Idaho's Plan to

# IDENTIFY AND ELIMINATE TOBACCO RELATED DISPARITIES AMONG POPULATIONS

# IDAHO TOBACCO PREVENTION AND CONTROL PROGRAM GOAL AREAS

## 1. PREVENT INITIATION

## 2. ELIMINATE ENVIRONMENTAL TOBACCO SMOKE

## 3. PROMOTE SMOKING CESSATION

## 4. IDENTIFY AND ELIMINATE TOBACCO-RELATED DISPARITIES

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## EXECUTIVE SUMMARY

In January 2001, the Centers for Disease Control and Prevention (CDC) commissioned a special effort with regard to the fourth goal area of the national tobacco prevention and control program for identifying and eliminating tobacco related disparities. Nationally, this has been the most difficult goal area to address. Funding was provided to Idaho to become a cooperative partner with CDC to act as a pilot state in identifying ways to build capacity for the identification and elimination of tobacco-related disparities by engaging a diverse and inclusive workgroup in a strategic planning process.

The output for this ground-breaking endeavor is a strategic plan that could be used as a model for other states. This resulting strategic plan will provide a framework for future programs, interventions, surveillance, and evaluation associated with tobacco-related disparities in Idaho. It describes what our workgroup believes needs to take place in Idaho in order to address the fourth goal area. It incorporates the most current information as well as diversity of thought from the groups affected by disparities.

The most effective tobacco control program is comprehensive and multifaceted. It will use a state-coordinated, decentralized approach that puts many resources into communities and organizations outside of state government. The direction specified in the plan will guide the efforts of our State Health Division of Health and its partners over the next several years, as well as aid the creation of action plans for the upcoming fiscal year.

This document describes five key issues that have been modified into five goal areas to be addressed. Each goal has a corresponding set of strategies and tactics that are described. The five specific key issues are:

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

Idaho can successfully address disparities in tobacco use, despite the powerful tobacco industry that has targeted such groups. This plan provides the blueprint for increasing many years of productive life among our residents, and reducing the social and economic costs of tobacco. We stand ready to support this effort.

-- The Idaho Eliminating Health Disparities Workgroup

## INTRODUCTION AND BACKGROUND

Consistent with the National Tobacco Control Program's objectives, the four primary goal areas of the Idaho Tobacco Prevention and Control Program are:

1.) Preventing initiation of tobacco use
2.) Eliminating environmental tobacco smoke (ETS)
3.) Promoting cessation
***4.) Eliminating disparities among population groups.***

In January 2001, the CDC commissioned a special effort with regard to the fourth goal area of the national tobacco prevention and control program for identifying and eliminating tobacco related disparities. Nationally, this has been the most difficult goal area to address. Funding was provided to Idaho to become a cooperative partner with CDC to act as a pilot state in identifying ways to build capacity for the identification and elimination of tobacco-related disparities by engaging a diverse and inclusive workgroup in a strategic planning process.

*DEMOGRAPHIC DESCRIPTION OF IDAHO:*

Idaho has a population of 1.3 million people residing in a landmass of 82,751 square miles (2000). The racial-ethnic make up of Idaho is 91.0% White, 1.4% Native American, 1.0% Asian-Pacific Islander, and 0.4% African American. Eight percent (7.9%) of Idahoans identify themselves as being of Hispanic descent. The population is almost evenly divided between males (49.9%) and females (50.1%).

Being an agricultural state, there is a sizable population base with Migrant and Seasonal Farm Workers (MSFW). A migrant farm worker is defined as a person who moves from outside or within the state to perform agricultural labor. A seasonal farm worker is defined as a person who has permanent housing in Idaho and lives and works in Idaho throughout the year. In 1989, the Migrant Health Branch, US DHHS, estimated that more than 119,000 migrant and seasonal farm workers and their families resided in Idaho, at least temporarily.

There are six federally recognized Indian tribes that reside within Idaho borders. The lands of two of these sovereign nations straddle Idaho and another state border (Utah and Nevada). Traditional ceremonial use of tobacco remains a strong part of Indian culture in Idaho.

Idaho's per capita income (1996) is $19,865 compared to the national average of $24,439. In state fiscal year 1998, 24,810 households that included 64,117 individuals received food stamps (5.3% of the population). In December 2000, there were 22,258 families (37,423 individuals) in Idaho using WIC services.

*PURPOSE STATEMENT:*

There is sometimes the erroneous perception that because Idaho's population is relatively homogenous that health behavior and health status is also relatively homogenous. Because of this, populations at significantly higher risk that represent small percentages of the total may be lost in efforts to spread scarce public health resources in the most efficient manner. The purpose of this project is to develop a plan that will systematically identify and describe those populations. In this way, those same scarce public health resources can be allocated not only more efficiently, but also most effectively.

This document is intentionally designed to be fluid and accommodating as new issues emerge, and as other populations are identified. It suggests a process that will be monitored on a continued basis and one that is folded into the overall statewide tobacco plan. While the overall plan reflects the basic foundations that are integral to identifying and eliminating disparities, it is expected that specific strategies, tactics, populations addressed, and priority areas will be adjusted as the process evolves.

**PROJECT DESCRIPTION**

The Idaho Tobacco Prevention and Control Program (TPCP) was funded by the Centers of Disease Control and Prevention (CDC) to be a pilot state in developing a systematic and inclusive plan for identifying and eliminating disparities among populations in regard to tobacco use.

A group of diverse members from state, regional and local communities (See participant list) was convened to act as an advisory workgroup in this planning process. As part of the cooperative agreement, CDC provided training to the Project Director and selected members of the workgroup in Atlanta, Georgia. The entire workgroup met in Boise, Idaho three times during the planning period. The process was sectioned into the following areas. A description of activities from each of the sections follows.

Meeting 1 – Getting Organized, Assessing What We Know
Meeting 2 – Setting Direction, Goals and Strategies
Meeting 3 – Refining and Adopting

Getting Organized, Assessing What We Know:

Information collection was accomplished through two channels. The first was through the use of existing surveillance instruments. Using data from the Behavior Risk Factor Surveillance System (BRFSS) and the Youth Risk Behavior Survey (YRBS) as a base, the TPCP broke out variables for comparison that included race/ethnicity, age, gender, income and geographic residency. Other existing databases included information from the WIC and Substance Abuse and Mental Health programs. A parent/youth telephone survey was administered to examine attitudes and behavior between people from smoking vs. non-smoking households. In conjunction with the Juvenile Justice Department, a survey was completed that compared behaviors of youth in detention centers to youth in public schools. Public school data came from two CDC sponsored surveys; the Youth Tobacco Survey ($7^{th}$-$8^{th}$ graders) and the first weighted data set from the YRBS ($9^{th}$-$12^{th}$ grade) since 1993 (with additional tobacco questions added). Four of the Idaho tribes participated in a modified Youth Tobacco Survey (convenience samples) and a similar one was conducted with Hispanic youth.

While the above data provided initial direction, it was also noted that the information was incomplete. There was not enough quantitative data available to make a comprehensive assessment for identification. The second strategy was to collect data through a qualitative process. This is included an environmental scan and an assessment of Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis by workgroup members on their respective communities from a statewide perspective. This information collecting strategy is still in process as communities that are currently under contract (two Hispanic communities and six Indian tribes) for services with the TPCP are also underway. It is also noted that it was impossible to have representation from all communities at the

table. The TPCP conducted literature reviews to recognize other populations that were identified through research that exhibited disparities in tobacco use. The ethos of the working group was to represent your constituency but to advocate for the whole.

Setting Direction, Goals and Strategies:

The data collected through the existing and created surveys and the SWOT analysis and the environmental scans generated discussion amongst the workgroup. The facilitator of the meetings was able to lead the group in synthesizing the myriad of issues that emerged into five basic issue areas.

Those five issue areas were modified and reshaped into five goal areas to be addressed. Although there was much discussion about specific populations that were identified through the collected information, the five goal areas are intentionally generic to accommodate all identified and yet to be identified populations. The five specific key issues are:

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

While the workgroup shaped the five overall goal areas, the Project Director from the TPCP was charged to take these goals and apply a draft plan for specific strategies and tactics to accomplish these goals. Timelines, feasibility, logical lead organizations or persons, and budgets were considered. This draft plan was sent out in advance to all workgroup members for review. It became the centerpiece for discussion during the final meeting of the workgroup.

Refining and Adopting:

Members of the workgroup reviewed the draft plan and came to the third Boise meeting to refine and adopt. Each goal was assigned a corresponding set of strategies and tactics. This document is the final product of this project. It was accepted and ratified unanimously and plans for implementation are in progress.

## WORKING DEFINITIONS

**Working definitions are different from academic ones. These definitions were designed so that the workgroup members and other parties could find practical and relevant applications for targeted effort. They are designed to elicit action.**

*Increasing Diversity and Inclusivity (Promoting Representation and Involvement)*: Increasing diversity and inclusivity requires including representatives from populations at all levels of decision-making about tobacco-related health issues. Diverse populations include, but should not be limited to, racial and ethnic populations; examples include low socioeconomic status populations, out-of-school youth, and lesbian, gay, bisexual, and transgender communities.

*Identifying and Eliminating Disparities (Closing the Gap): Identifying disparities* involves using data and/or other sources to identify groups with significantly higher tobacco use and exposure to secondhand smoke. *Eliminating disparities* involves ensuring diverse communities' access to planning and decision-making, capacity and infrastructure building, funding opportunities, services, and comprehensive initiatives to address the disproportional use of tobacco and/or exposure to secondhand smoke.

*Developing Cultural Competency (Cultural Appropriateness*): Assuring the implementation of interventions that are specifically designed to meet the needs of identified disparate populations. Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables this system, agency or those professionals to work effectively in cross-cultural situations

*Building Community Capacity and Infrastructure:* Creating or enhancing community capacity with a two-tiered approach. There are two primary constructs. The first may be considered in the classic sense of capacity building. This includes developing programs, leaders, organizations, networks and research/researchers in the community. The second is a more expansive approach to cultural competency. It is a social capital model that includes developing trust, collaboration, cooperation and synergy.

*Improving Data Systems:* Enhancing existing or creating new systems that are sensitive enough to identify disparities need to be creative. In some cases, it may just be a matter of increasing sample sizes. In most cases, it will involve creating data instruments that are both qualitative and quantitative. Part of the system development may include discovering non-traditional avenues for access to population.

**KEY FINDINGS**

**Idaho's adult use of tobacco has remained at around 20% for the past ten years. The Healthy People 2010 goal is 12%.**

- Forty percent (40%) of Idaho Native American Indian adults smoke.
- Pregnant women in WIC smoke (21%) over one-an-half times more than other pregnant women in Idaho (13%)
- Seven out ten Native American youth and five out of ten Idaho youth have been in the same room as a smoker in the past 7 days.
- High School aged children have decreased smoking from 27% to 19% in the past eight years.
- The 18 to 24 year old age group (30%) is the only group that has shown a steady increase in smoking behavior in the past ten years.
- In the 18 to 24 year old age group, non-college student smoke more than college students (30% v 24%)
- There is a direct linear relationship between educational attainment and smoking behavior (less than HS = 32%, college grad = 10%)
- Native American and Hispanic children (especially Migrant) continue to show lower educational attainment.
- There is a direct linear relationship between income level and smoking behavior. (less than $10k = 32%, over $50k = 13%)
- Thirty-six percent (36%) of the Medicaid eligible population are current smokers.
- Within the Hispanic Medicaid population, over half (54%) are smokers.
- Although national data suggests that African-Americans, Gay-Lesbian and some Asian populations have high smoking rates, little is known about these populations in Idaho.

## A LOGIC MODEL FOR IDENTIFYING AND ELIMINATING DISPARITIES AMONG POPULATIONS IN REGARD TO TOBACCO USE

A logic model illustrates key components, activities, expected outcomes and goals of a particular project. By identifying the components of a plan, evaluation and monitoring points are more easily identified. The following model describes the components of this plan which is the tangible "output" of the workgroup process.

While Goal 4 (Identifying and Eliminating Disparities) is the subject of this specific endeavor, it is important to note that it is an integral part of an overall plan. See the logic models in Appendix 1 that place Goal 4 into the context of an overall tobacco prevention and control effort.

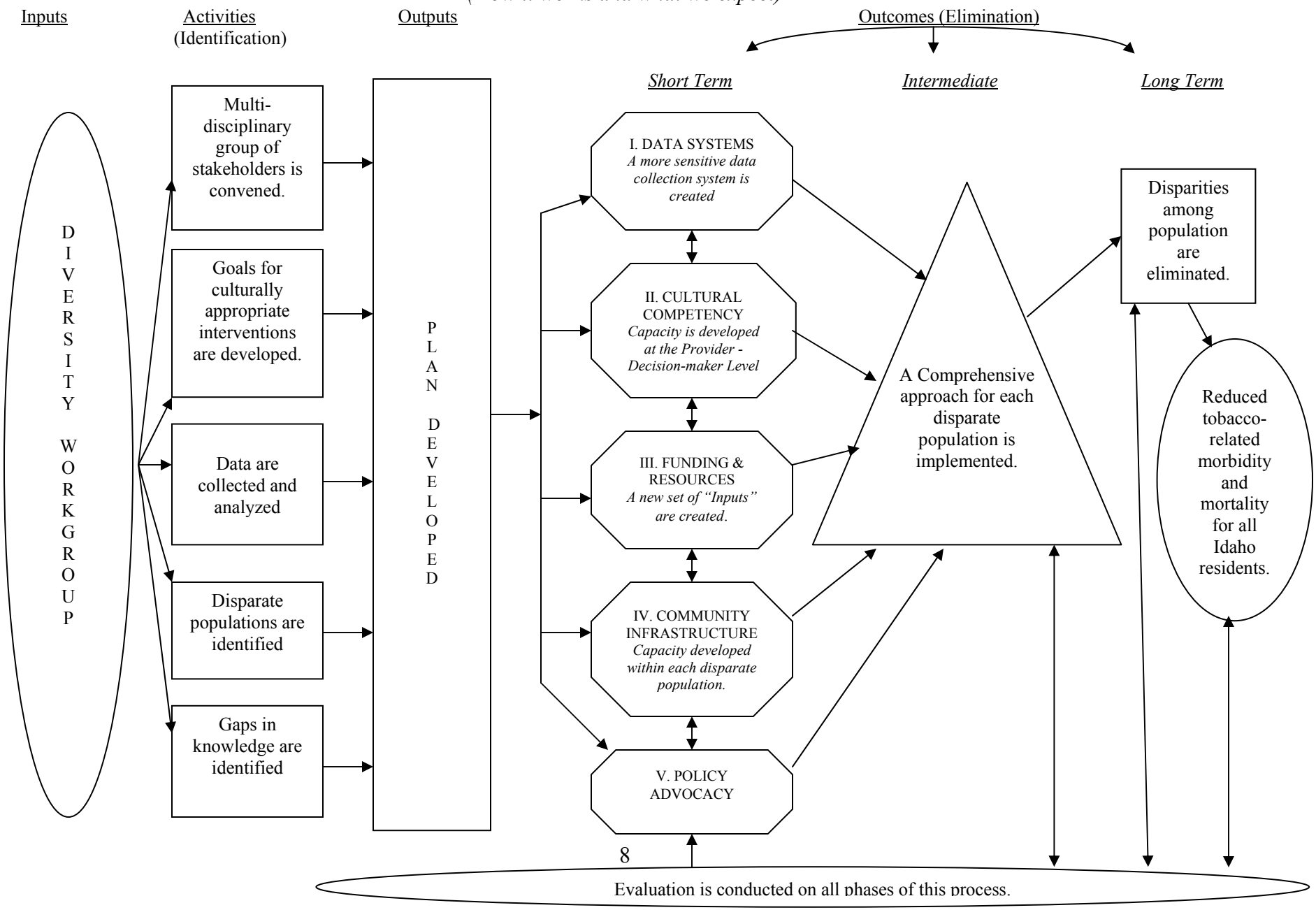
While the workgroup process has identified some specific populations and issues, note that these are not specifically depicted in the following logic model. This is intentional. The workgroup recognizes that identifying and eliminating disparities in health status is an on-going process. As the process of meeting the identified goals of creating better data systems, assuring cultural competency, building community infrastructure, and institutionalizing policies is implemented, it is expected that new issues and new populations may emerge. These in turn will generate new strategies and interventions.

The logic model provides a framework in which these new challenges can be addressed.

**GOAL 4: IDENTIFY AND ELIMINATE DISPARITIES**

*IDAHO LOGIC MODEL*

*(How it works and what we expect)*



**Identified Priority Populations**
**Where Data or Literature Supports Disparate Status**

| **Communities**<br><br>**(Identified through Idaho Data)** | **Strata**<br><br>**(Identified through Idaho Data)** | **Currently Unidentified Through Idaho Data (Inferred through Literature and National Data)** |
|---|---|---|
| Native American Communities | Age Group 18-24 | GLBT |
| WIC Women | Low SES | Migrant and Seasonal Farm Workers |
| Medicaid Population | Low Educational Attainment | Bosnian (Refugee) |
| | Pregnant Women | African-American |
| *Note: While these communities may also be considered "strata," they are unique in that they have more defined routes of intervention, either geographically or programmatically.* | *Note: "Strata" can and in many cases do include ethnic groups. These are different than "communities" in that distribution of population may not be geographically or programmatically bound.* | *Note: These populations exist in Idaho, however little is known about specific Idaho prevalence or behavior. Literature and other national studies indicate that they may be at high risk and exhibit high prevalence of use.* |

"All things that count can't be counted, and not all things that can be counted, count." - *Paraphrasing Albert Einstein*

| Issue Area I | Strategies | Tactics | Lead | Due Date |
|---|---|---|---|---|
| **I. DATA SYSTEMS**:<br><br>***Establishing a data plan that is targeted and focused, yet flexible enough to enable continued identification and monitoring.*** | • **Build a working inventory** of Data collection instruments | • **Establish and convene** meeting with representatives from groups interested in data collection | • BHP Surveillance Coordinator<br>- Data Holders | • April 2003 |
| | • **Continue conducting** comprehensive assessments of available data to examine the range of factors related to tobacco use among disparately affected populations. | • **Continue** to use the following statewide (DHW) surveillance tools:<br>- BRFSS<br>- WIC<br>- YTS<br>- PRATS | • Administrators for<br>- BRFSS<br>- WIC<br>- YTS<br>- PRATS | • Current → |
| | • **Enhance state administered existing** surveillance systems to collect data on populations with tobacco-related disparities | • **Develop** plan to increase sample sizes to strengthen analytical power. | • Administrators for<br>- BRFSS<br>- WIC<br>- YTS<br>- PRATS | • July 2003 |
| | | • **Add** specific indicators to enhance analysis for disparate populations | | |
| | | • **Coordinate** data from statewide instruments | • BHP Surveillance Coordinator | • July 2003 |
| | • **Share external data** systems and findings with the advisory group. | • **Formalize** data collection sharing between State (DHW) systems and external ones such as:<br>- YRBS (SDE) (BIA)<br>- SDFS (SDE)<br>- Indian (NPAIHB) | • Data Holders and BHP Surveillance Coordinator and BHP Disparity Coordinator | • April 2003 |
| | • **Develop new** data-collection methods to assess tobacco use where gaps in knowledge exist. | • For each group:<br>- **Develop** appropriate instruments<br>- **Improv**e methodologies<br>- **Expand** access routes to populations | • Individual groups and BHP Surveillance Coordinator | • September 2003 |
| | • **Implement new** instruments | • **Complete** collection and analysis | Individual group and BHP Surveillance Coordinator | • January 2004 |

"Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables this system, agency or those professionals to work effectively in cross-cultural situations." - *Racial & Ethnic Disparities in Urban MCH*

| Issue Area II | Strategies | Tactics | Lead | Due Date |
|---|---|---|---|---|
| **II. CULTURAL COMPETENCY**:<br><br>***Assure cross-cultural competency among providers, funding sources, decision-maker and the populations served.*** | • **Compile inventory** of existing training in communities.<br>Define stereotypes, etc. | • **Establish and Convene** a review committee | • Disparity Workgroup | • November 2002 |
| | • **Define dimensions** of cultural competency through examining current behaviors, attitudes and policies of providers, decision-makers and populations | • **Develop administer and analyze** measurement tools for providers<br>Behaviors<br>Attitudes<br>Policies | • BHP Surveillance Coordinator | • January 2003 |
| | | • **Develop, administer and analyze** measurement tools for decision-makers<br>Behaviors<br>Attitudes<br>Policies | • BHP Surveillance Coordinator | • October 2003 |
| | | • **Develop, administer and analyze** measurement tools for special populations<br>Behaviors<br>Attitudes<br>Policies | • Disparity Work Group and BHP Disparities Coordinator | • March 2004 |
| | • **Institutionalize cross-cultural competency** in health care delivery as standard operating procedure. | • **Initiate** community level forums for cross-cultural learning | • Disparity Workgroup | • July 2003 → |
| | | • **Initiate** statewide forum for cross-cultural learning | • Disparity Workgroup | • May 2004<br>• May 2005 |

"While Talcott Parsons suggests that form follows function, I suggest that with health care, form follows finances" – *Galen Louis, Lecture Notes on Health Care Delivery Systems*

| Issue Area III | Strategies | Tactics | Lead | Due Date |
|---|---|---|---|---|
| **III. FUNDING AND RESOURCES:**<br><br>***Securing external funds and resources to augment current state efforts, and expanding these efforts into implementing components identified in this planning process.*** | • **Create a new "pool"** of resources that include funding, partners and other resources. | • **Establish and convene a** workgroup for investigating funding sources | • Disparity Workgroup | • March 2003 |
| | | • **Identify external** funding and other resources | • Each group looks to their existing and potential funding sources | • March 2003 |
| | | • **Identify internal** funding and other resources | • Each group looks within its own organization | • March 2003 |
| | | • **Coordinate** findings to apply and implement within the parameters of the plan. | • Through the BHP Disparity Coordinator | • July 2003 → |
| | | • **Provide support** for development of proposals/monitoring/assessing. | • BHP Disparity Coordinator | • July 2003 → |

"Never doubt that a small group of thoughtful and committed people can change the world. Indeed, it's the only thing that ever has!" – *Margaret Meade*

| Issue Area IV | Strategies | Tactics | Lead | Due Date |
|---|---|---|---|---|
| **IV. COMMUNITY INFRASTRUCTURE**:<br><br>***Building capacity and infrastructure through training and education of communities and providers***. | • **Assessing** the community or strata to identify needs. | • **Establish and convene** a workgroup | • BHP Disparity Coordinator | • December 2003 |
| | | • **Identify current** capacities for specific populations/communities | • BHP Disparity Coordinator | • August 2003 |
| | | • **Identify needs** for specific populations/communities | • BHP Disparity Coordinator | • August 2003 |
| | • **Providing training** and/or technical assistance. Areas may include:<br>Tobacco 101<br>Grant writing<br>Evaluation techniques<br>Coalition building | • **Develop and administer** culturally appropriate trainings to audiences that may include:<br>Health care providers<br>Community organizers<br>Policy makers | • BHP Tobacco Prevention and Control Program or appropriate party | • October 2003 → |

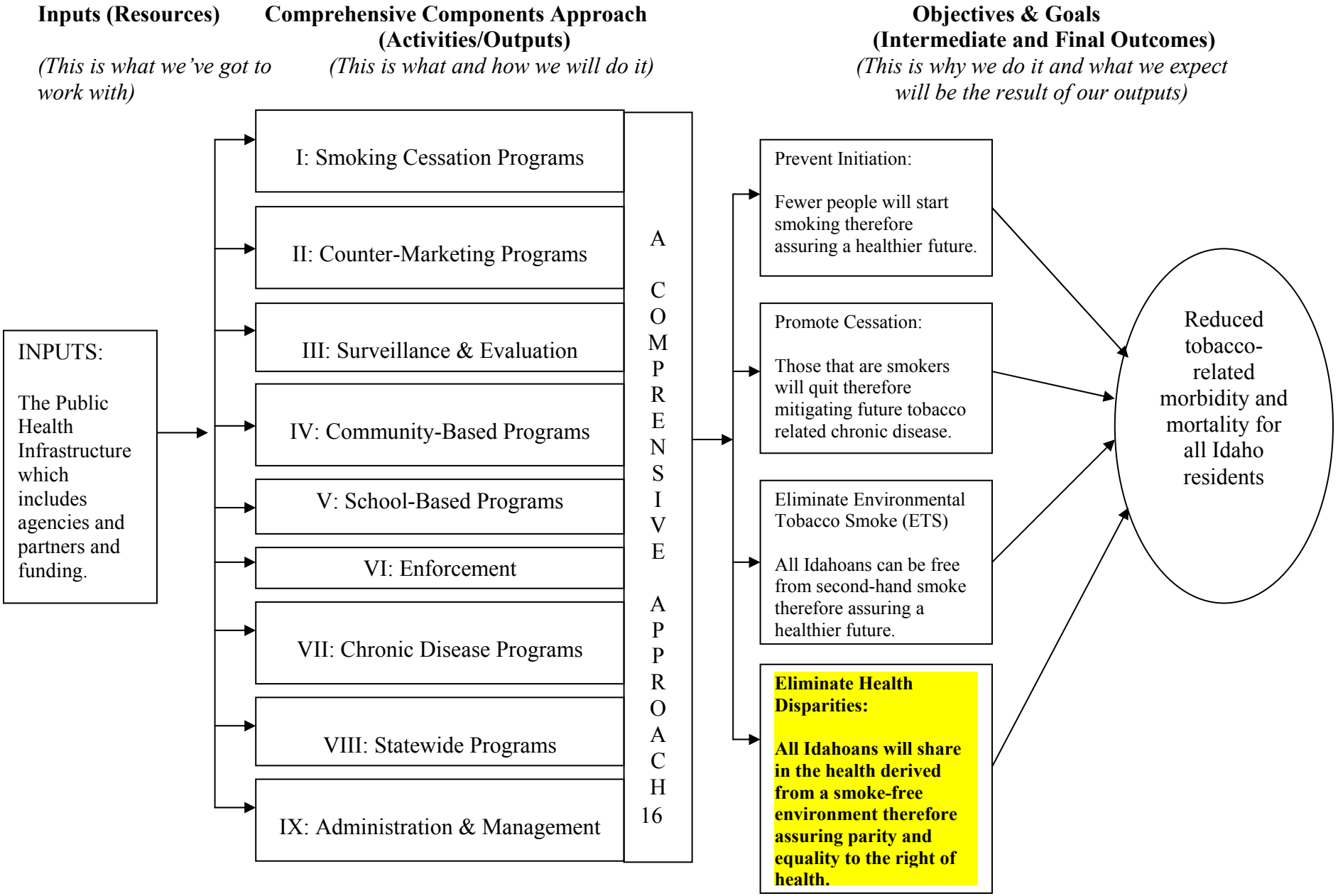
"Difficulty is the excuse history never accepts". – Edward Morrow

| Issue Area V | Strategies | Tactics | Lead | Due Date |
|---|---|---|---|---|
| **V. POLICY ADVOCACY:**<br><br>*To build an expectation that includes the disparate and diverse populations* | • **Assess** current policies | • **Establish and convene** a workgroup | • Disparity Workgroup | • November 2002 |
| | | • **Develop** an assessment tool for current status. | • BHP Surveillance Coordinator | • December 2003 |
| | • **Develop consistent** messages that supports diversity and eliminates disparities | • **Identify key** policy makers and community opinion leaders.<br>Start internally with DHW<br>Extend to external organizations | • Disparity Workgroup with BHP Media Coordinator | • April 2003 |
| | | • **Develop marketing plan** and methods to deliver these messages.<br>Identify audience<br>Developing trainings | • Disparity Workgroup and BHP Disparity Coordinator | • July 2003 |
| | | • **Implement** the marketing plan | • Disparity Workgroup and BHP Disparity Coordinator | • August 2003 → |

Eliminating Disparities Workgroup Participant List

| | |
|---|---|
| Shirley Alvarez | Shoshone-Bannock Tribes, Tribal Administration |
| Valerie Albert | Nezperce Tribal Health |
| Roberto Astorga | Region X Cancer Information Service, Latino Outreach Coordinator |
| James Aydelotte | Idaho Dept. of Health and Welfare, Research Supervisor for Health Statistics |
| Sam Byrd | Diversity Works, Inc., Executive Director |
| Karen Cross | Woman of Color Alliance, Black Student Alliance (BSU), Center for Health Policy Graduate Assistant |
| JamieLou Delavan | Public Education and Outreach Coordinator, Bureau of Health Promotion |
| Mari DeLeon | Council on Hispanic Education, Tobacco Coordinator |
| Joseph Finkbonner | Northwest Portland Area Indian Health Board, Director of the Northwest Tribal Epidemiology Center |
| Kathy Gardner | Coalition for Healthy Idaho, Smokeless States Program Coordinator |
| James Girvan | Boise State University, Dean of College of Health Sciences |
| Teresa Guthrie | American Indian/Alaska Native Leadership Initiative on Cancer, Project Manager |
| Josephine Halfhide | Idaho Dept. of Health and Welfare, Indian Child Welfare Act Coordinator |
| Lawrence Honena | Northwestern Band of Shoshone Nations, Chief Finance Officer |
| Sayaka Kanade | Northwest Portland Area Indian Health Board, Technical Writer/IRB coordinator, Northwest Tribal Epidemiology |
| Nicole LeFavour | Your Family, Friends and Neighbors, Executive Board Member |
| Galen Louis | Idaho Dept. of Health and Welfare, Disparate Populations Project Director |
| Maggi Mann | Idaho Public Health Districts, Council on Health Promotion Supervisors and Surveillance Liaison |
| Kristin McKie-Bergeson | Idaho Dept. of Health and Welfare, WIC Clinical Operations Coordinator |
| Linda Morton | Idaho Dept. of Health and Welfare, WIC Breast Feeding Promotion Coordinator |
| Jennifer Oatman-Brisbois | Nezperce Tribe, Executive Council Member |
| Don Pena | Idaho Council on Hispanic Affairs, Executive Director |
| Laura Rowen | Idaho Department of Health and Welfare, Primary Care Program Manager |
| Al Sanchez | Idaho Hispanic Caucus, Executive Committee Member |
| Vivian Shields | Cancer Information Service for the Pacific Region, Partnership Program Coordinator |
| Kathy Simplot | Research Analyst Supervisor, BRFSS Coordinator, Bureau of Health Policy and Vital Statistics |
| Dieuwke Spencer | Central District Health Department, Office of Epidemiology and Surveillance |
| Sharon Stoeffel | Boise State University, Nursing Department |
| Randy C. Thompson | Chief Academic Officer, Idaho State Board of Education |
| Fanny Vidales | Idaho Commission on Hispanic Affairs, Outreach Reach Coordinator (Youth Group TEENS) |
| Diana Willis | Idaho Dept. of Health and Welfare, Prenatal Assessment Tracking System Manager |
| Becky Wilson-Simpson | Nezperce Tribe, Community Health Programs Director |
| Jean Woodward | Idaho Dept. of Health and Welfare, Asthma Program |

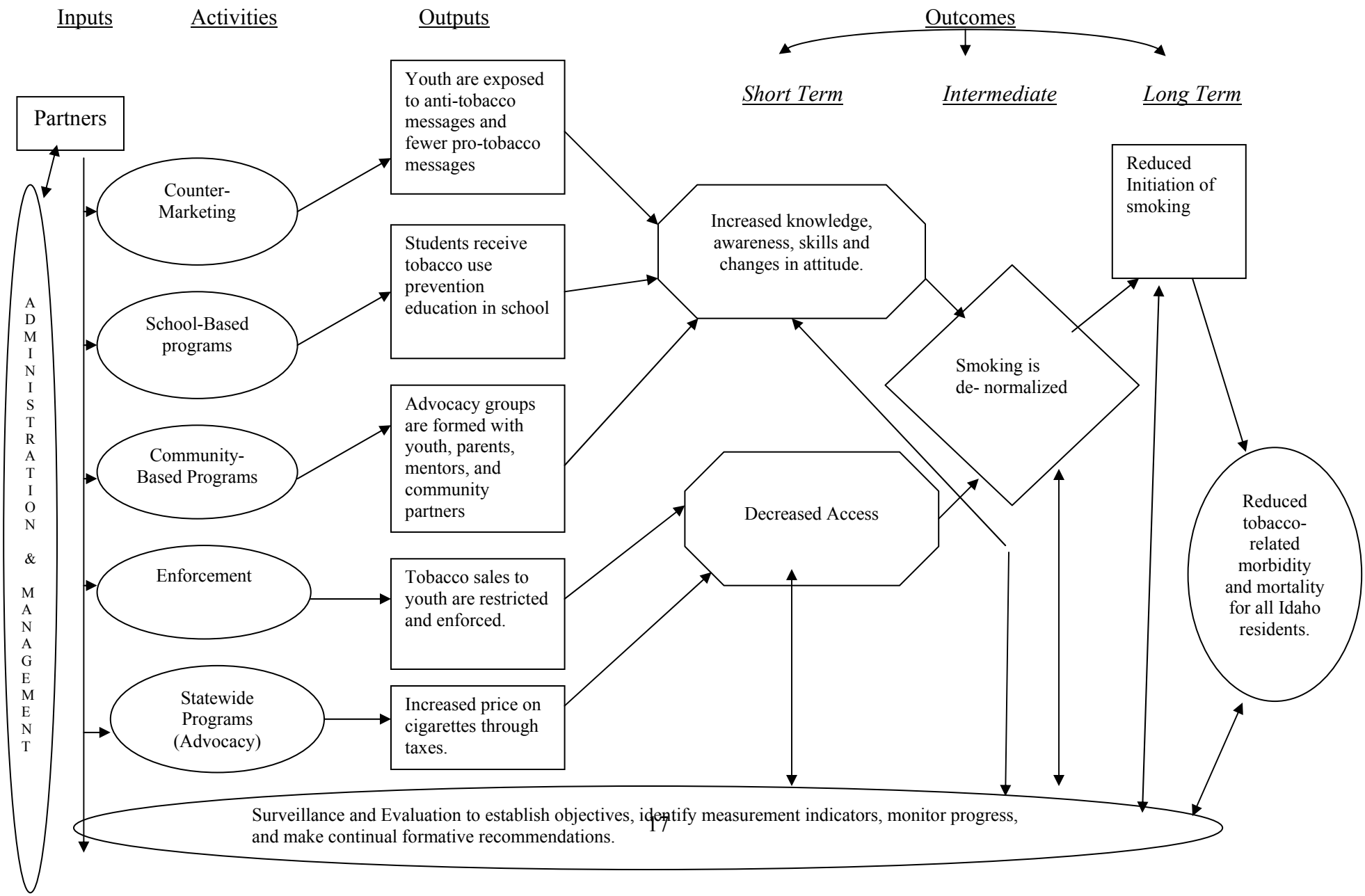
## Appendix 1
## THE BASIC MODEL FOR COMPREHENSIVE TOBACCO PREVENTION AND CONTROL



GOAL I: **PREVENT INITIATION OF TOBACCO USE**

*LOGIC MODEL I*

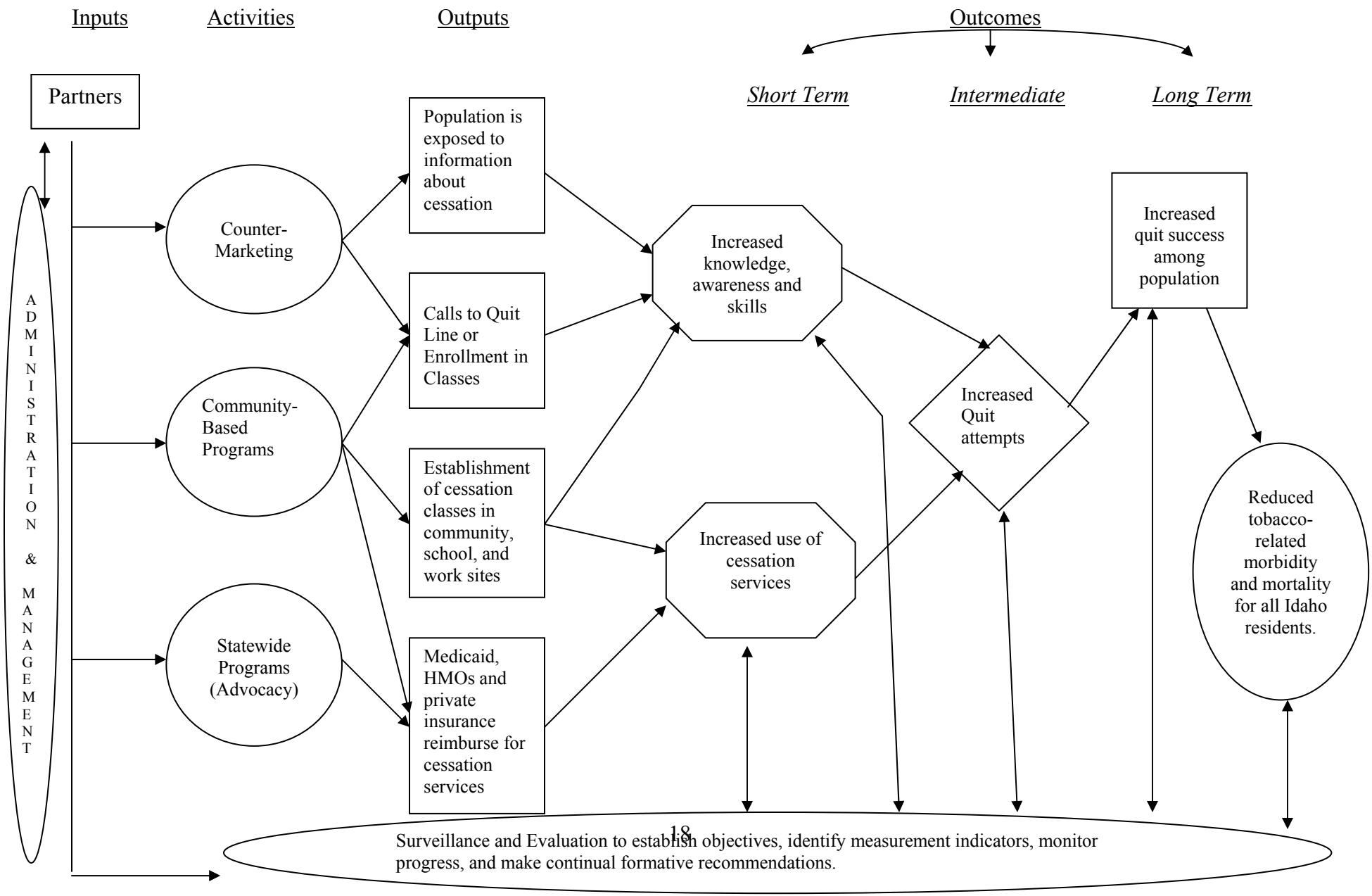
*(How it works and what we expect)*



## GOAL **2: PROMOTING SMOKING CESSATION PROGRAMS**

*LOGIC MODEL II*

*(How it works and what we expect)*



**GOAL 3: ELIMINATE ENVIRONMENTAL TOBACCO SMOKE (ETS)**

*LOGIC MODEL III*

*(How it works and what we expect)*