Communities of Excellence In Tobacco Control

A Community Planning Guide

American Cancer Society

Acknowledgements

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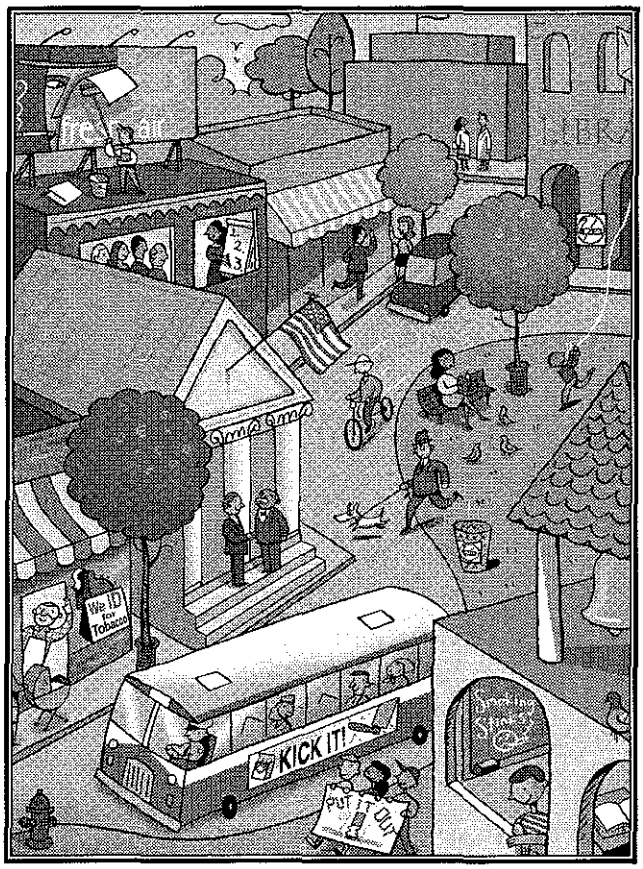
Introducing Communities of Excellence in Tobacco Control



This is a historic time in the history of tobacco control in the United States. The States are beginning to receive the first of 206 billion dollars over the next 25 years as a result of a settlement agreement between the States' Attorneys Generals and the tobacco companies. Some of these dollars will find their way to communities for implementing new tobacco control policies and programs. And we know what happens at the community level often leads the way and sets the standards for major improvements in public health.

Experience has shown that *comprehensive* tobacco control programs are the most effective in reducing tobacco use and protecting the public from secondhand smoke. Comprehensive programs include many different approaches to tobacco control, not just one or a few.

Communities, particularly those just becoming active in tobacco control, have identified a need for help in planning for comprehensive tobacco control programs. Communities of Excellence in Tobacco Control (CX) is designed to provide this assistance. CX is also helpful to existing tobacco control programs who want to strengthen their efforts.

At the heart of the CX concept is the idea that communities can achieve excellence in tobacco control by involving a motivated diverse group of people within the community to assess where they are now in terms of excellence in tobacco control, where they need to go to get

closer to it, and how best to get there. CX provides systematic guidance for achieving these critical planning outcomes. This tobacco control planning guide provides lessons learned from the experiences of others, ideas for getting started, and resources to assist you. The guide is broken down into six major planning sections:

GETTING THE BIG PICTURE

Identifying what a *community of excellence in tobacco control* looks like.

DEVELOPING THE TEAM

Bringing interested people from the community together to work on being a *community of excellence.*

FIGURING OUT WHERE WE ARE NOW

Assessing how the community is doing now compared to an ideal *community of excellence in tobacco control.*

DECIDING WHERE WE WANT TO GO

Determining what needs to be done to achieve *excellence in tobacco control.*

ORGANIZING TO GET IT DONE

Deciding how to work best together to become a *community of excellence.*

SEEING HOW WE ARE DOING

Watching how things are working so we know when we become a *community of excellence in tobacco control.*

Each section of this guide contains the following:

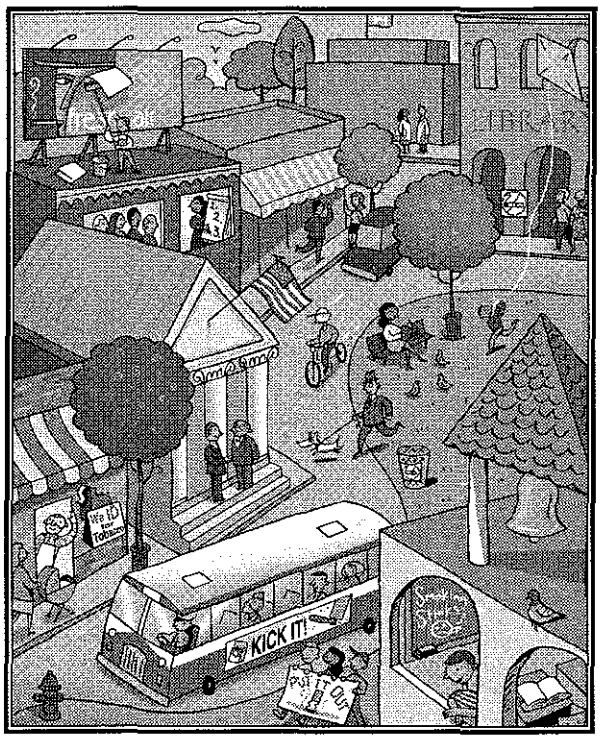
- *Things to Consider*
- *Lessons Learned*
- *Getting Started*
- *Helpful Tools*
- *Additional Resources*

The CX Planning Guide is based on the best information available from people who have worked in community-based tobacco control programs. It raises important issues that must be addressed, but it is not a cookbook with step-by-step recipes. It respects the fact that communities work best on issues when given a little guidance and have the flexibility to determine their own directions and priorities in light of their unique needs, cultures, environment, and circumstances.

The American Cancer Society (ACS) is committed to dramatically reducing the burden of cancer through tobacco control and other means by the year 2015. ACS has developed this guide for use by its Divisions and Units and its many other tobacco control partners across the Nation as more and more communities become involved in tobacco control.

Use this guide to systematically work toward becoming an ideal *community of excellence in tobacco control.* If you do so, you can expect to build an effective community group committed to tobacco control, develop a realistic community plan of action, see the plan implemented, and watch your community become a healthier place to live!

Getting the Big Picture



It is important for communities to start with a 'big picture' of all the things that are involved in comprehensive tobacco control. This helps everyone understand together how important the problem is, what can be done about it, what a *community of excellence in tobacco control* 'looks' like, and what we need to start planning to become one. But the 'big picture' in tobacco control includes an element that few other public health programs have to face, a well organized, well funded, and highly skilled adversary; the tobacco industry.

THINGS TO CONSIDER

The Size of the Tobacco Problem

Smoking remains the leading cause of preventable death and disability in the United States today. Based on information from the American Cancer Society, more than 400,000 deaths each year in the United States are attributed to cigarette smoking. That is nearly one in five deaths for all Americans and 30% of all cancer deaths. Since 1987, more women have died of lung cancer than from breast cancer. Despite these staggering facts, young people continue to take up smoking and other tobacco use at the rate of more than 3,000 per day. In 1997, more than 70% of high school students had tried smoking and more than 16% reported that they are frequent users of cigarettes. And in that year, 22% said they smoke cigars while more than 9% used smokeless tobacco products. [ACS, Cancer Prevention and Early Detection: Facts & Figures 2000]

But the toll of tobacco on our communities goes beyond the deaths of our loved ones. Each person who dies from smoking loses 12-15 years of productive life on average. Medical expenditures in the United States for smoking related illnesses were more than $70 billion in 1993 alone. And smoking doesn't just affect those who do it. More than 60,000 adults who don't smoke will die each year from exposure to environmental tobacco smoke (also referred to secondhand smoke). More than 8,000 new cases of asthma are exacerbated each year by environmental tobacco smoke. This problem touches everyone in our communities.

But there is great cause for hope. Research has shown that sustained, large-scale tobacco control programs, which include community-based activities, are effective in reducing tobacco use. The experiences of states like California and Massachusetts that have strong, comprehensive programs show they can work. And with new resources becoming available to states and communities through the tobacco settlement, many more people will have access to comprehensive tobacco control programs. The challenge is to plan effectively and use these resources wisely. That's where you come in.

The Goal and Priorities of Tobacco Control

Ultimately, the goal of tobacco control is to reduce the human burden of premature illness, death, and disability caused by tobacco products.

To achieve this goal, tobacco control programs are more specifically aimed at the four priority areas:

- *Prevent youth initiation,*
- *Promote tobacco cessation,*
- *Eliminate secondhand smoke exposure (also known as environmental tobacco smoke or ETS), and/or*
- *Reduce tobacco industry influence.*

Comprehensive Tobacco Control

A comprehensive tobacco control program includes activities to address the problem of tobacco use in multiple ways. For example, it may sponsor tobacco education through youth groups while also working with employers to develop smokefree workplaces and with local merchants to move tobacco products out of sight of young people.

In the past, some tobacco control programs have been conducted in isolation of other tobacco control efforts (e.g., school-based education efforts). Even though they may have been successful, their effect could have been even greater if conducted as part of a larger, integrated effort.

With new resources becoming available, there are opportunities to reduce tobacco use even more. These resources will be put to better use if a community has the opportunity to consider all the possibilities together and come up with a unified plan for what it wants to do. This will be far more effective than if each interested organization comes up with its own plan and there is little coordination or collaboration. We need to get all the diverse, interested parties in the community to sit down and plan together so each can maximize its potential impact. That is our challenge in creating a community of excellence.

The Community of Excellence

An ideal *community of excellence* in tobacco control is one in which social norms point to no tobacco use. The idea of a *community of excellence in tobacco control* is that an effective community effort will result in seeing programs, policies, and resources in place for each of the priority areas noted earlier. No matter whether we are just starting or would like to improve our current efforts, an ideal *community of excellence* would include:

Tobacco-free schools, worksites, and other public places.

Coordinated school health programs that include tobacco use prevention.

Strong support for high taxes on tobacco products.

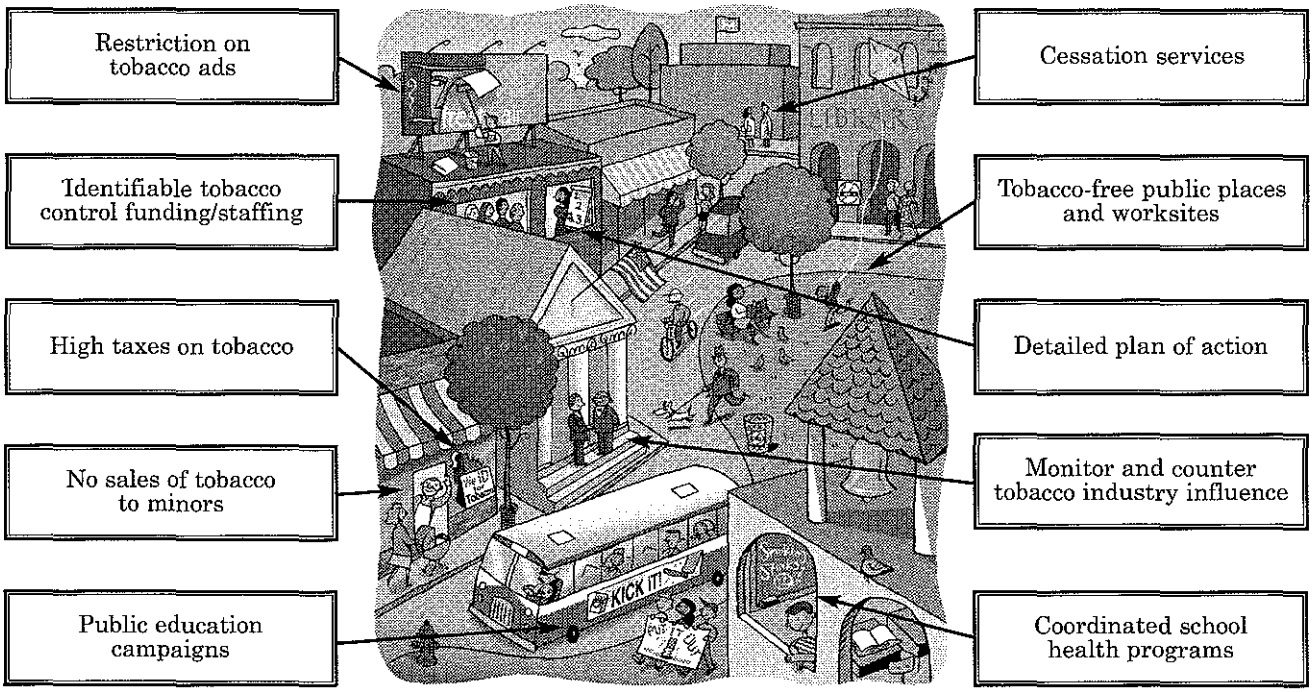
No sales of tobacco to minors.

Cessation services for those who want to quit.

Restrictions on tobacco ads and promotions.

Ongoing public education campaigns to change opinions and norms about tobacco use and to support other tobacco control interventions.

An ability to quickly identify and effectively counter tobacco industry influence/involvement in the community.



Needs for Getting Started

If your community has decided that tobacco is a major problem and is ready to become a community of excellence, there are several critical needs to get the ball rolling:

A committed group of diverse, community individuals and organizations that can work together, as well as independently, on behalf of tobacco control.

A strong will to succeed in spite of obstacles that will arise.

An understanding that while tobacco use is an individual behavior and addiction, it is also a community problem.

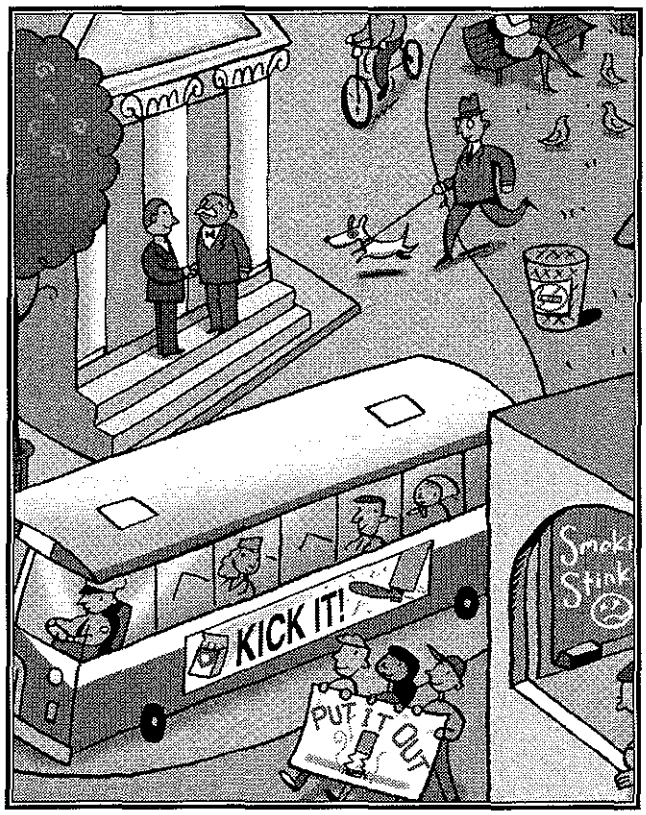
Informed, involved and diverse community members and leaders committed to addressing the problem and the negative impact of tobacco on the community.

A practical, strategic plan for comprehensive tobacco control within the community that assures collaboration and coordination among the many individuals and groups involved.

Identifiable, committed tobacco control staff and/or volunteers and resources.

LESSONS LEARNED

About Tobacco Control



- *A commitment to working for the common good requires a willingness to overcome the challenges that are always involved when diverse groups with different interests, needs, and agendas come together. The tobacco control effort is a team effort with no one group more or less important. Everyone has something to contribute to the larger good.*

- *Excellence in tobacco control requires that communities take a comprehensive approach toward tobacco control. No one strategy or initiative will solve the problem. Adversaries and even some partners will try to get the community to focus on only one approach in spite of the evidence.*

- *Local tobacco control efforts are the most successful. Local successes in tobacco control are often expanded and built upon to develop larger regional and statewide efforts. The tobacco industry is less effective at opposing local efforts.*

- *Comprehensive tobacco control efforts involve changing social norms, changing attitudes toward tobacco use, changing the environment, and changing policy. Tobacco control is by no means solely about changing the behavior of individuals. Frankly, too many of our fellow citizens see this as a problem to be solved by individual tobacco users and are just not interested in community efforts to address tobacco use.*

- *Comprehensive tobacco control efforts must be both sustainable and accountable. You have to be committed to addressing this issue over a long period of time and to being open and honest with everyone in the community about what you are doing, why you are doing it, and what you have achieved.*

- *The skills and capacity that communities gain while planning and implementing tobacco control efforts are easily transferred to other health and social issues faced by the community.*

- *Tobacco control consists of both programs and policy changes. Many organizations are interested in this issue and readily engage in programs. There is a greater reluctance to engage in policy change. This is because policy change is often more political and adversarial than carrying out programs. Organizations should be encouraged to engage in policy change activities if they haven't been or seem reluctant to do so.*

About Tobacco Industry Opposition

The tobacco industry is well funded, well organized, and has extensive experience opposing tobacco control efforts.

- *More often community tobacco control efforts are opposed at the policy and program implementation stage, not at the planning stage, though this is not set in stone. It is important to be organized and prepared for the competition when it comes.*

- *Tobacco control efforts attract opposition. The tobacco industry continually tries to add new customers and keep the ones they have. The more a community becomes involved in tobacco control, the more likely direct opposition will be seen.*

- *Prepare for dealing with the opposition before it actually happens. Have a strong plan in place that anticipates the issues that might be raised and how to address them.*

- *Your community tobacco control initiative may be opposed directly by the tobacco industry or indirectly by some individuals and organizations with messages similar to those of the tobacco industry's (e.g., some retailer associations). In addition, there*

are sometimes tobacco industry 'front groups' that hide their connection with the tobacco industry and may try to involve themselves in your efforts. Try to identify them and avoid letting them join your tobacco control planning processes.

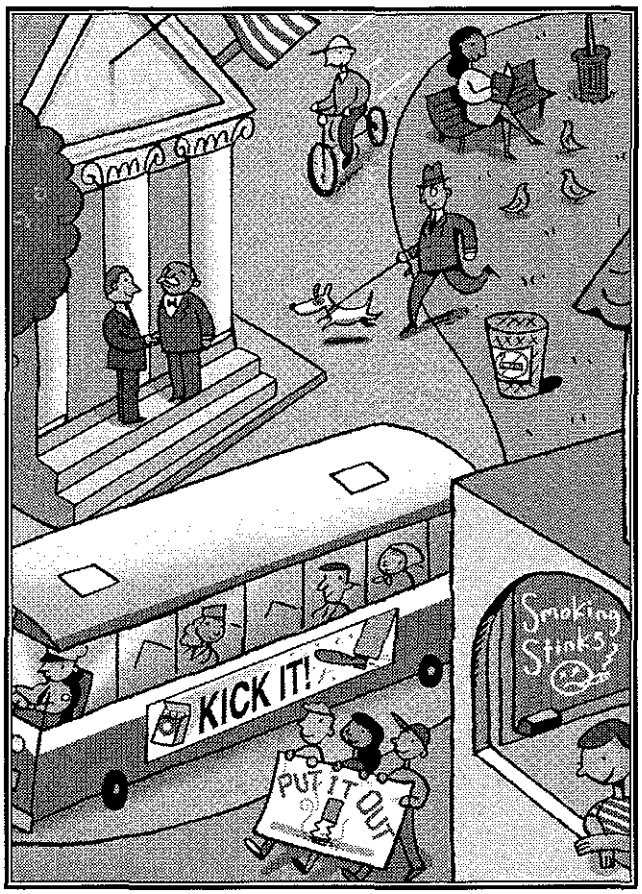
- *Beware that community members may have a distorted view of the tobacco industry stemming from the industry's contributions (often in the form of money) to local community groups and events. Rather than viewing the tobacco industry as the competition, some community members may see the industry as a good corporate citizen.*

- *Information about the tobacco industry and strategies used by the industry are available online and possibly from your state or local health department.*

- *Insist on funding comprehensive tobacco control efforts as a package. This avoids only funding less effective or less controversial single activities. Comprehensive tobacco control efforts are more difficult to challenge.*

GETTING STARTED

Here are some things your community can do to assure that everyone has a common understanding of the 'big picture' in tobacco control. Getting everyone on the 'same page' helps:



- *Contact your local or state health department, the ACS or other local health agencies to see what data might be available about tobacco use in your community. Depending on the size of the community, data may not be available. If that is the case, ask these same sources for help in how to estimate the size of the problem in your community. Develop a simple fact sheet with key facts about tobacco use and the size of the tobacco problem in your community.*

- *Organize a community forum to learn more about the problem, inform other members of the community, and to find out who else might be interested in joining your efforts. Bringing in an expert to talk about tobacco use and comprehensive tobacco control can help generate interest in a community forum. There may be a local expert who can fulfill this role or your ACS unit or health department may be able to help identify someone.*

- *Have your local coalition engage in a detailed discussion about the size of the tobacco problem. Use the previous material in this section to stimulate the discussion. Develop a written summary of the major discussion points and*

share it with everyone in the group. Use the discussion time to begin identifying things the group would like to learn more about. If you don't currently have a tobacco control team or coalition see the next section, DEVELOPING THE TEAM, for getting started.

- *Have a brainstorming session with your team about things they have noticed in your community that encourage people to smoke. Then brainstorm ways you think the tobacco industry might oppose your efforts. For each, make a list of possible things you can do to prepare in advance to respond to them. If you don't currently have a tobacco control team or coalition see the next section, DEVELOPING THE TEAM, for getting started.*

HELPFUL TOOLS

Two tools are attached to help stimulate discussion in your team about some of the 'big picture' concepts in this section.

A Quick Look at Our Community - to get a quick picture of how your community might look when compared to an ideal community of excellence.

Finding Out About Tobacco Industry Tactics - to help get in touch with people who may have information on tobacco industry activities in your area.

Tool 1 A

A Quick Look at Our Community

Use this chart to begin thinking about your community's strengths and needs for improvement related to being a *community of excellence*. This chart is designed to give you an initial picture of how your community is doing. A more in-depth assessment is found later in the section titled FIGURING OUT WHERE WE ARE NOW. This chart works well to stimulate discussion during a group meeting.

COMPONENTS OF A COMMUNITY OF EXCELLENCE	Areas where we are strong.	Areas where we are taking action but need improvement.	Areas where we aren't doing anything yet.
Tobacco-free schools, worksites, and other public places.			
Coordinated school health programs, that include tobacco use prevention.			
Strong support for high taxes on tobacco products.			
No sales of tobacco to minors.			
Cessation services for those who want to quit.			
Restrictions on tobacco ads.			
Ongoing public education campaigns.			
An ability to quickly identify and effectively counter the tobacco industry's influence/involvement in the community.			

Tool 1 B

Finding Out About Tobacco Industry Tactics

Preparing your community for opposition from the tobacco industry means learning about the various tactics they use in your community and in others.

Start out by brainstorming a list of questions you would like to know about tobacco industry activity generally and in your community. For example:

- *Are the local sports and other community events in our community supported by the tobacco industry?*
- *Are there local politicians who receive contributions from the tobacco industry?*

Now use the chart on the next page to help begin contacting people who might be able to answer your questions. Be sure and ask for copies of any information you find as you talk to people.

THINGS WE WOULD LIKE TO KNOW ABOUT TOBACCO INDUSTRY ACTIVITY:

1.

2.

3.

4.

5.

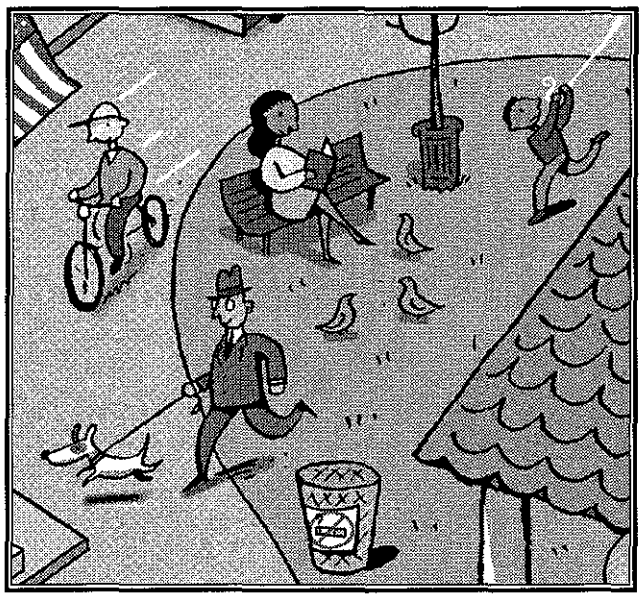
Obtaining Information on the Tobacco Industry

Source	Do they currently have information on our questions?	Are they interested in working with us to learn more?	Will they help us share the information with key people in our community?
* Local or state health department			
* American Cancer Society - local or state			
* American Heart Association - local or state			
* American Lung Association - local or state			
* American Legacy Foundation			
* CDC Office on Smoking and Health			
* The State tax agency responsible for licensing tobacco retailers and licensing the products			
Others			

• For information including contact information on these organizations, see the 'Additional Resources' section.

ADDITIONAL RESOURCES

American Cancer Society



www.cancer.org
1-800-ACS-2345

The American Cancer Society, Inc. consists of a National Society, with chartered Divisions throughout the country and more than 3,400 local Units. ACS fights cancer through research, prevention programs, detection and treatment information and education, patient services, advocacy, and public policy.

Information and Documents: ACS has extensive tobacco control resources including print materials, prevention and cessation programs, and advocacy and public policy information.

Americans for Nonsmoker's Rights

www.no-smoke.org
(510) 842-3032

Information and Documents: ANR provides an extensive amount of FREE information and documents that can be downloaded easily from its web site focusing on: Secondhand smoke, Smoke-free advocacy, Tobacco Industry tactics, Preemption, and Youth. The site also has many useful tobacco control links.

Americans for Nonsmoker's Rights (continued)

Publications and Merchandise: ANR also sells a number of publications and merchandise, including:

Secondhand Smoke Presentation Manual
A ready-to-go presentation manual on secondhand smoke, complete with visuals. The topics covered include health hazards, legal issues, economic concerns, and potential solutions and policy options.

How to Butt In: Teens Take Action Handbook
An advocacy guidebook to help youth use social action to get the tobacco industry to butt out of their lives.

Clearing the Air: Citizens Action Guidebook
A step-by-step guide to passing local clean indoor air ordinances.

Materials Diskette
ANR's fact sheets, position papers, model ordinances and policies, and tip sheets.

Restaurant Stickers

No Smoking Pins

"Smoke Free Zone" Desk Sign

California Department of Health Services/Tobacco Control Section

Fighting Back: Communities Beating Big Tobacco (video)

Provides insight to the tobacco industry's tactics and a look at how local groups can take action against Big Tobacco in their own community. Length 12 minutes.

To order: FAX, Mail or Call:
FAX: (831) 438-3618
TECC/ETR Associates
P.O. Box 1830
Santa Cruz, CA 95061-1830
Phone: (800) 258-9090 x230 or x103

Campaign for Tobacco Free Kids

www.tobaccofreekids.org
National Center for Tobacco Free Kids
1707 L Street, NW
Suite 800
Washington, DC 20036
202-296-5469

Information and Documents: CFTK provides information about the campaign, state specific information related to tobacco use and the tobacco settlement, downloadable reports, news highlights and more.

Centers for Disease Control and Prevention (CDC)

Office on Smoking and Health

www.cdc.gov/tobacco

Best Practices for Comprehensive Tobacco Control Programs

In this guidance document, CDC recommends that States establish tobacco control programs that are comprehensive, sustainable, and accountable. This document draws on "best practices" determined by evidence-based analysis of comprehensive tobacco programs. The nine components of comprehensive tobacco control are addressed in this document and specific recommendations on budget and programs are provided.

To order a copy of this publication, contact:
Office on Smoking and Health
Publications
Mail Stop K-50
4770 Buford Highway, NE
Atlanta, GA 30341-3717
770-488-5705 (press 2)
or call 1-800-CDC-1311
or order from:
www.cdc.gov/tobacco

Tobacco Industry Documents

Contains tobacco industry documents, a glossary, and the ability to search for specific areas of interest.

www.cdc.gov/tobacco

Stop Teenage Addiction to Tobacco (STAT)

www.stat.org
Northeastern University
360 Huntington Ave.
241 Cushing Hall
Boston, MA 02115
(617) 373-7828
(617) 369-0130 fax

This site contains information for youth and parents, fact sheets, advocacy suggestions, news, information on cessation programs designed for teens, information on the tobacco industry, SYNAR, and more.

Advocacy Institute

www.advocacy.org
1629 K Street, NW, Suite 200
Washington, DC 20006-1629
(202) 777-7575
(202) 777-7577 fax

The Advocacy Institute is a U.S. based global organization dedicated to strengthening the capacity of political, social, and economic justice advocates to influence and change public policy. The Advocacy Institute's tobacco control project provides action alerts and publications; a collection of resources that states are using to present the case for using tobacco settlement money for effective tobacco control programs; links to the leading resources in tobacco control; and numerous publications available to the public.

Advocacy Institute (continued)

Selected Publications:

A Movement Rising: A Strategic Analysis of US Tobacco Control Advocacy

Smoke & Mirrors: How the Tobacco Industry Buys & Lies Its Way to Power & Profits

By Hook or By Crook: Stealth Lobbying - Tactics and Counter Strategies

Health Science Analysis Project Papers - this series considers the public health impact of various aspects of proposed federal tobacco legislation.

The Money is Coming! The Money is Coming!: A Series of Strategic Advisories for ASSIST Coalitions and Other State Tobacco Control Coalitions.

Blowing Away the Smoke: A Series of Advanced Media Advocacy Advisories for Tobacco Control Advocates

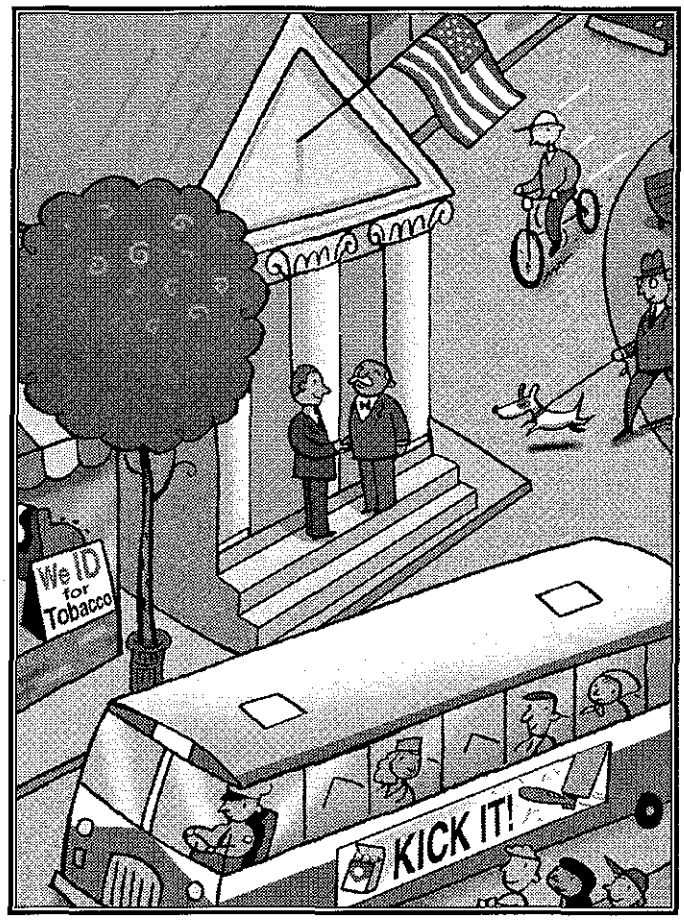
Telling Your Story: A Guide to Preparing Advocacy Case Studies

American Legacy Foundation (Legacy)

www.americanlegacy.org
1001 G Street, NW, Suite 800
Washington, DC 20001
(202) 454-5555
(202) 454-5599 fax
Email: info@americanlegacy.org

The American Legacy Foundation collaborates with organizations interested in decreasing tobacco consumption among all ages and populations nationwide through programs including marketing and education, research and evaluation, grants, and training and technical assistance. Legacy is a national independent, public health foundation located in Washington D.C., created by the November 1998 Master Settlement Agreement. The organization has established goals to reduce youth tobacco use, decrease exposure to second-hand smoke, and increase successful quit rates.

Developing the Team



Tobacco control takes a team effort. A wide variety of skills, ideas and resources are needed for a comprehensive tobacco control effort. No one individual or organization can do it all. The team also has to be credible. That means when the community looks at what the team does, they see reasonable, dedicated people working for the good of the community. It also means they see a diverse group of people working together: people from different neighborhoods, different backgrounds, different jobs, etc. Within the team, the most visible people are often its leaders. Leadership is important because the team members look to leaders to help keep the group focused and on track. And the public media often seek out tobacco control team leaders as a source of information on tobacco use and the work of the team.

THINGS TO CONSIDER

Deciding Who to Involve

Usually when a group starts working on tobacco control, the people who are involved are the ones with an obvious interest in the issue. These often include medical and public health professionals and those from voluntary agencies such as the ACS, the American Heart Association,

the American Lung Association, health departments, and people whose lives have been affected by tobacco use (e.g., survivors of tobacco caused illnesses) and who want to help others.

Sometimes the effort begins with just a few people who may know each other pretty well. It usually doesn't take long for the initial group to realize that the team needs to grow and that additional people with different ideas and skills are needed. There are two ways that teams tend to grow:

- *People hear about the team's efforts and ask to join in.*
- *The team identifies people or types of people it would like to see involved and recruits them.*

Both ways work. The 1st one relies on people coming to you. The 2nd requires your team to do some careful thinking and then taking action. Perhaps your team has been wanting to grow. The tools at the end of this section provide some ideas for thinking this through.

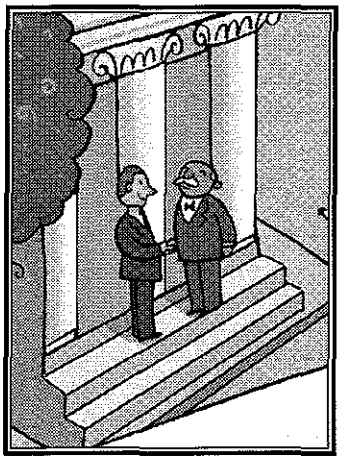
Team members should be dedicated to the issue, want to be part of the team, contribute to the team's efforts, and be willing to stay involved.

Increasing Diversity

One very common issue facing tobacco control coalitions (and many other coalitions) is the need to increase the diversity of the team. Tobacco control people know this is a community issue and that the group needs to reflect the makeup of the community. Commonly, coalitions struggle to involve people from ethnic and racial communities, non-health professions, community-based organizations (e.g., churches and business groups), blue-collar neighborhoods and community decision makers.

It is important to note that no one person speaks for all people from the same profession or background. For example, a physician on the team will add a physician's viewpoint, but cannot speak for all physicians in the community. The reason to increase diversity is to assure the team has people with a wide variety of different backgrounds, experiences and ideas and that it avoids hearing from a limited number of perspectives (e.g., only from medical and public health people).

Leadership



There are two kinds of leaders in any group: those who are formally named as leaders and have specific roles; and those who have informal influence by virtue of who they are and what they have done.

Formal leadership is an important and sometimes touchy issue. On one hand, these leaders are needed to assure the team stays on track. On the other, most teams don't want dominant, overbearing leaders. If it looks like a leader is 'taking over,' the group may start falling apart or dividing its efforts. This is why effective tobacco control coalitions often have clear rules for how formal leaders are determined, what their roles are and how long they serve. Does yours?

Every leader is different. The strength of diversity is that every person brings a unique set of ideas and skills to the table. One leader may be a great spokesperson for the team. Another may be better at motivating others on a one-to-one basis to join the team. As leaders change, it's important to recognize and leverage what each leader does best rather than expect them all to be like the one before them.

LESSONS LEARNED

About Who to Involve

- *Identify the core group of tobacco control 'champions' in your community. These are the people who are known to be passionate and committed to tobacco control and who can put aside their own agendas for the greater good.*

- *Including non-traditional partners will help make your planning effort more representative as well as enlarge your base of support. Non-traditional partners will vary with each community and may include: elected officials, youth, seniors, business leaders, people from different neighborhoods and population groups, and religious leaders.*

- *Ask each person/group what they think they can bring to the effort - that is, what skill, perspectives and resources they have to contribute. Learn how they want to be involved and how they will not/cannot be involved (e.g., some people cannot be part of any policy work).*

- *Don't start out with too many preconceived ideas about who should be at the planning table. You are not filling 'slots,' but finding committed people from a wide variety of backgrounds who can work effectively together for the common good.*

- *Expect that the level and type of involvement will vary with each person/group during each part of the planning and implementation process.*

- *Allow for the fact that people/groups will come and go in the planning process as issues become more or less relevant for them. Don't try to hang on to people who want to move on.*

- *Look for people to be involved who have practical experience in planning local programs, local campaigns, grant-writing, etc.*

About Leadership

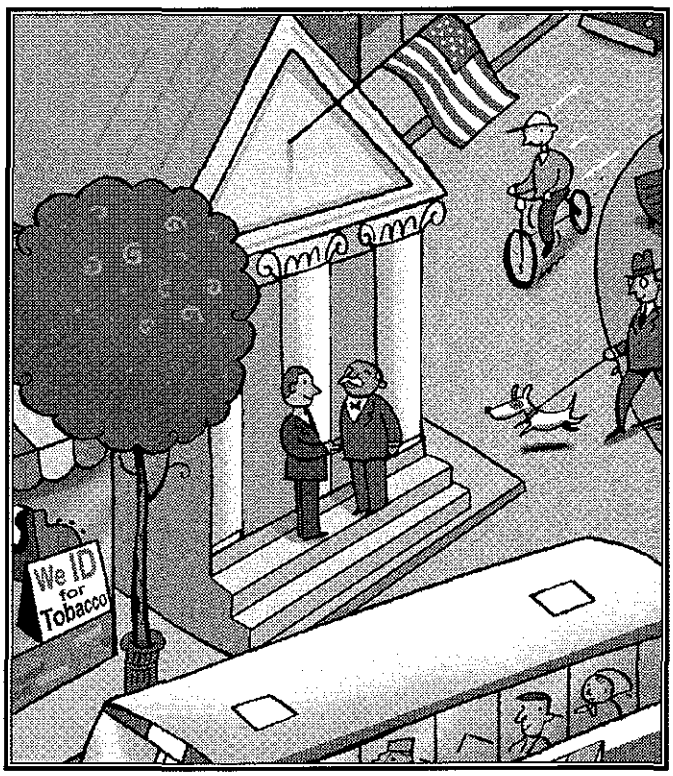
- *Each leader has unique methods and styles. Nevertheless, the most effective leaders in a team effort usually provide an unwavering vision of the goal, share decision making with the group, and consistently trust and support the group members in their efforts.*

- *Consider engaging people in leadership roles who are from professions other than health and tobacco control. This might include people who are recognized leaders in other professions.*

- *It is best when the leadership of a tobacco control coalition reflects the diversity of the community. In addition, all leaders should have a vision of comprehensive tobacco control for the community as a whole.*

- *It is important to remember that identifying and selecting leaders takes thought and time. Sometimes leadership in coalitions is left to those who are willing to take it on when asked at the last minute. Planning for leadership succession is a smart strategy.*

GETTING STARTED



Here are some things your team can do to plan for expanding the group and developing effective leadership. Each of these 'starter' ideas provide information which could be used for developing a systematic plan for team and leadership development.

- *Do an inventory of your current members. Ask each to identify what they really like to do and what they don't. Ask each person what they want to contribute to the effort and what they expect to get from it.*

- *Have a team brainstorm. Look at the people on the team and their skills and capacities. Ask, what (not who yet) do we need in the way of other skills, perspectives and resources to really make a difference. Prioritize the list. Beginning with the highest priority item, have the group make a list of people or organizations who could be recruited to provide these. This list forms the basis for a recruitment plan.*

- *Have each team member develop a 'dream team' of community people/organizations who should be involved in the group but aren't currently. Compare the lists among members. Starting with names common to more than one list, identify who in the group has the best chance of soliciting their involvement. Brainstorm reasons for involving them that could be used to persuade them to join.*

- *Have a group discussion in which each team member rates the coalition in terms of how diverse it is. From the discussion develop a consensus about the three most important actions the group can take to increase diversity.*

- *If your team does not have formal rules for leadership succession, develop and adopt some. Be sure and include specific responsibilities of and limits on leaders, term limits, and methods for selection.*

- *Ask each team member to identify two people who they think should be leaders of the group two years from now. Taking the names most often mentioned, approach these people about their interest in a leadership role and what they would need to feel comfortable in accepting a leadership role in a few years. Do not promise them a role; rather begin to see who is interested and what can be done to help prepare people for that time.*

HELPFUL TOOLS

Six tools have been attached to help your team as it considers how to grow and develop its leaders.

Checklist of Tobacco Control Leadership Characteristics - to help identify the important traits of team leaders.

Tobacco Control Leaders in Our Community - to help identify potential new leaders by name.

Thinking About a Plan for Community Involvement - to stimulate discussion of the major issues associated with increasing community involvement in your efforts.

Increasing the Diversity of Our Tobacco Control Team - to stimulate ideas about others you might recruit to increase the diversity of your team.

Assessing the Commitment of Community Members - to help find out what people are and are not willing to do on behalf of tobacco control.

Leadership Development - to stimulate seeking out opportunities for developing leadership skills.

Tool 2 A

Checklist of Tobacco Control Leadership Characteristics

Use this checklist when identifying new leaders for your tobacco control effort. Remember, no one person one will have all of these characteristics.

A Leader in Tobacco Control:

- ✔ knows something about both program development and policy change strategies
- ✔ is committed to the mission of tobacco control
- ✔ is willing to donate extra time and energy to the process
- ✔ has a vision of comprehensive tobacco control for the community
- ✔ is able to articulate this vision
- ✔ is able to mentor others in the group
- ✔ has a good track record of shared leadership and collaboration
- ✔ is well respected in the community
- ✔ is not afraid to take risks
- ✔ contributes other resources from her/his organization whenever possible

Tool 2 B

Tobacco Control Leaders in Our Community

It is important to identify people in your community who can come together and work on a comprehensive tobacco control effort. Use this chart along with the previous Checklist of Tobacco Control Leadership Characteristics to list the names, organizations, and potential contributions (skills, resources, credibility, etc.) specific people in your community might make to the tobacco control effort.

Tobacco Control Leaders in Our Community		
Name	***Organization/Agency***	***Potential Contributions***

Tool 2 C

Thinking About a Plan for Community Involvement

This framework will help organize your thinking about increasing community involvement at different stages of your tobacco control efforts.

Get together with the tobacco control leaders in your community to discuss the following questions.

Questions	Our answers
Why do we want or need more representation from the community in our tobacco control efforts?	
How many more people/organizations do we need?	
What kinds of people/organizations should we include?	
Who is going to find and recruit the new people/organizations?	
When is a good time to find/recruit new people/organizations?	
What are some obstacles that we may encounter?	

Adapted from: Community Toolbox/University of Kansas

Tool 2 D

Increasing the Diversity of Our Tobacco Control Team

Who *else* will help to make your planning efforts more representative of your community? Consider including people/organizations that you may not usually include in your planning efforts and programs. Including others will help to enlarge your base of support and bring additional resources to your tobacco control efforts. Use this chart to help you identify additional people and organizations and what each has to offer to your community's tobacco control efforts.

	Name/Organization	What they have to offer to the tobacco control efforts
Elected officials		
Youth-led groups		
Youth Advocacy Organizations (e.g., PTOs, PTAs, Boys Clubs, Girls Clubs)		
Ethnic Specific Community Groups		
Seniors		

TOOL 2 D

	Name/Organization	What they have to offer to the tobacco control efforts
Business leaders		
Religious leaders		
Environmental groups		
Drug prevention organizations		
Survivor support groups		
Labor/employee unions		
Restaurant associations		
Neighborhood associations		
Hospitals that serve the area		
Local health department(s)		

TOOL 2 D

	Name/Organization	What they have to offer to the tobacco control efforts
County nursing services		
Local medical associations		
Local dental association		
Other health care professionals		
Law enforcement		
Schools, including colleges and universities		
Media		
Parent groups		
Former smokers		
Others		

Tool 2 E

Assessing the Commitment of Community Members

Finding out how organizations want to be involved and don't want to be involved will help you plan your tobacco control prevention efforts. Understanding a person's/organization's limits or boundaries as early as possible will also help to manage expectations as your planning efforts progress.

The amount of effort that a person/organization is willing to commit to the tobacco control efforts in their community may change over time due to many factors including:

- their growing knowledge of the issues
- the relevance of the issue to them
- their personal experience

It's important to periodically assess people's level of commitment and ask them again how and when they want to be involved.

Here are three important questions for discussion with community members who want to participate in your community's tobacco control efforts. Remember that some people may not be able to answer these questions until they learn more about tobacco control and your efforts.

- *What are you willing to do?*
- *What will you probably not do?*
- *What can't you do?*

Tool 2 F

Leadership Development

New skills will likely be needed by the tobacco control leaders in your community as you move toward more comprehensive approaches to tobacco control. Actively seeking out opportunities for yourself and other leaders in your community is essential to continuing personal and team growth.

Some ways we learn from others to gain new skills.

- Talk with someone who has experience with what you are doing/planning to do.
- Learn from written materials (articles, reports, manuals, websites).
- Participate in a listserv (computer-based discussion group) set up specifically for tobacco control leaders.
- Attend a training.
- Invite others with similar experience to come to your community and talk with the tobacco control team

Contacts for information about leadership development and training opportunities.

Local or State Health Department

State Tobacco Control Coalition

American Cancer Society

American Heart Association

American Lung Association

Advocacy Institute

American Legacy Foundation

and others...

When calling for more information:

- Explain what you are doing and what you need.
- Ask if there is anyone else in the state that is doing/has done something similar to what you are doing.
- Ask if there are related efforts in other states or at the national level that are related to what you are doing.
- Ask if they can suggest (or send) any relevant articles, reports, manuals, or websites.
- Ask about any listservs that are relevant and useful.
- Ask about any training opportunities that may be coming up in your area.
- Ask whether they will send anyone to your community to assist you in your tobacco control planning efforts.
- Ask if there is anything else that they think would help your efforts.

ADDITIONAL RESOURCES

Community Toolbox

University of Kansas
http://ctb.lsi.ukans.edu

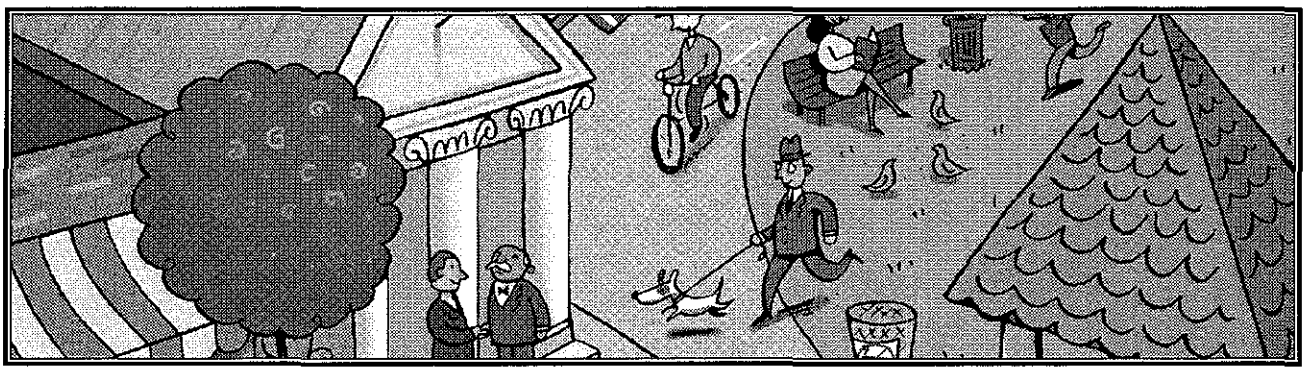
Includes practical guidance for improving community health and development. There are more than 3,000 downloadable pages of specific, skill-building information on more than 150 community topics. Specific sections of this website include:

- *Community Building Tools**
- *Helpful Links to Other Web Sites*
- *Forums and Chatrooms*
- *Community Troubleshooting Guide*
- *Guide for Writing a Grant Proposal*

* The Community Building Tools section of the tool box includes information, examples and overheads related to:

- Models for Promoting Community Health and Development
- Community Assessment, Agenda Setting, and Choice of Broad Strategies
- Promoting Interest and Participation in the Initiative
- Developing a Strategic Plan, Organizations Structure, and Training System
- Leadership, Management, and Group Facilitation
- Selecting, Designing, and Adapting Community Interventions
- Implementing Promising Community Interventions
- Culture, Spirituality, and the Arts
- Organizing for Effective Advocacy
- Evaluating Community Programs and Initiatives
- Maintaining Quality and Rewarding Accomplishments
- Generating and Managing Resources for the Initiative
- Social Marketing and Institutionalization of the Initiative

Figuring Out Where We Are Now



Now that you have a team in place or are beginning to form one, and have a 'big picture' of tobacco control, it is time to start detailed planning. Despite all the jargon and theories out there, practical planning boils down to three basic activities:

- *Figuring out where you are now.*
- *Deciding what you want to do.*
- *Determining how you are going to do it.*

In this section, we will walk through some practical approaches for assessing where your community is right now in terms of tobacco control activities. As with the previous sections and those to follow, community assessment is most successful when done as a group activity that everyone contributes to, not something done by one or two people on behalf of the others.

THINGS TO CONSIDER

Remember to Begin at the Beginning

From the GETTING THE BIG PICTURE section, you will recall that tobacco control has a clearly defined goal which is addressed through four major priority areas:

> *Ultimately, the goal of tobacco control is to reduce the human burden of premature illness, death, and disability caused by tobacco products. To achieve this goal, tobacco control programs are more specifically aimed at the four priority areas:*
>
> - *Prevent youth from initiating the use of tobacco products,*
> - *Promote tobacco cessation services,*
> - *Eliminate secondhand smoke exposure (also known as environmental tobacco smoke or ETS), and/or*
> - *Reduce tobacco industry influence.*

Tobacco Control Community Indicators

For each of the tobacco control priority areas, there are many different things that could be looked at to help form an overall picture of where your community is now. These are called ***community indicators***.

Here are a couple of community indicators as examples:

- *From the priority - Prevent Youth Initiation*

  Indicator - Extent of teachers who report receiving tobacco use prevention specific training for teachers.

- *From the priority - Eliminate Secondhand Smoke Exposure*

  Indicator - Extent of public and private worksites that designate smoke-free entrances within 15 feet or more of the outside doorways.

All we need to get started is a list of indicators covering each of the tobacco control priorities. Fortunately, the Tobacco Control Section (TCS) of the California Department of Health Services has already developed a list of indicators with input from tobacco control people in communities throughout the State. In all, they have identified 38 important indicators across the 4 tobacco control priority areas. Take a few moments and look over this list, which is the first column of the chart in Appendix 1B of this manual. Don't worry about the other columns in the chart at this point - we'll get to those in later sections.

Tobacco Control Community Assets

Community assets are factors that promote *communities of excellence in tobacco control.* While ***community indicators*** measure what is happening in tobacco control in a community, ***community assets*** measure what the community already has that can make tobacco control as a whole stronger.

Examples of ***community assets*** include:

- *Extent of participation by ethnically and culturally diverse groups on community tobacco control coalitions in relation to their proportion in the community.*

- *Extent of support by local key opinion leaders for tobacco related community norm change strategies.*

TCS has developed a list of 8 community assets which are also found in Appendix 1B.

Using Indicators and Assets for a Community Assessment

Now you have a list of community indicators and assets to do a thorough assessment of where your community actually is in tobacco control as a whole.

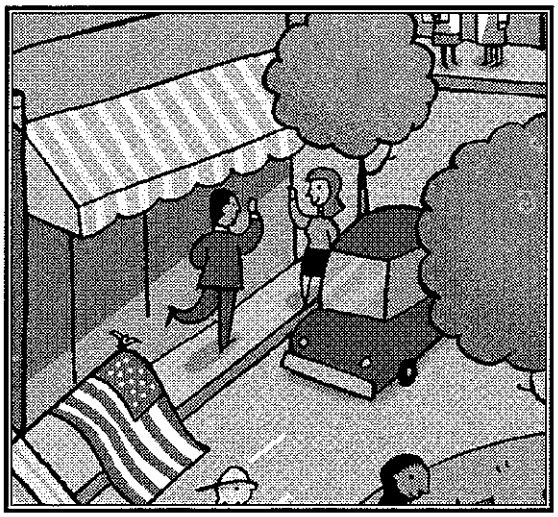
With the information you get by doing the assessment, you will be ready to identify the tobacco control priority areas, strategies and goals that will make up your comprehensive tobacco control plan.

TCS has once again come to the rescue, and has developed a process for rating communities on the indicators and assets. Essentially, you look at each one separately, and using the best

data available to you (sometimes that's none!), you rate where your community is on a 5-point scale from NONE to EXCELLENT.

Each ***asset*** is measured on a single scale. Each ***indicator*** is to be measured on up to 9 ***strategies***. Strategies are things you can do in a community that might improve your assessment rating. The strategies that can be used for assessing an indicator are (not all strategies apply to every indicator, but public awareness and public support are important to successfully addressing all of the indicators outlined by TCS.):

- *Public awareness*
- *Public support*
- *Media attention*
- *Education/awareness campaign*
- *Media campaign*
- *Voluntary policy*
- *Legislated policy*
- *Active enforcement*
- *Compliance*



Here is an example. Let's take the indicator:

Extent of public and private worksites that designate smoke-free entrances within 15 feet or more of the outside doorways.

If you think about the previous strategies, you could conclude that several apply here. One of these might be ***voluntary policy***. That is, how would you rate the worksites in your community in terms of their adoption of voluntary policies that contribute to this indicator?

It may be that some study (e.g., Current Population Survey) or some group in your community has data that will give you a hard number to help answer this question. Or, it may be that not much information is available. Using what you do have, the group should make a judgement about where on the scale your community is on each strategy for this indicator.

Let's say you decide that not much is happening in your community outside of a very few businesses that have put voluntary policies into place. So you decide to rate the community as POOR on this attribute.

Maybe on the other strategies that apply to this indicator your ratings range from POOR to GOOD. When the group looks at all the strategies for this indicator together, your best judgement might be that your community rates only FAIR.

This tells you that there is a lot of room for improvement and creativity if you decide this is one of your priorities during the planning process.

This sounds much more complicated than it is. Once you do one or two of the ratings the rest will come easy. Try practicing with the group on a couple just to see how it goes before you get down to the complete assessment. You will find some simple, step-by-step instructions on how to do this in the HELPFUL TOOLS section below and in Appendix 1A.

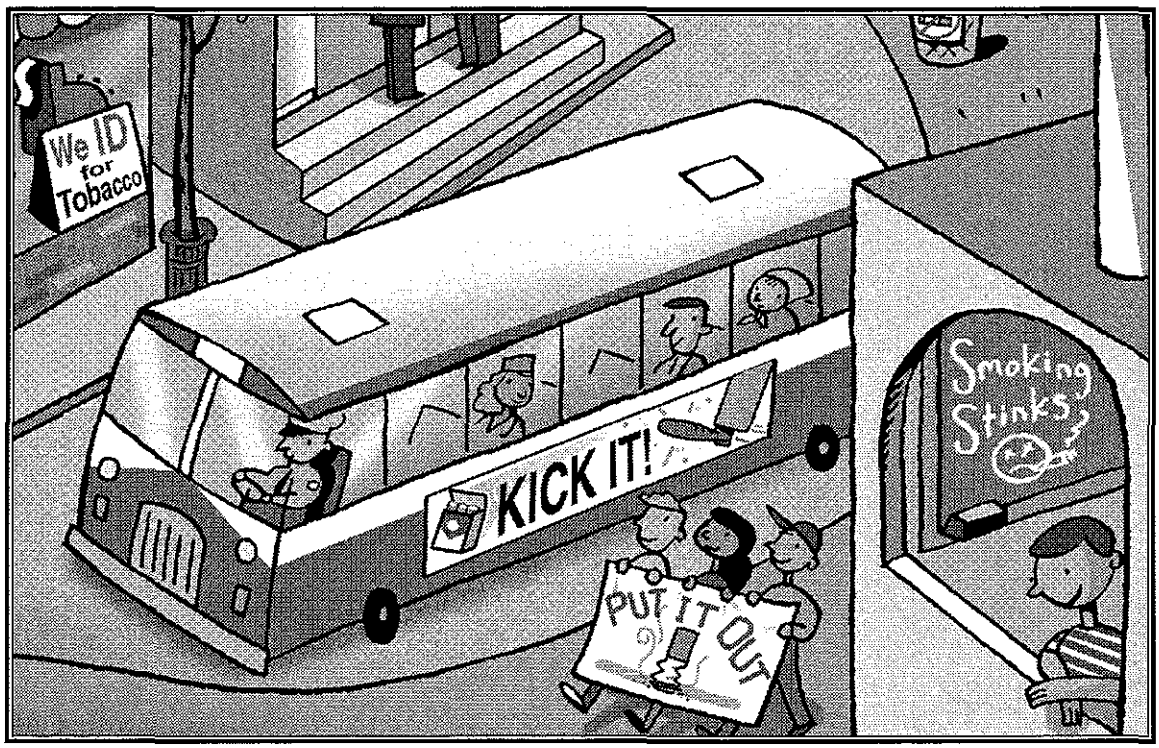
LESSONS LEARNED

- *Plan with data! Be sure you use the best information and data available to your community.*
- *Only gather data that will assist you in making decisions. Often data is gathered that is irrelevant to the decisions that need to be made.*
- *Avoid "Analysis Paralysis." It is very likely you will not have "all the data" you might want to assess every indicator. The group should decide it will make decisions even when some data might be unavailable.*
- *Going through the process of assessing the community as a group is an important activity that can greatly increase member interest and commitment to the effort.*

- *Tobacco control is often not identified as the only, or even the top, concern of the community. Determine where tobacco control as a community issue lies in context of other community needs. Use this information to develop strategies on how to approach and gain the support of diverse groups in the community whose agendas may relate to yours. For example, groups that help people develop literacy skills may become involved if they can use tobacco education materials to help teach reading skills.*

- *Package and disseminate the results of your assessment to educate, advocate and leverage the support of the public, media, elected officials and other key stakeholder groups. Share what you learn!*

- *Information gathered during the assessment might also include local statistics on tobacco use and ETS exposure, as well as the programs, policies and activities that already exist.*



GETTING STARTED

Here are some ideas for getting started with an assessment of your community:

- *Practice individually assessing a few of the indicators and assets found in Appendix 1B. Compare your findings with those of others and discuss the reasons for differences you may note. This is a 'pilot test' of the assessment. In doing the 'pilot,' you may find at first that people will interpret the indicators and strategies differently. Discussing these differences in advance will help the group be more consistent when it does the full assessment.*

- *Do a formal, group assessment of all the relevant indicators in Appendix 1B using the instructions in this manual.*

- *Do an inventory of all the tobacco control programs and activities in your community, including learning what you can about their accomplishments and impact on the tobacco use problem.*

HELPFUL TOOLS

Two tools are attached to provide guidance and information to help begin your community assessment activities.

Instructions for Assessing Community Indicators and Assets - to provide step-by-step guidance in using the California Department of Health Services, Tobacco Control Section's community assessment tools found in Appendix 1 of this manual.

Types and Uses of Data - to serve as a quick reminder of the differences between qualitative and quantitative data and issues that should be considered when using data in your community assessment.

Tool 3 A

Instructions for Assessing Community Indicators and Assets

These step-by step instructions are intended to be used with the California Department of Health Services, Tobacco Control Section's (TCS) ***Community Indicators and Assets*** material found in Appendix 1 of this manual.

Remember, this is best done as a group activity with the tobacco control team. Completing the assessment could easily take more than one meeting of the group.

Step 1 - *Locate Appendix 1B and familiarize yourselves with its layout. Note that it is divided into separate sections for each of the 4 major tobacco control priority areas (e.g., Eliminate Secondhand Smoke Exposure). Start out by having a group discussion of which of the 4 priority areas you should start with. Pick the one that seems most relevant to your community today.*

Step 2 - *Go through each indicator in that priority area as a group and decide which ones apply to your specific community. Not all indicators will apply to every community. Assign responsibility for gathering data for each indicator in your list. Reconvene the group when the data becomes available.*

Step 3 - *Hand out copies of the* ***Community Indicator Assessment Form*** *found in Appendix 1C. Pick the first indicator that you want to work on and write it's name on the form. You are now ready to rate the indicator.*

Step 4 - *As a group, discuss and rate your community on each item that applies. You might also want to individually rate the items that apply and then have a group discussion to compare ratings before agreeing on a final rating. If you need help understanding the rating scales, TCS has developed specific definitions for each point. These are found in Appendix 1E,* ***Definitions of Attributes for Community Assessment Forms.***

Step 5 - *Now look over all the ratings that apply to the indicator and give the indicator an overall rating on the scale provided. This is a judgement call based on the collective wisdom of the group. Do not average the ratings for the individual items.*

Step 6 - *Fill out the third page of the indicator rating form. Have someone in charge of filling out and keeping a master copy of each assessment form.*

Step 7 - *Handout new copies of the* ***Community Indicator Assessment Form*** *and repeat the process for the next indicator that applies. Repeat steps 3-6 until all the indicators that apply to the tobacco control priority area have been rated.*

Step 8 - *Now, go back and repeat the process in Steps 2 - 7 for the indicators in each of the other 3 tobacco control priority areas.*

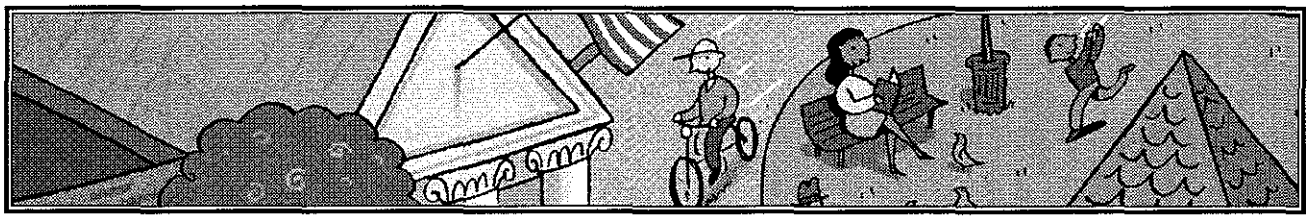
Step 9 - *Handout copies of the* ***Community Asset Assessment Form*** *found in Appendix 1D. As a group, decide which of the 8 assets applies to your community situation.*

Step 10 - *Rate each community asset that applies on the scale provided. Have someone in charge of filling out and keeping a master copy of the asset assessment form for your community.*

Step 11 - *At this point you will have assembled all the ratings for each indicator and asset that applies to your community. This group of ratings will be immensely useful in going to the next step in developing a community plan. At this point, consider as a group the merits of developing a report to the community using your assessment results. Such reports can often be useful in educating the community and motivating others to become involved.*

Tool 3 B

Types and Uses of Data



Quantitative Data

Quantitative data are specific numbers that have been systematically derived through some method of counting (e.g., public surveys, motor vehicle records, laboratory test results, etc.). When quantitative data are available to inform decision making, the results are often more reliable and precise.

Examples

State survey and surveillance data (e.g., Behavioral Risk Factor Surveillance System - BRFSS, Youth Risk Behavior Survey - YRBS)

Ordinance and Policy Tallies (e.g., the number of clean indoor air ordinances in a state, proportion of successful tobacco purchases by minors, number of tobacco free schools)

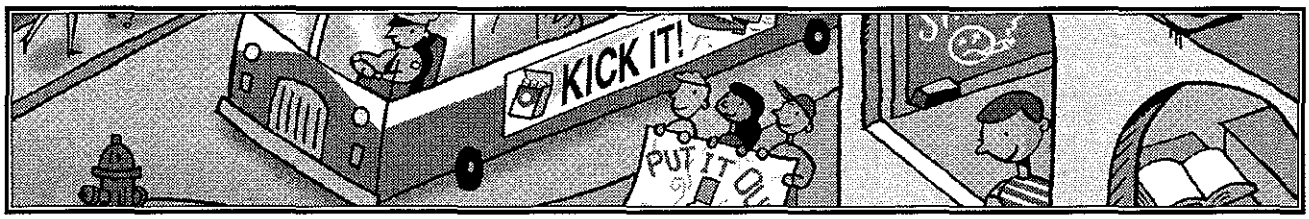
Issues in Using Quantitative Data for Community Assessments

Existing data may not include local community data, but only state or regional data.

Data may not be directly useful for identifying gaps or needs within a community.

There is a need to guard against gathering so much data that it inhibits effective decision making.

New data collection can be an expensive and time consuming undertaking.



Qualitative Data

Qualitative data are more subjective types of information gleaned through methods that rely on summarizing a wide variety of ideas and opinions in a less precise manner than do quantitative methods. Qualitative data can be very useful for getting quick reactions to ideas and concepts or to get a feel for what people are thinking about certain issues.

Examples

Open ended questions on surveys

Focus groups

Central location intercept interviews

Expert opinion studies

Issues in Using Qualitative Data for Community Assessments

Qualitative methods provide **insights** into issues or populations - not definitive numbers or answers to specific questions.

Qualitative methods typically rely on far fewer individuals who are not usually selected randomly for obtaining information. Thus they are not representative of the population as a whole or even of particular population groups.

ADDITIONAL RESOURCES

Community Health Indicators

http://faculty.washington.edu/~cheadle/cli/

Useful indicators designed to assist in monitoring the tobacco control health of your local community.

Comprehensive Tobacco Control

http://www.cdc.gov/tobacco/index.htm

Centers for Disease Control's website containing data and information on comprehensive tobacco control.

Deciding Where We Want To Go

With an assessment of your community in hand, your tobacco control team is ready to answer the next important question in planning:

Where do we want to go?

Answering this question involves four important activities:

Gathering ideas from the team and the community about what should be done,

Prioritizing those ideas so that the most important get attention first,

Developing action plans, and

Considering resources to implement the plan.

The priority areas for tobacco control have been well established by ACS, CDC, NCI and many other tobacco control experts based on science and the experience of many states and communities. The task for *communities of excellence* in tobacco control is to develop a plan within this broader vision that specifically addresses the needs and opportunities of your community.

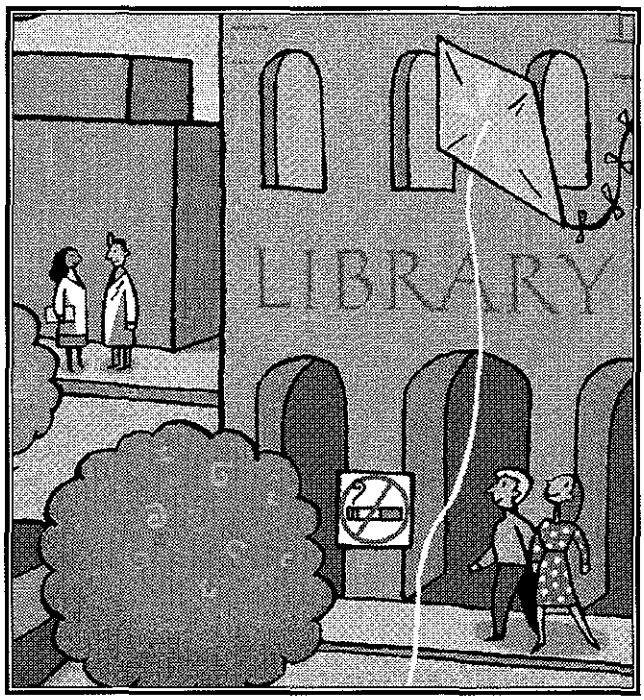
As you develop your plan, keep in mind the four priority areas of tobacco control that were part of your community assessment:

- *Prevent youth from initiating the use of tobacco products,*
- *Promote tobacco cessation services,*
- *Eliminate secondhand smoke exposure,*
- *Reduce tobacco industry influence.*

THINGS TO CONSIDER

Deciding What to Focus on First

From your community assessment, you will have identified some tobacco control indicators that your community is doing well on, some that it is doing poorly on, and some in between. Sometimes people start out planning to correct their weaknesses. Experience in tobacco control has shown that this is not always the way to go. Sometimes making something that is working pretty well even better is more effective than trying to fix something that isn't working at all. For example, if 90% of the schools in your area have smoke-free campuses, you may be more effective concentrating on getting that last 10% than in starting a whole new project from scratch. Similarly, you may be more effective in improving already existing cessation services in your community than in trying to start up new ones.



The decisions about what to start working on are ***judgment calls*** that your tobacco control team must make. There is no formula to make these decisions, but you can develop some criteria for deciding as a group which indicators to work on. Below are some sample

criteria that could be used as your team looks at all the tobacco control indicators for your community. Your tobacco control team may want to add criteria of its own:

- *There is still room to make a meaningful improvement.*
- *People in this community are interested in this.*
- *People on this tobacco control team believe we can do this.*
- *We have or can likely get the resources we need (expert advice, monies, etc.).*
- *We have some idea of actions we can take.*

It is important as a team to decide which indicators you want to include in your planning process.

Gathering Ideas

After deciding which indicators to include in your plan, it's time to generate ideas about activities you will do to work on that indicator. These ideas can come from the **ADDITIONAL RESOURCES** located at the end of this section, talking to community members formally (e.g., at meetings or in focus groups), and brainstorming with your tobacco control team. You can probably think of some other sources of ideas.

TCS has provided us with another set of tools for generating ideas. The chart in Appendix 1B lists both strategies and example outcomes related to each indicator. Your team should review this chart as it is developing its ideas.

From whatever source, your tobacco control team should develop a list of possible activities for each indicator the team has decided should be worked on. During the list development stage, don't get too concerned about whether the ideas are good or bad. As the group process moves forward, the bad ones will drop out and the good ones will rise to the surface. It's best to put all the ideas on the table at first.

Prioritizing Ideas

There are lots of really good activities out there which could really make a difference in tobacco control. One problem to be avoided at all costs is to try and do too many things at once. We need to work hard on tobacco control, but we must also be able to successfully do what we say we will.

This means that there is a need to decide which ideas to work on ***first***. Priority setting is not about what ideas are in the plan or not, but about which ones we need to start with. Priorities should be set across all indicators rather than within each indicator. This means that some indicators will probably not be addressed when you first implement your plan. It is also a good idea to have some quick successes to motivate the team and demonstrate progress.

There are techniques in the **USEFUL TOOLS** section that your team can use to help set priorities.

Developing Action Plans

It is important to have an action plan for each priority activity. A good action plan includes the steps that need to be taken to implement the activity, who is responsible, the deadline for getting it done, and what resources it will take. It also defines the timeframe for the action plan. Action plans are most realistic when they are one year or less in length.

Before your team starts working on the action plan, it must decide as a group how many activities you can work on at one time. Be realistic! Some tobacco control coalitions only work on 1 or 2 activities in their initial year. Then they come back and pick up others.

Write it Down - Briefly!

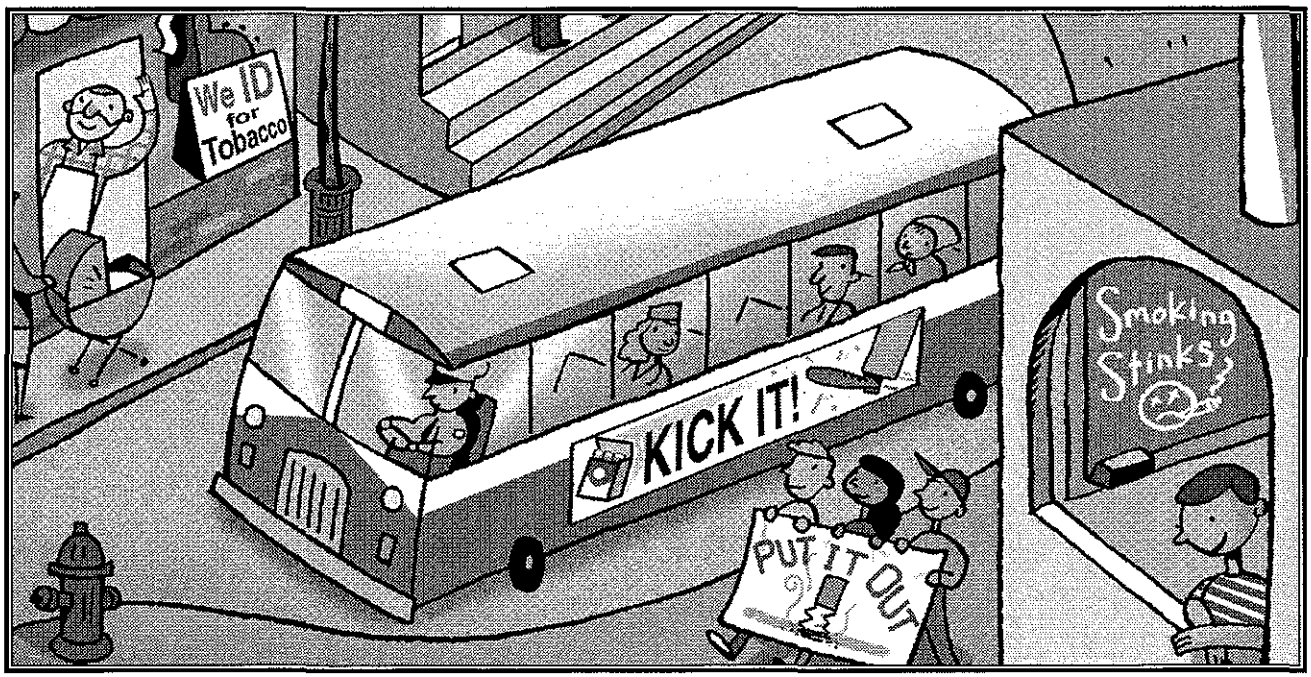
Having a written plan is important. But written plans are only useful if they are read and used. Plans need to clearly spell out which indicators are being addressed, the specific activities your team will be working on, the action plans for each, and what you hope to have accomplished in the initial time frame. This can be used to benchmark and celebrate each successful step.

Generally, the shorter the plan, the more likely it will be read and used.

A Few Words About Resources

You can almost always count on someone raising the issue of resources very early in the planning process. It is pretty obvious that the resources you have available will determine how much you can get done. Deferring decisions about resources until the team has set priorities can help in being more creative both about what can be done and how the resources might be obtained.

When the question of resources comes up, keep in mind that most people think of resources as money available. Often though, human (e.g., volunteers, donated staff) and other organizational resources (e.g., computer, copying, and accounting support) are the most valuable resources that a community has. Having people committed to lending their time, experience, passion, and/or expertise is the key to a community's success in tobacco control efforts. At the same time, multiple sources of new monetary support are becoming increasingly available (e.g., state monies from the tobacco settlement being made available to communities).



LESSONS LEARNED

About Planning

- *Base the planning process on the needs and gaps that have been identified in the community assessment process. Do not start the planning process in detail until the initial assessment has been completed.*

- *The planning process must result in decisions about what activities, needs and/or gaps are most important or realistic to start with. Sometimes the most important activities overall can't be worked on until something else is in place (trained skilled staff, public awareness/support, system to track and measure progress, etc.) to assure it will be successful.*

- *Some communities have decided they need to work on developing a functional group before taking on specific tobacco control activities, others may decide to do only one or two things initially to get some success and experience under their belt.*

- *Once priorities are established, match the skills and capacities needed to address them with those in the community. Action plans utilize existing skills and capacities fully and account for getting others not yet available.*

- *Avoid trying to work on too many things when you are just starting out.*

- *Prepare participants for the planning process by providing a few sentinel resources in advance, including the CDC Best Practices handbook.*

- *Be prepared to spend time in the planning process educating participants about various aspects of tobacco control. Not everyone will start with the same knowledge base and some people will need help getting up to speed on some issues as they arise.*

About Resources

- *Community tobacco control activities can be accomplished even without substantial financial support. It can be accomplished with a core of committed people and organizations who volunteer their time and skills. Money is very helpful in developing programs, but money changes teams and processes. A community that receives new funding will see changes in its group dynamics, member make up and progress towards its goals and objectives. Some of these changes are desirable; others are not. Be prepared for both!*

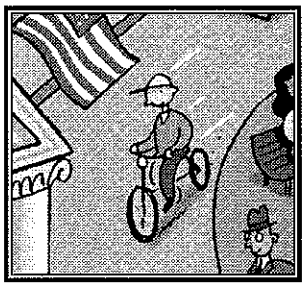
- *Community needs and interests, not the availability of money alone, should be the driving force in setting the tobacco control agenda.*

- *If funding is obtained, having a credible and reliable fiscal agent is critical.*

- *Advocacy is not always the same thing as lobbying. Advocacy is more often about educating individuals, groups or the public about an issue, rather than lobbying for a specific law or position. This distinction is important to keep in mind, as it is often easier to obtain funding for advocacy efforts that educate than for supporting lobbying efforts that call for passage of a specific law.*

- *Developing relationships with funding agencies before applying for funding is important in order to understand their philosophies, priorities and operating characteristics. These relationships and understandings can greatly strengthen an application.*

- *It is more powerful and effective to communicate to funding agencies with "one team voice," rather than multiple organizations asking for resources in a fragmented manner. A plan developed by the tobacco control team in a community shows solidarity and strength on the issue and can be very appealing to a funding agency.*



GETTING STARTED

Here are some things your tobacco control team can do to get started on developing and implementing a comprehensive tobacco control plan for your community. The next section has tools to help you get started on some of these:

- *Do a SWOT (strengths, weaknesses, opportunities and threats) analysis to develop a group sense of what is working well for you in tobacco control and what is working against you.*

- *Pick one of the indicators that your community might be interested in. Have each person on the team write down 5 things that could be done to be more effective on that indicator. Then compare lists. See how many things people had in common. Give an award for the most 'doable' but 'off the wall idea.'*

- *Develop a plan for communicating to the public your group's top priorities and expected progress for the coming year.*

- *Agree on the five most important points in your team's plan and then make a 1-page (or less) factsheet describing them.*

- *Develop a short story of your team's experience in developing the tobacco control plan. Include what went the way you expected and what didn't. Also tell 'lessons' learned from the experience. Find someway to share that story with other community tobacco control groups (e.g., seminars, presentations at professional meetings, publish it in a journal or newsletter, post it on a tobacco control website).*

HELPFUL TOOLS

Five tools are attached to help your team as it decides what to work on.

Identifying Strengths, Weaknesses, Opportunities and Threats - to carry out an analysis of what is working for and against the tobacco control effort in your community.

Warm-Up Exercise on Tobacco Control Activities - to get your team thinking about tobacco control activities before starting the actual process of developing a plan.

Sample Criteria for Setting Priorities - to get your team started on developing its own criteria for setting priorities.

How To Prioritize Activities - provide an example of a simple priority setting process that can be used in your community.

Identifying Resources to Support Tobacco Control Activities - to provide some starter ideas for finding resources to support your community's efforts.

Tool 4 A

Identifying Strengths, Weaknesses, Opportunities and Threats

(A 'SWOT' Analysis)

With the community assessment information you have gathered, use the following questions to structure a SWOT discussion. Although the questions may seem rather simplistic, the process is extremely important in ultimately deciding which indicators and activities should be included in your community tobacco control plan.

1. What are the greatest strengths in our community that will support a comprehensive tobacco control program?

2. What are the weaknesses or barriers in our community that might hinder development of a comprehensive tobacco control program?

3. What successes have we had in our community in tobacco control or other health related community efforts? What did we learn from those successes?

4. What failures have we experienced in tobacco control or other health related community efforts? What did we learn from those failures?

5. What current opportunities might be available to the community that could aid our tobacco control program?

6. What threats might the community experience during the planning and implementation of a tobacco control program?

Record the answers to these questions in a bulleted list format - the group will want to refer to them during the development of the community tobacco control plan.

Tool 4 B

Warm-Up Exercise on Tobacco Control Activities

Pick one or more of the following examples. Go over them as a warm-up exercise to get your tobacco control team thinking about tobacco control activities. Briefly discuss these ideas and then ask the group if there are others that would be better for your community. After going over a couple of these, turn to the indicators you have decided to work on as a team.

Outcome: Preventing Youth Initiation

- Encourage local school boards to adopt a policy that prohibits tobacco use on school property and at school events.
- Enforce existing school policies.
- Acquire local data on tobacco sales to minors.
- Conduct a community assessment of tobacco advertising and sponsorships and develop a plan to reduce both.

Outcome: Promoting Tobacco Cessation

- Advocate for insurance coverage for cessation services.
- Promote and support ACS' "Make Yours A Fresh Start Family."
- Train dental providers to adopt office protocols to encourage cessation among their tobacco using patients.
- Participate in the ACS "Great American Smoke-out."
- Publish lists of community cessation resources.

Outcome: Protecting the Public From Environmental Tobacco Smoke

- Advocate for voluntary or mandated smokefree workplace policies.
- Publicly acknowledge smokefree businesses with awards and/ or media coverage.
- Develop programs that encourage parents that smoke to declare their home a smokefree home.
- Promote local news stories on clean indoor air and the dangers of ETS.

Outcome: Identify and Eliminate Population Disparities

- Advocate for funding interventions targeted towards high risk populations.
- Assure that program materials are culturally relevant for high risk groups.
- Develop a media campaign to increase at public awareness of disparities in tobacco use.

Outcome: Counter Tobacco Industry Influence

- Promote policies that prohibit acceptance of tobacco industry dollars and programs by school.
- Advocate for additional advertising and promotion restrictions.
- Sponsor a community forum in tobacco industry tactics.
- Have a youth 'exchange' day where they can swap tobacco products for other items (e.g., gift certificates, t-shirts, etc).

Tool 4 C

SAMPLE CRITERIA FOR SETTING PRIORITIES

Anytime you do a priority setting exercise, the criteria for doing so should be very clear. The following is a sample list of criteria that can be used to start a discussion with your tobacco control team about the criteria you will use in determining which activities to engage in.

1. Will this activity make a substantial impact on the tobacco problem in our community?

2. Does this activity address the need to complement and enhance a comprehensive approach to tobacco control in the community?

3. Are there any organized efforts currently underway related to this activity?

4. Are there 'best practices' or successful approaches that have been used successfully by other communities?

5. Are there ways to track the progress on this activity?

Tool 4 D

HOW TO PRIORITIZE ACTIVITIES

Setting priorities will be easier when you have a simple process that everyone understands. Below is one process that has worked well for many tobacco control groups.

Step 1: The group creates a list of activities as identified by the data collected.

Step 2: The group prioritizes the needs in the list by using a "dotting" exercise in which each member is given stickers and asked to "vote" for their priority items based on a set of established criteria (see Tool 4 C).

Number of Stickers To determine the number of stickers per group member, use the 1/4 rule: Count the number of activities on the list generated by the group. Determine what 1/4 of that would be and give out this number of stickers to each group member. (Example - 24 activities; 24/4 = 6 stickers per person). **Remind each person in your group to use only one sticker per activity.**

Step 3: Count the total number of sticker votes for each item, identify the top activities (typically 2 to 5) the group has determined to be the highest priorities. Summarize these for the group so that everyone know what the group has decided.

Tool 4 E

Identifying Resources to Support Tobacco Control Activities

There are many types of organizations that fund efforts in communities. It will be important to identify funding organizations that have missions and programmatic interests that closely match those of your tobacco control team.

- **Enlist Experienced People in the Group to Get the Ball Rolling** - Assign someone in the group who has had grant writing or fund raising experience to identify potential funders. Possible sources include:

  Local Resources: City / County Government, Major Employers / Businesses, Local Merchants, Community Foundations

  State Resources: Foundations, State Government, Major Employers/Businesses

  Federal or National Resources: Federal Government, Foundations

- **Develop an Initial List of Prospective Funders** - Develop a list of funders with the following information on each organization:
  - Mission
  - Areas of grant interests
  - Granting process (RFA, unsolicited grant proposals, meeting with funder, etc.)

- **Obtain Additional Information from Prospective Funders** - Call, write or check the website of the organization to obtain additional information on their organization and their interests to determine if they appear to be a good match.

- **Make A Personal Contact with the Funder** - Call the organization and ask for the staff person who would handle tobacco control projects. During the first call you should introduce yourself and your group, explain the mission of the group and the project idea. Keep the conversation short and upbeat. Questions to ask during the first call include whether the organization might be interested in the project, and if so, what next steps are appropriate, upcoming deadlines for proposal, and specific instructions for submitting a proposal to the organization.

ADDITIONAL RESOURCES

Community Toolbox

University of Kansas
http://ctb.lsi.ukans.edu

Includes practical guidance for improving community health and development. There over 3,000 downloadable pages of specific and skill-building information on over 150 community topics. Specific sections of this website include:

Community Building Tools

Helpful Links to Other Web Sites

Forums and Chatrooms

Community Troubleshooting Guide

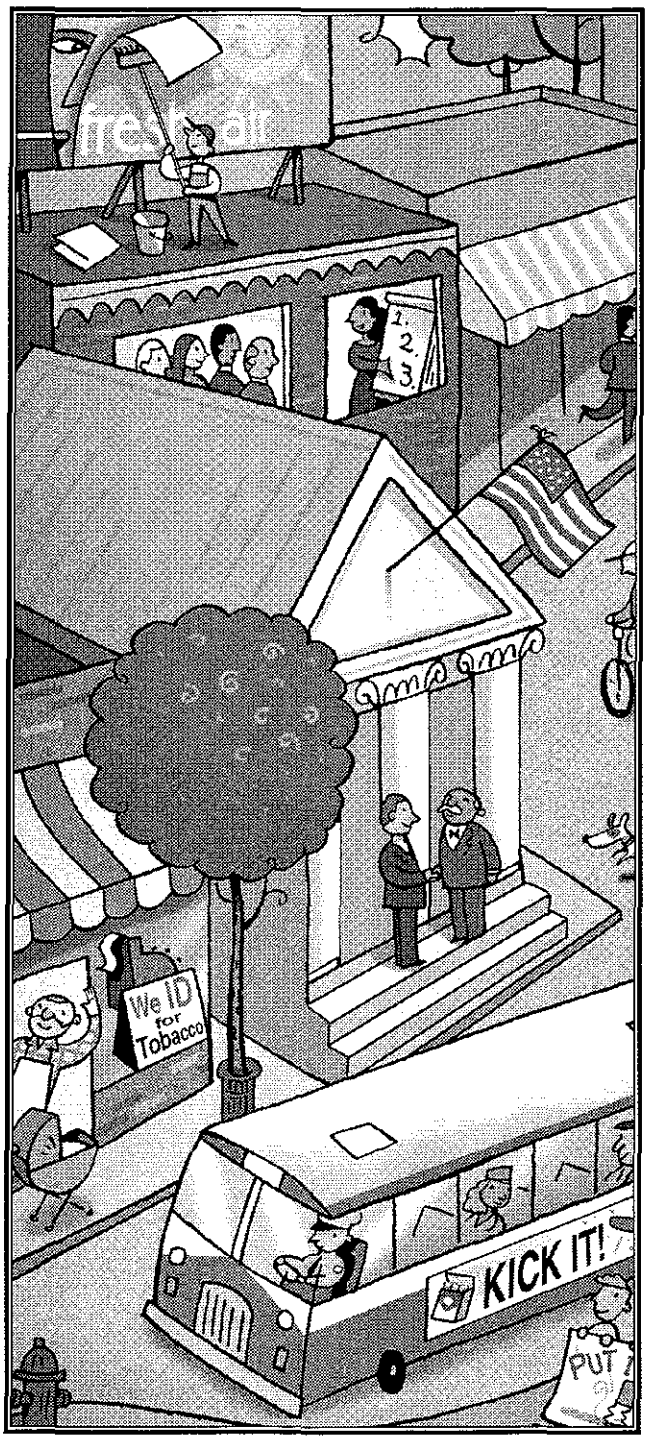
Guide for Writing a Grant Proposal

National Association of County and City Health Officials (NACCHO)

http://www.naccho.org/GENERAL185.htm

A good resource to refer to when determining programmatic resource requirements (as well as a host of other considerations). They have a document on line titled, "Program and Funding Guidelines for Comprehensive Local Tobacco Control Programs."

Organizing To Get It Done



As we saw in the last section, it is obviously important to systematically determine what your team is going to do in tobacco control. It is just as important to determine HOW you are going to work as a team to get it done. Identifying roles, responsibilities, decision making processes, communication methods, and timelines are highly critical to the success (or not!) of your efforts. Most everyone has an experience where good people with a good cause and a good plan got together, and it didn't work. You have to address the HOW issues.

But is this the reason the group got together? To deal with operations, administration and management issues? Not likely! When people want to be involved in an important issue like tobacco control, they want to change the world! - not worry about how the group works. Yet the group needs to acknowledge the importance of these issues to be successful. That's what this section is about - identifying the basic list of the HOW's, getting agreement on them, and then moving forward to change the world!

THINGS TO CONSIDER

Creating a "Structure" for the Group to Work Within

A few groups are able to get things done with very little structure. Others need to have a formal structure with by-laws to get their work done. Most need at least a set of clear operating guidelines to work within. As your tobacco control group adds more and different kinds of people, they will want to know what the 'rules' are and how the group gets its work done.

There are many considerations in the development of a group operating structure. Some of these are simple to deal with (e.g., how often to meet). Others can be more difficult (e.g., how to resolve conflict in the group).

Many tobacco control groups are looking at becoming not-for-profit, 501 (c)(3) corporations. These require formal by-laws and a legal operating structure. If your group is just starting out, it is generally better not to establish a rigid operating environment or an elaborate organizational structure. Instead, these should evolve over time, based on the plans the group develops. As the group matures, the move towards a more formal structure may be necessary.

As an alternative to formal by-laws at the outset, developing some mutually agreed upon ground rules is a good idea. These ground rules should, at a minimum, address the following:

- *What does the group expect/require of its members?*
- *How will group leaders be selected and what are their roles?*
- *How will new members be brought into the group?*
- *What kinds of issues will require a group decision?*
- *What are the rules for making decisions in the group?*
- *How will financial resources be managed and monitored?*
- *What internal and external communication methods will be used?*
- *How is conflict handled in the group?*
- *How and how often will we assess our progress?*

Learning From Other Tobacco Use Prevention Groups

Many communities across the nation have become involved in tobacco control over the past several years. With increasing resources becoming available, it can be expected that the number of communities involved in tobacco control will grow at a substantial rate over the next several years.

The experiences of communities in developing tobacco control efforts are often dynamic, personal and difficult to evaluate. Unlike information on program results, information about group development is not typically found in published materials. For the most part, this information is shared informally, verbally and in response to requests. This means we need to ask others about their experiences and lessons learned. Your team should actively seek out other groups who can give you some tips (and you need to share your experiences with others). Here are some suggestions on how:

Network *- Go to tobacco control and community development conferences to meet people. Start calling around to others nearby who have been involved in tobacco control. Introduce yourself and ask specific questions about what they are doing, what has worked, and what hasn't. Don't just talk about tobacco control programs and activities. Also ask about how they are doing as a group. Share with others your experiences and lessons learned.*

Collaborate *- Join other groups in their tobacco control efforts and ask them to join yours. Working closely with others will provide the opportunity to see how other groups and organizations have structured themselves. You might be very surprised at who else is working on tobacco issues (e.g., did you know that some cities have gang diversion programs through law enforcement agencies that include tobacco interventions?). Through better collaboration and coordination, resources, strategies, and implementation can be streamlined and leveraged to have a bigger impact.*

Plug In *- Read several of the wonderful resources that have been developed by experts in this field. Get online - there is a wealth of information from the federal and state governments, private, and not-for-profit organizations on the Internet. Many of these have 'bulletin board' methods of communicating with other tobacco control advocates across the nation. Use these methods both to share your experiences and learn from others!*

Recognizing and Rewarding The Group's Efforts

Recognizing and rewarding exemplary efforts in your community tobacco control program is important for many reasons: enhancing community relations and visibility, positioning the group to obtain funding, increasing community and member involvement, reinforcing positive actions, setting standards for behavior that can be copied by others throughout the community, and creating comradery within the group.

People who work in tobacco control are often working very hard to get the job done. They are so focused on the 'mission' that they sometimes forget to take time out and reward others - and themselves! When was the last time you went up to a restaurant owner and thanked her/him for maintaining a smokefree environment? Sometimes that's all it takes. But we also need to formally recognize the people who contribute their time and energy to the effort or who demonstrate the kinds of behaviors we are trying to promote in tobacco control.

Celebrate small successes (and the bigger ones too!).

LESSONS LEARNED

About Creating a Group Structure

- *If there is a small group that is the nucleus for launching the community tobacco control effort it should be positioned as a 'start up' group to avoid power struggles as other people come into the group later.*

- *Expectations of group members should be clearly articulated. Equally, group members should express their needs and expectations from the group (e.g., the need for public visibility).*

- *The fiscal affairs of the group should be managed in a fully open and transparent manner, including establishing fiscal policies at the outset.*

- *The group should have a member(s) with skills in marketing, communications and media that is also committed to tobacco control, to enhance the development of your internal and external communication strategies.*

- *The group might consider an annual 'celebration' event for itself to acknowledge progress made as a group and the individual contributions of members.*

About Learning from Others

- *Periodic (e.g., quarterly) conference calls with other groups in different cities or states are a good way to bridge communications, to share experiences, new ideas, problems and solutions with each other.*

- *Chances are someone has developed and implemented the same or similar tobacco control program activities that your group is considering. Before developing a new program, check around and see if one already exists that can be adopted or adapted for your community.*

- *A frank and honest approach to sharing your group's experiences - especially the ones that didn't turn out as expected, is just as helpful to others as sharing what did work.*

Recognition and Rewards

- *Create simple recognition and reward programs early in the program. Reward and recognition plans can be for individual efforts, group efforts, and for those inside and outside the group.*

- *Link recognition and rewards to dates and places that have significance. For example, Kick Butts Day, Volunteer Recognition Week, World Tobacco Day, the Great American Smoke Out, etc.*

- *There are multiple ways to provide recognition and rewards for successful efforts. These can be as simple as thank-you notes and as elaborate as a formal awards ceremony.*

- *When rewarding individual, group or community efforts remember that different people and organizations have different levels of skill, expertise and capacity. Account for these differences in the recognition and reward plan.*

GETTING STARTED

Here are a few things your group can do to begin developing a working structure.

- *Have the group brainstorm a list of all the administrative, operational and management issues that they feel should be addressed. Put each item from the brainstorm in one of three categories - 1) Need to make decisions about now, 2) Need to make decisions about in 3-6 months, 3) Need to make decisions about over the rest of the year. Address the first list as soon as possible and schedule dates to deal with the other two lists.*

- *Have the group identify online tobacco control websites, resources and listservs that group members could access. Make a list of phone numbers, Internet addresses and mail addresses and provide a copy to everyone. Some of the ADDITIONAL RESOURCES mentioned in this manual are a good starting place. Update the list periodically and as members discover other resources.*

- *Have a group discussion and identify key contacts to provide the group with insight into group development barriers, challenges and solutions for their community. Think about inviting someone from this list to one of your regular meetings to share ideas.*

HELPFUL TOOLS

Several tools included in this section can be used to assist your group as it considers how to structure itself, as it communicates both internally and to the public, and as it develops a recognition and reward plan.

Organizing the Group - to provide a sample of structure, operations and management questions to start a group discussion.

Communicating with Group Members - to provide a series of questions that will help shape the communications plan for your group.

Getting the Word Out About Your Tobacco Control Plans - to provide tips for communicating tobacco control messages to the public.

Preparing the Group Prior to Communicating With the Public - to provide some strategy suggestions for preparing group members for public and media response to its communications.

Sample Recognition Letter - to provide a sample letter recognizing an individual, group or organization for their outstanding tobacco control efforts.

Sample Certificate - to provide an example of a certificate of recognition.

Tool 5 A
Organizing the Group

There are different ways to organize a tobacco control group. Some options are informal (i.e., no official legal organization). Other options involve creating a legal entity, such as a 501(c)(3), not-for-profit corporation. If your group decides to incorporate, obtain legal advice on the entities that can be created in your state consistent with the group's long-term interests.

The following questions and examples can be used to stimulate a discussion with the group about its preferred operating procedures. Remember that the structure you start with can always be changed later if need be. The purpose of this discussion is to make some early decisions about structure so that everyone will have the same understanding of how things will work.

Sample Questions to Ask:

What does the group expect from the individual members?

Example: Attendance at every meeting. If unable to attend, an alternate may be sent. The member must attend at least 70% of the meetings held in one year.

How often will we meet?

Example: Once a month, with ad hoc meetings as necessary.

How will meetings be recorded?

Example: Each group member will take turns writing a summary of the meeting and distributing it to all the others. The summary will clearly state any decisions made by the group.

How will we make decisions and resolve conflicts?

Example: All decisions about priorities and group activities will be made by the group as a whole. All viewpoints will be heard and discussed. When there are opposing viewpoints on an issue, a group vote will be taken. A 70/30 % (pass/no pass) rule will be used.

How will budget decisions be made?

Example: Budget decisions over $500 will be made by the group. Below that amount the Chair of the group can approve expenditures.

Do we want to appear to the public as one group, or as separate individuals and organizations?

Example: We will form a legal entity "TitanTown Against Tobacco." All correspondence and activity by the group as a whole will have the organizational name on it whenever the group supports it with more than the required 70% vote. If a member organization objects to the idea, despite the vote, it may make a public statement to that effect as long as it acknowledges that it agrees with the core goals of the organization and supports it on most issues.

How is leadership decided?

Example: A Chair, Vice Chair, and Treasurer will be elected by the full membership for 2 year terms.

How do we recruit new members?

Example: New members are identified and agreed on by the group as a whole. No group members that have ties to the tobacco industry will be asked to join. All new members must sign a statement that they do not and will not have ties to the tobacco industry. There is no limit on the number of members in the group.

Other infrastructure and organizational issues should be identified by the group, discussed and documented. These decisions may be put into formal by-laws, or more informal but written, "Ground Rules for Group Operations."

Tool 5 B
Communicating with Group Members

Regular and effective internal communication will help group members better understand and carry out their roles. They are also more likely to feel a sense of commitment and ownership of the group's decisions and plans.

What is regular communication? What is effective? Deciding how your group will communicate would be helpful to do as early as possible. Use the following questions in your group to reach agreement on your communications plan.

Routine Communications

- What needs to be communicated?
- How will you communicate with each other (mail, e-mail, phone)?
- How often will you communicate with each other on non-urgent issues?
- Who will take the responsibility for communications in the group?

Urgent Communications

- How will you communicate with each other on urgent issues (phone tree, email, ad hoc meetings)?
- Will you need to communicate with each member of the group at the time an urgent matter arises? Or will the group empower a few people to address urgent matters on behalf of the group? If only a few people will be involved, which ones (e.g., elected officers, communications subcommittee)?
- How and within what time period will you update the rest of the group if only a few of you are communicating about the urgent issue while it is happening?

Communicating with the Public

- Who has responsibility for communicating with the public or the press on behalf of the group (e.g., all members, a designated 'spokesperson,' the Chair)?

Tool 5 C

Getting the Word Out About Your Tobacco Control Plans

What do you want to say? Who do you want to reach? How will you get the message across? Who is the best person/organization in your group to convey the message?

Each of these questions is important to consider as you begin to think about how to get the word out about your tobacco control plan and efforts.

What do you want to say?

- Consider the purpose of your message. Is the message intended to raise awareness or is it intended to motivate people to take a certain action?
- Consider the tone of your message. Will you convey only the facts or do you want the message to evoke an emotion (e.g. interest, obligation, compassion)?
- What are the 2-3 main points you want to make? Remember that with tobacco there are many, many points to be made. Each public communication should only try to make a few.

Who do you want to reach?

- Who are you trying to reach with your message? What interest will they have in it? What would make them more likely to pay attention to your message?

How will you want to get the word out?

- Once you have decided who you are trying to reach, you will be better able to decide how best to communicate with them. Consider how the people that you are trying to reach usually get their information, as well as the outcome that you are trying to achieve. You probably will want to use different strategies and channels.

- Some ways to get the word out about your plan include:

  Newspaper articles/advertisements

  Radio stories, PSAs, announcements

  Television stories, PSAs, announcements

  Brochures/flyers

  Newsletter articles

  Postings on websites

  Announcements at meetings

  Town hall meetings

  Billboards

- Using a combination of some of the channels listed above will help you reach a greater number of people with information about your tobacco control efforts.

Who will get the word out?

- Knowing your community, consider who or which agency should be the one to get the word out. Who has the most credibility within the community?

Tool 5 D

Preparing the Group Prior to Communicating With the Public

Before you get the word out about your group, plan or efforts, you will want to prepare the group members for questions that will inevitably come from the press and/or the public. Planning proactively will help to ensure that everyone conveys the same information that you want rather than reacting in an uncoordinated manner.

Before the public communication goes out:

- Decide on the main message(s) your group wants to convey. Keep them few, short and simple. Make sure everyone knows them. Repeat them often.
- Decide who will respond to inquiries (everyone or a spokesperson for the group).
- Anticipate hard questions. As a group, brainstorm a list of the hard questions and agree on how you will respond to them. Be sure to discuss how you will transition from the answers to the hard questions back to the main points your group wants to make.
- Keep a written list of the main messages that you want to convey and the answers to the hard questions close at hand.

Tool 5 E
Sample Recognition Letter

[CX letterhead]

Dear ————,

On behalf of the people of [name of community], I would like to thank you for your efforts at helping to make our community a healthier place to live by reducing tobacco use and exposure to second hand smoke. As you may know, tobacco use remains the leading preventable cause of death in the United States, causing more than 400,000 deaths each year.

[Personalize by thanking individual, organization for their specific efforts. Highlight the positive health, business, and/or community outcomes of their actions.]

It takes individuals, families, neighborhoods, organizations and businesses from every part of [name of community] to make ours a community of excellence in tobacco control. Thank you for your leadership, for taking a stand on behalf of the health of the people in our community and for encouraging others to do the same.

Working together for health,

CX leader

Tool 5 F

CX Sample Certificate

[CX Logo]

_____

[name of individual or organization]

is a leader
in helping our community become a healthier place to live
by reducing tobacco use and exposure to second hand smoke.

_____ *[program logo]*

[signature]

ADDITIONAL RESOURCES

Community Toolbox

University of Kansas
http://ctb.lsi.ukans.edu

Includes practical guidance for improving community health and development. There over 3,000 downloadable pages of specific, skill-building information on over 150 community topics. Specific sections of this website include:

- Community Building Tools
- Helpful Links to Other Web Sites
- Forums and Chatrooms
- Community Troubleshooting Guide
- Guide for Writing a Grant Proposal

Seeing How We Are Doing

Almost immediately after your team comes up with its tobacco control plan and launches it (and sometimes even before!), people will start asking how you are doing. Some people will want to know because they are really interested in your work. Others will want to know because they want to be sure that the resources you spend on tobacco control are used well. And there will be a few who want to know because they would like to see you fail.

No matter who asks or why, when you are asked about your progress, you need to be able to respond with a clear, factual, and honest statement of what has happened. To be able to do this, your team will need some mechanism for tracking progress and determining how well you are doing against the plan you have created.

Evaluation is the process of determining whether you are doing what you planned to do in the time you said and, if not, determining what adjustments you might make to get on track. Evaluation also helps you to plan for programs in the future by providing you with information on what has and what has not worked.

Evaluation is one of the most powerful management tools available to us on an ongoing basis, yet it is often avoided. People sometimes see evaluation as a difficult and highly technical process that not everyone can engage in or they resent the time and resources that it takes to do the evaluation, resources that could otherwise be spent on programs in their view. Nevertheless, evaluation is a critical component of achieving excellence in tobacco control. This section outlines some ideas about evaluation.

THINGS TO CONSIDER

Types of Evaluation

There are four main types of evaluation:

Formative evaluation *- assesses the strengths and weaknesses of your plan or activities before they are fully implemented. This type of evaluation allows you to make changes in your approach before you begin full implementation. For example, before you launch a tobacco control poster campaign, you could try different ideas for the poster out on members of the public to be sure they understand the message you are delivering. This could be done through talking to the 'people on the street' or by focus groups.*

Process evaluation *- assesses whether the plan is being implemented as it was designed and whether it is reaching the people that you were trying to reach. This type of evaluation will help you to make sure that everything you planned for is in place and working. Going back to the poster campaign example, let's say you planned to distribute 50 posters to businesses on November 1st in time for ACS' Great American Smokeout. Process evaluation would let you know if that happened as you planned and, if not, where the plan broke down.*

Outcome evaluation *- evaluates the short-term effects of the program on the intended audience. This type of evaluation usually consists of a comparison of the knowledge, attitudes, and behavior related to tobacco use of the intended audience*

before and after your program (e.g. secondhand smoke policies in local business, placement of tobacco products in retail stores, adoption of tobacco use prevention curricula in schools, knowledge of culturally specific prevention and cessation programs). Again, with the poster campaign example, in an outcome evaluation you would like to know how many people saw your posters, whether they understood them, whether they did anything as a result of seeing them, and what they did.

Impact evaluation *- evaluates the long-term results of the program and changes or improvements in health status (e.g. sickness and death rates due to tobacco use, long-term quit rates). It is hard in looking at impact measures to tie a specific activity to specific tobacco control outcomes. For example, it would be very hard to say how many people stopped using cigarettes on a long term basis as a result of your poster campaign. We know that what really works in tobacco control is for people to be exposed to many different messages and activities about tobacco use. At the community level, impact evaluation may be very difficult for most to do.*

Outcome and impact evaluations tell you *what* effect was achieved and whether or not your program made a difference over a specific amount of time. The formative and process evaluation measures will tell you *how* or *why* your effect was achieved (or not achieved). As you plan for evaluation, it will be important to include a combination of these evaluation measures so that you have a complete picture of what is happening.

[Note: there are many different terms people use to describe evaluation types. For example, some people use the terms 'outcome' and 'impact' exactly opposite of the way we have above. In the end, make sure everyone knows what is meant by the various terms you use. That is far more important than a lengthy debate of which terms are 'correct.']

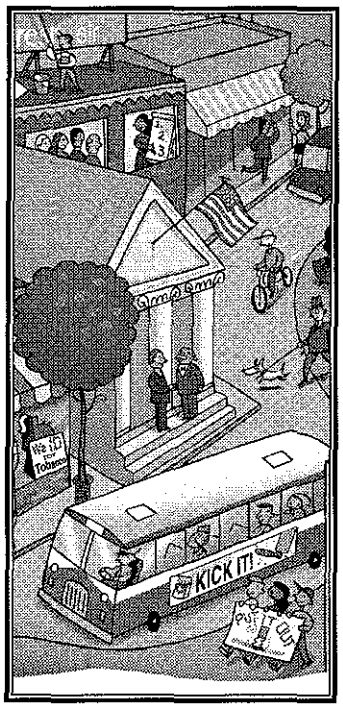
Measures of Success

Planning for evaluation should start when you begin your initial program planning. As you are developing your plan, you will want to consider *what* evaluation measures you are going to use and *when* you are going to measure.

Go back to the work you did in assessing tobacco control indicators and assets earlier in this manual. The goal statements on the TCS chart in Appendix 1B show some examples of measures that apply to each indicator. For each priority indicator you work on your tobacco control team will have to determine what the measure of success will be.

Let's take an example from Appendix 1B.

> ***Indicator*** *- Extent of tobacco advertisements in magazines, newspapers, and other print media.*
>
> ***Outcome*** *- Reduce the number of newspapers that carry tobacco advertising in TitanTown County to 0% within 2 years.*
>
> ***Strategy*** *- Education/awareness and voluntary policy.*
>
> ***Activity*** *- Individually appeal to the owners and editors of each newspaper in the county and ask for a voluntary policy against accepting tobacco advertising.*
>
> ***Formative evaluation*** *- Test a 'case statement' to convince newspaper owners and editors of the value of the policy with several newspaper owners in the adjacent county.*
>
> ***Process evaluation*** *- Count the number of editors and owners you met with and tally their reactions to your initial contact. Count the number of follow-up contacts made by your team and reactions to them. Count the number of follow-up contacts made to your team from owners and editors. Count the number and analyze the content of newspaper stories and letters to the editor on this topic.*
>
> ***Outcome evaluation*** *- Tally the percentage of the newspapers in the county that adopted the voluntary policy at 6 months, 1 year, and 2 years into the plan.*
>
> ***Impact evaluation*** *- None tied just to this activity.*



Sharing your results

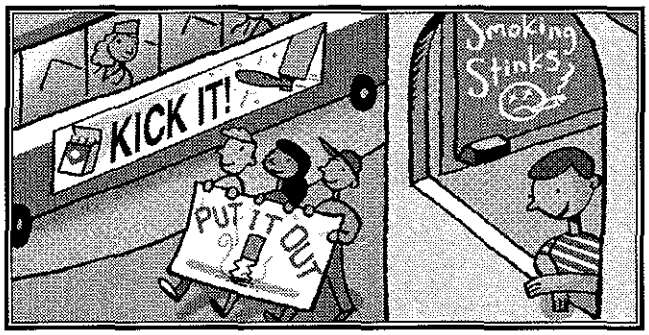
Once you have some evaluation results, you will want to share what you have learned with your community. Have a specific plan in mind to report to your community what you have accomplished. Be proactive - get out there and tell your story! Doing so will help to build awareness of your efforts and increase the buy-in or support from your community. It will also do much to minimize any opposition to your efforts.

How is your tobacco control group functioning?

In addition to evaluating whether the program is meeting its goals, the tobacco control group needs to assess itself on how well it is functioning. Assessing how you are functioning and then making the necessary changes will help to move your overall tobacco control efforts forward.

LESSONS LEARNED

- *Planning for evaluation needs to occur simultaneously with program planning. Each priority selected by the group for action needs clearly identified outcomes that the community agrees will measure the success of the effort.*



- *Use a combination of evaluation measures to give you a complete picture of the progress of your program.*

- *Communities are limited in the types of evaluation that might be conducted locally by the resources that are available to them for that purpose . Be creative. You will find that you can include some form of evaluation even with the most limited resources. Identify other state and local data collection efforts that are related to tobacco control and monitor them for data which may be useful to the effort in your community.*

- *Repeat the community assessment (Section 3 of this manual) annually in order to see how your program is doing over time.*

- *Impact evaluation may be difficult for your community. Though it is the most comprehensive of the four types of evaluation, it takes the most time, is the most expensive, and is often the most difficult to prove. You may need to concentrate your efforts and limited resources on formative, process, and outcome evaluation and share your results with other larger tobacco control programs in your state or area that are able to do impact evaluation.*

- *All of your evaluation results are useful. Your successes are the areas in which you can show improvement over the previous year. These are the areas that you may want to continue or enhance next year in order to build upon what you have already*

done. The areas that did not show improvement are your community's needs and gaps. These are the areas that you will need to work on in future years. Discuss your evaluation results with others in your tobacco control group to determine what the results mean and what you can learn from them for next year.

- *The tobacco control group should tell its constituents and the public what they are doing and what they have accomplished. An aggressive plan for assuring some form of periodic reporting to the public is required.*

- *All community and tobacco control program participants need to be able to effectively describe the program and its rationale and accomplishments to the public.*

- *Annually assess how your own tobacco control group is functioning related to decision making, shared responsibility, leadership, communication, and inclusion of different segments of your community.*

GETTING STARTED

Here are some ideas for getting started with looking at how your plan or your program is doing:

- ▲ *Have a group discussion of the different types of evaluation measures that might be appropriate for your community. Do this in the context of developing your plan once you have set priorities.*

- ▲ *Contact the public health surveillance and/or tobacco control specialist at your state or local health department or the American Cancer Society to ask if they or others are collecting data both around the state (for comparison) and in your area (to share) that might be relevant to your evaluation needs.*

- ▲ *Review your tobacco control plan to make sure that you have included a combination of evaluation measures.*

HELPFUL TOOLS

Four tools have been developed to help you work on your evaluation efforts.

Types of Evaluation - to provide more information on types of evaluation and options given different resource levels.

Program Decision Making Based on Evaluation - to provide some questions that should be addressed throughout the evaluation process.

How Our Group is Functioning - to provide a framework for assessing how the tobacco control team is working.

Tool 6 A

Types of Evaluations

Evaluation Type	Description	Example	Evaluation Activities With Minimal Resources	Evaluation Activities With Significant Resources
Formative	Done prior to implementation	Pretesting a television advertisement	Informal interviews or group meetings	Formal interviews or focus groups
Process	Assessment of the processes of implementation	Monitoring the level of adherence to staff training curricula	Checklists or records reviews	Third party audits of records and on site monitoring
Outcome	Assessment of short term results	Changes in public awareness of the ETS in workplaces	Small surveys or written evaluation responses after an activity	Large scale pre- and post-evaluations of the target audience
Impact	Assessment of long term results	Changes in the proportion of the workforce covered by ETS policies	Small telephone surveys or mailed questionnaires	Large scale surveys including direct calls or site visits

Tool 6 B

Program Decision Making Based on Evaluations

Identify each activity the group has committed to implement. These should include programmatic activities as well as infrastructure activities (communication, media relations, resource development, etc.). For each activity, ask the following questions:

Prior To Implementation

1. Have we specifically planned for an evaluation of this effort?
2. Are the indicators of success clear and measurable?
3. Have we identified specific methods and timelines for monitoring the effort?
4. Who is responsible for monitoring, gathering, analysis and evaluation report writing?

During Implementation

5. Are we able to gather the data / information for the evaluation as planned?
6. Are we comfortable with the quality of the data / information we are receiving?
7. Does the initial data indicate any issues or problems that must be addressed immediately?

At Regular Intervals (e.g., quarterly)

8. What are the major findings as indicated by the evaluation results?
9. Are we in agreement as a group as to what the major findings are?
10. What changes in our effort, if any, are indicated by the findings?
11. Who should we communicate these findings to, and how?

Tool 6 C
How Our Group is Functioning

Assessing how your community tobacco control group works together can help you determine whether your operating structure is working as well as you need. Working as a group toward excellence in tobacco control is a process that happens over time. At least annually assess how your group is functioning.

Answer the following questions individually. Then ask someone to compile the individual ratings and share them with the group. Discuss the answers, what they mean related to how the group functions, and how you could do things differently in order to improve your tobacco control efforts.

Questions:

1. What are three areas in which our tobacco control group functions best?

2. What are three areas in which our group functions poorly?

(continued on next page)

Seeing How We Are Doing

3. Think about the following statements. Do you agree or disagree? Also indicate what the group could do to improve in this area.

Statement	Agree	Disagree	How can we improve in this area?
We have a clear process for making decisions.			
Each of us has clearly defined roles and responsibilities.			
Leadership functions and activities are identified and shared appropriately.			
We show an appreciation of each other as people with differing perspectives, all contributing towards excellence in tobacco control.			
We are willing to deal with the hard issues.			

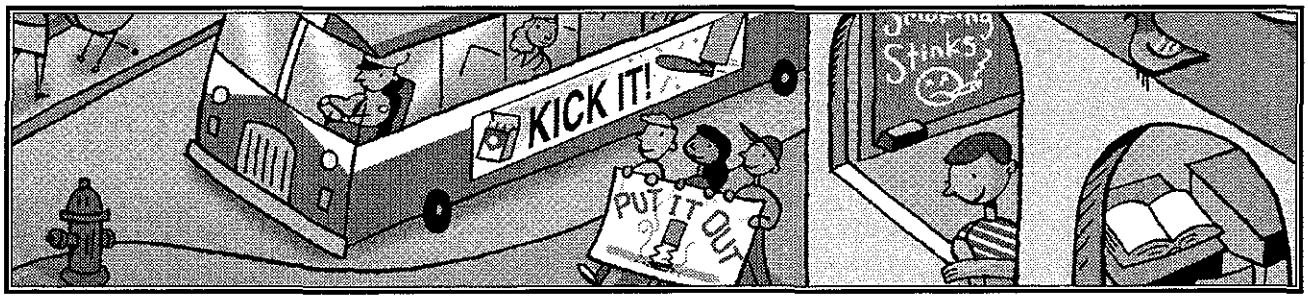
4. Who else needs to be included in our tobacco control group to broaden our reach in different parts of the community and to increase our support?

5. Other comments/suggestions/issues to consider:

Best Wishes For Success In Becoming A:

COMMUNITY OF EXCELLENCE IN TOBACCO CONTROL!

Appendices



APPENDIX 1 - COMMUNITY ASSESSMENT TOOLS

1A - Instructions for Conducting A Community Assessment

1B - Community Indicators and Assets Charts

1C - Community Indicator Assessment Form

1D - Community Asset Assessment Form

1E - Definitions of Attributes for Community Assessment Forms

1F - Glossary of Terms for Community Assessment Tools

Appendix 1A
Instructions for Conducting A Community Assessment

Instructions For Conducting A Community Assessment

These step-by step instructions are intended to be used with the California Department of Health Services, Tobacco Control Section's (TCS) ***Community Indicators and Assets*** material found in Appendix 1 of this manual.

Remember, this is best done as a group activity with the tobacco control team. Completing the assessment could easily take more than one meeting of the group.

Step 1 *Locate Appendix 1B and familiarize yourselves with its layout. Note that it is divided into separate sections for each of the 4 major tobacco control priority areas (e.g., Eliminate Secondhand Smoke Exposure). Start out by having a group discussion of which of the 4 priority areas you should start with. Pick the one that seems most relevant to your community today.*

Step 2 *Go through each indicator in that priority area as a group and decide which ones apply to your specific community. Not all indicators will apply to every community. Assign responsibility for gathering data for each indicator in your list. Reconvene the group when the data becomes available.*

Step 3 *Hand out copies of the* ***Community Indicator Assessment Form*** *found in Appendix 1C. Pick the first indicator that you want to work on and write its name on the form. You are now ready to rate the indicator.*

Step 4 *As a group, discuss and rate your community on each item that applies. You might also want to individually rate the items that apply and then have a group discussion to compare ratings before agreeing on a final rating. If you need help understanding the rating scales, TCS has developed specific definitions for each point. These are found in Appendix 1E,* ***Definitions of Attributes for Community Assessment Forms***

[1]Note: These are the same instructions contained in Tool 3A of this Manual

Step 5 *Now look over all the ratings that apply to the indicator and give the indicator an overall rating on the scale provided. This is a judgement call based on the collective wisdom of the group. Do not average the ratings for the individual items.*

Step 6 Fill out the third page of the indicator rating form. Have someone in charge of filling out and keeping a master copy of each assessment form.

Step 7 Handout new copies of ***Community Indicator Assessment Form*** *and repeat the process for the next indicator that applies. Repeat steps 3-6 until all the indicators that apply to the tobacco control priority area have been rated.*

Step 8 Now, go back and repeat the process in Steps 2 - 7 for the indicators in each of the other 3 tobacco control priority areas.

Step 9 Handout copies of the ***Community Asset Assessment Form*** *found in Appendix 1D. As a group, decide which of the 8 assets applies to your community situation.*

Step 10 Rate each community asset that applies on the scale provided. Have someone in charge of filling out and keeping a master copy of the asset assessment form for your community.

Step 11 *At this point you will have assembled all the ratings for each indicator and asset that applies to your community. This group of ratings will be immensely useful in going to the next step in developing a community plan. At this point, consider as a group the merits of developing a report to the community using your assessment results. Such reports can often be useful in educating the community and motivating others to become involved.*

Appendix 1B
Community Indicators and Assets Charts

Communities of Excellence in Tobacco Control Community Indicators

Priority Area: Eliminate Secondhand Smoke Exposure

Eliminate Secondhand Smoke Exposure Indicators
Definition: Address efforts to reduce and eliminate tobacco smoke in various locations–workplaces, public places, day care centers, schools, private homes, autos and outdoor areas.

Community Indicator	*Continuum of Strategies to Address the Community Indicator*	*Example Outcomes*
1. Proportion of local communities with clean indoor air policies for public buildings, private worksites, restaurants and day care centers -or- Extent of enforcement/compliance with state, local or tribal clean indoor air policies	Education/Awareness Campaign • Voluntary Policy • Legislated Policy • Enforcement	• Increase the number of restaurants that voluntarily adopt smoke-free polices • Increase the number of city, county or tribal governments that adopt clean indoor policies • Facilitate designation of an enforcement agency that systematically tracks and responds to complaints • Increase compliance with state, local or tribal clean indoor air laws
2. Proportion of public school districts with smoke-free or tobacco-free campuses	• Education/Awareness Campaign • Voluntary Policy • Legislated Policy • Enforcement	• Increase the number of public school districts that adopt and enforce a policy prohibiting any use of tobacco on school campuses
3. Proportion of private elementary, middle and high school campuses designated as smoke-free or tobacco-free	• Education/Awareness Campaign • Voluntary Policy • Legislated Policy • Enforcement	• Increase the number of private schools that adopt and enforce a policy prohibiting any use of tobacco on school campuses
4. Proportion of homes with a smoker in the household who report their home is smoke-free	• Education/Awareness Campaign • Voluntary Policy	• Increase the number of households, with a smoker, that report the household is smoke-free • Decrease the number of households, with children, that report smoking is permitted in the home

5. Proportion of families with a smoker who report their personal vehicles are smoke-free	• Education/Awareness Campaign • Voluntary Policy	• Increase the number of households, with a smoker, that report their personal vehicles are smoke-free • Decrease the number of households, with children, that report smoking is permitted in personal vehicles
6. Extent of smoke-free units within multi-housing complexes (e.g., apartments, public housing, student housing)	• Education/Awareness Campaign • Voluntary Policy • Legislated Policy • Enforcement	• Increase the number of apartment complexes listed in weekly apartment rental listing that are designated as smoke-free • Facilitate adoption of smoke-free apartment policies by the local housing authority • Increase the number of college campus student housing complexes listed as smoke-free
7. Extent of outdoor recreational facilities, (e.g., fairgrounds, amusement parks, playgrounds, sport stadiums, etc.) that have policies designating a portion or all the outdoor areas as smoke-free	• Education/Awareness Campaign • Voluntary Policy • Legislated Policy • Enforcement	• Increase the number of major outdoor amusement parks that voluntarily designate waiting lines and eating areas as smoke-free and post signage
8. Extent of public and private worksites that designate smoke-free entrances within 15 feet or more of the outside doorways -or- Proportion of communities with policies that designate smoke-free entrances within 15 feet or more of the outside doorways	• Education/Awareness Campaign • Voluntary Policy • Legislated Policy • Enforcement	• Increase the number of businesses that voluntarily designate smoke-free entrances • Facilitate adoption of city, county or tribal policies that designate doorway entrances smoke-free as part of comprehensive clean indoor air policies

Communities of Excellence in Tobacco Control Community Indicators

Priority Area: Prevent Youth Initiation

School-based Prevention Indicators
Definition: Address the availability and provision of tobacco use prevention information to youth in school.

Community Indicator	*Continuum of Strategies to Address the Community Indicator*	*Example Outcomes*
9. Proportion of schools that provide intensive tobacco use prevention instruction in junior high/middle school years, with reinforcement in high school, using a curricula that provides instruction on the negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use and refusal skills (CDC Guideline)	• Education/Awareness Campaign • Voluntary Policy • Legislated Policy	• Increase the number of school districts that adopt curricula in the junior high/middle school grades about the negative physiologic and social consequences of tobacco use, social influences, on tobacco use, peer norms regarding tobacco use, and refusal skills
10. Extent of teachers who report receiving tobacco use prevention specific training for teachers (CDC Guideline)	• Education/Awareness Campaign • Voluntary Policy • Legislated Policy	• Increase the number of teachers reporting they had participated in a tobacco-related inservice training in the past year
11. Extent of school districts that involve parents or families in support of school-based tobacco use prevention (CDC Guideline)	• Education/Awareness Campaign • Voluntary Policy • Legislated Policy	• Increase the proportion of teachers who report involving parents in tobacco use prevention education

Communities of Excellence in Tobacco Control Community Indicators

Priority Area: Prevent Youth Initiation

Reduce Youth Access to Tobacco Products Indicators
Definition: Address controlling the sale, distribution, sampling or furnishing of tobacco products within the community.

Community Indicator	*Continuum of Strategies to Address the Community Indicator*	*Example Outcomes*
12. Proportion of communities with tobacco retail licensing -or- Enforcement/compliance with tobacco retail licensing requirements	• Education/Awareness Campaign • Legislated Policy • Enforcement	• Increase the number of cities, counties or tribes with a tobacco retail license requirement • Increase the proportion of tobacco retailers in compliance with tobacco retail licensing requirements
13. Extent of compliance with state, local or tribal policies prohibiting tobacco sales to minors	• Education/Awareness Campaign • Enforcement	• Decrease the rate of illegal tobacco sales to youth under the age of 18 • Increase the proportion of youth reporting that someone refused to sell them tobacco • Increase the proportion of youth reporting it would be difficult to purchase a tobacco product
14. Extent of compliance with state, local or tribal ID checking requirements	• Education/Awareness Campaign • Enforcement	• Increase the proportion of clerks requesting ID during tobacco sales compliance checks • Increase the proportion of youth reporting that they were asked to show proof of their age for a tobacco purchase

15. Proportion of communities with state, local or tribal age of sale warning sign requirements -or- Extent of compliance with posting state, local or tribal age of sale warning signs	• Education/Awareness Campaign • Voluntary Policy • Legislated Policy • Enforcement	• Increase the proportion of tobacco retail outlets with an age-of-sale warning sign posted at the point-of-sale
16. Proportion of communities with state, local or tribal tobacco self-service display restrictions or bans -or- Extent of compliance with state, local or tribal self-service display restrictions or bans	• Education/Awareness Campaign • Voluntary Policy • Legislated Policy • Enforcement	• Increase the number of tobacco retailers who voluntarily place tobacco products behind the counter • Increase the number of cities, counties or tribes with a tobacco self-service ban policy • Increase compliance with state, local or tribal tobacco self-service display restrictions or bans
17. Proportion of communities with state, local or tribal no sales of single cigarette policies -or- Extent of compliance with state, local or tribal no sales of single cigarettes policies	• Education/Awareness Campaign • Voluntary Policy • Legislated Policy • Enforcement	• Increase compliance with state, local or tribal no sales of single cigarette policies • Decrease the proportion of youth reporting the ability to purchase single cigarettes
18. Proportion of communities with state, local or tribal laws restricting or eliminating tobacco vending machines -or- Extent of compliance with state, local or tribal laws that restrict placement or eliminate tobacco vending machines	• Education/Awareness Campaign • Voluntary Policy • Legislated Policy • Enforcement	• Increase the number of restaurants that voluntarily remove tobacco vending machines from their premises • Increase the number of cities, counties or tribes with a policy restricting or eliminating tobacco vending machine sales • Increase compliance with state, local or tribal policies restricting or eliminating tobacco vending machines • Decrease the proportion of youth reporting a tobacco purchase from a vending machine

19. Proportion of communities with state, local or tribal laws that prohibit free tobacco products sampling -or- Extent of compliance with state, local or tribal policies restricting or prohibiting free tobacco sampling and distribution	• Education/Awareness Campaign • Voluntary Policy • Legislated Policy • Enforcement	• Increase the number of venues or events that voluntarily prohibit free tobacco product sampling at events • Increase the number of cities, counties or tribes with a policy restricting free tobacco product sampling on public or private property • Increase compliance with state, local or tribal policies restricting or prohibiting free tobacco sampling and distribution
20. Extent of compliance with the requirements for the MSA sale distribution of tobacco	• Education/Awareness Campaign • Enforcement	• Monitor state and local legislative processes to ensure that tobacco companies do not oppose proposals designed to reduce youth access to and consumption of tobacco • Facilitate adoption of legislation to extend the MSA ban on "kiddie" packs of cigarettes beyond 12/31/2001 • Monitor for free sampling of tobacco products at rodeos and motor sport events and turn violations over to the Attorney General for prosecution
21. Proportion of communities that regulate the number, location and density of tobacco retail outlets, e.g., conditional use permits -or- Extent of compliance with state, local or tribal policies regulating the number, location and density of tobacco retail outlets	• Education/Awareness Campaign • Voluntary Policy • Legislated Policy • Enforcement	• Increase the number of communities that adopt policies to restrict the location and density of tobacco retail outlets near schools and parks • Increase compliance with state, local or tribal policies regulating the number, location an density of tobacco retail outlets near schools and parks

22. Proportion of independent and chain pharmacy stores that do NOT sell tobacco	• Education/Awareness Campaign • Voluntary Policy	• Increase the number of independent pharmacies that no longer sell tobacco products • Increase the number of chain pharmacies that no longer sell tobacco products
23. Proportion of minors reporting they have received tobacco from a social source	• Education/Awareness Campaign • Voluntary Policy • Enforcement	• Decrease the proportion of youth reporting that the last time they smoked, they received the tobacco product from a friend, parent, peer or other social source.

Communities of Excellence in Tobacco Control Community Indicators

Priority Area: Promote Tobacco Cessation Services

Promote Tobacco Cessation Services Indicators
Definition: Address the availability and provision of behavior modification focused tobacco cessation services that are culturally and linguistically appropriate for the community.

Community Indicator	*Continuum of Strategies to Address the Community Indicator*	*Example Outcomes*
24. Extent of the availability and use of culturally and linguistically appropriate behavior modification-based tobacco cessation services in the community	• Education/Awareness Campaign • Voluntary Policy	• Increase the number of physicians and dentists who report systematically screening patients for tobacco use, advising them not to use tobacco, and providing referral services • Increase the number of tobacco cessation services provided in the community • Increase the number of adult tobacco users who report their physician or dentist asked them about their tobacco use, advised them not to use tobacco and referred them to a cessation service at their last appointment • Increase awareness about the availability of cessation services in the community

25. Proportion of public school districts that provide cessation support for students and all staff who use tobacco (CDC Guideline)	• Education/Awareness Campaign • Voluntary Policy	• Increase the proportion of public school districts that routinely offer tobacco cessation services for students and staff • Increase the proportion of current student smokers who are aware of the availability of cessation services • Increase the proportion of teachers who report that they have referred at least one student smoker to a cessation program in the previous year. • Increase the proportion of teachers who report they have received information about tobacco cessation programs available for staff
26. Extent of public employee health care plans that have implemented the Public Health Service Clinical Guidelines for Treating Tobacco Use and Dependence	• Education/Awareness Campaign • Voluntary Policy • Legislated Policy	• Increase the proportion of public employee health care plans that have implemented the Public Health Service Clinical Guidelines for Treating Tobacco Use and Dependence
27. Extent of managed care organizations serving the community that have implemented the Public Health Service Clinical Guidelines for Treating Tobacco Use and Dependence	• Education/Awareness Campaign • Voluntary Policy • Legislated Policy	• Increase the proportion of managed health care organizations serving the community that have adopted and implemented the Public Health Service Clinical Guidelines for Treating Tobacco Use and Dependence

Communities of Excellence in Tobacco Control Community Indicators

Priority Area: Reduce Tobacco Industry Influence

Tobacco Marketing and Deglamorization Indicators
Definition: Addresses the: 1) marketing tactics used to promote tobacco products and their use, 2) the public image of tobacco companies, and 3) activities to counter the marketing, glamorization and normalization of tobacco use.

Community Indicator	*Continuum of Strategies to Address the Community Indicator*	*Example Outcomes*
28. Extent of in-store tobacco advertising and promotions	• Education/Awareness Campaign • Voluntary Policy • Legislated Policy • Enforcement	• Increase the number of tobacco retailers who voluntarily decrease the amount of in-store tobacco ads and promotions • Increase the number of cities, counties or tribes that adopt policies restricting the placement of in-store tobacco advertising next to candy and at the eye level of young children
29. Extent of tobacco advertising outside retail stores	• Education/Awareness Campaign • Voluntary Policy • Legislated Policy • Enforcement	• Increase the number of cities, counties or tribes with policies that restrict any store window advertising to no more than 25% of the total window space • Increase the number of cities, counties or tribes that prohibit outdoor kiosk sign ads
30. Extent of tobacco sponsorship at public (e.g., county fair) and private events (e.g., concert, bars) -or- Proportion of entertainment and sporting venues with policies that regulate tobacco sponsorship	• Education/Awareness Campaign • Voluntary Policy • Legislated Policy • Enforcement	• Increase the number of public and private events that voluntarily adopt policies prohibiting tobacco sponsorship • Decrease the number of public or private events that currently accept tobacco company sponsorships • Increase the number of college campuses that adopt policies prohibiting tobacco company sponsorships • Decrease the number of bars that accept tobacco company sponsorship

31. Extent of tobacco advertisements in magazines, newspapers and other print media	• Education/Awareness Campaign • Voluntary Policy	• Increase the number of local newspapers that adopt policies to not accept tobacco company ads • Increase the number of college campus newspapers that adopt a policy to not accept tobacco company ads
32. Extent of outdoor tobacco ads and billboards that are less than 14 square feet	• Education/Awareness Campaign • Voluntary Policy • Legislated Policy • Enforcement	• Decrease the number of tobacco company billboards in the community that are less than 14 square feet
33. Extent of compliance with MSA outdoor advertising, print advertising, sponsorship and promotional requirements	• Education/Awareness Campaign • Enforcement	• Monitor and enforce MSA tobacco company restrictions on advertising and promoting tobacco products and turn violations over to the Attorney General's Office for possible prosecution
34. Extent of tobacco company contributions to educational, research, public health, women's, cultural, entertainment, fraternity/sorority groups and social service institutions	• Education/Awareness Campaign • Voluntary Policy	• Increase the prophylactic adoption of policies by groups to "not accept" tobacco industry funding • Decrease the number of educational, research, public health, etc. groups that accept tobacco industry funding
35. Extent of socially responsible depiction of tobacco use, tobacco advertising and secondhand smoke restrictions by the entertainment industry	• Education/Awareness Campaign • Voluntary Policy	• Decrease the number of gratuitous tobacco use incidences in movies and television • Motivate key entertainment and sports figures to publicly speak out against the depiction of tobacco use through entertainment venues • Increase the placement of non-tobacco use cues in movies and television such as placement of no-smoking signs and counter tobacco advertisements and increase the use appropriate messages in scripts

36. Extent of media coverage about tobacco industry deception	• Education/Awareness Campaign	• Increase the number of editorials exposing tobacco industry deception and supporting tobacco control efforts

Communities of Excellence in Tobacco Control Community Indicators

Priority Area: Reduce Tobacco Industry Influence

Economic Indicators
Definition: Address the financial incentives and disincentives that can be implemented to promote non-tobacco use norms.

Community Indicator	*Continuum of Strategies to Address the Community Indicator*	*Example Outcomes*
37. Extent of public (e.g., county and city government) and private institutions (e.g., unions, private university) that divest of tobacco stock	• Education/Awareness Campaign • Voluntary Policy • Legislated Policy	• Increase the number of city, county or tribal retirement plans that divest of tobacco company stocks
38. Extent of public and private employers that offer discounted health insurance premiums for non-tobacco users	• Education/Awareness Campaign • Voluntary Policy • Legislated Policy	• Increase the number of public employee health insurance plans that discount health insurance premiums for non-tobacco users

Communities of Excellence in Tobacco Control
Community Assets

Tobacco Control Funding Assets

Definition: Tobacco Control Funding Assets reflect the extent funding is available for tobacco control activities.

Community Asset	*Example Outcomes*
1. Per capita appropriation for tobacco control activities, from various sources, consistent with the recommendations of the National Association of County and City Health Officials: • < 100,000 population: $8-$10/capita • 101,000-500,000 population: $6-$8/capita • > 501,000 population: $4-$6/capita	• Secure funding for tobacco control activities in the community in an amount that is consistent with the minimum recommendations of the National Association of County and City Health Officials

Communities of Excellence in Tobacco Control Community Assets

Social Capital Assets

Definition: The Social Capital Assets reflect the extent people and organizations work collaboratively in an atmosphere of trust to accomplish goals of mutual benefit.

Community Asset	*Example Outcomes*
2. Extent that tobacco control advocacy training is provided to youth and adults to develop community leaders	• Develop the capacity of youth and adult community members through the provision of training and experiences that will enhance their leadership skills related to tobacco control
3. Extent of participation by ethnically and culturally diverse groups on community tobacco control coalitions in relation to their proportion in the community	• Develop, implement and evaluate outreach, recruitment and retention strategies to ensure that there is participation by ethnically and culturally diverse groups on community tobacco control coalitions consistent with their proportion in the community • Develop community coalition by-laws or operating principles that promote ethnically and culturally diverse participation in the community tobacco control coalition
4. Extent of support by local key opinion leaders for tobacco related community norm change strategies	• Involve local key opinion leaders in tobacco control assessment, planning, implementation and evaluation activities • Systematically educate local key opinion leaders about community norm change strategies for tobacco control
5. Extent of community activism among youth to support tobacco control	• Create and maintain youth-specific tobacco control coalitions to plan and guide local tobacco control efforts
6. Extent of community activism among adults to support tobacco control	• Create and maintain a community coalition to plan and guide local tobacco control efforts

7. Extent of participation of non-traditional partners in tobacco control coalitions	• Develop, implement and evaluate outreach, recruitment and retention strategies to ensure that there is participation by non-traditional partners on community tobacco control coalitions • Create and implement strategies, other than attending meetings, to facilitate involvement of non-traditional partners in tobacco control coalitions
8. Extent of satisfaction with program planning, involvement of the community, implementation, quality of services and progress made by coalition members	• Annually conduct a coalition membership survey to determine member satisfaction with program planning, implementation, quality of services and progress made
9. Extent that local tobacco control plans include specific goals and objectives to address cultural or ethnic populations in relation to the demographics of the community	• Develop culturally relevant goals and objectives such as smoke-free Indian gaming or a smoke-free homes and cars intervention for African Americans targeting families with asthmatic children
10. Extent that tobacco control coalition by-laws or agency mission statements promote cultural diversity and competence	• Develop community coalition by-laws or operating principles that promote ethnically and culturally diverse participation in the community tobacco control coalition
11. Extent that tobacco control educational and media materials reflect the cultures, ethnic backgrounds, and languages of the populations served in relation to the demographics of the community	• Develop Spanish language educational and media materials regarding secondhand smoke

Appendix 1C
Community Indicator Assessment Form

Community Indicator Assessment Form

Indicator Number:_____ **Indicator Title:**_____

Dates Assessment Conducted:_____

Indicator Assessment Period:_____

❒ Assessed

❒ Not Assessed (indicate primary reason):

- ❒ Low program priority
- ❒ Insufficient resources
- ❒ Insufficient data source(s) available
- ❒ Other: _____

	None	Poor	Fair	Good	Excellent	I/D	N/A
Public awareness Comment:	1	2	3	4	5	❒	❒
Public support Comment:	1	2	3	4	5	❒	❒
Media attention Comment:	1	2	3	4	5	❒	❒

Appendix 1C

	None	Poor	Fair	Good	Excellent	I/D	N/A
Education/awareness campaign Comment:	1	2	3	4	5	❐	❐
Media campaign Comment:	1	2	3	4	5	❐	❐
Voluntary policy Comment:	1	2	3	4	5	❐	❐
Legislated policy Comment:	1	2	3	4	5	❐	❐
Active enforcement Comment:	1	2	3	4	5	❐	❐
Compliance Comment:	1	2	3	4	5	❐	❐
Overall Indicator Rating	**1**	**2**	**3**	**4**	**5**		

Ethnic/Special Populations

Are there ethnic or other special populations in this community that have specific needs regarding this indicator? **Yes** ❐ **No** ❐

If yes, identify which ethnic/special groups:_____

_____

If yes, which areas from the Continuum of Strategies (above) would benefit from enhanced intervention:_____

_____

Data Sources (including data on ethnic and other special populations)

1.

2.

3.

4.

5.

Attach assessment documents for documentation & planning purposes

Name of person(s) completing the Indicator Assessment Form:

1.

2.

Appendix 1D
Community Asset Assessment Form

Appendix 1D

Community Assets Assessment Form

Dates Assessment Conducted:_____

Assessment Period: _____

The Community Assets listed below are abbreviated. Please refer to pages 118-120 for complete representation of each community asset identified below.

Community Asset	None	Poor	Fair	Good	Excellent	D/K
1. Per capita appropriation for tobacco control activities. Comment:	1	2	3	4	5	❒
2. Extent that tobacco control advocacy training is provided to youth and adults to develop community leaders. Comment:	1	2	3	4	5	❒
3. Extent of participation by ethnically and culturally diverse groups on community tobacco control coalitions in relation to their proportion in the community. Comment:	1	2	3	4	5	❒

Appendix 1D

Community Asset	None	Poor	Fair	Good	Excellent	D/K
4. Extent of support by local key opinion leaders for tobacco related community norm change strategies. Comment:	1	2	3	4	5	❒
5. Extent of community activism among youth to support tobacco control. Comment:	1	2	3	4	5	❒
6. Extent of community activism among adults to support tobacco control. Comment:	1	2	3	4	5	❒
7. Extent of participation of non-traditional partners in tobacco control coalitions. Comment:	1	2	3	4	5	❒
8. Extent of satisfaction with program planning, community involvement, implementation, quality of services, and progress made by coalition members. Comment:	1	2	3	4	5	❒

Appendix 1D

Community Asset	None	Poor	Fair	Good	Excellent	D/K
9. Extent that local tobacco control plans include specific goals and objectives to address cultural or ethnic populations in relation to the demographics of the community. Comment:	1	2	3	4	5	❐
10. Extent that tobacco control coalition by-laws or agency mission statements promote cultural diversity and competence. Comment:	1	2	3	4	5	❐
11. Extent that educational and media materials reflect the cultures, ethnic backgrounds, and languages of the populations served in relation to the demographics of the community. Comment:	1	2	3	4	5	❐

Attach data source and assessment documents for documentation & planning purposes.

Name of person(s) completing the Assets Assessment Form:

1.

2.

Appendix 1E
Definitions of Attributes for Community Assessment Forms

Community Indicator and Asset Assessments: Definition of Attributes

DEFINITION OF ATTRIBUTES

Strategy #1: ***Public Awareness***

Attributes: **None** – There is no documentation that the public is aware of the community indicator as an issue of importance. The community may not have knowledge of the issue or realize that it is an area which requires attention.

Poor – There is minimal documentation within the community that there is a problem, however, the information is not substantial enough to generate interest or concern for the issue.

Fair – There may be a mixed level of awareness. While some members of the community have considerable knowledge regarding the issue, other sectors or community members may have limited or no knowledge and require further education.

Good – Awareness about the issue is generally wide spread, across cultures and geographic areas.

Excellent – Throughout all sectors of the community there is a high level of knowledge about the issue.

Strategy #2: ***Public Support***

Attributes: **None** – Regardless of the community's knowledge regarding the issue, there is no support for any type of intervention impacting the problem.

Poor – While there is some limited support for the issue, the general community consensus is that the issue is not a priority and resources are better spent on other issues.

Fair – Support for the issue is sporadic and mostly inconsistent among population groups and geographic areas. Some community members support the issue while others oppose allocation of resources to the issue.

Good – While some segments of the population do not back the issue, the large majority agree that the issue is worth supporting. There is some involvement by community members to move the issue forward.

Excellent – There is consensus around the issue community-wide. The public is involved in activities that support the issue and the level of readiness to act on the issue is very high.

Strategy #3: ***Media Attention***

Attributes: **None** – There is no documented coverage of the issue in the last three years, either in print, electronically, on television, or radio

Poor – There has been very minimal coverage of the issue in the last three years, perhaps one or two media pieces that were brief in nature and did not generate community interest or action.

Fair – There has been limited coverage of the issue in the last three years. The media items generated some interest in the issue, but little to no community action resulted.

Good – Coverage of the issue has been fairly consistent and has increased public awareness and created interest and action on the issue. There is some proactive involvement of the media in seeking information about the issue.

Excellent – The issue is "hot" and the media are actively seeking information about the issue and conducting interviews. The coverage is generating extensive interest that is leading to community participation that will move the issue forward.

Strategy #4: ***Education/awareness campaign***

Attributes: **None** – No evidence of educational outreach or awareness raising activities within the past three years, such as materials distribution, educational presentations, trainings, public forums, etc.

Poor – Minimal evidence of educational outreach or awareness raising activities within the past three years, such as materials distribution, educational presentations, trainings, public forums, etc.

Fair – Moderate levels of educational activities that raise awareness and increase knowledge about an issue. Might include sporadic educational outreach that is topic specific and only conducted when the need arises. Variety of strategies and target groups is limited.

Good – Consistent effort to maintain an awareness campaign that is comprehensive and targets multiple target groups in a range of geographic areas. Educational methods are somewhat varied and include cultural/demographic specificity.

Excellent – A comprehensive campaign that is constant, proactive and generates community involvement toward the support of various tobacco control initiatives. Incorporates multiple educational techniques that include a variety of languages, cultures and, geographic areas.

Strategy #5: ***Media Campaign***

Attributes: **None** – No placement of localized media in the past three years, including smoking cessation and other program promotion, PSA's, tobacco-free or Tobacco Industry countering messages in theatres, stores, malls, etc. No coordination with the statewide media campaign for targeted ad placement.

Poor – Minimal and very limited placement of localized media in the past three years, including smoking cessation and other program promotion ad, PSA's, tobacco-free of Tobacco Industry countering messages in theatres, stores, malls, etc. Little to no coordination with the statewide media campaign for targeted ad placement.

Fair – Sporadic placement of localized media that is limited in its cultural, language and geographic diversity. Media placement is only somewhat coordinated with program activities and statewide coordination is minimal.

Good – Comprehensive media campaign that supports program activities and targets appropriate cultural groups in relevant languages. Placement is responsive to demographic needs. Some coordination with statewide media campaign.

Excellent – A comprehensive campaign that strategically places media to generate public support for program activities and leads to community mobilization around an issue. Media ads are highly reflective of the community's demographic, cultural and language needs. Strong coordination with the statewide media campaign.

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Strategy #6: ***Voluntary Policy***

Attributes: **None** – No attempt in the last three years to establish a voluntary policy regarding a tobacco control issue, such as restricting in-store tobacco advertising, eliminating tobacco industry sponsorship, establishing smoke-free rental properties or divesting from tobacco stocks.

Poor – Unsuccessful attempt in the last three years to establish a voluntary policy. Attempts did not include documentation of the problem, community mobilization, education efforts or support of the key players.

Fair – Established a voluntary policy in the last three years, but with no means for ensuring compliance. Some attempt to provide documentation of the problem, mobilize the community and key players, and conduct education around the issue.

Good – Establishment of a voluntary policy in the last three years that includes means for determining compliance. Policy is generally comprehensive and creates permanent change within the community.

Excellent – Establishment of one or multiple voluntary policy(s) in the last three years that include sound mechanisms for determining compliance. The policies are very comprehensive and create permanent change within the community. Policies may be enforced by the policy adopter or by public pressure resulting from the community mobilization process that lead to the policy's establishment.

Strategy #7: ***Legislated Policy***

Attributes: **None** – No attempt in the past three years to establish a legislated policy regarding a tobacco control issue, such as retail licensing, advertising restrictions, tobacco event sponsorship, smoke-free entrances, or availability of tobacco look-alike or bidi products.

Poor – Unsuccessful attempt in the past three years to establish a legislated policy regarding a tobacco control issue. Attempt did not include documentation of the problem, community mobilization, education efforts, sample ordinances, or support of the key players.

Fair – Established a legislated policy in the past three years regarding a tobacco control issue, but with no enforcement mechanisms or means for determining compliance. May include some problem documentation, a sample ordinance, education efforts, and minimal community mobilization and involvement of key players.

Good – Establishment of one or more legislated policies that were supported by community mobilization activities and adequate documentation of the problem. Enforcement mechanisms are planned for or may be established.

Excellent – Establishment of one or more legislated policies that were supported by community mobilization activities and very clear documentation of the problem. Sound enforcement mechanisms are in place and compliance is carefully monitored.

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Strategy #8: ***Active Enforcement***

Attributes: **None** – No effort has been made in the last three years to ensure adequate enforcement of established policies, such as California's Smoke-free Workplace Law or local ordinances that address tobacco advertising or youth access to tobacco. Possibly no enforcement agency identified.

Poor – Limited attempt in the last three years to ensure adequate enforcement of established policies. Enforcement attempt may have been limited to a single occurrence that had little to no impact on compliance. Minimal education and communication with enforcement agents and weak enforcement protocols in place.

Fair – Sporadic enforcement of established policies. Sometimes generated due to public complaints and not a consistent effort to maintain an enforcement presence. Protocols are adequate.

Good – Implementation of enforcement activities on a regular basis. Penalties are assessed and enforcement agents are informed of protocols. Protocols for non-compliance reporting and follow-up procedures with enforcement agents.

Excellent – Implementation of continuous enforcement activities that are regular and include violation penalties. Regular communication with the enforcement agents. Strong enforcement protocols that include reporting and citing procedures. Documentation of compliance rates and established enforcement activities that respond to non-compliars.

Strategy #9: ***Compliance***

Attributes: **None** – Compliance rates for an established state or local law are not documented, generally due to lack of enforcement.

Poor – Compliance rates are well below an acceptable level and some of the parties governed by the law do not consider enforcement efforts a threat to their business or organization.

Fair – Compliance rates are at a level that demonstrates an enforcement presence, but are not significant enough to create community/peer pressure toward compliance or create an environment that supports public reporting of violators.

Good – Compliance rates are sustained at acceptable levels. Ongoing contact with enforcement agents and education efforts are necessary to ensure compliance rate maintenance and community presence.

Excellent – Compliance rates consistently remain high. Enforcement and public reporting actions are accepted by the community as an ongoing activity. There is continual contact with organizations and businesses governed by the law.

Appendix 1F
Glossary of Terms for Community Assessment Tools

Glossary of Terms For Uses with the Community Indicators List, Community Assets List and Assessment Tools

Community Asset: Factors that promote communities of excellence in tobacco control.

Community Indicator: Tobacco control related environmental or community level measures that provide a means to assess change at the community level rather than the individual level. Indicators represent intermediate goals of community-focused tobacco control programs.

Community: Refers to a geographically coherent place or a social unit in which there is an exchange among people who share common norms, values, and organizations. A community is not considered to be just the sum of its citizens, but rather the web of relationships between people and institutions that hold the community together.

Compliance: Refers to the degree to which a specific Community Indicator is institutionalized, as demonstrated by a measure of conformity.

Continuum of Strategies to Address Community Indicators: Refers to key public health strategies that may be implemented to address a specific Community Indicator. Strategies are ordered progressively from the least controlling to more controlling. The key strategies identified are Education/Awareness Campaign, which may incorporate more specific strategies of educational outreach, public relations and paid advertising; Voluntary Policy; Legislated Policy; and Enforcement. Some strategies are not appropriate for some Community Indicators. For example, legislated policies and enforcement would not be appropriate strategies to increase the proportion of smoke-free homes or cars. Therefore, the Community Indicators list does not identify every key strategy for each Community Indicator.

Cultural Diversity and Cultural Competency Assets: Community Assets that reflect the behaviors, attitudes and policies that enable effective work in cross-cultural situations within the community. Culture refers to patterns of human behavior that include the language,

thoughts, communications, actions, customs, beliefs, values and institutions of racial, ethnic, religious or social groups. Competence implies having the capacity to function effectively as an individual or organization within the context of the cultural beliefs, behaviors, and needs presented by individuals and the community.

Economic Indicators: Community Indicators that address financial incentives and disincentives that can be implemented to promote non-tobacco use norms.

Education/ Awareness Campaign: A public health strategy that refers to informing and increasing awareness using methods that may include, but are not limited to presentations, outreach visits, training, use of the Internet, dissemination of materials, public relations, or paid media.

Eliminate Secondhand Smoke Exposure Priority Area and Indicators: A priority area and Community Indicators that address efforts to reduce and eliminate tobacco smoke in various locations—workplaces, public places, day care centers, schools, private homes, autos and outdoor areas.

Enforcement: A public health strategy that refers to actions by an agency or organization authorized to ensure that there is compliance with a laws, ordinances or policies and to assess sanctions for non-compliance.

Legislated Policy: A public health strategy that refers to an official rule adopted by a governing body made up of representatives elected by the public, e.g. school board, city council, tribal council, board of supervisors, etc.

Media Attention: Extent to which the media covers local, state and national tobacco stories in the print and electronic media.

Media Campaign: Development and/or placement of paid advertising in outdoor, print, television, radio, Internet and other mediums.

National Association of County and City Health Officials: A non-profit organization that serves nearly 3,000 local health departments; provides education, information, research and technical assistance to local health departments; and facilitates partnerships among local, state, and federal agencies in order to promote and strengthen public health. Their document, "Funding Guidelines for Comprehensive Local Tobacco Control Programs" may be found at the website: www.naccho.org

Non-traditional Partners: Individuals with personal interests or people representing community organizations that differ from the traditional health, education and social service agencies

Prevent Youth Initiation Priority Area: A priority area that refers to Community Indicators that address: 1) the provision of tobacco use prevention information to youths in schools and 2) efforts to reduce and control the sale, distribution and furnishing of tobacco products within the community.

Priority Area: A broad policy theme identified for organizing program planning and funding decisions. The priority areas are adapted from the planning frameworks used by the Centers for Disease Control and Prevention, Office on Smoking and Health and the California Department of Health Services, Tobacco Control Section. Together the priority areas act to change social norms around tobacco use. The priority areas are 1) Eliminate Secondhand Smoke Exposure; 2) Reduce Youth Initiation; 3) Promote Tobacco Cessation Services; and 4) Reduce Tobacco Industry Influences.

Promote Tobacco Cessation Services Indicators: Community Indicators that address the availability and provision of behavior modification – focused tobacco cessation services that are culturally and linguistically appropriate for the community.

Public Awareness: Degree that the members of the community are aware of the Community Indicator and its importance.

Public Health Service Clinical Guidelines for Treating Tobacco Use and Dependence: Standards for treating tobacco use and dependence based on a literature review and expert opinion. More information about the Guidelines is available from the Agency for Healthcare Research and Quality website: www.ahcpr.gov.

Public Support: Degree that the members of the community hold attitudes and beliefs that support efforts to address the Community Indicator.

Reduce the Availability of Tobacco Indicators: Community Indicators that address the sale, distribution, sampling or furnishing of tobacco products within the community.

Reduce Tobacco Industry Influence Priority Area: A priority area that refers to Community Indicators that address and counter the tobacco industry's marketing practices and economic influence.

School-based Prevention Indicators: The School-based Prevention Community Indicators address the availability and provision of tobacco use prevention information to youths in school.

Social Capital Assets: Community Assets that address people and organizations working collaboratively in an atmosphere of trust to accomplish goals of mutual benefit.

Tobacco Control Funding Assets: The Tobacco Control Funding Assets reflect the extent funding is available for tobacco control activities.

Tobacco Marketing and Deglamorization Indicators: Community Indicators that address: 1) the marketing tactics used to promote tobacco products and their use, 2) the public image of tobacco companies, and 3) activities to counter the marketing, glamorization and normalization of tobacco use.

Voluntary Policy: Refers to an official rule that is adopted by an agency, organization or institution to address the practices, procedures, employees, users or beneficiaries of that agency, organization, or institution's services or products.