five dimensions that are assessed for readiness in a community:

- **Community Knowledge of Efforts**
- **Leadership**
- **Community Climate**
- **Community Knowledge of the Issue**
- **Resources**

Community Knowledge of Efforts asks: How much does the community know about the current programs and activities? This dimension determines if the community knows about any current efforts, and also what they know about them. It first asks for general knowledge of efforts, and then for a brief description of each one. For the purposes of this assessment, we sought to find any efforts in Milwaukee that target LGBTQ+ people's tobacco use. Questions such as "Are you aware of any efforts in Milwaukee that address LGBTQ+ people's tobacco use?" and "Of those who are aware of the efforts, what do they know about them?" *probes*: Can they name the efforts? Do they know the purpose of the efforts? Do they know who the efforts are targeted to? Do they know what they do? Do they know the effectiveness of the efforts? It also addresses any misconceptions that are present, and strengths and weaknesses.

The community's readiness score for this dimension is 2.57. This is in between the Denial/Resistance stage and the Vague Awareness stage. There were some elements seen that demonstrate that the community shows very little awareness of the efforts, and possibly resistance to any action. There were also some elements showing that a few community members are aware of some efforts, or that something is needed, but passivity is shown regarding action. The stakeholder group with the lowest score in this dimension was the LGBTQ+ youth, which is not surprising, and would most likely be due to a lack of awareness. The highest score was with the health care providers, which was also not a surprise, given that they would be most aware of efforts that exist.

Leadership assesses community leaders' attitude toward addressing the issue. These views can be taken from individuals in leadership, or other community members' views on leadership's attitude, opinions, actions, etc. For the purposes of this readiness assessment, the goal was to obtain information on whether leadership addresses this as an issue to be addressed in the LGBTQ+ community. Also, if it is identified as an issue, should it take priority, and should action be taken. Some examples of questions used to obtain this information are "Who do you consider to be leaders in the LGBTQ+ community in Milwaukee?" and "How much of a priority is addressing tobacco use to leadership in Milwaukee's LGBTQ+ community? Can you explain why it is/isn't a

priority for these leaders?" Additionally, things like active or passive support, or support of current or efforts were assessed.

The community's score for this dimension was 3.38. This is in between the Vague Awareness stage and the Preplanning stage. There were definitely elements of the leadership seeing tobacco use as an issue, and identified some resources that exist. There were also elements of leadership prioritizing the issue, and that something has to be done to address it. The highest readiness score was seen in the health care providers, which is not surprising, as tobacco use is a major health issue. The lowest score was seen in the LGBTQ+ youth, which could be due to a lack of awareness.

Community Climate gauges the community's attitude towards addressing the issue. The different stakeholders are asked to give their opinion on how the community as a whole views the issue, not what they think personally. Questions such as "How much of a priority is addressing this issue to members of Milwaukee's LGBTQ+ Community?" and "Do community members believe that additional community efforts are needed?" were asked.

The overall community readiness score for this dimension was 2.83. This is again in between the Denial/Resistance and Vague Awareness stages. The community as a whole seemed to have vague awareness of tobacco being an issue in the LGBTQ+ community. Most of the stakeholder group's individual readiness scores were between a 2 and a three save for the Lesbian-ID Adults and the Transgender/Trans ID Adults. However, there seemed to be a great deal of resistance in many stakeholder groups, with the predominating opinion being that there are many more pressing issues to deal with in the LGBTQ+ community than tobacco.

Community Knowledge of the Issue assesses how much the community knows about the issue. General and detailed community knowledge is sought regarding this. For example, the first question is: "On a scale of 1 to 10, where a 1 is no knowledge and a 10 is detailed knowledge, how much do members of Milwaukee's LGBTQ+ community know about tobacco use among LGBTQ+ people? Why do you say it's a _____?" More detailed questions ask the participants to say whether community members know a lot, some, a little, or nothing about the consequences of tobacco, the effects on family/friends, the causes, what can be done for prevention, how much tobacco use occurs locally, and the role of the tobacco industry targeting LGBTQ+ people.

The community's overall readiness score was 3.59. This is in between the Vague Awareness stage and the Preplanning stage. Many community members recognize that tobacco is an issue in the LGBTQ+ community, but again show passivity in planning for action. Essentially, it is recognizing importance, and that something should be done about it, but it is unknown what to do, and maybe someone else will do it. The stakeholder group that had the lowest score in this dimension was the LGBTQ+ Youth with a score of 2.75. The highest score was with the LGBTQ+ Health Service Providers with a score of 4.37, which is in between the Preplanning and Preparation stage, showing increased readiness for change. The health service providers demonstrated that they are concerned about the issue and are ready to make a change and do something about it, and/or are currently actively supportive in current efforts that are present.

Resources identifies resources that exist and are or could be used to address the issue. These resources can include time, money, space, experts, volunteers, etc. In this dimension, participants are asked to identify any of the above-named possibilities that they are aware of that address the issue of tobacco in the LGBTQ+ community in Milwaukee. Examples include "What resources are available to address LGBTQ+ people's tobacco use in the City of Milwaukee?" Probes for this question include: Volunteers? Financial donations? Grant funding? Experts? Space? Follow up questions include: "Would community members and leadership support using these resources to address LGBTQ+ people's tobacco use? Please explain" and "Is anyone in the community looking into using these resources to address the issue of tobacco use among LGBTQ+ people in Milwaukee?"

This was the lowest scoring dimension across all stakeholder groups, with an overall dimension score of 1.97. This is in between the No Awareness and Denial/Resistance stages. Some community members could think of efforts that exist or used to exist, but most community members could not think of any of the above-named resources to assist in the effort and address the issue. Both the LGBTQ+ Youth and the Queer/"+" ID Adults scored exactly a 1.00 in readiness, which means they are not aware of any resources to address the issue. The other groups were either slightly higher than a 1.00 or around a 2.00, which shows elements of Denial/Resistance. This is not surprising, as smoking is seen as a personal choice, and also as a stress reliever for individuals in the LGBTQ+ community who may be underdoing additional life stressors than others. The stakeholder group with the highest score was again the health service providers with a score of a 3.00, which would be expected given their proximity in working with any available resources. This is still only Vague Awareness, however, and it can be evidence of other pressing health issues such as HIV infection, STDs, mental health, etc. that are currently taking precedence over tobacco.

Total Readiness Score: 2.86

This score sets the community between the Denial/Resistance state and Vague Awareness, leaning closer to Vague Awareness. The suggested interventions that the Community Readiness Model outlines for this stage will be taken into account along with community input, program capacity of the City of Milwaukee Tobacco-Free Alliance LGBTQ+ workgroup, and the willingness of other partners to collaborate and create a plan of action.

Section 5: Scores and Qualitative Information per Stakeholder Group

Stakeholder Group 1: LGBTQ+ Youth (ages 13-17)

Community Knowledge of Efforts:

Score: 1.00

Overall, respondents were not aware of any past or current efforts.

Leadership

Score: 2.37

The group mentioned a few specific youth program leaders (Kristen Donat and Ricardo Wynn) and a Gay/Straight Alliance (GSA) as leaders. Said that the concern for the issue was relatively high and that leaders are talking about tobacco use, but it's mostly at school and not in the community. They viewed that as ineffective. Group said they would be hesitant to tell leaders about their personal life because they viewed tobacco use as a personal choice.

Community Climate

Score: 2.68

Participants felt the Milwaukee LGBTQ+ community is diverse/not segregated, accepting, supportive, and helps break down stigmas. The group once again emphasized personal choice regarding tobacco use and did not identify any outside forces that would lead to use. The issue is a priority for those that are talking about it (schools). Obstacles to the community addressing tobacco use are peer pressure and low prices for certain tobacco products in stores.

Community Knowledge of Issues

Score: 2.75

Respondents knew the basics of tobacco use rates and harms (mostly from school/health class) but nothing locally or specifically in the LGBTQ+ community. Felt harm didn't affect a person until they are older, did not understand physical effects of tobacco use, and had misconceptions about addiction to the product (although some had familial exposure to the difficulty to quit). The group felt there was easy access to tobacco and that many other youth are using but nobody cares.

Resources

Score: 1.00

Group cited school nurses and guidance counselors as those who can help someone with tobacco use issues as well as addiction clinics or pediatricians. Peers can encourage others to quit. They did not know about funding or other accessible community services to work on the issue.

Stakeholder Group 2: LGBTQ+ Young Adults (ages 18-24)

Community Knowledge of Efforts:

Score: 2.75

They knew about some tobacco prevention activities from Health & Wellness table at Pridefest and specifically referenced D&R and how they collaborate/share a chain of referrals with Pathfinders, United Way, and the Milwaukee LGBT Center. Project Q (a program at the Milwaukee LGBT Center for youth/young adults) was cited as starting to get more in depth with tobacco use discussions. Some respondents felt that many efforts are not LGBTQ+-specific, more general and are not reaching a large part of the population. Respondents said that personal stressors leading to tobacco use are a major obstacle to addressing this issue.

Leadership

Score: 3.65

Respondents named a few leaders: Gary Hollander (D&R), Jen Murray (UW-Milwaukee LGBT+ Center), Diana Shaw (Project Q), older people in the community, The Milwaukee LGBT Center, leaders at the Houses (Chad Demura, Kenny), Roger Pearson, Ronnie Grace, Chad Carroll. The group said that any program messages will have more weight depending on who is delivering it and would have to come from the right people. Respondents felt tobacco use was of relatively high concern and priority, citing that tobacco can lead to other addictions, and that leaders of a group like a university GSA would be willing to share information.

Community Climate

Score: 2.81

Respondents said that the LGBTQ+ community in Milwaukee is tight-knit but there is a certain percentage that is not involved with organizations and don’t receive services, which can depend on race, age, etc. They said that the community does not feel tobacco use is currently seen as a huge priority, things like safety were cited as bigger issues. Respondents said that tobacco use relieves stress and that LGBTQ+ people experience more stressors which makes the activity not a big deal. The normalization of the activity is the biggest obstacle and one respondent felt that if harm happens to one member of the community, it happens to all.

Community Knowledge of Issues

Score: 4.12

The respondents had a general knowledge of the harm and prevalence of tobacco use but were not very knowledgeable about LGBTQ+ specific issues. Respondents said that knowing about the harms/consequences of tobacco use and doing something about it are very different things. Some said that community members feel that tobacco use helps families by keeping users calm.

Resources

Score: 1.40

There was a limited knowledge of what is available to assist someone with tobacco use. Entities like Project Q and ARCW as well as personal mentors were places respondents would go to.

Stakeholder Group 3: Lesbian-Identified Adults (25+)

Community Knowledge of Efforts:

Score: 4.20

SAGE (a program at The Milwaukee LGBT Center), the Health and Wellness Table at Pridefest were places respondents would find out about efforts. They noted that efforts would need to happen at a "safe space" like these above. The group remembered rm2breathe messages wrapped around gum but did not think they were successful. Tobacco use is related to the community's social connectedness, one would go to the bar scene to make connections. A weakness of current tobacco prevention efforts is that there was nothing done in bars and that would be a place to get the word out.

Leadership

Score: 4.10

The community's focus is often on other issues. A lack of advertisement and lack of initiative makes the issue less of a concern. The respondents felt that time, money, and program time would be well-used on this issue.

Community Climate

Score: 3.20

The respondents said that the community sees tobacco use as a personal choice and is accepted as an every-day activity. Issues like social isolation take precedence but in the end can cause something like tobacco use because when one does not feel they are in control of their life, they want to be control of what's theirs. The group felt it would be difficult to present this issue to youth and older adults (60+) but thought any group might be willing to hear about the issue but then would go back to their previous behavior. There are often issues between identities within the community but efforts would be worth it because this is an LGBTQ+ issue. Respondents felt that community members would respond well to/would be willing to work with someone close to them who was passionate about eliminating tobacco use/exposure.

Community Knowledge of Issues

Score: 3.05

Awareness of the issue was high and references were made to resources available as handouts or information in the Wisconsin Gazette. However, respondents felt there are misconceptions that people who identify as lesbian or bisexual smoke more than others. They also felt the community has misconceptions on the harm of social smoking and the full cost/damage of use.

Resources

Score: 3.05

Group identified a few particular resources and felt that organizations would do well to cross-promote and grant write together.

Stakeholder Group 4: Gay-Identified Adults (25+)

Community Knowledge of Efforts:

Score: 1.62

The group knew general information, but was basic and only a few cited past programs at the Milwaukee LGBT Center and D&R.

Leadership

Score: 2.50

Group thought tobacco use is not a very high current priority for leadership compared to HIV and marriage equality but there have been some successes, like no more free cigarettes handed out at Pridefest. Many cited specific entities where efforts would be useful and needed, such as local organizations, legislators/legislative bodies, and the bar scene/owners. They felt tobacco use is seen as a complacent issue in the community but that anyone can be the catalyst to change, doesn’t have to be started by someone in a role of power.

Community Climate

Score: 2.43

Respondents felt the LGBTQ+ community in Milwaukee was not cohesive, segregated racially and by class and tobacco use disproportionately affects underserved populations. It was said the only inclusive community was the bar scene, which is seen to help folks cope with stress. Larger societal issues that cause stress give people reasons to smoke and an effective tobacco intervention would get at those root causes. Respondents said healthy alternatives like counseling and nicotine replacement therapy would be useful.

Community Knowledge of Issues

Score: 4.06

They said the community has a basic knowledge about tobacco use but not specifically about the LGBTQ+ community and had misconceptions about the ability to quit, the LGBTQ+ community being disproportionately affected, and that tobacco use helps stress/can serve as one’s friend.

Resources

Score: 1.50

Entities like The Milwaukee LGBT Center, schools, pastors, city officials, and the UW-Milwaukee Office of Student life were cited as being able to help someone with tobacco use issues. The group also felt hearing from someone who has quit tobacco would help motivate others to do the same.

Stakeholder Group 5: Bisexual-Identified Adults (25+)

Community Knowledge of Efforts:

Score: 2.25

The group ranged in its knowledge of local efforts, some citing rm2breathe but saying they did hear the program talked about positively. This group thought the community has some misconceptions about hookahs and shared that a weakness of previous efforts were that they did not reach a broad audience.

Leadership

Score: 2.87

Participants shared names of many programs and community leaders and felt that tobacco use was a great concern to leaders but was not a priority because meeting basic needs is most pressing. They said that if there was a campaign that it would need to be given in the right way to digest, not judging or shaming people.

Community Climate

Score: 2.75

The LGBTQ+ community in Milwaukee was thought to be a range of bold, influential, "go with the flow" to not interacting or engaging in the right way. One thing that was said was that there is very active support of LGBTQ+ youth. Support for tobacco prevention activities is passive because tobacco is a social acceptable drug. An initiative would need to be multi-pronged, target marketing to specific parts of the community, and provide alternatives to tobacco use.

Community Knowledge of Issues

Score: 3.50

This group overall thought the community had solid knowledge about tobacco use had some misconceptions about the side effects. They also said that there is easy access to tobacco products in corner stores and overall, use of tobacco is common in LGBTQ+ spaces.

Resources

Score: 2.06

Respondents said that space could be found to do this work well and that community organizations, college campuses, and primary care physicians are places to go for help.

Stakeholder Group 6: Transgender/Trans*-Identified Adults (25+)

Community Knowledge of Efforts:

Score: 2.87

The group had a general knowledge of past programs like rm2breathe and other organizations' involvement with trying to get tobacco prevention and control initiatives together. It was felt that in a marginalized community that people assume they're not going to find something so they don't look or ask for it, which was felt to be the case with tobacco prevention.

Leadership

Score: 3.87

Higher level leaders were identified by this group such as elected officials and philanthropists. It was said that many efforts are currently siloed and working together can be challenging but there is a current subpopulation that is currently supportive of tobacco prevention efforts. Elected officials would be supportive of these sorts of programs if it helped their career but policy cannot be the only tool. Support of this issue by leaders is currently passive but things like policies in organizations/events around tobacco use would be useful. Efforts cannot be "one size fits all".

Community Climate

Score: 3.12

Respondents felt the LGBTQ+ community of Milwaukee is eclectic, some involved in social nightlife and some not, smaller and more tightly linked than Chicago. There were feelings that the community is unempowered, marginalized, and has mistrust. They felt raising awareness for tobacco use issues is important and the link between drinking and tobacco use should be made.

Community Knowledge of Issues

Score: 3.25

The group felt the community has misconceptions on the addictive native of tobacco products, that one can stop anytime. They also felt that folks aren't really aware of how much they smoke on a regular basis and how one could quit in Milwaukee (and often folks are supportive of others quitting, but not interested themselves). The group said that community members know the warning labels on tobacco packages and how tobacco companies market but it's still a person's decision to use. There is a high level of knowledge about the issue but also a high level of indifference.

Resources

Score: 2.75

A number of community entities were cited as resources, especially D&R with their no-drinking, no-smoking policies for events. They felt that funding might be available at the city/state level for programming and recalled an attempt at UW-Milwaukee for "smoke-free zones" that did not go through.

Stakeholder Group 7: Queer/"+" Identified Adults (25+)

Community Knowledge of Efforts:

Score: 2.25

Knowledge levels ranged from none to pretty detailed knowledge of rm2breathe, however respondents were not sure if it is still happening. The Health & Wellness booth area at Pridefest was also referenced. The Lesbian & Bisexual Women's Health Forum was mentioned, but was noted as having lost funding two years ago.

Leadership

Score: 3.62

Some respondents don't know due to disconnection from the community but some listed established agencies and specific names of leaders: 16th Street Clinic, ACLU, Pathfinders, Lesbian Fund, Cream City Foundation, the Milwaukee LGBT Community Center, D&R, Denise Cawley, Anne Hester, Jen Murray, Brenda Coley, Syd Robinson, Warren Scherer, Julie Bock, Lesley Salas, and Gary Hollander.

Community Climate

Score: 2.68

The group said the LGBTQ+ community in Milwaukee is segmented, very diverse with lots of different needs, and has consistent challenges to come together around structural divides around race, education and class. Respondents felt the political climate would not lead to financial support for LGBTQ+ health & well-being. Competition with health issues/other priorities in the community, breaking cultural norms, and resistance to "being told what to do" would be barriers to tobacco prevention work. Efforts would need to be very holistic. They group felt that community empowerment is a key part of what needs to happen.

Community Knowledge of Issues

Score: 3.37

The group responded with a range thinking the community does not know about the issue to providing ideas around misconceptions and the community's denial/minimizing harm. The group felt there was not lot of understanding about the consequences of tobacco use. An increase in self-knowledge and self-education would be helpful to community members. Some felt that there are plenty of people who think that smoking while drinking is not nearly as harmful as being a smoker.

Resources

Score: 1.00

Resources for efforts ranged from a couple specifics to more general ideas: Grants through the Milwaukee LGBT Community Center and D&R, medical professionals, health facilities (Aurora Healthcare) 16th Street Clinic, advertised quit/support programs, and state/federal grants.

Stakeholder Group 8: LGBTQ+ Health Service Providers

Community Knowledge of Efforts:

Score: 3.62

This group felt that health service providers and others that utilize entities like Project Q, D&R, Pathfinders, and the Milwaukee LGBT Center know about programs but not the larger community, besides the presence at Pridefest. Most people know the basics about tobacco but people don't like to feel pressured about the topic if they think tobacco use is a personal choice. Barriers to people utilizing programs might be if someone is not "out" or high financial cost. Many people are not aware of evidence-based tobacco cessation programs, only programs that focus on negativity.

Leadership

Score: 4.12

Tobacco use is of concern to leadership because tobacco is viewed as part of the special life of LGBTQ+ people and many community members use tobacco. Leadership's support may depend on funding/resources to actively participate. The priority to address this issue must also be balanced with other priorities of the community.

Community Climate

Score: 3.00

Tobacco use is a very socially-accepted norm in the LGBT community. Passivity is often seen, as those who don't smoke don't really care if others do and vice versa . The group said that many rely on tobacco for stress relief/a scapegoat, so tobacco cessation can be difficult if a stressful event happens. There would be support for more or continued efforts, but it would likely be passive. New efforts have to be led by people trained in addiction, behavior change, and smoking cessation. They must also be low cost, address other causal factors. Efforts have to be consistent and open because some parts of the community are not cohesive.

Community Knowledge of Issues

Score: 4.37

The group felt that the community generally knows smoking is bad for health but does not connect tobacco use with being LGBTQ+ or that the tobacco industry targets the LGBTQ+ community. Knowledge about tobacco is lacking in the LGBT community compared to other health issues like HIV. There is also a misconception that drinking and smoking go together.

Resources

Score: 3.00

Tobacco prevention efforts will likely be supported but for cessation, people would likely go to a medical provider or family/friend support system for help with tobacco use first. An ineffective campaign may cause increases in tobacco use rates. Projects/materials/groups could be useful at D&R and Project Q.

Section 6: Conclusion

It is once again thanks to the diligent work of all partners, survey participants, and workgroup members that this project was able to be undertaken. Through the information that has been gleaned from these stakeholder group interviews, action can be directed to address the unique issues, barriers, and misconceptions the LGBTQ+ community of Milwaukee faces around tobacco use.

Some of the key takeaways from this assessment to be taken into consideration our: emphasizing peer support, sensitivity and accessibility in messaging, and utilizing all the great partners and collaborators that can provide a broad, multi-faceted reach to be inclusive of all LGBTQ+ community members in Milwaukee.

The authors of this report and all included parties that put on this project hope that this information gives a relevant and up-to-date context to the work that must be done to address the disparity of use among LGBTQ+ people in Milwaukee and beyond. The momentum that has been created thus far has been astounding and the workgroup and partner programs can look to a bright, clear, tobacco-free future thanks to the hard work that has been and will continue to be done for the benefit of the LGBTQ+ community and for all.

Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.

Margaret Mead

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