# A Strategic Plan for Identifying and Eliminating Tobacco-Related Health Disparities in Louisiana

**June 2007**

TOBACCO CONTROL PROGRAM
LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS

TFL
THE LOUISIANA CAMPAIGN FOR
TOBACCO-FREE
LIVING

# Acknowledgements


## Tobacco Disparities Strategic Planning Workgroup

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# Foreword

A statewide tobacco disparities strategic planning workgroup developed the *Louisiana Tobacco-Related Health Disparities Strategic Plan*. The Louisiana Department of Health and Hospitals' Tobacco Control Program provided funding for the planning process through a grant from the Centers for Disease Control and Prevention, Office on Smoking and Health (CDC-OSH).

The CDC-OSH has four goals for ensuring success in a comprehensive tobacco control program:

1. Eliminate exposure to secondhand smoke.

2. Promote quitting tobacco use among adults and youth.

3. Prevent initiation of tobacco use among youth.

4. Identify and eliminate tobacco-related disparities among populations.

In 2006, CDC-OSH awarded funds to Louisiana and several other states in an effort to address the fourth goal. These grants were for projects to convene a strategic planning process around tobacco-related health disparities.

The planning process was coordinated through a collaborative initiative between the Louisiana Department of Health and Hospitals' Tobacco Control Program (LTCP) and Louisiana Public Health Institute's Campaign for Tobacco Free-Living (TFL). LTCP and TFL recruited and convened a diverse, inclusive, and representative statewide workgroup to develop the goals and strategies of this strategic plan for addressing tobacco-related health disparities.

Louisiana will use this plan as a compass for future activities to identify and eliminate tobacco-related health disparities. Implementation will require the cooperative work of the Department of Health and Hospitals, Louisiana Tobacco Control Program, The Louisiana Campaign for Tobacco-Free Living, community-based organizations, and tobacco prevention partners such as, the American Heart Association, the American Cancer Society, the American Lung Association, as well as other stakeholders.

# Statement of Support

As a workgroup, our interest is in "*identifying and eliminating tobacco-related health disparities in Louisiana"* and support for this mission brought us together.

Our vision is "A *Louisiana with healthier citizens, living in clean environments with equal access to and utilization of services and resources resulting in improved tobacco-related health outcomes, and an enhanced quality of life for all families and future generations.*" This vision unifies us.

Our values are "*inclusion, parity, equality, informed citizens, quality healthcare, and healthy lives.*" These values will guide us.

As a workgroup serving in the interest of improving the lives of all our citizens, we developed these six goals:

- ☑ Create diverse partnerships that maximize funding, resources, and broad scale impact to address tobacco disparities.
- ☑ Educate and motivate funders, policy-makers, and community opinion leaders to support the elimination of tobacco disparities for the benefit of their constituents.
- ☑ Develop a system to collect, analyze and disseminate data on specific populations.
- ☑ Improve capacity of the healthcare system to deliver prevention and cessation services to identified populations.
- ☑ Develop a comprehensive marketing campaign that engages, educates, and increases awareness of common tobacco issues among specific populations through the utilization of grassroots networks.
- ☑ Build and strengthen relationships among agencies, organizations, and advocates supportive of decreasing tobacco-related health disparities.

Louisiana can address tobacco-related health disparities successfully while enhancing the overall quality of life in this state and reducing the financial burden to the healthcare system. This plan provides a compass to point us in that direction, as well as, toward ending the premature loss of lives.

We are committed to this effort and support its implementation.

— *The Louisiana Tobacco-Related Health Disparities Strategic Planning Workgroup*

# Background

In July 2003, with funding from the Centers for Disease Control and Prevention, Office on Smoking and Health (CDC-OSH), the Louisiana Tobacco Control Program (LTCP) developed a five-year strategic plan. The goals of the plan are:

- Prevent initiation to tobacco use among young people.
- Eliminate exposure to second hand smoke.
- Promote cessation among adults and young people who use tobacco.
- Identify and eliminate disparities related to tobacco use and its effects among different population groups.

Among other things, the plan has resulted in an increased effort to create infrastructure to address tobacco disparities, particularly among youth and in the African American community.

The Louisiana Campaign for Tobacco-Free Living (TFL), a second statewide tobacco control program, began during 2003. Among TFL's goals is to identify and eliminate tobacco-related disparities.

In 2006, the CDC-OSH awarded funds to Louisiana and several other states in an effort to address CDC-OSH goal four related to disparities. These grants were for projects to convene a strategic planning process consistent with CDC-OSH's vision of identifying and eliminating tobacco-related disparities among populations.

The CDC-OSH has recognized differences in patterns, prevention, and treatment of tobacco use risk, incidence, morbidity, mortality, capacity, and infrastructure, access to resources, secondhand smoke exposure, and the burden of tobacco-related illness among specific population groups across the United States.

This initiative's purpose was to provide for a strategic planning and implementation process that will result in a comprehensive strategy to address tobacco-related health disparities. Activities included the following:

- Planning collaboratively with key stakeholders from diverse populations to identify critical issues related to disparities;
- Develop a strategic plan, including an evaluation component;
- Develop an action plan based on the strategic plan; and
- Create strategies for marketing and implementing the plan for long-term success.

To facilitate these activities, under the CDC-OSH grant, LTCP received funding and programmatic assistance to strengthen their abilities to address the fourth goal of their current strategic plan.

# Workgroup Role and Membership

In March 2007, the LTCP and TFL created the Tobacco-Related Health Disparities Strategic Planning Workgroup ("The Workgroup"). They convened this diverse statewide workgroup to assist in the development of a strategic plan.

LTCP and TFL viewed broad community representation and active participation as critical to the success of this very important initiative. They recruited individuals and organizations to support this project to identify and eliminate tobacco-related health disparities.

More specifically, the purpose of the workgroup was to work with both statewide tobacco programs in an effort to develop a strategic plan to address tobacco-related health disparities in the State through a participatory process.

The objectives for the formation of the workgroup included:

- Convene a sustainable group of stakeholders
- Build Capacity
- Develop key relationships
- Create a collaborative vehicle to address other health issues

The nomination process allowed individuals to nominate or self-nominate. Nominees were individuals or representatives of smokers or former smokers, state program managers, state or local government staff, experts in intervention with specific populations, community based-organizations, religious organizations, grassroots organizations, and private business/industry.

Individuals selected had cultural membership in one or more of the population groups targeted, or experience/expertise in working with one or more of these populations. The Workgroup members emerged from soliciting tobacco control advocates through a letter and nomination form, general referrals, and suggestions. The selection criteria sought to ensure diversity and statewide representation on The Workgroup.

The Workgroup consisted of individuals committed to tobacco control, supportive of the process and experienced in working collaboratively to address tobacco-related health disparities. The Workgroup members embraced the Workgroup Participants' Responsibilities and agreed to honor the Strategic Planning Workgroup Expectations as defined for the process.

# The Strategic Planning Process

LTCP and TFL were committed to convening a participatory strategic planning process. To lead the process, LTCP hired an external facilitator with knowledge of health disparities and process facilitation experience. Team building was an outcome for the process. At the beginning, The Workgroup developed Community Norms or Ground Rules for themselves as a group and their expectations for the planning process.

The Workgroup convened for a total of five days. Both the first and second planning sessions were two-day events held in Alexandria, a central part of the State, with a retreat format. The third planning session, held in Baton Rouge, was only one day. Each meeting had clearly stated outcomes developed in advance.

Workgroup Members participated as a whole group, and divided into smaller groups for various activities. They also completed independent tasks between planning sessions to help expand or provide more detail for some topics. The entire group received compiled reports of the information to develop the goals and strategies for the plan.

The strategic planning process encompassed a data driven process that included identifying and assessing tobacco-related health disparities utilizing multiple indicators (i.e., prevalence of smoking, quit rate, morbidity and mortality), and it involved four steps accomplishing the following:

**Step One – Environmental Scan**

- Quantitative data was useful in identifying tobacco-related health disparities and outcomes across Louisiana. Data provided included national/state and local data, Behavioral Risk Factor Surveillance System (BRFSS), morbidity and mortality, and census or Current Population Survey (CPS) data. LTCP and TFL compiled and reviewed available data and drafted a preliminary data analysis. They developed a presentation and presented it to The Workgroup. This data analysis informed the process as well as the goals and strategies.

- Qualitative data was gathered using a combination of methods. A modified version of the population assessment developed by CDC-OSH was used to obtain additional information about each population group, their tobacco use, and marketing practices. Two population groups were not represented on the workgroup, Lesbian, Gay, Bisexual, and Transgender (LGBT) and Asian/Pacific Islanders. Numerous attempts at outreach to involve these population groups ended unsuccessfully. A focus group conducted with the LGBT community in New Orleans proved successful. The data gathered using a simple survey and reported to The Workgroup was informative.

- The workgroup developed the Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis working in four small groups. The small groups reconvened and reported to the entire group. The Workgroup as a whole agreed upon the strengths and weaknesses of the existing system and the opportunities and threats that exist. The Strategic Planning Workgroup then identified the common themes, which the facilitator compiled into one comprehensive document and this led to the critical issues for Louisiana to focus on.

**Step Two – Identifying and Prioritizing Critical Issues**

- The Workgroup then identified and prioritized critical issues related to the identification and elimination of tobacco-related health disparities. Individually, between planning sessions, Workgroup Members compiled additional detailed information about each of the identified critical issues.

**Step Three - Developing Goals and Strategies**

- Goals and strategies for addressing and eliminating identified tobacco-related health disparities were developed based upon the review, raised awareness, and discussion of the critical issues identified by the data analysis, population assessments, and SWOT analysis. The group divided into three smaller groups and decided upon six goals, then developed the strategies to include in the Strategic Plan. The groups reconvened to report and further develop the goals together.

**Step Four – Action Planning**

- The Workgroup addressed sustainability of the group and their role in its implementation both individually and as a whole group. Each workgroup member expressed how he or she viewed himself or herself participating in the future. The Workgroup as a whole envisioned participating in support of the goals and strategies through a variety of channels that included, for most, continuing to serve on the Tobacco-Related Health Disparities Workgroup and assisting in implementation.

***The Strategic Planning Process (Cont'd)***

# Goals and Strategies

CRITICAL ISSUE 1: FUNDING

**Create diverse partnerships that enhance sustainability, maximize funding, resources, and broad scale impact to address tobacco disparities.**

- Increase state excise tax by $1.00 and dedicate $.50 or 50% of any increase to tobacco control and prevention. (Tax would then be $1.36 per pack)
  - Representative from the Strategic Planning workgroup will be an active member of the Coalition for a Tobacco Free Louisiana (CTFLA).
  - Inform stakeholders and workgroup members about funding sources and opportunities.
  - Continue to build support at the grassroots level to lobby for increase in state excise tax.
  - Educate legislators on current tobacco issues and the need for additional funding.
  - Collaborate with all state agencies and local programs that would benefit from the tax increase as well as elected officials such as Supervisor Boards, Mayors, Police Jurors, and Boards of Aldermen.
- Seek federal, state and foundation grants that fund chronic disease prevention and tobacco control.
  - Appoint a dedicated staff member at the Department of Health and Hospitals to research federal, state, and foundation funding.
  - Increase membership and participation in tobacco-related disparities workgroup and have adequate representation from each of the nine DHH regions.
  - Build regional coalitions and collaborate with existing coalitions/partners.

CRITICAL ISSUE 2: ADVOCACY

**Educate and motivate funders, policy-makers, and community opinion leaders to support the elimination of tobacco disparities for the benefit of their constituents.**

- Identify key policymakers and community leaders.
  - Create a directory of advocates that support tobacco control initiatives.
  - Establish a community based sub-committee for the strategic planning workgroup to identify a process for educating policymakers and community leaders.
- Communicate legislative status and updates to stakeholders and workgroup members regarding policy updates and changes.
  - Hire a Policy Analyst to keep stakeholders and disparities workgroup informed of policy updates and changes. (DHH)
- Determine messages to communicate to policymakers.
  - Develop delivery methods such as letters, email, phone calls to policymakers, advocates, and stakeholders.
  - Develop information sheets that contain information on specific target populations.
  - Establish a rapport with policymakers.
- Promote smoke-free workplace policy in public and private establishments.
  - Publicize alternatives to smoking, smoking cessation, etc.
  - Advocate for compliance with smoke-free workplace policies

CRITICAL ISSUE 3: DATA

**Develop a system to collect, analyze and disseminate data on specific populations.**

- Partner with organizations already collecting data such as HIV program to gather LGBT data, Veteran's Administration for Veterans, etc.
  - Conduct inventory of existing data sets:
    - Demographics (age, ethnicity, socio-economic status (SES), etc.)
    - Tobacco use (type, frequency, amount, age of onset, etc.)
    - Morbidity and mortality
    - Enforcement
  - Identify appropriate organizations and form partnerships to improve existing data.
- Identify and partner with gatekeepers for hard to reach populations:
    - People with Disabilities
    - LGBT
    - Asian
    - Hispanic
    - Native Americans
    - Out of School Youth
    - Prison Population
    - Blue Collar
    - Rural
  - Recruit new disparities workgroup members to represent population groups without representation.
  - Conduct local, regional, and/or statewide forums to bring together potential gatekeepers and population members.

- Conduct focus groups/interviews/surveys as needed.

- Over-sample under represented populations within current data collection systems.

  - Determine needs for over-sampling and incorporate into future surveys for:

    - Native American
    - Asian
    - Hispanic
    - People with Disabilities
    - LGBT

***DATA (Cont'd)***

CRITICAL ISSUE 4: HEALTHCARE

**Improve capacity of the healthcare system to deliver prevention and cessation services to identified populations.**

- Partner with providers and other partners to make tobacco-related patient education easy to incorporate into practice.
  - Develop tobacco education/cessation system (i.e. use the Tobacco Control Initiatives in public hospitals as a model.)
  - Ensure funding and upper level DHH support for system.
  - Develop tools and resources, a referral process, and a way to identify smokers who need a referral.
- Increase access to healthcare and cessation services.
  - Advocate for insurance coverage for cessation services.
  - Promote quit-line to identified populations.
  - Distribute information through doctors' offices.
  - Utilize gatekeepers to develop strategies to build trust and increase healthcare utilization.
    - Try to work around the mistrust that exist
    - Work with groups such as interfaith groups.

CRITICAL ISSUE 5: MARKETING and OUTREACH

**Develop a comprehensive marketing campaign that engages, educates, and increases awareness of common tobacco issues among specific populations through the utilization of grassroots networks.**

- Tailor media message to appeal to specific populations identified.
  - Examine other media/marketing campaigns or strategies to gain insight into effective approaches.
  - Create/update database of rural media sources and contacts.
  - Utilize media outlets in rural areas for the delivery of tobacco media messages.
  - Develop data and culturally specific message for specific populations.
  - Utilize culturally and geographic specific media placements (i.e., rural areas)
  - Create and target advertising and media for specific placement in identified media outlets in rural areas.
  - Develop media messages to use.
- Build relationships with community leadership including business, hospitals, political, social, religious, and educational.
  - Create/update database of persons and/or organizations to be "targeted."
  - Develop talking points on tobacco issues (data driven).
  - Identify and train local tobacco control advocates.

- Convene meeting with regional leadership.

- Establish and/or strengthen grassroots networks and coalitions, including youth groups.

  - Identify existing grassroots networks and tap into those resources.

  - Identify organizations that are not involved in tobacco control networks that should/could be.

  - Develop "talking points" for participation
    - Why be involved
    - Expected Role
    - Anticipated impact/outcome

- Publicize legislative voting records on tobacco related issues to the public as an educational/marketing tool (with simple language, modeled after the Public Affairs Research Council's.)

  - Create database of legislators.

  - Record and monitor legislators votes on tobacco issues (past and future).

  - Monitor tobacco related legislation prior to and leading up to the vote.

  - Develop report to utilize to publicize the vote.

  - Create advocacy alerts for tobacco legislation coming up for vote to be issued to partners and the communities.

  - Identify existing advocacy alert networks that could be used or expanded.

  - Email alerts for distribution to legislators by the community (preformed letters, etc.)

***MARKETING and OUTREACH (Cont'd)***

- Work with local government and law enforcement agencies to support enforcement of Acts 815 and 838.
    - Develop educational materials on the law and its benefits.
    - Garner support of Attorney General's Office and the Alcohol and Tobacco Control Board.
    - Convene meetings with local officials and enforcement agencies to support and encourage enforcement.
    - Work to establish relationships with law enforcement to be included in their training curriculum.

***MARKETING and OUTREACH (Cont'd)***

CRITICAL ISSUE 6: NETWORKING and COLLABORATION

**Build and strengthen relationships among agencies, organizations, and advocates supportive of decreasing tobacco-related health disparities.**

- Continue collaboration and working relationships in Louisiana Tobacco Disparities Workgroup.
  - Disparities Workgroup members will meet quarterly to monitor, evaluate, and make recommendations for implementation of the strategic plan.
  - Maintain contacts within workgroup.
  - Report on progress towards goals of the strategic plan.
- Actively engage state and regional coalitions in tobacco control efforts.
  - Join the regional coalitions.
  - Disparities Workgroup Members will support and attend regional activities.
  - Identify under-represented communities.
  - Identify community partners that are members of these communities.
  - Invite new members of identified populations to participate on regional coalitions.
  - Update, inform, and involve state and regional coalitions in activities developed by disparities Workgroup.
  - Actively seek coalition representation from members of the identified populations.

- Broaden base of organizational collaborations to strengthen and expand the tobacco control movement.
    - Identify agencies, organizations, and individuals not involved, but supportive of tobacco control issues.
        - Non-traditional partners
        - Law enforcement
        - Faith-based
    - Publicize efforts to recruit new members and encourage interest in participation.

***NETWORKING and COLLABORATION (Cont'd)***

# Sustaining the Effort

The Tobacco-Related Health Disparities Strategic Planning Workgroup coalesced around the mission of addressing and eliminating tobacco-related health disparities in Louisiana. They will support the implementation of the plan in several ways.

The Workgroup envisioned a continuing role for themselves and expressed their desire to promote this plan across Louisiana in various communities and through multiple venues. They emphasized their perceived role in marketing and implementing the goals.

The Workgroup plans to work with the LTCP and TFL as follows:

- ☑ Facilitate implementation of the plan
- ☑ Educate others about the plan
- ☑ Disseminate tobacco control information
- ☑ Advocate
- ☑ Collaborate with other stakeholders
- ☑ Work with local communities and networks
- ☑ Liaison to specific populations
- ☑ Assist in media marketing
- ☑ Provide technical support, i.e. grant writing

Working with the LTCP and TFL, The Workgroup will meet four times a year to review and update the plan, and monitor progress toward the goals. They will meet again in the fall 2007 to develop the implementation plan and marketing strategies for the strategic plan.

Workgroup Members see this initiative as an opportunity to address tobacco-related health disparities in Louisiana. While much of the work can be accomplished with existing resources, they recognize that full implementation of this plan will require a commitment of resources.

# Evaluating Implementation

Each of the five days of planning was assessed using a process evaluation form completed by Workgroup Members. LTCP and TFL staff, the diversity consultant, and the facilitator reviewed the results after each planning session and discussed appropriate actions based on the feedback. Summarized reports of the evaluations were given to the Workgroup at the following session. This information was used to adjust the agenda and/or process when indicated.

Evaluation of the strategic planning process will also be provided in a written case study as required by the CDC-OSH. The case study will be compiled by TFL at the conclusion of the process. On an ongoing basis, The Workgroup will monitor progress of the implementation of the plan and accomplishments toward the goals.

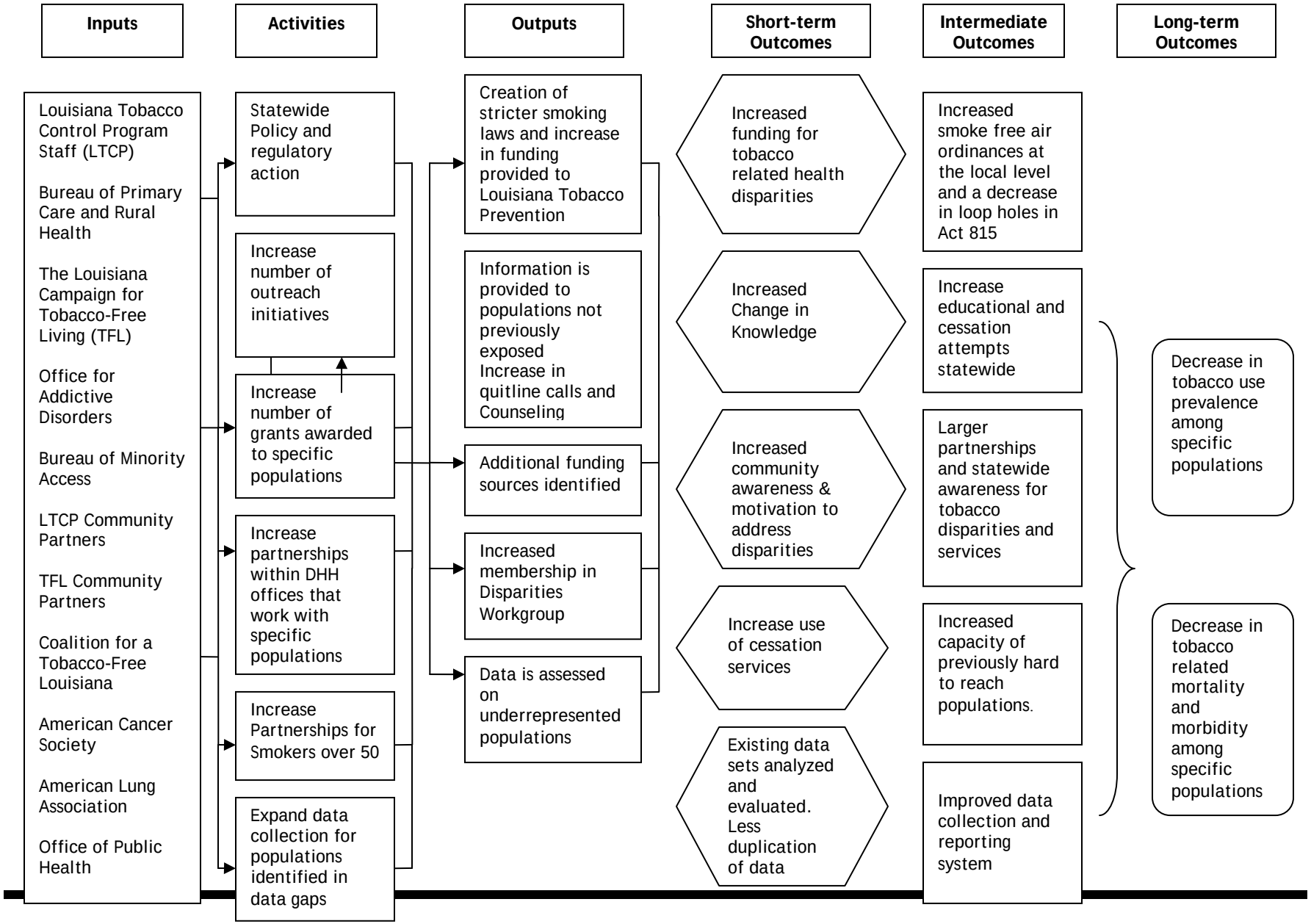
The CDC-OSH also requires an annual evaluation of the implementation of the strategic plan. The Logic model developed early in the project will be used to evaluate the overall project.

# Attachments - Data Grid, Logic Model

# Attachment A - Data Grid

| Smokers Only | Tobacco Use Prevalence (Overall) | Diabetes | Heart Disease | Asthma | Reported Smoking Allowed | | Health Insurance Coverage | Quit Ratio |
|---|---|---|---|---|---|---|---|---|
| **Race/Ethnicity** | | | | | **In Home** | **At Work** | **Smoker** | |
| **White** | **23%** | **9%** | **6%** | **13%** | **47%** | **21%** | **73%** | **53%** |
| **Black** | **23%** | **13%** | **3%** | **9%** | **61%** | **18%** | **59%** | **46%** |
| **Hispanic** | **23%** | **10%** | **5%** | **22%** | **21%** | **19%** | **66%** | **50%** |
| **Education** | | | | | | | | |
| **Below High School** | **32%** | **20%** | **8%** | **17%** | **57%** | **33%** | **55%** | **47%** |
| **HS Graduate** | **28%** | **9%** | **5%** | **10%** | **54%** | **22%** | **67%** | **46%** |
| **Some College/Grad** | **18%** | **7%** | **4%** | **13%** | **42%** | **17%** | **79%** | **57%** |
| **Income** | | | | | | | | |
| **<$25,000** | **28%** | **15%** | **7%** | **17%** | **55%** | **23%** | **52%** | **46%** |
| **$25,000-34,999** | **27%** | **7%** | **4%** | **11%** | **60%** | **25%** | **68%** | **45%** |
| **$35,000+** | **20%** | **6%** | **4%** | **9%** | **39%** | **17%** | **86%** | **55%** |
| **Age** | | | | | | | | |
| **18-24** | **29%** | **2%** | **0%** | **22%** | **40%** | **26%** | **54%** | **25%** |
| **25-34** | **28%** | **4%** | **0%** | **13%** | **32%** | **24%** | **64%** | **31%** |
| **35-44** | **25%** | **7%** | **4%** | **11%** | **40%** | **14%** | **65%** | **35%** |
| **45-54** | **28%** | **11%** | **5%** | **12%** | **54%** | **21%** | **68%** | **43%** |
| **55-64** | **18%** | **14%** | **12%** | **12%** | **64%** | **16%** | **75%** | **63%** |
| **65-74** | **13%** | **23%** | **10%** | **9%** | **66%** | **14%** | **93%** | **74%** |
| **75+** | **5%** | **19%** | **8%** | **19%** | **54%** | **12%** | **89%** | **85%** |
| **Employed** | **24%** | **6%** | **3%** | **11%** | **45%** | **20%** | **71%** | **46%** |
| **Unemployed** | **33%** | **10%** | **2%** | **13%** | **50%** | **N/A** | **34%** | **40%** |
| **Homemaker/ Student** | **23%** | **9%** | **2%** | **14%** | **43%** | **N/A** | **60%** | **43%** |
| **Retired** | **11%** | **20%** | **11%** | **11%** | **65%** | **N/A** | **90%** | **77%** |
| **Unable to Work** | **36%** | **23%** | **16%** | **21%** | **59%** | **N/A** | **75%** | **43%** |
| **Gender** | | | | | | | | |
| **Male** | **27%** | **10%** | **6%** | **9%** | **48%** | **27%** | **71%** | **56%** |
| **Female** | **20%** | **10%** | **4%** | **15%** | **50%** | **17%** | **68%** | **49%** |

## Attachment B -

# Logic Model: Louisiana Tobacco-Related Health Disparities Strategic Plan

# Logic Model: Louisiana Tobacco-Related Health Disparities Strategic Plan