

COMMUNITY-BASED PROGRAMS REDUCE TOBACCO USE

The tobacco industry spends over \$5 billion every year marketing its products and millions more on public relations, political contributions, and lobbying at the federal, state, and local levels. It funds front organizations to do its bidding and contributes to many philanthropic causes to bolster its image and garner support among key allies. These well-planned and integrated activities are designed to influence every element of the social, political, and cultural landscape in a way that allows the industry to continue to sell its products profitably.

To counter the immense power of the tobacco industry, it is critical that comprehensive tobacco prevention programs empower community partners to engage in activities that reduce the influence of the tobacco companies. Integrated with the other elements of a comprehensive campaign -- public education, school-based programs, assistance for smokers who want to quit, and enforcement of youth access laws -- community-based efforts can contribute to reductions in tobacco use.

MODELS FOR COMMUNITY-BASED PROGRAMS

To succeed, community-based programs must involve as many elements of the community as possible. Thus, tobacco-prevention grants should be awarded to local government agencies, community organizations, local businesses, statewide organizations, ethnic organizations, and other community partners. These groups can effectively engage in a number of tobacco prevention activities right where people live and work, including direct counseling for prevention and to help people quit, youth tobacco education programs, interventions for special populations, worksite programs, training for health professionals, and enforcement of local youth access ordinances.

An effective model for community-based programs is the American Stop Smoking Intervention Study (ASSIST). The primary goal of this federally funded community-based program is to reduce smoking prevalence and cigarette consumption among adults and youth in the 17 states comprising the study.

The ASSIST program is a good example of the potential effectiveness of grant-based community programs. By working with community groups, youth groups, and adult organizations, the ASSIST program has been able to reach diverse populations and raise public awareness of the need for tobacco control policies. Outreach programs in healthcare settings and training programs for physicians, nurses, dentists, and dental hygienists also increase the potential public exposure to the dangers of tobacco and the benefits of quitting smoking or avoiding starting altogether.¹

Other community-based programs attempt to change behavior at the individual level. For example, the Minnesota Heart Health Program and the Midwest Prevention Program combined school-based prevention programs with community activities, including media and education through worksites, churches and other organizations to reduce smoking and other unhealthy behaviors among youth.

EFFECTIVENESS OF COMMUNITY-BASED ANTI-TOBACCO PROGRAMS

- Within three years of full funding of the project, per-capita tobacco consumption in ASSIST states was seven percent lower than in non-ASSIST states. More than three-quarters of the intervention states showed some decrease in cigarette consumption despite decreases in cigarette price.²
- A long-term evaluation of the Minnesota Heart Health Program, published in 1992 in the *American Journal of Public Health* showed that supplementing school-based programs with community-based programs resulted in significantly lower smoking rates among adolescents. At the end of high school, 14.6 percent of students who received community and school interventions were weekly smokers, compared with 24.1 percent of students who received only school interventions.³
- An evaluation of the Midwest Prevention Project, published in *Preventive Medicine* in 1989 showed reduced smoking rates among adolescents exposed to a community and school-based prevention program, relative to a those in a "health education as usual program."⁴
- Community-based programs aimed at adults have had encouraging results. A study published in the *American Journal of Public Health* in 1995 showed that a comprehensive community-based effort that included mass media, assistance from health professionals, adult education, and environmental programs was correlated with a decline in smoking among adult women.⁵
- Adequate funding is an extremely important part of community-based programs. A paper presented at the 1998 Annual American Public Health Association Meeting demonstrated that greater declines in cigarette consumption occur in states with higher funding levels for tobacco prevention and control.⁶

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¹ Manley M, Lynn W, et al., "The American Stop Smoking Intervention Study for cancer prevention: an overview." *Tobacco Control* 1997;6 (suppl 2): S5-S11

² Manley MW, Pierce JP, et al., "Impact of the American Stop Smoking Intervention Study on cigarette Consumption." *Tobacco Control* 1997;6 (suppl 2):S12-S16

³ Perry CL, Kelder SH, et al., "Communitywide Smoking Prevention: Long-Term Outcomes of the Minnesota Heart Health Program and the Class of 1989 Study." *Am J Public Health* 1992;82:1210-1216

⁴ Pentz MA, et al., "Longitudinal effects of the Midwestern Prevention Project on regular and experimental smoking in adolescents." *Preventive Medicine* 18:304-321, 1989.

⁵ Lando HA, Pechacek TF, et al., "Changes in Adult Cigarette Smoking in the Minnesota Heart Health Program." *Am J Public Health* 1995;85:201-208

⁶ Garcia J, Jordan J, and Vollinger B. "Tobacco taxation, community interventions, and effects on tobacco consumption." Paper presented at the American Public Health Association Meeting, 16 November 1998.