A Neo-Strategic Planning Approach to Enhance Local Tobacco Control Programs

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Background: Research in tobacco control demonstrating best practices is widely disseminated; however, application at the local level is often difficult. Translating research into practice requires a concerted effort to develop an understanding of the evidence and how it can be applied within diverse contexts.

Purpose: A strategic planning infrastructure was developed to support the translation of evidence-based interventions into community practice. This paper highlights the strategic process of turning "know-what" into "know-how" to facilitate the strategic planning and implementation of tobacco control best practices at the local level.

Design: The purpose, people, process, and product strategies of knowledge management and translation provided a framework for the strategic planning infrastructure. The knowledge translation concepts of audience, motivations, and mechanisms were synergized in the neo-strategic planning component design.

Setting/participants: The participants were 20 community coalitions funded to implement local tobacco control programs.

Intervention: From 2004 to 2011, the strategic planners facilitated a cyclical process to translate research into practice using a trio of integrated tools, skill-building workshops on strategic planning, and grantee-driven technical assistance and consultation.

Main outcome measures: In the short term, the usefulness of the strategic planning components to the programs was measured. The intermediate outcome was the successful movement of the community programs from the planning stage to the implementation stage. The achievement of community-level changes in planned tobacco control efforts was the overall outcome measure for the success of the local coalitions.

Results: Seventeen of 20 communities that began the planning process implemented strategic plans. All 17 of the programs implemented evidence-based practices, resulting in numerous tobacco-free policies, increased cessation, and increased support from the media and community.

Conclusions: Bridging the gap between research and practice can enhance the practicality, efficiency, and effectiveness of tobacco control programs at the local level, maximizing the potential positive health impact.
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Introduction

Even when research findings for evidence-based interventions are widely disseminated, they are underutilized, leading to diminished return on funding investments and unnecessarily prolonged time to reveal observable successes of community interventions. Increased application of research knowledge at the community level within a rural, independent community culture is crucial for tobacco control. In Oklahoma, communities and other political subdivisions are pre-empted from passing most types of tobacco control laws

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or regulations more restrictive than the state laws. Preemption adds a layer of complexity to bridging the gap between research and practice, as evidence-based interventions may not be permissible to application as designed. The state tobacco control program in Oklahoma considered community-level efforts essential to reducing the burden of chronic disease related to tobacco.

In 2002, the Oklahoma Tobacco Settlement Endowment Trust (TSET), Oklahoma State Department of Health (OSDH), and University of Oklahoma Health Sciences Center partnered to pool their experience, expertise, and resources for a community-level tobacco control initiative. This partnership adopted a social norm approach to tobacco control that would start with laying a foundation for community-level policy adoption supportive of tobacco control. The community programs received core training and technical assistance in tobacco control from assigned program consultants, content experts, and contract monitors, and had responsibility to improve upon a core set of well-defined outcomes and measures. The complications of limited evidence-based interventions and preemption prompted the development of a strategic planning approach to lay the foundation for community-level evidence-based practice, including the adoption of tobacco-free policy.

This paper illustrates how Oklahoma increased application of evidence-based and best practices in tobacco control within a predominately rural, independent community culture through nontraditional strategic planning. The time and effort spent on strategic planning was crucial to moving local tobacco control programs from planning point-in-time events, such as health fairs or "quit holidays," to best practices that engaged communities in policy and social environment changes at various levels of the community, such as municipality, school, worksite, and volunteer association.

Methods

The design of the strategic planning component used common steps to answer three questions: (1) Where are we now? (2) Where do we want to be? and (3) How do we get there? Cultivating community ownership of local strategic planning, supporting a common vision, and promoting cultural competency were a part of the strategic planning component.[1,2] Cultural competency was expanded to include the context of community history, group norms, and other dynamics related to resisting or facilitating factors informing the planning of solution strategies.[1,3,4] The partnership established a new job position at the OSDH that would facilitate the neo-strategic planning component with ongoing consultation.

The OSDH and TSET funded strategic planners ("planners") to work with the communities, translating the knowledge required to strategically plan for social norm changes by implementing

policies, advocating for social change, and modifying physical environments. The planners were to work with the communities as a group and individually using a trio of integrated tools, skill-building training, and community-driven consultation. Working with the partnership, the planners were to produce actionable knowledge that guided community programs to align with the vision of the overall tobacco control program.

TSET provided support for the neo-strategic planning component by funding communities for 1 year to focus on planning only. The purpose of the planning phase was to allow communities the time to build capacity and strategically plan before moving into action during the 4-year implementation phase. The planning phase incorporated training events, consultation and customization, teleconferences and webinars, and program guidelines to increase explicit knowledge of strategic planning and best practices in tobacco control specific to Oklahoma. The product of the planning phase was a strategic plan for each community that documented its readiness to engage in policy change and environmental interventions aided with implementation-phase process monitoring and outcome evaluation. The communities engaged in ongoing strategic planning; therefore, the development of implicit knowledge was a crucial part of the process.

The planners aligned the strategic planning component with the knowledge management and translation (KMT) strategies of purpose, people, process, and products.[3] Relationships and community values were identified as critical issues for the planners' work, given that ideas are typically evaluated from a subjective, not scientific, standpoint.[1,2] Various theoretic underpinnings from the diffusion of innovation, socioecologic, social marketing, community organization, social cognitive, anthropological, and KMT theories were matched to audiences, motivations, and mechanisms of knowledge translation.[3] Key messages for each audience were identified and presented in specific products for easy use and connection to the shared vision.[5] Specific audience motivations included needs for decision making, education to improve performance, and advocacy to influence the actions of others. Communication mechanisms translated explicit and implicit knowledge into usable forms of policy, evidence, and experience in various combinations to increase the worth of the information and optimize collaboration.[3] Also, the Spectrum of Prevention from the Prevention Institute was adopted as the model for program planning and implementation, bringing benchmarks together synergistically.

In sum, the planners incorporated both the "know-what" and the "know-how" to derive tobacco control and planning knowledge that was practical and actionable for the communities.[3,6,7]

As a part of public health programming, the intervention was not subject to IRB approval.

The participants were 20 tobacco control programs funded by TSET and the OSDH. The programs were located within Oklahoma in urban, suburban, and rural areas represented by single or multicounty coalitions and one tribal nation.

Intervention

From 2004 to 2011, the planners developed the processes and products to facilitate the translation of research into practice at the community level. The planners' work was cyclical in nature and spanned both the planning and

implementation phases of the initiative. Figure 1 visually represents the knowledge translation and management intervention for the local programs. Initially, greater emphasis was placed upon the knowledge translation concepts of audience, motivations, and mechanisms. Tacit knowledge production, use, and refinement were added as local and state experience increased.

The planners were a multidisciplinary team that integrated principles, theories, skills, and experience from epidemiology, anthropology, business marketing, social work, social sciences, and public health to increase the speed of dissemination and rate of uptake of research knowledge among community programs. To provide a foundation for the shared pattern of behavior and group interaction, key values and consultation principles were established to promote the planners' culture (Table 1).

The planners promoted terminology with unified meaning to encourage understanding among the multi-disciplinary audience. Adding to the cultural and language base was the establishment of shared concepts, connections, and strategies among the planners and, over time, other stakeholders. This provided a foundation to

the planners' illustration of a strategic planning process for policy and practice improvement with linkages between benchmarks, incremental objectives, and high-impact activities and interventions.

Strategic planning materials were assembled to facilitate the translation of relevant research knowledge into community interventions. These materials depicted the strategic planning process in the form of assessment and planning models, example work plans, systematic outcome monitoring sheets, examples of objectives for each benchmark, and a glossary of terms and strategies within a state context. The materials were organized to answer three easy questions: (1) Where are we now? (2) Where do we want to be? and (3) How do we get there? (Table 2).

The planning materials presented a variety of items that not only translated knowledge but also focused on the research knowledge in tobacco control relevant to the state context and local tobacco control efforts. For example, the reader-friendly "At-a-Glance: Community Best Practices in Tobacco Control Table" synthesized research evidence in tobacco control, including *The Guide to Community Preventive Services* and *Best Practices for*
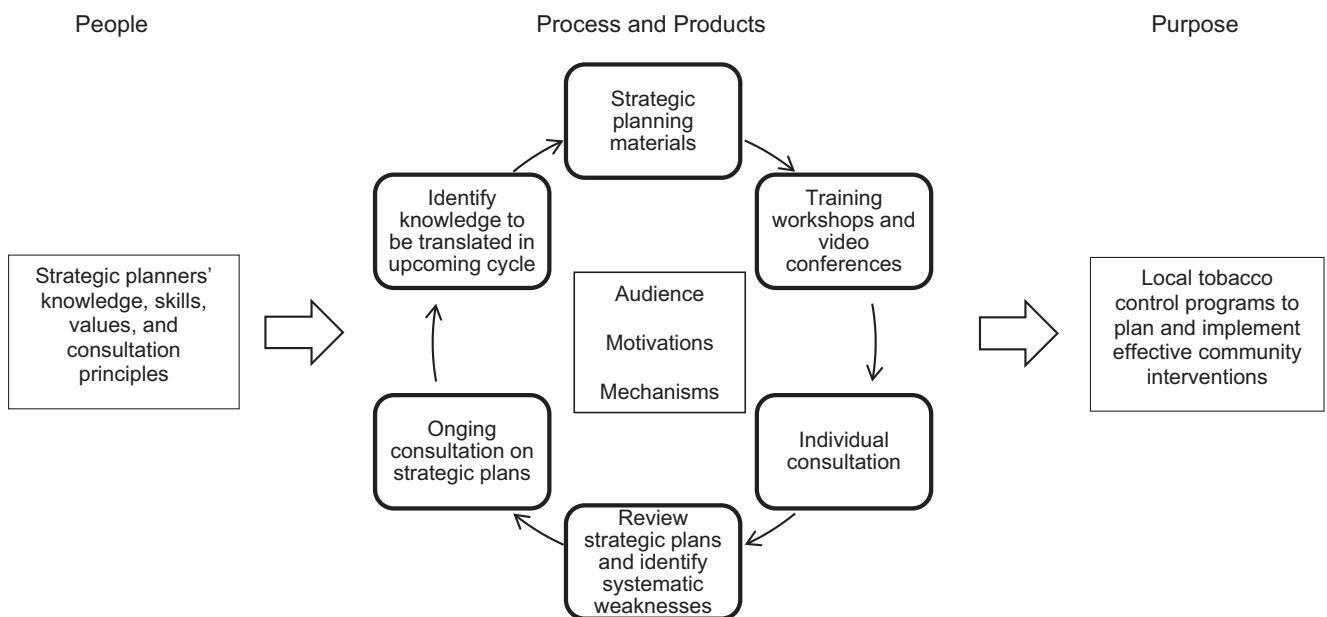
Year	Knowledge Translation Agenda Highlights
2005	Community assessment and strategic planning
2006	SWOT analysis, work plan samples
2007	Paradigm shift for population health, Spectrum of Prevention
2008	At-A-Glance Community Best Practices table
2009	Peer-generated work plan samples, three questions of strategic planning
2010	Planning for Success with focus on social norm change
2011	Assessment tools spanning the Spectrum of Prevention

Figure 1. Strategic planning component for local tobacco control programs in Oklahoma.
SWOT, strengths, weaknesses, opportunities and threats.

Table 1. Strategic planner key skills, values, and consultation principles

Skill set
Containment—demonstrating patience and actively listening to the needs of the community instead of immediately offering one specific idea or option
Supportive attitude—encouraging others to have faith in their own ability to be successful
Diagnostic—asking a series of questions, laying aside assumptions to fully understand the underlying issues and developing solutions to best suit each situation
Systems thinking—seeing the big picture, interconnectivity, relationships, and boundaries
Persuasion—articulating the importance of ideas and strategies so others share the motivation to implement them
Problem solving—recognizing indications of problems, gathering information, analyzing situations, reaching conclusions, and working with others
Marketing and product development—understanding audience and tailoring approaches and messages to motivate and enhance knowledge and skills of others to plan and implement evidence-based strategies and best practices
Values
Action-oriented—prioritize issues to focus energy and attention to ensure progress
Human relationships—relationships are an important vehicle for change
Stewardship—manage time, funds, and priorities with a sense of personal responsibility
Strength-based—all communities have strengths and competencies
Peer-to-peer—connect programs to learn from each other
Consultation principles
Consultation is based on the application of evidence-based strategies, best practices, and theories
Focus on the future
Outcomes can be achieved many different ways, each with risks and benefits
Present a multiplicity of options for community consideration
Communities are at different places and have different needs
Community programs are the experts on their community
Exercise community's critical thinking skills within a community resources and opportunities context
Interactions are culturally competent
Bring added value to the interaction

Comprehensive Tobacco Control Programs, and showed the alignment with program benchmarks in context with state preemption.[8,9] The planning materials incorporated advice and work plan examples from experienced community program coordinators who were successful in the quality of relationships within their communities, demonstrated ability to think strategically about making change happen in their community, or identified how to move a low-impact activity into a series of activities to achieve maximized results. The strategic planning materials were incorporated into each part of the process.

The planners' work was accomplished through processes that focused on the various audiences and their motivations, each part serving a unique purpose and leading to the next part or phase. Examining the system process and its needs and requirements resulted in changes that minimized duplication in reporting, reduced time and effort needed for paperwork, and increased system efficiency for program implementation, oversight, and evaluation.

Hands-on use of the planning materials was incorporated into skill-building workshops. The training helped community programs to understand funders' requirements, learn the skills necessary for all phases of planning (assessment, action planning, resource allocation, and monitoring), and apply the knowledge and skills to their own plan (Table 3). The hands-on skill-building activities enhanced the community program's ability to participate successfully in strategic planning through new skills, techniques, and methods. Each year, the training focused

Table 2. Processes of strategic planning

Where are we now?	Process of identifying the current situation in the community, agency, coalition, and outcome achievement and its history (how it came about) supported by the assessment sections of the planning materials
Where do we want to be?	Process of clarifying what the community program is supposed to do, what do other stakeholders expect of the community program, and what has been effective supported by the Communities of Excellence Plus in Tobacco Control and the Impact of Systems Change on the Community sections
How do we get there?	Process of closing the gap between where you want to be and where you are that involves planning and implementing a series of activities that could create synergistic effects in making a change in local communities supported by the Spectrum of Prevention, Planning for Success, and other content of the strategic planning materials

on meaning and measures, how other communities have been successful, and skill-building or knowledge needs. Peer-driven learning was emphasized through peer panels at grantee meetings and poster presentations at national conferences that shared the experiences of several communities.

Planners smoothed the progress of the strategic planning process and development of the strategic plan through individual consultation with community programs. During the process, the planners linked the community programs with other communities who were developing or had previous success with similar efforts. The process facilitated community-created solutions with local program commitment to ideas that were based upon research knowledge. Practical advice and proper procedure instruction for strategic plan writing and operational processes were provided, as was ongoing technical assistance to ensure the components of the plan met specific quality checks (Table 4).

Essential to the process was that more than one person at the local level held the knowledge and skills related to strategic planning. Program coordinators, lead agency staff, and coalition members were involved in the training and plan development. Training events were

recorded for staff training. The user-friendly products were widely distributed and continually referenced to encourage institutional knowledge.

The community programs evolved individually and diversified as they implemented their strategic plans and engaged in policy and practice change. Planners provided new tools and training mechanisms, more intensive technical assistance, and added staff to continue the momentum. The number of planners ranged from one to three during the program period.

Review of the strategic plans was a process of the state partnership, with planners assisting community programs and ensuring shared and understood expectations between the state partnership and local communities. The planners used the review to identify common needs and differentiate weaknesses in a single program from a systemic weakness of the state program. Results were used to develop the next year's knowledge or skill-building priorities and consensus among the planners.

Main Outcome Measures

In the short term, the usefulness of the strategic planning components was measured in 2008 by an independent

Table 3. Strategic planning training schedule

Training event	Length	Primary audiences
Annual strategic planning workshop	1 or 2 days	Program coordinators, lead agency staff, and coalition members
Baseline assessment refreshers	Two 1-hour videoconference	Program coordinators and coalition members
Annual outcome monitoring assessment refreshers	Two 2-hour videoconference or onsite, 1-day session	Program coordinators and coalition members
Additional, multi-day training events that included strategic planning-focused sessions		
New staff orientation		
Annual grantee meeting		
CX Academy of Excellence		
Annual skill-building sessions		

CX, Communities of Excellence in Tobacco Control.

Table 4. Contribution to strategic plan development and implementation

Identify the steps needed to achieve the indicator outcomes over time
Develop options that fit with the community and will achieve the objectives
Structure specific, measurable annual objectives that evidence progress
Ensure that the objectives will move the indicator outcomes
Show the connections between local program and initiative goals with local needs and resources
Explore local, state, and national opportunities and their risks and needs
Identify leverages between indicators and across the entire strategic plan
Ensure that the strategic plan connects to the entire community
Facilitate communication of the local strategic plan to state initiative partners
Identify appropriate numerator and denominator definitions and standardized data sources for indicator outcomes

evaluator who conducted a qualitative evaluation among the tobacco control program coordinators using a telephone interview. The evaluation results were used to guide continuation of successful aspects of the program and improve support to enhance tobacco control work across the state. Internal evaluation of a strategic planning workshop provided additional evidence of the usefulness of the components. The intermediate outcome was successful movement of the communities from the planning stage to a meaningful 4-year implementation stage and the continuation of the communities into a second round of 5-year funding. The overall outcome measure was the enhanced ability of community programs to plan and implement evidence-based tobacco control interventions. All of the outcomes were monitored and verified by an external evaluation team.

Results

Community programs reported that the materials were beneficial in strategically planning for local tobacco policy and environmental change through a community engagement process. Only the results concerning the strategic planning components are presented. The participation rate among local programs was 94% (16/17). On a scale from 1 to 5 (with 5 being *very helpful*), the strategic planning materials were rated as very helpful, with a median of 5, range of 4–5, and an average rating of 4.6. The comments noting the materials' strengths were, "really breaks everything down…" and "everything is spelled out." A few coordinators indicated areas of potential improvement, noting, "maybe a few more examples" and "can be overwhelming." Strategic planning training emerged as a theme when respondents were asked what specific training provided by the OSDH they found to be essential for achieving program outcomes. In-person events were preferred for large group training, to best facilitate questions and answers

and to promote retention of concepts and sharing of peer experiences. When asked about changes needed for the individual consultations, half of the coordinators expressed support for the approach, stating, "No recommendations. I really like it. It is short and to the point. I like that we plan in advance so both sides have questions ready," and "The strategic planner does a great job of helping us look at things a different way. No recommendations."

The usefulness of the tools and training events associated with the planning materials were examined using workshop evaluation surveys. At the end of the 2010 strategic planning workshop, the attendees were asked on a scale from 1 to 5 (with 5 being *strongly agree*) their agreement that the planning materials were helpful. The 42 participants gave the median rate of 5.

The outcome of moving the communities successfully from planning to implementation was achieved. Three communities withdrew from the planning phase for reasons other than strategic planning. Of the remaining 17 communities that submitted strategic plans, all were approved for implementation-phase funding. By the end of the first implementation year, 70% (12/17) of the communities had achieved at least one school district policy; however, less than half had achieved a community policy. Over the years, each of the 17 communities achieved increases in all of the core outcome measures and some achieved additional policy changes. All 17 community programs applied successfully for a second round of funding for an additional 5 years of implementation. By the sixth year of strategic plan implementation with other supportive programmatic consultation, the communities achieved cumulatively the following selected outcomes:

- clean indoor air ordinances (mirroring state law) in 41% (64/157) of their incorporated areas;
- tobacco-free school policies in 52% (176/339) of their public school districts;

- youth access ordinances (mirroring state law) in 37% (58/157) of their incorporated areas;
- outdoor recreational facilities policies in 20 incorporated areas that covered 252 facilities;
- tobacco-free policies in 89 workplaces;
- a 1.4-fold increase in tobacco quitline registrants per month;
- a 32% increase in coalition member participation in activism activities;
- a 4.5-fold increase in earned media pieces that exposed tobacco industry practices.

Detailed main outcomes and impact are reported elsewhere in this supplement issue.[10]

Discussion

Oklahoma's neo-strategic planning component, incorporating purpose, people, process, and products, created value at a practical level and promoted initiative success. The planning phase was an essential component that prompted the community's field of vision to move from activities focused on individual change to a broader view where the environment and social normative behaviors change to discourage tobacco use. This adoption of a shared vision was made easier in part by the use of common terminology among the community programs and the partnership. As a part of the planning phase, strategic plan development was facilitated by familiar approaches to transfer knowledge and skills, namely, individualized assistance, group training, and information dissemination through materials. The resulting strategic plan provided an organized, uniform format for the documentation of strategic thinking through the identification of objectives and strategies that matched community opportunities and capabilities, like standard strategic plans.[11]

A multidisciplinary group of strategic planners assisted community programs throughout the planning and implementation phases. These planners adopted novel approaches that valued capacity building, active learning, diverse contexts, and community plan ownership and expertise.[12] Given that no one theory will fit all contexts, several theoretic frameworks were applied in the development and design of the strategic planning component.[13-15] The selective inclusion of tobacco control best practices within the disseminated materials and training limited the amount of research knowledge needed for practice application. Incorporation of community-developed work plans, linkage to peers experienced in implementation, and formulation of multiple "how-to" scenarios based upon the program's understanding of community dynamics allowed for application and adaptation of research knowledge that fit community values, preferences, and structures.[16-20]

This process for translating knowledge into strategic action involved interaction and considerable time to foster relationships with trust, understanding, and collaboration.[3,21-23] Strategic planners provided meaningful resources to the community programs that improved program efficiency and increased outcome achievement by linking research knowledge with the practice knowledge and expertise that resided within communities.

Time needed for relationship building was a barrier to the implementation of strategic planning with knowledge translation. Limited resources and trained personnel are challenged when staff-intensive methods such as individualized consultation are implemented within larger numbers of community programs.[24] Local staff turnover, too, is a concern with intensive consultative methods. Addressing high smoking prevalence in low-income urban and rural communities also presents a challenge.[25,26] Bringing together all stakeholders to gain sufficient information, understanding, and technology may overcome the challenges.[25] Measuring the improvement or effectiveness of strategic planning can be difficult.[17] Moreover, context has the ability to shape or sink innovation.[27]

In Oklahoma, the neo-strategic planning approach employing integrated tools, skill-building workshops, grantee-driven technical assistance, and specialized consultation strengthened the communities' capacity to plan strategically for high-impact activities within the context of both the state's tobacco-related laws and the community. The strategic planners adopted uncommon approaches to bridge the gap between research and practice, and through time and context enhanced the practicality, efficiency, and effectiveness of local tobacco control programs. Oklahoma's positive experience with the neo-strategic planning component has led to the inclusion of a planning year and strategic planning process in subsequent local tobacco control programs and in a new nutrition and fitness community initiative.

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