

# **Identifying and Eliminating Disparities of Tobacco Use in the Virgin Islands**

## **Strategic Planning Project – Case Study**

Interim Report: At this time, strategic planning is still in process. This is an interim case study report to inform CDC staff on the status of progress on this project. This report includes information pertaining to the process including Steps 1-3 and part of Step 4. Step 5 with marketing and an evaluation plan has yet to be determined

### **1. Overview of Disparities Project**

#### **Project Description**

The territory of the Virgin Islands Department of Health received continuation funding through the Comprehensive State-Tobacco Use Prevention and Control program. Funding was used to address the *Health People 2010* priority area of tobacco use in the Virgin Islands, utilizing data and demographic information to identify disproportionately affected populations. The tobacco prevention and control problem was addressed through a diverse and inclusive workgroup that conducted a strategic planning process focused on population-based surveillance and evaluation.

#### **1.1 Purpose and Goals of the project:**

The purpose of this project was to assist states/territories to establish a strategic planning workgroup to follow a strategic planning process that identifies, describes, and eliminates disparities related to tobacco use in specific populations. The strategic planning process included the following goals.

- Convene a diverse and inclusive workgroup for the purpose of engaging in a strategic planning process.
- Develop a strategic plan for identifying and eliminating disparities related to tobacco use.
- Incorporate the resulting recommendations into the annual NTCP action plan.
- Develop and evaluation component to determine the effectiveness of the strategic planning process.

#### **1.2 Overview of Tobacco Control Efforts and Target Populations in the territory of Virgin Islands**

The Virgin Islands consists of three islands, St. Thomas, St. Croix and St. John. The following data describes the overall population characteristics according to the 2000 U.S. Census:

Population 108,612  
48% Female 52% Male  
76% Black 13% White Other 7% 14% Hispanic (of any race)  
41% are between the ages of 25 and 54 years  
40% are 24 years or younger  
60% are high school graduates or higher  
28.7% of families are below poverty level  
Prevalence of Smoking is at 9.6% (1999) - the lowest in the United States.

The White population has the highest prevalence of smoking with white males being a sub-population with the highest prevalence (30%). The Black and Hispanic populations have low prevalence rates in smoking. (4% and 9% respectively)

### ***Current state of tobacco control***

The Virgin Islands Tobacco Prevention and Control Program and its 25-member coalition have developed a five-year strategic plan to address tobacco use in the territory. Its mission is to prevent the use of tobacco products, thereby reducing tobacco-related illness and death. Diverse groups will collaborate to educate our community, contributing to a healthy society and environment, which will reduce health care costs. The program goals are to: Prevent initiation of tobacco use among youth and families; Promote collaboration on tobacco related initiatives; Assist people who want to stop using tobacco; Eliminate public tobacco use, and Identify and eliminate disparities among special populations.

### **1.3 Project Team: Leaders and Other Members**

- Staff Person: Julia Sheen-Aaron, MPH, Director Chronic Disease Prevention
- Staff Person & Project Director – Sandra A. Petersen, Program Administrator, Virgin Islands Tobacco Prevention & Control Program
- Group Facilitator – Cheryl L. Hunt, Independent Consultant
- Researcher – Ms. Lauritz Mills, Director, Bureau of Economic Research
- Public Information Specialist - Alicia Ramos, Virgin Islands Tobacco Prevention & Control Program.

### **1.4 Roles/Responsibilities of Project Team Members**

Staff of the Health Department: Provide leadership, technical and logistical support

Group Facilitator: Facilitate planning process of the disparities workgroup including workgroup meetings, training, and to assist staff and workgroup to compile a strategic plan.

Researcher: Collect, analyze and present data to workgroup on population characteristics and data on smoking prevalence and exposure to secondhand smoke.

Evaluator: Research, analyze and present quantitative and qualitative data

Public Information Specialist: Coordinate media and publicize meetings

## **2. Evaluating Strategic Planning Processes**

### **2.1 Purpose and Goals of Evaluation**

The purpose of this evaluation is to describe the Virgin Islands' formation of a strategic planning group and the development of a strategic plan to identify and eliminate disparities in tobacco use and effects. The goals of this evaluation are to:

- Describe the key players, infrastructures, tasks, and activities involved in the formation of the strategic planning group and the development of a strategic plan.
- Describe what the strategic planning group accomplished, what helped or hindered their efforts to meet planning goals and objectives, the important lessons they learned, and their recommendations to enhance future CDC/OSH strategic planning initiatives.
- Document key processes involved in the development of the strategic plan.

## **2.2 Evaluation Design**

The process evaluation will involve collection and analysis of descriptive information to answer the following:

- What is being done, how is it being done, and by whom?
- What milestones have been reached through these efforts?
- What critical lessons have been learned during these processes and how will these insights help enhance future efforts to eliminate disparities?

## **2.3 Evaluation Methods**

- Satisfaction surveys at end of each meeting
- Case Study Approach
- Qualitative methods for data collection and analysis including meeting observation

## **3. Strategic Planning Processes and Milestones**

The project facilitator followed the strategic planning format outlined and trained by CDC. This format proved to be very user friendly and generated the results desired.

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

#### **The workgroup and its members**

The workgroup team was selected based on national origin represented, geographical representation and the constituents served (i.e., health, prison personnel, mental health officials, etc.). Members were recruited from the following sub-populations: Hispanic, Veterans Affairs, Gay, Lesbian, Middle Easterners, Division of Mental Health Employees, Correction Department Personnel, Rastafarian, Clergy, American Cancer Society, American Lung Association, Department of Education Health Services, Rehabilitation Center, Youth Group Leaders, Civic Organization Representatives, White Females, European Males, AARP, Disabilities Coordinator, White Caribbean Male. Recruitment process identified and invited representatives from all three islands.

#### **Workgroup role and responsibilities**

The following expectations were shared with potential workgroup members during the recruitment process as well as reiterated at the first meeting.

- Review and share relevant data on various population groups in the Virgin Islands that are affected disproportionately
- Identify areas in which data are missing or lacking; assist with conducting and assessing the environmental scan
- Share project information (e.g. populations served, scope of work, agency mission statements, project evaluation data)
- Recommend individuals and agencies that can participate in developing the plan
- Participate in setting priorities during the strategic planning process
- Help draft goals and strategies as part of a strategic plan to address disparities in the Virgin Islands
- Advise on the implementation of the strategic plan.

### **Recruiting members and keeping them involved.**

#### ***Selection and recruitment – what worked and what didn't***

Program director tapped into an existing coalition to identify potential workgroup members as well as extended invitations to population representatives beyond the coalition membership. This group had a particular geographical challenge in that they are dispersed over different islands, which results in higher travel expenses for some depending on where meetings were held. It also appeared that as specific populations were identified as being disproportionately affected we lost the interest of some representatives whose populations weren't identified. The following resources were utilized to keep members involved.

- Travel expenses covered for participants
- Opening Reflections – meetings were opened with a contemplative reading – This appeared to provide grounding for the group and have them focus on the “greater good”
- Team Building and “Get to Know You” exercises. Different exercises were used to help the group see people as an individual. This moves the group toward bonding and being respectful of differences.
- Listing benefits of participation – The group participated in a brainstorming exercise at the end of the first meeting where they created a list of “Why do I wish to continue with the workgroup”? Participants heard reasons why other participants were involved while having a chance to consider their own motivations. The exercise also helped the group to see the “greater good” of the project.
- Facilitator solicited active participation and made sure that all participants were able to contribute. Breaking up the large group into small group activities increases the assurance that all participants can be heard.

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

Facilitation tools that were used included:

Group Norms

Conflict of Interest Statement – signed by participants

Brainstorming Technique

Open Dialogue of issues and decisions to be made

“Nominal Voting Technique” was used for decision-making

## **3.2 Step 2: Identifying/Prioritizing Tobacco-related Disparities and Assessing Capacity**

### **Collection and analysis of data on disparities in populations**

The workgroup identified and prioritized disparately affected populations through a presentation of quantitative data on smoking prevalence and supplemental qualitative data.

#### Quantitative Data

The researcher collected and presented data to the workgroup. Data statistics were from the following sources: 1999 & 2001 BRFSS Virgin Islands, 1999 NHIS, 2001 VI Youth Tobacco Survey, VI Population and Housing Profile, 2000 Census

Qualitative Data was also presented to the workgroup. The facilitator utilized Nominal Group Voting Technique to have group determine top populations that were disproportionately affected by tobacco use. The workgroup then looked over data to determine where the gaps were and if other sources existed to secure that data. The group created a list of populations and subgroups in which the workgroup required more information.

Note: There were a number of sub-population groups identified in which there was no quantitative data available, nor qualitative data to identified tobacco prevalence among statistically small sampling populations such as the prison, Arab and Asian populations

### **Population assessments: Methods and results**

Volunteers from the workgroup conducted a population assessment on specific populations that were identified as having a tobacco-related disparity. Through key-informant interviews, the volunteers utilized standardized questions to talk to representatives of the specific population. The purpose of the interviews was to determine what are the attributes, resources, and capacity/infrastructures related to these population groups

Results from the interviews helped build awareness of these groups among the workgroup participants. Comments from volunteers indicated it was a challenge to set-up time with key-informants to do the interviews. The facilitator made contacts to determine whether the Consumer Health Profiles by the National Cancer Institute's, Cancer Information Services existed for the territory, but it was not available.

### **Developing a comprehensive profile of disparities statewide**

Through the planning process, progress was made in identifying disproportionately affected populations. Until data collection is expanded, it will be difficult to have a fully comprehensive profile of disparities for the Virgin Islands territory or any other state. The challenge will be between the need for information and the cost prohibitive factors of data collection for small sized populations and sub-populations. As numbers of tobacco users are reduced, marketing becomes more difficult. As size of population becomes smaller and harder to reach, one loses economy of scale. Programming becomes more costly to provide to sub-populations. These are the very issues that cause the lack of parity in the first place. Focusing on community and community-based organizations will be important to success.

### **SWOT Analysis: Methods and results**

The facilitator conducted a SWOT analysis on the VI Health Department Tobacco Prevention and Control Program utilizing a questionnaire provided by CDC. The methodology used: facilitator conducted an interview/dialogue with program director in front of the workgroup to identify the organization's strengths, weaknesses, opportunities and threats. This provided for an in-depth dialogue and assessment of the environment.

### **Presenting results of these investigations to the workgroup**

Results of all investigations (data, SWOT and population assessment) were presented to the workgroup through verbal presentations and written documents.

### **3.3 Step 3: Developing the Strategic Plan**

#### **Identification and prioritization of critical issues**

After each segment of the “Taking Stock” phase (data, SWOT & pop. assessment), critical issues were brainstormed and listed for that particular segment. Critical issues from all three investigations were compiled. Workgroup members prioritized the compiled list of issues through a multiple voting technique. A multiple voting technique gives participants multiple but equal numbers of votes. Issues with the most votes were considered to be top priority

#### **Conversion of critical issues to planning goals and strategies**

Many of the workgroup members were new to the strategies of tobacco prevention and control. The facilitator presented “Best Practices for Comprehensive Tobacco Control Programs, August 1999 before conducting the exercise on creating goals and strategies. The workgroup was divided into smaller groups of four people. Each group was given a critical issue to convert into a goal statement and to identify three strategies. Facilitator gave training on how to write goal statements and strategies. Each workgroup presented their goal to the larger group, which helped refine the work.

#### **Assessing clarity and feasibility of planning goals**

(To be conducted)

#### **Assignment of persons to implement the strategic plan**

(To be conducted)

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

(To be conducted)

#### **Finding partners to help implement the plan**

(To be conducted)

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

#### **Identification of audiences for the strategic plan**

The workgroup started a marketing assessment by brainstorming a list of key stakeholders and audiences that they want to inform about the strategic plan. This included potential partners, supporters, those to be educated and anyone who they want to increase awareness.

#### **Political issues addressed**

Political issues were discussed and a list of political leaders was created. The biggest political challenge for this group will be to combat secondhand smoke in public places. The Virgin Islands is dependent on tourism for their economy. Restaurants, bars or public places do not provide for nonsmokers. Cigarette sales are promoted as duty and excise tax-free. Initial discussion took place to strategize how to overcome this political issue.

#### **Internal and external marketing analyses: Methods and results**

(To be conducted)

### **Writing the strategic plan**

(To be completed)

### **Workgroup adoption of the plan**

(To be conducted)

### **Getting State Health Department approval of the plan**

(To be conducted)

## **3.5 Step 5: Preparing for Action**

### **Marketing the plan: Strategies and results**

(To be conducted)

#### **Effective marketing strategies**

(To be conducted)

#### **Obstacles to marketing efforts**

Reducing second hand smoke will be a challenge because it is so strongly associated with tourism, which is a strong economic and political issue. It will be difficult to affect but has significant impact on the health of the local population who predominantly work in the tourism industry. Cigarettes are promoted as a non-excise tax and duty free item and promoted to the tourists.

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

(To be determined)

#### **Next steps**

The planning process has been stalled due to governmental delays in reimbursement of outside contractors. When the spending freeze/delay is lifted the planning group will complete the strategic, marketing and evaluation plan. The staff and workgroup are ready and willing to move towards implementation.

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

- **Inclusiveness – all affected are represented and involved**
- **Representation – Assurance that representatives truly reflect the community's values, norms, and behaviors.**
- **Parity – All participants have equal voice and opportunity for input.**
- **Collaboration, Commitment, Cooperation and Respect**

Observance of workgroup behavior indicates that these principles and characteristics were accomplished because workgroup is diverse and also very effective. Satisfaction surveys from workgroup members submitted after each meeting indicate satisfaction in these areas. Interviewing of workgroup members (yet to be conducted) will provide qualitative information on whether the process was effective in meeting these principles.

## **4.0 Major Assets for Strategic Planning**

### **4.1 Factors facilitating Planning Processes Steps 1-5**

Major assets that contributed and helped facilitate the planning process were:

- Committed and enthusiastic workgroup
- Dedicated health department staff that is new and enthusiastic towards tobacco control programming yet is very experienced and connected in the political arena.
- Credible researcher and data presented in a credible manner.
- Experienced facilitator that could guide the workgroup efficiently through the process.
- Participatory planning process develops strong group ownership and strong commitment to move the plan to action.
- Expert training and technical assistance from CDC

### **4.2 Maximizing Planning Assets**

To maximize the planning assets listed above the following would support future success of the strategic plan.

- Secure resources to continue enthusiasm and commitment of staff and workgroup to implement the plan.
- Garner support from key political leaders pertaining to particular goals.
- Utilize media and social marketing to raise consciousness of concerns over disproportionately affected populations and the effects of second hand smoke.

## **5.0 Challenges to Strategic Planning**

### **5.1 Challenges to Successful Planning: Steps 1-5**

A challenge for the process is the difficulty of workgroup members to get time away from their jobs and support from their supervisors to participate in the workgroup. Other challenges to the planning process have been minimal.

### **5.2 Strategies to Overcome Challenges**

A strategy to overcome the challenge listed above is to increase awareness and support from supervisors before and during workgroup meetings.

## **6.0 Conclusions**

### **6.1 Major Planning Accomplishments**

Accomplishments from participating in the strategic planning process were: Disproportionately affected populations were identified. Sound goals and strategies are developed and ready to be implemented.

## **6.2 Lessons Learned Throughout the Planning Process**

Maintaining group focus on productive work during the data analysis process. It was apparent that there was a tendency for workgroup's to be frustrated with the data availability. Workgroup members tended to be frustrated with the lack of data especially for minority, ethnic and race populations pertaining to smoking prevalence. The workgroup members reacted to the lack of information by trying to put pressure on the researcher to find more data. The researcher is just the messenger. With previous knowledge of a workgroup's tendency to over-focus on missing data, the facilitator was able to maintain the Virgin Islands' workgroup focus on accepting the fact that they would not have all the data they wanted. This became acceptable to the group once they understood that rectifying the problem could be a goal of the strategic plan. The facilitator must have some knowledge on what data is available and a trust in the researcher that research efforts are thorough. Then the facilitator is able to steer the workgroup towards productive and efficient efforts to work with the data that is available. The workgroup can waste a lot of energy and time (as was witnessed with the Indiana workgroup) on trying to find other means of data gathering when the fact is the data just does not exist.

A point of efficiency: The data collection process can be a source of delay. The Virgin Islands workgroup efficiently collected the data before the first meeting of the workgroup. Presenting the data at the first meeting allowed for feedback to the researcher to occur. There was time to collect additional data by the second meeting without causing any delay in the process. This is vital since most exercises following the data collection phase are based on population identification.

### Logistics

Do not minimize the importance of providing for participants' physical needs and comforts. Having the right location with comfortable settings, appropriate presentation technology, and free from distractions is vital to the success of member attention, participation and retention.

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

Identifying workgroup members that both represent various populations and also have professional knowledge of the importance of planning expedited efficiency of the project. Also finding individuals with expertise and experience in research, facilitation and evaluation contributed to the efficient success of the project.