

Growing People: Building and Maintaining Coalitions for Tobacco Use Prevention and Cessation

**This guidebook was produced through a contract between
The Kentucky Cabinet for Health Services
and
The University of Kentucky
College of Nursing**

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February 2002

Acknowledgements

Special thanks to those who gave input as this guidebook was being prepared:

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Support for this project was provided by state Master Settlement Agreement (MSA) funds allocated to the Kentucky Department for Public Health, 2000-2001.

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Introduction

Why a guidebook on coalition building for tobacco control? Given the scope and complexity of tobacco-related problems in Kentucky, it is critical to build capacity in our communities so that we can address the issue from all perspectives. In fact, a coalition is defined as a group of diverse partners who combine efforts and resources to achieve a common goal that might be difficult for any one partner to achieve alone. Coalitions have been used to address many difficult issues because they help communities:

- Combine resources and reduce unnecessary overlap of efforts
- Find gaps in programs and services
- Grow and learn new methods to achieve smoke-free communities
- Improve communication among professional groups and with the public
- Find local solutions that work in a specific community

A coalition based on a community development approach has the advantage of planning actions that will be the most effective in that community. The community development approach is focused on community strengths and emphasizes building capacity and local control. This approach may seem different and perhaps a bit uncomfortable because the role of the professional is that of resource, rather than key decision-maker. The result of using the community development approach is improved effectiveness, which is well worth the discomfort that may arise from shared control. You will find the resource role attractive as you learn how best to train and cultivate passion and creativity in your coalition partners. When you witness a highly successful activity tailored for a specific group in your community, the time, work and restraint expended along the way will be forgotten!

This guidebook has been developed for anyone interested in building capacity at the community level. It provides:

- An understanding of how coalitions develop and grow; and
- Skills and strategies that can be used to recruit and train members and sustain involvement over time.

It has been developed with a “lot of help from our friends.” Wonderful coordinators and partners in all parts of the Commonwealth have given us input as the guidebook has been developed. Some input may be woven throughout the text. You will see other contributions in “Ideas from the Field” boxes emphasizing eliminating disparities, creative coalition activities, and other unique approaches to tobacco prevention and cessation.

Section 1: Recruiting a Broad-based Coalition

Grasstops vs Grassroots

Most of us are accustomed to working collaboratively with other professionals and professional organizations in the community – in a “Grasstops” coalition. Grasstops partners and their agencies often find that they are working toward similar goals.



In order to be effective in tobacco use prevention and cessation, we also must develop “Grassroots” coalitions that truly mirror the community. Grassroots coalitions include a broader spectrum of people - neighbors, townspeople, and non-traditional partners. Anyone with a passion for the cause and a willingness to work on one of the coalition activities can be included. Lexington-Fayette County Health Department found a willing partner in an African-American church for Operation Storefront, a campaign that assessed advertising in African-American neighborhoods and compared it to advertising in other areas of the city.

Different Kinds of Partners

It is not necessary for every partner to attend every coalition meeting. Some participants would rather direct their time and energy to a specific activity or group than be involved with overall coalition planning. For example, a representative from a migrant group may want to dedicate all of his or her time toward that group and attend coalition meetings only for planning activities specific to that group. Some partners would prefer to be involved only when their specific expertise is involved. The Parks and Recreation Director may want to attend meetings only when an activity is being planned at one of the parks. School representatives may want to be involved only when youth issues are addressed. There are many different talents people offer^{1,2}:

■ **Activists:** lead or serve on the committees that “get it all done!”

■ **Communicators:** get messages out to the rest of the coalition, to decision-makers, or to the community

■ **Nitty-gritty workers:** love doing detail work such as stuffing envelopes, making reminder calls, making the coffee, setting up the room, and copying agendas and handouts

■ **Helpers:** those who wish to be involved in specific tasks



Be clear about your expectations as you recruit and remember to include your part-timers in all communications and in your periodic celebrations!

| | |
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| Ideas from the Field | Under Construction |
| | <p>Always keep in mind that coalition building is a ‘work in progress.’ Your efforts to build support will be ongoing. You may develop a list of coalition members as well as a list of contacts available for special projects. Both groups are equally important to your efforts.</p> <p>Doris Gray Madison County Health Department</p> |

Recruiting Traditional Partners

So how do you recruit traditional partners at the Grasstops level? Networking is a key strategy. Use coalition organizers and health partners to reach out to other leaders in the community. Consider both social and professional contacts with an interest in tobacco prevention/cessation issues or health; invite them to attend and to bring others. Network as you conduct school and workplace policy interviews. When you interview people who seem interested, invite them to join the coalition as full or part-time members.

| | |
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| Ideas from the Field | Finding Your Friends |
| | <p>The most valuable and integral part of my newly formed tobacco coalition would have to be my community partners. I have found that the community agencies that have joined my coalition (American Cancer Society, Kentucky Cancer Program, the Regional Prevention Center, the school system) all have a great interest in the tobacco/cancer epidemic. Many of the agencies listed work with people who have suffered or are suffering from tobacco-related illnesses and can give a first hand account of what we are up against. They have worked with other coalitions similar to mine and have ideas that can carry over. Lastly, they are very knowledgeable about tobacco and the illnesses caused from tobacco. If I had one piece of advice for someone starting a coalition, it would be to get to know your community partners...they can be your best friends in a very (!) tough battle.</p> <p>Shana Allen Jessamine County Health Department</p> |

Traditional partners in the community include³:



■ **Health care providers:** Doctors, dentists, nurses, respiratory therapists, physical and occupational therapists as well as administrators and other personnel from hospitals, clinics, health departments, home health agencies, nursing homes



■ **Educators:** Administrators, teachers, counselors, family resource and youth services center personnel, and others from primary and secondary education, college, and technical schools

■ **Police and Fire Department personnel:** Especially those involved with prevention

■ **Government officials and political figures and their staff:** County Judge Executive, Mayor, Council Members or Magistrates, and candidates for political office



■ **Media and others in the field of communications:** Radio, newspaper, and television contacts, including the newspaper's editorial board; local sign and publishing companies

■ **Business/Economic leaders:** Business owners, bank officials, Chamber of Commerce, associations of business leaders



■ **Recreation personnel:** Parks and recreation director, Y officials, sport league personnel

■ **Youth organizations:** school-based, faith-based, community or recreation-based groups



■ **Faith community:** Worship leaders, community service committees, youth groups, congregations

Reaching out to Credible Leaders

At the Grasstops level, find ways to network with key decision-makers and other credible leaders in your community. You may or may not travel in the same social circles as community leaders, but someone in your coalition does! Use those social contacts to introduce yourself and take every opportunity to let community members know what the coalition is doing. Professional connections can be used in the same way.

Different aspects of coalition work will interest different community leaders as noted below:

■ **Business community**

- Financial advantages of reducing secondhand smoke and promoting cessation in the workplace

■ **Educators**

- School issues such as policy, cessation and curricula
- Financial benefit to the school of policies that keep students in school

■ **Medical community**

- Preventing youth initiation
- Promoting cessation
- Reducing secondhand smoke in public places (especially as it impacts asthmatics and other breathing impaired patients)

■ **Parents, grandparents**

- Preventing initiation
- Reducing exposure to secondhand smoke in homes and autos



If you cannot find an easy introduction to one of the decision-makers, simply make an appointment to discuss coalition efforts. Take another coalition partner with you for support. As noted so eloquently below, take along your positive attitude and assume the community leader will help your coalition!

| | |
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| Ideas from the Field | An Offer You Can't Refuse |
| | <p>As a tobacco prevention advocate you have to believe you will succeed. You might approach every potential supporter with the attitude, "I know you will want to help." After all, who can be opposed to saving lives? We must keep tobacco prevention a public health issue. It is not about politics, personal choice, or smoker's rights. It is simply about saving people from death, disease, and addiction.</p> <p>Doris Gray Madison County Health Department</p> |

Recruiting Non-traditional Partners

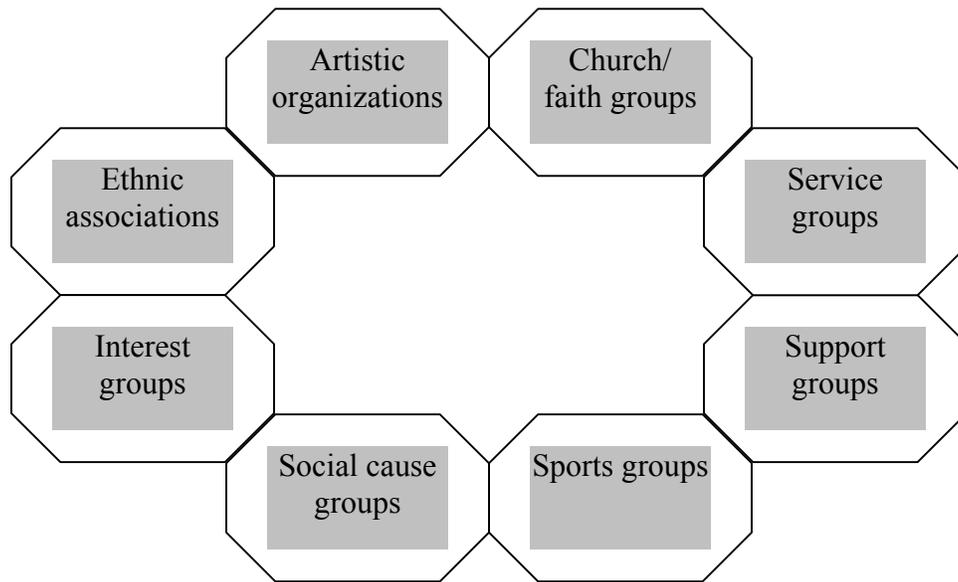
There are many ways to recruit a Grassroots coalition. Some may be as simple as setting up display tables at groceries, churches, libraries, local fairs or cultural celebrations, or other community gathering places. Several local health departments have created coalition display boards and brochures for this purpose. Fliers describing coalition work and announcing meetings can be left at laundromats, beauty shops or barber-shops, and some of the other gathering places noted above. Community, neighborhood, or even block meetings are other vehicles for recruitment.

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| Ideas from the Field | Working Within Small Social Groups in Neighborhoods and Churches |
| | <p>In my HIV/AIDS prevention work we sponsored “Safer Sex Parties” in private homes for the African American community. I recruited hosts by networking with health department workers and other contacts from my community health work. Hosts then invited friends to their homes for an educational session on the prevention of HIV/AIDS. The health department provided \$25 to the host or provided food for the event. Guests at the parties then volunteered to host parties for other social groups. Through these parties I conducted education for people I never saw in any other venue; it was very effective. Word of mouth worked so well that people are still calling the health department to request these events long after the grant is over.</p> <p>Another valuable way I’ve found to work at the grassroots level is to partner with churches for health initiatives. The American Heart Association is currently training church members to lead “healthy heart” workshops for fellow church members. A group in Louisville is training church folk to conduct physical fitness activities twice a week at church and to do blood pressure screening.</p> <p>Mark Johnson Lexington-Fayette County Health Department</p> |

Networking provides one of the most valuable tools for reaching disparate groups in your community. Who in your coalition or your own personal/professional network knows someone in the community you want to reach? Does a member’s husband work on the production line or in Human Resources at a local manufacturing plant? Do you have a member who has a friend working in public housing? Does a member’s faith group reach out to the growing Latino/Hispanic Community?

If you can find no natural connections, reach out directly to the community. Contact community, association, or religious leaders and use them as key informants. Find out the formal or informal associations that exist in that community. Remember that citizens create groups to do work needed in their communities.⁴

Look for these or similar groups in *any* community:



Some groups may not even have names. Researchers in a lower income neighborhood found over 150 associations! When asked, neighbors may tell you that the person who gets things done in their community is the woman who organizes people to watch children in the streets. You may find that a faith group transports elders or runs a food program for the hungry. A loosely knit group may be creating a garden or a mural at a public housing facility. “Soccer Moms” and car pools may also be good groups to tap. People interested in health who are already active in such associations will be great additions to your coalition!

Empowering Youth for Community Service in Tobacco Prevention

Youth represent a tremendous resource in community work for tobacco prevention and cessation. Youth are sometimes perceived as a problem, yet they can accomplish goals in the community that adults might spend years trying to accomplish. And the youth themselves will gain in self-confidence from community work. The key is empowerment. If community activities are determined and arranged *for* youth, no sense of purpose and personal connection will be generated.⁵ If youth are involved in selecting community needs they perceive as important, they will participate in community action. Perhaps the greatest benefit is that youth come away from meaningful community service with an enhanced sense of control and a belief in their ability to change their own lives.⁶ Community service builds youth empowerment when it appeals to their maturity, provides social support, places high expectations, provides opportunities to learn life skills, lets youth assume responsibility, and gives them the opportunity to make meaningful contributions to the community.^{5,6}

Key elements of working effectively with youth include:

- **Group-building**

Conduct get acquainted exercises to help the group know each other better (ice-breakers and energizers) and some group-building exercises to help them build a good working relationship. A popular exercise is “Bridge-Building,”⁷ where teams are chosen randomly to build a bridge that can hold 3 bricks and allow a 12 pack of soda pop to pass under it. The trick is that the bridge is to be built from newspapers and masking tape! The group can talk during the 10-minute planning time, but they may not touch the building materials! While the group constructs the bridge (about 10 minutes), the members may not talk to one another. Everyone will be surprised to know that this task is actually possible. Discussion can bring to light many lessons about how best to work together as a team.

- **Training**

Just like adult coalition partners, youth need training in tobacco-related issues. They may need basic information about the effects of tobacco use, reasons why people use tobacco, advertising techniques that manipulate young people, and ways to avoid tobacco use. Youth are motivated to action by information about tobacco industry manipulation of the public and the harmfulness of secondhand smoke. Training in how to respond to the media is a must including helping them to formulate sound bites and to deliver them. Finally, like their adult partners, youth need information on Best Practices so that they can choose effective community activities.

- **Investigation of community needs**

Youth can be involved in conducting observations and interviews in the community in order to identify the most pressing tobacco use prevention and cessation needs.⁵ After training, they will be excited to discover for themselves where and how tobacco is placed for sale in stores, where youth report that they can buy, the kind of advertising that is used, where people are allowed/not allowed to smoke, and the attitudes of various community members toward tobacco use. Youth often comment that they like this phase of investigating and getting to know their community in new ways.⁵

- **Planning for action and evaluation**

Help youth plan by asking questions such as, “What issues concern you personally and why?” “In what kind of community do you want to live?” and “What do we hope to achieve/accomplish?”¹ Another important question for the group is, “What skills and strengths do you bring? What would you like to contribute?”⁵ Ogden and Claus⁵ note that youth appreciate the ownership of planning their own projects.

After ideas are gathered, consensus is reached, and goals are set, assist youth in planning actions to reach their goals and simple ways to determine whether goals were met. Kentucky Action uses a simple form done in triplicate so that multiple copies are available for follow-through and evaluation (see next page).

PROJECT S.T.A.R.T./ KENTUCKY ACTION YOUTH ADVOCACY TRAINING

Local Team Planning Form

Group Name: _____ **Sponsor:** _____

Please list the activities you have planned for your school or community, along with proposed date of each activity, the lead person for each activity and some barriers you might expect to encounter and overcome!

| Activity | Proposed Dates | Lead Person | Anticipated Barriers |
|---|----------------|-------------|------------------------|
| 1. _____ Action Steps: A. B. C. D. | | _____ | 1. 2. 3. |
| 2. _____ Action Steps: A. B. C. D. | | _____ | 1. 2. 3. |
| 1. _____ Action Steps: A. B. C. D. | | _____ | 1. 2. 3. |

Note: Form used at Youth Advocacy Trainings held 2/24/01, Lexington, KY & 11/10/01, Shepherdsville, KY.

- **Action!**

The most exciting element for youth will be the implementation of their plans. In fact, Marilyn Peterson, RN, Core Health Educator at the Lexington-Fayette County Health Department has been quoted as saying that there should be no more than two weeks between planning and implementation. Youth like to be active and involved! Provide non-intrusive supervision for their activities and a supportive presence they can call on when needed.

- **Debriefing and evaluation**⁸

After the activity, help the youth process by analyzing their plan of action and how it worked out. Discussion of the events and the dynamics of their success or failure can provide personal insight, learning opportunities in community action, and fuel for next steps. This phase should roll right into planning for next steps to be implemented within a fairly short period of time.

- **Recognition and dissemination of results**

An essential element in community action is to spread the word about the group's accomplishments and provide recognition for their work.^{5,8} Recognition can be as simple as a pizza party with awards or mementos from their work or as complex as stimulating media coverage where youth are interviewed and showcased. In any event, the youth should be encouraged to discuss their accomplishments and given positive feedback for their hard work. The celebration, in any form, will be a chance to reflect on what has been experienced and accomplished.

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| Ideas from the Field | The Energy of Youth |
| | <p>I feel the key to working with youth is that they need to have fun and feel ownership. I know I am being successful when I have more kids show up every time we meet. The youth can be effective to open doors for you that would otherwise not be available. If you are not utilizing youth in your program you are missing a very valuable resource.</p> <p>Melissa Moore Mercer County Health Department</p> |

Y.A.C. (Youth Advisory Council)

In the Green River Health District, students from five counties formed an active tobacco control youth advisory council. Youth were recruited through Family Resource & Youth Services Center directors, teachers, and guidance counselors, who first met as adult leaders. Youth were then approached and agreed to:

- attend training sessions on developing and implementing the projects.
- recruit other teens at their school to join them in implementing one of the proposed project plans.
- designate an adult leader from each school to attend all meetings and events.
- designate a teen chairperson at each school to lead the task force and communicate with the Teen Advocacy Board.
- appoint teen members to promote events through various media sources.
- Attend an end of the year meeting with all Y.A.C. members to present
 1. problems and successes.
 2. what action steps worked well and what could have been eliminated.
 3. outcome results.

Y.A.C. worked hard on a smoke-free restaurant initiative that achieved community awareness through a wide variety of media (petition drive, recognition of smoke-free restaurants during half-time at football games, a community forum, teen presentations to professional clubs and local committees, local media coverage including a live remote at the mall, and paid newspaper ads recognizing smoke-free restaurants). Exciting next steps are already planned.

Lessons learned included:

- Go to them – conduct trainings in each county.
- Poll school personnel about the best time of year for the initiation of projects.
- Empower teens – give them choices.
- Offer teens incentives.
- Develop a positive working relationship with adult leaders.
- Hold weekly meetings in the evening to maintain communication.
- TEENS MAKE A DIFFERENCE!

Stephanie Keelin
Green River District Health Department

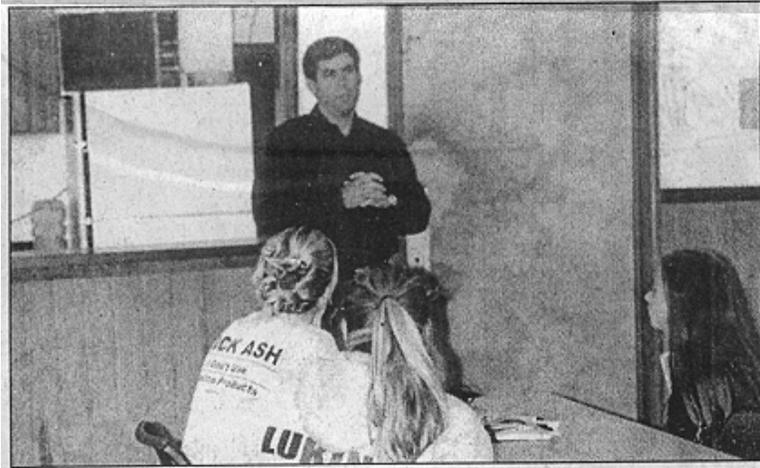
The Harrodsburg Herald
Thursday, November 22, 2001



Photo Submitted

Students Attend Youth Advocacy Training

Mercer County Tobacco Use Prevention worked with Kentucky Action to present a Youth Advocacy Training at Camp Crooked Creek, Shepherdsville, Nov. 10. The youth had the opportunity to meet with representatives from media and school administration. Senator Dan Kelly from Springfield also participated in a break out session with youth. Melissa Moore, tobacco coordinator and Marina Montez accompanied the Mercer County youth. In the above photograph, participants, left to right are: standing, Eric Lyons, Candi Hinkles, Shadia Ezaizat, Randi Wayne, Amber Ellis, Mary Watts, Matt Goetsch, Krystal Clay and Leslie Stephens; kneeling, Marina Montez, Stephanie Montez and David Napier. Below, Senator Kelly is shown talking to youth.



Case Study: Rural County

Look at your county data to determine how best to mirror the community in your coalition. Take care to include groups disproportionately affected by tobacco. Some fictional data is presented from “Rural County” along with some thoughts about how to connect with specific groups represented in the data.

| Service Area | % Farm Pop. | % Pop. Mfg. | Poverty Rate | African American | Hispanic | Asian & Pacific Islander | Amer. Indian | % Smoking during Pregnancy 1999 |
|--------------|-------------|-------------|--------------|------------------|----------|--------------------------|--------------|---------------------------------|
| | 1998 | 1998 | 1995 | 1998 | 1998 | 1998 | 1998 | |
| Rural County | 6.0 | 19.3 | 20.0 | 6.5% | 1.5% | 0.2% | 0.1% | 25.6 |
| Kentucky | 5.0 | 14.6 | 17.9 | 7.2% | 0.7% | 0.7% | 0.1% | 23.7 |

- Farming Population

Rural County has a slightly higher percentage of those who work in farming than does the state. Look at the pounds of burley produced to see whether you might encounter opposition in your work from tobacco interests in the county. Regardless, keep your focus on health, because farm families also need and want good health. Farm associations are strong in rural communities and are a good way to reach farm families. Expect that such associations will not be able to embrace all the coalition efforts if Rural County produces a substantial amount of tobacco. Work with such associations without losing your focus on all aspects of tobacco prevention and cessation (youth and adults) or getting sidetracked to their agenda.



- Manufacturing Population and the Poor

Consult the Cabinet for Economic Development’s Economic Profile for Rural County to determine which manufacturers are located in your county and how many people are employed. Blue-collar workers often smoke at higher rates than the rest of the adult population so it would be helpful to get manufacturers and workers involved in your coalition. Likewise, the poor are disproportionately affected, and Rural County has a higher poverty rate than the state. Assess Rural County to find ways to reach the poor; public housing is a possibility and many may be tenant farmers who could be reached through rural churches, schools, and other rural associations and gathering places.



- Pregnant Women

Rural County shows a higher percentage of smoking during pregnancy than does the state. Reach out to pregnant women



through obstetricians' offices, prenatal clinics, and WIC clinics. Network with the health department, local clinics/hospitals, and group obstetric practices to find the appropriate health care providers.

- Ethnic Groups



Where are the African American and Latino/Hispanic populations located in Rural County? You can reach out to African Americans through their churches, which often are dedicated to promoting health and involved in social justice issues. In urban areas try African-American fraternal organizations, lodges, American Legions, or social gathering places. If your Latino/Hispanic community is primarily a migrant population, you may be able to work collaboratively with local churches reaching out to them. As mentioned earlier, self-defined communities have their own associations, formal or informal, and they also may have cultural celebrations through which you can make connections.

| | |
|-----------------------------|---|
| Ideas from the Field | Go to the People |
| | <p>In my experience, working with the Latino/Hispanic population is best done when meeting them at places they are already gathering. Family literacy programs in our rural area provide transportation for parents and children to their facility. I have provided education to mothers in this group about secondhand smoke and effects on their children. This was new information to them and they were concerned about protecting their children.</p> <p>Gina Jesse North Central District Health Department</p> |

Start networking and exploring parts of your community that you may not know well. It will be an enlightening and inspiring experience! Bring those interested in health into your coalition and watch the whole community become involved in innovative ways to address the tobacco epidemic.

| | |
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| Ideas from the Field | Keep Your Eye on the Prize |
| | <p>Coalition building requires passion from those who initiate the coalition to address a specific topic. This passion must encompass the topic and the desired outcomes of the coalition. The vision of the process to achieve the outcomes must be kept clear. Coalition building happens when people talk. You must talk to <i>everyone</i> about the desired vision and outcome. You never know where you will find an interested partner.</p> <p>Cyndi E. Steele Bourbon County Health Department</p> |

Footnotes

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Section 2: Coalition Structure, Leadership, and Conduct of Meetings

Coalition Structure

Coalition partners have several decisions to make about coalition structure. One is whether to form a freestanding coalition or to become part of an existing coalition. Tobacco prevention and cessation coalitions have taken a variety of forms across Kentucky. Some successfully use existing drug prevention or health coalitions. Others start meeting jointly with existing coalitions and then separate completely or become a distinct committee of the original coalition. This may be necessary because the requirements of each group are too great to hold effective meetings together. Occasionally, the existing coalition is not supportive of the environmental strategies needed to achieve tobacco use prevention and cessation goals.



District Health Departments must decide whether to have a district-wide coalition or one in each county. Again, several models have been effective. If distance or geography does not make travel from all counties to a central location prohibitive, the district may decide to save coalition development time and effort by building one coalition for the district. This model is likely to be effective if collaborative working relationships have already been developed in the district to address other issues. Some districts find their counties to be quite different in needs and working styles and have developed coalitions that include multiple counties with similar needs. For some districts, a coalition for each county has worked best.

Coalition partners also face decisions about the inner workings of the coalition.

- Should the coalition have officers and bylaws?
- If so, how specific should the bylaws be?

Many tobacco coalitions choose a chairperson and form committees. Often the coalition and its committees operate by consensus. Some coalitions have decided that their membership is too large or that the goals of represented organizations are too complex and diverse to operate the coalition without bylaws. The political struggles in some communities also may dictate the need for structure. Coalitions may start less formally and then adopt more structure if members see the need for it. If a coalition shows a trend toward difficulty in decision-making, bylaws may be helpful. Section 5 deals more extensively with consensus-seeking and conflict management.

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| Ideas from the Field | <h3>To Join Forces or Act Independently?</h3> <p>Pros of using an existing coalition:</p> <ul style="list-style-type: none"> • No need to recruit a group of people • Fewer meetings for community members who are on several committees/coalitions • Shared resources (example: Governor’s Youth Substance Abuse Prevention Initiative project pays for food at meetings) • Easier to make sure activities are coordinated, with less duplication of services <p>Cons of using an existing coalition:</p> <ul style="list-style-type: none"> • Time is short for your issues because business of other groups must be addressed • You are pulled into activities that may not be included in your program goals (e.g., alcohol and other drugs) • More talkers/decision makers and fewer doers may attend • Harder to get volunteers to assist with your activities <p>Rebecca L. Judy Lincoln County Health Department</p> |
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Choosing an Effective Leader for Your Coalition

Should the Tobacco Prevention Coordinator automatically assume the role of coalition Chairperson? While the coordinator should pull together potential members for the first few meetings, it is not always best for the Tobacco Prevention Coordinator to become coalition Chairperson. If a good Chairperson can be selected from the coalition membership, the Tobacco Prevention Coordinator can keep a broad perspective and more effectively oversee all tobacco program activities. Several coalitions have found skilled coalition Chairpersons from local business and professional communities.

The Chairperson (or facilitator) is important because he or she lays the groundwork for trust, sharing ideas, and formation of ongoing relationships. A good facilitator teaches members to think in new ways, conducts brainstorming sessions, fields questions and concerns, discusses controversial issues thoroughly, involves quiet members, and makes sure that all are aware of decisions. For the coalition to function well, the facilitator helps the group work toward common goals, shares leadership as appropriate, delegates, and helps all members know their importance to the coalition.^{1,2}

Find a coalition Chairperson with the following qualities:

- Constructive outlook
- Strong commitment
- Ability to listen and reflect
- Neutrality
- Awareness of what is *not* being said and how it can be stated
- Awareness of when to facilitate and when to participate
- Ability to seize the moment
- Good interpersonal communication skills²



True Partnerships: A Community Development Approach

In addition to determining the best structure and finding a good leader, a coalition that wishes to design the most effective approaches for tobacco use prevention and cessation uses a community development approach. Such an approach differs from a traditional community-based approach because it focuses on the strengths of the local community, rather than on its problems and weaknesses. Using a community development approach involves:

- Encouraging the community to define its problems and solutions.
- Building the community's capacity to respond to community needs.
- Enhancing community control.
- Using community professionals as resources rather than as decision-makers.



In the community development approach, professionals support the coalition by providing training in best practices, pointing coalition partners toward resources, and helping grassroots coalition partners develop leadership, public speaking, and media skills. Grassroots partners provide expertise to Grassstops partners on how to reach out to their populations and on adapting Best Practices with their populations.

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| Ideas from the Field | <h3>Clone Yourself</h3> |
| | <p>As a tobacco prevention coordinator, two approaches have worked well for me. One is to clone yourself. If you suddenly lost the opportunity to perform your job, would your efforts and strategies in tobacco continue? This leads to the second approach. Form partnerships and seek support from the usual suspects, but be creative in finding support, recruiting coalition members from unlikely places. Some good prospects include public housing directors, YMCA, medical equipment suppliers, Scouts, faith groups, coaches, parents, and family resource directors.</p> <p>Doris Gray Madison County Health</p> |

Planning Effective Meetings

Effective meetings are also key ingredients for coalition success. Plan ahead by including the following elements:

- Climate and environment
 - ✓ Plan for comfortable and familiar surroundings that are accessible and have sufficient space
 - ✓ Post coalition ground rules
 - ✓ Provide refreshments!
- Room arrangements
 - ✓ Arrange seating in a circle or around a table so members can see each other
 - ✓ Provide sign-in sheets with space for name, address, phone, and e-mail.
 - ✓ Arrange for a flip chart, easel, masking tape and places to hang paper as the pages are filled.
 - ✓ Gather any audiovisual equipment needed.
- Content of the meeting^{3,4}
 - ✓ Consider the goal(s) of the meeting.
 - ✓ Do your homework by reading and talking with people about each goal.
 - ✓ Decide who needs to be at the meeting in order to address each goal and invite those people personally
 - ✓ Create a written agenda, with a time schedule.
- Enhancing Attendance
 - ✓ Have a regular meeting time so members know what to expect.
 - ✓ Send meeting reminders or call participants prior to the meeting
 - ✓ Share the agenda/main goals of the meeting as a part of the reminder



Sample Coalition Agenda
Johnson County Health Department
March 28, 2001: 12noon-1 pm

1. Refreshments and opportunity to meet other coalition members (10 minutes)
2. Introductions, announcements (5 minutes)
3. Overview of the Tobacco Prevention/Cessation Plan (10 minutes)
4. “Kick Butts” Day: Final plans (10 minutes)
5. Helping Teens Stop Using Tobacco (10 minutes)
 - TEG-Intervening with those who do not want to stop using tobacco
 - TAP-Helping teens stop using tobacco (for those who want to stop)
6. Open discussion from coalition members (10 minutes)
7. Adjourn

Gerald Preston
Johnson County Health Department

Conducting Effective Meetings

A good meeting facilitator understands the goals of the meeting (and the organization), keeps the group on the agenda, includes everyone in the meeting, and makes sure that decisions are made by consensus. Here are some tips for conducting a good meeting^{3,4}:

- Allocate time for socializing and refreshments
- Start and end the meeting on time. People will come to expect and appreciate timeliness!
- Welcome everyone and make introductions.
- Review and reach agreement on the agenda, goals, and ground rules.
- Review tasks assigned at the last meeting.
- Recognize and celebrate accomplishments and successes.
- Encourage participation and avoid domination by one or two members.
- Stick to the agenda and bring closure to each item.
- Be flexible, but if a lengthy discussion seems necessary, ask the group how they wish to handle this change in the timing of the agenda.
- Respect everyone’s rights and opinions.
- Use open-ended questions and listen.
- Summarize what you hear.
- Use humor and avoid defensiveness.
- Assign tasks to specific members.
- Summarize the meeting and follow-up that will be needed.
- Thank the participants.
- Close the meeting.



Some extra tips for meeting success include watching the group's body language, checking back with the group after you summarize, watching your own speech and body language, and keeping your face to the group, rather than to the easel or chalkboard. Be honest, use humor and take a break when needed! Make sure meetings last no longer than an hour and a half.

Ground Rules

Ground rules are guidelines for coalition operation and group behavior. They are determined by the coalition, with each partner having input. Ground rules help develop group norms and an environment that feels comfortable, thereby enhancing the ability of the coalition to work effectively. Be sure to post a copy of the ground rules at each meeting so that partners can refer to them. Here are some ground rules created to foster good working relationships in all types of groups.

Sample Ground Rules

We agree to:

- Share information and learn from others
- Treat others the way they want to be treated
- Use no put-downs and avoid devaluing people in any way
- Give others a chance to speak, avoid interrupting, and listen as they speak
- Correct misinformation about groups (our own and others)
- Treat each person as an individual, not as a member of a group
- Actively combat stereotyping
- Respect people's privacy and refrain from repeating personal information
- Treat all ideas and emotions with respect
- Avoid blaming, accusations, and generalizations
- Agree to disagree without hurting others' feelings
- Respect everyone's uniqueness and celebrate our diversity

Adapted from: Sample Ground Rules for Multicultural Coalitions.⁵

Meeting Follow-up

Follow-up is critical to success. Get feedback from members about the meeting and adjust accordingly for future meetings. Between meetings check in with those who committed to specific tasks to see whether they need help or resources to complete their tasks. Make sure everyone gets the minutes promptly including part-time partners and those who were absent. Minutes should prominently display the next meeting date, time, and place.

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| Ideas from the Field | <h3 style="margin: 0;">Collaboration and Follow-up</h3> <p>When I first started working on the coalition, I invited everybody I could think of such as people from the Department of Juvenile Justice, the Youth Resource Centers, peer leaders from the high schools, and the Regional Prevention Center. I also called the Chief of the Fire Department. The Fire Department is actively involved in our community, and the Chief attended our first meeting and he sends a representative to each meeting. I also invited the Director of Pulmonary Rehabilitation from our local hospital. The youth are also very important to have involved because they share ideas and have a lot of insight into the problem of tobacco use.</p> <p>I cannot stress enough the importance of follow-up about meeting dates and times. At each meeting we set up the date of our next meeting, but I follow-up on that a lot.</p> <p>Robin Crosby Christian County Health Department</p> |
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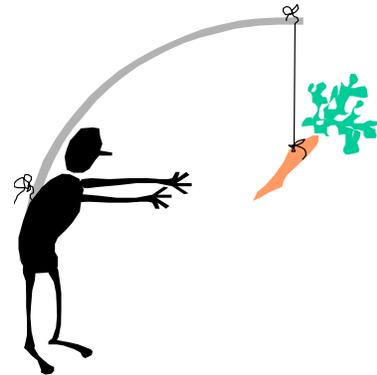
Footnotes

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Section 3: Motivating Coalition Members

Typical Timeline for Coalition Development

After working hard to build a diverse coalition, what comes next? What can you expect as the group learns to work together? Coalitions usually develop in the following stages:



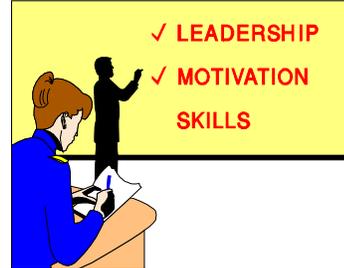
| Stage | Time Period | Tasks |
|-----------------------|------------------|---|
| Formation | 3-6 months | Recruit members Determine the mission and vision Create rules and roles Begin ongoing training with partners Conduct initial needs assessment Identify short-term objectives and doable activities |
| Implementation | 7-9 months | Collect and analyze information on relevant issues Continue to work toward short-term objectives Develop long-term plans |
| Outcome | 10-12 months | Measure results of short-term objectives at one year Begin to implement long-term plans Plan for sustained community-wide strategies |
| Maintenance | Beyond 12 months | Continue to implement and monitor plans Support and evaluate the coalition process Maintain ongoing training with partners Implement community-wide strategies Measure results of community-wide strategies |

Adapted from: CDC-OSH, RWJ, & Center for Health Promotion and Disease Prevention at UNC-Chapel Hill, 2000.¹

What Motivates People to Be Active and Stay Active?

Coalition partners are motivated to work on coalitions for a variety of reasons. Commitment to the goal of reducing tobacco use and its harm is the primary reason most people are active in coalitions. Other benefits include:

- New knowledge and skills (e.g., public speaking, working with youth, setting up events)
- Recognition and respect
- Increased confidence
- Personal behavior change and knowledge to help family and friends
- Social interaction with coalition partners
- Networking with community leaders
- Understanding of how communities take action
- Access to materials and resources



While there are costs to coalition membership, try to minimize the effects of these. Potential costs include²:

- Personal funds spent (gas, parking, meals, money for materials)
- Time spent away from family, household duties, job, and hobbies
- Stress and physical energy expended on coalition activities

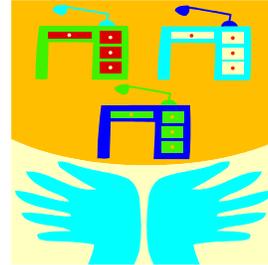
Although the coalition may not be able to reduce these costs, it can recognize people for contributing their time and energy! Successes and progress should routinely be acknowledged.

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| Ideas from the Field | <h3>Keeping Momentum</h3> |
| | <p>Just when you are plodding through a long, detailed project, another one is bearing fruit and can be celebrated. To keep momentum going, we acknowledge each accomplishment, no matter how small.</p>  <p>Stephanie Uliana Jefferson County Health Department</p> |

Support for the Coalition: Constant Care and Feeding

As noted by the American Cancer Society,³ tobacco control is not for the “short-winded!” Constant care and feeding must be provided in order to⁴:

- Prevent burnout.
- Maintain morale.
- Show appreciation.
- Maintain communication channels.
- Market the coalition to other potential partners.
- Keep quality partners.



Workers may have a special need for support when they are new, going through difficulties at home or at work, and on special occasions. The American Lung Association of Kentucky (ALA) sends birthday cards to ALA volunteers and shares the need for condolences with the entire group (with the volunteer’s permission).

Ways to support coalition partners and staff may seem obvious, and some have already been mentioned in regard to meetings. Some means of support may seem impossible to provide, given the shoestring level of funding for tobacco work. Be creative in finding ways to provide as many as possible. There are three general categories of support¹:

- **A supportive physical environment**
 - ✓ Safe places
 - ✓ Comfortable, well-lit room
 - ✓ Simple refreshments
 - ✓ Needed materials
- **Support for the work itself**
 - ✓ Involvement of partners and staff in all decisions that will affect them
 - ✓ Opportunity to attend out-of-office workshops and tobacco-related events
 - ✓ People matched with tasks and situations of interest to them
 - ✓ Training for partners and staff
 - ✓ Opportunity to advance in tobacco prevention and cessation work
 - ✓ A system of two-way feedback and dialogue
 - ✓ Public praise and private criticism
 - ✓ Encouragement of initiative
 - ✓ Challenging assignments
- **Support for the person doing the work**
 - ✓ Credit and praise for work done
 - ✓ Knowing workers personally
 - ✓ Willingness to listen
 - ✓ Remembrances at special times
 - ✓ Reimbursement for expenses (travel, food, etc.)
 - ✓ Keeping partners and staff up-to-date on what is going on at the local health department and state level, both good and bad!



Maintaining a clear vision and mission helps build momentum, and effective coalition structure and meeting processes support the work of the coalition. Maintaining good communication with partners is key. Everyone needs to be in the loop, whether they attend meetings or not. Find the best way to communicate with your partners. E-mail, regular mail, phone trees, or fax trees can all be effective, depending on what the majority of your partners prefer.

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| Ideas from the Field | Stimulating Involvement |
| | <p>We have enjoyed a stable coalition membership over the last two years. We motivate coalition partners by involving them. We always “take things” (props, promotional materials, etc.) to coalition meetings. Whenever new teaching materials are purchased, the coalition previews them; they loved the puppets! If giveaways are purchased, the coalition always receives them. At every meeting we share the events occurring since the last meeting. Members are actively involved in planning campaigns. For example, they chose among effective ads from CDC for our paid newspaper campaign. In short, we try to keep coalition partners excited and involved!</p> <p>Denise Wooley Purchase District Health Department</p> |

Using Local Statistics to Build Awareness and Motivate Partners

Enthusiasm and commitment can be enhanced by familiarizing partners with local statistics on tobacco and health. Most counties in Kentucky have at least some tobacco use or illness statistics that will motivate action. Smoking during pregnancy often raises eyebrows. Review such statistics, as well as your local school, restaurant, workplace, and illegal sales data with the coalition, explaining the implications. Better yet, show them a few minutes of a video that demonstrates what smoking does to the unborn baby. Do whatever it takes to build partners’ knowledge on the effects of smoking, secondhand smoke and community norms by offering a few minutes of information at each meeting. Raise awareness about cessation and prevention options available in your community. Encourage partners to use local statistics when talking to the public or writing to the newspaper. Include local statistics in fact sheets and brochures about tobacco use, secondhand smoke and cessation. Knowledge of the breadth and depth of the problem will empower both coalition partners and the community at large to move toward prevention and cessation.

Motivating Through Knowledge and Skill Building

In addition to educating partners and the community on local statistics, training also is needed on Centers for Disease Control and Prevention (CDC) Best Practices. Without the knowledge of interventions that are (and are not) effective in tobacco prevention and cessation, coalitions may spend time, effort, and money on activities with no hope of effecting real change. Help partners use the ever-growing science of tobacco use prevention and cessation to choose effective community-wide strategies.



One danger is that the coalition will fall prey to tobacco industry tactics designed to get communities involved in ineffective prevention strategies. It is in the best interest of Big Tobacco to give the appearance of “trying to do something about the problem,” so the industry courts health care providers and other community workers to plan ineffective activities. The industry may even contribute money to such ineffective programs. Arm your coalition with a working knowledge of high impact strategies in preventing initiation of tobacco use, reducing secondhand smoke exposure, cessation, and Big Tobacco tactics.

The coalition also needs training in the use of local data to build program plans. Help partners look at the demographic, economic, and health data and identify groups that most need effective interventions in prevention, cessation, and secondhand smoke. Also look at groups that could be disproportionately affected by tobacco use such as minorities, low-income populations and pregnant women. In “Rural County,” described in Section 1 (p. 13), a group in need of effective interventions is the population employed in manufacturing.

Be sure to train part-time coalition partners (those who work with a specific population or intervention but do not always attend coalition meetings) especially in the key elements of any initiative in which they will be involved. For part-time coalition partners representing disparate populations, provide training on local statistics and Best Practices in their community settings. Help these partners and their community allies to disseminate such information to the community in a culturally appropriate way.

Footnotes

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2. Mayer J, Soweid R, Dabney S, Brownson C, Goodman R, Brownson R. Practices of successful community coalitions: A multiple case study. *American Journal of Health Behavior*. 1998;22:368-377.
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4. Nagy J, Vilela M. Providing support for staff and volunteers. In: Schultz J, Berkowitz B, eds. *Community Tool Box*. Available at: http://ctb.ukans.edu/tools/EN/sub_main_1148.htm. October 12, 2000.

Section 4: Strategic Planning with Coalition Members



Overview of the Planning Process

Strategic planning is defined as “a process of determining how to get from here (where we are now) to there (where things ought to be).”¹

Strategic planning involves several steps:

- **Conducting a collaborative needs assessment WITH the community**

A needs assessment is a way of identifying the gaps between what is and what should be. When done collaboratively, it helps to determine the root causes of problems, which leads to identification of related objectives and effective strategies.² Whenever possible use data already available, i.e., existing surveys and reports, to begin your assessment.

- **Determining resources**

Consider existing resources that might be helpful in reaching goals such as people, time, money, other agencies, and opportunities for new or additional funds. Use resources and materials that are already available or those that can be adapted rather than reinventing or creating new resources.

- **Identifying a vision and mission**

After determining the gaps between what is and what should be, help coalition partners step back and create a vision and mission that can guide them. A vision captures a dream of the way things ought to be (clean air, healthy families) and the mission states in general terms what is going to be done and why (to promote clean indoor air so that citizens stay healthy).¹

- **Developing achievable goals and measurable, timed objectives**

A goal or objective states a specific result to be reached in a specific amount of time. Long-term goals capture the essence of all goals and objectives decided upon by the coalition, while short-term goals/objectives specify what is to be accomplished over a

shorter period. Short-term objectives should lead to the accomplishment of the long-term goal and should reflect the individual goals of groups and organizations represented in the coalition.¹ For tobacco control, the four CDC goals serve as our long-term goals:

1. Prevent the initiation of tobacco use among young people.
2. Promote cessation among young people and adults.
3. Eliminate non-smokers' exposure to secondhand smoke.
4. Identify and eliminate the disparities related to tobacco use and its effects among different population groups.

If the long-term goal is to eliminate non-smokers' exposure to secondhand smoke, then one short term objective might be to increase the proportion of health care providers that inquire about secondhand smoke exposure in the home and advise reduction in secondhand smoke exposure for the patient and family. Notice that the short-term objective is Healthy Kentuckians 2010 objective 3.14.³ Many short-term objectives may be drawn or adapted from the 2010 Objectives.

- **Determining effective strategies, specific action steps, and coalition partners responsible**

One of the CDC goals can be selected based on the needs assessment, vision, and mission, but specific objectives and plans should follow Best Practices in order to be most effective. For example, the short-term objective in the previous paragraph was developed because research shows that provider advice is effective. In this stage of planning, the task is to specify how to accomplish the goals and objectives. For example, providers would need training in providing effective advice regarding secondhand smoke. The coalition would plan specific action steps. For example:

1. Interview selected health care providers to determine the best way(s) to reach busy providers in the community.
2. Develop a concise program that presents:
 - a. methods of identifying and tracking patients who smoke.
 - b. specific ways to deliver effective secondhand smoke messages.
 - c. specific ways to evaluate whether patients smoke outside (or quit smoking).
3. Obtain continuing medical education and continuing nursing education credits to motivate participation in the training.
4. Develop evaluation tools to determine:
 - a. the degree to which participants accomplish program objectives.
 - b. whether providers deliver the above patient education and, if so, whether patients change their smoking behavior.

- **Implementing the Plan**

Once all the action steps are spelled out, the coalition partners responsible for implementation must determine a schedule of action, make arrangements with target audiences (in this case, health care providers), gather or create necessary materials (teaching handouts or brochures, case scenarios for practice, evaluation tools), and implement the training.

- **Evaluating to what extent the steps were carried out and the goals and objectives achieved**

A plan for evaluation should be determined when the objectives are set because evaluation methods often involve collecting data before, during, and after implementation. Sample tools include:

- ✓ **Pre/Post Tests**

In the above case, the partners responsible might develop a brief pre/post-test to demonstrate acquisition of the knowledge and skill needed to give effective provider advice to prevent secondhand smoke exposure. The pre-test serves two purposes: (1) determining what providers know *before* the program in order to demonstrate the difference your program makes, and (2) helping the audience know “what they do not know,” thus motivating them to actively participate in the program. Be sure to add some questions to the post-test that ask the audience to rate their satisfaction with the program and to provide suggestions for improvement.

- ✓ **Role-Plays**

Role-plays could be used during the program to fine-tune skill development. Coaching and group input might help the providers prepare to interact effectively with patients on smoking outside or quitting tobacco use.

- ✓ **Short and Long-term Tracking Tools**

Other evaluation tools might be useful to determine whether provider advice was given and the effect of this advice. For immediate feedback, a brief checklist could be completed by patients as they check out of the provider’s office, noting whether they received advice to smoke outside and what intentions they have after talking with the provider. Each time smokers/former smokers return for follow-up they could complete a brief questionnaire. This questionnaire would track whether patients changed their tobacco use behavior based on provider advice and what difficulties they are having with smoking outside or quitting. The provider could use the information to provide tips and support for smoking outside and relapse prevention measures for those making a quit attempt.

- ✓ **Process and Outcome Evaluation**

Many of these tools assist in outcome evaluation, helping to determine whether or not goals and objectives were met with regard to secondhand smoke exposure.

Process evaluation is also important because it helps determine whether the plan was successfully implemented and how it was received. Process evaluation may involve counting the number of participants in the provider training (perhaps via sign-in sheets) and gauging their satisfaction with the training. Remember the suggestion above to add items to your post-test that indicate satisfaction with the program. Such a process evaluation may be accomplished by brief questions asking providers to rate their satisfaction in areas such as: “too simple↔too complex” and “realistic↔unrealistic for practice” with a space for comments.

Techniques for Collaborative Planning and Implementation

As a part of Kentucky’s tobacco prevention and cessation evaluation and surveillance efforts, local health department coordinators provide their coalition partners with some baseline assessment data for their communities. Coordinators also bring a working knowledge of CDC Best Practices in order to develop a comprehensive approach in preventing initiation, promoting cessation, reducing exposure to secondhand smoke, and eliminating disparities. There are some specific techniques that coordinators can use to engage their community partners in a collaborative planning, implementation, and evaluation process.



- **Visioning**

The coalition’s vision beckons the group forward and motivates partners during difficult times. As Woyach⁴ states, “...the group’s vision is its soul – the cement that holds the group together and makes it what it is.”

Three qualities make a vision great⁴:

- ✓ It describes a future that the group perceives as achievable, yet challenging.
- ✓ It excites people and taps important feelings.
- ✓ It has relevance for all partners.



Traditional means of goal setting may be used such as brainstorming or small group work which is then discussed by the whole group to reach consensus on goals. Another creative way to help the group define its vision is to guide them through an exercise in which they imagine how they wish things were. Have the group close their eyes or look away and then ask them to see, hear, feel, and even smell the way things would be in their community if their dreams came true. Guide the group through this exercise slowly, asking them to imagine their dream tobacco-free community, then ask them to⁵:

- ✓ see what you would see (say this in a relatively high-pitched tone of voice)

- ✓ hear what you would hear (bring your voice pitch down a little)
- ✓ feel what you would feel (use a low pitched tone of voice)
- ✓ smell what you would smell



The change in voice pitch will be almost imperceptible, but helps the group move through the senses as they imagine their dreams.

Ask members to share their visions and look for themes. Talk things over without haste. The excitement will build as the group realizes they have common goals and challenging visions worth pursuing. As the work of the coalition moves forward, communicate your excitement of the vision with interested potential partners and foster commitment by continuing partners!

- **Backchaining**



Help the group translate their vision into goals by “backchaining,” a process like following a chain backward, one link at a time.⁴ In the process of visioning, the group built a scenario of what the world would look like if the dream were achieved. Perhaps they saw a high school parking lot with no cigarette butts, where they could hear youth talking among themselves without pausing to draw on a cigarette, and where the air smelled fresh! All the youth in this scenario seemed to be enjoying their conversations and were ready to face the school day without nicotine withdrawal. Ask the group to say what must be done in order to achieve this vision? These will take the form of intermediate goals/objectives. Examples might include:

- ✓ School policy of no tobacco use on school grounds would be enforced.
- ✓ Tobacco education and cessation programs would be available at the high school.
- ✓ Parents would support school policy and teens’ cessation attempts.

Ask again what needs to be done to achieve these intermediate goals? At this point you may elicit short-term goals/objectives or action steps. Action steps might include:

- ✓ Speaking to school Site-Based Decision Making Councils.
- ✓ Training school and health personnel in teen cessation and alternative-to-suspension education groups.
- ✓ Preparing brochures on tobacco use and cessation to send to parents.

Some goals take several layers of “backchaining” to work toward action steps, and some move fairly quickly to concrete steps. Another question to ask at this point is, “What might stop us from reaching this goal?” That question may elicit additional layers of goals/actions. For example, administrators may not be enforcing policy because they have no sanction except suspension and they do not want to suspend youth because they are addicted to tobacco. Or they may believe that personnel have more critical things to do than enforce the school smoking policy. Or parents may feel that people of legal age should be allowed to smoke outside, even if they are on school grounds. Each of these

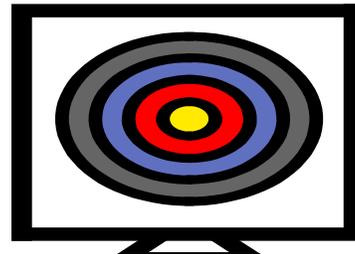
possibilities will require another round of goals and actions. Before you know it, your coalition will have the beginnings of a plan!

If a vision is lost or becomes stale, clarify it by looking for new challenges. The entire visioning and “backchaining” process can be repeated to solidify commitment to new objectives and challenges. Help partners discover their dreams by⁴:

- ✓ Keeping them aware of what people are doing in tobacco prevention and cessation, both regionally and nationally.
- ✓ Questioning assumptions such as “the way things are” and “the way we always do things.”
- ✓ Finding the special dimensions of coalition work that are most relevant to coalition partners and the community.

- **Determining realistic, feasible goals and phasing in other goals according to readiness**

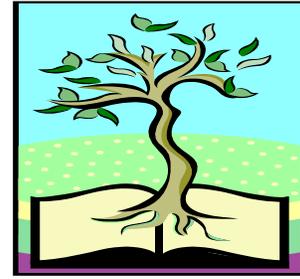
In the above example of a clean and smoke-free high school parking lot, the coalition needs to determine goals that are feasible and practical to accomplish in the near future. Perhaps school personnel would be motivated to enforce school policy if programs were available for youth addicted to tobacco.



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| Ideas from the Field | Back Up to a Realistic Strategy |
| | <p>Our school system found that there was quite a lag between the establishment of smoking cessation groups and persuading school personnel to cite and refer students caught using tobacco. Also, there were problems scheduling the cessation group during the school day. We decided to start with an alternative-to-suspension (ATS) tobacco education group scheduled at the same time and place as the “Saturday School” for other disciplinary issues. All high school principals will be encouraged to take advantage of the program and several schools in the district will receive special marketing and encouragement to participate. It remains to be seen whether this format will provide an easier way for school personnel to cite violators and refer. If the Saturday School format for ATS tobacco education is successful, the district will revisit the possibility of holding cessation groups at each high school. Gradually, we hope to show that youth who quit using tobacco can perform better at school, thus reaching educational as well as health goals.</p> <p>Anna Jones Lexington-Fayette County Health Department</p> |

- **Building awareness for more complex/controversial goals**

Just as the school system in the box above built awareness of the availability of referral sources for addicted youth, the coalition must build community awareness for other more complex or controversial goals. A prime example might be a rural, tobacco-growing community where smoking and using spit tobacco is very much the norm. Adults in such a community may view the use of tobacco only as their right to use a legal product. They may be unaware that their use hurts those who breathe their secondhand smoke and models the behavior for children, who then become addicted before they can truly foresee the consequences. In one such community fourth graders who lived on farms estimated that 100% of people smoked. In another such community, third graders told us that they smoked, and kindergartners told us that family members had tried to get them to smoke a cigarette. Where would the tobacco prevention and cessation coalition start in such a community?



Awareness-building strategies are important, even if they are low-impact strategies such as hanging posters at key community gathering places and distributing educational materials at health fairs. Coalition partners can be trained to use effective messages as a part of awareness building. For example, most adults are motivated not to hurt others, so secondhand smoke messages have the most potential to be effective. Some communities with few requests for cessation services have started by getting the secondhand smoke message out loud and clear.

Health care providers can help by giving their smoking patients advice to smoke outside. If you are in a community that pushes a youth-only campaign, deliver the secondhand smoke message with a heavy emphasis on the health effects on children.

| | |
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| Ideas from the Field | Students Making a Change in our Community (SMACC) |
| | <p>Bourbon County’s youth started by taking the secondhand smoke message to local restaurants. Our youth even stimulated newspaper coverage of an award presentation to a smoke-free restaurant, complete with a picture. We will go for the addition of smoke-free seating first, then try to get smoke-free dining. It would be really hard to get smoke-free dining where there are no smoke-free seats!</p> <p>Cyndi Steele Bourbon County Health Department</p> |

The next steps could include a “Smoke-Outside” Campaign, building awareness of the dangers of secondhand smoke. Doctors, clinics and other health care providers could deliver the same advice to patients who smoke or who have family members who smoke. Educational letters could be sent to local government about the Americans with

Disabilities Act in relation to clean indoor air in public buildings. Finally, as awareness builds to a high level, a clean indoor air ordinance restricting smoking in public places could be sought.

Another example of setting realistic objectives and phasing in more difficult objectives follows.

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| Ideas from the Field | Cessation Activities, One Step at a Time |
| | <p>Kentucky State Reformatory (KSR) is in LaGrange and houses medium security inmates. Although officially a smoke-free facility, many inmates and staff smoke wherever and whenever they can. I trained social workers, psychologists, and counselors employed at the facility to conduct cessation classes and they were very excited at the end of the training. Inmates will be offered the classes initially, but they eventually hope to offer the program to KSR staff.</p> <p>Karen Baughman Oldham County Health Department</p> |

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Section 5: Consensus Seeking and Conflict Management

When diverse coalitions are formed and partners begin strategic planning, the stage is set for differences of opinion. People have different personalities, cultures, communication styles, and approaches in meeting coalition goals. What is considered passion in one group or culture may be interpreted as aggression in another. Disagreements are normal and to be expected. Nevertheless, this section contains only one “Idea From the Field” illustrating conflict, because we don’t normally want to “air our dirty laundry” in public. Rest assured that every coalition is challenged by potential conflict from time to time.



Consensus vs. Majority Rule

Consensus is “a decision which everyone involved accepts as the best possible solution.”¹ That does not mean that everyone holds that decision as their own first choice, but that the partners agree that it is the best choice. Consensus rather than majority rule promotes coalition effectiveness for several reasons:

- Commitment is increased because all partners stay involved, rather than withdrawing from the process in resentment.
- Knowledge is shared among partners.
- Sharing ideas and information modifies partners’ opinions.
- New ideas are created.

Consensus-seeking results in collaboration, a “...process through which parties who see different aspects of a problem can constructively explore their differences and search for solutions that go beyond their own limited visions of what is possible”² Consensus-seeking also results in empowerment for those involved because the expertise of all is honored.³

Leadership Skills for Consensus-building

Robert Weymueller, who chaired the steering committee of the U.S. Coalition on Smoking OR Health, said that a coalition is “...as fragile as a family and needs the same loving care, with the ability to put differences aside for the common goals.”⁴ The organization and management of a coalition can be more time-consuming than coalition

activities themselves. The coalition Chairperson or Facilitator can count on spending considerable time and energy running the coalition and less time actually doing coalition activities. The coalition needs staff support so that the Chairperson does not have to spend time on clerical activities. In the case of a small health department, negotiate for the help of a staff person to type, copy, and prepare meeting materials or recruit volunteers to help with those tasks.

Building consensus requires skill and patience. The Facilitator must keep the discussion going without rushing or taking control. Personal agendas and egos must not dominate to the point that not all partners are heard. The Facilitator must jump-start the meeting when it stalls and keep the focus on the public good. Another key role of the Facilitator is to organize data in a way that will help coalition partners reach consensus on coalition goals and activities.⁵

To keep the coalition working toward common goals, the coalition Facilitator might use the following steps to build consensus¹:

- **Structure the process**

- ✓ Help the group understand the decision that is being made and its implications.
- ✓ Manage the process of sharing ideas and information.
- ✓ Give everyone a chance to speak.
- ✓ Use a timed agenda to limit prolonged debates; give the group a choice about continuing dialogue now or later.
- ✓ Help the group understand what others are saying.
- ✓ Frame the decision by identifying key facts, listing possible options, and suggesting criteria for making the decision.



- **Ensure that everyone's ideas and feelings are explored, especially those who disagree**

- ✓ Summarize, restate, or paraphrase (or ask opponents to do so).
- ✓ Listen to feedback.
- ✓ Involve quiet people early.
- ✓ Help the group deal with differences in fact and opinion.
- ✓ Prevent intimidation, no matter how subtle.
- ✓ Periodically summarize agreements and disagreements.



- **Find linkages among ideas**

- ✓ Find and point out similarities among ideas as discussion ensues.
- ✓ Make written notes of unrelated ideas on a flip chart, entitled "Parking Lot," and be sure those ideas are discussed later on the

agenda or at another meeting.

- **Encourage partners to verbalize points of disagreement and discuss them**
 - ✓ Keep disagreements in perspective by noting that disagreements often lead to better ideas.
 - ✓ Reframe the question to find common ground.⁶
 - ✓ Call on others as soon as two partners start to disagree.
 - ✓ Never personalize the dispute by name-calling or put-downs.
 - ✓ Focus the group on the ideas, information, linkages, and goals involved in the disagreement, not on the people themselves.
 - ✓ Use humor or a brief story to relieve tension.

- **Vote only as a last resort**

- ✓ Voting may alienate some members.
- ✓ Members may establish rigid positions.
- ✓ Members may ignore uncomfortable information.
- ✓ Voting decreases participation in subtle (or not-so-subtle) ways.



- **Persist until consensus is reached**

- ✓ Remember that consensus yields the best results
- ✓ Praise behavior that helps the group reach consensus.
- ✓ Identify behavior (not the person) that presents barriers.

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| Ideas from the Field | Coalition Dynamics: A Potential Source of Conflict |
| | <p>In our seven-county district we have a broad group of members in our coalition. We have members who were on the Healthy Purchase 2000 Task Force and from Champions for a Drug Free Kentucky. We also have someone from Marketing at the hospital, the Girl Scouts Coordinator from our area, and 4-H extension agents. Members also recruited members from a faith community who previously had been active in smoking cessation.</p> <p>One of the most difficult issues is that not all of the same people attend the meetings every month, so we have to start from the beginning with new people. But they all give different ideas and we work on our plan together.</p> |
| | <p>Denise Wooley Purchase District</p> |

Sources of Conflict

Conflict is inherent to coalitions because partners bring diverse values, organizational styles, cultures, and goals. Coalition dynamics change constantly. Agreements may need to be renegotiated when new members are added or when circumstances or issues change. Common sources of coalition conflict are:

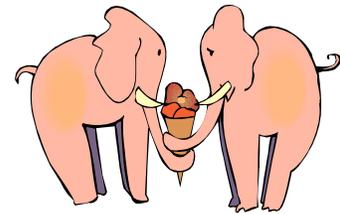
- **Expectations versus priorities**

Partners may join a coalition with a specific expectation, but the priorities dictated by coalition funding or higher authorities sometimes necessitate working on other issues first. Keep the mission clearly in front of the group to avoid such conflict.

- **Power, turf, funds, division of labor, or credit**

It may be difficult for partners who enjoy considerable power at their own agency or organization to be satisfied as equal coalition partners. Guide powerful partners toward coalition responsibilities that they consider challenging and worthwhile.

Discuss turf issues such as which agency will contribute to which effort, or work out an agreement in which all share responsibility and resources. You may have to agree to disagree, especially when health issues overlap with tobacco farming interests. Ascertain whether partners are satisfied with their responsibilities and be sure to give credit for every job, big or small. Use between-meeting communication among major partners to avoid surprises at meetings and to provide clarification of potentially controversial issues.⁷



- **Different values or professional philosophies**

Differences must be recognized, acknowledged, and discussed in order to arrive at decisions acceptable to all.

- **Different organizational commitments, resource utilization, goals, and authority**

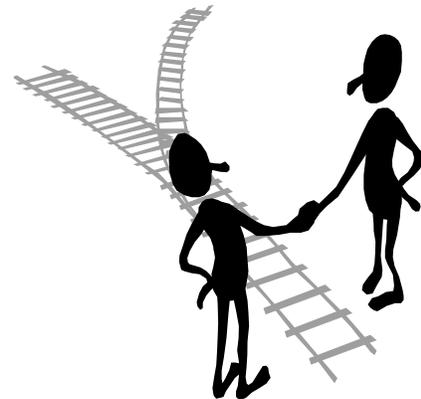
Recognize that partners may need to pull back from coalition work from time to time due to emergencies or pressures at their own agencies. Likewise, partners may be able to contribute resources (e.g., time, money, materials, office space) at different levels. Provide public appreciation for partners' contributions. For some agencies, lobbying is not permitted. Help those partners stay clearly in the realm of public education as they participate in coalition advocacy.

Underlying sources for conflict can include past negative experiences among member organizations, self-interest, or hidden agendas. These issues must be explored in order to be resolved. Inaccurate or incomplete information also feeds conflict. Ongoing training

and good communication between meetings prevents difficulties stemming from lack of information.

Negotiation

Maintaining good working relationships within the group is more important to achieving the group's vision than any one action or policy. Good consensus building and negotiation skills are critical to coalition success. Some conflict can be prevented or handled by using consensus building skills. Other situations require negotiation.¹



- **Purpose/goals of negotiation:**

- ✓ To bring hidden conflicts into the open
- ✓ To identify solutions that allow both sides to win
- ✓ To encourage a win-win atmosphere which
 - ◆ balances firmness and collaboration
 - ◆ discourages win-lose behavior
 - ◆ involves all partners in problem-solving

- **When to use negotiation**

- ✓ Conflict becomes too intense or personal for consensus seeking.
- ✓ Partners become personally identified with their positions.
- ✓ Individuals are so committed to their positions that they are willing to paralyze the group to “win.”

- **Principles and skills of negotiation:**

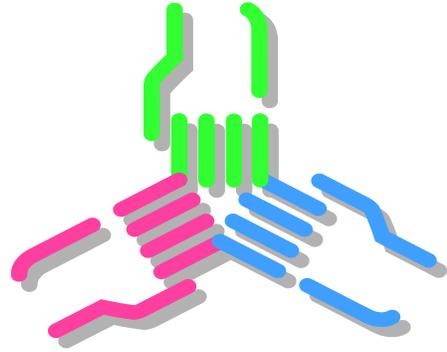
- ✓ Gather intelligence
 - ◆ What values are at stake?
 - ◆ What interests do different parties have in the conflict?
 - ◆ What opinion leaders are working behind the scenes?
 - ◆ Who is sitting on the fence?
 - ◆ What approaches are people likely to take?



- ✓ Clarify the conflict

- ◆ Reach for higher ground by identifying values such as a “healthy community” or “smoke-free air.”
- ◆ Suggest new perspectives such as persuading adults to smoke outside so that their children will have fewer illnesses.

- ✓ Use consensus-seeking skills
 - ◆ Prevent personalization of the conflict.
 - ◆ Relieve tensions.



- ✓ Stay out of the mud
 - ◆ Discourage name-calling and threats.
 - ◆ Avoid antagonizing the other side.

- ✓ Draw the line: Let each side know they cannot force a decision.

- ✓ Put the cards on the table.

- ✓ Help participants communicate what they want and why.

- ✓ Wave a red flag: Remind participants of the danger of win-lose negotiation.

- ◆ Communicate your concerns for the good of the group.
- ◆ Reinforce the notion that both sides can find common ground
- ◆ Test the atmosphere of the negotiations. If you wave the red flag and it is ignored, the group is playing by win-lose rules. If the group agrees, then serious solutions can be sought.
- ◆ Mirror an extreme position (without antagonizing either side) in order to make the point that an extreme position is not helpful for win-win negotiation.
- ◆ Avoid escalating the conflict.



- ✓ Buy time: Put off decisions long enough to get each side to negotiate in good faith, but not so long as to allow militant camps to form on both sides.

- ✓ Divide up the issue and agree on an easy part first.

- ◆ Facilitate a mutual perception of problem solving among partners.
- ◆ Encourage flexibility with the tougher issues.

- ✓ If either side floats a trial balloon, treat it seriously

- ◆ Change perceptions of existing choices.
- ◆ Promote flexibility on tougher issues.
- ◆ Shift the focus to shared values.

Coalition building is a relationship-building strategy useful in addressing policy issues and public education/awareness issues on controversial issues. “A major outcome of any coalition should be the creation of ownership among participants in a common direction for managing an issue.”⁶ Whenever possible use consensus-building to find the common direction. If conflict becomes too intense or personal, use negotiation to bring the group back to common goals, working constantly toward a win-win situation.

Footnotes

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Section 6: Achieving Visibility and Legitimacy

Credibility is a coalition's greatest strength and it is the driving force in selecting partners. If the public views coalition partners as good citizens with the welfare of the community at heart, the mission and work of the coalition will likely be considered as legitimate. Likewise the process by which the coalition makes decisions should be clearly outlined and perceived as credible so that the community can build trust in the coalition's work. Shared control among partners is essential for credibility, and integrity should be maintained at all costs.¹



Enlisting Key Supporters to Enhance Visibility

The initial partners recruited for a coalition are important in bringing along other key partners. Recruit partners who are viewed as credible. Look for people with:

- interest in the issues.
- moderate rather than extreme positions.
- willingness to work with a group and seek common ground.
- ability to reach out to a broad base of opinion leaders.

Do not underestimate the value of partners who can advance coalition messages with peers and their constituencies; this may be worth more than an expensive media campaign.¹ For example, an African-American community may view a hospital or other health worker as an expert to which everyone turns with health questions. This would be just the person to spread the word. Perhaps your PTA representative sits on the city-wide PTA council and can take a coalition message to every school's PTA Board. Such partners are worth their weight in gold when it comes to visibility and the ability to carry coalition messages to the whole community.

Establishing Trust and Credibility in the Community

The coalition must start by working toward relatively uncontroversial goals (see "Determining realistic, feasible goals" in Section 4. Early and periodic successes will show that the coalition has support and will bring credibility to coalition efforts. Incremental successes will encourage other credible partners and organizations to join in coalition efforts.² Once committed to coalition goals, opinion leaders take the issue back to their own spheres of influence, building public trust and support.¹

Member Training and Recognition to Support Legitimacy

Training with coalition partners must be regular and ongoing. Be sure that partners have correct information on tobacco use and its causes and effects. Partners must have a clear understanding of each evidence-based strategy the coalition uses for prevention and cessation and why that strategy was selected. It is only through such training that the coalition develops credible spokespersons for its efforts. If a coalition activity or strategy is challenged, partners will be prepared to explain the importance and relevance of the action. Partners also carry coalition messages to other community organizations, boards, schools, the media, and service groups.

Develop a working relationship with local media representatives so that coalition efforts can be publicly recognized. Articles and pictures of coalition partners and activities will add to the visibility and legitimacy of coalition efforts.³ See examples at the end of this section.

Assessment of the Current Image and Ways to Improve the Image

Before beginning an informational campaign, find out what the public and opinion leaders think about the coalition and of tobacco use prevention and cessation efforts. Interview major stakeholders (those who can influence or be affected by tobacco control efforts) to learn their perspectives on coalition work. This information will help the coalition correct misperceptions and provide information that may be lacking. This assessment may show where compromise is desirable, and if compromise is possible while maintaining integrity. For example, if agriculture interests in the community insist that coalition partners act only to educate youth, the coalition may have to respectfully agree to disagree. The coalition should then work to help the community understand why a comprehensive program is needed. Finally, the assessment will reveal what the coalition must do so that its efforts are taken seriously.

Creating a Public Relations Plan

According to Barbara White,⁴ a public relations plan can enhance positive attitudes, convert or neutralize negative attitudes, and generate support and involvement in programs and coalition activities. It is essential that the coalition and coalition efforts be perceived by the community as assets.

White⁴ notes the following strategies for promoting the coalition in the community:

- Announce and “unveil” the coalition and its programs on a regular basis.
- Tell the stories of the people involved.
- Describe how the community responds.
- Highlight program successes.
- Describe trends related to tobacco issues and coalition programs.
- Relate success stories from other communities.



A public relations plan involves the media⁴ (e.g., TV, radio, newspapers, direct mail, advertising, billboards, displays, business signs) and/or person-to-person contact (e.g., speeches, meetings with civic leaders, special events, religious assemblies, public service events, ceremonial affairs).

Tailoring the Message for Specific Population Groups

Culturally specific messages empower local groups to make individual and community decisions. For example, some cultures value the oral tradition more than the written word or media campaigns. According to Irvine,⁵ African American children and their parents engage in "... sophisticated verbal storytelling involving the use of metaphors and analogies." Forms of verbal storytelling may be used to market your coalition and its work within the African American community if the stories are created and told in culturally acceptable ways; (i.e., the characters and their interactions must be true to the culture of the community or the story will not be credible).

Communication principles guide the creation of culturally sensitive and effective materials to promote tobacco prevention and cessation. These principles are also essential in increasing coalition visibility in various cultural groups within the community.

Culture is intertwined with our attitudes and values in many ways. The following is a list of issues that may vary based on culture⁶:

- Whether importance is placed on the individual or the community
- Accepted roles for women, men and children
- Preferred family structure
- Importance of folk wisdom, life experience, "mother wit," and common sense in comparison to education and advanced degrees
- Ways "wealth" is measured (e.g., material goods, relationships)
- Relative value of youth or elders
- How time is used and valued
- Tradition vs. experimentation
- Continuity or separation between religious life and secular life
- Favorite or taboo foods
- Dress and adornment
- Body language
- How alcohol, tobacco, and other drugs are used.



Merely using a picture of a person of color is not adequate in tailoring a culturally appropriate message. Consider all of the factors listed above as you design a message about the coalition and its work for a specific cultural community. For example, how do the characters in the message dress? Do they hug or give lots of personal space? Do the characters use eye contact or not? If a family is depicted, does it match the preferred

family structure of the community? What kind of food is shown on the table? If you are planning a neighborhood meeting to introduce the coalition, do you know whether to expect people to arrive on time or a “little late”? Are you using community norms as you attempt to engage youth and elders in the coalition?

Unfortunately, there is no magic formula that works for all people in a cultural group because there are subgroups within each cultural group. Start with a message that research has shown to be effective. Refine and test that message carefully. There may be phrases and gestures with particular meanings for subgroups of a cultural community. To avoid unintentionally creating messages that are at best humorous, or at worst insensitive or even insulting, have a professional handle the initial translation and pre-test the message with the intended audience. Pre-testing can be accomplished using focus groups or key informant interviews. Ask knowledgeable people from the community to help with pre-testing to insure that you are getting an accurate reflection of potential community reaction to the message. If you are designing general market messages for a larger cultural community over a broader geographic area, consult the Center for Substance Abuse Prevention’s technical assistance bulletin⁶ and experts in communication. Your local college or university communications department may be a valuable resource.

Examples of Local Newspaper Articles

The articles on the following pages were elicited by local coalition work and exemplify White’s strategies (page 45) for promoting the coalition.

Where there's smoke, there's Gerald Preston, trying to help

By Clyde Pack
STAFF WRITER

"These death figures will drive you up the wall," said Gerald Preston, the new Smoking Cessation/Prevention Coordinator for the Johnson and Martin County health departments.

Since October 1, Preston, a retired Johnson County educator, has been spending his time

between the two departments, the result of money received via the "Tobacco-Settlement" negotiated on November 23, 1998, when the tobacco industry agreed to pay 46 states \$206 billion.

"Governor Patton recommended, and the General Assembly appropriated, three percent of Kentucky's share, just over \$2.5 million, for the Cabinet for Health Services,"

Preston said.

He said that the Center for Disease Control and Prevention (CDC) recommended the funds be used to address four objectives: smoking cessation among children and adults; decreased numbers of new smokers; reduced exposure to secondhand smoke; and reduced disparity among ethnic and economic groups with high health risks from smoking.

Toward those ends, Preston is in the process of forming a coalition in both counties, made up of local residents, 25 percent of them students, who will meet on a regular basis to offer ideas as to how to best implement a plan to achieve those goals.

"Our main objective is education," Preston said. "I think we must start with adults. You can

See **SMOKE**, Page A3

THE PAINTSVILLE HERALD • FRIDAY, NOVEMBER 10, 2000



Gerald Preston

Smoke...

■ Continued from page one

teach this at school, but the parents are the biggest influence to the kids. Until we get some of these parents to stop smoking, it isn't going to do any good to talk to the kids. I don't think smoking will ever go away, but hopefully 20 years from now, there will be a different philosophy about smoking."

Preston said the figures for Kentucky provided by the CDC, Surgeon General's office and the Kentucky Department for Public Health Tobacco Control Program, were nothing short of alarming.

For example, he said, 47 percent of Kentucky's high school students smoke; 28 percent of high school

boys use smokeless tobacco; 20,000 kids under 18 become smokers every year; and 363,000 boys and girls in Kentucky are exposed to secondhand smoke at home.

"What scares me to death," Preston said, "is that 7,900 people every year die from smoking related illnesses in Kentucky, and if current trends continue, 87,000 kids now under 18 will die from smoking. These deaths will occur between the ages of 40 and 65."

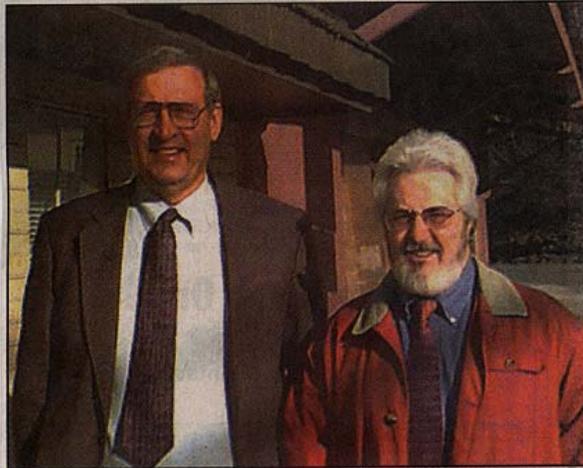
Kentucky has the highest smoking rate in the United States, and Eastern Kentucky has the highest rate in the state, he said.

"We have a very, very high death rate from the effects of smoking, moreso than the nation as a whole. Smoking is something that effects almost every family in Eastern Kentucky.

"Smoking is no longer considered a habit, it's an addiction," Preston said. "As such, you have to seek treatment to get over it. Why would anybody continue to do something they know is killing them if it weren't an addiction? With all the additives in cigarettes today, it makes it even harder to stop smoking. One could quit cigarettes 20 years ago a lot easier than they can now."

Anyone interested in becoming part of the coalition in either Johnson or Martin counties, is invited to call Preston. In Paintsville, the number is 789-2590. He can be reached in Inez at 298-7752.

2-21-01



GERALD PRESTON, Smoking Cessation/Prevention coordinator for the Johnson and Martin County health departments (left), and **Ken Williams**, respiratory therapist at the Paul B. Hall Medical Center, will begin a 12-week smoking cessation class to be held at Mayo, beginning March 27. (Staff photo by Tammy Goble)

Smoking cessation class is organized

By Clyde Pack

FEATURES EDITOR

When Gerald Preston signed on last October as Smoking Cessation/Prevention coordinator for the Johnson and Martin County health departments, he was pretty much dealt a hand of solitaire. However, in less than four months, the former Johnson County educator has had nearly two dozen players join the game.

The program, a result of money received via the "Tobacco-Settlement" negotiated in November 1998, when the tobacco industry agreed to pay 46 states \$206 billion, addresses four objectives: smoking cessation among children and adults; decreased numbers of new smokers; reduced exposure to second-hand smoke; and reduced dis-

parity among ethnic and economic groups with high health risks from smoking.

Toward those ends, Preston has formed a coalition in both Martin and Johnson counties, made up of local volunteers.

"We've already had about twenty people join us in Johnson County, and the list is growing every day," he said Monday.

In addition to the coalition, the Johnson County Health Department, in cooperation with the Paul B. Hall Medical Center, will be providing "Smoking Cessation Classes," beginning on March 27. The classes will be conducted by Preston and Ken Williams, respiratory therapist at PBH. The classes will meet from 6-7 p.m. at Building E on the Mayo Technical College campus.

See **SMOKING**, Page A5

Smoking...

Continued from page one

Preston said the classes will utilize the Cooper/Clayton Smoking Cessation Method, which consists of 12 weekly meetings. He said the program would require the use of Nicoderm (nicotine transdermal patches), the cost of which will closely match what a smoker would spend on cigarettes. Anyone interested in participating in the class or in becoming part of the coalition can call Preston at the health department, 789-2590.

"What scares me to death is that 7,900 people every year die from smoking related illnesses in Kentucky," Preston said in an earlier interview. "If current trends continue, 87,000 kids now under 18 will die from smoking."

Local volunteers who have joined Preston on the coalition include Williams and Diane Blackburn, health educator with the Johnson County Health Department. Others include Venice Branham, director of nursing at PBH; Myra Hobson, family resource center director at JCHS; Karen Salyer, family resource center director, Porter Elementary; and Anita Cantrell, family resource center director, JCMS.

Also, the list includes Elizabeth Bruner, family resource center director, Paintsville City Schools; Becky Music, family resource center director, W. R. Castle Elementary; Lillian Wheeler, representing the Johnson County Judge-Executive's office; Charlene Belhasen, family resource center director, Central Elementary; Jason Blanton, family resource center director, Highland Elementary; Joan Daniels, family resource center director, Meade Memorial Elementary; and Fricia Spriggs, family resource center director, Flat Gap Elementary.

The list also includes state representative Hubert Collins; Brenda Cockerham, Johnson County Extension Agent for family and consumer sciences; Becky Simpson, representing the Kentucky Cancer Program; Ronnie Wells, recreation director for the city of Paintsville; Darlene Starnes, Mountain Comprehensive Care Center representative; and Laura Muney and Mary Thomason from the American Cancer Society.

"Our main objective is education," Preston said. "Smoking is no longer considered a habit, it's an addiction."

2-21-01

No more if's, and's or butts

By Clyde Pack
FEATURES EDITOR

One-hundred-and-sixty-five years of addiction has just gone up in smoke, according to Gerald Preston, smoking cessation/prevention coordinator for the Johnson County health department.

He was referring to the success of the first-ever smoking cessation class in Johnson County, which began on March 27 and ended June 29.

We had six long-time smokers enroll in the class. Five finished and are now smoke free," Preston said. "Frank Ratliff doesn't smoke anymore and he had been smoking for 51 years."

The other four new non-smokers are Russell Lemaster, who had smoked for 38 years; Judy K. Delong, 37 years; Delores Priode, 27 years; and Cathy Combs, 12 years.

"If you're really serious about it, I'd sure recommend the class," Lemaster said. "I kept telling myself, 'I can quit anytime I want to,' but I couldn't. Now that I don't smoke anymore, I feel better physically and I feel better about myself."

Lemaster said the strong point of the class was the support he received from fellow class members.

"They make you responsible," he said. "That makes a big difference."

Preston said the next class will begin on August 28 at Mayo Technical College. It will be sponsored by the Johnson County Health Department in Cooperation with Paul B. Hall Regional Medical Center, and will meet on Tuesday evenings from 6-7 for 12 weeks. Instructors will be Preston and Ken Williams, a respiratory therapist at the Paul B. Hall. The class is free except the participants must be responsible for buying the patches.

The program utilizes the Cooper/Clayton method to stop smoking. Thomas M. Cooper, D.D.S. was a

The Paintsville Herald

6/23/01

Butts...

■ Continued from page one

heavy smoker for 36 years. He made unsuccessful repeated attempts to stop smoking until he developed this program. Richard R. Clayton, Ph. D. is an internationally known expert on drug addiction. He has teamed with Dr. Cooper to help hundreds stop smoking by using the Cooper/Clayton Method.

"The success rate for this program is between 80 and 85 percent," Preston said. "With five

our of six finishing successfully in our first class, we're right on target."

Anyone wishing further information on the program may call Preston at 789-2590.

Schools adopt response to smoking

Alternative to suspension program sets goal of helping students quit habit

By Lydia Carrico
Messenger-Inquirer

Students caught smoking in schools this year will face a course on the dangers of tobacco instead of being sent home, where often they have more of an opportunity to light up.

Several schools will be implementing the Tobacco Education Group and Tobacco Awareness Program to help students kick their addiction.

"With this program, they are able to get these kids some help," said Stephanie Keelin, tobacco

prevention and control coordinator with the Daviess County Tobacco Prevention Control Program.

Keelin leads the nation in the number of youth smokers with 22 percent of middle school students and 37 percent of its high school students smoking. Despite the high rates, 55 percent of middle school students and 60 percent of high school students reported they tried to quit during the past year, according to the

Kentucky Youth Tobacco Survey 2000.

About 16 representatives from Burns, Owensboro, Daviess County and College View middle schools and Apollo and Daviess County high schools attended training last week at Burns Middle School to learn how to implement the programs in their schools.

Keelin and Diane York, a school nurse at Burns Middle School, were the trainers. They

attended a seminar last fall in Lexington to learn how to teach school representatives.

TEG will be used by schools as an alternative to suspension. Burns Middle School, Beacon Central and Owensboro high schools participated in a pilot program in the spring and held five classes on tobacco education.

Three students in the Daviess County School System quit after the

See **Students/Page 3B**

Students: Schools help students stop smoking

From Page 1B

program, York said.

"Results for any type of smoking cessation program for youth have not been very successful in general," York said. "A lot of it is the age. (Teens) try to do anything that will make (them) more of an individual. Part of it is to make those decisions that you can get away with."

The Daviess County Court Des-

igned Worker program will implement it for youth who have been cited by police for using tobacco. Kentucky law prohibits youth under 18 using tobacco products.

TEG, for students in grades 7 through 12, combines lectures, videos and demonstrations to teach youth about tobacco.

"It's designed to help them want to quit," Keelin said. "Once they go through that program, they hopeful-

ly will want to quit."

TAP, a eight-session smoking cessation program, teaches youth stress management skills and provides support. It will be available for students who want to quit smoking, Keelin said.

The programs will take place during school hours.

Lydia Carrico, 691-7298,
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MESSENGER-INQUIRER

SATURDAY

AUGUST 11, 2001

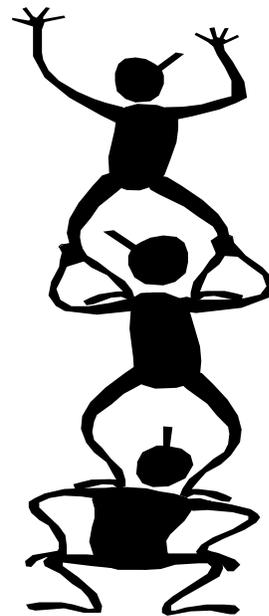
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Section 7: Community Advocacy

The Importance of Policy Development in Tobacco Prevention and Cessation

Public policy shapes the environment and social pressures in schools, workplaces, communities, and homes.¹ Imagine a community where storeowners sell tobacco to minors, students are not cited for smoking in schools, and youth see people smoking virtually everywhere: in homes, cars, restaurants, and at ballgames. The youth of this community are much more apt to try tobacco and become addicted, no matter how much education they have on the deadly effects of tobacco use. Likewise, smokers will find cessation difficult when faced with smoking in so many community spaces. Clean indoor air policy is essential in keeping youth off tobacco and helping smokers quit.



Advocacy versus Lobbying: A Brief History

An advocate is "...a person who argues for a cause – a supporter or a defender. To advocate is to act in support of a particular issue or cause...A lobbyist is generally a paid representative of a group, organization, or industry."² Lobbyists often are required to be registered and submit periodic reports of lobbying activity. Local health department personnel may not be able to lobby the state legislature, but they can give educational testimony at public hearings and educate their communities and policymakers on issues.

In 1988, the Institute of Medicine identified policy development as one of the core functions of public health and urged public health practitioners to be involved in this activity so critical to the protection and promotion of public health.³ In the early 1990s, a Philip Morris internal memorandum identified anti-smoking infrastructures as hitting the industry in its most vulnerable areas, ... "in the localities and in the private workplace."³ By 1992, Philip Morris temporarily disrupted tobacco policy work in several states by claiming that federal funds had been used for "illegal lobbying."³ "The issue was not the legal restriction but the tobacco industry's often frivolous allegations, which, despite being frivolous, nevertheless must be addressed."³ The disruption in policy work gradually decreased as health departments became familiar with the requirements of responding to tobacco industry Freedom of Information Act requests. In some cases, public health professionals turned public opinion against the industry by directing public attention to the frivolous allegations. Public health also overcame these difficulties by working with coalition partners not affected by lobbying restrictions.³

The original intent of public laws against using public funds for lobbying was to prevent the government from using its power and resources to achieve private gain or to affect the outcome of an election.³ As noted by Mullan,⁴ interpreting these laws or current versions too broadly could compromise one of public health's most effective means of promoting health: public policy.

Why the brief history? Lobbying with public funds is restricted in all states and the federal government, each with a different definition of lobbying.³ The restrictions do not mean that health departments cannot do policy work, in fact several such laws "...provide exceptions for public employees communicating with government officials and others in the conduct of their official duties."³ Public health professionals should be proactive, seeking guidance from legal and political bodies while moving ahead with policy work to protect the health of the public.³

There are times when local health department personnel may not be able to take the lead in advocacy work for political reasons. In those cases, the coalition can identify other partners who could be more publicly vocal on an issue. Physicians, nurses, or other volunteer coalition partners may be interested and able to take the advocacy role.

Types of Policy

There are several types of policy to consider in community advocacy.

- **Public Policy**

The coalition may wish to educate state lawmakers about tobacco policy issues at the state level (e.g. increasing the state excise tax on tobacco products to discourage smoking). Or the coalition may want to encourage their city or county to adopt an ordinance restricting smoking in public places or to change school policy to banning smoking on school grounds. These are all examples of public policy.

- **Private or Voluntary Policy**

The coalition may wish to influence family policy by educating people about smoking outside their homes and cars in order to reduce secondhand smoke exposure and change the norms for youth. The coalition may try to affect policy in private businesses, restaurants, or factories by the voluntary institution of smoke-free policies.

Laying the Groundwork for Advocacy

As the coalition reviews CDC Best Practices and decides on goals, objectives, and actions to work toward the coalition vision, policy issues will emerge. The coalition can make thoughtful decisions about which partners can advocate for specific policies. It is important to establish a system by which the coalition anticipates issues, analyzes their impact, and establishes priorities.⁶

The following questions can assist in the analysis of policy issues:⁷

- What are the purposes of the proposed policy?
- Why should it be/not be adopted?
- Who or what is the target of the policy?
- What immediate and long-term changes would it bring?
- How would you know if the policy had its intended impact?
- Is the public as a whole affected directly or indirectly? How?
- Who else will be affected?
- What are possible unintended effects of the policy and who might experience those effects?
- What are the possible reactions of the community and specific groups in the community?
- Who would favor the policy and who would oppose it and why?

As emerging policy issues are identified, established decision-making procedures are put in motion to prioritize issues and decide whether and how to respond. If the decision is to respond, the coalition can then develop their position and create strategies to promote the policy.⁶

Developing Relationships with Decision Makers

The coalition prepares for community advocacy by developing working relationships with influential people such as media representatives, decision makers in the community, and others with influence (e.g., health care providers, CEOs, government or school officials). As noted by the Institute of Medicine,⁵ public health professionals should have on-going relationships with legislators and other public officials to inform them about public health needs, issues, and rationale for policies sought by public health professionals.

Some key principles for relating with decision makers are:

- **Make personal, interactive contacts**

Establish yourself and the coalition as knowledgeable on tobacco prevention and cessation issues. Build trust and credibility so community leaders will come to you with questions about tobacco policy issues.

- **Never put decision makers in an awkward position**

You have a specific knowledge base about how policy or lack of it affects tobacco use in communities. Articulate this information so that the general public can understand it and policy makers can use it. Do not give or ask for confidential information. Never put decision makers in an awkward position by revealing inappropriate information or



withholding critical information. Provide coalition and grassroots support for the decision maker as he or she develops policies to improve environmental factors in tobacco use prevention and cessation.

- **Pick your battles**

Use relationships with influential contacts wisely by picking your battles. Do not spend their precious time and influence waging war on issues that will likely not be effective.

Developing an Advocacy Plan

As a coalition decides to develop a policy or advocate for or against a policy, certain steps are helpful in organizing a planned approach.^{6,8,9}

- **Develop a position**

After analyzing a policy using the questions above, the coalition must develop a position that will benefit the community and the coalition.

- **Create strategies, messages and tactics to advance the position**

“Strategies are usually designed to accelerate an opportunity, redirect a potential threat, and/or make internal adjustments to adapt to change.”⁶ For example, the upcoming dedication of a new courthouse may present the opportunity to advance community policy for smoke-free public buildings. If state law is cited as the reason for creating an indoor smoking area in the new courthouse, such a threat may be redirected. The coalition can obtain legal support clarifying Kentucky law. Additionally, the coalition can send a federal anti-discrimination letter to decision-makers, outlining the rights of breathing-disabled individuals. Internal coalition changes may include recruiting health care providers who treat patients with asthma and other lung conditions to support the cause.

Specific strategies, messages, and tactics are important as well. They may include⁸:

- ✓ Agree on roles and responsibilities of specific coalition members.
- ✓ Select or activate a coordinating group with the responsibility to implement the advocacy plan and mobilize grassroots support.
- ✓ Raise money if needed.
- ✓ Develop materials supporting the coalition’s position (e.g., fact sheets, sample letters to decision-makers, testimony for key committees, reprints of articles).
- ✓ Draft policies.
- ✓ Activate a phone tree, e-mail list, or other methods of communication.
- ✓ Conduct additional outreach to key decision-makers identified with the issue.
- ✓ Communicate with media contacts.



- ✓ Communicate with all coalition members, updating them as advocacy efforts proceed.
 - ✓ Continue to advocate until the eleventh hour!
- **Work with those responsible for the administration and/or enforcement of the resulting policy⁹**

Sometimes policy falters or fails due to lack of follow-up. If a program fails in practice those who enacted the policy (or those originally opposed to it) may move to change or rescind the policy. Work with those in charge of implementing the policy or writing the regulations for implementation to insure that the policy will be enforced. For example, your coalition or a partner organization could offer to produce “Smoke-free Area” signs for the courthouse and help install them. Perhaps the installation process could generate positive media attention for the officials who made the smoke-free decision. Bring along a breathing disabled child or adult who can proclaim delight in now being able to visit their county courthouse!

Creating Written Messages to Support Coalition Positions

Fact sheets are single sheets of paper giving facts on an issue. They are easy to create (though researching the actual facts may be more challenging). They are cheap, can be duplicated quickly, and should be easy to understand.¹¹ Other written communications that may be generated to support coalition positions include letters to the editor, sample letters to decision makers, and scripts for testimony. Each type of communication has its own set of parameters (e.g., word limit or how to address a legislator).

The following tips are helpful in designing informational materials.¹¹

- Think about the message you want the reader to receive and understand.
- Think about the audience.
- Find verifiable facts that support the message.
- Check facts to make sure they are accurate and up-to-date.
- Footnote your facts citing reputable sources; (do not use facts without a cited source).
- Highlight just the most important facts.
 - ✓ Decide which facts are most important and relevant to your audience.
 - ✓ Briefly explain what the facts mean.
- Decide on the layout, color of paper, and clip art (use judiciously so as to be taken seriously).



Avoid:

- Too many facts.
- Conclusions that cannot be supported from the facts.
- Non-scientific polls.
- Repetition.

Defending Against Obstacles

Many policies carry controversy with them. Obstacles arise when people or organizations feel threatened in some way by a proposed policy. Defense against obstacles involves many strategies that have been discussed in this guidebook plus some additional skills. Perhaps the strategies already discussed will be seen in a new light when considered as ways for the coalition to prevent or deal with obstacles. Consider the following suggestions:

- **Decide upon and articulate a clear mission.**

A clear mission unites partners in a common cause.¹² A united mission makes it more difficult for the opposition to “divide and conquer.”

- **Use a policy-coordinating group to avoid allowing one individual to speak for the coalition or make deals without coalition input.**

However well-intended, when one individual partner makes decisions without coalition or coordinating committee input, this can sabotage coalition cohesion. Deals made from these unilateral decisions may prove difficult or almost impossible to undo.

- **Use the least possible confrontation to accomplish your goal.**

Start politely! If confrontation is called for, consider:

- ✓ Is this a battle you want to fight?
- ✓ If so, who should do it?

Effective advocacy does not mean antagonizing decision-makers.¹³

- **Anticipate perspectives that may be held by specific groups in the community and address any concerns up front.**

As concerns arise, consider how proposed policies may affect the groups concerned and present realistic solutions or facts that address such concerns.

- **Raise the level of debate to higher ground on which all or most can agree.**

Sometimes opposing points of view cannot be resolved. For example, farm interests in selling tobacco cannot easily be reconciled with policy efforts to reduce tobacco use. However, phrased in terms of keeping our youth tobacco free, preventing secondhand smoke from injuring non-smokers, and helping sick smokers to quit, fewer individuals and groups find they can publicly oppose such policies. Emphasize the caring extended to individuals and families affected by tobacco-related illness and the role of public health in promoting health. If public health professionals do not speak for health, who will?

- **Be prepared for creative objections that are hard to refute.**

A common argument against policies to prevent youth initiation is that parents are responsible for their teen’s behavior, so public policy is unnecessary and intrusive. While parental role modeling is certainly a factor (and a good reason public health should be promoting adult cessation), it is not the only factor in youth initiation. Store-owners, schools, peers, and police all can play a role in preventing youth from becoming addicted to nicotine.

Another common objection to policy change is that we do not need more policies but simply education of youth. The tobacco industry even supports research-based youth education since the effect of group or classroom education pales in the face of other societal cues to initiate tobacco use. Consider the possibility that such creative arguments are not made in good faith, but with other motives. Refute them and move back to higher ground.

Some arguments may seem irrelevant or untruthful to public health professionals and well-trained coalition members. Community members with pro-tobacco interests may maintain that tobacco is not harmful (or not as harmful as other health risks). Rabin and Sugarman note that as ideas have been disseminated about health risks of tobacco and tobacco industry conduct, the industry “...responded in kind, trying to influence public opinion by downplaying the hazards, by emphasizing traditions of individual liberty, and by drawing on populist traditions of antipathy to taxation.”¹⁰ For concrete ways to deal with such arguments see “Beware of ‘The Script’” (next page).

- **Don’t be discouraged when a proposed policy generates major community controversy and debate.**

Even if the policy does not at first succeed, the value of the information shared during a visible community debate is essential for moving the issue forward. Policy change takes time.

- **Build the coalition so that it remains intact after a campaign.**¹⁴

Kentucky’s local health department tobacco coalitions are involved in virtually all of the tobacco prevention and cessation work in the area, so it should be easy to adhere to this guideline. Celebrate a win and analyze a loss in the policy arena, but keep in mind the short and long-term goals of the coalition. Help partners keep the big picture in mind at the end of an intense campaign. Engage in follow-up work if the policy succeeds and plan for future advocacy efforts if it does not.



Beware of “The Script”

The Tobacco Industry has long been known for developing a “SCRIPT” to offset the truth about health issues. According to tobacco industry documents, “Everyone was molded according to the script.”¹⁵ On a recent Lexington radio talk show, a member of a national smokers’ rights group discussed how the government dictates what we can and can’t do, using phrases such as, “next they will ban salt shakers from the tables or prohibit anyone from wearing cologne.”

Ways to Counter or Combat THE SCRIPT:

- When you are discussing tobacco control issues, it is very likely that “the script” will show up. Prepare for it to minimize your chances of getting sucked into an argument that diverts the real issue.
- Identify the script. Suspect any statement that avoids the health issues or research-based information on harmful effects or insinuates that stronger policies are a means of imposing more government regulations to control our lives.
- Simply state that there is no longer any controversy about the harmful effects of tobacco each time it is questioned and that the literature is available to support this information. Tobacco industry script will use every effort to question the research that suggests harm from tobacco. It’s a way of stalling or diverting the conversation.
- Stay calm! As irritating and frustrating as it is, don’t lose your cool or become argumentative. There are a handful of people that aren’t going to be persuaded regardless of what you say.
- Know your topic well and encourage other pro-health callers to participate in the talk show. (If the tobacco industry can line up callers, so can you!)
- Follow up with a letter to the editor (see example below) and to the radio talk show host summarizing the health issue.
- Regardless of the outcome, know that raising tobacco use issues for debate is something the tobacco industry does not want. Continue to find ways of encouraging public debate.

Lisa Greathouse
Bluegrass Action Coalition Co-Chair

Readers' views

Lexington
Herald-Leader
8/9/01

Health is reason for smoking bans in restaurants

Sue Wylie and her callers had the language of the tobacco industry down pat on her July 11 radio show on smoking bans in restaurants.

The tobacco industry has a script that they use on how government is dictating what we can and can't do. The truth is that no one has the right to threaten the health of the people around him or her — in the home, in the workplace or in a public place.

The issue is not about government regulation for the sake of controlling every aspect of our daily lives. It's about protection from harmful substances and preventing harmful effects that are known to cause disease and premature death. Smoke-free environments are about ensuring that the public has clean air to breathe, not air full of poisons and carcinogens — such as carbon monoxide, ammonia, formaldehyde and hydrogen cyanide — that are in secondhand smoke. Ensuring clean indoor air is no different than ensuring that we have safe water to drink.

There are very few alternatives for avoiding secondhand smoke in public areas, and the only real protection is to have 100 percent smoke-free facilities.

Given that a recent poll of Fayette County residents shows overwhelming support for not allowing children to be seated in smoking sections, there is a public mandate for strong protections from the hazards of secondhand smoke.

We all deserve clean air to breathe.

Lisa Greathouse
Lexington

The policy arena may be uncomfortable at times! As you sense tension or even experience attack, remind yourself and fellow coalition members that advocacy is high impact work. If you were not doing important work, no one would work so energetically to thwart your efforts. Help your coalition build an understanding of the political process and skills for political action so that you can create smoke-free community norms.

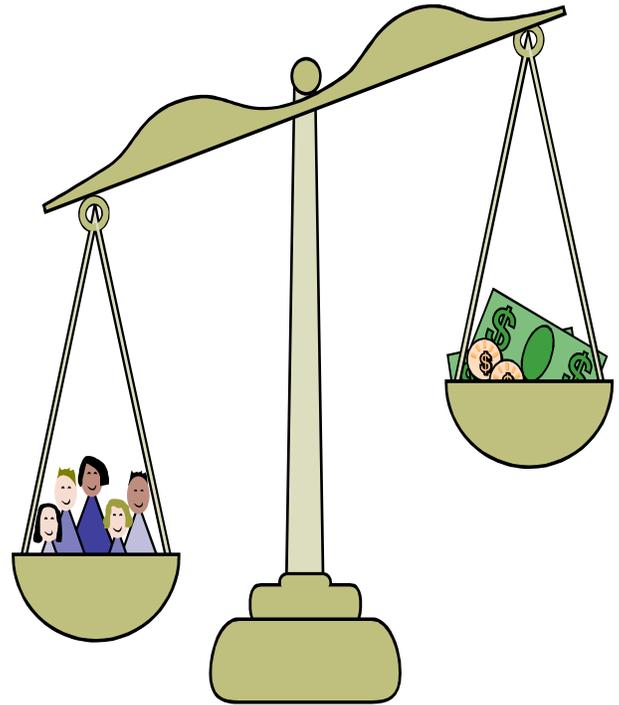
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Section 8: Leveraging Resources for Coalition Work

When is Funding Needed?

Coalitions form to share resources toward a common goal. Sharing resources often involves in-kind resources such as meeting space, staff efforts, copying, and other basic needs. As is the case in many states, local health departments receive a small percentage of the funding needed for effective tobacco control as recommended by the Centers for Disease Control. So, is it a given that the coalition needs additional funding? Not necessarily. The local health department may need more money for operating expenses and staff to help carry out tobacco control activities, but the coalition may or may not need to raise additional funds. On the other hand, the coalition may have a special project in mind that cannot be accomplished without additional funds.¹



Examine your coalition at least once a year to see where you are compared to where you want to be and what resources are needed to reach coalition goals. Obtain input from within the coalition and outside the coalition.² If partner organizations agree that their shared resources need to be supplemented in order to reach common goals, then some means of garnering additional resources may be needed.³ There are several ways of obtaining additional funds, but beware the pitfalls such as competing with partner organizations for funding, accepting more grants than the coalition and staff can realistically administer, and developing conflict among partners about who should spend the money and how it should be spent.

Grants and Contracts

Public grants and contracts are often designed for specific purposes, which may or may not fit coalition goals. Pay attention to statewide organizations working on similar goals and consider applying for grants and contracts they might offer. With any luck, one of your partner organizations may have a grant writer on staff who can help with the writing. Each grant awarded carries with it a small mountain of work (quarterly reports, year-end reports, financial accounting, collection of evaluation data, and various administrative duties). Craft objectives and evaluation measures carefully so that the

coalition does not undertake an unrealistic project or one that does not fit coalition goals and mission. There are many things your coalition would like to do, but consider what you are able to do. Take care not to obtain more grants than the coalition can successfully administer with current staff time and skill! You might start with a small grant or contract application that involves a smaller process.¹

Dues

Although it may seem unlikely, under some circumstances coalitions may find the need to raise operating funds by charging partner groups and/or individuals dues. Some coalitions call dues “donations” or “sponsorship fees.”¹ Such money could be important, symbolically, because it is local money and because it could be used as matching funds for grants. Some advantages and disadvantages of dues are¹:

- **Advantages**
 - ✓ Simple to generate
 - ✓ Test commitment to the coalition
 - ✓ Increase coalition self-reliance

- **Disadvantages**
 - ✓ Yield small amount of money
 - ✓ Some partners cannot afford to pay
 - ✓ If mandatory and partners cannot afford to pay, may defeat the purpose of forming a broad-based coalition



Private Sector Money

While some corporations may be large and distant, it may be easy to reach out to local businesses for support. Businesses may be proud to sponsor a specific project that the coalition is planning. If the coalition Facilitator does not have connections with the private sector, look to someone in the coalition who does.

Foundations

Communities often have unique foundations for specific causes that may relate to tobacco prevention and cessation. Look for local foundations organized around causes such as heart health, lung health, cancer prevention, and drug and alcohol use prevention and approach them to sponsor specific projects. National foundations may also be approached for larger, longer-term projects; some even administer local mini-grant programs.

Fundraising

Local fundraising is possible, though time-consuming. Coalitions need to be sure to follow local agency process and procedures for receiving funds from this source.

Coalitions also need to ask whether the new money obtained will be worth the time, effort, and money spent in obtaining it. After answering these questions, identifying program goals, and taking stock of current resources, the coalition might develop a fundraising campaign. According to Smith and Siek,³ a good fundraising campaign has four major steps:

- Vision—Goals, purpose, potential prospects.
- Cultivation—Informs prospects of goals and current activities before the request for funds is made (brochures, media, personal contacts).
- Solicitation—The actual request to potential donors for a general or specific purpose and how they will be contacted.
- Recognition—How you thank donors and inform the public when appropriate.

Include fundraising costs in the campaign budget. Be sure to develop an ongoing relationship with donors and keep them informed of coalition activities and successes.

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| Ideas from the Field | <p style="text-align: center;">Dollar and Cents</p> <p>The Bluegrass Action coalition and Lexington-Fayette County Health Department have utilized several means of generating additional resources. A regional network of tobacco prevention coordinators was created to share ideas and plan regional activities. This group decided to charge membership dues in order to have some operating funds.</p> <p>The coalition formed a Cessation Network to promote cessation for all ages. In-kind resource sharing is a key element of this network. For example, school nurses, health department nurses, the University of Kentucky College of Nursing, and the Fayette County Public Schools collaborated to develop an Alternative-to-Suspension (ATS) tobacco education program for area high schools. Each agency provided in-kind donations such as staff time, copying, and Independent Study student time. The health department’s tobacco program will pay nurses’ salaries to conduct the program at Saturday School. Funding for snacks and incentives for the ATS program is currently being sought from a unique local foundation or from the school system.</p> <p>The Quit and Win Contest provides another example of creative funding. All local providers of cessation services collaborated to provide a wide menu of cessation options for Quit and Win Contest participants. Funds to support contest incentives were obtained from a local alliance of health organizations (Lexington Health United) and in-kind resources were donated by local businesses. A grant was awarded to the University of Kentucky College of Nursing from the American Legacy Foundation to evaluate the Quit and Win Contest.</p> <p>Todd Warnick Lexington-Fayette County Health Department</p> |
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Footnotes

1. Berkowitz B, Wolff T. *The Spirit of the Coalition*. Washington, DC: American Public Health Association; 2000.
2. The Ohio Center for Action on Coalition Development. *Tapping private sector resources*. Columbus, Ohio: The Ohio Center for Action on Coalition Development. The Ohio State University; 1992. Building Coalitions Series.
3. Smith P, Siek G. *Extra resources for a coalition: Notes on fundraising and grant-writing*. Columbus, Ohio: The Ohio Center for Action on Coalition Development. The Ohio State University; 1992. Building Coalitions Series.

Section 9: Celebrations and Rewards

Coalitions are most successful when they are designed to meet the needs of the partners involved. Since people seek different “rewards” or benefits from group membership, the coalition Chairperson should conduct a “reward audit” to see who gets rewards in the group and why. The kinds of rewards listed below are linked to higher commitment and participation.¹

Fellowship, Solidarity, Affection and Fun

When these rewards are absent in a group, people become dissatisfied over time. When they are present, they create a positive atmosphere in which to work. “The world can be saved by happy people just as easily as by serious ones.”¹

- **Promote team spirit**

Doing interesting things together provides identity, fellowship, and support for members. Bonds are created by sharing joys, frustrations, and even failures!

- ✓ Plan projects so that people work together cooperatively, even if some seem to like working alone.
- ✓ Do things together outside of coalition work time.

- **Have fun!**

Tobacco prevention and cessation is serious business, yet there is still room for fun. Perhaps we should take our task seriously and ourselves lightly. Joking around and having fun will not decrease our effectiveness in reaching goals; in fact it may enhance effectiveness.

- ✓ Do some things just for fun.
- ✓ Welcome joking even as the group is working hard on a task; it will help keep perspective.

Accomplishment and Recognition

Coalitions give partners the opportunity to make changes in tobacco use that they could never make alone. If the group finds the vision relevant and goals are reached, members will feel quite a sense of accomplishment.¹



- **Give positive feedback**

- ✓ Tell people when they are doing a good job.
- ✓ Give people credit for the work they do, however small the task.
- ✓ Thank people publicly.
- ✓ Mention awards/accomplishments members achieve outside the coalition.



- **Share the limelight**

- ✓ Make sure that those responsible get recognition.
- ✓ When the photographer and reporter show up, make sure the people who did the work have their words and pictures used.
- ✓ Resist the urge to keep the spotlight on yourself.

- **Balance major, and perhaps difficult, goals with easier short-term goals to give members a steady stream of success.**

Power and Growth

Partners often want to feel empowered as a result of coalition work. They may want the opportunity to influence actions of the coalition or what happens in the community. Some want enrichment and personal growth; they want to learn and grow intellectually or socially.¹

- **Give members the chance to make meaningful coalition decisions and to participate in planning.**
- **Delegate authority to accomplish meaningful and desirable tasks.¹**

- ✓ Delegate to members who are knowledgeable and confident in the issue at hand.
- ✓ Provide mentoring to members who have some experience in the issue, but who lack confidence. Provide moral support and be available to help the member think through decisions.
- ✓ Provide coaching when the member has less experience and knowledge about the issue. Make suggestions, warn about potential problems and pitfalls, and keep a watchful eye. Teach the person how to do the task well.
- ✓ When the member has little or no experience, give detailed instructions and spend a considerable amount of time teaching and overseeing task accomplishment. The



time spent will pay off later when the member can do the next task with less supervision.

- **Model commitment for the coalition.** Do not delegate simply to get out of work! Delegate to share power, give members a chance to grow, and to get things done!
- **Minimize free riding.**
 - ✓ Keep free riders in check by giving rewards and recognition only to those who do the work.
 - ✓ Keep free riders out of the limelight by making sure they do not take advantage of situations where the spotlight shines!
 - ✓ Avoid letting free riders have undue influence in decision-making just because they may talk loud and fast!
- **Be open to new ideas.** Encourage ideas and give partners the opportunity to develop those ideas.

The coalition vision alone will not keep partners motivated and actively participating. People participate over the long term because they get satisfaction from coalition membership. Each person feels satisfaction from a different combination of the factors listed above, so give attention to each type of reward as the coalition develops.



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| Ideas from the Field | <p style="text-align: center;">Rewards and Recognition</p> <p>Madison County held an awards dinner on September 20, 2001. This was one of the most successful events we have ever pulled off. It was a sit-down dinner (white table at Boone Tavern in Berea). We had about 50 people in attendance. About 15 of this number were youth. All coalition members were given a framed certificate of appreciation for their volunteer work and time for the past three years. Our coalition Chair, County Judge Executive, and other key people were recognized for their support of our efforts. Four young people who had completed 60 hours of volunteer work on a summer project were awarded \$500 for college. The summer project was a secondhand smoke effort. The youth visited over 100 retail stores to inquire about their smoking policies and to educate the retailers on the benefits of being smoke-free. The group kept journals with notes of where they went, who they talked to and the outcome. Our local County Judge Executive presented some of the awards to youth. We made a video showcase of our history as a coalition, our successes and some of our challenges. Even though our coalition members did not expect or need recognition, it was great to share our successes and laugh together about some of our shared experiences. This awards dinner seem to pull us together a little more as a coalition. Reviewing what we have accomplished was very important; we were amazed by what we have actually worked together on. When we came together with parents, teachers, and community people in a formal setting, you could see that every person there felt important, and that was what we wanted to accomplish. Our goal was to acknowledge every person as an important link to our goals.</p> <p>Doris Gray Madison County Health Department</p> |
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Footnotes

1. Woyach RB. *Preparing for Leadership: A Young Adult's Guide to Leadership Skills in a Global Age*. Westport, Conn: Greenwood Press; 1993.