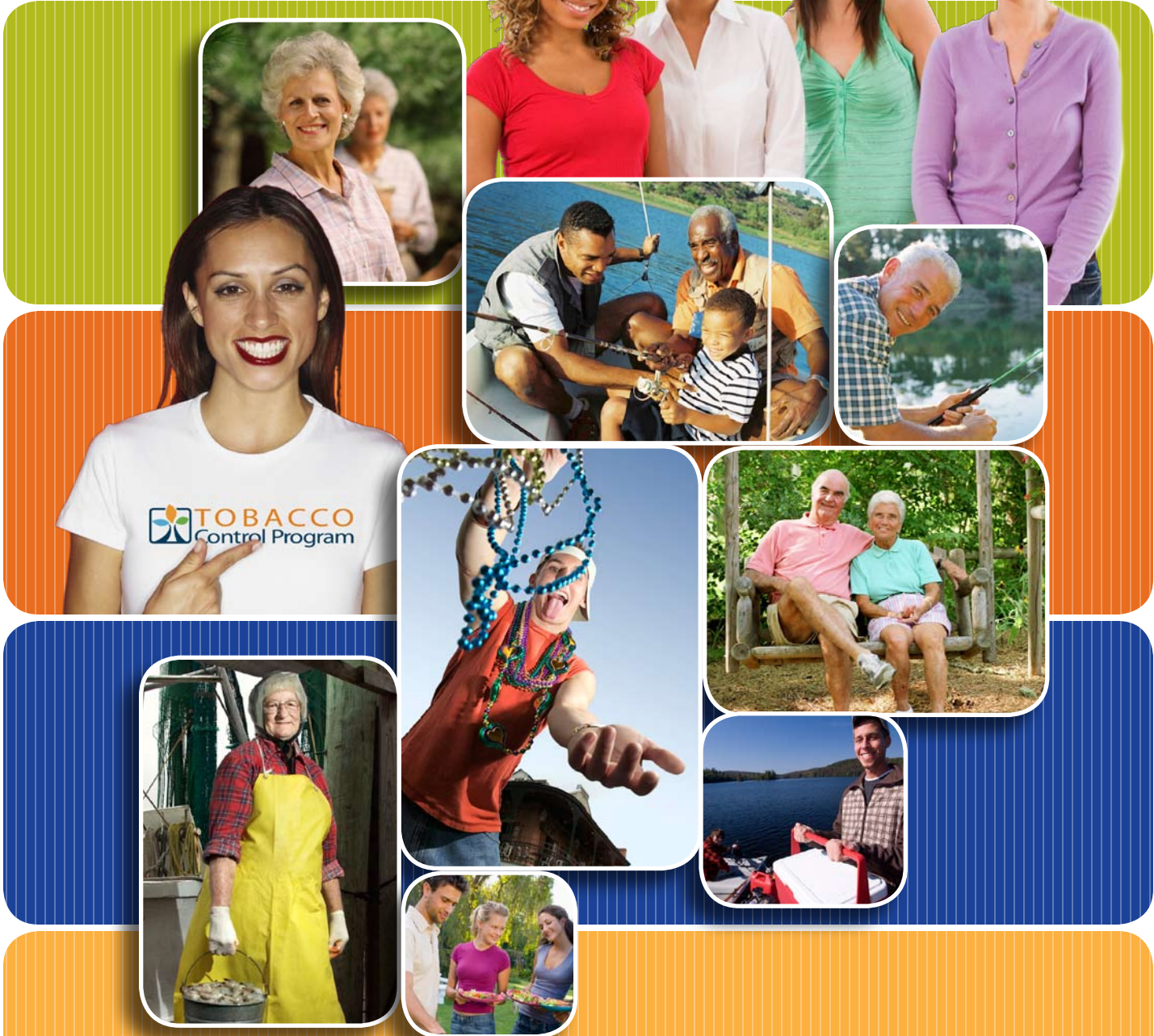


A SUMMARY REPORT

Strategic Plan for Identifying and Eliminating Tobacco-Related Health Disparities in Louisiana



 **TOBACCO**
Control Program

LOUISIANA

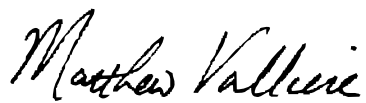
Department of
HEALTH and
HOSPITALS

During the 2006-2007 grant year, the Louisiana Department of Health and Hospitals Tobacco Control Program (LTCP) received grant funding from the Center for Disease Control and Prevention Office on Smoking and Health to develop a Strategic Plan that addresses tobacco-related health disparities. Through the hard work and dedication of our program staff and partners statewide, this plan has become a reality. The LTCP will incorporate various components and objectives of this plan into its overall strategic plan in addressing the needs of the identified disparate populations.

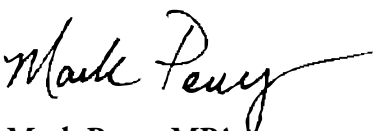
We would like to thank all of the organizations and individuals who provided valuable input and time to this process. Without your initial and continued support, these initiatives would be difficult to cultivate. The future of the initiative looks bright with the focus this year being placed within the following populations: African-American; Native American; Youth 11-17; Young Adults 18-24 years old; rural; and low socio-economic status.

The program would like to personally thank our sister program, The Louisiana Campaign for Tobacco-Free Living, for their assistance and staff time spent on this project. Another individual who deserves thanks is Diane Hargrove-Roberson for her leadership in writing the grant for these funds and in coordinating the development of the overall Louisiana Tobacco-Related Health Disparities Strategic Plan.

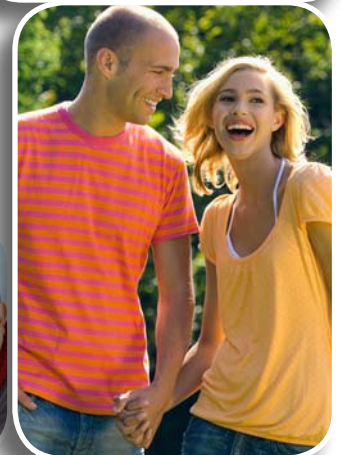
Sincerely,



Matthew Valliere, MPA
LTCP Manager



Mark Perry, MPA
LTCP Disparities Program Monitor



OUR VISION

A Louisiana with healthier citizens, living in clean environments with equal access to and utilization of services and resources resulting in improved tobacco-related health outcomes, and an enhanced quality of life for all families and future generations.

Our vision is “A Louisiana with healthier citizens, living in clean environments with equal access to and utilization of services and resources resulting in improved tobacco-related health outcomes, and an enhanced quality of life for all families and future generations.”

In March 2007, the Louisiana Tobacco Control Program (LTCP) and The Louisiana Campaign for Tobacco-Free Living (TFL) created the Tobacco-Related Health Disparities Strategic Planning Workgroup (“The Workgroup”). They convened this diverse statewide workgroup to assist in the development of a strategic plan. The Louisiana Department of Health and Hospitals’ Tobacco Control Program provided funding for the planning process through a grant from the Centers for Disease Control and Prevention, Office on Smoking and Health (CDC-OSH).

The Louisiana Tobacco Control Program and The Louisiana Campaign for Tobacco-Free Living viewed broad community representation and active participation as critical to the success of this very important initiative. They recruited individuals and organizations to support this project to identify and eliminate tobacco-related health disparities.

LTCP and TFL recruited and convened a diverse, inclusive and representative statewide workgroup to develop the goals, objectives, and strategies of this strategic plan for addressing tobacco-related health disparities.

Louisiana will use this plan as a compass for future activities to identify and eliminate tobacco-related health disparities. Implementation will require the cooperative work of the Department of Health and Hospitals, Louisiana Tobacco Control Program, The Louisiana Campaign for Tobacco-Free Living, community-based organizations, and tobacco prevention partners such as, the American Heart Association, the American Cancer Society, the American Lung Association, as well as other stakeholders.

Louisiana can address tobacco-related health disparities successfully while enhancing the overall quality of life in this state and reducing the financial burden to the healthcare system. This plan provides a compass to point us in that direction, as well as, toward increasing the quality of life and ending the premature loss of lives.

The purpose of this initiative was to provide for a strategic planning and implementation process that will result in a comprehensive strategy to address tobacco-related health disparities.

Activities included the following:

- Planning collaboratively with key stakeholders from diverse populations to identify critical issues related to disparities;
- Developing a strategic plan, including an evaluation component;
- Developing an action plan based on the strategic plan; and
- Creating strategies for marketing and implementing the plan for long-term success.



FUTURE STEPS

The Tobacco-Related Health Disparities Strategic Planning Workgroup now known as the Louisiana Tobacco-Related Health Disparities Coalition coalesced around the mission of addressing and eliminating tobacco-related health disparities in Louisiana. Moving forward, they will support the implementation of the plan in several ways.

The Workgroup envisioned a continuing role for themselves and expressed their desire to promote this plan across Louisiana in various communities and through multiple venues. The Coalition emphasized their perceived role in marketing and implementing the goals.

The Workgroup plans to work with the LTCP and TFL as follows:

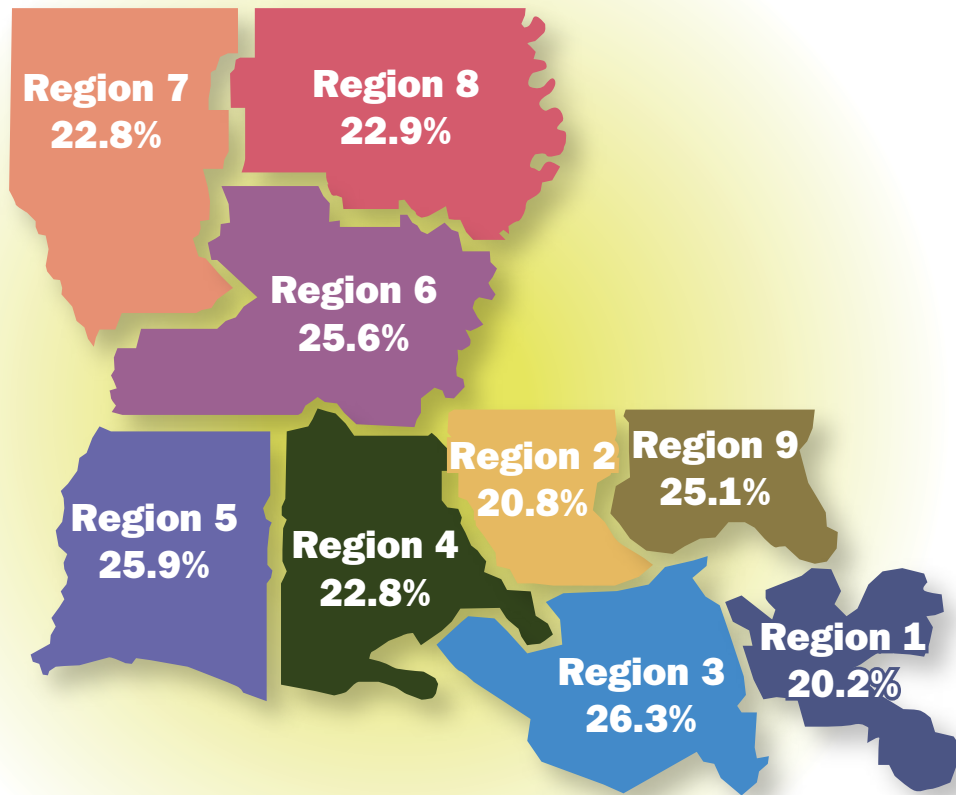
- Facilitating the implementation of the plan
- Educating others about the plan
- Disseminating tobacco control information
- Serving as Advocates
- Collaborating with other stakeholders
- Working with local communities and networks
- Serving as a Liaison to specific populations
- Assisting in media marketing
- Providing technical support, i.e. grant writing



Working with the LTCP and TFL, the Louisiana Tobacco-Related Health Disparities Coalition will meet quarterly to review and update the plan, and monitor progress toward the goals. The Coalition convened in the fall 2007 to develop the implementation plan and marketing strategies for the strategic plan.

Coalition members see this initiative as an opportunity to address tobacco-related health disparities in Louisiana. While much of the work can be accomplished with existing resources, they recognize that full implementation of this plan will require a commitment of additional resources and time.

TOBACCO PREVALENCE THROUGHOUT THE REGIONS OF LOUISIANA



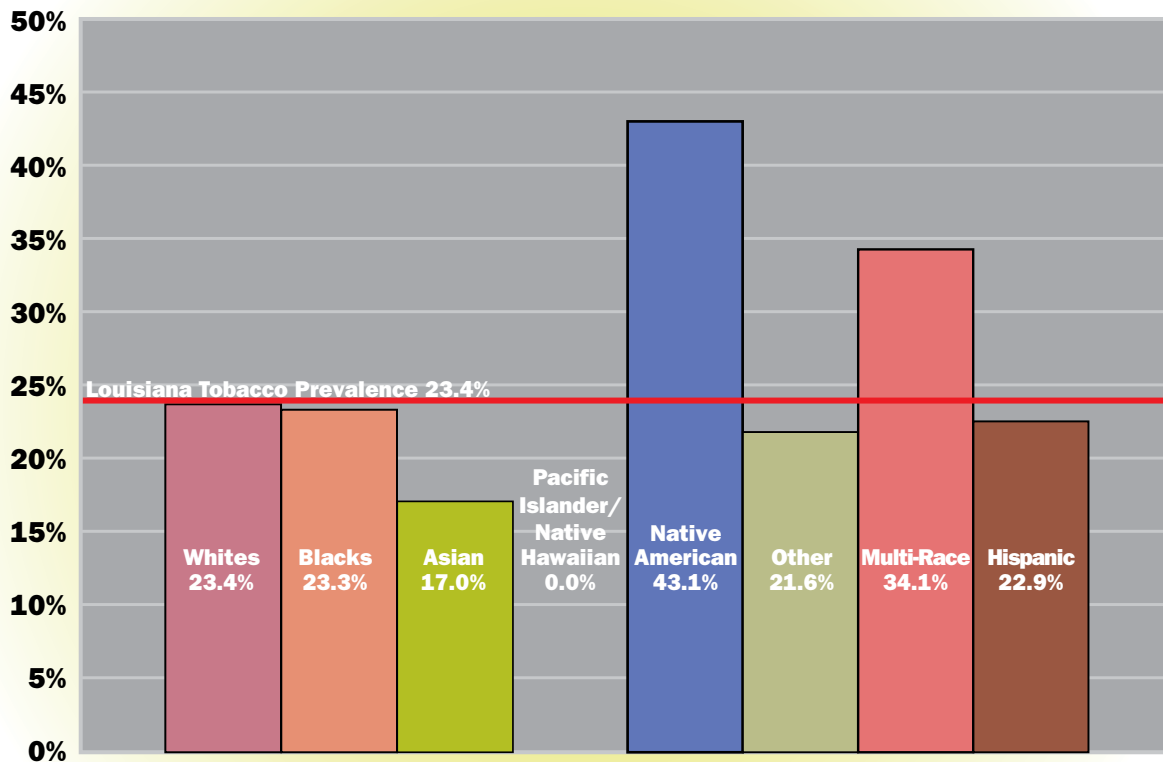
National Prevalence: 20.1%
Louisiana Prevalence: 23.4%



OVERALL POINTS

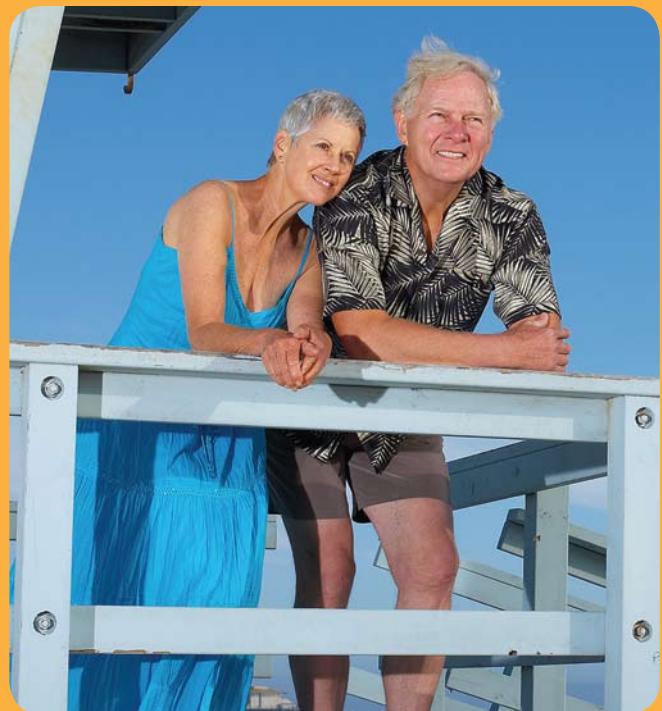
- All 9 regions of Louisiana are above the nation's smoking prevalence of 20.1%.
- Region 1 has the lowest smoking prevalence at 20.2% and Region 3 has the highest at 26.3%.
- According to the 2007 American Health's rankings, Louisiana is ranked 49th in Health and 43rd in Smoking Prevalence.

SMOKING PREVALENCE BY RACE—LOUISIANA 2006

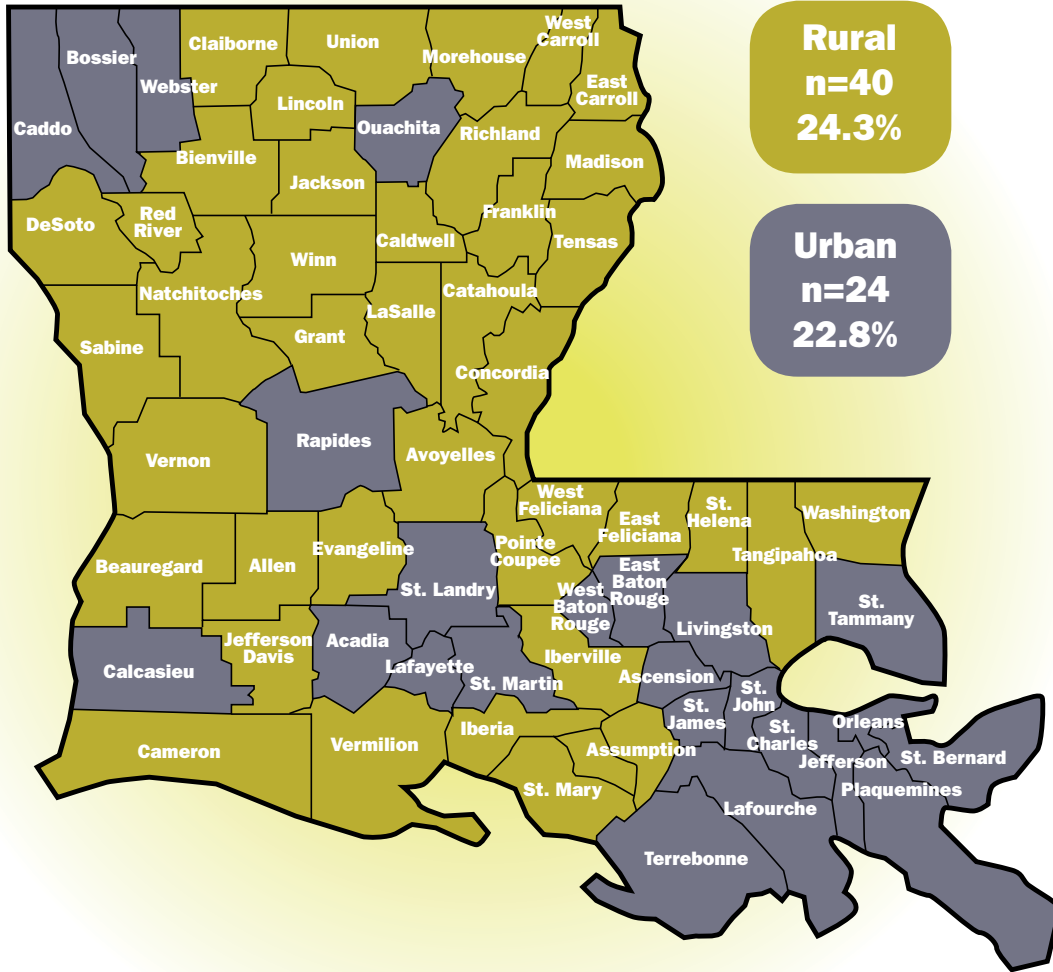


OVERALL POINTS

- Native Americans had the highest smoking prevalence at 43.1%.
- To gather data on Native Americans, a needs assessment is in the field which will gather information on 6 federally and state recognized tribes in Louisiana.
- Those individuals who considered themselves to be more than one race had a higher smoking prevalence than the state's average at 34.1%.
- Whites, Blacks, and Hispanics were aligned with the state's smoking prevalence of 23.4%. However, all races except for Asians had a higher smoking prevalence than the nation's prevalence.



TOBACCO PREVALENCE THROUGHOUT RURAL AND URBAN AREAS OF THE STATE



OVERALL POINTS

- Rural parishes were designated according to the Federal Office of Management and Budget.
- Rural parishes are in line with the state's prevalence level of 23.4%.
- Urban parishes are still almost 3% above the nation's prevalence rate.

OVERALL SMOKING PREVALENCE AMONG POPULATIONS WITH ADEQUATE DATA

Disability	27.6%
Veterans	22.8%
18-24 year olds	28.7%
Low socio-economic Status (SES)	32.9%
Rural	24.3%
African-American	23.3%

**Nation's
Prevalence
20.1%**

**State's
Prevalence
23.4%**

OVERALL POINTS

- All selected populations are both above the nation's prevalence and 4 of the 6 populations are above the State's tobacco prevalence rate.
- Low SES (less than a high school education and income less than \$25,000 per year) and 18-24 year olds showed to have the highest prevalence rates at 32.9% and 28.7% respectively.
- The lowest prevalence (relatively) is among those who are Veterans (22.8%) and African Americans (23.3%).
- Overall, the selected priority populations in the tobacco-related health disparities strategic plan are great targets since all populations have extremely high smoking prevalence levels when compared to that of the nation.



CRITICAL ISSUE 1: FUNDING

Create diverse partnerships that enhance sustainability, maximize funding, resources, and broad scale impact to address tobacco disparities.

- ◆ Increase state excise tax by \$1.00 and dedicate \$.50 or 50% of any increase to tobacco control and prevention.
- ◆ Be an active member of the Coalition for a Tobacco-Free Louisiana (CTFLA).
- ◆ Inform stakeholders and workgroup members about funding sources and opportunities.
- ◆ Educate legislators on current tobacco issues and the need for additional funding.
- ◆ Collaborate with all state agencies and local programs that would benefit from the tax increase as well as elected officials.
- ◆ Seek federal, state and foundation grants that fund chronic disease prevention and tobacco control.
- ◆ Increase membership and participation in the tobacco-related disparities workgroup and have adequate representation from each of the nine Department of Health and Hospitals regions.

CRITICAL ISSUE 2: ADVOCACY

Educate and motivate funders, policy-makers, and community opinion leaders to support the elimination of tobacco disparities for the benefit of their constituents.

- ◆ Identify key policymakers and community leaders.
- ◆ Create a directory of advocates that support tobacco control initiatives.
- ◆ Establish a community based sub-committee for the strategic planning workgroup to identify a process for educating policymakers and community leaders.
- ◆ Communicate legislative status and updates to stakeholders and workgroup members regarding policy updates and changes.
- ◆ Remain informed of policy updates and changes.
- ◆ Determine messages to communicate to policymakers. Develop delivery methods such as letters, email, phone calls to policymakers, advocates, and stakeholders.
- ◆ Develop information sheets that contain information on

specific target populations.

- ◆ Promote smoke-free workplace policy in public and private establishments.
- ◆ Publicize alternatives to smoking, smoking cessation, etc.
- ◆ Advocate for compliance with smoke-free workplace policies.

CRITICAL ISSUE 3: DATA

Develop a system to collect, analyze and disseminate data on specific populations.

- ◆ Partner with organizations already collecting data such as HIV program to gather LGBT data, Veteran's Administration for Veterans, etc.
 - Conduct inventory of existing data sets:
 - Demographics (age, ethnicity, socio-economic status (SES), etc.)
 - Tobacco use (type, frequency, amount, age of onset, etc.)
 - Morbidity and mortality
 - Enforcement
- ◆ Identify appropriate organizations and form partnerships to improve existing data.
 - Identify and partner with gatekeepers for hard to reach populations:
 - People with Disabilities
 - Lesbians, Gays, Bisexuals and Transgender
 - Asian
 - Hispanic
 - Native Americans
 - Out of School Youth
 - Prison Population
 - Blue Collar
 - Rural
 - Recruit new disparities workgroup members to represent population groups without representation.
 - Conduct local, regional, and/or statewide forums to bring together potential gatekeepers and population members.
 - Conduct focus groups/interviews/surveys as needed.

- ◆ Over-sample under represented populations within current data collection systems.
 - Determine needs for over-sampling and incorporate into future surveys for:
 - Native American
 - Asian
 - Hispanic
 - People with Disabilities
 - Lesbians, Gays, Bisexuals, and Transgender

CRITICAL ISSUE 4: HEALTHCARE

Improve capacity of the healthcare system to deliver prevention and cessation services to identified populations.

- ◆ Partner with providers and other partners to make tobacco-related patient education easy to incorporate into practice.
 - Develop tobacco education/cessation system.
 - Ensure funding and upper level DHH support for system.
 - Develop tools and resources, a referral process, and a way to identify smokers who need a referral.
- ◆ Increase access to healthcare and cessation services.
 - Advocate for insurance coverage for cessation services.
 - Promote quitline to identified populations.
 - Distribute information through doctors' offices.
 - Utilize gatekeepers to develop strategies to build trust and increase healthcare utilization.

CRITICAL ISSUE 5: MARKETING and OUTREACH

Develop a comprehensive marketing campaign that engages, educates, and increases awareness of common tobacco issues among specific populations through the utilization of grassroots networks.

- ◆ Tailor media message to appeal to specific populations identified.
 - Examine other media/marketing campaigns or strategies to gain insight into effective approaches.
 - Create/update database of rural media sources and contacts.
 - Utilize media outlets in rural areas for the delivery of tobacco media messages.
 - Develop data and culturally specific message for specific populations.
 - Utilize culturally and geographic specific media placements (i.e., rural areas).
 - Create and target advertising and media for specific placement in identified media outlets in rural areas.
 - Develop media messages to use.
- ◆ Build relationships with community leadership including business, hospital, political, social, religious, and educational.
 - Create/update database of persons and/or organizations to be "targeted."
 - Develop talking points on tobacco issues (data driven). Identify and train local tobacco control advocates.
 - Convene meeting with regional leadership.
- ◆ Establish and/or strengthen grassroots networks and coalitions, including youth groups.
 - Identify existing grassroots networks and tap into those resources.
 - Identify organizations that are not involved in tobacco control networks that should/could be.
 - Develop "talking points" for participation.
 - Why be involved
 - Expected Role
 - Anticipated impact/outcome

- ◆ Publicize legislative voting records on tobacco-related issues to the public as an educational/marketing tool.
 - Create database of legislators.
 - Record and monitor legislator's votes on tobacco issues (past and future).
 - Monitor tobacco-related legislation prior to and leading up to the vote. Develop report with which to publicize the vote.
 - Email alerts for distribution to legislators by the community (preformed letters, etc.)
 - Create advocacy alerts for tobacco legislation coming up for vote to be issued to partners and the communities.
 - Identify existing advocacy alert networks that could be used or expanded.
- ◆ Work with local government and law enforcement agencies to support enforcement of Acts 815 and 838.
 - Develop educational materials on the law and its benefits.
 - Garner support of Attorney General's Office and the Alcohol and Tobacco Control Board.
 - Convene meetings with local officials and enforcement agencies to support and encourage enforcement.
 - Work to establish relationships with law enforcement to be included in their training curriculum.

CRITICAL ISSUE 6: NETWORKING and COLLABORATION

Build and strengthen relationships among agencies, organizations, and advocates supportive of decreasing tobacco-related health disparities.

- ◆ Continue collaboration and working relationships in Louisiana Tobacco Disparities Workgroup.
 - Disparities Workgroup members will meet quarterly to monitor, evaluate, and make recommendations for implementation of the strategic plan.
 - Maintain contacts within workgroup.
 - Report on progress towards goals of the strategic plan.
- ◆ Actively engage state and regional coalitions in tobacco control efforts.
 - Join the regional coalitions.
 - Disparities Workgroup Members will support and attend regional activities.
 - Identify under-represented communities.
 - Identify community partners that are members of these communities.
 - Invite new members of identified populations to participate on regional coalitions.
 - Update, inform, and involve state and regional coalitions in activities developed by Disparities Workgroup.
 - Actively seek coalition representation from members of the identified populations.
- ◆ Broaden base of organizational collaborations to strengthen and expand the tobacco control movement.
 - Identify agencies, organizations, and individuals not involved, but supportive of tobacco control issues.
 - Non-traditional partners
 - Law enforcement
 - Faith-based
 - Publicize efforts to recruit new members and encourage interest in participation.

A SPECIAL THANK YOU TO THE FOLLOWING WORKGROUP MEMBERS:

Kayla Allison
Paige Ashby
Barbara Barras
John Butts
Dr. Melody Counts
Judy Daniels
Zamal Franks
Tia Gipson
Sue Meyers Kennedy
Arthur Lathan
William Emil Mayo
Tonia Moore
Rhonda Posey
C. Fenton Rutledge
Betty Shipp
Tawana Smith
Cliff Thomas
Tony Tran
Gloria Wordsworth

**The Louisiana Campaign for Tobacco-Free
Living staff:**

Jenny Dickherber
Robby Habans
Ashley Ross
Katie Sellers

Caffee, Caffee & Associates
Brenda Bell-Caffee, Diversity Consultant
Cassie Clinton

A. Charles Stewart Consultants
Alma C. Stewart, Facilitator

Louisiana Tobacco Control Program staff:

Tasha Bergeron
Jeremy Bridges
Berry Burnside
Brandi Falgoust
Todd Griffin
Tiffany Netters
Mark Perry
Matthew Valliere

