

# Strategic Planning Process to Address Tobacco-Related Disparities in Idaho

## Overview

<b>Healthy People 2010 Objectives</b>	Increase the number of tribes, territories and states, and District of Columbia with comprehensive, evidence-based tobacco control programs.
<b>OSH Indicator</b>	Strategic plan to address tobacco-related disparities.
<b>City/County/Other</b>	
<b>State</b>	Idaho
<b>Goals</b>	Identifying and Eliminating Tobacco-Related Disparities
<b>Components</b>	N/A
<b>Areas of Policy and/or Program Intervention</b>	Identifying and Eliminating Tobacco-Related Disparities
<b>Audience/Population</b>	American Indians/Alaska Natives Hispanics/Latinos Lesbians/Gays/Bisexual/Transgender Low-Socioeconomic-Status Groups Migrant Farm Workers Rural Women Young Adults (18–24) Other: WIC Women, Medicaid Population, Pregnant Women, Bosnian Refugees

## Policy/Program Objectives of the Intervention

The objective was for Idaho to create a statewide strategic plan that included priorities for building the capacity to identify and eliminate tobacco-related disparities.

## Description of the Intervention

The Idaho Tobacco Prevention and Control Program with funding from the Centers for Disease Control and Prevention partnered with community members to create a strategic plan for identifying and eliminating tobacco-related disparities. Idaho engaged in an 18-month-long process to hire the facilitator, identify an evaluator, identify and recruit workgroup members, gather and organize data, agree on a strategic planning process, conduct environmental scans, create plan goal areas, and adopt a final strategic plan. An inclusive workgroup met three times over six months to develop a strategic plan that was integrated into the state’s five-year tobacco plan. In the time allotted, Idaho was successful in developing a plan that included goals, strategies, tactics, lead person responsible and a timeline.

## **Personnel/Key Players/Resources Required for Conducting the Intervention**

Project Director (20% time, in-kind): 576 hours

Facilitator (Contractor): 100 hours

Meeting Secretary (in-kind): 24 hours

Evaluator(Student, in-kind): 100 hrs

Volunteer Workgroup Members: 13 members volunteering 24 hours per month for six months = 1,872 hours, Workgroup members included:

- Shoshone-Bannock Tribes, Tribal Administration
- Nezperce Tribal Health  
Region X Cancer Information Service, Latino Outreach Coordinator
- Idaho Dept. of Health and Welfare, Research Supervisor for Health Statistics
- Diversity Works, Inc., Executive Director
- Woman of Color Alliance, Black Student Alliance (BSU), Center for Health Policy Graduate Assistant
- Public Education and Outreach Coordinator, Bureau of Health Promotion
- Council on Hispanic Education, Tobacco Coordinator
- Northwest Portland Area Indian Health Board, Director of the Northwest Tribal Epidemiology Center
- Coalition for Healthy Idaho, Smokeless States Program Coordinator
- Boise State University, Dean of College of Health Sciences
- American Indian/Alaska Native Leadership Initiative on Cancer, Project Manager
- Idaho Dept. of Health and Welfare, Indian Child Welfare Act Coordinator
- Northwestern Band of Shoshone Nations, Chief Finance Officer
- Northwest Portland Area Indian Health Board, Technical Writer/IRB coordinator, Northwest Tribal Epidemiology
- Your Family, Friends and Neighbors, Executive Board Member
- Idaho Dept. of Health and Welfare, Disparities Project Director
- Idaho Public Health Districts, Council on Health Promotion Supervisors and Surveillance Liaison
- Idaho Dept. of Health and Welfare, WIC Clinical Operations Coordinator
- Idaho Dept. of Health and Welfare, WIC Breast Feeding Promotion Coordinator
- Nezperce Tribe, Executive Council Member

- Idaho Council on Hispanic Affairs, Executive Director
- Idaho Department of Health and Welfare, Primary Care Program Manager
- Idaho Hispanic Caucus, Executive Committee Member
- Cancer Information Service for the Pacific Region, Partnership Program Coordinator
- Research Analyst Supervisor, BRFSS Coordinator, Bureau of Health Policy and Vital Statistics
- Central District Health Department, Office of Epidemiology and Surveillance
- Boise State University, Nursing Department
- Chief Academic Officer, Idaho State Board of Education
- Idaho Commission on Hispanic Affairs, Outreach Reach Coordinator (Youth Group TEENS)
- Idaho Dept. of Health and Welfare, Prenatal Assessment Tracking System Manager
- Nezperce Tribe, Community Health Programs Director
- Idaho Dept. of Health and Welfare, Asthma Program

### **Place Where the Intervention was Conducted**

The strategic planning workgroup represented all geographical areas of the state of Idaho and held meetings in Boise.

### **Approximate Time Frame for Conducting the Intervention**

The strategic planning process was conducted over 18 months. For six months prior to involving other people in the process, the Idaho Tobacco Education and Control Program gathered, reviewed and synthesized all the demographic and tobacco use related data that was available for Idaho. In addition, the Tobacco Program staff began educating community members and community organizations about the CDC grant for disparities strategic planning. Six months were spent laying the framework for recruiting active and committed members to the Disparities Workgroup. In the next three months the strategic planning process was worked out, the facilitator hired, the evaluator identified and workgroup members recruited. Three strategic planning workgroup meetings were held during a six month period. Revision of the final plan took two months and approval of the plan by the state, including publication, took one month.

## **Summary of Implementation of the Intervention**

The intervention was the development of a statewide strategic plan to address tobacco-related disparities in Idaho. Only \$45,000 was available in grant funding for required travel to CDC meetings, contracts with a facilitator and evaluator, and workgroup member travel. The time of the project director and secretary were provided in-kind by the Idaho Tobacco Prevention and Control Program. Idaho succeeded in convening a diverse, representative and inclusive workgroup from diverse populations and geographical areas of the state to develop the plan. Plan development was conducted by consensus and the plan was published prior to December 2002 achieving the original timeline.

## **Summary of Evaluation/Outcome of Intervention**

The evaluation sought to document activities, challenges, milestones reached, and lessons learned; to monitor and report on progress toward achieving planning goals; to discuss evaluation results and make recommendations for future efforts. The final evaluation report consisted of a case study that described and interpreted key activities, players, challenges, and lessons learned.

The outcomes of the disparities strategic planning project were—

1. Recruitment of a representative, inclusive and diverse workgroup
2. Implementation of a respectful, consensus driven process
3. Presentation of Idaho specific, population-based data
4. Environmental scan of population groups conducted by workgroup members
5. Early agreement on five key issues
6. Development of a draft strategic plan based on key issues adopted as goal areas
7. Revision and adoption of the final strategic plan within the original timeline

Finally the state Department of Health and Welfare approved the final plan and integrated it into its five-year tobacco strategic plan. Because of the success of the disparities strategic planning process, the state earmarked \$57,000 in funding towards its implementation in 2003 and hired a half-time disparities coordinator. The Tobacco Disparities Working Group decided to continue to guide implementation of the plan as a project of the Tobacco Free Idaho Alliance.

The evaluation identified four critical elements that were crucial to the success of the project.

1. Established relationships of trust that already existed with many populations
2. High quality leadership provided by the project director
3. Intensive communication between meetings to solicit input and feedback
4. Adherence to the principles of participatory planning

### **Intervention's Applicability/Replicability/Recommendations for Other Sites**

This project is particularly applicable to rural states with a large geographic area and a small population. This strategic planning process is especially applicable to states working within a limited budget with a tight timeline. The workgroup developed an extremely effective process that successfully brought together representatives from diverse populations, acknowledged the unique challenges faced by each and outlined goals that would be of benefit to all.

## **Overview Notes**

The success of the development of this strategic plan with restricted funding in a short timeframe was dependent on—

1. Prior development of an overview and synthesis of all data sources and data available
2. Support from the Tobacco Program Manager for the State of Idaho, Department of Health and Welfare, Bureau of Health Promotion
3. Ensuring that the voices of all members of the workgroup were heard and valued

The Workgroup was successful at recruiting leadership from the Lesbian/Gay/Bisexual/Transgender community to be involved in the planning process. This was this community's first participation in the tobacco movement and the respectful, inclusive tone of the meetings helped them become strong committed members.

This case study was written by Colleta Reid, an Office on Smoking and Health Consultant, December 2003.

## **Planning**

### **Was a needs assessment completed?**

Yes

### **Approach Used**

Idaho did not have a strategic plan in place to address and eliminate tobacco-related disparities. The needs assessment was conducted in two ways: 1) a matrix of all data available for each Idaho population was created with reference to the data source and 2) the representatives of each population group conducted an environmental scan for their population and a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis on their respective communities from a statewide perspective. Additionally, after the strategic plan was completed, representatives of population groups completed environmental scans for population groups in local areas that were more detailed and extensive.

The data matrix was based on results from existing surveillance instruments. When Idaho data were missing, extrapolations from national data were made. When representatives of specific populations were not at the table, information from literature reviews was shared.

### **Planning Models Used**

The CDC Pilot Training Program for Tobacco Use Among Population Groups: Putting the Pieces Together to Identify and Eliminate Disparities was used.

### **Planning Notes**

Adherence to the CDC Planning Model principles of participatory planning (inclusiveness, representation, and parity) was crucial to the successful outcome of the planning process.

## **Implementation**

### **Implementation Level**

State

#### **What is the policy and/or program intervention designed to do?**

The strategic planning process was designed to result in a statewide strategic plan for addressing and eliminating tobacco-related disparities in Idaho. The process was designed to produce a plan created by representatives of the populations affected insuring that communities felt ownership of the strategic plan and that their needs were addressed.

#### **Explain the implementation of the policy and/or program intervention.**

In 2001, the Centers for Disease Control and Prevention commissioned a special effort with regard to the fourth goal area of the national tobacco prevention and control program: identifying and eliminating tobacco-related disparities among population groups. Nationally, this has been the most difficult goal area to address. Funding of \$45,000 was provided to Idaho to become a cooperative partner with CDC to act as a pilot state in developing a strategic plan to identify and address disparities. The strategic plan and the process adopted to create it were to be used as a model for other states.

### **Background**

N/A



## **Evaluation**

### **Type(s) of Evaluation Planned or Conducted and Status**

#### **What is the status of your evaluation?**

Completed

#### **Do you address process evaluation?**

Yes. A master's student and independent evaluator from Boise State University (as part of her coursework) agreed to document the strategic planning process including activities conducted, challenges faced, milestones reached and lessons learned. The evaluator attended and documented all workgroup planning meetings, workgroup meetings, and workgroup de-briefing meetings. After each workgroup meeting, the evaluator filled out the "Form for Observing Workgroup Meetings" and administered the "Evaluation Checklist Form to Assess Workgroup Meetings" to all meeting attendees. After each meeting the evaluator prepared a summary report of the meeting and of the month's activities. These summary reports informed the development of the strategic planning process.

The evaluator wrote a final process evaluation report documenting the activities that took place, who conducted them and who was reached by the activities.

#### **Do you address outcome evaluation?**

Outcome evaluation was addressed by documenting the achievement of a final, approved, and adopted strategic plan by the designated deadline. The plan included goal areas, strategies, tactics, lead responsible parties and due date. The achievement of creating a strategic plan developed by a representative, inclusive and diverse workgroup who had an equal opportunity for input and participation was documented by conducting key participant interviews at the end of the strategic planning process.

Another outcome included the development of a sustained process that continued after the three meetings of the Workgroup. Population group representatives filled out local assessments; the group agreed to meet again in January, 2003; the group found a permanent institutional home at the Tobacco Free Idaho Alliance; the state designated \$57,000 to ensure plan implementation and the state hired a half-time disparities coordinator.

**Briefly describe the evaluation design.**

The evaluation design was that of a writing a case study describing and interpreting key activities, players, challenges, and lessons learned during the strategic planning process.

**Data Collection Methods**

- Self-Report Survey or Questionnaire
- In-Person Interview/Survey
- Telephone Interview/Survey

**Data Source**

- Adult Tobacco Survey (ATS)
- Behavioral Risk Factor
- Surveillance System (BRFSS)
- Current Population Survey (CPS)
- Key Informant Surveys
- Smoking-Attributable, Mortality, Morbidity, and Economic Costs (SAMMEC)
- Youth Risk Behavior Surveillance System (YRBS)
- Youth Tobacco Survey (YTS)
- Other: Women, Infants and Children Program Data and Medicaid Program Data

**Range of Intended Outcomes**

- Increased Knowledge
- Other:
  - adoption of strategic plan by state
  - funding of implementation of strategic plan
  - permanent home for Disparity Workgroup at Tobacco Free Idaho Alliance
  - hiring of permanent half-time BHP disparity coordinator

**List key evaluation findings and/or conclusions for each intended outcome.**

N/A

**Were evaluation findings and/or conclusions disseminated to policy and/or program intervention stakeholders?**

*A Case Study of the Process to Develop and Adopt A Strategic Plan in Idaho* was printed and disseminated to all invited members of the Tobacco Disparities Working Group; to the staff at the Department of Health and Welfare, Bureau of Health Promotion; to the staff and contractors of the Idaho Tobacco Prevention and Control Program; and to the CDC. The plan was presented at all state conferences including those convened by various population groups including tribal and Hispanic/Latino conferences. The Tobacco Program staff presented the plan and described the process that led up to it at a number of national meetings. The plan was presented to each Idaho local health district which constitutes the public health infrastructure.

**Briefly describe how evaluation findings and/or conclusions were used to inform program planning or development?**

Findings from the evaluation instruments administered after each workgroup meeting were immediately reviewed by the project director, facilitator and evaluator and used to refine the strategic planning process. For example, feedback from the Evaluation Checklist Forms from the first meeting was used to revise, tighten and clarify the agenda for the second meeting.

Idaho's Plan to Identify and Eliminate Tobacco Related Disparities Among Populations will be used to guide all future activities aimed at increasing Idaho's capacity to address tobacco-related disparities.

**Evaluation Notes**

N/A

## Resources Required

Describe the individuals and groups whose paid or unpaid participation was essential.

- Coalition Members
- Community Leaders
- Government—Local
- Government—State
- Medical and Health Professionals
- Public Health Professionals
- Public Health Professionals—Local Health Dept.
- Public Health Professionals—State Health Dept.
- Voluntary Health Organizations— Cancer Information Service

### Personnel

<b>Title/ Position</b>	<b>Responsibilities/ Skills Required</b>	<b>Source</b>	<b>Hours/ Duration</b>
<b>Project Director</b>	Recruit workgroup members, recruit and hire contract staff, arrange for meeting secretary, lead planning and evaluation sessions prior and subsequent to workgroup meetings, attend CDC meetings, synthesize and present data and write draft plan and final plan as revised by workgroup.	Project Staff (in-kind)	8 hours per week for eighteen months.
<b>Meeting Facilitator</b>	Recruit workgroup members, develop meeting agendas, facilitate each of the working group meetings, develop and disseminate workgroup meeting minutes and along with the Director solicit input from the members between group meetings.	Consultant	24 hours per meeting for three meetings over six months and additional tasks needed totaling 100 hours.
<b>Project Secretary</b>	Attend workgroup meetings and take copious and detailed notes.	Project Staff (in-kind)	8 hours per workgroup meeting.
<b>Evaluator</b>	Observe all meetings and planning sessions, provide meeting feedback, develop evaluation tools, complete process and immediate outcome evaluation tasks and write final	Other, (Masters' Student as part of course work, in-kind)	100 hours nine months.

<b>Title/ Position</b>	<b>Personnel</b>	<b>Source</b>	<b>Hours/ Duration</b>
	<b>Responsibilities/ Skills Required</b>		

evaluation report.

**Additional Staff and Information:**

N/A

**Materials/Resources Required**

In-kind donations were required from the Idaho Tobacco Prevention and Control Program: services of the Project Director for 8 hours per week for eighteen months, the Project Secretary for 8 hours per workgroup meeting, the Master's student who donated her time as evaluator and logistical support (meeting facilities, food, copying, printing, etc).

## **Costs/Funding**

### **Budget**

Estimated labor costs	\$ 15000.00
Estimated cost of materials, promotional efforts, printing, etc.	\$ 30000.00
Estimated total cost of conducting policy and/or program intervention	\$ 45000.00

### **Budget Notes**

\$15,000 was set aside for the contract with the facilitator.

\$3,500 was earmarked for travel to three CDC-required meetings in Atlanta.

\$26,500 was required for travel to three statewide meetings for 33 Workgroup Members

Staff time of the Project Director and Project Secretary were provided in-kind by the state

### **Funding Sources**

CDC/OSH  
State Funding

### **Funding Notes**

Funding was provided to 14 states by the CDC in a competitive process to develop and implement a strategic planning process that would result in a strategic plan to build capacity to address and eliminate disparities.

## **Timeline**

### **Planning**

- July-December: Collect, prepare, and synthesize data for Idaho, present grant objectives to representatives of population groups, identify and hire facilitator
- January: Attend CDC training, plan strategic planning process
- February: Intensively recruit Workgroup members
- March: Recruit Workgroup members, select evaluator, set agenda, design evaluation tools, send out information
- April: Hold first Workgroup meeting, present synthesis of data available, assign environmental scans and SWOT analysis, administer evaluation tool
- May: Compile results of Workgroup meeting evaluations; set and distribute agenda for June meeting; solicit feedback about agenda from potential Workgroup members
- June: Hold second Workgroup meeting, present three environmental scans and SWOT analyses, choose five issue areas to use as goal areas, assign Project Director job of drafting preliminary strategic plan, administer evaluation tool
- July: Work on draft of strategic plan, compile results of Workgroup meeting evaluations, solicit feedback from Workgroup meeting attendees and those invited to be participants in Workgroup
- August: Work on draft of strategic plan, set and distribute agenda for September meeting; send out draft of strategic plan; solicit feedback from Workgroup members
- September: Hold third Workgroup meeting, present draft of strategic plan, determine revisions to strategic plan in workgroup meeting, administer evaluation tool
- October: Solicit feedback from Workgroup meeting attendees and those invited to be participants in Workgroup re: revisions to strategic plan, incorporate revisions into final draft of strategic plan, compile results of Workgroup meeting evaluations
- November: Distribute final draft of strategic plan to Workgroup members for approval, present strategic plan to state for acceptance, compile results of Workgroup meeting evaluations, conduct key informant interviews
- December: develop publication copy of strategic plan, request state to develop plan to market strategic plan, compile results of key informant interviews, write case study as final evaluation report.



Collecting the data prior to beginning the actual strategic planning process took six months. During this time, the Tobacco Program presented the grant objectives to various groups and constituencies. Community leaders were contacted and provided a "heads up" about the strategic planning process to occur.

Planning included the development of the strategic planning process according to CDC guidelines, hiring the facilitator and selecting the evaluator, recruiting the Strategic Planning Workgroup members and setting the agenda for the first Workgroup meeting. These processes took three months.

## **Implementation**

The entire process took eighteen months. The planning process, the identification of appropriate data, and informing key community members lasted from July through December. The strategic planning tasks commenced in January with the CDC meeting and were completed the next December with publication of the strategic plan.

## **Evaluation**

The evaluation tasks took nine months. The evaluation commenced with the selection of an independent evaluator in March.

- March: Development of evaluation plan. Meetings with Project Director and Facilitator. Development of evaluation tools.
- April: Administration of Workgroup Meeting evaluation tool.
- May: Meeting with Project Director and Facilitator. Compilation of evaluation tool results.
- June: Administration of Workgroup Meeting evaluation tool.
- July: Meeting with Project Director and Facilitator. Compilation of evaluation tool results.
- August: Meeting with Project Director and Facilitator.
- September: Administration of Workgroup Meeting evaluation tool.
- October: Meeting with Project Director and Facilitator. Compilation of evaluation tool results. Key informant interviews.
- November: Compilation of key informant interview results.
- December: Writing of case study for final evaluation report incorporating results of evaluation tools and key informant interviews.

## **Lessons Learned**

### **What were the important elements to the intervention's success?**

- Gathering and synthesis of data prior to implementation of strategic planning process.
- Recruitment of a planning workgroup that was inclusive, diverse and representative.
- Adherence to the principles of a participatory planning process.
- High quality leadership provided by Project Director who had built relationships of trust with American Indian and Latino communities particularly.
- Intensive communication between Workgroup meetings to solicit input and feedback.
- Strong commitment from the Tobacco Program Manager for the State of Idaho, Department of Health and Welfare, Bureau of Health Promotion.

### **Describe the policy and/or program interventions applicability/replicability to other sites, and include recommendations for other sites.**

The strategic planning process developed in Idaho is applicable to and replicable in other states, especially states with a small population but great geographic area. This process was implemented on a limited budget of \$45,000, illustrating that it is possible to create a statewide strategic plan involving representatives of diverse groups with limited funding.

### **Describe the challenges faced, and below each challenge, describe any solutions used to correct or reduce the problem.**

Challenge: Limited funding

Solutions: Schedule very few statewide meetings (3), use majority of funding to reimburse travel to meetings, and take advantage of telephone and e-mail communication between meetings.

Challenge: Limited time from Tobacco Program staff person who acted as project director

Solutions: Use time effectively, be very organized, "piggyback" disparities outreach with other parts of job, communicate intensively by e-mail and telephone

Challenge: Different agendas of diverse group members

Solutions: Focus on representing group but advocating for whole; emphasize unique challenges faced by each that could be solved by goals that were of benefit to all.

Challenge: Tobacco low priority on agenda of many populations

Solutions: Framing question of tobacco use in a way that made it relevant to all parties. Put tobacco into a larger context, that of social justice and equity issues.

Challenge: Difficulty in recruiting representatives of populations with small numbers in Idaho

Solutions: Continued to seek involvement of unrepresented groups to provide local environmental scans for their populations

### **What would you have done differently?**

Been better prepared for the first meeting with more detailed agenda and specific objectives for each section of the agenda.

### **Lessons Learned Notes**

1. Leadership should come to the first meeting with all available and pertinent data organized and ready to present. If possible, one person should present the data to avoid the perception of excessive control by any one group (in this case the State).
2. Communicate! Take the time to make phone calls, particularly to key participants, to ensure their participation either through attendance, a representative, or e-mailed minutes and handouts.
3. Do not overload participants with work.
4. Do listen and respond to all input from participants.
5. As much as possible, use funds to enhance the principles of participatory planning.
6. Share data and continue to work on relationships that will gain access to additional data sources.
7. Nurture relationships. People enjoy working with people, not bureaucracies.
8. The State must demonstrate their commitment by "doing."

## **References/Deliverables**

Idaho's Plan to Identify and Eliminate Tobacco Related Disparities Among Populations included five goal areas:

- Improving Data Systems
- Assuring Cultural Competency
- Enhancing Funding and Other Resources
- Building Community Capacity and Infrastructure
- Establishing Policy Expectations

## **Attachments**