

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

## 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>	Wisconsin
<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
	American Indians/Alaska Natives
	Asian
	Black
	Hispanics/Latinos
<b>Audience/Population</b>	Low-Socioeconomic-Status Groups
	Rural
	Urban
	Young Adults (18–24)
	Other: Medicaid populations

## Policy/Program Objectives of the Intervention

Create a strategic plan for Wisconsin’s effort to identify and eliminate tobacco-related disparities developed by a representative group that is diverse and inclusive of populations in Wisconsin.

## Description of the Intervention

Wisconsin convened representatives of 13 nonprofit and public agencies to form a workgroup to create a strategic plan for addressing tobacco-related disparities among population groups in Wisconsin.

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

- Project Coordinator
- Facilitator
- Project Assistant

- Evaluator
- Thirteen Workgroup Members representing a diverse array of organizations. Members represented the following organizations:
  - American Cancer Society
  - Black Health Coalition of Wisconsin, Inc.
  - Bad River Tribe, Family Preservation Program
  - Center for Tobacco Research and Intervention
  - Department of Health and Family Services, Minority Health Program
  - Great Lakes Inter-Tribal Council
  - Innovative Resource Group—(for the Wisconsin Medicaid population)
  - Madison Area Technical College
  - Milwaukee Area Health Education Center
  - United Migrant Opportunity Service
  - Wisconsin Office of Rural Health
  - Wisconsin Tobacco Control Board
  - Wisconsin United Coalition of Mutual Assistance Associations

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

The entire state of Wisconsin

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

Thirteen Months

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

The strategic planning process was implemented over a period of 13 months culminating in the submission of a strategic plan, *Bringing Everyone Along: A Strategic Plan to Identify and Eliminate Tobacco-Related Disparities*. The strategic planning process was implemented by four tobacco program and contracted staff working with representatives of thirteen organizations who met ten times to develop the strategic plan and a marketing strategy.

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

The strategic planning process was successfully completed within the required timeline. In addition, a plan was developed to market the strategic plan. This plan included a timeline and assignment of responsibilities for its implementation.

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

Wisconsin's experience can be replicated by any state desiring to create a strategic plan to identify and eliminate tobacco-related disparities. Wisconsin's experience is especially relevant to geographically large rural states with a few concentrated population centers.

### **Overview Notes**

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**

Wisconsin applied for participation in the CDC pilot project due to lack of decline in adult tobacco use, perhaps because of the failure to address disparities. Through gathering data relevant to tobacco disparities while preparing the CDC proposal, the Wisconsin Division of Public Health Tobacco Control Program was able to begin documenting populations with a higher rate of tobacco use and tobacco-related disease as well as populations for which data was not available.

### **Planning Models Used**

Wisconsin was a part of the CDC Pilot Training Program for Tobacco Use Among Population Groups and used the binder: Putting the Pieces Together to Identify and Eliminate Disparities as a guide for the planning process.

### **Planning Notes**

N/A

## **Implementation**

### **Implementation Level**

- State: N/A
- Local: Community Leaders
- Business/Organizational Policy: N/A
- Other: State and Local Policymakers

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

The planning process was aimed at finding and involving community leaders in the work of mapping disparities in Wisconsin and securing the input of their communities in creation of the strategic plan. The planning process resulted in the publication and marketing of a strategic plan to guide Wisconsin's efforts to address tobacco-related disparities.

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

Meetings to map out the process and introduce people to it were held in September, 2001. The project coordinator and assistant were designated from the DPH Tobacco Control Program staff.

An initial roundtable discussion was held at the Second Annual Tobacco Symposium on September 13, 2001. An additional roundtable was held on September 25 as part of a statewide videoconference to introduce the grant to statewide partners and potential Workgroup members. The videoconference announced the strategic planning effort, solicited input for the workgroup, and requested names for workgroup participants. All local health department and local tobacco control coalitions were invited to participate in the videoconference.

Wisconsin began the actual process of strategic planning in September, 2001 by hiring two consultants (facilitator and evaluator) to join the team to organize the project. The team invited representatives of 25 groups/organizations to become a part of the Workgroup and to commit to 6 all-day meetings.

### **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?**

A complete assessment of the strategic planning process was conducted. The assessment documented what transpired, who was involved, and the strengths and weaknesses of the process. The evaluator attended seven of the eight workgroup meetings to observe and document the participation, process and productivity of the workgroup. To assess the level of participation of members, the evaluator used an informal technique at two meetings (the third and fourth) to chart when each member talked, for how long, and who took over when she/he finished talking. Two additional workgroup meetings were held to develop a marketing strategy and these were not attended by the evaluator.

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

The evaluator administered exit surveys after six of the eight meetings measuring goals, leadership, cohesiveness and working procedures using a 5-point scale. A final open-ended survey was administered after the August meeting.

In addition, taped telephone interviews were conducted with workgroup members after meetings one and two and interviews with the project coordinator and the facilitator were held after meetings three and six. At session eight, a focus group session was held.

#### **Briefly describe the evaluation design.**

The evaluation design used the case study method based on the CDC case study outline as its structure.

#### **Data Collection Methods**

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

## **Data Source**

- Adult Tobacco Survey (ATS)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Current Population Survey (CPS)
- Key Informant Surveys
- National Tobacco Control Program, Chronicle
- Quitline Call Monitoring
- Restaurant Surveys
- 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: tobacco venders per capita using U.S. Census data, Wisconsin Medical Journal Special Issue: Smoke Out: Examining the Real Cost of Tobacco Use including the article, Cigarette Smoking in Wisconsin: The influence of race, ethnicity and socioeconomics.

## **Range of Intended Outcomes**

- Behavior Change
- Policy Change
- Increased Knowledge
- Attitude Change
- Change in Norms
- Coalition Capacity Building
- Change in Media Coverage/Framing of Issue

**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?**

Wisconsin developed a marketing plan to ensure that Bringing Everyone Along will be marketed to the appropriate audiences using recommended strategies. The marketing plan identified audiences, actions to be taken, benefits accrued, message communicated and messenger. The marketing plan was a working tool that was continually revised and developed throughout 2003.

The first step in implementation of the marketing plan has been accomplished with the publication and dissemination of the glossy, professionally produced 16-page booklet: Bringing Everyone Along. Marketing of the strategic plan was initiated with a breakout session at the statewide tobacco control conference where Bringing Everyone Along was introduced and disseminated. Subsequently, the strategic plan was mailed to all community coalitions, local health departments, local tobacco program partners and contractors. The Workgroup members continued to meet to oversee implementation of the plan and took copies of the plan to the communities they represented. In addition a contract with Smoke-free Wisconsin was signed to develop a workgroup to implement community marketing of the strategic plan.

Two statewide open forum teleconferences were held to build on the plan introduction at the state conference. These teleconferences provided time for discussion of the plan in further detail and invited input and feedback into ways to insure implementation of the plan. The plan was presented at the Wisconsin Association of Public Nurses annual conference and at the Hmong Mutual Association Annual Meeting. In addition, a low SES network was organized to develop specific tasks to market the plan to representatives of that population.

The plan was posted on the Tobacco Control Program web site and the web site of the meeting facilitator. The Program developed a series of web based trainings on how to implement the strategic plan goals in local programs.

Implementation of the strategic plan is now included as a regular agenda item in Tobacco Control Program meetings.

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

Results of field notes, exit surveys, and telephone interviews were shared with the project team in monthly meetings and were used to strengthen the weaknesses noted by participants in the process. For example, as members who had attended fewer than three meetings were identified the project coordinator and facilitator initiated several approaches to engage them.

The telephone interviews were critical to soliciting honest information about the strengths and weaknesses of the process and the anonymous results were vital to improving the meetings.

**Evaluation Notes**

N/A

## Resources Required

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

- Community Leaders
- Government—State
- Medical and Health Professionals
- Policymakers—Other:
  - Voluntary Health Organizations—American Cancer Society
  - Other—Educational Institutions for 18 to 24 year-olds

Personnel			
Title/ Position	Responsibilities/ Skills Required	Source	Hours/ Duration
<b>Project Coordinator</b>	Write proposal, organize project, provide needed materials to the workgroup, recruit workgroup members and actively maintain member attendance and encourage participation. Attend all meetings, write preliminary and final draft of strategic plan. Provide leadership to develop marketing strategy for strategic plan.	Project Staff	10 hours per week for 13 months
<b>Meeting Facilitator</b>	Conduct meetings keeping workgroup on track with appropriate momentum. Foster and maintain participation of workgroup members in the meetings. Make assignments for tasks to be completed between meetings. Maintain workgroup documents on company web site. Attended CDC trainings on own time.	Consultant	12 hours per meeting for eight meetings over thirteen months.
<b>Project Assistant</b>	Attend workgroup meetings and provide support to the project team. Substitute for evaluator when not present. Adapt CDC tools for Wisconsin. Help to plan meetings, coordinate with facilitator, develop and disseminate materials before and after meeting. Coordinate tasks of marketing plan including the open forum teleconferences and web-based trainings.	Project Staff	10 hours per week for thirteen months
<b>Evaluator</b>	Observe all meetings, maintain field notes, administer exit surveys, develop and conduct telephone interviews and a focus group, review project documents and write final evaluation	Consultant	200 hours over thirteen months

<b>Title/ Position</b>	<b>Responsibilities/ Skills Required</b>	<b>Source</b>	<b>Hours/ Duration</b>
	<p style="text-align: center;">Personnel</p> <p>report incorporating results of surveys, interviews and focus group.</p>		

**Additional Staff and Information:**

**Materials/Resources Required**

In-kind donations were required from the Wisconsin Department of Health and Family Services, Division of Public Health, Comprehensive Tobacco Prevention and Control Program. The time of two high level Tobacco Control Program staff members at 25 percent each was dedicated to the project. The in-kind staff time provided was essential to the success of the project. Collection of data was provided by a Bureau epidemiologist. Students at the University of Wisconsin provided help in gathering and presenting relevant data. Support to the workgroup was provided by the Program along with support of the marketing plan and distribution of the strategic plan.

## **Costs/Funding**

### **Budget**

Estimated labor costs	\$ 43000.00
Estimated cost of materials, promotional efforts, printing, etc.	\$ 40391.00
Estimated total cost of conducting policy and/or program intervention	\$ 83691.00

### **Budget Notes**

Labor costs include the contracts with the evaluator and facilitator. Cost of materials, promotional efforts, printing, etc. includes communications, meeting and materials costs (exclusive of mileage reimbursement), and the cost of designing, printing and disseminating the strategic plan. Travel includes mileage reimbursement for meeting attendance and cost of travel for the CDC-required meetings.

Labor costs do NOT include the salaries of the Project Coordinator and Project Assistant who each dedicated 25% of their time to the project. The salaries of these high level Tobacco Control Program employees were provided as an in-kind match by the state.

### **Funding Sources**

CDC/OSH  
State Funding

### **Funding Notes**

Wisconsin successfully completed the pilot project to develop a strategic plan for addressing disparities related to tobacco, funded by the Centers for Disease Control and Prevention.

## **Timeline**

### **Planning**

- September: Designate Department of Health staff, develop strategic planning process, develop list of people to be invited to become workgroup members, mail out letters of information and invitation, follow up letters with personal telephone contacts, and plan videoconference agenda. Hold roundtable discussion at Second Annual Tobacco Symposium. Contact additional potential workgroup members developed from telephone calls, send out additional information about workgroup goals and responsibilities, hold statewide videoconference to announce strategic planning effort, solicit input, and request additional names for workgroup membership. Hold second roundtable discussion after videoconference. Hire consultants.
- October: Meet with Bureau epidemiologist and develop Workgroup meeting agenda for November. Hold staff/consultant planning meeting.
- November: Hold first Workgroup meeting. Develop schedule of Workgroup meetings. Use breakout groups to develop recommended directions for the Strategic Plan. Conduct telephone interviews with designated Workgroup members. Develop Workgroup meeting agenda. Conduct in-person interview with Project Director. Hold staff/consultant planning meeting.
- December: Hold second Workgroup meeting. Review available data and discuss missing data. Develop plan to how to obtain needed data. Determine which members to attend CDC training. Conduct exit survey with Workgroup members. Develop February Workgroup meeting agenda. Hold staff/consultant planning meeting.
- January: Attend CDC training, revise strategic planning process and plan February Workgroup meeting agenda.
- February: Hold third Workgroup meeting. Review results of CDC training. Set goals for next two Workgroup sessions. Make assignments for population assessments. Conduct exit survey with Workgroup members. Develop March Workgroup meeting agenda. Conduct in-person interviews with Project Director and Facilitator. Hold staff/consultant planning meeting.
- March: Hold fourth Workgroup meeting. Present results of population assessments. Conduct exit survey with Workgroup members. Develop April Workgroup meeting agenda. Hold staff/consultant planning meeting.
- April: Hold fifth Workgroup meeting. Conduct Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis. Identify ten critical issues. Conduct exit survey with Workgroup members. Develop June Workgroup meeting agenda. Hold staff/consultant planning meeting. Invite designated members to attend CDC training.

- May: Plan Workgroup meeting agenda; attend CDC training; revise planning process to emphasize marketing plan. Draft preliminary Strategic Plan using combined critical issues.
- June: Hold sixth Workgroup meeting. Review whether six critical issues and their goals and strategies really reflect group values. Make assignments to solicit input from represented groups and other populations to review the working of each goal and its respective strategy statements. Conduct exit survey with Workgroup members. Develop July Workgroup meeting agenda. Hold staff/consultant planning meeting.
- July: Hold seventh Workgroup meeting. Review current draft of Strategic Plan. Develop milestones, timelines and a marketing plan. Write final draft of Strategic Plan. Invite designated members to attend CDC training.
- August: Attend CDC training, hold eighth Workgroup meeting. Review draft of Strategic Plan. Develop marketing steps needed. Conduct focus group with Workgroup members. Administer open-ended survey to Workgroup members. Develop additional Workgroup meeting agendas for developing marketing plan. Hold marketing planning meeting.
- September: Hold marketing planning meeting. Compile Marketing Tool from CDC materials.
- October: Hold ninth Workgroup meeting to develop marketing plan and review and approve final draft of Strategic Plan. Review the Marketing Tool and preliminary draft of Marketing Plan. Submit final version of plan to Department of Health and Family Services for printing approval process

Prior to the beginning of the strategic planning process, 25 organizations and agencies were identified as potential Workgroup members. Three Department of Health and Family Services planning meetings were held. Tobacco Control Program staff who would work on the project were designated. Letters of invitation and information were sent out. A plan that included six all-day meetings was developed. A statewide videoconference was planned and the facilitator and evaluator were hired.

## **Implementation**

Thirteen months elapsed between the beginning of the strategic planning process and the Workgroup's approval of the final plan. Eight meetings of the 13-member Workgroup were held; the first draft of the strategic plan was presented and the final revised report was submitted to the state. In addition, the Workgroup held an additional Strategic Plan marketing meeting and created a marketing plan that all groups agreed to implement. The Workgroup agreed to meet twice in the next year as an advisory board to aid in the marketing and implementation of the Strategic Plan.

## **Evaluation**

Evaluation was implemented throughout the 13-month process. Exit surveys were conducted after six meetings; two telephone interviews and one focus group were conducted. The evaluator participated in meeting debriefings and team efforts to set the meeting agendas and objectives. The evaluator produced a final report in the form of a case study.

## **Lessons Learned**

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

- Recruitment of organizations and agencies representing populations with potential disparities
- Hiring of experienced facilitator who was able to maintain a high level of involvement and cohesiveness
- Creation of an egalitarian and inclusive process for the Workgroup which resulted in consensus decision making
- Organization of data relevant to tobacco disparities prior to Workgroup meetings

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

Wisconsin's strategic planning process can be replicated by any state. The Workgroup comprised 13 representatives of organizations vital to an inclusive and diverse strategic planning process.

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

- Challenge: Lack of staff time. Coordinating the strategic planning process was added onto the other responsibilities of the Director of the Tobacco Control Program.
- Solutions: Contract immediately with facilitator, make reassignments of staff and plan for required staff time.
- Challenge: Recruiting the appropriate people to the Workgroup. The group lacked representation from the gay/lesbian community, current smokers, unions or the business community.
- Solutions: Continually re-visit the Workgroup membership and the revitalize the recruitment effort as more data comes to light.
- Challenge: Maintain Workgroup members' attendance and active participation.
- Solutions: Circulate materials, communicate by telephone and e-mail, and solicit input from members between meetings. Expert participatory techniques and

inclusionary skills of an experienced facilitator aid in maintaining active participation.

- Challenge: Recruit enough representative organizations/groups to maintain regular attendance of 12–15.
- Solutions: Invite more participants than you need and anticipate absenteeism.

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

Invite more people than ideally are wanted to attend. Explore the idea of designating money in the budget for stipends for community-based participants.

### **Lessons Learned Notes**

- Gather data available from resident epidemiologists prior to convening the group.
- Hire an experienced facilitator prior to convening the group.
- Allow sufficient time during the recruitment process to develop contacts to ensure diversity in the workgroup. But don't expect perfection the first time. Recruitment will need to be continually revisited.
- Consider what the ideal number of individuals might be and involve more people than that number to ensure that the group will have an adequate number of core participants.
- Have materials for the initial meeting ready before scheduling the first meeting. Provide a good description of the goals of the project, time commitment and member responsibility. Provide directions and hotel information for those who will have to stay overnight. Be at the door to welcome participants on arrival and introduce them to one another.
- The workgroup will interact freely with one another when the project coordinator and facilitator do not impose their vision of the process and outcomes on the group.
- Use the break-out method to increase the power and efficiency of the group.
- Keep to a strict schedule.
- Give the group specific tasks to accomplish both at and between meetings.
- Adapt and streamline CDC tools for state's individual circumstances.

## **References/Deliverables**

The Workgroup devised a tool (subsequently adopted by other states) that helped workgroup members keep track of data available and where gaps exist. The matrix positioned disparately affected groups on the vertical axis and types of data along the horizontal axis. This tool is available upon request.

Workgroup members and a staff person developed a new marketing tool which combined various elements from CDC training materials. The Workgroup used the tool in developing the marketing plan. An internal plan and an external analysis were conducted. A final marketing plan was adopted that included the identification of audiences, actions to be undertaken, benefits accrued, message to be communicated and identification of messengers. This plan is available upon request.

## **Attachments**