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Evaluation of the Last Drag Smoking Cessation Classes Offered to the Lesbian, Gay, Bisexual, & Transgender Communities of Colorado

**A Report from the Gay, Lesbian, Bisexual and Transgender
Community Center of Colorado**

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**Evaluation of the Last Drag
Smoking Cessation Classes
Offered to the
Lesbian, Gay, Bisexual, & Transgender
Communities of Colorado**

By

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The **Gay, Lesbian, Bisexual and Transgender Community Center of Colorado** is the only statewide, nonprofit community center dedicated to providing support and advocacy for Colorado's gay, lesbian, bisexual and transgender (GLBT) population. We serve as a catalyst for community organizing, support services, social activities and cultural events.

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INTRODUCTION

Last Drag classes were offered by five community-based organizations serving the lesbian, gay, bisexual, and transgender community in Colorado. The organizations/ programs were El Futuro (Denver), GLBT Community Center of Colorado (Denver), Boulder Pride (Boulder), Lambda Community Center (Ft. Collins), and The Kaleidoscope Project (Denver).

Prior to beginning the Last Drag series of classes, all participants were asked to complete a pre-test that captured information on demographics, self-perception of health, attitudes regarding smoking, and motivations for smoking cessation. After each of the first six Last Drag classes, brief evaluations were completed by all participants which gathered information on levels of anxiety about smoking cessation, the cultural sensitivity of the course materials, and what the participant found most helpful in that particular class. After the final Last Drag class (class number seven), a post-test survey was administered that replicated some of the information from the pre-test, along with the information collected after each of the first six classes.

The findings presented below are the summary of the data collected as part of the Last Drag evaluations.

PRE-TEST FINDINGS

Demographics

In the five Last Drag classes offered to the community, 44 individuals began the classes with 69.5% completing at least five of the seven individual classes ($n=31$), and 9.1% ($n=4$) attending only one of the seven individual classes. Data on the demographics of the participants can be found in Table 1.

Of the participants, 42.9% ($n=18$) were male, 54.8% ($n=23$) were female, and 2.4% ($n=1$) were transgender. The largest percentage at 38.1% ($n=16$) identified as gay, with 28.6% ($n=12$) as lesbian, 14.3% ($n=6$) as bisexual, 7.1% ($n=3$) as queer, and 11.9% ($n=5$) as straight. With regard to race, 57.1% ($n=24$) were white, 23.8% ($n=10$) were Latino/a, 9.5% ($n=4$) were African American, and 9.5% ($n=4$) identified as other races/ethnicities. Ages ranged from 18 to 62, with a mean age of 35.5 years ($SD=12.3$).

Table 1: Demographics of Sample

	Male	Female	Trans		
Gender (n=42)	18 (42.9%)	23 (54.8%)	1 (2.4%)		
	Gay	Lesbian	Bisexual	Queer	Straight
Sexual orientation (n=42)	16 (38.1%)	12 (28.6%)	6 (14.3%)	3 (7.1%)	5 (11.9%)
	White	Latino/a	African American	Other races	
Race/ethnicity (n=42)	24 (57.1%)	10 (23.8%)	4 (9.5%)	4 (9.5%)	
	Less than high school	High school graduate	Some college	College graduate	Vocational or technical
Education (n=41)	4 (9.8%)	6 (14.6%)	14 (34.2%)	12 (29.3%)	5 (12.2%)
	Employed	Unemployed	Student	Unable to work	Retired
Work status (n=40)	32 (80.0%)	3 (7.5%)	2 (5.0%)	2 (5.0%)	1 (2.5%)
	<\$15K	\$15K-\$25K	\$25K-\$35K	\$35K-\$50K	>\$50K
Income (n=33)	6 (18.2%)	9 (27.3%)	5 (15.2%)	6 (18.2%)	7 (21.2%)

Educationally, 9.8% (n=4) had less than a high school education, 14.6% (n=6) were high school graduates, 34.2% (n=14) had some college education, 29.3% (n=12) had completed a college degree, and 12.2% (n=5) had completed a trade

or vocational school. Eighty percent ($n=32$) were employed or self-employed, 7.5% ($n=3$) were unemployed, 5.0% ($n=2$) were students, 5.0% ($n=2$) were unable to work, and 2.5% ($n=1$) were retired.

Slightly more than 18% (18.2%, $n=6$) reported having \$15,000 or less annual income, 27.3% ($n=9$) between \$15,001 and \$25,000, 15.2% ($n=5$) between \$25,001 and \$35,000, 18.2% ($n=6$) between \$35,001 and \$50,000, and 21.2% over \$50,000.

Health Related Variables

Most participants in the class (43.9%, $n=18$) perceived their general health as being good, with 39.0% ($n=16$) perceiving it as being very good, 9.8% ($n=4$) as excellent, and 7.3% ($n=3$) as fair. No class participants rated their general health as poor. Table 2 contains the information on the health-related variables.

Table 2: Health Related Variables

	Excellent	Very good	Good	Fair	Poor
General health ($n=41$)	4 (9.8%)	16 (39.0%)	18 (43.9%)	3 (7.3%)	0 (0.0%)

Participants were asked the open-ended question, “Think about your **physical** health, which includes physical illness and injury. During the last 30 days, how many days was your **physical** health **not** good?” Responses ranged from 0 to 30 days with a mean of 4.5 days ($SD=7.0$). Similarly, they were asked, “Think about your **mental** health, which includes things like stress and depression. During the last 30 days, how many days was your **mental** health **not** good?” Responses ranged from 0 to 25 days with a mean of 4.8 days ($SD=6.7$).

Patterns of Smoking Behaviors

A number of questions asked about patterns of behaviors related to smoking. Information on these variables can be found in Table 3. Respondents were asked if they smoke their first cigarette within 30 minutes of waking up, and 57.6% ($n=19$) reported that they did. Similarly, 42.9% ($n=15$) reported that they

Table 3: Patterns of Smoking Behaviors

	Yes	No	
Within 30 minutes of waking (n=33)	19 (57.6%)	14 (42.4%)	
Even if ill (n=35)	15 (42.9%)	20 (57.1%)	
	With other people	Equally	Alone
Social context (n=41)	20 (48.8%)	11 (26.8%)	10 (24.4%)

smoked even if they were too ill to get out of bed.

The average number of cigarettes smoked per day ranged from 4 to 90 with a mean of 17.8 ($SD=14.3$) cigarettes smoked per day. The largest percentage of respondents (48.8%, $n=20$) reported that they smoked equally when they were with other people and when they were alone, with 26.8% ($n=11$) reporting that they usually smoke when they are with other people and the remaining 24.4% ($n=10$) reporting that they usually smoke when they are alone.

Context of smoking

Four questions were asked on the pre-test that captured information regarding the environment or context of the respondents' smoking. The first inquired about the smoking behavior of their significant others. The majority of respondents (56.4%, $n=22$) reported that they currently did not have a significant other. Of those who reported that they did have a significant other, almost equal numbers reported that their significant other smoked (47.1%, $n=8$) as reported that their significant other did not smoke (41.2%, $n=7$). Of the partnered

respondents, 11.8% ($n=2$) were not sure if their significant other did or did not smoke. Table 4 illustrates the context of smoking variables.

Table 4: Context of Smoking

	Yes	No	Not Sure	
Significant other smoking¹ ($n=17$)	8 (47.1%)	7 (41.2%)	2 (11.8%)	
	None	A couple	Many	Most
Friendship network ($n=36$)	2 (5.6%)	14 (38.9%)	11 (30.1%)	8 (22.2%)
	Non-smokers	Smokers	Not sure	
Roommates² ($n=32$)	17 (53.1%)	14 (43.8%)	1 (3.1%)	
	Everywhere	Certain times or people	Certain places in home	Only outside
In the home ($n=41$)	14 (35.9%)	6 (15.4%)	2 (5.1%)	15 (38.5%)
				Not allowed anywhere
				2 (5.1%)

¹Only includes those who indicated that they currently have a significant other.

²Only includes those who lived with other people.

With regard to smoking patterns among the respondents' friendship networks, only 5.6% ($n=2$) reported that none of their closest friends smoked. The largest percentage (38.9%, $n=14$) reported that a couple of their closest friends smoked, 30.1% ($n=11$) reported that many of them smoked, 22.2% ($n=8$) reported that most of them smoked, and 2.8% ($n=1$) reported that all of their closest friends smoked.

Looking at the smoking patterns of the people with whom the respondents' lived, 22.0% ($n=9$) lived alone. Of those who lived with others, most (53.1%, $n=17$) lived with non-smokers, while 43.8% ($n=14$) lived with smokers, and 3.1% ($n=1$) were not sure if the people with whom they lived smoked or not.

Almost equal numbers of respondents reported that smoking was allowed only outside of their home on their property (38.5%, $n=15$) as reported that smoking was allowed everywhere in their home and on their property (35.9%, $n=14$). Restrictions on smoking inside the home were reported such that smoking was allowed only at certain times or only for certain people inside the home for 15.4% ($n=6$) or only in certain places inside the home for 5.1% ($n=2$). Only 5.1% ($n=2$) reported that smoking was not allowed in their home or outside their home on their property.

Quitting

The number of quitting attempts respondents reported ranged from never having attempted to quit up to 20 or more times. (The one respondent who reported "many", the one who reported 30, and the one who reported 100 attempts were all recoded to 20 times to avoid severely skewing the results.) The mean number of times was 6.0 ($SD=6.4$).

The most commonly reported timing of the most recent attempt at quitting among those who reported that they had attempted to quit at least once was more than a year ago (40.6%, $n=13$). Approximately half that number of respondents (21.9%, $n=7$) reported that their last attempt at quitting had occurred between 6 months and 1 year ago, with 31.3% ($n=10$) reported that they had attempted more than 1 month ago but less than 6 months ago, and 6.3% ($n=2$) reported that they had attempted in the last month. See Table 5.

Twenty-nine percent ($n=11$) reported that they were ready to quit smoking without indicating a time frame. Almost 8% (7.9%, $n=3$) reported they wanted to quit in the next six months, 55.3% ($n=21$) reported they wanted to quit in the next 30 days, and 7.9% ($n=3$) reported that they had quit smoking in the last 30 days.

Respondents were asked to indicate the number one reason they wanted to quit smoking. Most (67.7%, $n=21$) reported they wanted to quit for health reasons, 19.4% ($n=6$) wanted to quit so that they could feel better about themselves,

Table 5: Quitting

	More than 1 year ago	More than 6 months, less than 1 year	More than 30 days, less than 6 months	In last 30 days
Most recent quitting attempt (n=32)	13 (40.6%)	7 (21.9%)	10 (31.3%)	2 (6.3%)
	Ready to quit	Ready to quit in next 6 months	Ready to quit in next 30 days	Just quit (last 30 days)
Readiness to quit (n=38)	11 (29.0%)	3 (7.9%)	21 (55.3%)	3 (7.9%)
	Health	Feel better about self	Reduce risk of disease	Save money
Number one reason to quit (n=32)	21 (67.7%)	6 (19.4%)	2 (6.5%)	2 (6.5%)

6.5% ($n=2$) wanted to reduce the risk of disease, and 6.5% ($n=2$) wanted to save money.

Support in quitting

Respondents reported numerous avenues by which they came to learn of the Last Drag classes. The most frequently reported referral mechanism was from the agencies themselves (41.7%, $n=15$). The second most common was through some type of flyer, email notice, webpage, or some type of outreach activity (30.6%, $n=11$). Finally, 16.7% ($n=6$) reported they found out about the classes through friends. See Table 6.

Table 6: Support in Quitting

	Agency personnel	Flyer, email, webpage	Friends		
Referral source (n=32)	15 (41.7%)	11 (30.6%)	6 (16.7%)		
	Very important	Somewhat important	Slightly important	Not very important	Not at all important
Gay space (n=32)	23 67.7%	7 (20.6%)	0 (0.0%)	1 (2.9%)	5 (8.8%)

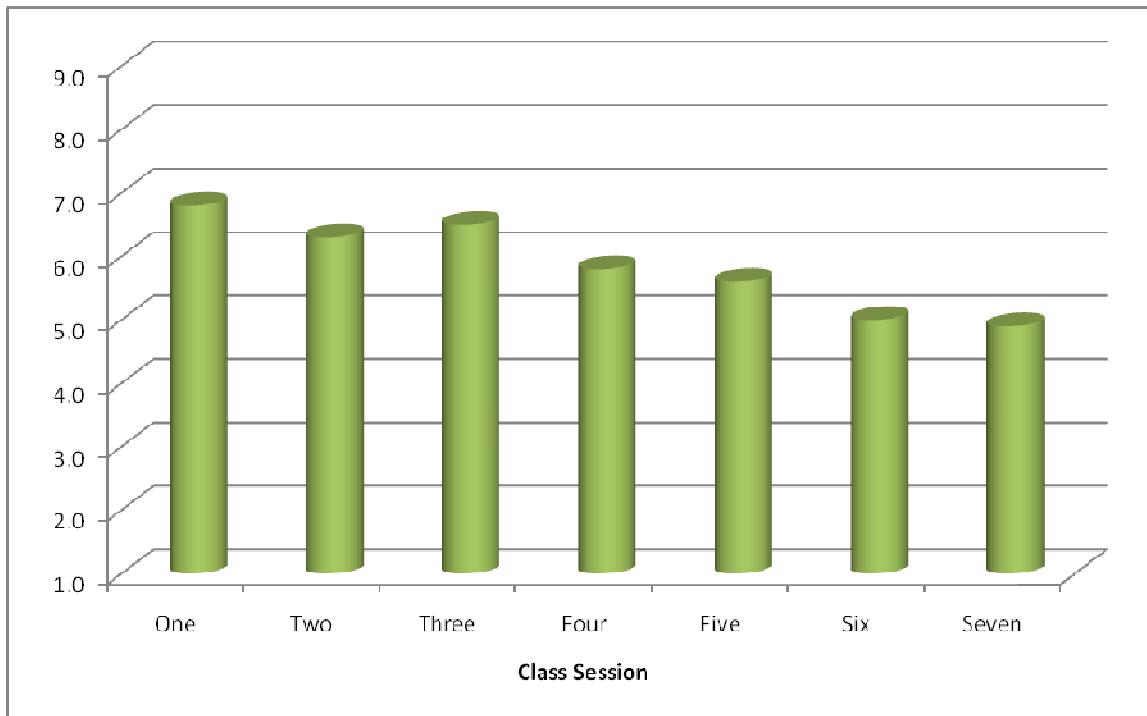
One question on the survey asked respondents, “How important do you think it is for the Last Drag classes to be held in a gay-identified or gay-friendly space?” with a Likert response set ranging from *very important* to *not at all important*. Very important was indicated by 67.7% ($n=23$), followed by somewhat important at 20.6% ($n=7$). Of those who gave less importance to the classes being held in a gay-identified context, 8.8% ($n=5$) reported that it was not at all important, and 2.9% ($n=1$) reported that it was not very important.

An open-ended question was included that allowed the respondent to indicate any suggestions they had in what would be important in a smoking cessation class for LGBT-identified individuals. Only a few respondents answered the question with suggestions, but those who did most frequently identified the importance of a supportive network (e.g., “contact phone list”, “healthy support, non-judgment!”).

INDIVIDUAL SESSION FINDINGS

After each Last Drag class session, participants were asked to complete a brief evaluation of that particular class session. One of the questions that was asked in all seven class sessions, was, “On a scale of 1 to 10, with 1 being the least and 10 being the most, how anxious are you feeling about quitting smoking?” with a 10-point scale ranging from 1 = “No anxiety” to 10 = “A lot of anxiety.” Results indicate a pattern whereby levels of anxiety fall as the sessions proceed. Figure 1 illustrates the pattern that emerged.

Figure 1: Mean Level of Anxiety about Quitting, by Class Session



Similarly, participants were given a 1 to 10 scale and asked how supported they felt in making the decision to stop smoking in the session they had just completed. The means for the scale varied from 8.1 in the 5th session to 9.0 in the 1st session, suggesting a fairly consistent and high level of participants feeling supported in the decision to quit smoking throughout the Last Drag classes. Figure 2 illustrates the patterns that emerged.

Two questions were asked about the content of the Last Drag classes. The classes received very high marks across the board on both questions. One inquired if the content of the session was helpful in their journey to quit smoking. Response set was a 5-point Likert scale ranging from *strongly agree* to *strongly disagree*. No participant ever disagreed or strongly disagreed with this statement for any of the seven sessions, and the most commonly given response was *strongly agree*. Figure 3 illustrates the patterns of agreement.

The other question asked if the materials used in the class were appropriate for use in the lesbian, gay, bisexual, and transgender community, with the same response set and a very similar pattern illustrated in Figure 4.

Figure 2: Mean Level of Feeling Supported in Making the Decision to Quit, by Class Session

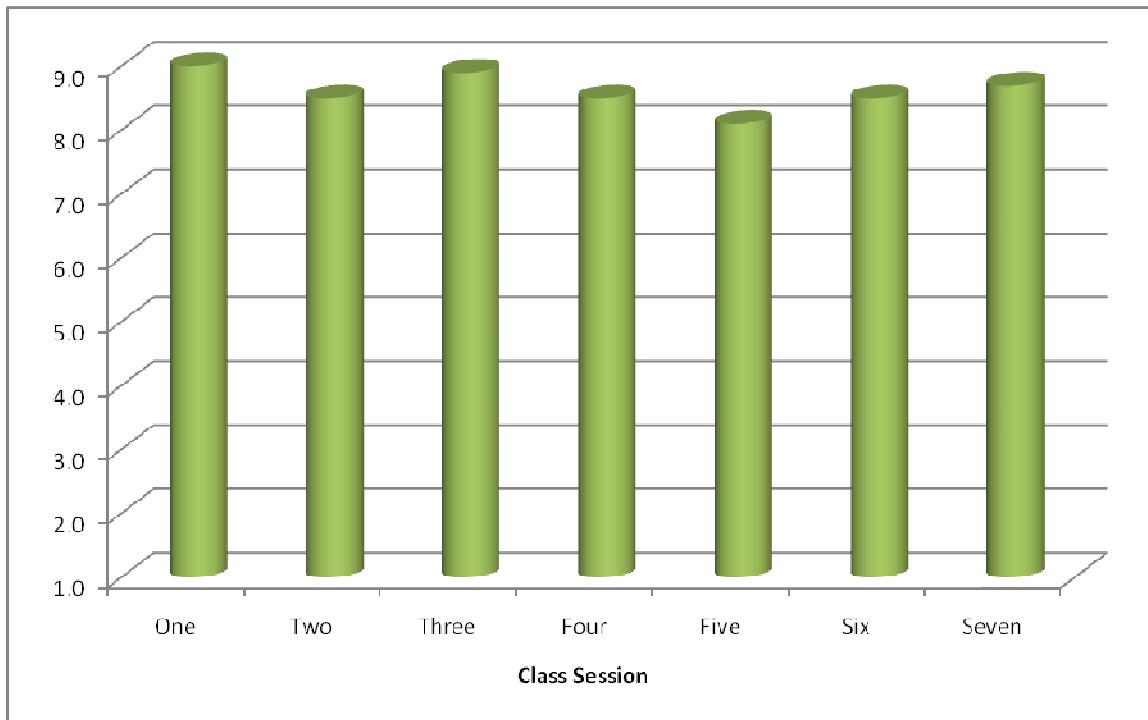


Figure 3: Content of Class was Helpful in Quitting Smoking, by Class Session

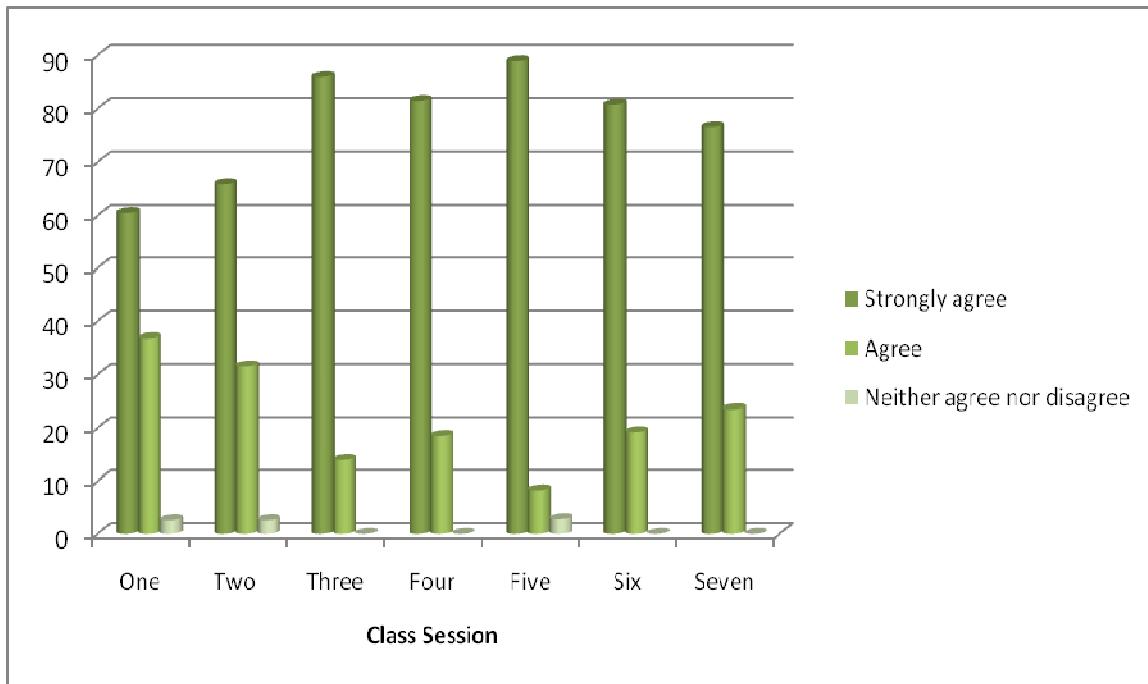


Figure 4: Content of Class was Appropriate for LGBT Community, by Class Session



Similarly two questions were asked about the instructor of the class. The first inquiring if the instructor was knowledgeable about the topic covered in that session, and the second if the instructor was culturally sensitive in working with the LGBT community. Figures 5 and 6 illustrate the results of these two questions.

POST-TEST FINDINGS

After the completion of all seven Last Drag class sessions, participants were asked to complete a post-test survey that revisited a few of the questions asked on the pre-test. At the end of class seven, 88.9% ($n=32$) of the participants reported that they were no longer smoking cigarettes, while 11.1% ($n=4$) reported that they had not quit.

Figure 5: Instructor Knowledgeable about Topic, by Class Session

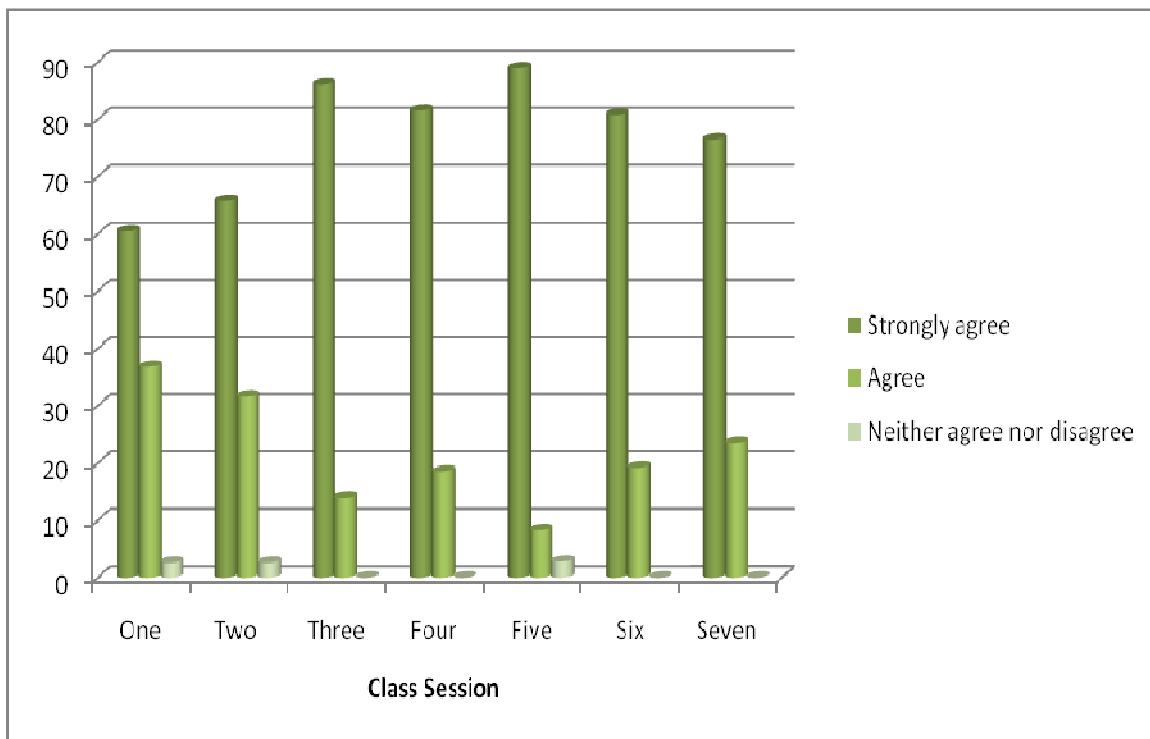
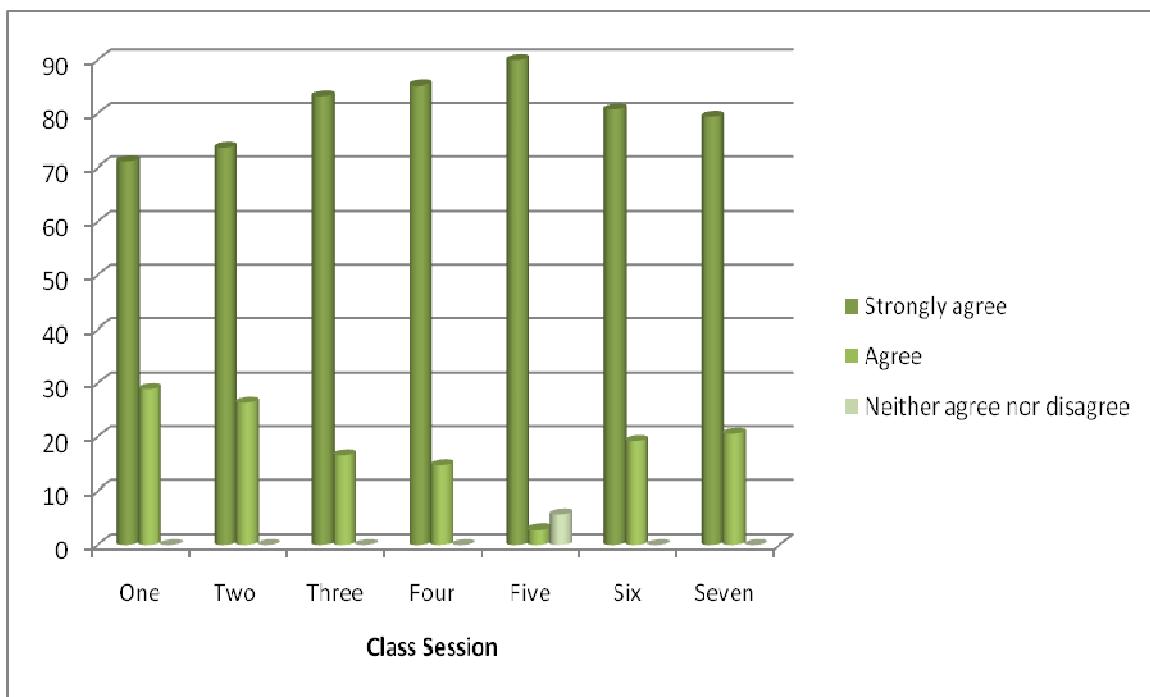


Figure 6: Instructor Culturally Sensitive to LGBT Community, by Class Session



Health Related Variables

Rather than the rating of good being the most commonly given answer on their general health as it was in the pre-test, the most commonly given response in the post-test was very good (41.7%, $n=15$). Good was the second most frequently given answer (36.1%, $n=13$), followed by excellent (16.7%, $n=6$), and fair (5.6%, $n=2$). A comparison of the post-test and pre-test indicates that 38.2% ($n=13$) of the respondents rated their health after the seventh week of the classes lower than they did in the pre-test, while 38.2% ($n=13$) rated their health the same, and 23.5% ($n=8$) rated their health as better. See Table 7..

Table 7: Health Related Variables, Post-test

	Excellent	Very good	Good	Fair	Poor
General health ($n=36$)	6 (16.7%)	15 (41.7%)	13 (36.1%)	2 (5.6%)	0 (0.0%)

A number of factors could be undergirding these shifts although it is impossible to determine definitively what is happening from the existing data. It could be that after being exposed to the course content about smoking, smokers had a more realistic perspective of the impact smoking was having on their health which might explain the decrease in health assessment for those participants. If this were the case we might anticipate that those who actually quit smoking would assess their health more negatively as more realistic assessment could motivate behavioral change, while unrealistically positive assessment of health (i.e., ignoring or denying the impact of smoking on health) might be more strongly associated with failing to quit.

A second possibility is that the act of quitting actually created feelings of empowerment among those who quit, leading them to an improved assessment of their health status emerging from that sense of having taken control over one's health through the act of quitting. If this were the case, we would anticipate finding the opposite pattern from the one previously outlined. Those who quit would actually be more likely to fall into the category of those who more positively evaluated their health status.

A comparison of the direction of change (or lack of change) was examined using a χ^2 test. While not conclusive, the results suggest that the first explanation seems more likely. Of the 30 individuals who quit smoking during the classes, 56.7% reported no change or a positive change in perceived health status while 43.3% reported a perceived negative change in perceived health status. This contrasts with the pattern that emerged among the 4 individuals who did not succeed in quitting during the class where 100% reported either no change or a positive change in their perceived health status and no one reported a negative change in perceived health status. The test for significance is marginally significant ($\chi^2=2.81, p=.094$)

Turning our attention now to the number of days in the last 30 days where physical and mental health was rated as not good. We find responses ranging from 0 to 29 days with a mean of 3.5 days ($SD=6.7$) for physical health, and responses ranging from 0 to 28 days with a mean of 3.4 days ($SD=5.6$) for mental health. Both of these represent a decrease in number of days where health was viewed as not good from 7 weeks earlier at the pre-test, but t-tests do not indicate that the change has reached a level of significance, nor does a χ^2 test indicate a significant difference in the pattern for quitters versus non-quitters.

Support in quitting

One question that was asked both in the pre-test as well as in the post-test surveys captured how important the respondent believed it to be that smoking cessation classes for LGBT individual be held “in a gay-identified or gay-friendly space?” At the post-test administration 83.3% ($n=30$) reported that it was *very important*, 8.3% ($n=3$) that it was *somewhat important*, 2.8% ($n=1$) that it was *slightly important*, and 5.6% that it was *not very important*. No one reported that it was *not at all important* in the post-test. See Table 8.

Table 8: Support in Quitting, Post-test

	Very important	Somewhat important	Slightly important	Not very important	Not at all important
Gay space ($n=36$)	30 (83.3%)	3 (8.3%)	1 (2.8%)	2 (5.6%)	0 (0.0%)

Comparing the importance of having smoking cessation classes in a gay-identified or gay-friendly context after the completion of the Last Drag classes in such spaces, finds an increase in the assessment by the participants on its importance. Using the Wilcoxon matched-pairs signed-ranks test, we find that the distributions of responses are not the same ($Z=2.37, p=.018$), suggesting that there has been a significant shift in opinion.

SUMMARY

While the number of participants in the smoking cessation classes were not large overall, those who did participate rate the classes as being helpful in their journey to quit smoking, as being offered in a manner that was culturally appropriate for the LGBT community, and almost 90% report that they had quit smoking by the end of the Last Drag classes. There was also a clear pattern of decreased anxiety about quitting as the classes proceeded.

On average, the participants smoked almost a package of cigarettes per day and reported 6 prior attempts at quitting. The vast majority reported that their last attempt to quit occurred more than six months prior to beginning the classes, with 40% reporting that it had been a year or longer. Most indicated that health reasons were their primary motivation for quitting and that they were ready to quit in the next 30 days.

After experiencing the Last Drag classes in a gay-identified context, there was a significant increase in the percentage of participants who indicated that they believe holding smoking cessation classes in a gay-identified or gay-friendly context was important.

