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The **Wyoming** Profile:

Focusing on local efforts

Use of Evidence-based Guidelines in
State Tobacco Control Programs

Prepared by
The Center for Tobacco Policy Research at
Washington University in St. Louis

Acknowledgements

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Executive Summary

Introduction

There has been a significant amount of research done on what works to curb tobacco use. Many agree that the evidence-base for tobacco control is one of the most developed in the field of public health. However, the advancement in the knowledge base is only effective if that information reaches those who work to reduce tobacco consumption. Evidence-based guidelines, such as the Centers for Disease Control and Prevention's *Best Practices Guidelines for Comprehensive Tobacco Control Programs (Best Practices)*, are a key source of this information. However, how these guidelines are utilized can significantly vary across states.

This profile presents findings from an evaluation conducted by the Center for Tobacco Policy Research at Washington University in St. Louis that aims to understand how evidence-based guidelines were disseminated, adopted, and used within state tobacco control programs. Wyoming served as the seventh case study in this evaluation. The project goals were two-fold:

- Understand how Wyoming used evidence-based guidelines to inform their programs, policies, and practices;
- Produce and disseminate findings and lessons from Wyoming and other states so that readers can apply the information to their work in tobacco control.

Findings from Wyoming

The following are highlights from Wyoming's profile. Please refer to the complete report for more detail on the topics presented below.

- Wyoming's tobacco control efforts were primarily focused on developing comprehensive programs at the local level. Therefore, the program managers of the Tobacco Free Wyoming Communities (TFWC) initiative were seen as an important part of Wyoming's tobacco control network.
- Overall, awareness of evidence-based guidelines among Wyoming partners was low, with the exception of *Best Practices*, the *Best Practices User Guide Series*, and SAMHSA's *Strategic Prevention Framework*.
- Despite a low level of awareness of evidence-based guidelines, Wyoming partners still considered recommendations from evidence-based guidelines to be an important part of their decision-making process. Evidence-based guidelines were seen as describing strategies that were proven, effective, and a good investment of resources.
- Wyoming partners noted several challenges to using evidence-based guidelines, such as:
 - Partners found it difficult to implement evidence-based practices in the small, rural communities of Wyoming.
 - Partners did not find evidence-based guidelines useful when working with populations with tobacco-related disparities.
 - Partners faced resistance from the community when trying to implement some evidence-based practices, especially smokefree ordinances.
- Wyoming partners expressed a need for further resources, including:
 - Trainings or guidelines for working with populations with tobacco-related disparities; and,
 - Information and further guidance on passing smokefree ordinances, particularly in rural areas.

Introduction

Project overview

States often struggle with limited financial and staffing resources to combat the burden of disease from tobacco use. Therefore, it is imperative that efforts that produce the greatest return on investment are implemented. There has been little research on how evidence-based interventions are disseminated and utilized by state tobacco control programs. To begin to answer this question, the Center for Tobacco Policy Research at Washington University in St. Louis conducted a multi-year evaluation in partnership with the CDC Office on Smoking and Health (CDC OSH). The aim of this project was to examine how states were using the CDC's *Best Practices for Comprehensive Tobacco Control Programs (Best Practices)* and other evidence-based guidelines for their tobacco control efforts and to identify opportunities that encouraged guideline use.

Qualitative and quantitative data from key partners in eight states were collected during the project period. States were selected based on several criteria, including funding level, lead agency structure, geographic location, and reported use of evidence-based guidelines. Information about each state's tobacco control program was obtained in several ways, including: 1) a survey completed by the state program's lead agency; and 2) key informant interviews with approximately 20 tobacco control partners in each state.

State profiles

This profile is part of a series of profiles that will be distributed to stakeholders to provide readers with a picture of how states accessed and utilized evidence-based guidelines. This profile presents data collected in August 2010 from Wyoming partners. The profile is organized into the following sections:

- **Program Overview** – provides background information on Wyoming's tobacco control program.
- **Evidence-based Guidelines** – presents the guidelines we asked about and a framework for assessing guideline use.
- **Dissemination** – discusses how Wyoming partners learned of new guidelines and their awareness of specific tobacco control guidelines.
- **Adoption Factors** – presents factors that influenced Wyoming partners' decisions about their tobacco control efforts, including use of guidelines.
- **Implementation** – provides information on the critical guidelines for Wyoming partners and the resources they utilized for addressing tobacco-related disparities and in communication with policymakers.
- **Conclusions** – summarizes the key factors that influenced use of guidelines based on themes presented in the profile and current research.

Quotes from participants (offset in green) were chosen to be representative examples of broader findings and provide the reader with additional detail. To protect participants' confidentiality, all identifying phrases or remarks have been removed.

Program Overview

Wyoming's tobacco control program

Wyoming's tobacco control efforts were led by the Tobacco Prevention and Control Program, housed in the Mental Health and Substance Abuse Services Division at the Department of Health (DOH). In 2000, Wyoming's legislature allocated all Master Settlement Agreement (MSA) funds into a Settlement Trust Fund to support tobacco prevention and control efforts. However, in 2002 the Wyoming legislature enacted the Substance Abuse Control Plan which redistributed these funds amongst three agencies: the Department of Health, the Department of Family Services, and the Department of Corrections. According to legislative stipulations, the three agencies worked together to develop comprehensive strategies focused on prevention, early intervention, and treatment of tobacco, alcohol, and drug abuse. Wyoming's funding placed the state sixth in the nation in FY2010 for tobacco control spending as a percentage of the CDC's recommended funding level. At the time of this evaluation, the program was funded at \$5.8 million; meeting 64% of the CDC recommended funding level for a comprehensive tobacco control program in Wyoming.

Cessation efforts were the main focus of DOH's tobacco program staff. DOH also funded the Tobacco Free Wyoming Communities (TFWC) initiative, which provided funding to each county to implement comprehensive local tobacco control programs. As part of the TFWC initiative, several local communities, including the state capital, had been able to pass smokefree ordinances in recent years.

Although Wyoming had made great strides, it also faced challenges due to its unique political and cultural environment. Wyoming's tobacco tax, ranked fortieth in the nation, had not increased since 2003, which some partners attributed to Wyoming's tradition of anti-tax sentiment. Wyoming also had the highest rate of smokeless tobacco use in the nation. Furthermore, although advocates proposed a statewide smokefree bill to the floor in 2009, it met great resistance and was ultimately defeated. Wyoming's libertarian culture was thus frequently perceived as hindering progress in tobacco control.

Wyoming's tobacco control partners

Wyoming's tobacco control efforts involved a variety of partners. Partners included health voluntaries, marketing agencies, coalition members, and other departments in the state government. Twenty-three individuals from twenty organizations were identified as a sample of key members of Wyoming's tobacco control program. On average, partners had been involved in Wyoming's tobacco control efforts for five years, although experience ranged from three months to twenty years. Table 1 lists the partners who participated in the interviews.

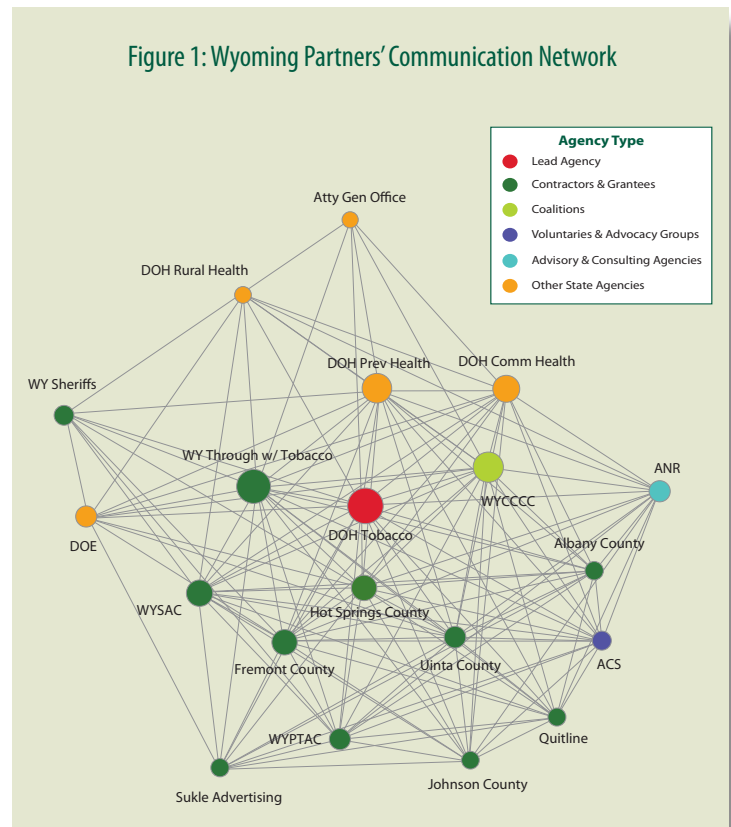
Table 1: Wyoming's Tobacco Control Partners

| Agency | Abbreviation | Agency Type |
|---|-----------------------|-------------------------------|
| Wyoming Department of Health - Tobacco Prevention & Control Program | DOH Tobacco | Lead Agency |
| Wyoming Survey & Analysis Center | WYSAC | Contractors & Grantees |
| Wyoming Prevention Technical Assistance Consortium | WYPTAC | Contractors & Grantees |
| Sukle Advertising & Design | Sukle | Contractors & Grantees |
| Albany County Tobacco Prevention | Albany County | Contractors & Grantees |
| Uinta County Tobacco Prevention | Uinta County | Contractors & Grantees |
| Fremont County Tobacco Prevention | Fremont County | Contractors & Grantees |
| Hot Springs County Tobacco Prevention | Hot Springs County | Contractors & Grantees |
| Johnson County Tobacco Prevention | Johnson County | Contractors & Grantees |
| Healthways, Inc. | Quitline | Contractors & Grantees |
| Wyoming Through with Tobacco | WY Through w/ Tobacco | Contractors & Grantees |
| Wyoming Association of Sheriffs & Chiefs of Police | WY Sheriffs | Contractors & Grantees |
| Wyoming Comprehensive Cancer Control Consortium | WYCCCC | Coalitions |
| American Cancer Society | ACS | Voluntaries & Advocacy Groups |
| Wyoming Department of Education | DOE | Other State Agencies |
| Attorney General's Office | Atty Gen Office | Other State Agencies |
| Wyoming Department of Health - Preventive Health & Safety (Chronic Disease & Epidemiology Department) | DOH Prev Health | Other State Agencies |
| Wyoming Department of Health - Community & Public Health | DOH Comm Health | Other State Agencies |
| Wyoming Department of Health - Rural & Frontier Health | DOH Rural Health | Other State Agencies |
| Americans for Non-smokers' Rights | ANR | Advisory & Consulting Groups |

Communication between Wyoming partners

To gain a better understanding of relationships within Wyoming’s tobacco control network, partners were asked how often they had direct contact (such as meetings, phone calls, or e-mails) with other partners within the network in the past year. In the figure to the right, a line connects two partners if they had contact with each other on more than a quarterly basis. The size of the node (dot representing each agency) indicates the amount of influence a partner had over contact in the network. An example of having more influence, or a larger node, was seen between DOH Tobacco, Atty Gen Office, and WYPTAC. The Atty Gen Office did not have direct contact with WYPTAC, but both had contact with DOH Tobacco. As a result, DOH Tobacco acted as a bridge between the two and had more influence within the network. Overall, communication within Wyoming indicated a decentralized structure among partners in which members of the network had contact with many agencies.

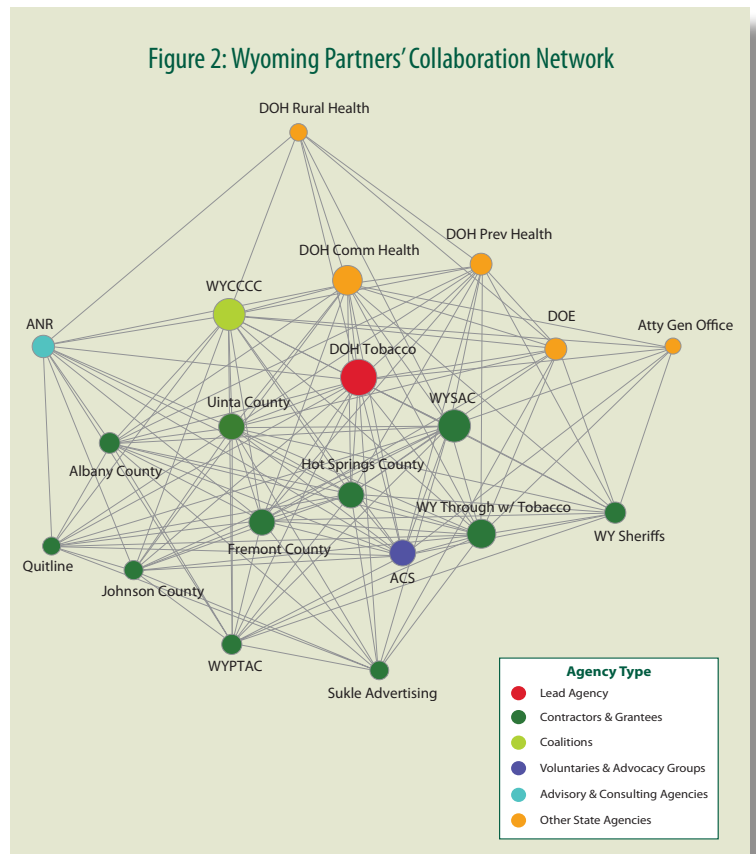
Figure 1: Wyoming Partners’ Communication Network



Collaboration between Wyoming partners

Partners were asked to indicate their working relationship with each partner with whom they communicated. Relationships could range from not working together at all to working together as a formal team on multiple projects. A link between two partners signifies that they at least worked together informally to achieve common goals. Partners were not linked if they did not work together or only shared information. The node size is based on the amount of influence a partner had over collaboration in the network. A partner was considered influential if he or she connected partners who did not work directly with each other. For example, Atty Gen Office and DOE did not work directly with each other, but both worked with WYSAC. WYSAC acted as a “broker” between the two agencies, and, as a result, has a larger node size. Wyoming’s collaboration network was relatively decentralized, with many partners exhibiting working relationships with other partners throughout the state.

Figure 2: Wyoming Partners’ Collaboration Network



Evidence-based Guidelines

There are a number of evidence-based guidelines for tobacco control, ranging from broad frameworks to those focusing on specific strategies. Below in Figure 3 are the set of guidelines partners were asked about during their interviews. Partners also had the opportunity to identify additional guidelines or information they used to guide their work. Other resources identified by Wyoming partners included:

- Information provided by the Wyoming Prevention Technical Assistance Consortium (WYPTAC);
- Surgeon General reports;
- SAMHSA’s *Reducing Tobacco Use Among Youth: Community-Based Approaches*;
- Publications from the North American Quitline Consortium;
- Guidelines produced by the Office of Juvenile Justice and Delinquency Prevention and the Pacific Institute for Research and Evaluation; and,
- Join Together’s *How Do We Know if We Are Making a Difference?: A Community Alcohol, Tobacco and Drug Indicator Handbook*.

Figure 3: Evidence-based Guidelines for Tobacco Control



Research has shown that the use of evidence-based practices, such as those identified in these guidelines, results in reductions in tobacco use and subsequent improvements in population health. Whether an individual or organization implemented evidence-based practices depended on a number of factors, including capacity, support, and available information. The remainder of this report will look at how evidence-based guidelines fit into this equation for Wyoming. The framework below will guide the discussion, specifically looking at which guidelines Wyoming partners were aware of, which ones were critical to partners' efforts, and how guidelines were used in their work.

Figure 4: Framework for Use of Evidence-based Guidelines



Dissemination

How did partners define “evidence-based guidelines”?

Wyoming partners defined evidence-based guidelines as promoting practices that had been researched and proven effective. Therefore, pursuing evidence-based practices was seen as a useful investment of resources. Partners also frequently associated evidence-based guidelines with the CDC.

⋮ [Evidence-based guidelines are] activities that have been shown through research, evaluation, and data collection to achieve the outcomes they set.

⋮ Just in general, I find maybe that [evidence-based guidelines] would be supported by CDC or some other national organization. Something that’s been scientifically proven.

“[Evidence-based practices] are a good bang for your buck. You know they’re going to work.”

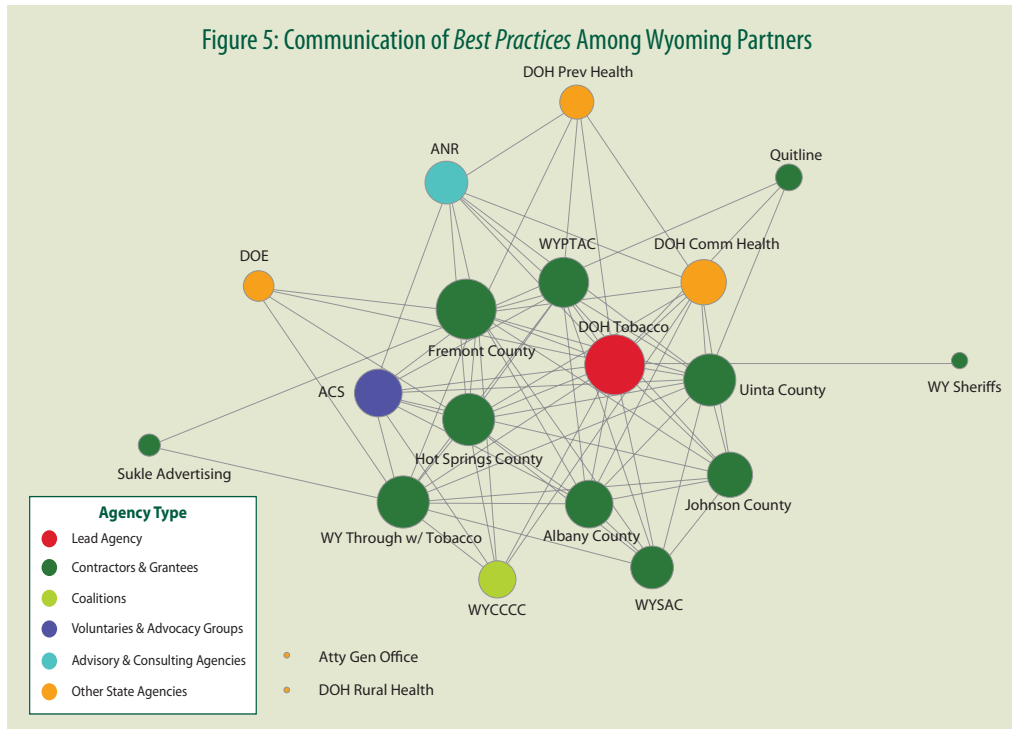
How did partners learn of evidence-based guidelines?

Partners in leadership positions were usually the first in their organization to learn of new evidence-based guidelines. Within the Wyoming Department of Health, the tobacco program manager was cited as being a primary source for guideline diffusion. Additionally, partners often learned of new guidelines at local and national conferences and meetings. In particular, many partners learned of the CDC *Best Practices* at statewide strategic planning meetings. After learning of new guidelines, partners shared the information with colleagues through e-mail and internal staff meetings.

⋮ The state tobacco program is currently writing their strategic plan to the CDC and certainly talks about *Best Practices* as part of that.

⋮ We [discuss evidence-based guidelines at] monthly and quarterly meetings, or if the [DOH tobacco program manager] gets them electronically, he forwards them in e-mails.

To get a better understanding of communication specifically about *Best Practices*, Wyoming partners were asked whom they talked to about the guideline. In Figure 5, a line connects two partners who indicated they talked about *Best Practices* with each other. The size of the node reflects the number of agencies each partner talked to about the guideline. For example, DOH Tobacco and Fremont County talked with many partners about *Best Practices*, resulting in their larger node sizes. The Tobacco Free Wyoming Communities’ program managers who participated in the evaluation (Albany, Uinta, Fremont, Hot Springs, and Johnson Counties) talked with a number of other partners about the guideline, indicating they were a source of guideline diffusion in the state.



What tobacco control guidelines were partners aware of?

Best Practices was the most well-known guideline in Wyoming. Twenty-one out of 23 partners interviewed recalled at least hearing of *Best Practices*. Most partners referred to *Best Practices* frequently, ranging from weekly to annually. The CDC *Best Practices User Guide Series* and SAMHSA’s *Strategic Prevention Framework* were also well-known by Wyoming partners. However, fewer than half of partners were aware of the majority of tobacco control guidelines listed.

Table 2: Number of Partners Aware of Tobacco Control Guidelines

| Guideline | # of Partners |
|---|---------------|
| Best Practices for Comprehensive Tobacco Control Programs | 21/23 |
| Best Practices User Guides Series | 18/23 |
| SAMHSA Strategic Prevention Framework | 16/23 |
| Designing and Implementing an Effective Tobacco Counter-Marketing Campaign | 13/23 |
| Introduction to Program Evaluation for Comprehensive Tobacco Control Programs | 13/23 |
| Introduction to Process Evaluation in Tobacco Use Prevention and Control | 11/23 |
| Clinical Practice Guidelines: Treating Tobacco Use and Dependence | 10/23 |
| Telephone Quitlines: A Resource for Development, Implementation, and Evaluation | 10/23 |
| Ending the Tobacco Problem: A Blueprint for the Nation | 9/23 |
| Key Outcome Indicators for Evaluating Tobacco Control Programs | 9/23 |
| NACCHO 2010 Program and Funding Guidelines for Comprehensive Local Tobacco Control Programs | 8/23 |
| The Guide to Community Preventive Services: Tobacco | 6/23 |
| Tobacco Control Monograph Series | 4/23 |

Adoption Factors

What did partners take into consideration when making decisions about their tobacco control efforts?

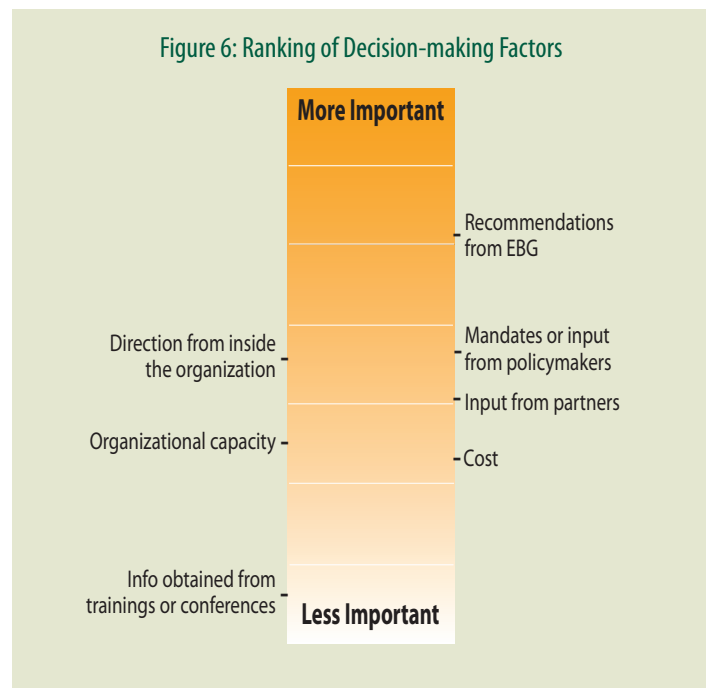
When partners were asked what they took into consideration when making decisions about their tobacco control efforts, they most often noted looking to *Best Practices* and other evidence-based guidelines to determine which activities would have the most impact. Input from partners, especially at the Department of Health, and direction from clients were also key influences on partners' decision-making.

- The primary factor is evidence-based strategies. And even with that, it's divided into what will have the biggest impact of the evidence-based strategies.
- Probably the biggest thing is making sure that we're aligning with the Tobacco Prevention and Control Program direction, and support those efforts.

Consequently, when asked to rank several factors in their overall importance when making decisions to design or adopt programs or policies for tobacco control, partners most often ranked recommendations from evidence-based guidelines as the most important factor, with 91% of partners ranking it in their top three. *Best Practices* and other evidence-based information acted as a foundation for planning and program direction. Following recommendations from evidence-based guidelines ensured efficient use of limited time and money by focusing on practices that had been proven to work.

- We are totally dedicated and ruled by if you can't prove it works, we're not going to do it.
- With the limited amount of funding that we have, I think we have to be really careful about what we're doing. So the most important thing is not to waste money, so whatever we're working on, we want to make sure that we're working on something that we know will work in the long run.

Figure 6: Ranking of Decision-making Factors



Mandates or input from policymakers was ranked as the second most important factor in the decision-making process. Since Wyoming partners were working to pass local smokefree ordinances, they recognized the important influence that policymakers had on the success of their tobacco control efforts. Policymakers' input was also important because partners relied on policymakers for program funding.

- We want to keep [policymakers] happy because... we don't want them cutting funds. So they do have a slight influence.

Additionally, Wyoming partners looked for buy-in and direction from inside their organization, as well as from outside partners. Consideration of partners' input helped inform the decision-making process.

- I think that [input from partners] is a selling point to making good, informed decisions by getting input from other people that have a different perspective to the issue.
- We want to make sure that we're doing things that [our partners are] wanting us to do.

Like many other states, the tobacco control program in Wyoming faced reduced staffing and limited funding. Therefore, before designing and implementing new programs, partners considered the impact of organizational capacity and the cost of the program. Funding and staff ultimately determined what programs partners could implement.

“The things that are important right now are what policymakers can actually influence, which is taxes and smokefree ordinances. So [input from policymakers] always seems to be a big part of making decisions.”

- We need to have the capacity within the organization to implement the decisions and adopt the programs or policies that we're looking at.
- Cost...does obviously factor into if you can even implement something or not.

How did organizational characteristics influence partners' decisions about their tobacco control efforts?

Partners stated that quality leadership facilitated their tobacco control efforts. Partners particularly valued leadership that fostered innovation and emphasized end results.

- We have a leadership that is very open to doing things that will produce results, and so they are happy to change things...if you can make a good case to them that this will improve the results.
- I think that my program, one of the big things that we do is come up with innovative ways to affect tobacco use.

Conversely, partners found bureaucratic constraints to be the foremost barrier to their tobacco control efforts. Specifically, not being able to lobby and the slow legislative process were seen as challenges. These factors made it especially difficult to advance a statewide smokefree law.

- Well just the usual red tape in government that it just takes so long to get anything done. It seems like when you're trying to move forward something that is as important to healthy lifestyle as not using tobacco, it just seems like it takes forever to get anywhere in the governmental system.
- We know that smokefree ordinances and raising taxes are the best way to reduce your rates, which we, a) don't have any control over, and b) can't lobby in any way, shape or form. So we always have to be careful that we're only educating.

These bureaucratic constraints were compounded by the influence of Wyoming's culture. Aversion to change and an emphasis on individual rights made it difficult to enact policy change for tobacco control. Additionally, the small population size and geographic isolation of communities made it difficult for partners to establish a statewide movement.

- ⋮ We live in Wyoming and we like our rights, so just kind of having people who aren't really on board and have a set way of thinking that's very difficult to change.
- ⋮ Wyoming offers some unique barriers that we've had to look into, just because we're a very large state with a fairly small population and so you get geographic isolation.

What facilitated or hindered use of evidence-based guidelines?

Wyoming partners often utilized evidence-based guidelines as a framework for their tobacco control efforts. Partners felt that they would be successful in achieving their desired outcomes because evidence-based practices were proven to work. Following these proven practices also saved partners both time and money.

- ⋮ You know that what you're using and what you're doing has shown success in other communities, and if you're doing it right then you're more likely to have success with the programs that you're doing, and you're not wasting your time.

Despite the perceived importance of evidence-based guidelines, partners still encountered some challenges to using them. The biggest challenge was implementing evidence-based practices to fidelity since some partners did not feel that the guidelines were as applicable to Wyoming. Specifically, partners found it difficult to apply the guidelines to the small, rural communities throughout the state.

"If I know that I'm using evidence-based practices, then I know I'm doing what's right."

- ⋮ The one size fits all, or the lack thereof [is a challenge]. We'll have a strategy that was developed in New Orleans for 100 kids in a classroom and I'm supposed to take it to Hudson, Wyoming, with all three kids in the classroom and it's supposed to work out the same? I don't think so.
- ⋮ In the state of Wyoming the biggest challenge is that several of [the evidence-based guidelines] are not for extreme rural locations. There are some very good things out there that are for urban locations, and that would not be us.

Partners also found communities' resistance to change to be a challenge for implementing evidence-based practices. Some partners were more comfortable implementing activities with which they were more familiar and which were perceived as less controversial. In some cases, these activities, such as health fairs, were not evidence-based.

- ⋮ [Some tobacco control professionals] have ideas about things that they want to do, and it might not be an evidence-based guideline or practice. . . it's just more comfortable to go with something that you know as opposed to something that's been proven.
- ⋮ People like to do the stuff that makes them feel good, you know. . . health fairs.

Implementation

Which guidelines were critical for Wyoming’s tobacco control partners?

Overall guideline awareness among Wyoming partners was low, and an even smaller number of those guidelines were identified as critical resources when partners were asked to group guidelines into one of three categories: 1) *Critical* for their tobacco control efforts; 2) *Not critical, but useful* for their tobacco control efforts; and 3) *Not useful* for their tobacco control efforts. The following are the guidelines identified most frequently as critical resources by Wyoming partners.

Best Practices for Comprehensive Tobacco Control Programs

Ninety-one percent of Wyoming partners were aware of *Best Practices*, and 76% identified it as a critical resource to their tobacco control efforts. Most often cited as a general reference for strategic planning, *Best Practices* provided overall guidance to ensure a comprehensive approach to partners’ tobacco control efforts. Most partners received this resource at the start of their current position as an introduction to tobacco control.

[*Best Practices* was used to] make sure that [the Wyoming DOH Tobacco Prevention and Control Program] had all of the components in place for a truly comprehensive tobacco control program.

Revisions to the CDC *Best Practices*

In 2007, the *Best Practices* guideline was revised. To find out how these changes were perceived, Wyoming partners were asked additional questions about *Best Practices*. Most partners were not aware of the 1999 version or were not familiar with the specific changes made. However, one partner stated that the collapsing of the categories provided focus, which was particularly helpful when using the guide at the community level.

The condensing of [the categories] and being more focused I think is really good for communities.

Table 3: Percentage of Partners Who Identified Guideline as a Critical Resource

| Guideline | % of Partners* |
|---|----------------|
| Best Practices for Comprehensive Tobacco Control Programs | 76% |
| Key Outcome Indicators for Evaluating Tobacco Control Programs | 67% |
| Tobacco Control Monograph Series | 50% |
| SAMHSA Strategic Prevention Framework | 44% |
| Clinical Practice Guidelines: Treating Tobacco Use and Dependence | 40% |
| Telephone Quitlines: A Resource for Development, Implementation, and Evaluation | 40% |
| Introduction to Program Evaluation for Comprehensive Tobacco Control Programs | 33% |
| Ending the Tobacco Problem: A Blueprint for the Nation | 33% |
| Best Practice User Guide Series | 28% |
| NACCHO 2010 Program and Funding Guidelines for Comprehensive Local Tobacco Control Programs | 25% |
| The Guide to Community Preventive Services: Tobacco | 17% |
| Designing and Implementing an Effective Tobacco Counter-Marketing Campaign | 15% |
| Introduction to Process Evaluation in Tobacco Use Prevention and Control | 0% |

* Based on partners who were aware of the guideline

Key Outcome Indicators for Evaluating Tobacco Control Programs

Awareness of the *Key Outcome Indicators* was low among Wyoming partners. However, of those aware of the guideline, 67% identified it as a critical resource. Partners first learned of this guide at the start of their current position and utilized it as a resource in their evaluation efforts. Specifically, this guide was used to measure the goals and objectives of the state's tobacco control program.

- ⋮ We've used [the *Key Outcome Indicators*] as the original formation of what is tobacco prevention control trying to do and where can we look for its impact?

Other Resources

Additional resources cited as critical by Wyoming partners included the National Cancer Institute's *Tobacco Control Monograph Series* and the *Clinical Practice Guidelines: Treating Tobacco Use and Dependence* (the *Clinical Practice Guidelines*). Partners utilized the *Clinical Practice Guidelines* as a reference to aid in cessation treatment plan development.

- ⋮ I've used [the *Clinical Practice Guidelines*] as a knowledge base. That's what I base my treatment plans on.

Despite being housed in the Mental Health and Substance Abuse Services Division, SAMHSA's *Strategic Prevention Framework* was infrequently used by Wyoming's tobacco program. Although the guideline itself was not referenced frequently, the general concepts of the Framework were useful for guiding efforts.

- ⋮ I don't refer to it often, but I have the Framework in my head, so it's sort of the model of what I do.

What resources were used to address tobacco-related disparities?

Wyoming partners identified populations with tobacco-related disparities based on available data from sources such as the Behavioral Risk Factor Surveillance System (BRFSS), the Youth Risk Behavior Surveillance System (YRBS) and information from the Wyoming Survey and Analysis Center (WYSAC). Since Wyoming partners observed that the state population was not particularly racially diverse, they believed that focusing on populations with tobacco-related disparities would not significantly affect overall tobacco use rates in the state. Partners also found it difficult to define what they understood as "populations with tobacco-related disparities," although several partners identified American Indian populations, low socio-economic status individuals, smokeless tobacco users, and pregnant women as populations in Wyoming experiencing tobacco-related disparities.

"In Wyoming, [populations with tobacco-related disparities] are still such a small part of the population. Targeting them for cessation efforts will not move the needle very much."

- ⋮ We find that the majority of our smokers are low socioeconomic status, but then at the same time, you've got to take into effect some of those certain minority groups at the same time. So trying to balance that out when working with disparities overall is really tough.

Partners found that both local and national organizations, including information from the DOH and other state departments, provided helpful resources to guide their work with these populations.

- ⋮ The National Native Network [information] I use, just being connected to colleagues around the country and to what works [is helpful].

- One [population with tobacco-related disparities] would be maternal smokers and so we have partnered with Family and Maternal Health. Youth would be the other [population experiencing tobacco-related disparities], so that would be partnering with the Department of Education.

The majority of partners had not referenced *Best Practices* in their work with populations with tobacco-related disparities. Partners noted that the guideline lacked the specificity necessary for it to be useful for working with these populations.

- [*Best Practices*] really don't say anything about the American Indian population.

As a result, many partners expressed the need for additional information or trainings to guide their work with populations with tobacco-related disparities, particularly American Indian populations. Additionally, Wyoming partners desired more information on developing culturally competent interventions.

- Maybe training, like when we have our state training, would be nice to work on disparate populations. How can we help? Who are they? Where are they? Different approaches that work.
- I think a guide; an actual guide to evidence-based strategies in working with American Indians would be amazing.

What resources were used to communicate with policymakers?

The majority of partners in Wyoming communicated with policymakers, both at the state and local level. Partners noted working with the Governor's office as well as with local policymakers, such as mayors and city and county council members. In this communication, partners most often cited data provided by WYSAC. This information was compiled from reputable sources such as BRFSS, YRBS, and the Campaign for Tobacco Free Kids. Partners used this data to support their case for tobacco control. Additional sources of information referenced by partners during their discussions with policymakers included testimonials and information from other states.

"Anytime that we're talking about a program we have to present evidence-based practice, because if it's not evidence-based, a lot of legislators won't even listen to us."

- The harmful effects of secondhand smoke, what our rates are according to the YRBS and BRFSS use rates and the information that is sent to us through the state.
- Especially during election time periods, we get a lot of requests for general data. A lot of legislators are surprised to learn the average age that youth start using tobacco in the state of Wyoming. [We provide] a lot of data, a lot of what's going on in the community.

Although evidence-based guidelines were not frequently cited sources of information during discussions with policymakers, some partners did refer to them during conversations regarding new programming activity proposals as a means of providing credibility.

- If we have a new intervention, or a new proposal that we want to try to get in and get passed, we do refer to evidence-based information.

What other resources were needed?

When asked what the CDC could do to support Wyoming's tobacco control efforts, partners expressed the need for continued provision of up-to-date resources, specifically those that would be useful in enhancing efforts to pass smokefree ordinances in the state. For example, partners stated that additional data, guidance on communicating with policymakers, and information from other states would be useful resources for guiding policy change efforts.

- ⋮ It's keeping us informed of what's going on and what works in other states.
- ⋮ We tried for a smokefree policy in Wyoming last year and got beat up over it really, really, really bad. I would like to see [the CDC] come up with . . . what do you do in states that [passing a smokefree policy] is just not possible to get that passed? How do you approach the legislators? How do you sway their vote? What does it take? That's the thing that I think we're lacking in this state.

Finally, partners suggested distributing such information and other future resources via electronic copy, hard copy, and at national conferences.

- ⋮ Well I would say [we need] e-mail and a hard copy [of guidelines]. It's like we almost need it together [to make greatest use of guidelines].

Conclusions

While overall awareness of evidence-based guidelines was low among Wyoming partners, they did find guidelines useful as general references for guiding their tobacco control efforts and considered recommendations from evidence-based guidelines to be an important factor in their decision-making process. Partners in leadership positions were often the first to learn of new evidence-based guidelines, particularly the Wyoming DOH tobacco program manager. Due to the emphasis on local tobacco control efforts in Wyoming, the Tobacco Free Wyoming Communities program managers also played a key role in the diffusion of guidelines, particularly *Best Practices*. The guidelines, especially *Best Practices*, were utilized during the strategic planning process to provide overall guidance to ensure a comprehensive approach to DOH's Tobacco Prevention and Control Program and to local level programs. Additional factors contributing to the adoption of *Best Practices* and other evidence-based guidelines included:

- Guidelines provided credibility to partners' efforts due to their promotion of proven and effective practices.
- The implementation of evidence-based practices provided a cost-efficient approach to tobacco control activities.

Despite the listed benefits of evidence-based guidelines, Wyoming partners noted several challenges to using the guidelines in their tobacco control work, particularly at the local level.

- Application of the guidelines occasionally met resistance from the community and some partners, particularly when working toward comprehensive smokefree policies at both the state and local levels.
- Partners found the guidelines to be minimally useful in their work with populations with tobacco-related disparities and found it difficult to apply the guidelines to specific populations or communities.
- Partners felt guidelines were geared more toward urban communities and lacked the necessary guidance to be useful for their local efforts, which were often in rural settings.

An abundance of information is available to inform the work of those involved in tobacco control. In Wyoming, recommendations from evidence-based guidelines, input from policymakers, and organizational capacity played important roles in guiding the state's tobacco control efforts. The degree to which particular evidence-based guidelines were incorporated into partners' work was dependent upon factors tied to three main phases of information diffusion highlighted throughout this report: dissemination, adoption, and implementation. Such factors included avenues of guideline dissemination to stakeholders, presence or absence of support by other individuals or policies, and the feasibility of applying that information to one's work. As an example, many Wyoming partners cited the need for additional information on culturally competent interventions to best address the state's populations with tobacco-related disparities. Partners believed such information would increase the applicability of evidence-based guidelines to their work. Additionally, by increasing access to current resources from national organizations, partners believed they would be better prepared to promote policy change for tobacco control. Taking these factors into consideration when developing and releasing future guidelines will help to optimize use of the guideline by intended stakeholders.

