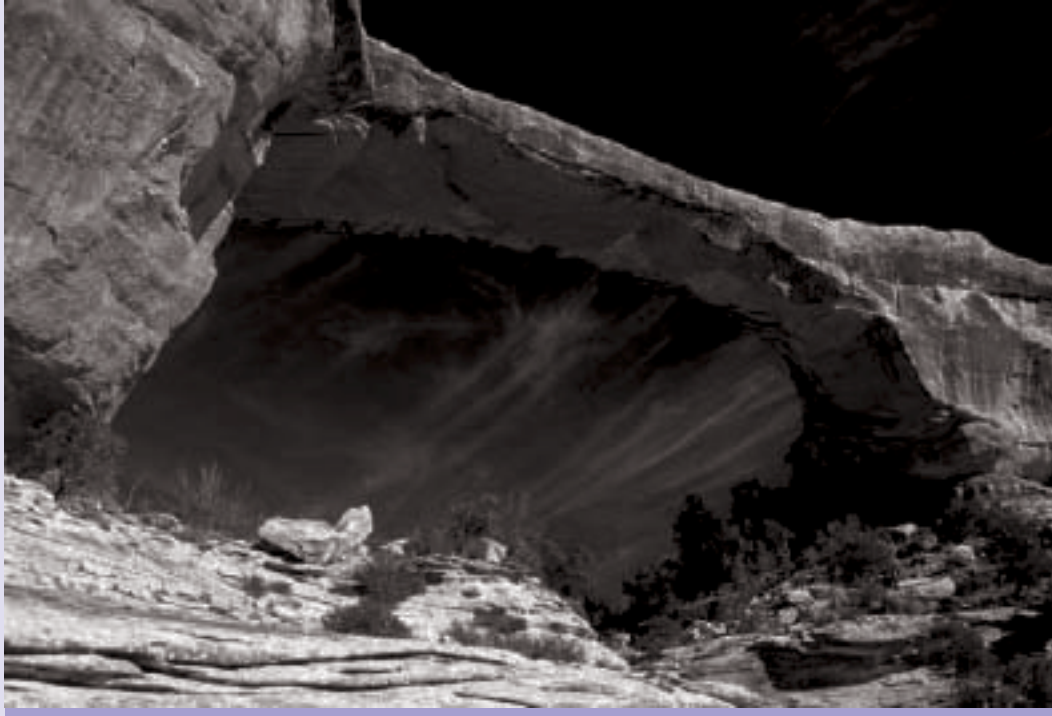


Working Together to Bridge the Gap

A Strategic Plan to Identify and Eliminate Tobacco-Related Disparities in Utah

March 2004

Executive Summary

Although Utah's overall smoking rates have been traditionally low, the prevalence of tobacco use varies significantly among different population groups. In a state with low smoking rates, identifying those at increased risk for tobacco use and working toward eliminating disparities is of particular importance. The Tobacco Prevention and Control Program (TPCP) adopts the four primary goals of the National Tobacco Prevention and Control Plan. They are specifically to:

1. Prevent Initiation
2. Promote Cessation
3. Eliminate Secondhand Smoke
4. Identify and Eliminate Disparities among Populations in regard to Tobacco Use

In 2001, the Centers for Disease Control and Prevention (CDC) awarded the TPCP at the Utah Department of Health (UDOH) supplemental funding to engage a diverse and inclusive workgroup in a strategic planning process to identify and eliminate tobacco-related disparities.

In January 2002, the TPCP began the strategic planning process by convening a workgroup with diverse community representation. Based on combined data from Utah's Behavioral Risk Factor Surveillance System (BRFSS) and lack of access to services, the TPCP identified six priority populations with potentially higher tobacco use prevalence. To ensure that representatives of all identified population groups would be actively involved in the strategic planning process, the TPCP solicited the participation of three active and three proxy members or representatives of each group. The initial priority populations included individuals with lower socioeconomic status, individuals living in rural areas of the state, and four ethnic populations (African-Americans, Native Americans, Hispanics and Asians/Pacific Islanders).

Our primary role as a Strategic Planning Workgroup was to inform and guide Utah's strategic planning process. The resulting strategic plan will provide a framework for future programs, interventions, and surveillance and evaluation to address the fourth goal area of the National Tobacco Prevention and Control Plan in Utah. Through a lengthy and complex process of setting goals, reviewing data, and prioritizing critical issues, we developed a strategic plan that will serve as a guideline for future Utah-wide efforts in working toward identifying and eliminating tobacco-related disparities.

The work group identified the following **critical issues**:

1. Utah's current surveillance techniques do not give an accurate picture of tobacco use in various racial and ethnic populations.
2. There is no formal communication network in existence among populations that are disparately affected by tobacco use.
3. Available tobacco-related programs and materials are lacking in cultural competency.
4. Disparately affected populations do not currently have the capacity to implement efforts to reduce tobacco use.
5. State and local policy makers and community opinion leaders are not fully informed about tobacco-related disparities.

The following **goals** were recommended to address these critical issues:

1. Minimize gaps in data that limit the identification of tobacco-related disparities.
2. Create a comprehensive communication network among disparately affected populations.
3. Ensure that all program and material development is culturally and linguistically competent.
4. Increase the capacity to reduce tobacco use among disparately affected populations.
5. Educate and influence state and local policy makers and community opinion leaders about tobacco-related disparities.

As a strategic planning committee, we are confident that through the implementation of this plan we can successfully address disparities in tobacco use. This strategic plan provides the blueprint for increasing many years of productive life among our residents, while simultaneously reducing the social and economic costs of tobacco. We call upon the community to support us in this important effort.

Purpose of the Plan

The tobacco industry continues to market tobacco products to vulnerable populations. The Campaign for Tobacco- Free Kids estimates that the tobacco industry spends $90,800,000 each year on marketing in Utah alone. Recent marketing efforts have been targeted to communities of color, specifically young girls and women (i.e., Virginia Slims “Find Your Own Voice” campaign).

Each year, 1,218 Utahns die from smoking related causes. To reduce the smoking-related burden on Utah, the Utah Department of Health maintains the Tobacco Prevention and Control Program (TPCP). This program operates under CDC guidelines and pursues the following goals aimed at reducing disease, disability and death caused by tobacco use:

1. Prevent initiation of tobacco use among young people.
2. Promote quitting tobacco use among young people and adults.
3. Eliminate non-smokers’ exposure to environmental tobacco smoke (ETS).
4. Identify and eliminate the disparities related to tobacco use and its effects among different population groups

Supplemental funding provided to Utah and other states and territories by the Centers for Disease Control and Prevention was used to develop tools and strategies in relation to the fourth goal area. These tools and strategies included: (1) identifying and defining the disparities among specific populations; (2) conducting a strategic planning process with community and state partners that will address these disparities; and will include (3) translating the goals and strategies identified in the strategic plan into specific objectives for the National Tobacco Control Program’s (NTCP) and the TPCP’s annual action plan.

Definitions

To avoid confusion and ensure a common understanding of the terms *diversity* and *disparity*, the CDC recommends use of the following definitions:

Increasing Diversity and Inclusivity (Promoting Representation and Involvement): Increasing diversity and inclusivity requires including representatives from populations at all levels of decision-making about tobacco-related health issues. Diverse populations include but should not be limited to racial and ethnic populations. Examples include low socioeconomic status populations, out-of-school youth; and lesbian, gay, bisexual, and transgender communities.

Identifying and Eliminating Disparities (Closing the Gap): Identifying disparities involves using data and/or other sources to identify groups with significantly higher tobacco use and exposure to secondhand smoke. *Eliminating disparities* involves ensuring diverse communities' access to planning and decision-making, capacity and infrastructure building, funding opportunities, services, and comprehensive initiatives to address the disproportional use of tobacco and/or exposure to secondhand smoke.

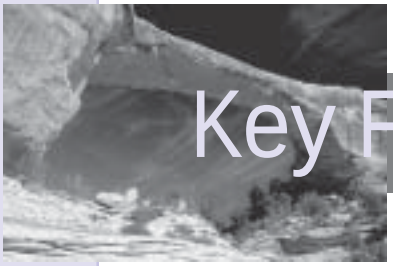
To guide the state's strategic planning process, the CDC developed the following vision and mission statements:

Vision

To identify and eliminate disparities related to tobacco use in population groups (NTCP Goal Four).

Mission

The mission of the Strategic Planning Committee is to build capacity for the identification and elimination of tobacco-related disparities by engaging a diverse and inclusive workgroup in a strategic planning process. In order to do this the committee will develop a strategic plan that will provide a framework for future programs, interventions, surveillance, and evaluation associated with tobacco-related disparities.



Key Findings

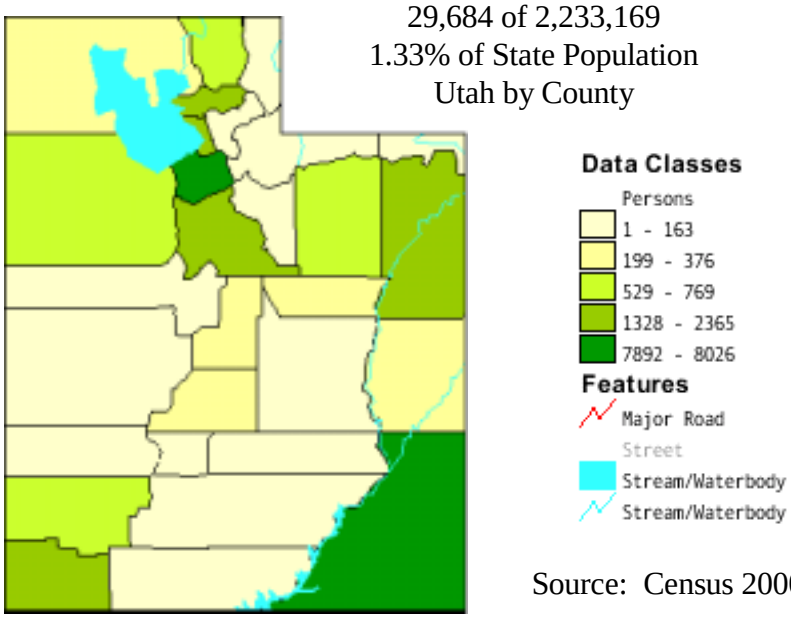
Utah's strategic planning process included three major steps of identifying "critical issues." First the group reviewed available state and national data on population distributions and tobacco use among Utah populations. Second, to fill gaps identified during the data review and learn more about tobacco-related issues among selected community groups, the work group conducted preliminary community needs assessments. Third, after reviewing the needs assessment results and the limitations of both existing data and the needs assessments, the work group conducted a SWOT analysis.

The following paragraphs describe major findings of these steps:

1. Data Review

US Census 2000 data indicate the following population distribution for Utah: White, 89.2%; Asian, 1.7%; American Indian/ Alaska Native, 1.3%; Black or African American, 0.8%; Native Hawaiian and Other Pacific Islander, 0.7%; persons reporting some other race, 4.2%; persons reporting two or more races, 2.1%; persons of Hispanic origin: 9.0%.Using US Census data, maps were created that illustrate where the majority of persons of various races and ethnicities live. The majority of Utahns of all races/ethnicities live along the Wasatch Front with the highest population concentrations in Salt Lake, Davis, Weber, and Utah counties.
Most of Utah's American Indians live in Salt Lake county and in San Juan county in the southeast corner of the state.

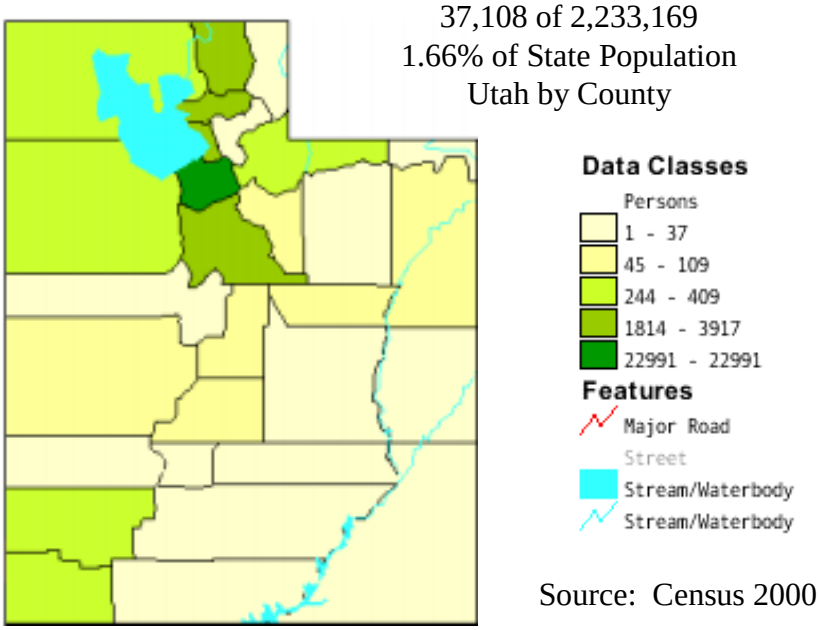
Persons Who are American Indian and Alaska Native Alone
29,684 of 2,233,169
1.33% of State Population
Utah by County



Source: Census 2000

Utah's Asian population is primarily concentrated in Salt Lake and neighboring Wasatch front counties.

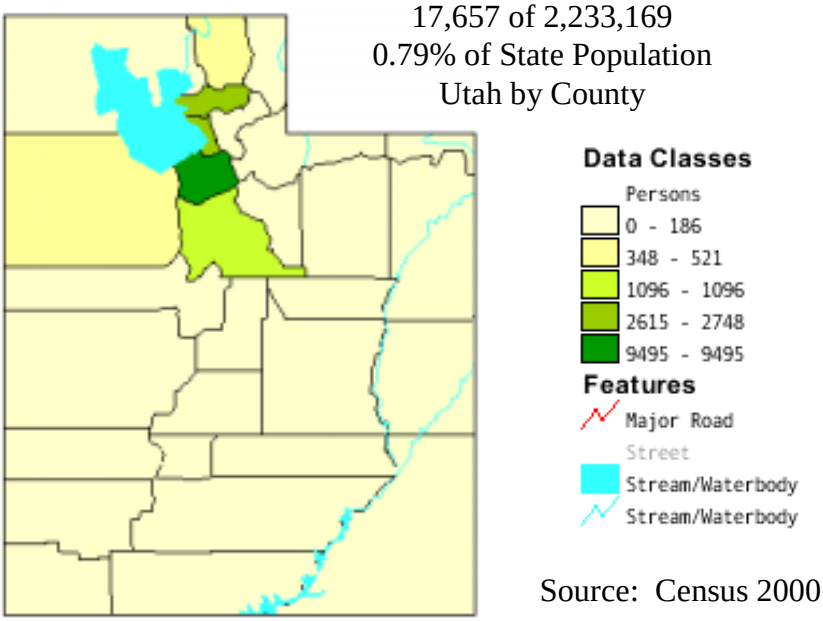
Persons Who are Asian Alone
37,108 of 2,233,169
1.66% of State Population
Utah by County



Source: Census 2000

Most African American Utahns live along the Wasatch Front with the highest concentrations in Salt Lake, Davis and Weber counties.

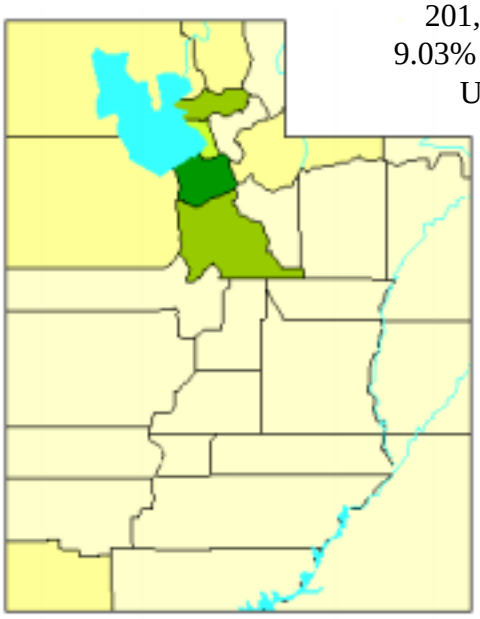
Persons Who are Black/African American Alone
17,657 of 2,233,169
0.79% of State Population
Utah by County



Source: Census 2000

The majority of Hispanic Utahns live in Salt Lake, Utah, and Weber counties. A smaller percentage of Hispanics live in the northwest counties of the state and in Washington county in the southwest.

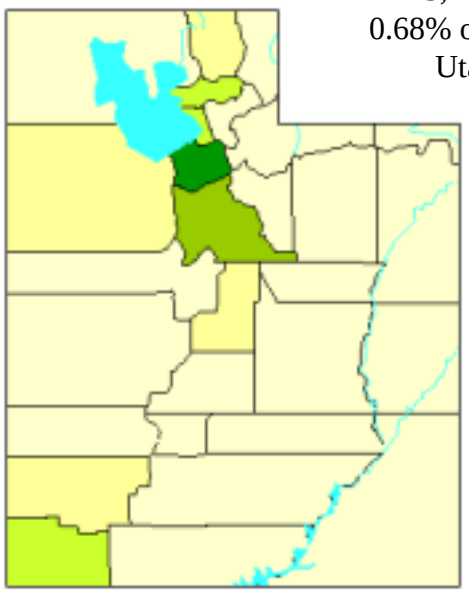
Persons Who are Hispanic or Latino Alone
201,559 of 2,233,169
9.03% of State Population
Utah by County



Source: Census 2000

Most Native Hawaiians and Pacific Islanders live Salt Lake, Utah, Weber, and Washington counties. A smaller percentage lives in Tooele, Iron, and San Pete counties.

Persons Who are Native Hawaiian and Other Pacific Islander Alone
15,145 of 2,233,169
0.68% of State Population
Utah by County

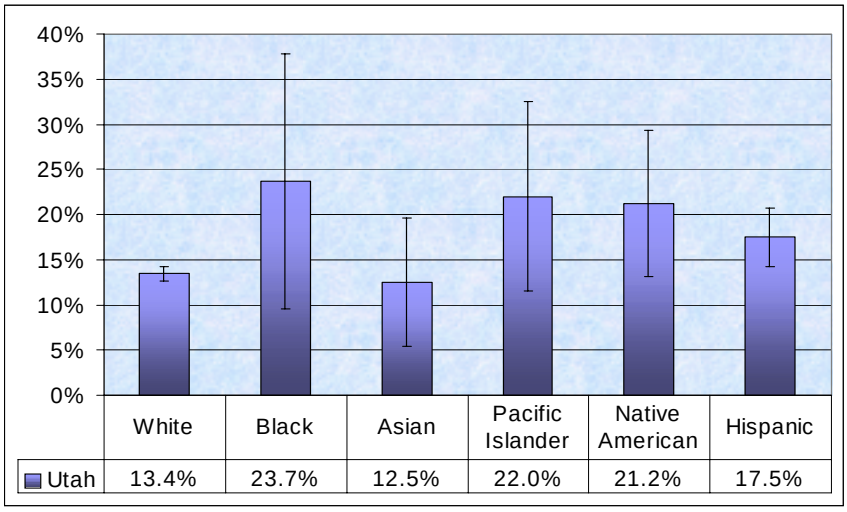


Source: Census 2000

Recent BRFSS data indicate that Utah's adult smoking rates vary by race, ethnicity, income and education. However, due to small numbers of survey participants representing different population groups, BRFSS data presented in the graphs below need to be interpreted with caution. Furthermore, as with all telephone surveys, data may be subject to error resulting from non-coverage (e.g., lower telephone coverage among some low SES populations), non-response (e.g., refusal to participate in the survey or answer specific questions), or measurement (e.g. social desirability or recall bias).

The graph below indicates that during the years 1997 to 2001, Utah African Americans/Blacks, Pacific Islanders, Native Americans, and Hispanics were more likely to smoke than Whites and Asians. Due to small numbers of survey participants, these findings are not statistically significant.

Percentage of Utah Adults Who Reported Current Cigarette Smoking by Race and Ethnicity

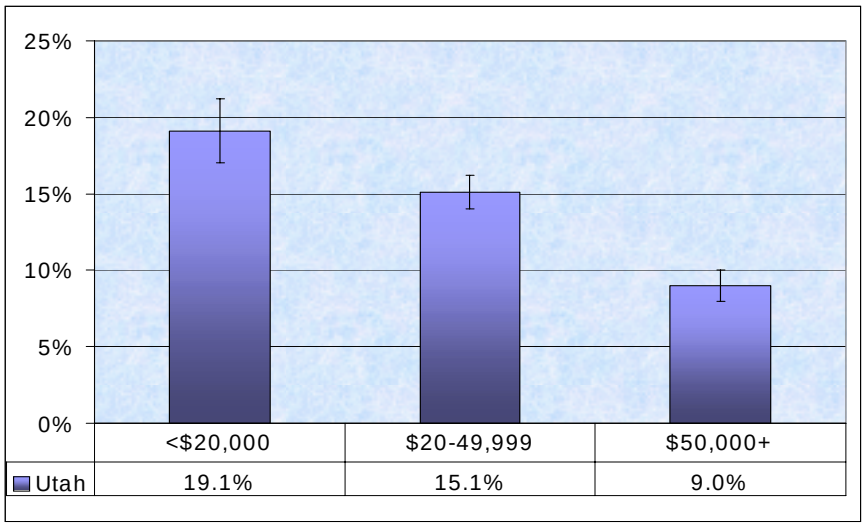


	White	Black	Asian	Pacific Islander	Native American	Hispanic
Utah	13.4%	23.7%	12.5%	22.0%	21.2%	17.5%

Source: Utah BRFSS, 1997-2001

Utahns whose annual family income was less than $20,000 were more likely to smoke cigarettes than Utahns who reported higher family income.

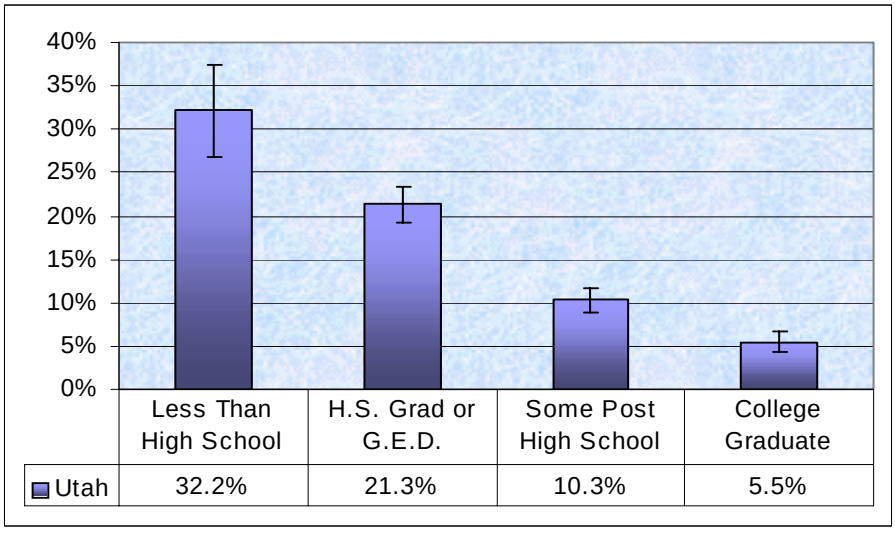
Percentage of Utah Adults Who Reported Current Cigarette Smoking by Income



Source: Utah BRFSS, 1997-2001

Smoking prevalence was three times higher among Utah adults with less than a high school education than among Utahns who reported post high school education.

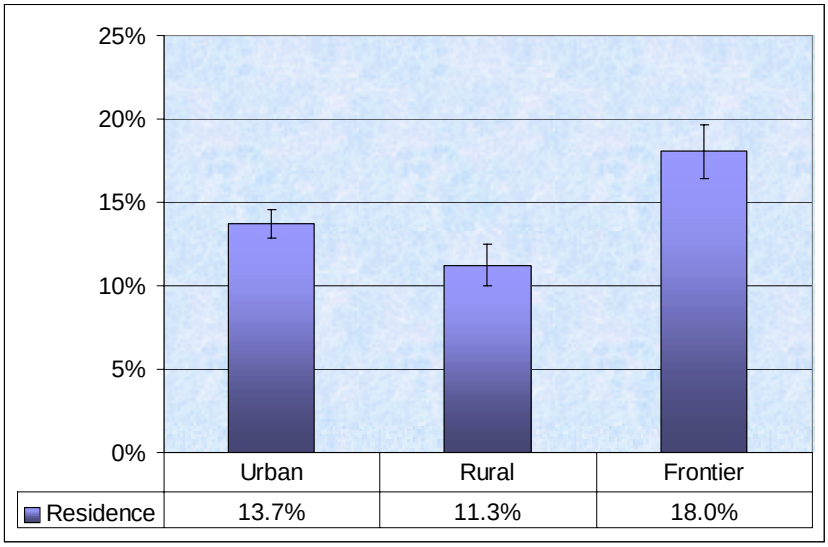
Percentage of Utah Adults Who Reported Current Cigarette Smoking by Education



Source: Utah BRFSS, 1997-2001

Smoking prevalence was higher among Utah adults living in frontier counties than among Utah adults living in rural or urban counties*.

Percentage of Utah Adults Who Reported Current Cigarette Smoking by Area of Residence

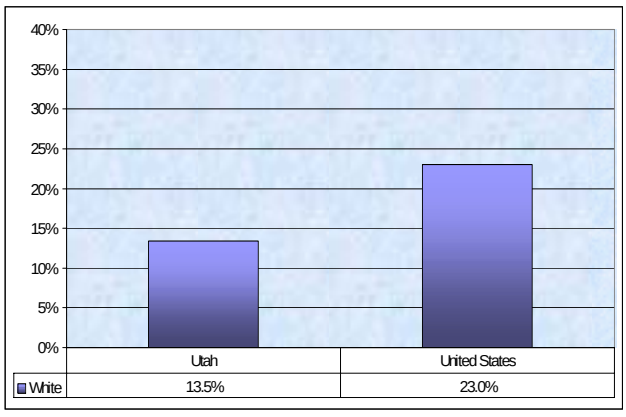


Source: Utah BRFSS, 1997-2001

*Frontier counties are defined as counties with six or fewer persons per square mile. Rural counties are defined as counties with more than six, but less than 100 persons per square mile. Urban counties are defined as counties with 100 or more persons per square mile.

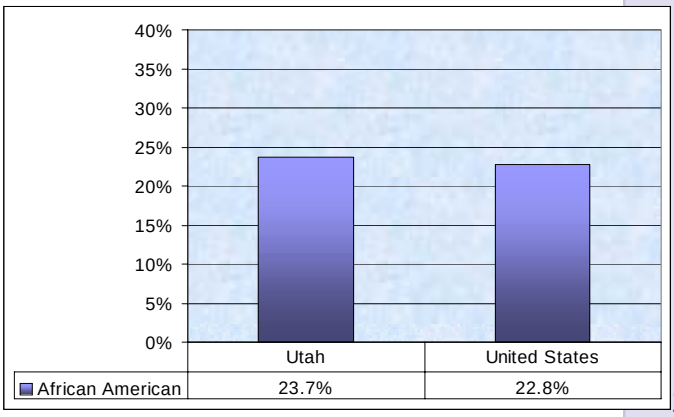
The following graphs compare Utah and U.S. smoking rates among different population groups. The data suggest that White Utah adults have a lower smoking prevalence than White U.S. adults. For U.S. and Utah African Americans or Blacks, the data showed no significant difference in smoking prevalence.

Percentage of White Adults Who Reported Current Cigarette Smoking by Location



Source: Utah BRFSS, 1997-2001, National BRFSS, 2000

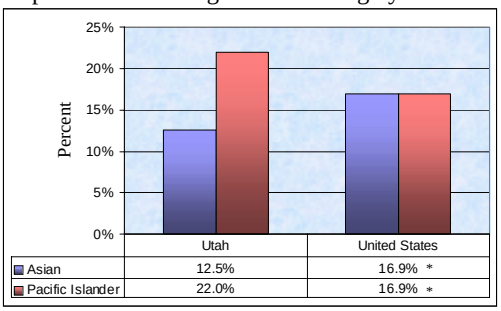
Percentage of African American Adults Who Reported Current Cigarette Smoking by Location



Source: Utah BRFSS, 1997-2001, National BRFSS, 2000

The graphs below compare Utah and U.S. smoking rates for Asians, Pacific Islanders and American Indians/Alaska Natives.

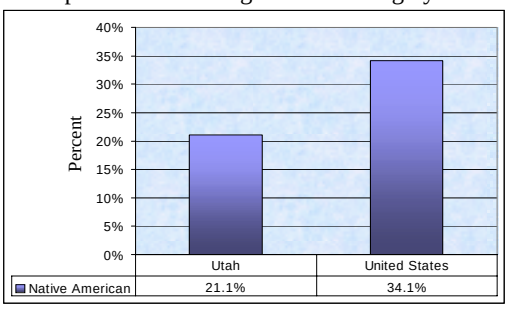
Percentage of Asian and Pacific Islander Adults Who Reported Current Cigarette Smoking by Location



	Utah	United States
Asian	12.5%	16.9% *
Pacific Islander	22.0%	16.9% *

Source: Utah BRFSS, 1997-2001, National Health Interview Survey, 1997
*Note: National data for Asian and Pacific Islander are combined

Percentage of American Indian/Alaska Native Adults Who Reported Current Cigarette Smoking by Location

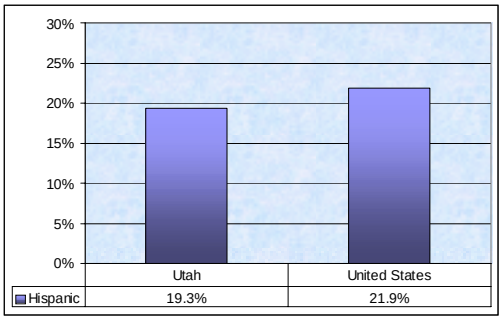


	Utah	United States
Native American	21.1%	34.1%

Source: Utah BRFSS, 1997-2001, National Health Interview Survey, 1997
*Note: National data for American Indian and Alaska Native are combined

In 2001 the Utah Department of Health conducted a Hispanic Health Survey with BRFSS questions translated into Spanish and BRFSS methodology. The smoking prevalence of Utah's Hispanic population is fairly consistent with the U.S. smoking prevalence for Hispanics. When comparing smoking prevalence between Hispanic men and women, Utah's Hispanic Health Survey found that men smoke at a significantly higher rate compared to women.

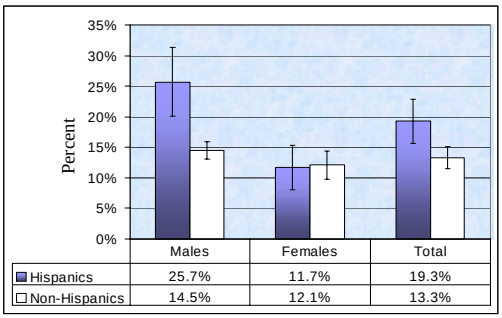
Percentage of Hispanic Adults Who Reported Current Cigarette Smoking by Location



	Utah	United States
Hispanic	19.3%	21.9%

Source: Utah Hispanic Health Survey, 2001; National BRFSS, 2000

Percentage of Adults Who Reported Current Cigarette Smoking by Sex and Ethnicity

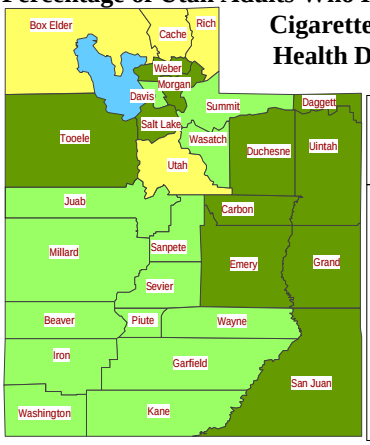


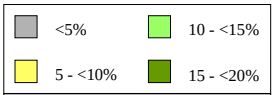
	Males	Females	Total
Hispanics	25.7%	11.7%	19.3%
Non-Hispanics	14.5%	12.1%	13.3%

Source: Utah Hispanic Health Survey, 2001; Utah BRFSS 2001 (provisional data)

Smoking prevalence among Utahns varies among Utah's local health districts; it was found to be as low as an estimated 6-10% in Utah and Bear River health districts and as high as 18-20% in Southeast, Tooele, and Tri-county districts.

Percentage of Utah Adults Who Reported Current Cigarette Smoking by Local Health District



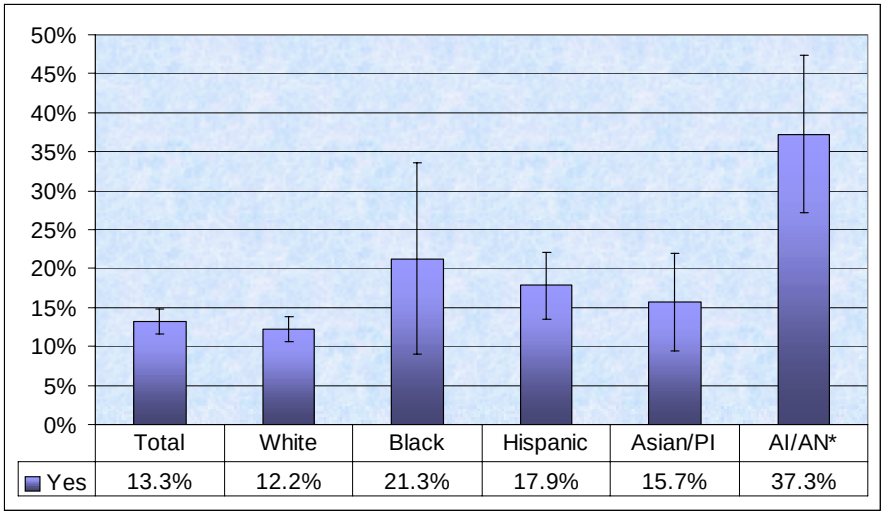


Bear River	9.24%	+/- 2.05%
Central	14.53%	+/- 3.01%
Davis	12.24%	+/- 2.55%
Salt Lake	16.49%	+/- 1.21%
Southeast	19.68%	+/- 2.79%
Southwest	12.51%	+/- 2.29%
Summit	10.76%	+/- 2.24%
Tooele	18.59%	+/- 2.84%
Tri-County	19.64%	+/- 2.73%
Utah County	6.35%	+/- 1.39%
Wasatch	10.83%	+/- 2.74%
Weber-Morgan	15.67%	+/-2.59%

Source: Utah BRFSS, 1997-2001

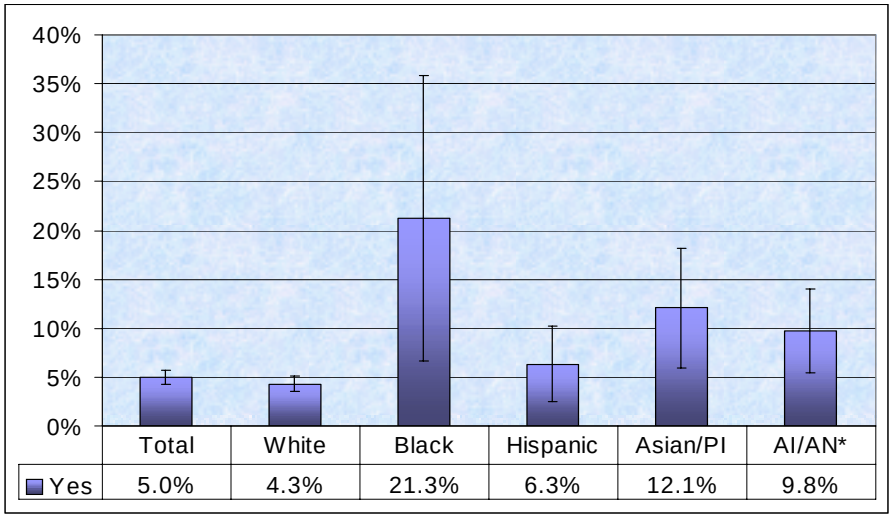
Utah tracks youth tobacco use rates with the Youth Risk Behavior Survey (YRBS). YRBS results reflect students who are enrolled in public schools. Since the YRBS is conducted as a statewide survey only, numbers of students representing different population groups are extremely low. Although the data presented in the graphs below was aggregated for the years 1995 to 2001, the numbers of survey participants remain low and the results need to be interpreted with caution. Additional data collection with larger samples will be necessary to obtain more accurate estimates of youth tobacco use behavior.

Percent of Utah Students Grades 9-12
Who Smoked Cigarettes in the Past 30 Days



Source: Utah YRBS 1995-2001 (survey completed every other year) *American Indians/Alaska Natives

Percent of Utah Students Grades 9-12
Who Used Chew or Snuff in the Past 30 Days



Source: Utah YRBS 1995-2001 (survey completed every other year) *American Indians / Alaska Natives

2. Population Assessment

The second step in the data review process consisted of a preliminary interview-based population assessment. The work group conducted a population prioritization exercise and based on the results, decided to focus the preliminary community assessments on eight subpopulations: Low SES 7th and 8th graders; Filipino and Vietnamese youth; Hispanic women; Asian men; Tongan men; African-American youth; Native American pregnant women; and school dropouts (all races and ethnicities). Each work group member was assigned to conduct at least 15 five-minute interviews with a selected population group. A total of 361 interviews were completed. The independent evaluator who oversaw the community needs assessments decided to keep the questions purposely vague to allow the respondents to talk about the issues that were most important to them. The results of the interviews were expected to provide insights into tobacco-related issues that were not captured by the quantitative data presented in the data review section. Due to small numbers of respondents and convenience sampling, the results were not expected to be representative of the interviewed population groups. The interviews included the following questions:

1. What community groups and/or organizations in your populations are interested in tobacco use?
2. Who do people in your population listen to and follow about tobacco use?
3. What are the reasons that people in your population use tobacco?
4. What kinds of things will make it difficult to talk about tobacco use in your populations?
5. What advertisements have you seen recently that talk about tobacco?
    a. If anti-ads were mentioned first, then the subject was asked if they recalled any pro-tobacco ads.
    b. If pro-tobacco ads were mentioned first, then the subject was asked if they recalled any anti-tobacco ads.
6. Smoking Demographics
    a. Current Smoker
    b. Have you tried to quit?
    c. How many times?
    d. Non-smoker
    e. Have you smoked in the past?
    f. For how long?

Major Population Assessment Findings:

7th and 8th graders
N=42
Most of the youth surveyed did not know of any organizations that were interested in tobacco use. Some referred to organizations involved in tobacco prevention such as schools, the Boys and Girls Club and drug rehabilitation centers. Parents and grandparents were found to be the greatest influence on whether or not tobacco use is initiated. Friends and teachers were also frequently mentioned as an influence. A few mentioned the Boys and Girls Club leaders as being influential in their decision on whether or not to smoke. The most important reasons given for smoking were to “look

cool," look older and to be accepted by others and "fit in." The main barriers to talking about tobacco use were embarrassment and not looking cool. The tobacco media messages that were recalled were anti-tobacco ads, primarily "Truth" ads. It was not specified whether these were national "Truth" ads or ads from the local The Truth campaign.

Vietnamese Youth
N=23
Youth interviewed identified the Vietnamese Volunteer Youth Association as the only community group interested in tobacco use. Friends, work associations, and the DARE program at school were also mentioned. Culture and language were mentioned as playing a role in determining whether or not tobacco use was initiated. Reasons given for smoking included: "men are expected to smoke," and to look cool and fit in. Cultural expectations appear to directly contradict tobacco prevention messages. Also, those who are using tobacco reported that they did not like to be lectured about their tobacco use. When asked about media messages, most could not recall any. Those who could recall a message did primarily recall anti-tobacco messages, but pro-tobacco ads were also mentioned. Most of those surveyed were non-smokers. Those who smoked reported starting at about 12 years of age.

Native American Youth
N= 87
Most Native American youth interviewed were not aware of any groups or organizations in their community who are interested in tobacco use. Some of the responses included stores and gas stations, family members, schools and health care providers. Most reported that they were unaware of any strong influence on their decision to use tobacco. Others reported school, family, physicians and friends as having an influence. Native American youth were the only population group interviewed who stated religious reasons for using tobacco. Those who reported using tobacco recreationally listed the reasons for use as looking older/cool, social connections/fitting in, stress reduction and addiction. Barriers to talking about tobacco included lack of interest in discussing tobacco - it is not perceived as a problem in the community. When asked about what types of tobacco media messages Native American youth recall, most reported seeing pro-tobacco messages, primarily in magazines and gas stations. Those who recalled anti-tobacco messages listed the Truth campaign and the Phoenix Alliance. Although a majority reported being non-smokers, the smokers among the interviewed reported average initiation at 11 years of age. Most had smoked for an average of three years. Reasons for quitting included involvement in sports and influence of their parents.

Hispanic Women
N=48
Although Hispanic men have higher smoking rates than women (as shown in the Utah Hispanic Survey, BRFSS), the workgroup felt it was important to obtain information from Hispanic women. This decision was mainly based on work group members' concerns that the Tobacco Industry has started to aggressively target Hispanic women and young girls through ads in publications such as Latina Magazine. In addition, the recent Virginia Slims "Find Your Own Voice" campaign targeted women of all races and ethnicities by playing on individual cultural values.

Most Hispanic women surveyed either felt that there were no organizations in their community who were interested in tobacco use or if these organizations existed, the women were not aware of their services. As far as who influences women to smoke, most felt there were not any identifiable influences, others listed friends as being influential. The primary reason for women to smoke was to reduce stress levels, other reasons included wanting to be liked and to fit in. Most women felt that they were very open to anti-tobacco messages/services, but some didn't want to quit or were embarrassed to talk about it. The women were aware of anti-tobacco ads, but tobacco industry ads were also mentioned. When asked about their smoking habits, almost half of the women reported being current smokers. Their average age of initiation was 16 years. On average the women who smoked had smoked for eight years.

Asian Men
N=53
Asian men were surveyed at an annual cultural event, the Asian/Pacific Islander Festival. The Asian men who agreed to participate in the interviews included Japanese, Korean, Chinese, Thai, Vietnamese, and Filipino men. Due to the low numbers of participants in each group, results for different groups are not available. Most interviewees could not identify tobacco prevention services in their communities. Parents played the most influential role in whether or not tobacco use was initiated. Even older Asian men listed their parents (primarily their fathers) as their most important influence on their decision to use tobacco. Elders, friends and celebrities were also mentioned as being influential. Most of the respondents listed imitating adults and relieving stress as the primary reasons for smoking. Addiction and lack of interest were reported as barriers to talking with Asian men about tobacco use. When asked about tobacco-related media messages, most recalled anti-tobacco ads. Pro-tobacco ads were also mentioned. Most reported being non-smokers, but there were some who had smoked in the past with the average age of initiation listed at 15 years and the average length of smoking at nine years. Religious reasons and health concerns were reported as the main reasons for quitting.

Tongan Men
N=21 Surveyed
All of the Tongan men surveyed were contacted at traditional Kava circle celebrations. Tobacco use is widely accepted and even encouraged during Kava circle celebrations. The Kava circles are used to raise money for dowries for young Tongan women who are being courted by one of the men at the circle. Everyone interviewed listed the Kava circles and the churches that sponsor them as the only organizations in their communities interested in tobacco. Peers, parents and church ministers were listed as the primary influence on decisions to use tobacco. The primary reason for smoking for Tongan men was a symbolic rite of passage into adulthood. Other reasons included addiction, stress relief and weight control. The vast majority of those interviewed said that there were no barriers to talking about tobacco use. When asked about tobacco media messages, almost all of the respondents either couldn't recall any or remembered pro-tobacco messages. Smoking was described as a cultural norm among Tongan men. Many of the men mentioned specific cigarette brands they use including Malboro Reds and Lights. Almost all of the men were current smokers who had smoked for 30 years or longer. A few smokers had quit and most listed being a good example for their children as a major reason for quitting .

African-American Youth
N=56
The majority of the African American youth were interviewed at the Ogden Juneteenth Festival. This is an annual festival celebrating freedom from slavery. When asked what groups or organizations were interested in tobacco, most reported not knowing of any. Groups or organizations preventing tobacco use were not mentioned. Some respondents listed their friends or gangs as the only groups they knew who had an interest in tobacco. When asked who was most influencial regarding whether or not to smoke, the youth offered a variety of responses, including not knowing who influenced them, the tobacco industry, parents, celebrities and gangs. The reasons for using tobacco mentioned most frequently were addiction, peer influence and appearance (i.e., to "look cool"). Sex and weight concerns were also listed. Barriers to discussing tobacco use included not wanting to talk, not listening to the messenger, and apathy about the subject. The youth who reported being current smokers, started at an average age of 11 years and most had smoked for an average of four years. Reasons for quitting included their parents finding out and punishing them and the fact that tobacco use is a "nasty" habit.

Native American Pregnant Women
N=31 Surveyed
Due to a problem in photocopying the survey form, the first question dealing with groups or organizations interested in tobacco use was not part of the interviews that were conducted with Native American pregnant women. Family members, especially parents and husbands, were listed as the primary influence regarding tobacco use. Physicians played a secondary role. Reasons for using tobacco products included addiction, stress relief, and religious or ceremonial use. Barriers for talking about tobacco issues include the fear of offending others, high tobacco use prevalence in the community and lack of effective communication skills. More than half of the women interviewed could not recall being exposed to any tobacco-related advertisements. Those who did recall tobacco advertising recalled pro-tobacco media. Only a select few remembered seeing anti-tobacco ads. Most of the women interviewed reported that they were non-smokers although half of them had smoked in the past. The average age of initiation was 14 and the average length of smoking was three years. The primary reason listed for quitting smoking was pregnancy.

3. Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

After reviewing existing data and the results of preliminary needs assessments conducted with selected population groups, the work group reconvened to identify critical issues that would lead toward developing the strategic plan. To start the process of determining critical issues, the work group conducted a SWOT analysis. The results of the SWOT analysis (as recorded during the work group meeting) are listed below:

Strengths

- The Strategic Planning Committee has good representation from the appropriate communities
- There is a great deal of expertise among committee members and the group is very informed and knowledgeable
- The Utah Department of Health has provided a financial commitment to the project for FY 2002-2003.
- Research-based programs are available
- Resources are available
    - People
    - Curricula
    - Advertising/media
- Strong community networks and collaboration exist
- Level of commitment within the work group is strong
    - Potential for ongoing networking
- Needs assessment surveys reinforce and substantiate data presented earlier
- Support from the Centers for Disease Control and Prevention (CDC) and the Utah Department of Health (UDOH)
- UDOH leadership considers funding tobacco control programs a high priority
- Utah is one of fourteen states participating in CDC's strategic planning pilot program
- Strong and influential health education efforts
- Utah has well-organized activities and opportunities for recreation
- Positive peer pressure for not smoking
- Existing partnerships that build on researched programs and information
- Precedence with moving out tobacco and alcohol sponsorships
- Commitment has to exist beyond the committee; needs to be outside the UDOH long term to continue

Weaknesses

- Communication and language barriers
    - Community-based organizations (CBO) communicating with UDOH and planning process
- Prevalence data - we don't have good data
- Lack of cultural competency

- Lack of knowledge about other groups
- Always put in the position of defending funding
- No structure exists that connects the community to resources
- Web-based information is not accessible to people who need it most
    - Poverty
- We don't treat the whole person
    - Homelessness
    - Other health and social issues
- Data collection methods other than telephone surveys do not exist
- Commitment of committee members
- Office of Minority Health cut from UDOH - there are no minority advocates
- Structured to report to Deputy Director of UDOH
- Chronic disease partnerships - starting but need to be further developed
- Need to celebrate successes
- Programs are not always working together - need more collaboration, not just referrals
- Not all populations are completely represented at the table
    - Different Native American tribes
    - Other Asian/Pacific Islander ethnicities
    - Hispanic vs. Latino
    - Eastern Europeans
    - African
- Contingency plan - needs to be sustainable - networks and groups need to be in place and then they can look for other funding

Opportunities

- Tobacco advisory board - outside agency that is interested in tobacco issues and directs funding decisions for Tobacco Prevention & Control Program (TPCP)
- Making measurable differences in rates among various ethnic communities
- Parental support in Hispanic communities/families
- More non-smokers than smokers
- Respect vs. rebellion - respecting elders, culture parents, etc.
- Do training on the community level - facilitate with different anti-tobacco groups
- Link into larger programs - CDC, Northwest Portland Area Health Board
- Small focus groups within various ethnic populations
    - Teens with parents/family interaction
    - Cultural barriers
- Front-line "non-health educators" can connect with community better
- Involve minority "non-health educators" in strategic planning process at the ground level
- Create a resource bank to take the lead in one stop shopping for education, resources, communication (web-based, linked system, user friendly, culturally specific/urban, rural)

- The gates are open to new programs because of this planning process
- Networking opportunity with committee members
- Networking among other states
- Mini grants have been dispersed better because of contacts

Threats

- Continued funding
- Legislative support
- Smoking connected to culture and environment - all issues need to be addressed to effectively target populations
- Competing priorities
    - Bio-terrorism
    - Natural disasters
    - Economics
    - Homeland security
- Tobacco industry is good at what they do
    - Marketing
    - Resources
- Competing with the attractiveness and appeal marketed by the tobacco industry
    - Need to make non-smoking as attractive as smoking
- Sports figures, rappers, celebrities
- Tobacco as a legal and readily available substance - legitimizes use
- Family influences
- Taxes/health care costs
- Utah perceived as a healthy state - to admit a tobacco problem taints that image
- Don’t like to talk about confrontational subjects
- Church of Jesus Christ of Latter Day Saints (LDS) culture - rebellion (to smoke signifies separation from the LDS culture)
- Movie industry - product placement increasing
- Internet marketing, direct mail - savvy
- Boredom
- School support - administration
- Competing interests and resources - financial and time
- Invincibility/denial
- Apathy none of my business to address it

Goals and Strategies

After reviewing key findings the strategic planning committee (work group) faced the challenge of selecting goals and strategies that could provide a framework for future programs, interventions, surveillance and evaluation associated with tobacco related disparities. This section outlines what our work group believes needs to take place in our state in order to address the fourth goal area. It incorporates the most current information, diversity of thought and experience from the strategic planning process.

> "A decision is a judgement. It is a choice between alternatives. It is rarely a choice between right and wrong. It is at best a choice between 'almost right' and 'probably wrong'—but much more often a choice between two courses of action neither of which is probably more right than the other."
>
> Peter Drucker

After a nine month planning process the strategic planning committee identified 5 focus areas, with accompanying goals, strategies and tasks. This was completed through a 7-step process distributed between two meetings. The 7 basic steps of the process are outlined below:

1. Work group facilitators collected critical issues throughout the entire strategic planning process including a review of existing data, analysis of SWOT and a preliminary population needs assessment. The critical issues compiled by the facilitators were made available for review by the work group.

2. The work group analyzed the critical issues and identified missing issues. Facilitators formed a new list that captured all of the information to that point, strongly focusing on the SWOT and listed random order.

3. The work group and facilitators then identified overarching categories. The initial categories included:
   - community involvement
   - community resources
   - policy
   - data

- communication

4. The group organized all critical issues into the overarching categories. As the work group organized the critical issues, they also identified critical issues that did not fit any of the categories or fit into multiple categories.

5. The work group reclassified the categories to better reflect all of the critical issues. The new categories that emerged during the process include:
   - data
   - communication/engagement
   - capacity building
   - cultural competency
   - policy/advocacy

6. The facilitators then divided the strategic planning committee into groups. These small work groups formulated goals and strategies for each of the categories. The small work groups related the goals and strategies to the critical issues in each of the respective categories.

7. The work group ratified the goals and strategies through majority agreement after discussion and resolution of concerns.

The direction specified by the workgroup provides a guide for future action planning for a comprehensive and multifaceted approach. The strategies focus on a state-coordinated, decentralized approach that puts many resources into communities and organizations outside of the state Tobacco Prevention and Control Program. The draft of the goals, strategies and tasks identified by the work group is presented below:

Goal 1 (Data): Minimize gaps in data that limit the identification of tobacco-related disparities

Strategy 1.1: Assess the state of currently available data to identify potential gaps in knowledge
Task:
- List of data items missing from current data systems

Strategy 1.2: Improve existing surveillance systems and establish partnerships to develop new data collection systems to collect data on disparately affected populations
Tasks:
- Write plan to improve available data systems
- Implement the data collection plan

Strategy 1.3: Measure the effectiveness of tobacco specific programs to ensure successful outcomes among disparately affected populations
Tasks:

- Analyze statewide programs with regard to their effectiveness with disparately affected populations

Goal 2 (Communiations/Engagement): Create a comprehensive communication network among disparately affected populations (i.e. Low SES, Rural, Hispanic, African American, Native American, Asian/Pacific Islander)

Strategy 2.1: Revise or create a directory of tobacco control advocates and activities
Task:

- Complete directory

Strategy 2.2: Working with existing leadership from the tobacco strategic planning workgroup, create a visible and sustainable consortium to address health issues in various communities
Task:

- Develop written plan identifying steps to form consortium

Strategy 2.3: Ensure consortium formation and maintenance
Tasks:

- Identify commonalities and strengths, refine details, and find threads common to all groups within the consortium
- A common mission with goals and objectives will be established
- Each group works within itself and then partners with the larger group to address problem holistically
- Establish a method for feedback and a way to communicate program activities to consortium groups and the general public
- Establish a policy to address cultural competency issues in communication efforts
- Develop a plan to evaluate communication activities and process

Strategy 2.4: Ensure that consortium serves as a community resource (clearinghouse) for the dissemination of information and technical assistance
Tasks:

- Consortium develops policy regarding oversight of resources clearinghouse
- Consortium ensures that resources are user friendly, culturally specific, and relative to urban or rural populations
- Consortium advises and serves as a resource
- Clearinghouse is available

Strategy 2.5: Develop and implement a plan to evaluate communication activities and process
Task:

- Develop a written plan and evaluation methods (i.e. surveys)

Strategy 2.6: Determine ways to involve representative/leaders of disparately affected populations in tobacco strategic planning, prevention and cessation programs
Task:

- Research community directories for initial contacts
- Make appointments with initial contact person to learn about organizations (key leaders, influential people, interested parties) and select people to work with
- Set up a chain of communication (marketing kit) and engagement

Strategy 2.7: Assess current employment recruitment practices and determine ways to recruit more effectively in ethnic communities
Tasks:

- Develop recommendations to send to Department of Human Resource Management (DHRM)
- Follow-up with DHRM to see if recommendations are adopted and implemented

Goal 3 (Cultural Competency): Ensure that all program and material development is culturally and linguistically competent

Strategy 3.1: Provide cultural competency training and technical assistance to community leaders, health department and community based organization staff and community members
Tasks:

- Develop behavior change, results-oriented program for training purposes
- Conduct trainings

Strategy 3.2: Assess and address language barriers/issues as needed related to tobacco prevention and control
Tasks:

- Provide culturally competent multi-lingual forms, brochures, materials, etc.
- Establish a foreign language resource catalogue/library
- Assess quality of resources available

Goal 4 (Capacity Building): Increase the capacity of disparately affected populations to reduce tobacco use

Strategy 4.1: Provide training and technical assistance (TA) to leaders, community based organizations and networks in identified population groups
Tasks:

- Increase and target funding to support subpopulation social groups and after school programs where disparately affected populations gather
- Conduct needs assessment to determine appropriate training and TA for each population group
- Provide an outline to community members focusing on how to evaluate

programs effectively and encourage more grant writing

Strategy 4.2 Involve disparately affected populations in addressing and planning tobacco prevention and cessation programs
Tasks:

- Build up the capacity (funds/programs) of the community leaders and representatives
- Listen to issues and share and develop a common mission and goals to work toward healthy and tobacco-free communities

Goal 5 (Policy): Educate and influence state and local policy makers and community opinion leaders about tobacco related disparities and the importance of addressing them

Strategy 5.1: Identify and contact key policy makers and community opinion leaders
Task:

- Build a databank of addresses, etc. for regular contact

Strategy 5.2: Determine messages for policy makers, opinion leaders
Task:

- Funding and consistent enforcement

Strategy 5.3: Identify and cultivate a grass roots advocacy group to serve as a frontrunner for tobacco-related disparities
Tasks:

- Mobilize the community and disseminate information
- Develop countermarketing strategies specific to various ethnic groups to change big tobacco targeted marketing campaign within ethnic communities
- Continue to support successful existing cessation and prevention programs and policy initiatives

Next Steps

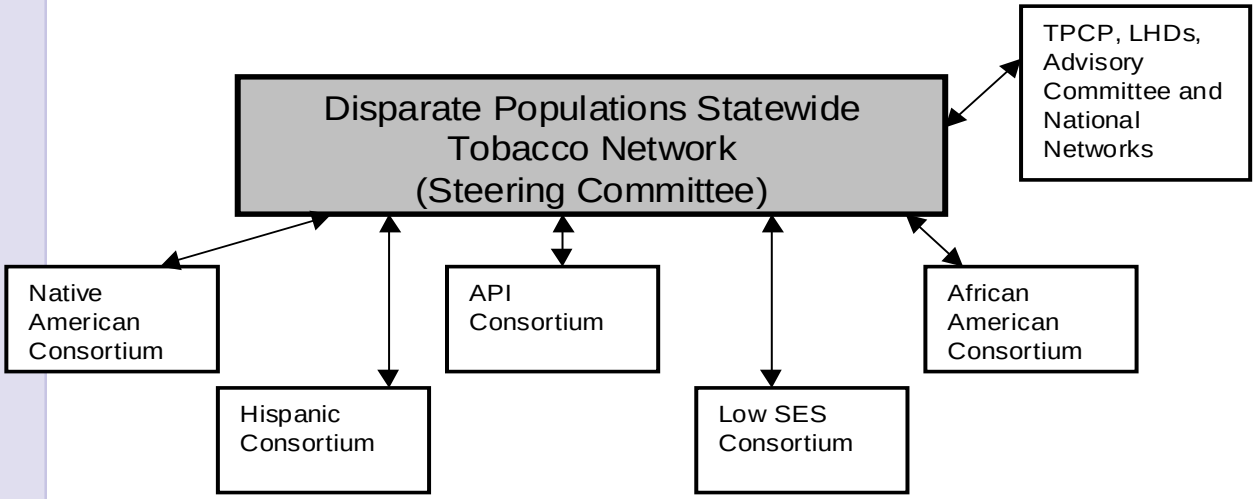
After engaging a diverse workgroup, examining and assessing data, developing goals and strategies and adopting and refining the plan it is time to focus on the Next Steps of implementation. This section will address:

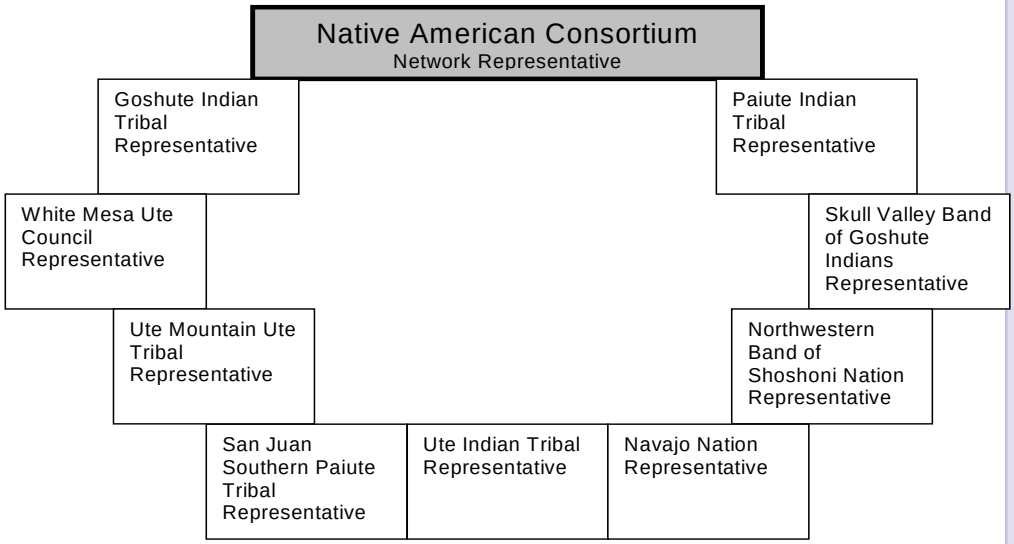
- How the plan will be monitored and the continued role of the Workgroup;
- How TPCP will integrate the strategic plan into TPCP Action Planning;
- How the plan will be marketed; and
- How the plan will be evaluated.

Monitoring and the Continued Workgroup Role

The strategic plan is not an end itself; it is merely a tool to enlist the thoughts and energies of a diverse workgroup in building capacity to identify tobacco-related disparities. In order for the process to continue, TPCP staff will monitor and evaluate progress regularly. TPCP will also work with community partners to identify assets, challenges and lessons learned in order to make necessary adjustments. Entering this new territory of tobacco control will require dedicated TPCP staff to keep focused on the big goals and stay with them, always looking for new opportunities to improve and broaden program efforts.

The continued role of the work group will be vital to future program activities. Goal number 2/Collaboration, describes how TPCP will facilitate the continued role of the work group. The steering committee of the strategic planning group and other interested group members will form a Statewide Tobacco Network (figure 1)to address the identification and elimination of tobacco related disparities. Each of the groups represented in the Network will also be responsible to establish a consortium within their community (figure 2) to





implement project activities, distribute culturally appropriate materials and address tobacco related issues unique to their culture.

TPCP and the Network will collaborate to define the scope of work for the Network and consortia. This organization will provide a method to distribute funding, provide support and technical assistance, provide feedback on cultural appropriateness of program activities and much more. Establishing the network ensures that the thoughts and energies of others in shaping program activities will not be lost but will continue to grow in influence.

Utah Department of Health Action Planning

The Utah Department of Health Tobacco Prevention and Control Program, with the support of its staff, Network members and other tobacco control partners, will take on the primary responsibility for ensuring that the strategic plan moves forward into action. In order for this to happen the goals, strategies and tasks that were developed by the Workgroup will be incorporated into the TPCP action planning. This will be done on two levels.

First it is important to educate all TPCP staff about the necessity of making statewide programs more culturally appropriate and inclusive. They need to be aware of strategies to identify and eliminate tobacco-related disparities in prevention, cessation and elimination of secondhand smoke efforts. Each planning group within TPCPwill be asked to consider how they could use the Network and consortia as community partners in program efforts.

The second level is to identify what role TPCP would play in establishing the Network and which activities should be included as part of the TPCP Action Plan to ensure that the Network was

established. A work group consisting of five TPCP staff has been formed to establish Network activities, TPCP activities and Timeline according to feasibility and budget requirements. The following Action Plan will be reviewed by the Workgroup. Please see attachment.

Marketing Plan

Marketing will take place internally and externally to let others know about the strategic plan. Marketing will take place on many levels according to readiness of the communies and priorities of the Network. The first phase of marketing will focus on helping the community recognize the need to address tobacco related disparities. The second phase will build on this phase, focusing on building support for the strategic plan at UDOH and among the tobacco control community. The third phase will involve the Network members reaching out to their respective communities to build support. After the communties support have been established, the next phase of marketing will reach out to community partners for participation and support for consortia activities. Throughout the marketing process TPCP and Network members will continue to promote tobacco control and the need to address disparately affected populations in other educational opportunities.

TPCP will partner with the Network to determine the appropriate messengers and develop the needed materials to address the various target populations. Template materials including letters, PowerPoint presentations and brochures will be utilized to expedite this process. These materials may be adapted by Network members and others in order to make them appropriate for the intended audiences. Informal feedback will be captured at marketing opportunities. Materials and presentations will be modified as needed in response to feedback. Efforts will also be made to document who was met with, when presentations took place, who attended and the outcomes of the meetings.

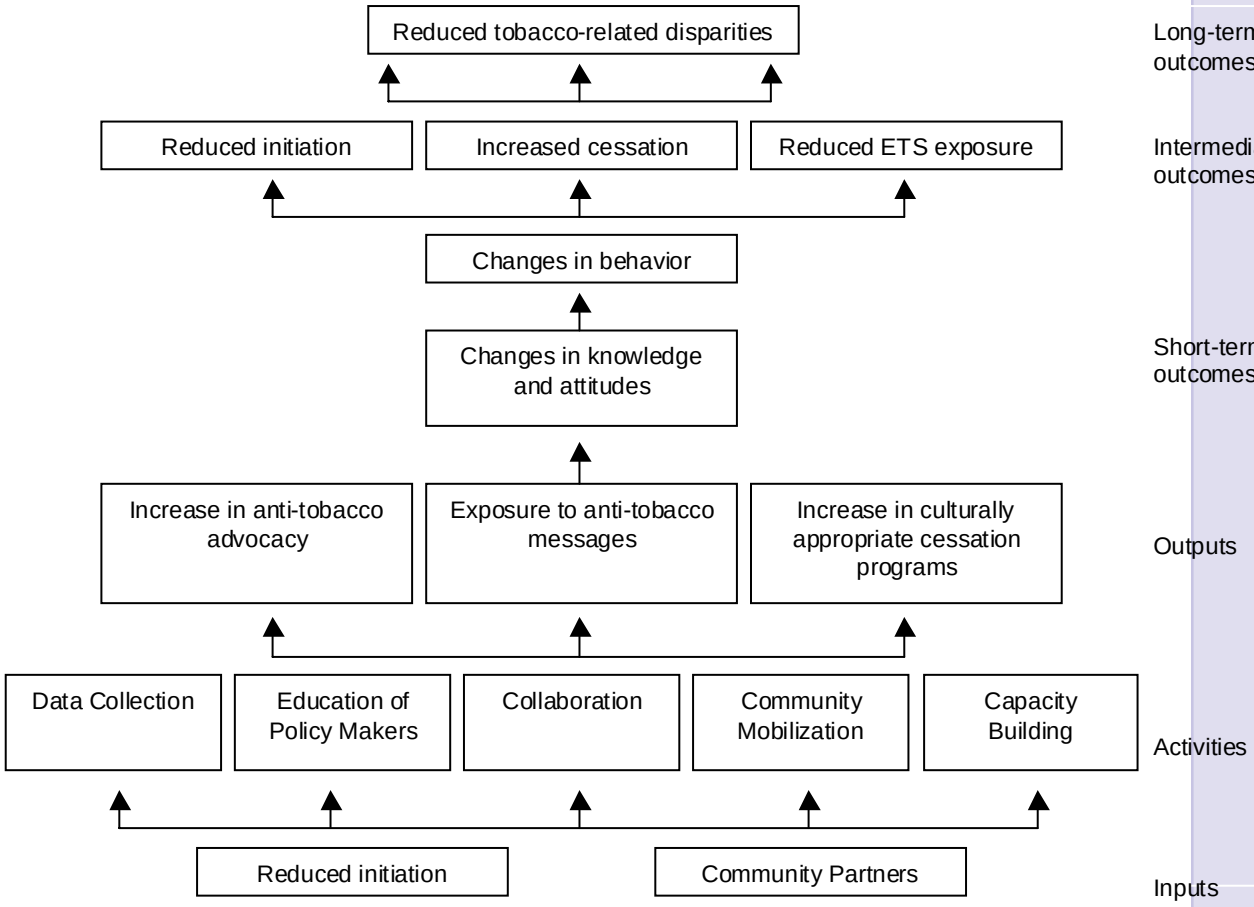
Evaluation Plan

1. Project Description

Purpose of the Strategic Plan: To enhance the capacity of Utah is state and local agencies and communities to identify and eliminate the disparities related to tobacco use and its effects among different population groups (figure 3)

Strategic planning goals (see Action Plan):

1. Minimize gaps in data that limit the identification of tobacco related disparities
2. Create a comprehensive communication network among disparately affected populations
3. Ensure that all program and material development is culturally and linguistically appropriate



2. Purpose of the Evaluation

To document how the Strategic Plan is being implemented:

1. Process (describe implementation of action steps; conduct fidelity analysis)
2. Impact (describe impact of the plan on populations)
3. Outcomes (describe tobacco-related outcomes)

3. Evaluation Design

Evaluation type: Goal-based process and outcome evaluation, prospective approach (pre-post and follow-up data collection, trend analysis)
Data analysis method: Use of multiple data collection methods (use of descriptive data, content analysis, case studies, as appropriate)

4. Key Processes/Outcomes and Data Collection Plan

Key Processes

Key Process	Data Collection Method	Data Source	Schedule
Goal 1: Minimize gaps in data (Expected outcome – By June 2004, Utah tobacco surveillance systems will provide estimates of tobacco use and related indicators for population groups by age, gender, race, ethnicity, SES, and other variables determined by the Network)			
Assessment of tobacco-related data sources	Document review	Summary of tobacco surveillance systems (TPCP)	June 2003
Development of enhanced data collection plan	Document review	Expanded data collection plan (TPCP)	June 2004
Implementation of enhanced data collection plan	Document review	Review of data collection systems	June 2004
Goal 2: Create communication network (Expected outcome – By June 2003, representatives of Utah's ethnic, rural, and low income communities will have formed a statewide anti-tobacco network that represents and guides Utah's anti-tobacco consortia)			
Development of tobacco control directory	Document review	Directory	June 2004
Development of Network	Document review Interviews	Meeting minutes Organizational charts, contracts Key informant interviews	June 2003
Maintenance of Network	Document review Interviews	Meeting minutes Key informant interviews	Ongoing
Involvement of community leaders in consortia	Document review Interviews	Meeting minutes Key informant interviews	Ongoing
Development of Clearinghouse	Document review Interviews	Meeting minutes Key informant interviews	June 2003

Key Process	Data Collection Method	Data Source	Schedule
Goal 3: Ensure that program materials are culturally and linguistically appropriate (Expected outcome – By June 2004, the Network's Clearinghouse administered by the TPCP will provide culturally and linguistically appropriate materials requested and approved by the Network)			
Organization of cultural competency trainings	Document review Surveys	Training schedules, agendas, minutes Training evaluations	June 2004
Availability of multi-lingual materials	Document review	Assessment of Clearinghouse materials	June 2004
Recruitment of representatives of disparately affected populations for health professions	Interviews	Key informant interviews	June 2004
Goal 4: Increase capacity (Expected outcomes – By June 2004, additional representatives of different population groups will be trained in planning, implementing, and evaluating tobacco prevention and control programs; additional programs will be implemented)			
Training and technical assistance	Document review Surveys	Needs assessments, Training schedules, agendas, minutes Training evaluations	June 2004
Community involvement in planning and programming	Interviews	Key informant interviews	June 2004
Goal 5: Obtain support of policy makers and community opinion leaders for identifying and eliminating tobacco-related disparities (Expected outcomes: By June 2004, support and funding for projects that aim at identifying and eliminating tobacco-related disparities will be available; additional community leaders actively support the Network and/or consortia)			
Education and advocacy	Document review Interviews	Funding allocation Meeting minutes Key informant interviews	June 2004

Key Outcomes

Key Outcome	Data Collection Method	Data Source	Schedule
Long-term outcomes			
Reduced tobacco-related disparities	Population surveys	BRFSS, YTS, YRBS	2010
Intermediate outcomes			
Reduced initiation of tobacco use among population groups	Population surveys	YRBS, YTS	2010
Increased cessation among population groups	Population surveys	BRFSS, YRBS, YTS	2010
Decreased exposure to environmental tobacco smoke	Population surveys	BRFSS, Utah Health Status Survey, YTS	2010
Short-term outcomes			
Changes in tobacco-related knowledge and attitudes among population groups (changes in community norms)	Population surveys, Interviews	BRFSS, "TAT" Media surveys, YRBS, YTS Key informant interviews	2006

Key Outcome	Data Collection Method	Data Source	Schedule
Outputs			
Goal 1: Utah tobacco surveillance systems provide estimates of tobacco use and related indicators for population groups by age, gender, race, ethnicity, SES, and other variables determined by the Network	Data review	Summary of tobacco surveillance systems	2004
Goal 2: Representatives of Utah's ethnic, rural, and low income communities have formed a statewide anti-tobacco network that represents and guides anti-tobacco consortia of x individual communities	Document review, Interviews	Meeting minutes, agendas, Org. charts, Key informant interviews	2004
Goal 3: The Clearinghouse administered by the TPCP provides *(x)* culturally and linguistically appropriate materials requested and approved by the Network	Document review, Interviews	Clearinghouse inventory Key informant interviews Focus groups	2004
Goal 4: *R*epresentatives of different population groups were trained in planning, implementing, and evaluating tobacco prevention and control programs; Additional programs were implemented; Additional program participants were reached	Document review, Surveys, Interviews	Needs assessments Training agendas Training evaluations Key informant interviews TPCP contracts Program evaluations	2004
Goal 5: Support and funding for projects that aim at identifying and eliminating tobacco-related disparities is available; Additional community leaders actively support the Network and/or consortia	Document review, Interviews, Surveys	Funding allocation Key informant interviews	2004

6. Evaluation Reports

Annual progress reports will include the following sections:

- A project overview
- A description of the evaluation methods
- Evaluation results (implementation and outcomes)
- Major accomplishments
- Challenges / lessons learned
- Conclusions / recommendations
- Next steps

Utah's Strategic Planning Committee to Identify and Eliminate Tobacco-Related Disparities

Rural Representatives
Randy Johnson
Helen Visarraga-Mills
Proxies:
Sandra Marsh
Marie Green

Hispanic Representatives
Frank Cordova
May Romo
Oscar Guiterrez
Proxies:
Robert Gallegos
Darrin Sluga
Laura Flores de Ortega

Asian Representives
Te Van Phan
Manny Evangelista
Proxies:
Cuong Nguyen
Chata Gadduang

Pacific Islander Representatives
William Afeaki
Proxy:
Selesi Havili

African American Representatives
Sandra Adams
Edith Byrd
Betty Sawyer
Proxies:
Marvin James
Adrienne Clayton
Kathy Christy

Native American Representatives
Judy Edwards
Mary Lee Longhair
Walter Watchman
Proxies:
Gay Pinnecoose
Joe LaFramboise
Anthony Smith

Low Socioeconomic Status Representatives
Jamie Wright
Joel Millard
Kay Waite
Proxies:
Laura Keller
Linda Moore
Mike Baker

Facilitator
Ed Yager

Needs Assessment Specialist
Randy Thompson

TPCP Representatives
Heather Borski
Rebecca Fronberg
Janae Duncan
Claudia Bohner