

Identifying and Eliminating Tobacco-Related Disparities
Louisiana Case Study
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Identifying and Eliminating Tobacco-Related Health Disparities Louisiana Case Study

Chapter 1: Overview of Disparities Project

1.1 Purpose and Goals of Project

Louisiana was one of 12 states (plus the District of Columbia) selected to participate in the Center for Disease Control and Prevention's (CDC's) third round of strategic planning processes. The CDC had identified four goals for states' comprehensive tobacco control programs to achieve. The four goals are:

1. Preventing initiation of tobacco use among young people
2. Eliminating nonsmokers' exposure to secondhand smoke
3. Promoting quitting among adults and young people
4. **Identifying and eliminating tobacco-related disparities**

The CDC developed a model strategic planning process for states to conduct in order to address the fourth goal: identifying and eliminating tobacco-related disparities. This report documents Louisiana's experiences, successes and challenges in completing this Strategic Planning process. The case study covers the period between September, 2006 through May, 2007.

1.2 Overview of Tobacco Control Efforts and Target Populations in Louisiana

Tobacco Control Infrastructure

Louisiana is one of eleven states that have two entities implementing comprehensive tobacco control programs: The Louisiana Department of Health and Hospitals' Tobacco Control Program (LTCP) and the Louisiana Campaign for Tobacco-Free Living (TFL).

LTCP was founded in 1993 within the Louisiana Office of Public Health. A new entity, which later became TFL, was created in response to the 2002 implementation of a 12-cent-per-pack excise tax increase. The new entity would receive 2 cents per pack to implement tobacco prevention and control programs, and would be administered by the Louisiana Public Health Institute.

In addition to the existence of two comprehensive tobacco programs, two additional factors played an important role in shaping recent tobacco control efforts in Louisiana. The first was the 2005 hurricane season, which saw Hurricanes Katrina and Rita cause mass destruction and dislocation of Louisiana residents. The second factor was the restructuring of the Louisiana Department of Health and Hospitals, which took place during the Strategic Planning process. LTCP is located within the Chronic Disease Unit, which moved from the Office of Public Health to the Bureau of Primary Care and Rural Health. This move not only impacted the leadership and culture of the Chronic Disease Unit, it was also a physical move from New Orleans to Baton Rouge.

Tobacco Control Efforts

Over the past years Louisiana has made excellent progress in tobacco control efforts. The Louisiana Smoke-Free Air Act, which prohibits smoking in most public places and workplaces statewide, was passed during the 2006 Legislative session. The passage of this law also repealed pre-emption in our state, which has opened the door for stronger laws at the local level. Tobacco control is at the forefront in Louisiana and with the continued efforts at the state and grassroots level additional policy measures are imminent.

In June 2002, Louisiana Governor Mike Foster signed two separate pieces of legislation to increase the cigarette excise tax. One bill reenacted a \$0.04 tobacco tax increase effective July 1, 2002. Another piece of legislation enacted a \$0.12 tobacco tax increase effective August 1, 2002. The total tax on all tobacco products is \$0.36. Generated revenue from the tax will be put into a Tobacco Tax Health Care Fund. That amount will be divided among several programs around the state, including \$0.02 dedicated to smoking prevention and cessation for state hospital, school and community programs.³

Target Populations

Louisiana is a diverse and culturally rich state, composed of many different populations with poor health outcomes. The main urban area, New Orleans, experienced a massive decrease in population in the year before the Strategic Planning process took place, due to Hurricane Katrina. Other urban areas in Louisiana experienced population increases due to the exodus of New Orleans residents after the hurricane. Much of the state consists of rural areas, however. Twenty seven of sixty-four Louisiana parishes have populations under 25,000 people.¹

Thirty two percent of Louisiana residents are African American.¹ Forty five percent live under 200% of the federal poverty level.² Almost three percent are Hispanic/Latino, 1.3% are Asian and 0.6% are Native American.¹ African American residents are concentrated in the following areas: Region I (Orleans region), Region II (Baton Rouge region), Region VIII (Monroe region), Region VII (Shreveport region). Pre Hurricane Katrina calculations place Hispanic/Latino residents in Region I (Orleans region) and Vernon Parish in the region VI of the state.¹ Following Hurricane Katrina, there has been an influx of Latino/Hispanics in Regions I (Orleans), Region III (Houma), Region V (Lake Charles), and Region IX (Slidell/New Orleans North Shore). Little information is known about this population because of the large number of undocumented migrants who arrived here to assist in recovery efforts. Asians are more concentrated in Region I (Orleans region) and Native Americans are more likely to be in Region III (Houma region) and Region VI (Alexandria region).¹ Unfortunately, residents with few economic resources and poor health outcomes can be found throughout the state, in rural and urban areas.

1.3 Project Team: Leaders and Other Members

The CDC's model strategic planning process requires four core team members:

Project Coordinator
Strategic Planning Process Facilitator
Evaluator
Epidemiologist/Data Specialist

Diane Hargrove-Roberson, the Program Administrator for the Louisiana Tobacco Control Program was the Project Coordinator through April, 2007. Alma Charles Stewart, CEO of A. Charles Stewart Consultants was contracted as the Facilitator per the CDC disparities request for proposal. TFL volunteered Katie Sellers, the Evaluation Manager at LPHI to be the Evaluator. The Epidemiologist/Data Specialist position was vacant until January, 2007.

Ashley Ross, Director of TFL volunteered to join the process, and was designated the TFL liaison. Brenda Bell-Caffee, Director of Caffee, Caffee and Associates (CCA) and LTCP's Disparities Consultant, joined the Strategic Planning core team along with Cassie Clinton,

CCA's Program Manager. Jenny Dickherber, an intern at TFL, also joined the core team in the fall of 2006.

1. American Factfinder, Census, http://factfinder.census.gov/home/saff/main.html?_lang=en, Census 2000, 2005

2. Kaiser State Health Facts, <http://www.statehealthfacts.org/cgi-bin/healthfacts.cgi>, 2005.

³Initiatives to increase the cigarette excise tax across the states, <http://www.astho.org/pubs/Updatestate.by.stateexcisetaxSept2002.htm>

In January, 2007, the core group expanded due to new additions to staff at LTCP and the DHH Bureau of Primary Care and Rural Health. Mark Perry was hired as Program Monitor for Disparities at LTCP and immediately joined the core team. Todd Griffin was hired as BRFSS Coordinator for the DHH's Bureau of Primary Care and Rural Health. LTCP had been planning to hire a Tobacco Control Epidemiologist, but was unable to fill the position during the Strategic Planning process, so Mr. Griffin acted as the data specialist on the team from January through May. In April, when Diane Hargrove-Roberson moved from LTCP to the Office of Public Health, Matthew Valliere became the Project Coordinator.

1.4 Roles/Responsibilities of Project Team Members

Funding for this project came from the CDC's Office of Smoking and Health to LTCP. Thus the project was managed by LTCP, while TFL offered assistance. The group initially clarified roles and responsibilities as follows:

In the initial meeting, it was decided that the Project Coordinator was ~~generally~~ responsible for overseeing the project. The Facilitator was charged with facilitating the Strategic Planning process, but not the meetings of the core team. The evaluator ~~would~~ was charged with evaluating the Strategic Planning process and assist with data needs until LTCP hired an epidemiologist. The TFL Liaison would assist by participating in the process to ensure alignment between TFL's strategic plan and the Strategic Plan to be produced by this process.

During the process, the team roles were revisited as the responsibilities shifted due to the additional staff hired at DHH. Roles and responsibilities progressed into the following:

- The Disparities Program Monitor served as the liaison between the Strategic Planning workgroup and the core group.
- The BRFSS Coordinator served on the data team; assist in reviewing responses to the environmental scan, and assist with any questions or concerns from current and future data needs.
- The Diversity Consultant assisted the facilitator with logistics and presented a historical perspective of tobacco and its efforts to target minorities.
- The Program Manager for CCA assisted by drafting minutes, providing reports from the strategic planning workgroup, kept track of all group responses during strategic planning minutes and also assisted with logistics when needed.
- The TFL intern played a vital role by providing the group with the development of a comprehensive profile of disparities statewide.

Some roles and responsibilities of the project team members shifted and were re-clarified during the Strategic Planning process. While responsibilities are likely to shift during the initiation of any new project, the re-building of New Orleans and Louisiana's public health infrastructure undoubtedly exaggerated this tendency.

An example comes from the alignment between TFL's strategic plan and the disparities Strategic Plan to be drafted by the Workgroup. With assistance from the CDC and the Tobacco Technical Assistance Consortium (TTAC), LTCP and TFL began to integrate the state's two

comprehensive tobacco control programs shortly after the disparities Strategic Planning process began. Initially the challenge involved in the integration process was clearly defining which program would have responsibility for different areas of tobacco control within the state. By the time the second integration meeting was held, the strategic planning workgroup had convened twice and the disparities plan was well outlined. This plan was used to guide discussion of how the two tobacco programs would devise a disparities plan for the state. The third integration meeting followed the final strategic planning meeting and LTCP and TFL was able to integrate their disparities plan without duplication of services and efforts in Louisiana. Ultimately the job of ensuring alignment was more productively accomplished through the ongoing integration process.

Chapter 2: Evaluating Strategic Planning Processes

2.1 Purpose and Goals of Evaluation

The purpose of this case study is to evaluate Louisiana's strategic planning process in order to inform future efforts in Louisiana and the strategic planning processes of other states. The following questions were identified at the beginning of the process as questions the evaluation should answer:

- How well did the core team interact with each other?
- Was a group of stakeholders successfully convened?
- Was the group diverse and inclusive?
- Did the group access relevant data sources to identify tobacco-related disparities?
- Did the group identify gaps in available data?
- Did the group assess opportunities for expanded data collection?
- Did the group assess the capacity of the represented communities?
- Did the group identify barriers to preventing tobacco use in the identified communities?
- How well did the Strategic Planning Workgroup work together?
- Did the group work together to develop a statewide Strategic Plan to address disparities?
- Do the Workgroup members feel that the Strategic Plan addresses the identified disparities?
- Do the Workgroup members plan to continue working together beyond the grant period in order to successfully market and implement the plan?

2.2 Evaluation Design

This case study uses a variety of both qualitative and quantitative methods to assess the success of the Strategic Planning process. The evaluator attended all core team meetings, all Strategic Planning Workgroup meetings, and all three CDC trainings. The majority of data collected is in the form of field notes taken by the evaluator during these meetings. Additionally, the core team agreed to copy the evaluator on all email correspondence, and thus email correspondence also contributes to this case study. The Strategic Planning Workgroup filled out quantitative meeting and process evaluation forms, which comprise the quantitative data for the case study.

2.3 Evaluation Materials

The meeting evaluation and Strategic Planning process evaluation instruments are attached as Appendix A.

Chapter 3: Strategic Planning Processes and Milestones

3.1 Step 1: Forming the Strategic Planning Workgroup

- a) The Workgroup and its members (general characteristics)

The Strategic Planning Workgroup consisted of 14 members, most of whom were involved in tobacco prevention and control activities prior to joining the Workgroup. Many of the members had personal experience with family members who smoked, some of whom became seriously ill or died due to smoking-related disease. The Workgroup members represented all nine public health regions of the state, and represented both urban and rural areas. Workgroup members were employed by community-based organizations, government offices, and a church. Organizations represented included the following: Louisiana Governor's Office on Indian Affairs, Peers Against Tobacco, Exceth, Inc. Federally Qualified Health Centers, Campti Community Development Center, Louisiana Council on Alcohol, Louisiana Primary Care Association, Florida Parishes Human Services Authority, Gibsland Youth Community Resource Center, Louisiana Public Health Institute's Campaign For Tobacco Free Living, West Carroll Parish Partners in Prevention, New Covenant Baptist Church, Webster Parish Sheriff's Department, Louisiana Tobacco Control, and Kart, Inc. Several members worked for organizations already contracting with LTCP or TFL. Collectively, the Workgroup participants identified themselves as having cultural membership in seven of the eleven disproportionately affected population groups initially identified by the core team:

- African Americans
- American Indian/Alaska Natives
- Blue Collar Workers
- People with Disabilities
- People with Low Incomes
- Rural Communities
- Veterans

Of the remaining four identified groups, two were represented by Workgroup members who worked closely with the population.

- Youth 11-17
- Youth 18-24

The remaining groups were Asian-American/Pacific Islanders and LGBT, for which no one identified cultural membership or extensive experience and agreed to represent.

b) Workgroup roles and responsibilities

Roles and responsibilities for Workgroup members were clearly defined and communicated. A copy of the workgroup agreement, which was signed by all Workgroup members, is attached as Appendix B.

c) Recruiting members and keeping them involved

Members were initially recruited via a nomination form that was sent to a stakeholder list compiled by the core team. The stakeholder list consisted of LTCP staff and contractors, TFL staff and contractors, and representatives of the community nominated by contractors. The nomination form and scoring sheet are attached as Appendix C. Due to an error in the nomination form, it minimized the time period between when the nomination forms were given out and when the first Workgroup meeting had to take place. Thus a number of qualified and nominated potential Workgroup members were unable to participate due to scheduling conflicts. The core team decided that the group process would suffer if participants were allowed to skip one of the two-day meetings. Thus anyone who had a conflict with a full two-day meeting was ineligible to join the group.

Keeping the members involved was not difficult. The Workgroup members were very committed from the beginning of the process, and they generally attended as many meetings as they could. A few had serious medical issues that kept them from attending later meetings of the Workgroup. Workgroup members participated in between meetings by completing thought-provoking homework assignments. This allowed participants who were unable to attend meetings to stay involved throughout the process. Another way the facilitator was able to keep the Workgroup engaged was by repeatedly revisiting their stated expectations for the process and modifying the agenda and activities to ensure their expectations were met. Thus the Workgroup members felt they were participating in a process that was leading to an end they had chosen.

d) Conduct of Workgroup meetings (decision-making and other processes)

The Workgroup members established ground rules on the first day, and the ground rules were revisited each day. The ground rules were initially formed as follows:

- Ice breakers
- Good positive energy
- Opportunity to make a difference
- Sharing information
- Transparency
- Drawing on strengths of team members
- Completion / outcomes
- Ownership
- Sharing responsibility
- Fully engaged
- Avoid monopolizing conversation
- Listen
- Unnecessary comments
- Don't beat the dead horse
- Confidentiality

After the second day, two of the evaluations indicated a low but detectable level of discontent with the degree to which participants were respecting cultural differences. The facilitator led a group discussion about that finding the group added Openness, Respect, and Tolerance as new ground rules. The Workgroup was a very cohesive group that allowed the goal of completing a Strategic Plan for Louisiana's disparate population to drive the process.

Decisions were generally made by consensus, although Workgroup members prioritized critical issues by voting with colored dots.

Communication in between meetings took place through the state's Disparities Program Monitor. This system worked smoothly, as he was able to communicate with Workgroup members and assist with any needs they had during the process. TFL facilitated the communication process by having listservs set up for both the core planning group and the Strategic Planning Workgroup.

e) Workgroup meeting schedule

The core planning group decided that, given the condensed time frame and the desire to maximize Workgroup cohesion, full-day and two-day meetings should be used. Thus the schedule for Strategic Planning meetings was as follows:

March 20: 9:30-5:00

March 21: 8:30-4:00

April 25: 9:30-5:00

April 26: 8:30-4:00

May 17: 9:30-4:00

The two-day meetings were held in Alexandria, in the geographic center of the state. The final meeting was held in Baton Rouge.

3.3 Step 2: Identifying/Prioritizing Tobacco-related Disparities and Assessing Capacity

a) Collection and analysis of data on disparities in populations

This process was a challenge because there was no epidemiologist/data person on the core team for the first four months of the project, when data needed to be collected and analyzed. The evaluator and an intern at TFL agreed to assist, and did so using the following steps:

First, they compiled a list of data sources, noting what years and indicators were available with each data set. They created a chart containing the identified potential target population groups, along with key tobacco-related indicators; to the extent they were available. When they were not available, the closest available data were substituted (LGBT smoking rates from other states, for example). The intern developed outlines for the populations, which went into greater detail about tobacco-related statistics, and issues for some of the identified populations. Information was also gathered from the CDC publication *Tobacco Use Among U.S. Racial/Ethnic Minority Groups*¹.

The data inventory was submitted to the core group, whose members asked for additional data. The additional data was sought and was either added, or the topic area became identified as a data gap. Once the state's BRFSS coordinator joined the team, he added specific statistics available in prior year BRFSS data sets to the disparities data. The BRFSS coordinator worked with the disparities program monitor to compile and deliver a comprehensive data presentation to the Workgroup during its first day of meetings (see Appendix D).

b) Population assessments: methods and results

The population assessment was carried out using materials provided during CDC trainings for this project. Data on identified populations was collected from Workgroup members using a three-stage process. First, participants were asked to choose the one identified population group that they feel most comfortable representing. In cases where Workgroup members easily represented more than one group, they were asked to choose based on whether one group was not represented by other participants. Then the Workgroup members were given a questionnaire to fill out at the end of day one, providing fairly straightforward information about the specific populations.

¹ U.S. Department of Health and Human Services. *Tobacco Use Among U.S. Racial/Ethnic Minority Groups—African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General*. Atlanta, Georgia: W.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1998.

The evaluator compiled this data and presented it back to the Workgroup the next day. Then additional questions (each question on an individual sheet of paper) were distributed to Workgroup members. Members were asked to provide data on the same groups they had described in the questionnaire from the previous day. Then the Workgroup was split into small groups and given the answers provided for populations not represented by participants in the group. For example, participants who chose to represent the African American population were assigned to work in a small group that would report back on population groups other than African Americans.

In the small groups, participants compiled and summarized the data submitted on the individual sheets of paper. Then they reported back to the whole group, with opportunities for clarification or discussion when necessary. The evaluator then combined this material with the data submitted on the questionnaires the day before, and presented it back to the Workgroup as the population assessment. The population assessment data was then combined with the existing population data presented by the epidemiologist and packaged into a user-friendly one-page document for each identified population group. These one-pagers were given to Workgroup members for their future use. Data gaps were then identified, and the Disparities Program Monitor and facilitator sought additional Workgroup participants and was able to bring in a representative of YWCA's Community Services section who worked with marginalized populations. The Program Monitor conducted a focus group and interview with key informants from the LGBT population to supplement the data collected during the Strategic Planning meeting. In addition, contacts were made with representatives of the Asian/Pacific Islander and Latino/Hispanic population; both representatives declined to participate at the last minute. As a final step, the facilitator arranged for speakers to attend the Workgroup's final meeting to provide additional insight into communities that were not well described during the population assessment process.

The data collection materials are attached as Appendix E. The population assessment is attached as Appendix F.

c) Developing a comprehensive profile of disparities statewide

The one-page fact sheets described above collectively constitute a solid first step toward developing a comprehensive profile of disparities statewide. The one-page fact sheets are included in Appendix D with the data presentation. A comprehensive profile of Louisiana's statewide disparities will be developed by the LTCP epidemiologist set to start with the program in early July 2007.

d) SWOT analysis: methods and results

The SWOT analysis was introduced on the first day of Workgroup meetings and conducted on the second day. The facilitator split the Workgroup into smaller groups, where members completed the SWOT analysis in teams. Each team then presented its SWOT analysis to the other teams. These results were compiled into a SWOT matrix, which was shared with the entire group. This matrix is attached as Appendix G.

e) Presenting results of these investigations to the Workgroup

The facilitator designed the meeting agendas to generally alternate between Workgroup input and presentation back to the group. This structure forced a continual feedback process whereby the core group learned from the Workgroup, built upon their ideas, presented it back to the Workgroup and acquired clarification as well as additional ideas and discussion from the

Workgroup. This process appeared to help the Workgroup remain engaged and committed throughout the process.

3.3 Step 3: Developing the Strategic Plan

a) Identification and prioritization of critical issues

Critical issues were identified primarily during the second day of meetings beginning with the SWOT analysis. The facilitator convened the group to assess strengths, weaknesses, opportunities and threats in the area of tobacco-related disparities. Then she worked with the group to have them identify common themes that emerged across categories. These themes were:

- Funding
- Legislation
- Education
- Marketing / media
- Politics / lobbying
- Health care delivery systems
- Big tobacco
- Gaps in data
- Population outreach
- Networking / collaborations
- Advocacy

The population assessment was conducted in a similar way. First the evaluator gathered information from the group and presented it back to them. The second step was to have the group identify challenges that the identified groups shared. These themes included:

- Mistrust of the mainstream culture and medical establishment
- Competing priorities, including very serious issues that seem more important than tobacco
- Resistance to change and/or traditional values
- Language barriers
- Creative and highly effective targeting by the tobacco industry

Between the second and third day of meetings, the participants had a month long break. During that time, they were given a homework assignment, in which they reflected on the critical issues, providing details on what each issue is, why it is of strategic importance, and what the consequences for not addressing it are. The extensive responses to the homework were then compiled by the disparities program monitor and reported back to the group on the third day of meetings. The compiled findings are attached as Appendix H.

b) Conversion of critical issues to planning goals and strategies

The homework assignment seemed to bring individual group members, and the group as a whole, to the point where they were ready to set planning goals and strategies. Many of the common themes were really strategies or venues for intervention, so forming goals around them was fairly straightforward. The common themes identified during the SWOT analysis were combined and revised by the group as a whole. This new set of common themes became the framework for the Strategic Plan. The final set of themes was:

Funding
Advocacy
Data
Health care
Marketing and Outreach
Networking and Collaboration

The Workgroup split into small groups, with each small group handling two of the common themes. Each small group wrote a goal, major actions, specific actions, and who is responsible for their strategic areas. Specific actions were defined as taking place within the next six months. Major actions were items that would take longer. The small groups reported their proposed goals and actions back to the full group on the fourth day of meetings.

c) Assessing clarity and feasibility of planning goals

The core group met in between the fourth and fifth days of meetings to assess and revise the draft Strategic Plan put together by the work group. The core group found that the Workgroup's goals and actions were generally feasible. The core group revised the wording of some items to increase clarity.

d) Assignment of persons to implement the Strategic Plan

The core group also revised the delegation of responsibility during this meeting. There were not many needed revisions, but the core group made changes when individuals or organizations that had not been represented at the meeting were designated as responsible parties.

e) Safeguarding the plan: Monitoring and evaluation

Monitoring and evaluation is one of the areas to be considered during the LTCP-TFL integration process. LTCP has used external evaluators in the past, while TFL has in-house evaluation capacity. The plan for monitoring and evaluating the implementation of the Disparities Strategic Plan will be drafted at a later point in the integration process.

f) Finding partners to help implement the plan

Workgroup participants collectively represented approximately 60 different organizations. The participants expressed a strong interest in continuing to work to support implementation of the plan. The directors of the state's two tobacco control programs, as well as their supervisors, are also committed to implementing the plan. More partners are needed, but recruiting these partners is part of the plan. Additional funds will be allocated from the Louisiana Tobacco Control Program in order to sustain the workgroup. The new LTCP Program Manager has expressed his commitment to sustainability of this workgroup and feels that it is important to the overall process of implementing the plan and continuing the great work that has been done during the strategic planning process.

3.4 Step 4: Adopting and Refining the Plan

a) Identification of audiences for the Strategic Plan

Establishing a Statewide Coordinating Council for tobacco control is a key component of the long-term integration of LTCP and TFL. The Statewide Coordinating Council (SCC) is

conceptualized to represent multiple stakeholders from segments of government and organizations interested in and able to impact tobacco control. These groups, combined with existing LTCP and TFL partners comprise the audience for the Strategic Plan. SCC members will include representatives of both public and private health care, education, law enforcement, mental health and addictive disorders, and cancer control.

b) Workgroup adoption of the plan

The group expressed consensus support for the plan during its drafting process. The core team brought a new draft to the fifth and final day of meetings, which was carefully reviewed with the Workgroup. Workgroup members suggested some minor changes, but generally supported and adopted the plan.

c) Getting State Health Department approval of the plan

The Director of the Bureau of Primary Care and Rural Health attended the final Workgroup meeting and expressed support for the plan. She committed to bring the plan to the State Secretary of Health and Hospitals for final approval shortly after the integration plan is complete.

3.5 Step 5: Preparing for Action: Marketing the plan

At the final Workgroup meeting, there was a discussion about who should draft the marketing and implementation plans. Some felt that the core group could draft these plans and then bring them to the Workgroup for feedback. But some Workgroup members wanted to participate during the initial drafting. Others expressed doubt that they could afford the time away from their other work. Thus it was decided that Workgroup members would be invited to assist with the drafting of the additional plans, but that only some would be able to do so. LTCP recently hired a public information officer, who will be working in collaboration with the communications department that serves TFL to develop the marketing plan.

3.6 Adherence to Principles of Participatory Planning

The facilitator built in to the agenda and the process time for frequent Workgroup feedback. The facilitation style and structure she used encouraged participation by Workgroup members in virtually all steps of the planning process. The Workgroup members assessed their agreement with the following statements as very high (4.82 on a scale from 1-5, with 4 indicating “somewhat agree” and 5 indicating “strongly agree.”

- Everyone who wanted to participate had a fair chance to do so.
- Everyone had access to the information needed to make good decisions.
- Participants had a say in how the process was run.

Chapter 4: Major Assets for Strategic Planning

4.1 Factors Facilitating Planning Processes

The structure of tobacco control programs in Louisiana is both an asset and a challenge. First, the existence of two comprehensive tobacco control programs presents challenges, but also provides rich opportunities. Second, the two tobacco control programs were in the midst of an integration process during the disparities Strategic Planning year, which also provided both challenges and opportunities.

One major facilitating factor was the Workgroup itself. The Workgroup members came to the first meeting with only three weeks’ lead time, but they were already committed to the cause,

armed with knowledge of their own communities, eager to learn about disparities issues and ready to work. Since there was a time crunch, the Disparities Program Monitor decided that it would be best to keep a consistent open dialogue with workgroup members to make sure their needs were met in preparation for the first meeting. One of the challenges that were encountered was that some of the members lack accessibility to email which required considerable time on the telephone with workgroup members.

The core team also constituted a major asset to the process. The tobacco control landscape in Louisiana was shifting during this process, but the core group worked flexibly to ensure a quality strategic planning process. In addition, the core group responded to understaffing by recruiting several extra members to the core team, which strengthened its planning resources. The meeting and process evaluation results show strong evidence that the Workgroup members perceived the core group as having done an excellent job planning the process.

The CDC resources and training were also essential assets to the process. Core team members were struck by how often they set out to draft a form or outline, only to find a model form or outline already existing in the CDC training materials. The network of tobacco control advocates from states that have already completed the disparities Strategic Planning process was also quite useful to the Louisiana team.

Finally, the combination of complementary resources from the two state comprehensive tobacco control programs also worked to support positive outcomes from this process.

4.2 Maximizing Planning Assets

The integration of LTCP and TFL is an important strategy used to maximize planning assets. This integration process facilitates the alignment of LTCP and TFL goals, but also builds clarity on the division of marketing and implementation of the plan.

The Workgroup's strong commitment to continuing the process also maximizes the impact of work already done. Because some of the work detailed in the plan involves collecting more thorough data and recruiting more complete representation of identified groups on the Workgroup, the Workgroup will continue to refine its plan for eliminating tobacco-related disparities with the new information and input.

Chapter 5: Challenges to Strategic Planning

5.1 Challenges to Successful Planning

The planning process began less than a year after hurricanes Katrina and Rita. Both LTCP and TFL were understaffed. LTCP had only two employees at the start of the grant period. The reorganization of the state Department of Health and Hospitals further complicated staffing matters and employees' workload. TFL had more staff, but turnover after the storms was dramatic, so most employees were quite new. Both LTCP and TFL were undergoing strategic planning processes, as were their parent organizations (DHH Chronic Disease Unit and the Louisiana Public Health Institute, respectively). All this concurrent planning meant that many issues were unresolved, but also that there was more flexibility within both organizations than there otherwise might have been.

The core group found setting and honoring deadlines a challenge, partly due to the chaotic situation described above. The timeline for the planning process was not drafted until over halfway through the grant year, which caused the timeframe for recruiting members and

scheduling meetings to be overly tight. . Initially, there was a challenge with one of the entities finalizing their stakeholder list that would receive the nomination form. Due to this, an extended deadline was requested and approved by the Project Coordinator. Once the process overcame these challenges, the nomination process was set in motion, it moved too quickly. The nomination form went out with an error that could potentially offend one of the identified target groups. Immediately after the nomination form went out with this error, core group members worked to alleviate any problems and sent out a revised form. Because of the tight timeline in finalizing workgroup members, it was decided that the scoring sheet used to select Workgroup members would not be reviewed by the whole group. The score sheet was created based on the nomination form questions and categories. The finalization of the score sheet would have benefited from full group discussion. Finally, the tight timeline forced some interested (and selected) Workgroup members to decline the invitation, because the first two-day meeting was scheduled only three weeks from when they learned they were selected.

Another important challenge was tension between members of the core group. Collaboration between LTCP and TFL on the disparities planning process triggered some of the struggles that had remained unresolved during the integration process at that time. This hindered communication among core group members and complicated the planning process.

Securing representation from all areas of the state was another challenge confronted by the planning group. Regions with large urban areas and developed governmental and non-governmental infrastructure were easier to find representation for than were more rural and underserved regions. This could be addressed by allowing more time for the nomination process, and allocating points on the scoring form to those who represent underrepresented areas.

These challenges are reported because other states are likely to face similar challenges. In Louisiana's case, the challenges did not sabotage the process. The difficulties may have limited participation in the Workgroup, but the members who were able to come were able to engage in a successful strategic planning process despite the logistical challenges.

5.2 Strategies to Overcome Challenges

One strategy to overcome the tight timeline was to incorporate into the Strategic Plan the activities the group was not able to accomplish during the planning year. For example, the Workgroup will more aggressively seek participation from population groups that were underrepresented in the planning process to shape future activities. Because the core group did not have a tobacco control epidemiologist during the planning year, conducting a full data inventory and drafting a plan to fill data gaps are activities written into the plan.

The core group found it necessary to redefine roles and revisit ground rules during the planning process. When a conflict between core group members arose, the core group was able to confront the issue, discuss it openly, and suggest new rules to prevent similar problems in the future.

Another strategy to overcome these challenges is to re-commit to the integration process for LTCP and TFL. This process experienced some slowing during the planning year, but LTCP and TFL leaders have re-committed and are now more engaged in the process.

Chapter 6: Conclusions

6.1 Major Planning Accomplishments

The Strategic Planning process accomplished the development of a promising plan. The directors of the two comprehensive tobacco programs support the plan, as do the Workgroup members. In addition, the leaders to whom these directors are accountable have also expressed support.

The Workgroup members developed a sense of shared purpose and built trust throughout the process. Workgroup members indicated very high agreement with the following statements (4.92 on a scale from 1 to 5 for both statements).

- The process improved communication among stakeholders
- The process helped build trust among the participants.

6.2 Lessons Learned Through the Planning Process

The core group learned some very specific lessons about how various components of this process could be done more effectively. Drafting a timeline early in the planning year in order to take advantage of the full time frame would have improved the process. The design of the nomination process did not encourage “non-traditional” partners to participate in the process. The nomination forms were distributed to existing tobacco control partners, rather than to a wider group that might be more likely to have extensive experience with underserved populations.

Hindsight indicated that drafting the Workgroup member nomination form so as to allow potential participants to indicate cultural membership in various groups would have been helpful for ensuring participation from all identified population groups. The form was drafted like many traditional forms to allow participants to indicate their race/ethnicity, but not to indicate whether they experienced life in one of the other identified populations groups (low income, LGBT, rural, disabled, and veteran). Since the score sheet was created based on the questions and answers provided on the nomination form, some nominees lost points when they didn’t indicate whether or not they identified under some population groups. Some nominees indicated under this section that they were veterans or disabled which allowed them to get the full points allotted for cultural membership while those who didn’t indicate such lost vital points. This problem could have been avoided if the core group would have added an additional multiple choice option that allowed nominees to indicate whether or not they were a member of a specific population rather than just a line to indicate race/ethnicity. The revised nomination form is attached as Appendix ?.

The timeframe was such that careful review was impossible.

The nomination process was successful in identifying a smoker who was interested in participating. This Workgroup member had been trying unsuccessfully to quit and wanted to join in tobacco use prevention planning. The experience was not as positive for this Workgroup member as for most others- It may be that core team members and Workgroup members were less familiar with and/or sensitive to some of the issues faced by smokers.

6.3 Recommendations to Enhance Future Strategic Planning

The Louisiana team offers the following recommendations:

1. Develop a timeline together, during the first or second core group meeting.
2. If a full-time participant cannot be identified for one of the core team functions, seek other supportive advocates who can contribute to filling that gap.
3. Use adapted CDC-provided materials whenever possible.

4. Utilize the network and expertise provided through the CDC training process.
5. Try to make contact with potentially hard-to-reach groups as soon as possible. Try to discuss the project with them before the details are fully settled, if necessary.
6. Ask Strategic Planning Workgroup members to share their expectations of the process and be sure to honor those expectations as fully as possible.
7. Be sensitive to differences between smokers and non-smokers. Many tobacco-control advocates have been trained to respect cultural differences, but may be less in touch with smokers' unique issues.
8. Use homework assignments to gather thoughtful responses from participants and keep them involved between Strategic Planning sessions.
9. Use the Strategic Plan to further build efforts that were not as successful during the first year of planning. Perfect representation on the initial workgroup, and complete compilation of all relevant data will not be achieved during the first year.
10. Contact the appropriate national network(s) for assistance early in the process. They can help with hard-to-recruit groups.

Appendix A.

Please circle the number that best matches your level of agreement with each statement.

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
1 We had sufficient preparation for this meeting. <i>Comments:</i>	1	2	3	4	5
2 We addressed the agenda. <i>Comments:</i>	1	2	3	4	5
3 We worked for clear and productive outcomes. <i>Comments:</i>	1	2	3	4	5
4 We established and honored community norms. <i>Comments:</i>	1	2	3	4	5
5 Participants were respectful of cultural differences. <i>Comments:</i>	1	2	3	4	5
6 The workgroup managed differences productively. <i>Comments:</i>	1	2	3	4	5

Additional comments and suggestions:

Appendix B.

**Louisiana Tobacco Control Program - Tobacco-Related Health Disparities
Strategic Planning Workgroup Member**

Expectations and Agreement

As a member of the Louisiana Tobacco-Related Health Disparities Strategic Planning Workgroup, I am committed to participating in the planning process to carry out the purpose of developing a strategic plan. I understand that the expectations for participation include the following:

1. I will participate fully, contribute in effective planning, and assist in implementing and monitoring the plan's goals, to the extent that I am capable.
2. I will attend the meetings, as scheduled. The meetings will be held between March and June 2007. A total of four or five days are anticipated. I understand that I am expected to attend all Workgroup meetings, except under unusual circumstances.
3. I will exercise due diligence as a Workgroup member, to help ensure successful completion of the strategic planning process. I will actively engage in activities to support the Workgroup's efforts to the best of my ability.
4. I will actively promote and support the Workgroup's activities, accomplishments, and goals to the public and garnering support from the community.
5. I will provide the Workgroup with feedback, and assess my own performance and the performance of the Workgroup as a whole.
6. If possible, I will maintain electronic communications with the Louisiana Tobacco Control Program (LTCP) Administrator, through a computer system and Internet access. If I am unable to access electronic communication, I will inform the LTCP.

In signing this document, I am acknowledging that I am aware of the expectations for participation on the Louisiana Tobacco-Related Health Disparities Strategic Planning Workgroup and I am agreeing to participate.

Signature _____
Workgroup Member

Print Name _____

Date _____

Appendix C.

Request for Nominations for the Tobacco-Related Health Disparities Strategic Planning Workgroup Member/Nomination Form

The Department of Health and Hospitals' Louisiana Tobacco Control Program (LTCP) and The Louisiana Campaign for Tobacco-Free Living (TFL) are seeking help to identify individuals and organizations to support an initiative to identify and eliminate tobacco-related disparities. To do so, LTCP and TFL are convening a diverse statewide workgroup to assist in the development of a strategic plan. Broad community representation and active participation will be critical to the success of this very important initiative.

The nomination process allows individuals to nominate or self-nominate and the selection criteria will ensure diversity and statewide representation on the Strategic Planning Workgroup.

Nominees can be a representative any of the following, including:

- Smokers or former smokers
- State program managers
- State or local government staff
- Experts in tobacco control
- Experts in intervention with specific populations
- Staff at community based-organizations
- Religious organizations
- Grassroots organizations
- Employee of private business/industry
- Others you have found to be particularly helpful in working with any of the populations listed below

Nominees should have cultural membership in one or more of the populations listed below, or experience/expertise in working with one or more of these populations.

- African Americans
- Native Americans
- Asians/ Pacific Islanders
- Lesbians, Gays, Bisexuals, Transgender (LGBT)
- Blue Collar Workers
- 11 through 17 year olds
- Other (specify)_____
- 18 through 24 year olds
- People with Low Incomes
- Rural Communities
- People with Disabilities
- Veterans

Instructions – Please complete the attached Nomination Form for individuals who meet the following criteria:

- People you commonly contact for advice and information to help you develop innovative and effective ways of reaching one or more of the populations listed above.
- People who enjoy and are willing to take time to share their knowledge and who do not appear too busy to answer your inquiries.
- People who are up to date in their field and demonstrate an obvious understanding of and commitment to the population(s) listed and how to work with them.
- People who are involved with risk-reduction or health promotion activities with one or more of the populations listed above.

**Louisiana Tobacco Control Program - Tobacco-Related Health Disparities
Strategic Planning Workgroup Member Nomination Form**

Nomination From _____

Phone (_ _) _____

Email _____

Name of Nominee _____

Home Address _____

Employer _____ Title _____

Company Address _____

Email Address _____

Phone: _____ cell _____ fax _____

Parish _____ Rural/Urban/Suburban

Specific population(s) nominee has experience (work-related or non work-related) with:

Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> African Americans | <input type="checkbox"/> 18 through 24-year olds |
| <input type="checkbox"/> Native Americans | <input type="checkbox"/> People with Low Incomes |
| <input type="checkbox"/> Asians/ Pacific Islanders | <input type="checkbox"/> Rural Communities |
| <input type="checkbox"/> Lesbians, Gays, Bisexuals, Transgender (LGBT) | <input type="checkbox"/> People with Disabilities |
| <input type="checkbox"/> Blue Collar Workers | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> 11 through 17-year olds | |
| <input type="checkbox"/> Other (specify) _____ | |

Position/Affiliation:

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Community Advocate | <input type="checkbox"/> Legislator | <input type="checkbox"/> Private Business/Company |
| <input type="checkbox"/> Nonprofit Organization Advocate | <input type="checkbox"/> Clergy | <input type="checkbox"/> Health/Tobacco Control |
| <input type="checkbox"/> State/Local Government | <input type="checkbox"/> Media | <input type="checkbox"/> Other _____ |

In order to help us assure a diversity of individuals on the Workgroup, we would appreciate your giving us this optional information.

Gender _____ Age _____ Race and Ethnicity _____

- Smoker Individual with disability Individual with tobacco-related health condition
 Parent/family member of a smoker

Please describe the experience of the nominee and reason for nomination, and/or other information that you believe would be helpful to our nominating committee.

***Please return form by February 21, 2007 to: Mark Perry, MPA
Louisiana Tobacco Control Program
Email: mperry2@dhh.la.gov
225-342-2652 Fax***

Note: It is acceptable to nominate yourself.

**Recommended Revised
Louisiana Tobacco Control Program - Tobacco-Related Health
Disparities
Taskforce Member Nomination Form**

Nomination From _____ Phone (____) _____

Email _____

Name of

Nominee _____

Home Address _____

Employer _____ Title _____

Company Address _____

Email Address _____

Phone: _____ cell _____ fax _____

Parish _____ Rural/Urban/Suburban

Please check the specific population that the nominee belongs to or is a member of: *Check all that apply*

- | | |
|--|---|
| <input type="checkbox"/> African Americans | <input type="checkbox"/> 18 through 24-year olds |
| <input type="checkbox"/> Native Americans | <input type="checkbox"/> People with Low Incomes |
| <input type="checkbox"/> Asians/ Pacific Islanders | <input type="checkbox"/> Rural Communities |
| <input type="checkbox"/> Lesbians, Gays, Bisexuals, Transgender (LGBT) | <input type="checkbox"/> People with Disabilities |
| <input type="checkbox"/> Blue Collar Workers | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> 11 through 17-year olds | <input type="checkbox"/> Latino/Hispanics |
| <input type="checkbox"/> Other (specify) _____ | |

Specific population(s) nominee has experience (work-related or non work-related) with:

Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> African Americans | <input type="checkbox"/> 18 through 24-year olds |
| <input type="checkbox"/> Native Americans | <input type="checkbox"/> People with Low Incomes |
| <input type="checkbox"/> Asians/ Pacific Islanders | <input type="checkbox"/> Rural Communities |
| <input type="checkbox"/> Lesbians, Gays, Bisexuals, Transgender (LGBT) | <input type="checkbox"/> People with Disabilities |
| <input type="checkbox"/> Blue Collar Workers | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> 11 through 17-year olds | <input type="checkbox"/> Latino/Hispanics |
| <input type="checkbox"/> Other (specify) _____ | |

Position/Affiliation:

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Community Advocate | <input type="checkbox"/> Legislator | <input type="checkbox"/> Private Business/Company |
| <input type="checkbox"/> Nonprofit Organization Advocate | <input type="checkbox"/> Clergy | <input type="checkbox"/> Health/Tobacco Control |

State/Local Government Media Other _____

In order to help us assure a diversity of individuals on the Workgroup, we would appreciate your giving us this optional information.

Gender _____ Age _____ Race and Ethnicity _____

Smoker Individual with disability Individual with tobacco-related health condition
 Parent/family member of a smoker

Please describe the experience of the nominee and reason for nomination, and/or other information that you believe would be helpful to our nominating committee.

***Please return form by Monday, August 20 to: Mark Perry, MPA
Louisiana Tobacco Control Program
Email: mperry2@dhh.la.gov
225-342-2652 Fax***

Note: It is acceptable to nominate yourself.

Name of Nominee _____

Name of Core Group Member _____

Specific Population		Score
Member of Specific Population/	5	
Directly work with Specific Population	4	
Community Advocate for Specific Population	3	
Smoking Prevalence		Score
Individual w/Tobacco Related Illness	5	
Individual w/Disability	4	
Smoker	3	
Parent/Family member of smoker	2	
Non-Smoker/Non Relation/No Answer	1	
Position/Affiliation		Score
Health/Tobacco Control Advocate	5	
Community Advocate/Clergy	4	
Private Business/Nonprofit Organization	3	
Legislator/Media	2	
State/Local Government	1	
Experience of Nominee		Score
Personal/Family	5	
Community (Volunteer involved in tobacco control movement)	4	
Community (Volunteer not involved in tobacco control movement)	3	
Work	2	
Did Not Answer	0	
Total Score		

Appendix D.

See Data Presentation and Handouts

**Identifying and Eliminating Tobacco-Related Disparities
Population Assessment Survey**

Population Group -- Please check <u>one</u>		
<input type="checkbox"/> African Americans	<input type="checkbox"/> 11-17 year olds	<input type="checkbox"/> People with Disabilities
<input type="checkbox"/> American Indians	<input type="checkbox"/> 18-24 year olds	<input type="checkbox"/> Veterans
<input type="checkbox"/> Asians/Pacific Islanders	<input type="checkbox"/> People with Low Incomes	
<input type="checkbox"/> Blue Collar Workers	<input type="checkbox"/> Rural Communities	

1. What types of tobacco-use prevention programs are you aware of for this population? Do you know of education programs, anti-tobacco messages or cessation services that are specifically marketed to this population?

On a scale of 1-5, please rate the following:

2. How involved are representatives of the population group in decision-making and planning?

<i>State Level</i>							Very	Don't
Not involved	1	2	3	4	5	Involved	Know	
<i>Local Level</i>							Very	Don't
Not involved	1	2	3	4	5	Involved	Know	

Comments: _____

3. How much do key leaders of this population support tobacco prevention and control goals?

Not at all							Very	Don't
Supportive	1	2	3	4	5	Supportive	Know	

Comments: _____

4. How much is this population involved in policy and/or regulatory activities?

Not at all Involved	1	2	3	4	5	Very Involved	Don't Know
------------------------	---	---	---	---	---	------------------	---------------

Comments: _____

5. To what extent does this population have an existing infrastructure for addressing tobacco prevention and control issues? Think of staff, financial and communication resources, training, leadership development, research, professional networks, etc...

Not at all	1	2	3	4	5	Very Good Infrastructure	Don't Know
---------------	---	---	---	---	---	-----------------------------	---------------

Comments: _____

6. Is there infrastructure that exists for other health issues (diabetes, cardiovascular health, maternal and child health, HIV, etc...) that could provide a communication channel for addressing tobacco-related disparities?

7. How much do the population group's community-based organizations, coalitions, and networks link to one another to address tobacco prevention and control?

Not at all	1	2	3	4	5	Very Well	Don't Know
------------	---	---	---	---	---	-----------	---------------

Comments: _____

8. How much do members of this population group participate in trainings designed to build capacity on tobacco prevention and control issues?

Not at all	1	2	3	4	5	Very Much	Don't Know
------------	---	---	---	---	---	-----------	---------------

Comments: _____

9. How available to the group is training in the following areas?

	Not at all	1	2	3	4	5	Very Much	Don't Know
Policy and Advocacy	Not at all	1	2	3	4	5	Very Much	Don't Know
Media advocacy	Not at all	1	2	3	4	5	Very Much	Don't Know
Leadership development	Not at all	1	2	3	4	5	Very Much	Don't Know
Tobacco program training	Not at all	1	2	3	4	5	Very Much	Don't Know
Grant writing	Not at all	1	2	3	4	5	Very Much	Don't Know
Coalition building	Not at all	1	2	3	4	5	Very Much	Don't Know
Community Mobilization	Not at all	1	2	3	4	5	Very Much	Don't Know
Program planning	Not at all	1	2	3	4	5	Very Much	Don't Know
Monitoring and Evaluation	Not at all	1	2	3	4	5	Very Much	Don't Know
Other (Please specify)	Not at all	1	2	3	4	5	Very Much	Don't Know

Comments: _____

10. Are there any existing assessments of the training needs of this population group?

11. Do current educational programs and media materials reflect the culture, ethnic background, and language of the specific population group?

Not at all 1 2 3 4 5 Very Much Don't Know

Comments: _____

Communication Channels

Population Group -- Please check <u>one</u>		
<input type="checkbox"/> African Americans	<input type="checkbox"/> 11-17 year olds	<input type="checkbox"/> People with Disabilities
<input type="checkbox"/> American Indians	<input type="checkbox"/> 18-24 year olds	<input type="checkbox"/> Veterans
<input type="checkbox"/> Asians/Pacific Islanders	<input type="checkbox"/> People with Low Incomes	
<input type="checkbox"/> Blue Collar Workers	<input type="checkbox"/> Rural Communities	

How do members of the community or population group interact with each other and with the larger community?

Communication Channels

Population Group -- Please check <u>one</u>		
<input type="checkbox"/> African Americans	<input type="checkbox"/> 11-17 year olds	<input type="checkbox"/> People with Disabilities
<input type="checkbox"/> American Indians	<input type="checkbox"/> 18-24 year olds	<input type="checkbox"/> Veterans
<input type="checkbox"/> Asians/Pacific Islanders	<input type="checkbox"/> People with Low Incomes	
<input type="checkbox"/> Blue Collar Workers	<input type="checkbox"/> Rural Communities	

Who or what influences the population group?

Communication Channels

Population Group -- Please check <u>one</u>		
<input type="checkbox"/> African Americans	<input type="checkbox"/> 11-17 year olds	<input type="checkbox"/> People with Disabilities
<input type="checkbox"/> American Indians	<input type="checkbox"/> 18-24 year olds	<input type="checkbox"/> Veterans
<input type="checkbox"/> Asians/Pacific Islanders	<input type="checkbox"/> People with Low Incomes	
<input type="checkbox"/> Blue Collar Workers	<input type="checkbox"/> Rural Communities	

What are the barriers to communication?

Communication Channels

Population Group -- Please check <u>one</u>		
<input type="checkbox"/> African Americans	<input type="checkbox"/> 11-17 year olds	<input type="checkbox"/> People with Disabilities
<input type="checkbox"/> American Indians	<input type="checkbox"/> 18-24 year olds	<input type="checkbox"/> Veterans
<input type="checkbox"/> Asians/Pacific Islanders	<input type="checkbox"/> People with Low Incomes	
<input type="checkbox"/> Blue Collar Workers	<input type="checkbox"/> Rural Communities	

What are the methods to track and/or collect additional information on communication issues?

Tobacco-related norms and attitudes

Population Group -- Please check <u>one</u>		
<input type="checkbox"/> African Americans	<input type="checkbox"/> 11-17 year olds	<input type="checkbox"/> People with Disabilities
<input type="checkbox"/> American Indians	<input type="checkbox"/> 18-24 year olds	<input type="checkbox"/> Veterans
<input type="checkbox"/> Asians/Pacific Islanders	<input type="checkbox"/> People with Low Incomes	
<input type="checkbox"/> Blue Collar Workers	<input type="checkbox"/> Rural Communities	

What are the community's assets related to tobacco control?

Tobacco-related norms and attitudes

Population Group -- Please check <u>one</u>		
<input type="checkbox"/> African Americans	<input type="checkbox"/> 11-17 year olds	<input type="checkbox"/> People with Disabilities
<input type="checkbox"/> American Indians	<input type="checkbox"/> 18-24 year olds	<input type="checkbox"/> Veterans
<input type="checkbox"/> Asians/Pacific Islanders	<input type="checkbox"/> People with Low Incomes	
<input type="checkbox"/> Blue Collar Workers	<input type="checkbox"/> Rural Communities	

What are the challenges or barriers to tobacco control?

Tobacco industry targeting

Population Group -- Please check <u>one</u>		
<input type="checkbox"/> African Americans	<input type="checkbox"/> 11-17 year olds	<input type="checkbox"/> People with Disabilities
<input type="checkbox"/> American Indians	<input type="checkbox"/> 18-24 year olds	<input type="checkbox"/> Veterans
<input type="checkbox"/> Asians/Pacific Islanders	<input type="checkbox"/> People with Low Incomes	
<input type="checkbox"/> Blue Collar Workers	<input type="checkbox"/> Rural Communities	

How has this community been targeted by the tobacco industry?

**LOUISIANA TOBACCO CONTROL PROGRAM POPULATION ASSESSMENT
OF DISPARATE POPULATIONS
2007 TOBACCO-RELATED DISPARITIES
STRATEGIC PLANNING WORKGROUP**

Disparate Population: 18-24 Year Old Louisianans

Communication Channels:

- Internet / high tech
- Text messaging
- Peer influence
- Campus clubs (faith, Greek, interest) – for students
- Churches
- Music
- Film
- Athletic sponsorships
- Integrated curriculum
- Billboards and video boards
- Magazines and publications

Tobacco-related Norms:

- MTV- generation Y
- Lack of college / university tobacco-free policies
- Party culture
- Rite of Passage – initiation into adulthood

Industry targeting:

- Nearby bars/venues and promotion - “free materials”
- Billboards
- Magazines, publications
- Concerts

Disparate Population: 11-17 Year Old Louisianans

Communication Channels

- Peer to Peer technology
- Large events
 - School
 - Sports
 - Concerts
 - Media
- Don't have transportation
- Language of their own

- Media
- Parents
- Peers
- Schools
- Churches
- Youth group leaders
- Celebrities
- Trends
- Music and video
- The law
- Their value system overpowers the above listed influences

Tobacco-Related Norms

- Youth willing to go and do
- Influence on family
- They are our future and can change norms
- School prevention programs
- Generation gaps – misunderstood and not taken seriously
- Access at home
- Adult purchase
- Vendors not requesting ID

Industry Targeting

- Media influence
- Promoting hip, sexy, cool, trendsetting
- Primetime TV ads
- Sports events
- Ads in magazines
- Billboard
- Giveaways
- Online games
- Collecting of promos and giveaways
- Teen movies
- Music and videos

Disparate Population: Louisiana Asians / Pacific Islanders

Communication Channels:

- Information, appeal and mechanisms of NAAPI
- Multi-lingual / cultural
- Churches, temples, faith
- Familial
- Through professional and business organizations
- Source very important and needs to be from a cultural or trusted member

Tobacco-related Norms:

- Patriarchal model where women often exposed to SHS
- Long-standing use –increasing targeting by industry
- Acculturation – both directions

Industry targeting:

- Industry sponsorship of major holiday's events – ex. TET
- Increased visibility in media and film (ads, movies, etc...)

Disparate Population: Louisiana African Americans

Communication Channels

- Rap artist / hip hop culture
 - Religious leaders
 - Family
 - AA community leaders
 - Sports figures
 - Elders
 - Television
 - Mama / Mom / Matriarch
- **Interact with or AA culture and larger community culture**
 - Territorial, lots of subcultures within AA community
- **Lack of technology**
 - Low literacy rates
 - Language dialects
 - Consistent phone
 - Sometime transient
- **Focus groups**
 - Data gather in community
 - One-on-one
 - Key informant interviews
 - Schools and low SES strata
- Television, radios, churches
- National African American Tobacco Education Network

Tobacco-Related Norms

Assets

- Youth specific media and educational programs
- Strong infrastructure / advocacy / legislation and policy makers
- AA fraternities and sororities
- 100 Black Men
- Church health programs

- Black chamber

Barriers

- Negative attitudes or not conforming
- Accepting change
- Lack of funding
- Not enough community organizations involved
- Peer pressure on youth

Industry Targeting

- Ads
- Sponsorships
- Media targeting culture
- Studying trends
- Music
- Music videos – BET, MTV
- Video games
- Ads in convenience stores in communities
- Jet, Ebony – direct marketing
- Flavored tobacco products

Disparate Population: Louisiana American Indians Communication Channels

- No trust
- Tribal and or spiritual leaders
- Pow Wows
- Influenced by children and money as common interest
- Anger
- Secretive in customs
- Cultural competency – now allowing Indians to share with others
- Have to have permission to do things

Tobacco-Related Norms

- Generational habits
- Is an accepted behavior
- Family units are important
- Struggling to survive – not a priority
- Limited access by “outsiders” to reservations
- Small minority population (<12)
- Locating the population

Industry Targeting

- convenience to modern tobacco and chemicals
- lack of knowledge

- supplying free tobacco in promos
- not having access to ceremonial tobacco

Disparate Population: Blue Collar Louisianans

Communication Channels

- No communication outside of the workplace
- Too busy working to get involved with community
- Use job as crutch to use
- Don't like change
- Single mindedness among their work and community
- One-on-one
- Media, athletes, sports
- Worksite training
- Healthfair
- Community WP
- Church
- Clinics

Tobacco-Related Norms

- Too many addicted
 - Won't listen unless they own the message
 - Feel threatened by change
 - Inherited use through right of passage
- Death and illnesses
 - Hazardous materials listed
 - Large population to get to quit

Industry Targeting

- Giveaways
- Bar nights sponsored by tobacco industry
- Manly men smoke
- Tobacco says smoking relaxes you
- Sex sells

Disparate Population: Low Income Louisianans

Communication Channels

- Influenced by peer pressure
- Churches, families, schools
- Agencies that provide (free) services to populations
- May have limited access to television or bus, billboards or regular billboards
- FQHC's
- Cultural competency (patient/MD)

- Health Literacy

Tobacco-Related Norms

- Close knit community
- Guarded of outsiders (trust issues)
- Not a priority for them to quit
- Stress reducing mechanism
- Fewer vocal community leaders
- Little or no outward migration
- Generational habit
- Patients spoken to disrespectfully
- Limited access to NRT

Industry Targeting

- Generic cigarettes
- Tobacco discount stores
- Movies, television, magazines, music videos
- Promotional incentives
- Provide free banners to small businesses to advertise other, non-related products

Disparate Population: Disabled Louisianans

Communication Channels

- Limited interaction with peers
- Involve and educate caregiver (group homes)
- Occurs through faith-based initiatives
- Television, radio (surveying community)
- Vocational rehab worksites (surveying)
- Medical professionals – liaison
- Political leaders – liaison
- Diversity delivery methods for health education

Tobacco-Related Norms

- Limited access to population
- Limited resources to address population norms and needs
- Residential setting used as a reward system (MR) or method to keep busy

Industry Targeting

- Similar to rural or low income

- Preys on low self-esteem
- Helps to fit in with larger populations

Disparate Population: Louisiana Rural Communities Communication Channels

- Peers
 - Phone
 - E-mail
- Recognized Leaders
 - Doctors
 - Teachers
 - Gate Keeper
 - Ministers
- Local Media
 - Newsletter

Tobacco-Related Norms

Obstacles

- Bars, video poker, truck stops, casinos
- Lack of social activities
- Family Traditions

Assets

- Narrow opinions
- Close knit family and community

Industry Targeting

- Minorities
- Video Poker (truck stops)
- Youth (sex)

Disparate Population: Louisiana Veterans Communication Channels

- Peers
- VA (administration)

Tobacco-Related Norms

Obstacles

- Expected Norm
- Not encouraged to quit (no cessation programs)
- No funding for treatment programs

Assets

- Database of smokers

Industry Targeting

- Military (gave out cigarettes during WAR)

Disparate Population: Louisiana Lesbian, Gay, Bisexual, & Transgender (LGBT)

Communication Channels

- Peers
- TV
 - Sitcoms
 - Inclusivity
- Magazines (trends)
- Social movements
 - Parades
 - Events
 - Demonstrations

Tobacco-Related Norms

Obstacles

- Orientation (don't ask / don't tell)
- Fear of identifying
- HIV/AIDS and drugs – puts tobacco secondary assets
- Support from group (ability to mobilize)
- Gatekeepers
- Ability to blend in all communities

Industry Targeting

- Advertisements

Appendix G.

SWOT Analysis Matrix				
Topic	Strengths	Weaknesses	Opportunities	Threats
Knowledge and evidence-based practice	<ul style="list-style-type: none"> • Broad Knowledge base • Knowledge, Data and Best Practices • Science • <i>Dedicated, knowledgeable populations and organizations in tobacco control field and disparities</i> • <i>Personal responsibility and awareness in personal health</i> • Majority does not use tobacco 		<ul style="list-style-type: none"> • Medical Evidence • <i>Health risks validate quitting</i> • <i>New research and data to support movement of clean air</i> • Build on the science and data 	
Legislation and legislative support	<ul style="list-style-type: none"> • Current – Acts 815 and 838 <ul style="list-style-type: none"> ▪ Future • Act 815 and 838 • Act 815 and 838 • <i>Act 815 creation and enforcement of laws</i> • <i>Legislative Support</i> • Access to lawmakers, policymakers 	<ul style="list-style-type: none"> • Act 815 limitations 		<ul style="list-style-type: none"> • <i>Lack of enforcement of laws</i>

Topic	Strengths	Weaknesses	Opportunities	Threats
Advocacy and community support	<ul style="list-style-type: none"> • <i>Strong grassroots advocacy networks</i> • Advocates • Community Involvement • Community leaders 	<ul style="list-style-type: none"> • <i>More mobilization of united efforts</i> 	<ul style="list-style-type: none"> • Community Outcry <ul style="list-style-type: none"> ▪ Involvement of individuals • <i>Public opinion supports cause</i> • <i>Engage individuals in grassroots advocacy</i> 	
Funding	<ul style="list-style-type: none"> • <i>Creative use of funding resources</i> 	<ul style="list-style-type: none"> • <i>Work harder than big tobacco because of limited funding</i> • Lack of Funding 	<ul style="list-style-type: none"> • Grant Funding <ul style="list-style-type: none"> ▪ Intervention ▪ Prevention ▪ <i>Budget surplus = opportunity for increase funding</i> ▪ <i>Increase excise tax</i> ▪ Increase excise tax ▪ Budget surplus ▪ Money 	<ul style="list-style-type: none"> • Lack of funding • Not enough funding • MSA funds not being used for tobacco issues • Competition of dollars
Education, marketing, and outreach	<ul style="list-style-type: none"> • <i>Strong education and outreach efforts</i> <ul style="list-style-type: none"> ▪ <i>Increase in public knowledge through media, etc...</i> • Ability to educate • <i>Strong media campaign</i> • Youth leadership 	<ul style="list-style-type: none"> • <i>Isolation of efforts and resources due to rural areas</i> • Isolation - rural Louisiana • Sovereignty – federal tribes • <i>Need for captive, receptive populations to be educated</i> • <i>Fatigue and frustration</i> 	<ul style="list-style-type: none"> • <i>Broadening media campaigns</i> • Increase educational awareness in state • Harness national momentum <ul style="list-style-type: none"> ▪ Increase awareness and opposition to the Industry's targeting of 	<ul style="list-style-type: none"> • Rural areas not being completely reached

	<ul style="list-style-type: none"> ▪ Ability to reach family and youth • Information Sharing 	<p><i>with process and responsibility of reaching populations and impact</i></p> <ul style="list-style-type: none"> • Not able to reach all populations 	disparate populations	
Diversity	<ul style="list-style-type: none"> • Diversity in Louisiana • Cultural Diversity • Forming of the Disparities Workgroup 			<ul style="list-style-type: none"> • Diversity
Lack of resources and knowledge of resources		<ul style="list-style-type: none"> • <i>Sharing resources and information and making people aware of where to get them</i> • Lack of resources – media, print, • Gaps in data, services, info • <i>Difficulty balancing this issue with other priorities -</i> 		
Access to quality healthcare		<ul style="list-style-type: none"> • Access to Health Programs • Lack of quality healthcare • Lack of insured 		

Topic	Strengths	<ul style="list-style-type: none"> • Weaknesses 	<ul style="list-style-type: none"> • Opportunities 	<ul style="list-style-type: none"> • Threats
Government and political environment		<ul style="list-style-type: none"> • Access to Public – legislation or policy that limit access to the public • Government change • Trust –(system) <ul style="list-style-type: none"> ○ Public Health ○ Government • Politics • Regional identity 	<ul style="list-style-type: none"> • New legislation Champions <ul style="list-style-type: none"> ▪ House / Senate ▪ President ▪ Governor • <i>Recent political victories support future efforts</i> • <i>Opportunity to create stronger local laws with enforcement</i> • Election of Governor • Additional changes in the law 	<ul style="list-style-type: none"> • Lobbyist • <i>Big tobacco money</i> <ul style="list-style-type: none"> ▪ <i>Media</i> ▪ <i>Lobbying</i> ▪ <i>Minority opinion of smokers is vocal</i> ▪ <i>Legislative interests and politics</i> ▪ Big tobacco marketing and Lobbying ▪ The Tobacco Industry ▪ Politics and priorities not health or tobacco focused
Poverty		<ul style="list-style-type: none"> • Very high low SES 		
Gaps in data		<ul style="list-style-type: none"> • Gaps in data, services, info 		
Strategic plan		<ul style="list-style-type: none"> • Lack of a plan that is accepted by all stakeholders 	<ul style="list-style-type: none"> • Excellent strategic plan 	<ul style="list-style-type: none"> • Strategic plan fails to be implemented
Impact of and recovery from hurricanes Katrina and Rita		<ul style="list-style-type: none"> • Disaster (natural) 		<ul style="list-style-type: none"> • Stress from disaster’s effects and choices on health

Topic	Strengths	Weaknesses	Opportunities	Threats
Youth			<ul style="list-style-type: none"> • <i>Empowering youth movement</i> 	<ul style="list-style-type: none"> • <i>Peer pressure</i>
Networking and collaboration	<ul style="list-style-type: none"> • Existing grassroots network 	<ul style="list-style-type: none"> • <i>Including more people and organizations in the networks</i> • Regional identity - 	<ul style="list-style-type: none"> • Larger and more diverse workgroup • New Energy • Collaboration of resources <ul style="list-style-type: none"> ▪ Partnerships ▪ Tobacco prevention control ▪ Other chronic diseases 	
Successes and potential improvement			<ul style="list-style-type: none"> ▪ Our work sees smokers quit • <i>Large non-smoking population in state (75%)</i> • Low Ranking compared to other states / national 	
Addiction to tobacco				<ul style="list-style-type: none"> • <i>Physical addiction</i> • Addiction to nicotine
Missed opportunities				<ul style="list-style-type: none"> • Complacency • <i>Competing interests</i> • Disconnect / missed

				<p>opportunities for alignment</p> <ul style="list-style-type: none"> ▪ Public Health ▪ Tobacco Prevention
<p>Misinformation, tradition, and perceptions</p>				<ul style="list-style-type: none"> • Lies • Populations beliefs about tobacco use • <i>Organizations / entities that are misinformed about the movement and its impact</i> • Tobacco control advocates risk of being perceived as zealots • Don't' want to scare people off

Appendix H.

Common Theme/Issues	Describe what the issues are and please be specific.	Explain what factors make it a strategic issue (and/or why you believe it is an issue)	Explain the consequences of failing to address each issue. (What will happen if things continue as they are now?)
<p>Funding</p>	<p>A portion of funding should be allocated for community outreach and education to inform individuals of the harmful affects of tobacco products on users and others.</p> <p>Lack of funding is critical for any program.</p> <p>Lack of funding; Funding goes to same organizations, little room for new organizations to receive funding; Lack of publicity for funding opportunities; Short turn-around periods to respond to funding notifications.</p> <p>Lack of funding for cessation programs, poor funding in comparison to big tobacco.</p> <p>Most funds or funding sources are placed in most areas that have a large population. Rural and underserved populations are not being provided funding sources to</p>	<p>People need to be educated. Usually, people don't think about the issue. When they become aware of the chronic illnesses and deaths related to this issue, it makes them think twice about allowing someone to smoke around them.</p> <p>Lack of funding may force the group to shorten or refocus the plan.</p> <p>In order to address health disparities, we must be able to access our current funding levels, the opportunities and sources for additional funding, how much additional funding is needed to achieve goals, and how to access those additional funds.</p> <p>No other efforts will work if we</p>	<p>People will continue to die due needlessly.</p> <p>Without proper funding, the strategic plan will not be implemented and it will gather dust.</p> <p>If things continue under funding, programs and strategic initiatives will continue to be handicapped and not able to perform at their full potential. The program's impact and reach will be limited and important goals and benchmarks will be a challenge to accomplish.</p> <p>Poorly funded cessation programs will have poor outcomes, few participants, and are much more likely to fail. The outcome would be continued high levels of smoking related</p>

	<p>address critical problems. (LACK OF FUNDING)</p> <p>Outreach to population Isolation of resources & efforts in these areas Reaching all the population Access to health programs</p> <p>Lack of funding for implementation of plans, data collection etc. Competition for funding of advocacy groups, state programs.</p> <p>Update data.</p> <p>Competing for finite funds available; Combating Big Tobacco's drive to stop us from being funded; it is the fuel that enables us to do this work.</p> <p>Tobacco Control in Louisiana is funded well below CDC recommended funding levels.</p> <p>Building the capacity of agencies to compete, accept/utilize funding.</p> <p>Though our funding has increased in out state the separate funding sources do not</p>	<p>have no funding to enact them. Funding problems are overarching and affect all other issues.</p> <p>In order to serve all populations we must provide funding for the underserved areas.</p> <p>Population may have television or radios but we don have funding to get air time to get info to them.</p> <p>Without funding, we can't get the population in the area or they can't get to the help.</p> <p>Without funding, you can't get the word out</p> <p>Population may know about help that is available but don't have transportation to get to it or don't have a mobile healthcare unit. To enable implementation design educational tools media& marketing.</p> <p>Crucial to any state wide</p>	<p>deaths and illness. Health issues continue to be neglected in the rural and underserved areas because lack of funds.</p> <p>Population will remain unaware of help available to them and health will continue to worsen.</p> <p>Population will not receive help & health will deteriorate.</p> <p>By not reaching population, they will not get help needed & death rate will increase.</p> <p>If population does not have access to healthcare like transportation or a mobile health unit to come to them; the conditions will worsen.</p> <p>Not allow outreach & awareness efforts campaign will fail.</p> <p>The "people" lose and Big Tobacco wins, and people continue to die</p>
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	<p>have exactly the same goals or governed under the same objectives. For youth it is hard to reach all without a comprehensive media campaign and more adults working with youth trained to help youth advocates.</p>	<p>project; Without it we have no one to direct and coordinate our efforts.</p> <p>The fact that the state receives millions of dollars from Master Settlement and only a fraction of this money is actually spent on tobacco control.</p> <p>The onset age for smoking is 14 to 24 according to the tobacco companies. This population regardless of ethnicity or race is the target of all tobacco related advertising.</p>	<p>The money needed to properly fund tobacco control in our state will go to other areas as these dollars have in the past.</p> <p>The youth smoking rate will continue to rise as it has the last couple of years.</p>
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Common Theme/Issues	Describe what the issues are and please be specific.	Explain what factors make it a strategic issue (and/or why you believe it is an issue)	Explain the consequences of failing to address each issue. (What will happen if things continue as they are now?)
Legislation	<p>It is important that legislature is informed, more so than citizens because they are the lawmakers. Those individuals are in office to make and address laws that affect citizens.</p> <p>Some legislation tend to ‘lose teeth’ or can be easily changed to have unintended or undesired results</p> <p>Continue to send a clear and concise message of this health care issue and safeguard against proposed legislation to water down existing gains.</p> <p>Not aware of legislative process; Legislative process/officials are intimidating;</p> <p>Louisiana political climate in favor of decreasing second hand smoke exposure at present, but this could rapidly change. We need to act while the majority public opinion is in our favor to maximize health of Louisiana residents.</p> <p>No laws or policies in place to address the</p>	<p>Legislative officials make laws that affect citizens. Therefore, they have to be educated to be encouraged to make the right decisions.</p> <p>If legislation will be used as a component of the strategic plan, getting decent legislation passed will be key.</p> <p>STAND FIRM with the legislators and let them know that we are letting their constituents know!</p> <p>It is a strategic issue because it effects the way that organizations/companies are allowed to do business and ultimately affects our daily lives. It helps to create the state’s culture and serves to mold believe systems. Legislation should represent positive belief systems and reflect a culture that is inclusive, healthy, and</p>	<p>A gutted bill is like a car with no engine: it’s going nowhere. Also, in appropriation bills, having specific funding dedicated to the plan is key.</p> <p>We could lose ground.</p> <p>Failing to address the issues associated with legislation makes the movement less powerful. Enforceable laws are what give momentum and validation to the process. It also provides a baseline and framework for which other successes can be garnered for the tobacco movement.</p> <p>Failing to realize the importance of legislative efforts could lead to programs that cannot function due to state regulations, and failure of tobacco control efforts statewide and in local communities.</p>

	<p>needs of the communities. Due to political favors.</p> <p>More mobilization of unified efforts Act 815 limitations Political Changes Implement/enforce current legislation Introduce new legislation-No Change</p> <p>Keeping what we have already passed as viable functioning laws. Increasing our coverage into other needed areas such as bars, and casinos.</p> <p>Stronger legislation to protect or citizens from secondhand smoke needs to be brought forth; we need to defend legislation that is currently in place.</p> <p>Make the public aware of where candidates/officials stand (are you for or against tobacco?)</p> <p>Strengthen current Legislation to eliminate possible pre-emption.</p> <p>Though we have the smoke free workplace act and the car law, we do not spend any funding in prevention messages through the media and have reduced our prevention funding since Katrina. Youth are not on the legislature radar, as they</p>	<p>fair.</p> <p>Legislation places limits on the good we can do in this state, affects effectiveness of efforts.</p> <p>Lack of policies to help communities.</p> <p>To get anything introduced to the legislature, you must first be organized & have a force behind you, without numbers they won't listen to you.</p> <p>Enforce efforts & help design campaign</p> <p>Life vs. Death!! Big Tobacco will be looking for every opportunity to negate the influence of our already passed laws, and prevent new ones from being passed.</p> <p>Although we had a major win with the passage of the Louisiana Smoke free Air Act, stronger legislation is needed to add bars and casinos to the law so that all workers are protected</p>	<p>Lost of effective legislation to change or help communities.</p> <p>If you aren't prepared and don't have a unified force behind your effort you won't get anywhere.</p> <p>Without clarification to 815, this act will lose its punch and it'll be business as usual.</p> <p>If we get someone in office who is sympathetic to our views, we may lose the strength we have to go forward.</p> <p>Efforts will fail without legislation backing-No Change</p> <p>We give the field to Big Tobacco. We say death and illnesses of "innocents" is acceptable.</p> <p>Exemptions may be brought for that will weaken the current law.</p> <p>The youth smoking rate will continue to rise as it has in the last couple of years.</p>
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	<p>squander the MSA funds</p>	<p>from secondhand smoke exposure.</p> <p>Without the legislation designating funds and focus the big tobacco wins.</p>	
<p>Common Theme/Issues</p>	<p>Describe what the issues are and please be specific.</p>	<p>Explain what factors make it a strategic issue (and/or why you believe it is an issue)</p>	<p>Explain the consequences of failing to address each issue. (What will happen if things continue as they are now?)</p>

<p>Education</p>	<p>Without knowledge the people perish.</p> <p>In relation to prevention and knowing the health effects of tobacco.</p> <p>We must continue to educate the public ... including messages specific to the populations of concern. We should develop advocates from each of the groups of concern to carry this message most effectively.</p> <p>Culturally competent literature or information that addresses health literacy; Making information “personal” so that individuals will feel compelled to participate in self-advocacy; Teaching them how to (and the importance of) self advocacy; Learning different “delivery styles” for the tobacco message that are non-abrasive, combative, or offensive.</p> <p>People need specific details about how smoking harms them in order to make an educated decision to quit. Healthcare workers and community members also need the facts to help patients, friends, and family.</p> <p>Rural and underserved communities not being reached to do educational awareness</p>	<p>It is clear again, without knowledge the people will continue to die.</p> <p>Big Tobacco spends \$285 million in Louisiana marketing. The state spends \$8 million in tobacco prevention</p> <p>We have to develop messages specific to the populations we are targeting or they will have a decreased impact</p> <p>Education is an important issue because it examines not only the delivery, but the receipt of valuable information. Including funding, legislation, outreach, delivery systems, advocacy, and collaboration building.</p> <p>People know it is bad for them, but not necessarily how bad or how 2nd hand smoke affects others. This knowledge could persuade a significant number of people to quit tobacco.</p> <p>Educational awareness to target problem areas.</p>	<p>The death toll will continue to be high.</p> <p>Big Tobacco will grow in influence and the plight will worsen, especially in low SES areas</p> <p>If we continue to market generically we will continue to capture the attention of the disparaged target groups.</p> <p>The message does not get delivered or is mis-delivered to the audiences (general public, legislators, collaborators, and opponents).</p> <p>Failing to educate the population means a less successful cessation effort; people want to know why they should quit, why they should encourage their loved ones to quit, not just do it because someone told them to...</p> <p>Awareness and informing the all populations will be lost if not addressed.</p>
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	<p>of problems facing communities.</p> <p>Education of our rights as citizens. Politics. Big Tobacco & Their money Cultural behavior habits.</p> <p>Lacking in rural and remote areas.</p> <p>Develop new education tools to increase awareness</p> <p>Truth vs. Big Tobacco's lies, and the errant beliefs they have foisted on the people for years.</p> <p>Citizens need to be educated on the existing law and population groups are in need of education on how they are disproportionately affected by tobacco use.</p> <p>More tobacco related education on the state's school comprehensive curriculum. Rural communities not being reached rural communities need special category. Educate new legislatures.</p> <p>The no child left behind program has left our children behind in other subjects like health and prevention education. In</p>	<p>If we don't know our rights, how can we get anywhere</p> <p>If you don't know how to work with the system; you won't be able to use it.</p> <p>We better know our enemy, they know us.</p> <p>Educate younger generations on the bad habits of the previous generations. (family) Important to assist in awareness of health risk and second hand smoke risk assist in changing behaviors and attitudes.</p> <p>Living vs. dying; protecting our children, family, and friends from smoking related illnesses.</p> <p>The fact that specific population groups are targeted by the tobacco industry.</p> <p>How else do we educate our children, how can we effectively reach them this is the issue at hand.</p>	<p>We won't know how to build our foundation & our platform to get our efforts realized.</p> <p>Without knowing how our system works we won't get anything done.</p> <p>The tobacco industry will continue to run over us.</p> <p>Continued generations of new smokers.</p> <p>Efforts will fail-No Change</p> <p>Same as above, plus saying we don't care.</p> <p>Tobacco use among these populations will remain the same or increase if the issue is not addressed.</p> <p>The youth smoking rate will continue to rise as it has the last couple of years.</p>
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	<p>addition if the subject is not part of leap then is not taught, this leaves our children without media literacy skills.</p>		
<p>Common Theme/Issues</p>	<p>Describe what the issues are and please be specific.</p>	<p>Explain what factors make it a strategic issue (and/or why you believe it is an issue)</p>	<p>Explain the consequences of failing to address each issue. (What will happen if things continue as they are now?)</p>
<p>Marketing / media</p>	<p>Education is the Key. It is another form of getting the word out and letting the people know.</p> <p>Using the media as a tool and not an adversary. TFL has started this with billboard, radio, TV, and newspapers.</p> <p>Creative, diverse marketing that appeal, educates, and unites; Countering Big Tobacco media with factual, informative information; Ensuring that media is reporting correct information to the public.</p> <p>Louisiana has good ads targeting tobacco cessation, but it is tiny compared to big tobacco efforts. Increased marketing and media efforts, more creative efforts, are needed.</p> <p>Marketing and media plays a part in informing all populations statewide.</p>	<p>Media gets the attention of almost everyone in some form whether it be radio, television, newspaper, a book, etc. it assists greatly in getting the word out.</p> <p>Big Tobacco spends \$285 million in Louisiana marketing without using radio, newspapers, and TV.</p> <p>It is a strategic issue because it is the easiest way to educate the masses. We must not only get our message out through responsible media, but also monitor it to make sure that our populations are not receiving misinformation, or biased information that will harm them.</p> <p>The message will not help nearly</p>	<p>Big Tobacco will grow in influence and the plight will worsen, especially in low SES areas.</p> <p>Failing to address media issues will affect our ability to be credible and to reach a large number of people in a short amount of time.</p> <p>Having a great program that no one knows about will lead to failure and continued high levels of tobacco related deaths and illnesses, plus frustrated advocates.</p> <p>A lot of populations are not reached if marketing/media is not used.</p>

	<p>Very high-low socioeconomic status Lack of media funding Get groups-leaders involved & build trust with them.</p> <p>Identify populations to target these populations Competing with Big Tobacco campaign & marketing.</p> <p>Making our message effective; making our message believable; must combat years and years of Big Tobacco's lies. Make our message truth based and directly on point—a .22 rifle and not a 12 gauge with #8 bird shot.</p> <p>Targeted messaging has to become a focus so that the population groups that are adversely affected by tobacco use are reached.</p> <p>Market the positives of smoking cessation.</p> <p>TFL recognized for media efforts, there is a need for strong hard hitting PSA's.</p> <p>Banner ad program on internet & university websites.</p>	<p>as many people if we cannot get the message out there to these varied communities.</p> <p>Targeting all population through the marketing/media is a main focus point to get the message out.</p> <p>This group is targeted by big tobacco so we need more funding for media to help them become aware of the lengths the tobacco industry goes to get them addicted.</p> <p>If we don't have the help of the media and marketing, how are we going to reach these populations? Get them educated on issues and their help.</p> <p>Most effective tool to changing awareness, attitudes, & behaviors.</p> <p>The main factor here is money, and the ability of Big Tobacco to flood the media with ads.</p>	<p>The will remain smokers & new smokers will emerge.</p> <p>Without funding, we won't be able to get billboards, flyers, airtime, or anything needed.</p> <p>If you don't get their involvement, you may not be able to reach that population.</p> <p>Big Tobacco will win-No change Efforts wasted.</p> <p>We lose credibility with the public, and, one more time, give the field to Big Tobacco and their lies.</p> <p>The tobacco industry will continue to influence younger individuals and replace their smokers that are dying.</p> <p>The youth smoking rate will continue to rise as it has the last couple years. Ratio of tobacco marketing to Louisiana prevention spending 36.4:1</p>
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	<p>We do not have a youth target media plan and our youth receive no messages directed to them other than the truth once in a while. Meanwhile tobacco companies spend millions of dollars in our state in advertising to reach our youth. Our prevention budget \$8 million</p>	<p>The tobacco industry spends a lot more money marketing their products than our budgets have for counter-marketing, therefore we have to be sure use our media dollars in an efficient and effective manner.</p> <p>The fact we are not at all countering Big Tobacco when it has been proven in other states that counter advertising works in reducing youth tobacco use. Tobacco company marketing our.</p>	
Common Theme/Issues	Describe what the issues are and please be specific.	Explain what factors make it a strategic issue (and/or why you believe it is an issue)	Explain the consequences of failing to address each issue. (What will happen if things continue as they are now?)
Politics / lobbying	<p>Political leaders help to make laws.</p> <p>The culture of politics in Louisiana shows legislators don't always show the best interest of constituents or themselves.</p> <p>Competing agendas and or politicians being lobbied to make decisions based upon revenue and not public interest or well-being;</p>	<p>Politicians tend to sway whichever way the money blows.</p> <p>The ability to effectively lobby and/or to recognize politics puts the movement in a better position to affect change. We are able to identify the biggest "threats" and position people to minimize this influence, while</p>	<p>Big Tobacco can pour money into campaign coffers and kill any piece of legislation that is beneficial to the strategic plan.</p> <p>The consequences of not addressing the issue are that the tobacco movement decreases momentum and credibility. Furthermore, tobacco issues do</p>

<p>Effectively engaging grassroots and community advocates to mobilize support on the local level, which can then be translated to the state level; Engaging, trusting, and empowering people with the message so that they are spreading the message to law makers, law enforcers, and everyday citizens</p> <p>Big Tobacco does a huge amount of lobbying, so we need to be competitive here to push cessation efforts.</p> <p>Politics/lobbying plays an important part in all we do to focus on tobacco prevention initiatives throughout the state.</p> <p>Politicians for this group Big tobacco has very powerful lobbyist who may have ears of political figures Some politicians won't take sides on issues.</p> <p>Competing with Big Tobacco</p> <p>Directly bringing our message of "truth" to our legislators, local and national, to combat Big Tobacco's lies. Discovering who is in Big Tobacco's pocket.</p> <p>Tobacco industry funding for lobbyists</p>	<p>maximizing that of the tobacco movement.</p> <p>Links to legislation, lobbying affects legislation results directly.</p> <p>Keeping politics and lobbying on our side is critical.</p> <p>Lawmakers make laws that affect our daily lives since their influence has a direct affect on how we live.</p> <p>Big tobacco's money can influence how some lawmakers vote on tobacco issues.</p> <p>Some politicians don't want to upset their constituents or voter base by voting against an issue the base is against.</p> <p>Need legislation to enforce campaign funding</p> <p>This is Big Tobacco's arena, and we are the new boys on the block. We must use True Wisdom in presenting our Truth</p>	<p>not become a community or legislative priority as it relates to improving our citizens health.</p> <p>Poor lobbying, less legislation in favor of the cause, poorer cessation outcomes and health outcomes.</p> <p>If lobbying and politics are keep in focus on our issues, then those opposed to our efforts will win.</p> <p>Smoking rates continue to escalate & healthcare has more of a burden on it.</p> <p>Tobacco industry continues to pump money into advertising and marketing which promotes more smoking.</p> <p>Law makers are sometimes in a no win situation and by not taking sides on an issue problem won't be solved.</p> <p>Big Tobacco will win-No Change Efforts Wasted.</p> <p>We do not utilize the one tool we</p>
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	<p>Since 75% of Louisianans do not smoke we should hold Politicians and Lobbyist accountable for their decisions toward Tobacco.</p> <p>Have a Legislative Day for educating legislatures. Term limits-new legislation turn over before and after elections.</p> <p>Tobacco Lobbyist are definitely a factor when it comes to law makers. They also have launched a new grass roots effort to weaken our laws and fight excise tax increases for this legislative session.</p>	<p>Message, not apologizing, but being reasonable and rational. Tobacco industry spends large amounts of money on lobbyists; therefore we have to be strategic with the limited funding that we have for education and awareness campaigns.</p> <p>Most tobacco prevention agencies are restricted when it comes to talking to law makers; we need to make the agencies that can stronger.</p>	<p>have that we can truly derive benefit for our populations, and hurt Big Tobacco's message.</p> <p>Tobacco industry will continue to buy off politicians.</p> <p>The youth smoking rate will continue to rise as it has the last couple years.</p>
Common Theme/Issues	Describe what the issues are and please be specific.	Explain what factors make it a strategic issue (and/or why you believe it is an issue)	Explain the consequences of failing to address each issue. (What will happen if things continue as they are now?)
Healthcare delivery systems	<p>Improve quality diagnosis and continuum of care for those diagnosed with tobacco-related diseases.</p> <p>Partner with primary healthcare physicians ... have them onboard to screen for tobacco use at patient visits and to offer treatment options and resources for payment when needed.</p>	<p>Projections of an increase of smokers</p> <p>Primary medicine is more easily accessed than behavioral health services and more mainstream... it is a health issue.</p> <p>It is a strategic issue because it aids in patient education and</p>	<p>We can look for increased loss of productivity and health care costs.</p> <p>We will miss the opportunity to reach people who do not self-present for treatment.</p> <p>Gaps in data. Increased smoking rates. Increased mortality and</p>

	<p>The need for seamless services in healthcare; Physicians need to be mindful of accessing patients readiness to quit; providing them with education, support, and resources; and providing counseling or management services; Physicians need to make it a priority in the type of service they are providing to patients.</p> <p>Systems need to be focused on preventive medicine, tobacco prevention in youth, and cessation efforts in adults. This is difficult currently because providers are often not reimbursed for these services; counseling and meds may not be covered by insurance, etc.</p> <p>We must connect with health system to track personnel as well as our efforts.</p> <p>Lack of programs Population doesn't take advantages or initiative to gain information or healthcare available to them.</p> <p>Lack of funding Lack of data</p> <p>Effective early treatment for discovered</p>	<p>support. It also helps to gain valuable support and acknowledgement as to negative impact of tobacco use. Additionally it provides an important opportunity for data collections, especially as it relates to patient care and response to cessation treatment and/or messages.</p> <p>If done well, this can greatly assist tobacco control efforts. If poorly designed, it can act as a large barrier.</p> <p>Tracking system and data.</p> <p>Group or program may not have transportation to pick up population who needs healthcare or the program may not have a mobile unit that can go to the population that needs the healthcare.</p> <p>Not much infrastructure that lets population know what is out there for them, how they can get the help they need. More</p>	<p>morbidity rates.</p> <p>Failing to design the healthcare delivery system to support tobacco control will lead to poorer health outcomes for patients and families.</p> <p>Efforts of health related data would be lost. Population will continue to not receive the healthcare they need.</p> <p>The programs have to be pushed if they aren't, the population will not receive the care they need.</p> <p>No Change-Efforts will fail</p> <p>To do nothing we do not get the spotlight placed on tobacco related illnesses it deserves, and allows Big Tobacco to keep killing people.</p> <p>Increase in the number of tobacco related illnesses such as cancer, diabetes, heart disease, etc.</p> <p>The youth smoking rate will</p>
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	<p>smoking health related issues. Getting our populations to actually use the programs already in place. Expanding the concept of smoking health issues that should be given equal footing with any other “known” health risk. If they smoke, require check ups.</p> <p>Lack of focus by healthcare providers on screening patients for tobacco use and providing the Clinical Practice Guidelines that are required of them as healthcare professionals.</p> <p>Institutions dedicated to previous standard of care practice.</p> <p>Standard of care need to be tied to funding Educate administrators, practitioners, medical students, and pharmacy students. Not enough prevention messages for family practitioners are shared with their patients.</p>	<p>involvement and training.</p> <p>Provide data & studies develop programs educational tools.</p> <p>Smoking related illnesses is the highest cause of death. Addictions are hard to stop, and this needs to be recognized as just as dangerous as illegal drugs.</p> <p>Tobacco use is a precursor for many other illnesses that are causing a decrease in the quality of life among our citizens.</p> <p>We need to reach these doctors and make it easy for them to present the message to their patients like through print, pamphlets developed for prevention.</p>	<p>continue to rise as it has the last couple of years.</p>
Common Theme/Issues	Describe what the issues are and please be specific.	Explain what factors make it a strategic issue (and/or why you believe it is an issue)	Explain the consequences of failing to address each issue. (What will happen if things continue as they are now?)
Big tobacco	The tobacco company has the bucks to make things happen, whether good or bad. They have a false image in this world and	Their product kills, addicts, and affects everyone who may be around it. When used correctly,	We can look for increased loss of productivity and health care costs.

	<p>it is going to take a lot of work to educate and inform others of their deceptiveness.</p> <p>Their money, influence, and product</p> <p>Extremely large money pools; Ability to “buy” opinions; Strong, influential proponents; Ability to provide creative, mass marketing and media; Ability to “chameleon” based on the environment; Major money for suppliers and stores as well.</p> <p>They want to continue to earn huge profits and do not care who dies in order for them to do it. Ruthless, wealthy, powerful.</p> <p>The money and efforts placed on by Big Tobacco to offset the Tobacco Prevention movement.</p> <p>Big tobacco targeting groups Tobacco industry’s influence in politics. Tobacco & Money Have money Media Campaigns</p> <p>Money, money, money, and years and years of promulgating a message of “cool”</p>	<p>it kills.</p> <p>Big tobacco is the #1 competitor and barrier to educating and helping communities to become safer, healthier communities.</p> <p>Formidable foe, this tobacco control effort must know the enemy in order to defeat them.</p> <p>Big Tobacco targeting all populations (young and old).</p> <p>They target all groups of population, they don’t discriminate. The pay lobbyist to influence lawmakers. They have vast amounts of money to use for their cause.</p> <p>Strong Media campaigns strong strategic plan</p> <p>In so very many ways THEY are the ISSUE!!</p> <p>The products that they sell are more addictive than cocaine and heroin.</p>	<p>Defeat</p> <p>Failing to thwart big tobacco means more tobacco-related deaths and poor health outcomes for our state (and the world).</p> <p>We would fail in our efforts if Big Tobacco is successful.</p> <p>If we don’t stop the targeting, they will continue to get more & more of the population to smoke.</p> <p>If we don’t stop the money, changing hands we won’t be able to get any bills passed.</p> <p>If we don’t get support, their money will continue to buy them whatever they want. Big Tobacco will win</p> <p>Money, money, money; lies, lies, lies; death, death, death;</p> <p>Rising smoking levels in our state and an increase in the healthcare costs caused by tobacco use.</p>
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	<p>and “sophistication” aimed at young people, and the “rugged individualist”. Doing this all the while knowing smoking is addictive, and openly denying it—lies, lies, and more lies!</p> <p>Spend major dollars marketing their products in Louisiana.</p> <p>Countering the pro tobacco influence strategy.</p> <p>Deep Pockets</p>	<p>Specific target of the 14 to 24 age group.</p>	<p>The youth smoking rate will continue to rise as it has the last couple of years.</p>
<p>Common Theme/Issues</p>	<p>Describe what the issues are and please be specific.</p>	<p>Explain what factors make it a strategic issue (and/or why you believe it is an issue)</p>	<p>Explain the consequences of failing to address each issue. (What will happen if things continue as they are now?)</p>
<p>Gaps in data</p>	<p>More funding and work should be appropriated to obtain data.</p> <p>Slow responses and access to area</p> <p>Develop system to capture data on tobacco use; tobacco related health issues and tobacco related deaths in such a manner as to be able to have the most complete data accessible to the public and to program planners.</p> <p>Need strong data to support cause; Need healthcare provider networks to</p>	<p>Our data is our guidelines.</p> <p>Data can lag behind for many years. The last YTS survey was conducted in 2000.</p> <p>We have to know what we are talking about if we expect people to listen. If we don’t have data from a sub-set ... they don’t find our data credible.</p> <p>Strong, comprehensive data helps us to target our activities,</p>	<p>Individuals will not know what the situation truly is without the data, guidelines to show us how to assist and in what area.</p> <p>No or slow data slow response to environmental changes and changes in demographics.</p> <p>Inadequate response.</p> <p>Insufficient picture of the problem and inadequate ways of meeting the needs of individuals.</p>

<p>share quality data; Need support to improve upon data collection and to gather the information that is being missed.</p> <p>Data helps this group design effective programs for tobacco control. Gaps in the data may make the prevention and cessation efforts less successful overall or important groups may be left out of the efforts.</p> <p>Missing data to target the areas that were misplaced during the state's storms.</p> <p>Groups don't take steps necessary to get information from infrastructure. Educational materials do not reflect the group well. Group's culture not reflected by materials.</p> <p>Identify population groups.</p> <p>Without current data it leaves our efforts open to criticism by Big Tobacco, and gives them the opportunity to promote their "new" stance of being "responsible corporate citizens". Also weakens our message to our individual groups.</p> <p>Survey data is few and far between;</p>	<p>outreach, and populations. It also gives purpose and validity to our cause.</p> <p>Incomplete data impacts the effectiveness of the tobacco control programs.</p> <p>Need current data to address existing problems area.</p> <p>Methods of getting information to or from this group have got to be addressed. This group is not one to trust early, they have to accept the system before you can get their trust. Big tobacco understands their culture & uses it to reach them- we need to use the same basis.</p> <p>Creative effective action.</p> <p>Timely data can be a powerful tool to use in our campaign for our groups and TFL/TCCC in general. Dealing with our groups it will be essential to have something concrete they can see.</p>	<p>Some groups may be left out of tobacco control efforts unintentionally or efforts may be unsuccessful because they were designed with incomplete data.</p> <p>Gaps in data may cause an area or issue of importance, to go unaddressed.</p> <p>If we don't get through to them with information about help, they lose. We have to understand them to educate them therefore helping them. If we don't get where they're coming from we'll never be able to help them to understand their health needs.</p> <p>Actions and campaigns planning will be weak-No Change-Efforts wasted.</p> <p>Lose the advantage of the data that delineates the problem we are saying exists. Lets Big Tobacco off the hook, again.</p>
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	<p>specific data on various population groups is missing (LGBT, Hispanics, Native Americans, etc.)</p> <p>Getting information disseminated.</p> <p>Big Tobacco has the data we don't and uses it to target those population groups</p>	<p>These are some of the populations that we need to target because of their smoking prevalence and the fact that they are targeted by Big Tobacco.</p> <p>Makes it harder for us to reach these populations</p>	<p>Increase in smoking prevalence among these populations.</p> <p>The youth smoking rate will continue to rise as it has the last couple of years.</p>
Common Theme/Issues	Describe what the issues are and please be specific.	Explain what factors make it a strategic issue (and/or why you believe it is an issue)	Explain the consequences of failing to address each issue. (What will happen if things continue as they are now?)
Population outreach	<p>Education and Awareness</p> <p>Not being exclusive in our approach or target; Involving organizations, businesses, and individuals to provide testimonials on a variety of platforms.</p> <p>Varied populations that have mistrust of government and healthcare, or outsiders in general, difficult populations to reach.</p> <p>A population outreach is necessary to touch the entire population of our state. No parish or small town should be</p>	<p>Not everyone goes to the doctor or is in school. These people are missing the message. Excellent plans will fail if the target populations do not know about them or do not trust them. It is critical to reach our intended population with our efforts.</p> <p>Connecting with the entire population of our state.</p> <p>There are segments of the population that are not being</p>	<p>Groups of people will 'fall through the cracks' of the plan. This can be used to try to get the message to as many people as possible.</p> <p>Worse health outcomes, more deaths in the populations we do not reach with our tobacco control efforts.</p> <p>If areas are not reached, we lose the purpose of this project.</p> <p>If these segments aren't educated</p>

	<p>overlooked.</p> <p>Not all of the population is included in addressing the problems-issues. More members of the population need to be trained in programs.</p> <p>Disparities in Population</p> <p>Who are we trying to help? Delivery of the message to the general population with ads, and through meetings with particular groups doing interactive presentations is one of chief methods of informing the public of the dangers of tobacco usage. Big Tobacco is already here.</p> <p>Messaging and education tailored for specific population groups.</p> <p>Not enough being done to reach our young people</p>	<p>reached-they are not informed of the issues and they need to be if we are to help them.</p> <p>If members of the group aren't trained and teach the other members what they have learned the programs won't be able to handle everything themselves.</p> <p>Identify key partners, leaders for each population group</p> <p>These are the people we want to see helped, and are the arena we are playing in against Big Tobacco and its history of lies and misinformation.</p> <p>Different population groups have different avenues of communicating and receiving communication.</p> <p>Makes it easier for Big Tobacco to reach them</p>	<p>about the issues they'll continue on the same path.</p> <p>The infrastructure has to have help in the population-the group, the infrastructure can't handle it all, and it doesn't understand the population the way a member does.</p> <p>Outreach will fail-No Change Efforts wasted</p> <p>People continue to die at current or increased rates because we have abdicated the field of battle</p> <p>Information is not received by those groups that need it the most.</p> <p>The youth smoking rate will continue to rise as it has the last couple years.</p>
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Common Theme/Issues	Describe what the issues are and please be specific.	Explain what factors make it a strategic issue (and/or why you believe it is an issue)	Explain the consequences of failing to address each issue. (What will happen if things continue as they are now?)
Networking / collaborations	<p>Important so every one will be on the same page, and saying the same thing. Working together to reach a common goal.</p> <p>Keeping the sense of community in the state</p> <p>Strengthen and diversity partnerships; Develop non-traditional partnerships for funding, idea sharing, support; Not being viewed as “exclusionary”.</p> <p>Many disjointed efforts statewide, attempting to accomplish the same thing with limited resources. We could accomplish more if we work together.</p> <p>A comprehensive method of communicating throughout the state with one another.</p> <p>Programs & populations don’t network much</p> <p>The population maintains a separateness</p>	<p>What may work in one community, may not work in another.</p> <p>This is an important issue, but it may not be strategic.</p> <p>Communication is a key factor to all we do for tobacco prevention.</p> <p>The population doesn’t trust outsiders of the group involved for them to listen.</p> <p>The population clings to their own groups; they don’t mix with other groups much. Whether it’s their church group, civic group, families, or schools.</p> <p>Use each of group’s resources, efforts. Build stronger campaign & reach out to all populations.</p>	<p>Communities could become more isolated and miss out on opportunities and information.</p> <p>Poorly coordinated efforts will have piecemeal results, less effective than they could be with proper teamwork.</p> <p>Failing to communicate will result in lose of information between agencies and key personnel.</p> <p>If we don’t get the population to trust the program, we won’t accomplish anything that will help them.</p> <p>If we don’t get someone from each group to track and teach the other group members, we may never be able to help them.</p>

	<p>and independence.</p> <p>To many advocates group doing same thing Competition with funding sources. This is the tool we utilize to encourage each other, learn about difficulties, offer possible solutions, enlist aid, keep informed, keep current on issues, and work to achieve our stated goals. It is the united front we can offer to the public, the legislators, health professionals, and Big Tobacco.</p> <p>Organizations and groups with similar missions and focus need to pool resources to get the biggest bang for our buck in addressing tobacco use in Louisiana.</p> <p>Many of the networks are not focused or interested in the youth population leaving them out of many of the planning processes</p>	<p>Those that we work with have an understanding of what we are going through, and are best able to offer encouragement and advice when we need it. Being in contact with them also reminded us we are not alone.</p> <p>Tobacco control is funded at much lower level than Big Tobacco spends on marketing its products.</p> <p>Makes it easier for Big Tobacco to reach them</p>	<p>Continue to be ineffective</p> <p>We burn out; our message loses effectiveness; Big Tobacco can snipe at us as a Lone Ranger.</p> <p>Tobacco use will continue to plague our state and healthcare costs will continue to rise.</p> <p>The youth smoking rate will continue to rise as it has the last couple years.</p>
<p>Common Theme/Issues</p>	<p>Describe what the issues are and please be specific.</p>	<p>Explain what factors make it a strategic issue (and/or why you believe it is an issue)</p>	<p>Explain the consequences of failing to address each issue. (What will happen if things</p>

			continue as they are now?
Advocacy	<p>More advocacies, education is needed especially for the children. The companies lure children in at an early age with candy cigarettes, chewing gum in a chewing tobacco can, etc.</p> <p>Making legislators realize that nonsmokers and tobacco quitters have a viable voice against tobacco and its affects on the communities.</p> <p>Competing agendas and or politicians being lobbied to make decisions based upon revenue and not public interest or well-being;</p> <p>Effectively engaging grassroots and community advocates to mobilize support on the local level, which can then be translated to the state level;</p> <p>Engaging, trusting, and empowering people with the message so that they are spreading the message to law makers, law enforcers, and everyday citizens.</p> <p>We need eloquent, passionate advocates to present tobacco control issues to all the parties mentioned above.</p> <p>We must work together and gain others to</p>	<p>A voice against Big Tobacco in needed.</p> <p>The ability to effectively lobby and/or to recognize politics puts the movement in a better position to affect change. We are able to identify the biggest “threats” and position people to minimize this influence, while maximizing that of the tobacco movement.</p> <p>Many excellent causes have failed due to a lack of proper advocacy. Advocates are crucial to program success.</p> <p>Getting a Network with others that are doing the same work for the common cause on board is a must.</p> <p>Group avoids c contact with programs unless they need help. Representatives of the group must be involved to be able to help the group if they aren’t whose going to care.</p> <p>Increase education & awareness</p>	<p>Children will continue to use these products at an early age, continue to get hooked on them, and continue to die at an early age.</p> <p>Losing voice or not having a voice at all would be detrimental to the state and this plan.</p> <p>The consequences of not addressing the issue are that the tobacco movement decreases momentum and credibility. Furthermore, tobacco issues do not become a community or legislative priority as it relates to improving our citizens health.</p> <p>No advocates means poor attention to issues publicly, poor lobbying, poor community involvement, smokers will wonder why they should support the effort to quit if no one is supporting them as an advocate (program failure with aforementioned health consequences)</p> <p>Failing will cause of lost of</p>

	<p>help spread the word and information about our efforts.</p> <p>Group is not very involved in policy and/or regulatory activities. Representatives of the groups aren't very involved with the policies and/or regulatory activities.</p> <p>Lack of Funding Lack of data</p> <p>Getting our message out to those in local, state, and national governmental positions. Being proactive with our peer groups, too.</p> <p>Educating policy and decision makers on how important tobacco control laws and policies are for improving public health.</p> <p>Advocacy needs to be taught not only to youth but especially the adults who work with them.</p>	<p>Personal face to the issue; living testimony of the need for TFL.</p> <p>The fact that tobacco use cost our state over a billion dollars in healthcare costs per year.</p> <p>I train youth all over the state and the biggest issue brought to me by the youth is the lack of adult partnerships to help them accomplish their goals and give the organizational skills needed to reach them</p>	<p>common cause between agencies across the state.</p> <p>We have to get them involved and get their help to reach the rest of their group so they can help give a voice in the policy making process. Someone has to care enough to get the groups involvement on the policies & regulatory activities to make a difference to make a change to take a stand.</p> <p>No change-Efforts wasted</p> <p>We lose out on the legal tool we have available, and Big Tobacco is so good at utilizing.</p> <p>Uninformed decision makers who will not make decisions that are in the best interests of the health of Louisiana's citizens</p> <p>The youth smoking rate will continue to rise as it has the last couple of years.</p>
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