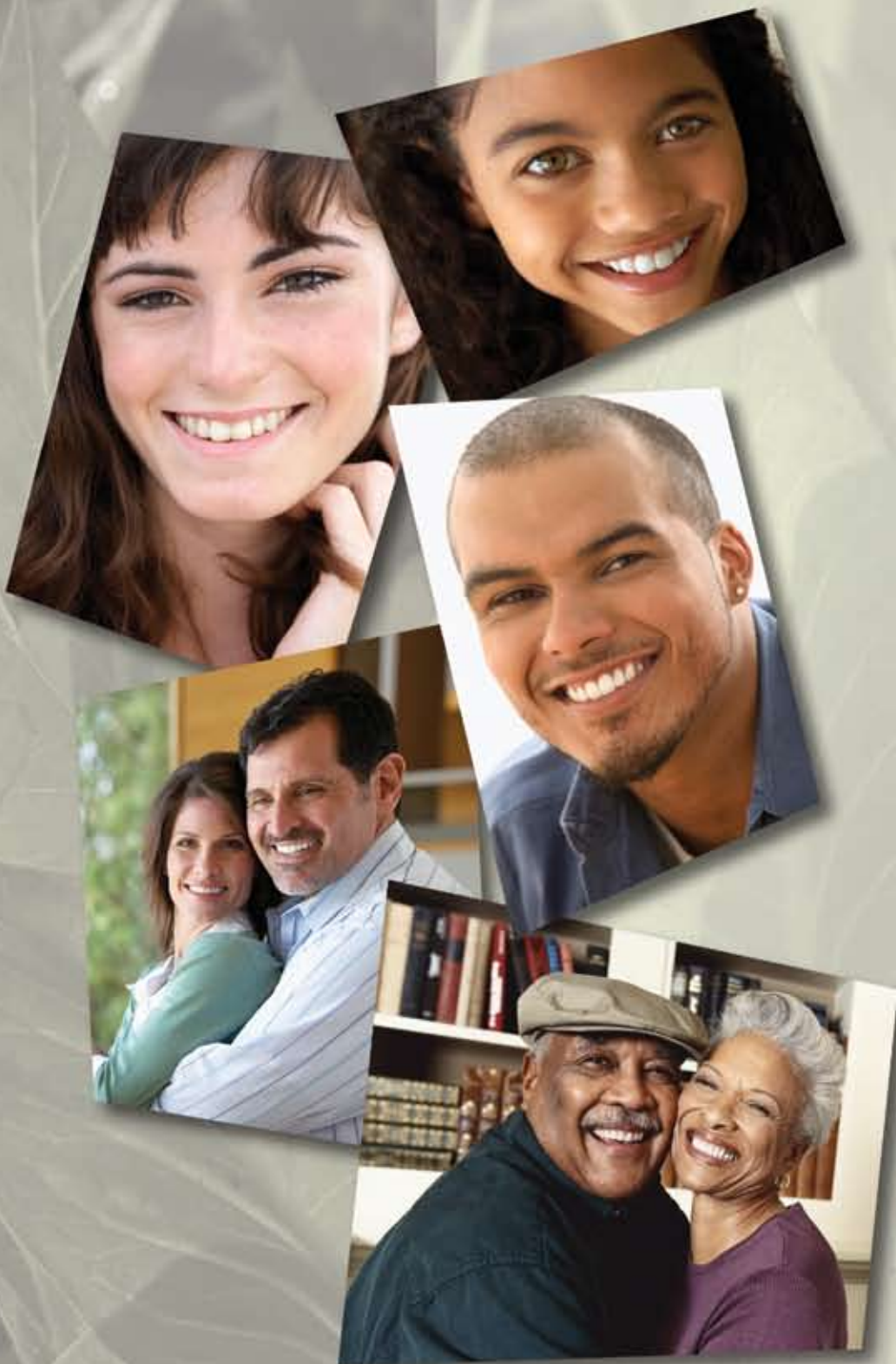


# ALABAMA



## **Strategic Plan for Eliminating Tobacco-Related Disparities**



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# STATEMENT OF SUPPORT

In June 2007, the ADPH Tobacco Prevention and Control Branch convened a workgroup to develop a strategic plan for addressing disparities related to tobacco.

**We are brought together by our mission:** *“To create a strategic plan that will provide framework for existing and future programs, interventions, surveillance, and evaluation associated with tobacco-related disparities.”*

**We are unified by our vision:** *“To promote and enhance the quality of life for all Alabamians by eliminating tobacco use and exposure to secondhand smoke.”*

**We are guided by our values:** *“The workgroup will operate in an environment where diversity of opinions and experience are respected. The workgroup will work with compassion, commitment, and enthusiasm to implement strategies to eliminate tobacco use in Alabama.”*



To meet the overall mission and to guide future efforts to improve the lives of all Alabamians, the workgroup developed the following goal areas:

- Strengthen and increase partnerships to maximize efforts to prevent and reduce tobacco use and exposure in disparately affected populations.
- Develop strategies to increase awareness of tobacco-related issues and consequences through education of targeted groups empowering communities to eliminate tobacco use.
- Successfully advocate for public policy that encompasses a reduction in tobacco use through protecting the public from exposure to secondhand smoke and increasing tobacco excise tax.

Alabama can successfully address disparities in tobacco use while enhancing the overall quality of life in this state. This plan provides a blueprint for policy makers, public health professionals, and community activists to protect our people from premature death, illness, and suffering caused by tobacco use.

The Alabama Department of Public Health is committed to addressing disparities in tobacco use and reducing the burden of death and disease on disproportionately affected populations.

– *The Alabama Tobacco-Related Health Disparities Strategic Planning Workgroup*

– *The ADPH Health Disparities Advisory Council*

# ACKNOWLEDGMENTS

## Thank you to the Alabama Disparities Workgroup members:

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# BACKGROUND



The Alabama Department of Public Health (ADPH) Tobacco Prevention and Control Branch, Bureau of Chronic Disease Prevention, was created with funds from the Centers for Disease Control and Prevention (CDC) in 1993. Its mission is to establish a well-staffed tobacco prevention program to provide resources and technical assistance. By working with local coalitions, community agencies, and state and national partners, the Tobacco Prevention and Control Branch will implement and evaluate effective tobacco prevention and cessation activities that meet the following goals identified by the National Tobacco Control Program of the CDC's Office on Smoking and Health (CDC/OSH):

- Eliminate environmental tobacco smoke exposure
- Promote quitting among adults and youth
- Prevent youth initiation
- Identify and eliminate disparities among populations

In response to the CDC's *Best Practices for Comprehensive Tobacco Control Programs* (1999), the Alabama Tobacco Use Prevention and Control Task Force published the *Alabama Comprehensive Tobacco Use Prevention and Control Plan* in 2000. The goals of this plan are to:

- Prevent youth (under age 19) from becoming users of tobacco products
- Promote treatment of tobacco dependency through promotion of and increased access to cessation programs
- Reduce exposure to secondhand smoke

Since Alabama's plan was published, tobacco control work has increased across the state. Efforts include support and promotion of the Quitline, dissemination of information and education through print and TV-based materials, and active discussions around policy development. Specific indicators of tobacco control success are a 26 cent increase in the statewide tobacco excise tax (from 16.5 cents to 42.5 cents) effective August 1, 2004, and an increase in the number of city-level tobacco ordinances (including 15 new ordinances passed in 2007). In an effort to continue and increase tobacco control work, the Alabama Disparities Workgroup was formed.



In June 2007 under the direction of the ADPH Tobacco Prevention and Control Branch, Bureau of Chronic Disease Prevention, and with funding provided by CDC/OSH, a diverse, comprehensive, and representative group was recruited to form the Alabama Disparities Workgroup. The functions of the Alabama Disparities Workgroup include exchanging ideas, identifying issues around tobacco-related disparities, developing new strategies, establishing new partnerships, and providing statewide leadership. The workgroup's initial charge was to develop a statewide strategic plan to guide future work to eliminate tobacco-related disparities.

Each workgroup member was asked to attend all workgroup meetings, respond to all requests between meetings, actively engage in meetings, and represent their population or organization during development and implementation in the coming years. The workgroup met four times over the course of six months. The meetings were facilitated by Debra Morris from the Tobacco Technical Assistance Consortium (TTAC). TTAC aided in meeting facilitation, evaluation, and production of the strategic plan.

The strategic plan was developed and submitted to the ADPH Disparities Workgroup for ratification and dissemination. The following mission, vision, and values guided the development of goals and objectives:

**MISSION:** To create a strategic plan that will provide a framework for existing and future programs, interventions, surveillance, and evaluation associated with tobacco-related disparities.

**VISION:** Promote and enhance the quality of life for all Alabamians by eliminating tobacco use and exposure to secondhand smoke.

**VALUES:** The workgroup will operate in an environment where diversity of opinions and experiences are respected. The workgroup will work with compassion, commitment, and enthusiasm to implement strategies to eliminate tobacco use in Alabama.

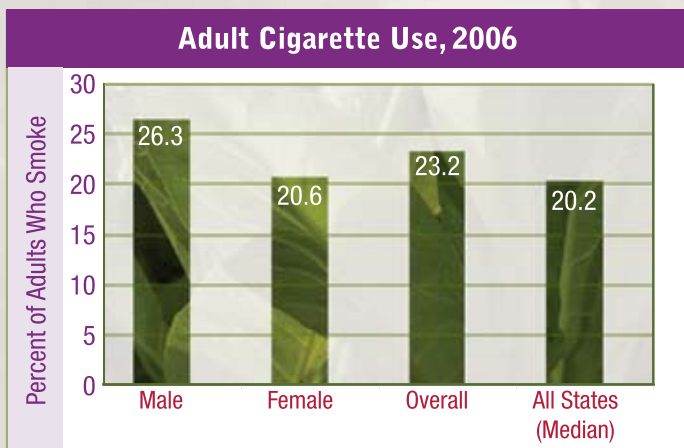
The overall logic model for the strategic plan is presented in Appendix A. The logic model provides an overview of the strategic plan to identify and eliminate tobacco-related disparities in Alabama. Details of the plan are presented in the following sections of the report.



# STATE TOBACCO BURDEN

## GENERAL

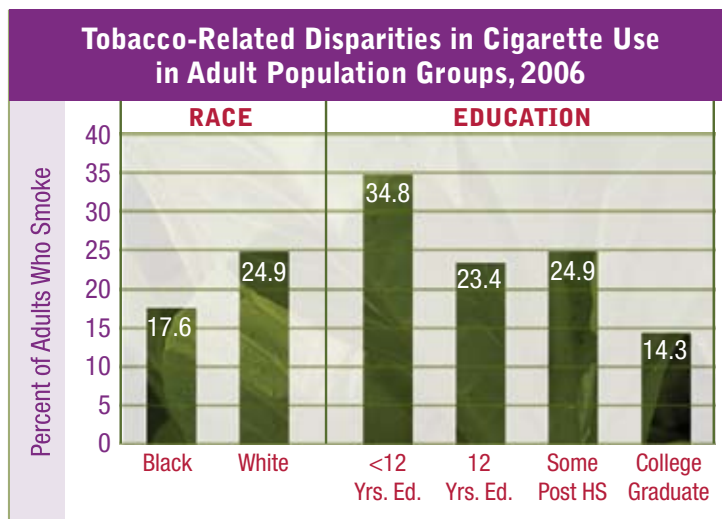
Although ongoing statewide tobacco control efforts have been successful, a tobacco burden still exists in Alabama. The *2007 Tobacco Control Highlights for Alabama* published by the CDC identifies the average annual smoking-attributable mortality for adults (1997-2001) as 4,848 men and 2,542 women, totaling 7,390 deaths annually. The average annual smoking-attributable productivity losses (1997-2001) were reported as \$1,352,507,000 for men and \$576,099,000 for women, resulting in a combined annual loss of \$1,928,606,000 (CDC, 2004). The percentage of adults who smoked cigarettes in Alabama in 2006 was 26.3% for males, 20.6% for females, and 23.2% overall for the state; this is higher than the national average of 20.2% (DHHS, CDC, 2006).



## DISPARITIES

Tobacco-related disparities data for Alabama are useful to guide targeted tobacco control work. Data trends in combination with information from key informant interviews aid in identification of target populations.

Tobacco-related disparities in cigarette use have been identified based on gender, education level, race, and age. According to the Behavioral Risk Factor Surveillance System (BRFSS) data for Alabama adult populations in 2006, lower levels of education completed was associated with higher smoking rates; 34.8% of adults with less than 12 years education smoked cigarettes compared to 23.4% of individuals with 12 years of education, 24.9% of individuals with some post high school, and 14.3% of college graduates (DHHS, CDC, 2006). The percentage of smoking among Whites was 24.9% and 17.6% for Blacks (DHHS, CDC, 2006).





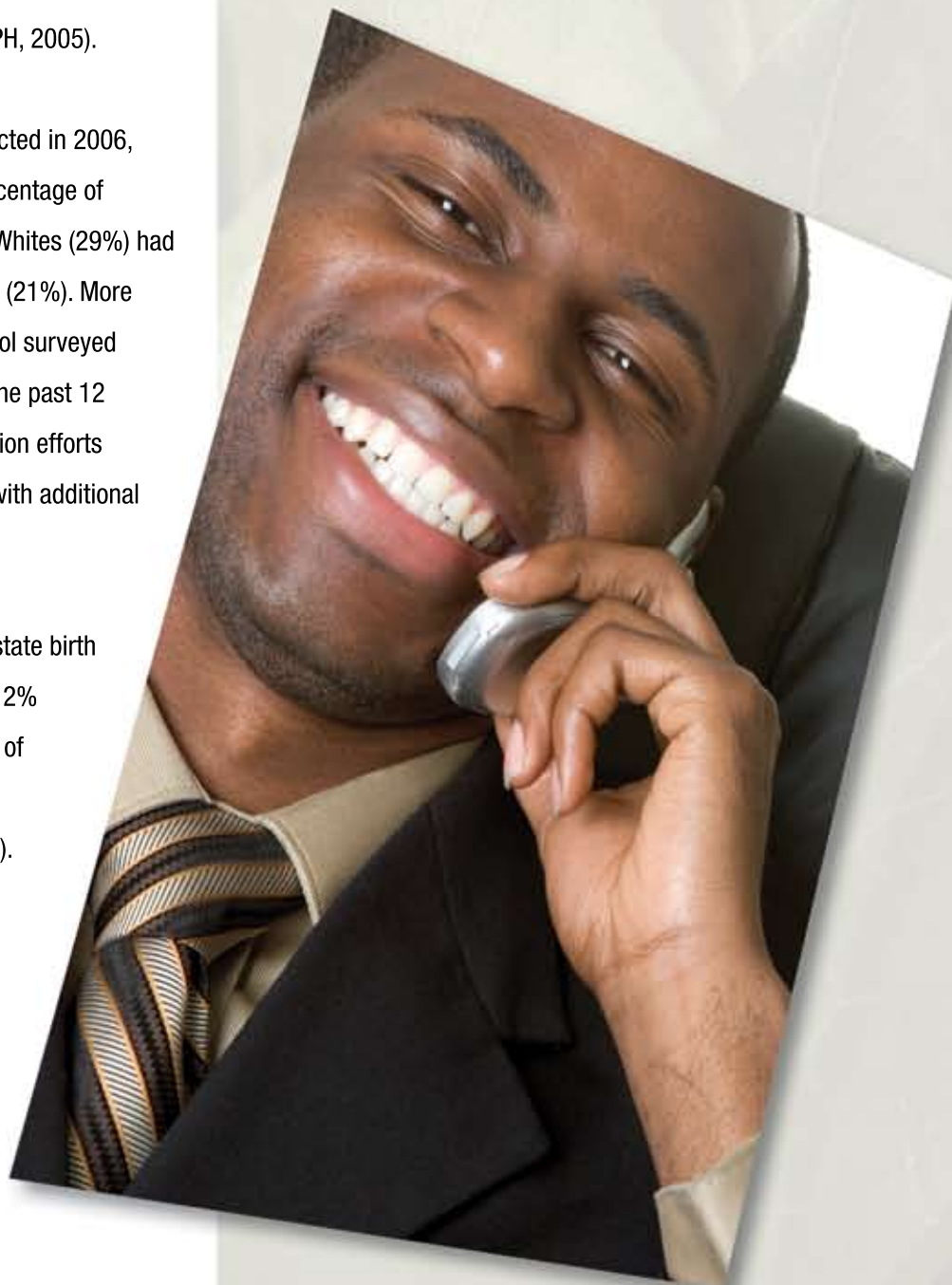
# STATE TOBACCO BURDEN

The Alabama Hispanic Tobacco Survey conducted in 2005 identified that 41% of those surveyed were current smokers. The largest percentage (49%) reported initiating smoking between the ages of 15 and 19. Less than 40% of Hispanic smokers reported that they had attempted to quit in the past 12 months. This indicates an opportunity to prevent smoking initiation in high school and a need to educate current smokers regarding the risks of tobacco (ADPH, 2005).

In the Alabama Youth Tobacco Survey conducted in 2006, high school males (29.9%) had a higher percentage of current smokers than females (23.8%) and Whites (29%) had a higher percentage of smokers than Blacks (21%). More than half of all current smokers in high school surveyed reported that they had attempted to quit in the past 12 months, indicating positive results of education efforts and a potential opportunity to reduce rates with additional cessation support (ADPH, 2006).

Over the past 10 years, data from Alabama state birth certificates have indicated a consistent 11-12% maternal smoking rate. A higher percentage of maternal smoking is observed among teens (13.0%) and specifically White teens (20.5%).

Current data and continued monitoring of data trends will influence decisions in selecting target populations and appropriate interventions for Alabama tobacco control work. *Additional data is available in the data grid presented in Appendix B.*



# WORKGROUP PROCESS

## STEP 1:

### Key Informant Interviews

Key informant interviews were conducted with five (5) individuals involved in tobacco control work across the state. Interviews addressed issues around tobacco-related disparities including populations served, community concerns, current tobacco prevention efforts, perceived functions of the Alabama Disparities Workgroup, and anticipated barriers. This information was shared at the initial workgroup meeting and helped to identify statewide issues and focus workgroup discussion.

## STEP 2:

### Quantitative Data Review

ADPH staff presented current data trends. Information presented was used to prioritize critical issues and determine appropriate interventions for Alabama tobacco control work.

## STEP 3:

### Population Assessment— Qualitative Data

Using a population assessment questionnaire, workgroup members collected information on perceptions of tobacco use, tobacco exposure, and tobacco industry targeting. Specific populations assessed were: Native Americans, African-Americans, Hispanic/Latinos, Asians, LGBT, and rural populations. The data were presented at the subsequent workgroup meeting and then analyzed to determine critical issues.

## STEP 4:

### Analysis of Strengths, Weaknesses, Opportunities, and Threats (SWOT)

The workgroup identified strengths, weaknesses, opportunities, and threats to reducing tobacco-related disparities in Alabama. The SWOT data were combined with the key informant interview results and population assessment to identify and prioritize critical issues and effective strategies. *(See Appendix C)*

## STEP 5:

### Setting Goals and Strategies

Based on the critical issues identified and the resources available, the workgroup identified goals and strategies to meet the overall mission and to guide future efforts in reducing tobacco-related disparities in Alabama.



The goals, objectives, and action items outline strategies to meet the mission in three critical areas: collaboration, education, and policy.

## **CRITICAL ISSUE 1:** **Collaboration**

### **GOAL 1:**

**Strengthen and increase partnerships to maximize efforts to prevent and reduce tobacco use and exposure in disparately-affected populations.**

### **OBJECTIVE 1.1:**

By November 2009, build a network comprised of 30 tobacco use prevention and community partners.

- Form a committee dedicated to identifying potential partners working in communities disparately affected by tobacco use and exposure utilizing information from the Alabama Resources Management System (ARMS).
- Develop and complete an assessment of partnership opportunities throughout the state.
- Publish and disseminate a resource directory based on data from the first two activities.

### **OBJECTIVE 1.2:**

By November 2009, develop meeting and collaborative opportunities between partners.

- Conduct quarterly meetings for all partners to collaborate on statewide efforts to address tobacco-related disparities.
- Identify strengths, weaknesses, and partnership opportunities.
- Create opportunities for communication between organizations to enhance the work to address tobacco-related disparities.



# GOALS AND OBJECTIVES

## **CRITICAL ISSUE 2:** **Education and Awareness**

### **GOAL 2:**

**Develop strategies to increase awareness of tobacco-related issues and consequences through education of targeted groups empowering communities to eliminate tobacco use.**

### **OBJECTIVE 2.1:**

By March 2010, develop a database for those working at the state and local levels with effective tobacco-related social marketing resource materials targeting populations disparately affected by tobacco in Alabama.

- Establish a database housed on the ADPH web site to catalog existing educational materials. State and local tobacco control communities will receive regular updates on new or revised resources.
- Work with communities to develop and adapt additional cultural and linguistically appropriate community education materials and marketing resources.

### **OBJECTIVE 2.2:**

By September 2010, develop a community-specific training program for tobacco education.

- Establish a workgroup comprised of statewide partners to identify and collect existing training modules.
- Adapt existing materials and develop materials to fill gaps and meet the educational needs of the community.

### **OBJECTIVE 2.3:**

By March 2012, train 50 community advocates about the importance of educating the community about tobacco issues using public awareness and advocacy strategies.

- Assess training needs and conduct “train the trainer” sessions for ADPH staff on the importance of educating the public about tobacco issues. ADPH will train community advocates throughout the state on tobacco-related issues.
- Identify community training needs and organize opportunities to train community members on the impact of tobacco use and exposure on the health of the community.



## **CRITICAL ISSUE 3:** **Policy and Advocacy**

### **GOAL 3:**

**Successfully advocate for public policy that encompasses a reduction in tobacco use through protecting the public from exposure to secondhand smoke and increasing the state tobacco excise tax.**

### **OBJECTIVE 3.1:**

By March 2012, obtain the commitment of support from key policy makers and opinion leaders statewide in passing model smoke-free air policy.

- Consult with social marketing experts to develop updated and research-based secondhand smoke messages to be disseminated to partners implementing the Midwest Academy Model.
- Train partners to utilize the Midwest Academy Strategic Action Steps Planning model to identify key policy makers and opinion leaders.

### **OBJECTIVE 3.2:**

By March 2013, obtain commitment of support from key policy makers and opinion leaders statewide for the excise tax.

- Consult with social marketing experts to develop an updated and research-based excise tax message to disseminate to partners implementing the Midwest Academy Model.
- Train partners to utilize the Midwest Academy Strategic Action Steps Planning model to identify key policy makers and opinion leaders.

### **OBJECTIVE 3.3:**

By March 2014, initiate a statewide media campaign to educate the public about secondhand smoke and the benefits of increasing the tobacco excise tax.

- Develop media campaign materials, such as sample letters to the editor, articles, sample press releases, print, radio, and TV ads with secondhand smoke and tobacco excise tax messages.
- Disseminate campaign materials to partners statewide.
- Compile reports from partners on campaign implementation to evaluate effectiveness.

*See Appendix D: Goals and objectives action items for deliverables, indicators, data sources, responsible agencies, partners, and date of completion for each action item.*



# SUSTAINING THE EFFORT/ EVALUATION & IMPLEMENTATION

The next steps for the Alabama Disparities Workgroup and for addressing tobacco-related disparities across the state of Alabama rely on continued discussion, growing partnerships, and commitment to implementing activities outlined in this strategic plan. Detailed plans for targeted populations will be developed with appropriate representatives and input from the target group. The workgroup will continue to meet twice a year and serve as resources and leaders for tobacco-related disparities. Individual partners and representatives from disparate populations are asked to actively engage the community in discussion about and implementation of tobacco control efforts with the support of the workgroup.

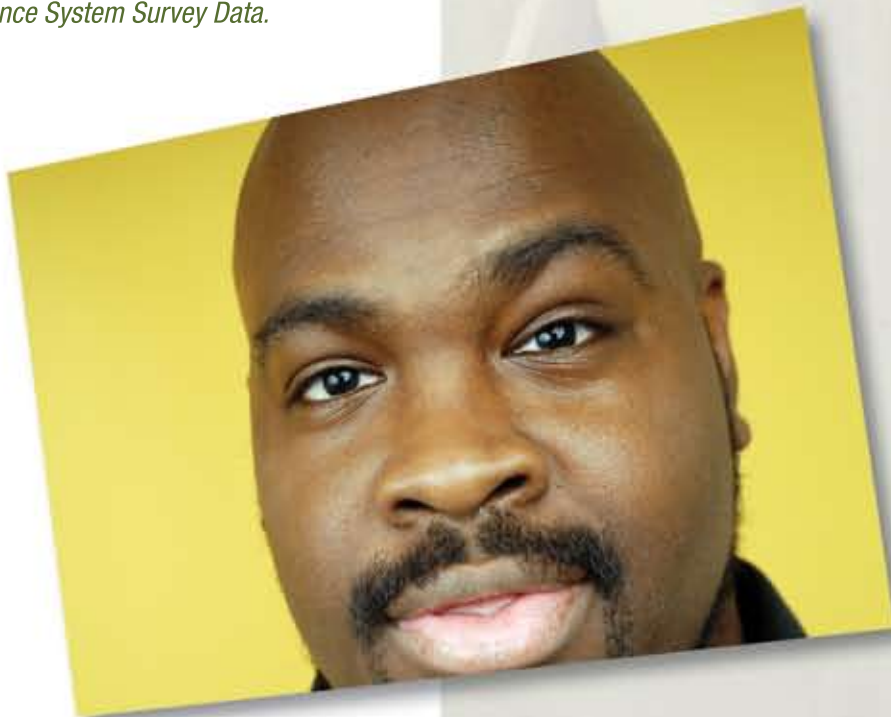
*The sample tracking form in Appendix E can be used to track partners' progress on completing activities corresponding to the three critical issues outlined in the strategic plan.*

An essential part of this process is evaluation. Each activity will be accompanied by an evaluation plan. Large scale evaluation will be conducted by ADPH by systematically tracking the activities implemented that meet each of the goals outlined with each target population. Ongoing dialogue about successes and failures will provide qualitative data that can be shared with others to enhance the success of future efforts. Finally, target population and state level data will continue to be tracked to observe tangible successes in reducing the tobacco burden in Alabama. Evaluations will be compiled for a report to be published in 2010.



## REFERENCES

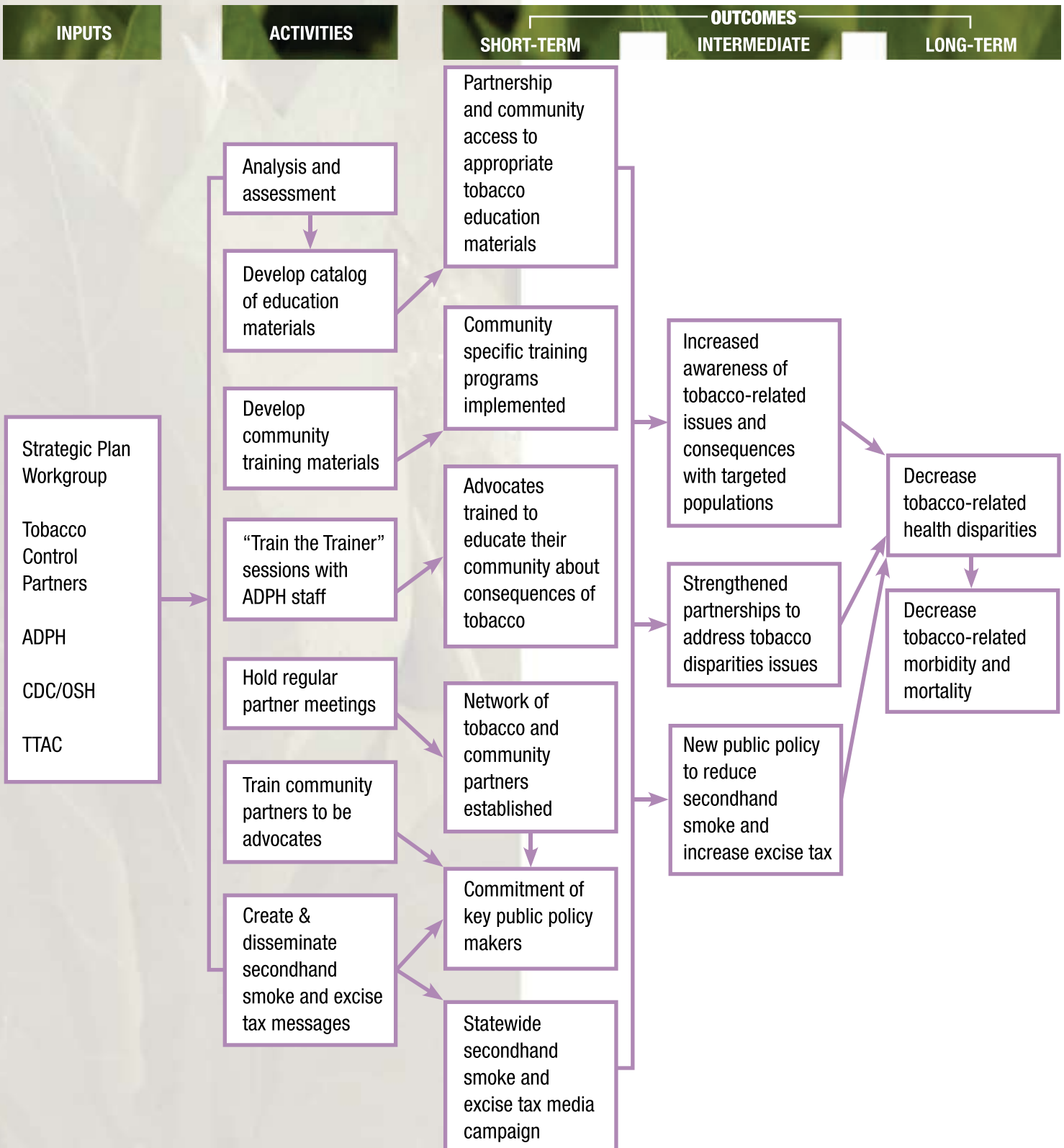
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- Centers for Disease Control and Prevention (2004). *CDC Smoking-attributable mortality, morbidity, and economic costs (SAMMEC): adult and maternal and child health software.*
- Centers for Disease Control and Prevention (2007). *Best Practices for Comprehensive Tobacco Control Programs.*
- U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (2006). *Behavioral Risk Factor Surveillance System Survey Data.*



# APPENDIX A: Logic Model

## LOGIC MODEL:

### Strategic Plan to Identify and Eliminate Tobacco-Related Disparities in Alabama





# APPENDIX B: Data Grid

	<b>% CURRENT SMOKERS</b>	<b>% DIABETES</b>	<b>% EVER HAD ASTHMA</b>	<b>CURRENT SMOKERS WITHOUT HEALTH INSURANCE</b>	<b>% NEVER SMOKED</b>
<b>INCOME:</b>					
<b>Less than 15,000</b>	28.2%	15.8%	19.1%	62.2%	44.0%
<b>15,000 – 24,999</b>	33.1%	12.7%	19.9%	30.8%	45.6%
<b>25,000 – 34,999</b>	22.5%	9.1%	13.9%	45.8%	57.3%
<b>35,000 – 49,999</b>	29.5%	11.0%	12.3%	45.5%	46.0%
<b>50,000 – 74,999</b>	18.3%	7.7%	9.6%	18.9%	55.6%
<b>75,000+</b>	15.8%	5.5%	8.5%	10.5%	59.6%
<b>EDUCATION:</b>					
<b>Less than H.S.</b>	34.8%	13.6%	18.0%	18.1%	41.7%
<b>H.S. or G.E.D.</b>	23.4%	10.2%	13.0%	16.9%	54.9%
<b>Some Post – H.S.</b>	24.9%	10.3%	13.3%	25.5%	49.6%
<b>College Graduate</b>	14.3%	7.2%	11.9%	12.8%	62.3%
<b>RACE:</b>					
<b>Black</b>	17.6%	11.0%	16.7%	22.6%	66.1%
<b>White</b>	24.9%	9.5%	12.5%	27.1%	49.6%
<b>AGE:</b>					
<b>18-24</b>	25.0%	1.6%	17.4%	43.2%	N/A
<b>25-34</b>	29.2%	2.3%	13.4%	37.5%	56.8%
<b>35-44</b>	25.4%	5.3%	12.8%	17.1%	52.2%
<b>45-54</b>	27.8%	11.3%	12.5%	25.7%	52.1%
<b>55-64</b>	23.5%	15.7%	14.2%	20.2%	42.7%
<b>65+</b>	9.7%	22.6%	12.1%	2.1%	49.8%
<b>TOTAL:</b>	<b>23.2%</b>	<b>10.0%</b>	<b>13.6%</b>	<b>26.5%</b>	<b>53.5%</b>

2006 Alabama Behavioral Risk Factor Surveillance System (DHHS, CDC, 2006)

# APPENDIX C: SWOT Analysis

## STRENGTHS

### Workgroup

- Diverse skill sets: Epidemiologists, health educators, trained advocates, experience working with tobacco control, & tobacco content experts
- Diverse populations represented: Hispanic/Latino, Native American, mental health, youth, lower income
- Leadership involvement: Tobacco Prevention and Control Branch, Coalition for a Tobacco Free Alabama, American Lung Association, American Heart Association
- Commitment of engaged participants
- Strategic thinking through facilitated meetings
- Effective communication process

### Department of Health

- Human and financial resources: Staff-tobacco control, minority health
- Access to technical expertise: Tobacco Technical Assistance Consortium, Tobacco Control Network, Centers for Disease Control and Prevention
- Commitment
- Involvement in planning
- Political savvy

### Collaborative Organizations

- Access to populations
- Involvement in planning process
- Access to decision makers

## WEAKNESSES

### Workgroup

- Communication process between organizations
- Collaboration on plans
- Recruitment of diverse members

### Department of Health

- Funding
- Making efficient use of resources
- Medicaid funding of Smoking Cessation Programs

### Collaborative Organizations

- Time commitment
- Lack of participation by agencies



## OPPORTUNITIES

### Political

- Advocacy and education: Coalitions to reach political leaders
- Election year opportunities: Your vote is your voice, tobacco issues in platforms
- Candidate diversity to reach different population segments
- FDA legislation

### Economic

- Increasing tobacco tax on all levels
- Targeting lower income: Head Starts & WIC populations
- Targeting worksites: blue collar and housing developments

### Cultural

- Entertainment industry to quit tobacco product placement/marketing
- Educate children and young adults about the hazards of reintroduced methods such as hookah pipes and bidis
- Role models: Miss Alabama, Former Miss Auburn, Alabama
- Sports Tobacco Ambassadors as role models

### Education

- LifeSkills Training for 6th graders
- Quitline promotion
- Sites: private schools, alternative schools, rehabilitation centers, VA education, senior citizen centers, Social Security office, job corps, pregnancy classes, and daycare/preschool
- Freedom from Smoking online

### Current Events

- Kick Butts Day, Great American Smokeout, World No Tobacco Day, Red Ribbon Week, Black History Month, New Year's, and COPD Day.

## THREATS

### Political

- Control issues
- Lobbying from pro-tobacco companies

### Economic

- Agricultural incentives

### Cultural

- Educational
- Ceremonial

### Education

- Stigmatization
- Moral judgment
- Cool adult



# APPENDIX D: Goals and Objectives Action Items

## CRITICAL ISSUE 1: Collaboration

**GOAL:** Strengthen and increase partnerships to maximize efforts to prevent and reduce tobacco use and exposure in disparately-affected populations.

ACTION ITEM	DELIVERABLE	INDICATORS	DATA SOURCE	RESPONSIBLE AGENCY	PARTNERS	DATE OF COMPLETION
<b>Objective 1.1: By November 2009, build a network comprised of 30 tobacco use prevention and community partners.</b>						
Form a committee dedicated to identifying potential partners working in communities disparately affected by tobacco use and exposure utilizing information from the Alabama Resources Management System (ARMS).	List of resources/ partners	Number of partners identified	ARMS	State Coalition	BCBS, ACS, ALS, ALCAP	June 2009
Develop and complete an assessment of partnership opportunities throughout the state.	Results from survey addressing commitments of resources	Survey results	Interviews with partners	State Coalition	BCBS, ACS, ALS, ALCAP	June 2009
Publish and disseminate a resource directory based on data from the first two activities.	Directory	Number of resources in directory	ARMS and interviews with partners	State Coalition	BCBS, ACS, ALS, ALCAP	Nov. 2009
<b>Objective 1.2: By November 2009, develop meeting and collaborative opportunities between partners.</b>						
Conduct quarterly meetings for all partners to collaborate on statewide efforts to address tobacco-related disparities.	Meetings conducted	Number of attendees	Sign-in sheet and meeting notes	ADPH	Community partners, decision/policy makers	Ongoing
Identify strengths, weaknesses, and partnership opportunities.	SWOT Analysis	Utility of SWOT in future planning. The number of partnership opportunities identified. Identified number of strengths and weaknesses	Meeting notes	ADPH	Community partners, decision/policy makers	Ongoing
Create opportunities for communication between organizations to enhance the work to address tobacco-related disparities.	Communication log	Number of communication opportunities	Meeting notes	ADPH	Community partners, decision/policy makers	Ongoing

# APPENDIX D: Goals and Objectives Action Items

## CRITICAL ISSUE 2: Education and Awareness

**GOAL:** Develop strategies to increase awareness of tobacco-related issues and consequences through education of targeted groups empowering communities to eliminate tobacco use.

ACTION ITEM	DELIVERABLE	INDICATORS	DATA SOURCE	RESPONSIBLE AGENCY	PARTNERS	DATE OF COMPLETION
<b>Objective 2.1:</b> By March 2010, develop a database for those working at the state and local levels with effective tobacco-related social marketing resource materials targeting populations disparately affected by tobacco in Alabama.						
Establish a database housed on the ADPH web site to catalog existing educational materials. State and local tobacco control communities will receive regular updates on new or revised resources.	Database of existing educational materials	Number of social marketing/educational materials available and requested and number of web site hits	Community partners	ADPH and Mental Health	ALA, ACS, CDC, NCI, TTAC, CTFK, state coalition members	Sept. 2009
Work with communities to develop and adapt additional cultural and linguistically appropriate community education materials and marketing resources.	Database of culturally and linguistically appropriate educational materials	Number of educational materials developed and reviewed and adapted for cultural and linguistic appropriateness	Community partners	ADPH and Mental Health	State coalition members	March 2010
<b>Objective 2.2:</b> By September 2010, develop a community-specific training program for tobacco education.						
Establish a workgroup comprised of statewide partners to identify and collect existing training modules.	List of training modules/materials	Establishment of workgroup Number of training modules	Community partners	ADPH	State coalition members	Sept. 2010
Adapt existing materials and develop materials to fill gaps and meet the educational needs of the community.	Web site catalog of adapted educational materials	Number of resources requested, committee members, and community appropriate training modules/materials	Needs assessment	ADPH	State coalition members	Sept. 2010
<b>Objective 2.3:</b> By March 2012, train 50 community advocates about the importance of educating the community about tobacco issues using public awareness and advocacy strategies.						
Assess training needs and conduct “train the trainer” sessions for ADPH staff on the importance of educating the public about tobacco issues. ADPH will train community advocates throughout the state on tobacco-related issues.	Completed trainings	Training sign in sheet, evaluation, and agenda	Needs assessment	ADPH	State coalition members	Initiate March 2008 (ongoing)
Identify community training needs and organize opportunities to train community members on the impact of tobacco use and exposure on the health of the community.	Report of identified needs and community meetings	Training sign in sheet, evaluation, and agenda	Needs assessment	ADPH	ADPH, ACS, Faith Based-John Wilson (AHA) Kim Waters (ALA)	Initiate March 2008 (ongoing)

# APPENDIX D: Goals and Objectives Action Items

## CRITICAL ISSUE 3: Policy and Advocacy

**GOAL:** Successfully advocate for public policy that encompasses a reduction in tobacco use through protecting the public from exposure to secondhand smoke and increasing the state tobacco excise tax.

ACTION ITEM	DELIVERABLE	INDICATORS	DATA SOURCE	RESPONSIBLE AGENCY	AGENCY PARTNERS	DATE OF COMPLETION
<b>Objective 3.1:</b> By March 2012, obtain the commitment of support from key policy makers and opinion leaders statewide in passing model smoke-free air policy.						
Consult with social marketing experts to develop updated and research-based secondhand smoke messages to be disseminated to partners implementing the Midwest Academy Model.	Key messages	Response of partners to messages	Social marketing experts	ADPH	CDC	March 2012
Train partners to utilize the Midwest Academy Strategic Action Steps Planning model to identify key policy makers and opinion leaders.	List of committed key policy makers and opinion leaders	Number of policy makers identified	Database of key state policy makers and opinion leaders	AHA, ACS	Community partners	March 2012
<b>Objective 3.2:</b> By March 2013, obtain commitment of support from key policy makers and opinion leaders statewide for the excise tax.						
Consult with social marketing experts to develop an updated and research-based excise tax message to disseminate to partners implementing the Midwest Academy Model.	Key messages	Response of partners to messages	Social marketing expert	ADPH	CDC	March 2013
Train partners to utilize the Midwest Academy Strategic Action Steps Planning model to identify key policy makers and opinion leaders.	List of committed key policy makers and opinion leaders	Number of policy makers identified	Database of key state policy makers and opinion leaders	AHA, ACS	Community partners	March 2013
<b>Objective 3.3:</b> By March 2014, initiate a statewide media campaign to educate the public about secondhand smoke and the benefits of increasing the tobacco excise tax.						
Develop media campaign materials, such as sample letters to the editor, articles, sample press releases, print, radio, and TV ads with secondhand smoke and tobacco excise tax messages.	TV and radio ads and print material	Number of materials developed Response to materials	Local campaign implementation report	ADPH	State coalition members	March 2013
Disseminate campaign materials to partners statewide.	Distributions plan	Number of materials disseminated	Database of key state policy makers and directory of partners	ADPH	Community partners	March 2013
Compile reports from partners on campaign implementation to evaluate effectiveness.	Implementation report	Utility of report for future work	Evaluation results from partners	ADPH	State coalition members	March 2014

# APPENDIX E: Sample Tracking Form

Below is a sample form that can be used to track partners' progress on completing activities corresponding to the three critical issues outlined in the strategic plan. The left column provides examples of potential partners and populations that may be involved in implementation. The remaining columns represent the three critical issues identified in the plan. Each partner group's activities are described in the cells corresponding to the three critical issues; examples of activities have been provided.

PARTNER	CRITICAL ISSUES		
	1. Collaboration Activities	2. Education/Awareness Activities	3. Policy/Advocacy Activities
ALA		Develop appropriate educational materials in Spanish	
Sample School	Provide meeting space		Review tobacco-free campus policy
ADPH	Provide technical assistance	Provide funding	
Tobacco Free Coalition	Facilitate meeting in sample community		
Sample Clinic		Hang Quitline promotion posters	



