

COMMON GROUND:

Empowering and Engaging Communities to Address Tobacco-Related Disparities



Maryland's 5-year Strategic Plan
2010-2015

In 2006, CDC awarded a \$60,000 grant to develop a strategic plan

Lawrence Carter

- Build a Foundation (internally and externally) for the plan and **CHANGE**.
- Create Energy for the process
- Market against opposition
- Structure the report like a business plan and a legal brief

Tobacco-Related Disparities Project



A collaboration between the
Center for Health Promotion
and the
Office of Minority Health and Health Disparities



Background

- The Office of Minority Health and Health Disparities is a Secretary level office that provides direction and monitors the Department's efforts and impact on minorities and health disparities.

- BF



Workgroup Member Selection

- Tobacco Coordinators from each of Maryland's health departments recommended one or two people from their local tobacco coalitions or communities.
- Key statewide partners representing various organizations were considered.
- A DHMH panel reviewed the nominees and made final selections for the workgroup membership, ensuring members represented:
 - A variety of organizations
 - Ethnic, gender, and geographic diversity.
- Twenty-two individuals, including four local health department tobacco coordinators, accepted the invitation to serve on the workgroup.
- CE



Workgroup Members



Regina Bright Edwards

UMES Maryland Statewide Health Network

Chun-Man (Perry) Chan

Montgomery County Asian American Health Initiative

Elizabeth Chung

LIFE Discovery Institute, Frederick County

Irene Dankwa-Mullan

Montgomery County Health Department

Deva Dwarka

Latinos for Progress, Baltimore City

Michaeline Fedder

American Heart Association

Sonia Fierro-Luperini

Spanish-speaking Health Leaders of MD

Helen Heckwolf

Native American Population Representative,
Baltimore City

M. Luther Hill

St. James AME Zion Church, Wicomico County

Michelle Holmes-Chaney

Collaborating Center for African American Leadership,
Frederick County

Bernadette Johnson

Mid-Atlantic Association of Community Health Centers

Charlotte Jones-Burton

Maryland Statewide Health Network

Soula Lambropoulos

Baltimore City Health Department

Mercedes Moore

Montgomery County Latino Health Initiative

Robin Newnam

Kent County Health Department

Anna Reuter

American Lung Association of MD

Larry Lee Thomas

Empowering Believers Church of the Apostolic Faith,
Anne Arundel County

Ina Upshur

Bethel AME Church, Kent County

Tess Veloso

TAA Foundation, Inc., Baltimore County

Barbara White

Carroll County Health Department

Aaron Williams

Black Mental Health Alliance, Baltimore City

Guarantees

- Transparency
- Equal Input
- Equal Power
- Equal Time



Partners

Helen Lettlow

The American Legacy Foundation

Bill Robinson

National African American
Tobacco Prevention Network

Rod Lew

Asian Pacific Partners for
Empowerment and Leadership

Alejandro Garcia-Barbon

National Latino Council on Alcohol
and Tobacco Prevention



Contributors



Dr. David Mann

"The Burden of Tobacco-Related Disease"

Bob Fiedler

"MATS and MYTS Data Overview"

Sean Yu

"Maryland's Asian American Population"

Ardenia Holland

"Ensuring Diversity and Inclusion in Tobacco Control Programs"
"Black Folks Don't Use Quitlines!"

Lawrence Carter

"An Assessment of Tobacco Control Funding and Maryland Populations"

Irene Dankwa-Mullan

Montgomery County Health Department

Barbara White

Carroll County Health Department

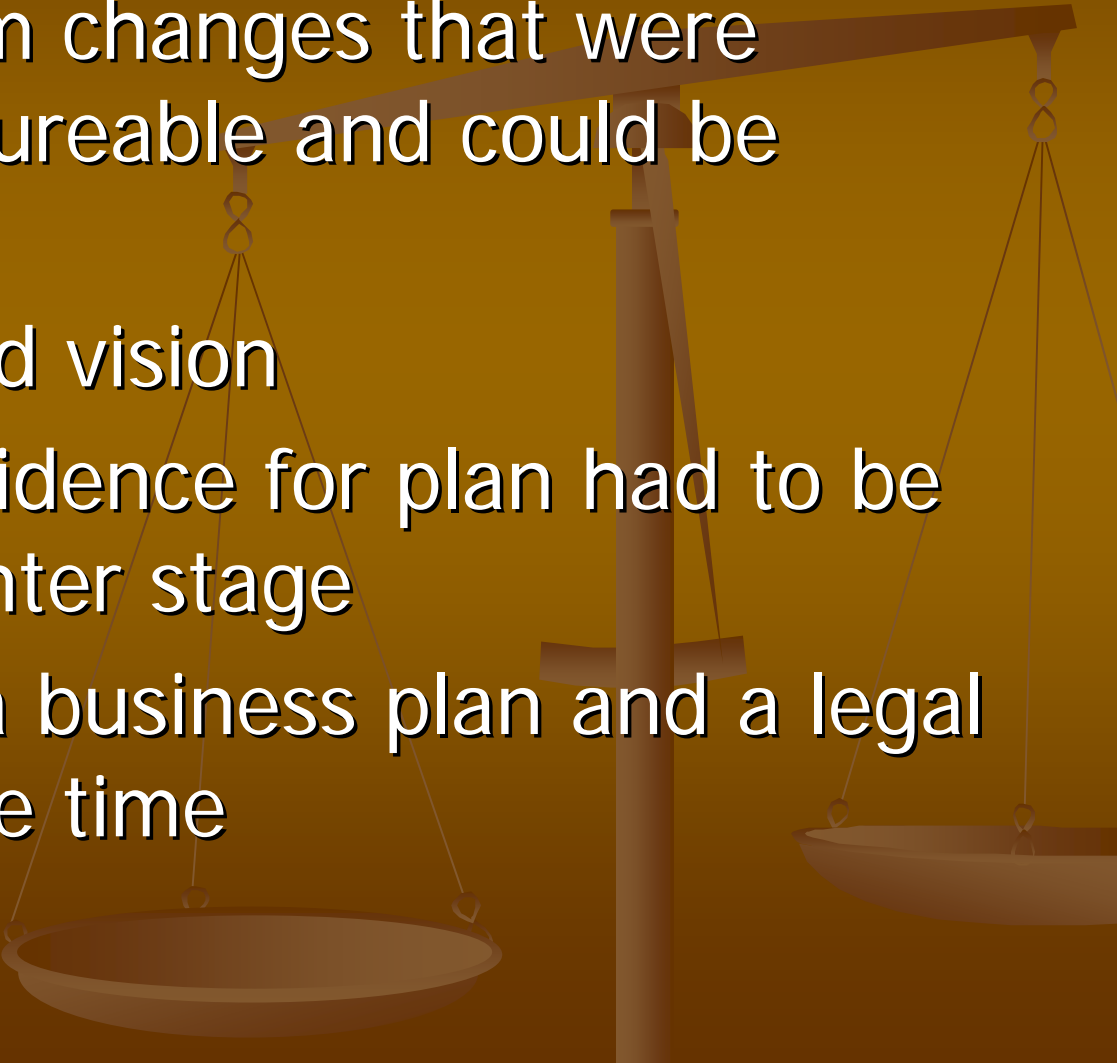
Olivia Carter-Pokras

University of Maryland, Hispanic Survey

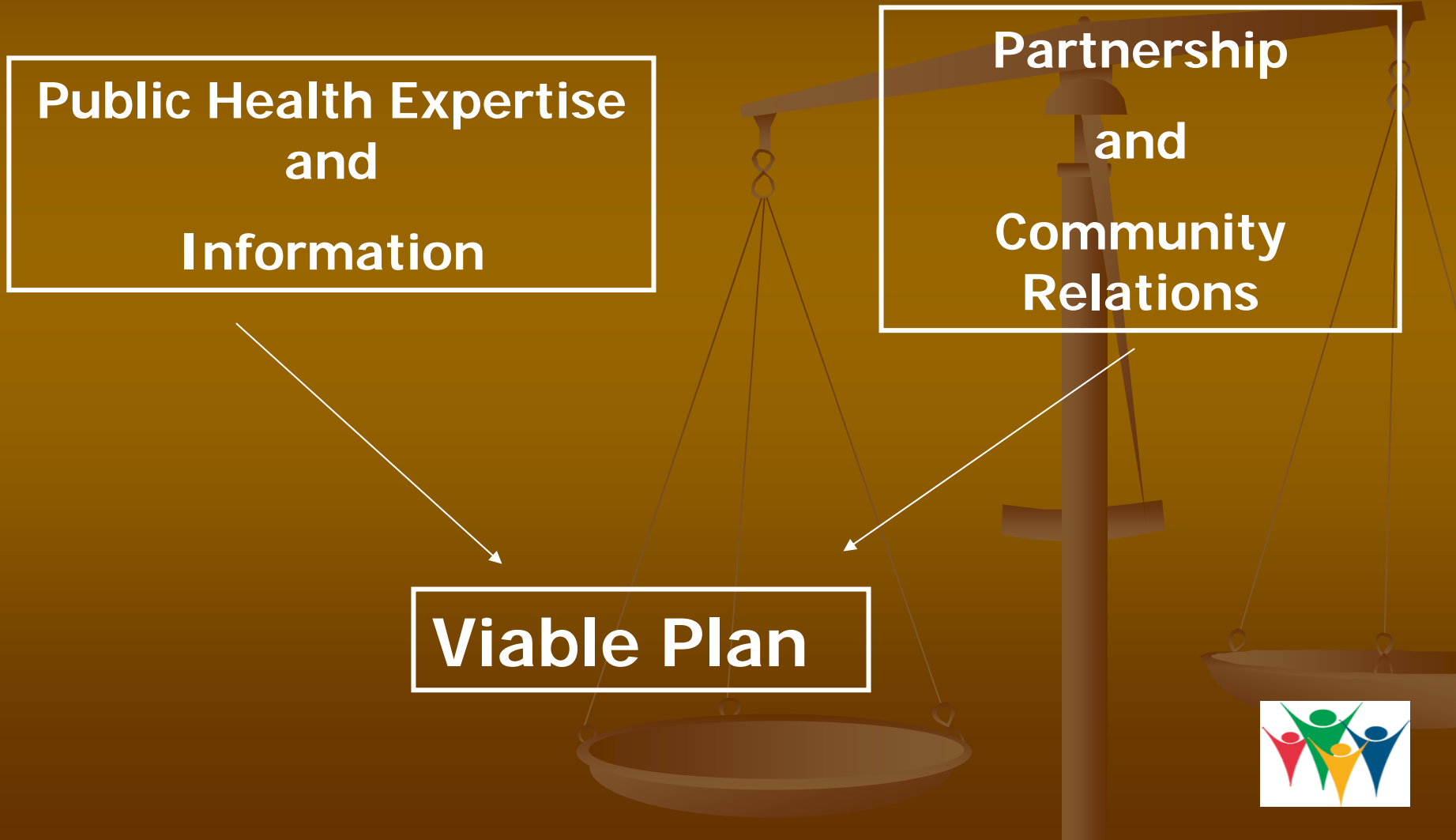
Helen Heckwolf

Baltimore American Indian Center

The Strategic Plan Report

- Promotes system changes that were definable, measureable and could be monitored
 - Reflects a shared vision
 - Defendable - Evidence for plan had to be up front and center stage
 - Structured like a business plan and a legal brief at the same time
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Tobacco-related Disparities Project



Denise Victory

- Roles and responsibilities of the Statewide Workgroup
- Steps in the planning process
- Gathering the evidence
- Inclusion and Engaging stakeholders
- Incorporating existing resources

The Charge of the Workgroup

- Assess data (both quantitative and qualitative) for specific population groups;
- Plan collaboratively with key stakeholders from diverse populations to identify critical issues related to disparities;
- Develop a strategic plan including an evaluation component;
- Develop an action plan based on the strategic plan; and,
- Develop strategies for marketing and implementing the plan for long term success.



The Strategic Planning Process



Step 5: Implementing the Plan

Step 4: Refining and Adopting the Plan

Step 3: Setting Direction

Step 2: Taking Stock

Step 1: Getting Organized

Step 1: Getting Organized






Tobacco-Related Disparities Workgroup



A Collaboration between the Center for Health Promotion & the Office of Minority Health and Health Disparities



**TOBACCO-RELATED
DISPARITIES WORKGROUP**

Vision

To empower targeted populations to identify and eliminate tobacco related disparities.



Mission

To ensure the representation of *African Americans, American Indians/Alaska Natives, Asian Americans/Pacific Islanders, Hispanics/Latinos, and Low Socioeconomic* populations through community participation in *all levels* of decision making, and implementation of a culturally competent comprehensive tobacco control program that includes minority-driven research and surveillance.



Step 2: Taking Stock

Quantitative & Qualitative
Data Analysis

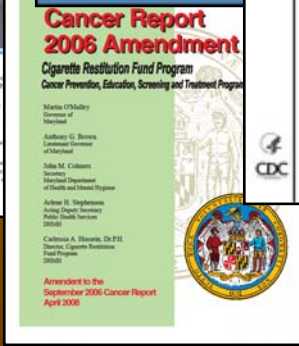
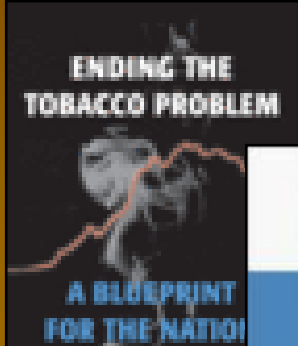
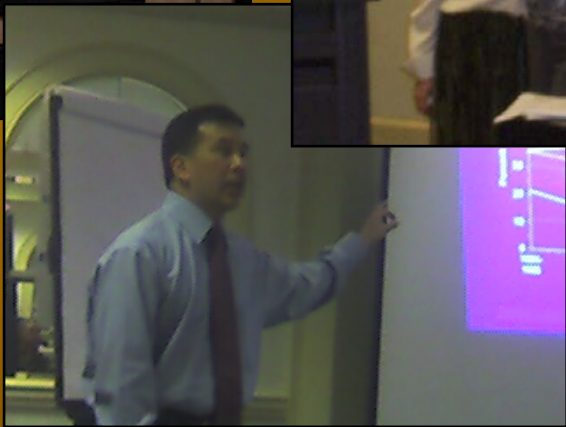
Environmental Scan

Population Assessment

SWOT Analysis



Evidence



POPULATION ASSESSMENTS

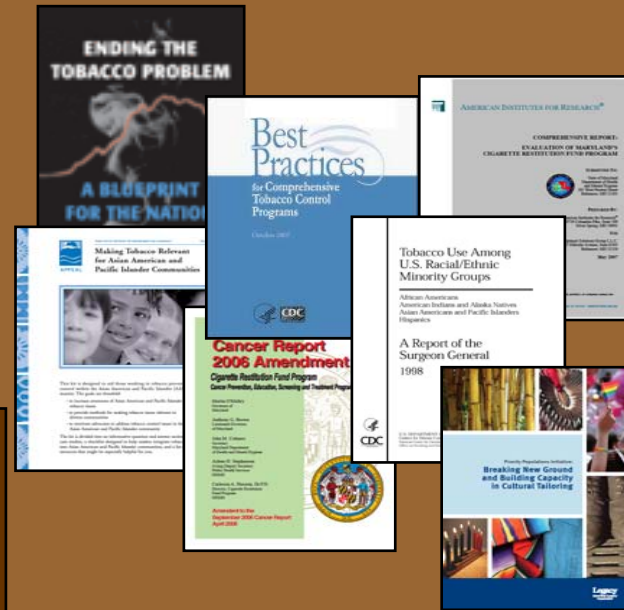
Baltimore Medical Systems, Inc.
Baltimore American Indian Center
Faith-based Share and Learn



VOICES FROM THE COMMUNITY

"Most data sources are traditional methodologies and do not reach minorities in their own settings."

"Tobacco is not a priority in my community- we are more concerned about jobs and immigration."



We need to improve the quality of **data** collection methods to get more reliable data for disparate populations in Maryland.

Other social, economic, and public health priorities exist in disparate populations that compete with participation in tobacco control programs, and there is a need to **integrate** tobacco control efforts into programs that address these other areas.

Disparities in **cultural competency** exist within Maryland's tobacco control programs and services.

There is a need for increased **capacity** and infrastructure within disparate populations to engage in community-sensitive tobacco control programming and services.

Data Key Findings



- Maryland is an increasingly diverse state.
- There are excess deaths from cigarette smoking, and the minority and low socioeconomic populations are disproportionately impacted.
- Cancer mortality rates consistently show disparities. African American men have the highest incidence and mortality rates for lung cancer. African American women have a higher death rate from lung cancer, even though they have a lower incidence rate than white women.
- Tobacco use rates are consistent with the high rates of cancer in disparate populations, which can be attributed to cigarette smoking.
- These excess deaths are important because the minority population in Maryland is projected to exceed 50% by the year 2030.
- Excess deaths from cancer and disparate outcomes from smoking related diseases are a drain on the Maryland economy.

Step 3: Setting Direction

- Identifying Critical Issues
- Establishing Goals
- Recommending Strategies



From Evidence to Recommended Strategies



VOICES FROM THE COMMUNITY

"Most data sources are traditional methodologies and do not reach minorities in their own settings."

"Tobacco is not a priority in my community- we are more concerned about jobs and immigration."



4 CRITICAL ISSUES

GOALS

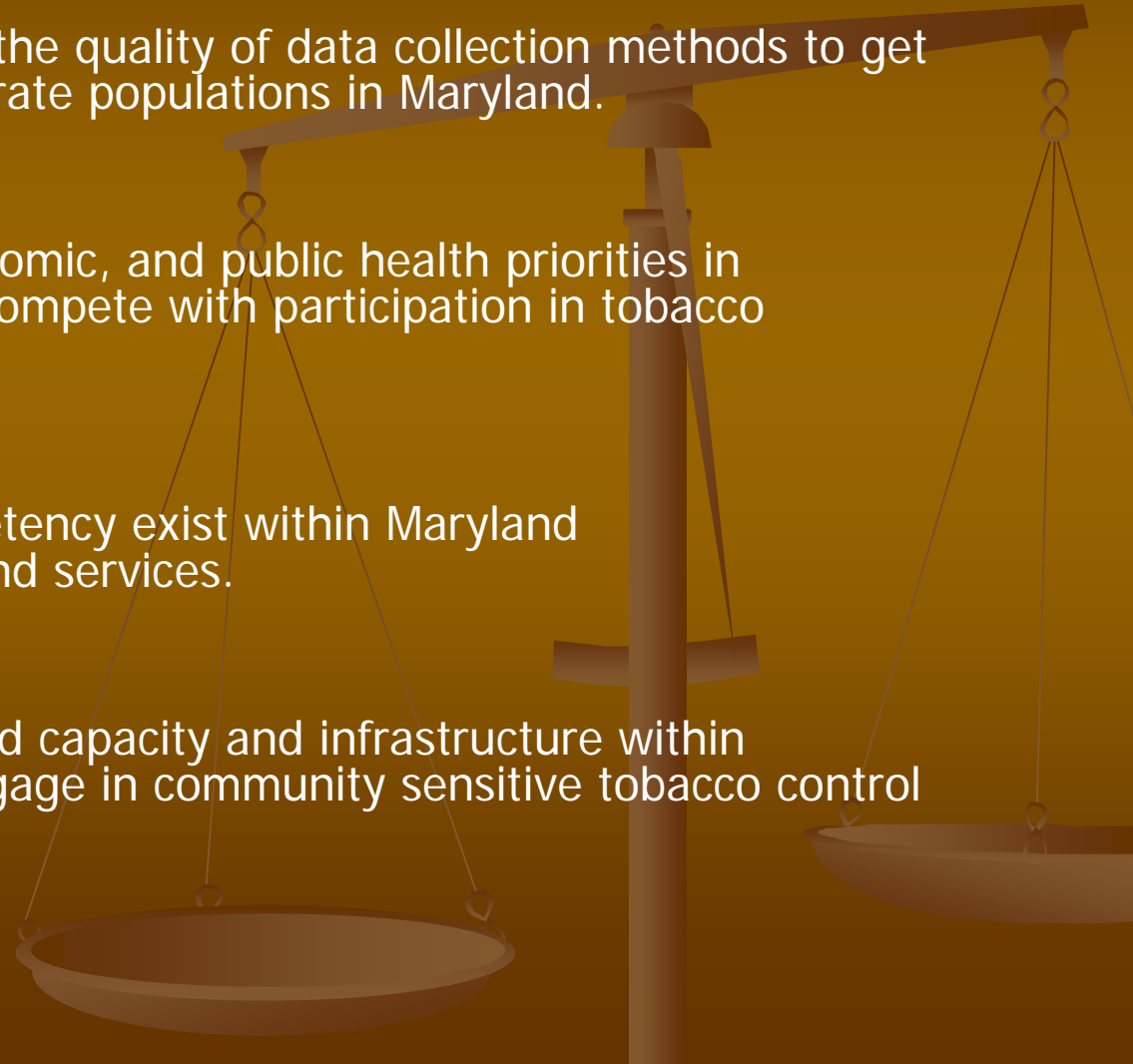
RECOMMENDED STRATEGIES





Critical Issues

- **Data**
There is a need to improve the quality of data collection methods to get more reliable data for disparate populations in Maryland.
- **Integration**
There are other social, economic, and public health priorities in disparate populations that compete with participation in tobacco control programs.
- **Cultural Competency**
Disparities in cultural competency exist within Maryland tobacco control programs and services.
- **Capacity**
There is a need for increased capacity and infrastructure within disparate populations to engage in community sensitive tobacco control programming and services.



DATA



RECOMMENDED STRATEGIES

Maintain an ongoing Tobacco-Related Disparities Workgroup for consultation and assistance with state level surveillance and evaluation.

1. Establish data advisory committee from workgroup.
2. Review existing surveillance methods to recommend strategies for assessing disparate populations.



DATA

Promote surveillance efforts in disparate communities to increase understanding and participation.

1. Communicate and collaborate with other state and local agencies, departments, and administrations in an effort to enhance access to populations.
2. Partner with grassroots, community, and faith-based organizations to enhance community participation.
3. Conduct grassroots marketing campaigns within disparate communities to increase participation in surveillance efforts.



DATA

Implement community-based participatory research methods to enhance current/traditional surveillance efforts with methods that allow a focus on Hard to Reach communities such as ethnic minorities, low SES, rural, migrant and blue collar workers.

1. Involve communities in strategic population mapping of Maryland to develop a comprehensive assessment of populations.
2. Identify additional surveillance methods, including qualitative data collection.
3. Report surveillance results to increase credibility.



INTEGRATION

RECOMMENDED STRATEGIES

Integrate tobacco control within public health, primary care, social and human service settings.

1. Communicate and collaborate with other state and local agencies, departments, and administrations.
2. Communicate and collaborate with community, grassroots, and faith-based organizations, ***including Federally Qualified Health Centers.***
3. Conduct needs assessments to determine community priorities for efficient integration of tobacco control services with other programs.
4. Revise tobacco program guidelines to support integration.
5. Fund activities that integrate tobacco control with other programs and services.

CULTURAL COMPETENCY

RECOMMENDED STRATEGIES

Develop a more diverse and culturally competent workforce.

1. Recruit culturally competent staff.
2. Recruit staff from disparate communities.
3. Explore and study job classifications to enhance recruitment from disparate communities.
4. Train existing staff to be culturally competent.



CULTURAL COMPETENCY

Adopt culturally- and socially- effective tobacco control communication methods.

1. Develop a central material clearinghouse at DHMH.
2. Identify and utilize grassroots/ethnic media sources.
3. Utilize social networks in disparate communities.
4. Partner with community, grassroots, and faith-based organizations.





CAPACITY

RECOMMENDED STRATEGIES

Increase tobacco control expertise within organizations serving disparate populations.

1. Foster opportunities for on-going leadership development.
2. Facilitate partnerships, mentorships, and collaborations.
3. Support existing DHMH ethnic/racial network initiatives.
4. Develop a network initiative to serve Low Socioeconomic populations.
5. Provide training and technical assistance.
6. Fund the above recommended strategies to enable capacity building.

Monitoring the Effort

Monitoring of the Tobacco-related Disparities Strategic Plan is essential to its significance and successful implementation.

RECOMMENDED STRATEGIES

Maintain an ongoing Tobacco-related Disparities Workgroup for oversight of the implementation of the five-year strategic plan.

1. Establish a workgroup consisting of current and new workgroup members to monitor implementation of the strategic plan recommended strategies.
2. Establish a subcommittee for each of the four critical issues (Data, Integration, Cultural Competency, Capacity).
3. Convene workgroup committee meetings every three months.
4. Review the progress of each critical issue and provide an update to DHMH every six months.
5. Conduct an update presentation to DHMH and the community once per year.
6. Provide recommended strategies for necessary modifications to the plan as a result of changes in the environment or infrastructure.
7. Include members of the workgroup in the marketing of the plan.

Marketing the Plan

Marketing of the Tobacco-related Strategic Plan is critical to ensure buy-in of key stakeholders, decision makers and community leaders.

RECOMMENDED STRATEGIES

To project consistent messages at all levels about the significance of implementing the recommended strategies in the strategic plan.

1. Meetings with state officials, DHMH executives and Health Officers are necessary to share the vision and mission of the strategic plan.
2. Regional trainings with Local Health Department tobacco programs to guide integration of tobacco use prevention and cessation services.
3. Press Conferences to inform the public about the vision and mission of the strategic plan.
4. Dissemination Conferences to educate community, grassroots, and faith-based organizations.
5. Awareness campaigns to engage community member involvement in the critical issues.
6. Community Forums to identify the roles community members play in the implementation of the recommended strategies.

Next Steps

- Secretary of Health to approve the plan
- Final reformatted plan was submitted 2/10
- Our hope it will implemented along with Health Reform changes as well as with the new authority of the Office of Minority Health and Health Disparities.



**MARYLAND
DEPARTMENT OF HEALTH & MENTAL HYGIENE**

**COMMON GROUND:
Empowering and Engaging Communities to Address
Tobacco-Related Disparities**

Five-Year Plan, 2010-2015

May 2009



John M. Colmers
Secretary

Carlessia A. Hussein, R.N., Dr. P.H.
CRF Program Director