Case Studies

Strategic Planning Process to Address Tobacco-Related Disparities in Arkansas

Overview

Healthy People 2010 Objectives	Increase the number of tribes, territories, states, and District of Columbia with comprehensive, evidence-based tobacco control programs.
OSH Indicator	Strategic plan to address tobacco-related disparities.
City/County/Other	
State	Arkansas
Goals	Identifying and Eliminating Tobacco-Related Disparities
Components	N/A
Areas of Policy and/or Program Intervention	Identifying and Eliminating Tobacco-Related Disparities
Audience/Population	American Indians/Alaska Natives Black General Public Hispanics/Latinos Rural Urban Young Adults (18–24) Youth Other: Pregnant Women

Policy/Program Objectives of the Intervention

Arkansas' objective was to form a workgroup to advise the Arkansas Department of Health to eliminate tobacco related disparities and oversee the development of a strategic plan that the Department would implement.

Description of the Intervention

The Arkansas Department of Health convened a diverse workgroup to engage in a strategic planning process. The workgroup met nine times between March and December 2002 to review available data, identify populations with potential disparities and develop goals to reduce and eliminate tobacco-related disparities in Arkansas.

Personnel/Key Players/Resources Required for Conducting the Intervention

Team Leader: Responsible for supervising the overall implementation of the strategic planning process. Co-leader of the Tobacco Prevention and Education Program of the Arkansas Department of Health.

Project Coordinator: Responsible for coordinating the project. Federal Program Support Manager of the Tobacco Prevention and Education Program of the Arkansas Department of Health.

Assistant Project Coordinator: Responsible for managing the day-to-day operations of the Tobacco Disparities Workgroup project. Eliminating Disparities Health Program Analyst for the Tobacco Prevention and Education Program of the Arkansas Department of Health.

Facilitator (Contractor): Responsible for guiding and facilitating the group process. Consultant with 20 years experience in substance abuse prevention.

Evaluator (Contractor): Responsible for developing and implementing the formative and summative evaluation components of the strategic planning process. Assistant Professor of Higher Education at the University of Arkansas.

Epidemiologist: Responsible for providing a variety of data among populations disparately affected by tobacco at the request of the workgroup. Epidemiologist with the Tobacco Prevention and Education Program of the Arkansas Department of Health.

Place Where the Intervention was Conducted

The workgroup met in Little Rock and most members of the workgroup represented organizations that were based in Little Rock, but each had statewide outreach services. The strategic plan was developed for the entire state of Arkansas.

Approximate Time Frame for Conducting the Intervention

The intervention—convening a diverse workgroup that developed a strategic plan to build capacity to eliminate tobacco-related disparities—began in January 2002 and ended in December 2002 comprising one year.

Summary of Implementation of the Intervention

The intervention—the strategic planning process—was conducted by a team of Department of Health employees, a facilitator and an evaluator. A diverse workgroup of nine members representing various populations in Arkansas met together nine times over a 10-month period to review available data regarding special populations in Arkansas and develop a strategic plan to reduce those disparities. In December 2002, the workgroup published the strategic plan, *Tobacco Use among Special Populations: Putting the Pieces Together to Identify and Eliminate Disparities*. The strategic plan identified seven goals and strategies for achieving each.

Summary of Evaluation/Outcome of Intervention

The primary purpose of the evaluation was to describe the formation and development of the Arkansas Tobacco Disparities workgroup and the process by which the strategic plan was developed. The evaluation described the workgroup's main activities, efforts involved, and key players. Milestones reached through the workgroup's efforts were documented and critical lessons learned during the process were communicated in the final case study.

The following were successfully completed:

1. Convening and organizing the workgroup
2. Identifying and taking stock of the populations disparately affected by tobacco in Arkansas
3. Developing the strategic plan
4. Adopting and refining the strategic plan
5. Developing a plan of action for implementation of the strategic plan and translating it into action items.

Intervention's Applicability/Replicability/Recommendations for Other Sites

Arkansas process of developing the strategic plan for identifying and eliminating tobacco-related disparities is especially applicable to states that experience similar challenges:

1. Disproportionately high rate of poverty
2. Large segment of the population that has achieved only a moderate to low educational level
3. Many rural communities that are difficult to reach
4. Lack of community-based infrastructure.

Overview Notes

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

Planning

Was a needs assessment completed?

Yes

Approach Used

Assessing the needs of special populations in Arkansas and the tobacco services available to them included:

1. A brief history of state tobacco control initiatives
2. Available tobacco related data for Arkansas special populations
3. Intensive review of general tobacco data for Arkansas
4. Tobacco use and mortality data
5. Youth tobacco usage in Arkansas
6. Population assessments developed by workgroup members for the American Indian, Hispanic, African American, young people, women, and disabled populations

In addition, the workgroup requested the following additional data that was compiled by the Department of Health:

1. A map with racial breakdown, education and unemployment figures
2. A map with the above breakdowns by region
3. Survey data on all tobacco products and their usage
4. A map of healthcare facilities statewide for underserved populations
5. A map depicting existing prevention resource centers
6. Data on the state's overall health status

Planning Models Used

The Communities of Excellence in Tobacco Control (American Cancer Society) and the CDC Pilot Training Program for Tobacco Use Among Population Groups: Putting the Pieces Together to Identify and Eliminate Disparities were used as planning models.

Planning Notes

N/A

Implementation

Implementation Level

- State: N/A
- Local: Monies are always set aside to assist minority communities (15% off the top of the Master Settlement Agreement (MSA) allocations). Staff members are being trained to understand issues impacted by tobacco-related disparities and local coalitions are required to rewrite work plans that do not demonstrate efforts in this area for rural communities.
- Business/Organizational Policy: N/A

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

N/A

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

The strategic planning process was developed to identify ways to reach communities and populations disparately affected by tobacco. The strategic plan focused on developing strategies for achieving seven goals identified by the strategic planning Workgroup. The overriding goal is to change the way the Arkansas Department of Health and its partners in tobacco prevention and cessation carry out their mission of assuring a healthier quality of life free from tobacco use for Arkansans, including eliminating health disparities related to tobacco use.

Background

The Arkansas Department of Health Tobacco Prevention and Education Program requested and received CDC funding to create a strategic planning process that would develop in a comprehensive plan to address disparities related to tobacco use among different population groups. The state was able to set aside 15% of the tobacco settlement funding to address disparities through the minority initiative.

Evaluation

Type(s) of Evaluation Planned or Conducted and Status

What is the status of your evaluation?

Completed

Do you address process evaluation?

Yes, documenting the process of the Strategic Planning Workgroup included participant observation, notes from Workgroup meetings, informal conversation with Workgroup members, focus group debriefing sessions, evaluation instruments implemented at Workgroup meetings, documentary analysis of agendas, minutes, and handouts, evaluation of presentations, and regular meetings with team leaders.

Do you address outcome evaluation?

Yes. The outcome evaluation followed a qualitative case study design. The key elements included: the study's questions, the unit of analysis, the logic linking the data to the study's questions and the criteria for interpreting the findings.

The following questions guided the evaluation:

1. What is being done, how is it being done and by whom?
2. What milestones have been reached?
3. What critical lessons have been learned?
4. How will the insights gained in the process help enhance future efforts to eliminate disparities?

Criteria for interpreting the findings was construct valid and reliable.

Briefly describe the evaluation design.

A final case study was drafted which included information from both process and outcome evaluation methodologies.

Data Collection Methods

- Self-Report Survey or Questionnaire
- In-Person Interview/Survey
- Telephone Interview/Survey
- Other: Focus groups

Data Source

- Adult Tobacco Survey (ATS)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Current Population Survey (CPS)
- Key Informant Surveys
- Local Program Monitoring
- National Tobacco Control Program, Chronicle
- Smoking-Attributable, Mortality, Morbidity, and Economic Costs (SAMMEC)
- Tax Revenue Data
- Tobacco License Database
- Youth Risk Behavior Surveillance System (YRBS)
- Youth Tobacco Survey (YTS)
- Other: Pregnancy Risk Assessment Monitoring System (PRAMS)

Range of Intended Outcomes

- Behavior Change
- Policy Change
- Increased Knowledge
- Attitude Change
- Coalition Capacity Building
- Change in Media Coverage/Framing of Issue
- Other:
    1. Adoption of strategic plan by state
    2. Agreement of workgroup to continue serving for one year to help monitor, oversee and provide feedback of strategic plan implementation
    3. Incorporation of strategic plan strategies into other Tobacco Prevention and Education Program goals being pursued by funded coalitions in all 75 Arkansas counties

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?

The Case Study Report was distributed to workgroup members who then communicated its findings to the groups they represented.

The strategic plan, *Tobacco Use Among Special Populations: Putting the Pieces Together to Identify and Eliminate Disparities*, has been published and is being distributed to the workgroup members, the Arkansas Department of Health staff, the CDC, the Arkansas state legislature, various Arkansas state administrative departments, healthcare providers across the state, community organizers and activists, and the general public.

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

Throughout the strategic planning process, the evaluator collaborated with the project team, the facilitator, and workgroup members to provide ongoing guidance and feedback in setting goals, group progress, and identifying of problems and issues the workgroup encountered, and assistance in finding solutions to those problems and issues.

Immediate adjustments to the strategic planning process were made from formative evaluation measures made possible by the presence of the evaluator at all workgroup meetings and project team debriefing meetings.

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
- Media
- Medical and Health Professionals
- Public Health Professionals—Local Health Dept.
- Public Health Professionals—State Health Dept.
- Other—Hospitals

Personnel

Title/ Position	Responsibilities/ Skills Required	Source	Hours/ Duration
Project Coordinator	Recruit workgroup members, recruit and hire contract staff, lead debriefing meetings subsequent to workgroup meetings, attend CDC meetings, draft strategic plan and lead effort to market plan.	Project Staff (in-kind)	10 to 5 hours per week for one year. (Upon being hired, the Assistant Coordinator fulfilled many responsibilities that originally were designated to the Project Coordinator.)
Assistant Coordinator	Provide continuous project coordination, recruit workgroup members, maintain workgroup members between meetings, provide on-going outreach, create and disseminate materials, support workgroup members, attend debriefing meetings subsequent to workgroup meetings, attend CDC meetings, assist in drafting strategic plan and effort to market plan, coordinate all workgroup meeting logistics.	Project Staff (in-kind)	20 hours per week for 9 months and 40 hours attendance at one CDC meeting.
Meeting Facilitator	Facilitate Workgroup meetings for teambuilding activities and group members talking to each other rather than through the facilitator. The facilitator was able to model and	Consultant	20 hours per week for 9 months and 40 hours attendance at one CDC meeting.

Personnel

Title/ Position	Responsibilities/ Skills Required	Source	Hours/ Duration
	facilitate appropriate language and communication, participatory involvement, risk taking, participatory decision-making, and moving beyond disagreement. The facilitator was able to create group consensus on operating and decision-making procedures.		
Evaluator	Attend, observe, and document all meetings. Develop and administer formative evaluation instruments implemented at workgroup meetings, provide evaluation results to project team members at regular debriefing meetings, attend CDC trainings, participate in national conference calls with CDC program officers and draft the case study report including reflections on both process and outcome evaluation results.	Consultant	160 hours over 9 months. Attended two CDC meetings.

Additional Staff and Information:

N/A

Materials/Resources Required

The Arkansas Tobacco Prevention and Education Program provided extensive in-kind support to the strategic planning process. The program loaned two staff members, one at 50% time and one at 25 to 30% time, to implement the strategic planning process. In addition, the program provided communications, materials, mailing, printing, etc., as needed.

Costs/Funding

Budget

Estimated labor costs	$ 20000.00
Estimated cost of materials, promotional efforts, printing, etc.	$ 80000.00
Estimated total cost of conducting policy and/or program intervention	$ 100000.00

Budget Notes

The cost of qualitative research, data gathering and compilation included the cost of conducting focus groups as well as other data gathering strategies. Extensive work was required to gather data and provide information relative to a map with racial breakdown, education and unemployment figures; a map with the above breakdowns by region; a survey that provided data on all tobacco products and their usage; a map of healthcare facilities statewide for underserved populations; a map depicting existing prevention resource centers, and data on the overall health status for various groups.

Labor costs included the contracts for the facilitator and evaluator.

The cost of materials, promotional efforts and printing included the costs of writing, designing and publishing the strategic plan.

Travel was primarily the cost of travel to the CDC meetings in Atlanta. Travel costs to the nine workgroup meetings were paid for those who traveled from outside Little Rock.

Promotion of the strategic plan includes the cost of mailing and distribution of the plan to various groups, presentations and travel to various conferences to publicize the plan, and other strategies to insure buy-in for the plan among all populations in Arkansas. The strategic plan was promoted to Arkansas state legislators, various Arkansas state administrative departments, and healthcare providers across the state, community organizers and activists, and the general public.

Funding Sources

CDC/OSH
Settlement Funding

Funding Notes

Funding was secured from the Centers for Disease Control and Prevention’s Office on Smoking and Health for a project to identify and eliminate disparities in tobacco use among population groups in Arkansas. The state was able to set aside 15% of the tobacco settlement funding to address disparities through the minority initiative for implementation of the plan’s goals and strategies.

Timeline

Planning

- January: Attend CDC training, hold staff planning committee meeting, recruit workgroup members, and send out workgroup invitations.
- February: Hire contract facilitator and designated state Department of Health staff to support workgroup process. Review data and hold workgroup planning meeting.
- March: Hold first workgroup meeting; discuss workgroup membership and seek suggestions for wider representation; review available data sources including Behavioral Risk Factor Surveillance System (BRFSS), Arkansas Youth Tobacco Survey (AYTS), and Pregnancy Risk Assessment Monitoring Survey (PRAMS) and their data available for specific populations. Review African American population assessment and data. Review data relevant to gender. Hold workgroup debriefing and planning meeting.
- April: Hold second workgroup meeting; provide an intensive review of general tobacco data for Arkansas, tobacco use and mortality data, and youth tobacco usage and their data available for specific populations. Hire evaluator. Hold workgroup debriefing and planning meeting.
- May: Hold third workgroup meeting, discuss differences between diversity and disparity, present Environmental Tobacco Smoke (ETS) data, and results of the Arkansas Youth Tobacco Survey. Members requested additional data from staff to be presented at next meeting. Distribute homework assignments to fill community profiles and tobacco checklists including demographic information. Hold workgroup debriefing and planning meeting. Attend CDC training. Hold fourth workgroup meeting and discuss populations not represented. Present American Indian community profile and population assessment. Present Hispanic population demographic and cultural profile and population assessment. Hold workgroup debriefing and planning meeting.
- June: Hold fifth Workgroup meeting. Present youth profile and population assessment. Present secondhand smoke information. Present an overview of tobacco use among the state's disabled populations. Conduct the Selecting Priority Population exercise. Continue to request assistance in completing the community and population assessments. Hold workgroup debriefing and planning meeting.
- July: Hold sixth workgroup meeting. Review ways that the Department of Health has tried to reach communities and populations disparately affected by tobacco. Do SWOT (strengths, weaknesses, opportunities and threats) analysis of workgroups. Come to consensus on five key areas for strategic plan. Hold workgroup debriefing and planning meeting.
- August: Attend the Arkansas Minority Health Summit. Meeting with Dr. Robert G. Robinson, CDC, to solicit ideas on community infrastructure development. Attend CDC training.
- September: Hold seventh workgroup meeting, list twenty-three critical issues, and select five goals for the strategic plan. Hold workgroup debriefing and planning meeting.

- October: Staff develops two sample strategic plans for workgroup review. Hold eighth workgroup meeting. Review and compare the two strategic plans. Adopt the formal strategic plan with goals being represented by actions. Settle on seven goal areas. Incorporate a vision, mission and values statement into the strategic plan. Discuss building partnerships to help implement the strategic plan. Hold workgroup debriefing and planning meeting.
- November: Revise the Strategic Plan to create a final version for state adoption.
- December: Hold ninth workgroup meeting. Adopt the final strategic plan. Discuss the marketing plan and identify the primary audiences for the strategic plan. Workgroup agrees to continue meeting as a committee for one year to help monitor, oversee and provide feedback on strategic plan marketing and implementation. Secure adoption of strategic plan by Department of Health.

Implementation

The strategic planning process took one year from the first meeting of a planning committee to the last meeting of the workgroup at which the final version of the Strategic Plan was adopted. During that time nine workgroup members were actively involved in the process and were supported by two staff members, a facilitator, an evaluator, three guest speakers, five presenters and five contributors.

Note to Reader: Our staff is committed to all of the National Tobacco Control Program goal areas. However, the simultaneous start up of both TPEP along with the CDC's Disparities Pilot Project has influenced our tobacco prevention initiatives so that we always consider the critical issue of disparity among populations as a baseline focal point within the other goal areas.

Evaluation

- The evaluation coincided exactly with the strategic planning process of one year. The evaluation commenced with selecting an independent evaluator in March.
- March: Held planning committee meeting. Developed evaluation plan. Developed evaluation tools.
- April: Attended workgroup meeting. Administered workgroup meeting evaluation tools and attended project team debriefing meeting. Evaluation tool results were shared.
- May: Attended CDC training: Attended two workgroup meetings. Administered workgroup meeting evaluation tools. Attended two project team debriefing meetings. Shared evaluation tool results.
- June: Attended workgroup meeting. Administered workgroup meeting evaluation tool. Attended project team debriefing meeting and shared evaluation tool results.
- July: Attended workgroup meeting. Administered workgroup meeting evaluation tool. Attended project team debriefing meeting and shared evaluation tool results.
- August: Attended Arkansas Minority Health Summit on Tobacco. Attended meeting with Dr. Robert G. Robinson, CDC. Meet with Dr. Robinson for a debriefing and planning meeting.

- September: Attended workgroup meeting. Administered workgroup meeting evaluation tool. Attended project team debriefing meeting and shared evaluation tool results.
- October: Attended workgroup meeting. Administered workgroup meeting evaluation tool. Attended project team debriefing meeting and shared evaluation tool results.
- November: Compiled evaluation results. Wrote case study for final evaluation report incorporating results of evaluation tools.
- December: Attended workgroup meeting. Submitted case study for workgroup approval and revision.

Lessons Learned

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

- Statewide recognition of the leading role the Arkansas Department of Health plays in conducting research on public health issues
- Assistance from the Office of Minority Health in identifying prospective workgroup members
- Existence of the Hometown Health program to assist in workgroup member and volunteer recruitment
- A skilled facilitator who was able to emphasize teambuilding at the outset
- A staff epidemiologist who presented an honest evaluation of the quality of the Arkansas data available
- An Assistant Coordinator from the Tobacco Program who dedicated at least half her time to the project
- Service providers who were willing to develop community/population assessments and educate the Workgroup
- Attendance at the Arkansas Minority Summit on Tobacco during the strategic planning process
- Meeting with Dr. Robert G. Robinson of the CDC during the strategic planning process
- CDC trainings which were exceptionally helpful
- An experienced evaluator who could attend all workgroup meetings and debriefing sessions
- Technical assistance from the CDC contractor for evaluation
- Ability to recruit and retain a diverse workgroup who were very active participants and took ownership of the process

Note to Reader: The Disparities Project also allowed Tobacco Prevention Education Program (TPEP) to create new collaborations. Often, our workgroup members were learning "Tobacco 101" alongside many new members of our TPEP staff. Our facilitator helped each of us understand the true value of grassroots efforts in tobacco prevention, while our evaluator kept us focused on a true qualitative evaluation methodology. Every member of the workgroup had a unique perspective and a true desire to understand how prevalence of tobacco use prevents parity among Arkansas communities as it pertains to tobacco related diseases. The TPEP and Disparities Workgroup collaboration was invaluable because communities that have, at times, been absent from the decision-making process in public health were present, knowledgeable, and participatory during the implementation of a statewide tobacco prevention and education initiative.

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

Arkansas is a state beset with poverty, low educational attainment, hard-to-reach rural populations and lack of community-based infrastructure. Even with these barriers,

Arkansas was able to develop a strategic planning process and document that will guide its attempts to eliminate tobacco-related disparities. Other states facing similar challenges should be able to replicate the process.

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

Challenge: Inability to secure the involvement of the Lesbian, Gay, Bisexual, and Transgender (LGBT) community, the predominantly white voices of the Ozarks, and the predominantly black voices of the Delta.

Solutions: Solutions were not found during the strategic planning process, but these issues will be addressed during the marketing of the plan. The input and buy-in of these populations will be sought. It might have been easier to secure wider geographic involvement if all the meetings had not been held in Little Rock.

Challenge: Lack of existing data on certain populations.

Solutions: Identifying the gaps in data was just as important to the strategic planning process as the data that were available.

Challenge: Low turn-out of workgroup members for meetings.

Solutions: Recruit greater representation from around the state. Hold meetings in all areas of the state. Reduce number of meetings and amount of time the meetings required.

Challenge: Lack of data from national and state surveys for populations attempting to address.

Solutions: Insure that the state secures access to data in advance of strategic planning process. Insure that state and national groups gather and disseminate data relevant to all populations groups.

Challenge: To come to consensus about how to address disparities.

Solutions: Hire an experienced facilitator who can help the group focus constantly on its goal of coming up with a state plan.

What would you have done differently?

- Recruit more representatives of different populations from different geographic areas
- Rotate meetings around the state
- Make stipends and travel reimbursements available to encourage community participation from distant parts of the state
- Break down The National Health Interview Survey data by state

- Establish a budget review process.

Lessons Learned Notes

- That population groups that experience disparities have limited time to devote to meetings
- The importance of carrying the tobacco prevention message to specific populations by people and organizations that are credible to them
- That the workgroup has to develop a means by which to communicate with communities affected by disparities.

References/Deliverables

Arkansas's Strategic Plan: Tobacco Use Among Special Populations: Putting the Pieces Together to Identify and Eliminate Disparities included seven goal areas:

- Funding
- Partnerships
- Data & Research
- Capacity & Infrastructure
- Policy & Advocacy
- Materials and Resources
- Media/Counter Marketing

The Strategic Plan was formally announced at the Arkansas Summit on Cancer & Health Disparities in October 2003.