

# **CASE STUDY REPORT**

## **The Process to Develop:**

### **A Strategic Plan to Identify and Eliminate Tobacco Related Disparities in the District of Columbia**

**A project of the District of Columbia Department of Health, Tobacco Control Program**  
Funded by the Centers for Disease Control and Prevention

2007

CASE STUDY  
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## **I. Overview of Disparities Project**

### **1.1 Purpose and Goals of the Project**

The District of Columbia Department of Health Tobacco Control and Cancer Prevention Program requested and received funding from the Centers for Disease Control And Prevention Office on Smoking and Health for a project focused on the identification and elimination of tobacco-related disparities. The specific purpose of the project was to develop a strategic plan that outlined the goals of a tobacco control program for the community that specifically addressed:

- Reducing the health disparities within the community
- Lowering the rates of specific cancers in Blacks to a similar level for DC Whites
- Reducing smoking rates in the environment resulting in a reduction of the incidence rates in many diseases, including cancers
- Reducing the disease burden on adults and children, resulting in a reduction of medical costs
- Increasing the capacity of our youth to make a choice not to smoke by providing alternative solutions to handling stress.

### **1.2 Overview of Tobacco Control Programs and Targeted Populations in the District of Columbia**

Smoking is a major cause of many health problems including cardiovascular, respiratory, digestive diseases and cancers in the District of Columbia (DC). Both males and females show high incidence and mortality rates for smoking-related diseases and cancers. Interestingly, the high incidence rates for these cancers lead to overall high cancer mortalities in DC. Research has revealed an association of many cancer sites with the smoking of cigarettes. These sites include lung and bronchus, larynx, oral cavity and pharynx, esophagus and stomach cancers. Many studies have shown that these cancer sites occur approximately 1.5 times more frequently in smokers than non-smokers. Other cancer sites known to be associated with cigarette smoking include pancreas, kidney, bladder, colon, cervical cancers and leukemia. With the diverse population of DC, it is possible that the specific incidence and mortality rates for specific race or gender groups may differ. With regards to the African –American population in the District, when compared to Atlanta, a city with a high proportion of African-Americans and similar demographics as DC, the age-adjusted race and gender specific incidence and mortality rates showed that the high smoking-related cancer mortality rates in DC was not caused

by urbanization. For DC, the encumbrance of smoking-related cancers and other diseases, like cardiovascular, stroke, asthma and other respiratory diseases, is centered on the Black male population. On the other hand, while the incidence of smoking-associated cancers is lower in females than males, in the District the incidence rate in Black females is about 1.8 times higher than in White females. The ratios for Black versus White mortality rates were higher than for incidence rates. For both Black males and White males, the incidence to mortality (I/M) ratios are higher in DC than in the US indicating that a DC resident suffering from smoking-related cancers have a better survival rate than in the general US population. However, further (survival) data collection and analysis needs to be performed to properly confirm the above findings.

While statistics are available that identify the smoking rate amongst the Latino population, there is limited data that assists in identifying other tobacco-related disparities. It is probable however that more disparities apply since, Latinos in the U.S. experience conditions that help identify disparities including “ lower socioeconomic status than the general population,” , lack of adequate health insurance, and unemployment. Further data collection and analysis is necessary to identify all prevalent tobacco-related disparities in the Latino population.

### 1.3 Project Team: Leaders and Other Members

The District of Columbia’s Tobacco Control and Cancer Prevention Program (TCP) within the Department of Health coordinated the strategic planning process for the District of Columbia. Existing staff of TCP, Denise Grant, Program Manager, served as the Project Director and Cheryl Eason, a Program Coordinator for TCP, served in a similar capacity for the workgroup.

Aba Opare, the facilitator for Walton & Green Consultants, LLP a company with Project Management, evaluation and health expertise.

Workgroup members were recruited from professional affiliations of TCP including the Mayor’s Office on Latino Affairs; national and local organizations in the city concerned with health and the issue of tobacco control and cancer prevention such as the National Latino Council on Alcohol and Tobacco Prevention, DC Tobacco Free Coalition, the Praxis Project, The American Legacy Foundation, The National Cancer Institute, the Mautner project Preventive and Community Health Association of Maternal Child and Health Programs (AMCHP). Letters of invitation were also sent to community based organizations known to be providers of services to specific population communities including the Vietnamese-American Community Service Center, the Asian-American Lead, and the Urban League. Community leaders who represented specific population such as the Native Americans and youth were also invited. While all the groups were consistently invited to participate in the meetings, typical participation was usually limited to a core group of individuals primarily including representatives of the various Latino populations, The National Cancer Institute, and DOH staff. The representative for the youth population and representatives of the DC Tobacco Free Coalition joined the

workgroup prior to the discussions of the strategic plan's goals and strategies, and actively participated until completion of the project.

#### 1.4 Roles and Responsibilities of Project Team Members

The primary role of each work group member was to represent the population they served by actively communicating their population's strengths, weaknesses, resources, attitudes toward tobacco usage and control.

The specific responsibility of the membership body was to deliver a strategic plan that identified specific goals focused on eliminating tobacco disparities and building capacity within the community to limit and eventually eliminate specific tobacco usage. In recognition of the responsibilities of the work group members and their already busy schedules, TCP tasked the facilitator with compiling data and writing the plan. Continuous input was solicited from the members however via emails, conference calls, focus meetings and 'virtual' meetings.

## **2. EVALUATING STRATEGIC PLANNING PROCESSES**

### 2.1 Purpose and Goals of Evaluation

The purpose of the evaluation was to document the process followed in the District to form the workgroup and develop the strategic plan; and to gain insight on how program activities should be designed to bring about expected changes. The results of the evaluation are intended to benefit those who may undertake a similar project in the future. The goals of the evaluation were to:

- Document the process for selecting and engaging members for the workgroup
- Document the tasks, challenges, milestones, accomplishments of the workgroup
- Monitor the workgroup's progress towards achieving their planning goals
- Document lessons learned during the process
- Identify activities that produced productive outcomes

### 2.2 Evaluation Design

The evaluation design utilized was that of a case study, described by CDC as a "history describing and interpreting key activities, players, challenges and lessons learned during the strategic planning process".

### 2.3 Evaluation Methods

Data was collected via quantitative and qualitative methods. Methods used included note taking, observation of meetings and planning sessions, review of progress reports, surveys of participants, analysis of participant evaluations and informal discussions with participants.

### **3. STRATEGIC PLANNING PROCESSES AND MILESTONES**

#### **3.1 Step 1: Forming the Strategic Planning Workgroup**

##### The Workgroup and its Members

Workgroup members were initially recruited through known contacts with TCP. Letters of invitation were sent to those on the list. The letter spoke to the concern regarding the use of tobacco products in the District of Columbia and extended an invitation to join in a discussion of the current health disparities with the objective of creating a workgroup of community leaders to collaborate with TCP to reduce tobacco-related disparities. After the first two meetings, the existing membership list was reviewed by the facilitator and gaps in representation were identified. The facilitator and workgroup members made additional recommendations to include representation from organizations working on tobacco related issues and community based organizations working with specific populations. The intent was to form a workgroup representative of the city's diversity and commitment to positive change. Thus members recruited were representative of populations traditionally disparately affected by tobacco including: African-Americans, Latinos, Native Americans, Asians, Gay/ Lesbian, women. Remaining members represented organizations and institutions in the city that were currently working with a disparately affected population in some capacity, or addressing the issue of tobacco and its impact on health. Unfortunately, while expressing an interest in the project, representatives of the Native American, Asian, Gay/Lesbian populations did not participate in the planning process. (Attachment L- letter of invitation)

##### Defining Membership Categories

It had been decided initially by the existing membership that all members would have equal voice in the process. To facilitate that ability, no categories were defined for membership. All members were forwarded all meeting minutes and accompanying materials regardless of their ability to attend any meetings. Members were provided the opportunity to provide input via email if they were not able to attend a meeting. All input was considered in the decision process.

##### Defining Meeting Types

A meeting in which all members were physically present was the primary meeting type preferred. However to facilitate the busy schedules of the members, other meeting types had to be utilized and created. Teleconference meetings were scheduled to provide the opportunity to have a 'live' discussion. 'Virtual' meetings were held by converting the agenda items to questions and submitting to membership for their responses. The facilitator compiled the data from the responses and communicated the information to the membership. Members were also contacted individually by the facilitator via phone or email for their input regarding questions and concerns on their population.

##### Conduct of Workgroup Meetings

The first meeting was held on April 9, 2007. During this first session, the membership was informed of the intent of the project and briefed on tobacco- related disparities in the

District of Columbia. The source of the statistical data for this briefing was the Behavioral Risk Factor Surveillance System (BRFSS). The group was informed by Dr. Guy Behl, epidemiologists for TCP, of how this survey was administered in the District and how the population sample was collected. It was also noted during this session, that the workgroup's interaction in carrying out the task of creating a strategic plan would be one of collaboration in which each member had an equal voice. In addition the agenda included an 'icebreaker' designed to help the group understand why the members had come together and how to effect change.

During the second meeting held on May 3, 2007, members were requested to make a brief presentation to the workgroup- at- large about the organization they represented and the affect tobacco had on their specific community. The workgroup also defined its vision and mission statements, and conducted a SWOT analysis of its membership. The icebreaker for this meeting was designed to help the members understand their own interpersonal social style, how one relates most often to others and how to improve communication with others who have different social styles.

The third meeting was held on June 13, 2007. The vision and mission statements were reviewed and amended. The workgroup's values were identified in addition to the specific goals, roles and responsibilities of the workgroup members. The icebreaker for this meeting assisted in revealing the importance of communicating, team building and cooperation among the workgroup members.

Due to the schedule of the members during the summer months, teleconference meetings were planned for July and August. This meeting type enabled the membership to continue the process and have input without being physically present. The workgroup used this time to conduct a survey of the various populations to collect data specific to the current tobacco usage habits and attitudes toward tobacco.

Attending a meeting in September presented a challenge for a majority of members so a 'virtual' meeting was conducted. The facilitator converted the agenda to questions and sent the questionnaire to the membership for responses. The responses were returned to the facilitator who compiled the data into one document representing the collective 'discussion' of the agenda topics. (Attachment V)

Overall, the meetings were participatory including presentations by members or round table discussions. Throughout all meetings workgroup members were encouraged to express their opinions, concerns and to share their point of view. Decisions were made by voting.

### **3.2 Identifying/Prioritizing Tobacco Related Disparities and Assessing Capacity**

#### Collection and Analysis of Data on Disparities in Populations

To identify the population groups that were subject to tobacco –related disparities within the DC community, the workgroup began by considering the groups listed in the federal Healthy People 2010 listing of populations that commonly experience health disparities.

Information provided by Dr. Behl during the first meeting on the tobacco-related disparities in the District of Columbia, was also considered. Dr. Behl's data was derived from The Behavioral Risk Factor Surveillance System (BRFSS). Dr. Behl explained to the group that the BRFSS was a 'statistically sound survey administered to District residents using a computer- assisted telephone interview that asked questions about health related behaviors. Dr. Behl pointed out however, that it was necessary to have more current data and a larger population pool to consider so that those populations most at risk were not excluded.

The workgroup agreed that additional surveillance/ evaluation that reached out to all branches of the city's populations considered disparately affected was necessary. Ms. Tamara Henry, also an epidemiologist for DOH, volunteered to provide evaluation materials to assist with the collection of data on a wider population pool. However, for a point of reference to initiate defining a plan, the workgroup utilized criteria provided by CDC, and accepted the following population groups as populations experiencing tobacco-related disparities in the District of Columbia with the caveat that all the criteria may not fit a group, at least two to four should fit:

- African-Americans
- Latino
- Lower economic strata- uninsured; medically underserved
- Asian
- Youth
- Native American
- Gay-Lesbian
- (Subgroups within the above: mentally ill and women)

### Population Assessment

The workgroup agreed to utilize the month of August to conduct an assessment of the various populations agreed on as experiencing tobacco-related disparities. A portion of the BRFSS was condensed to provide the survey questions. (See Attachment S) The intent was to collect more current data from the populations named above, particularly those where limited data was available, i.e. Native American, Gay/lesbian communities. Unfortunately, the assessment did not go well. The Latino and Asian workgroup representatives expressed a concern about the survey being available only in English which hampered their ability to administer it to a larger portion of their communities. Other workgroup members experienced various difficulties in being able to administer the survey. This resulted in limited response received regarding the current status of the populations.

The next attempt to obtain qualitative data about the populations was made prior to the September workgroup meeting. Workgroup members representing the various

populations were asked to complete a questionnaire. (See Attachment P) Information was received pertaining to the youth, Latino and African American populations.

### Developing a Comprehensive Profile of Disparities Statewide

Because the attempts to obtain additional raw data from the community-based assessments were unsuccessful, the workgroup agreed that this should be one of the goals of the strategic plan. To support the current planning efforts, however, the workgroup agreed to rely on the data provided from the BRFSS and the YRBS specific for the District, and vital statistical data collected by the Department of Health.

### SWOT Analysis

The workgroup conducted the SWOT analysis prior to consideration of any data from the population assessment. The results were as follows:

#### ***SWOT Analysis Summary***

##### **S Strengths**

- Collaborative Partnerships
- Data
- New Office of Policy, Data Research and Epidemiology

##### **W Weaknesses**

- Over-saturation of Information
- Organizational Interest
- Cultural Competency

##### **O Opportunities**

- Master settlement dollars
- Outreach to grassroots organizations
- Shared research and data:
  - MHDP ; Grant resources/funding sources
- NCI/NIH partnerships

##### **T Threats**

- Lack of interest in the disparities issue
- Competition with other organizations
- Time (Availability)
- Becoming a “lame duck” working group
- Internal by-in
- Competing issues: homeland security, terrorism, teen violence, AIDS

### **3.3 Developing the Strategic Plan**

#### Identification and Prioritization of “Critical Issues”

The discussion and identification of critical issues extended over two meetings. To stimulate discussion during the first meeting, the facilitator provided the workgroup with a reference document which included a list of definitions and terms, summary of criteria regarding tobacco-related disparities, examples of critical issue categories and critical issues, examples of goals and a format for listing goals, strategies and actions. The workgroup commenced its process of identifying critical issues by considering each population on the disparately affected list, separately. Codes were utilized to identify any issue that was universal.

For the second meeting, the facilitator prepared a grid (Attachment G) summarizing the previous discussion and listing the critical issues, possible goals, possible strategies and action items, and current status, i.e. in place or not in place. The workgroup discussed each issue and selected six which they felt were the most critical.

#### Conversion of Critical Issues to Planning Goals and Strategies

Following the discussion of the critical issues at the second meeting, the Workgroup commence the identification of goals and strategies. The grid utilized for the critical issues discussion, served as reference. The Workgroup agreed upon six goals and asked the facilitator to draft strategies, action steps and outcomes for each. Later, a discussion of this document occurred with TCP members on the Workgroup including the Project Director, Project coordinator and the Epidemiologists. This sub group of Workgroup members later edited the draft and assessed the goals for clarity and feasibility. It was agreed that the goals were both clear and attainable.

#### Safeguarding the plan: Monitoring, oversight and feedback

During the fifth meeting, workgroup members were asked for their thoughts on safeguarding the plan. They were also asked if they would continue serving on a committee to monitor, oversee and provide feedback for one year after which they would evaluate the need for the Workgroups ongoing monitoring efforts. At the time no commitments were made. TCP will follow-up with Workgroup members at a late date.

### **3.4 Adopting and Refining the Plan**

The basic goals included in the plan were formulated by the Workgroup. The facilitator formulated the strategies, action steps and outcomes, and presented this information to the Project Director, Coordinator and Epidemiologists for approval.

After review of the plan draft by the Project Director, Project Coordinator, and Epidemiologists, the facilitator revised the plan according to their input. The revised plan

will be sent to the Workgroup members by TCP staff for final review and adoption. In addition, the plan will be sent to the Interim Director of the Department of Health for his review and signature. TCP will follow their distribution process to determine who else needs to see the final document

### **3.5 Preparing for Action**

#### Marketing the Plan

The workgroup did not have an opportunity to discuss a marketing plan. It is likely that the marketing plan will be developed by a marketing contractor and will be contingent on funding. TCP will make that determination.

Consideration should be given to the organizations represented on the workgroup that may have resources to assist in this effort.

#### Obstacles to marketing

The following would hinder the marketing efforts:

- Lack of funds
- Inability to identify a contractor in a timely fashion
- Competing priorities/initiatives

#### Impact of marketing on development of action plans

In order for the strategic plan to be fully implemented, it is important to create opportunities to market and promote the plan. Keeping the issue in the forefront of community issues will assist the community in prioritizing this issue of disparities as one to focus on.

#### Next Steps

DOH will obtain approval of the final strategic plan document from the Workgroup and other key DOH personnel, and disseminate it to the appropriate individuals and or organizations. DOH will also assume the responsibility of bringing together, the Community Coalition group who will monitor and oversee the implementation of the plan.

### **3.6 Adherence to CDC/OSH Principles/Characteristics of Participatory Planning**

The process for forming the workgroup and developing the strategic plan was inclusive. An attempt was made to have representation from diverse population groups particularly those thought to be disparately affected. The planning process emphasized parity.

Members were continuously encouraged to express their input verbally or in writing. Representation was evident: members were either representatives from populations disparately affected, representatives of community based organizations concerned with tobacco-control or representatives of organizations that serviced the community.

#### **4 MAJOR ASSETS FOR STRATEGIC PLANNING**

##### **4.1 Factors Facilitating Planning Processes: Steps 1 – 5**

Step 1: Forming the strategic planning workgroup. This step was facilitated by the Department of Health Tobacco Control Program's history of strategic partnerships and involvement with community-based organizations. Members were invited who had a commitment to the health and well being of the community, and/or understood the nature of disparities as they related to their population group and others. Members were also invited from organizations that currently had programs that addressed tobacco-related concerns.

Step 2: Identifying/prioritizing tobacco-related disparities and assessing capacity. Workgroup members representing specific populations and community based organizations were very knowledgeable about their population's strengths and challenges. All members provided a frank and detailed assessment of the workgroup's strengths and weaknesses, as well as a detailed assessment of the opportunities and treats in the community that may hamper or help the success of the strategic plan.

Step 3: Developing the plan. The collective experience, knowledge and sensitivity of the workgroup members facilitated their ability to identify critical issues that impacted eliminating tobacco-related disparities. Their collective experience also enabled them to derive the goals and strategies necessary to identify and eliminate the disparities.

##### Step 4: Adopting and Refining the Plan

The plan was first reviewed and refined by the TCP Project Director, Coordinator and epidemiologists. The Workgroup members will review the plan to ensure that the goals are specific, measurable and attainable. Finding all criteria in order, it is anticipated that the Workgroup will adopt the plan.

##### Step 5: Preparing for Action.

The facilitator created a grid indicating the various organizations represented on the workgroup, the mission of the organization and current activities. The grid aided the workgroup in identifying what resources it had in its midst, some of which may be a source of funding for future implementation of the plan. Securing marketing resources will be followed up by DOH TCP and the committee that will oversee the implementation of the plan. (Attachment M)

## 4.2 Maximizing Planning Assets

Assets that facilitate the success of the project include:

- Culturally and ethically diverse workgroup that was sensitive to the needs of the populations they served and the community as a whole.
- Members whose organizations had resources that could assist in achieving some of the goals.
- Majority of the members were enthusiastic about the opportunity to collaborate on a solution to a problem that required collective effort to solve.

## 5 CHALLENGES TO STRATEGIC PLANNING

### 5.1 Challenges to successful planning

Step 1: Forming the strategic planning workgroup. Total inclusiveness was a challenge. There was difficulty in getting participation from a population group that had a high probability of being disparately affected. Initially the group had representation from several sources however by the time the workgroup was ready to identify critical issues; the group had no representation from this population. Other groups not represented were Gay/lesbian, business community, current smokers.

Some members representing tobacco control advocacy groups had challenging schedules that prevented them from attending meetings. It was challenging to get good representation at most meetings although members stated they were committed to the project. It was also challenging to collect some qualitative data from the members in a timely matter.

Step 2: Identifying/prioritizing tobacco-related disparities and assessing capacity. Specific data on some groups with high probability of being disparately affected was not available. The workgroup relied on empirical evidence to substantiate inclusion of groups without sufficient data.

Step 3: Developing a strategic plan. While not a major challenge, the workgroup had to be aware of not including activities that were identical to those being used in the cessation and prevention programs. The intent was to support and expand existing efforts, not duplicate them.

Step 4: Adopting and refining the plan. Due to time constraints and the lack of opportunities to have any more formal meetings, the workgroup members will provide their feedback to the plan via e-mail. This process impacted the ability to be as inclusive and participatory as desired during this phase of the planning. It will also make the refining process more difficult and laborious.

## Step 5: Preparing for Action.

Due to time constraints, the workgroup did not have the opportunity to discuss a marketing plan. Tasks related to acquiring marketing resources will be completed by TCP and the committee overseeing implementation of the plan.

### **5.2 Strategies to overcome challenges**

Some key strategies utilized to overcome challenges included:

- Facilitating unavailability for meetings. Held teleconference meetings to facilitate those who could not come to a physical site at same time; and held ‘virtual meetings’ in which the agenda was converted into a questionnaire and sent to the members to respond and return so that all information could be compiled into one document.
- Preventing duplication of efforts. Organizations represented on the workgroup with existing programs, reviewed the critical issues and provided detail on any existing programs that already addressed that issue.

## **6 Conclusions**

### **6.1 Major Planning Accomplishments**

- Workgroup created a strategic plan that will identify and eliminate tobacco-related disparities as it addressed the needs of the communities. In addition they produced a plan that is specific, measurable and achievable.
- Workgroup coalesced into a united body that appreciated the value each brought to the group. The members who identified the critical issues and developed the goals were able to put aside personal agendas and work together in a way that allowed the group to realize the benefit of the collective effort.

### **6.2 Lessons Learned during the planning process**

- Complete the formation of the workgroup as soon as possible to facilitate the ability of the group to bond sooner and have ample time to perform the steps of the planning process, particularly the development of goals, strategies and action steps.
- Replace members sooner who are just not able to participate although they have the desire. Note if a member is able to fulfill their role and responsibilities by

paying particular attention if a member is unable to attend three meetings in a role or unable to return information as requested.

- There is still work to be done to develop strong coalitions and cooperation amongst some of the stakeholders.

### **6.3 Recommendations to enhance Future Strategic Planning**

- Allow more time to complete the planning process. Trying to complete the process in eight months applied a lot of pressure to the members and made the process appear rushed.
- Cast a wider net for membership at the beginning of the formation of the workgroup to facilitate getting a diverse and inclusive group who are available to fully participate.
- Have the facilitator in place at the beginning of the project to insure continuity and the ability to build a more cohesive team.

## ATTACHMENTS

Attachment S

TOBACCO DISPARITIES PROJECT  
NEEDS ASSESSMENT  
QUESTIONNAIRE

Overview

The Tobacco Control Program located in the Washington DC Department of Health is participating in a project to reduce tobacco use in disparate segments of the population. The project is funded through the Center for Disease Control and Prevention. The objective of the project is to create a strategic plan to identify and eliminate tobacco use in disparate groups in Washington DC.

A part of this project is to conduct a Needs Assessment that takes a look at attitudes and behaviors related to tobacco use in specific population segments in the District of Columbia. The populations addressed in this assessment are:

- Young adults ages 18 – 24
- Women
- Latinos
- African Americans
- Native Americans
- Asian
- Lesbian/Gay/Bisexual
- Low socio-economic

Thank you for your participation.

**Section 10: Tobacco Use**  
**(Check the most appropriate response)**

10.1 Have you smoked at least 100 cigarettes in your entire life?

*NOTE: 5 packs = 100 cigarettes*

- 1 Yes
- 2 No [Go to next section indicated in bold print]
- 3 No response [ Go to next section indicated in bold print]

10.2 Do you now smoke cigarettes every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all [Go to next section indicated in bold print]
- 4 Don't know/Not sure [Go to next section]
- 5 No response [Go to next section]

10.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- 1 Yes
- 2 No
- 3 Not applicable
- 4 No response

**Section 10a Attitude Towards Tobacco Use**

10.4 How concerned are you about tobacco use or tobacco related diseases?

- a .Extremely Concerned
- b. Very Concerned
- c. Somewhat concerned
- d. Not concerned
- e. No response

10.5 What are the reasons that people in your community use tobacco?

- a .Relieve stress
- b Addiction
- c .Religion
- d Peer pressure
- e. Other \_\_\_\_\_
- f. No Response

10.6 Who do people in your community listen to and follow about tobacco use?

- a. Family members
- b. Media
- c. Friends
- d. Self
- e. Physician
- f. Don't know
- g. No response

10.7 What type of advertisements have you seen or heard recently that talk about tobacco?

- a. Pro- tobacco ads
- b. Anti- tobacco ads
- c. Cannot recall
- d. No response

10.8 What community groups and/or organizations in your community are interested in tobacco use - for or against?

- a. Schools
- b. Church
- c. Health organizations
- d. Don't know any
- e. No response

10.9 What are your attitudes and habits relating to tobacco use?

- a. I am non-smoker at present
- b. I am non –smoker and have never smoked
- c. I am current smoker and want to continue
- d. I am current smoker and want to quit
- e. No response

## **Section 11: Demographics**

11.1 What is your age?

- Code age in years (Enter in space provided or..)
- b. No response

11.2 Are you Hispanic or Latino? *(Check response)*

- 1 Yes
- 2 No

11.3 Which one or more of the following would you say is your race?  
*(Check the response that applies)*

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify]\_\_\_\_\_

11 .5 Are you...?  
*(Check response that applies)*

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- 6 A member of an unmarried couple
- 7 No response

11.6 How many children less than 18 years of age live in your household?

- \_\_ Number of children (Enter in space provided or..)
- 8 None *(Check if appropriate response)*
  - 9 No response *(Check if appropriate response)*

11.7 What is the highest grade or year of school you completed?

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

11.8 Are you currently...?

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired
- 8 Unable to work

11.9 Is your annual household income from all sources:  
(Check appropriate response)

- 1 less than \$25,000
- 2 26,000 - \$50,000
- 3 51,000 – 75,000
- 4 76,000 – 100,000
- 5 greater than \$100,000
- 6 No response

11.13 What is your ZIP Code where you live?

\_\_\_\_ ZIP Code (Enter in space provided)

11.17 Your sex  
(Check appropriate response)

- 1 Male
- 2 Female

11.18 To your knowledge, are you now pregnant?  
(Check appropriate response)

- 1 Yes
- 2 No
- 3 Don't know / Not sure
- 4 No response
- 5 Not applicable

Attachment V

VIRTUAL MEETING FOR SEPTEMBER 26

The following presents the meeting Agenda topics in question form. Please provide your responses to the questions in the space provided and return the completed document to me at your earliest convenience, preferably no later than Tuesday, October 2<sup>nd</sup>, close of business. Thank you for your continuing cooperation.

1. What communication channels are available within your population which could assist with distribution of health related information?

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What are barriers to communication within the population?

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Who or what influences the population?

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2. What are the norm and attitude of your population as it relates to tobacco usage and impact?

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3. What are some assets of your population that will facilitate prevention and control of tobacco usage?

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4. What are some of the challenges your population may have in prevention and control of tobacco usage?

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5. Are there currently any existing community/population based interventions in your population? Explain if answer is 'yes'.

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6. Are there any policy/regulatory interventions currently in place that impact tobacco prevention and/or control within your population?

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7. Is the capacity and infrastructure of your population supportive of a program directed towards tobacco prevention and /or control? Explain.

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8. What leadership is available within your population that would facilitate a tobacco prevention and/or control program?

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9. What are your population's internal strengths and weaknesses as they relate to tobacco usage?

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10. What external opportunities and threats would impact your population as it relates to tobacco prevention and/or control?

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Attachment L

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health**



Date

Dear \_\_\_\_\_,

The increasing health concerns related to the use of tobacco products have become alarming. People who smoke are at higher risk for several cardiovascular diseases, respiratory diseases, and malignant tumors. According to the Center of Disease Control, the District of Columbia has nearly 93,000 adult smokers and 2,000 high school smokers. To make matters worse, the adverse affects of tobacco use are disproportionately distributed throughout the metropolitan area. Recent studies have shown that African-American, Asian-American, and Hispanic populations are at a higher risk for tobacco-related heath concerns.

In order to address the special needs of the populations that are at higher risk, the Department of Health (DOH) Tobacco Control Program (TCP) cordially invites you or a representative from your organization to an information meeting to address the tobacco-related disparities on Wednesday, April 11, 2007, 10:00 am. at the DOH, 825 North Capitol Street, NE, Conference Room 3119, Washington, DC 20002.

In the meeting, we will discuss the current health disparities, causes for the gap, and possible uses for a grant that will further aid our efforts. We ask that you bring ideas and suggestions that you feel will accurately address the special needs and concerns of your community so that we can implement a strategy that will effectively meet those needs.

Our objective is to create a workgroup of community leaders that will collaborate with the TCP to reduce the tobacco-related disparities. By using a participatory process, we hope to create a strategic plan that addresses a comprehensive campaign to better serve the members of our society who need our help the most..

I look forward to collaborating with you or a representative from your organization. Please RSVP to Cheryl Eason, Public Health Advisor via telephone (202) 442-9175 or email [Cheryl.eason@dc.gov](mailto:Cheryl.eason@dc.gov) by COB on Monday, April 9, 2007.

Sincerely,

Attachment P  
**POPULATION ASSESSMENT QUESTIONNAIRE**  
(Answer the following specific to your population)

**Communication Channels that are available that could assist distribution of health related information:**

**Norm and attitude of your population as it relates to tobacco usage and impact:**

**Assets of your population that will facilitate prevention and control of tobacco usage:**

**Challenges population may have in prevention and control of tobacco usage:**

**Current existing community/population based interventions:**

**Policy/regulatory interventions currently in place that impact tobacco prevention and or control within your population:**

**Supportive capacity and infrastructure within your population directed toward tobacco prevention and/or control:**

**Available leadership within your population that could facilitate a tobacco prevention and or control program:**

**Internal strengths of your population as relates to tobacco usage:**

**Population internal weaknesses as relates to tobacco usage:**

**External opportunities that impact your population as relates to tobacco prevention and or control:**

**External threats that impact your population as relates to tobacco prevention and /or control:**

**Communication Barriers:**

**Influences on your population:**

Attachment G

CRITICAL ISSUE	AA	Latino	Asian	NA	Youth	G/L	LES
Smoking patterns- tendency towards menthol	x						
Industry target	x	x			x		
Significant cancer, morbidity rate	x	x					
Lack of policy enforcement regarding tobacco purchase and usage							
loosies' available in specific neighborhoods	x						
Prevention and treatment programs:							
need to expand access to NRT in Medicaid, DC Alliance	x						
low representation in clinical trials	x						
Lack of community readiness for intervention		x					
Lack of proper counseling and professional mentoring		x					
Services, programs not culturally competent nor language specific		x	x	x			
Plan effectiveness compromised by competing agendas	x	x			x		x
Lack of Education, Information,		x					
Lack of Health Insurance	x	x					
Access to health services		x					
Lack of mobility (transportation means)		x					
Socioeconomic conditions: poverty, low wage jobs, social exclusion, stress, illegal status		x					
Resistance to summitting to prevention medical screenings (lung cancer and other respiratory diseases causes by tobacco)	x	x					
Not enough access or promotion of smoking cessation medicine		x					
Tobacco issues low priority	x	x			x		x
Data: Collecting, analyzing and distributing current data on the disparities in tobacco use among different populations in DC: by age, race, education--women, pregnant women, teens	x	x	x	x	x		x
Secondhand smoke- income, race, age impacts that exposure and creates disparity among children exposed to secondhand smoke and those not exposed at as high a rate	x	x				x	
Tobacco related disparities and pregnant women- particularly those whose culture promotes smoking							

Attachment G- 2

Critical Issue	Possible Goals	Possible Strategies	Action Item	In Place
Services, programs not culturally competent	Availability of culturally sensitive policies, practices, approach, materials	(1)Produce culturally sensitive marketing materials	Work with members of target audiences to develop materials as needed	
Industry target	Reduce tobacco industry influence	(1) Counter the tobacco industry marketing with information on impact tobacco usage	(1) Develop culturally sensitive media campaigns and educational materials that inform the public of impact of tobacco usage, related disparities within their population.	
			(2) Use visuals in marketing materials based on premise ' a picture is a thousand words'.	
			(3) Market cessation message and impact of use in same sources utilized by tobacco industry to promote usage.	
			(4)Tobacco prevention marketing in Spanish in all the local public transportation: busses, metro, trains, taxis, metro stops, bus stops, governmental offices etcetera.	
			(5) Intensive prevention campaign in every media outlet in DC	
			(6) Identify current marketing activity and provide training on tactics	
Plan Effectiveness compromised by competing agendas	Maximize partnerships and activity collaboration with service providers, community leaders, org focused on environment, health disparities to increase effectiveness and accountability.	(1) Implement an outreach process that identifies the stakeholders and representatives of disparately affected populations, and engage them in serving on continuous workgroup focused on collaboration.	(1) Create a task force of existing stakeholders to carry out the strategic plan in addition to any other efforts directed towards this issue.	
			(2) Create data bank that centralizes education information for distribution	

		(2) Integrate issues that disparately impact the various populations	(1) Produce charts for community display that show the impact of smoking on health; poverty, disabilities, mental illness on tobacco usage, exposure to second-hand smoke; treatments for depression on tobacco usage	
		(1) Strengthen organizations to carry out mission more effectively and be more accountable to the community		
Tobacco issues low priority in the community	Increase the awareness/understanding of the health effects of tobacco use and addictive nature of tobacco	Develop and implement mass-media strategies that continually deliver the message about health risk of tobacco use and exposure.	(1)Local Campaign, community specific and sensitive, with photographs (lungs damage by smoking, testimonies of lung cancer survivors or other related respiratory illnesses...in the local media: TV, radio and newspapers. Latino newspapers (El Pregonero, El tiempo Latino and Washington Hispanic)	
		Increase education outreach about the health risks of tobacco use and exposure	(1) Provide training, materials, technical assistance to health facilities, community centers	
Lack of community readiness for intervention	Prepare communities for intervention programs that will identify and eliminate tobacco-related disparities.	(1) Provide education to address smoking patterns		
		(2) Build and develop programs that continue to raise community awareness of impact of tobacco usage on health and infant mortality	(1) Conduct community assessments to identify specific program needs.	
			(2) Develop programs focused on providing one on one counseling and training on disease management, impact of second hand smoke and specific tobacco related diseases.	

			(3) Train the trainer in community-based org to provide tobacco intervention and cessation programs in communities with populations disparately affected.	
Policies and regulations	Community support of policies, regulations that reduce smoking and eliminate tobacco-related disparities.	Increase the community awareness of policies and regulations that reduce smoking, provide education that indicates the benefit of such actions to the health of the community.	(1) Research and identify any existing state, federal policies or regulations that can be considered and incorporated in the District.	
			(2) Distribute information to encourage support of any policies, regulations that impact reducing smoking or ending tobacco-related disparities.	
			(3) Lobby for limiting places where tobacco products can be purchased	
			(4) Develop more partnerships with policy enforcers, i.e. police, to support the enforcement efforts.	yes
Data: Collecting, analyzing and distributing current data on the disparities in tobacco use among different populations in DC: by age, race, education--women, pregnant women, teens	Accurate, timely, culturally sensitive data on the various populations to facilitate identifying disparities.			
Cultural patterns which promote smoking and the impact this has on pregnant women.	Education on ill-effects of smoking particularly on fetus.			

**Attachment M**

<b>Organization Name/Website</b>	<b>Brief Description</b>	<b>Services Provided (possible support)</b>
Mayor's Office on Latino Affairs (L \$)	Ensures that the Latino community has full access to quality health, education, employment and social services in the District	(1) Grant Awards
(ola.dc.gov)		(2) Information Collection via Partnerships
		(3) Inform about services via city-sponsored events
		(4) Information Dissemination
Association of Maternal and Child Health Programs (N)	Supports state maternal and child health programs and provides national leadership on issues affecting women and children.	(1) Promote and evaluate policies that improve MCH
(www.amchp.org)		(2) Collaborate with other stakeholders that have similar agenda
		(3) Supports and creates strategies that improve MCH
		(4) Align systems, programs, policies with best practices at all levels
National Latino Council on Alcohol and Tobacco Prevention (N)	Mission to combat alcohol and tobacco problems and their underlying causes in Latino communities	
(www.nlcatp.org)		(1) Information dissemination republic opinion
		(2) Provide national communication and mobilization network
		(3) leadership development
		(4) Educate and train
		(5) provide technical assistance
		(6) promote policy change
Self Reliance Foundation (N) (www.selfreliancefoundation.org)	Health campaigns seek to raise awareness of common health conditions, and connect audiences to the local resources they need. Focus is disparate communities. (Hispanic)	Social marketing approach- combines mass media messages with direct community outreach.
		(1) Research baseline attitudes and knowledge among targeted audience
		(2) Define and craft simple, emotional message
		(3) Reinforce message thru branding and repetition across different outreach venues.
Praxis Project (N \$) (www.thepraxisproject.org)	Builds partnerships with local groups to influence policy making to address the underlying, systemic causes of community problems. Committed to ending disparities and building health communities.	(1) Forms partnerships with populations disparately affected (2) provides training for partners (3) Provides research, technical assistance (4) provides financial support

Asian American Lead	Promotes the well-being of Asian American youth and families with emphasis on low-economic	(1) Educational advocate
(www.aalead.org)		(2) Leadership development
		(3) Community building
American Legacy Foundation (N\$) (www.Americanlegacy.org)	Vision to create tobacco-free generations by arming all young people with the knowledge and tools to reject tobacco, and to eliminate disparities in access to tobacco prevention and cessation services.	(1) Truth Campaign - youth prevention and education effort
		(2)Speakers Bureau/Youth Advisory and Internship program - focus to develop future leaders in tobacco control.
		(3) Great Start Program- national media program to help pregnant women quit smoking.
		(3) Circle of Friends program - Movement of people joining in support of friends and loved ones who want to quit smoking.
		(4) North American Quit line Consortium- Seeks to increase the availability and effectiveness of quit line services and maximize collaboration among the professionals that provide that service.
		(5) Provides grants to support innovation in tobacco control (Priority Populations Initiative- focus on disparate populations)
		(6) Extensive research and evaluation program that conducts national surveys of teens and adults to monitor attitudes, beliefs and behaviors related to tobacco use.
American Legacy Foundation		(7) Shares best practice to advance tobacco prevention and control
Mautner Project (N) (www.mautnerproject.org)	Improves the health of lesbians and their families	(1) Provides direct services  (2) Provides technical assistance and capacity building for lesbian friendly health projects  (3)Health advocacy via coalitions (4) Provides support groups for smoking cessation
Cancer Information Service of National Cancer Institute (N) (cis.nci.nih)	National resource for information and education about cancer	(1) Collaborates with organizations (2) Resource for NCI materials (3) Plans cancer education programs

DC Tobacco Free Families Campaign (L) (www.dctff.org)	Partnership organization of American Cancer Society and American Lung Association focused on implementing a comprehensive tobacco cessation and prevention program for Dc residents	II) Counter marketing/mass media campaign
		(2) Cessation programs- Develop and implement best practice approaches to quit smoking; training, providing nicotine free replacement products for underserved
DC Tobacco Free Families Campaign (www.dctff.org)		(3) School based (education) programs- Collaboration program with DC Public schools to implement programs designed to reduce tobacco initiation, promote tobacco free norm, provide cessation opportunities
		(4) Local Community programs- provide Grant funds to community org to implement programs to reduce exposure to secondhand smoke and promote tobacco free communities
		(5) Surveillance and Evaluation- Implement survey and evaluation tools to monitor program effectiveness and impact
		(6) Administration and management- develop administration and management system to effectively distribute resources and programs
DC Department of Health (L) (doh.dc.gov)	Mission to promote and protect the health, safety and quality of life of its residents, visitors and those doing business in the District.	(1) Identify health risk
		(2) Educate the public
		(3) Prevent and control diseases, injuries and exposures to environmental hazards
		(4) Promote effective community collaborations
		(5) Optimize equitable access to community resources

Evaluator's Form for Observing Workgroup Meetings  
June 13, 2007  
Washington, DC

General Items	Description/ Comments
Purpose of Meeting	<b>Introduce facilitator and continue clarifying the group's purpose and responsibilities.</b>
Agenda topics	<b>Icebreaker, Introduction, Organization presentations, review of vision and mission statements; identify values and goals; clarify roles and responsibilities; discuss timelines and milestones; identify new members</b>
Changes to agenda	<b>None</b>
Meeting Location	<b>DOH meeting room</b>
# invited/# attending	<b>18/6</b>
Who leads meeting and their affiliation	<b>DOH representation</b>
Attendees/affiliation	<b>DOH</b>
Changes in attendees over time	<b>Gradual increase</b>
Development of working group	<b>Limited responses from attendees from organizations</b>
Frequency of workgroup meetings	<b>Monthly from May until November, Two meetings held in November</b>
Work assignments made	<b>None this meeting</b>

Evaluator's Form for Observing Workgroup Meetings  
July 25, 2007  
Washington, DC

General Items	Description/ Comments
Purpose of Meeting	<b>Discuss the administering of population assessment in the community</b>
Agenda topics	<b>Process for administering population assessment and receiving the responses</b>
Changes to agenda	<b>Addition: Discussion of lack of participation of some members who express interest in project yet don't attend meetings.</b>
Meeting Location	<b>Teleconference</b>
# invited/# attending	<b>14/6</b>
Who leads meeting and their affiliation	<b>DOH personnel were the only ones in attendance</b>
Attendees/affiliation	<b>DOH-CPPE (1) DOH-TCP (5)</b>
Changes in attendees over time	<b>Always good representation of DOH personnel</b>
Development of working group	<b>Concern expressed by Project Director about the workgroup coming together since so many 'members were not attending the meetings.</b>
Frequency of workgroup meetings	<b>monthly</b>
Work assignments made	<b>Facilitator to continue to identify possible members for workgroup.</b>

Evaluator's Form for Observing Workgroup Meetings  
August 22, 2007  
Washington, DC

General Items	Description/ Comments
Purpose of Meeting	<b>Discuss the status of the population assessment</b>
Agenda topics	<b>Overview of Workgroup activities; report on assessment surveys; questions and concerns.</b>
Changes to agenda	<b>None</b>
Meeting Location	<b>Teleconference</b>
# invited/# attending	<b>17/6</b>
Who leads meeting and their affiliation	<b>S. Gordon/ Association of Maternal and Child Health Programs Denise Grant/ DOH Project Director</b>
Attendees/affiliation	<b>A. Garcia-Barbon/ LCAT G. Brito/ ALF S. Gordon/ AMCHP C. Eason/ DOH R. Mayfield/ DOH D. Grant/DOH</b>
Changes in attendees over time	<b>Gradual increase</b>
Development of working group	<b>Gradual</b>
Frequency of workgroup meetings	<b>Monthly</b>
Work assignments made	<b>Continue to try to administer assessment to the populations</b>

Attachment 4
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Evaluator's Form for Observing Workgroup Meetings  
 November 1, 2007  
 Washington, DC

General Items	Description/ Comments
Purpose of Meeting	<b>Identify the goals and strategies of the strategic plan to reduce/eliminate tobacco-related disparities</b>
Agenda topics	<b>Overview of Workgroup Activities to date; Review of the Data; Identification of Critical Issues; Identification of Goals and strategies.</b>
Changes to agenda	<b>Addition: Clarification on why some new members were just being asked to join</b>
Meeting Location	<b>DOH meeting room</b>
# invited/# attending	<b>21/16 (one invite was to a group of which 8 attended)</b>
Who leads meeting and their affiliation	<b>V Wells/ ACS- DCTFF L. Gilmore/ NCAC-DCTFF</b>
Attendees/affiliation	<b>DCTFF ( 8) LCAT (1) HU (1) DC Youth Adv Council (1) NCI (1) DOH-TCP (4)</b>
Changes in attendees over time	<b>Hugh increase</b>
Development of working group	<b>Discussion of critical issues motivates members to come together in common accord</b>
Frequency of workgroup meetings	<b>monthly</b>
Work assignments made	<b>Consider goals and strategies to resolve the critical issues</b>



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**Attachment C**

**Tobacco-Disparities Workgroup  
EVALUATION FORM SUMMARY**

**November 1 and November 20, 2007 Meetings**

The following indicates the mean of the responses received from members regarding the meetings. There were only three responses from the team which had up to 14 members attending the last two meetings. Of the three responding two had attended 2 of the 9 meetings, one had attended 1 of 9.

	Strongly Agree	Somewhat agree	Neither agree nor Disagree	Somewhat disagree	Strongly disagree	<b>Mean</b>
1. Adequate representation of population groups with disparities	1	2	3	4	5	<b>3</b>
2. Meeting attendance was encouraged however consideration was given to other time commitments	1	2	3	4	5	<b>3</b>
3. Participants felt comfortable expressing their view	1	2	3	4	5	<b>1</b>
4. The meeting was well planned and facilitated	1	2	3	4	5	<b>2</b>
5. The goals of the meeting were clear	1	2	3	4	5	<b>2</b>
6. The meeting materials and handouts were clear and supported the meeting	1	2	3	4	5	<b>2</b>
7. The meeting location was convenient	1	2	3	4	5	<b>1</b>
8. The meeting room was comfortable	1	2	3	4	5	<b>1</b>
9. Meeting facilitator was responsive to participant concerns	1	2	3	4	5	<b>2</b>
10. Discussions and decision making were facilitated effectively.	1	2	3	4	5	<b>2</b>
11. Participants demonstrated a high level of interest in the project	1	2	3	4	5	<b>2</b>
12. Everyone’s views were taken seriously	1	2	3	4	5	<b>2</b>
13. Conflicts were resolved to satisfaction of each party	1	2	3	4	5	<b>2</b>

Overall evaluation of the meetings: (Number of responses received for each)

  1  Excellent                        2  Good                        Satisfactory                        Unsatisfactory

One rating of ‘excellent’  
Two ratings of ‘good’

**WRITTEN COMMENTS ON MEETINGS AS INDICATED**

**November 1 and November 20, 2007 Meeting**

(1) Please note what you found most useful about the meeting:

- *“Location”*
- *“Created some sort of acting coalition with local government and community organizations on this important issue. All we need is the will to cooperate and put actions into words. Follow up. Follow up.”*

(2) Please note what you found least useful about the meeting:

- *“Possibility that meetings would not produce real action and have effective influence in community”*

(3) General Comments:

- *“Follow up and keep constant contact”*

**November 1, 2007 Meeting**

(1) Please note what you found most useful about the meeting:

- *“Topic of tobacco disparities is very important especially given the high level of disparity that exists in DC and the significant commitment that DOH has placed on it”*

(2) Please note what you found least useful about the meeting:

- *“Facilitator seemed to have limited direct experience with tobacco issues which limited her ability to engage the members”*

(3) Would you recommend any changes in the format of the meeting? If so, what?

- *“Need participants from various disparate groups that are being discussed. Networking with these key groups should be done first then meetings held with their participation and input. Some groups are already involved in tobacco control and that will be important given that most groups that are not involved do not think it is important.”*