

## Tobacco Prevention for Specific Populations Draft Critical Issues, Goals, and Strategies

### *Specific Population Interventions*

**Critical Issue: Increase population-specific interventions that can be integrated in to community programs.**

**Goal: By June 30, 2010, all KS communities will have access to culturally and linguistically appropriate prevention and intervention resources for at least 4 specific populations.**

#### **Strategies:**

1. Identify population: Identify 4 populations based on current and evolving data.
  - a. Evaluate and obtain data.
    - Who: KDHE
    - When: September 2007
    - Resources: People, time, data, data resources (BRFSS, Census data)
  - b. Create a process to identify specific populations in greatest need.
    - Who: TUPP
    - When: December 2007 (6 months)
    - Resources: People
2. Identify models: Identify potentially effective models and develop new models for existing gaps.
  - a. Research existing models.
    - Who: KDHE/TUPP
    - When: December 2007 (6 months)
    - Resources: CDC, web sites, Best Practices book, Cancer Control, Lung Association
  - b. Create directory of models.
    - Who: KDHE
    - When: December 2007 (6 months) (completed simultaneously with research step)
    - Resources: CDC, web sites, Best Practices book, Cancer Control, Lung Association
  - c. Identify gaps.
    - Who: Create Assessment Team.
    - When: June 2008 (1 year)
    - Resources: Need data. Other resources same as above (CDC, web sites, Best Practices book, Cancer Control, Lung Association)

- d. Develop or modify models.
  - Who: Assessment team and TUPP
  - When: June 2008 (1 year)
  - Resources: Need data. Other resources same as above (CDC, web sites, Best Practices book, Cancer Control, Lung Association)
- 3. Disseminate: Develop a community network to eliminate barriers by providing access to effective population-specific models.
  - a. Convene potential community partners.
    - Who: KDHE/TUPP
    - When: December 2008
    - Resources: Meeting location, facilitator, incentives, funding
  - b. Identify access barriers.
    - Who: Assessment Team and Community Partners
    - When: December 2008
    - Resources: Meeting location, facilitator, incentives, funding, CDC, internet, best practices, people
  - a. Develop web-based resource guide for population-specific prevention and intervention materials and techniques.
    - Who: KDHE/TUPP
    - When: June 2009
    - Resources: I.T., funding, website, people
  - b. Market website and provide training.
    - Who: KDHE/TUPP
    - When: December 2009
    - Resources: I.T., funding, website, people
- 4. Evaluation: Evaluate dissemination process and network.
  - Who: KDHE, TUPP, Assessment Team
  - When: June 2010 (3 years)
  - Resources: Staff, data analysis, access to report from agencies

## *Data*

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

**Goal: By June 30 2009, there will be a functioning statewide strategy regarding collection, dissemination, integration, and utilization of community-level quantitative and qualitative data to eliminate identified data gaps among specific populations.**

### **Strategies:**

1. Conduct comprehensive assessments of available data to examine the range of factors related to tobacco use among disparately-affected populations.
  - a. Compile comprehensive sources of data in Kansas and nationally.
    - Who: KDHE
    - When: Immediately. By January 2008
    - Resources: Data access, human resources
  - b. Create directory of available resources.
  - c. Complete report with relevant data to guide the strategic planning process and enrich disparities elimination efforts for tobacco control.
  - d. Print report.
    - Who: KDHE
  - e. Distribute report to key tobacco stakeholders and communities.
2. Improve existing surveillance systems for data collection.
  - a. Catalog existing surveillance systems.
    - Who: Data Task Force
  - b. Access existing surveillance systems and suggest modifications or additions.
    - Who: Data Task Force
  - c. Identify specific minimum data set.
    - Who: Data Task Force
  - d. Define requirements for improvement of surveys, including cost requirements.
    - Who: Data Task Force
  - e. Identify funding sources.
    - Who: Data Task Force
  - f. Secure funding.
    - Who: Data Task Force

- g. Finalize specifications.
    - Who: Data Task Force
  - h. Disseminate recommendations.
    - Who: Data Task Force
3. Develop new data collection methods to access tobacco use where gaps in knowledge exist.
    - a. Create a Data Task Force.
    - b. Review alternative sources of data, including qualitative data.
    - c. Create and test innovative data collection methods
    - d. Implement, evaluate, share methods and new information.
    - e. Explore the possibilities for data collection around industry targeting.
  4. Disseminate available data to community key stakeholders.
    - a. Create a county community resource guide.
    - b. Use all available resources to disseminate information (print, electronic, media).
    - c. Communicate resources nationally.
  5. Link the data and data collection system with statewide and national tobacco prevention and cessation strategies.
    - a. Evaluate use of data collection systems.
    - b. Share information with national tobacco communities.
    - c. Make recommendations for future research.
    - d. Share data for utilization in health care curriculum.
    - e. Use data as method for additional funding.

## *Advocacy and Policy*

**Critical Issue: Educate and motivate communities, funders, and policymakers to support the elimination of tobacco disparities.**

**Goal: By June 30, 2010, educate and motivate communities, funders, and policymakers to support the elimination of tobacco-related health disparities in Kansas.**

### **Strategies:**

1. By June 30, 2010, develop an integrated statewide advocacy plan to address tobacco-related health disparities.
  - a. Convene the advocacy action planning team – regional representatives, state and private partners.
    - Who: TUPP staff
    - When: Yearly
    - Resources: Trainers, locations, materials, collaborate with partners (heart, lung, cancer; state and private)
  - b. Partner with local and state organizations to facilitate, train, and provide data for advocacy action planning team.
    - Who: TUPP, TFKC
    - When: Yearly
    - Resources: Trainers, locations, materials, partners
  - c. Reach and convene the Cabinet members and legislative leaders regarding the advocacy action plan.
    - Who: TFKC and other partners
    - When: Biannual
    - Resources: Coalitions, TUPP, TFKC
2. By June 30, 2010, conduct a tobacco biannual training/meeting for communities, funders, and policymakers to support the elimination of tobacco disparities.
  - a. Identify and convene communities, funders, policy maker(s), and stakeholders.
    - Who: Local Coalition (6 TUPP Regions)
    - When: Yearly
    - Resources: Trainers, location, materials, collaborate with existing partners (state and private)
  - b. Provide training for communities, funders, and policymakers regarding tobacco-related health disparities.
  - c. Evaluate the training/meeting of the above groups.

3. By June 30, 2010, recruit and train a minimum of 5 sustainable community-based organizations per KDHE, TUPP (6) regions not previously involved in tobacco control work, in mobilization/implementation activities.
  - a. Develop and deploy a recruiting campaign for new specific-population groups (not involved in tobacco).
    - Who: TUPP
    - When: ongoing
    - Resources: “mtk” [marketing?], materials, “HD” [health department?]
  - b. Identify and recruit 5 community organizations for each region.
  - c. Train each community organization in Tobacco 101 and Best Practices.
  - d. Provide ongoing TA (online via website-site, evaluation).
  - e. Select a project to complete in each region (e.g., clean indoor air).
  - f. Evaluate the project (process, implementation) within each region.
    - Who: TUPP
    - When: Ongoing
    - Resources: Workgroup for Specific Populations, TUPP, “HD” [health department?], coalitions