

**A Case Study of the Indiana Tobacco Disparity and Diversity
(ITDD) Workgroup's Strategic Plan for Indiana**

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The American Cancer Society of Indiana was a tremendous host by providing facilities for meetings and providing meals. The workgroup provide an excellent idea of having lunches that represented the various ethnic groups who were represented in the workgroup. Special recognition is given to Cheryl Hunt for her dedicated work as the workgroup coordinator/facilitator and final writer and editor of the Indiana ITDD strategic plan.

A special recognition and appreciation is given to Center for Disease Control for having the foresight to bring the pilots projects into the targeted states. The ITDD project gave the evaluator a special honor by allowing her to listen in and learn about how to identify and eliminate tobacco use disparities.

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Executive Summary

In 2002, Smokefree Indiana became one of 14 pilot projects nationwide that was selected by the Centers for Disease Control and Prevention (CDC) to address the fourth goal area of the National Tobacco Prevention and Control Program; the recognition and elimination of tobacco related disparities. The purpose of the CDC grant was to work with the Smokefree Indiana staff to develop a strategic plan that would address tobacco-related disparities in Indiana. The State of Indiana Health Department contracted with Smokefree Indiana to design, develop, and implement a participatory process that would include “desperate” groups from throughout the state. These groups were charged to create a strategic plan to address the elimination of tobacco related disparities.

Smokefree Indiana convened a statewide workgroup with representatives of Indiana’s diverse populations, named the Indiana Tobacco use Disparities and Diversity Workgroup (ITDD). ITDD worked towards developing a strategic plan to involve all of Indiana’s desperate groups in the statewide effort to eliminate tobacco related disparities. This case study will evaluate the highlights and obstacles throughout development of Indiana’s strategic plan.

The ITDD workgroup recognized the following key issues of the strategic plan:

- Strengthen the science data base of tobacco-related disparities in the state
- Promote cultural competence, diversity and inclusively
- Create a partnerships and processes for shared decision making and priority setting with regards to the strategic planning process
- Develop goals and strategies to address tobacco-related disparities in identified population groups
- Gather advise on the implementation of the strategic plan from key stakeholders

Throughout the year of the ITDD workgroup sessions, one could visibly observe the depth of the members’ commitment to the work and to each other. The group assembled itself rather quickly selected its leadership, a name, a mission and then readied itself for assignments. The ITDD workgroup was the essence of this project. All workgroup members were involved in tobacco work across the state. This process brought many voices that were not previously included in the tobacco control efforts in Indiana

The State legislature tightly controlled tobacco settlement monies. There are and continue to be constant threats to withhold tobacco settlement monies or redirect the resources into other areas of the state budget. As we understand that the economy is harsh for many States throughout the US. The ITDD strategic plan is an important conversation piece among key stakeholders in Indiana to facilitate the inclusion of disparate populations.

A Case study of the Smokefree Indiana process to develop and adopt A Strategic Plan in Indiana April 2003

1. OVERVIEW OF DISPARITIES PROJECT

1.1 Purpose of Project

The purpose of the Indiana Tobacco Use Disparities and Diversity Work group (ITDD) is to work with the Smokefree Indiana through a contract with the Indiana State Health Department funded by the Centers for Disease Control and Prevention (CDC) to address tobacco-related disparities in Indiana through a participatory process. Furthermore, it was created to analyze existing data in Indiana that would identify populations with tobacco related health disparities and to develop a strategic plan that would make recommendations to eliminate the disparities. The workgroup discussed the following critical issues:

- Improve the collection/need assessments
- Increase capacity and infrastructure
- Increase resources for programs that counters Tobacco Industry programs
- Programming for populations with Identified Disparities

The final goals represent lengthy participatory discussions of the ITDD workgroup:

- Identify & strengthen funding for tobacco use elimination in Indiana
- Eliminate information gaps in data that prevent the identification of tobacco related disparities in Indiana
- Promote a comprehensive approach to tobacco use elimination that is population and community specific
- Reduce the influence of the Tobacco Industry on disparately affected populations in Indiana
- Reduce disparities of tobacco use among specific populations identified in data analysis

1.2 Overview of Tobacco Control Efforts and Target Populations in Indiana

Indiana's tobacco control efforts best practice model is based on recommendations that have emerged from model state programs that demonstrate the most success in reducing tobacco use. From these experiences best practices have emerged to implement comprehensive and effective community-based programs. Indiana's best practice model fits into the following four priority areas that will act together to change social norms around tobacco use. If efforts are successful in addressing the priority areas, then there will be successful practices to change the cultural perceptions and the social acceptability of tobacco use in Indiana.

The changes in community norms are the results of both prevention and cessation interventions and will often be accomplished through a combination of community actions and improved public health policies.

The control efforts are categorized into various areas including: community-based, minority-based, statewide, regional and pilot partnerships. The community and minority-based programs are set up at the county level using the American Cancer Society's Community of Excellence guide. The program is designed to instruct communities on best practices for local tobacco coalitions and tobacco prevention & cessation, while also providing direction to individual community based efforts.

The Indiana Tobacco Prevention and Cessation Agency (ITPC), the principal funder of tobacco control programs, is committed to addressing the tobacco-related health disparity among undeserved and disadvantaged populations.

Populations represented by the ITDD workgroup were the following;

- African Americans
- American Indians
- Asian Americans
- Gay, Lesbian, Bisexual, Transgender community
- Latino/Hispanic
- Low Socioeconomic Status (SES) populations
- Rural communities

Five out of thirteen members of the ITDD workgroup came from various cities of Indiana. While workgroup members were reimbursed a minimal amount for attendance, the majority of the people in workgroup attended consistently and worked within the identified disparate communities. Ninety eight percent of the ITDD Workgroup members attended the project meetings.

1.3 Project Team

Staff from Smokefree Indiana and two hired consultants were the primary project leaders. Cheryl Hunt (workgroup facilitator) and Olga Villa Parra (evaluation consultant) completed the team.

- Kelly Alley, SmokeFree Indiana, Staff Managing Director, Project Co-coordinator
- Cecilia Bordador Williams, Director of Diversity
- Cheryl Hunt, Workgroup Coordinator/Facilitator
- Olga Villa Parra, Evaluation Consultant

1.4 Roles/Responsibilities of ITDD Workgroup Members

ITDD workgroup were considered partners in the team leadership. Many other meetings and conference calls were held to move beyond any impasses or to discuss the presentation to other key stakeholders

- Sung Boon Baik, Asian Help Services
- Martha Bonds, Office of Minority Health, ISDH Liaison
- Renae Brantley, Director, Grants & Communications, Health Visions
- Brett Dennis, American Indian Center
- Bonnie Feldkamp, Smokefree Indiana, Allen County (Fort Wayne, In)
- Jennifer Liffick, Cancer Control Specialist, ACS
- Aida McCammon, Executive Director, Indiana Latino Institute
- Celisse Morris-Miller, Wishard Hospital
- Danielle Patterson, Director Office of Minority Health, ISDH Staff
- Lori Peterson, Director of Minority Programs, ITPC
- Yasenka Peterson, Assistant Professor, Indiana State university
- Ron Stubbs, Executive Director, New Perspective, Minority Health Coalition Inc.
- Rivienne Shedd-Steele, Partnership Program Coordinator, Cancer Information Service

Roles and Responsibilities of workgroup members:

- Review and share relevant data to strengthen the science base of tobacco-related disparities in the state
- Promote cultural competence, diversity, and inclusively
- Identify missing data
- Assist with conducting environmental scan
- Share information
- Recommend individuals and agencies that need to be included
- Create a partnership and process for shared decision making and priority setting
- Help draft goals and objectives
- Advise on how to implement the strategic plan

2. EVALUATING STRATEGIC PLANNING PROCESSES

2.1 Purpose and Goals of Evaluation

The purpose of this evaluation is to demonstrate how Indiana's ITDD workgroup was formed and how the strategic plan was formed. It is important for Smokefree Indiana to reveal how it faced challenges and successes to shared with others and learned from. The evaluation will be a conversational model in which the information will illustrate the outcomes and demonstrate the beginning of the implementation of the ITDD strategic plan. The evaluation will serve as a continuing education piece for future inclusion efforts of disparate communities in Indiana.

The goals of the evaluation are:

- Document workgroup meetings
- Monitor and report on progress toward achieving planning goals
- Discuss implications of the evaluation results

The evaluation design involved collection and analysis of descriptive information to answer the following *general* questions:

- Has data collection improved needs assessments?
- How to increase capacity building and infrastructure?
- How to increase resources for programs?
- How to create and institute policy changes?

What milestones have been reached through these efforts

- The establishment of a statewide workgroup to identify populations with disparities and development of strategic plan and goals.
- The presentation of the specific ITDD strategic plan slide presentation to ITPC Executive Director, Karla Sneegas.
- Workgroup ITDD newsletter (over 500 newsletters were distributed to key stakeholders in Indiana) to present the ITDD workgroup and its' goals.
- Marketing the plan to other key collaborators and stakeholders across the state
- Host a future forum with the Indiana State Health Department and Dr. Wilson, State Health Commissioner.

2.2 Evaluation Methods

Methods included: observation at monthly meetings, attending planning meetings, participating in conference calls, collecting materials handed out by data specialists and the facilitator, conducting interviews with key participants, reviewing written materials and information gathering discussions with participants.

3. STRATEGIC PLANNING PROCESSES AND MILESTONES

3.1 Step 1: Forming the ITDD Strategic Planning Workgroup

Cecilia Williams had previously worked with several of the members and she encourage them to attend the initial meeting. Cecilia has well-established credentials with the tobacco control community in Indiana and is well informed. ITDD members further decided that additional participants were needed.

The criteria for selection of workgroup were the following:

Workgroup members are involved in tobacco control activities and decision making within their organizations. Most of the group are technical experts and have extraordinary skills within their communities i.e. such as language and cultural competence. They are well-respected leaders, understand the issues of their respective communities, and are justifiable with key community decisions makers.

ITDD workgroup were considered partners to the team leadership. After finishing the 12 months of the project members committed themselves to continue to attend many additional

meetings, and conference calls to move beyond impasses or to discuss the presentation to other stakeholders at the upcoming forum.

Workgroup role and responsibilities

- Ability to fulfill the basic roles of membership and to represent the perspective for which they were selected
- Ability to inform key people in other organizations or communities
- Willingness to incorporate the Strategic plan back to their organization or community for implementation

Recruiting members and keeping them involved

Cecilia began recruiting members for the workgroup from active persons already working or volunteers in local, regional and the state tobacco control projects. Eventually the workgroup identified groups that were not originally included. The American Cancer Society (ACS) offered their facilities throughout the remainder of the workgroup sessions. This cooperation was helpful in completing the strategic plan. ACS was extremely accessible to all workgroup members, especially to those traveling a distance to attend the meetings. Meeting in one place created an opportunity for people to not get lost in reaching the ACS. Coffee and water was always served and on several occasions they sponsored the lunch for the workgroup. This hospitality gave members the sense that they were important and doing important work. I believe that this hospitality greatly aided the attendance record.

Conduct of workgroup meetings (decision-making, other processes)

The conduct of the workgroup was participatory and led by group consensus. The group selected Dr. Ysenka Peterson as chairperson, Celisse Morris-Miller as vice chair, and Jennifer Liffick, from ACS, scribe. The scribe worked as an immediate recorder of the proceedings. She used a laptop and attended each work session. Thus the minutes were always complete and very useful to the work of the committee. The consensus monitor role rotated among the group members throughout the year. The group also found committee meetings and smaller work groups very helpful and essential in digesting and tweaking the information to bring back to monthly workgroup sessions for approval.

3.2 Step 2: Identifying/Prioritizing Tobacco - Related Disparities and Assessing Capacity

Collection and analysis of data on disparities in populations

Dr. Nancy Shchlapman was the initial data consultant. She presented data, which was available in the state for various communities identified by work group. Dr. Schlapman retired early from the position at the monthly meetings due to lack of consensus by the workgroup as to whether the data collected was viable information. At that time Mrs. Cheryl Hunt, group facilitator continued to compile and present data requested by workgroup members. Members also brought in additional information about their communities. A member, Rivienne Shedd-Steele from the Cancer Information Service also presented further information that helped prioritize disparities and assess capacity.

Population assessments: methods and results

The population assessment was the first challenge that presented itself, when original population data on disparate communities was presented. Considerable discussion followed. Many workgroup members felt many counties had been left out. Whole concentrations of diverse groups were not mentioned. Many asked, “was the current U.S. census used?” Workgroup members responded with other sources and figures. It was the first occasion that the workgroup understood how little data was available in Indiana about health statistics in disparate communities.

The workgroup faced challenges in the decision making process concerning data. Since there was so little state data identifying tobacco prevalence for specific populations, the workgroup had to come to a consensus that the data for certain groups just did not exist. This was hard for some members of the workgroup to accept, and created an in-depth discussion that spanned three meetings. One of the concerns was Dr. Schlapman’s initial research, which many members speculated wasn’t a thorough investigation. The planning process was delayed due to this issue, and it took reassurance from the workgroup facilitator that all resources for data collection have been found.

Rivienne Shedd-Steele from the Cancer Information Service (CIS) presented a method used by the CIS to examine smoking prevalence throughout the country. The Consumer Health Profiles were tailored to identify populations in Indiana based on Census categories of age, race, income and education, and provide the following information:

- Populations in need of outreach;
- Geographic illustrations of where members of the population group live in the state;
- Lifestyle characteristics, such as media habits; hobbies; and knowledge, attitudes and beliefs about cancer and specifically about tobacco use.

There was a reaction to the acronyms used to describe the people in the statistics. A suggestion was made that the use of those methods be given to a smaller group to decide. The results of the smaller group were presented at the following monthly workgroup meeting where they were accepted. The work of researching and finding adequate statistics was a task given to individual workgroup members and ITDD facilitator. All performed excellent data analysis research.

Developing a comprehensive profile of disparities statewide

The following chart lists the populations with disparities identified by ITDD using available qualitative data. They are divided into three categories:

- “Communities” - populations with a shared history, context or culture
- “Strata” - populations with commonalities, which do not necessarily share culture
- “High risk” - populations identified with limited or very few quantitative data. The lack of quantitative data suggest a risk for disparity

Identified Populations in Indiana Disproportionately Impacted by Tobacco Use*

Communities	Strata	<i>High Risk</i> – no state prevalence data available
African American Males	Income under \$ 25,000	Asians
Rural Youths (This group may also be considered in the strata category)	Low Education – High school or less	American Indians
Hispanics	Age 18-24	GLBT
	Unemployed	
Note: Communities are considered population groups that share history, context or culture.	Note: Stratum are population groups that have commonality but do not necessarily share a common context or culture.	Note: Limited or no state prevalence data exists for these populations but national figures and trends show risk for disparity. Several populations are increasing significantly in Indiana, and on a national level are historically at risk for acculturation and use of tobacco.

SWOT analysis: methods and results

A SWOT analysis was conducted by the workgroup on the capacity of the workgroup and Smokefree Indiana organization to carry out a strategic plan. The workgroup conducted a population assessment to review and determine what is known about the attributes, resources, and capacity/infrastructure of populations identified during data analysis as having a tobacco-related disparity, or at risk of tobacco-related disparities.

The analysis determined **S**trengths, **W**eaknesses, **O**pportunities, and **T**hreats related to the larger environment in which the planning takes place. This process defined the 5 top critical issues that needed to be addressed:

- Data is limited and there are many gaps in information needed on disparately affected groups (**W**)
- Lack of knowledge/skills to complete deliverables required of tobacco control programs (**T**)
- Atmosphere of state environment toward tobacco elimination in Indiana is competitive (**T**)
- Training and evaluation are always last in priority (**W**)
- Majority of organizations are local and community oriented and have access to disparate populations (**O**)

Other issues identified:

- State budgeting process jeopardizes funding (**T**)
- Capacity to build and implement programs is limited (**W**)
- Capacity to implement the plan is weak (**W**)
- There are existing minority coalitions that need to be identified to build linkages to help implement the strategic plan (**O**)

- Organizations are challenged to identify and eliminate disparities (**W**)
- Majority of groups have minimal or weak political connections (**W**)
- Need to recognize differences in messaging to intended audiences (for example Clark County vs. Marion County) (different ethnic groups) (**W**)

Presenting results of these investigations to the workgroup

ITDD workgroup members, Smokefree Indiana staff and workgroup facilitator were all involved in gathering data and information. The information was compiled by ITDD workgroup facilitator and presented to workgroup members. The compiled information was well received by all participants. This was another collaborative effort in which everyone worked and learned very well together. No strengths were determined by the workgroup at the time of this analysis.

3.3 Step 3: Developing the Strategic Plan

Identification and prioritization of critical issues

Two sources were used: key informant interviews and consumer health profiles. To conduct key informant interviews, ITDD members identified key leaders of disparately affected populations. The key leaders were contacted and asked questions about tobacco-related norms and attitudes specific to the population they represented. Key informants were asked questions regarding:

- Communication channels
- Tobacco-related norms and attitudes
- Assets/challenges in tobacco prevention and control issues
- Existing community-/population-based interventions
- Policy/regulatory interventions
- Capacity and infrastructure
- Leadership representation

Conversion of critical issues to planning goals and strategies

ITDD members reflected on their organization's capacity to carry out the strategic plan by conducting a SWOT analysis. The analysis determined strengths, weaknesses, opportunities, and threats related to the larger environment in which the planning takes place. The SWOT analysis identified the following facilitators (expedite progress) and barriers (impede progress) that may lead to the success of the plan or hinder it.

Facilitators to ITDD Strategic Plan

- Majority of organizations are local, community oriented and have access to specific population groups.
- Minority coalitions exist to build linkages that help implement the strategic plan.

Barriers to ITDD Strategic Plan

- Data is limited and there are many gaps in the data that is available. The state-specific data are insufficient to adequately identify populations disproportionately impacted by tobacco use or have indicators identifying them as a possible risk.

Future funding for tobacco prevention and control efforts may be in jeopardy due to competition for the Indiana Tobacco Use Prevention and Cessation Trust Funds and unrealistic expectations by State Legislative decision makers. Some decision makers are expecting to see dramatic outcomes in tobacco-related disease and death that are unrealistic and may choose to reallocate the Master settlement funds.

Due to a budget deficit, there is extensive competition for the MSA funds to remain dedicated to tobacco prevention and control. Increased collaboration is needed among all tobacco control partners: Indiana Tobacco Prevention and Cessation Agency (ITPC), Smokefree Indiana (SFI), Indiana State Health Department and ITPC-funded projects to build the State's tobacco prevention and control effort.

Training opportunities for all the newly funded, local partners in tobacco control are limited, and most do not have adequate resources for evaluation efforts.

Assessing clarity and feasibility of planning goals

The following critical issues were identified by the ITDD, as having the ability to identify and eliminate tobacco-related disparities in Indiana. There was a total consensus that the goals were urgently needed to future planning and programs development. Workgroup members agreed that they need a baseline of information on disparate communities and that the following goals are the best manner to approach the task.

- **Gaps in Data:** State-specific data is insufficient to adequately identify populations disparately affected by tobacco use.
- **Funding Challenges:** Since no single funding source is available to support the implementation of the strategic plan, it will require resources from a number of organizations, combined with the identification and acquisition of outside funding, to implement the strategic plan.
- **Capacity Issues:** New tobacco-control partners exist statewide, many with organizations without previous tobacco control experience. Other partnerships will need to be developed to reach population groups with identified disparities. Efforts must be made to continually increase the capacity of these organizations to implement effective tobacco control programs. Capacity issues include financial and staff resources; training and education; access to materials, programs and best practices.
- **Tobacco Industry:** The tobacco industry spends large amounts of money to fund specific populations' events, buy influence and to conduct target marketing to specific populations. Alternative funding sources are needed to support these populations and their projects to

counteract the influence of the industry. Historically, industry contributions have been used to buy influence among, and to oppress, these populations. Counter marketing is needed and must be specific to the disparately affected population.

- **Programming for Populations with Identified Disparities:** Programs, marketing efforts and tobacco control interventions must be tailored to meet the specific needs and culture of each disparately affected population in Indiana.

Assignment of persons to implement the strategic plan

Smokefree Indiana will continue to convene the ITDD workgroup and the facilitator through June 2003. ITDD members are very interested in continuing to meet to monitor the adoption of strategies and the efforts to achieve the goals outlined in the strategic plan. The ITDD workgroup and SFI have made a commitment to the following next steps in order to continue the work of this initiative.

- Create and disseminate a newsletter to key stakeholders explaining the workgroups effort
- Smoke free Indiana will implement a marketing plan with the goal to identify partnerships
- Secure key partnerships for each of the five goals in the strategic plan
- Oversee the implementation of the strategic plan by partnering with organizations
- Monitor and evaluate the collaborative process and the implementation of the strategic plan

Safeguarding the plan: Monitoring, oversight, and feedback, finding partners to help implement the plan

Smokefree Indiana will promote the monitoring, oversight, and feedback to all Indiana State key holders and ITDD workgroup members. This will be done by way of forums, which will be held in order to assure equal responsibility to all stakeholders who attend the forums. Goals and strategies developed by the ITDD members through the strategic planning process will be incorporated into SFI annual action plan.

3.4 Step 4: Adopting and Refining the Plan

Identification of audiences for the strategic plan

The primary audience for Smokefree Indiana is the ITDD workgroup, key stakeholders Statewide and others reached through ITDD forums and newsletters. The success of this plan lies within the state legislature restoring funding to continue with the implementation of the plan.

Political issues addressed

Political issues are visible on various fronts

- The development of healthy relationships between organizations to continue working together
- Partisan politics, which address Smokefree workplace policies and raising the tax on cigarettes
- Redirecting Master Settlement monies from ITPC Agency to other areas of the state budget

Writing the strategic plan

The workgroup authorized Cheryl Hunt and Cecilia Williams to write the final draft of the strategic plan. They gained the trust and confidence of the group through their activities with the workgroup. Several members of the workgroup volunteered to continue working with her to review the final draft.

Workgroup adoption of the plan

The last workgroup meeting was focused on reviewing a draft of the work plan and formalizing the details for the public forum. Cheryl and several workgroup members were authorized to draft the final copy of the plan for submission.

Getting State Health Department approval of the plan

Several members of the State Health Department were part of the development of the strategic plan, thus they have been instrumental in arranging for the first public forum to be held at the State Health Department. The Director of the Indiana State Health Department will be in attendance.

3.5 Step 5: Preparing for Action

Marketing the plan: Strategies and results

Future efforts to market the strategic plan will be carried out by the ITDD workgroup's network activities. Informational forums will be held to identify potential partners. Commitment questionnaires will be given to participants to indicate what level of collaboration they would like to take in the ITDD strategic plan. The workgroup will also identify potential partners that did not attend the informational forums, and will initiate one-on-one meetings with them to encourage collaboration and adoption of the plan.

Effective marketing strategies

Marketing Strategies include: development of a power point presentation of the work of the ITDD workgroup, which has been used very effectively with other key stakeholders. The Indiana Tobacco Prevention and Cessation Agency responded positively to the marketing plan at an initial meeting. Their buy in to the process is key to the future of the plan.

A newsletter, which explains the ITDD work and its strategic plan, has been very effective in helping other key stakeholders to understand and share in the work. All workgroup members distributed the newsletter to board of directors, and staff. The state health department, ITPC executive board and advisory committee also received the newsletter. The newsletter is crisp and informative, with a concise view of the work of the ITDD workgroup.

ITDD workgroup members will seek to further market the strategic plan at future forums. They have also committed to attend these forums. There were many meetings and conference calls held after the work year was completed to organize and plan carefully the contents, media persons and speakers. A principal goal of these forums will be to secure key partnership for each of the five goals in the strategic plan.

Obstacles to the marketing effort

The state budget deficit appears to be the main obstacle to the implementation of the strategic plan. Sufficient financial support of tobacco control in the state needs to be in place in order for a more effective implementation of the ITDD Plan.

Relationships among the different state organizations also appear to be an obstacle towards the success of the plan. Indiana's structure is very unique from other states in that the agency handling the monies from the Master Settlement Agreement is separate from the state health department. The agency that oversees statewide minority health programs is also separate from the Office of Minority Health. Because of the spider web structure of the statewide public health programs, many organizations are not on the same page when addressing health disparities due to lack of collaboration.

Impact of marketing on development of action plans

Smokefree Indiana and ITDD groupwork members have committed themselves to continue to work with other groups that want to develop action plans.

Next steps

- Mentoring the role of the continued workgroup activities
- Smokefree Indiana Action Planning
- Marketing Plan
- Use of Evaluation plan

3.5 Adherence to CDC/OSH Principles/Characteristics of Participatory Planning

Adherence to participatory planning was given great care by Smokefree Indiana during the recruitment and the invitational state of creating the workgroup. The following principles were followed extensively during the first three sessions of the workgroup.

- Inclusiveness – Assurance that diverse population groups were involved in the process
- Representation – Assurance that those representing specific population groups truly reflect the community's values, norms, and behavior
- Parity – All members of the workgroup have equal voice in input and participation

Comments from the interviews of participants stated that these meetings were well worth coming to because everyone had an opportunity to speak and learn. Others mentioned the careful adherence to the agenda and how they were asked for their reaction to the agenda. I observed how quickly the group came together when the "rules" were explained. Every meeting produced results that led to the final product.

4. MAJOR ASSETS FOR STRATEGIC PLANNING

4.1 Factors Facilitating Planning Processes: Steps 1-5

Two outstanding factors drove the work of the planning process. The first asset was the communication of the entire project by the project Coordinator. The clarity of the first three sessions was instrumental to the understanding of all members. There was considerable time given to the work group to make decisions and to choose their leadership. The process increased a high level of trust among the participants. The leadership was well respected by the entire workgroup. The second asset was the work done by the group facilitator. The facilitator joined the group work after the second session. Once the workgroup understood the content of project with the assistance of the Smokefree Indiana coordinator, the facilitator set the planning session into motion and the workgroup members to work. Membership in

ITDD was decided. The ITDD workgroup decided that no other persons would be allowed to participate in the sessions, due to the fact that new persons entering would not have had the benefit of all the sessions and they could possibly slow down the process. It was agreed that workgroup dynamics would not be compromised.

4.2 Maximizing Planning Assets

Each session was well organized and prepared. Whenever impasses occurred, they were respected and scheduled into the next planning session to be addressed. All workgroup members and their organizations were valued giving them an equal voice in the planning process. Agenda and Minutes were distributed well ahead of schedule. In order to further maximize the planning assets a scribe was selected to record all meeting sessions. This proved to be an excellent manner of recording conversation. Instant recall was done by asking the scribe about computerized minutes when questions arose.

5. CHALLENGES TO STRATEGIC PLANNING

5.1 Challenges to Successful Planning: Steps 1-5

- A challenge that presented itself early was that out of the 14 states participating in the National Pilot Training Programs, Indiana stood out as the only contracted organizations under state health department. Workgroup members knew that there were not sufficient resources to market and implement the plan without building relationships with other stakeholders who had already built collaborations with the state health department.
- The lack of baseline data on diverse communities in Indiana proved to be another real challenge to the planning process. A data consultant was hired to help the workgroup navigate the understanding of the scarce data that does exist. The data that was presented to the workgroup came from the last U.S. Census. The workgroup reacted to the inaccuracies and inconsistencies of the numbers and areas in the state where diverse communities were reported. Another presentation was made of the refined statistics. The workgroup members reacted once again. The data consultant decided that the information she could access was not sufficient for the work that the workgroup needed, as a result she left the project.

5.2 Strategies to Overcome Challenges

- The workgroup worked successfully to build collaborations and networks with other stakeholders without any further funding. The group started to communicate the strategic plan and the work of the planning process with a newsletter and a PowerPoint presentation designed by the workgroup. The whole intent of this strategy was to get other stakeholders to incorporate essential parts of the strategic plan into their own work initiatives.
- The workgroup facilitator made a more reliable data presentation. Workgroup members were asked to help identify data information they had access to within their organizations. All workgroup members participated. Rivienne Shedd-Steele, Cancer

Information Service, made a special presentation on how data is identified and collected. CIS information helped to complete a final data presentation, which satisfied the needs of the workgroup.

6. CONCLUSIONS

6.1 Major Planning Accomplishments

The inherent strength of this process was communication and respect for each individual workgroup members. This project was a model of building capacity and developing equal leadership among the workgroup members. The process built a statewide workgroup, which will continue to present and champion for tobacco-free diverse communities in Indiana. The planning process was respectful of all members in their participation and disagreements. It was amazing to witness the transformation of each member from their particular diverse community to a group of people in a room looking strategically at how diverse communities needed to work together to eliminate smoking in Indiana.

Another major planning accomplishment was the understanding of state resources for tobacco cessation. How the state of Indiana legislature controlled the Master Settlement monies with the state budget. In May of 2003 the state legislatures reduced the settlement monies to the State Tobacco Agency (ITPC) from 32 million to 10 million. Workgroup members of this project suddenly pledged to be advocates for diverse communities in Indiana. They are aware that many of the resources that fund diverse communities will be the first reduced.

6.2 Lessons Learned Throughout the Planning Process

Organization of the project and how the leadership team presented itself from the beginning of the project was essential to the formation and work of the workgroup. The orientation for the project was clear and concise. The expectations were made clear as to the purpose of the project. Trust among diverse community members expanded and in some cases bridges that did not exist were built.

The importance of each person to be valued and heard was a resounding lesson learned in this workgroup, at times painfully, when some workgroup members spoke with body language and others searched for English to express themselves. Equal strength came from persons already involved in state health offices that explained their positions in terms that everyone understood. By the third session, the group understood the rules of the group, which the group itself had designed to move the process.

The third lesson was the high level of trust built by the project team and group coordinator/facilitator among and with workgroup members. An example was an opportunity during the data discernment for the group to come to a complete impasse and disagreement. The facilitator asked for a small commitment to tweak out the differences. The monthly session was adjourned early and folks stayed around for coffee to further discuss the issue in a less formal manner.

6.3 Recommendations to Enhance Future Strategic Planning

- Build in time to get to know each other this community building can establish lasting relationships that will enhance work beyond the project.

- Stress respect for individual cultures and how those cultures communicate
- Team leadership also learned from the work that they are doing
- Keep incentives for mileage to help members from diverse communities attend meetings
- Build in equal proportions of men and women in workgroups
- Move training session of CDC around the country to give more workgroup members an opportunity to attend
- Share experiences with future pilot projects from the case studies and strategic plans
- Give workgroups more time and resources to do a follow-up plan for implementation.
- Increase efforts in capacity building of the members of Diverse communities