Community Tobacco Prevention and Control Toolkit
Strategic Planning to Reduce Tobacco Use
Strategic planning is the third step in the Strategic Prevention Framework. Before beginning strategic planning, the coalition should develop and prioritize clear, data-based problem statements and assess resources.

During the planning stage, the coalition creates logic models to link local tobacco use problems to activities that will produce positive outcomes. After using the logic models to identify evidence-based interventions, the coalition develops a strategic plan that describes how to achieve coalition goals over a sustained period of time. Every following year, the coalition revisits the strategic plan and creates one-year action plans. Action plans describe when and how coalition members plan to implement activities. The activities are always logically linked to community identified problems with tobacco use.

**Plan To Build Capacity For Action – Not Just "Products"

Coalition leaders need to invest in the planning process – not just in the final "products." A strategic plan that doesn't engage a diverse cross-section of the community is typically ineffective. Coalition members – not staff – need to build the community's interest and involvement in designing a plan. Creating a strategic plan will help the coalition make culturally appropriate, data-driven decisions to use local resources for reducing tobacco use in the community. Strong community participation in planning translates into more appropriate community interventions that result in more significant reductions in tobacco use.

**Community Logic Models

Community logic models are diagrams that identify community problems, root causes and local conditions that contribute to tobacco use and related health problems. They summarize what needs to be done to address local tobacco use problems. Logic models also allow coalition members to assess progress toward their goals. While the logic model format can vary it is important to show the clear flow of information from the problem to intended outcomes. A logic model can be as simple as a table or can take the form of a flow chart as shown in Tobacco Free Community Logic Model.

Taking time to create viable logic models for each coalition goal is critical to creating a community strategy that really works. Intended results may be elusive if the coalition ignores or doesn’t address key factors that contribute to the problems.
The National Institutes of Health [1, 2, 3] and the Institute of Medicine have compiled a large body of research that shows what works to reduce tobacco use. In addition Texas studies have documented the effectiveness of this program in Texas.[5] This research is reflected in evidence-based logic models prepared by the Centers for Disease Control and Prevention (CDC).

Each priority problem statement will have its own local data-based logic model. These logic models should reflect local tobacco-related problems and capacity to implement comprehensive tobacco control strategies. The CDC evidence-based logic models can guide communities as they begin to link evidence-based practices to local problem statements.

**Behavior and Environmental Change Strategies**

Activities listed in the logic models are linked to each problem and to the type of change the coalition is working to achieve. Coalitions can impact problem environments and can get the biggest bang for their buck using population-based behavior and environmental change strategies. As coalitions select activities, they should consider selecting those capable of achieving broad, population-level change – not just in individual smoking status. Coalitions have the ability to create sufficient political will and capacity to produce broad, environmental change.

Developing a logic model is an ongoing process. They evolve as community conditions change. Be flexible and continue to refine logic models as implementation progresses. Examples of behavior and environmental changes strategies are provided in the table below.

**Key Behavior Change Strategies**

**Provide information:**
Educational presentations, workshops, seminars or other presentations of data (e.g., public announcements, brochures, billboards, community meetings, forums, Web-based communication)

**Enhance skills:**
Workshops, seminars or other activities to improve participant, member and staff skills needed to achieve population level outcomes (e.g., training, technical assistance, distance learning, strategic planning retreats, curricula development)

**Provide support:**
Create opportunities to support people to participate in activities that reduce risk or
enhance protection (e.g., providing alternative activities, mentoring, referrals, support groups, or clubs)

**Environmental Strategies for Population-Based Change**

Improve access/reduce barriers Improve systems and processes to increase the ease, ability, and opportunity to use those systems and services (e.g., assuring access to Quitline, physician counseling and prevention education)

**Change consequences:**
Increase or decrease probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g., increasing public recognition for desired behavior, individual and business rewards, taxes, citations, fines, revocations and loss of privileges)

**Change physical design:**
Change the physical design or structure of the environment to reduce risk or enhance protection (e.g., non-smoking facilities, signage, outlet density)

Modify or change policies Formal change in written procedures, municipal laws, proclamations, rules with written documentation (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions, systems change within government, communities, and organizations)

Adapted from CADCA Planning Primer, Seven Ways to Achieve Community Change, 2006

**Evidence-Based Interventions**

The needs assessment process supplied community data to define the nature and extent of the local tobacco use problem reflected in priority problem statements. The strategic planning process begins by creating a logic model for each problem statement. The next step is to select interventions that logically link tobacco-related problems to intended outcomes. A health fair that distributes colorful pencils to elementary school children, for example, does little to protect non-smokers from secondhand smoke. Working to strengthen clean air policies and running mass media campaigns to educate the community on the effects of secondhand smoke are more directly linked to protecting non-smokers from secondhand smoke.

Evidence-based interventions are programs, policies and/or practices that experts have documented to work through implementation and research. The evidence is presented in:

- Reports of effects in peer-reviewed journals
Documented bodies of evidence with a) solid theories that have been validated by research, b) an accumulation of verifiable observations and c) a consensus among informed experts based on theory, research and practice evidence.

Federal lists or registries of evidence-based interventions

Tobacco-related evidence-based programs, policies, and practices can be found on Federal lists or registries such as the Center for Substance Abuse Prevention's National Registry of Evidence-Based Programs and Practices [6] and Centers for Disease Control and Prevention's Guide to Community Preventive Services Tobacco Control Recommendations.[1] Because research is an ongoing process, periodically check these lists for additions.

Evidence-Based Tobacco Interventions: Guide to Community Preventive Services

The systematic reviews by the Guide to Community Preventive Services[1] (Community Guide) of the effectiveness of interventions to reduce or prevent tobacco use focused on three areas:

- Preventing tobacco use initiation
- Increasing cessation
- Reducing exposure to secondhand smoke

The list below presents recommended intervention strategies that have been judged by an expert national panel to be evidence-based practices.[1] When an intervention is classified as having "insufficient evidence," it does not mean that the intervention is ineffective – rather that the research base has not been established or that it is not effective unless implemented in concert with other interventions. The online version also includes hotlinks to specific program demonstrated to reduce tobacco use.

Task Force Findings

Recommended, Effective Intervention Strategies

- Increasing the unit price for tobacco and tobacco products
- Mass media education campaigns when combined with other interventions
- Community mobilization when combined with additional interventions (stronger local laws directed at retailers, active enforcement of retailer sales laws, retailer education with reinforcement)
- Smoking bans and restrictions
• Healthcare provider reminder systems
• Healthcare provider reminder systems with provider education, with or without client education
• Reducing client out-of-pocket costs for effective cessation therapies
• Multi-component interventions that include client telephone support
• Mass media education campaigns combined with other interventions

**Intervention Strategies with Insufficient Evidence on Effectiveness**

• Mass media education–cessation series
• Mass media education–cessation contests
• Provider education systems alone
• Healthcare provider feedback and assessment
• Community education to reduce exposure to environmental tobacco smoke in the home
• Restricting minors' access to tobacco products: sales laws directed at tobacco retailers to reduce illegal sales to minors, when implemented alone
• Laws directed at minors' purchase, possession, or use of tobacco products, when implemented alone
• Active enforcement of sales laws directed at retailers, when implemented alone
• Retailer education with reinforcement and information on health consequences, when implemented alone
• Retailer education without reinforcement, when implemented alone
• Community education about minors' access to tobacco products, when implemented alone

Each community should prepare at least one logic model for each goal to link priority problem statements to contributing factors and evidence-based intervention strategies. The following chart is part of a logic model and illustrates logical links between selected problem statements, contributing factors and evidence-based intervention strategies.

**Sample Problem Statements Linked to Evidence-Based Strategies**

<table>
<thead>
<tr>
<th>Priority Problem Statements (Specific, data driven)</th>
<th>Contributing Factors (Why?)</th>
<th>Evidence-Based Strategies</th>
</tr>
</thead>
</table>

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[Table continued with data]

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6
<table>
<thead>
<tr>
<th>Issue</th>
<th>Root Cause</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of initiation for tobacco use in San Antonio youth is 11 years old</td>
<td>Easy access to tobacco. Believe tobacco use is &quot;cool,&quot; helps feel comfortable with peers</td>
<td>Restrict access to tobacco products – See Texas tobacco laws <a href="https://txssc.txstate.edu/">https://txssc.txstate.edu/</a> Store Alert project. School programs to prevent tobacco use and addiction[1,7]. CDC Guidelines for school health programs to prevent tobacco use &amp; addiction[7]. Towards No Tobacco Use curriculum. <a href="http://www.SpitItOutTexas.org">www.SpitItOutTexas.org</a></td>
</tr>
<tr>
<td>High adult male cigarette smoking rate of 30% in PHR 9* compared to 20% for Texas * 2006 BRFSS</td>
<td>Positive attitude toward tobacco use. Educational campaign on effects of smoking on users and non-users. Lack of access to cessation services and nicotine replacement therapy (NRT).</td>
<td>Tobacco Quitlines[1]. Mass media campaign[1] Yes You Can! <a href="http://www.yesquit.org">www.yesquit.org</a></td>
</tr>
<tr>
<td>Smoking ordinance is weak</td>
<td>Knowledge of harmful effects of secondhand smoke on others. Bar owners are against stronger ordinance</td>
<td>Mass media educational campaign[1] Share Air <a href="http://www.shareair.org">www.shareair.org</a>. Educate the bar and restaurant owners association.</td>
</tr>
<tr>
<td>Smoking rate of residents in selected zip codes is twice the rate of the general adult population</td>
<td>Lack of access to prevention &amp; cessation services.</td>
<td>Culturally appropriate tobacco prevention and cessation campaigns focused on specific zip codes/ geographic area most impacted by tobacco use.</td>
</tr>
<tr>
<td>Funding for coalition is time-limited and not sufficient to reach goals</td>
<td>No plan is in place to sustain the coalition with funding after the initial planning grant.</td>
<td>Develop a sustainability plan. Identify &amp; cultivate: Coalition members with an interest in adopting the coalition's goals. Local foundations with interest in community health. Hospital district funding.</td>
</tr>
</tbody>
</table>
Three- to Five-Year Strategic Plans

After the logic models are developed, the coalition uses them to build a strategic plan. The strategic plan describes how to achieve coalition goals over a sustained period of time. It matches current resources to the most pressing problems and plants the vision of what else can be accomplished.

Elements of a Strategic Plan

<table>
<thead>
<tr>
<th>Element</th>
<th>Features</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem</td>
<td>Presents rationale for action&lt;br&gt;Reasons to act</td>
<td>Cigarette use harms smokers and non-smokers and burdens the community with higher health care costs</td>
</tr>
<tr>
<td>Vision</td>
<td>Inspiring and uplifting&lt;br&gt;The dream</td>
<td>Tobacco-free community – a place where tobacco is less desirable, less accepted and less accessible</td>
</tr>
<tr>
<td>Mission</td>
<td>Concise&lt;br&gt;How to make the vision a reality, how to fix problem</td>
<td>To develop a tobacco-free community through collaborative planning, community action and policy change&lt;br&gt;Inspires others to action</td>
</tr>
<tr>
<td>Objectives</td>
<td>SMART (specific, measurable, achievable, relevant to mission and timed for completion)&lt;br&gt;Challenging – stretch to make meaningful community improvements</td>
<td>By 2013 decrease tobacco use by high school youth in our county by 25%</td>
</tr>
<tr>
<td>Strategies</td>
<td>Broad strategies include advocacy, coalition building, networking and legislative or policy change&lt;br&gt;Targeted strategies include offering training, modifying opportunities and providing incentives</td>
<td>Increased enforcement of sales to minors laws&lt;br&gt;Conduct tobacco prevention and control media campaigns</td>
</tr>
</tbody>
</table>
Logic Models
Illustrate links between problems, activities, and outcomes

One logic model per priority problem statement and goal area
Diagrams logical links between all elements of plan

See Preventing Tobacco Use Among Young People

Measurable Outcomes
Definitions of success

Includes multiple, quantifiable and accepted measures of success See Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs[1]

By June 2013: Fewer than 7% of retail stores cited for tobacco sales to minors
Fewer than 20% of high school youth will report tobacco use in past 30 days


Texas Tobacco Strategic Plan

The Texas Department of State Health Services developed a state strategic plan to help guide distribution of its resources between 2008 and 2013. The state's strategic plan can be accessed and downloaded online at http://www.dshs.state.tx.us/tobacco/strategic.shtm.

The Strategic Plan includes six goals, strategies for addressing these goals and background data on the tobacco use problem in Texas. The appendices identify individuals and organizations that contributed to the plan as well as selected tobacco-related Healthy People 2010 Goals. Community strategic plans should be aligned with the state plan but linked to specific problems identified as part of the community needs assessment.

Goals - Texas Tobacco Prevention and Control 2008 - 2013 Strategic Plan

1. Prevent tobacco use among young people.
2. Ensure compliance with state and local tobacco laws with adequate enforcement.
3. Increase cessation among young people and adults.
4. Eliminate exposure to secondhand smoke.
5. Reduce tobacco use among populations with highest burden of tobacco-related health disparities.
6. Develop and maintain statewide capacity for comprehensive tobacco prevention and control.

Annual Action Plans

Action plans, also called implementation plans, are more specific than strategic plans. Typically written to cover a one-year period, they translate long-range plans into manageable projects and define everyone's responsibilities for conducting the activities to achieve the intended outcomes. Written action plans should be shared with all members of the coalition and answer the following questions:

- What change or actions will take place?
- Who is responsible for this action?
- By when will the action take place?
- What resources will be needed to carry out these actions?
- Who needs to be informed after that the action has occurred?

Many programs come with detailed guides that describe what needs to be done, how, with whom and how often. In addition to these guides, comprehensive tobacco prevention and control coalitions should construct at least one program implementation plan for each goal. These plans describe basic program elements, including materials, staffing, activities, administrative arrangements, intended outcomes and any adaptations made to fit the unique needs of a community. They also provide training assistance to newcomers asked to implement the plan and help coalitions understand which activities are critical to the success of the program and which are not.

An implementation plan should be developed before executing any program and updated periodically to reflect changes in the plan. The chart, Action Plan Format, is one example of how to structure a community action plan that communicates coalition roles and expectations.

Action Plan Format (See Sample Action Plan, below)

Goal:
Objective:
Evidence Based Strategy:
Program Name: Updated on:
For More Information

The CADCA Planning Primer [8] http://coalitioninstitute.org/SPF_Elements/Planning/PlanningHome.asp provides basic information on theories of change, logic models and strategic action plans. The Substance Abuse and Mental Health Administration provides more detailed guidance on selecting evidence-based interventions through their online guide.9 For details on the strategic planning process and examples, see The Community Tool Box, produced through the University of Kansas http://ctb.ku.edu. The site provides online instruction on developing a strategic action plan. Encourage coalition members to check out the online tutorial before participating in the strategic planning session: Developing a Strategic Plan, The University of Kansas Community Tool Box, "Do the Work," Chapter 5, http://ctb.ku.edu.

Tools

**SAMHSA National Registry of Tobacco-Related Evidence-Based Programs and Practices[7]**

Tobacco specific programs are listed first. Programs that include tobacco education as a secondary benefit or part of a universal "substance abuse" benefit are listed second. All programs cite tobacco education as part of the program. All listings are from CSAP's model program registry at http://modelprograms.samsha.gov/matrix~all.cfm.

<table>
<thead>
<tr>
<th>Program Title</th>
<th>Target Populations</th>
<th>Key Outcomes</th>
<th>Program Strategies</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not On Tobacco</td>
<td>14-19 years old Regular smokers&lt;br&gt;African American, American Indian/Alaska Native, Asian American, Hispanic/Latino, Multiple Ethnic Groups, Native Hawaiian and</td>
<td>Decrease tobacco use&lt;br&gt;Increase positive attitudes &amp; behaviors&lt;br&gt;Increase likelihood for youth to quit smoking</td>
<td>Alternative recreational activities&lt;br&gt;Behavior modification&lt;br&gt;Booster sessions&lt;br&gt;Information sharing&lt;br&gt;In/after-school curricula</td>
<td>Kimberly Horn, Ed.D., M.S.W.&lt;br&gt;West Virginia University&lt;br&gt;(304) 293-0268&lt;br&gt;<a href="mailto:khorn@hsc.wvu.edu">khorn@hsc.wvu.edu</a>&lt;br&gt;www.lungusa.org/tobacco/not/</td>
</tr>
<tr>
<td>Project</td>
<td>Target Population</td>
<td>Skills/Activities</td>
<td>Contact Information</td>
<td></td>
</tr>
<tr>
<td>----------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td></td>
</tr>
</tbody>
</table>
| *Other Pacific Islander (NHOPI), White* | Peer leadership, counseling or support, Problem I and referral, Skill development | Stop or reduce cigarette smoking, State accurate information about the environmental, social, physiological, and emotional consequences of tobacco use                    | **Steve Sussman, Ph.D.**  
Phone: (626) 457-6635  
Fax: (626) 457-4012  
ssussma@hsc.usc.edu |
| **Project EX**                    | 14-19 years old African American, Asian American, Hispanic/Latino, White         | Eight-session curriculum delivered over 6-week period, Emphasizes coping with stress, dealing with nicotine withdrawal, relaxation techniques, and how to avoid relapse, Builds interpersonal, coping, commitment-building, and decision-making skills, Training in self-control | For training and materials, contact:  
**Stephen Hauk**  
(626) 457-4045  
hauk@usc.edu |
| **Family Matters (Universal)**   | 12-14 years old Non-Hispanic White and African American adolescents plus parents/families | Reduce prevalence of adolescent cigarette smoking and alcohol use, Provide alcohol and drug information, Develop resistance skills, Provide parent training, Develop family strengths | **Karl Bauman**  
Chapel Hill, NC  
kbauman@mindspring.com |
| **Project Towards No Tobacco (TNT) (Universal)** | 10-15 years old African American, Asian American, Hispanic/Latino, Native Hawaiian and Other Pacific Islander (NHOPI), White | Reduce: smoking initiation, weekly and frequent smoking initiation of smokeless tobacco use, Communication, assertiveness and tobacco specific cognitive coping skills, Course of addiction and disease | **Steve Sussman, Ph.D.**  
(626) 457-6635  
ssussman@hsc.usc.edu  
**Stephen Hauk**  
(626) 457-6635 |
<table>
<thead>
<tr>
<th>Program Title &amp; Description</th>
<th>Program Focus</th>
<th>Population Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal: Increase Cessation Among Young People and Adults</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Title: Clear Horizons Purpose: Self-help guide and telephone counseling protocol specifically tailored for the smoking habits, quitting needs, and lifestyles of older smokers. Outcomes Evaluation Published: 1991 Intervention Category: Multicomponent interventions that include client telephone support</td>
<td>Smoking Cessation</td>
<td>Current Smokers</td>
</tr>
<tr>
<td>2. Title: Enough Snuff Purpose: Self-help cessation manual specialized for smokeless tobacco users. Outcomes Evaluation Published: 2000 Intervention Category: Multicomponent interventions that include client telephone support</td>
<td>Smoking Cessation</td>
<td>Current Smokers</td>
</tr>
<tr>
<td>3. Title: Partnership for Health Purpose: Designed to evaluate the impact of a peer-delivered telephone counseling intervention among childhood cancer survivors. Outcomes Evaluation Published: 2003 Intervention Category: Multicomponent interventions that include client telephone support</td>
<td>Smoking Cessation</td>
<td>Cancer Survivors</td>
</tr>
<tr>
<td>4. Title: Physician Counseling Smokers (PCS) Program Purpose: Office-based program designed to increase the effectiveness of primary care physician-delivered smoking cessation interventions. Outcomes Evaluation Published: 1997 Intervention Category: Healthcare provider reminder systems</td>
<td>Smoking Cessation</td>
<td>Current Smokers</td>
</tr>
<tr>
<td><strong>Goal: Reduce Exposure to Secondhand Smoke</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Title: Enhancing Tobacco Control Policies in Northwest Indian Tribes Purpose: Designed to change tobacco-use policies at the community level. Outcomes Evaluation Published: 1996</td>
<td>Smoke-free Environment</td>
<td>Current Smokers</td>
</tr>
</tbody>
</table>
Intervention Category: Smoking bans and restrictions

Centers for Disease Control and Prevention, Guidelines for School Health Programs to Prevent Tobacco Use and Addiction[8]

MMWR 1994; 43(No.RR-2) accessed online 3/30/08 at http://www.cdc.gov/HealthyYouth/tobacco/guidelines/index.htm

CDC's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction were developed in collaboration with experts from 29 national, federal, and voluntary agencies and are based on an extensive review of research and practice.

Key Principles

School programs to prevent tobacco use and addiction will be most effective if they:

- Prohibit tobacco use at all school facilities and events
- Encourage and help students and staff to quit using tobacco
- Provide developmentally appropriate instruction in grades K-12 that addresses the social and psychological causes of tobacco use
- Are part of a coordinated school health program through which teachers, students, families, administrators, and community leaders deliver consistent messages about tobacco use
- Are reinforced by communitywide efforts to prevent tobacco use and addiction

Recommendations

- Policy – Develop and enforce a school policy on tobacco use.
- Instruction – Provide instruction about the short- and long-term negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use, and refusal skills.
- Curriculum – Provide tobacco use prevention education in grades K-12
- Training – Provide program specific training on tobacco use prevention for teachers. This training should include reviewing the curriculum, modeling instructional activities, and provide opportunities to practice implementing the lessons.
• Family Involvement – Schools should promote discussions at home about tobacco use by assigning homework and projects that involve families. Encourage parents to participate in community efforts to prevent tobacco use and addiction.
• Tobacco Use Cessation Efforts – Support cessation efforts among students and school staff that use tobacco. Provide access to cessation programs to help students and staff stop using tobacco rather than punishing them for violating tobacco use policies.
• Evaluation - Assess the tobacco use prevention program at regular intervals to identify whether they are providing effective policies, curricula, training, family involvement, and cessation programs.

Promising Practices for Priority Populations

Goal: Reduce Tobacco Use Among Populations with the Highest Burden of Tobacco-Related Health Disparities.
Selected interventions that have been tailored for specific populations.

Sabemos
• Purpose: An English/Spanish-language communications kit designed to promote awareness of existing positive social norms regarding in-home protection from secondhand smoke.
• Intervention Category: Community education to reduce exposure to environmental tobacco smoke in the home.

Pathways to Freedom: Winning the Fight Against Tobacco
• Purpose: Addresses issues specific to African Americans, such as targeted advertising campaigns and historical, cultural, and socioeconomic influences.
• Intervention Category: Multi-component interventions that include referral to telephone cessation support, community mobilization and education.

Tobacco Prevention & Cessation in the Culture of Poverty
• Purpose: A brief guide to adapting written materials and counseling approaches to better meet the needs of people in poverty.
• Intervention Category: Multi-component interventions that include referral to telephone cessation support, community mobilization and education.

Live Smoke-Free
• Purpose: Minnesota program that provides resources for promoting smoke-free options for residents and owners of multi-unit properties.
• Intervention Type: Community mobilization and education to reduce exposure to environmental tobacco smoke in the homes.
Tobacco Control for High-Risk Youth and Young Adults

- **Purpose**: Example of no-cost cessation service for youth and young adults at the Sacramento Local Conservation Corps, Sacramento Job Corps and Sacramento County’s juvenile centers.
- **Intervention Type**: Multi-component interventions that include referral to client telephone support.

Be Free Indeed! Tobacco Prevention Tools for the African American Church (NAATEN)

- **Purpose**: To assist African American/Black churches in enacting and implementing tobacco-free policies by addressing four different constituencies of the church to promote cessation as well as smoke-free policies in the church and home.
- **Intervention Type**: Multi-component interventions that include referral to client telephone support.

Howard Brown Community Center Smoking Cessation Program

- **Purpose**: Smoking cessation support program for the lesbian, gay, bisexual and transgender community in Chicago, Illinois and surrounding areas. Program includes cessation counseling, referral to the Quitline, and Internet quit services, as well as training others who wish to provide community-based quit group counseling.
- **Intervention Type**: Multi-component interventions that include referral to client telephone support.

National Networks for Tobacco Control & Prevention - Priority Populations

Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL)

- **Purpose**: Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL) is a national network of more than 500 organizations and individuals working toward social justice and a tobacco-free Asian American and Pacific Islander community.
- **Intervention Type**: Multi-component interventions that include client telephone support.

The National Latino Council on Alcohol and Tobacco

- **Purpose**: Established in 1989, LCAT is dedicated to reducing the harm caused by the negative impact of alcohol and tobacco in the Latino community.

National Tribal Tobacco Prevention Network

- **Purpose**: To enhance the wellness of American Indian and Alaska Native communities by providing culturally appropriate tobacco education and
prevention resources, technical support, training, networking opportunities and advocacy.

**National LGBT Tobacco Control Network**
- Purpose: The National LGBT Tobacco Control Network works to support the many local tobacco control advocates in helping to eliminate tobacco-related health disparities for all lesbian, gay, bisexual and transgender people.

**National African American Tobacco Education Network**
- Purpose: To serve as a leader and unified voice on a national level and engage African American/ Black organizations, state tobacco control programs and local coalitions in preventing and eliminating tobacco use through target population expertise, training, resource/materials development and technical assistance.

**National Network on Tobacco Prevention and Poverty**
- Purpose: The mission of the NNTPP is to develop resources and advocate for the elimination of tobacco use among populations of low socioeconomic status.

**Sample Outline, Three- to Five-Year Strategic Plan:**

**Tobacco Prevention & Control**
- Introduction
- Problem of Tobacco Use
  - Health consequences of tobacco use
  - Economic impact of tobacco use
- Findings Community Needs Assessment
  - Coalition Infrastructure, Capacity & Training Needs
  - School & Community Programs
    - Mass media
    - Compliance with tobacco laws
    - Tobacco cessation services
    - Clean air policies
- Public official opinions
  - Community Statistics
- Population demographics
- Youth & adult tobacco use
- Tobacco-related deaths & disease
- Community Assets
- Vision
- Mission
- 2009-2013 Community Strategic Plan by Goal
  1. Prevent tobacco use among young people.
• Strategies
• Measurable Outcomes
2. Ensure compliance with state and local tobacco laws with adequate enforcement.
  • Strategies
  • Measurable Outcomes
3. Increase cessation among young people and adults.
  • Strategies
  • Measurable Outcomes
4. Eliminate exposure to secondhand smoke.
  • Strategies
  • Measurable Outcomes
5. Reduce tobacco use among populations with the highest burden of tobacco-related health disparities.
  • Strategies
  • Measurable Outcomes
6. Develop and maintain statewide capacity for comprehensive tobacco prevention and control.
  • Strategies
  • Measurable Outcomes
• Cultural Competence
• Sustainability
• Conclusion
• References
• Appendices: Strategic Planning Workgroup Members
  o Healthy People 2010/2020 Goals for the Nation

Sample Agenda for Strategic Planning Workshop, Two Half-Days

Day 1
8:45 AM  Sign in and continental breakfast
9:00 AM  Welcome & introductions – What each of us brings to the table
9:20 AM  Overview of strategic planning process & intended outcomes Day 1 Outcomes: 1) Common understanding of problems related to tobacco use 2) New or renewed statement of Vision and Mission 3) Develop/review logic models
9:45 AM  Problem of tobacco use – Findings of community needs assessment (Executive Summary distributed with agenda prior to the meeting) Review of prioritized problem statements; questions & answers
10:45 AM  What is our vision for tobacco use in our community?
10:15 AM  What is our mission? What are we trying to accomplish and why?
11:00 AM  What Evidence-Based Strategies can address these problems? Demonstrate use of priority problems statements to create simple logic models Homework Assignment for Day 2: Distribute logic models for priority tobacco-related problems; identify strategies/ resources to achieve intended outcomes.

12:30  Adjourn

**Handouts:** Summary of Findings Community Needs Assessment, Priority Data-Based Problem Statements, Logic Model Templates or Logic Models linked to priority problems

**Day 2**

9:00 AM  Summarize Day 1 & review Day 2 Outcomes; common understanding of community tobacco-related health disparities; Draft 1 Strategic Plan

9:15 AM  Small group activity – Identify community changes needed to solve problems – work in groups of six to eight organized by goal. Distribute one logic model per group. Outcome: Recommended goals & strategies for addressing problems in our community.

10:00 AM  Small group reports

10:15 AM  Identify Tobacco-Related Health Disparities – Which groups are most burdened by tobacco use in our community? Which groups are/are not represented on the coalition? Who can recruit?

11:00 AM  Small group activity – Identify community and systems changes linked to problems & outcomes – in groups of six to eight organized by sector. Tobacco-Related Health Disparities. Outcome: Prioritize goals and strategies by sector/ tobacco-related health disparities.

12:15 PM  Small group reports

12:30 PM  Break & brown-bag working lunch

1:00 PM  Building consensus on priority goals and strategies for our community (Multiple voting strategy)

1:45 PM  Next steps – Compile and distribute Draft 1 Strategic Plan; build consensus; identify action steps for each change sought (FY09 Action Plans); plan to document progress; Questions & wrap-up – Group summaries of accomplishments

2:00 PM  Adjourn

**Handouts:** Summary of Community Tobacco-Related Health Disparities; Template: Ranking Goals and Strategies, Outline for Three- to Five-Year Strategic Plan

**Sample Action Plan**
**Goal:** Prevent Youth Tobacco Use

**Objective:** By August 2009, increase by 25% middle & high school youth awareness of tobacco industry advertising

**Evidence Based Strategy:** Mass media education campaign combined with additional interventions

**Program Name:** Store Alert (Advocates Limiting Exposure to Retail Tobacco) Updated On: July 2008

<table>
<thead>
<tr>
<th>What Needs to be Done</th>
<th>By Whom</th>
<th>For Whom</th>
<th>Materials and Messages</th>
<th>Training Needs</th>
<th>Where, When and How Long</th>
<th>Who Needs to Know</th>
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</thead>
<tbody>
<tr>
<td>Monitor tobacco industry advertising in community retail outlets</td>
<td>Tobacco Prevention Action Team, NAME of chair</td>
<td>Middle &amp; High school youth in designated sample of schools</td>
<td>Internet access, printer, paper &amp; transportation Store Alert – track in store tobacco advertisements &amp; promotions. Create press release to alert community how Big Tobacco targets their kids</td>
<td>Online training <a href="http://www.storealert.org">http://www.storealert.org</a></td>
<td>Monday afternoons at high school</td>
<td>Health Communications Team</td>
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<td>Recruit &amp; orient youth volunteers</td>
<td>Tobacco Prevention Action Team</td>
<td>10 High school youth</td>
<td>Internet access</td>
<td>Review website Store ALERT</td>
<td>Week 1, 1-2 hours</td>
<td>Coalition</td>
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<tr>
<td>Prepare list of potential retail outlets</td>
<td>TP Action Team</td>
<td>Use by youth</td>
<td>Comptroller report, map &amp; local observations</td>
<td>Types of tobacco outlets</td>
<td>Month 1</td>
<td>Youth action team</td>
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<tr>
<td>Compile baseline data on youth awareness of tobacco industry</td>
<td>Community Evaluation Workgroup (CEW)</td>
<td>TP Action Team</td>
<td>2008 Youth Tobacco Survey</td>
<td>Review report on Tobacco industry advertising</td>
<td>Month 1, weekly meetings at agency office</td>
<td>Tobacco Prevention Action Team</td>
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<tr>
<td>Step</td>
<td>Responsible Team(s)</td>
<td>Resources / Details</td>
<td>Time</td>
<td>Location</td>
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<tr>
<td><strong>Train youth to monitor tobacco industry marketing tactics in retail outlets</strong></td>
<td>Tobacco Prevention Action Team</td>
<td>Store Alert Virtual Guide <a href="http://www.storealert.org/default_flash.asp">http://www.storealert.org/default_flash.asp</a></td>
<td>Month 2</td>
<td>High school</td>
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<tr>
<td><strong>Prepare database to store observations</strong></td>
<td>CEW</td>
<td>Internet access</td>
<td>Month 2</td>
<td>Agency office</td>
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<tr>
<td><strong>Make observations &amp; enter findings into database</strong></td>
<td>Youth Action Team</td>
<td>Internet access to database</td>
<td>Stores 3x/week 2-4 wks</td>
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<tr>
<td><strong>Compile &amp; present Report on findings to Coalition</strong></td>
<td>Youth Action Team</td>
<td>Communicating findings to public</td>
<td>Month 4</td>
<td>Coalition</td>
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<tr>
<td><strong>Plan &amp; Conduct media campaign to raise awareness of tobacco industry marketing tactics</strong></td>
<td>Communications Team</td>
<td>See &quot;Using Survey Results&quot; under Taking Action at StoreALERT.org</td>
<td>Month 5</td>
<td>Weekly meetings at agency office</td>
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</table>

*Public, City Council*
Quick Tips: Guidelines for Strategic Planning

Do This:
Keep the coalition focused on tobacco related problems that need to be changed.
CORRECT SEQUENCE:
Problem → Intended Outcomes → Strategies → Activities

Don’t Do This:
Immediately involve the coalition in conducting activities that may or may not be related to the outcome.
INCORRECT SEQUENCE:
Activities → Strategies → Problem → Outcome

Do This:
Be inclusive – seek out key stakeholders with diverse viewpoints on the problem or issue.

Don’t Do This:
Involve only staff and a few people who will support the current thinking in developing a strategic plan.

Do This:
Provide coalition members with background on the strategic planning process before participating in the strategic planning session. See the online tutorial, Developing a Strategic Plan, The University of Kansas Community Tool Box, "Do the Work," Chapter 5, http://ctb.ku.edu.

Don’t Do This:
Assume that everyone on the coalition has prepared a strategic plan and understands what they need to produce and why it is important to do one.

Do This:
Ask coalition members to disclose any conflicts of interest. This can be as simple as stating that as a member of the coalition they are not paid by, nor do they have an interest in, any entity interested in promoting the sale or distribution of tobacco products.

**Don’t Do This:**

Assume that no representatives from the tobacco industry will be interested in attending coalition meetings or undermining coalition activities.

**Do This:**

Plan to manage conflict. If the group is effective in attracting diverse views, conflict will likely result. Elevate the discussion to a higher level where consensus can be reached. Remind the group of the shared vision of a healthy community.

**Don’t Do This:**

Assume that everyone will accept, without question, whatever strategic plan the Action Team brings to the coalition. Lack of involvement in the planning typically translates to lack of support for the final plan.

**Do This:**

Be efficient – Send out an agenda a week in advance of the meeting or plan to build consensus at the beginning of the meeting. Define what needs to be accomplished and in what time frame. Start and end meetings on time.

**Don’t Do This:**

Surprise coalition members with an agenda when they arrive. Don’t give them time to think about the issues and what they can contribute to the discussion before arriving.

**Do This:**

Communicate accomplishments – Structure every meeting so that it results in a "product", a list of ideas. Show off the product at the end of the meeting. Distribute copies of products & key decisions made to all coalition members in the form of meeting minutes. Make a banner of plan goals & intended outcomes.

**Don’t Do This:**
Leave the meeting on a "low note," knowing that little has been accomplished. File the "products" in the staff office and wait for someone to ask to see them. Assume that coalition "products" need only to be completed, not recognized and used.

References


Center for Substance Abuse Prevention (CSAP), Model programs effective substance abuse and mental health programs for every community. http://modelprograms.samhsa.gov

Centers for Disease Control and Prevention, Guidelines for school health programs to prevent tobacco use and addiction, MMWR 1994; 43(No.RR-2). accessed online 3/30/08 at http://www.cdc.gov/HealthyYouth/tobacco/guidelines/index.htm


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