

Missouri Strategic Plan to Eliminate Tobacco-Related Health Disparities

A statewide Tobacco Disparities Strategic Planning Committee developed the Missouri Tobacco-Related Disparities Strategic Plan. The Missouri Department of Health and Senior Services and a grant from the Centers for Disease and Prevention (CDC), funded the planning process.

In December 2005, the Department of Health and Senior Services (DHSS) invited a diverse and representative group of stakeholders, to participate in a statewide participatory planning process to develop the goals and strategies of the *Tobacco-Related Strategic Plan*. The Statewide Planning Group met four times over a period of five months to develop goals and objectives for the strategic plan.

Missouri will use this plan as a part of the Missouri Comprehensive Tobacco Use Prevention Plan to guide future activities to reduce tobacco-related disparities. The Missouri Department of Health and Senior Services, community-based organizations, local health agencies, tobacco prevention advocacy groups, and traditional tobacco prevention collaborative partners such as the American Cancer Society, American Heart Association, and American Lung Association will work together to implement the plan.

Thank you to the members of the Statewide Planning Group:

Dean Andersen, Jerome Anderson, C. William Chignoli, Dione Farria, Charles Jackson, Yolanda Lorge, Beverly Piepenbrock, Gwendolyn Randall, Joan Schlanker, Toyin Sokari, Christine Trainor, Joy Williams

Missouri Department of Health and Senior Services Staff: Mike Carter, Noaman Kayani, Stan Cowan, Janet Wilson

Facilitator: Constance Brooks, University of Missouri Sinclair School of Nursing

Evaluator: Stephanie Herbers, Saint Louis University, Center for Tobacco Policy Research

Background

Cigarette smoking and tobacco use continues to be one of the nation's leading causes of preventable disability and premature death, accounting for more than 440,000 deaths annually in the United States. Tobacco use is the leading cause of death in Missouri, responsible for more than 10,300 deaths each year, which equates to the loss of 33 valued Missourians every day. While any individual that smokes is at serious risk for health problems including heart disease, cancer, and respiratory diseases, some population groups are impacted disproportionately. In Missouri, groups disproportionately impacted by tobacco use and resulting disease, include, but are not limited to, the lower educated, pregnant women, and some racial and ethnic minorities.

In 2003-2004, the Missouri Tobacco Use Prevention Program initiated efforts to identify tobacco-related disparities. Data were reviewed from the 2003 County-level Study surveying approximately 15,000 Missouri adults. Additionally, a review of data from the 2003 Youth Tobacco Survey completed by approximately 1,500 public middle school and 1,500 public high school students was conducted. Among adults, disparities were identified among those with less than a high school education and earning less than \$15,000 annually when compared to those with more education and more income. Disparities that were identified among adults with less education and income included:

- ◆ More smoked and used other tobacco products;
- ◆ More quit for one day or longer during the past 12 months;
- ◆ Fewer used effective cessation aides when attempting to quit;
- ◆ Fewer were aware of available local cessation assistance;
- ◆ Fewer were likely to have an employer offer cessation assistance;
- ◆ Fewer were likely to believe there are benefits to quitting, even among those that have smoked for more than 20 years;
- ◆ Fewer had seen a doctor, nurse, or other health care provider in the past 12 months;
- ◆ More allowed smoking in their homes and cars; and
- ◆ More had someone smoke in their work area in the past 7 days.

Exposure to Tobacco Among Current Youth Smokers

Missouri Youth Tobacco Survey, 2003

In comparison to youth whom have never smoked, current youth smokers were more likely to:

- Live with someone who currently smokes;
- Been in a room and ridden in a car with someone that smoked cigarettes on 1 or more of the past 7 days;
- Have friends who smoke;
- Think smoking makes young people look cool or fit in;
- Think young people who smoke have more friends;
- Be receptive to tobacco advertising;
- Think it is safe to smoke a year or two, as long as they quit after that.

Data collected and analyzed from public middle and high school students that participated in the 2003 YTS (Youth Tobacco Survey) revealed significant disparities among students that were current smokers and those that had never smoked. When compared to never smokers, current smokers were much more likely to be exposed to tobacco in various areas of their lives. There were no differences among public middle and high school smokers and never smokers in their knowledge of the harmful and addictive effects of tobacco use. Better than 80 percent of both groups thought youth risk harming themselves if they smoke 1-5 cigarettes per day, and approximately 90 percent thought people can get addicted to using tobacco just like cocaine or heroin.

Process Overview

One of the main goals of the National Tobacco Control Program is to identify and eliminate tobacco-related disparities among populations. To emphasize and address this goal, the Missouri Department of Health and Senior Services (DHSS) implemented a statewide participatory strategic planning process with the help of one-time supplemental funding from the Centers for Disease Control and Prevention (CDC) Office on Smoking and Health. The planning process was conducted from December 2005 to April 2006. A Statewide Planning Committee comprised of diverse and broad representation of organizations and stakeholders that serve minority and disparate populations was assembled. Committee members represented the following agencies and organizations;

SHAPE, Grupo Latino Americano, Accion Social Comunitaria, Bollinger County Health Department, Kansas City Health Department, Siteman Cancer Center, DHHS- Office of Minority Health, Boys & Girls Club of the Capital City, DHHS- Section for Healthy Families and Youth, Bureau of Genetics and Healthy Childhood, Cancer Information Services, and a Community Member.

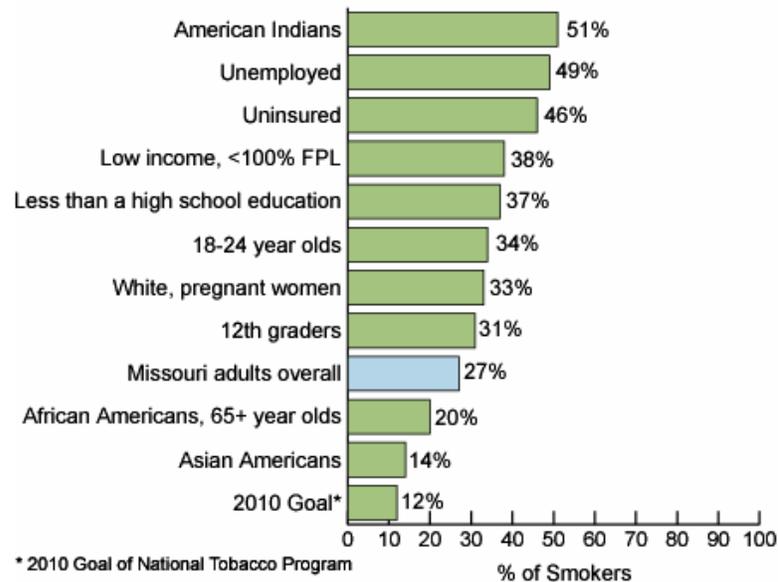
Data

The Statewide Planning Group Members recognized the importance of having both quantitative and qualitative data on tobacco use by the disparate populations in the state. However, small sample sizes and lack of availability of data were a challenge. Data on groups, such as GLBT, migrant workers, and individuals with mental illness were limited or not available. As a result, the planning group decided to include new and more focused data collection as part of their action steps in the strategic plan.

Current Missouri data indicate that smoking prevalence is higher among:

- ◆ Men;
- ◆ Individuals with lower education levels;
- ◆ Relatively younger adults;
- ◆ Those who are unemployed;
- ◆ Individuals with lower incomes;
- ◆ Those without health insurance; and
- ◆ Individuals who identified themselves as American Indians.

Smoking Prevalence of Selected Populations in Missouri



The Strategic Plan

Using the available qualitative and quantitative data and recognizing the needs and gaps in data for specific populations, the planning committee developed goals and strategies to serve as a framework for the state, partners, community organizations, and advocacy groups to identify, reduce and eliminate tobacco-related disparities in Missouri.

Goals and Objectives

Goal 1: Implement measurable tailored tobacco use prevention and cessation strategies for specific at risk populations

Objective 1: Partner with funding entities and organizations to implement and/or integrate tobacco use prevention curriculum specific to each disparate population.

Objective 2: Provide resources and technical assistance to disparate communities to disseminate and implement prevention programming.

Objective 3: Host focus groups to identify factors, which contribute to high prevalence of smoking in disparate populations.

Objective 4: Work with research entities to create interventions and measures to evaluate strategies specific to disparate populations.

Goal 2: Strengthen policies to address tobacco disparities

Objective 1: Establish local and state wide smoke-free laws for all workplaces.

Objective 2: Establish mandated insurance coverage for tobacco use intervention programs.

Objective 3: Increase Missouri excise tax on all tobacco products.

Objective 4: Strengthen enforcement of current laws and focus on developing appropriate effective laws that impact the youth populations.

Goal 3: Secure adequate financial and information resources to address tobacco disparities

Objective 1: Establish a statewide resource center for best practice interventions, policies, and funding sources.

Objective 2: Establish a state task force to explore funding to support tobacco disparity reduction goals.

Objective 3: Sustain funding for Quit line services.

Goal 4: Engage and empower communities to address prevention and tobacco use cessation for specific at risk populations

Objective 1: Identify key community leaders from disparate groups.

Objective 2: Assess needs and level of readiness of disparate groups to accept prevention and cessation assistance.

Objective 3: Secure relevant, current, local data.

Objective 4: Determine and eliminate source of influence of tobacco use for disparate populations.

Objective 5: Develop culturally-oriented education, focused on increasing awareness of tobacco-related health and economic disparities.

The Planning Process

DHSS was committed to creating a participatory strategic planning process. The Missouri Department of Health and Senior Services hired a group facilitator who had experience in facilitating similar planning processes and was familiar with health-related issues in Missouri. The state planning process used principles of participatory planning from the Institute of Cultural Affairs' Technology of Participation (ToP) Model, which purports that those involved in and affected by the plan are in the best position to create the plan. The ToP Model uses a basic workshop format of brainstorming to generate data, organizing the data to look at the new relationships that are formed, and naming the data in order to clearly discern the consensus of the group. The planning committee held four full-day meetings over a five-month period.

Meeting 1-December 9, 2005

In the first meeting, planning committee members were oriented to tobacco control issues in the state through a presentation on the current implementation of tobacco prevention and control activities. In addition, the purpose of strategic planning, background information on the concept of tobacco-related disparities, and data regarding tobacco-related disparities in Missouri were discussed. In the second portion of the day group members discussed what they currently knew and needed to know regarding tobacco-related disparities in the state.

Meeting 2-January 25, 2006

The second meeting was used to provide additional data regarding tobacco-related disparities. After additional data were discussed, the facilitator began the first phase of the

strategic planning process; **Visioning**. Visioning involved the development of a practical picture of the desired future. There were three thoughts to contemplate during the Visioning phase:

1. What committee members want to see in place;
2. How their beliefs and values are channeled into their work; and
3. How to address what they want to see.

Once this phase was completed, the group moved into the second phase; **Contradictions and Barriers**. This phase examined the contradictions or obstacles preventing the vision from being realized.

Meeting 3-February 15, 2006

The first portion of the third meeting provided additional data regarding tobacco-related disparities. The data analyst presented on the density of specific tobacco related disparities.

The facilitator began the third phase of the planning process; **Strategic Directions**. Developing strategic directions involved using the data and information provided in the two previous meetings to list 3-5 strategic directions for addressing the issue of tobacco-related disparities.

The final strategic directions the group identified were:

1. Implementing measurable tailored strategies for specific populations;
2. Strengthening policy to reduce tobacco-related disparities;
3. Securing adequate financial and informational resources to reduce tobacco-related disparities; and
4. Engaging and empowering communities to reduce tobacco-related disparities.

Meeting 4-April 12, 2006

The final phase of the planning process, **Implementation**, was conducted at the last meeting for the planning group. The planning group developed objectives for the following goal statements:

- Goal 1:* Implement measurable tobacco prevention and cessation strategies for specific populations;
- Goal 2:* Strengthen policies to address tobacco-related disparities;
- Goal 3:* Secure adequate financial and informational resources to address tobacco-related disparities; and
- Goal 4:* Engage and empower communities to address smoking prevention and cessation for specific at risk population.

At the end of the final meeting, planning group members outlined the next steps for the development of the strategic plan.

Use and Marketing of the Plan

- ◆ The Strategic Planning Group Members noted the importance of having a plan that would be implemented within the limits of current resources, and that would be realistic and feasible in scope and would outline specific action steps.
- ◆ The Planning Group suggested that the strategic plan should be issued alone and as part of the state's overall comprehensive tobacco prevention plan. Group members felt including the Disparities Plan as a part of the overall Comprehensive Tobacco Prevention Plan, would add legitimacy and importance to tobacco-related disparities. The group also felt that offering the disparities-specific plan, as a separate document would make it more accessible to community groups interested in addressing tobacco-related disparities.
- ◆ The Planning Group suggested that the strategic plan should be disseminated to grant makers, health care providers, advocacy groups, and legislators (see table to right).
- ◆ Group members suggested the plan should be distributed as a news ready document; in a press conference with a notable person; through health and minority related electronic mailing lists; in the format of a CD; and in combination with a talking point sheet or executive summary.

Suggestions for Dissemination of the Strategic Plan

Planning group members suggested the strategic plan should be disseminated to the following stakeholders:

- Grant makers
- Health care providers
- Social service agencies
- Faith-based organizations
- Advocacy groups and coalitions
- Legislators
- Organizations focused on youth
- Cancer centers
- Leaders of populations with disparities

Evaluation

The evaluation design for this project was a case study. For each meeting, a staff member from the Center for Tobacco Policy Research (CTPR) at Saint Louis University School of Public Health collected and analyzed information in order to describe Missouri's strategic

planning process. A variety of methods were used to collect the information for the case study. The majority of information collected was qualitative. A copy of the case study is available from the Missouri Department of Health & Senior Services upon request.

Agencies that Participated in the Planning Process:

- ◆ *SHAPE*
Serving GLBT students at the University of Missouri-Columbia
- ◆ *Grupo Latino Americano*
Serving the Hispanic rural migrant population in Southwest Missouri
- ◆ *Accion Social Comunitaria*
Serving a diverse immigrant population in St. Louis
- ◆ *Bollinger County Health Department*
Serving the local public health needs of individuals with lower income and education in rural Missouri
- ◆ *Kansas City Health Department, Tobacco Use Prevention Program*
Serving the local public health needs of inner-city residents
- ◆ *Siteman Cancer Center Community Outreach, St. Louis*
Serving diverse ethnic/racial populations
- ◆ *DHSS, Office of Minority Health*
Serving to improve the health of minority populations in Missouri
- ◆ *Boys & Girls Club of the Capital City*
Serving the interest of youth populations

- ◆ *DHSS, Section for Healthy Families and Youth, Bureau of Genetics and Healthy Childhood*
Serving to reduce substance abuse among low-income pregnant women and to promote healthy behavior to improve maternal and child health.
- ◆ *Cancer Information Services*
Serving to reduce the burden of cancer by providing data and information services to the public and to organizations

◆ *Community Member*

Retired staff member of the Department of Public Safety with additional experience with faith-based communities