

Lesbian and Bisexual Women's Community
City of Durham, Durham County

An Action-Oriented Community Diagnosis:
Findings and Next Steps of Action

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Student Team: Michelle Cathorall, Carla Lopez,
Juliette Muellner, Brian Pedersen, LaToya White

Preceptors: Beth Bruch and Mandy Carter

Instructors: Geni Eng, DrPH and Kate Shirah, MPH

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Department of Health Behavior and Health Education

School of Public Health

University of North Carolina at Chapel Hill

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LIST OF ACRONYMS

AOCD	Action Oriented Community Diagnosis
FPC	Forum Planning Committee
LBW	Lesbian and bisexual women
LGBTQ	Lesbian, gay, bisexual, transgender, and queer
MCC	Metropolitan Community Church
OT	Out Triangle
SONG	Southerners on New Ground
SWOOP	Strong Women Organizing Outrageous Projects
TCW	Triangle Community Works
UNC	University of North Carolina

EXECUTIVE SUMMARY

From September 2005 to April 2006, a team of five first-year graduate students in the Department of Health Behavior and Health Education at the University of North Carolina (UNC) at Chapel Hill conducted an Action Oriented Community Diagnosis (AOCD) process with the lesbian and bisexual women's (LBW) community of Durham. An AOCD is a process in which the strengths and needs of a community are identified using several techniques to gain internal and external points-of-view regarding the community. For this AOCD, the student team was guided by Beth Bruch, of the Lesbian Resource Center (LRC), and Mandy Carter, founder of Southerners on New Ground (SONG). Their role as the student team's co-preceptors was to assist the team in gaining entrée into the community and providing the team with guidance on activities and methods appropriate for the LBW community of Durham.

Results were presented to the community at a forum held on April 22, 2006. Major themes (or needs) discussed at the community forum included: addressing health care access, addressing racial/ethnic divisions, supporting women as they age, addressing violence, and creating physical space. Action steps for each of these themes were developed by smaller discussion groups at the community forum and are summarized below:

There is a need for more LBW-knowledgeable and sensitive health care providers who can be publicly listed and referred within the community.

1. Develop and distribute pamphlets/cards explaining why one should come out to her provider
2. Publicize the existence of the "friendly provider" list maintained by LRC
3. Research other models that have been used in other communities and tap into national networks to build upon their lessons-learned
4. Create a shorter version of the LRC sensitivity training curriculum (in collaboration with providers, Duke and UNC medical schools) and make this curriculum available on the Internet

There is a need to increase interaction between racial/ethnic groups in the LBW community.

1. Hold cultural events for outreach

2. Have diverse film showings at the annual film festival
3. Obtain contacts of minority listservs and organizations from student team—add to this list and maintain to keep community connected to each other and informed
4. Have discussion with African American LBW to discuss diversity concerns
5. Hold drop-in dinners/potlucks
6. Make sure there are events that have diverse appeal—child-friendly, non-religious, affordable

There is a need for greater efforts to address issues affecting aging lesbian and bisexual women.

1. Identify community events that can be used as opportunities for local organizations/agencies to create awareness of their services in the community
2. Inventory key players (organizations & events) that can be engaged to develop linkages between organizations and the community through events
3. Develop a communication strategy that identifies key organizations, point persons at each organization and best methods to communicate with each organization's membership
4. Create linkages with non-LGBTQ specific agencies/organizations/publications to increase awareness of services/events amongst women that do not frequent/read LGBTQ specific agencies/publications

There is a need to address violence amongst lesbian and bisexual women.

(Please note: Because no community forum participants selected to participate in the small group discussion on “Addressing Violence,” action steps for this theme were not developed.)

There is a need for LGBTQ-specific physical space that can help address the weak sense of unified community.

1. Organize a follow-up meeting to
 - Assess other efforts currently underway with similar goals
 - List organizations that should be involved in this effort
2. Invite representatives from organizations to establish a larger action committee that will
 - Research models
 - Address segmentation for the collective good/buy-in
 - Develop a strategic plan that includes funding

INTRODUCTION

This document represents the culmination of nine-months of fieldwork conducted by a team of five first-year graduate students in the Department of Health Behavior and Health Education at the University of North Carolina (UNC) at Chapel Hill. The student team engaged in an Action Oriented Community Diagnosis (AOCD) process with the lesbian and bisexual women's (LBW) community of Durham to identify the strengths and needs of this community. The student team used several techniques to gain three points-of-view regarding the community: internal (via community member interviews), external (via service provider interviews and the student team's participant observations), and secondary data (collected by the student team). For this AOCD, the student team was introduced and oriented to the community by Beth Bruch, of the Lesbian Resource Center (LRC), and Mandy Carter, founder of Southerners on New Ground (SONG). Their role as the student team's co-preceptors was to assist the team in gaining entrée into the community and providing the team with guidance on activities and methods appropriate for the LBW community of Durham.

This document is structured in such a way to inform the reader of the most important outcomes of this AOCD process. The section immediately following, *Community Background*, provides the findings from secondary data research conducted by the student team prior to the initiation of participant interviews. The student team gathered information about the community's characteristics, resources, and history using Internet searches, newspaper articles, government publications, and other documents. The second section, *Results of the AOCD Process*, presents the primary findings of this process based on data gleaned from community member and service provider interviews as well as student team observations. The third section, *Similarities and Differences Between Perspectives*, is a short discussion exploring the

congruence of the three perspectives (insider, outsider, and secondary data) as they relate to the primary findings of this process.

The fourth section, *Development of Themes*, explains the reasoning behind the development of the fifteen primary themes (or needs) and the processes used to prioritize the five themes selected for community action. The fifth section, *Community Forum*, discusses the means by which the student team developed and implemented the community forum as well as its results. The sixth section, *Methods and Limitations*, presents the methods employed throughout this process and a short discussion of its limitations based on the experiences of the student team. And the final section, *Recommendations and Conclusions*, includes the student team's final recommendations to the community as to how this process might contribute to positive action to strengthen the community.

COMMUNITY BACKGROUND

Andrew Collins, author of several Fodor's *Gay Guide to the USA* editions, argued that the Research Triangle region of North Carolina is “by far the most comfortable of the state's regions for lesbians and gay men” (3). For its part, the city of Durham has played an important and proud role in supporting “progressive attitudes” in a traditionally conservative American South. From hosting the annual *North Carolina Pride Parade and Festival* (“NC Pride”) to legislating domestic partnership benefits for city employees, the city of Durham has become a place where lesbian, gay, and bisexual Americans increasingly serve an important and recognized role in the life of the broader Durham community. Such observations have led many to recognize the Raleigh-Durham-Chapel Hill region (the “Triangle”) as the “Pink Triangle” of North Carolina (3).

Demographics

The city of Durham, also known as the City of Medicine, is the fourth largest city in North Carolina (5). Local history dates the founding of the city back to 1853, when Dr. Bartlett Durham donated land for a railroad station, but it was not officially incorporated until in 1869. Data from the 2000 U.S. Census portray a diverse city of 187,035 residents (2). According to the *Durham City Convention and Visitor's Bureau*, the city boasts the most “ethnically diverse” population of North Carolina’s five largest cities (7). Census data pertaining to LBW residents are not available. However, as LBW are part of the larger Durham community, data for the general population provides a picture of their financial, educational, and ethnic make-up. Table 1 below summarizes relevant data pulled from the year 2000 U.S. Census.

Table 1: Demographic data for the city of Durham

	City of Durham	North Carolina
Total population	187,035	8,049,313
Median age	31	35.3
Percent females over 18	40.7%	39.1%
Percent White	45.5%	72.1%
Percent African-American	43.8%	21.6%
Percent Hispanic	8.6%	4.7%
Percent Asian-American	3.6%	1.4%
Median female income	\$30,359	\$24,978
Percent individuals living in poverty	15.0%	12.3%
Percent families living in poverty	11.3%	9.0%
Percent completing high school	82.6%	78.1%
Percent with at least bachelors degree	41.8%	15.3%
Percent with advanced degree	18.3%	7.2%
Percent females in labor force	63.1%	59%

ePodunk, an online resource that compiles demographic information on communities in the United States, gave Durham a lesbian index score of 176 (5). This index score indicates that the proportion of lesbians in Durham, who self-reported living in same-sex partnerships during the 2000 Census, is 76% higher than the national average (the U.S. lesbian index score is fixed at 100) (5). See Appendix 1 for population concentration comparisons for North Carolina.

Local History and the Lesbian and Bisexual Women's Community

The city of Durham has a vibrant lesbian, gay, bisexual, transgender and queer (LGBTQ) population that is woven into many aspects of Durham's identity. Historically, the city has taken great strides to be "queer friendly" and in the process has made history in North Carolina and created an open and relatively safe environment for LGBTQ community members. Durham has seen the rise of several LGBTQ organizations, prominent "out" leaders, and important LGBTQ civil rights legislation.

As a Southern city, Durham experienced many of the great movements that swept through the South during the national civil rights era, which started in the 1950s. During this period, African Americans in Durham faced discrimination, racial violence, and oppression (11). Durham's civil rights struggle was not unlike that of other southern cities. For example, although *Brown v. Board of Education* was decided in 1954 and made segregated schools unconstitutional, Durham resisted the ruling for almost twenty years before integrating its public schools (11). At the forefront of these struggles were African American women who worked to mobilize and develop strong organizations to achieve lasting social and political gains. These women sometimes transcended race to reach out to White women as allies of the civil rights movement in Durham (11).

As African Americans in Durham gained greater liberty, they flourished and Durham's downtown Parrish Street neighborhood became known across the U.S. as the "Black Wall Street" (7). As just one example, prominent African Americans founded the North Carolina Mutual Life Insurance Company and went on to establish the North Carolina College for Negroes (now North Carolina Central University) (9).

With this history of activism for equal access to legislated benefits and protections,

Durham has been at the forefront of the more recent LGBTQ civil rights movement. In 2002, Durham became the first city in North Carolina to extend domestic partnership benefits to city employees (14). Durham is also one of the few municipalities in North Carolina that provides explicit equal employment and housing protections to lesbian and gay public employees (20). Durham's struggle for marriage equality gained national attention, in 2004, when a gay couple applied for and was denied a marriage license. They sued the county, arguing that no existing law prohibited them from obtaining a marriage license. Although the court decided against them, this act demonstrated how the spirit of the local civil rights movement, which gained momentum in the 1950s, lives on today in the LGBTQ community of Durham (10, 19).

Nonetheless, Durham is not immune to homophobic sentiment. When the Durham School for the Arts produced *The Laramie Project* (a play about the Matthew Shepard story) in May 2005, nationally known anti-gay protestor Fred Phelps and his Kansas City followers threatened to come to Durham to protest outside the event. However, this threat resulted in increased ticket sales as people attended to demonstrate their defiance to Mr. Phelps and his homophobic message (21). Many leaders and organizations, such as Equality NC and the Human Rights Campaign Steering Committee, in the Triangle region have worked hard for several years to combat such viewpoints and promote the well-being and development of Durham's LGBTQ community.

Social Services for Lesbian and Bisexual Women

A variety of social services are available to LBW, both in Durham and the greater Triangle region (which includes Orange and Wake counties). The Lesbian Resource Center (LRC) maintains an extensive listing of agencies, many of which are "mainstream" in that they do not specifically target LBW but rather offer services to the entire Durham community (13). A

sampling of some of the more prominent providers is described below.

The Lincoln Community Health Center, a nonprofit health center located on Fayetteville Street in Durham, offers a wide range of health services, including adult medicine, women's health, pediatrics, adolescent, dental, behavioral health, and prenatal care (14). The Durham Center, located on Dillard Street in Durham, provides mental health, developmental disability, and substance abuse services to eligible individuals in order to assist them in achieving their goals and living as independently as possible (4). The Durham Crisis Response Center, a nonprofit organization also located on Dillard Street in Durham, works to end domestic and sexual violence through advocacy, education, support, and prevention (6). The Triangle Residential Options for Substance Abusers (TROSAs), a nonprofit organization on James Street in Durham, focuses on assisting recovering drug and alcohol abusers to rebuild their lives (16). And finally, Hopeline, a nonprofit service available throughout the Triangle region, provides confidential, nonjudgmental listening for community members facing life difficulties (12).

There also exist several providers throughout the Triangle region who provide services specifically for the LGBTQ community. Triangle Community Works (TCW), a nonprofit organization based in Raleigh, provides LGBT-oriented programs, including a telephone Helpline, which provides non-judgmental peer counseling services, education, information, resource referrals, and documentation of bias crimes (17, 18). The Alliance of AIDS Services (AAS), another nonprofit located in Raleigh, offers HIV/AIDS prevention services, and assists persons living with HIV/AIDS and their families throughout the Triangle region through direct services, such as transport to medical appointments, housing, and nursing services (1). The AAS also organizes bimonthly Drag Bingo fundraising events in Durham to generate operating revenues for its services.

Recreation for Lesbian and Bisexual Women

Several local independent outlets provide information on recreational and social opportunities for the LBW community of Durham. OutTriangle (OT) maintains a comprehensive Internet-based outlet for social event listings for the LBW community. Established in early 2004, the website features an extensive calendar of events, a directory of LGBTQ-owned or friendly businesses, and a directory of LGBTQ social, religious, student, and sports groups. A sampling of social events typically listed on OT includes bowling nights, rugby clubs, theatrical plays, and potluck dinners. Although the majority of OT listings are targeted at the larger LGBTQ community, some, such as *Triangle Grrrls* and *Silver Roses*, are directed specifically to LBW. Many LGBTQ-friendly restaurants and coffeehouses can be found throughout Durham; however, only *Visions* and *Ringside* are prominently listed in “mainstream” Internet sources (such as Citysearch.com) as LBW nightclubs.

The *Independent Weekly* (the “Indy”), a free publication available at public and private venues throughout the Triangle region, provides listings of community events and feature stories, including those that target specifically LBW. The Indy often includes feature stories about LGBTQ advocacy efforts, political issues affecting the LGBTQ community, and listings of LGBTQ-friendly organizations in the Triangle region.

In addition to social groups, venues, and regular events, Durham hosts several annual events associated with LBW and the broader LGBTQ community, such as the *Ms. Film Festival*, the *North Carolina Gay and Lesbian Film Festival*, and *NC Pride*.

Defining Community

Throughout this AOCD process the student team struggled with the concept of “community” as it is broadly applied—a group of people who “form a social unit based on

common location, interest, identification, culture, and/or common activities” (22). As outsiders, the student team relied upon a definition of “community” based on location and identification in that the *LBW community was defined as including all women living in Durham who self-identified as lesbian or bisexual*. However, the student team recognized that most LBW identified with several, overlapping communities (such as liberal women, artists, business owners) that are not necessarily limited to LBW. As a result, during interviews the student team did not impose a definition of “community” upon interviewees but rather left it to each individual to define “community” within the context of her experience as a lesbian or bisexual woman living in Durham. It was assumed that by allowing community members to define “community” according to their own experiences, this process would allow for a richer understanding of how the LBW community works together and interacts in Durham.

RESULTS OF THE AOCD PROCESS

Community Strengths

During this AOCD process, community members and service providers identified several key community strengths that can be summarized by the following three characteristics: diversity, an ability to come together, and Internet resources. First, the diversity of individuals within the community, in terms of backgrounds, interests, and talents, was the most commonly cited characteristic of the community. As one service provider reported, “There are lesbians of all walks of life in Durham.” Many felt that this strength represented potential resources the community could offer to itself and the broader Durham community.

Second, community members and service providers also cited the ability of the community to come together in times of celebration and need. Many examples emerged during interviews with both community members and service providers that demonstrated the

willingness and ability of the community to come together to celebrate their lives (e.g. *NC Pride, Ms. Film Festival*) and support each other in times of need (e.g. support to women experiencing personal traumas). And finally, the abundance of Internet resources was felt by many to represent a strength of the community despite the recognition that obstacles to universal access still exist. The diversity of these Internet-based resources demonstrated the desire of individuals in the community to reach out to others and share their experiences with those in need of information.

Overarching Topics

Four primary topics emerged from the data collected during this AOCD process: areas of division within the LBW community, health resources for LBW, community cohesion, and social activities. These four topics, or domains, represent the major concerns expressed by the community and are examined below using both internal and external points-of-view.

Topic 1: Areas of Division within the LBW Community

Racial and Ethnic

Community Member Perspective

Community members reported that within the LBW community there existed a distinct color line, one that was perhaps more visible for older than younger community members. This view toward racial and ethnic division was reinforced by the common perception that White lesbians dominated the LBW scene in Durham. Many felt that African-American, Latina, and other minority LBW were not visible at community events or popular venues. As one community member expressed when speaking to the issue of racial diversity, “The scene is still a White lesbian world in Durham.” Several community members also suggested that younger LBW seemed to have transcended race and interacted with other racial and ethnic groups more

easily than older LBW. Community members were only able to cite a few scenes and instances where White and African-American LBW regularly interacted—among them, *Visions*, a lesbian nightclub, and select events organized during the annual *NC Pride* celebrations. Latina LBW were viewed as having the least visibility in the LBW community.

Most community members felt that these divisions were not necessarily the result of tensions between White and African-American LBW but rather a natural extension of differing social networks. The history of race relations in the South has played a large role in defining social networks based on race and, as a result, LBW in Durham tended to socialize in environments they knew and in which they were most comfortable. Many community members felt that the situation has improved but expressed disappointment that more has not been done to find common ground in an effort to bring LBW of all races and ethnicities together.

Service Provider Perspective

The majority of service providers echoed the concerns of community members regarding racial and ethnic divisions within the LBW community. Several service providers reported that many agencies have worked to support improved diversity within the community, with some achieving better results than others. One example often cited was *Imani MCC* whose congregation, which was predominantly African-American, gradually increased its number of White congregants. Additionally, *Imani MCC*'s softball team also succeeded in bringing together White and African-American LBW. Some agencies, such as the LRC, have sought to create racial and ethnic diversity among their staff, volunteers, and boards to better reflect the community they aim to serve. Despite these efforts, many service providers felt that agencies serving LBW in Durham remained unaware of the concerns and needs of African-American and Latina LBW and were therefore not adequately equipped to meet the needs of all LBW.

Student Team Observations

It was easy to identify divisions based on racial and ethnic differences at community events and popular venues visited by the student team. Of the community events attended by the student team, only *Imani MCC* church services provided an opportunity to observe African-American LBW in the community. At the majority of other community events and venues, such as the OutTriangle Downtown Durham walking tour, a Duke Women's Basketball game, and venues along Ninth Street, the student team observed primarily White LBW. Very few mixed race groups and couples were observed in areas frequented by LBW. Additionally, White women represented the majority of the agencies and organizations that agreed to participate in an interview.

Gender Identity and Sexuality

Community Member Perspective

Several community members reported that lesbians did not always accept bisexual women and so in turn, bisexual women were less visible in the community. According to community members, there were distinctly separate lesbian and bisexual communities. To add to this perspective, the majority of interviewees who identified as lesbian noted that they did not know many bisexual women or felt that they were largely "invisible" within the community. A bisexual community member confirmed this perception by pointing out that she was often viewed as a lesbian because she was in a committed relationship with a woman.

Community members also reported that less organizing and advocacy efforts for transgender women took place as compared to that for transgender men. Many identified a need for greater awareness surrounding transgender women's issues to increase their visibility in the community.

Service Provider Perspective

Service providers also reported gender and sexuality based divisions within the LBW community. One service provider noted that the community views bisexual and transgender women as being less important in the term “LGBTQ.” Another service provider, who first remarked that he did not know any bisexual women, upon reflection realized that he knew several. According to this service provider, most women were viewed within the context of their relationships with women leading most to forget that many women were actually bisexual.

Student Team Observations

The student team noted that the majority of events organized for the LBW community, as opposed to women in general, were intended primarily for lesbian women. Very few LBW-specific events appeared to purposefully include bisexual women. Additionally, the student team identified only one social community group that targeted specifically bisexual women. In this case, it was unclear if this group was also open to women who identified as lesbian.

Age

Community Member and Service Provider Perspectives

Both community members and service providers noted that the LBW community was effectively divided into three broad, age-based segments: younger, middle-aged, and older. As a result, each of these age groups had separate social and support networks, although these networks often merged during special events such as *NC Pride*. It was also reported that middle-aged women tended to dominate the LBW scene in Durham and as a result the needs of younger LBW were often acted upon with less urgency and the needs of older LBW were often ignored. Bridging age-based divisions was an important concern for many community members and service providers who recognized the benefits of addressing these divisions. As one community

member stated,

We can learn so much from our elders and what their experiences have been...it's easier for younger women to be out in the work place and be out in their lives ...That may help older women who are at points where they're considering coming out [in those places] where they've been closeted for such a long time.

Student Team Observations

At most of the community events attended by the student team, it was noted that the majority of women in attendance appeared to be between the ages of thirty and fifty. In addition, most of the organizations contacted for interviews seemed to direct services primarily towards middle-aged women. Organizations for younger and older women were present in the community but appeared to have limited collaboration with other organizations. Furthermore, many organizations serving older women were less visible even among community members in their target age group.

Topic 2: Health Resources for LBW

Sensitive Health Care Providers

Community Member Perspective

Community members reported varying experiences that demonstrated how health care providers could be hostile toward LBW or ignorant of their needs. As one community member said, "There are doctors that specifically won't treat you if you are out." Community members also felt that misinformation related to the needs of LBW was an issue they face when interacting with health care providers. A community member shared the experience of a friend who was given incorrect and dangerous health advice, "This woman said 'My partner was just diagnosed with gonorrhea,' and [asked her doctor] 'can I still have sex with her?' And her doctor said 'Oh, it's fine.'"

Community members reported that hostility toward LBW was not limited to health care

providers in clinical care settings. One community member spoke of her experience in trying to access family counseling services,

I looked on *Triangle Grrrls* for counseling [referrals] to do with my mom because she is very against me being gay. The counselor told me that she wouldn't see us because I was gay...I got an e-mail about being aware of counselors that say they are LGB-friendly [but] they are really trying to get you in to reverse you.

Community members felt that perceptions regarding the potential hostility and ignorance LBW faced from health care providers often influenced their health care seeking behaviors and, in turn, their health. As another community member stated in recounting the story of a friend, "she hadn't gone to the doctor in like six years and she went this past summer and...had an abnormal pap."

Service Provider Perspective

Service providers consistently reported the difficulties LBW faced in trying to find trusted health care providers and how this difficulty impacted their health. Many service providers reported that the majority of LBW did not disclose their sexual orientation to health care providers for fear of being mistreated and/or misdiagnosed. As one service provider, who was also a community member, stated, "I did not feel comfortable coming out to my doctor (gynecologist) until I was 40. I had been seeing him for so long, but I could not tell him." Service providers reported that sensitive health care providers were available in the Triangle region but the majority felt that there was an immediate need for more LBW sensitive health care practitioners.

Additionally, some service providers reported that the majority of health care providers and community members did not understand how sexual orientation was important to informing the prevention and treatment decisions of LBW. Organizations such as LRC, TCW, and OT have piloted efforts to improve referrals within the community and LRC has worked to expand

the number of sensitive providers through trainings and technical support.

Student Team Observations

Neither community members nor service providers cited specific health centers as LGBTQ-friendly. As a result, the student team was not able to visit health care settings to observe what efforts were made to improve their accessibility for LBW. In contacting health care providers in Durham the student team was often informed that these providers accepted all clients regardless of their sexual orientation. Additionally, when investigating the services offered by “mainstream” health care providers, the student team found that no LBW-specific outreach or sensitive programs were in place. This indicated to the student team that there exists a great level of ignorance among health care providers as to the needs of LBW and how best to ensure their comfort when they access health care services.

Mental health, substance abuse, and violence

Community Member Perspective

Teen suicide and self-injurious behavior were the most frequent mental health concerns expressed by community members. Each of these issues was reported as being directly related to how LBW in the community responded to their sexual orientation. As one community member stated,

I think there are women who are really struggling with internalized beliefs that being gay is bad and...therefore isolate themselves from the community...I wanna see women not hurting themselves.

Although not mentioned as often as mental health, community members also expressed concerns regarding substance abuse amongst LBW. Another community members expressed that, “I think in society as a whole, but particularly in our community, there are issues around substance abuse that people don’t talk about.” Alcohol use was the most frequently cited abused

substance, followed by drugs. Amongst community members who discussed alcohol, substance abuse was explained as being related to one's acceptance of their sexual orientation—with some women struggling to come to terms with their sexuality by “drinking themselves to oblivion.”

A few community members also reported that same-sex partner violence was another issue that the community failed to adequately address. As one community member stated, “I think there are issues that the community doesn't talk about very openly, [like] domestic violence.”

Service Provider Perspective

When discussing mental health issues, service providers often noted their own feelings of “burn-out” due to the amount of work they have compared to available time. It was reported that provider “burn-out” was a common problem amongst those who provided services specifically to LBW. As one service provider stated, “People who are involved get burned out and leave. That is why we lose leaders.” Another service provider stated, “I feel over-responsible... I work on this project part time, but it could be a full time job...I'm feeling burnt out.” Many service providers gave the impression that “burn-out” was an inevitable outcome of their work in the community given that so few providers served the LBW community.

Service providers also stated that counseling and bereavement resources sensitive to LBW were severely limited in the community. This has led to a situation wherein LBW cannot access mental health services so, as one service provider suggested, “mental illnesses are going undetected in the queer community.” Bereavement counseling, specifically related to the loss of a partner, was another important mental health issue raised by many service providers. As one service provider stated, “About 8 years ago, my partner died and I had no place to go. I had to deal with it on my own.” This service provider went on to report that a bereavement counselor

recently launched a weekly loss and bereavement group for the LGBTQ community at *Imani MCC*, making it the first such service offered specifically to the LBW community.

Service providers reported that same-sex partner violence was an issue not often addressed by the community. One service provider discussed the need for sensitivity training for law enforcement officers responding to same-sex partner violence,

When domestic violence happens, those are the people that victims and survivors see first and as harsh as it can be when people get a negative response or a difficult response from a domestic violence service provider, it's even harder when the law enforcement officer who comes to your home to protect you is saying stuff that is homophobic or victim blaming.

In addition to same-sex partner violence, service providers reported that the community was not adequately addressing matters of violence affecting younger LBW. Service providers felt that violence and rejection were real issues that some younger LBW faced as they come out to their families and communities. As one service provider expressed, "It hurts when 15-to-17 year olds are thrown out of the house and raped by their father because they are gay and then are given an STD [sexually transmitted disease]. Kids have been beaten up by family members." In this way, family violence toward younger LBW was also related to sexual health risks.

Student Team Observations

Given the nature of these issues, the student team experienced significant limitations to observing community experiences related to mental health, substance abuse, and violence. As mentioned in the student team observations section of the preceding discussion, no LBW-specific mental health services were available in Durham. TCW, based in Raleigh, was the only widely known organization that provides LGBTQ-specific support services in the Triangle region. Additionally, "mainstream" providers contacted for interviews informed the student team that all clients were accepted regardless of their sexual orientation. Considering that many

community members and service providers linked mental health and substance abuse issues to difficulties related to acceptance of sexual orientation identity, it seemed inappropriate for these providers to assume that the counseling needs of LBW can be met without a greater understanding of their lives and experiences in Durham and sensitivity to their specific needs.

Topic 3: Physical Dispersal and the Impact on Community Cohesion

Community Member Perspective

Regardless of race, ethnicity, and age, a weak sense of community was often reported during interviews with community members. As one community member reported,

I'm always surprised when I do go to events at how many people are there. And I think that that surprise comes from the fact that you don't feel particularly connected to people.

One factor that was often cited as contributing to this weak sense of community was that most community information was disseminated via the Internet. While information via the Internet was often recognized as helpful and abundant, community members felt that this mode of communication reinforced feelings of anonymity and a lack of cohesion in the community.

A second factor that was thought to contribute to these feelings of isolation and a lack of cohesion was the absence of physical space for LBW in Durham. Many community members felt that to create a better sense of community amongst LBW, the community needed a well-defined area or place where LBW could go to socialize and connect. As expressed by one community member, “[what is needed is] some sort of geographic location...so that there's some sort of way that people could regularly see one another and meet one another.”

Service Provider Perspective

Several service providers also reported that there was a weak sense of community amongst LBW in Durham. One service provider, who was also a community member, reported

that the community in Durham was “scattered because there’s no place to gather.” This added to the concern of many service providers that LBW lacked adequate “safe places” where they could openly gather. In addition, it was indicated that of the few existing “safe places” many were not easily recognizable to newer members of the community.

The majority of service providers reported that discussions to establish an LGBTQ-specific center had been going on in the broader LGBTQ community for a number of years. These discussions have focused largely on creating one community center for the entire Triangle region but have stalled due to disagreement over where (in which of the three cities) it should be established.

Student Team Observations

Despite census data that would suggest that a visible community of LBW could easily be identified in Durham, the student team found that the community was widely dispersed and difficult to locate geographically. Certain neighborhoods and businesses were known for having more LBW residents and clients, however just as many heterosexual families lived in and frequented these areas indicating that they were not easily classifiable as “gayborhoods.” While the student team attended many community events, they were often held at disparate locations without commonalities beyond the fact that LBW community members served as the primary organizers. This indicated to the student team that the community exists without a unique space that could serve as a central location where the community could come together.

Topic 4: Social Activities

Community Member Perspective

Community members reported that LBW were afforded vast opportunities to participate in social networks according to their interests, talents, and identity. Many community members

felt that social outlets often reflected divisions in the LBW community based on race, age, family situation, and common interests. However, community members recognized that the degree to which women interacted with these social networks depended upon how “out” they were in the community. As one community member expressed, “Women are meeting all over the place. Some are not totally ‘out’ so they don’t know where to meet each other. Many women still meet in secret.”

Community members confirmed that, like the majority of residents of the South, church played an important role in the lives of many LBW. While the church was important to many LBW, several community members acknowledged that homophobia continued to be perpetuated by some churches in Durham. One community member felt that it was necessary for the broader community to recognize the importance of the church in the lives of some LBW, particularly LBW of color, in order to understand why some women choose not to openly express their sexual orientation identity. Community members described some churches, such as Imani MCC and Eno River Unitarian Universalist Fellowship, as welcoming of the LBW community.

Other community members reported that formal volunteer and political activism opportunities provided important outlets for social interaction within the community. In addition, these opportunities often served as a community introduction for LBW who had recently “come-out.” As expressed by one community member, “I came out in 2000 and for me part of my coming out process...was to throw myself into doing queer work.” Several groups, such as Strong Women Organizing Outrageous Projects (SWOOP), TCW, and LRC, were often cited as examples of organizations through which LBW found a means to interact with and support the community.

Community members also stated that numerous informal groups (such as monthly dinner

groups, movie outings, and children's play groups) provided additional outlets for LBW to socialize with each other. These informal groups were described as being more difficult to join than formal organizations since they tended to be less public or self-selecting. Community members cited two nightclubs, Visions and Sirens, as being popular with LBW who were interested in dancing and the "bar scene." However, several community members expressed a need for additional LBW-friendly social venues, other than bars, where single LBW could go to informally socialize with other community members.

Service Provider Perspective

Service providers reported that various social outlets existed for LBW in the community—ranging from social and artistic groups to volunteer opportunities. Several service providers were able to list social groups and events that were commonly advertised on the Internet. The majority of service providers supported the contention that a vast array of social opportunities existed for LBW to become involved in the community. However, some service providers noted that social tiers within the LBW community, based on age, economic status, and race, made social interactions between certain groups within the LBW community somewhat difficult.

Student Team Observations

During the majority of interviews with both service providers and community members the student team noted that when asked questions regarding social activities in the community (i.e. What do women do for fun?) many interviewees laughed and remarked that they wish they still knew what LBW in the community did for fun. This reaction was thought to indicate that, like the majority of the general public, LBW led busy lives that did not include adequate time for purely social activities. The student team monitored announcements for social events posted at

popular community “hang-outs” and through community listservs to gain perspective on the activities available to LBW in Durham. The majority of social activities required payment for participation with costs typically ranging from \$5 to \$75 per person, which created a potential barrier to participation for those with limited financial resources. Social activities offered to the community covered a broad spectrum of interests—from orienteering and basketball games to volunteer projects, playground play-dates, and spoken word performances.

Events popular with the community and publicized through “mainstream” outlets, such as Duke Women’s Basketball games and Drag Bingo, attracted larger, more diverse crowds that included both LBW and heterosexual women. At the majority of these “mainstream” social events, the student team had difficulty distinguishing LBW attendees. Smaller, community oriented events, such as Cuntry Kings performances, drew mainly LBW crowds.

SIMILARITIES AND DIFFERENCES BETWEEN PERSPECTIVES

Strong agreement between the perspectives discussed above lends to the validity of the primary findings of this AOCD process. In each of the four topic areas, community member perspectives, service provider perspectives, student team observations, and secondary data were inclined to lead to similar conclusions. Only one instance of disagreement merits consideration: the differing perceptions regarding health care services. While information gleaned from service providers and secondary data seemed to suggest that sensitive health care services were available to LBW, the majority of community members expressed an opposite view. This incongruence between perspectives was most likely the result of inadequate communication between service providers and community members or was based upon a desire amongst community members for greater options in terms of the number of sensitive health care providers and services. Despite this case of incongruence, all perspectives were in agreement as to the importance of the four

primary topics.

DEVELOPMENT OF THEMES

The preceding section provided a brief discussion of the overarching topics that represented the situation of LBW living in Durham. Drawing upon information reported by the community and service providers as well as observations made by the student team, a list of thematic statements were developed to express the needs of the community. These themes were selected based on the frequency with which respondents cited related issues during in-depth interviews. See Appendix 3 for frequency table. The themes developed by the student team were as follows:

- New people who move to Durham have difficulty accessing the LBW community
- There are limited venues where women can meet and socialize
- There exists a need for better linkages between community members and existing service providers
- There is a need for more LBW knowledgeable and sensitive healthcare providers, who can be publicly listed and referred within the community
- There is a need to address stigma around mental health, suicide, violence, and substance abuse amongst LBW
- LBW feel that the lack of LGBTQ-specific physical space has contributed to a weak sense of unified community
- Most community information is disseminated over the Internet, creating a sense of isolation among community members
- There is little interaction between racial/ethnic groups in the LBW community
- Events in the LBW community need to be more diverse in their appeal to the different groups in the community, such as families, racial, and ethnic groups, and people of varying economic means
- Bisexuals are not always accepted in the lesbian community, leading to bisexuals being less visible in the LBW community
- There needs to be more of an effort to reach out to the transgender community
- Organizations and agencies do not always reflect the population whom they represent or serve, concerning both race and class
- There is a need for more attention to issues concerning the elder LBW population
- There is not enough attention directed towards the needs of LBW youth
- The LBW community is mostly associated with middle-aged, mid-upper class, professional White women

These fifteen themes were presented to the Forum Planning Committee (FPC) (see description of

the FPC in the Methods and Limitations section) for their consultation and refinement. Following their input, and based upon information from all interviews, secondary data, and student team observations, the final five themes were:

- Addressing health care access—There is a need for more LBW-knowledgeable and sensitive health care providers who can be publicly listed and referred within the community
- Addressing racial/ethnic divisions—There is a need to increase interaction between racial/ethnic groups in the LBW community
- Supporting women as they age—There is a need for greater efforts to address issues affecting aging lesbian and bisexual women
- Addressing violence—There is a need to address violence amongst lesbian and bisexual women
- Creating physical space—There is a need for LGBTQ-specific physical space that can help address the weak sense of unified community

COMMUNITY FORUM

Overview of the forum

The community forum represented the end of the AOCD process in that it provided the student team the opportunity to present its findings to the community and facilitate the development of action steps for each of the five prioritized themes. The purpose of the forum was to turnover ownership of the information and to provide the community with the initial steps necessary to address the concerns highlighted during the process. The community forum was planned in collaboration with both community members and service providers to ensure that its content and structure were in-line with the expectations and norms of the community. Based on quotes from interviews, the student team entitled the forum “For Us: A Community Forum for Lesbian and Bisexual Women in Durham.”

The FPC (described more in the following section), comprised of both community members and service providers, was established and met with several members of the student team two times prior to the community forum. The first meeting of the FPC focused on the

community's vision for the forum and development of an appropriate agenda. FPC members also provided input on how to maximize participation and recommended local businesses that could be approached for donations of goods and services. During its second meeting, the FPC focused on selection of the final themes that would be addressed during the community forum. Using a prioritization matrix (see Appendix 2), the FPC members were invited to give their feedback on which of the fifteen original themes should be considered for prioritization. For FPC meeting agendas see Appendix 4.

Preparations for the community forum also included soliciting local businesses for food and other donations, securing an appropriate meeting space, and publicizing the forum. A standard donation request letter was developed and all student team members participated in the solicitation of donations (see Appendix 5). All student team members were active in the search for appropriate meeting space and this task proved to be a challenge given the potential number of attendees and issues regarding accessibility, privacy, and availability of donated space in Durham. Internet community calendars and listservs provided the primary means of publicity as well as flyers posted in popular community "hang-outs." Personalized invitations were sent to all individuals who participated in interviews and provided a mailing address.

Results of the forum

The community forum was held on Saturday, April 22 from 11am to 2pm at the business center of Northgate Mall. Interview participants suggested that a Saturday afternoon forum would attract the largest number of participants as many LBW community members work during the normal business week. About 20 community members and service providers were in attendance. Childcare, entertainment, door prizes, and lunch were provided to all participants.

After entering the space, participants were asked to sign-in and receive a nametag. They

were then invited to proceed to the breakfast bar where the student team offered breakfast foods and coffee. At 11:30am, participants were asked to gather in the main meeting space for welcoming remarks presented by a member of the FPC and one of the team's preceptors. The student team then provided a brief overview of the AOCD process and the primary findings (see Appendix 4).

Following the student team presentation, participants divided into small groups to discuss the five prioritized themes. Members of the student team assisted small groups to develop action steps for each theme using prepared group facilitation guides based on *SHOWED* or *Force Field Analysis* facilitation techniques (see Appendix 6). Action steps developed by small group participants are summarized below:

There is a need for more LBW-knowledgeable and sensitive health care providers who can be publicly listed and referred within the community.

1. Develop and distribute pamphlets/cards explaining why one should come out to her provider
2. Publicize the existence of the "friendly provider" list maintained by LRC
3. Research other models that have been used in other communities and tap into national networks to build upon their lessons-learned
4. Create a shorter version of the LRC sensitivity training curriculum (in collaboration with providers, Duke and UNC medical schools) and make this curriculum available on the Internet

There is a need to increase interaction between racial/ethnic groups in the LBW community.

1. Hold cultural events for outreach
2. Have diverse film showings at the annual film festival
3. Obtain contacts of minority listservs and organizations from student team—add to this list and maintain to keep community connected to each other and informed
4. Have discussion with African American LBW to discuss diversity concerns
5. Hold drop-in dinners/potlucks
6. Make sure there are events that have diverse appeal—child-friendly, non-religious, affordable

There is a need for greater efforts to address issues affecting aging lesbian and bisexual women.

1. Identify community events that can be used as opportunities for local organizations/agencies to create awareness of their services in the community

2. Inventory key players (organizations & events) that can be engaged to develop linkages between organizations and the community through events
3. Develop a communication strategy that identifies key organizations, point persons at each organization and best methods to communicate with each organization's membership
4. Create linkages with non-LGBTQ specific agencies/organizations/publications to increase awareness of services/events amongst women that do not frequent/read LGBTQ specific agencies/publications

There is a need to address violence amongst lesbian and bisexual women.

(Please note: Because no community forum participants selected to participate in the small group discussion on "Addressing Violence," action steps for this theme were not developed.)

There is a need for LGBTQ-specific physical space that can help address the weak sense of unified community.

1. Organize a follow-up meeting to
 - Assess other efforts currently underway with similar goals
 - List organizations that should be involved in this effort
2. Invite representatives from organizations to establish a larger action committee that will
 - Research models
 - Address segmentation for the collective good/buy-in
 - Develop a strategic plan that includes funding

At the conclusion of the small group discussions, these action steps were presented back to the larger group and all participants were invited to sign-up for action steps they were interested in helping to fulfill. (See Appendix 6 for more detailed notes from each of the small group discussions.) Community forum participants were receptive of the action steps developed by each group and many signed-up to help implement multiple action steps.

No participants attended the small group discussion for "addressing violence" so no action steps were developed for this theme. This theme was selected for prioritization in collaboration with the FPC despite the fact that its frequency of discussion among interview participants was low compared to other themes. It is likely that media attention surrounding an alleged rape and assault against a young woman in Durham around the time of the FPC meeting may have influenced the FPC members' decision to select "addressing violence" as one of the

more important themes for the community to address.

Overall, attendance at the community forum was not as high as expected. This was most likely the result of a combination of inclement weather and three other community events scheduled at the same time as the forum.

METHODS AND LIMITATIONS

Secondary Data Collection and Review

Secondary data sources were identified using Internet searches, referrals from service providers and student team preceptors, official government documents, and resources cited in past AOCD documents that were carried out in Durham County. Given the political context of the lives of LBW in the South, *Our Separate Ways: Women and the Black Freedom Movement in Durham, North Carolina* was reviewed at the recommendation of the student team's preceptors for background on the civil rights movement and its roots in the broader women's community of Durham. U.S. Census Bureau data were also reviewed for current demographic information for the whole of Durham and the state of North Carolina. The student team also reviewed the websites of relevant service providers in the Triangle region to gain insight into the services available to LBW in Durham. Local independent weekly newspapers and for-profit daily newspapers were also reviewed to provide context for a better understanding of the community.

Gaining Entrée Into the Community and Participant Observation

The student team's preceptors facilitated entrée into the community by providing guidance on popular community "hangouts" and introducing student team members to influential individuals within the community. In working to gain entrée, the student team discovered that the LBW community of Durham is diverse and comprised of disconnected groups, thereby complicating the process of gaining entrée. For example, the student team's preceptors

attempted to address this difficulty by informing the student team of varied community events and gatherings including business development walking tours of downtown Durham, women's basketball games at Duke University, church services, and other community celebrations.

This process began with a formal windshield tour, conducted in October 2005, in which the student team toured sites around the city of Durham that are important to the LBW community, including: Blue Coffee, Carolina Theatre, Visions Nightclub, Ninth Street, Lavender Avenue, Duke East Campus, and Calvary United Methodist (Imani). Ms. Bruch participated in the tour by providing the student team with historical and other commentary. From October 2005 through April 2006, the student team conducted fourteen participant observations at popular coffee shops, sporting events, and restaurants in Durham. In addition, the student team attended church services, LGBTQ workshops, and a celebration sponsored by SONG (see Appendix 7). The student team also subscribed to ten community listservs to stay informed of community events and learn about day-to-day concerns being shared on-line within the community (see Appendix 8).

In addition to introducing the student team to the community, these participant observations provided the student team with the opportunity to learn about how the community interfaces with the broader Durham community. Most importantly, the observations allowed the student team the opportunity to compare and contrast the information gained through participant interviews with real-time community events. Notes from these student team observations were analyzed along with data from the participant interviews to gain greater understanding of the issues facing LBW in Durham.

Development of Interview Guides

The student team developed a key informant interview guide and consent form for each

of the three interviewee classifications (community members, service providers, and individuals who were both service providers and community members). For the purposes of this AOCD process, “key informant” was defined as an individual who had intimate knowledge of the community as either a community member or service provider who interacted greatly with the LBW community. All guides were reviewed and revised by the student team’s preceptors. Due to time constraints related to Institutional Review Board (IRB) submission deadlines, the student team was only able to pre-test these guides with its preceptors who are service provider/community members. See Appendix 9 for IRB approval letter.

The final key informant interview guides consisted of questions organized around topical issues (see Appendix 10). For community members, these issues included: general information about the community, assets and needs of the community, problem solving and decision-making, and services and businesses. For service providers, these themes included: orientation to the community, life in the community, roles and responsibilities of service providers, assets found in the community, and problem solving and decision-making. And for service provider/community members, these issues included: general information about the community, life in the community, roles and responsibilities of service providers, assets and needs of the community, and problem solving and decision-making. Each guide concluded with questions regarding recommendations for additional interviewees, suggestions for the community forum, and the interviewee’s demographic information (age, race, sexual orientation identity, etc.).

Recruitment for Key Informant Interviews

For the purposes of this assessment, the student team placed all participants into one of three categories—*service provider* (which included those outside Durham but who provided services to the Durham community), *community member*, and *service provider/community*

member. The service provider/community member categorization was deemed necessary for this assessment as many service providers also self-identified with the LBW community of Durham. See Appendix 11 for demographic characteristics of those interviewed.

Service providers were identified and recruited by the student team, in collaboration with its preceptors, using Internet listings and other public sources. It was decided that all service providers providing basic services to the broader Durham community, not just the LBW community, would be eligible for recruitment as it was assumed that members of the LBW community interface regularly with non-LGBTQ providers to fulfill basic service needs.

Community members for individual interviews were recruited through referrals from service providers, service provider/community members, and the student team's preceptors. At the conclusion of every interview, interviewees were encouraged to refer other service providers or community members that they thought would be important to interview. Those interviewees were then asked by the student team to contact these individuals on behalf of the student team before providing personal contact information to the student team. The student team then made contact with the individual to set-up a meeting time for the individual interview.

Two student team members were present for each individual interview—one interviewer and one note-taker. Each participant was assigned an identification number and with participant permission all interviews were tape-recorded. Each interview began with an explanation of the AOCD process and a reading of the IRB consent form (see Appendix 10). Interviews typically lasted between forty-five and sixty minutes and took place in the homes of interviewees, quiet rooms in public coffee shops, study rooms at the UNC Health Sciences Library, and the workplaces of interviewees.

Data Analysis Process

The note-taker was responsible for taking notes during the interview and entering these notes into a template developed by the student team. The interview notes were then uploaded to the student team's on-line database. Two student team members were designated as the "coding task force" and were charged with developing a codebook (see Appendix 3), coding all interview notes and grouping coded texts accorded to domain (or topic) using Microsoft Excel. The grouped texts were then analyzed separately for community member and service provider sources to identify patterns of meaning about the particular code. Emerging patterns were then compared to secondary data and student team observation notes to compare findings. These patterns were then articulated as themes (or needs) and were presented to the FPC to prioritize five themes for community action.

Forum Planning Committee

A forum planning committee was established to provide a group of community members and service providers who could provide guidance on issues related to the community forum. This committee consisted of three community members, one service provider, and two service provider/community members, who advised the student team on the agenda, final community forum themes, and other considerations. In addition, one member of the FPC was invited to serve as the mistress of ceremonies during the community forum.

Community Forum Small Group Discussions

Small group discussions were conducted during the community forum to assist the community in developing actions steps for each of the five themes prioritized for action. A member of the student team, trained in group facilitation techniques, facilitated each of the small group discussions. Group facilitation techniques utilized by the student team included two

empowerment education methods—*SHOWED* and *Force Field Analysis*—both designed to guide participants from understanding the problem to developing action steps (see Appendix 6). Selection of *SHOWED* or *Force Field Analysis* was based on the appropriateness of the technique to the theme and the availability of visual or written resources that could motivate (or “trigger”) discussion amongst participants. All student team members using *SHOWED* techniques were prepared to switch to *Force Field Analysis* should the trigger fail to appropriately motivate discussion related to the problem.

Limitations of Methods

Although the results of this process have been both constructive and well received by the community (as assessed from verbal feedback from community forum participants) the student team feels that the process was limited by the recruitment methods prescribed for participant interviews. All interviews were conducted with individuals who had been referred by previous interview participants. Given that the majority of the first round of interview participants was White, middle-class, middle-aged lesbian women, it took the student team several rounds of interviews before making contact with someone who did not fit this demographic profile. In the end, the majority (67%) of community member interviews were with White women although African-American women did account for 20% of community member interviews. Additionally, only two bisexual women, one community member and one community member/service provider, and two women under the age of 25 were interviewed. (See Appendix 10 for demographic information.) Had the student team conducted participant interviews over a longer period, the issue of greater diversity may have resolved itself. Although the results of this process provide an initial foundation upon which to initiate action, it would have been beneficial to this process and more informative for the community had a more diverse sampling of women

chosen to participate in the interview process.

RECOMMENDATIONS AND CONCLUSIONS

Throughout this process the student team was privileged to meet and learn from dozens of individuals deeply committed to building a better community for LBW in Durham. The action steps developed during the forum can provide a strong foundation upon which LBW can begin to address important needs identified by the community. Based upon the analysis of the data collected during this process, the fifteen themes that evolved from these data, and the results of the forum, the student team developed several recommendations for interested members of the community that, if implemented, could add to efforts to build stronger social networks, ensure needs are met, and uphold a spirit of diversity and unity. These recommendations are as follows:

- Host regular events at local LBW-friendly businesses so that community members know which businesses are supportive of the community
- Work with local bars, clubs, restaurants, and coffee shops to create more LBW-focused social events to fill the need for more social venues
- Encourage community groups and agencies to cosponsor more events to promote new collaborations and interactions amongst groups and organizations that have not been traditionally allied
- Maintain Internet resources to keep them current and reflective of diverse community interests and needs
- Mobilize around efforts to build a community center
- Provide training to social services and law enforcement agencies regarding the needs and concerns of the LGBTQ community
- Recognize that existing racial divisions are not necessarily bad, as they do not appear to be rooted in hatred or tension
- Commit to organizing more conversations with underrepresented women to find out what is going on in their communities, what their needs are, what resources are available, and what events or services would be of most interest to them
- Ensure that services and agencies reflect and/or appeal to the demographics to which they serve
- Develop and maintain a list of LBW-friendly organizations that is easily accessible to all members of the community
- Make attempts to get to know women from other racial/ethnic backgrounds
- Organize purely social events that bring people together without requiring them to donate to a cause or make a long-term commitment to one group
- Involve young people in the conversations and decisions impacting the community as they represent the future leaders of the community and can learn from more experienced

women

As mentioned above, these recommendations from the student team are not meant to supplant the important action steps developed by the community during the community forum but are rather meant to complement and enhance those plans.

The AOCD process described in this document provided members of the LBW community of Durham the opportunity to share their stories and views regarding the strengths and needs of their community. By blending different viewpoints—community member, service provider, student team observations, and secondary data—to produce one unified analysis, the student team was able to gain a valuable and multi-dimensional understanding of the community and its hopes for the future. The process highlighted the varied strengths of the LBW community including the community's inherent diversity, its ability to come together in times of need and celebration, and the abundance of Internet resources available to community members. These strengths have the potential to serve as powerful assets for the LBW community as it begins to address the needs identified during this process.

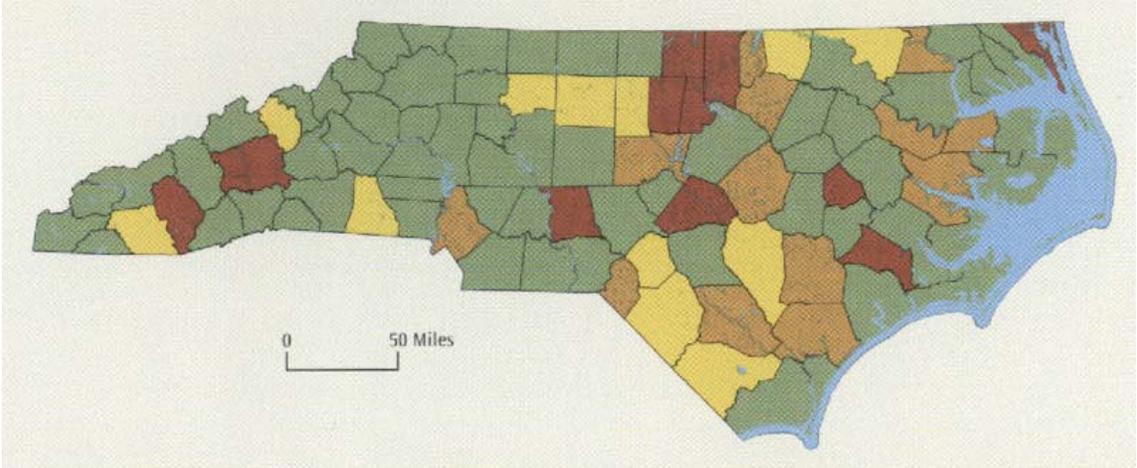
The action steps that resulted from the community forum represent the desire of the forum participants to build a community that is more supportive and welcoming of all its members. It is the hope of the student team that all community members will feel compelled to take these actions steps forward and come together with other community members to ensure that all the needs identified during the process are met.

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Appendix 1: Concentration of Lesbian couples in North Carolina (by county)



- Very high concentration
- High concentration
- Moderate concentration
- Low concentration

(Source: The Gay & Lesbian Atlas, G. Gates and J. Ost, Urban Institute Press, 2003.)

Appendix 2: Prioritization matrix

<p>If white is more important than gray, mark 1</p> <p>If grey is more important than white, mark 0</p>	New people who move to Durham have difficulty accessing the LBW community.	There are limited venues where women can meet and socialize.	There exists a need for better linkages between community members and existing service providers.	There is a need for more LBW knowledgeable and sensitive healthcare providers, who can be publicly listed and referred within the community.	There is a need to address stigma around mental health, suicide, violence, and substance abuse among LBW.	LBW feel that the lack of LGBT specific physical space has contributes to a weak sense of unified community.	Most community information is disseminated over the internet, creating a sense of isolation among community members.	There is little interaction between racial/ethnic groups in the LBW community.	Events in the LBW community need to be more diverse in their appeal to the different groups in the community, such as families, racial and ethnic groups, and people of varying economic means.	Bisexuals are not always accepted in the lesbian community, leading to bisexuals being less visible in the LBW community.	There needs to be more of an effort to reach out to the transgendered community.	Organizations and agencies do not always reflect the population whom they represent or serve, concerning both race and class.	There is a need for more attention to issues concerning the elder LBW population.	There is not enough attention directed towards the needs of LBW youth.	The LBW community is mostly associated with middle-aged, mid-upper class, professional white women.
New people who move to Durham have difficulty accessing the LBW community.															
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Appendix 3: Codebook and frequency table

1. Community
 - a. Competence
 - b. Employment
 - c. Community Center
 - d. Geographic Location
 - e. Services
 - f. Collaboration
 - g. Growth
 - h. Needs
 - i. Concerns
 - j. Strengths
 - k. Legal Rights
 - l. Children/Family
 - m. Adoption
 - n. Activism
 - o. Coming Out
 - p. Gay Friendly
 - q. Safety
 - r. Overlapping
 - s. Non-queer organizations
 - t. Diverse
 - u. Division
 - v. Social cohesion
 - w. Coming together
 - x. Youth
 - y. Perception

2. Divisions
 - a. Raleigh v. Durham v. Chapel Hill
 - b. Race Relations
 - c. Age
 - d. Class/Financial Status
 - e. Lesbian v. Bisexual
 - f. Challenges
 - g. Duke vs. Durham
 - h. Services
 - i. Transgender
 - j. Financial status
 - k. Financial health
 - l. Lesbian vs. gay

3. Health
 - a. Health Care Practitioners
 - b. Violence

- c. Substance Use
- d. Mental Health
- e. Sexual Health
- f. Health Care
- g. Training
- h. Services
- i. General

4. Politics

- a. Activism
- b. Challenge
- c. Gay Marriage
- d. Second Parent Adoption
- e. Power of Attorney
- f. Divided
- g. Strengths
- h. Domestic partner benefits
- i. LGBTQ candidates
- j. Diverse
- k. Elderly
- l. Services

5. Religion

- a. Challenges
- b. Church
- c. Exclusion
- d. Safe
- e. Faith
- f. Groups

6. Social

- a. Services
- b. Fun
- c. New to the Area
- d. Coming Out
- e. Discrimination
- f. Volunteering
- g. Gay Friendly
- h. Meeting Women
- i. Animal Rights
- j. Dating
- k. Challenges
- l. Secret

Frequency of themes during interviews:

Domain (topic)	Theme	Number of times mentioned
Community	Activism	9
	Adoption	5
	Children/Family	14
	Collaboration	4
	Coming Out	7
	Coming Together	14
	Community Center**	22
	Competence	1
	Concerns	5
	Diverse	13
	Division	18
	Employment	4
	Gay Friendly	3
	Geographic Location	4
	Growth	7
	Legal Rights	14
	Needs	24
	Non-Queer Organizations	2
	Overlapping Services	5
	Perception	3
	Safety	5
	Services	11
Social Cohesion	5	
Strengths	15	
Youth	8	
Divisions	Age**	21
	Challenges	2
	Class	12
	Duke v. Durham	1
	Financial Health	4
	Financial Status	17
	Lesbian v. Bisexual	6
	Lesbian v. Gay	1
	Race Relations**	57
	Raleigh v. Durham v. Chapel Hill	2
	Services	1
	Transgender	3
	Health	General
Health Care		5
Health Care Practitioners**		19
Mental Health		17

	Services	9
	Sexual Health	4
	Substance Use	6
	Training	2
	Violence**	9
Politics	Activism	19
	Challenges	2
	Diverse	1
	Divided	2
	Domestic Partner Benefits	5
	Elderly	2
	Gay Marriage	10
	LGBTQ Political Candidates	4
	Power of Attorney	1
	Second Parent Adoptions	6
	Services	1
	Strengths	1
Religion	Challenges	1
	Church	9
	Exclusion	2
	Faith	3
	Groups	1
	Safe	1
Social	Animal Rights	3
	Challenges	1
	Coming Out	4
	Dating	4
	Discrimination	1
	Fun	46
	Gay Friendly	2
	Meeting Women	14
	New to the Area	9
	Secret	5
	Services	9
	Volunteerism	7

KEY	
Bold	High Frequency
**	Forum Theme

Appendix 4: Community forum materials

Forum Planning Committee Agendas

Forum Flyer

Forum Program

Forum PowerPoint Presentation

Forum Photos

**Forum Planning Committee
Meeting Agenda
Forum Logistics**

**March 27, 2006
Francesca's Café
6:30-7:30pm**

- | | |
|--|------------|
| I. Icebreaker and Introduction | 10 Minutes |
| II. Brief explanation of forum format (Juliette) | 5 Minutes |
| III. FPC suggestions for format | 10 Minutes |
| IV. Discussion about forum location and time | 5 Minutes |
| V. Ideas for entertainment | 10 Minutes |
| VI. Donation Update (Juliette) | 5 Minutes |
| VII. Donation ideas and sign-up | 10 Minutes |
| VIII. Wrap-up | 5 Minutes |
| • next meeting date | |
| • action steps | |

**Forum Planning Committee
Meeting Agenda
Francesca's Café
April 10, 2006
6:30-7:30pm**

- I. Introductions (5 minutes)
- II. Updates: (10 minutes)
 - a. Donations-LBW and FPC
 - b. Location
 - c. Other
- III. Tabled Items: (10 minutes)
 - a. How should people select which breakout to attend? (i.e. sign-up sheet with a limited amount of names, self-selection)
- IV. PR: (30 minutes)
 - a. Brainstorm who needs to be targeted to invite
 - b. Show sample press release
 - c. Q-Notes
 - d. Select quotes/ideas for advertising
- V. Theme Selection (30 minutes)
 - a. Fill out matrix
 - b. Determine Results
 - c. Handout quote/theme write-ups
 - d. Discussion
- VI. Closing (5 minutes)
 - a. Additional Ideas
 - b. Volunteers for donations?
 - c. Other

Do you want to see a richer community of lesbian
and bisexual women of Durham?

Lesbian and Bisexual Women of Durham

♀ Community Forum ♂

Saturday, April 22, 2006

11:00 am to 2:20 pm

at

Northgate Mall

1058 West Club Boulevard

I-85 and Gregson Street in Durham

Entrance 7

Between Ruby Tuesday's and the FootLocker

**Fabulous door prizes from Free lunch from local*
area businesses! restaurants!*

Child care for kids ages 3 and older!

Have your voice heard as we discuss:

Creating a sense of community

Need for knowledgeable and sensitive healthcare services

Race/Ethnic relations within the community

Issues for older lesbian and bisexual women

Addressing the stigma of mental health issues:

suicide, violence, substance abuse

For more information call: (919) 966 – 3919, ext 3

Sponsored by UNC School of Public Health

Forum Program (front cover)



(back cover)



AGENDA

Registration

10:45—11:10

Welcome

Kathryn Wilderrotter

Opening remarks

Mandy Carter

11:10—11:20

LBW Team Overview Presentation

11:20—11:40

Break Out Sessions

11:40—12:25

Report Back

12:25—1:00

Closing

1:00—1:15

Lunch

1:15—2:00

LETTER TO THE COMMUNITY

Dear Community Member,

The students from the School of Public Health, Department of Health Behavior and Health Education at UNC Chapel Hill want to welcome you to your Community Forum! The UNC student team has spent the past seven months interviewing both community members and service providers to identify the strengths and needs of the community of lesbian and bisexual women living in Durham.

Today the UNC student team will present the information gathered in your community and facilitate discussion groups on some of the needs identified during the interviews. The goal is to discuss and identify tangible action steps for addressing these needs. We hope that the lesbian and bisexual women present and represented here today will walk away from this forum with a feeling of hope, excitement, and determination in strengthening the community.

Our team has thoroughly enjoyed our time in your community. Thank you for welcoming us with such warmth and enthusiasm. We have learned so much from each of you and continue to be in awe by the vibrancy and richness of your community!

Most sincerely,

The LBW Student Team

(inside pages)

BREAK OUT SESSIONS

At this time we ask that you choose a break out session to participate in

Area 1 There is a need for more attention to issues concerning the elder LBW population
Brian

Area 2 There is a need for more LBW knowledgeable and sensitive healthcare providers who can be publicly listed and referred within the community
Carla

Area 3 LBW feel that the lack of LGBT specific physical space has contributed to a weak sense of unified community
Michelle

Area 4 There is a need to address issues around violence among Lesbian and Bisexual Women
Juliette

Area 5 There is little interaction between racial/ethnic groups in the LBW community
Toya

REPORT BACK

Each break out session will report back the decisions and action steps decided on with a brief summary of the discussion. There will be time for questions and answers from the group.

LUNCH & RAFFLE

Please join us for lunch that has been generously donated by Durham area restaurants and a raffle with prizes donated by area restaurants and businesses.

NOTES

Blank area for taking notes during the event.

NOTES

[Empty box for notes]

QUOTE

"I believe if we get together and we know what we need as a community, we can pull together

and

make it happen."

-Community Member/Service Provider

SPECIAL THANKS

Northgate Mall Community Space

Percolator Café

Blue Coffee

Michelle J. White

Michaels

Ms. Films

Tomato Jake's Pizzeria

Krogers

Successful Events

India Ornelas & Kate Sommers

The Regulator Bookstore

Niku Arbabi

Green Tango

Hog Heaven BBQ

Starlu

Equalitees

Learning Express Toy Store

Harris Tetter

Johnny Carino's

Food Lion

Starbuck's Renaissance Center

The Know Bookstore

REI

Patrick Toal

Doc Green's

Good Taste Cake Designs

Another Tyme Restaurant & Bar

The Original Q Shack

The UPS Store Southpoint Center

Golden Corral

Rick's Diner & Catering

The Forum Planning Committee

Bean Trader's

Forum Volunteers

Beth Bruch and Mandy Carter

For Us: A Community Forum for Lesbian and Bisexual Women of Durham



Saturday, April 22, 2006

Agenda

Welcome
Student team presents findings
Break-out sessions
Report back
Closing
Lunch
Sign-up
Door prizes

Action-Oriented Community Diagnosis (AOCD)

- What is AOCD?
 - Process in which outsiders (the student team) gain an understanding of the life and strengths of a community through interviews and observations
- What is the purpose of AOCD?
 - To engage the community in a dialogue about community assets and needs, and collaborate on action steps to improve the current situation

Methods

- Understanding the Community:
 - Frequented community "hang-outs"
 - Attended community events
 - Reviewed secondary data (i.e. census data, public websites, informational brochures)
 - Conducted in-depth interviews

Methods

- Conducted 36 interviews:
 - 15 community members
 - 13 service providers
 - 8 community member/service providers

Methods

- Grouping:
 - Reviewed interview notes to group statements according to topics
- Theme Development:
 - Analyzed grouped information
 - Identified recurring issues to define themes



Findings

- Strengths of the Community:
 - Has come together in times of celebration and need
 - Has many internet resources for members
 - Is made up of individuals from all backgrounds, interests and talents



Themes/Issues

- Addressing health care access
- Addressing racial/ethnic divisions
- Supporting women as they age
- Addressing violence
- Creating physical space



Addressing health care access

There is a need for more LBW-knowledgeable and sensitive health care providers who can be publicly listed and referred within the community.

"I did not feel comfortable coming out to my doctor until I was 40. I had been seeing him for so long, but I could not tell him."
 --Community Member/Service Provider



Addressing racial/ethnic divisions

There is a need to increase interaction between racial/ethnic groups in the LBW community.

"In general, there is no effort to interact between races..."
 --Community Member/Service Provider



Supporting women as they age

There is a need for greater efforts to address issues affecting aging lesbian and bisexual women.

"There's programming aimed at youth, but there doesn't seem to be much going on for older adults. Where are the discussions for them?"
 --Service Provider



Addressing violence

There is a need to address violence among lesbian and bisexual women.

"I think we could do a better job of helping to take care of each other if we were a little more open [about domestic violence]...I think that's our challenge."
 --Community Member



Creating physical space

There is a need for LGBTQ-specific physical space that can help address the weak sense of unified community.

"[What is needed is] some sort of geographic location so that there's some sort of way that people could regularly see one another and meet one another."

--Community Member



What's next?

- Break out into small groups to discuss themes/issues
 - Choose your group and go to designated area
 - Discuss theme/issue and help develop action steps
- Return and report back to larger group
- Sign-up for any action plans you may be interested in helping to implement



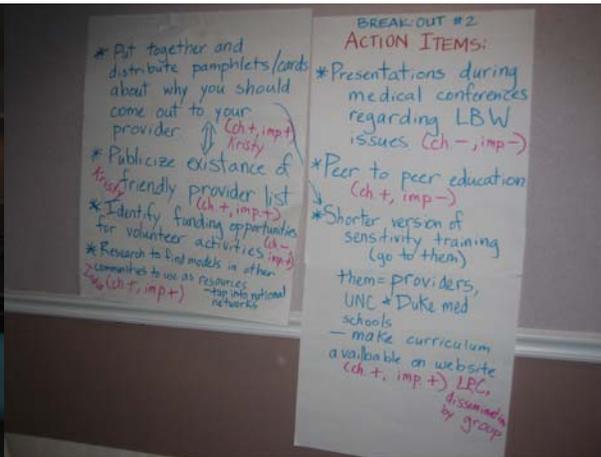
Break-out session

- Addressing health care access--Carla
- Addressing racial/ethnic divisions--Toya
- Supporting women as they age--Brian
- Addressing violence--Juliette
- Creating physical space--Michelle

For Us: A Community Forum for Lesbian and Bisexual Women of Durham



<http://www.hsl.unc.edu/PHpapers/phpapers.cfm>



Appendix 5: Donation materials



THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

SCHOOL OF PUBLIC HEALTH

DEPARTMENT OF HEALTH BEHAVIOR
AND HEALTH EDUCATION

302 ROSENAU HALL
CAMPUS BOX 7440
CHAPEL HILL, NC 27599-7440

T 919.966.3761
F 919.966.2921
www.sph.unc.edu/hbhe

April 11, 2006

Dear Friend in Durham,

We are graduate students at the University of North Carolina – Chapel Hill. As part of an academic course, we are on a team of 5 students conducting a community assessment. This is required of all first-year students in our program. We are working in Durham with the Lesbian and Bisexual Women’s Community to highlight community strengths, address community needs and concerns, and promote community growth health and wellness. We are fortunate enough to have spent the last 6 months attending Durham events, interviewing local residents and service providers, and frequenting local restaurants, boutiques and stores.

On April 22, 2006 we will be presenting our results at a community forum to an expected audience of 100 concerned community members and agencies. This event will be held from 11 a.m. – 2:00 p.m. in a Durham community location. Because everyone with whom we spoke mentioned the pride they have in local establishments and businesses serving their community, we would like to have your business represented at the forum. We are requesting a donation from your business. We will also have a list of donors present at the forum to give you recognition. This undoubtedly will generate even more goodwill in the community and publicity for your business as a community supporter.

Your donation is eligible for a tax deduction. The Federal Tax ID number for UNC-CH is 56-600-1393. Should you have any questions, please do not hesitate to contact us by phone at (919) 966-3919 ext 3.

We thank you for your donation!!

Most Sincerely,

LaToya M. White
Community Forum Planning Committee, Donations Coordinator
919.923.3607

List of Forum Donors

Food	
Hog Heaven Bar-B-Q	Green Tango
Johnny Carino's	Rick's Diner & Catering Company
Good Taste Cake Designs	Greenfield Catering
Anotherthyme Restaurant and Bar	Tomato Jake's Pizzeria
The Original Q-Shack	Golden Corral
Restaurant Starlu	
Door prizes	
Bean Traders	Drag Bingo
The Regulator Bookshop	Golden Corral
Harris Teeter	Learning Express Toy Store
Harris Teeter Homestead	Mandy Carter
REI	The Know Bookstore & Restaurant
Niku Arbabi	Ms. Films
Percolator Café	Starbuck's Coffee
Cozy	Michael's
Blue Coffee Co.	Krogers Grocery
Equalitees	
Services	
The UPS Store at Southpoint	Successful Events (Pamela DeShazo)
Financial support	
India Ornelas and Kate Somers	Patrick Toal
Michelle J. White	Scott Cathorall



THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

SCHOOL OF PUBLIC HEALTH

DEPARTMENT OF HEALTH BEHAVIOR
AND HEALTH EDUCATION

302 ROSENAU HALL
CAMPUS BOX 7440
CHAPEL HILL, NC 27599-7440

T 919.966.3761
F 919.966.2921
www.sph.unc.edu/hbhe

April 27, 2006

Dear Friend in Durham,

The UNC Chapel Hill School of Public Health Student Team serving the Lesbian and Bisexual Women of Durham would like to thank you for your generous donation of food for 40. The community health forum was an outstanding success, attended by diverse women and service providers, who are concerned about their community. We would also like to express for the community how much they too appreciate your support.

The event was held for members and service organizations in the Lesbian and Bisexual Women's community of Durham, on April 22, 2006 at the Northgate Mall. The forum highlighted community strengths, addressed community needs and concerns, and promoted community growth, health, and wellness. Thanks to your support, we were able to successfully provide the community with this important forum, which will no doubt strengthen the community. We hope that you will continue to support the community, as we will show our appreciation with our continued support of your business.

Your donation is eligible for a tax deduction. The Federal Tax ID number for UNC-CH is 56-600-1393. Should you have any questions, please do not hesitate to contact us by phone at (919) 966-3919 ext 3.

We thank you for your donation!!

Most Sincerely,

LaToya M. White & the Student Team
Community Forum Planning Committee, Donations Coordinator
919.923.3607

Appendix 6: Forum small group discussion facilitation guides and action steps

A. Addressing Health Care Access

SHOWED Facilitation Guide:

Trigger

“Having to take a pregnancy test every time I go to the [gynecologist] is difficult.”—*Community member*

Questions

- S** What words stand out for you in this quote?
- H** What is the situation this quote describes?
- O** Is this a situation you (or someone you know) have experienced? Can you relate to this situation?
- W** What are the underlying factors that contribute to this situation? What perpetuates this situation?
- E** (*begin noting participant responses on flip chart paper*)
How do we contribute to this situation? How can we be part of the solution?
- D** What tangible steps can we take to decrease the likelihood of this situation occurring?
Who should we get involved?
- *Prioritize*
 - *Assign tasks*
 - *Who will report back?*

Action Steps:

1. Develop and distribute pamphlets/cards explaining why one should come out to her provider
2. Publicize the existence of the “friendly provider” list maintained by LRC
3. Research other models that have been used in other communities and tap into national networks to build upon their lessons-learned
4. Create a shorter version of the sensitivity training curriculum (in collaboration with providers, Duke and UNC medical schools) and make this curriculum available on the Internet

B. Addressing Racial/Ethnic Divisions

SHOWED Facilitation Guide:

Trigger



Questions

- S** What do you see in this picture? What images stand out for you?
- H** What is happening here in the different scenes?
How do the individuals feel? The group in general?
- O** How does this picture reflect what you see in the Lesbian Bisexual Women's community?
Is this common in social gatherings, events, or within organizations?
How do you feel about this?
What problems arise from this type of division?
- W** What causes this type of self-segregation or lack of interaction between the races?
How does this impact the women individually? The community in general?
What perpetuates this situation?
- E** What are some of the reasons the community allows or is passive about this racial division?
(begin noting participant responses on flip chart paper)
How do we contribute to the lack of interaction?
What are things that we do that promote unity and decrease the divide?
- D** Okay, so what are some things that we can do to address the issue of racial division?
Who should we get involved?
- *Prioritize*
 - *Assign tasks*
 - *Who will report back?*

Outcomes:

Concerns

- There are Black lesbians, but where are they?
- Perhaps white women have more of a luxury to concentrate on their sexuality—"I have a friend who says it is hard enough being black and a woman...there is no time to worry about my sexual orientation."
- Project oriented groups constantly rise and fall in the community and organizations just don't last—perhaps this has contributed to the lack of integration because there has never been a consistent attempt.
- Need more friendship building groups like sports teams to create chances to identify new diverse networks.
- Don't know where existing groups for Women of Color (such as Cedar Chest) are found.
- At a conference for Black gay men held at UNC there was the issue of Black men having sex with men but not identifying as gay—Perhaps this is the same for Black women.
- There is admittedly not a mix in the LBW community and they want more diversity.
- Difficult to get into listservs as an outsider.
- There are women that opt out of involvement. "I met a Black women who came out to me very slowly. She said that she was purposely not involved with any organization (LGBT)."
- Lesbians of color tend to get "tapped" because there are so few, so suddenly they are the center of attention, which can become suddenly.
- If everybody is getting needs met, that is okay. Although we prefer to have more integration that doesn't mean that's what others want. Don't assume our needs are someone else's needs.

- White LBW community can be lazy...the mentality “we created this ‘why are they [women of color], why aren’t they coming’.”
- Are there different demographics of those that do come out (age, stage in life)?

Things to address

- Need for more social events incorporating the whole community
- Figuring out the differences between different racial/ethnic groups [i.e. likes and dislikes, what appeals to them]
- Consider non-social outreach
- Sporting events
- More multi-racial art spaces
- Offer more events in general (social or not) that appeal to more people
- Consider economic differences (cost for events)
- Changes in community space
- People are just not coming out

Action Steps:

1. Hold cultural events for outreach
2. Have diverse film showings at the annual film festival
3. Obtain contacts of minority listservs and organizations from student team—add to this list and maintain to keep community connected to each other and informed
4. Have discussion with African American LBW to discuss diversity concerns
5. Hold drop-in dinners/potlucks
6. Make sure there are events that have diverse appeal—child-friendly, non-religious, affordable

C. Supporting women as they age

Force Field Analysis Facilitation Guide:

Instructions

1. Present the situation based on findings
2. **Develop a goal to address the situation**
3. Brainstorm **driving** and **restraining** forces toward goal
4. When done, pose questions:
 - Are they valid?
 - How do we know?
 - How significant are each of them?
 - Which cannot?
 - Which forces can be altered quickly?
 - Which forces, if altered, would produce rapid change?
5. Are each changeable? Assign (+) or (-) depending upon changeability—(+) for easier, (-) for more difficult
6. Assign a score to each force, from 1 (weak) to 3 (strong). The score is based on (a) the strength of the force and (b) the degree to which it is possible to influence this force
7. Consider changeability and strength to narrow to new situation

8. Repeat on new sheet for new situation
9. When groups arrives at goal or change that is feasible, devise a manageable course of action which:
 - Strengthens positive forces
 - Weakens negative forces
 - Creates new positive forces

Outcome:

Group force field analysis results

<p>Driving Forces:</p> <ul style="list-style-type: none"> • Seminars that provide women with opportunities to learn about legal options • LGBTQ legal and support organizations that educate women about legal options • Cultural events attract diverse crowds 	<p>Situation:</p> <p>There is little attention given to issues affecting older lesbian and bisexual women.</p>	<p>Restraining Forces:</p> <ul style="list-style-type: none"> • The creation of artificial barriers perpetuated by language (i.e. “older”) or exclusion (i.e. older/younger women only groups) • Lack of support for older women as they come out • Lack of knowledge of resources/services available to women
	<p>Goal:</p> <p>Increase awareness about legal and social resources available to lesbian and bisexual women as they age.</p>	

Situation to be addressed

Cultural events attract diverse crowds, which can facilitate awareness.

Action steps goal

Collaborate and coordinate with event planners to intentionally provide opportunities for information sharing.

Action steps:

1. Identify community events that can be used as opportunities for local organizations/agencies to create awareness of their services in the community
2. Inventory key players (organizations & events) that can be engaged to develop linkages between organizations and the community through events
3. Develop a communication strategy that identifies key organizations, point persons at each organization and best methods to communicate with each organization’s membership
4. Create linkages w/non-LGBTQ specific agencies/organizations/publications to increase awareness of services/events amongst women that do not frequent/read LGBTQ specific agencies/publications

Parking lot items

- Educating women on “work around” options—laws that they can use to protect themselves and their partners as they age (i.e. power of attorney, living wills)
- LGBT-friendly senior homes

Organizations and resources

- Older Lesbians Organizing for Change (OLOC) Conference, August 17-19, 2006 (will include

- an intergenerational dialogue session for women under 60)
- Fab 40's Social Group
- Silver Roses

D. Addressing Violence

SHOWED Facilitation Guide:

Trigger



Questions

- S** What do you see in this image?
What words come to mind when you see this picture?
- H** What do you think happened in this picture?
- O** How does the image in this photograph [violence] relate to your life as a member of the LBW community of Durham?
How is violence among LBW in Durham being addressed?
- W** What causes this secrecy?
How does this secrecy/lack of response impact our families and community?
- E** How are we part of the problem?
What are some of the reasons we let this problem persist?
- D** What can we do about these problems in our lives?/How can we address these problems?

Outcome:

Action steps were not developed for this theme because no community forum participants selected to participate in this small group discussion.

E. Creating Physical Space

Force Field Analysis Facilitation Guide:

Instructions

1. Present the situation based on findings
2. **Develop a goal to address the situation**
3. Brainstorm **driving** and **restraining** forces toward goal
4. When done, pose questions:
 - Are they valid?
 - How do we know?

- How significant are each of them?
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 - Which forces, if altered, would produce rapid change?
5. Are each changeable? Assign (+) or (-) depending upon changeability—(+) for easier, (-) for more difficult
 6. Assign a score to each force, from 1 (weak) to 3 (strong). The score is based on (a) the strength of the force and (b) the degree to which it is possible to influence this force
 7. Consider changeability and strength to narrow to new situation
 8. Repeat on new sheet for new situation
 9. When groups arrives at goal or change that is feasible, devise a manageable course of action which:
 - Strengthens positive forces
 - Weakens negative forces
 - Creates new positive forces

Outcome:

Group force field analysis results

<p>Driving Forces:</p> <ul style="list-style-type: none"> • Diversity and number of existing organizations • Support among community members • Potential funding though LRC • There are models of success that can be followed • Improved cooperation across differences (i.e. intergenerational) 	<p>Situation:</p> <p>LBW feel that the lack of LGBT-specific physical space has contributed to a weak sense of unified community.</p>	<p>Restraining Forces:</p> <ul style="list-style-type: none"> • Solo efforts • Segmentation around race/ within queer community Improving cooperation • Identifying/pooling potential funding • Prejudice in the South • Fear of visibility
	<p>Goal:</p> <p>Create an action committee</p>	

Situation to be addressed

LBW feel that the lack of LGBTQ-specific physical space has contributed to a weak sense of unified community.

Action steps goal

Create an action committee.

Action items:

1. Have meeting with people who sign up today.
 - Assess other current efforts
 - List organizations
2. Invite representatives form organizations to from larger action committee.
 - Research models

- Address segmentation for the collective good/buy-in
- develop strategic plan that includes funding

Parking lot items

Discuss characteristics of what the action committee will look like

Appendix 7: Community events attended by the student team

Event	Date
Woman-to-Woman Sexual Violence discussion	November 4, 2005
Francesca's Dessert Caffe	November 10, 2005
OutTriangle Downtown Durham Walking Tour (in collaboration with Downtown Durham Inc.)	November 11, 2005
Imani Anniversary Service	November 13, 2005
Mad Hatter's Café and Bakery	November 17, 2005
SONG reception for Mandy Carter	January 28, 2006
LRC board and volunteer meeting	February 6, 2006
AASC Drag Bingo	February 11, 2006
Duke University Women's Basketball game	February 13, 2006
Imani Church Service	February 26, 2006
Elmo's Diner	March 20, 3006
Rev. Mel White: Stranger at the Gate discussion (Duke Univ.)	March 21, 2006
Cuntry Kings performance	April 6, 2006
Blue Coffee Co.	April 13, 2006

Appendix 8: Listserv subscriptions

1. Triangle Grrrls
2. Lesbian Resource Center
3. Imani MCC
4. Triangle Families
5. Strong Women Organizing Outrageous Projects (SWOOP)
6. Zami-NC
7. OutTriangle
8. DukeLGBT
9. DukeOut
10. Triangle Events

Appendix 9: IRB approval letter



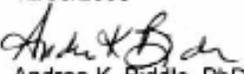
THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

OFFICE OF HUMAN
RESEARCH ETHICS

PUBLIC HEALTH INSTITUTIONAL
REVIEW BOARD (IRB)

501 ROSENAU HALL
CAMPUS BOX 7400
CHAPEL HILL, NC 27599-7400

T 919-966-9347
F 919-966-6380
<http://ohre.unc.edu>

TO: Michelle Cathorall
DEPARTMENT: Health Behavior and Health Education
ADDRESS: CB# 7440
DATE: 12/05/2005
FROM: 
Andrea K. Biddle, PhD, Chair
Public Health IRB, Office of Human Research Ethics
IRB NUMBER: 05-2758
APPROVAL PERIOD: 12/05/2005 through 12/04/2006
TITLE: Action Oriented Community Diagnosis in Durham, NC as a Lesbian or
Bisexual Woman
SUBJECT: Expedited Protocol Approval Notice--New Protocol

Your research project has been reviewed under an expedited procedure because it involves only minimal risk to human subjects. This project is approved for human subjects research, and is valid through the expiration date above.

NOTE:

(1) This Committee complies with the requirements found in Part 56 of the 21 Code of Federal regulations and Part 46 of the 45 Code of Federal regulations. Federalwide Assurance Number: FWA-4801, IRB No. IRB540.

(2) Re-review of this proposal is necessary if (a) any significant alterations or additions to the proposal are made, OR (b) you wish to continue research beyond the expiration date.

Appendix 10: Interview guides and consent forms

Community Member interview consent form

Community Member interview guide

Service Provider interview consent form

Service Provider interview guide

Combined Service Provider/Community Member consent form

Service Provider/Community Member interview guide

a. Community Member Interview Consent Form

WHAT ARE THE RISKS OF TAKING PART IN THIS PROJECT?

There are minimal physical, psychological, or social risks associated with participating in this study. We will do the best we can to protect you from this risk by keeping all data in a locked file cabinet at the School of Public Health. In addition, your name will never be attached to anything you say. Although you may not experience any direct benefits, your participation may help to make things better in the LBW community of Durham over time. Your decision to take part in this study will not influence any of the services you receive or might receive. You can say yes or no to our request.

WHO IS IN CHARGE OF THIS PROJECT? HOW CAN YOU CALL THEM?



This is a student project conducted under the supervision of our faculty advisor, Dr. Geni Eng. You can call Geni, collect if you wish, at her office at the UNC – School of Public Health. The number is 919-966-3909. If you ever have questions about this project, please call Geni. If you have any particular questions to a student team, you can call us. Our telephone number is 919-966-3909, ext. 3.

All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. If you have any questions or concerns about your rights as a research subject you may contact, anonymously if you wish, the Institutional Review Board at 919-966-3113 or by email to IRB_subjects@unc.edu

If you are interested in participating in an interview, please read the following agreement statement very carefully. Then please sign and date this form and give it to one of the interviewers. You will get a copy of the form for your own records.

Agreement Statement:

By signing this consent form, I have read the information provided above. I have asked all the questions I have at this time. I voluntarily agree to participate in this research study. And I give permission to the University of North Carolina at Chapel Hill to use my interview information for the Action-Oriented Community Diagnosis.

(Your name, please print)

(Your signature and date)

(Team member signature and date)

Thank you!

THIS CONSENT FORM SHOULD BE SIGNED ONLY BETWEEN 12/15/2005 AND 12/19/2006

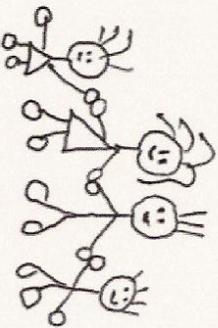
APPROVED BY THE PUBLIC HEALTH IRB THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL



UNC
SCHOOL OF
PUBLIC HEALTH

Would you like to participate in an AOCD of your community?

Consent Form for
Community Member
Interviews





WHAT IS AOCOD?

AOCOD means Action-Oriented Community Diagnosis. AOCOD is a research assessment designed to understand the cultural, social, economic, and health experiences of Lesbian and Bisexual Women (LBW) who live in your community. The purpose is to better understand the experiences of members of your community.

WHY ARE YOU PARTICIPATING IN AOCOD?

You are invited to participate because we want your ideas on the strengths and needs of LBW in Durham. Someone in your community identified you as a person who can talk about the views of your community as a whole.

WHAT WILL YOU BE ASKED TO DO?

You will be asked to participate in an individual interview with two team members from the UNC School of Public Health. The interview is made up of a series of questions about life in the LBW community of Durham. An example of a general question is, "What is it like to live in your community?" There are no wrong answers or bad ideas, just different opinions. The interview will be one-time only and will take about 60 minutes of your time. If you agree to participate in the interview we will record your response on a piece of paper. Also, if you do not object, we would like to tape record the discussion to make we do not miss anything. Only members of our group will listen to the tapes. The tapes will be erased after our study is over. You can ask us to turn off the tape recorder at anytime.

If you decide to participate in this interview, you will be asked to sign an "informed consent" form. Signing the form means that you understand the purpose of the AOCOD project and what you will be asked to do during the project. It also means that you understand that you can stop taking part in the project at any time you want to.

WHAT WILL YOU GET OUT OF BEING IN THIS PROJECT?

You will have the opportunity to share your thoughts about the future of the LBW community of Durham. You will not be paid to participate in this interview. There are no costs for participating in the study other than your time spent during this interview.

WHAT WILL WE DO WITH THE INFORMATION THAT WE GATHER?

The team will summarize the information gathered from interviews and focus groups (small groups assembled to identify and discuss key issues in the community) and present it both written and verbally to your community.

YOUR PARTICIPATION IS VOLUNTARY AND CONFIDENTIAL.

To protect your privacy, any information that you provide will remain confidential. Though your name and address may be collected, it will not be used in any way in the research study or linked to your responses. It will only be used to invite you to attend the community forum.

All of the information you provide will be stored only with an identification number, not with your name.

To ensure "confidentiality," you can use a made up name during the interview so that nobody will see your real name connected with the study. However, your real name must be signed on the consent form.

Information such as age and sex may be gathered during the interview. These descriptive characteristics are collected only to help summarize our data. When we report the data, all identifying information will be removed. Your responses and comments will not be linked to you. The only people with access to all data are the members of the student team and the faculty advisor. All notes and audiotapes containing your interview responses will be stored in a locked cabinet, separate from consent forms, at the School of Public Health and will be destroyed in May 2006 when the study is over.

CAN YOU REFUSE OR STOP PARTICIPATION?

Yes. If you agree to participate in this study, please understand that your participation is voluntary (you do not have to do it). You are free to stop participating at any time. You can refuse to answer any questions. During the interview you may ask that the recording be stopped at any time.

Whether or not you participate in the research will have no effect on services obtained in the community or any relationship with the UNC.

b. Community Member Interview Guide

Introduction: Hello, my name is _____. I'm going to be leading our interview today. This is _____, who will be taking notes and helping me during our discussion. We will be here about 60 minutes to talk to you about living in your community and your opinions concerning the strengths of your community and the challenges it faces. Your insights and opinions on these subjects are important, so please say what's on your mind and what you think. There are no right or wrong answers.

Demographic Information

1. Age _____
2. Race/Ethnicity (Check All That Apply)
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Hispanic/Latino/a
 - Native Hawaiian or Other Pacific Islander
 - White
 - Other _____
3. Sexual Orientation Identity
 - Lesbian
 - Gay
 - Bisexual
 - Other _____
4. Gender Identity
 - Male
 - Female
 - M to F Transgender
 - F to M Transgender
 - Other _____
5. How "out" are you?
 - Totally
 - In Some Places

General Information about the Community

6. How would you react to the assumption that there exists a distinct LBW community in Durham?
7. Do you consider yourself an active member of this community?
8. Are there other communities that you identify with?
9. Which community do you identify with most strongly/closely?
10. How long have you been AN ACTIVE member of this community?
11. Describe the LBW community of Durham.
12. How would you describe the financial status of Lesbian and Bisexual Women, as compared to the rest of Durham?
13. What do people do for fun?
14. Where do women go to meet women? (*Probe: Is that a different place from where*

women go to just hang out?)

15. How are people involved in politics? (voting, talking with community leaders, elections)
16. Are members of the Lesbian and Bisexual community involved in PAC?
17. Has a Lesbian or Bisexual Woman run for office? (*Probe: Which office? Did she win?*)
18. How do people of different races (ethnicities/backgrounds) interact within the community?
19. How involved are churches in the lives of people in the community? (attend church, participate in church groups)
20. Are there other community organizations in the community that people are involved with? (*Probe: What are they?*)

Assets and Needs of the Community

21. What are some of the best things about the community? (resources, agencies, social gatherings/support, physical environment)
22. What do you think are the major issues/needs community members face? (children, income, elderly, safety, housing, disability, health, mental health, pets)
23. Which needs do you feel are the most important for the community to address?
24. What do you wish could happen for the community in the next 5-10 years?
25. What do you hear people in your community talking about?
26. How are the health needs of Lesbian and Bisexual Women being addressed?

Problem-Solving and Decision-Making

27. What kinds of community projects have been started during your time here? How would you explain their success or lack of it?
28. If you were going to try to solve a community problem, whom would you try to involve to make it a success?

Services and Businesses

29. What services/ programs do community members use? (*Probe: Do those services come here or do residents go to them?*)
30. What services/programs do community members need?

Recommended Individuals to Interview

31. Is there anyone else whom we should speak with about the community? (service providers, residents) Are you willing to get permission for us to contact them?
 - a. Describe the specific person or organization
 - b. Why do you think their opinions and views would be helpful for us to hear?

Recommendations for Community Forum

32. We plan to conduct a forum this spring to share the information we have gathered with the community. Would you be interested in helping us plan this event?
33. Do you have any ideas regarding how to get people to attend? (time, place, publicity)
34. Who else do you think should help us coordinate this forum?

Additional Information

35. Is there anything else you would like to share about the community?

c. Service Provider Interview Consent Form

will do the best we can to protect you from this risk by keeping all data in a locked file cabinet at the School of Public Health. In addition, your name will never be attached to anything you say. Although you may not experience any direct benefits, your participation may be beneficial to community improvement efforts. Your participation will provide useful information that can be used by the community to plan and improve services available for its residents. After conducting these sessions, we will summarize our findings and present this summary both written and verbally to the community.

WHO IS IN CHARGE OF THIS PROJECT? HOW CAN YOU CALL THEM?

This is a student project conducted under the supervision of our faculty advisor, Dr. Geni Eng. You can call Geni, collect if you wish, at her office at the UNC – School of Public Health. The number is 919-966-3909. If you ever have questions about this project, please call Geni.

If you have any particular questions to a student team, you can call us. The toll-free number is 866-610-8272.

All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. If you have any questions or concerns about your rights as a research subject you may contact, anonymously if you wish, the Institutional Review Board at 919-966-3113 or by email to IRB_subjects@unc.edu

If you are interested in participating in an interview, please read the following agreement statement very carefully. Then please sign and date this form and give it to one of the interviewers. You will get a copy of the form for your own records.

Agreement Statement:

By signing this consent form, I have read the information provided above. I have asked all the questions I have at this time. I voluntarily agree to participate in this research study. And I give permission to the University of North Carolina at Chapel Hill to use my interview information for the Action-Oriented Community Diagnosis.

(Your signature and date)

(Team member signature and date)

Thank you!

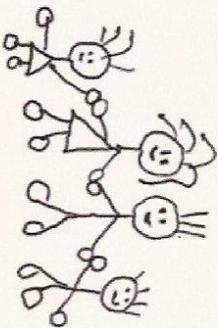
THIS CONSENT FORM SHOULD BE SIGNED ONLY BETWEEN 12/5/2005 AND 12/14/2006 *AKS*

APPROVED BY THE PUBLIC HEALTH IRB
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL



Would you like to participate in a community assessment?

Consent Form for
Service Provider
Interview





WHAT IS AOCDD?

AOCDD means Action-Oriented Community Diagnosis. AOCDD is a research assessment designed to understand the cultural, social, economic, and health experiences of Lesbian and Bisexual Women (LBW) who live in Durham. The purpose is to better understand the experiences of members of your community.

WHY ARE YOU PARTICIPATING IN AOCDD?

You are invited to participate because we want your ideas on the strengths and needs of LBW in Durham. Someone in your community identified you as a person who can talk about the views of your community as a whole.

WHAT WILL YOU BE ASKED TO DO?

You will be asked to participate in an individual interview with two team members from the UNC School of Public Health. The interview is made up of a series of questions about life in Durham. An example of a general question is, "What is it like living in your community?" There are no wrong answers or bad ideas, just different opinions. The interview will be one-time only and will take about 60 minutes of your time. If you agree to participate in the interview we will be recording your response on a piece of paper. Also, if you do not object we would like to tape record the discussion to make sure we do not miss anything. Only members of our group will listen to the tapes. The tapes will be erased after our study is over. You can ask us to turn off the tape recorder at any time.

If you decide to participate in this interview, you will be asked to sign an "informed consent" form. Signing the form means that you understand the purpose of the AOCDD project and what you will be asked to do during the project. It also means that you understand that you can stop taking part in the project at any time you want to.

WHAT WILL YOU GET OUT OF BEING IN THIS PROJECT?

You will have the opportunity to share your thoughts about the future of the community that you serve. You will not be paid to participate in this interview. There are no costs for participating in the study other than your time spent during this interview.

WHAT WILL WE DO WITH THE INFORMATION THAT WE GATHER?

The team will summarize the information gathered from interviews and focus groups (small groups assembled to identify and discuss key issues in the community) and present it both written and verbally to the community.

YOUR PARTICIPATION IS VOLUNTARY AND CONFIDENTIAL.



To protect your privacy, any information you provide will remain confidential. Though your name and address may be collected, it will not be used in any way in the research study or linked to your responses. It will only be used to invite you to attend the community forum. All of the information you provide will be stored only with an identification number, not with your name.

Information such as age and sex may be gathered during the interview. When we report the data, all identifying information will be removed so your responses and comments will not be linked to you. The only people with access to all data are the members of the student team and the faculty advisor. All notes and audiotapes containing your interview responses will be stored in a locked cabinet at the School of Public Health and will be destroyed in May 2006 at the conclusion of the study.

CAN YOU REFUSE OR STOP PARTICIPATION?

Yes. If you agree to participate in this study, please understand that your participation is voluntary (you do not have to do it). You are free to stop participating at any time. You can refuse to answer any questions. During the interview you may ask that the recording be stopped at any time.

Whether or not you participate in the research will have no effect on services obtained in the community or any relationship with the UNC.



WHAT ARE THE RISKS OF TAKING PART IN THIS PROJECT?

There are minimal physical, psychological, or social risks associated with participating in this study. However one potential risk may be that if you say any bad things about the community or the services you provide in Durham and that information is divulged, you may be at risk for losing your job. Such information could also affect any political career you may choose to have. We

d. Service Provider Interview Guide

Introduction: Hello, my name is _____ I'm going to be leading our interview today. This is _____, who will be taking notes and helping me during our discussion. We'll be here about 60 minutes to talk to you about what role your group or organization has in the community, and about your opinions concerning the strengths of the community and the challenges it faces. Your insights and opinions on this subject are important, so please say what's on your mind and what you think. There is no right or wrong answer.

Demographic Information

1. Age _____
2. Race/Ethnicity (Check All That Apply)
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Hispanic/Latino/a
 - Native Hawaiian or Other Pacific Islander
 - White
 - Other _____
3. Sexual Orientation Identity
 - Lesbian
 - Gay
 - Bisexual
 - Other _____
4. Gender Identity
 - Male
 - Female
 - M to F Transgender
 - F to M Transgender
 - Other _____
5. How "out" are you?
 - Totally
 - In Some Places

Orientation to the Community

6. Do you live in Durham? If yes, for how long?
7. Do you identify with the Lesbian and Bisexual community?

Life in the Community

8. How would you describe the financial status of lesbian and bisexual women in the community as compared to the rest of Durham?
9. Is there much unemployment? What contributes to the unemployment?
10. How do you feel about the recent growth in Durham?
11. What do people in the community do for fun?
12. Are people involved in politics?
13. Do you feel like there is a collective community in Durham among Lesbian and bisexual

- Women? Why or why not?
14. How do you think that different community members interact with one another?
 15. How do people of different races (backgrounds, cultures, ethnicities) interact within the Lesbian and Bisexual community?

Roles and Responsibilities of Service Providers

16. What is your agency's role in the community? How is your agency financed?
17. What services do you provide to community members?
18. How long have you worked in this community? Why did you choose to work here?
19. What responsibilities do you feel you have to the community?
20. How can services be better utilized?
21. Who in the community is in the most need for your agency's services?
22. What are your biggest barriers/challenges at work?
23. Which community needs are not met by your agency or other organizations in the community?
24. What other agencies in the community specifically provide services to Lesbian and Bisexual women? (Probe: Are there services outside of Durham that provide services?)

Assets Found in the Community

25. What are some of the best things about the community (resources, agencies, human interactions, and physical environment)?
26. What do you think are the major issues/problems community members face (low income, elderly, safety, housing, and health)?
27. Which problems do you feel are the most important for the community to address?
28. What issues do you hear clients discussing the most?

Problem-Solving and Decision-Making

29. Do you know of any projects that the community has undertaken together? Were those projects successful? Why or why not?
30. If you were going to try to solve a community problem, whom would you try to involve to ensure success?

Recommended Individuals to Interview

31. Are there people or organizations with which you think we should speak that you would be willing to gain permission for our team to contact?
 - a. Describe the specific person or organization.
 - b. Why would you think their opinions and views would be helpful for us to hear?

Recommendations for Community Forum

32. We plan to conduct a forum this spring to share the information we have gathered with the community. Would like to be involved in planning this event?
33. Do you have any ideas regarding how to get people to attend (time, place, and publicity)?
34. Who else do you think should help us coordinate this forum?

Additional Information

35. Is there anything else you would like to share about the community?

e. Service Provider/Community Member Interview Consent Form

WHAT ARE THE RISKS OF TAKING PART IN THIS PROJECT?

There are minimal physical, psychological, or social risks associated with participating in this study. However one potential risk may be that if you say any bad things about the community or the services you provide in Durham and that information is divulged, you may be at risk for losing your job. Such information could also affect any political career you may choose to have. We will do the best we can to protect you from this risk by keeping all data in a locked file cabinet at the School of Public Health. In addition, your name will never be attached to anything you say. Although you may not experience any direct benefits, your participation may provide useful information that can be used by the community to plan and improve services available for its residents to help make things better in the LBW community of Durham over time. Your decision to take part in this study will not influence any of the services you receive or might receive. You can say yes or no to our request.



WHO IS IN CHARGE OF THIS PROJECT? HOW CAN YOU CALL THEM?

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All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. If you have any questions or concerns about your rights as a research subject you may contact, anonymously if you wish, the Institutional Review Board at 919-966-3113 or by email to IRB_subjects@unc.edu

If you are interested in participating in an interview, please read the following agreement statement very carefully. Then please sign your legal name and date this form and give it to one of the interviewers. You will get a copy of the form for your own records.

Agreement Statement:

By signing this consent form, I have read the information provided above. I have asked all the questions I have at this time. I voluntarily agree to participate in this research study. And I give permission to the University of North Carolina at Chapel Hill to use my interview information for the Action-Oriented Community Diagnosis.

(Your name, please print)

(Your signature and date)

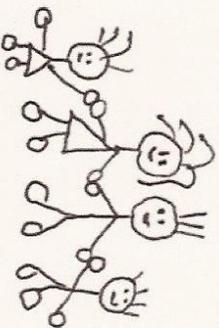
(Team member signature and date)

Thank you!



Would you like to participate in an AOCD of your community?

Consent Form for Community Members who are also Service Provider Interviews



THIS CONSENT FORM SHOULD BE SIGNED ONLY BETWEEN 11/27/06 AND 12/14/06
APPROVED BY THE PUBLIC HEALTH IRB
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL



WHAT IS AOCD?

AOCD means Action-Oriented Community Diagnosis. AOCD is a research assessment designed to understand the cultural, social, economic, and health experiences of Lesbian and Bisexual Women (LBW) who live in Durham. The purpose is to better understand the experiences of members of this community.

WHY ARE YOU PARTICIPATING IN AOCD?

You are invited to participate because we want your ideas on the strengths and needs of LBW in Durham. You were either chosen as a service provider or someone in your community identified you as a person who can talk about the views of your community as a whole.

WHAT WILL YOU BE ASKED TO DO?

You will be asked to participate in an individual interview with two team members from the UNC School of Public Health. The interview is made up of a series of questions about life and your role as a service provider in the LBW community of Durham. An example of a general question is, "What is it like to live in your community?" There are no wrong answers or bad ideas, just different opinions. The interview will be one-time only and will take about 60 minutes of your time. If you agree to participate in the interview we will record your responses on paper. Also, if you do not object, we would like to tape record the discussion to make we do not miss anything. Only members of our group will listen to the tapes. The tapes will be erased

after our study is over. You can ask us to turn off the tape recorder at anytime.

If you decide to participate in this interview, you will be asked to sign an "informed consent" form. Signing the form means that you understand the purpose of the AOCD project and what you will be asked to do during the project. It also means that you understand that you can stop taking part in the project at any time you want to.

WHAT WILL YOU GET OUT OF BEING IN THIS PROJECT?

You will have the opportunity to share your thoughts about the future of the LBW community of Durham. You will not be paid to participate in this interview. There are no costs for participating in the study other than your time spent during this interview.

WHAT WILL WE DO WITH THE INFORMATION THAT WE GATHER?

The team will summarize the information gathered from interviews and focus groups (small groups assembled to identify and discuss key issues in the community) and present it both written and verbally to your community.



YOUR PARTICIPATION IS VOLUNTARY AND CONFIDENTIAL.

To protect your privacy, any information that you provide will remain confidential. Though your name and address will be collected, it will not be used in any way in the research study or linked to your responses. It will only be used to invite you to attend the community forum.

Information such as age and sex will be gathered during the interview. All of the information you provide will be stored only with an identification number, not with your name.

To ensure "confidentiality," you can use a made up name during the interview so that nobody will see your real name connected with the study. However, your real name must be signed on the consent form.

Information such as age and sex will be gathered during the interview. These descriptive characteristics are collected only to help summarize our data. When we report the data, all identifying information will be removed so your responses and comments will not be linked to you. The only people with access to all data are the members of the student team and the faculty advisor. All notes and audiotapes containing your interview responses will be stored in a locked cabinet, separate from consent forms, at the School of Public Health and will be destroyed in May 2006 when the study is over.

CAN YOU REFUSE OR STOP PARTICIPATION?

Yes. If you agree to participate in this study, please understand that your participation is voluntary (you do not have to do it). You are free to stop participating at any time. You can refuse to answer any questions. During the interview you may ask that the recording be stopped at any time.

Whether or not you participate in the research will have no effect on services obtained in the community or any relationship with the UNC.

f. Service Provider/Community Member Interview Guide

Introduction: Hello, my name is _____. I'm going to be leading our interview today. This is _____, who will be taking notes and helping me during our discussion. We will be here about 60 minutes to talk to you about living in your community, what role your group or organization has in the community, and your opinions concerning the strengths of your community and the challenges it faces. Your insights and opinions on these subjects are important, so please say what's on your mind and what you think. There are no right or wrong answers.

Demographic Information

1. Age _____
2. Race/Ethnicity (Check All That Apply)
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Hispanic/Latino/a
 - Native Hawaiian or Other Pacific Islander
 - White
 - Other _____
3. Sexual Orientation Identity
 - Lesbian
 - Gay
 - Bisexual
 - Other _____
4. Gender Identity
 - Male
 - Female
 - M to F Transgender
 - F to M Transgender
 - Other _____
5. How “out” are you?
 - Totally
 - In Some Places

General Information about the Community

6. Do you live in Durham? If yes, for how long?
7. Are you aware of a Lesbian Bisexual Women’s community in Durham?
8. Do you consider yourself an active member of this community?
9. Are there other communities that you identify with?
10. Which community do you identify with most strongly/closely?
11. How long have you been AN ACTIVE member of this community?
12. Describe the LBW community of Durham.
13. How would you describe the financial status of Lesbian and Bisexual Women, as compared to the rest of Durham?
14. What do people do for fun?

15. Where do women go to meet women? (*Probe: Is that a different place from where women go to just hang out?*)
16. How are people involved in politics? (voting, talking with community leaders, elections)
17. Are members of the Lesbian and Bisexual community involved in PAC?
18. How involved are churches in the lives of people in the community? (attend church, participate in church groups)
19. Are there other community organizations in the community that people are involved with? (*Probe: What are they?*)

Life in the Community

20. How would you describe the financial status of lesbian and bisexual women, as compared to the rest of Durham?
21. Is there much unemployment? What contributes to the unemployment?
22. How do you feel about the recent growth in Durham?
23. Do you feel like there is a collective community in Durham among lesbian and bisexual women? Why or why not?
24. How do you think that different community members interact with one another?
25. How do people of different races (backgrounds, cultures, ethnicities) interact within the lesbian and bisexual community?

Roles and Responsibilities of Service Providers

26. What is your agency's role in the community? How is your agency financed?
27. What services do you provide to community members?
28. How long have you worked in this community? Why did you choose to work here?
29. What responsibilities do you feel you have to the community?
30. How can services be better utilized?
31. Who in the community is in the most need for your agency's services?
32. What are your biggest barriers/challenges at work?
33. Which community needs are not met by your agency or other organizations in the community?
34. What other agencies in the community specifically provide services to lesbian and bisexual women? (*Probe: Are there services outside of Durham that provide services?*)

Assets and Needs of the Community

35. What are some of the best things about the community? (resources, agencies, social gatherings/support, physical environment)
36. What do you think are the major issues/needs community members face? (children, income, elderly, safety, housing, disability, health, mental health, pets)
37. Which needs do you feel are the most important for the community to address?
38. What services/ programs do community members use? (Do those services come here or do residents go to them?)
39. What do you wish could happen for the community in the next 5-10 years?
40. What issues do you hear clients discussing the most?
41. How are the health needs of lesbian and bisexual women being addressed?

Problem-Solving and Decision-Making

42. What kinds of community projects have been started during your time here? How would you explain their success or lack of it?
43. If you were going to try to solve a community problem, whom would you try to involve to make it a success?

Recommended Individuals to Interview

44. Is there anyone else whom we should speak with about the community, either service providers or residents that you would be willing to gain permission for our team to contact?
 - c. Describe the specific person or organization
 - d. Why do you think their opinions and views would be helpful for us to hear?

Recommendations for Community Forum

45. We plan to conduct a forum this spring to share the information we have gathered with the community. Would you be interested in helping us plan this event?
46. Do you have any ideas regarding how to get people to attend? (time, place, publicity)
47. Who else do you think should help us coordinate this forum?

Additional Information

48. Is there anything else you would like to share about the community?

Appendix 11: Demographic information on interview participants

	Community Members	Service Providers	Community Member/Service Providers
Race/Ethnicity	67% (10) White 20% (3) African-American 7% (1) Hispanic/Latino(a) 7% (1) Other	77% (10) White 15% (2) Other 8% (1) Missing*	50% (4) White 25% (2) African-American 13% (1) Other 13% (1) Missing*
Gender Identity	100% (15) Female	62% (8) Female 31% (4) Male 8% (1) Missing*	88% (7) Female 13% (1) Missing*
Sexual Orientation Identity	86% (13) Lesbian 7% (1) Bisexual 7% (1) Other (“queer”)	46% (6) Lesbian 23% (3) Gay 23% (3) Other 8% (1) Missing*	75% (6) Lesbian 13% (1) Bisexual 13% (1) Missing*
Level of public disclosure of sexual orientation†	87% (13) Totally 13% (2) In some places	70% (7) Totally 10% (1) In some places 20% (2) Missing*	63% (5) Totally 38% (3) Missing*
Age	13% (2) 18-24 33% (5) 25-35 47% (7) 36-55 7% (1) Missing*	15% (2) 25-35 38% (5) 36-55 31% (4) 55+ 15% (2) Missing*	38% (3) 25-35 13% (1) 36-55 13% (1) 55+ 38% (3) Missing*

*Refers to data that was not collected because interview took place before IRB approval for collection of demographic data or refusal by interviewee to respond to demographic questions.

†Applies only to individuals who responded as lesbian, bisexual, gay, or other (“queer”) to previous question regarding *sexual orientation identity*.