

# Highlights in Tobacco Control

## A Newsletter for Texas Communities

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### Communities of Excellence for Tobacco Control Taking Charge of Tobacco Issues at the Local Level

In tobacco control coalitions, a Community of Excellence (CX) promotes smoke-free, tobacco-free living. Community members work together to:

- prevent young people from starting to smoke,
- encourage smokers to quit,
- stamp out exposure to secondhand smoke,
- weaken the tobacco industry's influence on high risk and special populations.

A CX for tobacco control establishes policies, programs, and resources that address all four areas. In a CX, school health programs contain segments on tobacco prevention; tobacco sales to minors are prohibited; and worksites, schools, and other public places are tobacco-free.

Additionally, a CX educates the public on tobacco prevention, while striving to change norms and attitudes toward tobacco use.



To be successful in its tobacco control efforts, a CX needs individuals and organizations with diverse backgrounds and a commitment to tobacco issues. Members must be able to work effectively by themselves and with others on the CX team.

Both short-term and long-term plans are necessary to ensure coordination of activities and collaboration among all participants. Simple, practical strategies can increase the power of a group's achievements.

The most successful tobacco control efforts occur locally and later may be extended to regional or statewide levels.

There are three main questions that any community needs to ask about tobacco control: Where are we now? Where do we want to go? And how will we get there? Knowing the answers to these questions helps a community establish goals and action plans.

Since each community has its own unique characteristics, there is no specific formula for creating a CX for tobacco control. However, the American Cancer Society (ACS) has developed a resource manual that provides guidance and support to people interested in working on local tobacco control efforts. Entitled *Communities of Excellence in Tobacco Control*, this manual is available from ACS at 1-800-ACS-2345.

For more information on building a CX in your area, contact Megan Haley at the Texas Department of Health, 512-458-7402.

## Building a CX Coalition for Tobacco Control

A CX coalition can take many forms. It often starts with a coordinating committee, which consists of individuals with the vision and drive to change how the community views tobacco. This committee lays the foundation for the larger coalition that will follow.

The committee begins by identifying community stakeholders – other people and organizations that should contribute to the work of the coalition. It is important to include a wide variety of participants so that everyone's voice will be heard.



Potential members of the coalition could include people from businesses, law enforcement, faith-based settings, education, health care, nonprofit groups, and local government. Homemakers, retirees, and students also could participate.

Another point to

remember is that the coalition should represent the demographics of the community. Factors such as age, race/ethnicity, gender, income level, education, and place of employment need to be considered.

Once the committee has some basic ideas about coalition membership, the stakeholders are invited to take part in forming the CX coalition. Decisions about what the coalition will do and how it will develop are best made by the larger coalition and not the smaller committee.

Support for the coalition's efforts will be greater if more people and more perspectives contribute to the decision-making process. In addition, more diversity means the group's messages will reach a larger audience.

One example of a successful CX coalition for tobacco control is in Fort Bend County, near Houston. This group has been doing an admirable job of achieving inclusiveness in their local tobacco coalition. They also have worked on different aspects of tobacco control.

Recent activities have

included providing information at the Fort Bend County Fair, involving city council members in the Great American Smoke Out (GASO), and supporting local restaurants in smoke-free efforts.

One resource that CX coalitions for tobacco control will find useful is the Community Assessment Profile. This tool can help build capacity and strengthen the coalition. Results from the assessment can help direct appropriate information and services to the coalition, improving the group's ability to work effectively in the community.



For more information on conducting a Community Assessment Profile, contact Dr. Phyllis Gingiss or Mrs. Deleene Menefee at the University of Houston, 713-743-9919. Technical assistance is also available from staff members at the University of Houston.

## Tobacco Control Coalitions: Greater than the Sum of the Parts

Taking the time and effort to develop and nurture a tobacco control coalition has many benefits. Effective coalitions magnify their activities and create movement within the community. Not using tobacco becomes the norm as well as the expectation.

As the illustration shown below indicates, a CX coalition for tobacco control serves a vital role at the local level. However, community members do not have to belong to a coalition to make a difference in local tobacco issues. There are a variety of roles for people.

At the broadest level, it is crucial to have an informed citizenry that knows about:

- ◆ the health risks of secondhand smoke and its economic impact,
- ◆ the tobacco industry’s presence and power,
- ◆ the susceptibility of youth, and
- ◆ the need for prevention and cessation programs.

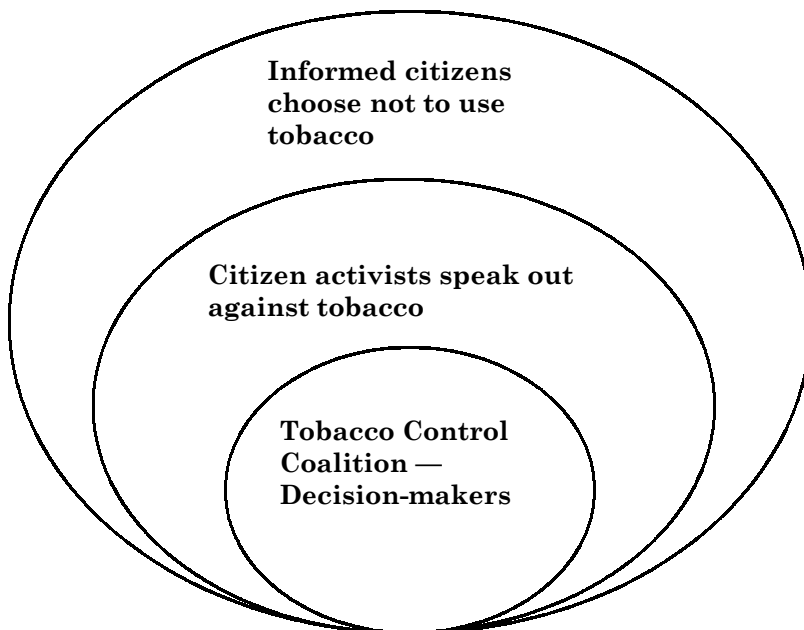
The community makes it easy to choose not to start using tobacco and also to stop using tobacco.

Concerned citizens active in schools, workplaces,

community groups, religious organizations, and health care sites speak out against tobacco use and carry out plans of the coalition.



Finally, the tobacco control coalition is composed of a core group of decision-makers who meet regularly to plan, coordinate, and implement tobacco prevention and control programs. These coalition members are committed to their community and to the fight against tobacco.



Overall, there is a need to involve a mix of local leaders and citizens in tobacco issues. These people should be (or become) knowledgeable about tobacco’s negative effects. Also necessary is the determination to succeed despite any barriers that arise.

The key point in tobacco control is participation. All levels are important, and all endeavors contribute to the effectiveness of preventing and controlling tobacco in a community.

**Alliance for a Tobacco-free Texas**  
*Live it. Breathe it.*

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Standing: April Ferrino, Marcus Cooper, Scott Johnson, AJ Mitchell  
Seated: Paula Traffas, Megan Haley, Diana Condon, Barry Sharp  
Not pictured: Richard Kropp



“Community Coalitions for Prevention and Health Promotion: Factors Predicting Satisfaction, Participation, and Planning” by Frances Butterfoss, Robert Goodman, and Abraham Wandersman. *Health Education Quarterly*, Feb. 1996, p. 65.

## Factors for Community Coalition Success

In a 1996 research article, several valuable findings emerged for local coalitions. (See citation in lower left column.)

First, it is critical that community programs have capable leaders at the helm who will continually develop the knowledge and skills needed for such work.

Second, a positive, cohesive,

and supportive atmosphere fosters optimal productivity among participants.

Third, shared decision-making in the early stages of the coalition's development contributes to the commitment and satisfaction felt by members.

Fourth, when members network outside of the coalition, more connections with

other groups take place. This is seen as a key benefit. In general, the more connections that are made, the greater the participation level of members.

Finally, the advantages of coalition membership should be emphasized so that members stay dedicated and involved in activities. Taking part in a variety of tasks also helps maintain group ties.