



Tobacco Prevention *for* Specific Populations

# Case Study: Kansas Tobacco Prevention for Specific Populations Planning Process

2007



Kansas Specific Populations Workgroup Members



# Tobacco Prevention *for* Specific Populations

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### Encouraging Aspects of the Process Quotes from Workgroup Members

“A shared passion for tobacco prevention and saving lives. Reaching the unreachable populations.”

“New friendships and networks established.”

“Truly appreciate the cross-section and variety of the groups represented.”

“Collaborative nature of process and willingness of participants to work hard.”



# Tobacco Prevention *for* Specific Populations

## Section I: Project Overview

### A. Purpose and Goals of the Project

In 2006, Kansas' Tobacco Use Prevention Program (TUPP) was awarded a grant from Centers for Disease Control and Prevention (CDC) to develop a strategic plan for addressing disparities related to tobacco. Kansas began work on the project in September 2006, with the first workgroup meeting in March 2007.

The mission of the project was to increase knowledge, training and resources needed to address tobacco-related disparities among specific populations in Kansas. The overall purpose of the workgroup was to produce a strategic plan based on the viewpoints of specific populations in Kansas that identifies and eliminates tobacco-related disparities.

The resulting plan is one of three strategies and a foundational component for addressing tobacco-related disparities in Kansas:

1. Develop a strategic plan to guide work.
2. Produce programs and activities that are culturally tailored to meet the needs of specific populations.
3. Work with communities to increase resources that support reduction of tobacco-related disparities among specific populations.

This case study provides a description of the specific populations strategic planning process in Kansas. The case study serves the strategic planning process as follows:

- Meets grant requirements: Case study is CDC-required deliverable and the designated method of evaluation for the strategic planning process.
- Sustains institutional memory of the process as new staff and others become involved.
- Serves as source of information and resource for others.
- Creates transparency for greater buy-in.
- Provides initial framework for project evaluation.

### B. Overview of Tobacco Prevention in Kansas

Tobacco use is the single most preventable cause of death in Kansas. Every year approximately 4,000 Kansans die from diseases that are directly linked to tobacco use. The Kansas Department of Health and Environment (KDHE) Tobacco Use Prevention Program (TUPP) is committed to improving the health and lives of all Kansans by reducing use of and exposure to tobacco. The program works in concert with state and local partners to promote interventions that are consistent

Thank you for doing this. I think there is a great need for this project in Kansas. The group represents a great proportion of specific population sectors and seems to be engaged in the process.

- Workgroup member  
comment after  
Meeting 1.

In Kansas, tobacco use is responsible for more than 4,000 deaths each year.

- Jon Hauxwell,  
M.D., Hays,  
Kansas



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with the U.S. Centers for Disease Control and Prevention's (CDC) Best Practices for Tobacco Use Prevention (1999) recommendations for action. While Kansas is making progress in tobacco control, the gains are directly proportional to the investment. Current tobacco use prevention funding is approximately 5% of the minimum amount recommended by CDC to effectively implement a comprehensive statewide program. Though the funding levels are insufficient, both the statewide TUPP program and community-based programs have adopted the CDC, Office of Smoking and Health goals of a comprehensive tobacco program to reduce disease, disability, and death related to tobacco use by:

- (1) eliminating exposure to environmental tobacco smoke;
- (2) promoting tobacco cessation among youth and adults;
- (3) preventing initiation of tobacco use among youth and;
- (4) identifying and eliminating tobacco use disparities among minority populations.

Before this planning process, Kansas' progress towards the fourth goal of identifying and eliminating tobacco use disparities among minority populations has been limited. Past efforts have included:

1. Some targeted materials through Kansas Tobacco Quitline (1-866-KAN-STOP).
2. County/community grants to identify and eliminate tobacco-related disparities in specific populations.

## **C. Planning Team Members and Roles**

A number of individuals were involved in the Specific Populations Project Planning Team, which was organized in September 2006 and continues through current efforts in Spring 2008. Project Team members required by the CDC grant included:

- (1) Project Coordinator
- (2) Facilitator
- (3) Evaluator

Additional team members recommended by CDC included:

- (1) data contact or Epidemiologist
- (2) community stakeholder(s)

Kansas adopted and expanded upon the CDC model, creating a multi-disciplinary planning team involving staff, contractors, and stakeholders from across the state. The depth and breadth of the team provided a diversity of input and allowed members to share tasks. Most planning team members were active throughout the process, but some joined as needs for new expertise were identified. The workgroup co-chair, a community stakeholder, was identified well before the first meeting and served on the planning team. Key members of the project planning team and their roles are listed in the following table.

Great job coordinating workgroup! Very smooth logistics.

- Workgroup member comment after Meeting 1.



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## Project Planning Team Members and Roles

<b>Name</b> <i>Title &amp; Organization</i> <b>Project Role</b>	<b>Tasks and Contributions for Specific Populations Project</b>
<b>Karry Moore</b> <i>Outreach Coordinator,            Kansas Department of            Health and Environment            Tobacco Use Prevention            Program (KDHE TUPP)</i> <b>Project Coordinator</b>	Many tasks included the following: oversaw all aspects of the planning process; participated in all three CDC training sessions; scheduled project team and strategic planning meetings; recruited participants; served as primary point of contact for staff and workgroup members; served as liaison between TUPP staff and workgroup; monitored performance of facilitator, evaluator, logistics contractor; oversaw project budget.
<b>Janet Brandes</b> <i>Contractor and            Educational Programs            Coordinator, Wichita            State University</i> <b>Facilitator</b>	Many tasks included the following: Helped with recruitment and retention of workgroup members; participated in all three CDC training sessions; participated in planning team meetings; drafted agendas; drafted workgroup worksheets, tools, handouts, posters, etc.; facilitated meetings; drafted marketing plan; and served as primary author of the strategic plan.
<b>Connie Satzler</b> <i>Contractor and            President, EnVisage            Consulting, Inc.</i> <b>Evaluator</b>	Served on planning team; participated in all three CDC training sessions; helped draft and edit workgroup materials; drafted evaluation reports and materials; observed and took notes at workgroup meetings; developed and maintained website; drafted case study; assisted with workgroup member recruitment and communication. Additional EnVisage Consulting, Inc. staff members helped as needed.
<b>Aiko Allen</b> <i>Project Director, Urban            Native Diabetes            Prevention Consortium,            Hunter Health Clinic</i> <b>Workgroup Co-Chair            and Community            Stakeholder</b>	Served on planning team; attended CDC training session; served as Co-Chair of the workgroup; assisted with the development and improvement of workgroup exercises, workgroup materials, and final documents, assisted with workgroup member recruitment and retention. Also provided creativity and suggested alternative approaches more appropriate to diverse populations to planning team.
<b>Harlen Hays</b> <i>Advanced            Epidemiologist, Kansas            Department of Health            and Environment</i> <b>Epidemiologist</b>	Served on the planning team; participated in one CDC training sessions; completed assessment of specific populations data; presented specific populations data to workgroup; served as technical assistance resource to planning team, workgroup, and data/evaluation small group; provided feedback on workgroup materials and final plan.
<b>Area Health            Education Center            (AHEC) East Staff</b> <i>University of Kansas            Medical Center</i> <b>Fiscal Agent and            Registration Logistics</b>	Served as fiscal agent for hotels, reimbursements, and stipends. Also provided assistance with handouts, supplies, workgroup member invitations, RSVPs, and registration. Multiple staff members from AHEC assisted with the process.

Janet did a good job facilitating the group: keeping things on topic, making sure everyone was heard, and keeping on schedule. I also liked Harlen's presentation – very enjoyable.

- Workgroup member comment after Meeting 1.



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## Project Planning Team Members and Roles

<b>Name</b> <i>Title &amp; Organization</i> <b>Project Role</b>	<b>Tasks and Contributions for Specific Populations Project</b>
<b>Jenna Hunter</b> <i>Outreach Coordinator,            Kansas Department of            Health and Environment            Tobacco Use Prevention            Program</i> <b>Planning Team            Member</b>	Participated in planning team and workgroup meetings; participated in one CDC training sessions; provided support to project and filled in, as needed, for the project coordinator and evaluator throughout project; assisted with workgroup member recruitment and retention; led photo voice exercise for workgroup members and developed corresponding worksheets/materials.
<b>Ginger Park</b> <i>Media and Policy            Coordinator, Kansas            Department of Health            and Environment            Tobacco Use Prevention            Program</i> <b>Media/            Communications            Expert</b>	Joined planning team meetings regularly as process progressed; participated in final workgroup meeting; provided technical assistance related to marketing plan and communications; provided feedback on workgroup materials; final editor of strategic plan and final documents.
<b>Carol Cramer</b> <i>Program Manager,            Kansas Department of            Health and Environment            Tobacco Use Prevention            Program</i> <b>Project Director</b>	Joined some planning team meetings and workgroup meetings; provided overall guidance, project oversight, and fiscal oversight to project coordinator and project planning team. Reviewed workgroup materials and final documents.
<b>Sandy Culig</b> <i>National Cancer            Institute's Cancer            Information Service –            Heartland Region</i> <b>Communications/            Marketing TA and            Stakeholder</b>	Joined planning team after final workgroup meeting to provide support and technical assistance related to communications and marketing plan. Developed Strategic Planning Ecomap. Provided input and feedback on final materials.
<b>Other Team            Members</b>	Additional planning team members included the Healthy Kansans 2010 Coordinator and additional Tobacco Use Prevention Program Outreach Coordinators from across the state.

The content presentations are very helpful. They contribute to the group's knowledge base, and they reinforce that there are successful, effective programs and efforts in place and on-going.

- Workgroup member comment after Meeting 2.

Formation of the workgroup and roles and responsibilities of the workgroup members are discussed in Section III.



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## D. Budget and Resources

The Tobacco Prevention for Specific Populations planning process was made possible by a grant of \$60,000 from the Centers for Disease Control and Prevention (CDC). This was supplemented with additional funds from the CDC tobacco use prevention core grant. Funds were used for contractor expenses, meeting location expenses, meeting handouts and supplies, and workgroup member stipends and travel reimbursements. KDHE TUPP staff time, which was significant, is not reflected in the budget.

Workgroup members were provided with a \$150 stipend per meeting attended. Out-of-town members were provided with gas cards to help defer mileage costs, though the value of the gas cards was less than the full federal mileage rate. Hotel accommodations were provided to those traveling from out-of-town.

The planning team made a significant effort to take advantage of CDC's comprehensive planning materials, to seek out diverse workgroup members, to plan meetings for inclusivity and parity of members, and to complete the plan in only three workgroup meetings. While these efforts were successful, they did take significant human resources, primarily for planning. Conservatively estimated, the planning team spent approximately 2,700 hours on this project and workgroup members spent an estimated 700 hours attending meetings (this includes a minimal estimate for travel time) for a total of more than 3,400 hours devoted to developing the Kansas strategic plan for specific populations.

It is obvious to me that LOTS of time and thought is put into our comments and recommendations.

- Workgroup member comment after Meeting 2.



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## Section II: Evaluating the Process

### A. Goal and Purposes of Evaluation

Following the CDC guidelines, this case study serves as the primary evaluation tool for the process of developing the plan. The goal of this evaluation is to look at the planning process itself, *not* the implementation of the plan. Specifically, the case study serves these purposes:

- Meets CDC requirement as a project deliverable and method of evaluation for the strategic planning process.
- Documents processes, accomplishments, successes, challenges, and lessons learned.
- Sustains institutional memory of process as new staff and others become involved.
- Source of information and resource for others pursuing similar efforts, both in Kansas and in other states.
- Creates transparency for greater buy-in.
- Provides foundation for ongoing specific populations project evaluation.

### B. Evaluation Design and Method

As defined by the CDC, a case study is a “history of describing and interpreting key activities, players, challenges, and lessons learned during the strategic planning process.”

A contracted evaluator was used for this role. The evaluator also served on the planning team and was involved in the planning and decision-making process throughout. As such, the evaluator had the opportunity to observe the process closely first-hand from start to finish.

Data sources for the evaluation included the following:

- Planning team meeting and conference call notes; observations from planning team meetings.
- Informal communication with project team members and workgroup members.
- Workgroup meeting notes.
- Direct observations of workgroup members.
- Workgroup meeting evaluation forms.
- Various other response forms and paperwork completed by workgroup members.
- Materials posted on workgroup website, <http://www.healthykansans2010.com/tobacco>.

The pace of the process positively contributed to the success and quality of the effort. My experience over many years of similar groups is the more meetings you have can result in “nit picking” versus product/process development. The superb organizational support and expertise for this process is the key to its success.

- Workgroup member  
comment after Meeting 3.



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The meeting evaluation forms, which were a primary data source for this evaluation, are included in Appendix A. Workgroup processing was stressed throughout, and an effort was made to track member perception of workgroup processing and participation in the “Participation and Outcomes” section of the form, which included questions such as, “I felt comfortable expressing my views”, and “There has been adequate time for getting to know each other and building an effective team.”

Meeting evaluation results are listed in Appendix B. Evaluation results were shared with all workgroup members soon after each meeting. The Meeting 1 report includes comments from the planning team on how concerns will be addressed.

### Examples of Workgroup Member Suggestions after Meeting 1 and Planning Team Responses

<b>Member Comment/Suggestion</b>	<b>Planning Team Response</b>
I'm not sure exactly what is meant by “system changes.”	<i>A handout was prepared defining system changes and will be displayed at the next meeting, with changes identified that are already in progress.</i>
It would be great to see some young people represented in the workgroup.	<i>We contacted all workgroup members seeing who might be able to identify a representative youth member. A new member was identified and invited to join.</i>
I would have enjoyed the opportunity to get to know more of my team members. Maybe we could consider a social event to mingle more; i.e., evening before of after the workshop meeting, breakfast, etc. (We can pay.)	<i>We have built in more time in future meetings for networking, getting acquainted, team-building – at lunch and through sharing activities.</i>



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## Section III: Processes and Milestones

### A. Overview of Timeline

Key processes and milestones are listed in the below table.

Date	Task/Milestone
Summer 2006	Pre-planning: submit grant application, assign staff, begin contracting process, outline strategic planning process applying lessons learned from Healthy Kansans 2010 process
September 28-29, 2006	CDC Training Session I: Six planning team members (Project Coordinator, Facilitator, Evaluator, Epidemiologist, Community Stakeholder, and Tobacco Use Prevention Program Director) attended
October – November 2006	Planning team conference calls every two weeks
November 15-17, 2006	CDC Training Session II: Three Planning team members (Project Coordinator, Facilitator, and Evaluator) attended
December 2006	Kansas Specific Populations website launched: <a href="http://www.healthykansans2010.org/tobacco">www.healthykansans2010.org/tobacco</a>
December, 2006 – January, 2007	Nominations Process: Compile nominations list, develop nominations forms; weekly calls with planning team
January 2007	Nominations letters are sent
February – March 2007	Follow-up with workgroup nominees; continue weekly conference calls; plan and develop materials for Meeting 1
March 29, 2007	Workgroup Meeting 1
April 2007	Continue weekly conference calls; follow-up from Meeting 1 and plan Meeting 2
April 18-20, 2007	CDC Training Session III: Four planning team members (Project Coordinator, Facilitator, Evaluator, and Tobacco Prevention Program Staff member) attended.
May 2, 2007	Presentation at Governor's Public Health Conference
May 17-18, 2007	Workgroup Meeting 2
May 18-24, 2007	Follow-up from Meeting 2; prepare for Meeting 3; frequent conference calls and ongoing work by planning team
May 24, 2007	Workgroup Meeting 3
May 24-25, 2007	Staff debriefing and planning session for finalizing strategic plan and marketing plan
June, 2007	Planning team works on final materials; conference calls every two weeks; email communication with workgroup members; review and comment by workgroup members on strategic plan
July – September 2007	Follow-up communication on final documents and implementation; finalize case study
August - September 2007	Lessons learned and results from specific populations effort utilized in Tobacco Prevention Data and Evaluation strategic planning process

Reconvene workgroup two times per year (in person, preferably).

- Workgroup suggestion after final meeting.



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Date	Task/Milestone
October 2007	Two posters from Specific Populations project presented at national Tobacco or Health conference One poster project presented at the National LGBT Tobacco Prevention Conference preceding the national conference
Ongoing	Ongoing implementation of Specific Populations Strategic Plan

## B. Foundation of Process: Pre-Planning and Training

Three aspects of pre-planning laid a solid foundation for a successful process:

- 1. Applying lessons-learned from the statewide Healthy Kansans 2010 planning process.** In the summer of 2006, Kansas had just completed a comprehensive health planning process involving multiple stakeholders serving in a Steering Committee, Action Groups and Work Groups. The Project Coordinator for the Specific Populations project had also served as the Project Coordinator for the Healthy Kansans 2010 planning process. Not only were process-oriented lessons-learned applied, but also many of the key strategies and action steps identified by Healthy Kansans 2010 directly related to goals of the Specific Populations project.
- 2. Moving forward with planning whenever possible, whether or not the paperwork had caught up.** The grants and contracts process can be very long. The Project Coordinator had the foresight to give a “heads-up” and push for pre-planning whenever possible. For example, before the grant from CDC was awarded, the Project Coordinator encouraged those that may be involved in the process to start thinking about necessary actions and planning needs in the event Kansas received the grant award. The Project Coordinator also began communicating with contractors (facilitator, evaluator, and fiscal agent) and involving them in the planning process as much as possible even before contracts were finalized. (Communication of this nature was possible because all contracts were sole-source versus competitive bids.)
- 3. Utilizing CDC training materials and lessons-learned from other states.** CDC provided an excellent comprehensive training program for the specific populations project. Kansas took advantage of all three training sessions as well as the detailed materials provided by CDC and example strategic plans, case studies, marketing plans, and other materials provided by other states through the training process. The planning team also utilized contacts made with other states at the training sessions. The facilitator attended one of Nebraska’s workgroup meetings, which provided helpful insight as the Kansas team was planning Meeting 1.

I think it was well-organized and valuable information was selected to initiate the process.

- Workgroup member comment after Meeting 1.



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## C. Formation of the Workgroup

### 1. Recruitment and Nomination Process

I appreciate the diverse group and experience of members.

- Workgroup member comment after Meeting 1.

Work on forming the workgroup began in fall 2006. Materials received at CDC's Training Session I significantly shaped the workgroup formation, by encouraging the planning team to make the process inclusive and to focus on relationship-building with specific populations in the state in addition to the product itself. The presentations by previous grantees on "Lessons Learned" were also seriously considered.

The planning team brainstormed all possible organizations and individuals that might be a valuable contributor to this process *and* were a member of a specific population or served a specific population. Eleven key specific populations for Kansas were identified as well as a twelfth category listing other potential populations with undefined tobacco-related disparities.

A letter from the State Director of Health was sent to these individuals and organizations soliciting nominations for workgroup members. The letter included specific considerations for workgroup members, such as their representation of a specific population, availability to attend all three meetings, and ability to provide leadership in implementing recommendations for improvements in specific populations. See Appendix C.1 for the nominator letter and nomination form. The planning team conducted follow-up communications after the nomination letters were sent, either by phone calls or emails.

Forty-four completed nomination forms were received. All nominations were reviewed by the planning team using two forms, which are available in Appendix C.2:

- Group Nominee Criteria Evaluation: Review of Group – Does the group of nominees as a whole sufficiently represent the state's specific populations and is it expected to adequately complete the tasks? (See Appendix C.2 for the complete list of criteria.)
- Individual Nominee Criteria Evaluation – This form evaluated the member using six questions related to three areas: membership/expertise in specific populations, compatibility/expertise in tobacco prevention, and general leadership/workgroup skills. (See Appendix C.2 for the complete list of criteria.)

Nominations were received from approximately 100 different organizations or groups. See Appendix C.3 for a complete list.

The list of nominees was very impressive, so all were asked to either join the workgroup or serve in an advisory capacity. The workgroup member invitation



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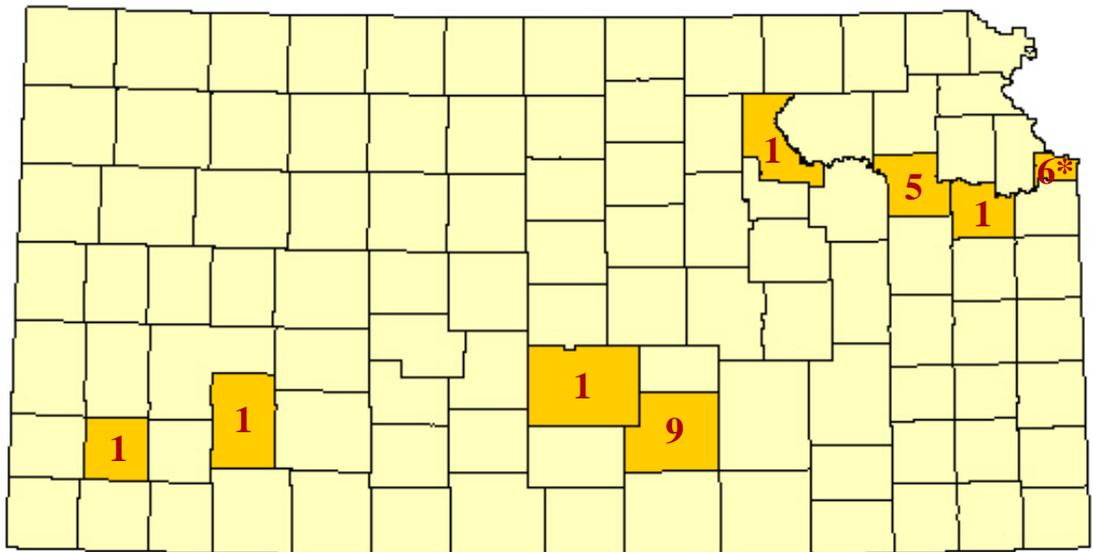
letter is included in Appendix C.4. Some invited workgroup members self-selected as advisory members due to scheduling conflicts with workgroup meetings.

At the first meeting, the workgroup members were asked who was missing from the table. The group made some suggestions and the planning team followed-up with a couple of other potential members, including middle school and high school youth. The final workgroup consisted of twenty-five members plus the planning team. One of the twenty-five workgroup members, a high school student, completed the nomination process and became part of the workgroup beginning with the second meeting.

## 2. Workgroup Membership

Workgroup members are listed in Appendix D.1. The membership reflected all twelve of the specific population groups identified by the planning team and included both individuals who had a cultural membership in a specific population as well as individuals who worked for organizations that served specific populations. The chart in Appendix D.2 illustrates number of workgroup members representing each specific population.

The below map illustrates the distribution of workgroup members across the state.



\*3 members from Kansas City, Missouri have been included in Wyandotte

Several members represented organizations that served specific populations statewide versus at the community level: 1 member from Sedgwick County, 3 members from Shawnee County, and 5 members from the Kansas City area.

I would like to see more teens/youth at the table. Consider [a student from] alternative school, juvenile center, or home-schooled.

- Workgroup member comment after Meeting 1.



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Participation was excellent. At Meeting 1, 24 of the 25 (96%) workgroup members attended. At Meetings 2 and 3, 22 of 25 (88%) workgroup members attended.

### 3. Roles and Responsibilities of the Group

At the first meeting, workgroup members were asked to complete a conflict of interest statement and a roles and responsibilities form. (See Appendices E.1 and E.2.) Workgroup members were asked to attend all meetings and to participate fully in the process, but had minimal responsibilities and preparatory work outside the meetings. There were two full one-day meetings and one full two-day meeting.

The roles and responsibilities of the chair and staff members were also made clear to the group, and the planning team signed the roles and responsibility form as well. (See Appendices E.3 and E.4.)

Ground rules adopted by the group are listed below:

- To attend all meetings and communicate regularly.
- To communicate agenda items in advance of the meetings.
- To start meetings on time.
- To record and capture the group's work.
- To be relevant – stay on subject.
- To invite everyone into the conversation – take turns talking.
- To express concerns. Be real, authentic and say what needs to be said.
- Make every statement a learning opportunity. Welcome advice.
- To disagree with ideas, not with people.
- To build on others ideas.
- To assume there are no fixed ideas or un-discussibles.
- To value lively debate. It can promote quality.
- To work for consensus. Speak in one voice when adopting the final documents.
- Reach closure on each item and summarize conclusions at end of meetings.

The evaluator was on board from the beginning. Attending CDC trainings and months of conference calls, the evaluator and her staff created professional and visually interesting documents. She was instrumental in reviewing documents in draft and final forms on the website throughout the process. She often covered other responsibilities and was able to provide valuable insight based on her knowledge of similar processes and existing strategic plans and initiatives both

[Time spent] building relationships was valuable. We need to be able to work cohesively as a group to complete our goals.

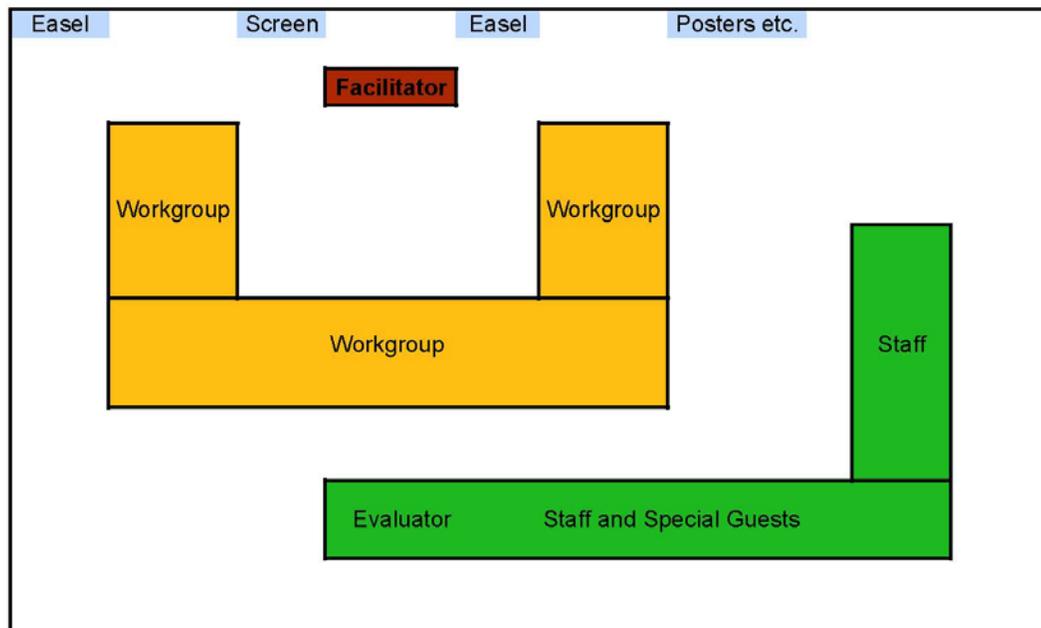
- Workgroup member comment after Meeting 1.

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from the Kansas Department of Health and Environment and other statewide programs/projects.

The facilitator did an excellent job of guiding the workgroup through the decision-making process during the three meetings. Extensive work by the facilitator and other planning team members in developing data collection forms, exercises, and workgroup activities helped the decision-making process flow smoothly and generally stay on schedule during each meeting. Members selected critical issues in meeting 1. Meetings 2 and 3 included small group work; members self-selected to join one of three critical-issue small groups.

The meeting room was arranged so workgroup members sat at the inner chairs and were the decision-makers. Planning team, staff, and guests supported the process and sat in the outer chairs. See following diagram of meeting room layout and seating arrangement.



Workgroup = voting members who committed to attending 100% of the meetings

Staff and Special Guests = presenters, representatives from the national groups, planning team, Tobacco Use Prevention Program Staff, nominated workgroup members who were only available for 1 meeting.

## D. Identifying and Assessing Disparities

### 1. Identifying Specific Populations

One of the first steps in identifying and assessing disparities was identifying the specific populations. An initial list of specific populations was developed by the

I think we are on the right track. Excellent facilitator.

- Workgroup member comment after Meeting 2.



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planning team at the first CDC training based on a framework provided at the training:

- Populations which represent established communities and for which data is available (e.g., Hispanic/Latino)
- Strata for which data is available (e.g., age groups, income, disability status)
- Groups for which data on level of tobacco use is unknown or very limited (e.g., military, refugee)

Eleven groups plus a twelfth category for additional groups was identified by the planning team. This list was modified slightly during the meetings and adopted by the workgroup. (See Appendix D.2 for the final list of specific populations.)

The workgroup chose to identify cross-cutting issues and strategies as part of the plan versus narrowing the list of specific populations.

## **2. Quantitative and Qualitative Assessment of Disparities**

It was the goal of the planning team to avoid bogging down the process in the search for more data, so all relevant data was presented to the group at Meeting 1. The Epidemiologist took the lead, presenting a comprehensive overview of quantitative data available from a variety of sources, including the Behavioral Risk Factor Surveillance System (BRFSS), Adult Tobacco Survey (ATS) and other survey tools; vital statistics data; the Quitline; and other sources. The Epidemiologist also provided an overview of data gaps and populations with no or limited data. (The data presentation is available online with other Meeting 1 materials at <http://www.healthykansans2010.org/tobacco/meeting1.asp>.)

Ideas for additional available information were solicited from the workgroup, and members provided a couple of suggestions for additional data sources, including a military resource for tobacco-related data on the military population nationwide. The group was able to use the available data in their decision-making process without getting bogged down with collecting more data during the planning process. However, the development of improved community-level quantitative and qualitative data was the first critical issue identified by the group as part of the strategic plan.

The Epidemiologist was available throughout the process to provide technical assistance to workgroup members regarding specific data results and data availability.

Qualitative information used in the assessment of disparities included workgroup members' cultural and professional experiences as well as a workgroup Photo Album project, which asked workgroup members to take pictures to document

One suggestion I would make is that some time should be taken to talk about the specific populations the workgroup represents and their related issues around tobacco.

- Workgroup member suggestion after Meeting 1.



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community assets, culture, and the influence of tobacco. This project is further described in Section IV.

## E. Developing the Plan

The strategic plan took shape over the three meetings using tools provided by the planning team and under the leadership of the facilitator. However, the decisions on the content of the plan were completely in the hands of workgroup members. Throughout the process, the workgroup chose not to limit the plan for particular groups, but instead developed overarching objectives for addressing tobacco prevention disparities among multiple populations.

The general process for developing the plan was

- Meeting 1
  - Review Related Background Information
  - Review Data
  - Identify Critical Issues
- Meeting 2 (two days)
  - Prioritize Critical Issues; Identify Top 3
  - Small Group work: Develop Goal Statements and Strategies for each critical issue
  - Small Group work: Draft Action Steps for each strategy
- Meeting 3
  - Finalize Strategies and Action Steps
  - Identify Responsibility for Strategies and Action Steps
  - Discuss Implementation, Evaluation, and Marketing of Plan

The meeting agendas are provided in Appendix F.

Numerous worksheets and tools were used to help facilitate these decisions in the planning process. While not provided as part of this document, these are available on the website under each meeting tab:

<http://www.healthykansans2010.org/tobacco/>

## F. Adopting and Refining the Plan

By the end of the third meeting, the framework and content for the plan was complete. The Planning Team stayed for a next-day post-planning session after Meeting 3 to identify steps to complete the strategic planning document and to discuss the marketing plan. The facilitator drafted the strategic planning document using the workgroup meeting results and the plan was released for review and comment by workgroup members. A draft plan was emailed to members, and it was also posted on the web with a corresponding discussion

[Appreciated] the fact that you organized/structured the process in a total of 4 days [3 meetings]. I believe that people will fill the time allowed. Good job.

- Workgroup member comment after Meeting 3.



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board. Comments were solicited from workgroup members, from those serving in an advisory capacity, and from other tobacco staff and partner organizations.

Relatively few comments were received. The planning team assumed this was at least in part due to the fact that the process was very transparent (all draft results from meeting were posted on the web for anyone to review and comment) and that a clear consensus on issues, strategies, and action steps was achieved during the workgroup meetings.

The workgroup's plan was adopted by the KDHE TUPP. The plan will be integrated into the program goals and activities of TUPP. It is intended for a wide variety of audiences including:

- Workgroup members
- Statewide organizations and coalitions
- Health-related professional organizations
- Specific-population communities
- Foundations
- Tobacco prevention state and local program staff
- Public health decision makers
- Advocacy organizations, legislators and policy staff

## G. Preparing for Action

As part of Meeting 3, workgroup members identified steps to take in adopting and marketing the strategic plan. Specifically, they identified

- Individuals and organizations to include in the marketing plan
- Why their buy-in was critical
- The best approach to reach these individuals/organizations
- Materials and the Key Message for each organization/individual
- Who the messenger should be

Complete worksheets and results from the Meeting 3 discussions are available on the website: <http://www.healthykansans2010.org/tobacco/meeting3.asp>

The Planning Team's post-planning session further addressed how to market the plan, with the expertise of the state tobacco program's Media and Policy Coordinator as well as a Marketing and Communications expert from a partnering organization.. The tagline, "Tobacco Use Prevention and Cessation. Everyone Benefits." was identified, and the facilitator drafted the marketing plan, which was reviewed and adopted by the workgroup and planning team. The Marketing and Communications expert drafted an "ecomap", which was also adopted and has been a valuable illustration of the audiences of the specific populations plan. See Appendix G.1 for the Marketing Plan and Appendix G.2 for the Ecomap.

I am very appreciative of TUPP staff. Good Job. Great Passion and Super Relationship-Building!!

- Workgroup member  
comment after Meeting 3.

I just hope the plan can be truly implemented!

- Workgroup member  
comment after Meeting 3.



# Tobacco Prevention *for* Specific Populations

I think it's a great idea to reconvene the workgroup throughout the year. I like the idea of meeting in person twice per year.

- Workgroup member comment after Meeting 3.

Currently, Kansas continues in the process of implementing and marketing the plan. Final documents are posted on the website. Goals and strategies are discussed at other strategic planning meetings such as Tobacco Data and Evaluation to identify crosscutting issues and encourage collaboration and sharing resources.



# Tobacco Prevention *for* Specific Populations

## Section IV: Tools and Other Assets to the Process

The strategic planning process benefited from a number of tools used to facilitate the process and there were many assets which contributed to a productive workgroup and a completed plan.

### A. Example Tools Contributing to a Successful Process

Several “tools” significantly contributed to a successful process. While this is not a comprehensive listing of all tools used, it does provide key examples.

#### 1. Photo Album Project

A workgroup photo album project was introduced to the group at Meeting 1 with the following goals:

- Create a workgroup photo album that represents the workgroup’s communities and their diversity
- Enhance workgroup discussions
- Provide a qualitative data source

Workgroup members were given disposable cameras and asked to mail-back the cameras and/or to email any digital photos they wanted to share. Members were encouraged to take pictures documenting the following themes:

- Their community assets
- The influence of tobacco in their community
- Something important about their culture(s) and traditions

The Photo Album instruction sheet and release form is available in Appendix H.1.

While only a few of the workgroup members participated, the photos received did promote valuable discussions among the workgroup at Meeting 2. Examples of photos are available on the “Album” page of the workgroup website:

<http://www.healthykansans2010.com/tobacco/photos/photo.asp>

#### 2. Workgroup Website

The workgroup website was used throughout the process to post meeting materials, latest results, discussion questions, informational presentations and materials, and contact information. Early in the process the initial website was redesigned to make it more accessible using Section 508 of the Rehabilitation Act as a standard. It continues to be a key resource during this implementation period.

Photo album project was a GREAT visual activity for understanding where and how tobacco is represented right here in our communities.

- Workgroup member comment after Meeting 2.

# Tobacco Prevention *for Specific Populations*

The website address is [www.healthykansas2010.org](http://www.healthykansas2010.org). Here is a screen shot of the results page:

The website was beautifully created and maintained.

- Workgroup member comment after Meeting 3.

The screenshot shows the website's results page. At the top, there is a logo for 'KANSAS' with a sun and a graphic of two people walking. Below the logo is the title 'Tobacco Prevention for Specific Populations'. A navigation bar contains links for Home, Meeting 1, Meeting 2, Meeting 3, Results, Materials, Album, and Contact Us. The 'Results' section is highlighted. It includes a 'Quick Links' box with links to Tobacco Free Kansas, Healthy Kansas 2010, Governor's Healthy Kansas, kNOWtobacco, and Discussion Boards. A central 'Final Documents' section lists: Strategic Plan (pdf), Marketing Plan (Word) (pdf), Strategic Planning Ecomap (Word) (pdf), and System Changes (Word) (pdf). To the right, a text box states: 'Tobacco use is the single most preventable cause of death and disease in our society' and lists the 'Center for Disease Control and Prevention'. Below that, an 'Important Documents' box lists: Strategic Plan, Marketing Plan, and Strategic Planning Ecomap. At the bottom, there is a contact information box for EnVisage and a copyright notice for 2007.

### 3. System Changes List

Throughout the process, the Project Coordinator kept a list of “system changes” that were implemented as part of the specific populations project, both within the state tobacco program and in organizations represented by workgroup members. This was an encouraging progress report and provided a constant reminder that lasting change is often incremental, systemic, and does not always take significant resources. Examples of system changes include the addition of a limited mobility question on the Quitline intake survey, establishing a relationship with the state’s military contacts, and distributing Quitline cards in Spanish. The list of system changes, current at the time of this document, is provided in Appendix H.2.

### 4. Focus on Workgroup Member Expertise and Cultures

Individual workgroup members’ expertise – both related to specific populations and to tobacco prevention – was greatly valued by the planning team and by other workgroup members. Workgroup members were encouraged to fill out a biography form, to share more information on their background and expertise.



# Tobacco Prevention *for* Specific Populations

Also, meetings were opened and closed with customs or presentations representing workgroup members' cultures and expertise. Examples of openings and closings include a Native American song, a Japanese greeting, and an African American call and response. Workgroup members were invited to set up displays to distribute materials or share their work/research.

## 5. Visual Cues of Progress and Success

An effort was made for the process to be very visual and to celebrate progress and success. Examples of visual cues promoting progress and success include:

- Large posters with agendas, progress from last meeting, outlines for decisions at current meetings, etc. were posted around the room at each meeting. The facilitator printed these on a poster printer, so they were colorful and professional-looking rather than the usual hand-written flip chart pages.
- Members were presented with attractive certificates at the end of each meeting to recognize their contribution. Each meeting's certificates were signed by different leaders in the state (e.g., Secretary of Health and Environment, Director of Health, Director of Kansas Tobacco Free Coalition) both to recognize the members and to help increase buy-in of the process among these key stakeholders not part of the workgroup.
- Once the critical issues and goal statements were finalized, balloons were released to celebrate "launching" the goals.

## B. Other Assets Contributing to a Successful Process

There were many assets contributing to this successful process. Key assets included:

- The Project Coordinator did a great job keeping the planning team, tobacco program staff, related organizations, and workgroup members involved and aware of the process without bogging anyone down with a heavy load or making the workgroup meetings too staff-heavy. (The planning team did not want the workgroup members to feel overwhelmed by program staff.) The Project Coordinator did an excellent job coordinating regular planning team meetings and project logistics.
- The Facilitator was an integral component to the project's success through her guidance of the workgroup and tremendous attention to detail in preparing materials, handouts, posters, group exercises, etc. She was perceptive of the group's interactions and adjusted her approach as needed to maximize members' involvement, though planning was so thorough that little adjustment was needed.
- The Planning Team was represented by staff, contractors, and stakeholders from multiple locations across the state, but worked together extremely

[Appreciated] Organizational support. Contractors and KDHE staff support was invaluable.

- Workgroup member comment after Meeting 3.



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The organizing was great. Everything was thought of down to the smallest details. Nice job.

- Workgroup member comment after Meeting 1.

well. Regular (weekly or biweekly) conference calls for nearly a year during this project fostered camaraderie among the Planning Team and allowed its members to share tasks and slip in and out of roles as needed. (For example, personal emergencies kept the Project Coordinator away from part of Meeting 2 and the Evaluator from attending Meeting 3. Other Planning Team members assumed their duties seamlessly.)

- The Workgroup Co-Chair, a community stakeholder, was a planning team member and challenged the rest of the team to incorporate more culturally diverse approaches into the planning process.
- Particularly after hearing experiences from other states, the Evaluator was grateful to have been involved on the Planning Team throughout the process.
- Lessons learned from the Healthy Kansans 2010 process and materials from CDC's Training Sessions were excellent resources for planning a successful process
- Even though the resources and staff time put into planning were more than anticipated, they paid off with successful workgroup meetings.
- Having all of the data analyzed and presented at the first meeting helped the planning process move quickly. The availability of the epidemiologist at all three meetings provided immediate answers to most data-related questions.
- The process was transparent and the latest information was always available to workgroup members, staff, and other interested individuals and organizations through the website.
- The logo helped provide the workgroup with an identity and useful when producing workgroup materials and final results.
- Logos and websites were included on the majority of the materials. For example the Quitline logo is on the certificate to increase recognition and in hopes the certificates will be displayed increasing the reach of the available resource toll force statewide.
- The tools, worksheets, and handouts promoted the both group's diversity and the consensus on the plan in a relatively short period of time.
- Meetings were held in Wichita, a more central location than Topeka or Kansas City.
- The meeting facilities provided a good atmosphere for both small and large group work.
- The process received good support from the Fenway Institute, who sent a representative to one of the meetings and provided their resources and materials at no charge.
- Logistically, the Planning Team tried to make the process work for everyone. Workgroup member stipends and gas cards were instrumental in securing regular participation by some workgroup members.
- Communication with workgroup members before and between meetings kept everyone involved in the process.



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## Section V: Challenges to the Process

While the process posed several challenges, the Planning Team took steps to address these challenges whenever possible. The table below lists challenges as well as strategies to overcome the challenges identified.

Challenge	Strategies to Overcome
Contract process was difficult.	The contracting process was started as early as possible; even so, delays were experienced. Whenever possible, contractors were included in planning calls and discussions even before the contracts were finalized.
Including "grassroots" in addition to "grass tops" workgroup members was more difficult than anticipated.	The Planning Team made efforts to recruit "grass roots" members and provided a stipend for members to use as they best saw fit (e.g., childcare, compensation for missing work, etc.). The Planning Team was also willing to provide interpreters and special accommodations as needed. In reality, it was difficult to attract workgroup members who were not able to attend the meetings as part of their job. For example, several parents with children involved in Special Olympics were contacted. While they had some interested in participating, their logistics, challenges of daily living, and need to address other immediate priorities for their child prevented them joining this workgroup. Sessions during normal hours were a barrier to "grass roots" involvement, but Saturdays and evenings were not convenient for representatives from public and professional organizations.
Striking a balance between representation of specific populations and workgroup size.	More than a dozen key specific populations were identified. During the nomination process, an effort was made to recruit members who (preferably) were members of multiple specific populations <i>or</i> individuals who had expertise with and served multiple specific populations through their organization.
Selecting a location.	Wichita was a fairly central location, but two-thirds of the group's members still had long drives.
Creating an environment where everyone has a voice.	Incorporated multiple venues and communication modes for feedback and participation: large group, small group, "games", photo project, one-on-one email or phone follow-up, biographies, website discussion boards, relationship-oriented activities, task-oriented activities, and process-oriented activities.
Competition for visibility, priorities, and resources.	With so many initiatives in the Department of Health as well as initiatives across the state led by strategic partners, there is a competition for visibility, priorities, and resources. Some steps taken to overcome this challenge include developing a logo for group recognition; the workgroup website; rotating Department of Health staff and strategic partners through meetings as presenters, observers, and guest speakers; having different leaders sign the certificates for each meeting.

I actually was surprised to learn some did not feel comfortable sharing views. I found all my interactions to be very open and inclusive.

- Workgroup member comment after Meeting 2.



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Tables for general discussion are well-placed. Tables for small groups need separation – trouble hearing. Rowdy enthusiasm is great!!

- Workgroup member comment after Meeting 3.

<b>Challenge</b>	<b>Strategies to Overcome</b>
Developing a plan that does not have funding for implementation.	The Planning Team was upfront with the group about the uncertainty of resources for implementation. Workgroup members were encouraged to develop no- and low-cost strategies as well as strategies to secure additional funding. Regardless workgroup members responded positively to staying on board and implementing the plan.
Terminology	Keeping up with appropriate terminology for individual populations, disparities and the name of the workgroup was a challenge. The workgroup name (and the website and the logo) changed three times based on the advice from CDC: from (1) Tobacco Disparities to (2) Tobacco Prevention for Priority Populations to (3) Tobacco Prevention for Specific Populations. The Planning Team tried to be as flexible as possible and use the “most” appropriate and up-to-date terms.
Logistical challenges: hotel, food	Hotels, workgroup member stipends, and food were significant but necessary expenses. CDC’s limitation on the use of grant funds for food provided a challenge. The meetings had to be held at a hotel, which turned out to be a great location, but not being able to bring in food made the overall costs perhaps more expensive and expenses limited what we were able to provide for snacks and breaks. Also, culturally diverse food choices were not available from hotel menus.



# Tobacco Prevention *for* Specific Populations

## Section VI: Conclusions

In conclusion, the Planning Team offers lessons learned to other groups embarking on similar efforts:

- Don't reinvent the process. Build on lessons learned from similar planning processes conducted by your organization and others.
- Be flexible. Avoid cookie-cutter approaches and tailor a planning process to meet your specific needs. While we utilized both Healthy Kansans 2010 resources and CDC training materials, these were tailored to the specific needs of the specific populations workgroup and process.
- Go beyond the "usual suspects" when seeking workgroup nominations.
- Form a large enough planning team to share the burden and avoid overwhelming any one member.
- Specific populations can still be addressed even when data for those populations are not available.
- Personal contact makes a difference. When recruiting members or seeking increased participation from workgroup members, personal communication works much better than mass distribution. Assign contacts to planning team members who know them personally, whenever possible.
- Build in plenty of processing time for contracts, approvals, scheduling, and other logistical issues.
- Integrate role of evaluator into the process *from the beginning*.
- Logistics and administrative tasks take *time* but are important; build-in time for support staff assistance.
- Inclusivity does not guarantee active participation. Members process information and engage each other differently; respect these differences. Ongoing engagement of members using multiple venues and communication processes is important.
- Acknowledge any identified and potential issues or shortfalls to the group and explain how these are being addressed.
- Survey grantees before meetings to assess what they can use from this process. Such as materials to address populations they are not familiar with or have not addressed to date.

Detailed planning efforts paid off with the development of a strategic plan that met the workgroup purpose, "to produce a strategic plan based on the viewpoints of specific populations in Kansas that identifies and eliminates tobacco-related disparities." Improvements in tobacco-related disparities for Kansas depend on implementing the goals, strategies, and actions steps identified in the plan and will require continued involvement of the stakeholders identified through this process.

The process itself led to a very satisfactory result. It felt we got things achieved!

- Workgroup member comment after Meeting 3.

Very pleased overall and excited, engaged, and empowered to move forward with action – let's do it!

- Workgroup member comment after Meeting 3.



# Appendix A:

## *Evaluation Forms*

- Meeting 1 Evaluation Form
- Meeting 2, Day 1 Evaluation Form
- Meeting 2, Day 2 Evaluation Form
- Meeting 3 Evaluation Form



# Tobacco Prevention for Specific Populations Meeting #1 Feedback and Evaluation Form

Please complete this evaluation form by the end of the day. Your feedback is important as we continue the process and prepare for the next meetings. Please continue your comments on the backs of the pages, as needed.

	Excellent	Very Good	Good	Fair	Poor	N/A
<b>1. Accommodations and Organization</b>						
a. Overall nomination process, registration, and pre-meeting communication	<input type="checkbox"/>					
b. Hotel accommodations	<input type="checkbox"/>					
c. Meeting facilities	<input type="checkbox"/>					
d. Lunch & snacks	<input type="checkbox"/>					
<i>Comments:</i>						

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>2. Based on the information presented today, I have an adequate understanding of...</b>					
a. My role as a workgroup member	<input type="checkbox"/>				
b. The goals of the project	<input type="checkbox"/>				
c. Tobacco Prevention	<input type="checkbox"/>				
d. Disparities Related to Tobacco Use	<input type="checkbox"/>				
e. Healthy Kansans 2010	<input type="checkbox"/>				
f. System changes	<input type="checkbox"/>				
g. Photo Album Project	<input type="checkbox"/>				
h. The workgroup's next steps	<input type="checkbox"/>				
<i>Comments:</i>					

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>3. Participation and Outcomes</b>					
a. There is adequate representation of specific population groups in Kansas.	<input type="checkbox"/>				
b. There has been adequate time for getting to know each other and building an effective team.	<input type="checkbox"/>				
c. I felt comfortable expressing my views today.	<input type="checkbox"/>				
d. There was adequate time for questions, answers, and discussion.	<input type="checkbox"/>				
e. The group made sufficient progress today.	<input type="checkbox"/>				
f. The decisions reached today accurately reflected the consensus of the group.	<input type="checkbox"/>				
<i>Comments:</i>					

4. What part(s) of today's meeting did you find to be *most* valuable? Why?

5. What part(s) of today's meeting did you find to be the *least* valuable? Why?

6. What would you recommend as revisions for the next meeting?

7. Are there any other comments or suggestions you would like to share?



# Tobacco Prevention for Specific Populations Meeting #2 Feedback and Evaluation Form Day 1

Please complete this evaluation form by the end of the day. Your feedback is important as we continue the process and prepare for the next meeting. Please continue your comments on the backs of the pages, as needed.

	Excellent	Very Good	Good	Fair	Poor	N/A
<b>1. Accommodations and Organization</b>						
a. Between-meeting communication	<input type="checkbox"/>					
b. Hotel accommodations	<input type="checkbox"/>					
c. Meeting facilities	<input type="checkbox"/>					
d. Lunch & snacks	<input type="checkbox"/>					
<i>Comments:</i>						

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>2. Based on the information presented at this meeting, I have an adequate understanding of...</b>					
a. My role and responsibilities as a workgroup member	<input type="checkbox"/>				
b. The project deliverables	<input type="checkbox"/>				
c. The goals of the project	<input type="checkbox"/>				
d. Systems changes	<input type="checkbox"/>				
e. S.M.A.R.T.	<input type="checkbox"/>				
f. The workgroup's next steps	<input type="checkbox"/>				
<i>Comments:</i>					

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>3. Participation and Outcomes</b>					
a. There has been adequate time for getting to know each other and building an effective team.	<input type="checkbox"/>				
b. I am sufficiently aware of the knowledge and expertise the other workgroup members bring to the process.	<input type="checkbox"/>				

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>3. Participation and Outcomes</b>					
c. I felt comfortable expressing my views.	<input type="checkbox"/>				
d. There was adequate time for questions, answers, and discussion.	<input type="checkbox"/>				
e. The group made sufficient progress at this meeting.	<input type="checkbox"/>				
f. The decisions reached accurately reflected the consensus of the group.	<input type="checkbox"/>				
g. The identified goal statements are specific, measurable, achievable and relevant.	<input type="checkbox"/>				
h. I see ways I will be able to implement the results of this process in my community or organization.	<input type="checkbox"/>				
<i>Comments:</i>					

4. What part(s) of this meeting did you find to be *most* valuable? Why?

5. What part(s) of this meeting did you find to be the *least* valuable? Why?

6. What would you recommend as revisions for the next meeting?

7. Are there any other comments or suggestions you would like to share?



# Tobacco Prevention for Specific Populations Meeting #2 Feedback and Evaluation Form Day 2

Please complete this evaluation form by the end of the day. Your feedback is important as we continue the process and prepare for the next meeting. Please continue your comments on the backs of the pages, as needed.

	Excellent	Very Good	Good	Fair	Poor	N/A
<b>1. Accommodations and Organization</b>						
a. Meeting facilities	<input type="checkbox"/>					
b. Lunch	<input type="checkbox"/>					
<i>Comments:</i>						

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>2. Based on the information presented at this meeting, I have an adequate understanding of...</b>					
a. My role and responsibilities as a workgroup member	<input type="checkbox"/>				
b. The project deliverables	<input type="checkbox"/>				
c. The goals of the project	<input type="checkbox"/>				
d. Systems changes	<input type="checkbox"/>				
e. S.M.A.R.T. goals	<input type="checkbox"/>				
f. The workgroup's next steps	<input type="checkbox"/>				
<i>Comments:</i>					

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>3. I thought these portions of the meeting or methods contributed to the process...</b>					
a. Openings and Closings (Aiko, Bev, Janet)	<input type="checkbox"/>				
b. Introductions	<input type="checkbox"/>				
c. "Interactive" activities (e.g., "Spin Dating", balloon release)	<input type="checkbox"/>				

**Strongly Agree**    **Agree**    **Neutral**    **Disagree**    **Strongly Disagree**

<b>3. I thought these portions of the meeting or methods contributed to the process...</b>					
d. Mary Jayne Hellebust's (Tobacco Free Kansas Coalition) lunch presentation	<input type="checkbox"/>				
e. Becky Tuttle's presentation on CDC Best Practices	<input type="checkbox"/>				
f. Gallery Tours	<input type="checkbox"/>				
g. Photo Album activity and discussion	<input type="checkbox"/>				
<i>Comments:</i>					

**Strongly Agree**    **Agree**    **Neutral**    **Disagree**    **Strongly Disagree**

<b>4. Participation and Outcomes</b>					
a. There has been adequate time for getting to know each other and building an effective team.	<input type="checkbox"/>				
b. I am sufficiently aware of the knowledge and expertise the other workgroup members bring to the process.	<input type="checkbox"/>				
c. The workgroup and the process are sufficiently inclusive and representative of specific populations beyond racial/ethnic groups.	<input type="checkbox"/>				
d. I felt comfortable expressing my views.	<input type="checkbox"/>				
e. There was adequate time for questions, answers, and discussion.	<input type="checkbox"/>				
f. The group made sufficient progress at this meeting.	<input type="checkbox"/>				
g. The decisions reached accurately reflected the consensus of the group.	<input type="checkbox"/>				
h. The identified goal statements are specific, measurable, achievable and relevant.	<input type="checkbox"/>				
i. I see ways I will be able to implement the results of this process in my community or organization.	<input type="checkbox"/>				
<i>Comments:</i>					





# Tobacco Prevention for Specific Populations Meeting #3 Feedback and Evaluation Form

Please complete this evaluation form by the end of the day. Your feedback is important. Please continue your comments on the backs of the pages, as needed.

	Excellent	Very Good	Good	Fair	Poor	N/A
<b>1. Accommodations and Organization</b>						
a. Between-meeting communication	<input type="checkbox"/>					
b. Hotel accommodations	<input type="checkbox"/>					
c. Meeting facilities	<input type="checkbox"/>					
d. Lunch & snacks	<input type="checkbox"/>					
<i>Comments:</i>						

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>2. Based on the information presented throughout the process, I have an adequate understanding of...</b>					
a. My role and responsibilities as a workgroup member	<input type="checkbox"/>				
b. The project deliverables	<input type="checkbox"/>				
c. The goals of the project	<input type="checkbox"/>				
d. Systems changes	<input type="checkbox"/>				
e. The Tobacco Use Prevention Program (TUPP)	<input type="checkbox"/>				
f. Statewide Tobacco Prevention Plan	<input type="checkbox"/>				
g. Marketing Plan	<input type="checkbox"/>				
h. Next steps/moving the strategic plan forward	<input type="checkbox"/>				
<i>Comments:</i>					

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>3. Participation and Outcomes</b>					
a. There has been adequate time for getting to know each other and building an effective team.	<input type="checkbox"/>				
b. I am sufficiently aware of the knowledge and expertise the other workgroup members bring to the process.	<input type="checkbox"/>				
c. The workgroup and the process are sufficiently inclusive and representative of specific populations beyond racial/ethnic groups.	<input type="checkbox"/>				
d. I felt comfortable expressing my views.	<input type="checkbox"/>				
e. There was adequate time for questions, answers, and discussion.	<input type="checkbox"/>				
f. The group made sufficient progress at this meeting.	<input type="checkbox"/>				
g. The group made sufficient progress during the course of the 3 meetings.	<input type="checkbox"/>				
h. The decisions reached accurately reflected the consensus of the group.	<input type="checkbox"/>				
i. The identified strategies and action steps are specific, measurable, achievable and relevant.	<input type="checkbox"/>				
j. The marketing plan developed today is complete and achievable, and will forward the implementation of the strategic plan.	<input type="checkbox"/>				
k. I see ways I will be able to implement the results of this process in my community or organization.	<input type="checkbox"/>				
l. I understand how this plan will be implemented.	<input type="checkbox"/>				

*Comments:*

4. If there were other aspects of the “Participation and Outcomes” (Question #3) that could be improved, please share with us your suggestions.

5. What part(s) of the process did you find to be *most* valuable? Why?

6. What part(s) of the process did you find to be the *least* valuable? Why?

7. What recommendations do you have as we move forward?

8. Are there any other comments or suggestions you would like to share?



# Appendix B:

## *Evaluation Results*

- Meeting 1 Evaluation Results
- Meeting 2, Day 1 Evaluation Results
- Meeting 2, Day 2 Evaluation Results
- Meeting 3 Evaluation Results



# Tobacco Prevention for Specific Populations Meeting 1 Evaluation and Feedback Results

## 1. Accommodations and Organization

	Excellent (5)	Very Good (4)	Good (3)	Fair (2)	Poor (1)	Average Score
Overall nomination process, registration, and pre-meeting communication	57%	35%	9%	0%	0%	4.5
Hotel accommodations	88%	13%	0%	0%	0%	4.9
Meeting facilities	70%	26%	4%	0%	0%	4.7
Lunch & snacks	39%	43%	4%	9%	4%	4.0

### Comments

Cold temperature in rooms. – ***We have discussed this with the hotel staff and hope to have improved temperatures in the room. In meeting reminder information, encouraged everyone to dress in layers for colder/warmer meeting rooms.***

Directions to facility. Possible car pooling to reduce costs and foster networking within geographical locations. – ***We will be giving out contact information for all workgroups members and would encourage car-pooling if convenient.***

Great location. Good parking. Comfortable environment. Made meeting enjoyable!

Lunch was great!

Much time and thought was put into this meeting. I appreciate the timely manner everything was done in.

Nice facility and services.

Offer hot beverages: tea, coffee. - ***At your service – coffee and tea will be made available at all future workgroup meetings.***

Please, coffee in the AM especially for those of us traveling to Wichita.

Suggest morning snacks and coffee/tea. More ample lunch servings. – ***Requested two options for meals both days. Morning snacks will be provided.***

We need to have coffee and hot tea available in the mornings, at the minimum - all day would be great. Mornings is a must. Rooms were too cold in the morning - but the conference center facility was very nice.

## 2. Based on the information presented today, I have an adequate understanding of . . . .

	Strongly Agree (5)	Agree (4)	Agree/Neutral (3.5)	Neutral (3)	Disagree (2)	Strongly Disagree (1)	Average Score
My role as a workgroup member	45%	45%	0%	5%	5%	0%	4.3
The goals of the project	57%	35%	4%	4%	0%	0%	4.5
Tobacco Prevention	65%	30%	0%	4%	0%	0%	4.6
Disparities Related to Tobacco Use	61%	39%	0%	0%	0%	0%	4.6
Healthy Kansans 2010	65%	35%	0%	0%	0%	0%	4.7
System changes	24%	24%	0%	47%	6%	6%	3.8
Photo Album Project	47%	37%	0%	16%	0%	0%	4.3
The workgroup's next steps	25%	65%	0%	10%	0%	0%	4.2

### Comments

Great information - presented well by all!

Great work today - excited for our next meeting.

I'm not sure exactly what is meant by "system changes". – **Handout prepared defining systems changes will be displayed at meeting, with changes identified that are already in progress.**

### 3. Participation and Outcomes

	Strongly Agree (5)	Agree (4)	Agree/Neutral (3.5)	Neutral (3)	Disagree (2)	Strongly Disagree (1)	Average Score
There is adequate representation of specific population groups in Kansas	27%	50%	0%	18%	5%	0%	4.0
There has been adequate time for getting to know each other and building an effective team.	30%	35%	0%	22%	13%	0%	3.8
I felt comfortable expressing my views today.	48%	43%	0%	4%	4%	0%	4.3
There was adequate time for questions, answers, and discussion.	57%	30%	4%	9%	0%	0%	4.5
The group made sufficient progress today.	50%	41%	0%	9%	0%	0%	4.4
The decisions reached today accurately reflected the consensus of the group.	55%	40%	0%	5%	0%	0%	4.5

## Comments

I would have enjoyed the opportunity to get to know more of my team members. Maybe we could consider a social event to mingle more, i.e., evening before or after the workgroup meeting, breakfast, etc. (we can pay). – ***We have built in more time in future meetings for networking, getting acquainted, team-building – at lunch and through sharing activities.***

It would be great to see some young people represented in the workgroup. –  
***Contacted all workgroup members seeing who might be able to identify representative youth member. New member identified and invited.***

Teens/youth at the table consider alternative school student; juvenile center; home schooled. Thank you for doing this. I think it is a great need for this project in Kansas. The group represents a great proportion of specific population sectors and seems to be engaged in the process.

Too much emphasis on racial/ethnic groups and lower SES. We are addressing a variety of "specific populations". – ***Thank you. We will strive to be inclusive in our language and remind each other that specific populations is more than racial/ethnic, lower SES.***

Would have enjoyed more team building - "get to know you" time.

## 4. What parts of today's meeting did you find to be most valuable? Why?

Information on data.

Small group discussion.

Background of project and future plans/processes.

Backgrounds information - written materials organized too.

Building relationships - need to be able to work cohesively with group to complete our goals.

Critical issues. (2)

Defining the critical issues and narrowing these down. It is beginning to getting us focused.

Diverse group and experience of members.

Facilitation was good.

Facultal presentations - well done!

Harlan's presentations, staying on track, and good break timing.

Healthy Kansans 2010

I think it was very well organized and it was selected valuable information to initiate the process.

Information presented, dialogue at lunch.

Interaction during lunch as well as various presentations.

Lunch workgroup.

Overview of program helped me to focus my thinking.

The brainstorming

- Informative, and great to see everyone's ideas.

The discussion at lunch because of the dialog. The presentation of the current data because it illustrated the gaps.

The facilitated discussion amongst the whole group as it allowed for an exchange of ideas with immediate follow-up discussion.

The working lunch discussion, presentation and critical issues facilitation.

## 5. What part(s) of today's meeting did you find to be least valuable? Why?

Definitions Tobacco 101

Critical Issues: Goal Setting – **More work will be done specifically on goal setting at the next meeting.**

Info presentations - we could have read/researched the data at home, to allow our meeting time to be more brainstorming and planning.

Intro process - really like to know reason(s) person is involved and value their background can bring. – **We have included a more indepth introduction for the next meeting.**

Introductions did not include interest or expenses with tobacco prevention.

It would have been great to review the list of specific populations - who is missing. –

**Poster will be displayed at the next meeting highlighting who is not represented.**

N/A (4)

None. (2)

Nothing was less valuable.

See comments in question #3. → Would have enjoyed more team building - "get to know you" time.

## 6. What would you recommend as revisions for the next meeting?

Don't know agenda.

After lunch mints (so simple) . – **Karry actually provided mints (from Korea!) on the table at Meeting 1. We will be sure to provide mints at Meeting .!**

Upper living wage in KS which would help tremendously. Perhaps our group could support this initiative. – **We will incorporate this suggestion into the critical issues/strategy formulation so it does not get lost.**

Another chance to break into smaller groups. – **More small group activities have been incorporated into this next meeting.**

Critical issues summary. – **We will provide this early in the next meeting.**

Have work group members read important info/documents prior to meeting - then deeply discuss our plans for the future. – **We will provide the agenda in advance of the next meeting.**

More detail data about minority multiracial populations. – **We'd suggest taking a look at the following website: [www.californiatomorrow.org](http://www.californiatomorrow.org) for a great article on multiracialism. It is in th Summer/Fall 2006 "Changing Times" newsletter found on their website.**

More of the same!!

More small group activities.

N/A (5)

None.

**7. Are there any other comments or suggestions you would like to share?**

Janet did a good job of facilitating the group. Keeping things on topic, making sure everyone was heard, and keeping on schedule. Also liked Harlan's presentation, very enjoyable.

Fabulous meeting - one of the best I have attended in a long time!!

Great job by KDHE.

Great job coordinating Workgroup! Very smooth logistics.

Great job!

Great meeting. A great make-up of the workgroup.

Nice balance of sessions/breaks/topic change → direction.

Nice job.

The organizing was great. Everything was well thought of down to the smallest details - nice job. One suggestion I would make is that some time should be taken to talk about the specific populations the workgroup represents and their related issues around tobacco.

Too much repetition on items.

Very impressed with organization and presentation.

**Note: Additional feedback was obtained through follow-up phone calls. Some of the feedback was addressed and incorporated into Meeting 2, as time allowed, and will be considered for Meeting 3 planning.**



## Tobacco Prevention for Specific Population Meeting 2 Evaluation and Feedback Results (Day One)

### 1. Accomodations and Organization

	Excellent (5):		Very Good (4):		Good (3):		Fair (2):		Poor (1):		N/A (0):		Average
	Total	Percent	Total	Percent	Total	Percent	Total	Percent	Total	Percent	Total	Percent	
a. Between-meeting communication	9	64.3%	4	22.2%	5	35.7%	0	0.0%	0	0.0%	0	0.0%	4.2
b. Hotel accomodations	7	41.2%	1	5.6%	1	5.9%	0	0.0%	0	0.0%	9	52.9%	4.7
c. Meeting Facilities	10	62.5%	2	11.1%	5	31.3%	1	6.3%	0	0.0%	0	0.0%	4.2
d. Lunch _Snacks	10	90.9%	7	38.9%	1	9.1%	0	0.0%	0	0.0%	0	0.0%	4.5

*Comments:*

Temperature was not right. Too hot.

Hotel accommodations - not observed yet.

Meeting Facilities - a bit warm this evening.

Lunch and Snacks - lunch was excellent.

Food, etc. was more than sufficient.

The meeting room was a little warm for most of the day.

Too warm.

Room too warm.

Great job! We appreciate your efforts to facilitate the workshop/communications.

### 2. Based on the information presented at this meeting, I have an adequate understanding of...

	Strongly Agree:		Agree:		Neutral:		Disagree:		Strongly Disagree:		Average
	Total	Percent	Total	Percent	Total	Percent	Total	Percent	Total	Percent	
a. My role and responsibility as a workgroup member	12	66.7%	5	27.8%	0	0.0%	1	5.6%	0	0.0%	4.6
b. The project deliverables	10	58.8%	6	35.3%	1	5.9%	0	0.0%	0	0.0%	4.5
c. The goals of the project	10	55.6%	6	33.3%	1	5.6%	1	5.6%	0	0.0%	4.4
d. Sytem changes	8	44.4%	3	16.7%	5	27.8%	1	5.6%	1	5.6%	3.9
e. S.M.A.R.T.	13	81.3%	2	12.5%	1	6.3%	0	0.0%	0	0.0%	4.8
f. The workgroup's next steps	8	44.4%	9	50.0%	0	0.0%	1	5.6%	0	0.0%	4.3

*Comments:*

[Question mark by S.M.A.R.T]

Good job.

### 3. Participation and Outcomes

	Strongly Agree:		Agree:		Neutral:		Disagree:		Strongly Disagree:		Average
	Total	Percent	Total	Percent	Total	Percent	Total	Percent	Total	Percent	
a. There has been adequate time for getting to know each other and building an effective team.	11	61.1%	7	38.9%	0	0.0%	0	0.0%	0	0.0%	4.6
b. I am sufficiently aware of the knowledge and expertise the other workgroup members bring to the process.	10	55.6%	7	38.9%	1	5.6%	0	0.0%	0	0.0%	4.5
c. I felt comfortable expressing my views.	10	72.2%	3	16.7%	1	5.6%	1	5.6%	0	0.0%	4.6
d. There was adequate time for questions, answers, and discussion.	12	66.7%	5	27.8%	0	0.0%	1	5.6%	0	0.0%	4.6
e. The group made sufficient progress at this meeting.	11	61.1%	7	12.5%	1	0.0%	0	0.0%	0	0.0%	4.6
f. The decisions reached accurately reflected the consensus of the group.	8	44.4%	9	50.0%	0	0.0%	1	5.6%	0	0.0%	4.3
g. The identified goal statements are specific, measurable, achievable, and relevant.	10	58.8%	4	23.5%	2	11.8%	1	5.9%	0	0.0%	4.4
h. I see ways I will be able to implement the results of this process in my community or organization.	9	52.9%	5	29.4%	2	11.8%	1	5.9%	0	0.0%	4.3

*Comments:*

I loved Beverly's closing call and response.

### 4. What part(s) of today's meeting did you find to be most valuable? Why?

Cookie.

Meeting was very well run - appreciated being a part of it.

Small workgroups.

Working as a small group on a goal statement. It was nice to hear what others had to say and brainstorm together.

Learning about the skills of the other members.

Small group goal discussion.

Small group work.

The consensus building and leadership (Janet). I appreciate the thoughtfulness.

You know, all of it was very insightful.

Small group discussion.

Networking, learning about the different roles of people.

The group interactions on critical issues/goal statements.

Networking.

The speed dating game.

**5. What part(s) of today's meeting did you find to be the least valuable? Why?**

---

Dance.

Dance dating game.

The description of culture as related to only race and ethnicity. We all represent a culture. I have trouble with "I represent the cultural perspective."

Not enough time for crucial/main tasks. Too much on revising agenda and goals and "welcome."

---

**6. What would you recommend as revisions for the next meeting?**

---

Diet Pepsi.

Self introductions are good, but it can be too long. Find ways to make openers shorter.

More small groups.

More time for small group work.

Cooler.

Better/effective use of time.

Cool the room down.

I think we are on the right track - excellent facilitator.

---

**7. Are there any other comments or suggestions you would like to share?**

---

None. Thanks!

Good job!

No.

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## Tobacco Prevention for Specific Population Meeting 2 Evaluation and Feedback Results (Day Two)

### 1. Accommodations and Organization

	Excellent (4):		Very Good (3):		Good (3):		Fair (2):		Poor (1):		N/A (0):		Average
	Total	Percent	Total	Percent	Total	Percent	Total	Percent	Total	Percent	Total	Percent	
a. Meeting Facilities	13	100.0%	5	27.8%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4.7
b. Lunch	9	69.2%	5	27.8%	1	7.7%	2	15.4%	1	7.7%	0	0.0%	4.1

*Comments:*

Very good and very thoughtful to provide so much.

You guys are doing a wonderful job! Very well organized.

I did like the lunch choices! (Salmon, chicken, beef over 2 days).

Lunch was tasty, but I would like more variety.

Thanks for keeping it on the cool side.

Like having 2 choices, but serve something different than chicken on both days. (It was the same meal as lunch on Thursday).

Tables for general discussion are placed well. Tables for small groups need separation - trouble hearing. Rowdy enthusiasm is great!

Thanks for the light meals and the snacks.

Temperature control vastly improved - meeting space is quiet (no outside intruding noise) and the wall space extremely helpful to have all info visually available.

Bad lunch food.

### 2. Based on the information presented at this meeting, I have an adequate understanding of...

	Strongly Agree:		Agree:		Neutral:		Disagree:		Strongly Disagree:		Average
	Total	Percent	Total	Percent	Total	Percent	Total	Percent	Total	Percent	
a. My role and responsibility as a workgroup member	8	50.0%	6	37.5%	2	12.5%	0	0.0%	0	0.0%	4.4
b. The project deliverables	9	52.9%	5	29.4%	2	11.8%	1	5.9%	0	0.0%	4.3
c. The goals of the project	11	61.1%	4	22.2%	1	5.6%	1	5.6%	1	5.6%	4.3
d. Sytem changes	9	50.0%	7	38.9%	1	5.6%	0	0.0%	1	5.6%	4.3
e. S.M.A.R.T. goals	12	70.6%	4	23.5%	0	0.0%	1	5.9%	0	0.0%	4.6
f. The workgroup's next steps	6	37.5%	7	43.8%	1	6.3%	1	6.3%	1	6.3%	4.0

*Comments:*

I do think things are fairly well explained and it is evident that thought is put into it.

### 3. I thought these poritons of the meeting or methods contributed to the process...

	Strongly Agree:		Agree:		Neutral:		Disagree:		Strongly Disagree:		Average
	Total	Percent	Total	Percent	Total	Percent	Total	Percent	Total	Percent	
a. Openings and Closings (Aiko, Bev, Janet)	7	43.8%	5	31.3%	2	12.5%	1	6.3%	1	6.3%	4.0
b. Introductions	8	53.3%	4	26.7%	2	13.3%	1	6.7%	0	0.0%	4.3
c. "Interactive" activities (e.g. "Spin Dating", balloon release)	5	31.3%	4	25.0%	4	25.0%	2	12.5%	1	6.3%	3.6
d. Mary Jayne Hellebust's (Tobacco Free KS Coalition) Lunch	10	58.8%	5	29.4%	2	11.8%	0	0.0%	0	0.0%	4.5
e. Becky Tuttle's presentation on CDC Best Practices	11	64.7%	5	29.4%	1	5.9%	0	0.0%	0	0.0%	4.6
f. Gallery Tours	5	31.3%	7	43.8%	2	12.5%	1	6.3%	1	6.3%	3.9
g. Photo Album activity and discussion	7	38.9%	6	33.3%	3	16.7%	1	5.6%	1	5.6%	3.9

*Comments:*

Should have commented something more about the picture and reasons why for the "My date puts out" shirt.

For "Interactive" activities, "Just a personality thing". Photo album activity was a GREAT visual activity for understanding where and how tobacco is represented right here in our communities.

Informative.

Mary Jane's presentation was informative. The enthusiasm Becky displays for her work is refreshing.

(In regards to openings and closing) - Disagree "Except Janice's."

I think the visuals are very helpful.

The content presentations are very helpful - they contribute to group's knowledge base and they reinforce that there are successful, effective programs and efforts in place and on-going.

#### 4. Participation and Outcomes

	Strongly Agree:		Agree:		Neutral:		Disagree:		Strongly Disagree:		Average
	Total	Percent	Total	Percent	Total	Percent	Total	Percent	Total	Percent	
a. There has been adequate time for getting to know each other and building an effective team.	10	58.8%	7	41.2%	0	0.0%	0	0.0%	0	0.0%	4.6
b. I am sufficiently aware of the knowledge and expertise the other workgroup members bring to the process.	7	41.2%	10	58.8%	0	0.0%	0	0.0%	0	0.0%	4.4
c. The workgroup and process are sufficiently inclusive and representative of specific populations beyond racial/ethnic groups.	6	33.3%	9	50.0%	2	11.1%	0	0.0%	1	5.6%	4.1
d. I felt comfortable expressing my views.	11	61.1%	6	33.3%	1	5.6%	0	0.0%	0	0.0%	4.6
e. There was adequate time for questions, answers, and discussion.	10	55.6%	6	33.3%	0	0.0%	2	11.1%	0	0.0%	4.3
f. The group made sufficient progress at this meeting.	11	61.1%	6	33.3%	0	0.0%	0	0.0%	1	5.6%	4.4
g. The decisions reached accurately reflected the consensus of the group.	8	44.4%	8	44.4%	2	11.1%	0	0.0%	0	0.0%	4.3
h. The identified goal statements are specific, measurable, achievable, and relevant.	7	38.9%	10	55.6%	1	5.6%	0	0.0%	0	0.0%	4.3
i. I see ways I will be able to implement the results of this process in my community or organization.	7	38.9%	5	27.8%	4	22.2%	1	5.6%	1	5.6%	3.9

*Comments:*

It becomes clearer every time.

**5. If you do not feel comfortable sharing your views with the group, do you have ideas on how we could structure the workgroup and/or activities to make the process more inclusive to you? If you do feel comfortable, but have suggestions about how we could make this better for others, please share your ideas with us as well.**

I feel comfortable speaking out. For those that don't, maybe small group activities can help them feel that they're participating.

I actually was surprised to learn some did not feel comfortable sharing views. I found all my interactions to be very open and inclusive.

Today was better, because there was more small group discussion.

There was some confusion on the purpose/outcomes of this meeting.

I personally need to be more quiet.

Felt comfortable. However, in our group [staff member] would spend too much time talking and not allow others to share

**6. If there were other aspects of the "Participation and Outcomes" (Question #4) that could be improved, please share with us your suggestions.**

Be more patient with groups that work at a slower pace.

Print the Action Plan for Change worksheet on poster size so when writing it up, don't have to transfer info from 8 1/2 x 11 to poster size.

**7. What part(s) of this meeting did you find to be the most valuable? Why?**

Gallery Tours - a more intimate touch seeing what the other groups did.

-Photo album activity was great and enjoyable  
-Introductions, getting to know people in group

Group discussion.

Small group activities.

Responsiveness to ideas, concerns and suggestions.

Small group work: develop strategies.

Gallery tour. I like the big sheets of paper.

Small group discussion and working through steps of action planning.

Feedback.

**8. What part(s) of this meeting did you find to be the least valuable? Why?**

Small group tours - it was too time consuming.

-Breaks - too many  
-Small group - we need a much larger group to truly address tobacco related disparities.

Small group reports - the Gallery Tour. I think some of us need more time to process the information - so, for me I did not find the tour valuable.

Length of breaks - they can be shorter.

**9. What would you recommend as revisions for the next meeting?**

Things are going well.

A better variety at lunch.

Tighten the schedule.

If you really truly want to address tobacco related disparities, people from specific populations should be part of the planning/implementation/organization of the workshop.

3 hole punch papers for our notebooks.

Ability to look over goals and strategies and provide opportunities for comments upon our return back to our agencies and discuss this at meeting #3.

The organizing techniques being used and the overall organization of this process.

**10. Are there any other comments or suggestions you would like to share?**

It is obvious to me that LOTS of time and thought is put into our comments/recommendations.

Well done!

At times, the group was not clear as to the purpose of the plan. Very important to make this clear from day one. Also, who will be responsible for getting tasks done?

The facilitation resources you provide via written instructions are superb.

Hotel accommodations superb. Food at lunch excellent. Snacks fantastic - thanks for providing healthy variety.

No.

## Tobacco Prevention for Specific Populations Meeting 3 Evaluation and Feedback Results

### 1. Accomodation and Organization

	Excellent (5):		Very Good (4):		Good (3):		Fair (2):		Poor (1):		N/A (0):		Average
	Total	Percent	Total	Percent	Total	Percent	Total	Percent	Total	Percent	Total	Percent	
a. Between-meeting communication	6	35%	8	47%	3	18%	0	0%	0	0%	0	0%	4.2
b. Hotel accomodations	2	13%	4	25%	0	0%	1	6%	0	0%	9	56%	4.0
c. Meeting facilities	8	47%	8	47%	1	6%	0	0%	0	0%	0	0%	4.4
d. Lunch & snacks	5	31%	6	38%	5	31%	0	0%	0	0%	0	0%	4.0

**Comments:**

Hotel needs to recognize you paid them for drinks that you expected to be sufficient - i.e. hot coffee, insufficient amounts - they have to put a flame under coffee pot. Temperature of room. Hotel needs to be more attentive to changing weather [outside] dramatically affects interior temperature.

Sorry! This time my room had a leaky window which did not let me sleep. But the hotel is very nice! Thank Room 223!

Nice to have information on-line on website. Thanks! Also appreciate the emails sent before meeting. Thanks for the snack bags! Very thoughtful.

Very good and accomodating.

Rooms were cold. Lunch was okay.

Vegatarian meals should include a source of protein and not just more veggies - tasty though.

### 2. Based on the information presented throughout the process, I have an adequate understanding of ...

	Strongly Agree:		Agree:		Neutral:		Disagree:		Strongly Disagree:		Average
	Total	Percent	Total	Percent	Total	Percent	Total	Percent	Total	Percent	
a. My role and responsibilities as a workgroup member	10	59%	6	35%	1	6%	0	0%	0	0%	4.5
b. The project deliverables	9	53%	7	41%	1	6%	0	0%	0	0%	4.5
c. The goals of the project	10	59%	6	35%	1	6%	0	0%	0	0%	4.5
d. Systems changes	8	47%	7	41%	2	12%	0	0%	0	0%	4.4
e. The Tobacco Use Prevention Program (TUPP)	9	53%	6	35%	2	12%	0	0%	0	0%	4.4
f. Statewide Tobacco Prevention Plan	8	47%	7	41%	2	12%	0	0%	0	0%	4.4
g. Marketing Plan	7	47%	7	47%	1	7%	0	0%	0	0%	4.4
h. Next steps/moving the strategic plan forward	8	53%	4	27%	3	20%	0	0%	0	0%	4.3

**Comments:**

Everything came together very nicely today. The online common meeting area that the website serves as is a great resource. Excellent job of facilitating process.

### 3. Participation and Outcomes

	Strongly Agree:		Agree:		Neutral:		Disagree:		Strongly Disagree:		Average
	Total	Percent	Total	Percent	Total	Percent	Total	Percent	Total	Percent	
a. There has been adequate time for getting to know each other and building an effective team.	8	47%	9	53%	0	0%	0	0%	0	0%	4.5
b. I am sufficiently aware of the knowledge and expertise the other workgroup members bring to the process.	7	41%	9	53%	1	6%	0	0%	0	0%	4.4
c. The workgroup and the process are sufficiently inclusive and representative of specific populations beyond racial/ethnic groups.	8	47%	5	29%	4	24%	0	0%	0	0%	4.2
d. I felt comfortable expressing my views.	11	65%	5	29%	1	6%	0	0%	0	0%	4.6

### 3. Participation and Outcomes (continued)

	Strongly Agree:		Agree:		Neutral:		Disagree:		Strongly Disagree:		Average
	Total	Percent	Total	Percent	Total	Percent	Total	Percent	Total	Percent	
e. There was adequate time for questions, answers, and discussion.	10	59%	6	35%	1	6%	0	0%	0	0%	4.5
f. The group made sufficient progress at this meeting.	8	47%	9	53%	0	0%	0	0%	0	0%	4.5
g. The group made sufficient progress during the consensus of the group.	9	53%	8	47%	0	0%	0	0%	0	0%	4.5
h. The decisions reached accurately reflected the consensus of the group.	10	59%	6	35%	1	6%	0	0%	0	0%	4.5
i. The identified strategies and action steps are specific, measurable, achievable and relevant.	8	47%	7	41%	2	12%	0	0%	0	0%	4.4
j. The marketing plan developed today is complete and achievable and will forward the implementation of the strategic plan.	6	38%	8	50%	2	13%	0	0%	0	0%	4.3
k. I see ways I will be able to implement the results of this process in my community or organization.	5	29%	12	71%	0	0%	0	0%	0	0%	4.3
l. I understand how this plan will be implemented.	5	29%	9	53%	3	18%	0	0%	0	0%	4.1

**Comments:**

The pace of the process I believe positively contributed to the success and quality of the effort. My experience over many years of similar groups is the more meetings you have can result in "nit picking" versus moderate product/process development. The superb organizational support and expertise that supported this process is the key to its success.

I truly believe all of these points were covered and covered well. Discussion was conducive to getting things achieved. Very rewarding.

I do feel that 3 meetings were adequate. The group came together well with well prepared facilitators and critical information inserted at appropriate times. I am very appreciative of TUPP staff - Good Job - Great Passion and Super relationship building!!!

I think the group did a good job.

**4. If there were other aspects of the "Participation and Outcomes" (Question #3) that could be improved, please share with us your suggestions.**

PA cost study has good tools that could have been used in initial meetings - example: the population assessment tool, SWOT

None

N/A

None

**5. What part(s) of the process did you find to be most valuable? Why?**

Organizational support - contractors and KDHE Staff support was invaluable. Website beautifully created and maintained.

The open discussion of the critical issue goals and strategies. Janet did an exceptional job in keeping the group on task while allowing free-flow conversation.

Small group discussions because there was a better chance for brainstorming and a positive dialog.

Group feedback because 20 heads are better than 1.

The whole experience was great.

Small group work.

Working as a large group when we revisited strategies and action steps. Wish we had more time to tackle each action step.

The process itself that led to a very satisfactory result. It felt we got things achieved!

Learning of resources.

The fact that you organized/structured the process in a total of 4 days. I believe that people will fill the time allowed - Good job.

**6. What part(s) of the process did you find to be the least valuable? Why?**

Sometimes the pace was slower than necessary, but I'm "meeting impatient" by nature and realize that with this size group not all people want to move at warp speed.  
Ice breaker, including the "bucket" exercise.  
None  
N/A  
Found everything valuable. A really great third meeting.  
The group review of the strategies. Members were "territorial" about this strategy and seemed reluctant to see the broader picture. I had a hard time with the processing time today.

**7. What recommendations do you have as we move forward?**

Establish future Wordgroup(s)!  
Create motivation.  
Clearly defined direction.  
Think it's a great idea to reconvene the workgroup throughout the year. Like the idea of in person meeting twice per year.  
To come to the group (via email or website) if there are any questions about the plan.  
Establish champions for the different critical issues.  
For me to continue practicing "WAIT" - why am I talking?

**8. Are there any other comments or suggestions you would like to share?**

Very effective, efficient process. Very professionally managed.  
Recommendation: Make sure higher-ed students chosen to participate are engaged!  
None  
Thanks for a great meeting. Thanks also Janet for a job well done.  
I just hope the plan can be truly implemented!  
Very pleased over all and excited, engaged, and empowered to move forward with action - lets do it!  
I would like to see an "organizational" chart of how the programs are connected (or not). I am having difficulty seeing how all the pieces are put together.



# Appendix C:

## *Workgroup Nomination Documents*

- C.1 Call for Nominations Letter and Nomination Form
- C.2 Nominee Criteria and Review Forms
- C.3 List of Nominees' Organizations
- C.4 Workgroup Member Invitation Letter



# K A N S A S

RODERICK L. BREMBY, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

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DEPARTMENT OF HEALTH AND ENVIRONMENT

January 3, 2007

On behalf of the Kansas Department of Health and Environment, I am pleased to announce the call for nominations for the *Kansas Tobacco Prevention Workgroup for Priority Populations*. Members of this workgroup will be invited to engage in a participatory planning process that will identify critical issues and develop a strategic plan for tobacco use prevention among sub-populations that experience the greatest health burden from tobacco use and exposure.

Recent trends in tobacco use demonstrate the need for input from priority populations to develop the most effective tobacco prevention strategies in the state. For example, the smoking rate for Kansans with less than a high school education is nearly three times as high as the rate for college graduates (Source: 2005 Kansas Behavioral Risk Factor Surveillance System). This and many other tobacco use-related disparities must be addressed to eliminate the adverse effects of tobacco use on specific population groups.

I invite you to review the attached nomination form. Please assist us by nominating yourself or someone you know with experiences relevant to the priority populations identified. Prior experience in public health or tobacco use prevention is not required. We seek to include anyone with experience relevant to the priority populations who also has an interest in tobacco use prevention. Individuals who are *members* of a priority population will be given preference.

We look forward to receiving your nomination forms by January 22, 2007. Please direct any questions to Connie Satzler at 785-587-0151 or [csatzler@kansas.net](mailto:csatzler@kansas.net), or Karry Moore at 620-235-4871 or [kmoore@kdhe.state.ks.us](mailto:kmoore@kdhe.state.ks.us).

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Howard Rodenberg".

Howard Rodenberg, MD, MPH  
Director, Division of Health

C: Roderick Bremby, Secretary



Tobacco Prevention for Specific Populations

## **Request for Nominations to the Kansas Tobacco Prevention Workgroup for Specific Populations Kansas Department of Health and Environment**

Your assistance is requested to help identify individuals to serve on a Kansas Tobacco Prevention Workgroup for Priority Populations. With this input, the Kansas Department of Health and Environment will invite members to create a diverse workgroup. The purpose of the Workgroup is to develop a strategic plan to address tobacco (smoking and smokeless tobacco) prevention for specific populations in the State through a participatory process.

Nominees should include state or local staff, community members, individuals with an interest in tobacco control, experts in intervention with specific populations, staff representing local organizations, or others you have found to be particularly helpful in working with a population. Nominees should be from and/or have expertise in working with one or more of the populations listed below. If you represent or have expertise in working with a population listed below, and you want to serve on the workgroup, please list yourself as a nominee. Stipends will be available for Workgroup participants.

1. People with low SES (socioeconomic status; e.g., low income or education, unemployed)
2. Black/African Americans
3. Asian Americans & Pacific Islanders
4. American Indians/Alaskan Natives
5. Hispanic/Latino
6. Gay/lesbian/bisexual/transgender
7. Medically underserved/uninsured
8. Young people
9. Pregnant women
10. People facing mental or emotional challenges
11. People living with disabilities
12. Groups and affiliations for which tobacco-related disparities may be unidentified, including: migrant, German Mennonites, faith communities, Vietnamese, refugees, Lebanese, rural/frontier, and military.

Additional considerations for Workgroup participation include:

- People compatible with the issue of eliminating tobacco-related disparities.
- People who will commit to actively participate in the Workgroup process, i.e., attend and participate in all 3 meetings.
- People who are willing to take time to share their knowledge with the Workgroup.
- People with expertise (e.g., cultural expertise, tobacco use prevention/policy expertise) that will build the capacity of the entire Workgroup.
- People with an ability to provide leadership in implementing recommendations for improvements in specific populations.
- People from all geographic areas of the state.

### **Instructions**

List individuals in the attached table who meet one or more of the following criteria:

- Cultural membership in one of the above populations.
- People you commonly contact for advice and information when you are working with one or more of the populations listed above.
- People who enjoy and are willing to take time to share their knowledge with you, and would be willing to attend and participate in three meetings.
- People with expertise (e.g., cultural expertise, tobacco use prevention/policy expertise).



## Request for Nominations to the Kansas Tobacco Prevention Workgroup for Specific Populations Kansas Department of Health and Environment

See previous page for instructions. Use additional sheets if nominating more than two individuals.

**Return form to:**

Connie Satzler, EnVisage  
6847 Anderson Ave.  
Manhattan, KS 66503  
Ph: 785-587-0151 FAX: 785-587-8528  
csatzler@kansas.net

Nomination from \_\_\_\_\_

Organization \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Circle Number of Area(s) of Experience <i>(See key below)</i>		Name	
1	7	Title	
2	8	Address	
3	9	Address	
4	10	Phone	
5	11	Fax	
6	12	Email	
State reason for nomination:			
Circle Number of Area(s) of Experience		Name	
1	7	Title	
2	8	Address	
3	9	Address	
4	10	Phone	
5	11	Fax	
6	12	Email	
State reason for nomination:			

**Key:**

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. People with low SES (low income, education; unemployed)</li> <li>2. Black/African Americans</li> <li>3. Asian Americans &amp; Pacific Islanders</li> <li>4. American Indians/Alaskan Natives</li> <li>5. Hispanic/Latino</li> <li>6. Gay/lesbian/bisexual/transgender</li> <li>7. Medically underserved/uninsured.</li> </ol> | <ol style="list-style-type: none"> <li>8. Young people</li> <li>9. Pregnant women</li> <li>10. People facing mental or emotional challenges</li> <li>11. People living with disabilities</li> <li>12. Groups and affiliations for which tobacco-related disparities may be unidentified.</li> </ol> |
|---|---|

Indicate the population(s) with which the nominees have expertise by circling the number(s) that correspond to the population(s) listed above.



## Workgroup Nominee Criteria Evaluation: Review of Group

Does/can this group of nominees...	Yes	No/Have concerns
Have at least two representatives of priority populations 1 through 11?		
Have at least one representative of... <input type="checkbox"/> Migrant/Farmworker <input type="checkbox"/> German Mennonite <input type="checkbox"/> Refugee <input type="checkbox"/> Rural/Frontier <input type="checkbox"/> Military		
Have geographic diversity?		
Have sufficient consumer or grass-roots representation?		
Be expected to function as a productive workgroup (i.e., complete all necessary tasks in the time allotted) if all reasonable accommodations are made to accommodate special needs and alleviate cultural barriers?		
Have the expertise and resources necessary to complete all necessary tasks within the time allotted?		

If the answer to any of the above questions is "no", what are the recommended actions to address any concerns?

Workgroup Nominee Criteria Evaluation. Nominee Name:

Is/does/will this nominee...	Yes, definitely	Yes, somewhat	No/Have concerns	Not sure
Compatible with the issue of eliminating tobacco-related disparities?				
Able to actively participate in the workgroup and attend all 3 meetings?				
Have cultural membership in a priority population? (If yes, more than one?)				
Have expertise (e.g., tobacco prevention, cultural, etc.) that will build the capacity of the entire workgroup?				
Able to provide leadership in implementing recommendations for improvements within priority populations?				
Positively and productively contribute to the decision-making process of the workgroup if all reasonable accommodations are made to accommodate special needs and alleviate cultural barriers?				

Comments:

Recommendation:

- Send invitation to join
- Recommend serve in Advisory Capacity
- Other?



## Nominations Solicited or Received from the Following Organizations or Groups

---

African American Student Association - Wichita State University  
American Indian Council  
American Lung Association of the Central States  
Argentine Middle School , El Centro, Inc.  
ASA Marketing Group, Inc.  
Asian Student Conference - Wichita State University  
Cancer Information Service, KUMC  
Center for Health and Wellness  
Center for Health Disparities, KDHE  
Center for Research on Learning - Division of Adult Studies, KU  
Coalition of Hispanic Professionals  
Coalition of Hispanic Women Against Cancer  
Community Action, Inc.  
Connections Unlimited, Inc.  
Department of Preventive Medicine - KUMC  
Dodge City Target Area Council  
Edwards County Health Dept  
Fellowship, Inc.  
Flint Hills Community Center, Lyon County Health Dept.  
Four Tribes Women's Wellness Coalition  
Garden City Multi-Cultural Relations Board  
Garden City Target Area Council Representative  
Gear Up representation  
Grassroots homeless advocate  
Harvest America  
Haskell Indian Nations University  
Health and Education & Social Services - Guadalupe Center, Inc.  
Health Foundation of Greater Kansas City  
Healthy Options for Kansas Communities (HOP)  
Healthy Options for Planeview (HOP) and Wichita State University faculty  
Highland Park United Methodist Church  
Hunter Health Clinic



## Nominations Solicited or Received from the Following Organizations or Groups

---

Irwin Army Community Hospital, US Army  
Jewish Vocational Service  
Johnson County NAACP  
Judge James V. Riddel Boys Ranch  
Kansas African American Affairs Commission  
Kansas African American Affairs Commission, Office of the Governor  
Kansas Association for the Medically Underserved  
Kansas Association of Local Health Departments  
Kansas Center for Health Disparities Advisory Board  
Kansas City - Chronic Disease Coalition  
Kansas City Target Area Council  
Kansas Health Institute  
Kansas Hispanic and Latino American Affairs Commission  
Kansas Hospital Association  
Kansas House  
Kansas Special Olympics  
Kansas State University extension office  
Kansas Statewide Farmworker Health Program  
Kaw Valley Medical Society  
KC-MPH Program University of KS Medical Center  
Kickapoo Clinic  
Liberty Press - LGBT media  
March of Dimes  
Maternal and Child Health Coalition of Greater Kansas City  
Maternal and Child Health Division Mngr/SCHA  
Mercy and Truth Medical Missions Health Care  
Minority Health Summit participants  
Multi-Cultural Board Member  
Multi-Cultural Task Force  
NAACP  
National Network on Tobacco Prevention and Poverty Health Education Council  
NCI: Cancer Information Service



## Nominations Solicited or Received from the Following Organizations or Groups

---

Oakland United Methodist Church  
Office of Cultural Enhancement and Diversity- University of Kansas Medical Center  
Office of Health Promotion, Kansas Department of Health and Environment  
Office of Local and Rural Health, Kansas Department of Health and Environment  
Parent  
Parents as Teachers USD 457; Ministry of Presence  
Physician  
Positive Directions  
Potawatomi Boys & Girls Club  
Prairie Band of Potawatomi Health Center  
Prairie Band Potawatomi Nation Administration Office  
Prarie Band Potawotami Nation Tribal Council  
Private practice physician  
Reno County Health Department  
Sac & Fox Tribal Office  
Saline County ARC Blue Thunder Special Olympics Team  
Seward County Community College and Health Department  
Shawnee Co Health Agency  
Shawnee Mission Medical Center  
Sigma Lambda Beta - Wichita State University  
Student  
Sunflower Foundation  
Swope Health Services  
TASK Central Regional  
That Gay Group, WSU  
Tobacco Free KS Coalition  
Tobacco Use Prevention Program, Office of Health Promotion  
United Methodist Health Ministry Fund  
United Methodist Mexican-American Ministries, Inc.  
University of Kansas  
University of Kansas Medical Center  
University of Kansas Research and Training Center on Independent Living



## Nominations Solicited or Received from the Following Organizations or Groups

---

Urban League of the MidPlains  
Washburn University School of Nursing  
White Cloud IHS Clinic  
Wichita ACTS  
Wichita State University  
Wichita State University - Department of Physician Assistant  
Wichita YMCA  
WSU HEALTH Student Association  
WSU School of Nursing  
Youth Horizons



February 23, 2007

[Workgroup member address]

Dear [Workgroup member name],

Congratulations! The nominating committee has determined that you are an excellent candidate to serve on the Kansas Tobacco Prevention for Priority Populations Workgroup. This workgroup is being convened to develop a strategic plan to address tobacco-related disparities in the state through a participatory process.

The workgroup will meet in Wichita on March 29<sup>th</sup>, May 17<sup>th</sup>, May 18<sup>th</sup> and May 24<sup>th</sup>, 2007 to develop recommendations. The purpose of the first Workgroup meeting is to convene a diverse group of stakeholders who are knowledgeable on issues within their constituencies, to orient participants to the overall goals and objectives of this project, and initiate the planning process. The final outcome of this project is to produce a state plan for identifying and eliminating tobacco-related disparities in priority populations. Kansas Department of Health and Environment has been charged to accomplish this goal by June 30, 2007. This plan will be submitted to the U.S. Centers for Disease Control and Prevention and may serve as a basis for consideration of future funding.

If you would like to join this workgroup, we ask that you commit to attend all three meetings so all participants will be making a group decision based on the same data, presentations and discussions.

There will be a \$150 stipend paid to each attendee or their designated organization for each of the meetings attended. Participants will receive up to three stipends.

**Meeting Place:** Hotel at Oldtown, 830 E 1<sup>st</sup> Street, Wichita, KS 67202

**Date:** March 29<sup>th</sup>, 2007

**Time:** 9:00 a.m. – 4:00 pm

**Meeting Place:** Hotel at Oldtown

**Date:** May 17<sup>th</sup> - 18<sup>th</sup>, 2007

**Time:** May 17<sup>th</sup>, 10:30 am – 5:00 pm; May 18<sup>th</sup>, 9:00 am – 3:00 pm

**Meeting Place:** Hotel at Oldtown

**Date:** May 24<sup>th</sup>, 2007

**Time:** 9:00 am – 4:00 pm

Please RSVP by returning the statement of participation to KU Medical Center AHEC by March 9, 2007. They will assist in arranging travel, lodging, stipends and answer any questions you have about the process. The phone number is 620-235-4040. The fax number is 620-235-4041.

Thank you for your consideration to contribute to the Kansas Tobacco Prevention for Priority Populations planning process. We look forward to receiving your response.

Sincerely,

Aiko Allen, MS  
Co-Chair, Kansas Tobacco Prevention for Priority Populations

Attachment: Statement of Participation



## Kansas Tobacco Prevention Workgroup for Priority Populations Statement of Participation

*Yes, I want to be part of the Kansas Tobacco Prevention Workgroup for Priority Populations to develop a strategic plan to guide the identification and elimination of tobacco-related disparities for the state of Kansas!*

The purpose of the Kansas Tobacco Prevention Workgroup for Priority Populations is to work with the Kansas Department of Health and Environment (KDHE) to develop a strategic plan to address tobacco-related disparities in the State through a participatory process. I understand that by signing this Statement of Participation, I agree to the following:

- Actively participate in 3 workgroup meetings.
- Have my name added to an email list-serve that will be utilized for the purpose of communicating with workgroup members.
- Provide critical input in crafting a Tobacco Prevention Strategic Plan for priority populations for the state of Kansas.
- Work cohesively by supporting the recommendations and priorities identified by the Workgroup.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Name of organization if applicable

\_\_\_\_\_  
Address of organization or Home Address

(\_\_\_\_\_) \_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

(\_\_\_\_\_) \_\_\_\_\_  
Alternate phone

\_\_\_\_\_  
Email

Please indicate your approximate **round trip** mileage to each event in Wichita: \_\_\_\_\_miles.

Will you require lodging in Wichita?  No  Yes for all three events  
 Yes but only for the May 17<sup>th</sup> and 18<sup>th</sup> meeting.

Do you have any special needs or significant barriers to your participation?  yes  no  
 If yes, please explain. \_\_\_\_\_

**Please return this completed form in the enclosed self-addressed envelope or fax to 620-235-4041.**

KU Med Center AHEC  
 PO Box 296  
 Pittsburg KS 66725  
 (620) 235-4040





# Appendix D:

## *Workgroup Members and Specific Populations Represented*

- D.1 List of Workgroup Members
- D.2 Specific Populations Represented by  
Workgroup Members



## Workgroup Members

<b>Name</b>	<b>Organization</b>	<b>City</b>
Ms. Aiko Allen, Co-Chair	Hunter Health Clinic	Wichita
Ms. Gabriela Barron	Kansas Statewide Farmworker Health Program	Ulysses
Ms. Courtney Bell	Kansas Urban League	Wichita
Dr. Ana-Paula Cupertino	Department of Preventive Medicine - KUMC	Kansas City
Ms. Yvette Desrosiers-Alphonse	Sunflower Foundation	Topeka
Ms. Lisa Dinh	WSU HEALTH Student Association	Wichita
Dr. Shirley Dinkel	Washburn University School of Nursing	Topeka
Mr. Louis Goins	Judge James V. Riddel Boys Ranch	Goddard
Ms. Sharon Goolsby	Center for Health Disparities, KDHE	Topeka
Ms. Martha Hodgesmith	University of Kansas Research and Training Center on Independent Living	Lawrence
Ms. Miriam Ibrahim	Reno County Health Department	Hutchinson
Mr. Robert "BJ" Jones	Student	Wichita
Mr. James Jones, Co-Chair	Oakland United Methodist Church	Topeka
Ms. Nikki Keene	WSU HEALTH Student Association	Wichita
Mr. Rob Le	Healthy Options for Kansas Communities (HOP)	Wichita
Ms. Helen Loewen	Kansas Statewide Farmworker Health Program	Copeland
Ms. Janice R. Love	Swope Health Services	Kansas City
Ms. Brandi Miller	Jewish Vocational Service	Kansas City
Mr. Cody Patton	Positive Directions	Wichita
Ms. Janet L. Schwarz	American Lung Association of the Central States	Kansas City
Ms. Penny Selbee	Maternal and Child Health Division Mngr/SCHA/Retired	Topeka
Ms. Toyin Sokari	Cancer Information Service, KUMC	Kansas City
Ms. Beverly J. White	Center for Health and Wellness, Inc. (CHW)	Wichita
Mr. Pete Wiemers	Irwin Army Community Hospital, US Army	Manhattan

## Specific Populations Represented by and/or Served by Workgroup Members

1. People with low socio-economic status (SES) 
2. Black/African Americans 
3. Asian Americans & Pacific Islanders 
4. American Indians/Alaskan Natives 
5. Hispanic/Latino 
6. Gay/lesbian/bisexual/transgender 
7. Medically underserved/uninsured 
8. Young people (middle school/high school age youth) 
9. Pregnant women 
10. People facing mental or emotional challenges 
11. People living with disabilities 
12. Groups and affiliations for which tobacco-related disparities may be unidentified, including:
  - Migrant 
  - German Mennonites 
  - Faith Communities 
  - Vietnamese 
  - Refugees 
  - Middle Eastern/Arab 
  - Homeless 
  - Documented and Undocumented Immigrants 
  - Rural/Frontier 
  - Military 
  - Other 

Key:  = 1 workgroup member representing or serving the specific population.  
 Note: Some workgroup members represent or serve more than one specific population.



# Appendix E:

## *Workgroup Member Roles and Responsibilities Forms*

- E.1. Conflict of Interest Statement Form
- E.2. Workgroup Member Roles and Responsibilities Form
- E.3. Workgroup Chair Roles and Responsibilities Form
- E.4. Workgroup Support Staff Roles and Responsibilities Form



**Kansas Tobacco Prevention Workgroup for Specific Populations**

**REPRESENTATION OF ABSENCE OF CONFLICT OF INTEREST**

The undersigned Workgroup member represents to the best of his/her knowledge, information, and belief that he/she does not have a conflict of interest. This policy applies to all Workgroup volunteers, who agree to provide ad hoc services to the Kansas Tobacco Prevention Workgroup for Specific Populations, hereinafter referred to as the "Workgroup". A conflict of interest is considered to exist whenever:

1. The interests of volunteers, outside the scope of the Workgroup, interfere with or compromise their judgment and objectivity with respect to the duties and responsibilities to the Workgroup.
2. Volunteers make or influence Workgroup decisions or use Workgroup resources in a manner that results in
  - Personal financial gain or financial gain of business associates
  - An unfair advantage to a third party outside of the Workgroup

By observing the following principles, Workgroup members will ensure that they are performing their "public service" commitment to the highest standard:

1. Public service is a public trust, requiring Workgroup members to place loyalty above personal gain.
2. When a potential conflict of interest may exist, Workgroup members shall disclose and appropriately modify their participation, including voting abstention if appropriate.
3. Workgroup members shall put forth an honest effort in the performance of their responsibilities.
4. Workgroup members shall act impartially, without preferential treatment to any entity or individual.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_





## **Kansas Tobacco Prevention for Specific Populations Workgroup Purpose, Roles & Responsibilities**

### **Purpose of the Workgroup:**

The purpose of the *Kansas Tobacco Prevention Workgroup for Specific Populations* is to work with the Kansas Department of Health and Environment (KDHE) to develop a strategic plan to address tobacco-related disparities in the State through a participatory process.

### **Role & Responsibilities of Workgroup participants:**

- To represent one's constituency, but to advocate for all citizens of Kansas.
- To participate fully, consistent with one's cultural traditions and personal style, as a Workgroup voting member.
- To review materials and participate in committees outside of the scheduled workgroup meetings, as needed. For example, workgroup members will be asked to participate in at least one Goals sub-committee to formulate strategies/objectives.
- To review and share data on various population groups in Kansas that are affected by tobacco-related disparities.
- To identify areas in which data are missing or lacking.
- To recommend individuals and agencies that can participate in developing the plan.
- To participate in setting priorities during the strategic planning process.
- To help draft goals and strategies as part of a strategic plan to address disparities in Kansas.
- To advise on the implementation of the plan.
- To strive toward an attitude of collaboration and open-mindedness.
- To meet attendance obligations: be on time, stay for the entire meeting and attend all three meetings.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_





## **Kansas Tobacco Prevention Workgroup for Specific Populations Chair/Co-chair Role & Responsibilities**

### **Purpose of the Workgroup:**

The purpose of the Kansas Tobacco Prevention Workgroup for Specific Populations is to work with the Kansas Department of Health and Environment (KDHE) to develop a strategic plan to address tobacco-related disparities in the State through a participatory process.

### **Role & Responsibilities of Workgroup Chair/Co-chair:**

- To open meetings and welcome members.
- To serve in a leadership role on the Workgroup, e.g., following up with Workgroup members, etc.
- To participate in meetings and conference calls of the Disparities Planning Team.
- To moderate meetings, as needed.
- To monitor progress of tasks, keeping the group on schedule.
- To motivate and encourage regular attendance by members.
- To sign official communications, e.g., invitations to new members.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_



**Kansas Tobacco Prevention Workgroup for Specific Populations  
Support Staff Role & Responsibilities:  
KDHE Project Director & Epidemiologist, Facilitator and Evaluator**

- To convene a Workgroup that is representative, diverse and inclusive of all groups that experience tobacco-related disparities.
- To ensure a clear understanding of roles.
- To participate on Workgroup as non-voting members.
- To strive toward parity with all members including the organizations they represent.
- To set initial action direction, but accept direction from Workgroup once functioning.
- To provide all support processes required and requested to ensure Workgroup effectiveness.
- To facilitate Workgroup meeting discussions.
- To provide resources to support the Workgroup's efforts (e.g., meeting logistics, agendas, minutes, data and other requested materials).
- To communicate with Workgroup members between meetings as requested.
- To provide resources necessary for the production and distribution of a final document.
- To document, summarize and distribute Workgroup priorities via hard copy, electronic and other means (e.g., translators) to the extent of resources to accommodate Workgroup members.
- To disseminate and integrate Workgroup priorities and findings with other stakeholders and related projects.
- To evaluate the process and share results with the Workgroup members.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Support Staff Role: \_\_\_\_\_

Date: \_\_\_\_\_





# Appendix F:

## *Meeting Agendas*

F.1 Meeting 1 Agenda

F.2 Meeting 2 Agenda

F.3 Meeting 3 Agenda



## **Kansas Tobacco Prevention Workgroup for Specific Populations**

**Hotel at Old Town  
830 E. 1<sup>st</sup> St, Wichita**

**March 29, 2007  
9:00 – 4:00 p.m.**

### **Overall Workgroup Purpose:**

To develop a strategic plan to guide efforts to eliminate tobacco-related disparities in specific populations in Kansas.

### **Goals for the first meeting:**

- 1) To convene workgroup and build an effective team.
- 2) To become familiar with the planning process.
- 3) To review data available about tobacco-related disparities.
- 4) To identify specific populations for tobacco prevention for Kansas.
- 5) To identify a minimum of three critical issues for tobacco prevention for specific populations.

9:00 Sign-in, Networking

9:15 Welcome: Aiko Allen, Co-chair, Kansas Tobacco Prevention Workgroup for Specific Populations

9:30 Introductions/Ice Breaker: Janet Brandes, Facilitator

9:45 Overview of Tobacco Prevention for Specific Populations Project: Karry Moore, KDHE Project Director

10:00 Workgroup Planning Presentation: Janet Brandes, Facilitator

10:15 Tobacco 101: Harlen Hays, KDHE Epidemiologist

10:30 Break

10:45 Defining Disparity Related to Tobacco Use/Current Data: Harlen Hays, KDHE Epidemiologist

11:15 Discussion of Data Gaps and Data Requests

11:50 Break

12:00 Working Lunch

1:00 Break

1:10 Healthy Kansas 2010 Update

1:30 Critical Issues: Brainstorm/Facilitated Discussion

2:15 Break

2:30 Critical Issues/Goal-setting: Prioritizing/Facilitated Discussion

3:45 Wrap-up: Feedback and Evaluation

4:00 Adjourn





## **Kansas Tobacco Prevention Workgroup for Specific Populations**

**Hotel at Old Town  
830 E. 1<sup>st</sup> St, Wichita**

**Thursday, May 17, 2007  
10:30 – 5:00 p.m.**

### **Overall Workgroup Purpose:**

To develop a strategic plan to guide efforts to eliminate tobacco-related disparities in specific populations in Kansas.

### **Goals for meeting:**

- To continue to build an effective team through various activities, such as community photo album.
- To review timelines and project deliverables.
- To categorize critical issues and select a minimum of three critical issues for tobacco prevention for specific populations.
- To develop strategic goal statements matching the most critical issues identified.
- To identify a minimum of three strategies to accomplish each goal.
- To brainstorm action steps.

10:30 Welcome: Aiko Allen & James Jones, Co-chairs, Kansas Tobacco Prevention Workgroup for Specific Populations

10:40 Two Minute “Spin Dating”: Aiko Allen, Co-Chair, Kansas Tobacco Prevention Workgroup for Specific Populations & Janet Brandes, Facilitator

11:00 Introductions: Janet Brandes, Facilitator

- Self-Introductions
- Workgroup membership expansion

### **Progress Update & Review**

- Agenda review
- Review of workgroup charge & CDC “Deliverables”
- Summary of input on critical issues from 1<sup>st</sup> meeting
- Selecting critical issues: What to think about

11:50 Working Lunch

1:00 Group Consensus: Review & Determine Critical Issues

- Review other states' language.
- Merge critical issues – anything missing?
- Determine group consensus on critical issues

1:40 CDC Review of Best Practices in Tobacco Control: Becky Tuttle, Quitline Manager, Kansas Department of Health and Environment

2:00 Break

2:15 Formation of Small Groups

- Expectations for small group work.
- Explanation of process.
- Small group selection.

Small Group Work: Develop Goal Statements

- Discuss criteria.
- Brainstorm goal statements.
- Assess goal statements by criteria.
- Discuss and reach consensus on goal statements.

3:15 Break

3:30 The Gallery Tour: Small Group Reports on Goal Statements

Large Group Discussion & Consensus of Goal Statements

4:40 Wrap-up: Feedback and Evaluation

4:45 Thanks: Aiko Allen and James Jones, Co-Chairs, Kansas Tobacco Prevention Workgroup for Specific Populations

Closing – Call & Response: Bev White, Member, Kansas Tobacco Prevention Workgroup for Specific Populations

5:00 Adjourn





## **Kansas Tobacco Prevention Workgroup for Specific Populations**

**Hotel at Old Town  
830 E. 1<sup>st</sup> St, Wichita**

**May 18, 2007  
9:00 - 3:00 p.m.**

### **Overall Workgroup Purpose:**

To develop a strategic plan to guide efforts to eliminate tobacco-related disparities in specific populations in Kansas.

### **Goals for meeting:**

- To continue to build an effective team through various activities, such as community photo album.
- To review timelines and project deliverables.
- To categorize critical issues and select a minimum of three critical issues for tobacco prevention for specific populations.
- To develop strategic goal statements matching the most critical issues identified.
- To identify a minimum of three strategies to accomplish each goal.
- To brainstorm action steps.

9:00 Welcome: Aiko Allen & James Jones, Co-chairs, Kansas Tobacco Prevention Workgroup for Specific Populations

9:15 Opening – Pathways to Freedom-Winning the Fight Against Tobacco: Janice Love, Member, Kansas Tobacco Prevention Workgroup for Specific Populations

9:30 Building the Workgroup as a Collaborative Resource - Community Photo Album Sharing: Jenna Hunter, KDHE and Janet Brandes, Facilitator

10:15 Break

10:30 Small Group Work: Develop Strategies

- Brainstorm strategies.
- Assess strategies by criteria.
- Discuss and reach consensus on goal statements.

The Gallery Tour: Small Group Reports on Strategies

12:00 Working Lunch

1:00 Large Group Discussion of Strategies

Group Consensus on Strategies

2:00 Break

2:15 Discussion: Action Plan Development

Planning for Meeting 3

- Ending Celebration
- Agenda
- Assignments/Homework

2:45 Wrap-up: Feedback and Evaluation

2:55 Closing & Thanks: Aiko Allen and James Jones, Co-Chairs, Kansas Tobacco Prevention Workgroup for Specific Populations

3:00 Adjourn





## **Kansas Tobacco Prevention Workgroup for Specific Populations**

**Hotel at Old Town  
830 E. 1<sup>st</sup> St, Wichita**

**Thursday, May 24, 2007  
9:00 – 4:00 p.m.**

### **Overall Workgroup Purpose:**

To develop a strategic plan to guide efforts to eliminate tobacco-related disparities in specific populations in Kansas.

### **Goals for meeting:**

- To continue to build an effective team through various activities, such as marketing plan development.
- To refine strategic/action plan.
- To discuss integration of the specific populations plan into the state tobacco plan.
- To identify strategies for marketing of plan.
- To develop recommendations for monitoring plan implementation.
- To discuss future of the workgroup.

9:00 Welcome: James Jones, Co-chair, Kansas Tobacco Prevention Workgroup for Specific Populations

9:10 Greetings: Howard Rodenberg, MD, MPH, Director of Health, Kansas Department of Health and Environment

9:30 Progress Update & Review

- Agenda review
- Review of issues/goals/strategies/action plan and follow-up activities completed
- Questions & Answers

### **10:00 BREAK**

10:15 Description/Review of Statewide Tobacco Prevention Plan & Tobacco Use Prevention Program (TUPP) Overview – TUPP Staff

- Questions & Answers

- 10:40 Revisit strategies and action steps
- Discuss, agree upon revisions
  - Discuss plan review –other organizations to provide input?
  - Discuss/review of responsibility of selected strategies/action steps
  - Discuss/identify evaluation indicators/tracking measures
  - Discuss: How does the action plan go back to our respective organizations? What can my organization or community do?
- 11:15 Preparation, Review & Approval Processes of the “Deliverables”
- What materials will be produced?
  - What is the timeline?
  - What will be the role of the Workgroup in this process?
  - How best to involve the Workgroup in final document preparation after this meeting?
- 11:50 BREAK**
- 12:00 Working Lunch - Guest Speaker: S. Edwards Dismuke, MD, MSPH, Dean, University of Kansas School of Medicine-Wichita
- 1:00 Marketing Overview: Ginger Parks, KDHE Media & Policy Coordinator
- 1:20 Marketing Plan: Small Group Discussion & Reports
- Audience Assessment – Who does this plan need to get to? Who needs to know? Who is working on addressing health-related disparities in Kansas? In my community? How do their interests intersect with ours?
  - Political Considerations - What political considerations need to be considered? What barriers and competing issues make it difficult to elevate the importance of tobacco control in various communities? How can these barriers be overcome?
  - Materials Development – What “products” need to be developed? What specific messages might resonate with each community/audience?
- 2:15 BREAK**
- 2:30 Large Group Marketing Plan Discussion
- How will the materials be distributed?
  - Who will be responsible for carrying out the marketing plan?
- 3:10 Moving Forward: Discussion of future of Workgroup
- Potential involvement and role in marketing and implementation
  - Recommendations for evaluating strategic plan implementation
  - Oversight/Reporting
- 3:40 Wrap-up: Feedback and Evaluation

3:50 Thanks: Aiko Allen and James Jones, Co-Chairs, Kansas Tobacco Prevention Workgroup for Specific Populations

Closing

4:00 Adjourn





# Appendix G:

## *Marketing Plan*

G.1 Marketing Plan

G.2 Ecomap

**Kansas Tobacco Prevention for Specific  
Populations Workgroup Marketing  
June 2007**

A marketing plan for the *Kansas Tobacco Prevention Strategic Plan for Specific Populations: "Everyone Benefits"* has several goals:

1. To create awareness of the plan's existence, its importance, and how individuals/organizations can be involved in tobacco prevention efforts for specific populations.
2. To raise community knowledge of tobacco-related health disparities in general, e.g., what "disparity" means, the extent of the problem, who experiences tobacco-related health disparities, etc.
3. To create "buy-in" for the strategic plan. "Buy-in" would include securing specific organizational commitments to assist with strategic plan implementation.
4. To identify and recruit action team members willing to work on each of the strategic plan goal areas.

**Specific Tasks:**

1. Identify key audiences for dissemination of the plan.
2. Develop key messages for each audience. Involve specific population groups in pre-testing of messages for tailored materials. Consider usage of brainstormed messages suggested by Workgroup.
3. Determine best media for each audience, e.g., strategic plan document, brochure, commitment pledges, one-page action outline, PowerPoint presentation, presentation guide for community groups, tailored letters, telephone call scripts, etc.
4. Identify targeted communications channels, e.g., special presentations, conferences, special mailings, etc.
5. Gather and disseminate targeted brochures and information from other states and national organizations. Provide information on how to obtain this information directly, and how to customize such information with the toll-free Kansas Tobacco Quitline, when appropriate.
6. Develop and disseminate marketing materials.
7. Assess marketing efforts.

**Primary Audiences:**

**Includes those with a statewide reach, as well as the Workgroup. Materials to be distributed may be more "mass produced" vs. tailored for a specific audience.**

- Kansas Tobacco Prevention for Specific Populations Workgroup members, and their affiliated organization
- State agencies and programs, e.g., KDHE Tobacco Use Prevention Program grantees, Healthy Kansans 2010, Center for Health Disparities, Social and Rehabilitation Services (SRS), etc.

- Statewide organizations and coalitions, e.g., Kansas Comprehensive Cancer Partnership, Tobacco Free Kansas Coalition, American Cancer Society, American Lung Association,
- Health-related professional organizations, e.g., Kansas State Nurses' Association, Kansas Public Health Association, Kansas Association of Local Health Departments, Gay and Lesbian Medical Association, Kansas Association for the Medically Underserved (KAMU), etc.
- Statewide specific population communities: faith-based (Hispanic Diocese), athletic corporations (NASCAR), etc.
- Foundations: Kansas Health Foundation, REACH, Sunflower Foundation, United Methodist Health Care Foundation of Greater KC, etc.
- Food Banks

**Secondary Audiences:**

**Includes more specific and targeted segments of the population, and requires more tailoring of marketing materials.**

- Local specific population communities: faith-based, athletic organizations, disability coalitions, etc.
- Health care professionals (physicians and nurses) and health care educators within local health departments, hospitals, not-for-profit organizations, Veteran's Administration, Disabled American Veterans, etc.
- County and city commissioners and other local policy-makers, e.g., League of Municipalities, Kansas Association of Counties
- Chambers of Commerce (Hispanic, etc.)
- University health profession organizations, e.g., Kansas State Nurses Association
- Safety net clinics/federally qualified health clinics
- HUD

**Potential Marketing Materials to Be Developed:**

**All materials will display the toll-free Kansas Tobacco Quitline information.**

- Tailored Letter(s) from KDHE Secretary Bremby and Kansas Tobacco Prevention for Specific Populations Workgroup
- Strategic Plan (full copy)
- Executive Summary
- Targeted PowerPoint presentation package
- Article for placing in local organizational newsletters
- Fact sheets specific to populations
- Directory of resources (data, models)
- Web site Links
- One page Talking Points
- Return "pledge/commitment" cards

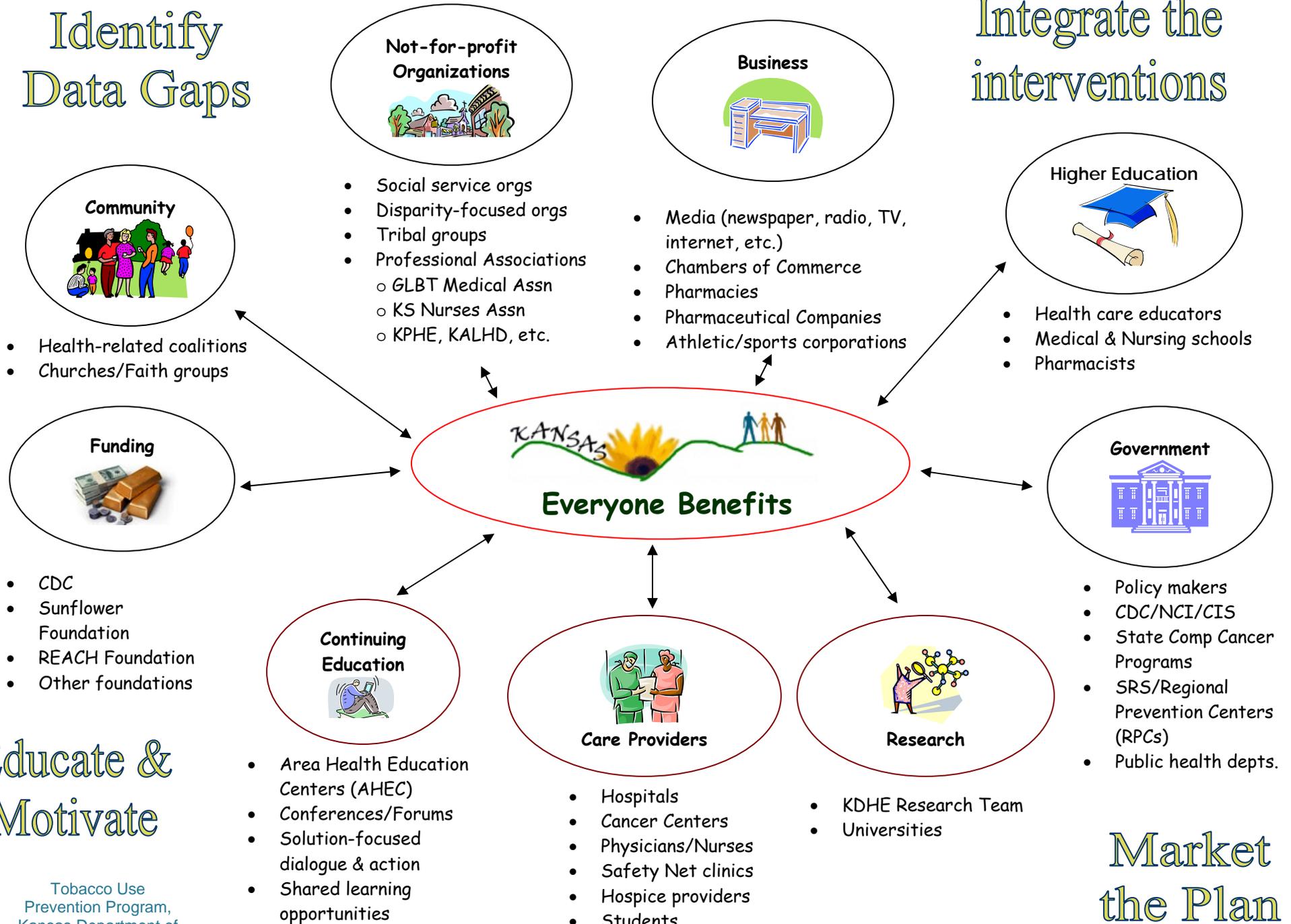
**Measures of success:**

- Continued involvement by Kansas Tobacco Prevention for Specific Populations Workgroup members in action teams and follow-up meetings.
- Number of signed commitment cards from organizations

- Increasing action team membership will indicate commitment and buy-in to the strategic plan
- Action team objectives are being met and shared with other action teams
- Number of articles published in journals, newsletters, etc.
- Involvement by members of specific populations targeted by the plan
- Pre- and post-test awareness surveys to be delivered at trainings, conferences, etc.
- Types and numbers of disciplines involved in action teams
- Increased funding

# Identify Data Gaps

# Integrate the interventions



# Educate & Motivate

# Market the Plan

Tobacco Use Prevention Program, Kansas Department of Health and Environment

[www.healthykansans2010.org/tupp](http://www.healthykansans2010.org/tupp)

*Collaborating with a shared passion for tobacco prevention and reaching all Kansas populations.*

[www.healthykansans2010.org/tobacco](http://www.healthykansans2010.org/tobacco)



# Appendix H:

## *Example “Tools”*

- H.1 Photo Album Instruction Sheet  
and Release Form
- H.2 System Changes



## ***Workgroup Photo Album Project***

To enhance our group discussions, we would like to create a workgroup photo album that represents our workgroup communities and their diversity. We will provide you with cameras and would like you to provide the group with images that depict your community, your culture, and the influence of tobacco in your community. We will develop your pictures and use the photographs as a visual supplement to group discussions at our future meetings. Your photographs may also be used in reports about the Specific Populations Project.

### **Key Project Themes:**

We would like you to take pictures that document the following themes:

- Your community assets
- The influence of tobacco in your community
- Something important about your culture(s) and traditions

### **What You Need to Know:**

- Participation is voluntary.
- You may determine how your photographs are used.
- You may determine which photos are or are not used.
- Be careful about taking pictures of people – please make sure you have permission (have the photo release form signed).

### **What to Do:**

1. Take a disposable camera home with you.
2. During the next month, take pictures based on the key themes listed above. Be creative and have fun! A few ideas to get you started:
  - What is unique about your community and your culture?
  - Are there tobacco ads that target your community?
  - What is a common struggle/issue in your community or culture?
  - Where are the tobacco free areas?
3. Remember to carry your photo release form if you take pictures where people can be identified (crowd shots – not necessary to have permission).
4. When you finish the roll, use the provided envelope to mail the camera back.
5. Please put your camera in the mail by Friday, April 20.



Kathleen Sebelius, Governor  
Roderick L. Bremby, Secretary

DEPARTMENT OF HEALTH  
AND ENVIRONMENT

www.kdheks.gov

**Publicity Consent and Release Agreement**

Individuals/students/minors are occasionally asked to be a part of the Kansas Department of Health and Environment (KDHE) publicity, publications and/or public relations activities. In order to guarantee their privacy and ensure their agreement for participation, KDHE asks that this form be signed.

The form referenced below indicates approval for their names, portraits (video or still) and words, to appear in KDHE publications, videos or on KDHE Web sites. These pictures and articles may or may not personally identify the individuals/students/minors. The pictures, videos and/or words may be used by KDHE in subsequent years.

**Agreement**

I release to KDHE my, or the minor's child name, portraits (video or still) and/or words and consent to their use by KDHE.

KDHE agrees that the name, portraits (video or still) and/or words shall only be used for any public relations, public information, publicity, Web sites and instruction.

**I understand and agree that:**

- No monetary consideration shall be paid;
- Consent and release have been given without coercion or duress;
- This agreement is binding upon heirs and/or future legal representatives;
- The name and portraits (video or still) may be used in subsequent years.

Effective Date of Agreement : \_\_\_ / \_\_\_ / \_\_\_

*If you wish to rescind this agreement you may do so at any time with written notice.*

**Name:** \_\_\_\_\_  
*(Print Name as you wish it used)*

**Written Signature:** \_\_\_\_\_ **Status:** \_\_\_\_\_  
*(Parent or legal guardian sign for minor) (Father, Mother, Guardian, etc.)*

Witness: \_\_\_\_\_  
*(KDHE employee)( Print Name)*

Written Signature: \_\_\_\_\_

Bureau: \_\_\_\_\_

Telephone Number : Area Code (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Extension (\_\_\_\_)



## **Specific Populations- Reportable Systems Changes (and incremental steps) as a direct result of the Disparities Funding Opportunity.**

### **Kansas Tobacco Use Prevention Program, Kansas Department of Health and Environment Systems Changes to date:**

- Offered technical assistance conference calls on cultural competency on Kansas Specific Populations. These technical assistance calls were open to Tobacco Use Prevention Program (TUPP) grantees, partners, Office of Local and Rural Health staff, Coordinated School Health grantees, TUPP staff and KDHE Office of Health Promotion staff. Technical assistance conference calls were taped and available by e-mail to those who were unable to participate at the scheduled time.
1. The first toll-free call held on April 3, 2007 was titled Engaging the Lesbian, Gay, Bisexual and Transgender Community in Tobacco Control Efforts. Scout, Ph.D. from the Fenway Institute, Boston, MA presented on the call. The first time TUPP utilized the KS TRAIN network to broadcast training opportunity throughout the state.
  2. The second call titled Building Relations with the American Indian population and health care providers was held on June 3, 2007. Christine Makosky Daley, PhD, MA, SM, Research Assistant Professor, University of Kansas Medical Center, Department of Preventive Medicine and Public Health.
  3. Three speakers from the Fenway Institute facilitated training in Topeka for TUPP grantees, TUPP staff, and other KDHE staff including the Wellness Representative, and the Office of Minority Health Director who attended in person or via ITV on April 27, 2007. A lobbyist from the Kansas Equality Coalition also presented during the training. A video of the day's presentation was made and will be edited into a short training video.
    - Collaborated directly with HK2010 and will continue to update participants on Priority Population efforts.
    - Collaborating with the Kansas Mission of Mercy (KMOM) dental clinic that occurs annually in a selected region of the state. Attempts were made to be involved with the February 2 and 3, 2007 event but this was unsuccessful. Efforts are being made to be part of next year's event. KMOM provides millions of dollars in free dental work during a two-day clinic offered annually to medically underserved and uninsured. Many other subpopulations of the Specific Populations initiative are patients at the clinic.
    - The Office of Minority Health at the Kansas Department of Health and Environment has been renamed the "Center for Health Disparities."
    - Persons with limited mobility will now be self-reported on the Kansas Tobacco Quitline intake survey.

- LGBTIQQ populations are self-identified in both the Quitline calls during the intake part of the call, and in the Adult Tobacco Survey (ATS). The ATS is a random sample of Kansans over the age of 18. See specific verbiage below:

**IMPORTANT TALKING POINTS:**

The question should be asked in the same standard, nonchalant way all other questions are asked. No apologies, cautions, etc...

If the person answers TRANSGENDERED, choose "Other".

If the person does not understand the question or does not want to answer, use "Refused" and go on to the next question.

If the caller asks why we are asking:

1st RESPONSE - "We are gathering information to find out if services are reaching diverse populations and if they are effective."

2ND RESPONSE - if the caller wants more information, you can elaborate with the following statement - "The information is kept completely confidential. No names or identifying information is given when the information is shared. If you have more questions, I can have someone contact you directly."

90. Which of the following best describes how you think of yourself? (KS-sexpref)

**READ:**

1. Heterosexual or Straight
2. Gay
3. Lesbian
4. Bisexual
5. Other

**DO NOT READ:**

7. Don't know/Not sure

9. Refused of the call. Question is asked in this order: Heterosexual, Straight, Gay, Lesbian, Bisexual, Other: \_\_\_\_\_

- A Web site was established for workgroup participants, grantees, partners, HK2010 members, and other organizations working towards eliminating tobacco use disparities. <http://www.healthykansans2010.org/tobacco/>
- The Kansas Tobacco Prevention for Specific Populations Web site [www.healthykansans2010.org/tobacco](http://www.healthykansans2010.org/tobacco) contains the project's draft documents, Specific Populations links, American Legacy Foundation links, photos and all of the handouts and presentations from the process.
- The Web site was changed to be more accessible using Section 508 of the Rehabilitation Act as a standard. This amendment requires all government agency's electronic and information technology to be accessible to people with disabilities. In this case, the definition of accessibility issues includes slower internet connections and lower resolution monitors. For more information about Section 508 go to <http://www.section508.gov/index.cfm?FuseAction=Content&ID=12#Web>

- Surveyed grantees and potential grantees at the Pre-bidder's Conference in Salina on January 31, 2007. Grantees requested targeted resource materials. Brochures have been ordered and will be distributed via outreach coordinators and links are on the Web site.
- The Coalition of Hispanic Women Against Cancer received a grant and contacted the Quitline Manager to learn how to incorporate the Quitline into their action plan.
- Sac and Fox Casino is going smoke-free in the facility except the gaming floor. The casino held a wellness fair with tobacco cessation information and sent Quitline cards to employees as a payroll stuffer.
- Resources were circulated to the Specific Populations Workgroup, grantees and partners for targeted populations.
- Placed the Quitline number and logo on as many materials as appropriate for distribution at the Specific Populations meetings to create brand recognition.



- Challenged workgroup members to make systems changes in their homes, communities and places of work to keep the momentum going and grow the number of systems changes exponentially. (A follow-up postcard with the “thank you” incentives with the Specific Populations logo and website, certificates and final documents will be mailed.)
- The tobacco and military workgroup has been revitalized by Quitline Manager, Becky Tuttle, with workgroup member Pete Weimers, Health Promotion Educator, Irwin Army Community Hospital. All three military sites in Kansas have contacted Becky and she has presented information on the Kansas Tobacco Quitline, the “5A’s of tobacco cessation in a clinical setting” and the fax referral form for military medical and oral health personnel.
- Three members of the Specific Population planning team participated in a military conference call with CDC in late 2007. One member, Jenna Hunter, will continue to serve on the military workgroup to represent the Specific Populations planning team.
- TASK, the state’s youth movement against tobacco, is conducting a Smokeless Does Not Mean Harmless Spit Tobacco Summit on August 29, 2007. Invitations have been sent statewide. Oral health professionals have been invited to a special breakout session offering 4.25 CEU’s (continuing education units) to educate them on how to recognize spit tobacco users and inform the professionals of ways to help spit tobacco users quit using the toll-free Kansas Tobacco Quitline.
- The Office of Local and Rural Health Promotora Program was contacted to verify if they are disseminating the toll-free Quitline number. The program was asked to specify incentives that TUPP can purchase specifically for the Low German Mennonite population. This program works with a migrant farm worker

population, who speak Spanish and have very low literacy. The Quitline was not identified as being a practical message. This Palt Dietsch population is approximately 4,000 to 5,000 people mainly in Southwest Kansas. We continue to collaborate to see if we can reach this population in an effective way.

- Outreach Coordinators are disseminating Quitline cards in Spanish. The fax referral form has been available in Spanish for more than two years.
- Sedgwick County disseminated KS Quitline information at Pride Festival in Wichita targeting the LGBTIQQ population.
- Tobacco Free Kansas Coalition presented at one of the three Workgroup meetings and signed the Certificates of Participation to recognize the workgroup for their efforts and recruit statewide membership. The TFKC logo and web site was printed on the certificates for recruitment purposes and brand recognition.
- Consulted the national groups to design a reporting form to share with other bureau project coordinators, grantees, partners etc. Please refer to Handout 11 in notebooks.
- July 7, 2007 TUPP staff participated on a conference call with Betsy Mitchell at CDC who was surveying states to see what forms of technology they were using to disseminate information to their grantees and for counter-marketing purposes. Her research will give us some successful ideas to work with some of our specific populations such as youth. "Mitchell, Betsy (CDC/CCHP/NCCDPHP)" <bhm0@CDC.GOV>

#### **Work in progress:**

- It was recommended that TUPP staff and Specific Populations Workgroup team members sign up at the [www.kNOWtobacco.net](http://www.kNOWtobacco.net) Web site set up by a contractor for CDC. This is a networking Web site that is closely monitored so resources should be valid and trustworthy.
- TUPP staff to join the American Legacy Web site on policy and distribute to partners, grantees, TFKC etc. [www.tobaccopolicychange.org](http://www.tobaccopolicychange.org)
- Karry is tracking the spreadsheet created by Workgroup participants who noted any efforts and changes in their workplace, offices, school, etc. since attending meetings such as posters displayed in all waiting rooms, distributing LGBT flyers etc. A reminder will be sent to the participants of their commitments and to ask for any additional progress updates.
- Kansas correctional facilities have gone tobacco-free and those who are incarcerated have to abstain from tobacco without assistance. We will check with American Cancer Society and appropriate personnel to see if we can approach correctional health care.
- Track any contacts and changes in materials and trainings targeting people who are incarcerated, homeless, institutionalized for mental health and addiction issues.

- Outreach Coordinators may be asked to attend priority population's coalitions or meet with representatives across the state to build relationships and obtain comments or recruit participation in the next step of this initiative
- Currently Hunter Health is the only American Indian Clinic that we know of that is using the Quitline Fax referral form. Contact other clinics to offer Quitline resources and provider trainings addressing the 5A's (Ask, Advise, Assess, Assist, Arrange).
- TUPP grant award process requires applicants to identify and work to eliminate disparities. Efforts will be made to continue to educate TUPP grantees on Best Practices and local successes.
- The Workgroup hopes to have the speaker who presented at CDC on behalf of the Legacy Foundation present at our next Pre-Bidder's Workshop in January 2008. She specifically reviewed grantees who identified and targeted specific populations and what they had in common to gain success. [What does this sentence mean?]
- Magnets targeting the LGBT population are on order to give to TUPP grantees and partners who serve the LGBTIQQ population. They are customized with the Kansas Tobacco Quitline information.
- Place a Quitline advertisement in The Budget newspaper that serves the Sugarcreek area and the Amish/Mennonite communities throughout the Americas. TUPP has \$500 to spend on these advertisements during the next year.
- Tracking our 6 month LGBTIQQ plan and reporting back to Fenway Institute.
- New Program Director Clarence Cryer is registered for the annual LGBTI anti-tobacco summit on October 23, 2007 in Minneapolis, MN.

### **Abstracts and Call for Presentations Submitted to:**

**Kansas Governor's Health Conference, New Frontiers in Public Health, Hutchinson, KS April 30 - May 2, 2007.** Presentation titled: Building a Diverse Workgroup to Successfully Tackle a Common Problem: Lessons Learned from the Tobacco Prevention Priority Population Project, was accepted and presented on April 4, 2007. Twenty participants attended the breakout session with 10 interested in tobacco specifically and 10 interested in creating diverse workgroups.

**2007 National Conference on Tobacco Or Health, October 24 - 26, 2007, Minneapolis, MN.** The following abstracts were submitted March 5, 2007: 1. Implementing & Sustaining A Focus On Priority Populations Through Systems Change, 2. A Toolbox for Tobacco Prevention Strategic Planning Among Priority Populations. Both abstracts were accepted as posters.

**Kansas Public Health Association call for presentations. Communicating our Message: Public Health, Politics and Policy 2007 Fall Public Health Conference, Wichita, KS, September 18 - 20, 2007.** Application was submitted on April 30, 2007, but this abstract was not accepted for presentation.

**2007 National LGBTI Anti-Tobacco Summit, Expanding Our Movement: Lessons from the Field, October 23, 2007, Minneapolis, MN.** An abstract for a poster was submitted on August 14, 2007. Waiting to hear if the poster is accepted.

**2008 AAHE (American Association for Health Education)/AAHPERD (American Alliance for Health, Physical Education, Recreation and Dance) Annual Conference,** April 8-12 in Fort Worth, TX. Abstract submitted by contracted consultant, Janet M. Brandes, MPH, Educational Programs Coordinator, Health Services Management and Community Development Program, Department of Physician Assistant, Wichita State University. Waiting to hear if the abstract is accepted.