

# Rhode Island Tobacco Control Program Strategic Plan 2020

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**Health Resources in Action**  
*Advancing Public Health and Medical Research*

# Table of Contents

<b>Introduction .....</b>	<b>3</b>
<b>Vision .....</b>	<b>3</b>
<b>Mission.....</b>	<b>3</b>
<b>The Planning Process .....</b>	<b>3</b>
Data Gathering and Key Findings.....	3
Identifying Priority Areas for Planning.....	3
Strategic Planning Session .....	4
Final Plan Development.....	4
<b>The Strategic Plan.....</b>	<b>4</b>
Overview of Strategic Plan Goal and Objectives.....	5
<b>Priority 1: Sustainability .....</b>	<b>6</b>
<b>Priority 2: Communications and Awareness.....</b>	<b>8</b>
<b>Priority 3: Community Engagement and Capacity Building.....</b>	<b>10</b>
<b>Strategic Plan Action Planning for Implementation .....</b>	<b>11</b>
<b>Appendix A: Strategic Planning Session .....</b>	<b>12</b>
Agenda .....	12
Presentation .....	12
Planning Session Participants .....	13



## Introduction

In July 2019, The Rhode Island Tobacco Control Program (TCP) in Providence, Rhode Island, contracted with Health Resources in Action, Inc. (HRiA) to develop a five-year strategic plan. The strategic planning process included participation from a variety of stakeholders from TCP staff, other Rhode Island Department of Health programs, external partnership organizations, subject matter experts, and other stakeholders. This process, and the resulting plan, demonstrate the deep interest and commitment of stakeholders to work together to advance the mission of the RI TCP.

## Vision

The vision of TCP is that all Rhode Islanders, especially priority populations and communities, lead healthy lives free of tobacco and nicotine addiction, including exposure to secondhand smoke and aerosol from electronic nicotine delivery systems.

## Mission

The mission of TCP is to lead the State in promoting sustainable and diverse multi-sector partnerships grounded in policy and best/promising practices to protect lives from nicotine addiction, preventable disease, and premature death due to predatory practices and tobacco use.

## The Planning Process

### Data Gathering and Key Findings

Gathering data is an important foundation for guiding and constructing a strategic plan. Data gathering efforts for this plan included eight group interviews, three key informant interviews, and an environmental scan and document review of various tobacco control documents provided by TCP. HRiA synthesized and compiled the key themes and recommendations from these efforts. Please refer to the *Key Findings Report* dated October 24, 2019 for a detailed description of the data gathering methods, findings and recommendations.

### Identifying Priority Areas for Planning

On October 29, 2019, HRiA presented the TCP staff with the key themes from the data gathering efforts as well as recommended priorities for planning based on those themes. The TCP staff discussed and revised the recommendations and decided on the following Priority Areas for the TCP Strategic Plan:

1. Sustainability
2. Communications and Awareness
3. Community Engagement
4. Partnerships and Cross Collaboration



## Strategic Planning Session

Members of the TCP staff, partner organizations, and key stakeholders, met on November 14, 2019 for an all-day strategic planning session. HRiA's strategic planning approach, called Facilitating Alignment and Strategic Thinking (FAST™), served as the roadmap for the day's planning exercises. FAST™ is an efficient and effective rapid strategic planning process, which, unlike a traditional strategic planning process that can take many months and be costly, is a shorter, more cost-effective approach that produces high-quality results and delivers high value and satisfaction for stakeholders.

HRiA facilitators guided the four working groups, one for each priority area, through the FAST™ process to develop draft goals, objectives and suggested strategies for each of the identified priorities. A key element of the FAST™ process enabled participants to provide interactive input on goals and objectives across all priority areas throughout the day

## Final Plan Development

Based on the output from the planning session, HRiA developed a draft strategic plan for TCP which was circulated electronically to participants for their feedback on the suggested strategies. HRiA compiled the feedback, revised the plan for overall consistency, and made recommendations for final revisions to the TCP staff. As part of the final revisions, HRiA recommended that the fourth priority area, Partnerships and Collaboration, be eliminated from the plan as the objectives and strategies developed for that priority area were already reflected in the components of the first three priority areas of the plan. At this time, TCP staff also made the decision to rename the third priority area, Community Engagement, to Community Engagement and Capacity Building to more accurately reflect the content of the priority area.

The TCP staff completed a final review of the draft which HRiA finalized, resulting in the plan outlined in this document.

See [Appendix A](#) for the agenda, presentation, and list of participants involved in the Strategic Planning Session.

## The Strategic Plan

A strategic plan includes several key elements: a *vision* which articulates the preferred future we are trying to create as a result of our work; a *mission* statement that articulates a central purpose: where do we see tobacco control work in RI going, whom do we serve, for what purpose, and in what ways that are unique or distinct? From that, specific goals, objectives, and suggested strategies are developed to accomplish the mission and vision.

Priorities are key topical issues that provide a focus for planning. A goal is a broadly stated, non-measurable change in the priority area. It describes in broad terms a desired result for the topical area. Objectives articulate goal-related outcomes in specific and measurable terms. Objectives are narrow, precise, tangible, and concrete and should be SMART (specific, measurable, achievable, relevant, time-phased). A suggested strategy describes a potential approach to fulfilling the objective. It is less specific than action steps but tries broadly to answer the question, "How can we get from where we are now to where we want to be?"



## Overview of Strategic Plan Goal and Objectives

Priority Area	Goal Statements	Objectives
<b>Priority 1: Sustainability</b>	Goal 1: Rhode Island Tobacco Control Program (TCP) has consistent, adequate, and sustainable resources and works across public and private sectors to meet current and emerging needs equitably.	1.1 Each year, the state of RI will increase their contribution to RI TCP by 15% from the previous year's budget. 1.2 Secure two of new/diverse sources of funding and investments annually. 1.3 By 2025, RI TCP will prioritize local level data collection and standardize statewide surveillance. 1.4 By 2020, create a diverse group of state and community partners involved in planning and supporting the implementation of this plan. 1.5 RI TCP will ensure evaluation and surveillance activities are ongoing and inform sustainability efforts.
<b>Priority 2: Communications and Awareness</b>	Goal 2: The RI TCP's communication efforts support and promote tobacco addiction treatment and cessation, tobacco use initiation prevention, protections against secondhand smoke, and other efforts that serve and protect all Rhode Islanders from tobacco-related death, disease, and injury—especially vulnerable and high priority populations.	2.1 By 2021, establish sustainable funding and resources to conduct monthly (12x/year) high-impact and culturally competent communications and social marketing activities that support evidence-based, data-driven strategies. 2.2 By 2021, ensure 100% of TCP communication materials serve and reflect all Rhode Island communities, especially high priority and vulnerable populations, by incorporating cultural competency, health equity, and health literacy standards. 2.3 Increase media and campaign-driven referrals to State-funded tobacco cessation services by 5% each year for the next 5 years.
<b>Priority 3: Community Engagement and Capacity Building</b>	Goal 3: RITCP and partners meaningfully engage communities to understand and support the mission/vision of the RITCP.	3.1 By 2023, increase by 15% each year the intentional outreach and education to high priority and vulnerable populations to facilitate community mobilization and policy change. 3.2 By 2023, increase the number of community champions in all sectors, including youth and young adults who will support the passage/revision of policies related to health impacts of tobacco. 3.3 By 2023, decrease by 15% the youth use rate by implementing and enforcing policy change by working in community partnerships. 3.4 By 2021, establish recommendations for improving the quality and implementation of tobacco/nicotine prevention curriculum in RI schools. 3.5 Increase the number of trainings for TCP staff and community partners for communicating to diverse audiences, especially high priority and vulnerable populations, through traditional and emerging media platforms (e.g. social media, internet, print, TV, radio, out-of-home, special events, etc.). 3.6 RI TCP will continuously engage communities in the development, refinement, and dissemination of health and program outcomes, statistics, data, and



		other key information as they relate to the RI TCP evaluation and surveillance plan.
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## Priority 1: Sustainability

**Goal 1: RI TCP has consistent, adequate, and sustainable resources and works across public and private sectors to meet current and emerging needs equitably.**

### *Objective and Strategies*

**1.1: Each year, the state of RI will increase their contribution to RI TCP by 15% from the previous year's budget.**

Short-term intent is to identify key partners. Long-term intent is to maintain and increase partnerships.

- 1.1.1: Collaborate with Community Based Organizations (CBO's) to make funding of TCP a legislative priority.
- 1.1.2: Introduce legislation to establish restricted receipt account (action steps: identify sponsors, identify and engage partners (state and community)).
- 1.1.3: Increase Other Tobacco Products (OTP) Tax (legislation) - also known as tax parity.
- 1.1.4: Change the current statute to define Electronic Nicotine Devices/Vapes (ENDS) as tobacco products and introduce legislation for an ENDS product tax.
- 1.1.5: Introduce legislation to increase all tobacco and ENDS license fees.
- 1.1.6: Mobilize community stakeholders to speak on state budget issue(s) to lawmakers/decision-makers/champions.

**1.2: Secure two new/diverse sources of funding and investments annually.**

- 1.2.1: Establish a baseline of current funding/investments.
- 1.2.2: Conduct a "landscape analysis" of organizations that award grants and other forms of funding.
- 1.2.3: Use the results of the analysis to create a diversified portfolio of possible funding (e.g., list, prioritize organizations, write grants, etc.)
- 1.2.4: Conduct outreach to local public/private corporations/companies to assess interest in assisting with TCP efforts to secure funding.
- 1.2.5: Review current/future funding/investments based on being informed by data trends and programmatic needs.
- 1.2.6: Identify statewide efforts to continue and/or create new opportunities of collaboration to share costs.
- 1.2.7: Identify funding opportunities to improve, train professionals (i.e., Tobacco Treatment Specialists (TTS)) to impact health outcomes at the community level.
- 1.2.8: Develop partnership concepts/agreements so they are already in place when funding opportunities arise.
- 1.2.9: Approach celebrity politicians, actors, athletes, etc. for the establishment of an endowment (tobacco-free living endowment).



**1.3: By 2025, RI TCP will prioritize local level data collection and standardize statewide surveillance.**

- 1.3.1: Collaborate with BHDDH, RIDE and all other survey administration entities to understand each other's priorities and to standardize/coordinate their surveying efforts.
- 1.3.2: Develop/adopt standard tobacco/nicotine surveillance questions.
- 1.3.3: Increase communities' understanding of RI Local Education Agency (LEA's) survey constraints.
- 1.3.4: Identify opportunities for oversample funding with other partners.
- 1.3.5: Phase in local oversamples (e.g., 2021- core cities, 2023 - X# more) to YRBS and BRFSS.
- 1.3.6: Create a cross-sector tobacco/nicotine data work or advisory group (action step: look at State epi Outcomes Work group (SEOW)).
- 1.3.7: Train community partners on incorporating data into their strategic planning processes and encourage partners to educate community on findings.
- 1.3.8: Re-engage with local school boards, administrators, and superintendents about the importance of local and state health data.

**1.4: By 2020, create a diverse group of state and community partners involved in planning and supporting the implementation of this plan.**

Short-term intent is to increase the number of partners. Long-term intent is to increase the capacity of partners

- 1.4.1: Identify and continue to work with national agencies/associations to leverage resources and funds.
- 1.4.2: Encourage partner participation on the advisory boards and steering committees that exist or are formed to implement this plan.
- 1.4.3: Outline clear goals for the role of each state/community partner (schools = education, health care system = identify strategies for increased access, etc.).
- 1.4.4: Conduct community listening sessions to gather input on this plan.
- 1.4.5: Create a network to recruit people to be involved in implementing the plan (explore the possibility of providing incentives).

**1.5: RI TCP will ensure evaluation and surveillance activities are ongoing and inform sustainability efforts.**

- 1.5.1 By 2021, identify and engage stakeholders in the development of a RI TCP evaluation plan that includes: a definition of programmatic sustainability for RI TCP, and a framework with accompanying metrics necessary to assess sustainability efforts.
- 1.5.2 Beginning in 2022, annually engage identified stakeholders and target audience(s) in dissemination and review of evaluation and surveillance results/data to discuss progress made, barriers, and opportunities to improve sustainability of RI TCP.
- 1.5.3 Utilize evaluation and surveillance results/data to assess and revise what programmatic sustainability looks like, and revise or improve metrics and efforts to ensure sustainability.



## Priority 2: Communications and Awareness

**Goal 2: The RI TCP’s communication efforts support and promote tobacco addiction treatment and cessation, tobacco use initiation prevention, protections against secondhand smoke, and other efforts that serve and protect all Rhode Islanders from tobacco-related death, disease, and injury—especially vulnerable and high priority populations.**

### *Objective and Strategies*

**2.1: By 2021, establish funding and resources to conduct monthly (12x/year) high-impact and culturally competent communications and social marketing activities that support evidence-based, data-driven strategies.**

- 2.1.1: Research grants and other funding sources specific to communication strategies involving youth and adult high priority and vulnerable populations.
- 2.1.2: Develop a presentation/pitch showing the efficacy of social marketing efforts in reducing smoking rates of nicotine use and increasing quit attempts.
- 2.1.3: Leverage the RIDOH Academic Center to recruit interns for communications and social marketing activities to help amplify earned and paid media messaging, increase staff capacity, conduct targeted outreach to high priority populations, and to identify additional potential cost-saving services to execute campaign goals and objectives.
- 2.1.4: Integrate highly targeted and culturally competent messaging for all Rhode Island communities, especially priority populations, utilizing earned media and social media platforms.
- 2.1.5: Create and maintain an up-to-date distribution list and system to engage community partners and key stakeholders with shared materials on a monthly basis, track usage, and conduct quality improvement activities.

**2.2: By 2021, ensure 100% of TCP communication materials serve and reflect all Rhode Island communities, especially high priority and vulnerable populations, by incorporating cultural competency, health equity, and health literacy standards.**

- 2.2.1: Assess all current communications materials to ensure cultural competency/racial equity by 12 months.
- 2.2.2: Identify and include representation from target audiences to inform assessment/development of communications, especially prior to major public campaigns.
- 2.2.3: Identify social media platforms that reach at-risk youth on e-cigarette use.
- 2.2.4: Develop a list of target populations (may utilize information from 2.2.1).
- 2.2.5: Utilize Community Advisory Board (CAB) to identify specific communication strategies that will reach target populations.
- 2.2.6: Create messages that are specific and representative of/to target groups.
- 2.2.7: Conduct focus groups and pilot testing messages for specific populations.
- 2.2.8: Develop visual tools/messages as need and appropriate.
- 2.2.9: Develop messages in appropriate languages and literacy levels.
- 2.2.10: Use evidence-based materials/campaigns for target population/demographics.





**2.3: Increase media and campaign-driven referrals to tobacco cessation and nicotine addiction services by 5% each year within the next 5 years.**

2.3.1: Identify the top priority populations.

2.3.2: Work with partners to identify barriers to cessation with especially vulnerable populations.

2.3.3: Educate and inform providers to increase their referrals to tobacco cessation and nicotine addiction services.

2.3.4: Promote use of tobacco cessation materials to targeted provider offices (e.g., OBGYN, pediatrics, endocrinology (diabetes), cardiology, pulmonology, mental health/substance use).

2.3.5: Conduct tobacco use prevention and cessation campaigns for young adults, while including special campaign tracks for college campuses.

2.3.6: Develop multi-lingual materials and cessation groups.



## Priority 3: Community Engagement and Capacity Building

### Goal 3: RITCP and partners meaningfully engage all communities to understand and support the mission/vision of the RITCP.

#### *Objective and Strategies*

#### **3.1: By 2023, increase by 15% each year the intentional outreach and education to priority populations to facilitate community mobilization and policy change.**

- 3.1.1: Create messaging/presentations with ability to modify for specific groups/populations.
- 3.1.2: Conduct presentations to various groups/populations including youth serving organizations.
- 3.1.3: Train partners to present about mobilization and policy change.
- 3.1.4: Highlight and find learning opportunities for youth to be engaged in policy change.

#### **3.2: By 2023, increase the number of community champions in all sectors, including youth and young adults, who will support the passage/revision of policies related to health impacts of tobacco.**

- 3.2.1: Find/identify established community champions from diverse communities.
- 3.2.2: Find/identify new community champions from established groups/partners.
- 3.2.3: Find/identify new community champions from new groups.
- 3.2.4: Identify/develop curriculum for policy change.
- 3.2.5: Train community champions.
- 3.2.6: Implement trainings (measure: number of people reached).

#### **3.3: By 2023, decrease by 15% the youth use rate by implementing and enforcing policy change by working in community partnerships.**

- 3.3.1: Educate police, town councils, youth, schools, parents, school committee, etc. about the importance of consistent, equitable enforcement.
- 3.3.2: Find public and private funding sources at the city/town level to provide support for education and enforcement policies.
- 3.3.3: Work with community partners to identify current model policies.
- 3.3.4: Work with BHDDH and other partners to implement existing equitable enforcement policies.
- 3.3.5: Measure the increase in compliance to policies.

#### **3.4: By 2021, establish recommendations for improving the quality and implementation of tobacco/nicotine prevention curriculum in RI schools.**

- 3.4.1: Establish a better integration of nicotine addiction with all other forms of addiction education.
- 3.4.2: Collaborate with various partners to improve the quality and implementation of the prevention curriculum (e.g., RIDE/BHDDH, District level Health and Wellness Committees, educating/informing organizations such as TFRI, RIHSC).
- 3.4.3: Increase professional development opportunities for health and physical education teachers (ensure health educators are able to do PD as part of their school-day requirements and have RI DOH/BHDDH review and information RIDE/LEA health curriculum).
- 3.4.4: Recruit and train teenage students to assist health educators with teaching younger students about the dangers of tobacco/nicotine use.
- 3.4.5: Assess and establish a baseline for existing tobacco use prevention curricula and the extent for which they are taught.
- 3.4.6: Increase funding for student assistance to cover all middle schools and high schools, and train adult Student Assistance Counselors (SACs) to deliver a recommended curriculum, train, and be certified to serve as an onsite Tobacco Treatment Specialist (TTS).



**3.5: Increase the number of trainings for TCP staff and community partners for communicating to diverse audiences, especially high priority and vulnerable populations, through traditional and emerging media platforms (e.g. social media, internet, print, TV, radio, out-of-home, special events, etc.).**

3.5.1: Promote existing trainings, or identify a RIDOH staff person, community partner, group, or outside vendor who specializes in training staff and stakeholders on health equity media and communications techniques and strategies.

3.5.2: Conduct training for all TCP staff and partners engaged in community communications on racial equity.

3.5.3: Conduct specific topic trainings (e.g., utilizing various media platforms, communicating to diverse groups, engaging community through a racial justice lens, and others as needed).

3.5.4: Explore the utilization of e-learning platforms already in existence from national and local partners such as Taking Down Tobacco (CVS/Stanford) and e-cigarette modules available from the RI Prevention Resource Center.

**3.6: RI TCP will continually engage communities in the development, refinement, and dissemination of results as it relates to the RI TCP evaluation and surveillance plan.**

3.6.1: Ensure that the evaluation and surveillance plan and results/data are easily understood and accessible to the public.

3.6.2: Utilize evaluation results to identify gaps in community engagement and strategize how to authentically engage community partners in RI TCP work.

3.6.3: Consult with community partners on methods or continued engagement and strategies to address gaps.

## Strategic Plan Action Planning for Implementation

TCP will convene working groups to address the objectives in each priority. These groups will develop annual action plans -- defining activities to accomplish each strategy, assigning leads and implementers, and establishing a timeline for implementation.



## Appendix A: Strategic Planning Session

### Agenda

#### RI Department of Health Tobacco Control Program

#### FAST™ Strategic Planning Session

Roger Williams Casino Park  
Thursday, November 14, 2019  
8:30 a.m. - 3:30 p.m.

#### Objectives

- Review key findings from Data Collection and identified for Priority Areas.
- Develop strategic framework for the priority areas (goals, objectives, strategies, and resources/partners).

Time	min	Agenda Item	Speaker/Notes
11:30	30	Key Themes from Data Gathering and Draft Priorities for Planning	<i>Natalie Cashin and Donna Burke, HRiA</i>
		Planning Process Overview	<i>Donna Burke, HRiA</i>
12:00	30	Draft <b>Goals</b>	<i>Small Groups</i>
12:30	20	Review Goals and Provide Feedback (5 min per rotation)	<i>Facilitators Rotate (4 rounds)</i>
12:50	10	<i>Break</i>	
1:00	20	Refine Goals	<i>Small Groups</i>
1:20	45	Draft <b>Objectives</b>	<i>Small Groups</i>
2:05	35	Review Objectives and Provide Feedback (10 min per rotation)	<i>Groups Rotate with Facilitators</i>
2:40	25	Refine Objectives	<i>Small Groups</i>
3:05	45	Brainstorm <b>Strategies</b> for Objectives	<i>Small Groups</i>
3:50	10	Next Steps	
4:00		Adjourn	

#### Presentation

Double-click on the slide icon to launch the PowerPoint slideshow. Press ESC to exit the slide show.



## Planning Session Participants

TCP would like to thank all of the planning session participants (listed below) for their attention and involvement during the planning session and their ongoing commitment to TCP.

<b>Priority Area</b>	<b>Participants</b>
<b>Priority 1: Sustainability</b>	Donna Burke (Facilitator) Anita Jacobson, URI College of Pharmacy Jordyn Learman, RIDOH Susan St. Amand, RI-BHDDH Valerie Tierney, TTT-Lifecare of America Bette McHugh, BHDDH Sue Cabassa, RIH Dana Derisier, RIDOH Morgan Orr, RIDOH Ellen Cynar, City of Providence-Health Communities Victoria Carson, Block Island School Meaghan Joyce, RIDOH DHDS
<b>Priority 2: Communications and Awareness</b>	Carly Caminiti (Facilitator) Jeimy Gomez, POAH Communities Armine Donabedian, The Community Builders Ximena Rua, POAH Communities Rachel Morse, JSI, RI Prevention Resource Center Ailis Clyne, RIDOH Eric Creamer, Alzheimer's Association Astrid Meijer, West Warwick Prevention Coalition Angela Lemire, RIDOH TCP Kristen Buglione, Johnson and Wales Kristen Westmoreland, East Bay Regional Prevention Coalition
<b>Priority 3: Community Engagement and Capacity Building</b>	Laurie Jo Wallace (Facilitator) Jenna Mulone, EBCAP Rhonda Headrick, Crossroads RI Kathy Richer, RISAS Deb Golding, RIDOH Jaime Comella, RIDOH Colleen Polselli, RIDOH Marianna Manzi, RICSNT Lori Verderosa, Middletown Prevention Coalition Saulo Castillo, AS220 Youth Janay Pina, AS220 Youth Ramona Santos Torres, HCO City of Providence Geri Guardino, RIDOH Alex Gonzalez, HCO City of Providence Amanda Slocum, RISAS Benvinda Santos, RIDOH



**Priority Area**

**Priority 4:**

**Partnerships and Cross  
Collaboration (this priority  
area was absorbed into the  
others in the plan)**

**Participants**

Kathleen McCabe (Facilitator)

Carolyn James, CODAC

Mary Roth, TTS

Michelle Veras, LGBT Cancer Network

Dan Fitzgerald, Tobacco Free Rhode Island

Megan Tucker, American Heart Association

Sam Zwetchkenbaum, RIDOH

Irene Glasser, Brown University

