4. Building National, State, and Local Capacity and Capability

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4. Building National, State, and Local Capacity and Capability

Once the structural components and communication mechanisms were in place, the process of preparing the states for action began. Throughout the American Stop Smoking Intervention Study (ASSIST), the states' project staff and coalition members were trained to achieve two major goals. First, they sought to create the capacity to implement tobacco control interventions statewide, especially by building and linking strong coalitions in communities throughout the state. Second, they sought to build the capabilities of all coalition members. To do this, they trained them (1) to plan evidence-based interventions that were responsive to each community's needs and that were realistic in terms of the program's readiness and resources and (2) to implement tobacco control interventions, especially policy and media interventions. The substantial investment that ASSIST made in developing the capacity of the states and the capabilities of the state participants is reflected in the effectiveness of their intervention efforts.

Creating the Capacity to Act

At the outset, the National Cancer Institute (NCI) recognized the key role that state and local coalitions play in planning and implementing tobacco control activities. Effective tobacco control occurs with the implementation of community-based strategies by partnerships comprising strong health advocates and community leaders. NCI selected the coalition model as the basic organizational structure for ASSIST because of the potential strength of coalitions to mobilize diverse community organizations and individuals to work together to influence social norms and policies. In the request for proposals for the ASSIST project, each state was required to develop a state coalition. Most states also developed local coalitions.

Coalitions: The Force behind the Interventions

The effectiveness of coalitions in health promotion and disease prevention had been demonstrated in the research studies underlying the rationale for a community-based tobacco control project. (See chapter 1.) Community initiatives designed by a diverse group of citizens are likely to be feasible for that community, supported by that community, and ultimately successful. By joining together around an issue of mutual interest, organizations and agencies reduce competing and duplicative efforts. Also, there is strength in numbers; therefore, coalitions can be especially effective in addressing issues relating to policy changes and the enforcement of existing policies and laws.

Generally, coalitions follow predictable stages and take time to develop and flourish, and ASSIST coalitions were no exception. Typically, the developmental stages are formation, implementation, maintenance, and reaching goals and objectives.[1] During the

formation stage, a coalition defines its mission and goals. A diverse membership that participates in planning, action, and advocacy is essential. During the implementation stage, a coalition initiates activities designed to meet its goals. During the maintenance stage, a coalition builds on its activities and, on occasion, revisits its mission and goals. Process evaluation is important during the implementation and maintenance phases to determine whether plans and interventions have been implemented as designed. Most coalitions have frequent meetings of a steering committee and less frequent meetings of the general membership. Officers and committee chairs need clear job descriptions. A system for regular and clear communication must be in place and must be used. During the final stage, in an ideal model, outcome measures examine a coalition's effectiveness in meeting its mission, goals, and objectives.

Ideally, coalitions reach a state of institutionalization, or permanence, and have a base of substantial long-term funding. Such coalitions are usually respected by policy makers in the jurisdiction that they serve and are seen as authorities on policy issues; often, they are invited to join the efforts of other groups. Coalitions can fail to sustain themselves for a variety of reasons: lack of direction, turf battles, failure to plan or act, dominance of professionals, insufficient community linkage, weak organization, funding problems, leadership problems, inadequate sharing of responsibility and decision making, time and loyalty conflicts, lack of training, and burnout of members or staff.[2]

Guidelines for New Partnerships

During training, the following guidelines were offered to ASSIST staff members to consider as they developed their states' coalition memberships.

- Involve diverse and key players.
- Choose a realistic strategy.
- Establish a shared vision.
- Agree to disagree in the process.
- Make promises you can keep.
- "Keep your eye on the prize."
- Build ownership at all levels.
- Avoid "red herrings."
- Institutionalize change.
- Publicize your success.

Source: Melaville, A. I., and M. J. Blank. 1991. *What it takes: Structuring interagency partnerships to connect children and families with comprehensive services.* Washington, DC: Education and Human Services Consortium.

As the ASSIST coalitions developed, they experienced the growth stages, and many of the predictable issues arose. In meeting the challenges, however, the coalitions became strong internally and forceful externally. The fourfold purpose of the ASSIST coalition design was as follows:

1. To increase the tobacco control capacity for existing community groups and organizations
2. To sustain and enhance the coalitions' role as a tobacco control agent
3. To recruit organizations (including those not related to health) that had not participated in tobacco control efforts
4. To amplify the coalitions' potential to create community change for tobacco control

The relationship of the state coalitions and the local networks of affiliates was

designed to be interactive throughout the project.[3]

Challenges to Working Collaboratively

The elements of coalition development played out in the ASSIST project as changes in coalition leadership and the environment occurred. In the beginning, NCI's imposed structure of contract accountability implied a formalized process from which coalitions should be formed. Some state ASSIST staff members encountered community leaders who would not readily accept the formation of new bodies or committees solely because a new NCI contract prescribed structure and required certain functions. States varied greatly in their ability to mobilize and organize their partners. However, coalitions continued to be formed for several years into the project. Even those coalitions that were developed had mixed success.

Differences in Organizational Culture

During the planning phase of ASSIST, many coalitions were new and were forming organizational cultures. Other tobacco control coalitions, however, had been in existence for years prior to ASSIST and had operated independently from government funding. For those coalitions, issues of ownership and direction surfaced; for example, an existing coalition may have worked collaboratively with state staff members during the ASSIST proposal development process. Afterward, however, the coalition leadership may have changed, with a resulting change of focus to new opportunities. Insistence by state staff members—having been awarded an

On Target, *published by New Mexicans Concerned about Tobacco*

ASSIST contract—that the coalition work on contract deliverables, such as the site assessment, sometimes resulted in friction between the paid contract staff and volunteers.

Another difference in organizational culture that presented a challenge to some coalitions was the ASSIST contract requirement of deliverables—items produced by the state health department contractors and submitted to NCI. In the first 2 years, the contract required the coalitions and staff to work on assessments, environmental analyses, and sound strategic plans for a 5-year implementation phase. Although these tasks may have been agreed to during the proposal process, issues of "why wait for action?" to "we want to spend the funds now" caused splintering among groups within existing and new coalitions. For the action-oriented coalitions, accepting

the strings attached to the ASSIST funds—primarily the requirement to engage in careful long-term planning—was a serious challenge. Some coalitions lost initial members who, though strongly committed to tobacco control, found the process to be too slow, particularly since in the meantime the tobacco industry continued to lobby at the federal and state levels, to work against clean indoor air initiatives, and to market its products very aggressively. Other coalitions, however, were just getting started and wanted to do everything by the book. The value of careful planning became more and more appreciated during the implementation phase, when multifaceted activities were initiated.

Surgeon General David Satcher addresses an ASSIST conference

Planners and Activists

The types of individuals who served best during the planning phase tended to be different from those who served well during the implementation phase. In some states with mature coalitions that were reluctant to perform ASSIST planning, the staff met the challenge by developing small committees to address the deliverables required by the contract. In these situations, some coalition members worked on advocacy issues while others were planning advocacy activities. Early in the third year, planning and implementation merged, and the coalition members worked collaboratively. ASSIST funds could then be turned into full-scale action—even as plans were modified in response to a changing environment.

Participatory Decision Making

The ASSIST project initially had a highly formalized structure and imposed modes of accountability on the coalitions. The coalitions wanted more participation in decision making, which implied changing to a flatter management structure for coalitions, committees, and staffing. As this need became widespread among the coalitions and the program advanced, the formalized structure of ASSIST at the national level was changed to be less rigid and more inclusive. It provided "seats at the table" for field directors and program managers to offer various perspectives of program needs, as described in chapter 3. This evolution from a hierarchical form of management, also experienced to some degree in the Community Intervention Trial for Smoking Cessation (COMMIT), provided many opportunities for better feedback and decision making for program direction and resource allocation by the coalitions.

Laborious Process

Coalition work is demanding and must be done with an understanding of the environment and the stages of development of an alliance. As the ASSIST project evolved, its national leadership became more open to opinions and ideas from the states but also had the responsibility to balance immediate needs with long-term vision. Would it be better to spend more time planning, so that all implementation staff could ponder the process and learn the systems for change? Or would it be better to provide more direction and leadership to achieve immediate outcomes? The challenge was addressed by NCI and the ASSIST Coordinating Center largely through tailored responses to needs for technical assistance and training in the various states.

Case studies 4.1, 4.2, and 4.3 point to some of the challenges that the coalitions addressed in developing collaborative working relationships. To attract coalition members representative of New Mexico's rich diversity of populations, ASSIST staff sought outside professional marketing help. Massachusetts, an ASSIST state with a long history of conducting tobacco control programs, formed regional networks to advance its capacity and capabilities. North Carolina took advantage of an evaluation to identify the most effective elements in forming effective coalitions.

Did the States Build Capacity?

Most states completed the 8-year project period with more local coalitions than were anticipated initially, and five states decreased their number of coalitions. For example, the coalition in Maine's largest city, Portland, was started through ASSIST and is still in operation, as are some small coalitions in small towns and cities, now supported with funds that Maine obtained as a result of the Tobacco Master Settlement Agreement. In contrast, Washington State discontinued its state coalition, as did Maine. Table 4.1 indicates the number of ASSIST coalitions in each state in 1992 (toward the end of the planning phase) and in 1996 (toward the end of the implementation phase). Appendix 4.A provides an example of the diverse

Table 4.1. Number of ASSIST State and Local Coalitions, 1992 and 1996

State	1992	1996
CO	8	13
IN	1	6
ME	3	2
MA	4	20
MI	4	62
MN	3	26
MO	3	19
NJ	3	3
NM	5	8
NY	9	23
NC	11	10
RI	8	8
SC	8	12
VA	6	17
WA	5	10
WV	1	20
WI	13	33
Total	**87**	**285**

Sources: ASSIST Coordinating Center. 1992. ASSIST coalition profiles. Internal document, ASSIST Coordinating Center, Rockville, MD. ASSIST Coordinating Center. 1996. Draft of ASSIST coalition profiles. Internal document, ASSIST Coordinating Center, Rockville, MD.

Case Study 4.1
Albuquerque: A Multicultural Coalition

Situation: New Mexico has a rich mix of cultures and includes some communities that predate the founding of Jamestown. Also, New Mexico is one of the poorer states and, overall, registers low on a list ranking quality of life. Poor, uneducated citizens of New Mexico are targets for tobacco companies. In Albuquerque, a coalition, Tobacco-Free New Mexico, was already in existence when the ASSIST staff determined that a second tobacco control coalition was needed to focus on tobacco use by minority groups.

Strategy: ASSIST supported the development of a coalition known as Multicultural Advocates for Social Change on Tobacco (MASCOT). The ASSIST staff employed an advertising and marketing firm to identify and attract coalition members, especially leaders in the minority communities. The resulting community-based coalition initially had 20 volunteer members and subsequently became a core of 6 to 10 regular members. Members included, among others, coordinators of tobacco education in county and city fire departments, representatives of New Mexico's Department of Substance Abuse and its Office of Indian Affairs, representatives of the Adolescent Social Action Program at the University of New Mexico, a medical doctor, and an American Indian. Progress in enlisting additional American Indians was slow.

MASCOT meetings were held weekly. Initially, the group engaged in a period of self-training, using publications and videos, and of sharing information. The group developed a logo for branding its activities. The members tackled issues of leadership, mission, and goals and objectives. An ASSIST field director chaired meetings until the members elected a chair. The coalition then focused on educating individuals in diverse ethnic communities in Albuquerque about youth access to tobacco, industry promotional tactics, and achieving self-efficacy. At the same time, the coalition secured a fiscal agent (the New Mexico Public Health Association) to manage antitobacco money received through grants, contracts, and donations. Some members tracked tobacco control measures that occurred in the state and attended national ASSIST meetings. Early on, MASCOT planned to become independent of the ASSIST program, eventually applying for nonprofit status.

Source: Adapted from O. S. Harris and M. F. Herrera. 1996. The first year in the life of a multicultural coalition. In *Communities for tobacco-free kids: Drawing the line,* 565–74 (Sessions and case studies of the National Tobacco Conference, May 29–30, 1996). Rockville, MD: ASSIST Coordinating Center.

Case Study 4.2
Regional Networks in the Massachusetts Tobacco Control Program

Situation: In Massachusetts, the contract award of ASSIST energized the American Cancer Society (ACS) and the tobacco control advocacy community. As a result, ACS and the Massachusetts Coalition for a Healthy Future financed the passage of ballot question 1, the Massachusetts tobacco excise tax, and created the Health Protection Fund. The Health Protection Fund provided funding for the Massachusetts Tobacco Control Program (MTCP) of the Massachusetts Department of Public Health. This program development occurred as ASSIST moved from its planning phase to its program implementation phase. In a matter of months, program dollars rose from $1.195 million (ASSIST fiscal year 1993) to an additional $58.1 million (from the department of health funds) for the first year of funding for MTCP.

Although ASSIST funding was a small part of MTCP's overall funding, it played an important role in shaping the program model and providing funds to create a programmatic infrastructure. The Massachusetts legislature initially voted to provide funds for program services but not for administrative infrastructure. Therefore, ASSIST funds were used to support the organizational structures that allowed MTCP to become a successful and comprehensive tobacco prevention and control program.

Strategy: In 1995, a field operations unit replaced program-specific contract managers who were overseeing community-based programs. Regional field directors organized local programs funded by MTCP into regional networks. Small and large regional meetings, convened monthly by MTCP regional field directors, served as forums for regional action planning, information dissemination, provider collaboration, identification of best practices, and training. Each of the six regional networks was guided by a steering committee, composed primarily of program managers from local programs. Steering committees worked on goal alignment, strategic planning, regional public relations campaigns, and quality improvement. This organizational strategy facilitated communication and planning within larger geographic areas and across agency and program boundaries. Linking programs together played an important role in creating a successful social movement in Massachusetts.

—Harriet Robbins, Massachusetts Department of Public Health, and Milly Krakow, Krakow Consulting

Case Study 4.3
Evaluating ASSIST Coalitions in North Carolina

Situation: In North Carolina, the operations of 10 ASSIST coalitions offered an opportunity to compare and contrast the effectiveness of procedures, personnel, and other factors.

Strategy and Results: The North Carolina ASSIST coalitions were evaluated with interviews, surveys, observations of meetings, and a review of documents. A conceptual model of factors that might influence coalition effectiveness was developed. The factors were leadership, decision making, communication, conflict, costs and benefits of participation, organizational climate and structure, staff roles, capacity building, member profiles, recruitment patterns, and community capacity for tobacco control. Coalition effectiveness was measured by observing member satisfaction and participation, the quality of action plans, resource mobilization, and implementation of activities.

The study revealed that coalitions were more effective in implementing activities when they provided a vision for the coalition at the local level, involved members in planning actions, fostered frequent communication among staff, and hired skilled staff who saw their roles as "coaching" the communities in activities rather than taking full responsibility for the activities.

Personal accounts by coalition members revealed insights into the composition of the coalitions and the ability to recruit, as illustrated in the following examples:

> I wanted to get people involved, but, early on, there was so much that was nebulous about the program.
>
> We said, 'Will you be on this task force? Here's what we'll be doing'—but it wasn't specific enough. Now we are a little more directed.
>
> So you sort of have to have something under your belt … to say 'Well look what we have done.' Without that, I don't feel like I can go out [and expand the coalition].

—Michelle Kegler, then doctoral candidate, University of North Carolina at Chapel Hill, and current Program Specialist/Evaluator, Tobacco Technical Assistance Consortium

Source: Kegler, M. C., A. Steckler, S. H. Malek, and K. McLeroy. 1998. A multiple case study of implementation in 10 local Project ASSIST coalitions in North Carolina. *Health Education Research* 13 (2): 225–38.

ASSIST Coordinating Center staff

membership of the Rhode Island state-level coalition; the number and diversity of members were typical of the coalitions.

To examine aspects of the coalition approach to implementing tobacco interventions, NCI engaged an independent contractor to conduct a pilot study during the first 6 months of 1995 to assess a number of characteristics of three state coalitions.[4] New Jersey, New York, and South Carolina participated in the pilot study designed to investigate the feasibility of conducting coalition assessments of all ASSIST state-level coalitions. Three types of coalition characteristics—environmental, structural, and functional—were examined as measures that could influence a coalition's effectiveness.

The environmental characteristics were state history of tobacco control, geographical and cultural diversity, and previous collaboration. Pilot study results showed that these characteristics played a role, though not a critical one, in the effectiveness of the statewide coalition networks. Rather, the most important characteristics were the size of the geographic area and the extent of previous collaboration among key individuals and organizations. South Carolina's history as a tobacco-producing state, New York's large geographical area, and the racial and ethnic diversity found in all three states presented challenges that slowed progress but were not insurmountable factors.

In terms of structural characteristics, matters of complexity (numbers of coalitions and bureaucratic processes) and membership of the coalitions related strongly to coalition effectiveness, whereas formalization of policies and procedures was considered relatively unimportant. The evidence showed that managing a large number of coalitions presented major challenges and strained staff resources. At the same time, however, a large network of local coalitions can be very important to defeating tobacco industry legislation. Frustration

was high in all three states regarding extensive bureaucratic red tape and regulations. Regarding membership, all three states found that recruiting members to state and local coalitions was difficult. Broad membership was especially important because different types of coalition members increased the diversity of skills and could play different roles at different times, thereby enhancing a coalition's ability to respond quickly to unexpected events. There was strong evidence that additional training in community outreach skills was needed for coalition organizers, particularly at the local level, in order to broaden coalition membership beyond the public health community.

The results showed that two functional characteristics—leadership and vision—were considered essential for effectiveness; four other functional characteristics—management, communication, resource allocation, and conflict resolution—related strongly to effectiveness but were not easily distinguishable from one another and were merged into a single functional characteristic called management/communication. Vision was defined as "the extent to which coalition members have a clear sense of direction and a common understanding of coalition goals and objectives." ASSIST staff in all three states reported that it took much longer than expected to train coalition members in the new paradigm of tobacco control. The results showed that leadership is a very important factor in moving a coalition forward but that a dynamic leadership style is not required. Low-key, well-respected leaders were adept at motivating the members and advancing their agendas. An unexpected finding that emerged was the importance of two additional but related functional characteristics—strategic planning and community outreach. A major conclusion of the pilot project was that the six functional characteristics—vision, leadership, management/communications, shared decision making, strategic planning, and community outreach—are important for coalitions focusing on policy and media advocacy.[5] Although the assessments were not conducted in all states as originally planned, the pilot project provided valuable information that served the ASSIST Coordinating Center staff in planning technical assistance and training.

A review of the states' final reports provides insight into the opinions of ASSIST state managers about coalitions, the role that coalitions played in their respective states, and the likelihood that coalitions will be maintained in the future. NCI asked the coalitions to comment on the following topics in their final quarterly reports:

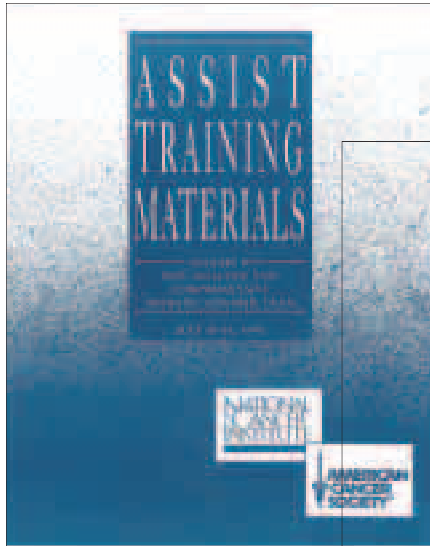
- List several of the most important lessons that have been learned through your ASSIST interventions, and describe how these experiences will guide the development and implementation of future tobacco prevention and control efforts in your state.
- Based on what you learned from other states or national organizations throughout ASSIST, what major tobacco control activities or policies are yet to be achieved in your state? Do you plan to attempt these activities over the next several years?

- What factors or resources contributed most to the success of activities in your state and throughout ASSIST? How? Why?
- Was the coalition model effective in bringing together various partners or organizations in your state? Would you use this model again? Why? Why not?

Fourteen states found the coalition model to be very effective. Most stated that they planned to maintain, if not expand, their support for coalitions with funds from their new cooperative agreement with the Centers for Disease Control and Prevention (CDC). Missouri and Washington State felt that while their state coalitions were not successful, their local coalitions worked well. Maine substituted the coalition model for a partnership model. The following sampling of comments from six of the states illustrates the range of insights from participants.

ASSIST Information Exchange and Training conference materials

- **Colorado**—Key to the success of Colorado ASSIST was the efforts of volunteers from the 12 coalitions throughout the state. They multiplied staff efforts many times. Dedicated (funded positions) staff charged with leading and guiding the coalitions provided a consistency and built on each year's accomplishments within the project. Colorado planned to continue the model within the CDC framework and increase the number of coalitions when tobacco settlement monies become available to the state health department.[6]
- **Minnesota**—The coalition model is a valuable though time-consuming strategy requiring continuous maintenance. In most cases, a full-time local coordinator is needed to provide staff leadership for a coalition. The benefit of a coalition is that it is a means for many community members, organizations, and decision makers to come together for a common cause. Coalitions provide a strong community base of support for policy change and are a means of reaching people at the local level (educating and involving them) and mobilizing them to influence policies to reduce tobacco use.[7]
- **Rhode Island** commented as follows on the challenges of forming a coalition: "It was idealistic to get a large coalition up and running quickly, especially without lots of staff. Coalitions are messy and not always efficient. They can be very costly in terms of staff



ASSIST Training Materials

time and energy. You experience a loss of control. They are slow, and the more ownership they have, the more need there is to consult them and allow them to make decisions. This can hurt, given how fast the tobacco industry is. However, the trade-off is important. Coalitions provide access to community, multiple perspectives, and political clout."[8(p22)] The comments from Rhode Island should not be construed as criticisms of coalitions. Rather, they merely point out that working with a large group of people is time-consuming and that one must be prepared to cede some control to others.

- **Washington State's** experience with coalitions was less positive: "Initial efforts were successful in bringing various partners and organizations in Washington to the table, but two years of site analysis and planning discouraged them from staying. Stronger efforts were required to ensure their return, but often were not undertaken. The coalition model was far more effective at the local level and is being continued."[9] Washington State voted to discontinue its state coalition. However, the problems described reflect administrative challenges more than a belief that coalitions are inherently ill-advised. The loss of volunteers in Washington State was a problem that some of the other ASSIST states encountered.

Creating Capacity during the First 2 Years: Planning for Comprehensive Tobacco Control

To most effectively change people's behavior, and especially to promote policies that would reinforce the behavior change, the ASSIST coalitions needed strategic plans for interventions. An intensive and extensive strategic planning phase was guided by NCI staff and by the departments of health, with assistance from the ASSIST Coordinating Center.

The ASSIST project, funded at a total of about $22 million annually, began on October 1, 1991, with a 2-year planning phase. The 2-year planning phase gave the states—many of which had no tobacco

control resources prior to ASSIST—ample time to plan and build the requisite infrastructure for initiating a comprehensive tobacco control initiative. During that time, each of the 17 states, working with their coalitions, conducted a site analysis (for which the state was defined as the site) and a needs assessment and developed a 5-year comprehensive tobacco control plan, tailored to the needs of the state but within the guidelines provided by NCI. The plans included goals related to public policy and mass media. All states emphasized the opportunities available for working with priority populations.

Site Analyses

The purpose of the site analysis was to provide each state with the baseline information that it needed to develop a comprehensive tobacco control plan. The site analysis documented the distribution of tobacco use by age, gender, and geographical area; the economic burden of tobacco use; and the social and political climate for enacting and enforcing tobacco control policies. The analysis included an assessment of the site's potential resource strengths and weaknesses for implementing ASSIST, including finances, equipment, facilities, personnel, expertise, organizational relationships and structure, existing policies for tobacco control, and media relationships. With the information from the site analysis, the following planning tactics were formulated:

- Each coalition translated the ASSIST primary objectives into site-specific quantitative objectives that expressed the number of persons in the state who would quit smoking as a result of interventions and the number of persons who would not initiate tobacco use. These objectives were also expressed as tobacco prevalence objectives. These quantitative objectives provided the coalition a clear picture of the magnitude of its undertaking.
- Each coalition made final decisions about which populations would be the priority focus of its interventions.
- Each coaliton determined which policy and media intervention strategies would likely be the most effective in influencing the behavior of the priority populations.
- Each coalition reaffirmed or modified its preliminary decisions about geographical regions in the states for interventions. For each intervention region, a local coalition was identified to participate in the process of developing the comprehensive plan.[10]

Comprehensive Tobacco Control Plans and Annual Action Plans

Each state's site analysis was the basis for the state's 5-year comprehensive tobacco control plan to be implemented during the project. (Initially, the plan was referred to as the comprehensive smoking control plan, but later "tobacco" replaced "smoking" to include smokeless tobacco.) Through a series of objectives, strategies, and tactics, each plan set forth initiatives developed and approved by the state's coalition to address the ASSIST program objectives for interventions and channels. (See chapter 2.) Each year, an annual action plan was developed, based on the comprehensive

plan, that charted a yearly course for implementing the interventions in the tobacco control plan. Roles and responsibilities for carrying out the activities in the action plan were specified, along with resource allocations and monitoring procedures. Budgets were allocated for training and support. The annual action plan allowed each coalition to reassess its original plans and define its course yearly based on changing priority populations, channel conditions and opportunities, and other key environmental changes (economic, social, and political factors). The annual action plans afforded the coalitions the opportunity to emphasize specific objectives and related strategies for specified periods in coordination with the goals of the broader plan.[3] (See appendix 4.B for an example of a responsibility tracking form from Minnesota.)

The process of constructing the tobacco control plan and the annual action plans required the coalitions to formulate measurable objectives applicable to the priority populations that they sought to reach.[3] For intervention regions, the objectives, strategies, and tactics had to be specific to the regions. The plans were ambitious yet realistic. The criteria for selecting strategies included the potential reach and influence relative to the priority population, resources available, and the developmental stage and readiness of the program and coalitions. Each strategy listed specific actions or activities that would be implemented to achieve an objective. Over the years, the states became more proficient at expressing the outcomes as quantifiable objectives.

The sample plans in appendices 4.D–4.H were derived from the comprehensive plans and annual action plans of two states. The examples illustrate that different states developed different strategies and a broad range of activities. The strategies developed were for decreasing environmental tobacco smoke (also referred to by advocates as *secondhand smoke*, *passive smoking*, and *involuntary smoking*). The comprehensive plans set forth 5-year objectives. Appendices 4.C and 4.D contain passages from Wisconsin's plans that illustrate objectives and strategies for two channels (community environment and worksite) for 1993–94. The passages from Minnesota's plans in appendices 4.E through 4.G show activities for the same channel in two different periods (1993–94 and 1998–99) and reflect a change from fundamental formative activities to detailed, targeted activities. As is apparent in the 1993 and 1998 annual action plans, the nature of the interventions changed and grew over time in reach and sophistication. The early annual action plans tended to focus on resource development and distribution, whereas the later plans called for media campaigns and interaction with high-priority population groups.

Project Management Plans

To guide the implementation of each state's comprehensive tobacco control plan, the sites were also required to produce a project management plan to cover the same 5-year period as the comprehensive tobacco control plan. In the project management plan, the states explained how they would organize, manage, and monitor their work. Orga-

nizational issues, such as the interrelationships between state and local coalitions, were clarified, along with decision-making roles, lines of communication, and responsibility for various tasks. Monitoring mechanisms were identified to demonstrate how the states would stay on schedule and ensure that activities occurred as planned. Each state outlined a crisis communication plan as well, in an effort to anticipate how information would be transmitted in a crisis and who would serve as spokespersons to the public. Last, the plan included a summary of the budget allocated and a description of how that budget would be allocated and tracked. Appendix 4.H contains a sample plan that was derived from the project management plan of ASSIST in Washington.

Building the Capability to Act

When the ASSIST project began, changing the social environment through media interventions and policy advocacy was a public health strategy to which the states were unaccustomed. The health department personnel, ACS members, and the organizations in the coalitions required technical assistance, support, and training to develop the knowledge and skills that they needed to mobilize their respective local communities to implement tobacco interventions. NCI established the ASSIST Coordinating Center as the project's hub for ongoing technical assistance and training, information coordination, and leadership support. ACS also played a vital role by providing coordination for and participation in training events.

Technical Assistance and Training: The Forces behind the Coalitions

The project's technical assistance and training services, provided throughout both phases of the project, were designed to build the capabilities of ASSIST's participants by developing their general skills and by providing specific information. The needs assessment (see the earlier section on creating capacity) helped to determine which services to provide. The basic technical assistance and training services provided are listed below:

- Customized consultation through site visits, a dedicated electronic communications system (ASSIST ECS), and frequent teleconferences
- Information on specific tobacco issues in packets of materials
- Facilitation of networking and sharing of information among the sites
- Building of linkages and communications among state, federal, and community activities
- Development and dissemination of resource materials, including training manuals, modules, policy guidelines, and fact sheets
- Referrals to experts in tobacco control, policy development, and media relations
- Training events and creation of resource materials focused on:
  - project management and administration;
  - strategic planning;
  - building, developing, and managing coalitions;
  - developing and implementing effective educational programs;

- supporting policies (including voluntary policies) for tobacco control;
- using the media to change the social environment to discourage tobacco use; and
- creating rapid responses (e.g., to promotional actions by the tobacco industry).

The planning phase (October 1991–September 1993) was a critical period for the sites. The expectation during this time was one of "getting everyone oriented," while allowing sufficient time to concentrate on knowledge development, environmental scanning, and planning for the upcoming implementation phase. NCI staff and the ASSIST Coordinating Center's team of technical assistance specialists assisted the states. Generally, team members were public health professionals with experience working in health departments or voluntary agencies. Team members were assigned to specific states to provide rapid response and proactive customized consultation to help the states develop their plans. During this planning phase, the training goals were to build a foundation of skills, to develop a common understanding of ASSIST and its approach to tobacco control, and to help staff develop project plans.

Training during the Planning Phase

As could be expected with a project of this size and scope, experience in environmental tobacco control varied among the states. Overall, the respective state and local staffs had little or no experience in using policy advocacy approaches for tobacco control interventions; instead, most had concentrated on changing individual smoking behavior. Some staffs had already sponsored programs with policy components; few had experience in developing coalitions.

Five training events and information exchange conferences were held in the first year, four in the second. These training workshops were instrumental during the planning phase in bringing the staffs of all 17 states to a level of skill and understanding necessary to plan ASSIST tobacco control interventions. The primary participants of these workshops were the health department and ACS project managers. Tobacco control consultants with expertise in the relevant topics were retained to design and deliver the training, supplemented by NCI, ACS, and ASSIST Coordinating Center staff members. The first training was a project overview. Each of the next four training events was designed to help ASSIST staff develop the required planning documents. The titles, dates, and objectives of each of the five training workshops are presented in the sidebar on planning phase training.

After the first year into the project, the participants were eager to conduct interventions and to start making a difference in their states, and many project managers had the challenge of explaining to coalition members why activities could not begin as quickly as they would like. In retrospect, many participants felt that this planning and training period was essential because it provided the time and resources necessary to establish a solid foundation for each state.

Others believed that this process took too long. Training in partnership with site-specific technical assistance was key in helping the states prepare their plans and strategies. Few, if any, public health projects have the opportunity to give adequate preparation time before implementation—the ASSIST experience was unusual in this regard.

A year into the planning phase of the program, the ASSIST Coordinating Center hired a consultant from Georgetown University to informally assess the technical assistance and training needs of coalitions. This assessment, based on interviews with project managers, ACS staffs, and members of the state-level ASSIST coalitions, found wide differences among them in their training and development.[5] The report listed the following needs (among others):

- Make training diverse so that it reaches, for example, persons who are not close to tobacco control issues
- Make goals and strategies very clear
- Define relationships among and roles of coalition groups
- Identify skills needed for good coalition functioning
- Adapt general planning skills to specific planning requirements
- Provide training on policy advocacy
- Provide training on how to conduct media advocacy

The report also noted that many coalitions had been applying successful training methods, and many managers brought to their training processes sophisticated strategies for addressing the diverse experiences of the members.

Planning Phase Training

ASSIST Orientation—November 8, 1991

- Orient the staff of ASSIST states to the ASSIST conceptual model, goals, and operations

Site Analysis and Related Activities—February 3–5, 1992

- Provide the staff of the 17 ASSIST states with the knowledge and skills that they need to conduct an acceptable coalition-based site analysis, including key informant interviews

Site Analysis and Comprehensive Smoking Control Plan—July 20–21, 1992

- Revise and refine the site analysis
- Understand the relationship among the site analysis, comprehensive smoking control plan, annual action plan, and project management plan
- Understand the components and requirements of the comprehensive smoking control plan
- Address coalition issues

Planning and Coalition-Building—October 14–15, 1992

- Reinforce the understanding of the big picture of ASSIST and how the components fit together
- Brainstorm possible problem-solving strategies for issues occurring in the coalition process
- Expand knowledge and skills in addressing group dynamics, communications, and contract issues
- Enhance the understanding of the requirements of the ASSIST planning process
- Become oriented to and practice specific planning tools in ASSIST (i.e., stakeholder analysis and priority-setting methods)

Development of an Annual Action Plan—January 25–26, 1993

- Present expectations for achieving ASSIST national objectives
- Study the lessons learned from effective tobacco control strategies (e.g., California's experience)
- Develop strategic steps of the annual action plan

Source: ASSIST Coordinating Center training materials.

Transitioning to Implementation

During the planning phase, the assumption underlying the training program was that all states would become capable—more or less simultaneously—of implementing tobacco control interventions. In reality, the staffs had different skill levels, and the policy environments for which they developed their plans varied. While the staff members of some states produced strong annual action plans, others struggled with how to put into practice ASSIST's conceptual framework. (See the "cube" in chapter 2.)

The first intervention year was essentially a transition period during which it became apparent that certain capabilities had to be further developed. Each training event included a process evaluation questionnaire. Feedback from these questionnaires was considered in planning the technical assistance and training for the implementation phase. The training strategy was revised to provide more support for the "how-to" and incorporated the following tactics:

- **A continued explication, illustrating applications, of the policy advocacy model of ASSIST.** Most states were having problems understanding the strategy of changing public policies to create an environment that does not support tobacco use. They also needed a clarification regarding the differences between advocacy activities and lobbying activities.
- **More tailoring to the range of individual state needs in designing training sessions.** Trainings were initially didactic and formatted to include thematic information in plenary presentations. The format was changed to provide specific sessions on media and policy topics and issues as the participants' skills were developed and applied in their states. The participants were given the freedom to attend those sessions that best fit their individual needs. Also, the sessions became more interactive. Plenary session lectures were minimized in number and length, and more sessions were participatory. Training tools included the use of more case studies, interactive role playing, and practice exercises. University professors conducted the trainings, and these progressed to peer trainings. Direct technical assistance supported state personnel after training.
- **Finding new ways of continuously assessing and responding to state needs.** In addition to gathering input from the states about their technical assistance and training needs through written questionnaires and through insights provided by technical assistance staff, a new direct link to the field was established. A new training committee, composed of state staff members representing both management and operations, was established. The committee provided information for needs assessment purposes and recommendations for specific training content. When the ASSIST Multicultural Subcommittee was formed, the members' ethnic-specific expertise was solicited in the development of all subsequent training activities.
- **Using a variety of trainers.** Consultants in policy, media, and coalition development continued to be involved; however, peer-to-peer

training was given more prominence. Selected state staff members were invited to serve as training facilitators and share their experiences in implementing a range of interventions in worksites, schools, and community settings. Efforts were made to incorporate sessions on cultural diversity.

During the implementation phase of the project (October 1993–September 1999), the comprehensive intervention plans were critiqued and revised, and the annual action plans were critiqued, revised, and implemented. Funding levels were increased from a planning level of approximately $400,000 per year per state to more than $1,000,000 per year per state.

During this phase, the principal technical assistance and training goals were to mobilize and build momentum for tobacco control; implement and refine strategies; and institutionalize tobacco control within health departments, voluntary agencies, and community-based organizations.

Technical assistance was much in demand by the states during the implementation phase. Staff members in each state had regular access to their designated liaison at the ASSIST Coordinating Center and their assigned NCI project officer. These resources were responsible for assessing and responding to requests—either personally or by assigning the request to other ASSIST Coordinating Center content specialists or consultants. Technical assistance was provided in a variety of ways—via site visits, conference calls, and meetings during training events between state staff members and their assigned technical assistance specialist. The states and NCI noted that an advantage of having the ASSIST Coordinating Center deliver the technical assistance was that the center provided a collaborative environment in which the states could be frank about their needs. The ASSIST Coordinating Center was not responsible for the states' funding and contractual obligations; thus, the requests and assistance relevant to programmatic issues could occur without concern about seeming weaknesses in the states' programs.

As the implementation phase approached late 1993, the training program began to incorporate opportunities for the states to share their experiences at information exchange conferences. Unlike the earlier training sessions in tobacco interventions, the new approach allowed for more networking and discussion breakout sessions facilitated primarily by conference participants. Many sessions presented a variety of case studies—state experiences that shared successes and lessons learned in implementing policy interventions and media advocacy. In addition to being well received by the ASSIST states, this change of training format also generated interest outside ASSIST and caught the attention of the California Tobacco Control Program. In May 1994, ASSIST and the California program sponsored a cooperative information exchange conference, followed by a conference in Massachusetts in June 1995. Their successes in sharing cutting-edge approaches to tobacco interventions led to the first of four annual national conferences

beginning in May 1996, cosponsored by NCI, ACS, various other federal agencies and voluntary organizations, and national ethnic organizations that provided training. Bringing together all these players was challenging but gave impetus to an emerging national tobacco control movement that continues today.

Process evaluation from these training events was very positive, and the ASSIST Coordinating Center staff and the Technical Assistance and Training Subcommittee closely reviewed the results. Modifications were made to future conferences and training sessions as seemed warranted by the feedback and by observations of field activities. As a result, vast improvement began to appear in the states' annual action plans in addition to a difference in the strategies and activities that they implemented. Appendix 4.I describes the 17 training events offered during the implementation phase.

Building Capabilities Back Home: The Site Trainers Network

During the planning phase, the training workshops brought together all 17 state health department project managers and all 17 ACS project managers. The centralized training reinforced a common approach to tobacco control and linked the states to one another for exchange of experiences. During the implementation phase, the training program addressed the need to build the skills of coalition members and staff members in the communities. A Site Trainers Network (STN) was created. The STN, basically a "train-the-trainers" network, provided the support that states needed to organize and implement their intrastate tobacco control advocacy trainings. Topic-specific modules and materials were developed.

To build their cadre of in-state trainers, each state was expected to send two to four representatives to module training sponsored by the ASSIST Coordinating Center. Each training candidate had to make a commitment to teach the module in his or her home community for at least 1 year. Each state designated a training coordinator to plan and coordinate the intrastate training events and to lead the cadre of state trainers.

Between 1994 and 1999, the following six STN modules were created and presented:

- *Policy Advocacy* and *Administrative Handbook,* December 13, 1994, Washington, DC
- *Youth Advocacy,* September 26–28, 1995, Crystal City (Arlington), Virginia
- *Planning for Durability: Keeping the Vision Alive,* October 20–21, 1996, Arlington, Virginia
- *Multicultural STN Workshop: From Sensitivity to Commitment,* April 13–14, 1997, Washington, DC
- *Advanced Media Advocacy Module Workshop,* April 18–19, 1998, Detroit, Michigan
- *Advanced Policy Advocacy Workshop,* June 11–12, 1999, Bethesda, Maryland

All modules incorporated the following five elements:

1. Objectives, lesson plans, and optional teaching formats
2. A variety of delivery techniques

3. Encouragement for states to develop short- and long-term training plan
4. Options for 1- or 2-day delivery
5. Flexibility for delivery based on a state's needs

Additional technical assistance systems were put into place after STN training was delivered. Quarterly teleconference calls were held from 1994 to 1997 for the training coordinators as a vehicle for problem-sharing, networking, and support. One of the challenges that developed, particularly noticeable during 1997, was state staff turnover, which created a shortage of training coordinators. In response, technical assistance shifted to provide more one-on-one assistance to health department staff members who had been assigned training responsibilities. In addition, some states developed their own training materials, often incorporating and adapting module components.

How well did the STN program work? An evaluation of the project was undertaken in 1998. State training coordinators and project managers participated in a survey, which found that the project was valuable for its usability, flexibility, and utility. Even after the ASSIST project ended, the module materials continued to be used, and a few states had more formalized intrastate training programs than before the inception of the STN. For example, New York used the multicultural module not only within ASSIST, but also within its state office of minority health. NCI, Prospect Associates, and ASSIST's Multicultural Committee received an award of appreciation from the New York City Intercultural Cancer Council in 1999.

Site Trainers Network Modules

Each module was developed with the priority needs of the states at the forefront. For example, an ongoing state multicultural training mechanism was needed to help the states develop and implement interventions that would be responsive to the distinct cultural, social, and religious norms of diverse groups (e.g., ceremonial usage of tobacco in American Indian cultures). The Multicultural Subcommittee of the ASSIST Coordinating Center felt that the site trainers network (STN) approach would be effective in establishing a common base of knowledge and sensitivity among health professionals and advocates in the ASSIST project. In early 1997, a planning group was formed; it consisted of representatives of the subcommittee, editorial consultants, and ASSIST Coordinating Center staff knowledgeable in tobacco control and multicultural issues.

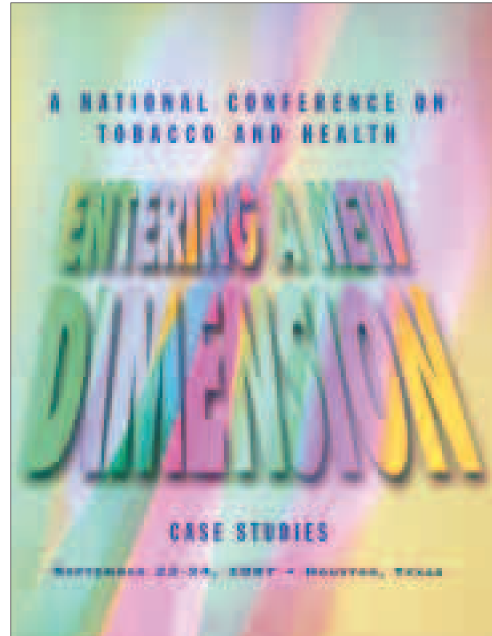
The completed module, From Sensitivity to Commitment, comprised six distinct sections with activities and exercises: developing awareness, community assessment, creating partnerships, building collaborations, developing leadership, and planning for action. The module was designed to be experiential rather than merely didactic. To internalize multicultural awareness, participants needed to experience issues and situations encountered by diverse ethnic groups. Exercises such as the "Iceberg Self-Assessment" and "Create a Culture" were core activities. By mid-1997, 67 new trainers in 15 states were ready to deliver the module.

Willing and Ready

Over the life of the ASSIST project, 17 national training workshops, information exchange conferences, and national tobacco control conferences were held for more than 6,600 participants. It is clear that the technical assistance and

training provided over the years had a positive impact on the outcomes of the project. Over the life of the project, as the ASSIST model became more effectively implemented and as state staff became more skilled, the approach to technical assistance and training evolved to be responsive to the states' needs in the following major ways.

- From a relatively top-down, directed program to one that became more bottom-up, that is, more interactive with the participants in planning and delivery
- From external experts to internal experience, relying less on consultants and more on information exchange and peer-to-peer learning experiences, which allowed for sharing of state experiences
- From a predetermined plan to flexibility in responding to state needs as they developed, including needs for assistance in developing planning reports, intervention plans, media and policy advocacy skills, capabilities in addressing specific issues (e.g., youth access, cultural diversity); in coalition-building; and in planning for the future (program institutionalization)



Case study materials

The capacity and capability developed by the states, combined with the flexibility of the ASSIST Coordinating Center in delivering ongoing technical assistance and training, readied the coalitions to implement the media and policy interventions described in chapters 5 and 6.

Appendix 4.A. Example of Membership in an ASSIST State Coalition: Rhode Island

	ASSIST Program Objective Area				
Coalition Member	**Community Environment**	**Community Groups**	**Health Care**	**Schools**	**Work Sites**
ACS, Rhode Island Division	x	x	x	x	x
American Fed. of State, County and Municipal Employees				x	
American Heart Assoc., Rhode Island Affiliate	x	x	x	x	x
AMICA Mutual Life Insurance Co.	x		x		x
Blue Cross/Blue Shield of Rhode Island	x		x		x
Boys and Girls Clubs of Warwick		x			
Boy Scouts of America, Narragansett Council		x			
Brown University Program in Medicine		x	x		x
Citizens Bank					x
City of Pawtucket		x		x	
Cumberland School Committee				x	
Comm. Coll. of Rhode Island, Allied Health Dept.			x	x	x
Davol Inc.					x
Fleet Bank	x				x
Greater Providence Chamber of Commerce	x				x
Harvard Comm. Health Plan			x		
Healthy Mothers/Healthy Babies		x	x		
Hospital Assoc. of Rhode Island	x		x		x
Institute for Human Development				x	
Kenny Manufacturing Co.					x
Kent County Occupational Health					x
Laboratory/Cancer Prevention Research Consortium			x	x	x
Local 1199 of Service Employees Intl.–New England Health Care Employees			x		x
Manufacturing Jewelers and Silversmiths Assoc.					x
Memorial Hospital of Rhode Island			x		
Miriam Hospital Health Promotion Ctr.			x		
Monam Hospital, Brown Program in Medicine			x		
Narragansett Electric Co.	x				
National Educational Assoc. of Rhode Island				x	x
Newport Hospital			x		
Newport School Committee				x	
New Visions for Newport	x	x			
Occupational and Environmental Health					x
Ocean State Physicians Health Plan			x		
Office of Substance Abuse				x	
Opportunities Industrialization Ctr. of Rhode Island		x			
Pawtucket Heart Health Project	x	x	x	x	x
Planned Parenthood of Rhode Island	x		x		
Portuguese-American Journal	x	x			
Progresso Latino	x	x			
Providence Ambulatory Health Care Fndtn.			x		
Providence College				x	
Providence Fire Dept.					x
Providence Journal Co.	x				

Appendix 4.A (continued)

Coalition Member	ASSIST Program Objective Area				
	Community Environment	Community Groups	Health Care	Schools	Work Sites
Providence School Dept.				x	
PHHP STOP Coordinator					
Raytheon Co.					x
Rhode Island Anti-Drug Coalition				x	
Rhode Island Cancer Prevention Research Consortium			x		
Rhode Island Committee on Safety and Health					x
Rhode Island Hospitality Assoc.	x				x
Rhode Island Human Rights Commission	x				
Rhode Island Interscholastic League		x			
Rhode Island Middle Level Educators				x	
Rhode Island Pharmaceutical Assoc.	x		x		
Rhode Island State Assoc. of Fire Fighters	x				x
Rhode Island Thoracic Society			x		
Rhode Island Assoc. of School Administrators				x	x
Rhode Island Black Ministerial Alliance		x			
Rhode Island Business Group on Health			x		x
Rhode Island Chamber of Commerce Fed.	x				x
Rhode Island Council of Comm. Mental Health Centers			x		
Rhode Island Dental Assoc.			x		
Rhode Island Health Ctr. Assoc.			x		
Rhode Island Hospital	x		x		x
Rhode Island Indian Council		x			
Rhode Island League of Cities and Towns	x	x			
Rhode Island Lung Assoc.	x	x	x	x	x
Rhode Island Medical Society			x		
Rhode Island School Health Assoc.				x	x
Rhode Island State Nurses Assoc.			x		
Rhode Island Women's Health Collective		x	x		
Roger Williams Cancer Ctr.	x		x		x
Rhode Island AFL/CIO					x
Socio-Economic Development Ctr. for Southeast Asians		x			
State Dept. of Elementary and Secondary Educ.				x	x
State Dept. of Health	x	x	x	x	x
State Dept. of Human Services	x	x	x		
St. Joseph Hospital			x		
The Gathering		x			
Tobacco Free Teens				x	
United Black and Brown Fund		x			
United Way of Southeastern New England	x	x	x		
University of Rhode Island Self-Change				x	
Urban League of Rhode Island		x			
University of Rhode Island, Urban Field Ctr.				x	
Warwick Veterans Memorial High School				x	
Westerly Hospital			x		
Women and Infants Hospital			x		x
WCRD AM	x				
WPRO AM and FM	x				

Source: ASSIST Coordinating Center. 1992. ASSIST coalition profiles. Internal document, ASSIST Coordinating Center, Rockville, MD. 112–6.

Appendix 4.B. ASSIST Responsibility Matrix from Minnesota

Name of Organizational Unit: ______________________________

Primary Function of Organizational Unit: ______________________________

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TASKS	PARTICIPANTS									
	PD	PM	FD	ACS PM	Stwd. Coal Mbrs.	Local Coal Mbrs.	Unit Chr.	Unit Mbrs.	Stwd. Exec Comm.	C&A Comm.
Develop operating guidelines/ parameters	A	R		R					A	A
Develop work plan and schedule	C	R		R						
Recruit new members		C	R		R	R				
Plan/coordinate training of members		A	R	A/R	I	I			C	C
Prepare meeting agendas—Local/State	A	R	C/I	C/R	I	R			I	R
Chair Meetings	R									R
Take meeting minutes and distribute			R			R				
Hire staff	A	R	C	C	I	I			I	DK
Staff committee		C	R							
Develop & maintain communication protocols	A	A	R							C
Gather information for planning purposes		R	R	R	R					
Determine action priorities		R/C	R/C	R/C	R/C	R/C				R/A
Develop contract reports/ deliverables (CTCP, APP)	A	R	R						A	
Develop public information reports	A	C/A	R	R					A	A/I
Identify resource needs		R	R	R	R	R			C	C
Manage/allocate resources	A	R		R					A	I
Manage purchases/acquisitions/ subcontracts	A	R	C	C						
Maintain program records	A	R	R	R						
Participate on ECS	I	R	R	R	I	I			I	I
Liaison with other networks/ programs		R	R	R	R					
Identify/recruit intermediaries		R	R	R	R	R			R	
Serve as spokesperson		C	C	C	R	R			R	R
Represent site on National Coordinating Committee	R	C	I	I					I	I
Evaluate projects	A	R	R	R	R				A	A
Distribute funds	A	R	C	C	C	I			A	A

A – Approve; R – Responsible; C – Consulted; I – Informed; DK—Don’t Know; NA—Blank

Appendix 4.C. Wisconsin ASSIST's Comprehensive Smoking Control Plan: Selected Channels

Community Environment Channel

Objective 1: By 1998, cues and messages supporting nonsmoking will have increased, and prosmoking cues and messages will have decreased.

Strategies

1. Build a corps of skilled advocates at state and local levels to promote, educate, and train volunteers and intermediaries on mass media opportunities for supporting policy initiatives and approaching media gatekeepers (1993–95)
2. Generate media coverage surrounding tobacco policies to generate support for controls, reinforce nonsmoking norms, and increase individual understanding of the health hazards of smoking (1993–98)

Objective 2: By 1998, ASSIST Wisconsin will substantially increase and strengthen public support for policies that mandate clean indoor air; restrict access to tobacco by minors; increase economic incentives and taxation to discourage the use of tobacco products; restrict the advertising and promotion of tobacco; and remove financial barriers to prevention, detection, and remediation of illnesses related to use of tobacco products.

Strategies

1. Educate and inform public authorities and the media through briefings, hearings, and epidemiologic data (1993–98)
2. Develop a rapid communications system to offer a system of communications for and provide current information about tobacco control activities, research, resources, and policy opportunities and to alert tobacco control activists of new policy initiatives (1993–94)
3. Inform the public and policymakers how public and private policies and strengthened policy enforcement can decrease tobacco promoters' access to minors and can decrease the percentage of minors who smoke (1993–95)

Worksite Channel

Objective 1: By 1998, the proportion of worksites with a formal smoking policy that prohibits or severely restricts smoking at the workplace should increase to at least 75%.

Objective 2: By 1998, worksites reaching priority populations will adopt and maintain a tobacco use cessation focus.

(a) By 1998, all employers in Wisconsin, and especially health organizations, should have ongoing smoking cessation programs for their staff and clients.

(b) By 1998, all Wisconsin social service and education organizations should provide or provide access to or identify ongoing smoking cessation programs for their staff.

Objective 3: By 1998, all public and private employees in Wisconsin will have the legal right to not be exposed to environmental tobacco smoke in their places of work.

Source: Wisconsin Department of Health. 1992. *Wisconsin comprehensive smoking control plan*, 10–3. Madison: Wisconsin Department of Health.

Appendix 4.D. Wisconsin ASSIST's 1993–94 Annual Action Plan: Selected Channels

Community Environment Channel

Annual Objective 1: Provide support—technical information and assistance in strategy development—upon request to all local ASSIST coalitions that are engaged in efforts involving local policies (clean indoor air, smoke-free restaurants and workplaces, tobacco promotion and distribution, and youth access issues).

Annual Objective 2: Recruit and train at least 30 state and local coalition members to effectively represent smoking control issues within their constituencies, within their communities, before public policymakers, and in the media.

Annual Objective 3: Develop an alert system to inform state and local coalition members of the latest developments in tobacco-control activities, research, resources, and policy opportunities and to motivate them to take action.

The following state and local activities were designed to support objectives for fiscal year 1993–94.

- Activity 1: Coordinate trainings for state and local coalition members in policy and media advocacy.
- Activity 2: Support the development of state and local coalitions to work effectively in the community environment.
- Activity 3: Distribute action alerts and other rapid communications on tobacco control initiatives to key state and regional coalition contacts.
- Activity 4: Develop local coalition policy guidelines for initiatives to decrease youth access to tobacco products specific to current Wisconsin statutes.
- Activity 5: Support key magnet events that facilitate statewide media attention on tobacco control efforts in local and state coalitions.
- Activity 6: Identify important local, regional, and statewide conferences for key channels and/or priority groups, and integrate tobacco control issues into their agendas.
- Activity 7: Develop a plan to increase the utilization of paid advertising and public service announcements that promote tobacco control in newspapers, and on billboards, television, and radio.
- Activity 8: Promote media coverage of successful smoking control policy implementation in worksites, schools, and other community settings.
- Activity 9: Develop, adapt, and disseminate research findings to provide a continuous stream of information about the health and economic impact of tobacco use in Wisconsin.

Worksite Channel

Annual Objective 1: By October 1994, the proportion of worksites with a moderate smoking policy that includes restrictions of smoking in meeting rooms and other common areas should increase by at least 5%, and the proportion of companies with a strong smoking policy that protects the health of nonsmokers by prohibiting smoking or limiting smoking to separately ventilated “smoking lounges” should increase by at least 5%.

Annual Objective 2: Provide resources to at least 500 employers to assist them in adopting smoke-free worksite policies, in disseminating smoking cessation materials to employees wishing to stop smoking, and/or in maintaining worksite-oriented prevention services (e.g., for young adults at risk for beginning smoking).

Annual Objective 3: Develop and maintain a group of at least 30 individuals trained to serve as smoking control resources on worksite smoking issues.

- Activity 1: Develop a worksite committee for the Tobacco-Free Wisconsin Coalition.
- Activity 2: Adapt and provide smoking control policy models to present to business organizations.
- Activity 3: Provide materials and outreach efforts that show workers how smoking, sidestream smoke, and use of smokeless tobacco affect their individual, co-worker, and family health and economic status.
- Activity 4: Identify key regional and statewide conferences, and integrate tobacco control and prevention education into their agendas.
- Activity 5: Coordinate up to four regional workshops to train a cadre of state and local coalition members, management and labor representatives, health educators, and other influential individuals who will provide models, information, presentations, materials, and training to local coalitions.
- Activity 6: Provide smoking control policy workshops to representatives of business organizations and unions.

Source: Wisconsin Department of Health. 1993. *Wisconsin annual action plan*. Madison: Wisconsin Department of Health.

Appendix 4.E. Minnesota ASSIST's Comprehensive Tobacco Control Plan: Community Environment Channel

Objective 1: By 1998, increase the number of public places in Minnesota that will be tobacco free.

Strategies

- Educate property owners and managers, business owners, and the general public on environmental tobacco smoke hazards and policy issues.
- Promote and enlist public support for tobacco-free environments.
- Encourage public policymakers to take action by providing healthful, smoke-free environments.
- Strengthen the Minnesota Clean Indoor Air Act by removing current exemptions.
- Increase the enforcement of the Minnesota Clean Indoor Air Act.

Source: Minnesota Department of Health. 1992. *Minnesota comprehensive tobacco control plan*. St. Paul: Minnesota Department of Health.

Appendix 4.F. Minnesota ASSIST's 1993–94 Annual Action Plan: Community Environment Channel

Objective: By September 1994, local coalitions will enact policies to reduce environmental tobacco smoke.

- Activity 16: Involve chamber of commerce, restaurants and retail associations, private industry councils, similar business group associations, and community organizations to promote clean indoor air policies.
- Task 1: Coalition staff and members will prepare and compile environmental tobacco smoke information, sample policies, and smoking cessation resources. (December 1993)
- Task 2: Coalition staff and members will identify organizations interested in receiving smoke-free workplace materials and implementing policies. (January 1994)
- Task 3: Coalition staff and members will conduct presentations and incorporate articles in appropriate organizational newsletters. (December 1993–September 1994)
- Task 4: Coalition staff and members will provide ongoing technical assistance and resources to organizations in the community. (December 1993–September 1994)

Source: Minnesota Department of Health. 1993. *Annual action plan*. St. Paul: Minnesota Department of Health.

Appendix 4.G. Minnesota ASSIST's 1998–99 Annual Action Plan: Community Environment Channel

Objective 1: By September 1999, encourage rental property owners and housing developers to provide and promote smoke-free housing.

Activities

- Increase the awareness of landlords and housing developers of the economic and health benefits of providing smoke-free housing.
- Provide information and consultation to property owners and housing developers interested in smoke-free housing.
- Support these activities through media advocacy.

Objective 2: By September 1999, increase awareness of the impact of secondhand smoke.

Activities

- Work with the Minnesota Department of Human Services and with foster care and daycare providers to increase their knowledge of the dangers of secondhand smoke to children, especially children with asthma or other chronic health conditions.
- Increase awareness of secondhand smoke's impact in vehicles.
- Support these activities through media advocacy.

Source: Minnesota Department of Health. 1998. *Minnesota annual action plan*. St. Paul: Minnesota Department of Health.

Appendix 4.H. Washington State ASSIST's Project Management Plan: Selected Components

Management and Coalition Organization

Overall Organization of Washington State ASSIST

ASSIST in Washington is comanaged by the Washington State Department of Health (DOH) and ACS, Washington Division. DOH is responsible for the fiscal and administrative management of the project; all other project decisions are made jointly by DOH and ACS. The project managers from the DOH and ACS staff the state coalition and its committees. Four DOH field directors staff four local coalitions that participate in Washington State ASSIST. Washington State ASSIST is governed by an executive committee composed of three DOH representatives, three ACS representatives, one state coalition representative, and two ex officio members (one each from DOH and ACS). The executive committee reviews and approves all decisions related to ASSIST.

The relationship of Washington State ASSIST to the Tobacco Free Washington Coalition is created through a written agreement between the ASSIST Executive Committee and the Tobacco Free Washington Coalition Steering Committee. This agreement sets forth the responsibilities of each organization in implementing ASSIST in Washington State. The agreement states that the coalition will incorporate the accomplishment of the ASSIST objectives into their goals. The Tobacco Free Washington Coalition created six task forces to coincide with the ASSIST channels.

Monitoring Progress

Fiscally, contractually, and programmatically, each annual objective of the state and local coalitions will be monitored by the ASSIST project manager at DOH and the local field directors, respectively, with input from the appropriate task force. Each task force at the state and local levels will monitor the progress of each annual objective that pertains to the associated channel by conducting progress meetings every month. Subcontractors of the various activities will be required to send a written report or attend these meetings to report on progress. If progress is not adequate, the task forces will make adjustments as necessary. Project managers and field directors will attend task force meetings to assess programmatic progress. Subcontracts will also be monitored by the respective project manager or field director. For objectives not requiring a subcontract, budgets will be monitored closely by the respective project manager or field director. The steering committee of the state coalition will monitor overall progress toward the accomplishment of the annual objectives. At least six steering committee meetings will be held per year to monitor overall statewide progress at both state and local levels.

Communications between Staff, between ACS and DOH, and between State and Local Coalitions

The primary mode of communication between the ASSIST project manager and the ASSIST field directors is the electronic communications system. DOH has its own system called DOHNet to which all ASSIST staff and the project manager are connected. In addition to the use of electronic mail, the staff members, including the ACS project manager, regularly communicate via conference calls.

Project managers from the ACS and DOH communicate on a regular basis by phone. Regular meetings of the project managers are also held to plan for coalition meetings and to strategize coalition activities. The ASSIST project directors, project managers, and the DOH cancer program manager meet on a regular basis to discuss issues that affect the entire project.

At least two members from each of the local coalitions attend all the full coalition meetings of the Tobacco Free Washington Coalition. Each of the local coalition presidents is a member of the state coalition's steering committee and thus receives regular communications about the progress of the coalition and has input into setting the direction for the coalition. Periodically, the chairs of each task force from each of the coalitions (state and local) hold a conference call to discuss strategies within their channels. These conference calls facilitate continuity and collaboration among coalitions at the state and local levels.

Technical Assistance and Training

The ASSIST project manager attends the national ASSIST trainings and periodically attends other tobacco-related conferences and workshops to increase knowledge and skills needed to perform the duties of the position. The ASSIST field directors receive quarterly trainings from the project manager, the cancer control manager, and the project director on the topic of the most previous national training and on other topics identified by the field directors as a training need. Selected coalition members have been and will continue to attend ASSIST national trainings when they relate to the members' respective task force. The Tobacco Free Washington Coalition membership will be surveyed annually to assess the training needs of coalition members.

The ASSIST project manager will assess the technical assistance needs of the field directors with input by the field directors through individual conferences. Coalition members will regularly assess their own technical assistance needs at the task force level.

Source: Washington State Department of Health. 1993. *Washington ASSIST project management plan: October 1, 1993–September 30, 1998*. Olympia: Washington State Department of Health.

Appendix 4.I. Training Events of the Implementation Phase

Date	Place	No. Participants	Training Content
Training Workshop: "Media Advocacy: A Strategic Tool for Change"			
Mar. 1993	Washington, DC	180	■ Developing a working understanding of media advocacy ■ Building effective volunteer and staff teams ■ Fiscal and resource allocation requirements ■ Lessons learned—Uptown Coalition Campaign ■ Developing the project management plan ■ Model policies and their appropriateness ■ Using the electronic communications system to support media advocacy
Training Workshop: "From Phase One to Page One: Refining Our Media Skills"			
July 1993	Washington, DC	180	■ The changing perspective of prevention—how media advocacy supports policy change ■ "Piggybacking" the electronic communications system's local media advocacy activities ■ National stories: creating media advocacy opportunities ■ Developing and defining media skills for advocacy purposes ■ Training spokespersons ■ Accessing multicultural media channels ■ "Pitching" local stories-skills session ■ Translating science into media language ■ Working together in partnership: ACS and state departments of health
Information Exchange Conference: "Youth Access"			
Oct. 1993	Washington, DC	162	■ Forum for sites to discuss ASSIST issues ■ Sharing information and resources ■ Learning from experiences of allied organizations and individuals
Training Workshop: "Implementing Policy Advocacy: Steps to Success—Part One"			
Dec. 1993	Washington, DC	160	■ Utilizing direct and indirect advocacy methods to achieve tobacco control ■ Identifying tools needed to support the following policy areas – Clean indoor air – Youth access – Advertising and promotion ■ Building coalition capacity ■ Applying planning skills to achieve policy objectives

Appendix 4.1 (continued)

Date	Place	No. Participants	Training Content
Training Workshop: "Implementing Policy Advocacy: Steps to Success—Part Two"			
Mar. 1994	Washington, DC	162	■ Improving the process for developing annual action plans ■ Increasing sites' knowledge and skills needed for planning pertaining to policy issues on clean indoor air and economic disincentives ■ Identifying tools available to sites in the areas of clean indoor air and economic disincentives and increasing sites' understanding of how to use these tools ■ Building coalition capacity for conducting advocacy activities related to clean indoor air and economic disincentives
Information Exchange Conference: "Breaking the Grip of Tobacco—State by State"			
May 1994	San Francisco, CA	294	■ Providing a forum for the 17 ASSIST sites to discuss issues specific to their work ■ Providing an opportunity for sites to use case studies and other resources to increase their knowledge and helping them meet their ASSIST objectives ■ Learning from California's experience in tobacco control, using case studies and other methods ■ Learning about international tobacco control experiences, using case studies and other resources
Information Exchange Conference: "Building Diverse Community Involvement"			
Dec. 1994	Washington, DC	224	■ Exploring strategies to increase involvement of ethnic and nontraditional groups in ASSIST ■ Increasing coalition-building skills to support tobacco control
Information Exchange Conference: "Tobacco Prevention: The Next Generation"			
June 1995	Boston, MA	616	■ Providing a forum for collaboration among participating organizations ■ Strengthening participants' ability to develop and implement comprehensive youth and secondhand smoke policy initiatives ■ Expanding resource networks among participants ■ Providing resource tools for use "back home" ■ Providing proactive strategies for dealing with the tobacco industry ■ Sharing Massachusetts's and participating organizations' programs and interventions ■ Providing information on national tobacco prevention efforts

Date	Place	No. Participants	Training Content
Information Exchange Conference: “Tobacco Prevention: Connecting for the Future”			
Oct. 1995	Washington, DC	197	■ Identifying methods for durability and institutionalization ■ Enhancing skills for effectively working with coalitions ■ Learning from the experiences of women’s and other organizations to build allegiances to develop a sustainable tobacco prevention movement
National Tobacco Control Conference: “Communities for Tobacco-Free Kids: Drawing the Line”			
May 1996	Chicago, IL	712	■ Providing a forum for the sharing of information and tobacco prevention and control methods among conference participants
Information Exchange Conference: “Building Momentum for Tobacco Prevention: Planning for the Future”			
Oct. 1996	Arlington, VA	228	■ Identifying, exploring, and starting to build systems for durability to prepare for project transition ■ Sharing strategies for building and maintaining strong partnerships between ASSIST partners and allied organizations on state and local levels
Information Exchange Conference: “Step by Step: Advancing Toward a Tobacco-Free Nation”			
Apr. 1997	Washington, DC	230	■ Providing a forum for the exchange of information among ASSIST sites ■ Providing learning opportunities on emerging issues in tobacco control ■ Providing opportunities to develop and strengthen federal, state, and local partnerships
National Tobacco Control Conference: “A National Conference on Tobacco and Health: Entering a New Dimension”			
Sept. 1997	Houston, TX	736	■ Providing a collaborative forum for conference participants to strengthen partnerships and to share strategies, technology resources, and information to advance and mobilize communities to reduce tobacco use. Program objectives include the following: – To provide current and accurate information on tobacco issues – To showcase program outcomes – To foster communication and collaboration across various programs and organizations – To provide sessions designed to increase in-depth knowledge and skill-building opportunities.

Appendix 4.I (continued)

Date	Place	No. Participants	Training Content
Information Exchange Conference: "Affirming Our Commitment to Tobacco-Free Communities"			
Apr. 1998	Detroit, MI	246	■ Providing a collaborative forum for conference participants to develop skills and to share strategies, resources, and information to further reduce tobacco use. Program objectives include the following: – To provide opportunities to increase knowledge and skills – To provide current information on national and international tobacco control efforts – To acknowledge the success of the ASSIST project – To reaffirm the commitment to tobacco control to prepare for a new era
National Conference on Tobacco and Health: "No More Lies—Truth and the Consequences for Tobacco"			
Oct. 1998	St. Paul, MN	972	■ Providing a collaborative forum to strengthen partnerships and share strategies, technology resources, and information to advance and mobilize communities to reduce tobacco use. Program objectives include the following: – To provide current and accurate information on tobacco control issues – To showcase program outcomes and best practices – To foster communication and collaboration across various programs, communities, and cultural groups – To provide sessions to increase in-depth knowledge and develop and enhance skill-building opportunities to prepare for new and emerging challenges
Information Exchange Conference: "ASSIST Success: A Foundation for the Future"			
Mar. 1999	Bethesda, MD	231	■ Providing a collaborative forum for the conference participants to develop skills; to share strategies, resources, and information to further reduce tobacco use; and to acknowledge the success of the ASSIST project.

Date	Place	No. Participants	Training Content
National Conference on Tobacco and Health: "Tobacco-Free Future: Shining the Light"			
Aug. 1999	Orlando, FL	1,040	■ Providing current and accurate information on tobacco control issues ■ Showcasing program outcomes and best practices ■ Fostering communication and collaboration across various programs, communities, and cultural groups ■ Providing sessions to increase in-depth knowledge and develop and enhance skill-building opportunities to prepare for new and emerging challenges

Note: Shading indicates training events that were information exchange conferences.

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