Community Profile Development:

Empowering Arizona Communities in Tobacco Issues

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The Arizona Department of Health Services -
Tobacco Education and Prevention Program
would like to dedicate this manual
to the memory of

Arizona State Senator Andy Nichols, M.D., MPH
January 29, 1937 - April 19, 2001

whose courage and dedication
to the health and welfare of the people of Arizona
has been an inspiration to us all.

We will miss you.

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Community Profile Development:

Empowering Arizona Communities in Tobacco Issues

The Arizona Department of Health Services, Tobacco Education and Prevention Program values and encourages the rights of Arizona communities to choose for themselves what actions, programs and policies best serve their citizens. Although the focus of this manual is to identify possible strategies specific to tobacco use and exposure concerns, the basic information contained in this manual can be applied to a variety of issues impacting communities.

Purpose

To provide information and background in conducting and utilizing a broad based community profile to address and plan for community level tobacco issues. This manual is meant to assist communities in their planning process and is in no way intended to direct how and what that change will be beyond a need to protect and assist the citizens of Arizona against widespread tobacco use and exposure to tobacco smoke.

Figure 1 Definitions

DEFINITIONS

Community: A group of people who have common characteristics; communities can be defined by location, race, ethnicity, age, occupation, interest in particular problems or outcomes, or other common bonds. Ideally, there should be collective discussion, decision-making, and action. *

Profile: A formal summary or analysis of data…representing distinctive features or characteristics. **

* Turnock, Bernard J. (1997). *Public Health: What It Is and How It Works*, Aspen Publishers, Inc., Gaithersburg, Maryland.
** *The American Heritage® Dictionary of the English Language, Third Edition*, Copyright © 1996, 1992 by Houghton Mifflin Company.

History

In February 2000 a plan was developed by the Arizona Tobacco Information Network (ATIN) Community Policies Project to research the usefulness of utilizing in-depth community profiles to assist communities in their efforts to develop and institute tobacco control policies. Six communities in the State of Arizona were selected to run pilot profiles (see Figure 2).

Each community was selected for its cultural, geographical and political diversity within the state. By selecting diverse communities for this study, we were able to identify what elements remain constant and what elements vary because of the unique characteristics of each community.

This manual was designed through the use of pilot profiles, pertinent research and data, and applicable experiences within the State of Arizona and beyond.

Figure 2 Arizona Cities Profiled

The communities selected for pilot profiles were:

	Population*	County
Lake Havasu City	41,938	Mohave
Mesa	396,375	Maricopa
Page	6,809	Coconino
Phoenix	1,321,045	Maricopa
Prescott	33,938	Yavapai
Yuma	77,515	Yuma

*SOURCE: U.S. Census Bureau, Census 2000

Gathering data

Much of the information needed to produce a community profile can be found through the Internet. Almost all government entities, chambers of commerce and community newspapers have developed their own individual websites.

Many city websites contain their official bylaws (laws and ordinances on record), election results, and overviews of present and past ballot initiatives. Most also provide a listing of local elected officials and administrative personnel and past minutes from city council meetings.

When on-line access is not available, much of this information can be obtained through the city clerk's office. Individuals or groups visiting the clerk's office should plan to stay for two or more hours, as they will need to review numerous records. It is also wise to bring paper and pen, as city facilities generally charge for photocopying.

The city website typically provides community history, economic and demographic information. The chamber of commerce generally maintains a listing of community service organizations and localized businesses. The community yellow pages or newspaper may also provide that information. Another source of pertinent information is the county's voter registration department, where precinct data and past voter participation can be obtained.

While conducting the pilot profiles, some categories were more difficult to research than others. Much of the problem stemmed from a lack of knowledge within the community as to where this information could be found. For instance, many individuals and organizations (such as the city clerk's office, the local newspaper and the health department) were aware that various community polls had taken place, but were unfamiliar with which entities conducted those polls and what the results of those polls were. Even within an organization, it became difficult to find appropriate referral services.

Figure 3 Lessons Learned

Lessons learned in gathering information:

- It might be difficult to locate local pertinent polling information, but obtaining such information is important not only to review data, but also to establish whether a current poll is needed. Ask the city administration and county supervisor's office whether they have conducted any community polls in the last five years and for a copy of the results.
- Newspapers often conduct "mini polls" and provide the results (or ongoing tabulation) on their websites.
- Contact local medical care facilities and various service organizations such as the local chapters of the American Cancer Society, and the American Heart Association and American Lung Association, as well as the local health department for their insights.
- Seek out other organizations that may not directly deal with the issue, but are prominent in your community, such as the local Chamber of Commerce.
- Ask each of these entities what information they have on polls, local coalitions, and community leaders/participants they feel would be interested in the issue.
- When making phone calls or on-site visits, find someone willing to spend time discussing this issue.
- If unable to find the answer to a specific question, ask for a referral to anyone who might have information.

Arizona Local Policymaker Study

This manual frequently refers to *Understanding Tobacco Policy Making From Local Policy Makers' Point of View*, the 2000 Arizona Department of Health Services – Tobacco Education and Prevention Program policymaker study conducted by the University of Arizona, Arizona Cancer Center. The purpose of this study was to examine how local level officials approach policy issues and the subject of tobacco prevention/control in general. With this information, local entities can be better prepared to work with elected officials and meet their informational needs.

The policymaker survey was sent to all (645) elected members of county boards of supervisors and city councils in Arizona as identified in the *Local Government Directory* (January 2000) published by the League of Arizona Cities and Towns and the Arizona Association of Counties. The 269 local level policymakers who responded to the survey represent 41.7% of all policymakers in Arizona. Among mayors and city council members the response rate was 41.9%. Surveys were received from 83.9% of the cities and towns. Every county was represented at the city/town level. There was no significant difference in gender, political party affiliation, or jurisdiction. In cities and towns, there was no difference in the form of government represented.

Specific research questions that are answered by this study include:

Who are the local policymakers in Arizona?

What do local level policymakers think about tobacco issues?

- What do local policymakers believe about tobacco?
- How important are tobacco issues to local policymakers?
- Where do local level policymakers believe the responsibility for creating tobacco policies lies?

How can we effectively provide information to assist the development of local level tobacco policy?

- Who should approach local level policymakers?
- Which policymakers should be approached?
- How should they be approached?
- What types of information do they prefer?

The *Understanding Tobacco Policy Making From Local Policy Makers' Point of View* shows that, as a whole, local level officials are aware of the health effects of secondhand smoke, and agree that those health concerns are of civic importance (see Figure 4).

A copy of this report is available through the Arizona Prevention Resource Center (see back page for order form) and on the Tobacco Education and Prevention Program website at www.tepp.org.

Figure 4 **Policymakers' Level of Awareness** (from *Understanding Tobacco Policy Making From Local Policy Makers' Point of View*)

	Strongly Disagree	**Disagree**	**Agree**	**Strongly Agree**
How much do you agree or disagree that secondhand smoke creates a serious health risk for non-smokers?	**4%**	**11%**	**21%**	**64%**
How much do you agree or disagree that the little bit of smoke you inhale in public places where smoking is permitted is not enough to hurt you?	**41%**	**33%**	**16%**	**10%**
How much do you agree or disagree that smokers have a right to smoke wherever they want?	**75%**	**15%**	**5%**	**5%**

Profile Development

Eight categories were chosen for in-depth research:

1. Community description
2. Government entities
3. Community polls
4. In-depth study of referendums and community issues
5. Service organizations
6. Community support
7. Media
8. Health and educational facilities

Many of these categories do not specifically focus on tobacco issues. Obviously, an overall knowledge of how communities process information and approach issues, along with a specific identification of other successful programs within a community, will benefit any effort.

The following section will expand on these categories and provide pertinent information for individuals or organizations interested in conducting their own in-depth community profile. Information for each section regarding the use of this data and lessons learned through the pilot project is included.

Figure 5 Tobacco As a Worldwide Issue

FRAMEWORK CONVENTION ON TOBACCO CONTROL

From the Centers for Disease Control website: http://www.cdc.gov/tobacco/fctc.htm

In May 1999, the World Health Assembly, the governing body of the World Health Organization, unanimously adopted resolution WHA 52.18 calling for negotiation of a Framework Convention on Tobacco Control (FCTC). The United States joined other countries in voicing support for negotiation of the convention, which is intended to address the global problem of tobacco use. Tobacco control issues that may be included in the FCTC include youth access to tobacco, tobacco advertising and marketing, price of tobacco products, prevention efforts, environmental tobacco smoke, protecting farming communities, smuggling, and information sharing and research.

I. Community Description

What information should be reviewed:

A. Basic overview
   1. Community population (according to latest census)
   2. Ethnicity (population percentages by race)
   3. Economics and labor force data (major sources of employment, average wage, level of education, etc.)
   4. Other pertinent demographics (tourism, educational facilities, etc.)

B. Current Laws
   1. Tobacco related (i.e., youth access, clean indoor air, and tobacco advertisement restrictions)
   2. Substance control (access issues, criminal actions, etc.)
   3. Public health and protection (i.e., sanitation restrictions, fluoridated water, littering, waste disposal)
   4. Citizen movements (laws passed by community backed efforts)
   5. Other (i.e., tax and licensing)

Why this information is needed:

This category is used to identify the unique aspects of a community. What is their population? Major industry? What is the average age of the population? Ethnic background? Level of education?

The city clerk's office maintains a listing of current ordinances, commonly termed "bylaws." A review this information will highlight which issues are important to the community. It is important to check every heading in the bylaws. For instance, there may be ordinances pertaining to the following:

Childhood Issues	Minors
City Tax Codes	Nuisance
Fair Housing	Protection of the Public
Health	Public Park Regulations
Litter/Littering (streets, sidewalks)	Tobacco

These and other codes may directly address tobacco use/secondhand smoke issues, or could address such issues, with modifications. Again, time needs to be allotted to fully review and consider what laws are on record and how they might affect the community.

Case studies and background information:

Lake Havasu City, Arizona has long been identified as a "sleepy" retirement community. However, by reviewing census information we discover that its population base has made a dramatic shift both in size and average age. In 1990, the population of Lake Havasu City was 24,363. In 1999, the population had grown to 44,792. According to Lake Havasu Chamber of Commerce figures, the average age of the community's population is now estimated to be 35 years old.

Tourism remains the major source of revenue, which contributes to a strong percentage of low-income workers serving within the hospitality trade. These workers represent a diverse ethnic population, but are primarily of Hispanic descent.

Additionally, the Chemuhevi Indian reservation, based on the other side of the Colorado River from Havasu, and within the borders of California, reports that many of its members work and shop in Havasu.

Both of these ethnic populations contribute strongly to the Lake Havasu City workforce and economy, but are either not eligible or not motivated to participate in local elections, preventing their population from having a strong governmental/administrative voice in the Havasu community. This does not mean; however, that their needs should be overlooked in issues surrounding the community. On the contrary, efforts must be made to include both Hispanic and Native American representatives in any effort to educate the community and its government.

II. Government Entities

What information should be reviewed:

A. City/Town Council Members
B. County Board of Supervisors
D. City/Town Manager
E. Applicable department heads (i.e., Parks and Recreation, Sanitation, Sales Tax, etc.)
F. Commissions (i.e., Parks and Recreation)
G. Other appointed or elected positions
H. County Board of Health
I. School Boards
J. Community Development

Why this information is needed:

Although there are many types of local governments throughout the country, the State of Arizona establishes municipal authority on one of two systems, *general law* and *charter*. As in most states, Arizona cities gain their legal authority from state government. In that sense, cities are literally an "extension of the state."

A city operating under *general law* follows state established guidelines based on its population base. By following these guidelines, the state provides that community with various means of assistance and support. A *charter* city can develop its own governing guidelines as long as they are within certain controls established by the state. Although a charter city has more freedom, state assistance can be reduced for funding some local government functions. How laws are passed and enforced, as well as the basic operations of city government, depend on which system is established within a community.

One of the first steps in assessing community readiness in tobacco prevention and control issues is to research whom the elected and administrative officials are in the community. Next, it is important to assess their basic opinion and level of awareness in tobacco control and other health issues. This information can be obtained by reviewing their biographies (which can be found through the city website or at the city administration office), campaign statements and council votes, and most importantly, through direct communication. It is also important to identify appropriate departments, community boards and committees since they may be intricately involved in reviewing and recommending policy change.

Figure 6 Political Parties

One of the most interesting results of the research was the discovery that none of the six communities operated heavily within political party lines. Many local government entities were hard pressed to know what political party their elected officials belonged to without checking records.

Case studies and background information:

Change within a community takes time. Unfortunately, a community's political process and unique circumstances may prove to be a challenge. The City of Page has instituted a system wherein its mayor serves a two-year term (though they may run for multiple terms) while the council members serve four years. Additionally, in the past four years, Page has experienced an unusual mayoral turnover. In all, Page has had four mayors from 1997 – 2000 (see Figure 6). Private citizens of Page have expressed a desire to approach the city council regarding the passage of tobacco control/environmental tobacco smoke restrictions. At various points during this time period, there were mayors who expressed interest, but were not in office long enough to assist with the process. It is very difficult to proceed in passing such an ordinance when one must repeat the educational process needed to make such an effort successful. This has proven to be a point of frustration to the entire community (see Figure 6).

Any community organization interested in working with its city council to pass an ordinance, update or change policy, or to maintain appropriate levels of policy, needs to be aware of the following factors:

- level of awareness of the issue by council members (identify the need for an educational phase);
- level of interest and support for the issue (assists in identifying a course of action);
- whether there will be time to work with the present council before an election changes the membership to the council; and
- appropriate procedure for introducing and moving an agenda item through council.

In order to successfully pass an ordinance by council, a majority of council members must be supportive. Organizations interested in working towards such a goal will therefore need to do the following:

- identify one or more supportive council members;
- take the opportunity to educate all council members;
- introduce language and move the measure through; and
- obtain either the number of votes necessary to pass that measure or enough "undecided" members to justify the effort.

After determining these basic first steps, planning can then proceed on how best to involve community support and action.

Strengthening a current policy utilizes many of the same steps listed above, though the process may or may not take as much time and effort, depending on the level of change.

Maintaining current policy level tends to be more of a reactive process and must be more immediate. For instance, in 2000, the newly elected mayor of Prescott placed a proposal on the city council agenda to revise city policy so that smoking would again be allowed in public areas of city government buildings. Public and employee outcry against such a move was immediate and the proposal was dropped.

Figure 7 The following front page article conveys the problem of Page's high mayoral turnover in the 1990's.

Arizona Daily Sun

When It Comes to Page Council, Who Can Keep Up?

By TODD GLASENAPP
Sun Correspondent
03/07/2001

PAGE – The Rubik's Cube has nothing on the confusing look of Page City Council.

Tracking the lineage of the current seven-member body can present as much work as aligning the colors of the cube, popular in the 1980s.

Five council members were appointed during a static 14-month period. Just two members were elected to their current positions by Page voters. But the numbers are a small part of the intrigue of the March 13 primary.

Among four people seeking three council seats is Bill Robinson, the former city manager who resigned under pressure last summer.

Then there's Tim McDaniels, whose bid for re-election to council two years ago fell short but was appointed back to council a year later. McDaniels wants to keep his seat, gained when then-Vice Mayor Bob Bowling was appointed mayor.

Also seeking council seats are radio station owner Dan Brown and Wes Berry, chairman of the city's Planning and Zoning Commission.

The top three vote-getters will likely take office in June. A general election would follow in May, if fewer than three candidates receive less than 50 percent of the vote.

Choosing not to run are Vice Mayor Tina Holman, appointed in January 1999, and August 1999 appointee Cheryl Schwartz.

Holman replaced another former vice mayor, Terry Morgan, who resigned to run for mayor in 1999. Schwartz was installed for Pat McGuire, who left to take a Salt River Project job in the Valley.

Council terms are four years, and the positions pay $300 a month. The mayor's job carries a two-year term and a $400 monthly stipend.

Bowling is another appointee. He had been re-elected to council for the second time in 1997 but was appointed to mayor to replace Jim Sippel last February. Sippel had resigned during a council meeting after serving eight months.

Page has had four mayors since June 1997, when 10-year veteran Gary Scaramazzo left office.

"Pretty quick turnaround," observed mayoral candidate Dean Slavens, himself a former Page mayor.

III. Community Polls

To determine current needs, the following information needs to be reviewed:

A. What polls have been done in this community; what were their findings?
   1. Who was polled (focus group, targeted population, random sampling)?
   2. Who conducted these polls?
   3. Were the polls structured and appropriately conducted?
B. Does a poll specific to this issue need to be conducted?
C. Who is qualified to conduct this poll (local entity such as university, community college, hospital, newspaper or service organization versus outside organization)?

Why this information is needed:

A well-conducted poll will gauge public opinion and community needs. If a poll indicates that a particular issue does not rate high within a community, the obvious course for action would be to educate that community further on the issue. On the other hand, if a poll indicates that citizens place a particular issue high on their list of community priorities, and that their local government has not been addressing that need appropriately, action could then be taken to approach the appropriate governmental body (i.e., city council, health commission, or in some circumstances, the public at large) in addressing that issue.

Conducting and accurately interpreting a poll takes experience and training. It is therefore advisable to identify and utilize experienced organizations or individuals interested in local issues. Depending on the size and resources of the community, those sources may be available locally (i.e., political or community planners). A committee should be formed to frame the purpose and structure of a poll and to oversee the activity and analyze the results. If local resources are not available, expert input should be sought from other sources (see Attachment IV).

Case studies and background information:

Local newspapers commonly utilize snapshot polls focusing on one or two basic questions centering on current events within a community. With the advent of the Internet, newspapers are able to circulate general interest questions on a regular basis. For example, the Lake Havasu Herald runs an on-going public poll on their website that not only allows local citizens to participate in their poll but to view the daily tally immediately.

Governmental bodies and healthcare facilities tend to utilize more in-depth polling to assist them in framing issues and planning for the future. These polls are not cheap, neither are they simple to conduct; therefore, they are not commonly utilized. Due to the public interest in tobacco control issues it is possible to approach either of these entities to ask whether they would consider conducting a poll on this particular issue or, if that is not possible, to attach a set of questions related to this issue to a community poll they may be planning in the immediate future.

Most likely, without the availability of the above options a community will need to plan and conduct its own poll, or with an appropriate budget, hire a professional polling organization. The greatest advantage to this approach is in targeting a specific issue (see Attachment IV).

It is important to remember that opinion polls can never be an exact indication of fact as "opinions" are not generally based on statistical information but rather on one's perception. Opinion polls simply provide a snapshot of the level of awareness to a particular issue taken from a random (or in some cases selected) cross section of the population.

The use of organized focus groups could be considered for in-depth exploration of a particular issue. Unlike traditional quantitative research, focus groups are centrally concerned with understanding attitudes rather than measuring them. The success of using this type of study would depend heavily on expert planning, facilitation, and evaluation.

Conducting a poll – a basic overview

How a poll is worded and conducted is essential. Even well-meaning organizations, if not properly trained in how to structure questions, can inadvertently affect their polling outcome by asking leading questions. For example:

Restaurants that do not provide smoke-free dining:

a. Should be held financially responsible to their patrons for any ill health effects due to secondhand smoke exposure
b. Should be required to attend 12 hours of tobacco education courses per year
c. I don't care

Questions a.) and b.) are too defined in their answers, which limits a respondent's choices. If one does not see an option that correctly reflects their opinion, the tendency to answer "c.) I don't care" is increased. Even if the results reflect a high level of support for a particular issue, this poll would be easy to declare "suspect" by anyone opposing the outcome.

True opinion polls ask the same question of all participants. Generally, they try to neutralize all questions, or if that is not possible, switch the form of questioning back and forth from each side of the issue. For instance, a neutral question might be as follows:

Restaurants should provide:
a) Complete smoke-free dining
b) Both smoking and nonsmoking areas
c) Open dining (no policy)

Another approach would be to have the respondent react to both sides of the issue:

Question 1 – "Would you support a referendum for smoke-free dining within your community?"

Question 2 – "Do you believe that private businesses have the right to make their own policy choices beyond government control?"

By neutralizing the multiple choice answers or by providing respondents an opportunity to identify their opinion on the issue from different angles, the poll becomes a better reflection of public opinion. Although it may be tempting to push the results towards a particular outcome, it is not in the best interest of the polling organization to skew the answers. By knowing exactly where the public stands on an issue, an organization will be better able to determine its course of action.

For instance, if in the above question 61% of respondents answered that they support smoke-free dining, yet 58% still felt that restaurant owners should determine their own policy, it becomes obvious that public education needs to be utilized to gain a higher measure of public support. In other words, these results could indicate that the community recognizes the desirability of smoke-free dining but does not recognize that a voluntary program will not solve that problem. Another possibility is that the respondents have health and protection concerns, but because of political philosophy are torn regarding the issue of freedom of choice. It becomes obvious that an educational campaign should emphasize the need for protection from environmental tobacco smoke and the overall lack of healthcare/health insurance options for restaurant employees working in smoke-filled environments.

IV. In-Depth Study of Referendums and Community Issues

What information should be reviewed:

A. Council actions
B. What issues have gone to referendum in the past 5/10 years
C. Which issues passed
D. Win/Loss by what margin
E. Who was involved
    1. Supporting agencies pro/con
    2. Influential individuals for either side
F. In-depth interview of campaign organizations
    1. Successes
    2. Failures
    3. Resources required to successfully pass or defeat

Why this information is needed:

An important part of determining the direction a community should proceed in instituting policy is to review what issues have been successfully brought before local elected officials and the community at large. Look for campaigns or council items dealing with public health issues, such as fluoridated water, environmental concerns, and childrens' and public protection issues.

Reviewing past council meeting minutes is time consuming and generally must be accomplished in person at the city clerk's office. Minutes from at least the past two years of council meetings should be analyzed. Items of interest would include not only official agenda items, but also issues discussed during public input.

A review of referendum measures from the last 10 years may also prove helpful. The city clerk's office maintains a listing of referendum measures and their results on file. They will also have information regarding whether the referendum passed or failed and by what percent. Many times, those percentages are broken out by district and political party.

The city clerk's office should also have copies of voter publicity pamphlets that list the arguments for and against community propositions. These pamphlets could also indicate community organizations involved in those campaigns. These individuals and organizations show, by their participation, that they are active and interested in their community.

Case studies and background information:

In reviewing past city council minutes within the City of Phoenix, it appears that its main focus has been towards budget and zoning issues. Decisions on public health issues were rarely addressed during these meetings.

The unique makeup of planning and administration in and around the largest city in Arizona explains why this situation exists. The City of Phoenix is divided into 8 districts. Each district is represented by one city council member. The district division for the City of Phoenix does not match its division for fire districts, or school districts. In fact, the school and fire districts may reach well beyond City of Phoenix borders. This situation brings up obvious questions: How should the issue be framed? Who will be contacted? Who can be involved in this issue and who cannot? Should an ordinance be enacted, who will be covered under this new law and who will be left out? Addressing tobacco control issues in this community would take intense planning, public support and a cohesive coalition of community representatives.

By the year 2000, three Arizona communities; Flagstaff, Mesa, and Tucson, passed comprehensive smoke-free dining ordinances. Each city went through a similar process in order to pass those ordinances, yet each was also faced with its own unique set of circumstances to address. Community coalitions and partnerships were formed, and the city councils were asked to consider the issue. All three communities spent time educating their elected officials on the economical, environmental and health issues that surround environmental tobacco smoke exposure.

Although the City of Flagstaff voted to pass an ordinance in December of 1991, that vote was overturned by a newly elected city council three months later. The new council members felt that this issue was best left to the voters. Interested citizens then brought this issue to a general election and the ordinance was passed by a margin of 57% to 43% in November of 1992.

Mesa's city council decided to place this issue before their constituents without council vote, and their ordinance was passed by a high voter margin in 1998. The ordinance was brought back to the people in a subsequent election and was upheld by an even greater percentage.

The City of Tucson passed its ordinance by a four to three council vote in 1999. Although all three communities approached their city council to institute a dining ordinance, Flagstaff and Mesa ultimately took their decision to the voters. Tucson's council members, reflecting current national trends, were able to make a firm decision without extending the process. This decision was made easier through the successful example of the Mesa and Flagstaff ordinances, which continue to show a high level of economic success and public support.

Figure 9 provides a side-by-side comparison of these three ordinances, including what elements were included in their language and what process was utilized to enact them. One of the elements contained in all three ordinances is the institution of a hardship clause.

The purpose of a hardship clause is to provide consideration for businesses facing economic hardship due to the implementation of a smoke-free dining ordinance. There is a strong argument by public health organizations against hardship clauses. They state that the health of employees and customers should never be compromised. These clauses are used as a common negotiation strategy, and right or wrong, are often a tactic used to defuse economic concerns by business owners. As clean indoor air ordinances increase throughout the country, most communities find such clauses unnecessary.

Other Arizona communities have considered smoke-free ordinances, but their efforts failed for a variety of reasons. The most common reason was inadequate preparation. Communities that brought such proposals before their council without supplying time for planning, community input and education were quick to fold under the pressures exerted by outside entities such as the now defunct National Smoker's Alliance, the Arizona Restaurant Association and other pro-tobacco organizations.

The presence of pro-tobacco allies does not mean that an ordinance cannot pass, either through city council or by public vote. Tobacco interests always outspend local participation. The lesson learned through example is that without appropriate preparation and organization a community can easily be overwhelmed by the flashy marketing of a pro-tobacco campaign.

Figure 8

COMPARISON OF ARIZONA CLEAN INDOOR AIR DINING ORDINANCES PASSED IN THE 1990's

	FLAGSTAFF	MESA	TUCSON
First introduced to council	Spring 1991	Spring 1995	Fall 1998
Year passed	By council: 12/91 5 to 4 Rescinded by council: 03/92 – 6 to 2 Passed by public: 10/92 - 57% to 43%	By public: 3/96 56% to 44% An attempt to rescind the ordinance by public vote 12/96 failed by a vote of 68% to 32%	By council: 4/99 4 to 3
Effective date	June 18, 1993	July 1996	October 1, 1999
Sponsors/major opposition – pro tobacco	Friends of Flagstaff, Arizona Restaurant Assoc.	Mesa Freedom Committee, Valley Business Owners (VBO), Arizona Restaurant Association	Southern Arizona Restaurant Assoc., National Smokers Alliance, Veterans of Foreign Wars
Sponsors/major supporters – pro health	Flagstaff United for Smoke-Free Public Places, American Cancer Society	Mesa for Clean Air, Arizonans Concerned About Smoking, American Heart Assoc., American Lung Assoc. American Cancer Soc.	Clearing the Air, American Cancer Society, American Lung Association, American Heart Assoc., Full Court Press
Specific elements	100% smoke-free dining. Attached bars may allow smoking if bar is separated with a floor to ceiling wall and door that remains closed except for passing through. Stand alone bars (establishments whose revenue from liquor sales exceeds 50%) may allow smoking.	100% smoke-free dining. Bars with a Series 6 liquor license are eligible to apply for a variance. Bars without separate sections for food service and other activities must install a single pass ventilation system. Bars with a separate section for dining must install a single-pass ventilation system in the bar and separate it from the dining area with a floor to ceiling wall and closed door.	Smoking is prohibited in restaurants. Restaurants may have smoking sections as long as they are completely sealed off from non-smoking sections, complete with separate ventilation, and as long as the smoking section is not larger than the non-smoking section. A non-retaliation clause protects employees who refuse to serve patrons in the smoking section from termination or sanction of any kind. Smoking is permitted outside the restaurant as long as it is not within 15 feet of the entrance.
Hardship clause	Yes. If an establishment can show a 15% loss in revenue within a three month period due to the ordinance. As of May, 2001, no hardships have been granted.	Yes. Fourteen hardships have been granted. As of 2001, only 6 restaurants are still operating under the clause.	Yes. The clause was only effective for the first 90 days. Four hardships were granted.

	FLAGSTAFF	MESA	TUCSON
Lessons learned	• It takes time and perseverance to bring an issue before the city council. • The main issue of smoke-free dining is not customer comfort but employee protection. • Community governments tend to write weaker laws without strong public input. • Tobacco interests push "accommodation" laws which prove, in the long run, to be ineffective. • Speak to other communities that have successfully enacted clean indoor air ordinances. • Develop a close relationship with the media. • Utilize all opportunities for "free" media (i.e., letters to the editor, guest spots on talk shows, timed press releases, etc.) • Leave the "emotionalism" to pro-tobacco groups. Be reliable and concise on data. • The tobacco industry usually works behind the scenes in rural communities. *Provided by Nina S. Jones, Flagstaff, Arizona*	• Be organized with knowledgeable and dedicated people • Get professional political help. • Get a good, simple message and stick with it. • Anticipate the opposition's objectives and have your arguments ready. • Expect the tobacco industry to fund your opposition. • Early on, contact the cities of "alleged disasters" and get a statement of economic truth. • Inform people of the tobacco industry's involvement. • Get legal help in writing your ordinance and petitions. • Be persistent. • Be patient and attentive to the press. • Tobacco interests will lie, exaggerate and bribe. • Always tell the truth. • Never let tobacco interests frame the argument: It's a public health issue. *Provided by Cliff Harris, Mesa, Arizona*	• Find restaurant owners and employees who will speak in favor of these ordinances. This can be difficult as these owners and employees worry about standing out in their business community. • Have a champion on the council. Cultivate council-member staff. • Educate elected officials early on so that they understand and frame clean indoor air ordinances as a public health issue. • Emphasize the impact of tobacco and tobacco smoke on children. • The rights of the public, the rights of nonsmokers, and responsibility of the government to protect the public must supersede the rights of a smoker. • Just because an ordinance is passed does not mean that the work is done. Monitoring and follow-up are imperative. • After an ordinance is passed, enforcement can become an issue. Communities must make sure that businesses are not ignoring the law. *Provided by Joel Meister, Tucson, Arizona*

V. Service Organizations

Develop a list of service organizations available in the community.

For example:

A. Better Breathers, laryngectomy clubs, etc.
B. Soroptomists, Lions, Rotary
C. Restaurant Association, Hospitality Association
D. American Association of Retired Persons (AARP)
E. Heart, Lung, Cancer, and Hospital Association

Why this information is needed:

A listing of a community's service organizations will assist coalitions as they build local partnerships. Look for organizations that center around children, youth, the elderly, and environmental and health issues and services.

Organizations can also utilize this list while planning for public education opportunities. Selected organizations can be asked if they would provide time during an upcoming meeting for an informational presentation or space in their newsletters for an overview of a particular issue.

Case studies and background information:

The service organizations within a community can accurately reflect what public health and community issues are important to them. For instance, in Lake Havasu City, where a significant percentage of its residents are of retirement age, there are large chapters of health-related service organizations, such as Better Breathers and the American Heart Association, as well as strong political and lobbying entities such as the American Association of Retired People (AARP).

Yuma has a substantial number of minority organizations such as Casa de Yuma Center, Chicanos Por La Causa and the Cultural Council of Yuma. With the understanding that tobacco use is generally higher within minority communities due to specific tobacco industry marketing techniques, tobacco-related health and economic issues should be brought before these organizations, and partnerships should be formed (see Attachment II, Section 4 for data regarding tobacco marketing to minorities).

Figure 9 Quote

Acting upon a shared vision for the future is the foundation upon which a healthier community is built. This is the practice of local democracy and civic renewal.

"Healthy People in Healthy Communities, a Dialogue Guide",
The Coalition for Healthier Cities and Communities, Chicago, IL

VI. Community Support

What information should be reviewed:

A. School/Community youth activities in tobacco and drug prevention
B. Tobacco education and prevention services
    1. Local and statewide projects
    2. American Cancer Society, American Lung Association, American Heart Association, etc.
    3. Others (i.e. university, college, hospitals, etc.)
C. Coalitions
    1. Tobacco (Coalition for Tobacco-Free Arizona, local partnerships, etc.)
    2. Substance abuse
    3. Youth-based
    4. Public health
        a. Members
        b. Their affiliations

Why this information is important:

Public policy, to borrow a catch phrase, does not live in a vacuum. To institute public policy, there must be interest within a community to address a particular health issue. This situation does not support the notion that an outside entity can enter into a community and pass public policy at will. The tobacco industry understands this fact. Generally, when a tobacco control measure is placed before a community council, the tobacco industry or organizations they support will work on gathering local supporters/sympathizers to fight passage of any law or policy that could result in their loss of revenue (i.e., lowering tobacco usage through public use restrictions). Without this localized support, tobacco-supported organizations are easily identified as "outsiders" interested only in their profit margins.

Case studies and background information:

Understanding Tobacco Policy Making From Local Policy Makers' Point of View reveals that policymakers have far more trust in information provided by national medical experts, local health professionals and local health voluntary organizations such as the American Cancer Society or the American Lung Association, than they do in citizen pro-tobacco groups (see Figure 11).

Figure 10 **Who Influences a Policymaker?** (From *Understanding Tobacco Policy Making From Local Policy Makers' Point of View*)

How much influence would opinions of each of the following sources of information have on your thinking about tobacco issues in your locality?				
	Strong	**Moderate**	**Little**	**None**
National experts	53.5%	32.2%	12.4%	1.9%
Local health professionals	51.0%	39.4%	7.3%	2.3%
The American Cancer Society	48.1%	37.3%	11.9%	2.7%
The American Lung Association	47.5%	37.4%	12.5%	2.7%
Local health department	32.2%	46.5%	17.4%	3.9%
Local tobacco project	29.4%	45.9%	18.4%	6.3%
Youth	29.3%	41.4%	18.8%	10.5%
Anti-tobacco groups	9.8%	33.2%	40.2%	16.8%
Business owners	8.3%	31.5%	42.5%	17.7%
Business groups	8.2%	33.7%	41.2%	16.9%
Pro-tobacco groups	3.9%	19.6%	42.7%	33.7%

VII. Media

What information should be reviewed:

A. Community newspaper
   1. Reporters and their specific assignments
   2. Listing of editorial board members
   3. Website address and what is listed on the website
B. Other publications
   1. University/college
   2. Community magazine
C. Television
   1. Local stations (prime/cable)
   2. Outside stations (Phoenix broadcast)
D. Radio stations
   1. Music with news briefs
   2. Talk stations
   3. Public radio

Why this information is important:

Simply stated, the media is a tool for public education. This is not to say that the media can be controlled, but it is an excellent forum for addressing public issues. To plan for media opportunities, one must start by identifying the appropriate members of the press and how the press covers local stories.

Case Studies and Background Information:

Local media were intricately involved in all three of the smoke-free restaurant campaigns (Flagstaff, Mesa, and Tucson) in the 90's. As both sides of the issue held events and spoke at council meetings, the media willingly provided coverage. These communities showed that a partnership can be formed to bring issues to the public, but that it is also important to recognize that the media's first priority is to bring in listeners, viewers or readers.

In general, the media looks for:

- both sides of a story
- facts, but not too many or too complicated
- accurate data
- usable quotes ("sound bites") from respected members of the community
- a local angle
- an underdog, a hero, a bad guy, and controversy
- variety

The influence of local media over a community can be difficult to trace, but it is clear that the general public pays attention to headlines and top news stories. It is also clear that elected officials monitor local media coverage. Obviously, the media can neither be ignored nor taken for granted. Establishing clear lines of communication and having a healthy respect for the media's role in the community will be an important part of any community education plan.

Figure 11 Important Media Information

Important information to gather:

1. Daily deadline for news stories (will affect timing of press conferences).
2. Appropriate talk shows, time aired, booking restrictions.
3. Newsroom fax line phone number.
4. Procedures for letters to the editor/guest editorials.

VIII. Health and Educational Facilities

What information should be reviewed:

A. Hospitals
B. Clinics
C. Specialized services (i.e., cancer center)
D. Medical societies
E. Universities and colleges
F. Public and private schools and education-based organizations

Why this information is important:

Health and educational organizations are interested in the needs of their community and center their services on those needs.

It is important to identify the various community health and educational organizations and to include them in both the planning process and public educational events. In preparation for such activities, efforts need to be made to identify local champions who are respected, knowledgeable on the issue, and active within the community.

Case studies and background information:

First and foremost, tobacco use and exposure is a HEALTH issue. Any organized movement within this area will be strengthened by utilizing the medical community in public meetings and presentations, media activities and organizational planning. Testimonies of the health effects of tobacco use and secondhand smoke exposure by local physicians are powerful. When they add the personal experiences of losing a patient to unnecessary disease, their presentations become dramatic and convincing.

Of equal importance is the formation of partnerships with educational organizations. Understandably, governmental agencies such as health departments, local school districts and collegiate institutions will not be able to actively advocate for the passage of local laws, but their expertise in bringing a basic knowledge of tobacco issues to the community and specifically to elected officials will be invaluable. (For state and national resources focusing specifically on tobacco use and exposure issues, see Attachment III.)

Additionally, local education-based organizations such as the school nurses and teachers unions, and community health-based coalitions can become directly involved in advocacy activities. Education of the public, government officials and local businesses is essential to gain the support and knowledge base necessary to facilitate long-term change.

Conclusion

Creating positive change takes time, energy and planning. Utilizing an in-depth community profile in that planning process can help to highlight available resources, areas of need and can assist in building strong community alliances and support. Reviewing the steps and suggestions discussed in this manual, and utilizing the available private and governmental services made available will assist in that process.

Cities, counties and states nationwide are passing ordinances and laws that set minimal standards to tobacco exposure, along with youth access and advertisement restrictions. Most importantly, a growing tide of private and public organizations are establishing their own clean indoor air, advertisement, and sponsorship policies to meet or exceed these proposed standards and laws.

The Arizona Department of Health Services – Tobacco Education and Prevention Program (TEPP) supports Arizona communities as they work towards protecting and serving their citizens. Together, we can save lives, improve working conditions, protect our children and strengthen our communities.

Figure 12 Dept. of Health Services – Tobacco Education and Prevention Program - Mission Statement

Based upon a belief in excellence, inclusiveness and integrity that honors individual culture and religious practices, the TEPP mission is to protect and improve the health and quality of life of all Arizonans by reducing tobacco use through prevention and treatment, by denormalizing tobacco use and by reducing exposure to environmental tobacco smoke.

Attachment I

A Basic Overview of Tobacco-Related Laws and Ordinances

Arizona State Laws Regarding:

Smokefree Schools

A.R.S. 36-798.03 . Tobacco products prohibition at schools and school-related areas; violation; classification

A. Tobacco products are prohibited on school grounds, inside school buildings, in school parking lots or playing fields, in school buses or vehicles or at off-campus school sponsored events. For purposes of this subsection, "school" means any public, charter or private school where children attend classes in kindergarten programs or grades one through twelve.

B. A person who violates this section is guilty of a petty offense.

Sale of Single Sticks or "Kiddie Packs"

A.R.S. 36-798.04. Unlawful manufacture, sale or distribution of cigarettes and roll-your-own tobacco; exception; violation; classification

A. Except as provided in subsection B or C of this section, it is unlawful to manufacture, sell or distribute in this state either:
   1. A package or other container of cigarettes that contains fewer than twenty cigarettes.
   2. A package of roll-your-own tobacco that contains less than 0.60 ounces of tobacco.

B. This section does not prohibit:
   1. The manufacture of the products described in subsection A, paragraphs 1 and 2 of this section for sale or distribution outside of this state.
   2. The manufacture of the products described in subsection A, paragraph 1 of this section for sale or distribution in compliance with subsection C of this section.

C. Products described in subsection A, paragraph 1 of this section may be distributed or sold within this state only at a facility that is licensed pursuant to section 4-209, subsection B, paragraph 6, and that admits only people who are at least twenty-one years of age.

D. A violation of this section is a class 3 misdemeanor.

Sale of Beedies

A.R.S. 36-798.01. Selling or giving beedies or bidis; violation; classification

A. It is unlawful for a retail tobacco vendor to sell, furnish, give or provide beedies or bidis to a minor in this state.
B. Any person who violates this section is guilty of a class 3 misdemeanor.

Vending Machines

A.R.S. 36-798.02. Vending machine sales of tobacco and tobacco products; signage; violation; classification

A. A person shall not sell tobacco products through a vending machine unless the vending machine is located in either:
1. A bar.
2. An employee lounge area that is not open to the public and the business in which the lounge area is located does not employ minors.

B. A sign measuring at least eighty square inches shall be obviously affixed to the front of each vending machine. The sign shall state in block letters, it is illegal for a minor to purchase cigarettes or tobacco products and, upon conviction, a fine of up to three hundred dollars may be imposed.

C. This article does not invalidate an ordinance of or prohibit the adoption of an ordinance by a county, city or town to further restrict the location of vending machines or specify different wording for the vending machines signs as required by subsection B of this section.

D. A person who violates this section is guilty of a petty offense.

Unsolicited Delivery of Tobacco Products

A.R.S.36-798.05. Unsolicited delivery of tobacco products; violation; classification; civil penalties; definitions

A. It is unlawful for a person to deliver or cause to be delivered to any residence in this state any tobacco products unsolicited by at least one adult who resides at that address.

B. A person who knowingly violates subsection A of this section is guilty of a class 2 misdemeanor.

C. A person who violates subsection A of this section is subject to a civil penalty in an amount of not to exceed five thousand dollars for each violation. Each delivery of a tobacco product shall constitute a separate violation.

D. The attorney general may bring an action to recover civil penalties and as determined by the court, taxable costs, such other fees and expenses reasonably incurred and reasonable attorney fees, in the name of the state for a violation of this section. All civil penalties recovered shall be deposited in the state general fund and all other monies recovered shall be deposited in the antitrust enforcement revolving fund established by section 41-191.02.

E. In this section, unless the context otherwise requires:
1. "Knowingly" has the same meaning as defined in section 13-105.
2. "Person" means an individual, partnership, firm, association, corporation, limited liability company, limited liability partnership, joint venture, or other entity, other than an individual or entity engaged in the delivery of items for hire.

Elements of Environmental Tobacco Smoke Ordinances

The appropriate language of an ordinance is generally developed by the city or county attorney's office. Areas addressed within a clean indoor air ordinance could include:

1. Elevators
2. Restrooms, lobbies, reception areas, hallways and any other common-use areas
3. Buses, taxicabs, and other means of public transit
4. Retail stores
5. All areas available to and customarily used by the general public in all businesses and non-profit entities patronized by the public
6. Public areas of aquariums, galleries, libraries and museums
7. Theatres
8. Restaurants
9. Sports arenas and convention halls, including bowling facilities
10. Government facilities
11. Healthcare facilities, including, but not limited to, hospitals, clinics, physical therapy facilities, doctors' offices, and dentists' offices
12. Worksites
13. Multi-business facilities (leased buildings containing two or more businesses)
14. Polling places

Variations: The variations of such an ordinance are broad and can include bars, service lines, public parks, public housing, casinos and bingo halls or other public access facilities.

Restricted areas within an ordinance may include building entrances, stairwells, lobbies, work areas, private offices.

Enforcement: Enforcement can be assigned to the community's police or fire department, the city/county attorney's office and/or the sales tax office.

Sample ordinances can be obtained from the Americans for Nonsmoker's Rights website at: http://www.no-smoke.org/

Example of a Youth Access Ordinance

Youth access laws generally pertain to the placement of tobacco products within a retail store. The following is an example of such a law, passed in Flagstaff, Arizona in 1999:

EXAMPLE……..from the CITY OF FLAGSTAFF

SECTION 7-09-001-0002 PENALTIES:

A. No person who owns, conducts, operates or manages a business where tobacco products are sold, or are available for sale from a vending machine, nor any person who sells or offers for sale tobacco products, shall place, store or display, or cause to be placed, stored or displayed, such tobacco products or vending machine in an area or manner that is accessible to the public without employee assistance.

B. A person is exempt from the requirements of this section if both:

1. The business where tobacco products are sold prohibits entry of individuals under the age of eighteen (18) years at all times; and

2. Photographic identification is required from any individual who appears to be twenty-six (26) years of age or younger prior to entering the business where tobacco products are sold.

C. A violation of this chapter is a civil offense, subject to a fine of one hundred dollars ($100.00) for the first offense and five hundred dollars ($500.00) for each subsequent offense, except that a violation may be charged as a class 2 criminal misdemeanor if the alleged violator has been responsible on three or more violations of this chapter.

(Flagstaff Ord. 2011, Added, 12/21/1999)

The Master Settlement Agreement

The 1998 Master Settlement Agreement (MSA) addresses the following:

Prohibition on Youth Targeting
Ban on Use of Cartoons
Limitation of Tobacco Brand Name Sponsorships
Elimination of Outdoor Advertising and Transit Advertisements
Prohibition on Payments Related to Tobacco Products and Media
Ban on Tobacco Brand Name Merchandise
Ban on Youth Access to Free Samples
Ban on Gifts to Underage Persons Based on Proofs-of-Purchase
Limitation on Third-Party Use of Brand Names
Ban on Non-Tobacco Brand Names
Minimum Pack Size of Twenty Cigarettes
Corporate Culture Commitments Related to Youth Access and Consumption
Limitations on Lobbying
Restriction on Advocacy Concerning Settlement Proceeds
Dissolution of the Tobacco Institute, Inc., the Council for Tobacco Research-U.S.A., Inc.
Regulation and Oversight of New Tobacco-Related Trade Associations
Prohibition on Agreements to Suppress Research
Prohibition on Material Misrepresentations

Note: The Master Settlement Agreement (MSA) is a signed document between 47 U. S. states and 29 separate tobacco companies (as of December, 2000). Tobacco companies who have not signed the MSA agreement are not legally bound to follow MSA restrictions.

Many states have instituted various local and state laws to ensure that all tobacco companies follow these or similar guidelines.

For a complete text of the Master Settlement Agreement and related documents, see the National Association of Attorneys General website at: http://www.naag.org/tobaccopublic/library.cfm

ATTACHMENT II

Sample Speaking and Writing Points

October 15, 1998

from the Americans For Nonsmoker's Rights website

http://www.no-smoke.org/

I. SMOKING IS THE #1 PREVENTABLE CAUSE OF DEATH IN THIS COUNTRY

- Smoking kills 420,000 Americans each year, more than alcohol, illegal drugs, homicide, suicide, car accidents, fires and AIDS combined. ("Surveillance for Smoking Attributable Mortality and Years of Potential Life Lost, By State, United States, 1990," *Morbidity and Mortality Weekly Report*, 43(SS-1), June 10, 1994)
- Cigarettes are the only legal product which, when used as intended, kills.
- Passive smoking is the third leading preventable cause of death; for every eight smokers the tobacco industry kills, one nonsmoker will also die from exposure to secondhand smoke. (Glantz, S. & Parmley, W., *AHA Circulation*, 1991; 83:1-12)

II. NONSMOKERS MUST BE PROTECTED FROM SECONDHAND SMOKE

- Smoke from the burning end of a cigarette contains over 4,000 chemicals and 40 carcinogens including: formaldehyde, cyanide, arsenic, carbon monoxide, methane, and benzene. The smoker, and anyone else nearby, inhales these chemicals. (Environmental Protection Agency, *Indoor Air Facts, No. 5*, 1989)
- Nonsmoking sections do not eliminate nonsmokers' exposure to secondhand smoke; the smoke knows no boundaries. (*The Health Consequences of Involuntary Smoking: A Report of the U.S. Surgeon General*, 1986.)
- The Environmental Protection Agency has classified secondhand smoke as a "Group A" Carcinogen—a substance known to cause cancer in humans. Secondhand smoke joins a list which includes substances such as radon and asbestos. (U.S. Environmental Protection Agency, *Respiratory Health Effects of Involuntary Smoking*, 1993)
- Children are particularly sensitive to the harmful effects of environmental tobacco smoke. Children who are exposed to ETS have higher rates of illness than children who are not exposed. (*The Health Consequences of Involuntary Smoking: A Report of the U.S. Surgeon General*, 1986.)
- When a pregnant woman is exposed to secondhand smoke, her unborn baby is also exposed. Babies of mothers exposed to secondhand smoke have nicotine in their hair at birth. (Eliopoulos, *Journal of the American Medical Association*, 1994; 271:621-628)
- Smoke-filled rooms can have up to 6 times the air pollution as a busy highway. (Centers for Disease Control, *It's Time to Stop Being a Passive Victim*, 1993)

III. TOBACCO ADVERTISING TARGETS YOUTH

- The tobacco industry is targeting youth, women and minorities to replace the 3,500 smokers that quit and the 1,200 smokers who die each day. (Centers for Disease Control, *It's Time to Stop Being a Passive Victim*, 1993)
- The tobacco industry spent $5.1 billion in 1996 advertising and promoting their deadly products. This represents an increase of 4.3% from the $4.9 billion spent in 1995. (*Federal Trade Commission Report to Congress for 1996 Pursuant to the Federal Cigarette Labeling and Advertising Act*, Washington, DC: US Federal Trade Commission, 1998)
- Teens are twice as likely to be influenced to smoke by advertising and promotion of cigarettes than they are by pressure from peers and family members, demographic characteristics or school performance. (Evans, N., et al., "Influence of Tobacco Marketing & Exposure to Smokers on Adolescent Susceptibility to Smoking", *Journal of the National Cancer Institute*, 1995; 87; 20)
- Cigarette brands favored by youth—Marlboro, Newport, Camel, Kool and Winston—are more likely than adult brands to be advertised in magazines with a youth (ages 12-17 years) readership. (King, C. et al., "Adolescent exposure to Cigarette Advertising in Magazines," *Journal of the American Medical Association*, 279(7): 516-520, February 18, 1998)
- Longitudinal evidence shows that tobacco industry advertising and promotions increase youth smoking. Thirty four percent (34%) of adolescents who experiment with smoking identified a favorite tobacco advertisement, possessed some type of tobacco promotional items (e.g., T-shirts) or were willing to use one. (Pierce, J., et al., "Tobacco Industry Promotion and Cigarettes and Adolescent Smoking," *Journal of the American Medical Association*, 279(7): 511-515, February 18, 1998) IV.

IV. TARGETING COMMUNITIES OF COLOR AND WOMEN

- Surveys conducted in cities throughout the U.S. indicate that low-income, communities of color have many more tobacco and alcohol billboards than neighboring affluent communities. (Quinn, M. "Don't Aim that Pack at Us," *Time Magazine*, January 29, 1990)
- A recent development within the targeted marketing arena is the introduction of population specific brands of cigarettes. R.J. Reynolds failed in its attempts to introduce the "Uptown" cigarette brand after the African American community, which it was targeting, mobilized opposition. (Robinson, R., et al., "Report of the Tobacco Policy Research Group on Marketing and Promotions Targeted at African Americans, Latinos and Women," *Tobacco Control*, 1992;1(suppl))
- Other strategies utilized in targeted marketing include sponsorship of cultural events, such as Cinco de Mayo, Juneteenth and Asian American New Year's celebrations, and philanthropy or financial contributions to political, social and artistic organizations representing these communities. (Americans for Nonsmokers Rights. *Tobacco Advertising and Promotion: A Guide to Developing Policy*. Washington, D.C.: National Cancer Institute, ASSIST Project, October, 1994)
- Gender-specific messages, images, and brands of cigarettes coupled with advertising in women's magazines and sponsorship of women's events are the primary strategies used by the tobacco industry to increase the number of women smokers. (Americans for Nonsmokers' Rights. *Tobacco Advertising and Promotion: A Guide to Developing Policy*. Washington, D.C.: National Cancer Institute, ASSIST Project, October, 1994)

ATTACHMENT III

Local, State and National Resources

Tobacco Tax Supported Local Projects

Community-based services, or local projects, are available in each Arizona county. For referral to the local project near you, please contact:

Arizona Prevention Resource Center (APRC)
(800) 432-2772 or (480) 727-7220

State Agencies

Arizona Prevention Resource Center (APRC)
542 E. Monroe, Bldg D
Phoenix, AZ 85004-2208
(800) 432-2772 or (480) 727-2772
Fax: (480) 727-5400

Program Description: The Arizona Prevention Resource Center is the lead agency in the ATIN partnership. APRC first began service in 1990 as a cooperative partnership of the Governor's division of Drug Policy, Arizona Department of Education, Arizona Department of Health Services and Arizona State University Office for Student Affairs. APRC services are organized in units including Administration, Special Projects, Evaluation, Training and Technical Assistance, the Mobile Clearinghouse and the Clearinghouse Library.

The Clearinghouse contains materials that cover most prevention and health promotion topics, with particular focus on alcohol, tobacco and other drug prevention and on gang prevention issues. One section of the library is devoted to materials for special populations such as gang prevention, ethnic groups, at-risk families and people with disabilities.

Clearinghouse services include:

- Videotape viewing and checkout
- Bulk literature services providing resource lists, print materials, pamphlets, posters, and other materials
- Books, videos and resource materials for loan
- Curricula and reference items for in-house viewing
- Fact sheets, demographic information, model program descriptions, and research results available
- Research and consultation services on a wide variety of prevention issues
- Access to the Internet and computer database for information on research requests
- Referrals to other local and national resources

Arizona Smokers' Helpline (ASH)
University of Arizona Sciences Center
2302 E. Speedway Blvd., #104
Tucson, AZ 85719
(800) 556-6222 or (520) 318-7212

The Arizona Smokers' Helpline offers a variety of smoking cessation services to residents of Arizona, both English and Spanish speakers. These services include: proactive phone counseling, mailed self-help publications, referrals to local quit smoking programs, quit tips that can be accessed by phone or fax, a website with interactive self-help tools, and e-mail to the counseling staff. All Helpline counselors are trained cessation specialists. They offer cessation technical assistance, basic cessation training, and healthcare provider training. Helpline services are research-based and free.

The Helpline offers different levels of service based upon the client's individual needs:

> Questions Only – counselors answer questions, conduct an intensive intervention and refer to local services, as appropriate.
>
> Information Only – counselors answer questions, mail tailored print material, and conduct an intensive intervention.
>
> Information and Referral – counselors provide the above services, as well as referrals to local cessation services.
>
> Counseling – counselors conduct an intensive intervention, mail tailored print material, refer to local services if requested. Counselors provide telephone support prior to, and following the client's quit date.
>
> Currently Quit – counselors offer relapse prevention support in addition to the above services.

The Helpline also offers support and advice for those who are trying to help a friend, relative or patient quit tobacco.

Arizona Tobacco Education and Prevention Program
Arizona Department of Health Services
1740 West Adams, #203-S
Phoenix, AZ 85007-2670
(602) 364-0824
http://www.tepp.org

Program Description: The Arizona Tobacco Education and Prevention Program (TEPP) is a statewide comprehensive tobacco control program whose mission is to protect and improve the health and quality of life of all Arizonans by reducing tobacco use through prevention and treatment, by denormalizing tobacco use and by reducing exposure to environmental tobacco smoke.

TEPP's goals are:

1. To reduce mortality and morbidity related to tobacco use by decreasing the state's incidence and prevalence rates for tobacco use.

2. To prevent and reduce tobacco use among all Arizonans by establishing and monitoring standards for prevention services.

3. To provide accessible, affordable and effective cessation services by establishing and monitoring cessation services.

4. To reduce all Arizonan's exposure to environmental tobacco smoke (ETS) by establishing and monitoring standards for ETS services.

5. To promote tobacco-free social norms and build community capacity to sustain a tobacco-free Arizona by establishing and monitoring tobacco-free social norms and community capacity services.

6. To implement an integrated, comprehensive evaluation model that plans, surveys and evaluates program outcomes by developing an infrastructure for designing, conducting and analyzing surveillance instruments and by developing and implementing methods for measuring process and outcome data.

7. To ensure inclusion of disparate populations in planning and service delivery by doing community needs assessments that incorporate community input, and by planning and coordinating TEPP services around priority populations.

State Organizations

American Cancer Society - Arizona
2929 E. Thomas Rd.
Phoenix, AZ 85016
(602) 224-0524
(800) ACS-2345

Program Description: The American Cancer Society is the nationwide community-based, voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer through research, education, advocacy, and service.

American Heart Association - Southwest Affiliate
2929 S. 48th St.
Tempe, AZ 8516
(602) 414-5353
http://www.americanheart.org

Program Description: The Southwest Affiliate of the American Heart Association serves the people of Arizona and New Mexico and is committed to reducing disability and death due to heart attack, stroke, and other heart and blood vessel diseases. The Southwest Affiliate provides financial support for cardiovascular research, public and professional education, and wellness and prevention programs.

Arizona Hospital and Healthcare Association
Contact: John R. Rivers, Chief Executive Officer
2901 N. Central Ave.
Phoenix, AZ 85012
(602) 445-4300
Fax: (602) 445-4299

Program Description: The Arizona Hospital and Healthcare Association is an organization of hospitals and health systems dedicated to providing leadership on issues affecting the delivery, quality, accessibility and cost effectiveness of healthcare. The Association accepts and shares in the responsibility for improving the health status of the people of Arizona.

Arizonans Concerned About Smoking
Contact: Dr. Donald N. Morris, Executive Director
PO Box 13355
Scottsdale, AZ 85267
(602) 451-4006
Fax: (602) 451-4006

Program Description: Arizonans Concerned About Smoking (ACAS) is a nonprofit, pro-health, organization. Our goal is to save lives through public awareness regarding the hazards of tobacco use, and by advocating public policy which promotes a more healthy smoke-free society.

Coalition for Tobacco-Free Arizona (CTFA)
Contact: Rhonda Glick, MPH, Coordinator
5320 N. 16th Street, Suite 102
Phoenix, AZ 85016
(602) 234-0826
Fax: (602) 274-3631
http://www.TobaccoFreeAZ.org

Program Description: CTFA's mission is to reduce tobacco-related death and disease in Arizona; create a tobacco-free environment for the state; and eliminate the use of tobacco among school age children. CTFA works to stimulate public/private involvement in tobacco use prevention and control activities; to develop and implement a strategic tobacco use reduction plan for Arizona; to develop a network of organizations to implement and coordinate tobacco use reduction initiatives; to advocate for legislation and policies that protect the public from environmental tobacco smoke, reduce minors' access to tobacco, and enhance reduction of tobacco use; and to protect the voter intent and integrity of the tobacco tax.

Wellness Council of Tucson - Wellness Council of America Affiliate (WELCOA)
Contact: Daniel A. Johnson, Executive Director
333 E. Wetmore Rd.
Tucson, AZ 85705
(520) 293-3369
Fax: (520) 293-3368

Program Description: The Wellness Councils of America (WELCOA) is a national nonprofit membership organization dedicated to promoting healthier lifestyles, especially through health promotion activities at the worksite. For over a decade, The Wellness Councils of America has been helping hundreds of organizations to build and sustain world-class corporate wellness programs. Whether it's designing a new wellness initiative or reinventing an existing one, WELCOA has built an international reputation for their straightforward approach to worksite wellness.

Federal Agencies

National Cancer Institute (NCI)
Public Inquiries Office
Building, 31, Room 10A31
31 Center Drive, MSC 2580
BETHESDA, MD 20892-2580 USA
Phone: (301) 435-3848
http://www.nci.nih.gov

Cancer Information Service:
Phone: (800) 4-CANCER

National Institute for Occupational Safety and Health (NIOSH)
Hubert H. Humphrey Bldg.
200 Independence Ave., SW
Room 715H
Washington, DC 20201
Phone: (800) 35-NIOSH
Outside the U.S.: (513) 533-8328
http://www.cdc.gov/niosh/homepage.html

Occupational and Health Safety Administration
U.S. Department of Safety (OSHA)
OSHA Consultation Program Office, Arizona Division
Industrial Commission of Arizona
800 West Washington
Phoenix, AZ 8507-2922
Phone: (602) 542-5795
Fax: (602) 542-1614
http://www.osha.gov

Centers for Disease Control
Office on Smoking and Health
Publications Catalog, Mail Stop K-50
4770 Buford Highway, NE
Atlanta, GA 30341-3724
Phone: (800) CDC-1311
http://www.cdc.gov/tobacco

U.S. Environmental Protection Agency (EPA)
Office of Air and Radiation
Indoor Air Quality (IAQ) Information Clearinghouse
PO Box 37133
Washington, D.C. 20013-7133
Phone: (800) 438-4318
Fax: (703) 356-5386
http://www.epa.gov/oar

U.S. Food and Drug Administration (FDA)
5600 Fishers Lane
Rockville, MD 20857
Phone: (888) INFO-FDA
http://www.fda.gov

National Organizations:

Action on Smoking and Health (ASH)
2013 H Street, NW
Washington, DC 20006
(202) 659-4310
http://ash.org

Program Description: Action on Smoking and Health (ASH) is a national nonprofit, legal action and educational organization fighting for the rights of nonsmokers against the many problems of smoking. ASH uses the tremendous power of the law to represent nonsmokers in courts and legislative bodies and before regulatory agencies. ASH is active with regard to all aspects of the problems of smoking and nonsmokers' rights, and has a truly national focus.

American Cancer Society
1599 Clifton Road, NE
Atlanta, GA 30329
(800) ACS-2345

Program Description: In 1913, 10 physicians and five laymen founded the American Society for the Control of Cancer. Its stated purpose was to disseminate knowledge concerning the symptoms, treatment, and prevention of cancer; to investigate conditions under which cancer is found; and to compile statistics in regard thereto. Later renamed the American Cancer Society, Inc., the organization now consists of over 2 million volunteers working to conquer cancer.

American Heart Association
National Center
7272 Greenville Ave.
Dallas, TX 75231
(800) 242-8721
http://www.americanheart.org/

Program Description: The American Heart Association is a not-for-profit, voluntary health organization funded by private funds. Its mission is to reduce disability and death from cardiovascular diseases and stroke. These include heart attack, stroke and related disorders.

Founded in 1924 in New York City, the AHA today is one of the world's largest health organizations. It has almost 2,200 state and metropolitan affiliates, divisions and branches throughout the United States and Puerto Rico. About 3.7 million volunteers join with the AHA every year to fight cardiovascular diseases, the nation's No. 1 killer.

American Legacy Foundation
1001 G Street, NW, Suite 800
Washington, D.C. 20001
Phone: (202) 454-5555
Fax: (202) 454-5599
http://www.americanlegacy.org

Program Description: The American Legacy Foundation, established to reduce tobacco usage in the United States as outlined in the Master Settlement Agreement, will set in motion a new legacy through a public education campaign driven by a single premise - Promoting a Tobacco Free Generation. Their goals include: reducing youth tobacco use, reducing exposure to second-hand smoke among all ages and populations, increasing successful quit rates, and decreasing tobacco consumption among all ages and populations.

American Lung Association
1740 Broadway
New York, NY 10019-4274
(800) LUNG-USA
(212) 315-8700
http://www.lungusa.org/

Program Description: Since 1904, the American Lung Association has been working to ensure that all Americans breathe easier. Our mission is to prevent lung disease and promote lung health. This goal is crucial. The American Lung Association, through the work of its many volunteers across the nation, teaches people with lung disease how to lead healthier lives. We teach children to understand and control their asthma. We fund scientists seeking better treatments and cures.

Americans for Nonsmokers' Rights
2530 San Pablo Avenue, Suite J
Berkeley, CA 94702
(510) 841-3032
http://www.no-smoke.org/

Program Description: As the only national 501(c)(4) lobbying organization for nonsmokers' rights, we're fighting the tobacco industry head on. And we're not giving up just because they're bigger and richer than we are. From 1976 to today, ANR has worked to protect the rights of nonsmokers to breathe smoke-free air by:

- Putting nonsmokers' rights on the national agenda.
- Running the successful, national grass roots campaign that resulted in a smoking ban on domestic airline flights.

- Working with cities and counties to enact local ordinances to protect nonsmokers on the job, in restaurants and public places, and on public transportation.
- Establishing a National Resource Center to provide information and technical assistance on passive smoking, smoke-free ordinances, tobacco and the tobacco industry to government agencies, local advocates and the media.
- Monitoring the tobacco industry on all fronts -- federal, state and local -- and exposing its tactics.
- Training individuals in the art of tobacco control and media advocacy.
- Pushing for more studies on the health effects of secondhand smoke.
- Campaigning for laws to protect children from the manipulative advertising and promotional activities of the tobacco industry.
- Collaborating with national and international organizations to mandate smoke-free international airline travel.
- Working to achieve the goal of a Smokefree Society by the Year 2000.

Campaign for Tobacco-Free Kids
National Center for Tobacco-Free Kids
1707 L Street, NW
Suite 8
Washington, D.C. 2036
Phone: (202) 296-5469
Fax: (202) 296-5427
http://tobaccofreekids.org

Program Description: The Campaign for Tobacco-Free Kids is the nation's largest non-governmental initiative ever launched to protect children from tobacco addiction and exposure to secondhand smoke. The campaign's primary goals include: altering the public's acceptance of tobacco by deglamorizing tobacco use, changing public policies at all levels to protect children from tobacco, and increasing the number of organizations and individuals fighting against tobacco.

ATTACHMENT IV

Sources and Resources on Public Opinion Research

from Public Agenda Online, http://www.publicagenda.org/aboutpubopinion/aboutpubop5.htm

A selection of professional groups, research firms and media organizations that conduct public opinion research

Professional Organizations

American Association for Public Opinion Research
A professional organization of individuals involved in public opinion and social research. Offers publications, gives awards and maintains a code of ethics for opinion researchers.
P.O. Box 1248
Ann Arbor, Mich. 48106
(313) 764-1555
Fax (313) 764-3341
e-mail: aapor@umich.edu
http://www.aapor.org
President: James Beniger

Council of American Survey Research Organizations
The trade association representing the survey research industry.
3 Upper Devon
Port Jefferson, NY 11777
(516) 928-6954
Fax (516) 928-6041
e-mail: casro@casro.org
http://www.casro.org
Executive Director:Diane Bowers

Research Firms and Organizations

Roper Center for Public Opinion Research
The world's largest collection of public opinion data.
PO Box 440
Storrs, CT 06269-0440
(860) 486-4440
Fax: (860) 486-6308
e-mail: ISI013@uconnvm.uconn.edu
http://www.ropercenter.uconn.edu/

The Gallup Organization
The Gallup Building
47 Hullfish Street
Princeton, NJ 08452
(609) 924-9600
Fax: (609) 924-0228
http://www.gallup.com

ICR/International Communications Research
605 West State Street
Media, PA 19063
(610) 565-9280
Fax: (610) 565-2369
e-mail: ajnicr@aol.com

Public Agenda
6 East 39th Street
New York, NY 10016
(212) 686-6610
Fax: (212) 889-3461
e-mail: paresearch@aol.com
http://www.publicagenda.org

Louis Harris & Associates, Inc.
111 Fifth Avenue
New York, NY 10003
(212) 539-9697
Fax: (212) 539-9669
e-mail: libserve@lha.gsbc.com
Alice Church Cheseborough

National Opinion Research Center
(University of Chicago)
1155 East 60th Street
Chicago, IL 60632
(773) 753-7500
http://www.norc.uchicago.edu
Julie Antelman, Public Information Coordinator

Pew Research Center for the People and the Press
1150 18th Street, NW, Suite 975
Washington, DC 20036
(202)293-3126
Fax: (202) 293-2569
http://www.people-press.org

Princeton Survey Research Associates
911 Commons Way
Princeton, NJ 08540
(609) 924-9204
Fax: (609) 924-7499

Yankelovich Partners Inc.
101 Merritt 7 Corporate Park
Norwalk, CT 06851
(203) 846-0100
Fax: (203) 845-8200
http://www.yankelovich.com