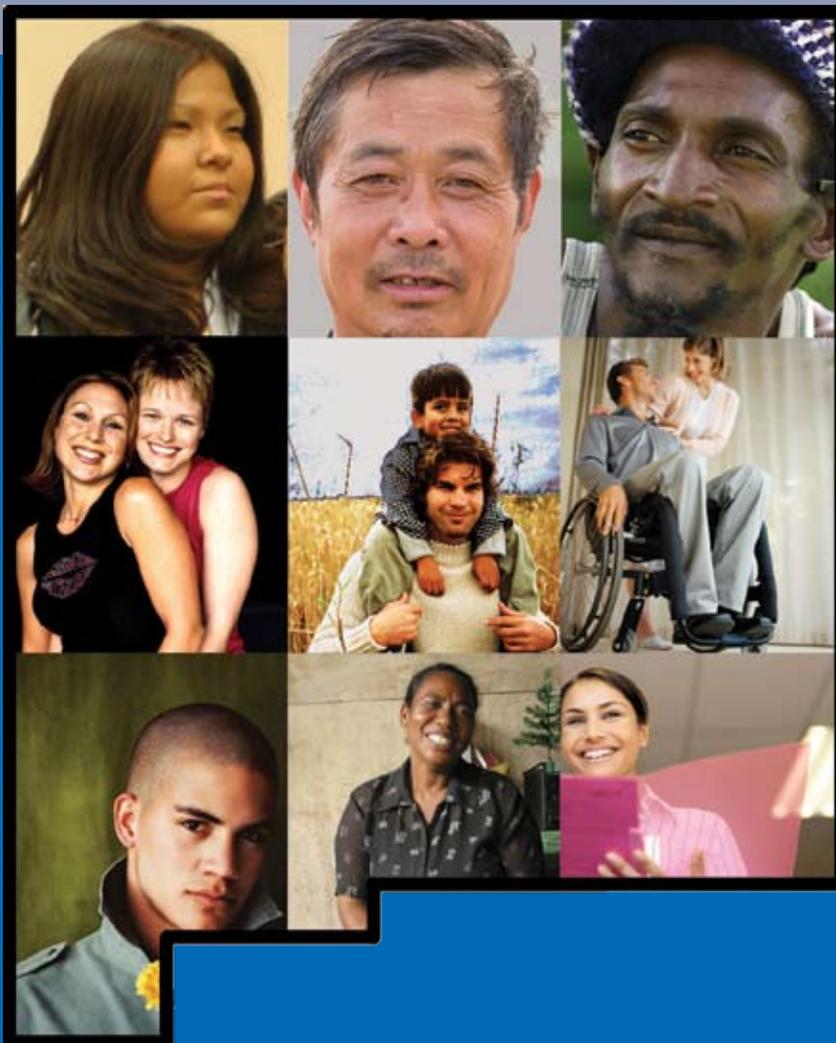


Tobacco-Related Disparities Strategic Plan NEW MEXICO



Strategic plan developed by the statewide Tobacco Disparities Strategic Planning Committee
Report prepared by Stop Tobacco On My People – STOMP



The New Mexico *Tobacco-Related Disparities Strategic Plan* was developed by a statewide Tobacco Disparities Strategic Planning Committee. The planning process was funded by the New Mexico Department of Health, Tobacco Use Prevention and Control Program (TUPAC).

The planning was coordinated by Stop Tobacco On My People — STOMP, a statewide tobacco disparities network. In 2005, STOMP recruited a diverse, inclusive and representative statewide committee to develop the goals and strategies of the *Tobacco-Related Disparities Strategic Plan*. This group met five times over four months to develop the plan and will continue to meet to monitor the implementation of its goals and strategies.

New Mexico will use this plan to guide future activities to reduce tobacco-related disparities. The Department of Health, community-based organizations, tobacco prevention advocacy groups, and tobacco prevention partners such as the American Cancer Society, American Lung Association and American Heart Association will work together to implement the plan.

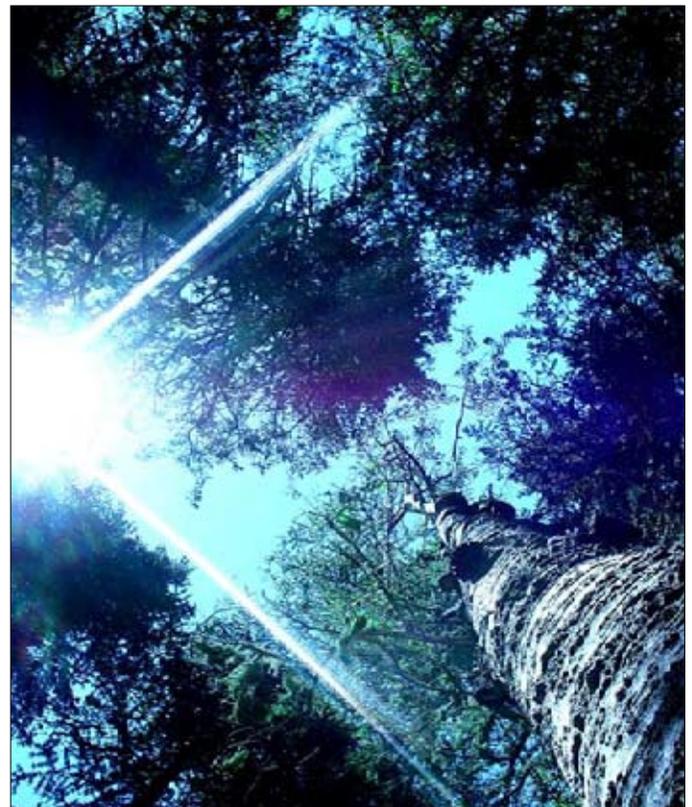
Thanks to the members of the Tobacco Disparities Strategic Planning Committee:

Ray Baca, Erika Bad Hand, Jane Corinne, Rebecca Dakota, Jonah Garcia, Tessie Greenfield, Ron Hinson, Michael Hock, Larry Lorenzo, Eileen Lujan, Regina Martinez, Hanh Nguyen, Lauren Hamilton, Bobbie Nobles, Maria Otero, Andrea Quijada, Josie Ramirez, Marisa Ramos, Lorene Reano, T.C. Shaffer, Eric Smith, Joby Wallace, Scott Wallace, and Kay Wilson

University of New Mexico Staff: *Eric Chrisp*
TUPAC Staff: *Sandy Adondakis, Melanie Davis and James Padilla*
STOMP Staff: *Coletta Reid and Debbie Vigil*
Facilitator: *Ron Chapman*

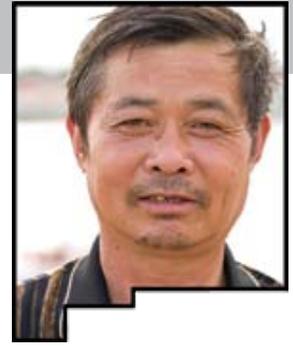
Table of Contents

Letter to Readers	1
Introduction and Background.....	2
Goals of the Plan.....	4
The Planning Process.....	6
Use, Marketing, and Evaluation.....	7
Moving Forward.....	8
Participating Agencies.....	9



Report prepared by:
 Stop Tobacco On My People — STOMP

Graphic design provided by:
 Kenneth Winfrey
www.kennethwinfrey.com



In January 2005, Stop Tobacco On My People — STOMP, at the request of the New Mexico Department of Health, Tobacco Use Prevention and Control Program (TUPAC), convened a diverse, inclusive and representative statewide committee to develop a five-year strategic plan to address health disparities related to tobacco. This document is the result of that strategic planning process.

The goal areas that we developed are broad and are aimed at addressing barriers experienced by all population groups who suffer from tobacco-related health disparities.

The goal areas are:

- Building Understanding and Trust
- Increasing Data and Information
- Promoting Awareness of Tobacco Disparities
- Maximizing Collaboration and Partnering
- Developing Population-Specific Interventions and Outreach

The New Mexico Department of Health is committed to addressing disparities in tobacco use and reducing the burden of death and disease on disproportionately affected populations. The *Tobacco-Related Disparities Strategic Plan* provides a blueprint for policy makers, public health professionals and community activists to reduce health inequities in the lives of our citizens.

Further information about specific communities is required to better understand their needs. This plan outlines priorities for needed data gathering. Much work must be done so TUPAC can identify and recommend evidence-based tobacco use prevention and treatment programs for specific populations. This plan delineates steps for the use of culturally effective interventions in particular communities including the development, adaptation and documentation of new approaches.

New Mexico's rich diversity of cultures and populations presents a specific yet substantial need for diverse strategies and programs to address tobacco-related health disparities. While standardization in programming works well in a variety of settings, it is unlikely to deliver acceptable results in all populations. Creating diversity in method and application of tobacco-related strategies and programs is essential to the future of tobacco control in the state.

We invite you to join us in addressing health disparities related to tobacco use.

—*Tobacco Disparities Strategic Planning Committee*



Tobacco use remains the number one preventable cause of premature death and disease in New Mexico.

Although New Mexico's comprehensive tobacco prevention and cessation efforts have resulted in a marked reduction in tobacco consumption over the past ten years, specific population groups still bear a disproportionate burden of tobacco-related death and disease. Progress has been made, but not everyone has benefited equally.

Many factors contribute to the burden placed on particular communities by commercial tobacco. These include social oppression resulting in tobacco use as a stress reduction strategy, targeted marketing by tobacco companies, lack of inclusion in the tobacco prevention movement, and community norms that favor tobacco use.

Background

Five years ago New Mexico launched a state-wide effort to reduce the disproportionate health effects of tobacco on specific populations. This initiative resulted in the formation of a statewide tobacco disparities network, Stop Tobacco On My People – STOMP.

STOMP's mission is:

To promote awareness and action among New Mexicans disproportionately affected by tobacco in order to eliminate health disparities.

“Specific population groups still bear a disproportionate burden of tobacco-related death and disease.”

STOMP's first five-year plan stated:

We are a network of communities who have especially felt the negative effects of tobacco. We have come together to jointly address the tobacco-related health problems of our various communities. We are dedicated to providing the leadership necessary to counter the toll that tobacco is taking on our communities by:

- *Involving our community leaders in education, prevention, policy and advocacy efforts*
- *Informing and educating our community members and leaders regarding the effects of tobacco on our respective communities*
- *Advocating for the state to gather specific data on tobacco abuse and its health effects on each of our communities*
- *Conducting forums, trainings and community meetings aimed at increasing participation of civil rights and advocacy organizations in the campaign to reduce tobacco use*
- *Supporting community organizations in their efforts to increase the capacity in their communities to address tobacco issues*
- *Increasing awareness of specific tobacco industry marketing and advertising to our respective communities*

Process Overview

In 2005, STOMP was asked to develop a state-wide strategic plan to guide tobacco disparities activities by the state, partners, community organizations, and advocacy groups.

STOMP convened a statewide, geographically diverse committee of 22 community members representing the following populations: African Americans, Asian Americans, Blue and Pink-Collar Workers, Gays and Lesbians, Hispanics, Low-Income Persons, People with Disabilities, Pueblo Indians, Rural Residents, Spanish-Speaking Immigrants, Urban American Indians, Women, and 18-24 Year Olds.

Committee members met for five full days over a four-month period to develop a plan for addressing tobacco-related disparities for the next five years. The goals and strategies developed were aimed at fulfilling the committee's vision:

To identify and eliminate tobacco-related health disparities among population groups.

Data

Committee members agreed that the strategic plan should be data-driven (i.e., based on quantitative and qualitative information). Typically, tobacco disparities are measured by quantitative indicators such as tobacco use prevalence, exposure to second-hand smoke, quit rates, access to prevention and cessation programs, and tobacco marketing.

Qualitative indicators are also useful in identifying disparities, including lack of community infrastructure to address commercial tobacco use, lack of funding to community-based tobacco prevention programs, inadequate outreach to specific population groups, and limited culturally and linguistically appropriate materials and programs.

Current New Mexico data show that the following groups are more likely to use tobacco than the general population and are at greater risk for experiencing negative health consequences: youth and young adults; people from lower income households; those with the least educa-

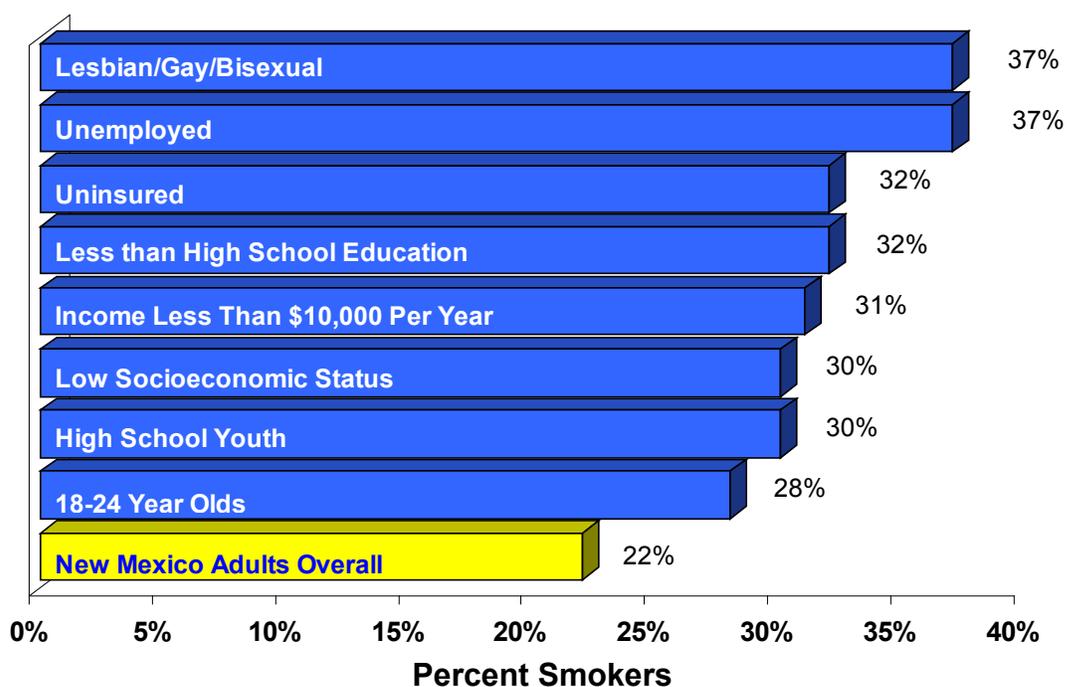
tion (less than high school); in general, people of lower socioeconomic status; people with physical or emotional disabilities; lesbian, gay and bisexual individuals; and people who are unemployed or uninsured.

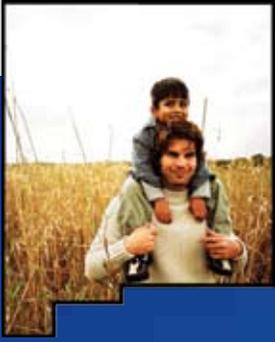


Outcome

Using the available data and identifying data needs or gaps for specific populations, the committee developed the following goals and strategies to serve as a framework for the state, partners, advocacy groups and community organizations to reduce and eliminate tobacco-related disparities in New Mexico over the next five years. The committee has agreed to monitor the plan's implementation through quarterly meetings and to update the plan on an annual basis. The committee will meet in Fall 2005 to develop action steps, a time line and responsible parties for implementation of the strategies.

Smoking by Selected Populations in NM





Goals of the Plan

GOAL 1. UNDERSTANDING AND TRUST

Build understanding and trust among disproportionately affected groups, service providers and stakeholders to achieve our common goals.

- a. Assess needs and levels of readiness including capabilities and resources for outreach to groups which may assist in identifying key contacts with such groups.
- b. Engage key leaders from communities so that social, cultural and community dynamics are broadly represented.
- c. Create appropriate venues for dialogue and interaction within similar groups to discuss and achieve consensus on how to proceed with tobacco control.
- d. Provide a statewide forum for exchange of ideas and interaction among different population groups disproportionately affected by tobacco use and service providers/stakeholders.
- e. Incorporate forum results into statewide action plans and address at least one concern or issue identified by each group.

GOAL 2. DATA AND INFORMATION

Increase community-level quantitative and qualitative data to eliminate identified data gaps among selected populations.

- a. Prioritize gathering of data for American Indian tribes, Asian Americans, African Americans, the LGBT population and Spanish-speaking immigrants.
- b. Use a data quality matrix to further prioritize data needs for specific populations and gather this data.
- c. Develop and perform an assessment of other indicators of disparity for specific populations, e.g. community capacity, infrastructure for addressing tobacco issues, targeted tobacco marketing.
- d. Involve specific communities in the data collecting processes.
- e. Disseminate population-specific tobacco data to key members of the affected populations and educate them on ways to use data to implement programs.



GOAL 3. AWARENESS

Increase awareness of the existence, causes and impact of tobacco-related health disparities.

- a. Develop a media campaign for the general population that focuses on disparities.
- b. Promote awareness among organizations that work with populations experiencing tobacco-related health disparities.
- c. Provide disparities-related tobacco awareness information and training to health care providers, their staff, and students pursuing health careers.



GOAL 4. COLLABORATION AND PARTNERING

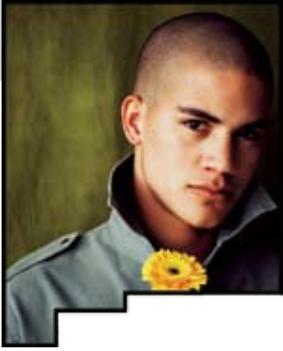
Maximize collaboration and partnering to increase resources available for eliminating tobacco disparities.

- a. Expand the diverse and broad-based disparities network, Stop Tobacco on My People — STOMP, to increase networking between tobacco control advocates and other organizations that work with specific populations.
- b. Create opportunities that foster collaboration, cooperation and synergy among and between the population groups and community-based organizations.

GOAL 5. INTERVENTIONS AND OUTREACH

Develop and implement tobacco control outreach and interventions for specific populations.

- a. Design and implement effective tobacco prevention, cessation and secondhand smoke exposure programs for individuals of low socioeconomic status.
- b. Identify and compile appropriate promising and best practices for specific population groups.
- c. Establish shared ownership through strategic partnerships to conduct planning, outreach and implementation of tobacco control programs within specific populations groups.
- d. Assure physical and program access by eliminating physical, cultural, linguistic and other barriers.
- e. Offer training and technical assistance regarding tobacco control issues to organizations.
- f. Provide resources and technical assistance to disseminate and implement promising and best practices.



The Planning Process

STOMP was committed to creating a participatory strategic planning process. The recruitment effort focused on securing three things:

- diversity*—that a wide range of community members were in attendance;
- inclusivity*—that no population group was left out; and
- representation*—that community members reflected their community's values, norms and behaviors.

STOMP hired a group facilitator who understood health disparity issues and had experience in facilitating similar planning processes in other states. The committee held five full-day meetings over a four-month period.

- Meeting 1:** To ensure a process that would work in New Mexico, the Committee participated in outlining how planning would proceed, how decisions would be made, how conflicts would be resolved, and what the final product would look like. Members also determined the role and duties of the facilitator and those of STOMP representatives. The facilitator presented a preliminary outline of agendas for the five meetings, which were discussed and revised according to the needs of the group.
- Meeting 2:** New Mexico-specific quantitative and qualitative (focus group) information about tobacco-related health disparities was presented. The information was put into a context for use in the remainder of the planning process. Attendance was required so that all members made decisions based on the same information.
- Meeting 3:** Remaining focus group information was presented, and a strengths and weaknesses analysis of New Mexico capacity and resources in addressing disparities was conducted. These discussions provided members with an overview of the players involved in addressing health disparities and the resources and skills they could bring to the implementation of a strategic plan. The state's weaknesses in addressing the needs of particular populations were discussed, and Committee members had the opportunity to voice their communities' concerns.
- Meeting 4:** A long list of potential goal areas to be addressed by the strategic plan was developed and refined to six goals. The wording of each goal was agreed upon and fixed and their order in the document was determined. Sub-committees were formed to develop 3 to 7 specific strategies for each of the goals. Over several weeks, the sub-committees met in person, by conference call or by e-mail in order to complete the goal strategies, which were circulated to all members prior to the final meeting.
- Meeting 5:** The Committee determined that one of the six goals was better suited as a strategy, reducing the number of goals to five. This meeting resulted in the creation of the final outline of the strategic plan, the exact wording of the goals and strategies, a plan for future participation by the committee in developing action steps and monitoring their implementation, and instruction to STOMP to recruit representatives from specific populations.

Use and Marketing of the Plan

Committee members emphasized their commitment to developing a practical plan—one that could be implemented with current resources, that was realistic in its strategies and specific in its action steps. Members also suggested that the plan be used to guide future activities and decisions by the New Mexico Department of Health as well as by community agencies and organizational partners.



In addition, the Committee recommended that marketing the plan be a major priority for STOMP during the first year. STOMP was asked to develop a graphically attractive and clearly written version of the plan and an overview. Copies of the full version of the plan and the overview will be disseminated to state and local policy makers, selected state agencies/programs, tobacco prevention and treatment providers, community organizations, and human rights and advocacy groups.

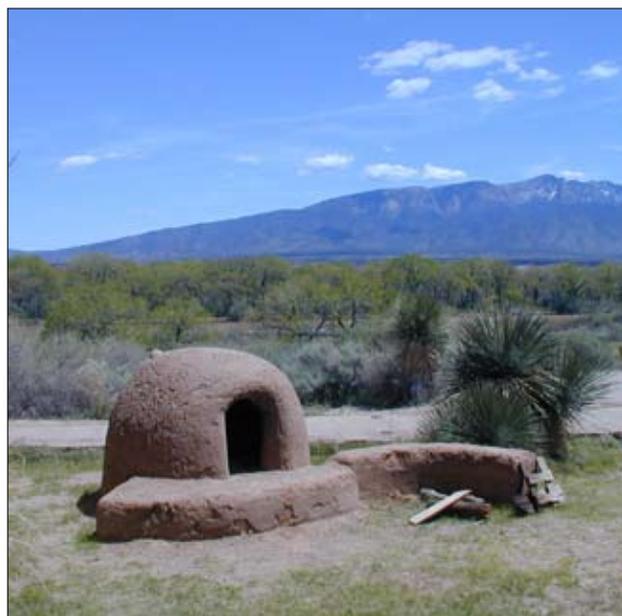
The Committee sees the strategic plan as an opportunity to communicate the state's vision of how to address, reduce and work toward eliminating tobacco-related health disparities in New Mexico. The plan outlines specific ways in which these goals can be achieved.

Evaluation

An annual evaluation report on the progress of the plan's implementation will be compiled and shared through collaborative efforts among STOMP, the University of New Mexico, and TUPAC.

Each of the five planning sessions was assessed through administration of process evaluation forms to all participants. STOMP and TUPAC staff and the facilitator reviewed this information immediately after each meeting and discussed how to fine-tune the next meeting based on feedback. The evaluations were also summarized and presented to the group at the next meeting. Information from these evaluations was used to modify the content of agendas and to make other improvements to the overall process. One example is the feedback to recruit additional Committee members from specific population groups – STOMP responded by recruiting members to fill the identified gaps.

Evaluation of the actual strategic planning process will also take the form of a written case study, which will be developed by STOMP and the University of New Mexico evaluation team. In addition, evaluation of the plan's implementation, challenges, successes, and progress will take place throughout the next five years. Members of the Committee who desire continued involvement will participate in monitoring the progress of the implementation of the plan and will make annual recommendations for plan revision.





Moving Forward

The completion of the strategic plan provides a framework for the implementation of activities that will address tobacco-related disparities in the state. In addition, the Disparities Committee has agreed to

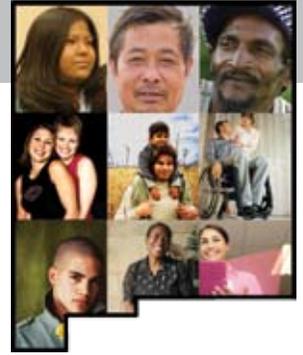
- Meet quarterly to develop action steps for strategy implementation and to monitor implementation progress.
- Spearhead a statewide marketing effort to promote the existence and importance of the strategic plan.
- Present the plan to policy makers and community leaders through educational meetings or the media.
- Enlist appropriate partners in collaborative efforts relating to plan implementation.
- Identify appropriate persons, agencies, organizations, and resources to implement plan activities.
- Identify and address barriers encountered in implementation of the plan.
- Continue to recruit Committee members to maintain and increase diversity and inclusivity.

The Committee will work closely with the New Mexico Department of Health Tobacco Use Prevention and Control (TUPAC) Program to create alignment between the statewide tobacco disparities plan and other departmental or program-specific strategic or action plans. For example, the Committee and TUPAC can link goals and strategies from the disparities plan to objectives submitted by TUPAC to the Centers for Disease Control and Prevention's Office on Smoking and Health.



Agencies that Participated in the Planning Process:

- Albuquerque Gay & Lesbian Chamber of Commerce
- Albuquerque Indian Center
- American Cancer Society
- American Lung Association
- Asian American Association of New Mexico
- Behavioral Health Services Division, New Mexico Department of Health
- Cancer Information Service, National Cancer Institute, Rocky Mountain Region
- Centers for Disease Control and Prevention, Office on Smoking and Health, Albuquerque
- Clean Air Works in Taos County
- Excel Educational Enterprises, Albuquerque
- Governor's Commission on Disability
- La Clinica de la Familia, Las Cruces
- New Mexico Media Literacy Project
- New Mexico Voices for Children, Farmington
- Office of African American Affairs
- Rocky Mountain Youth Corps, Taos
- San Juan Center for Independence, Farmington
- Stop Tobacco On My People — STOMP
- Talking Talons Youth Leadership, Tijeras
- Taos Pueblo Prevention Program
- Tobacco Use Prevention and Control Program, New Mexico Department of Health
- University of New Mexico, Center for Health Promotion and Disease Prevention



For additional copies of this report or an Overview, please contact:

Stop Tobacco On My People — STOMP
1925 Aspen Drive, Suite 402-A
Santa Fe, NM 87505
505-988-3473
nmstomp@qwest.net

Tobacco Use Prevention and Control Program

New Mexico Department of Health
625 Silver SW – Suite 202
Albuquerque, NM 87102
505-841-5845, fax 505-841-5865
www.theStink.org

The Department of Health web site:

www.state.nm.us/tobacco.html



