



# TOOLKIT



# TABLE OF CONTENTS

<b>HOW TO USE THIS TOOLKIT .....</b>	<b>3</b>
<b>INTRODUCTION .....</b>	<b>4</b>
IMPORTANCE OF COLLEGIATE TOBACCO CONTROL .....	6
BUILDING A TOBACCO CONTROL INITIATIVE .....	7
<b>PHASE ONE: ORGANIZE YOUR COALITION .....</b>	<b>10</b>
ANALYZE YOUR CAMPUS INFRASTRUCTURE, CAPACITY, COMMUNITY AND SOCIAL CAPITAL .....	10
DEVELOP KNOWLEDGE BASE REGARDING TOBACCO CONTROL .....	11
<b>PHASE TWO: CAMPUS ASSESSMENT .....</b>	<b>13</b>
CONDUCT A TOBACCO POLICY ANALYSIS .....	13
COLLECT BASELINE DATA ABOUT THE USE OF TOBACCO ON YOUR CAMPUS .....	19
<b>PHASE THREE: PLAN DEVELOPMENT .....</b>	<b>24</b>
PRIORITIZE POLICIES .....	24
STUDY EACH POLICY .....	26
PLAN FOR POLICY CHANGE .....	27
ADDITIONAL ELEMENTS OF A COMPREHENSIVE TOBACCO CONTROL INITIATIVE .....	28
<b>PHASE FOUR: IMPLEMENTATION .....</b>	<b>41</b>
IMPLEMENT INITIATIVES FOR POLICY CHANGE .....	41
<b>PHASE FIVE: EVALUATION.....</b>	<b>42</b>
REVIEW, EVALUATE & MODIFY AS NECESSARY .....	42

## HOW TO USE THIS TOOLKIT

This toolkit will assist you throughout the process of developing a tobacco control initiative on your campus. It contains:

- An explanation of the phases involved in developing a comprehensive, policy-focused tobacco control initiative on your campus
- Information outlining the importance of a policy-focused approach to tobacco control
- Helpful links to websites where you can gain a greater understanding of a particular topic
- Articles documenting various studies regarding collegiate tobacco control
- Instructions and forms you can use during the development of your tobacco control initiative
- Information about the *LiveFree—TobaccoFree* initiative at [Southern Illinois University Carbondale](#) (SIUC) where the *LiveFree—TobaccoFree* initiative was developed
- Results of the SIUC initiative

It is recommended that you use these resources to educate individuals on your campus and in your community interested in tobacco control. You also can find these resources updated on a regular basis online at the [LiveFree—TobaccoFree](#) website, SIUC's Internet site regarding tobacco prevention and control on university/college campuses.

**NOTE:** In order to access the *LiveFree—TobaccoFree* website or other references in this document to Internet sites, you must be logged on to the Internet.



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## INTRODUCTION

*LiveFree—TobaccoFree* is a policy-focused, comprehensive approach to tobacco prevention and control on a university/college campus and in the surrounding community. *LiveFree—TobaccoFree* is a collegiate tobacco control initiative at Southern Illinois University Carbondale (SIUC), funded through a grant from [Illinois Department of Public Health \(IDPH\)](#) - Tobacco Free Communities. It is administered by the [SIUC Center for Rural Health and Social Service Development \(CRHSSD\)](#), a research and service entity of the University.

To create a successful campus-wide tobacco control initiative, staff and students throughout the university/college community must be involved in the planning and development of tobacco control intervention strategies. In this toolkit, you will find an organized, systematic process essential to implementing a comprehensive approach to a campus-wide tobacco control initiative. This policy-focused approach simplifies the challenge of establishing goals and objectives for your tobacco control initiative. It includes policy, advocacy, education, prevention, cessation and enforcement. Specific steps are outlined as a resource to assist you in developing your individual campus initiative. Your university/college has its own unique environment and therefore you will need to assess your campus to identify potential partners and their level of readiness to proceed in developing a comprehensive tobacco control initiative.

A comprehensive understanding of the history of tobacco prevention and control will help you develop successful tobacco prevention and control initiatives on your university/college campus. Tobacco control is an extremely complex subject. It is not exclusively “getting people to quit smoking,” although cessation is an extremely important part of tobacco control.

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It is not “keeping people from starting,” although preventing people from initiating any kind of tobacco use is an essential part of tobacco control. If we could keep people from starting to use tobacco, convince everyone who currently smokes to quit, and keep anyone who already has quit from relapsing, we would be completely successful. Unfortunately, tobacco control is not that simple.

Comprehensive tobacco control on university/college campuses must be viewed as a process rather than a program, and must take into account the culture of the campus. Institutions of higher education are communities, each with its own unique cultures, resources and practices. Comprehensive tobacco control on university/college campuses must be a collaborative effort. The success of this effort is dependent on relationships among individuals within the campus community and the larger, neighboring community. Strengthening the *infrastructure* and the *capacity* of these linkages is critical to the development of a comprehensive tobacco control initiative on university/college campuses. These linkages become the investment an institution makes in expanding its social capital. This *social capital* - the working relationships based on common goals - then become the currency you can take to the bank or to the funding agency! In developing the social capital of your university/college community, it is extremely important for individuals to understand the “state of the science” of tobacco control. This knowledge provides the basis upon which the university/college tobacco control initiative can be built.

People use tobacco for a variety of reasons, most of which are not clearly understood. We know that tobacco use by college-age students is intricately linked with their use of alcohol. We also know that young adults view the consequences of tobacco use as a disease that affects “old people.”

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Because they are young and typically healthy, traditional messages that highlight the long-term negative consequences of smoking or other tobacco use are ineffective with this age group.

We know that limiting access to tobacco and increasing the cost of tobacco products are two successful tobacco control strategies for youth, young adults, and adults. These strategies have shown to deter people from starting to use tobacco products and to encourage people to reduce or quit their tobacco habits.

### *IMPORTANCE OF COLLEGIATE TOBACCO CONTROL*

Tobacco kills 440,000 Americans each year—one third of the people who use it (MMWR, 2002). Tobacco is the number one preventable cause of premature death and statistics indicate that 13-18% of college students begins smoking cigarettes after they arrive on campus (CORE Institute, 2001).

Various studies confirm that smoking among college students is correlated with increased academic, health and behavioral risks. College smokers have lower academic performance and an increased use of alcohol and other drugs. They are also at higher risk of depression and suicidal thoughts and attempts, and are more likely to participate in high risk sexual behaviors. College smokers also have an increased vulnerability to respiratory diseases and other illness, especially meningitis, human papilloma virus/cervical cancer, and stroke from Obstructive Cardio-Pulmonary incidents (CORE, 2001).

On a national level, 11% of college students who smoke initiate at or after age 19 (Presley, 2001), and 28% progress to regular smoking patterns at or after they turn 19 (Rigotti, Wechsler, & Lee, 2000).

Fifty-two percent (52%) of college students report an increase in smoking frequency after beginning college, but between 51-67% of college smokers attempt to quit (Wechsler, Rigotti, Gledhill-Hoyt, & Lee, 1998). Various studies confirm that smoking among college students is correlated with increased health and behavioral risks.

The Surgeon General of the United States has placed a special emphasis on women and tobacco with the release of the 2001 Surgeon General's Report, *Women and Tobacco* (Centers for Disease Control and Prevention [CDC], 2001). Tobacco use among college students should be a serious concern for university/college administrators and faculty. It affects all aspects of a student's college experience. Because respiratory issues can be considered a disability for some students, faculty and staff, tobacco use also represents a significant risk for colleges and universities.

### ***BUILDING A TOBACCO CONTROL INITIATIVE***

To create a successful campus-wide tobacco control initiative, staff and students throughout the university/college community must be involved in the planning and development of tobacco control strategies. In this Toolkit you will find an organized, systematic process essential to implementing a comprehensive approach to a campus-wide tobacco control initiative. This approach includes policy, advocacy, education, prevention and cessation. Specific steps are outlined as a resource to assist you in developing your individual campus initiative.

Your university/college has its own unique environment and therefore you will need to assess your campus to identify potential partners and their level of readiness to proceed in developing a comprehensive tobacco control initiative.

**Key components in this process include:**

- Identify partners and assess your infrastructure and capacity,
- Develop a coalition, educate the coalition on tobacco control,
- Conduct tobacco related needs assessments (tobacco policy analysis and baseline data collection),
- Develop goals and objectives for campus-wide efforts based on these findings,
- Implement tobacco control initiatives, and
- Conduct further evaluation for on-going assessment and program revisions.

Therefore, we recommend the following five phases to develop a comprehensive tobacco control initiative on your campus and in your community:

**Phase I: Organize Your Coalition**

- Analyze your campus infrastructure, capacity, community and social capital
- Develop knowledge base regarding tobacco control

**Phase II: Campus Assessment**

- Conduct a tobacco policy analysis
- Collect baseline data

### Phase III: Plan Development

- Prioritize policies
- Study each policy
- Plan for policy change
- Additional elements of a comprehensive tobacco control initiative:
  - ❖ Communication and Media
  - ❖ Media and Media Advocacy
  - ❖ Collegiate Tobacco Control Education
  - ❖ Health Care Providers/Professions Training
  - ❖ Cessation
  - ❖ Community Initiatives

### Phase IV: Implementation

- Implement initiatives for policy change
- Expand capacity and social capital

### Phase V: Evaluation

- Review, evaluate, and modify as necessary

## ***PHASE ONE: ORGANIZE YOUR COALITION***

The first step in organizing a coalition for tobacco control initiative is to assess who within your university/college is interested in the issue of tobacco control. Many times this interest comes from an individual's personal experience with tobacco. This may include the death of a loved one from lung cancer, a personal encounter with asthma, or a fire associated with a smoldering cigarette. In addition to identifying individuals on campus, it is essential to identify agencies within the surrounding community who are interested in the issue of tobacco control. Some organizations have a mandated responsibility to address tobacco control. These include agencies such as your local public health department, the [American Lung Association \(ALA\)](#) and the [American Cancer Society \(ACS\)](#). It is the knowledge and resources of these local organizations and interested campus personnel that comprise your infrastructure and capacity.

### ***ANALYZE YOUR CAMPUS INFRASTRUCTURE, CAPACITY, COMMUNITY AND SOCIAL CAPITAL***

In assessing your institution's infrastructure and capacity, it is vital to identify the gaps, i.e., the lack of expertise, programs, and individuals. For instance, if you are not familiar with the ALA or ACS representatives in your area, or you have not worked directly with members of the local health department, inviting them to participate in your initiative is a great way to expand your capacity. If your campus does not provide student health services offering cessation services, these entities can often fill that role. As you expand your infrastructure and capacity through the inclusion of new individuals/entities and their resources, you further develop your social capital.

While tobacco control on your campus may be concerned with addressing the unique characteristics of college-age students, it is essential to recognize that these students live and work in the larger surrounding community. Consequently, the social norms and policies of this larger community can have a significant effect, either positive or negative, on what you are attempting to do in addressing tobacco control on your campus. You will find an assessment tool along with a list of questions to assist you in this first phase of determining who should become part of your institution's tobacco control coalition in the reference section. It is important to have a diverse, broad-based representation of upper level administrators, institutional constituency groups, and students on your committee. As you begin to invite specific individuals or entities to serve on the committee, you will learn about the individuals, the role on their campus entity or community organization, and what they will be able to contribute to the tobacco control initiative. These working relationships foster the development of your infrastructure and capacity by building what is referred to as your social capital.

### ***DEVELOP KNOWLEDGE BASE REGARDING TOBACCO CONTROL***

It is imperative that individuals working within your tobacco control initiative familiarize themselves with the unique characteristics of tobacco control. It is crucial they understand why tobacco control is a key public health concern, particularly for young adults. Therefore, they must have access to the most current literature and reading materials to inform them about the problems, methods and mechanisms the tobacco control community has investigated over the past fifty years. It also is important for these individuals to understand the mechanisms used by the tobacco industry to market tobacco products to young adults and the insidious nature of the tobacco industry's advertising tactics.



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Do not underestimate the resources available to you from the larger tobacco control community. As with any new project, time spent in understanding the “state of the science” early in the development of your campus initiative will save inordinate amounts of time in the future. It is not necessary to reinvent the wheel. The information on this CD and the [www.tolivefree.com](http://www.tolivefree.com) website contains many of the resources and references developed by the tobacco control community across the United States (U.S.).

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## *PHASE TWO: CAMPUS ASSESSMENT*

### *CONDUCT A TOBACCO POLICY ANALYSIS*

Tobacco policies at institutions of higher education are usually not a single policy, but a constellation of tobacco-related policies. It is imperative that institutions of higher education assess their tobacco policies and move to align those policies with the recommendations of national health organizations. The [American College Health Association \(ACHA\)](#) and the [American Cancer Society \(ACS\)](#) have developed recommendations for tobacco policies on college and university campuses. These recommendations for policies that encourage tobacco control on university/college campuses were developed from the best practices used to promote a healthy lifestyle and environment in which students; faculty and staff can live and work. These recommendations, along with others in the literature, were used to develop the [Tobacco Policy Matrix](#), which can be used to analyze the tobacco policies of your institution.

Presented below are 14 policy categories from the tobacco policy matrix and the corresponding outcomes which reflect the ideal status of that policy category.

<b>Policy:</b>	Smoking in university/college buildings
<b>Ideal Status:</b>	Prohibit use of tobacco in all university/college buildings
<b>Policy:</b>	Smoking at entrances of university/college buildings
<b>Ideal Status:</b>	Prohibit smoking within 50 ft. of all entrances of university/college buildings



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<b>Policy:</b>	Smoking in residence halls
<b>Ideal Status:</b>	Prohibit smoking in all university/college residence halls, sorority and fraternity houses, other facilities owned and/or operated by university/college housing
<b>Policy:</b>	Smoking in married student housing
<b>Ideal Status:</b>	Prohibit smoking in all university/college buildings Including married student housing
<b>Policy:</b>	Sale of Tobacco on campus
<b>Ideal Status:</b>	Prohibit sale of all tobacco products on campus
<b>Policy:</b>	Smoking at all outdoor events
<b>Ideal Status:</b>	Prohibit smoking at all university/college affiliated events
<b>Policy:</b>	Availability of cessation treatment as part of student health programming and employment benefits
<b>Ideal Status:</b>	Smoking cessation treatment should be included as part of student health insurance coverage:  Smoking cessation should be included as part of health insurance coverage for faculty and staff
<b>Policy:</b>	Distribution of free tobacco products on campus
<b>Ideal Status:</b>	Prohibition of free tobacco products on campus including all university/college affiliated events
<b>Policy:</b>	Tobacco advertising in college-run publications
<b>Ideal Status:</b>	Prohibit all advertising by tobacco companies in college supported publications
<b>Policy:</b>	Sponsorship of scholarships, research, endowed chairs, events and programs by tobacco companies
<b>Ideal Status:</b>	Eliminate tobacco company sponsorship of scholarships, research, endowed chairs, events and programs on campus

<b>Policy:</b>	Job recruitment on campus by tobacco companies
<b>Ideal Status:</b>	Prohibit tobacco company job recruitment on campus
<b>Policy:</b>	Taxes on tobacco sold in municipal community
<b>Ideal status:</b>	Increase taxes on tobacco sold in municipality
<b>Policy:</b>	Tobacco-free bars in community
<b>Ideal Status:</b>	Establishment of tobacco-free bars in community
<b>Policy:</b>	Status of tobacco industry holdings by the University Foundation Divestiture by university/college retirement system and TIAA-CREF
<b>Ideal Status:</b>	Divest of all tobacco company holdings by the University Foundation.  Divest all tobacco company holdings by the university/college retirement system and TIAA-CREF

When completing this matrix, there are several issues for your committee to consider:

***Institutional Mandate.*** Your committee must gain an institutional mandate to make official recommendations about tobacco policies. Without this mandate, your work will lack institutional credibility. Request this authorization as your committee begins to assess your institution's tobacco policies,

***Institutional Process.*** It is important to understand how policies are established and changed at your institution.

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**Key Personnel.** The key personnel in making recommendations for changes in institutional policies are likely to be similar at every institution. These include the policy makers at the top level beginning with the Board of Trustees, or a similar group, who have ultimate authority over the policies of the university/college. Many of these policies have been adopted by official board action, and subsequently will have to be changed by an official amendment or further action. The Presidents and/or Chancellors in each institutional setting are in charge of their institution and their individual campus. They will have to take a stance on which policies to advocate for as a part of their administration's official position on these policy choices. Each institution will have a set of second level administrators who are in charge of their own bureaucratic structures, e.g. the Vice Chancellor/ President for Student Affairs in charge of housing and student-related activities; the Provost and Vice Chancellor/President for Academic Affairs in charge of the academic mission providing faculty coordination and leadership; the Vice Chancellor/President for Development in charge of the foundation and investments policy, etc.; and Vice Chancellor/President for Administration, responsible for the operations of the institution.

In addition, each campus will have a unique nomenclature. Therefore, you will have to identify the relevant stakeholders in any policy area and determine how to involve them in your desired changes. Participation on your committee by an upper level administrator in a broad range of institutional areas is the best way to insure effective communication.

Their participation and understanding of the issues will increase your infrastructure and capacity regarding tobacco control, particularly within the administrative structure of your institution. This is an extremely important goal, and is the basis of effective tobacco control. Tobacco control is the building of effective relationships and mutual understanding and commitments to providing a healthy environment for everyone associated with your institution.

The experiences at SIUC documented the emergence of administrative advocates. These are upper level administrators who have become tobacco control advocates because of their work on the SIUC Tobacco Policy Committee. The development of Administrative Advocacy is a process that appears to be unique to institutions of higher education. Student advocacy has been recognized for some time within the tobacco control community. However, there is a paucity of research about the ideal advocacy activities within higher education. Administrative advocates represent some of the most committed relationships for developing a sustained, institutionalized tobacco control initiative.

***Constituency Representation.*** It is imperative to know who on your campus is involved in policy development and changes. For instance, the constituency group structure at SIUC is very complex and includes the Faculty Senate, the Graduate Council, the Faculty Association (union), the Undergraduate Student Government, the Graduate and Professional Student Council, the Administrative Professional Council, and the Civil Service Council. Each of these groups expects to be consulted in any university/college-wide policy change.

In determining constituency representation, it is important to analyze the institutional process mentioned above, and include representation from constituency groups involved in the policy process. Including these constituency groups in the discussion and analysis of individual policies can identify potent pitfalls that can derail the process at a later date. Concerns of these constituency groups must be respected and included in the planning process.

Student groups are particularly important in the policy assessment process if there is any projected change to policies. Students are important grassroots advocates for change, so it is critical to include student representation in the policy assessment, including representatives of the undergraduate, graduate, and professional students on your campus.

It is imperative that a thorough assessment is conducted regarding your tobacco policies at your institution. Completing the Tobacco Policy Matrix is an effective way to reach a thorough understanding of how your institution relates to the ideal tobacco policies as set forth by ACHA and ACS.

In summary, the top-level administrators must know and understand their own unique campus' culture and political environment as well as carefully follow whatever standard procedures are necessary to adopt a new or change an existing policy. It is imperative for a tobacco policy committee at any institution to have leadership and participation by one or more individuals who know and understand this wide-angle view of how the university/college's policies are adopted and promulgated.



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## ***COLLECT BASELINE DATA ABOUT THE USE OF TOBACCO ON YOUR CAMPUS***

It is prudent to gain an in-depth knowledge about tobacco-related trends and attitudes among the students on your campus. This information is invaluable in evaluating and developing your own tobacco control initiatives. It is recommended that your surveillance and evaluation efforts begin with two goals: surveillance focus groups and baseline surveys. If the [CORE Survey](#) or the [ACHA Survey](#) has been conducted on your campus in recent years, the results of these surveys can provide you with baseline data as well.

**Surveillance Focus Groups:** From the surveillance focus groups, you will identify attitudes, beliefs, behaviors, opinions, and ideas of students on your campus that will potentially facilitate or impede the successful intervention of a tobacco control initiative. The goal of these focus groups will be to identify the smoking habits of students on your campus and their attitudes toward smoking related issues such as quitting tobacco use and exposure to second-hand smoke. Ideally, you should ascertain their attitudes toward potential smoking-related policy changes in the university/college and local community, and their ideas about smoking cessation and prevention campaigns. From these endeavors, you will obtain locally relevant information about issues that should be taken into consideration for planning your tobacco control initiative. The recommendation is that you conduct separate focus groups with male and female students who smoke, those who do not smoke, and ex-smokers.

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If you have a campus that is highly diverse, you might want to include focus groups of students who represent that diversity, including racial, gender, or academic major. For instance, the literature describes higher incidence of tobacco use in the LGBT populations and among students in art-related majors. From these focus group findings, you can report potential themes and comparisons among groups of students on your campus. Instructions for conducting focus groups are included in the reference section of this toolkit.

**Baseline Survey:** The purpose of the baseline survey is to provide you with a base or foundation from which you can more accurately compare any positive or negative changes within your target groups over time. In the baseline survey, you should try to obtain an accurate assessment of students' tobacco use, behaviors, and their attitudes and beliefs toward tobacco use. The [Trans-theoretical Model of Change](#) was used to develop the instruments for the SIUC survey. This model provides information about the readiness of individuals who smoke or use tobacco to seek cessation services. The survey was pilot tested and used at SIUC and can be completed in approximately 10-20 minutes.

This instrument was formatted to be analyzed using Remark Software from Principia Products, a computer program specifically designed to aid with this process. If you do not have access to this software program, you have the option of contracting with [Applied Research Consultants \(ARC\)](#) at SIUC. ARC staff is trained to prepare, scan and conduct any data analysis you request. If you chose to contract with ARC, please contact them before administering the surveys. They can be contacted at 618-453-3536 at Southern Illinois University Carbondale.

It is imperative that they be involved in the survey preparation to insure accurate analysis of survey results. There is a fee for ARC services. There may be other options at your institution for data analysis.

For the success of your project, you will need to determine the means for surveying the greatest number of students with the least effort. You will need to determine the best method of distribution of the survey, such as in a classroom, mailing, or via email. If you select classroom distribution, it is important to obtain the cooperation from administrative units of the areas to be surveyed. Ask the deans from various academic units to encourage their faculty to participate in your research. Since classes to be surveyed are chosen randomly, faculty will not be solicited to participate unless their class has been selected.

You also will need to assess the type of incentive that will garner the maximum student participation. At SIUC students were offered \$1.00 or \$2.00 coupons or extra credit in courses and administration in large enrollment classes was found to be the most effective. This instrument can be used as an evaluation tool to document the impact of your tobacco control initiative. It is designed to measure, over time, the changes in students' tobacco use, smoking behaviors, and their attitudes and beliefs toward tobacco use. These longitudinal evaluations will provide feedback to coalition members involved in establishing your goals and objectives for your tobacco control initiative.

**The CORE Survey:** The CORE Alcohol and Drug Survey facilitates investigation into the nature, scope, and consequences of drug and alcohol use on individual campuses and thereby assists administrators and program directors in making programmatic decisions based upon specific campus patterns and needs. The items on the short form gather information regarding personal characteristics of the students (age, gender, academic performance, living arrangements, ethnic origins, etc.), use habits (quantity and frequency), consequences of drug and alcohol use, and perceptions of campus norms. The long form consists of the content areas from the short form, as well as additional items regarding sexuality, campus violence, institutional climate, perceptions of the campus, and extracurricular activities. The directions for administration of the Core Alcohol and Drug Survey are simple and easy to follow. The survey can be completed in 10 minutes (short form) or 20 minutes (long form) by most students.

Recently, the Campus Survey of Alcohol and Other Drug Norms was developed to allow a comparison of students' perceptions of alcohol and drug use on their campus with the actual usage rates. The survey measures students' perceptions of alcohol and other drug use as well as their attitudes toward campus policies. All procedures recommended for administration of the Core Alcohol and Drug Survey also apply to the use of the Campus Survey of Alcohol and Other Drug Norms. Additionally, national trends, aggregate national data reports, and specialized aggregate reports allow individual campuses to compare themselves with national and regional norms and with other institutions having similar demographic make-up.



Institutions of higher education in Illinois are offered the opportunity to participate in the CORE Survey during the even numbered years. Information about your institution's participation in the CORE Survey may be obtained from the [Illinois Higher Education Center for Alcohol, Other Drug and Violence Prevention](#), 600 Lincoln Avenue, Charleston, Illinois 61920-3099. 217-581-2019.

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## *PHASE THREE: PLAN DEVELOPMENT*

### *PRIORITIZE POLICIES*

Your policy assessment and baseline surveys are the basis of planning your tobacco control initiatives. They anchor and give direction to the development of your goals, objectives, and setting your action plans.

The first step in developing your plan is to prioritize your tobacco control policies. You may find that the discussions about your institution's policies and comparisons to nationally recommended tobacco policies make the most pressing policies evident.

As you assess your tobacco policies, they will undoubtedly include issues related to smoking in student residence halls (if applicable to your institution), in addition to smoking inside any other university/college buildings including classrooms, offices, labs, etc. These two issues will most likely be the starting point for your university/college policy committee. In addition, the selling of cigarettes and tobacco products on your campus must be addressed. This includes sales in the university/college book store, the student union, and/or any private vendors with food or other sales venues on your campus. Additionally, your committee will need to address the issue of mobile vendors selling tobacco-related products who do not have a permanent outlet on campus and sales in any vending. More than likely, the issue of revenue lost from prohibiting such sales will undoubtedly surface. The potential for fires and liability insurance losses are very compelling legal and human questions which must be weighed in terms of the university/college's policies.

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The investment policies of the university/college foundation, especially regarding tobacco companies is another difficult policy choice that must be made.

Use at sporting events, both inside and outside, is another policy area which presents difficult choices. NCAA rules forbid indoor smoking at athletic events they sanction. However, what to do about outdoor venues like football stadiums, baseball and softball fields, and other outdoor venues are more problematic. What to do about smoking by fans and visitors to campus for these events (as well as other entertainment events) is an issue. Smoking outside at "tailgate" celebrations, typically encouraged as a part of the football tradition, for example, presents some difficult choices which each university/college must decide. The issue of tobacco product litter and its cost to clean up and degradation of the environment is a very real one and must be handled.

All of these are areas of study and research. At SIUC, for instance, inquiries from the tobacco policy committee identified that it cost the university in excess of \$80,000 each year to clean up cigarette litter at the entrances of the major buildings on campus, not including residence halls. These figures provided additional incentive for the university to limit smoking at building entrances. The university had also experienced at least one fire in a residence hall that could be directly related to a smoldering cigarette, luckily without any loss of life or property. However, in all discussions and recommendations, it is important to keep focused on the fact that tobacco use is a health and safety issue for institutions of higher education. When in doubt, decisions that improve the health and safety environment should prevail.

Keep in mind that more than 75% of the U.S. adult population does not smoke, and the majority of smokers express a desire to quit. Policies that support a healthy and safe environment are supporting the vast majority of students, faculty and staff at any institution of higher education, and also provide an environment where individuals who use tobacco can find support in breaking the addiction to nicotine.

### ***STUDY EACH POLICY***

It is important to study each tobacco policy in depth. The SIUC tobacco policy committee decided early in the process to evaluate each policy from a cost-benefit perspective. Individuals representing the areas affected by the policy in question were asked to come to a special meeting devoted to discussion of that tobacco policy. They were informed of the nationally recommended policy and encouraged to bring information that would help elucidate the impact a change in policy would have on their operations, particularly any financial impact. Discussions also included the logistical impact of a policy change on their operations. These factors were then taken into account when making recommendations for tobacco policy changes. When possible, the tobacco policy committee attempted to provide suggestions of how any adverse impacts could be addressed.

## *PLAN FOR POLICY CHANGE*

Prioritized recommendations for policy change provide the goals of your tobacco control initiative. These recommendations for policy change become the framework you can use to implement programmatic activity on your campus. By analyzing the constituencies involved in policy changes, you will know your target market for media campaigns. By understanding the health issues associated with a policy change, you will have a better understanding of the messages your campaigns should highlight. Targeted policy changes will dictate the schedule for programmatic activities. By knowing specific information about tobacco use on your campus, you can use that information to move your message forward and to measure the impact of your initiative.

For example, if your committee recommends that all residence halls become smoke free, the target date will dictate when information should be communicated. Tobacco use in residence halls is primarily an issue of second hand smoke and safety, so the messages of your informational campaigns will be defined by the policy. If the policy must be approved by different constituencies, you will have your target audiences identified as well. All these elements can be planned as part of Phase III—Developing a Plan. Because the goal has been defined as “changing the residence hall policy regarding tobacco use,” the planning can focus on the objectives to meet that goal.

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## *ADDITIONAL ELEMENTS OF A COMPREHENSIVE TOBACCO CONTROL INITIATIVE*

### Communication and Media

*External Communications* are the “Paid” and “Earned” media components of a comprehensive tobacco prevention and control initiative on your campus. The handout “Media Advocacy: How to Create Earned Media” adapted from the Advocacy Institute for the National Cancer Institute, gives an excellent explanation of the role of “media advocacy” and “earned media” in the media plan of comprehensive tobacco control initiative at an institution of higher education.

Tobacco control is all about advocacy. It is important to understand that tobacco control does not function in a paradigm of traditional public health media. The tobacco industry spent \$11.2 billion dollars advertising their products in 2001. This massive imbalance of access to the media requires those involved in tobacco control to rethink the media mechanisms they use. Consequently, policy initiatives hold the most promise for effectively influencing tobacco use among young adults who attend our colleges and universities. As a result, the external media campaigns you undertake must be directly tied to and supportive of the policy initiatives identified as goals in your plan.

*Internal Communications.* It also is imperative to develop an Internal Communications plan for your tobacco control initiative. As you expand your infrastructure and capacity on your campus, it is important to continue to communicate your findings to anyone and everyone who is interested in developing a healthier campus environment.

The plan should include the Goals, Objectives and Responsibilities of the Internal Communications plan, and should include mechanisms to maintain communication among interested parties both on and off campus. It is important to keep the lines of communication open and active. As information and resources are shared across the institutional and community entities involved in tobacco control interventions, the social capital of your local tobacco control community begins to grow. From this growth, new opportunities begin to emerge, and the fabric of your initiative is strengthened as these working relationships are strengthened.

### Media and Media Advocacy

*Paid media* can support the activities of policy changes. For instance, if you have targeted smoke-free residence halls for a policy change, paid advertisements can raise awareness of the dangers of second-hand smoke and reinforce the health issues associated with second-hand smoke. The content of the paid media would not necessarily mention the policy change (although it could in a call to action in the body copy). In this case, the primary message of the ads could be the dangers of toxic chemicals in second hand smoke, or how smoking is the number one cause of residence hall fires. In this manner, the paid media would support the policy change without driving the message of smoke-free residence halls.

Paid media can also support advocacy efforts for policy change. Suppose students on your campus have planned and launched a petition drive for the purpose of showing support for 100% smoke-free residence halls. Paid media advertisements could also support their efforts, either directly or indirectly mentioning their drive for smoke-free residence halls.

*Earned media.* Traditionally, public health professionals have used “the media” to conduct awareness campaigns to communicate public health messages to the community. Generally this has been limited to sending out press releases or placing public service announcements to take advantage of free public service airtime. Increasingly, this often meant messages were usually aired after peak media hours. Today, professionals are using media advocacy in new ways to strategically advance social or policy initiatives.

Media advocacy is proactive, not simply reactive. It helps shift the focus from individual health to the health of the community. Used effectively, it can shed light on the need for changes in community attitudes or policies and the basis for decisions affecting community health. The goal of media advocacy in tobacco control interventions is to reduce community acceptance of tobacco use by educating the general public and policy makers to the dangers of existing pro-tobacco attitudes and policies to community health, and to the minority status of tobacco users and to the devious advertising tactics of the tobacco industry.

An important media advocacy tactic uses the news to get the message across. News is an excellent format to initiate discussion of policy issues. It has built-in credibility — people tend to believe what they see, hear and read in the news. Getting in the news is free; a great advantage to programs with limited resources.

Listed below are basic and general media advocacy principles (from a workshop conducted by The Advocacy Institute for the National Cancer Institute to consider when planning local media advocacy for tobacco prevention activities:

➤ *Be Flexible, Spontaneous, Opportunistic and Creative.*

Careful planning is required but allow for flexibility and spontaneity. Be on the hunt for breaking news stories, which can provide a “peg” for a press comment on tobacco control.

➤ *Seize the Initiative - Don't Be Intimidated.*

Whether a scientist or citizen, your credibility as a tobacco control advocate is inherent because you are perceived to be motivated by concern for the public's health, and not by profit.

➤ *Stay Focused on the Issues.*

Stay focused on public health issues and not personal conflict. Avoid getting sidetracked onto secondary issues. For example, when challenging tobacco advertising and promotion, concentrate on the seductive and deceptive content of it and not the legal issues of advertising restrictions.

➤ *Make it Local - Keep it Relevant.*

Make the story local and personal. Involve pertinent information from your community and the people in it. Use local statistics, local role models (such as retailers who do not sell tobacco to minors or restaurant and bars that voluntarily go smoke-free) and local efforts to change public health policy.

➤ ***Know the Medium.***

Remember the newspapers, radios, or TV stations that receive revenue from tobacco advertising will be reluctant to cover tobacco control issues.

➤ ***Target Your Media Messages.***

Know your audience and tailor your message to it. Learn who is watching or reading the program or publication(s) you plan to use.

➤ ***Make Sure Your Media Know and Trust You.***

Initiate, pursue and tend media relationships. Do not wait until you have a story to contact your media. Keep careful and written records of all your media contacts. This will help in building a media network. To be trusted by the media, it is important not only to be credible but also to appear credible. Appearing credible involves maintaining a professional appearance in public.

➤ ***Be Prepared.***

When you have a story, be prepared to tell the reporter three things: 1) what the story is; 2) why the story is significant; and 3) how it can be independently verified (in other words, where did you get your facts?)

➤ ***Choose Your Spokesperson.***

Your best spokesperson may be someone other than you. Choose your spokespeople as carefully as the tobacco industry chooses theirs! And make certain they are prepared and focused.

In short, advocacy efforts and media (paid and earned) are very much intertwined. They shift the focus of the message from the health of the individual (tobacco user) to the health of the community. They reinforce the fact that the large majority of American adults do not use tobacco and that second hand smoke is a health risk to everyone— young and old, users or non-users.

*Advocacy* is the tool that drives a comprehensive tobacco control campaign, because through advocacy efforts policies change. When there are policy changes, the environment changes. Environmental (social) changes then bring the demand for cessation and prevention components. This is not to say that cessation and prevention will not be happening along the way, during the process. Prevention and the demand for cessation build over time.

For example, as more people become aware and adopt the advocacy messages, more people choose to quit smoking and more students decide not to start using tobacco. Social pressure gradually builds for healthy changes in social norms.

Planning a media campaign for tobacco control is unlike “traditional” media planning. In some ways, it almost seems opposite. For instance, in traditional media planning, a media schedule is established for the year and the content of all ads is planned. In media advocacy both the content and ad placement are much more fluid because both the content and the timing of the media are dictated by advocacy activities rather than a traditional media timeline.

Advocacy activities can be preplanned, but only to a certain extent. By definition, advocacy is reactive to the news, other media, and what is

happening on campus. For instance, when it was reported that the state of New York had banned smoking in all bars and restaurants, that event provided an opportunity for advocacy activities locally (such as a discussion of smoke-free entertainment opportunities for students, supporting letters to the editor, etc.) Any national, state or local news can be the genesis of media advocacy on your campus. The key is having built the social capital to take advantage of such opportunities.

The primary rule of advocacy, particularly media advocacy, is to determine the goal you want to achieve. In policy-focused tobacco control, your goal is policy change. Then both your spokesperson and your message should be tailored to meet that goal.



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## Collegiate Tobacco Control Education

The college years are a high-risk period for smoking initiation. Studies at SIUC and other institutions have revealed that college students know smoking is unhealthy. Yet in the face of many new temptations to smoke, they often see it as a time-limited practice rather than a lifelong addiction. Consequently, knowledge-driven smoking prevention curricula cannot adequately address young adults' needs at this critical time. To meet this limitation, faculty in the Department of Health Education and Recreation at SIUC has developed the "[LiveFree from Smoking Collegiate Program](#)." It is a curriculum specifically designed to meet the needs of college-age students. The curriculum describes teaching strategies and learning activities used in an evidence-based, learner-centered approach to tobacco prevention, designed for use in various settings (classrooms, residence halls, student orientation).

The "**LiveFree from Smoking Collegiate Program**" is a two-part program that:

- 1) Explores the triggers for smoking and the psychological, social, environmental, and media/advertising influences on smoking behavior; and
  
- 2) Identifies strategies for resisting smoking temptations, and policy and advocacy activities that may discourage smoking.

Using campus scenarios, students brainstorm factors and situations that increase the risk of smoking. The facilitator then guides them in identifying risk factor domains (e.g. social, environmental, etc.) that reflect different intervention strategies.



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As students' ideas emerge, national and local survey and focus group findings are used to document prevalent practices and attitudes and refute misperceptions. Students use critical thinking and problem solving to examine strategies and skills for becoming/remaining smoke-free. The program culminates with a discussion of potential advocacy and policy activities that might impact students' smoking behavior.

Evaluation of the program indicates that instructors can implement the program without special training, and that students become actively engaged in learning.

### Health Care Providers/Professions Training

Previous research has found that health care professionals are effective in providing tobacco control services, but this intervention has not been fully diffused throughout the entire professional development cycle. Health care profession educators have noted that while they believe training students about tobacco-related concerns is important, specific training on prevention and cessation counseling is inadequately covered.

Previous research has shown that brief chair-side interventions provided by health care providers as part of their routine care can significantly increase the rate of quitting tobacco use as well as substantially deter initial use of tobacco.

However, research has shown that health care providers do not feel adequately trained to deliver such practices to their patients. A recent survey by the American Dental Education Association (ADEA) found that while most dental academic institutions incorporate some form of tobacco education in their curricula, many of the educators feel their students are insufficiently prepared to incorporate tobacco education and counseling into their clinical practices. Lack of time and adequate resources were cited as the primary reasons for deficient training.

In response to this need, Joan Davis, a faculty member in the Dental Hygiene Program at SIUC, developed a tobacco prevention and cessation curriculum which follows the standard of care for treating tobacco use and dependence. Guidelines for this curriculum were outlined by the U.S. Department of Health and Human Services the National Cancer Institute's 5As, *Healthy People 2010*, and the Transtheoretical Model of behavior change. The program can be modified so that it could be incorporated into a 2-year or 4-year dental hygiene or allied health program, and modules can be presented in up to 7 sessions. Furthermore, the curriculum can be modified easily so educators of other allied health professionals, such as radiology technologists, respiratory therapist, physician's assistants, and nurse practitioners, can adopt the curriculum. This curriculum is science-based and comprehensive, and easily can be delivered by allied health educators.

The intended user of the curriculum is a community college or university/college-based healthcare faculty, and the intended audience is students enrolled in a healthcare provider program.

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The PowerPoint Presentation was developed with the intention of providing a ready-made overview of the components of a brief motivational tobacco cessation intervention. This Overview could then be used by healthcare faculty as an introduction or basis for their own tobacco cessation training program. The Davis Curriculum is located at [siu.edu/~hcp/tobacco/](http://siu.edu/~hcp/tobacco/). It is currently being evaluated at dental hygiene programs at community colleges in Illinois as part of an American Cancer Society grant.

### Cessation

Data from the SIUC experience indicated that the overwhelming majority (78%) of college-age smokers at SIUC wanted to quit smoking. Therefore, it is imperative that a university/college have access to cessation programs for students who chose to quit using tobacco. If these resources are not available on your campus, organizations such as your local health department or the American Lung Association can probably provide those services for you. The website [http://www.ctcinfo.org/upload/National Action Plan Tobacco Cessation.pdf](http://www.ctcinfo.org/upload/National_Action_Plan_Tobacco_Cessation.pdf) holds the latest evidence about cessation, as well as the national plan to address tobacco. It is important for you to become familiar with the latest evidence and develop a cessation plan that is suited to your campus capacity and infrastructure. Smokers invariably have a variety of standard questions about tobacco and the process of quitting. They generally want information about the basic health effects, the benefits of quitting, and the specifics of the quit process. Smokers wanting to quit tobacco use often enter the Health Service system from a number of points. Consequently, it is important to develop a general information package for health service providers that have the answers to most of the anticipated general questions.



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## Community Initiatives

Community initiatives encompass events and programming which impact the environment in which students live. These could be both on-campus and off-campus. Partnerships can be formed with community agencies already engaged in tobacco programming including the local health department, hospitals, and voluntary organizations such as the American Cancer Society and the American Lung Association.

Local health departments in Illinois are required to have a community tobacco coalition and to promote the Illinois Smoke-Free Restaurant Recognition Program. They also may have been involved in additional tobacco prevention and control programming such as school tobacco curricula, cessation programs or the development of ordinances. Partnering with your local health department and other community partners brings additional expertise and resources to the table.

At Southern Illinois University Carbondale (SIUC) the local health department, Jackson County Health Department, was a founding member of the Tobacco Control initiative on campus. As part of their contribution, they developed a Smoke-Free Bar Event in conjunction with a local bar to highlight that a smoke-free venue could be profitable and a well-attended event. Jackson County Health Department had extensive experience in event planning. They worked directly with students to plan and implement the event, giving students, additional experience. The event was attended by over 500 students, and garnered a significant amount of earned media for both the bar and for the SIUC program.



In the second year of the Smoke-Free Bar Event, three local establishments participated, expanding the local support for smoke-free establishments within the community. These activities have laid the foundation for the passage of a clean indoor air ordinance in the community when the state preemption laws are repealed.

Community programming is an effective mechanism to increase the infrastructure and capacity of both the institution and the community. Joint activities extend the social capital developed as part of the institutions' efforts. It is a win-win situation for all involved.



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## ***PHASE FOUR: IMPLEMENTATION***

### ***IMPLEMENT INITIATIVES FOR POLICY CHANGE***

After the plans have been drafted, and the community and campus enlisted, it is time to implement your plan. At this phase, the infrastructure and capacity of your institution and community will be brought to force, and your efforts to develop the social capital of your community will pay off. Building on the capacity and infrastructure of your institution defines “how” your institution can plan tobacco control initiatives. Prioritizing the policy areas your institution wants to address will define “what” your tobacco control initiatives are.

The staff of *LiveFree—TobaccoFree* are available to provide technical assistance in the planning and implementation phases of your tobacco control initiatives.

## *PHASE FIVE: EVALUATION*

### *REVIEW, EVALUATE & MODIFY AS NECESSARY*

It is imperative that you continually review and evaluate your efforts. As new directions are exposed, you will need to gather additional information and determine if a modification of your initiative is in order. Each of these decisions should be guided by the impact these changes will have on your prioritized tobacco control initiative. Policy priorities become the benchmark for determining the direction your initiative should be taking. Moving your policy priorities forward should continue to guide the goals and objectives of your tobacco control initiative.