

Community Voices Initiative:  
**Promoting Systems Change in  
Community Driven Tobacco Control**





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## Description of Audience for this Publication

Grassroots community-based organizations, the philanthropic community, and the public health community-at-large continue to look for model programs focused on generating systems-level change; this publication serves that purpose. Program implementers and policymakers will benefit from the case studies and discussion in this publication. *Community Voices Initiative: Promoting Systems Change in Community Driven Tobacco Control* also provides further information to the public health community about tobacco control and ongoing efforts to improve healthcare access and coverage for uninsured and underinsured individuals and families. Additional information about the Legacy funded Community Voices initiative can also be found in the article “*Perspectives from the Front Lines of Tobacco Control*” published in the *Journal of Health Care for the Poor and Underserved* (Volume 17, Number 1, February 2006, pp. 124-142).



## Introduction

The American Legacy Foundation (Legacy) announced in July 2000 the availability of \$8 million in funding to establish and support tobacco cessation and prevention efforts for the underserved communities supported by the Community Voices: Health Care for the Underserved program of The W.K. Kellogg Foundation. Kellogg launched the Community Voices (CV) program in 1998 to help communities meet the needs of individuals and families with inadequate or no healthcare coverage and to advance changes in healthcare delivery. CV originally funded thirteen Learning Laboratories: communities serving low socioeconomic status populations, communities of color, and the uninsured and underinsured in both rural regions and urban centers.

Dr. Cheryl Healton, President and CEO of Legacy, pursued a funding collaborative with the Kellogg Foundation as a means to strengthen Legacy's new grant making efforts. The collaboration intertwined the complementary goals of the two foundations: the initiative would integrate tobacco cessation and prevention efforts with the goal of increasing healthcare access for the underserved. Dr. Bill Richardson, President and CEO of the Kellogg Foundation, Dr. Gloria

Smith, Vice-President, Health Programs and Dr. Henrie Treadwell, Community Voices Project Director, also recognized and welcomed the opportunity to collaborate with Legacy.

Funding collaborations between grant making organizations are generally challenging. Both foundations realized that this collaboration needed to take place on both the local and the national level, and worked together closely throughout the initiative's cycle to share resources. Together, the program teams reviewed the ongoing work at the CV sites, conducted joint site visits, and kept close communication regarding advances and challenges. This close collaboration eased the CV sites' efforts to institute systems-level change.

Legacy gave initial one-year funding to eleven Kellogg Foundation funded CV sites, and full-four year project cycle funding to ten sites. These CV sites initially focused on one or more of Legacy's original four goals:

- Reduce youth tobacco use
- Reduce exposure to secondhand smoke among all ages and populations
- Increase successful quit rates among all ages and populations

••• In the first case study, we profile the Health Department of Ingham County, Michigan, its efforts to decentralize cessation services to grassroots organizations and its continued efforts to institutionalize tobacco control services within the agency. This case study highlights the organization systems-level change and its continued impact on the health department.

••• Alameda County, California, Health Consortium's adoption of Smoking as a Vital Sign as a medical protocol and integration into medical practices within its member health centers is profiled in the next case study. Their story highlights the importance of ongoing training and support that increased the likelihood of generating a community-wide systems-level change.

••• In the third case study, we profile North Carolina's FirstHealth of the Carolina's efforts to expand local tobacco prevention and cessation services, which led to significant adoption of 100% tobacco-free policies. The case study addresses how systems-level change can simultaneously affect the organization, community, and regional levels.

••• In the last case study, we profile New Mexico Community Voices' work with state policymakers to implement statewide regulations requiring health insurers to pay for cessation treatment and counsel. The case study highlights the project's ability to develop the capacity of local community-based organizations in tobacco cessation services through training and technical assistance and to collaborate with statewide partners to enhance the visibility of tobacco control issues in the state and inform the state government to actualize a statewide systems-level policy change.

••• Decrease tobacco consumption among all ages and populations

As these sites progressed into their Legacy funded projects, several organizations were able to expand on these goals, towards a vision of systems-level change with long-term sustainable interventions. This publication

seeks to further define the concept of systems-level change and detail successful approaches in the field through four succinct case studies written in the first person voice of the organizations themselves, that outline a groundswell of change with broader and more significant impact than expected.

## A Definition of Systems- Level Change

During the Community Voices project, systems-level change emerged as a keystone of Legacy's conceptual framework and strategy. In this report we aim to demonstrate a working definition of this concept and offer concrete illustrations of systems-level change from a selection of Community Voices sites. We hope that these systems-level change models developed within the tobacco control arena will prove applicable to the strategic efforts of other public health and philanthropic organizations.

A report prepared for Legacy in September 2006 by Barri Burrus and Dana Wenter at the Research Triangle Institute entitled "Community Voices Intervention Implementation and Systems-Level Change Evaluation" presented the original framework for the evolving definition. The model discussed in this report represents Legacy's modifications.

A definition of basic terms may be helpful:

We define **system** as an organization structured at a community, regional, state, national, or global level that engages many individuals in a collection of interrelated activities.

We define **change** as a permanent and holistic modification of a policy or operational approach at one or more of these organizational levels that sustains the project's efforts.

Systems-level change requires a flexible approach. Effective and sustainable community interventions must be responsive to local needs. As part of the W.K. Kellogg Foundation's original vision, each Community Voices site was considered a "Learning Laboratory." From that perspective, Legacy welcomed mid-stream project modifications that strengthened projects by narrowing on specific goals that allowed for the refinement of objectives and work plans. Allowing for adjustments led to more focused, sound, and potent intervention efforts.

## The 3 Domains of Systems-Level Change

**Organizational Domain:** Changes made within healthcare and social service delivery systems involving policy, training, resource access, and work flow that showed strengthened alignment with prevention.

❖ **Case study example:** The Community Voices site in Ingham County focused on prenatal cessation by providing a health educator at The Women Infants and Children Special Supplemental Food and Nutrition Program (WIC) and women's health clinics to provide cessation counseling to expectant and new mothers. This innovation, now integrated into the sites protocol, led to a complete integration of tobacco cessation into

the standard operations of the county's health department.

**Community Domain:** Changes in a system reverberate through a community, when active collaboration between partners and providers with similar agendas helps to mobilize common resources.

❖ **Case study example:** The Community Voices site in Alameda county implemented cessation counseling and "smoking as a vital sign" methods in a community health center, making replication of the initiative throughout the regional community health center network a logical consequence.



**Policy Domain:** Small changes can affect systems broader than communities, typically at state, regional, and national levels. Here, broad, long-term innovations are developed.

❖ **Case study example:** The Community Voices project in New Mexico was poised to help inform legislation that required all insurance companies providing maternity services to also cover cessation services. New Mexico was the first state to pass such legislation. State legislators continue to seek technical assistance from the Community Voices project, which was invited to aid in the revision of state Medicaid regulations to support cessation.<sup>1</sup>

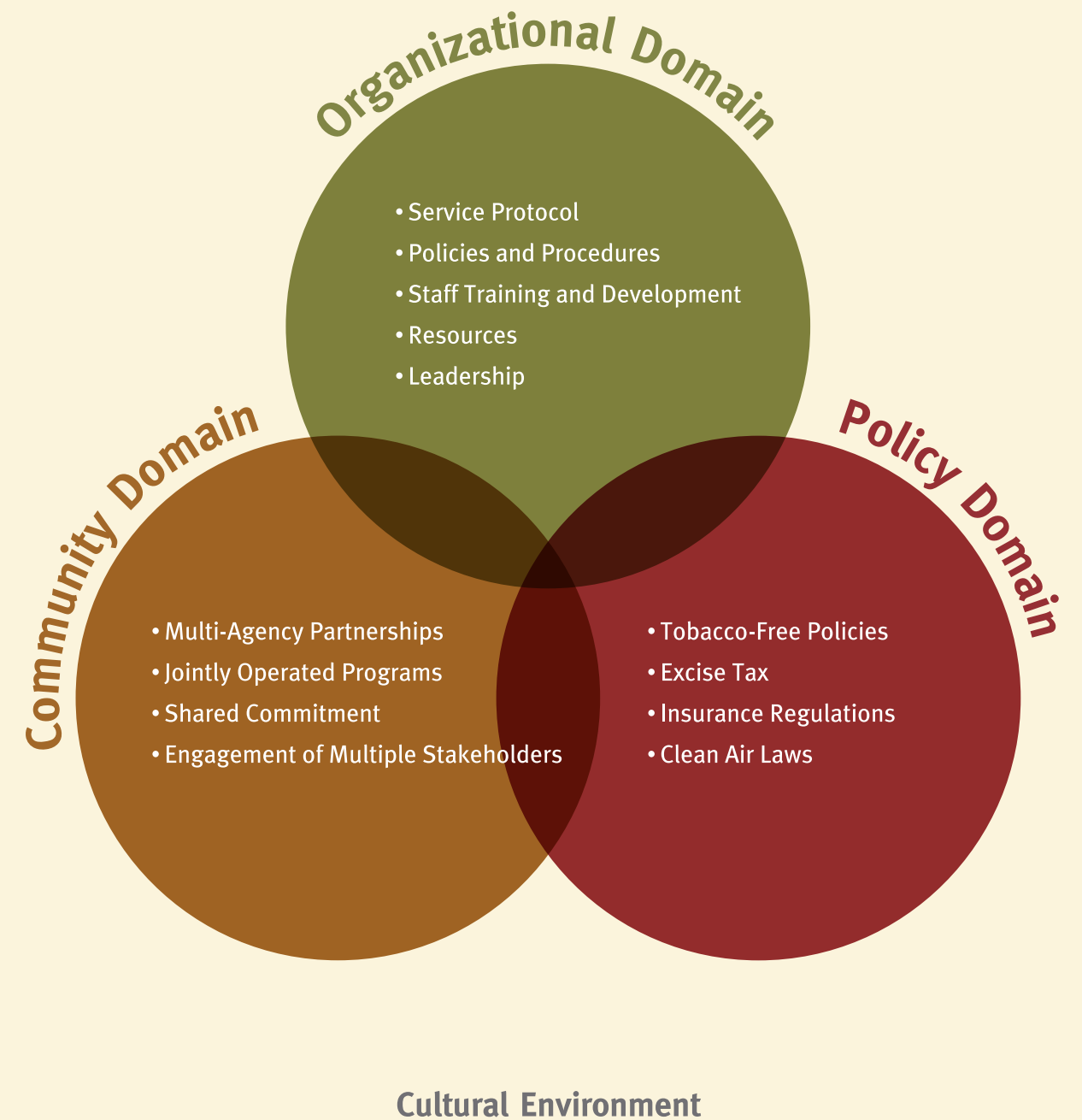
Executive level support within the interrelated institutions and local community champions were crucial to achieving sustainable systems-level change. Collectively, these substantive changes created new tobacco control services, and increased healthcare access and coverage for uninsured and underinsured individuals and families.

The case studies highlighted in this report will illustrate how grantees affected change across the three domains of systems-level change, thus initiating, standardizing, and radiating tobacco control policies in a variety of communities. We hope the initiatives profiled below continue to inform funders, community health advocates, health providers, and policymakers as they work towards targeted tobacco control and closing the healthcare gap.

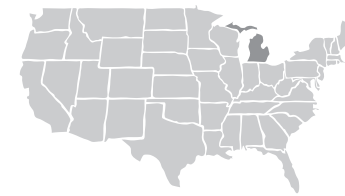
The following diagram illustrates working definition of the concept of systems-level change. Note that the fields of each of the three domains overlap with each domain: organizational, community, and policy, and change is dynamic within and across the three domains. Also note that the larger, structural forces of socio-economic environment, political environment, and cultural environment impact the three domains of systems level change. Change does not occur in a vacuum.

## Three Domains of Systems-Level Change

### Socio-Economic and Political Environment



## Case Study 1: Ingham County Community Voices, Michigan



### Overview

Our initial proposal to Legacy was very ambitious, focusing on youth tobacco prevention and intervention, reducing secondhand smoke exposure, and increasing access to cessation services. After consulting with Legacy staff and the national resource team at Columbia University, we decided to drop the youth and second hand smoke focus, as this was an established priority of the Ingham County Health Department (ICHD) through other funding sources in collaboration with our local tobacco coalition. We chose to capitalize on our established relationships between ICHD and a network of neighborhood centers and to focus on cessation services, particularly to pregnant and post-partum women.

We developed a comprehensive cessation program for pregnant women and their families by enhancing an existing partnership with the Women, Infants and Children Special Supplemental Food and Nutrition Program (WIC) at ICHD. Under this continuing initiative, women who come to the WIC program to receive benefits are asked about their tobacco use status. As an integral part of the interview, they are provided with tobacco use educational materials and informed about the availability of free cessation services.

Through the network of local neighborhood centers and using the Allen Neighborhood Center as a model laboratory, we took cessation services directly to the community, rather than wait for low-income residents to come to the health department. With the funding support through ICHD and training and technical support from the Community Voices program, we built a team of neighborhood based cessation coaches.

“The collaborative partnership with American Legacy Foundation for our tobacco control efforts left a lasting impact within the Ingham County Health Department and the local community, one that continues to benefit residents to this day.”

Final Progress Report to Legacy,  
Ingham County CV Site, August 29, 2005.

Talking to neighbors about smoking and health

**“One of the things that sets the neighborhood center apart is that we don’t just make referrals for folks to programs somewhere in town. We connect them to programs at the center and we’re there—we’re part of the process. We design the services people say they need and we’re there to deliver. Our connection goes beyond simply handing them a flyer. They are our neighbors and they become our friends. We guarantee them a certain level of care and respect.”**

Monica Kwasnick, Co-coordinator, Health Outreach Program at Allen Neighborhood Center, Final Progress Report to Legacy, August 29, 2005.

### Systems- Level Change in the Organizational Domain

→ The introduction of new record keeping and referral procedures led to improved inter-departmental communication. WIC staff redesigned the client update form to obtain consent to notify providers when a woman is identified as a smoker. Community Voices staff developed a Provider Notification Form that is submitted to healthcare providers to flag these women for additional cessation counseling. From October, 2003 through June, 2005, WIC staff referred 556 women to our smoking cessation counseling.

→ We established informal cessation counseling in the waiting room of the Women’s Health clinic on prenatal clinic days, taking advantage of the captive audience in the downtime of routine visits over a period of weeks or months. Our tobacco addiction specialist, with support from registered nurse educators in the Expectant Parent Organization, normalized

the issue of smoking cessation by establishing and encouraging relationship-based intervention

### Systems- Level Change in the Community Domain

→ The Allen Neighborhood Center instituted a vigorous, grassroots approach to outreach and cessation counseling. Program staff canvassed the neighborhood for smokers interested in quitting and developed a “Smoke Free Home Pledge” that received broad community buy-in. The center integrated cessation services with its nutrition and exercise programs and other neighborhood centers replicated and adapted the model. The resulting local momentum encouraged the Community Voices program to leverage resources to expand cessation services at ICHD health centers and to include tobacco use in Ingham County’s annual report on the county’s health status. The community center model is applicable to other

neighborhood based health services such as diabetes support groups, exercise and weight management groups, and has provided a means for ICHD to deepen its understanding of specific needs in low-income neighborhoods.

→ We collaborated with the Capital Area Partnership Impacting Tobacco and Lifestyles Coalition and the ICHD to hold free and public Quit Tobacco Workshops in a variety of community locales, creating a program that is firmly embedded in the community, not simply an adjunct of the health department.

→ Neighborhood centers continue to support smoke free homes and refer neighbors interested in quitting smoking to ICHD, though lack of sustained funding eliminated our ability to provide training and technical assistance on smoking cessation to the centers. Quit Tobacco Workshops are still provided regularly. However, we devised a financing strategy that matches federal Medicaid funds with local and private sources to continue outreach and cessation initiatives. Ingham Health Plan (IHP) Corporation (the County’s health plan that covers those who are uninsured and do not qualify for other sources of public coverage) established a payment plan for each cessation counseling

session held with its members in ICHD clinics and at the neighborhood centers.

→ Cessation counseling continues at the WIC clinic, Women’s Health Clinic, and the Adult and Sparrow Community Health Centers. The ICHD decided to continue active cessation service in the clinics after the Community Voices Legacy grant ended by hiring a part-time cessation counselor for pregnant and post-partum women. A January 2007 March of Dimes grant allowed us to increase this position to full-time, with a Tobacco Addiction Specialist providing individual cessation support to pregnant and parenting women as well as IHP members.

### Systems Level Change in the Policy Domain

→ Through our search for additional funds, we discovered that the county licensing fee for sale of tobacco products, first adopted in 1992, had never been increased. We requested the Ingham County Board of Commissioners to increase the license fee and make these funds available to not just tobacco enforcement activities, but also to our cessation initiatives. The license fees and penalties for sales of tobacco to minors were increased. We are now able to supplement our cessation programs

**“I just want to let everyone know that at this point of my life, I realize I had been very ignorant and was not very responsible as a parent for smoking around my children and others and putting their lives in jeopardy with secondhand smoke. I am proud to say that I have been smoke free since April 26th, 2004 and throughout the last 16 months, I have had my stress at work, my many family problems with my 8 children and yes, I automatically get those feelers coming out saying you need to have a smoke. I carry in my purse a nicotine patch (that is probably expired) just in case of emergency. But, I just remember all the wonderful things that I can do now! I can breath better, I am not coughing in the morning and I can smell lots of beautiful things and even those not so beautiful smells. I am healthier and my kids don’t have to live in that environment any longer.”**

An Ex-Smoker, Name not disclosed to protect the privacy of the individual.  
 (Final Progress Report to Legacy, August 29, 2005)

with free nicotine replacement therapy products for uninsured and underinsured residents and to help fund the full-time Tobacco Addiction Specialist position. Our experience with Community Voices gave us the momentum and capacity to capitalize on innovative funding opportunities.<sup>2</sup>

**The Value of the Community Center Approach**

Community-based service delivery proved to be particularly effective for us, leading us to expand and strengthen these networks. Neighborhood centers play a pivotal role in bringing neighborhood watches and

associations, which are often informal, spontaneous, and unstructured, together with the world of professional standards, performance and process, accountability, documentation, and reporting.

Community-based organizations are able to reach neighbors who lack services and counsel them in respectful, affirming ways in a location that is convenient and comfortable.

Community-based providers are intimately familiar with the neighbors they serve and have gained the necessary trust to overcome barriers that outside workers face.

**Lessons Learned**

- Be flexible-- initiatives must be responsive to local needs and existing resources.
- Simple administrative improvements (i.e., record keeping) may improve communication exponentially.
- Take counseling directly to the community utilizing neighborhood entities.
- Leverage diverse funding sources.
- Community center based services can be replicable across diverse health initiatives.
- Establish buy-in with partners to insure sustainability.

**“I see growth in the community, people coming together to help one another. These relationships create hope. Many people don’t have hope. Hope creates confidence that it can be done, and they’re learning respect from each other.”**

Wambui Demps, Cessation Group Facilitator, Allen Neighborhood Center, Final Progress Report to Legacy, August 29, 2005.



Gearing up for neighborhood canvass

“GG, a Native American Health Center Patient has both diabetes and arthritis, but his real motivation for quitting [smoking] was his two children. With the support of a NAHC health educator, and with access to three months of free patches, he was able to quit. GG is now studying to be a medical assistant. Some day soon, he will be the one helping others to quit.”

Final Progress Report, Alameda County CV Site, June 30, 2005.

## Case Study 2: Alameda County Community Voices, California



### Overview

We hoped to create significant systems-level changes within the operations of our associated community health centers by adding a new protocol to systematically assess and address tobacco use by patients. We found that a flexible approach and providing a significant level of technical assistance were essential to making these changes. However, financial incentives and devising ways to minimize the burden placed on healthcare professionals also went a long way to getting buy-in among the staff and supporting our goal of making lasting systems-level changes.

Our first Legacy grant enabled a 12-month planning period to assess the existing tobacco control efforts in our associated community health centers, and to plan further prevention and cessation efforts at those centers. During that year, we conducted a formal assessment at each site to identify its specific needs. We then worked with a staff person at each site to develop a customized implementation plan and timeline. Our second Legacy grant brought together the Community Health Center Network (CHCN) and the Alameda Health Consortium to implement those plans and improve the existing prevention and cessation efforts.

### Systems Level Change in the Organizational Domain

- CHCN implemented Smoking as a Vital Sign (SVS) at seven long established community health centers serving over 130,000 uninsured, Medi-Cal, and Medicare patients.



## Lessons Learned

- All levels of the clinic staff are important to making systems changes work. It is important to make sure that the whole clinic staff understands why the protocol is important, and what their specific role is to making it work.
- The provision of technical support and resources such as trainings and dissemination of educational materials in multiple languages eases the burden on health professionals.
- Always emphasize making the project work for the clinic, rather than making the clinic work for the project.



SVS consists of two components. First, medical assistants document for every patient at every visit if they use tobacco, as part of the routine collection of vital signs. Second, doctors advise patients who use tobacco to quit by giving a brief, personalized message to those patients at each visit, and referring patients to additional resources when appropriate. The decision to implement SVS at the centers was inspired by the successful adoption of the protocol by Northern California Kaiser Permanente.

- The medical directors of the seven community health centers and the Community Health Center Network selected SVS as the measurement for their cardiovascular Quality Initiative goal for adult medicine. This went a long way to insuring that SVS would be implemented at all of the clinic sites.

- We dispensed small grants to the clinics to develop additional on-site cessation resources (for example, providing nicotine replacement therapies for uninsured patients). We also trained health educators in how they could help patients develop a quit plan, and provided workshops for clinic staff on motivational interviewing and behavior change techniques developed by Kaiser Permanente.

### Systems-Level Change in the Community Domain

- Ultimately, our efforts to establish SVS within the community health centers resulted in SVS becoming a standard practice within the systems of all of our associated community health center sites including all of the pediatric and teen clinics.

**“Strong relationships continue to enhance our community education and outreach efforts to this day. Together CHCN and the Alameda Health Consortium helped the community health centers to implement or expand tobacco-use intervention services at each of their 36 clinic sites.”**

Jodie Ruland, Project Manager, Alameda Health Consortium, Tobacco-Use Intervention Project, Final Progress Report to Legacy from Alameda County CV Site, June 30, 2005.

- Our Community Health Centers have 8 school-based health centers, each of which was required to adopt tobacco cessation protocols to receive California Master Settlement Agreement funds.

### Systems-Level Change in the Policy Domain

- We held a seat on the Executive Board of the Alameda County Tobacco Control Coalition, which advises the Alameda County Public Health Department and the

County Board of Supervisors on allocation of Master Settlement Agreement funds. We promoted increased allocation of funds to cessation and community grants for underserved populations.

- The Alameda Health Consortium worked with policy staff at the American Lung Association of the East Bay to broaden policy activities to include the issues of tobacco cessation and availability of resources to community members who are interested in quitting their tobacco use.



## Case Study 3: FirstHealth of the Carolinas Community Voices, North Carolina



### Overview

Our entire FirstHealth network includes three hospitals, seven family health centers, seven fitness centers, and more than ten Emergency Medical Services. The influence of our network spreads across fifteen counties in the mid-Carolinas. The Community Voices (CV) project helped us align our services to the rural and disadvantaged. FirstHealth began the CV grant by integrating youth prevention activities and cessation services into local communities by focusing on patients identified as “ready to quit,” but our CV grant ultimately positioned us to exceed those expectations. We identified opportunities to make an even broader impact on the culture of tobacco use and by allowing a flexible approach we affected tangible policy shifts. Cessation and prevention initiatives at the school and community health center level sparked unanticipated and sweeping community and policy changes.

### Systems-Level Change in the Organizational Domain

→ Our Community Voices (CV) initiative improved adult cessation services by developing the FirstQuit program which offers phone support, one on one education and counseling, group support, and subsidized nicotine replacement therapy. CV expanded FirstQuit to include FirstHealth employees, volunteers, their spouses, and employees of various occupational sites.

“We learned the importance of playing a catalytic role in changing institutional behaviors and policies. Through our Legacy grant we managed to dramatically advance tobacco-free policies within school and healthcare systems, and the model we followed has continued to influence other services and program areas even after the original grant ended.”

Lisa G. Hartsock, Administrative Director, FirstHealth Community Health Services,  
FirstHealth’s Final Report to Legacy, January 30, 2005.

**“R.D. is the mother of a darling toddler, and stepmother to two elementary school- age children. R.D. is an ex-drug and alcohol abuser, married to a man with the same history. When R.D. arrived and talked about her intention to quit smoking, I was not sure if she had the personal skills to achieve that. Also, [as a low-income individual] who lives in a small town about forty minutes away from our office, I wondered if the cost of gas and the inconvenience of the trip would create obstacles for her. In addition, she and her husband had smoked since they were young teens. One other obstacle was her lack of medical insurance and inability to afford the cost of a visit to a primary care physician; we circumvented that by having our own nurse practitioner evaluate her and sanction use of nicotine replacement therapy (NRT). Within two months, R.D. had finished using the patch and nicotine gum for breakthrough cravings. She came, on time, to every appointment, with her freshly scrubbed and happy little boy (I have to admit that he did totally dishevel my office on the first visit). As clients often do, she shared patches and gum with her husband, but since the information which she provided about his medical history was unremarkable, I wasn’t too worried about that. The important thing was that they were functioning as a tight support system for each other. Actually, the really important thing is that these two individuals were able to successfully quit their tobacco addiction.”**

Actual name not disclosed to protect the privacy of the individual in this story.  
(FirstHealth CV Site’s Final Progress Report to Legacy, January 30 2005.)

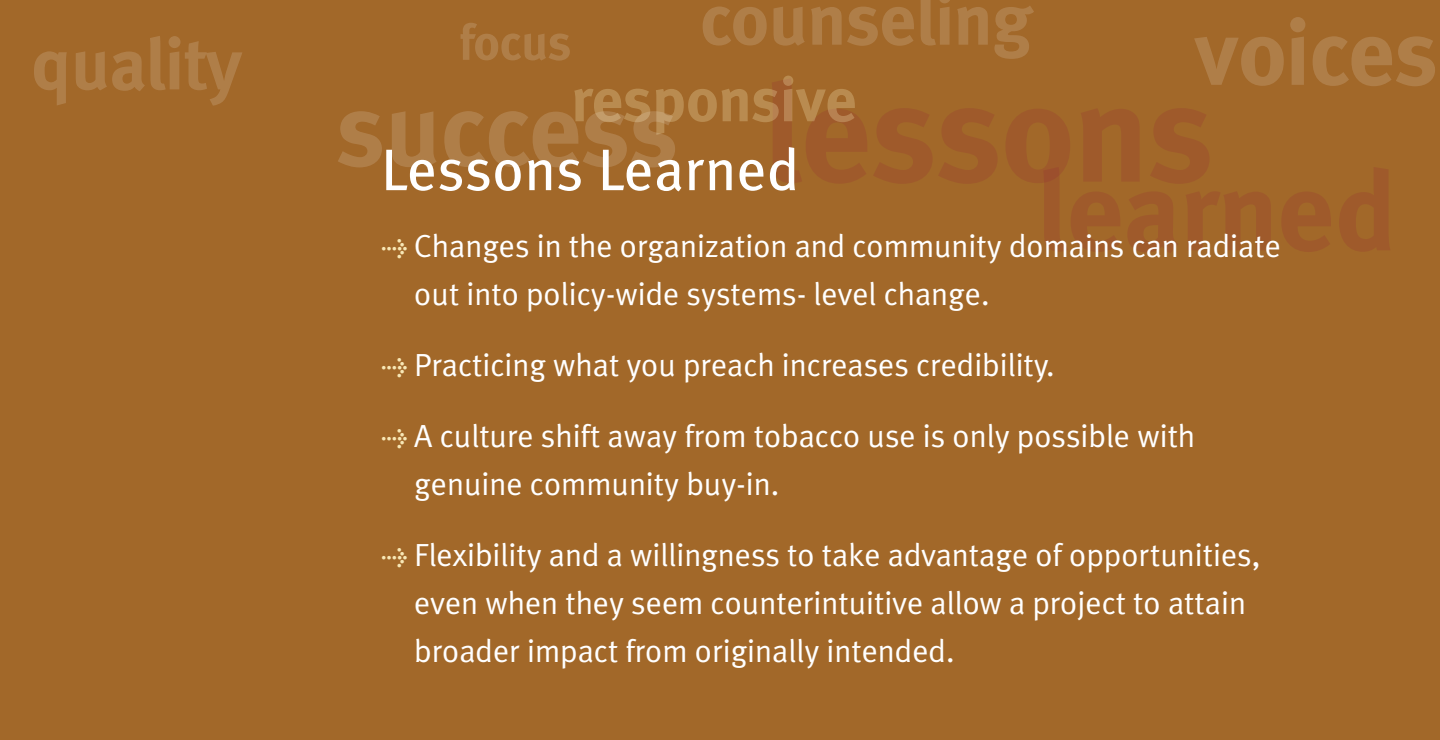
### Systems-Level Change in the Community Domain

- Our FirstQuit Program collaborated with 12 healthcare provider sites that served about a total number of 14,000 patients per month. These sites helped us recruit and encourage individuals to participate in the FirstQuit Program. We also partnered with 18 employers to offer tobacco cessation services to employees at their worksites. Altogether about 8000 employees worked for the partner organizations as of January 30, 2005.
- During the four years of Legacy’s CV grant funding, we partnered with churches, schools, and local community groups to form teen-led prevention groups. School-based initiatives included implementing a curriculum designed to delay smoking initiation and curtail use.
- As a result of our partnership efforts, Montgomery and Moore Counties adopted The American Lung Association’s Teens Against Tobacco Use (TATU) program, making peer-to-peer educational presentations an empowering and effective tool for norms shifting.
- The TATU program gained the attention and support of local school board members and administrators who were considering 100% tobacco-free policies. The Community

Voices program could not assist TATU in advocating tobacco-free policies, but helped TATU understand the various tobacco-free policy initiatives and sponsored a Youth Summit in November 2003.

### Systems-Level Change in the Policy Domain

- Soon after the 2003 Youth Summit, community coalitions held several tobacco-free workshops, and shortly after, three of the four school systems with TATU programs adopted 100% tobacco-free policies. While the CV project had not set out to advance smoke-free policies, its role with the TATU program in the school system helped tip the momentum towards this substantive norm shift. Momentum continued long after the grant ended, so that by the end of 2007, over 85% of North Carolina schools adopted 100% smoke free policies.
- After he was made aware of the Legacy/ CV activities, Charles Frock, CEO of FirstHealth, noted the irony of the company’s lack of a tobacco-free policy and became determined to put a policy in place. In May 2003, the FirstHealth Services Board voted to recommend to the FirstHealth Board of Directors that the health system develop a plan to make the entire campus smoke free, a remarkable achievement in a tobacco growing state.



## Lessons Learned

- After the decision was made, a FirstHealth staff taskforce worked for seven months to create community awareness and secure the resources needed for the policy change. The policy impacted over 3,900 employees and 800 volunteers working at 30 entities, as well as 300,000 patients and their visitors.
- This system wide policy change encouraged a normative shift and served as a means for other organizations and school systems to explore and implement tobacco free policies.

- Changes in the organization and community domains can radiate out into policy-wide systems- level change.
- Practicing what you preach increases credibility.
- A culture shift away from tobacco use is only possible with genuine community buy-in.
- Flexibility and a willingness to take advantage of opportunities, even when they seem counterintuitive allow a project to attain broader impact from originally intended.

**“The greatest system change that has taken place as a result of Legacy/ Community Voices work is FirstHealth adopting a tobacco-free policy and becoming a major resource in North Carolina to assist others addressing the issue. This has changed the way individuals view tobacco in general. For many, it has given them a reason to quit using tobacco or begin thinking about the process.”**

Lisa G. Hartsock, Administrative Director, FirstHealth Community Health Services Final Report to Legacy, January 30, 2005.

**Before she put down her last, cigarette, C.H. had been a two-pack-a-day smoker for nearly nine years. “I tried quitting before, a few years back,” she says, “but only stayed quit about six weeks.” What helped her quit for good is the QuitSmart program offered free of charge to employees of Springs Industries. “The program helped me quit, because it gave me a guide to go by.”**

Excerpt from Stories from the Legacy/Community Voices Tobacco Cessation & Prevention Initiative, Produced by Almyra Ayos and Marguerite Ro, Columbia University Medical Center, June 2005



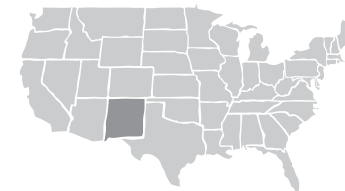
“One of the most important things to know before beginning a tobacco control program is to know what the community wants and how to meet those needs. A key to our success in New Mexico with cessation was to know that there were few cessation resources and that communities across the state wanted to have these programs available.”

Dr. Dan Derksen, Principal Investigator, University of New Mexico Health Sciences Center, Center for Community Partnerships, Final Progress Report to Legacy, June 27, 2006.

## Case Study 4: New Mexico Community Voices, New Mexico

### Overview

The New Mexico Community Voices project, associated with the University of New Mexico’s Health Sciences Center, maintained a statewide focus. The Legacy/ CV activities built on existing Kellogg Foundation supported programs aimed at improving healthcare for underserved communities. The CV initiative provided innovative cessation and prevention training to primary care providers and *promotoras*, Spanish-speaking community health workers, supported a local youth prevention coalition, and mobilized a campaign to reduce second hand smoke exposure.



### Systems-Level Change in the Organizational Domain

- ❖ In the initial years of the Legacy grant, we trained healthcare providers across the state about the importance of identifying a patient’s tobacco use and how to help that patient quit. As of June 27, 2006, 2200 providers were trained on tobacco use and cessation counseling. The training helped generate a stronger network of health providers who were more aware of the health risks of tobacco use.
- ❖ Las Clinicas del Norte developed and implemented a computer-based tobacco intervention program for the waiting room of dental clinics. The program identified about 400 tobacco users who received counseling and were referred to tobacco cessation classes.

Young people waiting for the Dental Van in Roswell, NM to get information from dentists and dental hygienist about how tobacco - especially spit tobacco - will harm their teeth and gums.



Training dental providers as part of an effort to integrate smoking cessation with dental services at La Clinica del Norte in El Rito, NM.

quality focus counseling voices  
 success responsive lessons learned

## Lessons Learned

- Know what the community wants and how to meet those needs
- Collaboration is essential for effective program and policy development and sustainability.
- Youth tobacco control programs that substitute tailored, individually focused education for suspension can prove successful

**Francisco had a very interesting experience with a man who weighed about 300 pounds and used oxygen. This man had been diagnosed with emphysema. He stopped smoking and is still quit three months later. He was able to stop oxygen use and returned his oxygen cylinder. His mother reports that he has become easier to be around – he is not as angry as he had been previously. This man has also stopped drinking and is trying to lose weight. (Final Progress Report to Legacy, June 27, 2006)**

- Through its network of nine medical centers, La Clinica de Familia provided cessation education training to Lifestyle Change Advocates, *promotoras*, health educators and volunteers in southern New Mexico and the Juarez Mexico corridor. Nearly 1700 people attended 147 education sessions during the course of the project.
- The Southeast Heights Community Health Worker Cessation project identified smokers through aggressive neighborhood canvassing and provided cessation counseling through motivational

interviewing during multiple home visits and phone sessions.

### Systems-Level Change in the Community Domain

- Three Albuquerque High Schools implemented Computer Helping Adolescents Talk Tobacco (CHATT), a non-punitive computer-based cessation program that served 198 students. The program was used to help keep students in school rather than being suspended for smoking.

- Through the Eastern New Mexico University-Roswell mobile dental clinic, 25,000 middle and high school students were screened for tobacco use. Staff paid special attention to spit and chew tobacco, which are very popular in “rodeo country.” The school-based health centers incorporated tobacco education and the formation of student health councils encouraged peer support in prevention and cessation.

### Systems Level Change in the Policy Domain

- The Clinical Prevention Initiative (CPI) actively pursued its goal to integrate tobacco use prevention and cessation services into healthcare practices statewide, affected the broadest systems-level change. The CPI is an ongoing joint effort between the New Mexico Medical Society and the New Mexico Department of Health to promote the most effective clinical interventions. The CPI developed educational materials for primary care providers and provided on-site prevention and cessation consultation at clinics, offices, and hospitals.

**“Policy represents the ultimate in creating a lasting change. Tobacco use prevention programs may not receive continued funding or may fail to sustain their efforts on their own, but policy change impacting the entire state will have a great impact on changing tobacco use behavior in New Mexico.”**

Cheryl Ferguson, Project Coordinator, University of New Mexico Health Sciences Center, Center for Community Partnerships, Final Progress Report to Legacy, June 27, 2006.

❖ State level initiatives helped raise awareness of tobacco use as a health issue throughout New Mexico and during the 2003 legislative session, the state legislature passed a bill requiring all insurance companies that provide maternity services to also cover cessation services, making it the only state with such a requirement. The responsible regulators sought consultation for the

drafting of these new regulations, and the University of New Mexico Health Sciences Center, Center for Community Partnerships (Legacy/CV grantee), convened stakeholders and partners to help frame the new legislation.<sup>3</sup>

❖ The Community Voices project also worked with the state to revise its Medicaid regulations to increase cessation support, especially for pregnant women.



Training and engaging all health care providers was the focus of CVNM-Legacy's collaboration with the Clinical Prevention Initiative.

## Conclusion

The American Legacy Foundation consistently focuses on providing support to populations disproportionately targeted by tobacco industry. Often these populations include individuals and families overlooked by the public resources and local healthcare systems. Central to the Legacy/CV mission was the hard reality that Legacy's efforts helped communities that often lack basic tobacco cessation, prevention, and policy programs, and where tobacco was viewed as a minor concern in comparison with other established community needs.

Still, Legacy's partnership with the W.K. Kellogg Foundation's Community Voices: Healthcare for the Underserved Initiative resulted in a unique opportunity in tobacco control. The Community Voices Initiative represents one of Legacy's earliest efforts to provide communities with support for tobacco control services. In most cases, the funds provided by Legacy to the eleven Community Voices sites initially focused on providing or increasing cessation services, reducing youth tobacco use, and reducing secondhand smoke exposure. By focusing on flexibility and making the project work for the community, the Legacy/CV sites were able to adhere to the tobacco control strategies that made the

most sense and achieve the most impact. The Community Voices Initiative also helped shape future Legacy grant initiatives and approaches. While Legacy remains committed to offering financial support to organizations that provide tobacco control service to local communities, its focus on outcomes, capacity building, and sustainability is due in part to the Legacy/CV experience. While helping individuals quit using tobacco products remains one of the foundation's key goals, Legacy also recognizes and supports opportunities to shift the culture of tobacco use through the many forms of systems-level change outlined in this publication.

Several key lessons for affecting systems-level change emerged during the grant period, but in conclusion, we would like to highlight three of those that we found most valuable.

❖ **Building multi-faceted partnerships:** The CV efforts in Ingham County showed the value of partnering with established community organizations, such as neighborhood centers and women's health clinics.

❖ **Training and development of staff and stakeholders:** The implementation of "Smoking as a Vital Sign" in Alameda County showed the value of assuming



tobacco cessation  
decrease tobacco consumption  
focus  
quality  
individuals  
affect  
healthcare

## Brief Community Voices Project Profiles

responsibility for the training of medical staff to make this fundamental organizational shift.

❖ **Capitalizing on opportunities to achieve broader impacts:** The CV activities in North Carolina demonstrated the significance of adopting a flexible approach to project implementation and utilizing new program opportunities to achieve broad and synergistic impacts.

We hope that this publication has contributed to a working definition of systems-level change, which helps the public health and philanthropic communities pinpoint many of the factors that contribute to creating multidimensional systems-level change. We have recognized that a flexible community approach, significant institutional support, and deeply committed personnel are necessary elements to maximize opportunities for systems-level change.

While not all of the Community Voices sites generated lasting systems-level change, each inspired significant changes in community-based tobacco control efforts and advanced our collective understanding of different approaches to improve healthcare access for underserved communities. The examples below provide a brief glimpse of the tobacco control efforts undertaken by the various Community Voices sites. In many cases, an inability to sustain the project's effort beyond the Legacy funding period served as a significant indicator that a systems-level change had not taken root. In some other instances, projects were unable to institutionalize their efforts within their partner organizations.

### Northern Manhattan Community Voices, New York

Northern Manhattan Community Voices successfully implemented a tobacco use identification and cessation referral procedure at Columbia University's School of Dental and Oral Surgery (CUSDOS) dental clinic in order to address the strong link between tobacco use and poor oral health. By streamlining and standardizing the referral procedure

at the dental clinic, each tobacco user who indicates an interest in quitting is offered cessation services. At the beginning of the referral process, the patient is proactively contacted by a bilingual dental assistant who then makes appointments for the patient at the school's cessation clinic and follows-up with ongoing reminder calls. These triage procedures are now part of the dental assistant's job description. This ensures that these procedures are now a permanent part of the dental clinic's operating system and will not be affected by staff changes or the completion of grant activities. The New York State Department of Health continued to fund the program after the Legacy grant concluded.

### Voices of Detroit Initiative, Michigan

The Voices of Detroit Initiative (VODI) worked with the Detroit Health Department to provide nicotine-replacement therapy resources to healthcare providers and their patients. It provided Continuing Medical Education training to providers through Wayne State University's Medical school to educate them about appropriate cessation guidelines and referrals. It also adopted a care management approach with its clinics

to develop personalized cessation programs and attempted to integrate Smoking as a Vital Sign into the protocol. The care management approach increased patients' opportunities to quit tobacco use successfully. Ultimately, the interventions were successful, but since the interventions remained highly dependent on continued funding from other sources, it was not able to reach a true systems level change.

### **Charleston Area Medical Center (CAMC), West Virginia**

CAMC created very successful partnerships above and beyond what was set forth in the original grant proposal, significantly extending the site's impact into the surrounding communities of Charleston. The project staff collaborated with African American churches to help tailor cessation programs to local communities and also worked with local community clinics on accessing tobacco cessation training programs for local resources. Low initial enrollment of African Americans in local cessation programs prompted an important collaboration with the Partnership of African-American Churches (PAAC). By working together, both partners overcame many hurdles to create the medical oversight that was necessary for PAAC to become more than a simple referral source. PAAC has now fully

integrated tobacco cessation into its health and wellness ministry. However, other aspects of the CAMC's efforts were only expected to continue if the programs were absorbed by the partner organizations.

### **Community Voices – El Paso, Texas**

A significant portion of El Paso's monolingual Hispanic population face high unemployment and uninsured rates are high among the population and many residents have little to no access to primary and preventive health care. The project focused on providing tobacco-related training to *promotoras*, lay health workers trained in outreach and chronic disease management who are employed in the medical clinics and make home visits. Project staff envisioned that the *promotoras* would help reach individuals with limited or no access to tobacco cessation and prevention, identify tobacco users, provide appropriate education, and make referrals to cessation services. The project succeeded in increasing both awareness and skills for *promotoras*, whose commitment to tobacco education outlasted the grant period, while also highlighting this public health strategy for other health focused organizations.

### **Camillus House and the Collins Center for Public Policy, Florida**

The Camillus House and the subsequently the Collins Center for Public Policy embarked a tobacco use prevention and cessation program to address the issue of tobacco use in three ethnically diverse communities of Miami, Florida. The program focused on training staff in youth organizations to provide life skills training and cessation for youth in the Overtown, East Little Havana, and Little Haiti, FL neighborhoods. The project hoped that its partner organizations would adopt the training and life skills focus into own operations. However, the curriculum did not meet staff or youth expectations and failed to generate sufficient support to sustain it at the conclusion of the funding period.

### **Denver Health and Hospital Authority, Colorado**

The Denver Health Community Voices project initially intended to provide assistance to clients attempting to reduce their exposure to secondhand smoke but was not successful in engaging many clients. It then focused on providing cessation training to home visitation staff working at WIC, Baby and Me, and Head Start clinics in order for them to provide cessation counseling to pregnant smokers. Unfortunately, low participation also hampered the project's ability to establish a strong cessation effort.

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#### Endnotes

<sup>1</sup> No Legacy funds were used for lobbying or political activities. The University of New Mexico Health Sciences Center, Center for Community Partnerships worked as part of a coalition called the New Mexicans Concerned About Tobacco (NMCAT) on these public policy issues which was funded by the American Cancer Society, American Heart Association, American Lung Association, the Campaign for Tobacco Free Kids, and RWJ Smokeless States

funds (and a few smaller grants). Legacy funds supported grantee activities focused on conducting various training programs on tobacco use and cessation counseling, and the delivery of community-based cessation services. See page 27-30 for more details.

<sup>2</sup> This initiative was not supported by Legacy funds.

<sup>3</sup> These activities were not supported by Legacy funds. See endnote 1.

## American Legacy Foundation®

The American Legacy Foundation® is dedicated to building a world where young people reject tobacco and anyone can quit. Located in Washington, D.C., the foundation develops programs that address the health effects of tobacco use, especially among vulnerable populations disproportionately affected by the toll of tobacco, through grants, technical assistance and training, partnerships, youth activism, and counter-marketing and grassroots marketing campaigns. The foundation's programs include truth®, a national youth smoking prevention campaign that has been cited as contributing to significant declines in youth smoking, EX®, an innovative public health program designed to speak to smokers in their own language and change the way they approach quitting; research initiatives exploring the causes, consequences, and approaches to reducing tobacco use; and a nationally-renowned program of outreach to priority populations. The American Legacy Foundation was created as a result of the November 1998 Master Settlement Agreement (MSA) reached between attorneys general from 46 states, five U.S. territories and the tobacco industry. For more information about the foundation please visit [www.americanlegacy.org](http://www.americanlegacy.org).

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**Building a world** where young people **reject tobacco** and anyone can quit.



