

## Highlights from Center for Tobacco Prevention and Control Strategic Planning Retreat held October 11, 2018

The Center for Tobacco Prevention and Control (CTPC) at the Maryland Department of Health (MDH or the Department) held a strategic planning retreat on October 11, 2018 at the Wildelake Interfaith Center in Columbia, Maryland. In total, 65 individuals attended from the LHDs as well as staff from the statewide resource centers (including MDQuit and the Legal Resource Center) and CTPC. The retreat was facilitated by researchers from the Schaefer Center for Public Policy at the University of Baltimore, College of Public Affairs. This document summarizes the suggestions from the sessions.

### DISCUSSION OF STATEWIDE GOALS AND OBJECTIVES

The morning of the retreat included a facilitated group discussion about statewide goals and how to improve outcomes in the Tobacco Control Program. Discussion questions included, ‘If we tackle the statewide goals as a state, instead of 24 separate jurisdictions, how would the implementation of the Tobacco Control Program change? What would we do differently? What would we stop doing? What would we add? What are new approaches we can take to improve outcomes (statewide and as local health departments?).’ Table 1 summarizes the suggestions from the morning session.

**Table 1: Summary of Recommended Changes for CTPC from LHDs**

Administrative Domain	Examples Provided by LHDs
<b>Grant Processes</b>	<ul style="list-style-type: none"> <li>• Extend grant application deadlines from 30 to 45 days</li> <li>• Hold meetings/webinars before application due date to discuss changes/process</li> <li>• Hold meetings/webinars before mid-year and final reports are due to explain requirements/changes</li> <li>• Electronic grant submission/reporting</li> <li>• Standardize grant reporting by providing templates (potentially reduce amount of narrative)</li> </ul>
<b>Communication</b>	<ul style="list-style-type: none"> <li>• Increase the frequency of in-person meetings</li> <li>• Increase the frequency of online meetings/webinars</li> <li>• Consider using ZOOM for meetings</li> <li>• Provide updates on policy and programs directly to Health Officers</li> <li>• Dedicated time to discuss strategies (what works/does not work) during meetings and webinars</li> <li>• Create unified messaging with opportunity for local customization</li> <li>• Create unified messaging about tobacco across non-MDH state agencies</li> </ul>

<b>Administrative Domain</b>	<b>Examples Provided by LHDs</b>
<b>Strategy</b>	<ul style="list-style-type: none"> <li>• Enhance linkage of CTPC strategy to data<sup>1</sup></li> <li>• Increase resource planning<sup>1</sup></li> <li>• Prioritize programming as a group</li> <li>• Centralize the cessation services offered around the state to increase usage of the Quitline</li> </ul>
<b>Personnel/ Staffing</b>	<ul style="list-style-type: none"> <li>• Increase availability of training for current staff</li> <li>• Provide certified tobacco specialist training</li> <li>• Create on-boarding training/orientation for all new tobacco control staff</li> <li>• Create a mentoring program</li> </ul>
<b>Performance Measurement and Reporting<sup>2</sup></b>	<ul style="list-style-type: none"> <li>• Clarify data definitions</li> <li>• Increase standardization of performance measures</li> <li>• Improve data tracking to avoid duplication or undercounting</li> <li>• Shift focus from output to outcome measures</li> <li>• Create statewide database</li> </ul>
<b>Knowledge Management<sup>2</sup></b>	<ul style="list-style-type: none"> <li>• Increase the availability of training or credentialing for coordinators</li> <li>• Compile and share documents</li> </ul>
<b>Resource Sharing<sup>2</sup></b>	<ul style="list-style-type: none"> <li>• Share resources</li> <li>• Standardize toolkits</li> <li>• Provide public marketing to all LHD</li> </ul>

## **BREAKOUT SESSION: MEASURING AND REPORTING PERFORMANCE**

The following suggestions from the LHDs emerged from the breakout session Measuring and Reporting Performance.

- Standardize performance measures with definitions and procedures for counting
- Standardize tools for data collection and reporting
- Continue to work with LHDs to promote local flexibility
- Continue to allow LHDs to set performance targets
- Provide guidance on what will happen if performances are lower due to standardizations
- Improve clarification about double or inconsistent counting for measures

<sup>1</sup> Further discussion is needed to clarify exactly what is intended for these suggestions.

<sup>2</sup> These domains were explored in more detail during the afternoon breakout sessions.

## **BREAKOUT SESSION: INSTITUTIONALIZING AND MANAGING KNOWLEDGE**

The following suggestions from the LHDs emerged from the breakout session Institutionalizing and Managing Knowledge. The suggestions are ordered based upon what was voted as top priorities.

- Establish a resource hub
- Provide guidelines and templates
- Communicate statewide priority projects
- Provide ongoing training for new programs and/or tools
- Clarify lines of communication
- Involve LHDs for guidance and input
- Explain the process of how to get on the listserv

## **BREAKOUT SESSION: MAXIMIZING PROGRAM EFFECTIVENESS**

The following suggestions from the LHDs emerged from the breakout session Maximizing Program Effectiveness.

- Create a “who’s who” in the LHDs so that new staff can reach out to others when onboarding and would be a welcome resource for current staff as well.
- Plan biannual face-to-face meetings with all LHD tobacco staff. The group was receptive to having one of these meetings via ZOOM.
- State should establish and coordinate task forces comprised of LHD tobacco staff to facilitate communication.
- Create a “grab and go” repository of customizable templates for generic messaging.
- MDH should leverage its position to engage other state agencies to collaborate. For example, everyone in the group agreed that it is very difficult to engage public schools in initiatives to decrease initiation of tobacco use among youth. However, the general consensus was that if the MDH leadership reaches out to the MSDE leadership a pathway could develop for greater access to the school system. One member of the group stated, “if the leaders of MSDE make tobacco initiatives a priority, this will open the door to allow LHDs to work with the schools in their jurisdictions.” The same could be done for community partners.

## ONLINE SURVEY EVALUATION

To synthesize and rank the suggestions provided by LHDs at the Strategic Planning retreat hosted on October 11, 2018, the University of Baltimore, Schaefer Center sent out a follow-up online survey evaluation. The evaluation first asked respondents to rate the facility and retreat as a whole, it then asked LHDs to prioritize the suggestions provided on October 11<sup>th</sup>. The suggestions are broken out by jurisdiction size (small, medium, and large) to display the varying needs of partners. See below for priorities ranked by jurisdiction size.

### Top Grant Process Priorities



Please rate the extent to which each of the ideas generated in the morning is a priority for you.

The top Grant Process priorities were:

- Over three-quarters of all respondents (76.9%) rated “Standardize grant reporting/ provide template” as a high priority. This was rated a high priority more for large and medium sized jurisdictions (84.2%) compared to small jurisdictions (57.1%)
- Holding meetings/webinars to discuss changes/process (89.5% vs. 28.6%) or report requirements (73.7% vs. 28.6%) before due dates was a high priority for large and medium sized but less so for small sized ones.

## Top Personnel/ Staffing Priorities



Please rate the extent to which each suggestion is a priority for you . . .

The top Personnel/Staffing priorities were:

- Both Large/Medium (63.2%) and Small (57.1%) sized jurisdictions named “Creation of on-boarding training for all new tobacco control staff statewide” as their top priority.
- Small sized jurisdictions (57.1%) also listed “Provide certified tobacco specialist training” as a top priority.
- Increasing the availability of training for current staff was either a high (50%) or somewhat (50%) of a priority for all of the respondents.

## Top Communication Priorities



Please rate the extent to which each suggestion is a priority for you . . .

The top Communication/Resource Sharing priorities were:

- Creating unified statewide messaging with opportunity for local customization with 84.2% of Large/Medium jurisdictions and 85.7% of Small jurisdictions listing it as a high priority.
- Developing a system for sharing resources between local programs with 73.7% of Large/Medium jurisdictions and 85.7% of Small jurisdictions listing it as a high priority
- Dedicating time to discuss strategies (what works/doesn't work) during meetings and webinars was a high priority for 68.4% of Large/Medium jurisdictions compared to 14.3% of Small sized jurisdictions.

## RECOMMENDATIONS FOR NEXT STEPS

The following recommendations made by the Schaefer Center for Public Policy to the Center for Tobacco Prevention and Control are based on the suggestions provided by LHDs at the Strategic Planning retreat hosted on October 11, 2018 and the online survey rankings provided by LHDs.

**Table 2: Recommendations for Next Steps**

<b>Administrative Domain</b>	<b>Recommendation</b>
<b>Meetings</b>	<ul style="list-style-type: none"><li>• Host in-person meetings twice a year and online meetings quarterly.</li><li>• Dedicate a portion of the meetings and existing resource center conferences to discussing LHD strategies, what is working, not working, what new thing should be tried, orientation for new LHD staff.</li></ul>
<b>Performance Data</b>	<ul style="list-style-type: none"><li>• Establish group (LHD and CTPC) to work on developing standards and guidelines for data collection and reporting for Tobacco Control Program</li></ul>
<b>Communication and Knowledge Management</b>	<ul style="list-style-type: none"><li>• Establish a work group (LHD and CTPC) for communication and knowledge management to identify what materials should be archived for LHD staff and determine best ways to communicate this information.</li><li>• Develop on-boarding materials for new LHD Tobacco Control staff (including tobacco 101, CRF-requirements, Maryland Tobacco Quitline, etc).</li><li>• Increase availability of training for current staff.</li><li>• Develop system for resource sharing among LHDs.</li></ul>
<b>Grant process</b>	<ul style="list-style-type: none"><li>• Standardize grant reporting and provide a reporting template. Hold meetings (in-person or webinar) before applications are due and before mid-year and final reports are due to discuss changes and requirements.</li></ul>
<b>Strategy</b>	<ul style="list-style-type: none"><li>• Dedicate time during meetings to discuss what is working or not working with regard to tobacco control strategies.</li></ul>