

Action Plan (2009-2014)

Ohio Tobacco-Related Disparities Plan

Goal 1: Increase the availability of tobacco-specific baseline and data collection continuity related to at-risk, culturally diverse, underserved populations to reverse adverse health outcomes.

Strategy 1.1: Review and identify tobacco, geographical, health-outcome disparity, and chronic disease-related data that are available and needed to identify gaps in information and interventions for at-risk, culturally diverse, underserved populations.

Action Steps:

- Compile a comprehensive listing of data sources.
- Review multiple data sources to identify and document prevalence, health outcome and intervention gaps.
- Conduct on-going assessments of populations currently assessed.
- Sponsor and conduct primary research on populations that have not been assessed.
- Provide input to state entities that design tobacco related instruments to collect data on at-risk, culturally diverse, underserved populations.
- Compile samples of survey tools used by local communities in convenience assessments among subpopulations.
- Continuously update data from multiple sources and place this on the CCTCA website.

Strategy 1.2: Make data user-friendly and accessible to the public to influence policies that decrease smoking prevalence, and secondhand smoke exposure to improve health outcomes among at-risk, culturally diverse, underserved populations.

Actions Steps:

- Determine the adverse policies that need to be changed.
- Determine where policies are lacking and need to be developed.
- Disseminate data to key stakeholders.
- Develop a white paper.
- Share and create dialogue on the developed white concept paper with policymakers and the communities.

- Seek funding for and engage communities in appropriate policy specific initiatives.

Goal 2: The established and operational education and advocacy alliance will seek adequate funding to build public health influence, capacity, and infrastructure for statewide at-risk, culturally diverse, underserved populations.

Strategy 2.1: Identify key organizations that serve at-risk, culturally diverse, underserved populations to increase their capacity to address tobacco-related disparities and adverse health outcomes.

Action Steps:

- Develop a list of organizations for each identified population.
- Develop and disseminate a resource directory.
- Maintain the resource directory.
- Upload the directory onto various established websites.

Strategy 2.2: Develop partnerships and collaborative opportunities among agencies serving at-risk, culturally diverse, underserved populations to build alliance relationships.

Action Steps:

- Determine common concerns and goals among multiple communities to affect mutually beneficial change.
- Create or improve communication channels between multiple organizations.
- Offer networking and leadership development opportunities by providing information at forums, conferences, and meetings.
- Develop memoranda of understanding for alliance participation among agencies.
- Reach out to new partners, to join the CCTCA, with one-on-one visits to agencies serving each identified population

Strategy 2.3: Develop resources to support and implement mutually beneficial strategies to increase multiple populations' capacity to address tobacco-related disparities and adverse health outcomes through the alliance.

Action Steps:

- Seek funding for the alliance to be established as a staffed entity.
- Create a cross-population/community alliance that has the minimum standards of mutually agreed upon goals/objectives, a multiple community-competent staff, list-serve management, training and technical assistance abilities, diversified funding sources, fundraising and sustainability, practice-based evidence interventions, community-competent media outreach, and strategic marketing capabilities.
- Create a virtual resource center to disseminate information to the users.

- Identify existing population-specific materials about tobacco control strategies.
- Create new or retrieve existing population-specific informational material about tobacco control strategies and tools.
- Create training and technical assistance modules about tobacco control strategies for each identified population.
- Provide population-specific training and technical assistance to address tobacco use prevention.

Strategy 2.4: Create community-specific agency networks to increase the number of statewide entities addressing tobacco use and adverse health outcomes in a community-competent manner.

Action Steps:

- For each community, create an interest group of local and regional governmental and non-governmental social service, health, educational, faith-based, SES, occupational, etc. agencies that serve at-risk, culturally diverse, underserved populations.
- Assess readiness levels of each community to address tobacco and adverse health outcomes.
- Based upon the readiness level assessment, develop a specific plan and monitor the movement of communities along the continuum of community-network development.
- Create community-specific networks that have the minimum standards of community-specific goals/objectives, a community-competent staff, list-serve management, training and technical assistance abilities, diversified funding sources, fundraising and sustainability, practice-based evidence interventions, community competent media outreach, and strategic marketing capabilities.
- Seek funding for the establishment of a staffed community-specific network entity for communities as they demonstrate readiness.
- Create community-specific plans to acquire replacement funding to decrease the tobacco industry influence in media, cultural arts and non-profit social service programs.

Strategy 2.5: Continue to develop collaborative educational opportunities among agencies serving at-risk, culturally diverse, underserved populations.

Action Steps:

- Determine common educational needs among CCTCA members.
- Continuously improve communication between member organizations.
- Offer educational and leadership development opportunities by providing educational seminars, offering continuing education credit hours to members that serve CCTCA-identified populations.

Goal 3: Assist workplaces who employ or serve at-risk, culturally diverse, underserved populations to comply with Ohio's Smoke Free Workplace Act (ORC Chapter 3794).

Strategy 3.1: Compile resources currently available to support tobacco free workplaces.

Action Steps:

- Review existing resources to assist workplaces in establishing new tobacco free policies and make resources competent for each community.

Strategy 3.2: Provide training and technical assistance to assist workplaces in establishing tobacco free policies to comply with the state's law.

Action Steps:

- Create regional strategies to reach employers based upon the data currently collected.
- Collaborate with any local or statewide initiatives to ensure compliance with the state law.
- Create community and occupation competent training, mentoring, technical assistance modules, and services to assist businesses for each identified population to comply with the state law.
- Conduct trainings to educate employers and employees on compliance.
- Make training information available through the website.

Strategy 3.3: Implement recognition program for worksites that comply with ordinances and complete training.

Action Steps:

- Schedule recognition ceremonies.
- Contact community specific media representatives to report the success.

Strategy 3.4: Provide support to ensure employer health insurance plans offer tobacco treatment for employees.

Action Steps:

- Assess worksites' employee health plans to determine tobacco treatment options.
- Assess employees' tobacco treatment needs, challenges, and knowledge level of insurance coverage.
- Where appropriate, offer guidance to select appropriate and affordable tobacco treatment coverage for employees.

Goal 4: Establish baseline data and increase by five-percent the number of tobacco-free auto, multi-unit dwellings, private homes, healthcare campuses, and school district campuses in geographical areas with high-density CCTCA populations.

Strategy 4.1: Assess the extent to which the identified environments are not tobacco free.

Action Steps:

- Use Geographical Information System (GIS), Ohio BRFSS, local, additional statewide, national, and convenience sample data sources to determine the extent of secondhand smoke exposure for each identified population.
- Use the data to drive decision-making to pursue environmental/policy change.

Strategy 4.2: With the community, seek policies (regulatory/legislative and voluntary) that provide tobacco free environments.

Action Steps:

- Create regional strategies to reach the community based upon the data currently collected.
- Educate the community and decision-makers about the findings and benefits of tobacco-free environments.
- Provide community competent training, mentoring, and technical assistance to engage communities in the environmental/policy change process for each identified population.
- Make training information available through the website.

Goal 5: Increase the number of funded practice-based evidence tobacco-use prevention programs that are culturally competent for at-risk population youth that also address age group and socioeconomic influences.

Strategy 5.1: Search for national promising practice models and best practices to be replicated and evaluated in Ohio.

Action Steps:

- Stay current by contacting other states and national organizations that have youth programs serving at-risk, culturally diverse, underserved populations.
- Create awareness of appropriate currently existing programs to the community.
- Develop collaborations with existing youth initiatives.
- In addition to school-based, pursue interventions in non-school based settings such as churches, youth clubs, and community-based organizations.
- Tailor culturally specific interventions into adopted mainstream programs.
- Evaluate the effectiveness of culturally specific interventions.

Goal 6: Increase the availability of funded adult practice-based evidence cessation programs, pharmaceutical support, interventions, and awareness campaigns/information among at-risk, culturally diverse, underserved populations to reduce smoking prevalence and the social acceptance of tobacco use.

Strategy 6.1: When appropriate, identify groups that currently do not access the Ohio Tobacco Quit Line to support tobacco treatment.

Action Steps:

- Review quit line call center data and compare this to community-specific smoking prevalence and/or tobacco-related adverse health outcome data.
- Use population breakdown by U.S. Census to determine who is using the quit line.
- Based upon prevalence and health outcome data, determine missing community-specific data collection within the call center and add assessment questions.
- Identify key organizations that serve specific communities to conduct direct assessments of their clients regarding knowledge, trust levels, appropriate campaigns, and barriers to quit line use.
- Review other statewide and local quit line programs within the nation to learn how they have successfully reached specific communities.
- Ensure proper language translation for quit line use.
- Make recommendations to the Ohio Department of Health's Tobacco Use Prevention and Cessation program regarding specific community quit line use.

Strategy 6.2: Search for national promising program models and best practices to be replicated and evaluated in Ohio.

Action Steps:

- Contact other states and national organizations that have adult tobacco treatment programs serving at-risk, culturally diverse, underserved populations.
- Create awareness of appropriate currently existing programs to the community.
- Develop collaborations with existing chronic disease programs (i.e. HIV-AIDS, diabetes, cancer, the built environment, etc.) and other initiatives to promote healthy lifestyles.
- Tailor culturally specific interventions into mainstream programs and evaluate outcomes.
- In program development, give particular attention to free or reduce cost interventions and pharmaceutical support.
- In program development, give particular attention to tobacco treatment maintenance.
- Seek funding through pharmaceutical companies that develop tobacco treatment products to support programs and interventions in the community.
- Use Social Marketing concepts to create culturally specific and language-appropriate media campaigns with the community.

- Evaluate the effectiveness of culturally specific programs and media campaigns.

Strategy 6.3: Increase the number of certified community-competent trained tobacco specialist to implement cessation programs in their own community.

Action Steps:

- Identify existing mainstream training programs.
- Work with mainstream program providers to locate community-competent leaders to be trained.
- Identify and develop a data base listing of the current community-competent certified tobacco specialist.
- Make the community aware of the listing through website and other appropriate means.

Strategy 6.4: Increase the medical and health care community's involvement in culturally specific cessation related support to expand the ability to reduce smoking prevalence or tobacco-related adverse health outcomes among at-risk, culturally diverse, underserved populations.

Action Steps:

- Assess, monitor and document the amount of medical research studies being conducted to address the adverse physiological affects of tobacco use on various communities (i.e. menthol tobacco and metabolism, HIV and smoking).
- Make knowledge of the research studies available to the medical community and various agencies serving affected populations.
- Establish national, state and local partnerships with research institutions, medical societies, professional medical and social organizations, hospitals and universities to promote the enhancement of funding for community-specific medical research related to the adverse physiological affects of tobacco use.
- Integrate tobacco treatment into the educational curriculum of health care, medical social work, and other cross-disciplinary graduate and professional training programs.
- Incorporate the 5A's, or other community-appropriate stages of change tobacco treatment support into clinical and private practices that disproportionately serve at-risk, culturally diverse, underserved populations.
- Educate policy-makers to ensure Medicaid covers all aspects of cessation support for recipients.
- Evaluate the effectiveness of tobacco treatment interventions implemented by the providers.