

# **Secondhand Smoke and Children:**

## **Conducting Public Outreach Programs**





# **Secondhand Smoke and Children: Conducting Public Outreach Programs**

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# Table of Contents

## I. Introduction

|   |   |
|---|---|
| Using This Guide .....                                      | 5 |
| The Goal of the Secondhand Smoke and Children Program ..... | 5 |
| Terminology .....   | 6 |

## II. The Health Effects of Secondhand Smoke

|  |   |
|--|---|
| Respiratory Illness in Children .....  | 7 |
| Onset and Exacerbation of Asthma ..... | 8 |
| Sudden Infant Death Syndrome .....     | 8 |

## III. Conducting Successful Outreach Programs

|  |    |
|--|----|
| Setting Goals .....                              | 9  |
| Target Audiences .....                           | 10 |
| Developing an Action Plan .....                  | 13 |
| Key Messages .....                               | 15 |
| Building Partnerships .....                      | 16 |
| Coordinating with Tobacco Control Programs ..... | 17 |

## IV. Working with the Media

|  |    |
|--|----|
| Media Relations .....                  | 19 |
| Developing Media Spokespeople .....    | 21 |
| Media Tools .....                      | 21 |
| Targeting Minority Media Outlets ..... | 23 |

## V. Replicable Programs

|  |    |
|--|----|
| Outreach to Parents .....                    | 28 |
| Secondhand Smoke Media Campaign .....        | 29 |
| Community Baby Shower .....                  | 50 |
| Secondhand Smoke Helpline .....              | 55 |
| Secondhand Smoke in Cars .....               | 56 |
| Outreach to Daycare Providers .....          | 59 |
| Smoke-free Head Start .....                  | 60 |
| Childcare Provider Training .....            | 68 |
| Training Home-based "Provider Mothers" ..... | 76 |

|   |         |
|---|---------|
| Outreach Through Healthcare Providers .....               | 79      |
| Hospital-based Intervention and Education Project .....   | 80      |
| Healthy Beginnings .....                                  | 86      |
| Protecting Children Through the WIC Program .....         | 90      |
| Smoke Outside Campaign .....                              | 91      |
| Outreach Through Community Leaders .....                  | 96      |
| African-American Church-based Project .....               | 97      |
| <br><b>VI. Funding Opportunities .....</b>                | <br>99  |
| <br><b>Appendix I. Health Effects References .....</b>    | <br>103 |
| <br><b>Appendix II. Organizational Contacts</b>           |         |
| EPA Regional Offices .....                                | 105     |
| State Indoor Air Quality Contacts .....                   | 106     |
| EPA Indoor Environments Cooperative Partner Network ..... | 107     |
| State Tobacco Control Directors .....                     | 109     |
| IAQ Coalitions .....                                      | 118     |
| Daycare Organizations .....                               | 118     |
| WIC Program .....   | 119     |
| Tobacco Control Organizations .....                       | 119     |
| <br><b>Appendix III. Program Materials .....</b>          | <br>121 |

# I Introduction

## Using This Guide

**S***econdhand Smoke and Children: Conducting Public Outreach Programs* has been developed by the American Lung Association (ALA) to serve as a resource for organizations concerned about reducing children's exposure to secondhand smoke. The guidance offered here is the result of many years of experience educating the public on secondhand smoke. ALA was the first voluntary health organization to speak out about the hazards of secondhand smoke, in an ALA board position on nonsmokers' rights in the early 1970s. We have pooled the information in this document from countless talented and dedicated individuals who have worked with us throughout our decades of leadership in tobacco control and indoor air quality issues.

The primary objective of this document is to present successful outreach programs in a way in which they can be effectively replicated by others. These are the "Replicable Programs" outlined in Part V. However, there is more to successful outreach than replicable programs. Other sections of the guide, which are recommended reading for the novice as well as the experienced outreach program manager, include: background on the health effects of secondhand smoke; putting together effective public outreach programs; working with the media; and funding opportunities. In addition, the appendices contain reference information on developing partnerships and locating resource materials.

Reducing children's exposure to secondhand smoke means changing the smoking behavior of adults. It is very challenging and often emotional-

ly-charged work that involves issues of addiction, individual rights, power structure in families, sanctity of the home and much more. Please use this document as a source for some helpful tips if you are experienced, and a springboard for action if you are just getting started. The information in this guide is offered with the understanding that we have a long way to go to eliminate this serious threat to children's health, and that the best way to get the work done is through collaboration and through building on each other's successes.

## The Goal of the Secondhand Smoke and Children Program

**T**he goal of both the ALA's Secondhand Smoke and Children program and of this document is to reduce the percentage of homes nationally in which children under the age of 6 are exposed to secondhand smoke from 27%, in 1996, to 15%, by the year 2005. Both the Environmental Protection Agency and the U.S. Department of Health and Human Services share this goal of reducing childhood exposure in the home. Children are a vulnerable group which bears a disproportionate health burden. Children are more likely than adults to become sick from secondhand smoke, and their exposure is always involuntary. The program focuses on reducing exposure primarily in the home because that it is where the need is greatest.

This document is focused on reducing risk from secondhand smoke as an indoor air pollutant. It is not about getting people to quit smoking. A great deal of advocacy work has been done on smok-

ing cessation and ensuring that public places are smoke-free; ALA and other organizations will continue that fight. But eliminating or reducing smoking in homes must be done by individuals, through public education and voluntary behavior change.

It is important to note that secondhand smoke public education is done for many reasons. Some programs use it as a strategy to reduce smoking rates. Others concentrate on creating smoke-free public environments. All of these are of course worthwhile goals with enormous potential for public health benefits, and they do not in any way conflict with each other. The American Lung Association pursues all of them in various ways. Coalition partners may have different primary goals and still work together successfully. But in order to achieve the outcomes you are after, it is important that you and your organization clarify your goals at the outset and tailor your outreach program accordingly.

## Terminology

**T**here are many terms for secondhand smoke, including environmental tobacco smoke (ETS), passive smoke, and sidestream smoke (although technically, that is only the portion of the smoke that comes directly from the burning end of the cigarette, not the exhaled portion). Experience with public education has shown that the phrase “secondhand smoke” has the greatest public recognition and understanding. For that reason, the ALA uses “secondhand smoke” in all our public outreach materials, and you will see it used exclusively throughout this guide. However, you will find that the term “environmental tobacco smoke” is used most often in the scientific literature and public policy discussions, and may be more appropriate for use with professional audiences.



## II The Health Effects of Secondhand Smoke

**T**he following is a brief summary of the major research findings on the health effects of secondhand smoke. For additional information, refer to the studies listed in Appendix I.

In 1992, the EPA released a report, *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders*, that evaluated the health impact of breathing secondhand smoke. In that report, the EPA concluded that secondhand smoke causes lung cancer in adult nonsmokers and impairs the respiratory health of children. These findings are very similar to ones made previously by the National Academy of Sciences and the U.S. Surgeon General. Although the tobacco industry has hotly contested the conclusion that secondhand smoke is a human carcinogen, subsequent research has confirmed the EPA's findings of its health risks to children and adults. Most recently, the California EPA as well as health agencies in Australia, the U.K., and France have similarly concluded that secondhand smoke causes lung cancer in nonsmokers.

### Respiratory Illness in Children

**T**he lungs of young children are particularly sensitive to environmental insults, including secondhand smoke. Exposures early in life while the lungs are still growing can affect normal development

and increase the risk for both acute and chronic respiratory illness.

◆ **150,000 to 300,000 lower respiratory infections**

Exposure to secondhand smoke decreases lung efficiency and impairs breathing ability. Airways become inflamed, and mucus production increases. Children, whose airways are smaller and more sensitive, are more likely than adults to suffer respiratory symptoms like coughing and wheezing. They are also more susceptible to infection. The EPA estimates that every year, between 150,000 and 300,000 cases of lower respiratory infections, such as bronchitis and pneumonia, in children under 18 months of age are attributable to breathing secondhand smoke.<sup>1</sup> These illnesses result in as many as 15,000 hospitalizations. And although the rate of illness goes down as children get older, there is still an increased risk.

◆ **Up to 1.6 million doctor visits for middle ear infections**

Secondhand smoke exposure also causes inflammation of the eustachian tubes, which connect the back of the nose to the middle ear. This swelling blocks the natural drainage of the middle ear, resulting in fluid build-up and increased risk of ear infections. As many parents know, ear infections are a major cause of lost work and school, and are the most common cause of childhood hearing loss and of childhood operations. Between 700,000 and 1.6 million visits to

<sup>1</sup> US EPA Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders, 1992.

the doctor's office for childhood ear infections can be linked with exposure to secondhand smoke.<sup>2</sup>

## Onset and Exacerbation of Asthma

### ◆ Up to 1,000,000 asthmatic children suffer

Secondhand smoke irritates the lining of the airways, and is a powerful trigger for many people with asthma. According to a recent study by the California EPA, the condition of approximately 400,000 to 1,000,000 asthmatic children is worsened by exposure to secondhand smoke.<sup>3</sup> Emergency room visits are more frequent in children whose parents smoke, and those children have been found to need more medication to control their asthma than do children of nonsmoking parents. In addition, secondhand smoke exposure has been shown to increase the number of new asthma cases among children who have not had previous episodes.

## Sudden Infant Death Syndrome

◆ Associated with 1,900 to 2,700 SIDS deaths  
Sudden Infant Death Syndrome (SIDS) is the most frequent cause of death in infants aged 1 month to 1 year. More than 3,000 infants annually die unexpectedly, during sleep, without significant evidence of fatal injury or illness. The cause or causes of these deaths are unknown. The most widely accepted hypotheses suggest that some form of respiratory failure is involved in most cases.

There is a long-established correlation between maternal smoking during pregnancy and SIDS: infants of mothers who smoke are more than twice as likely to die of SIDS than children of non-smoking mothers. Recent evidence suggests that exposure to secondhand smoke may also increase an infant's risk of dying from SIDS. The California EPA estimates between 1,900 and 2,700 SIDS deaths annually are associated with secondhand smoke exposure.<sup>4</sup>

### ESTIMATED ANNUAL MORBIDITY AND MORTALITY IN NONSMOKERS ASSOCIATED WITH ENVIRONMENTAL TOBACCO SMOKE (ETS) EXPOSURE

| Condition   | Number of People or Cases in the United States        |
|---|---|
| <b>Developmental Effects</b>  |   |
| Low Birthweight   | ~ 9,700–18,600 cases                                  |
| Sudden Infant Death Syndrome  | ~ 1,900–2,700 deaths                                  |
| <b>Respiratory Effects in Children</b>                              |   |
| Middle Ear Infections   | 0.7 to 1.6 million physician office visits            |
| Asthma Induction  | 8,000 to 26,000 new cases                             |
| Asthma Exacerbation   | 400,000 to 1,000,000 children                         |
| Bronchitis or Pneumonia in Infants & Toddlers (18 Months and Under) | 7,000 to 15,000 hospitalizations<br>136 to 212 deaths |
| <b>Cancer</b>   |   |
| Lung  | 3,000 deaths  |
| <b>Cardiovascular Effects</b>                                       |   |
| Ischemic Heart Disease  | 35,000–62,000 deaths                                  |

Source: California Environmental Protection Agency: Health Effects of Exposure to Environmental Tobacco Smoke, 1997

<sup>2</sup> US EPA Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders, 1992.

<sup>3</sup> California EPA Health Effects of Exposure to Environmental Tobacco Smoke, 1997.

<sup>4</sup> California EPA Health Effects of Exposure to Environmental Tobacco Smoke, 1997.

### III Conducting Successful Outreach Programs

**I**t is very hard to change human behavior. It takes the right message, delivered to the right people, at a time when they will be receptive. And it takes persistence — often years of sustained effort to change cultural norms. The tobacco control movement is a good example of a successful, long-term public education campaign. Cigarette smoking is perceived very differently in our culture now than it was 30 years ago. But it has taken several decades to raise awareness of the health risks, reduce the number of smokers to a minority, and institutionalize smoke-free environments. And we still see backsliding, currently in the form of rising smoking rates among youth, and a trendy interest in cigars and chewing tobacco.

Successful outreach programs all share some common elements, which are detailed in the following sections. Putting these elements together in advance of starting your actual outreach activities requires time, a clarity of purpose, and some sustained organizational commitment. But it helps ensure that you will end up with the finished product you want.

#### Setting Goals

**B**efore you develop an action plan for your outreach program, the first thing you need to establish is your goal. What is it you are trying to achieve? Goals are “big-picture” actions or outcomes.

Naturally, they should always conform with the mission of your organization. They must be formulated so that you can measure your results in concrete ways. “Increased awareness about secondhand smoke” is not a measurable goal. Better examples for the goals of a secondhand smoke outreach program would be “Reducing the number of homes in which children are exposed to secondhand smoke in this community by X % in the next 5 years,” or “Institution of a smoke-free policy in X% of day-care facilities in the county by September.”

The goals that you set will be determined in part by the resources available to you. Although it is important to set goals that are as broad and as health outcome-oriented as possible, it is also important that they be realistic. Setting a goal that you cannot hope to achieve, or even measure, undermines your likelihood for success (and looks bad to funders). It is tempting to set a goal to, say, reduce the number of emergency room visits by children with asthma. But even if you do have a method to collect the hospital data, it is very difficult and expensive to confirm a statistically valid relationship between your particular outreach program and hospitalization rates.

It is also important to set goals based on the needs of your community. Who is most at risk? What are the best channels for reaching them? What other programs and services are out there that can be built upon, but not duplicated? Some form of needs assessment will help ensure that your program is targeted where the need is greatest, and in a way that it can be effective.

## Target Audiences

**A**lthough there is some benefit to raising general awareness about the health impact of secondhand smoke, in the long run the only people who can actually prevent children from being exposed at home are the ones who are currently smoking around them. The most effective outreach programs will be those that are targeted to parents and other caregivers, or to those who are in a position to influence them, such as doctors or members of the clergy. It is important to note that people are more likely to change their behavior if they get multiple messages from a variety of sources. So although outreach needs to be targeted, it is best not to limit yourself to only one segment of the population.

### Demographics of Smoking

Data from the Third National Health and Nutrition Examination Survey (NHANES III) on reported exposure to secondhand smoke show that 43 percent of U.S. children aged 2 months through 11 years live in a home with at least one smoker. In 1995 there were 47 million adult smokers in the United States, or approximately 25% of people over 18.

Smoking rates vary within the population by gender, age, race and ethnicity:

- **Gender [figure 1].** Smoking rates are higher among men (27%) than among women (23%), although the rate of smoking among young women is rising rapidly.
- **Age [figure 2].** Smoking rates are highest among persons 25–44 years of age (29%), which are unfortunately also the prime child-bearing years.

Figure 1

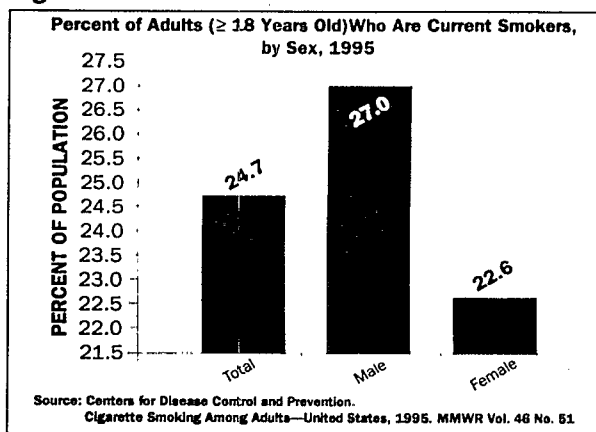


Figure 2

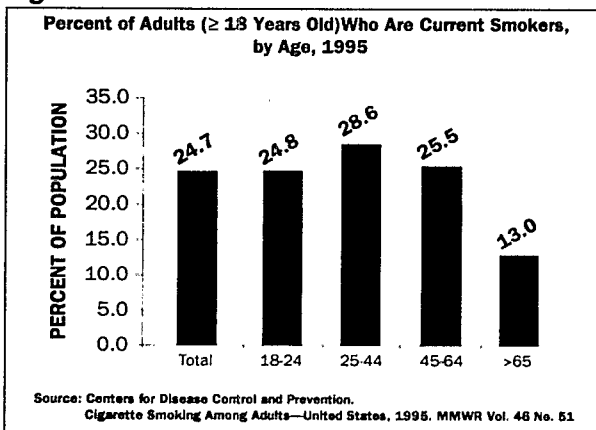
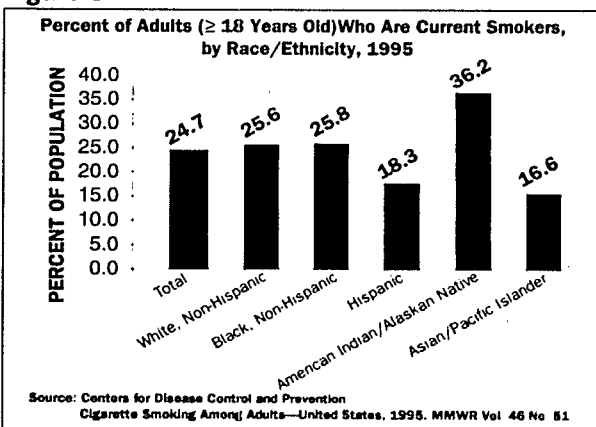
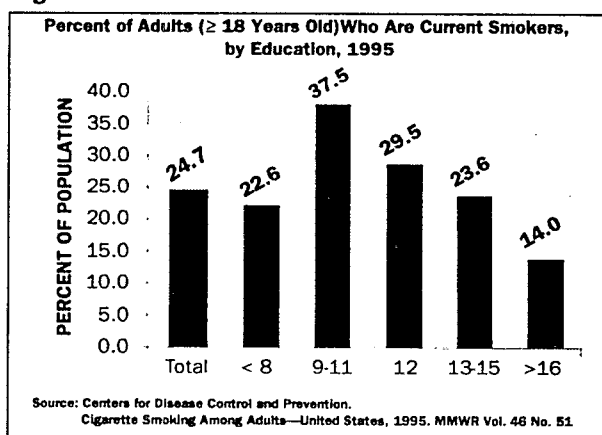


Figure 3



- **Race and ethnicity [figure 3].** Smoking rates are highest among Native Americans (36%) and African-Americans (26%), and lowest among Asians and Pacific Islanders (17%). Smoking

Figure 4



prevalence among Hispanics (18%) is lower than the national average. This is due to the small proportion of Hispanic women who report themselves to be smokers (15%).

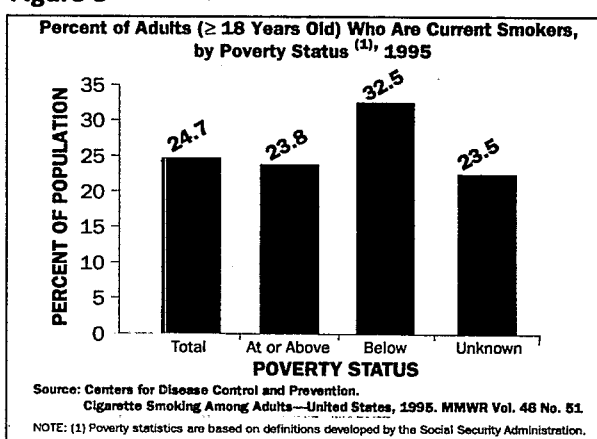
- *Socio-economic status* [figures 4, 5]. Smoking rates also can be correlated with education level and socio-economic status, with prevalence going down as education and income increase.

### ■ Parents and guardians

Parents and guardians who smoke or allow smoking in their homes are the primary targets for outreach to protect children from secondhand smoke, because homes are where most of the exposure takes place. Much of the secondhand smoke outreach discussed in this guide focuses on the mother. In the typical family she is the one who spends the most time with the child. She interacts more with healthcare providers throughout her pregnancy and post-natal period, and may well have the primary responsibility for the child's health care. And behavior studies have repeatedly shown that women are more concerned about and receptive to health messages.

Although we could find no examples of programs targeted to fathers, a number of experi-

Figure 5



enced outreach workers interviewed for this document thought it was a promising idea. Especially in cultures that are traditionally patriarchal, the fathers are much more likely to be the ones that are smoking at home. And in these homes, the mothers are less empowered to enforce a smoke-free policy. The fathers are viewed as the protectors of their families, and may be reachable through an appeal to this role.

Working with families is inextricably linked with issues of culture and social structure. If outreach to parents is to be effective, it must be culturally appropriate. For example, you cannot ask a young Asian mother from a traditional background to tell the family elders not to smoke when they come to visit. You create a cultural conflict in which there are no winners, and you will damage your relationships in that community. Get to know your target population, seek out community leaders, and provide programs and materials in the primary language of the community whenever possible. For more information about working with culturally diverse populations, see ALA's *Building Successful Indoor Air Quality and Environmental Justice Programs: A Program Implementation Guide*.

### ■ Daycare providers

Any program geared toward young children must take into account that many of them are away from their home and parents much of the day, in daycare. Providing secondhand smoke messages to daycare providers helps ensure that the daycare environment itself is smoke-free, but it should primarily be viewed as a channel through which to reach parents. The relationship between daycare provider and parents is potentially a very rich one, built upon trust, information-sharing and mutual concern for the well-being of the child.

Daycare arrangements vary widely, from preschools and large institutional centers, through small licensed home-based providers, to uncredentialed neighbors and relatives. For the purposes of targeted outreach programs, we will deal only with licensed centers and home-based providers. Unlicensed providers are difficult to locate and may be wary of cooperating with outreach workers because of their unofficial (and possibly illegal) status.

Finding childcare providers is complicated because the structure of local oversight varies so much. Every jurisdiction has some form of regulation and licensing, whether it is in the health department or elsewhere. Locating that office usually provides access to mailing lists, as well as information about training requirements and continuing education credits that may be useful. There are also a number of professional organizations for daycare providers, including the National Association for the Education of Young Children and the National Association of Child Care Resource and Referral Agencies. The local chapters of these national organizations can put you in touch with their member providers through conferences and newsletters.

### ■ Healthcare providers

Healthcare providers can include any medical professionals that provide services for children and families, including pediatricians, hospital and emergency room personnel, visiting nurses, and WIC counselors. Like daycare providers, healthcare workers are a trusted source of information for parents — people who are seen as knowledgeable and as having the best interest of the child in mind. Healthcare providers also have a good idea of which families may be at risk. They see the children that are getting sick, and in the case of home healthcare providers, they see the environment the children live in as well. Unfortunately, not all healthcare providers are well informed about the health effects of secondhand smoke. The first role of outreach to this target group is to educate them about the risk. Once they are informed, they can be encouraged to counsel their patients, and use pledge cards or contracts as appropriate. Large institutional providers like HMOs and hospitals may be willing to establish policies that require intervention when a child has recurrent respiratory infections or is hospitalized.

Healthcare providers can be reached through their professional membership organizations, newsletters and conferences. Many of them have professional requirements for continuing education, and are more likely to attend a training on secondhand smoke if they can get credit for it. As with any target audience, you can also increase the likelihood of participation if you provide food — as in a breakfast seminar — or offer other incentives. Another way to reach pediatricians is through pharmaceutical representatives. They talk to lots of doctors, and appreciate having materials like informational packets and promotional items like baby bibs (with smoke-free messages) to leave behind after their visit.

### ■ Community leaders

Religious leaders, prominent citizens and respected elders are looked to as a source of guidance within a community, and as such make powerful messengers. Especially in minority communities that are battling high rates of smoking and related disease, as well as being targeted for marketing by the tobacco industry, these community leaders may already be sensitized to the issues, and can be readily persuaded to take on secondhand smoke and children.

## Developing an Action Plan

Once you have assessed the needs of your community, set goals, and established a target audience, it is time to develop the action plan for your program: the "what, how and when." ALA Indoor Air Programs uses a very help-

ful "pyramid model" for action planning (see figure below). If it is applied during development of a program, it can ensure integration of everyday activities with overall goals and focus your thinking about desired outcomes. The pyramid has four levels: mission, goals, objectives, and tasks/activities. When planning a program, it is recommended that you start at the top and work down, as follows.

At the very top of the pyramid is the mission of the program. The mission is generally a broad health-based statement of why you want to implement the program, such as, "To reduce the health risk to children from exposure to secondhand smoke."

The goals of a program, as discussed in the preceding section, are the broad results that will accomplish the mission. An example for secondhand smoke could be, "X number or percentage of families with a child admitted to the hospital for a respiratory illness will receive counseling."

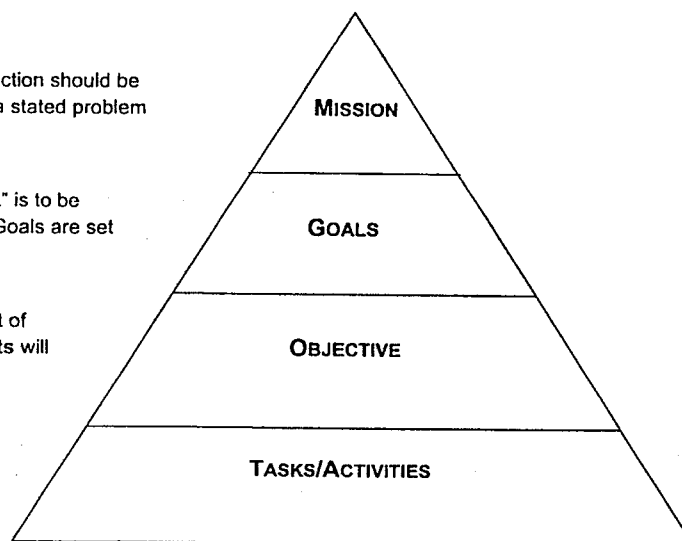
### "PYRAMID MODEL" FOR ACTION PLANNING

**WHY:** The mission is a statement of "why" action should be taken. The mission is often the opposite of a stated problem.

**WHAT:** A goal is a broad statement of "what" is to be accomplished within a specific time frame. Goals are set in relation to priority areas.

**WHAT:** An objective is a narrower statement of "what" discrete results or measurable targets will be achieved. The results of the objectives, taken together, will accomplish a goal.

**How:** A task is an action that, alone or in combination with other tasks, constitutes "how" an objective will be accomplished.



The objectives are narrower and more direct action statements coming out of the goals, such as "Enlist two pediatricians to serve as spokespeople for the campaign" or "Secure smoke-free pledge cards from 50 families by January." This is the level of the pyramid that involves seeking behavioral change. Once you have outlined the possible objectives, you can then tailor them to fit your organization's resources and your community's needs before you determine the appropriate tasks or activities.

The tasks and activities are the "hows" that will accomplish the objectives. These are the day-to-day actions that make up the bulk of any program: the trainings, mailings, presentations, phone calls, etc. If the pyramid model is used thoroughly, every activity you undertake will be directly related up the pyramid to the mission. It can be tremendously empowering to know that your daily tasks are linked to a specific desired health outcome.

### ■ **Determining Measurable Outcomes**

Each level of the pyramid should include measurable outcomes and a way to evaluate success. Measuring and evaluating tasks and activities is relatively easy. Basically, you measure everything you can quantify, like numbers of brochures distributed, numbers of daycare providers trained, etc. If there is no way to measure the impact of an activity, you may want to consider doing something differently. Either reallocate resources to develop a feedback mechanism so you can truly evaluate your effectiveness, or move your effort into something you know is helping you attain your goals.

Examples of results that should be tracked include:

- Number of presentations given and how many people reached
- Number of pediatricians enlisted to do outreach
- Number of daycare centers implementing a smoke-free action plan, and how many families reached as a result
- Number of families educated through counseling
- Number of radio, TV and newspaper outlets running PSAs, and how often
- Number of families committed to not allowing smoking in the home
- Number of homes with children age 6 and under where smoking is not allowed

As you move up the pyramid, measurement and evaluation gets more difficult. It can be practically impossible to measure behavioral change directly, so one must establish proxy measures. Proxy measures are indicators of the likelihood that you will have met your goal. Some proxies are better than others. For example, your goal of getting new mothers to smoke outside is impossible to measure directly. A good proxy measure would be the number of mothers who sign pledge cards not to smoke in the home. A weaker measure would be the number of mothers who attended a presentation on secondhand smoke. The weakest measure would be the estimated number of targeted individuals exposed to a mass media piece on secondhand smoke.

### ■ **Setting Standards for Success**

Standards are the numeric benchmarks that you set against which to evaluate the success of an activity. For example, if you plan to do a presentation on secondhand smoke and asthma for daycare providers, you decide that your standards for



success will be 25 participants, of whom 15 will actually use the distributed information packets for parents. Once the presentation has been made, you can go back and compare your results with your standard, with three possible outcomes: 1) the program exceeded your standard, was a success and should be replicated; 2) the program fell short of your standards, was not successful and should be revised or dropped; or 3) you decide that your standard was not appropriate, and should be modified next time. Standards are derived from intuition and past experience. In order for standards to be an effective tool, they must be constantly revised and refined.

### ■ **Tracking and Feedback Mechanisms**

Every outreach activity can and should include some type of feedback mechanism. Feedback mechanisms are really just ways to follow up an activity: evaluation forms for presentations, mail-back usage reports for public service announcement distribution, take-home pledge cards for school activities etc. Feedback mechanisms have several benefits: 1) you get numbers, so you know how many people you have reached; 2) they provide a second point of contact between you and your target audience, which can reinforce your message and strengthen your relationship; and 3) sometimes it can provide direct evaluation, as in an evaluation form for a training.

### **Key Messages**

**K**ey messages are the main points of a campaign — what you want people to remember. Because they are the essence of your work, it is

important to get the key messages right, which is not always easy. Ideally, key messages should be tested for effectiveness, either through experience or through behavioral research. Sometimes just a few words or a slight shift in tone can make the difference between an effective message and one that is ignored.

Because consistency of message helps reinforce your objectives, there can be great value in adopting messages that are already in use. If a smoking parent hears basically the same message from the radio, the pediatrician, and his minister, he is more likely to pay attention than if he gets pieces of conflicting information. Following are a handful of key messages that seem to work in a wide range of circumstances, regardless of the gender, cultural background or level of awareness of the audience.

### ■ **Secondhand smoke can make children sick**

Focus on the health of the child. Those of us who work on this issue tend to forget that many people simply do not know that secondhand smoke is harmful to children's health. The EPA's market research has shown that people respond best to information about specific health effects, such as asthma and ear infections, rather than broad generalizations. Make the assumption in your message that once parents know that their child is at risk, they will want to do something about it. Focus groups have shown that smokers react negatively to messages that invoke feelings of guilt, so keep it positive.

### ■ **Protect your family**

Appeal to parents' protective instincts. Avoiding smoking around children can be associated with all the other things that parents

do for their kids, like locking away matches and using seat belts. This may be the best way to reach men who view themselves as the head of the household.

### ■ **Take it outside**

Be specific about the action requested. A health educator in Kentucky once declared in exasperation, "When you tell people around here not to smoke in front of the baby, they think that means it's alright to smoke behind the baby!" If there is any ambiguity in the message, like saying "Don't smoke around your children," smokers tend to negotiate. The first day they may smoke outside, then the next day go into the next room with the window open, and so on until they convince themselves it will not hurt if they just turn their face away to exhale. The "Take it outside" message has tested very well in focus groups, especially when it is presented as a choice, not as a command.

### ■ **Even if you aren't ready to quit smoking, quit smoking around your kids**

Acknowledge the difficulty of quitting. Smokers are a difficult group of people to reach with health messages. They often feel besieged by dire warnings and judgmental accusations. If they are not yet ready or are unable to quit smoking, they tend to shut out health messages as a self-preservation measure. The most effective way to get through to them about the health risks of secondhand smoke to their children is to completely separate the secondhand smoke messages from any stop-smoking message. Experienced secondhand smoke outreach workers say that you can some-

times see the relief on a smoker's face when she realizes she is not being told to quit smoking. It is like a door opening, and non-threatening information being allowed to enter.

## **Building Partnerships**

**G**etting people to change their behavior takes time, money, credibility, consistency, and reinforcement. Very few organizations have everything they need to do the job alone. Building a network of partners extends your reach by bringing access to additional resources, fresh ideas, and new audiences.

Forming partnerships often comes about by happenstance — two people meet at a conference and see the potential of working together. This can yield excellent results, but if it is the only way partnerships are formed, it can leave the organization with needs that go unmet and audiences that go unreached. When formulating the goals for your program, think about the areas where you need help, and seek to establish relationships with groups that can fill those needs. If, for example, you want to educate daycare providers about secondhand smoke, you will increase your likelihood of success if you work with an organization that has access to and credibility with daycare providers.

Most of us have the experience of participating in various coalitions and stakeholder groups with other organizations that are nominally our partners. But sitting in meetings does not make an effective partnership, unless it results in action. Having goals in common is important, although it is probably most beneficial to work with organizations

that have different, but complementary expertise. If another organization's goals and audience are too similar to your own, they bring nothing new to the table. But clearly, partners need to be able to agree on a set of common objectives, a timeline, and the assignment of responsibilities.

It is essential that a partner organization be willing to assume responsibility for its share of the work. Bringing someone on board just for the logo on the letterhead may not be worth it. An important factor in ensuring distribution of the workload is to collaborate on a project from the beginning, rather than approaching a potential partner with a fully formed idea and asking them to sign on.

The EPA Indoor Environments Division has a well-established Cooperative Partner Network of organizations with a mutual interest in protecting the public from the health risks of indoor air pollution. These partners work together at the national level, and every effort is made to facilitate networking among groups at the local level. In 1997, the EPA and several national partners began an initiative to nurture the development of formal state and local IAQ coalitions. Secondhand smoke is one of the priority areas for these coalitions. For lists of potential partner organizations, see Appendix II.

## Coordinating with Tobacco Control Efforts

**W**hen developing your secondhand smoke and children public outreach program, you may find it helpful to contact the groups in your community which are working on tobacco control (see Appendix II for a list of state tobacco control contacts).

Tobacco control coalitions exist in every state, and in many local communities as well. They often have the support of the state health department and access to funding from federal agencies and major foundations. Coalitions may be working on a wide range of tobacco control strategies, including tobacco use prevention and cessation, curbs on tobacco advertising, increased tobacco taxes, and stricter enforcement of youth access laws. But protecting the public from secondhand smoke is always an important component of tobacco control, and your local coalition may be interested in working with you in a coordinated effort. Even if the coalition is focusing on a smoke-free restaurant policy, for example, you may be able to include some information especially for parents in their campaign materials.



## IV. Working with the Media

**F**or those of you who are just getting started with public outreach, or who have no communications experience, the following section is essentially a "crash course" in working with the media. You will also want to seek out colleagues, partners and coalition members with experience in this area to save you the frustration of reinventing the wheel.

### Media Relations

**O**ne of the most cost-effective ways to reach large numbers of people with your secondhand smoke messages is through publicity. Especially in the early stages of a campaign, when public awareness levels are low, news stories and public service advertising can really make a difference. But having an important message will not necessarily guarantee air time. The media play the role of "gatekeeper." Reporters, editors and producers receive a flood of information, and they choose which stories will pass through the gates of their particular media outlet to the public. The extent to which your messages will be "let in the gate" depends on the attractiveness of your product, the credibility of your organization or coalition, and your personal relationship with the decision-makers.

#### ■ Being a News Resource

To increase the chance that your organization's secondhand smoke programs will be covered by the media, you will need to work to build

relationships with local reporters, and let them know how you can help them with their work. Some suggestions for getting their attention:

- Evaluate how your program connects with current news in your area. Take advantage of other events and secondhand smoke-related news to get your messages out.
- Know your media targets. The best way to get to know your local media is to read the newspaper, listen to the radio and watch your local television programs.
- Keep notes on which media outlets cover stories related to your issues. A "media contact record," a form to help you track your media relationships, is attached.
- Find out if any of your coalition members, volunteers or sponsors have any local media contacts. Network through your contacts to cultivate your own relationships.

#### ■ Pitching a Story

Every time you have something to offer a reporter by mail or fax, follow it up with a phone call. Media relations is not just the act of getting your messages into print or on television. It is the slow development of relationships with reporters and editors. Eventually, your media contacts will think of you when they are working on stories related to secondhand smoke.

Some media pitching tips:

- Be respectful of a reporter's time. If he or she is on deadline and you take a long time explaining your story, or worse yet, never ask if he or she has time to talk, you may ruin a potentially good relationship.

**SAMPLE MEDIA CONTACT FORM**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ BY: \_\_\_\_\_

CONTACT: \_\_\_\_\_

TITLE: \_\_\_\_\_

MEDIA AFFILIATION: MEDIA

NAME: \_\_\_\_\_

TV ☐ RADIO ☐ WIRE ☐ PRINT ☐ CABLE ☐

PHONE NUMBER: ( ) \_\_\_\_\_

FAX NUMBER: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DEADLINE: \_\_\_\_\_

RUN DATE/TIME \_\_\_\_\_

REQUEST/ANGLE: \_\_\_\_\_

FORMAT:

TAPED \_\_\_\_\_ LIVE \_\_\_\_\_ ONE-ON-ONE \_\_\_\_\_

PANEL DISCUSSION \_\_\_\_\_

SPOKESPEOPLE:

NAMEPHONE NO.FAX

|    |           |           |
|----|-----------|-----------|
| 1. | ( ) _____ | ( ) _____ |
| 2. | ( ) _____ | ( ) _____ |
| 3. | ( ) _____ | ( ) _____ |

☐ Cigarette Smoking☐ Asbestos☐ Pneumonia☐ Secondhand Smoke☐ Radon☐ Flu☐ Smoking and Pregnancy☐ General Lung Disease☐ Emphysema☐ Children's Anti-Smoking Materials☐ Lung Cancer☐ Asthma-Adult☐ Company Smoking Policies☐ Tuberculosis☐ Asthma-Pediatric☐ Air Pollution-Indoor☐ Chronic Bronchitis☐ Other (specify)☐ Air Pollution-Outdoor☐ Common ColdDATEBY

Confirmation and background info sent \_\_\_\_\_

Contact info updated in computer \_\_\_\_\_

Entered on media summary report \_\_\_\_\_

- Always ask reporters what they are interested in. You may uncover an opportunity you never knew existed.
- Be accurate. If you do not have answers to reporters' questions immediately, offer to call them back as soon as you learn the answers. Making reporters wait a few minutes is better than providing inaccurate information or guessing.
- You may learn that you are talking to the wrong person. If that is the case, ask the reporter whom he or she would recommend that you call instead, and then end the call quickly and politely.

## Developing Media Spokespeople

**T**o effectively communicate your messages to the media, you will need articulate spokespeople who are willing to be interviewed and are familiar with your organization and your issues.

### ■ Recruiting Spokespeople

Try to recruit a diverse group of spokespeople for your organization who are recognized in the community and able to communicate to a wide variety of audiences. Depending on your circumstances, spokespeople can be key staff members, volunteers, or respected members of the community who support your program. For second-hand smoke and children, good spokespeople would include pediatricians, nurses, parents, daycare providers, smoke-free business owners, and the children themselves, especially kids with asthma.

Bear in mind that your spokespeople are perceived by the audience as an extension of your organization. It is important to choose them care-

fully, get to know their strengths and weaknesses, and prepare them well for their tasks. Not everyone, no matter how well respected or sympathetic to your issues, can be a suitable spokesperson.

### ■ Media Training

Learning to become an effective media spokesperson takes training, time and practice. After your spokespeople have become comfortable with the goals and strategies of your program, take the time to coach them on key messages and practice interviews.

Some tips to keep in mind are:

- Anticipate questions and responses. Prepare the spokesperson with as much information as possible about the interview, the reporter, and any specific angles that might be covered.
- Prepare message points, or "sound bites" in advance. Message points should be brief, vivid examples that are easy to memorize.
- Answer all questions with a "yes" or "no," explain the answer, then transition to prepared messages using "bridge phrases" such as, "I would like to add..." or "Something else you should know..."
- Use simple lay terminology, free of jargon.
- Maintain a positive attitude, turn "loaded" questions around to suit your key messages, and stay cool.

## Media Tools

### ■ Media List

Tool number one for effective work with the media is a good, up-to-date media list. This is a list of names, addresses, phone numbers and fax numbers of news organizations, reporters, editors, and public service directors who

are most likely to use the material you send them. Build your list from local media directories; your media contact sheets; coalition members or other like-minded organizations that would be willing to share; and calls to TV and radio stations and newspapers to ask who covers your issues. Be sure to keep the list current and complete. Sending out press materials addressed to "Editor" is like throwing it in the trash yourself.

## ■ **Types of Media**

### **Radio**

Radio is one of the most overlooked and under-used media available, yet it is excellent for targeting key audiences. News programs and various talk and call-in shows provide great opportunities for your spokespeople to promote your programs. Radio stations are also excellent targets for public service announcement space.

### **Television**

Television reaches a much broader audience than radio. If your program is geared to a specific local audience, television may be too broad-reaching. When targeting television, be aware that on-air personalities usually do not decide who or what goes on the air. Your release should be directed to the news assignment desk or program producer. When pitching a story idea to a television producer, be prepared to describe the visual elements of the story.

### **Cable Television**

Local cable television stations are hungry for local news and often reach a more narrowly defined audience than the major networks. When contacting your local cable stations, find out

if they are equipped to air public service announcements and if they are seeking calendar items for their "billboards."

### **Newspapers**

Newspapers are a primary source of information in most communities. Before contacting a newspaper reporter, be familiar with the newspaper's format. Many smaller newspapers have one editor who covers a wide variety of subject areas. These editors usually like to receive written information that they can run as an article with only slight modifications. Larger newspapers usually have a different editor assigned to each section. Reporters from these newspapers will often be interested in conducting their own research and writing their own stories.

## ■ **Editorial Board Meetings**

Editorial board meetings offer an opportunity to relay your message to the editorial staff, in their offices, to discuss your major issues. A meeting does not guarantee coverage in the paper, but it improves your chances and enables you to build relationships with reporters and editors over time.

## ■ **Press Briefings**

For a press briefing, you invite a group of key reporters for a 1-2 hour session in which you can have several experts present information on your issues and entertain reporters' questions. A briefing is less formal than a press conference, and usually is used to provide background and build credibility, rather than to announce breaking news. Offering breakfast or lunch always helps boost attendance.



### ■ Letters to the Editor

Competition is fierce for the small space available in each edition of a newspaper. By some estimates, fewer than 1 in 10 letters submitted ever make it into print. To improve your chances be sure to be timely and concise; use credentials or affiliations that will enhance your credibility; include some background for readers not familiar with the issues; and concentrate on local stories.

### ■ Opinion Pieces

An opinion article on the editorial page is considered one of the pinnacles of achievement for coverage of a public policy issue. It offers great visibility and credibility for your organization and your issues. Getting published requires careful planning and cultivation of the editors who control the space. Before you submit an article, be sure to find out about the paper's policies, including length requirements and publication deadlines. Try to arrange a meeting with the editorial staff to discuss their interest, and to promote your ideas. And keep trying.

### ■ News Conferences

News conferences should be held only for major announcements. You will need to recruit and prepare top quality speakers; select an accessible and attractive site; incorporate visual elements that will appeal to television; publicize the event thoroughly; and be prepared to follow up with the media by fulfilling interview requests and supplying additional material.

### ■ Public Service Announcements

Public service announcements (PSAs) are designed to communicate public educa-

tion messages on a specific issue. Unlike advertisements, you do not have to pay for media space or time, which can be extremely expensive. The downside is you have little control over when, or even if, a station manager or public service director will use your materials. Strong media relationships and a compelling, well-produced piece can help you get the results you are after.

Here are some tips on getting your PSA placed:

- Localize the problem. Use state and local statistics and references whenever possible.
- Don't scrimp. Try to get the best quality production assistance you can — perhaps you can find an ad agency that will donate its time. Or see if you can adapt some existing materials: the Centers for Disease Control and Prevention has an extensive catalog of advertising materials in their *Media Campaign Resource Book for Tobacco Control* (see Appendix III).
- Be prepared to counter negative reactions. Anticipate typical questions and provide the answers.
- Ask when the public service director might be able to use the piece.
- Be appreciative of any interest or commitment. Send thank you notes.

## Targeting Minority Media Outlets

**B**ecause minority communities often have higher smoking rates and less access to information about the health risks of second-hand smoke on children, it can be very beneficial to include minority media outlets in your out-

reach. The following guidance is for the Hispanic and African-American media specifically, since they represent the largest minority media outlets nationwide. However, many ethnic and cultural groups have their own media, which are much respected and credible sources of information within those communities. Many of these same strategies will apply broadly. See the description of the Secondhand Smoke Media Campaign in the Replicable Programs section for sample media materials.

### ■ **Hispanic Media**

Hispanic media outlets, including newspapers, radio, and television, often run smaller operations than traditional media. This means that more opportunities exist to build a closer relationship with the editors and journalists of these outlets. Try to schedule personal visits. Since staffing at Hispanic media outlets are usually smaller, it is beneficial to personally meet with their staff. This helps to build media relationships and educate the Hispanic journalists on your issues. It also provides an opportunity to clarify any subject and ensure that the information relayed is accurate. The following suggestions are based on professional experiences and may not apply to all minority media, but should provide some insight in working with Hispanic media.

- **Inform in Spanish.** The Hispanic news media often prefer to receive written information (pitch letters, news releases) in Spanish and converse with contacts in Spanish. However, they are receptive to pitches in English from those who do not speak Spanish. It is rare to find a Hispanic media outlet that is "Spanish only."

- **Use a Hispanic spokesperson.** When available, a Spanish-speaking spokesperson will enhance media coverage for several reasons. He or she can prevent confusion and misinterpretation of messages that might be lost in translation. Using a Spanish-speaking spokesperson shows a greater sensitivity toward the expectations of the audience.
- **Keep the dialect neutral.** Spanish-speaking people from different backgrounds and countries of origin speak in different dialects. If you are working in a diverse Hispanic community that includes, for example, Dominicans, Salvadorans, and Colombians, it is important to keep the dialect neutral so that everyone can understand your messages, and no one feels excluded. Ask your spokespeople and translators to guide you in what is local idiom and what is standard American Spanish.
- **Go for third-party endorsement.** When making contact with local Hispanic organizations, try to obtain support from their staff. Encourage them to participate in addressing the media. This will help give an unbiased third-party endorsement to your campaign message. Sometimes, Hispanic community organizations already have a good relationship with their local media. When that is the case, be sure to ask for their assistance in helping you reach the media.
- **Obtain support from legislators and public officials.** When there is a Hispanic elected official in your state or local government, he or she may be another possible third-party endorser of your campaign.

- **Use facts and figures.** Using facts and figures that highlight the secondhand smoke problem in the Hispanic community helps to reinforce the message. Try to point out the percentage of Hispanics who suffer from the different kinds of illnesses related to secondhand smoke and why Hispanics in your area are more affected than other portions of the general population.
- **Use radio stations.** Radio is very important in the Hispanic community. Everyone can afford to own one. And it is more manageable for broadcasters to own and operate a radio station than a television station. Many larger markets have at least one all-Spanish radio station.
- **Make the message personal.** Introducing a personal angle into your story always has a greater impact. Testimony from Hispanic community members affected by secondhand smoke or from Hispanic doctors working with affected patients are powerful messages that will sell your story to the media and ultimately the Hispanic community in your local area.

To locate Hispanic media outlets you can look for locally published newspapers in bookstores and newspaper stands; contact news agency offices such as your state news service, and find out if they have staff who work with the Hispanic community; or call the local Chamber of Commerce's public relations department and request a list of Hispanic media in the area. The National Association of Hispanic Journalists (NAHJ) may also have a list of registered journalists in your area. NAHJ's address is National Press Building, Suite 1193, Washington, DC 20045. Their telephone number is (202) 662-

7145. In communities with large Hispanic populations, there are usually statewide associations of Hispanic journalists.

### ■ African-American Media

Most of the African-American population is English-speaking, and do not have the language barriers to accessing the mainstream media that recent immigrant communities do. African-Americans are as likely to watch network news and read the major papers as European Americans are. But the minority media has a special place in African-American communities. Surveys have demonstrated that the African-American audience responds much better to information that is disseminated in ways other than the traditional white media, especially when it is delivered by a highly visible member of their community. When working with the African-American media, keep the following tips in mind:

- **Use African-American spokespeople.** Audiences are most receptive to spokespeople they can identify with. Using African-American spokespeople helps ensure that your messages are delivered in a way that makes sense to the local community. It also is an indication that your organization has made an effort to build bridges and be inclusive.
- **Be sensitive to the special needs of small media outlets.** Many minority media outlets have a small staff and budget, but lots of issues to cover. Do not waste their time with issues that do not hold specific interest for their audience. If you have any doubts about what is appropriate, just ask.
- **Use radio stations.** The highly segmented radio

market has created many radio stations with a largely African-American audience. This outlet provides a daily, direct link to large numbers of people. Popular music DJs are great to use as a draw for special events.

- **Incorporate your message into current life issues.** Publicity that reflects contemporary life and history can be an important and effective vehicle if it is used properly to influence opinion. Determine what issues are of concern in your local African-American community. Nationwide,

two current "hot button" issues that tie to secondhand smoke and children are the soaring rate of asthma in urban neighborhoods, and the race-specific marketing strategies of the tobacco industry.

To locate your local African-American media outlets, refer to the strategies listed above for Hispanic media. In addition, you may be able to get some assistance from the National Association of Black Journalists. They are located at PO Box 4222, Reston, Virginia 22091. Their telephone number is (703) 648-1270.

## V. Replicable Programs

It would be impossible to present a complete compendium of the creative, successful and replicable secondhand smoke and children outreach programs being done by local Lung Associations and other organizations around the country. Rather than try to be encyclopedic, we have chosen to present in some detail a small collection of programs that reach all of the target audiences covered in Section 3. In the hopes of providing something for everyone, we have included a wide diversity of activities: you should be able to find something for a large budget or a small one; for a quick campaign or a multi-year program; for general awareness-raising or intensive one-on-one intervention. In addition to replicating these examples as is, you can “cut and paste” elements from several to create a program that best suits your local circumstances.

The characteristics that are shared by each of the examples – the features that make them replicable – are as follows:

- **Compatible with the overall goals.** Any program should be true to an organization's mission and overall goals, in this case protecting children's health by reducing their exposure to secondhand smoke.
- **Collaborative.** Bringing together partners to leverage resources and increase reach.

- **Measurable.** Program outcomes are easily defined and evaluated.
- **Portable and adaptable.** The program components are flexible enough to meet the diverse needs of communities of different sizes and backgrounds.

Each program is presented in a standard format, with the details of the program organized by “Goal,” “Program Description,” “Partners,” “Resources Needed,” “Measurable Outcomes and Evaluation,” and “Opportunities and Linkages.” Please note that in these examples the “Goal” sections do not include specifics like numeric targets or timelines, in order to be generally applicable; however, you should plan on setting such specific targets in your own action plans. Sample materials that were developed for or used in the programs are at the end of each section, where appropriate. Please note that the statistics included in the attachments may not be the most current available, and should be verified before using. See also Appendix III for more information on available program materials.

If you would find it useful to talk with people who have implemented similar programs, or you would like to learn how to adapt a program to your local area, contact the ALA Indoor Air Program staff at (202) 785-3355 for references to project directors who have conducted these programs at the local level.

## Outreach to Parents

**P**arents (along with grandparents, guardians and other adults who share their homes with young children) are the ultimate target of all secondhand smoke and children outreach, since they are the ones who have the most control of their children's exposure to secondhand smoke. Some programs that reach parents directly are those that go out to the general population, like media campaigns, public meetings and health fairs. These are valuable because of their broad reach, but may have

the drawback of being difficult to measure and evaluate. Other possible ways to directly reach families with young children are through community parenting activities, like classes and newsletters.

**Please note that the programs in this section are not the only ones that reach parents. Many of the programs described in subsequent sections are intended to reach parents through an intermediary, which can be equally effective.**

# Secondhand Smoke Media Campaign

**Goal:** To increase awareness of the serious health problems associated with secondhand smoke

**Program Description:** In 1994, when ALA launched its ongoing Secondhand Smoke and Children public outreach program, general awareness of the health risk associated with secondhand smoke was low. A nationwide media campaign was developed, with special emphasis on reaching low-income and minority communities that are at high risk, but not easily reached by programs developed for the general population.

The "news hook" for the campaign was the publication of ALA's *Protecting Yourself and Your Family from Secondhand Smoke* brochures for low-income and minority populations: at last there was an educational tool specifically created for these under-served communities (see Appendix III for more information on these brochures). Components of the campaign included creation and distribution of press releases and press kits to minority media outlets, production and distribution of radio public service announcements, and direct mail outreach to national minority organizations.

In addition, local Lung Associations received media materials that they could localize for their own markets, as well as information about locating and building relationships with minority media outlets. The ALA of Virginia, Southwest Area, for example, distributed press kits to all minority media outlets in their area, resulting in a feature in an African-American news program on a local network affiliate, as well as other coverage.

Media materials from the campaign included as attachments:

- General Population Radio PSAs
- Hispanic Radio PSAs (English and Spanish versions)
- African-American Radio PSAs
- Hispanic Press Release (English and Spanish versions)
- African-American Press Release
- Localizable Hispanic Press Release (English and Spanish versions)
- Localizable African-American Press Release
- Media Fact Sheet (English and Spanish versions)

**Partners:** At both the national and local level, minority organizations were contacted with information about secondhand smoke and asked to become involved in the campaign. Copies of the ALA brochures were made available in camera-ready format so that partner organizations could add their logo and distribute.

One of the keys to the success of this secondhand smoke media campaign was the broad participation of African-American and Hispanic volunteer spokespeople, most of whom were physicians. A number of newly recruited spokespeople then went on to volunteer to bring other types of secondhand smoke outreach programs to their communities.

## Resources Needed:

- ALA's *Protecting Yourself and Your Family* brochures
- Press kits for the media
- Location and speakers for press conference, if appropriate
- PSAs
- Media releases

**Measurable Outcomes and Evaluation:** As with all media campaigns, the most salient measurable outcomes are the amount and kind of media coverage you receive, and the number of people reached through those media outlets. In a campaign like this one, we could also measure the number of people who attended the news conference, the number of local Lung Associations that conducted their own media campaigns, and the number of new spokespeople recruited.

The campaign could have been evaluated by comparing actual outcome measures against a predetermined standard. Local Lung Associations also could have provided feedback on the quality of the media materials they received.

**Opportunities/Linkages:** This type of nationwide campaign on a compelling children's health issue could attract a celebrity spokesperson who could bring considerable increased visibility.



**General Population Radio PSAs — Secondhand Smoke Media Campaign**

15 second PSA

DID YOU KNOW THAT CHILDREN WHO BREATHE SECONDHAND SMOKE ARE MORE  
LIKELY TO SUFFER FROM LUNG DISEASE, EAR INFECTIONS AND ASTHMA?

TO FIND OUT HOW TO PROTECT YOUR CHILDREN, CALL YOUR LOCAL AMERICAN  
LUNG ASSOCIATION AT 1-800-LUNG USA.

###

30 second PSA

THE AMERICAN LUNG ASSOCIATION URGES EVERYONE TO AVOID SECONDHAND  
SMOKE. DON'T LET ANYONE SMOKE IN YOUR HOME AND BE SURE NOT TO  
EXPOSE CHILDREN TO TOBACCO SMOKE. CHILDREN WHO BREATHE  
SECONDHAND SMOKE ARE MORE LIKELY TO SUFFER FROM LUNG DISEASE, EAR  
INFECTIONS AND ASTHMA.

FOR A FREE BROCHURE WITH TIPS ON AVOIDING SECONDHAND SMOKE, CALL  
YOUR LOCAL AMERICAN LUNG ASSOCIATION AT 1-800-LUNG USA. THAT'S 1-800-  
LUNG USA.

###

**Hispanic Radio PSAs (English Translation) — Secondhand Smoke Media Campaign****15 Sec**

Hi, I am Teresa Rodríguez. Secondhand smoke causes many respiratory problems, especially for children. Don't allow anybody to smoke inside your house.

For more information call your local American Lung Association at 1-800-586-4872.

**30 Sec**

Hi, I am Teresa Rodríguez. Every year at least 3,000 non-smokers die of lung cancer caused by secondhand smoke. Protect your family and principally the children. Therefore don't allow anybody to smoke inside your house.

For more information contact your local American Lung Association at 1-800-586-4872, that's 1-800-586-4872

**Hispanic Radio PSAs (Spanish) — Secondhand Smoke Media Campaign****15 Sec**

Hola, soy Teresa Rodríguez. El humo de segunda mano causa muchas enfermedades, principalmente en los niños. No deje que nadie fume dentro de su casa.

Para mayor información llame a la Asociación Americana del Pulmón de su localidad al 1-800-586-4872.

**30 Sec**

Hola soy Teresa Rodríguez. Cada año por lo menos 3,000 personas no fumadoras mueren de cáncer pulmonar a consecuencia del humo de segunda mano. Proteja a su familia y principalmente a los niños. Por lo tanto no permita que nadie fume dentro de su casa.

Para mayor información contacte La Asociación Americana del Pulmón de su localidad llamando al 1-800-586-4872, repito 1-800-586-4872.

**African-American Radio PSAs — Secondhand Smoke Media Campaign**

BREATHING SOMEONE ELSE'S CIGARETTE SMOKE — SECONDHAND SMOKE — IS VERY DANGEROUS. IT HURTS YOU, YOUR FAMILY — ESPECIALLY YOUR CHILDREN. FIND OUT HOW TO PROTECT YOURSELF AND YOUR FAMILY FROM SECONDHAND SMOKE. CALL YOUR LOCAL AMERICAN LUNG ASSOCIATION FOR MORE INFORMATION. 1-800-LUNG-USA.

###

30 second PSA

BREATHING SOMEONE ELSE'S CIGARETTE SMOKE — SECONDHAND SMOKE — HURTS EVERYBODY, ESPECIALLY CHILDREN. CHILDREN WHO BREATHE SECONDHAND SMOKE HAVE MORE EAR INFECTIONS AND ARE MORE LIKELY TO SUFFER FROM PNEUMONIA, BRONCHITIS AND OTHER LUNG DISEASE. THREE THOUSAND PEOPLE DIE EACH YEAR FROM LUNG CANCER BECAUSE THEY BREATHED SOMEBODY ELSE'S SMOKE. FIND OUT HOW TO PROTECT YOURSELF AND YOUR FAMILY FROM SECONDHAND SMOKE. CALL YOUR LOCAL AMERICAN LUNG ASSOCIATION FOR MORE INFORMATION. 1-800-LUNG-USA.

**Hispanic Press Release (English Translation) — Secondhand Smoke Media Campaign****FOR IMMEDIATE RELEASE**

Contact: Hector Hereter  
Tel: 305-379-9020

**AMERICAN LUNG ASSOCIATION WARNS HISPANICS  
OF SECONDHAND SMOKE DANGERS IN NATIONWIDE  
CAMPAIGN**

NEW YORK, (xx xx, 1994)— The American Lung Association today launched a comprehensive nationwide campaign to increase awareness among Hispanics of the serious health problems that are associated with secondhand smoke.

According to the American Lung Association, each year about 3,000 non-smokers die of lung cancer caused by inhalation of secondhand smoke, and Hispanics are among those affected.

"The exposure to secondhand smoke, which unfortunately, is common in Hispanic homes, produces harmful health effects in individuals who do not smoke, especially children," said Dr. Nelson L. Turcios, a pediatric physician and spokesperson for the ALA.

"We see that during the first five years of life, healthy children whose parents smoke show a higher frequency of chronic coughs, ear infections, nasal and chest congestions, in comparison to those children whose

**Hispanic Press Release (English Translation) — Secondhand Smoke Media Campaign (page 2)**

parents do not smoke,” Turcios added.

Studies have also shown that each year secondhand smoke leads to approximately 150,000 to 300,000 cases of infections such as bronchitis and pneumonia in infants and children under 18 months of age. These illnesses result in between 7,500 and 15,000 hospitalizations annually.

Turcios believes that it's crucial for Hispanic non-smokers to emphasize the fact that they have the right to care for their health and to ask smokers to respect their desire to breathe clean air.

Secondhand smoke is the smoke exhaled by smokers and the smoke which emanates from the burning of a cigarette, cigar or pipe. Secondhand smoking is also called passive smoking, involuntary smoking, or environmental tobacco smoke.

The American Lung Association has produced an easy-to-read, Spanish-language brochure designed to warn people of the dangers of secondhand smoke. The brochure can be obtained by calling your local American Lung

Association, toll-free, at 1-8000-LUNG-USA (1-800-586-4872).

###

**Hispanic Press Release (Spanish) — Secondhand Smoke Media Campaign****PARA SU PUBLICACION INMEDIATA**

Contacto: Héctor Héreter  
305-379-9020

**La American Lung Association inicia campaña nacional  
para advertir a hispanos sobre el peligro del humo de segunda  
mano**

NUEVA YORK, (XX XX, 1994) — La American Lung Association (ALA) inició hoy una amplia campaña a fin de aumentar la conciencia entre la población hispana sobre los serios problemas de salud que causa el humo de segunda mano.

Según la American Lung Association, cada año 3,000 personas que no fuman mueren de cáncer a consecuencia de la inhalación del humo de segunda mano, y los hispanos no son la excepción.

«La exposición al humo de segunda mano, que desafortunadamente, es común en los hogares hispanos, causa efectos dañinos en la salud de aquellos individuos que no fuman, especialmente los niños,» dijo el Dr. Nelson L. Turcios, médico pediatra y vocero de la American Lung Association.

«Hemos detectado que durante los primeros cinco años de vida, los niños que nacen saludables y cuyos padres fuman presentan un cuadro crónico de tos, infecciones auditivas, congestión nasal y pulmonar en comparación con aquellos niños cuyos padres no fuman,» agregó Turcios.

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**Hispanic Press Release (Spanish) — Secondhand Smoke Media Campaign (page 2)**

Pág. 2

ALA/Segunda mano

Los estudios también demuestran que cada año el humo de segunda mano conlleva a que se detecten entre 150,000 a 300,000 casos de infecciones tales como bronquitis y neumonía en infantes y niños menores de 18 meses. Estas enfermedades resultan en 7,500 a 15,000 hospitalizaciones al año.

Turcios considera crucial que aquellos hispanos que no fuman deben defender su derecho a preservar su salud y exigirle a los fumadores que respeten su deseo de respirar un aire limpio.

El humo de segunda mano son las emanaciones de los cigarrillos encendidos, cigarros y pipas, y el humo que exhalan los fumadores. El humo de segunda mano también se le denomina fumador pasivo o contaminación ambiental por humo del tabaco (denominado en inglés Environmental Tobacco Smoke, ETS).

La ALA creó un folleto de fácil lectura en español diseñado para advertir a la gente sobre los peligros del humo de segunda mano. El folleto puede ser adquirido de manera gratuita contactando las oficinas locales de la ALA, o llamando al teléfono libre de cargos 1-800-LUNG-USA (1-800-586-4872).

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La American Lung Association ha luchado por espacio de 90 años en contra de las enfermedades pulmonares. A través de la generosa aportación del público y la ayuda de voluntarios, se ha avanzado mucho en esta lucha. A pesar de ello, nuestra labor todavía no ha finalizado. A medida que nos acercamos al inicio de otro siglo, continuaremos en nuestros esfuerzos por facilitar la respiración de todos. Conjuntamente con nuestra división médica, la American Thoracic Society, proveemos programas educativos, servicios comunitarios, apoyo e investigación. Las actividades de La American Lung Association son apoyadas en las donaciones dadas a los Christmas Seals y a otras voluntarias.



**African-American Press Release — Secondhand Smoke Media Campaign**

For Immediate Release  
Contact: Debbie Anbey  
(305) 576-4914

**THE AMERICAN LUNG ASSOCIATION INVITES AFRICAN  
AMERICAN COMMUNITY TO JOIN NATIONAL CAMPAIGN  
AGAINST SECONDHAND SMOKE**

NEW YORK, N.Y. (xx-xx-94) - The American Lung Association invites African-American civic groups, organizations and associations from around the nation to join their campaign to inform families about the dangers of secondhand smoke. The campaign information for mass distribution has been especially created to encourage African Americans to get involved in educating their communities.

According to Dr. Jean G. Ford, M.D., a clinical investigator/assistant professor at Columbia University and American Lung Association volunteer, "When you smoke or allow others to smoke around you, you are exposing yourself as well as others to dangerous substances that can easily affect everyone's health, especially the health of your children."

Secondhand smoke comes from two places, smoke breathed out by the person who smokes, and smoke from the end of a burning cigarette. Secondhand smoke contains over 4,000 chemicals, 200 are poisons, 43 cause cancer. In fact, secondhand smoke has been classified by the Environmental Protection Agency (EPA) as a known cause of cancer in humans. Secondhand smoke causes 3,000 deaths each year from lung cancer in people who don't smoke.

Studies have also shown that children less than one year old whose parents smoke are more likely to have middle-ear infections, bronchitis and pneumonia than children of the same age whose parents do not smoke. In addition, children of smoking mothers are more likely than children of nonsmoking to have lung disease in general.

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**African-American Press Release — Secondhand Smoke Media Campaign (page 2)**

Page Two

"Mothers who continue smoking have children who have increased symptoms of coughing, mucus, wheezing and more frequent asthma attacks. As a society, we cannot accept the loss of one life to secondhand smoke. We all have a responsibility to protect our most vulnerable assets, our children and our future," added Dr. Ford, recipient of the Clinical Investigator Award for Special Populations from the National Cancer Institute.

The materials that will be distributed nationally among African-American organizations emphasize the importance of protecting the health of young children and their families from secondhand smoke. EPA estimates that secondhand smoke is responsible for between 150,000 and 300,000 lower respiratory tract infections in infants and children under 18 months of age annually, resulting in approximately 7,500 to 15,000 hospitalizations each year.

For more information on secondhand smoking or to obtain the brochure "Protect Yourself and Your Family from Secondhand Smoke," contact your local American Lung Association at 1-800-LUNG-USA (1-800-586-4872).

The American Lung Association has been fighting lung disease for 90 years. With the generous support of the public and the help of our volunteers, we have seen many advances against lung disease. However, our work is not finished. As we look forward to our second century, we will continue to strive to make breathing easier for everyone. Along with our medical section, the American Thoracic Society, we provide programs of education, community service, advocacy and research. The Lung Association's activities are supported by donations to Christmas Seals and other voluntary contributions.

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**Hispanic Localizable Press Release (English translation) — Secondhand Smoke Media Campaign****FOR IMMEDIATE RELEASE**

Contact: \_\_\_\_\_

Tel: \_\_\_\_\_

**AMERICAN LUNG ASSOCIATION WARNS HISPANICS  
OF SECONDHAND SMOKE DANGERS IN NATIONWIDE  
CAMPAIGN**

—CITY ,(MM DD, 1994)— The American Lung Association today launched a comprehensive nationwide campaign to increase awareness among Hispanics of the serious health problems that are associated with secondhand smoke.

According to the American Lung Association, each year about 3,000 people die of lung cancer caused by inhalation of secondhand smoke, and Hispanics are among those affected.

"The exposure to secondhand smoke, which unfortunately, is common in Hispanic homes, produces harmful health effects in individuals who do not smoke, especially children," said \_\_\_\_\_ spokesperson for the ALA.

"We see that during the first five years of life, healthy children whose parents smoke show a higher frequency of chronic coughs, ear infections, nasal and chest congestions, in comparison to those children whose parents do not smoke," \_\_\_\_\_ added.

Studies have also shown that each year secondhand smoke leads to

## Hispanic Localizable Press Release (English translation) — Secondhand Smoke Media Campaign (page 2)

approximately 150,000 to 300,000 cases of infections such as bronchitis and pneumonia in infants and children under 18 months of age. These illnesses result in between 7,500 and 15,000 hospitalizations annually.

\_\_\_\_\_ believes that it's crucial for Hispanic non-smokers to emphasize the fact that they have the right to care for their health and to ask smokers to respect their desire to breathe clean air.

Secondhand smoke is the smoke exhaled by smokers and the smoke which emanates from the burning of a cigarette, cigar or pipe. Secondhand smoking is also called passive smoking, involuntary smoking, or environmental tobacco smoke.

The American Lung Association has produced an easy-to-read, Spanish-language brochure designed to warn people of the dangers of secondhand smoke. The brochure can be obtained by calling your local American Lung

Association, toll-free, at 1-800-LUNG-USA (1-800-586-4872).

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The American Lung Association has been fighting lung disease for 90 years. With the generous support of the public and the help of our volunteers, we have seen many advances against lung disease. However, our work is not finished. As we look forward to our second century, we will continue to strive to make breathing easier for everyone. Along with our medical section, the American Thoracic Society, we provide programs of education, community service, advocacy and research. The Lung Association's activities are supported by donations to Christmas Seals and other voluntary contributions.

**Hispanic Localizable Press Release (Spanish) — Secondhand Smoke Media Campaign****PARA SU PUBLICACION INMEDIATA**Contacto:  
Tel:

**La American Lung Association inicia campaña nacional  
para advertir a hispanos sobre el peligro del humo de segunda  
mano**

\_\_\_\_\_ (Ciudad), (XX XX, 1994) — La Asociación Americana del Pulmón (ALA por sus siglas en inglés) inició hoy una amplia campaña a fin de aumentar la conciencia entre la población hispana sobre los serios problemas de salud que causa el humo de segunda mano.

Según la Asociación Americana del Pulmón, cada año 3,000 personas que no fuman mueren de cáncer a consecuencia de la inhalación del humo de segunda mano, y los hispanos no son la excepción.

«La exposición al humo de segunda mano, que desafortunadamente, es común en los hogares hispanos, causa efectos dañinos en la salud en aquellos individuos que no fuman, especialmente los niños,» dijo \_\_\_\_\_  
\_\_\_\_\_ vocero del Asociación.

«Hemos detectado que durante los primeros cinco años de vida, los niños que nacen saludables y cuyos padres fuman presentan un cuadro crónico de tos, infecciones auditivas, congestión nasal y pulmonar en comparación con aquellos niños cuyos padres no fuman,» agregó \_\_\_\_\_  
\_\_\_\_\_.

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## Hispanic Localizable Press Release (Spanish) — Secondhand Smoke Media Campaign (page 2)

Pág. 2

ALA/Segunda mano

Los estudios también demuestran que cada año el humo de segunda mano conlleva a que se detecten entre 150,000 a 300,000 casos de infecciones tales como bronquitis y neumonía en infantes y niños menores de 18 meses. Estos males tienen como resultado entre 7,500 a 15,000 hospitalizaciones al año.

Turcios considera crucial que aquellos hispanos que no fuman deben defender su derecho a preservar su salud y exigirle a los fumadores que respeten su deseo de respirar un aire libre de contaminantes.

El humo de segunda mano son las emanaciones de los cigarrillos encendidos, cigarros y pipas, y el humo que exhalan los fumadores. El humo de segunda mano también se le denomina fumador pasivo o contaminación ambiental por humo del tabaco (denominado en inglés Environmental Tobacco Smoke, ETS).

La ALA creó un folleto de fácil lectura en español diseñado para advertir a la gente sobre los peligros del humo de segunda mano. El folleto puede ser adquirido de manera gratuita contactando las oficinas locales de la ALA, o llamando al teléfono libre de cargos 1-800-LUNG-USA (1-800-586-4872).

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La Asociación Americana del Pulmón ha luchado por espacio de 90 años en contra de las enfermedades pulmonares. A través de la generosa aportación del público y la ayuda de voluntarios, se ha avanzado mucho en esta lucha. A pesar de ello, nuestra labor todavía no ha finalizado. A medida que nos acercamos al inicio de otro siglo, continuaremos en nuestros esfuerzos por facilitar la respiración de todos. Conjuntamente con nuestra división médica, la Sociedad Torácica Americana, proveemos programas educativos, servicios comunitarios, apoyo e investigación. Las actividades de La Asociación Americana del Pulmón basa su apoyo en las donaciones dadas a los Christmas Seal y otras contribuciones voluntarias.

**African-American Press Release — Secondhand Smoke Media Campaign****THE AMERICAN LUNG ASSOCIATION INVITES AFRICAN-AMERICAN COMMUNITY TO JOIN NATIONAL CAMPAIGN AGAINST SECONDHAND SMOKE**

(LOCAL ) - The American Lung Association invites African-American civic groups, organizations and associations from around the nation to join their campaign to inform families about the dangers of secondhand smoke. The campaign information for mass distribution has been especially created to encourage African Americans to get involved in educating their communities.

According to (Spokesperson) an American Lung Association volunteer, "When you smoke or allow others to smoke around you, you are exposing yourself as well as others to dangerous substances that can easily affect everyone's health, especially the health of your children."

Secondhand smoke comes from two places, smoke breathed out by the person who smokes, and smoke from the end of a burning cigarette. Secondhand smoke contains over 4,000 chemicals, 200 are poisons, 43 cause cancer. In fact, secondhand smoke has been classified by the Environmental Protection Agency (EPA) as a known cause of cancer in humans. Secondhand smoke causes 3,000 deaths each year from lung cancer in people who don't smoke.

Studies have also shown that children less than one year old whose parents smoke are more likely to have middle-ear infections, bronchitis and pneumonia than children of the same age whose parents do not smoke. In addition, children of smoking mothers are more likely than children of nonsmoking mothers to have lung disease in general.

"Mothers who continue smoking have children who have increased symptoms of coughing, mucus, wheezing and more frequent asthma attacks. As a society, we cannot accept the loss of one life to secondhand smoke. We all have a responsibility to protect our most vulnerable assets, our children and our future," added (Spokesperson).

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**African-American Press Release — Secondhand Smoke Media Campaign (page 2)**

Page Two

The materials that will be distributed nationally among African-American organizations emphasize the importance of protecting the health of young children and their families from secondhand smoke. EPA estimates that secondhand smoke is responsible for between 150,000 and 300,000 lower respiratory tract infections in infants and children under 18 months of age annually, resulting in approximately 7,500 to 15,000 hospitalizations each year. For more information on secondhand smoking or to obtain the brochure "Protect Yourself and Your Family from Secondhand Smoke," contact your local American Lung Association at 1-800-LUNG-USA (1-800-586-4872).

The American Lung Association has been fighting lung disease for 90 years. With the generous support of the public and the help of our volunteers, we have seen many advances against lung disease. However, our work is not finished. As we look forward to our second century, we will continue to strive to make breathing easier for everyone. Along with our medical section, the American Thoracic Society, we provide programs of education, community service, advocacy and research. The Lung Association's activities are supported by donations to Christmas Seals and other voluntary contributions.

###



**Media Fact Sheet (English) — Secondhand Smoke Media Campaign****AMERICAN LUNG ASSOCIATION<sup>®</sup>****SECONDHAND SMOKE FACTS AND TIPS**

- 1) Secondhand smoke comes from two places: smoke breathed out by the person who smokes, and smoke from the end of a burning cigarette.
- 2) Secondhand smoke contains over 4,000 chemicals, 200 are poisons, 43 cause cancer. Secondhand smoke has been classified by the Environmental Protection Agency (EPA) as a known cause of cancer in humans (Group A carcinogen).
- 3) Secondhand smoke causes health problems and lung cancer in adults. The Environmental Protection Agency (EPA) estimates that secondhand smoke causes approximately 3,000 lung cancer deaths in nonsmokers each year.
- 4) Secondhand smoke is especially harmful in young children. EPA estimates that secondhand smoke is responsible for between 150,000 and 300,000 lower respiratory tract infections in infants and children under 18 months of age annually, resulting in between 7,500 and 15,000 hospitalizations each year.
- 5) Secondhand smoke is harmful to kids with asthma. The Environmental Protection Agency (EPA) estimates that between 200,000 and 1,000,000 asthmatic children have their condition made worse by exposure to secondhand smoke. Secondhand smoke may also cause thousands of non-asthmatic children to develop asthma each year.
- 6) Secondhand smoke can make healthy children sick; it can cause asthma, pneumonia, ear infections, bronchitis, coughing, wheezing and mucous. According to the EPA, the buildup of fluid in the middle ear, often caused by secondhand smoke, is the most common cause of hospitalization of children for an operation.

What the public can do about secondhand smoke:

- o If you smoke, quit!
- o Keep smoke away from you and your family by asking people not to smoke in your home.
- o Make sure your child's day care and schools have no smoking rules.
- o Use no smoking signs, buttons and stickers at home, at work, and in your car.
- o Ask for no smoking sections when you eat out.
- o Support clean air laws that protect you from secondhand smoke.

If you or anyone you know wants to quit smoking, the American Lung Association can help, call 1-800-LUNG USA.

###

**Media Fact Sheet (Spanish) — Secondhand Smoke Media Campaign****AMERICAN LUNG ASSOCIATION®****REALIDADES Y DATOS SOBRE EL HUMO DE SEGUNDA MANO**

- 1) El humo de segunda mano proviene de dos sitios: el humo que exhala el fumador y el humo de la punta encendida del cigarrillo.
- 2) El humo de segunda mano contiene más de 4,000 elementos químicos, de los cuales 200 son venenosos y 43 causan cáncer. La Agencia de Protección Ambiental de Estados Unidos (EPA) clasifica al humo de segunda mano como un causante conocido de cáncer en los humanos (Grupo A cancerígeno).
- 3) El humo de segunda mano causa problemas de salud y cáncer en los adultos. La Agencia de Protección Ambiental (EPA) estima que el humo de segunda mano causa aproximadamente 3,000 muertes al año por cáncer pulmonar en personas que no fuman.
- 4) El humo de segunda mano es especialmente dañino en los niños. La EPA estima que el humo de segunda mano es responsable de aproximadamente 150,000 a 300,000 infecciones respiratorias al año en infantes y niños menores de 18 meses de edad, con un resultado de 7,500 a 15,000 hospitalizaciones al año.
- 5) El humo de segunda mano es dañino para los niños con asma. La Agencia de Protección Ambiental (EPA) estima que entre 200,000 a 1,000,000 de niños asmáticos empeoran su condición cuando se exponen al humo de segunda mano. El humo de segunda mano también puede causar cada año el desarrollo de asma en miles de niños que no sufren esta enfermedad.
- 6) El humo de segunda mano puede enfermar a niños que son sanos; puede causar asma, neumonía, infecciones en el oído, bronquitis, tos, dificultades para respirar y aumento de la mocosidad. Según la EPA, la creación de fluido en el oído medio, por efecto del humo de segunda mano, es la causa más común del ingreso a hospitales de niños que necesitan intervención quirúrgica.

-sigue-

**Media Fact Sheet (Spanish) — Secondhand Smoke Media Campaign (Page 2)**

Factsheet Hisp.  
2 / 2

Qué puede hacer el público contra el humo de segunda mano:

- Si fuma, deje de fumar de inmediato.
- Mantenga a su familia y a Ud. alejado del humo de segunda mano pidiéndole a sus amigos y familiares que no fumen dentro de su casa.
- Asegúrese que el centro de cuidado infantil de sus hijos tenga reglas que prohíben fumar.
- Utilice letreros, botones y calcomanías en contra del fumar en su hogar, trabajo y carro.
- Pida ser sentado en la sección de no fumadores del restaurant cuando salga a comer.
- Apoye las leyes que lo protegen a Ud. contra el humo de segunda mano.

Si Ud o cualquiera que Ud. conozca quiere dejar de fumar, la Asociación Americana del Pulmón puede ofrecerle ayuda gratuita.

###

## Community Baby Shower

**Goal:** To reduce parental smoking around young children in low-income and minority households

**Program Description:** Community Baby Showers are a combination of a party and a health fair. Lung Associations around the country have successfully used the community baby shower model to reach low-income and minority pregnant women and new parents with a wide range of health messages. Sponsoring Lung Associations work in partnership with local health departments, social service organizations, medical professionals, and women's and children's interest groups to put together an attractive diversity of activities during the event. Booths and presentations cover many topics of interest to new parents in addition to smoking and second-hand smoke. For example, topics such as breastfeeding and nutrition, child safety, screening for lead, high blood pressure and asthma are often included, as well as information on locally available childcare resources.

The appeal of Community Baby Showers over more traditional health fairs is the addition of decorations, refreshments, entertainment and give-aways, which make the learning environment a fun atmosphere. Lung Associations have used inspirational speakers, musical performances, maternity fashion shows, and prizes ranging from baby bibs to car seats to get-away vacations as incentives to boost attendance and make the events unique.

As an example, the ALA of Virginia, Piedmont Area held their "Greatest Baby Shower Ever" at a major shopping mall on the outskirts of Richmond. Their co-sponsors included the mall

management, a local hospital, TV and radio stations, and a grocery chain. Prizes were donated by area retailers. In order to ensure that party "guests" came away with some health information in addition to the goodies, the organizers set up a sort of treasure hunt, in which participants had to get a card stamped at certain booths to be eligible for the major give-aways.

The Richmond baby shower was heavily promoted in the local media, including a series of spots on the nightly news and an article in the local parent's magazine (see attached sample press release and flyer). Their radio station co-sponsor also conducted a call-in show staffed by physicians on site during the event. In addition, flyers and posters promoting the event were available at the mall, in health clinics and other public locations.

Although the baby showers are open to the public, most Lung Associations target their publicity in ways that are most likely to reach low-income and minority families, such as articles in local minority newspapers, posters in health clinics, promotion through the WIC program, etc.

**Partners:** There are many partnership opportunities with this type of program. An important consideration is having enough diversity of sponsors and presenters to attract a broad audience. Most Lung Associations have worked with local public health agencies and clinics as primary partners. Other partners that could offer funding support and/or exhibit with health and safety information could include foundations interested in prenatal health issues, alternative high schools that serve pregnant teens, and organizations like the La

Leche League. Retail and other businesses that might be interested in donating give-aways and/or displaying their goods could include toy stores, baby furniture and clothing outlets, and diaper services.

**Resources Needed:**

- An attractive and conveniently located facility like a shopping mall or a community center
- Promotional materials, including media releases, flyers and posters
- Food, including healthy snacks and a cake
- Presenters and entertainers
- Decorations with a baby shower theme
- Baby gifts, including some large ones as door prizes and small ones for each guest
- Educational materials, including ALA's *Protecting Yourself and Your Family* brochures for low-income and minority populations
- Translation services as appropriate

**Measurable Outcomes and Evaluation:** For this program, you will want to track the number of partners recruited, people in attendance, educational

materials distributed and pledge cards signed. To establish a baseline for measuring behavioral change, administer a brief, pre-event survey to the attendees as they enter. As the event draws to a close, do a post-event survey to determine participant satisfaction and to record any change in knowledge or attitudes. Resources permitting, follow-up interviews/surveys can be conducted several months later to measure retention of information and any positive behavior change. Overall evaluation of the event is based on participant and partner satisfaction, as well as how successful the program was in producing positive behavioral changes.

**Opportunities and Linkages:** Since this program is extremely flexible, it can be used to showcase a number of health issues. The Lung Association in Richmond, for example, linked their baby shower to the kick-off of a smoking cessation program for pregnant women. As with any program for the general public, you can improve the likelihood of getting a good turnout if you work with programs that already have a built-in audience, like a prenatal clinic or the WIC program.

## Sample Press Release — Community Baby Shower

## NEWS



## FOR IMMEDIATE RELEASE

July 22, 1996

Contact: Lauri Savage, 804-355-3295

**ANNOUNCING THE FIRST ANNUAL GREATEST BABY SHOWER EVER**

Richmond, Virginia - The **First Annual Greatest Baby Shower Ever** will take place on September 21, 1996 at Southpark Mall in Colonial Heights, Virginia.

Presented by Your Neighborhood Columbia Hospitals to benefit the American Lung Association of Virginia, the event will provide information on good health habits during pregnancy. Sponsors and vendors will offer health information and parenting tips, display products and services geared to young families, and offer door prizes.

Media coverage includes a pre-event call in show on WRIC-TV 8, during which callers will be able to speak with physicians and obtain answers about individual health concerns. Lisa Schaffner, co-anchor, will host the Greatest Baby Shower Ever on September 21.

One aspect of the health information will be to inform expectant mothers about the harm that smoking during pregnancy can cause both them and their babies

**When You  
Can't Breathe,  
Nothing Else  
Matters®**

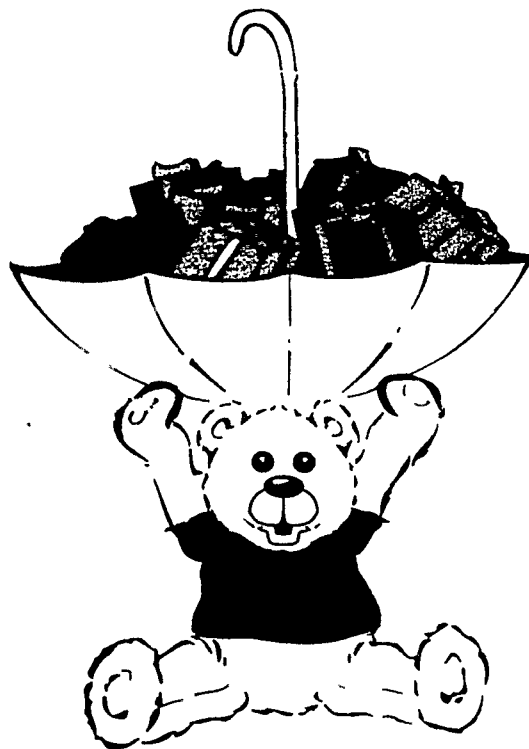
Piedmont Area  
J. Boulevard  
P.O. Box 7065  
Richmond, Virginia  
23221-0065  
Phone: (804)355-3295  
Fax: (804)342-1062  
Toll Free: 1 800 LUNG USA

**Sample Press Release — Community Baby Shower (Page 2)**

Lung disease and deaths from lung cancer are increasing among women, and cigarette smoking is the likely cause for much of the increase, according to studies presented at the recent American Lung Association/American Thoracic Society International Conference. Currently, 22% of American women are smokers; it is estimated that by the year 2000 women will smoke at the same rate as men. Smoking during pregnancy accounts for an estimated 20-30% of low birth weight babies, up to 14% of preterm deliveries and 10% of all infant deaths.

For more information on either the **Greatest Baby Shower Ever** or programs to help smokers quit, contact the American Lung Association of Virginia at 804-355-3295 or 1-800-LUNG-USA.


## Sample Flyer And Poster — Community Baby Shower



# 1996 Greatest Baby Shower Ever

September 21, 1996  
10am-4pm

Southpark Mall  
Colonial Heights, VA

 **AMERICAN LUNG ASSOCIATION.**  
of Virginia  
*Helping moms and their babies breathe easier.*

Presented by  
Your Neighborhood Columbia Hospitals  
to benefit  
The American Lung Association of Virginia

This premiere event offers tips for having a healthy family, loads of fun activities, free gifts, exhibitor displays and access to free medical advice. Come hear talks on infant health, parenting and learn the importance of a smoke-free pregnancy and family.

Lisa Schaffner, WRIC-TV 8, will present  
"Challenges Working Mothers Face"

Talk to Physicians  
about Pregnancy Questions

PLUS.... Stroller aerobics.... Maternity and child fashions.... Dad's diapering contest.... Baby Olympics.... Biggest Shower Cake Ever.... Face painting.... and much more!

GRAND PRIZE DRAWING:  
4-Day, 3-Night Vacation Package

For more information, call  
1-800-LUNG-USA or (804) 355-3295.

Presented by...

 **COLUMBIA™**  
Your Neighborhood Hospitals

Chippenham Medical Center  
Henrico Doctors' Hospital  
John Randolph Medical Center  
Johnston-Willis Hospital  
Retreat Hospital  
Hanover Outpatient Center

Sponsors...



**Hannaford**  
Food and Drug Supercenters





## Secondhand Smoke Helpline

**Goal:** To provide comprehensive information on secondhand smoke to the general public, including its diverse populations

**Program Description:** The ALA of Santa Clara/San Benito Counties in California's Secondhand Smoke Helpline is a hotline service that provides answers to callers' questions about secondhand smoke. The hotline provides assistance in eight different languages, reflecting the great diversity of the local population. Through the use of volunteers and a collaborative arrangement with other health and social service agencies, callers' questions are answered, and follow-up assistance is provided if requested.

Because callers can remain anonymous and receive help with secondhand smoke problems, the Helpline is especially attractive to individuals who fear retaliation from employers, landlords or family members if they seek help. Although the Helpline has a much broader focus than just the residential exposure of young children, it is an effective means to reach people who need help with developing strategies for protecting their children, and feel they have no where else to turn.

The Helpline is promoted through flyers in all the available languages, which are distributed through health fairs, partner organizations, and other Lung Association programs for the target community. The Helpline number is also included in any smoking-related releases sent out to the media.

**Partners:** The county health department was the original sponsor of the Helpline, and continues to promote

it in their outreach. The Lung Association also works in cooperation with a number of community-based organizations to make sure their clients are aware of the service. These organizations also provide the multi-lingual staff, who are trained by the Lung Association to help with translation and with the counseling of callers.

**Resources Needed:**

- Trained staff or volunteers to answer the phones and provide follow-up as needed
- Dedicated phone bank site and phone lines
- Secondhand smoke outreach materials for follow-up mailings, including brochures and fact sheets in translation
- Postage for follow-up mailings
- Staff time and materials to publicize the Helpline services

**Measurable Outcomes and Evaluation:** The success of this program is measured by the number of callers to the Helpline. The callers who give contact information rather than remain anonymous receive a follow-up survey, either by phone or mail, to determine their satisfaction with the service, and whether or not they were able to resolve their problems.

**Opportunities/Linkages:** Because this program depends on people calling in, it can only succeed if there is a certain level of community awareness of the health risks associated with secondhand smoke. One of the reasons this particular program has been so successful is that the ALA of Santa Clara/San Benito Counties has a very active, multi-tiered outreach program, and is able to link all their programs together.

## Secondhand Smoke in Cars

**Goal:** To protect children from exposure to secondhand smoke in cars

**Program Description:** The amount of secondhand smoke exposure that children get in the family car is usually small compared with that in the home. But taking steps to stop smoking in the car is probably also easier than at home. The ALA of Ohio, Akron/Canton Area conducted this targeted campaign on secondhand smoke and cars as part of a broader secondhand smoke program. But they saw it as a discrete opportunity to make a difference.

The Lung Association successfully engaged the local chapter of the American Automobile Association (AAA), which serves a large membership representing a cross-section of the community. AAA agreed to distribute secondhand smoke information to their members through mailings, Trip Kit distribution, and in their offices.

The ALA of Ohio, Akron/Canton Area developed two special items for the campaign: a very simple flyer on the health risk to children from secondhand smoke in cars, and a static sticker with a smoke-free message that could be displayed on car windows (see attached). The pieces were sent to area auto clubs for distribution.

**Partners:** The local chapter of the AAA was an invaluable partner in this program. They have access to a large membership, and an unrivalled credibility with the public on automobile issues. Other car-related businesses to consider in a partnership on children's health could include car dealerships, gas

stations and repair shops. The local health department would also be a valuable ally, as they could offer support for the health messages.

**Resources Needed:**

- Educational materials, such as the flyer and sticker attached
- A distribution mechanism, such as AAA's existing outlets in this case

**Measurable Outcomes and Evaluation:**

As done by the ALA of Ohio, Akron/Canton Area, the measurable outcomes for this program were the number of participating auto clubs, and the number of informational packets distributed. Evaluation was based on comparing the actual outcomes with the standards set at the outset of the program.

To get a better measure of whether any drivers changed their behavior based on the information they received in this campaign, you could conduct a follow-up survey of selected recipients of the secondhand smoke materials. Or, the mailing could have included a smoke-free cars pledge card, and a response form. Any recipients who sent the response form back indicating that they had signed the pledge card would receive the window sticker as a thank you (and a reminder of their promise to their children).

**Opportunities/Linkages:** Adding a media component could easily broaden the reach of this campaign without diluting the focus on cars. Also, of course, once a family has successfully gone smoke-free in their car, the logical next step is to ask them to go smoke-free at home.

## 2 Sample Flyers — Secondhand Smoke In Cars

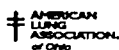
### Secondhand Smoke... Is your child in danger?

- ◆ Secondhand smoke causes cancer; it is responsible for approximately 53,000 deaths each year.
- ◆ Secondhand smoke contains over 4,000 chemicals including 200 poisons such as tar, carbon monoxide and nicotine.
- ◆ Secondhand smoke trapped in a car for one hour exposes children to the equivalent of 3 cigarettes per hour.
- ◆ Secondhand smoke in a home exposes children to the equivalent of 3 cigarettes a day.
- ◆ An estimated 9 million children are exposed to secondhand smoke 8 to 16 hours a day.
- ◆ Secondhand smoke can increase a child's risk for asthma, pneumonia, bronchitis and in some cases Sudden Infant Death Syndrome.

#### How to protect your child...

- ~ Give up active smoking
- ~ Make your car and home smoke-free
- ~ Never smoke while holding your child
- ~ Sit in non-smoking areas when in restaurants and shopping centers
- ~ Encourage schools, child care centers and other public places to go smoke-free
- ~ Tell others not to smoke around your child. Remember, your child has the right to clean air!

For more information:  
**Call 1-800-LUNG-USA**



AMERICAN  
LUNG  
ASSOCIATION  
of Ohio  
Akron/Canton Area Branch

### You Smoke, is your child in danger?

## YES!

- ◆ Secondhand smoke trapped in a car for one hour exposes your children to the equivalent of 3 cigarettes per hour.
- ◆ Secondhand smoke increases your child's risk for asthma, pneumonia, bronchitis and in some cases Sudden Infant Death Syndrome.
- ◆ Secondhand smoke causes cancer and can eventually lead to death.

**Keep your kids smoke free!**

For more information:  
**Call 1-800-LUNG-USA**



AMERICAN  
LUNG  
ASSOCIATION  
of Ohio  
Akron/Canton Area Branch

Window Decal — Secondhand Smoke In Cars

**Your smoke, their lungs!  
Keep kids smoke-free!**



**† AMERICAN  
LUNG  
ASSOCIATION.**

**1-800-LUNG-USA**

## Outreach to Daycare Providers

**D**aycare providers have a dual role in protecting children from secondhand smoke: they can ensure a smoke-free environment while the children are in their care, and they can serve as a conduit for passing information along to the parents. In addition to the pro-

grams detailed below, local Lung Associations have reached daycare providers through partnership with the YMCA; the offer of IAQ assessments for home-based providers; the inclusion of secondhand smoke education in asthma management training; and a media campaign informing parents of the passage of a new smoke-free daycare law.

## Smoke-free Head Start

**Goal:** To reduce Head Start children's exposure to secondhand tobacco smoke in their homes, automobiles, and in preschool

**Program Description:** The Head Start program has proven to be an ideal place for secondhand smoke and children outreach for several reasons: its nationwide reach into low-income and minority communities with higher than average smoking rates; its federal mandate to maintain smoke-free facilities; and the fact that parents are required to participate in some Head Start activities. The ALA of the East Bay in California (formerly the ALA of Alameda County) has been refining and expanding upon its Smoke-free Head Start program for several years now, and it has already become a model for Lung Associations and other organizations interested in replicating its success.

The first task is to gain the cooperation of the local Head Start program and to help them adopt the goal of reducing the exposure of the children in their care to secondhand smoke. Since all Head Start facilities are required to be smoke-free, program managers may see the ALA's efforts as helping them adhere to that policy through education of their staff and parents. The ALA of the East Bay helps the Head Start programs they work with to develop and enforce a smoke-free policy statement (see sample statement and signage attached).

At the beginning of the school year, parents are given a brief survey about their smoking behavior as part of the Head Start intake process. This information is used for a baseline for the purposes of program evaluation at the end of the year. In addition to the sample questionnaire attached, the ALA of the East Bay has developed surveys in Spanish,

Chinese, Vietnamese and Farsi.

The Lung Association sets up a series of trainings with the Head Start staff. But before training begins, they ask Head Start program managers to conduct a survey to determine the smoking prevalence among the staff, and whether or not they allow smoking in their own homes. The results of the survey are used to tailor the staff training to the audience. For example, if there is a high smoking prevalence among staff and they allow smoking in their homes, the amount of training time allocated for discussion of the health risks from secondhand smoke is increased.

The initial overview training involves all Head Start staff, including clerical, janitorial, bus drivers and kitchen assistants. Follow-up training is provided for family advocates on how to talk to parents about secondhand smoke, and for the teaching staff on how they can incorporate basic secondhand smoke lessons into their curriculum for the children. The staff members are provided with resource materials, including language-appropriate brochures for the families.

The family advocates work with families through presentations at parent meetings, including the video *Poisoning Your Children*; one-on-one discussion during family intake meetings; articles in the newsletter that goes home to parents; and if needed, counseling during home visits.

**Partners:** The Head Start program, or any other day-care provider, is, of course, the essential partner. The ALA of the East Bay has worked closely with their county health department, which provided most of their initial funding. Since that time, Smoke-free

Head Start has been supported primarily by state grants. Local businesses may help by providing funding or in-kind services to assist with creating printed materials, mailings, or holding meetings. In addition, local medical or physicians' organizations, or the local health department may be willing to provide speakers or educational materials.

**Resources Needed:**

- A facility for meetings and trainings
- Educational materials for staff, parent advocates and parents, including videos, brochures and fact sheets
- Incentives items for participation and feedback, such as certificates and coupons
- Model policies for smoke-free daycare, if appropriate

**Measurable Outcomes and Evaluation:**

Measurable outcomes include the number of Head Start facilities participating in the initiative, and the number enforcing smoke-free policies.

You also can track the number of staff and family advocates trained; packets distributed to families; and smoke-free pledges signed. Evaluation of the program is done by the family advocates, who administer pre- and-post intervention surveys to the parents (see attached). Parents are given a smoke-free pledge card (see attached) with their post survey, and those parents signing a card receive a "Welcome to Our Smoke-free Home" sign and a "No Smoking" sticker for their car. The ALA of the East Bay has learned that they get a much higher rate of return on their surveys if they offer the family advocates small incentives like gift certificates for the prompt return of the parent surveys that they complete.

**Opportunities/Linkages:** This program was developed specifically for Head Start families and their children. It can be adapted to other daycare centers, schools, and perhaps even community or recreational centers that serve children and their families, like the YMCA and Boys and Girls Clubs.

**Sample Smoke-free Policy — Smoke-free Head Start****OAKLAND HEAD START SMOKE-FREE POLICY AND PROCEDURE****POLICY:**

Due to acknowledged hazards, both to adult nonsmokers and especially to young children arising from exposure to environmental tobacco smoke (ETS), it shall be the policy of OAKLAND HEAD START to provide a smoke-free environment for staff, children, and participants. This policy covers the smoking of any tobacco product and applies to both employees and non-employee participants of OAKLAND HEAD START.

OAKLAND HEAD START will serve as an example to other child care and community agencies. OAKLAND HEAD START staff and volunteers will serve as role models by not smoking in the presence of children, parents and participants.

**DEFINITION:**

1. There will be no smoking in any OAKLAND HEAD START facility at any time.

The decision to provide or not provide designated smoking areas outside the building will be at the discretion of the program director or local decision-making body.

The designated smoking area will be located out of children's sight, away from the main entrances to the building, and at least 20 feet away from the main entrance.

All smoking trash, including butts and matches, will be extinguished and disposed of in appropriate containers. Program supervisors will ensure periodic clean-up of the designated smoking areas. If the designated smoking area is not properly maintained, it can be eliminated at the discretion of the program director.

2. There will be no smoking in any OAKLAND HEAD START vehicle.

There will be no smoking in OAKLAND HEAD START vehicles at any time.

There will be no tobacco use in personal vehicles when transporting persons on OAKLAND HEAD START authorized business.

3. There will be no smoking by staff or volunteers when children are present. This includes both indoor and outdoor activities.

Field trips, walks, and other off-site activities will be smoke-free to the fullest extent possible. There will be no smoking by staff or volunteers



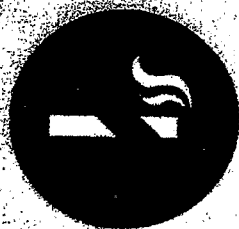
Sample Sign for Smoke-free Facility — Smoke-free Head Start

Oakland Head Start  
**SMOKE-FREE  
POLICY**

In keeping with Oakland Head Start's  
intent to provide a safe and healthy  
working environment,

**SMOKING IS PROHIBITED**

throughout all  
Oakland Head Start's work sites  
**INCLUDING OUTDOOR AREAS**  
that are used by Oakland Head Start.



This policy applies equally to  
all employees and visitors.

## Sample Intake Survey — Smoke-free Head Start

Head Start Site Name \_\_\_\_\_

Child's Name \_\_\_\_\_ Your Relationship to Child \_\_\_\_\_

## Head Start Secondhand Smoke Intake Survey

*Dear Parents and Guardians, please take a few moments to fill out this survey, answering every question honestly. The purpose of this survey is to determine how we can help Head Start parents and their children. The answers to these questions are confidential.*

—The American Lung Association of Alameda County

1. What is your ethnicity?  

|   |                                    |                                   |                                  |
|---|------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Latino   | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Vietnamese       | <input type="checkbox"/> Laotian   | <input type="checkbox"/> Filipino | <input type="checkbox"/> Afghan  |
| <input type="checkbox"/> Other _____      |                                    |                                   |                                  |
2. How many smokers live in your household?  

|                               |                              |                              |  |
|-------------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> One | <input type="checkbox"/> Two | <input type="checkbox"/> Three or more |
|-------------------------------|------------------------------|------------------------------|--|
3. Who smokes in the house? (Check all that apply.)  

|                                 |                              |  |                                   |
|---------------------------------|------------------------------|--|-----------------------------------|
| <input type="checkbox"/> No one | <input type="checkbox"/> You | <input type="checkbox"/> Other Household member(s) | <input type="checkbox"/> Guest(s) |
|---------------------------------|------------------------------|--|-----------------------------------|
4. Where is smoking allowed? (Check all that apply.)  

|  |  |
|--|--|
| <input type="checkbox"/> Child's bedroom     | <input type="checkbox"/> Other Bedrooms    |
| <input type="checkbox"/> Living room         | <input type="checkbox"/> Bathroom          |
| <input type="checkbox"/> Kitchen             | <input type="checkbox"/> Dining room       |
| <input type="checkbox"/> Patio/porch/balcony | <input type="checkbox"/> Not INSIDE at all |
5. Who smokes in your car? (Check all that apply.)  

|                                 |                              |  |                                   |
|---------------------------------|------------------------------|--|-----------------------------------|
| <input type="checkbox"/> No one | <input type="checkbox"/> You | <input type="checkbox"/> Other Household member(s) | <input type="checkbox"/> Guest(s) |
|---------------------------------|------------------------------|--|-----------------------------------|
6. Does your child ever ride in a car where smoking is allowed? ☐ Yes ☐ No
7. Do any of the children in your house have any of the following conditions? (Check all that apply.)  

|   |  |
|---|--|
| <input type="checkbox"/> Asthma         | <input type="checkbox"/> Frequent Ear Infections |
| <input type="checkbox"/> Allergies      | <input type="checkbox"/> Frequent Coughs         |
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Other Lung Illnesses    |

## Sample Pledge Card — Smoke-free Head Start

Dear Parents,

We are asking that all Head Start parents consider signing this smoke-free pledge for their families' health. This is a voluntary pledge. You are not required to sign this. If you do decide to make your home and car smoke-free and sign this pledge, we will be giving you some NO SMOKING signs and stickers and a certificate signed by the Alameda County Health Officer.

--The American Lung Association of Alameda County

## Head Start Smoke-Free Pledge

I, \_\_\_\_\_ hereby pledge to provide a  
(print name)  
smoke-free home and transportation for my child(ren) because I love them  
and I want to protect them from secondhand tobacco smoke.

By signing this pledge,

\*I promise to forbid smoking in my car,

\*I promise to forbid smoking inside my house, and

\*I promise to ask others not to smoke whenever my children are present.

For smokers only:

I also promise to not smoke whenever my children are present including outdoors.

Your Name (please print) \_\_\_\_\_

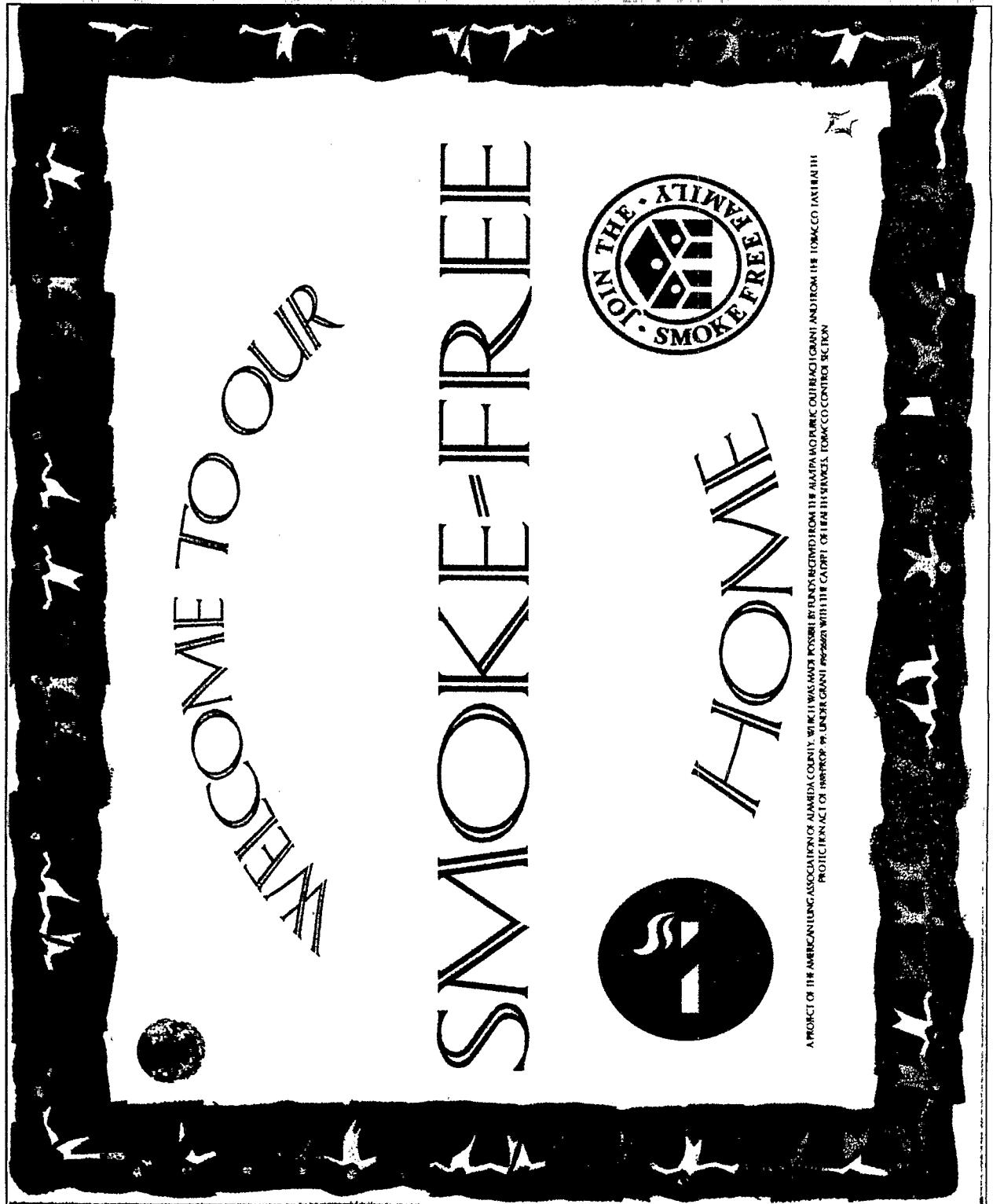
Child's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Head Start Site \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Sample Sign for Smoke-free Home — Smoke-free Head Start



**Sample Follow-up Survey — Smoke-free Head Start**

Head Start Site Name \_\_\_\_\_

Child's Name \_\_\_\_\_ Your Relationship to Child \_\_\_\_\_

**Head Start Secondhand Smoke Follow-Up Survey**

*Dear Parents and Guardians, please take a few moments to fill out this survey, answering every question honestly. The purpose of this survey is to determine how we can help Head Start parents and their children. The answers to these questions are confidential.*

--The American Lung Association of Alameda County

1. What is your ethnicity?
 

|   |                                    |                                 |                                      |                                  |
|---|------------------------------------|---------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Latino | <input type="checkbox"/> Chinese     | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> Vietnamese       | <input type="checkbox"/> Filipino  | <input type="checkbox"/> Afghan | <input type="checkbox"/> Other _____ |                                  |
2. How many smokers live in your household? ☐ None ☐ One ☐ Two ☐ Three or more
3. Who smokes in your house? (Check all that apply.)
 

|                                 |                              |  |                                 |
|---------------------------------|------------------------------|--|---------------------------------|
| <input type="checkbox"/> No one | <input type="checkbox"/> You | <input type="checkbox"/> Other Household members | <input type="checkbox"/> Guests |
|---------------------------------|------------------------------|--|---------------------------------|
4. Where is smoking allowed in your house? (Check all that apply.)
 

|  |  |
|--|--|
| <input type="checkbox"/> Child's bedroom     | <input type="checkbox"/> Other Bedrooms    |
| <input type="checkbox"/> Living room         | <input type="checkbox"/> Bathroom          |
| <input type="checkbox"/> Kitchen             | <input type="checkbox"/> Dining room       |
| <input type="checkbox"/> Patio/porch/balcony | <input type="checkbox"/> Not inside at all |
5. Who smokes in your car? (Check all that apply.)
 

|                                 |                              |  |                                 |
|---------------------------------|------------------------------|--|---------------------------------|
| <input type="checkbox"/> No one | <input type="checkbox"/> You | <input type="checkbox"/> Other Household members | <input type="checkbox"/> Guests |
|---------------------------------|------------------------------|--|---------------------------------|
6. Does your child ever ride in a car where smoking is allowed? ☐ Yes ☐ No
7. How has the amount of smoking **INSIDE** your **HOUSE** changed during the last six months?
 

|   |  |
|---|--|
| <input type="checkbox"/> No change                      | <input type="checkbox"/> Smoking no longer allowed     |
| <input type="checkbox"/> Smoking allowed in fewer rooms | <input type="checkbox"/> Smoking allowed in more rooms |
8. How has the amount of smoking inside your **CAR** changed during the last six months?
 

|   |   |
|---|---|
| <input type="checkbox"/> No change                  | <input type="checkbox"/> Smoking no longer allowed  |
| <input type="checkbox"/> Smoking allowed less often | <input type="checkbox"/> Smoking allowed more often |
9. In the past 6 months, where did your family receive information about secondhand tobacco smoke? (Check all that apply.)
 

|   |                                      |  |                                      |
|---|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Head Start       | <input type="checkbox"/> Doctor      | <input type="checkbox"/> American Lung Association | <input type="checkbox"/> Health Fair |
| <input type="checkbox"/> Television/radio | <input type="checkbox"/> Other _____ |  |                                      |
10. Did you see the video tape, "Poisoning Your Children"? ☐ Yes ☐ No

## Childcare Provider Training

**Goal:** To educate childcare providers about the danger to young children from secondhand smoke.

**Program Description:** Many local Lung Associations have conducted trainings on secondhand smoke for daycare providers. The ALA of Kansas's program provides a good example of a multi-pronged outreach program designed to reach daycare providers in several different ways. First, they worked with the Kansas Department of Health and the Environment to adapt the National Resource Center for Health and Safety in Child Care (NRCHSCC) secondhand smoke training module for daycare providers in Kansas. The modified modules were then distributed to providers through the Kansas Child Care Resource and Referral Agency. Some sample materials from the modified training module are attached. [NRCHSCC's self-paced educational program was originally developed with the intention that it be adapted and approved for continuing education credits for daycare providers in each state, although it has since been modified to make it more universally applicable — see Appendix III for more information]

The ALA of Kansas arranged to have an information booth at two large state-wide conferences for daycare providers: one specifically for Head Start, and the other organized by the Kansas chapter of the National Association for the Education of Young Children. In addition to distributing educational materials on secondhand smoke, they were able to promote the training module and conduct a needs assessment survey.

The following year, using the results of the needs assessment survey, the ALA of Kansas con-

ducted training sessions on secondhand smoke at the annual conference of the Child Care Resource and Referral Agency, Head Start, and the Kansas Association for the Education of Young Children.

**Partners:** This program is a striking example of effective partnership. The ALA of Kansas established relationships with the major daycare organizations in their state, which enabled them to reach daycare providers through existing mechanisms. In addition, they worked closely with the state child care licensing agency, the Kansas State Nursing Association, and the indoor air program in the EPA Region 7 office, which provided funding support.

**Resources Needed:**

- NRCHSCC Secondhand Smoke Education Project module, to be adapted as needed for local requirements
- Educational materials for both daycare providers and parents (some of which are included in the module)
- Presentation materials for training providers (some of which are included in the module)
- Funds to duplicate and distribute training module
- Display booth for daycare conferences

**Measurable Outcomes and Evaluation:**

The success of the training module can be measured by the number of modules that were distributed, and the number of providers who used it and applied for continuing education credits. The number of providers reached through the information booths and presentations at the daycare conferences would be another outcome measure. You could also

do a pre- and post-test knowledge survey in conjunction with the training sessions.

The impact of the program is ultimately evaluated based on the number of families and the number of children reached by each center. This could be ascertained by a follow-up survey of program participants, or by having the providers keep a tally of families reached.

**Opportunities/Linkages:** By coincidence, this program was launched at the same time that the Kansas Health Foundation was starting a major media campaign asking smoking adults to "Take it Outside." The confluence of messages proved very beneficial, as daycare providers and parents heard about secondhand smoke from two different angles, thus enhancing the impact.

## From Brochure for Providers — Childcare Provider Training

## What You Can Do

1. Support "No Smoking" at all times anywhere in or around child care or school facilities.

See that people do not expose children to secondhand smoke indoors, in vehicles or outdoors.

2. Support smokers by using positive approaches to help them want to quit, or at least avoid exposing others to secondhand smoke. Examples of positive approaches include:

- a. Listen to why the smoker started to smoke, why the smoker smokes now, and how the smoker feels now.
- b. Urge limiting smoking to areas where non-smokers will not breathe the secondhand smoke.

- c. Support quitting by:

- Asking if the person ever tried to quit
- Referring smoker to his or her doctor for help in quitting
- Provide information about smoking cessation programs available locally
- Ask the smoker to contact the American Lung Association of Kansas for information on how to quit
- Offer to be available to talk or listen
- Suggest ways to overcome the urge to smoke:
  - talking to friends
  - hobbies and other activities
  - walking or other exercise
  - good nutrition
  - increased water intake
  - other "relaxation" therapies (back rub, meditation, etc.)

3. Help children practice saying no to smoking. Some messages are appropriate for toddlers, some for preschoolers, others for school age children.

**Toddler:**

- "Smoking makes you sick."
- "Smoke is poison."
- "I like clean air."

**Preschool age:**

- "People who don't smoke can 'smell good smells' better."
- "Food tastes better when you don't smoke."
- "Rooms are cleaner when there is no smoking."
- "People who are around smokers get sick easier."

**School-age:**

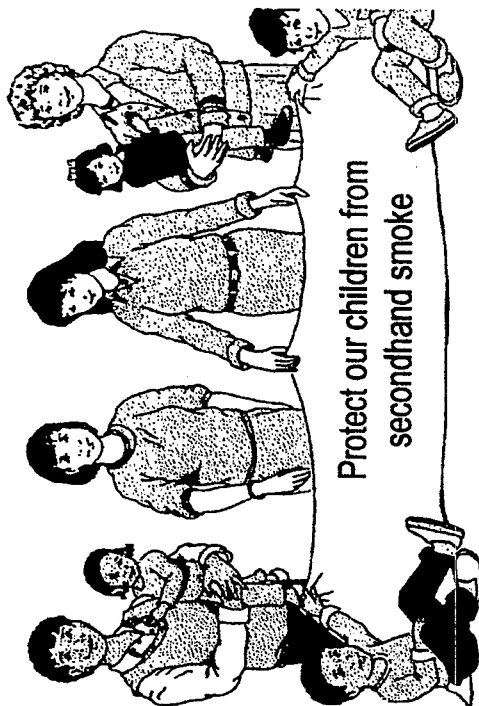
- "Be smart, don't start."
- "Let's make smoking 'history'."

Adapted from information prepared by ECELS (Early Childhood Education Linkage System), a program of AAP, Pennsylvania Chapter.

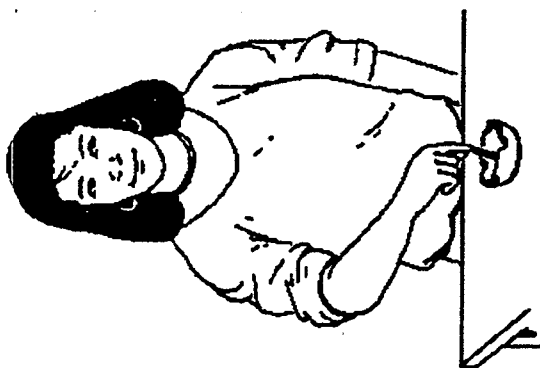


Brochure for Parents — Childcare Provider Training

# A Message for Parents:



**Children exposed to  
secondhand smoke are  
sick more often.**



This document is distributed by the National Resources Center for Health and Safety in Child Care (NRCHSCC).

Funding for provision of education materials is provided by the U.S. Environmental Protection Agency Region VII

to the American Lung Association of Kansas  
Originally development of this document occurred through a joint project of the Massachusetts Department of Public Health and the Massachusetts Health Research Institute, Inc.

For additional information on secondhand smoke and smoking, contact the  
American Lung Association of Kansas  
4300 SW Drury Lane, Topeka, KS 66604-2419  
785-272-9290 or 1-800-LUNG USA.

## Brochure for Parents — Childcare Provider Training (Page 2)

Secondhand smoke is a combination of exhaled smoke and the smoke from the burning end of a cigarette, cigar or pipe. It is harmful to the health of children.

Children exposed to secondhand smoke have more:

- coughs and colds
- ear infections
- asthma and allergies
- risk of pneumonia

Please . . .

**Do Not Smoke  
Around Children!**



**Training Module Self-Test — Childcare Provider Training**

Please make a copy of this form (front and back), complete and return it to: ETS Daycare Project,  
American Lung Association of Kansas, 4300 SW Drury Ln, Topeka, KS 66604-2419 (800-586-4872)

**SECONDHAND SMOKE SELF-LEARNING MODULE — SELF TEST**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Directions: Circle the correct answer for each question. There is only one correct answer for each question.

1. Tobacco smoke contains how many chemicals?
  - a. more than 4,000
  - b. less than 25
  - c. 900
  - d. 500
2. Children exposed to second-hand smoke are more likely to have which of the following illnesses?
  - a. ear infections
  - b. asthma
  - c. upper respiratory infections
  - d. bronchitis and pneumonia
  - e. all of the above
3. Children of parents who smoke are more likely to smoke.
  - a. True
  - b. False
4. Environmental tobacco smoke (ETS) is:
  - a. smoke that is breathed out by the smoker
  - b. smoke that comes from the tip of a burning cigarette
  - c. pollution from smoke stacks and car exhaust
  - d. a and b
5. Which of the following methods are effective in helping people quit smoking?
  - a. Refer smokers to their own doctors for help
  - b. Tell smokers they are bad people because they smoke
  - c. Offer alternatives to smoking like exercise or talking
  - d. a and c
  - e. all of the above
6. Smoking causes yellow teeth and bad breath.
  - a. True
  - b. False

Turn over

**Training Module Self-Test — Childcare Provider Training (page 2)**

Page 2

7. Infants of women who smoke during pregnancy have a higher risk of:
  - a. Miscarriage
  - b. Sudden Infant Death Syndrome (SIDS)
  - c. Prematurity (a baby that is not fully developed)
  - d. Some childhood cancers
  - e. all of the above
8. Children should be able to:
  - a. Tell an adult that smoke bothers them
  - b. Tell a smoker or other adult how smoke makes them feel
  - c. Leave a room when someone is smoking
  - d. a and b
  - e. all of the above
9. Children learn behaviors from adult role models. Adults who smoke may be encouraging children to smoke.
  - a. True
  - b. False
10. Second-hand smoke causes thousands of lung cancer deaths each year to people who don't smoke.
  - a. True
  - b. False

**Documentation of Completed Activities** — Write a short description of what you did for the following activities:

Parent Education \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Education \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child Education \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTACH ADDITIONAL SHEETS IF NECESSARY**

☐ I would like to know how I scored.

**Training Module Evaluation — Childcare Provider Training**

Please make a copy of this form, complete and return it to: ETS Daycare Project, American Lung Association of Kansas, 4300 SW Drury Lane, Topeka, KS 66604-2419 (800-586-4872)

**Secondhand Smoke Module Evaluation**

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_ SS# \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_

**In which type of child care setting do you work?**

- ☐ Center      ☐ Group Home      ☐ Family Child Care Home

- Sex**  
☐ Female  
☐ Male

- Education**  
☐ Less than High School Education  
☐ High School Diploma/GED  
☐ Non-credit Adult Education  
☐ Early Childhood Certificate/Diploma  
☐ CDA Credential  
☐ College Credits  
☐ College Degree

- Racial/ethnic background**  
☐ White  
☐ African American  
☐ Hispanic/Latino  
☐ Asian  
☐ Native American  
☐ Other

**Tell Us What You Think**

What did you like most about the module? \_\_\_\_\_

Was this module easy to understand? ☐ Yes ☐ No

If, No, why not? \_\_\_\_\_

How much time did it take to complete this module? \_\_\_\_\_

How would you rate the level of difficulty of this module?

- ☐ Very difficult      ☐ Somewhat difficult      ☐ Easy      ☐ Very Easy

What suggestions do you have for improving the module? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Training Home-based "Provider Mothers"

**Goal:** To incorporate education on the benefits of maintaining a smoke-free environment into the training and licensing of home-based daycare providers

**Program Description:** This program, from the ALA of Queens, New York, was established to target adults who are in training to become registered with New York State as "provider mothers." These provider mothers are home-based daycare providers. The State University of New York, which administers the provider mother program statewide, has established contracts with local health and human service agencies, which actually conduct the training. The ALA of Queens partnered with several of these local agencies to include secondhand smoke in the health and nutrition component of the curriculum. Each agency held provider mother trainings several times a year.

Presentations were made on the benefits of maintaining a smoke-free daycare environment. Literature was distributed and a video on secondhand smoke was shown. Because most of the trainees were from low-income and minority communities — where asthma rates are disproportionately high — the presentations emphasized the particular dangers of secondhand smoke to the asthmatic children that would be left in their care. Trainings were conducted in Spanish as well as English, as needed.

Trainees were given room signs to display in their homes, indicating that they were smoke-free, as well as incentive items like baby bibs and spill-proof cups that were printed with "Breathing is easier for me — my daycare is smoke-free!" The incentive items, in addition to being a welcome source of supplies, served as a reminder of what the provider mothers had learned about secondhand smoke.

**Potential Partners:** The provider mother program was a collaboration between the State University of New York and local health and human service agencies that implemented the training program. The ALA of Queens also relied on Spanish-speaking volunteers and community leaders to assist them with offering presentations to Spanish-speaking provider mothers.

**Resources Needed:**

- Presentation materials
- Promotional and incentive items for providers, such as baby supplies

**Measurable Outcomes and Evaluation:** The measurable outcomes for the provider mother program were the number of trainees reached and how many of them have maintained a smoke-free environment. The ALA of Queens asked each trainee to fill out a questionnaire at the end of the presentation. In addition to asking about the quality of the program, the questionnaire also asked if the trainees planned to keep their homes smoke-free (copy of questionnaire attached).

**Opportunities/Linkages:** In 1998 the provider mother training program switched over to provider education through centralized video-conferencing, instead of community-based trainings. Although this will make direct community-based intervention like the ALA of Queens program more difficult, it may also offer the opportunity to reach more people with the same resources. The NRCHSCC daycare module would also be useful in reaching home-based provider mothers.

## Sample Pledge Card — Training Home-based Provider Mothers

**YOUR  
CHILDREN'S  
LUNGS HAVE TO  
LAST A  
LIFETIME...**



Dear Parents:

We are asking parents to consider signing this smoke-free pledge for their families' health. This is a voluntary pledge. If you do decide to make your home and car smoke-free and sign this pledge, we will mail you a No-Smoking doorknob sign to easily display in your home.

*The American Lung Association of Queens*

## **SMOKE-FREE PLEDGE**

I, \_\_\_\_\_ hereby pledge to provide a  
(print name)  
smoke-free home and transportation for my child(ren) because I love them  
and I want to protect them from secondhand tobacco smoke.



**By Signing This Pledge:**

- ♥ I promise to forbid smoking in my car.
- ♥ I promise to forbid smoking in my house.

**For smokers only:**

I also promise not to smoke whenever my children are present.

Your Name (please print) \_\_\_\_\_

Child(ren) ages: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

Please check to see if your son/daughter's teacher is collecting pledges *OR* mail to:

*American Lung Association of Queens*

Att: Secondhand Smoke Project

112-25 Queens Boulevard, Forest Hills, NY 11375

## Evaluation Form — Training Home-based Provider Mothers



NYC SMOKEFREE AIR ACT  
 (SECONDHAND SMOKE)

1. Was the presentation informative?    yes\_\_\_\_\_ no\_\_\_\_\_
2. How would you rate the following activities/materials? (Consider such factors as effectiveness, organization, clarity, usefulness, appearance, etc.)

|                    | EXCELLENT | GOOD  | FAIR  | POOR  |
|--------------------|-----------|-------|-------|-------|
| Speaker            | _____     | _____ | _____ | _____ |
| Video              | _____     | _____ | _____ | _____ |
| Literature         | _____     | _____ | _____ | _____ |
| Promotional Items; |           |       |       |       |
| Baby Cups          | _____     | _____ | _____ | _____ |
| Window Decals      | _____     | _____ | _____ | _____ |
| Buttons            | _____     | _____ | _____ | _____ |
| Coloring Books     | _____     | _____ | _____ | _____ |

3. Do you think the presentation will have any effects on your thinking, feelings, or actions?    yes\_\_\_\_\_ no\_\_\_\_\_
4. If YES, what effects do you think it has has?  
 (check all that apply)  
 \_\_\_\_\_increased knowledge on secondhand smoke  
 \_\_\_\_\_increased efforts to keep family smokefree  
 \_\_\_\_\_increased discussion among selves and family regarding secondhand smoke  
 \_\_\_\_\_Other\_\_\_\_\_
5. Do you or anyone in your household (or where you will be providing daycare) smoke?    yes\_\_\_\_\_ no\_\_\_\_\_
6. Do you allow smoking in your home?    yes\_\_\_\_\_ no\_\_\_\_\_
7. Will you allow smoking in your home while you are providing daycare to children?  
 yes\_\_\_\_\_ no\_\_\_\_\_
8. Do you understand the New York City Smokefree Air Act as it applies to day care centers?    yes\_\_\_\_\_ no\_\_\_\_\_

112-25 Queens Boulevard, Forest Hills, New York 11375 (718) 263-5656



## Outreach to Health Care Providers

**Y**ou might expect that doctors, nurses, respiratory therapists and other health care providers that see sick children would already be talking to their patients about secondhand smoke, but that is not always the case. Educating providers helps ensure that information about secondhand smoke gets to the families that are at the greatest risk. And health care providers are credible messengers—people believe what they say, and usual-

ly make an effort to follow their counsel. In addition to the programs detailed here, local Lung Associations have worked with training Visiting Nurses, providing posters and brochures for doctors' waiting rooms, patient counseling through prenatal clinics, and more. Another item worth noting here is the speaker's kit developed by the American Academy of Pediatrics for their members who are interested in doing community presentations on secondhand smoke and children (see Appendix III for more information).

# Hospital-based Intervention and Education Project

**Goal:** To educate families of children admitted to the hospital for respiratory illness about the dangers of their child's exposure to secondhand smoke and how to eliminate it, reducing his or her chances of subsequent illness.

**Program Description:** The ALA of Washington worked with Children's Hospital and Medical Center in Seattle on a pilot program with the intention of institutionalizing secondhand smoke exposure intervention as part of the treatment of all young children admitted to the hospital for a respiratory illness.

In the protocol they developed, the attending nurse, as part of the standard discharge procedure, questions the parent or guardian about the patient's secondhand smoke exposure in the home and other environments. If the parent/guardian reports that exposure does in fact occur, the nurse explains the health risks from secondhand smoke, helps the family to identify solutions to reduce exposure, and provides the family with a packet of educational materials to take home.

The ALA of Washington assembled a staff resource manual for the nurses and respiratory therapists who would be counseling families. The manual includes an overview of the project, the discharge protocol, a worksheet on practical solutions for reducing exposure (see attached), a list of public education materials and other resources for the families, and references on the health effects of secondhand smoke, including copies of important research papers.

The information packets that go home with families include secondhand smoke brochures and factsheets, in English and Spanish, as well as a "Little Lungs Breathing" refrigerator magnet that serves as

a reminder to maintain a smoke-free household.

Since the initial development of the program, it has been expanded to 10 hospitals and clinics statewide, where it is now an institutionalized part of the services they provide.

**Partners:** The primary partner is a hospital that is willing to take on the program. The ALA of Washington also worked with the state chapter of the American Academy of Pediatrics, the state health department, and a local health-oriented foundation on the development of the brochure and poster. Other potential partners could include HMOs and other professional organizations for respiratory care providers.

## Resources Needed:

- Resource manuals for hospital staff
- Educational and promotional materials for family information packets
- Staff or volunteers for follow-up and evaluation

**Measurable Outcomes and Evaluation:** A three-month evaluation is included in each resource manual for the hospital staff.

**Opportunities/Linkages:** This type of intervention can be used for other kinds of health care providers who see sick children, including pediatricians, allergists and respiratory therapists. One piece of outreach material that was not used in the ALA of Washington program, but could easily be incorporated, is a "tickler" sticker that providers can put on their patients' charts to remind them to discuss secondhand smoke.

## Finding Solutions Worksheet — Hospital-based Intervention Project

## Eliminating Childrens' Secondhand Smoke Exposure

### Practical Solutions for Families

| Secondhand Smoke Source             | Considerations   | Solutions   |
|-------------------------------------|--|---|
| <b>Resident smokers in the home</b> | <p>You may not even see or smell the smoke your child is inhaling, so it's best not to allow smoking in the home at all.</p> <p><i>It is best that no one smoke inside the home!</i> However, sometimes family members are not cooperative and there are still some things you can do help your child.</p> | <p>Designate your home "smoke-free" by having smokers smoke outside, far enough away from open doors and windows that the smoke does not drift back inside.</p> <p>To keep from bringing smoke particles and toxins back into the home, the smoker can:</p> <ul style="list-style-type: none"> <li>• wear a jacket or shirt and scarf that can be taken off when back inside.</li> <li>• wash his/her hands after having just smoked and keep hair and clothes clean.</li> </ul> <p>If someone in your family insists on smoking in the house/apartment, open windows or use a fan to send smoke out a window. See if the smoker is willing to smoke only in a room not frequently used. This may reduce the secondhand smoke exposure, but <u>will not</u> eliminate it.</p> |

A  
A

## Finding Solutions Worksheet — Hospital-based Intervention Project (Page 2)

|  |   |   |
|--|---|---|
| <b>Visitors<br/>smoke in<br/>the home</b>                                  | Although it is sometimes difficult to ask family or friends not to smoke in your home, your child's health is the most important consideration. | <p>Designate your home "smoke-free" by having smokers smoke outside, far enough away from open doors and windows that the smoke does not drift back inside. <i>Let your visitors know your policy.</i></p> <p>Post your "No Smoking" refrigerator magnet and other signs (available free from the Lung Association - 441-5100) so your visitors know that your home is "smoke-free."</p> <p>Don't put out ashtrays.</p> <p>Share with friends and relatives written materials explaining the dangers of secondhand smoke.</p> |
| <b>Smoking<br/>occurs in<br/>car/van/<br/>truck</b>                        |   | <p>Designate your vehicle "smoke-free." <i>Let others know your policy.</i></p> <p>Replace your cigarette lighter w/ a no smoking plug (available free from the Lung Association - 441-5100)</p> <p>Use your ashtray to hold gum or change.</p> <p>Display a "No Smoking" sign or sticker (available free from the Lung Association - 441-5100)</p>   |
| <b>Smoking<br/>occurs in<br/>child care<br/>or at the<br/>babysitter's</b> |   | <p>Choose a child care provider or babysitter who doesn't permit smoking in the same building your children are in.</p> <p>Share the pamphlet in your packet with your child care provider or babysitter.</p> <p style="text-align: right;">^<br/>^</p>   |

## Finding Solutions Worksheet — Hospital-based Intervention Project (Page 3)

|  |  |  |
|--|--|--|
| <b>Smoking in restaurants</b>                  | <p>Sitting in the "no smoking" section does not protect your child from being exposed to the smoke. Smoke travels and fills a room very quickly.</p> <p>Many restaurants have voluntarily adopted a smoke-free policy.</p> | <p>Choose to eat in restaurants that are entirely smoke-free (a listing is available from the Lung Association - 441-5100)</p> <p>Let the managers and owners of your favorite restaurants know that you would rather they be smoke-free in order to accommodate children with breathing problems.</p> <p>If you do take your child to a restaurant that allows smoking, ask to be seated in the no-smoking section, as far from the smoking section as possible.</p>  |
| <b>Smoking in a home the child visits</b>      | <p>Ask ahead of time if smoking is permitted when your planning for your child to visit someone.</p> <p>The thought of asking people not to smoke around your child is probably worse than doing it.</p>                   | <p>Ask your child's host if he/she would mind if no one smoked in the house during the visit. Asking ahead of time may reduce the host's chances of becoming defensive and give them time to plan to have the smoker smoke outside, before the child arrives or after he/she leaves.</p> <p>If they are extremely reluctant or refuse, ask if they would open a window or, weather permitting, send your child to play in the yard or on the porch.</p> <p>If you are visiting a house where smoking is allowed, rethink whether or not to bring your child along.</p> |
| <b>Smoke from next door apartment or condo</b> | <p>Smoke can sometimes leak from one apartment into another through ducts, outlets or cracks. There is no law or regulation that protects people in these circumstances.</p>   | <p>An increasing number apartment buildings are becoming smoke-free. If possible, explore moving to such a facility.</p> <p>If moving is not possible... find out if there is a smoke-free building, wing or floor in your apartment complex and move or get on a waiting list for one of those units. (for additional resources to address this problem, call the Lung Association at 441-5100 for a free Environmental Tobacco Smoke packet)</p>   |

u:\cris\programs\active\letsgrant\protocol.doc  
6/20/96

**3-Month Evaluation — Hospital-based Intervention Project**

**Environmental Tobacco Smoke Intervention  
and Education Project 1998-99  
3-Month Evaluation**

1. On average, how much time have you spent with each family going over the Secondhand Smoke Packet information?

\_\_\_\_\_ < 1 minute      \_\_\_\_\_ 2 to 5 minutes      \_\_\_\_\_ > 5 minutes

2. Generally, how receptive were the families to the Secondhand Smoke Packets?

|                   |   |   |                         |   |
|-------------------|---|---|-------------------------|---|
| 5                 | 4 | 3 | 2                       | 1 |
| Very<br>Receptive |   |   | Not at all<br>Receptive |   |

3. Did the families indicate that this was new information for them?

\_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_ Somewhat new

4. Do you think this is an effective and useful way to instruct families about the hazards of Secondhand Smoke?

\_\_\_\_\_ Yes  
\_\_\_\_\_ No, a better way would be to \_\_\_\_\_

5. How would you improve this education effort?

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*If you have additional comments and/or suggestions about this project, please write them on the back of this form. Thank You.*

**Discharge Protocol — Hospital-based Intervention Project**FOR OPTIONAL USE  
BY MEDICAL FACILITY**Admitting / Discharge Protocol****Secondhand Smoke Exposure Identification and Message Worksheet**

Patient \_\_\_\_\_

Date \_\_\_\_\_

| Questions for Parent(s)/Guardian (s)  | Education  |
|---|--|
| Is the child exposed at any time to secondhand smoke?<br><br>___ YES<br><br><div style="text-align: right;">If yes, where?</div> <div style="text-align: right;">___ Home</div> <div style="text-align: right;">___ Car</div> <div style="text-align: right;">___ Other's home (s)</div> <div style="text-align: right;">___ Restaurants</div> <div style="text-align: right;">___ Day Care</div> | 1- Review Secondhand Refrigerator Card (In Packet)<br>2- Discuss ways to eliminate secondhand smoke exposure<br>3- Provide Secondhand Smoke Packet |
| ___ NO  | 1- Give praise and encourage him/her to continue protecting the child from secondhand smoke.<br>2- Provide Secondhand Smoke Packet                 |

**FOR HEALTH PROFESSIONAL USE**

Circle the most accurate responses.

How well was this information, as a whole, received?

Extremely well      Well      Neutral      Poorly      Extremely poor

Did the parent/guardian engage in constructive conversation about the child's exposure to secondhand smoke?

\_\_\_ Yes      \_\_\_ No

## Healthy Beginnings

**Goal:** To educate pregnant women and new mothers about the risk of secondhand smoke to their newborns

**Program Description:** "Healthy Beginnings" may be recognized by some as an ALA smoking cessation program for pregnant women that is no longer available. The ALA of Texas, Dallas-Fort-Worth Region adapted it for their own secondhand smoke outreach. The focus of this program on pregnant women and new mothers reaches its target audience at a great "teachable moment" – a time when they are interacting closely with health care providers, are seeking information about caring for their babies, and may be more willing than usual to change their behavior. To best take advantage of this opportunity, the ALA of Texas, Dallas-Fort Worth Region worked with health care providers who offer one-on-one counseling to low-income and minority women.

The Lung Association prepared and distributed information packets to hospitals, health clinics, and school-based health programs for pregnant teens. These providers agreed to distribute the kits to their patients as they came in for pre- and post-natal counseling, or for delivery. The packets included some simple secondhand smoke fact sheets and brochures, a "Nonsmoker Since the Day I Was Born" baby bib, and a "No Smoking — Baby Breathing" sign. The packets were available in English and in Spanish. The bib was especially well received by the health care providers and their patients, since it was a non-confrontational way for these young mothers to ask their family members not to smoke around the baby.

**Partners:** Any health care providers that work closely with pregnant women and new mothers would make

suitable partners, as would the county health department. Managed care organizations may find this program particularly attractive because it is self-contained, low-cost, and totally preventive in nature. The ALA of Texas, Dallas-Fort Worth Region also had great success partnering with the public school system's Pregnancy, Education and Parenting Program. Baby-oriented businesses may be willing to provide support, including the donation of baby supplies.

**Resources Needed:**

- Staff or volunteers to recruit providers and put together packets
- Educational materials for packets, including brochures and fact sheets
- Baby supplies like bibs with secondhand smoke messages

**Measurable Outcomes and Evaluation:** As a way of measuring the number of women reached, participating health care providers were asked to track the number of information packets they distributed. Hospitals, clinics and patients were also asked to complete an evaluation form (see attached), which gave the Lung Association feedback on the program that was used to refine it from one year to the next.

**Opportunities/Linkages:** The ALA of Texas, Dallas-Fort Worth Region was able to expand the impact of its outreach by working with the public relations department of one of the participating hospitals to conduct a media campaign on secondhand smoke and children, which ran concurrently with their Healthy Beginnings program.



**Hospital Evaluation Form — Healthy Beginnings****Healthy Beginnings Program**

## Hospital Evaluation Form

Hospital Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact Phone \_\_\_\_\_

Please answer the following questions.

1. Did you receive a sufficient number of Healthy Beginnings Packets? ☐ yes ☐ no
2. Do you think the information was easy for the patients to understand? ☐ yes ☐ no
3. Was the information relevant and beneficial? ☐ yes ☐ no
4. Do you think the patients received the message? ☐ yes ☐ no
5. Were the packets easy to distribute? ☐ yes ☐ no
6. Would your hospital participate again next year? ☐ yes ☐ no
7. What did you like most about the program?

\_\_\_\_\_  
\_\_\_\_\_

8. What did you like least about the program?

\_\_\_\_\_  
\_\_\_\_\_

9. Suggestions for next year:

\_\_\_\_\_  
\_\_\_\_\_

10. Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_

For Office Use Only

Number of Packets Received

Date

Number of Packets Remaining

Date

**Clinic Evaluation Form — Healthy Beginnings**

## Healthy Beginnings Program

## Clinic Evaluation Form

Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact Phone \_\_\_\_\_

**Please answer the following questions.**

1. Did you receive a sufficient number of Healthy Beginnings Packets? ☐ yes ☐ no
2. Do you think the information was easy for the patients to understand? ☐ yes ☐ no
3. Was the information relevant and beneficial? ☐ yes ☐ no
4. Do you think the patients received the message? ☐ yes ☐ no
5. Were the packets easy to distribute? ☐ yes ☐ no
6. Would your clinic participate again next year? ☐ yes ☐ no
7. What did you like most about the program?

\_\_\_\_\_  
\_\_\_\_\_

8. What did you like least about the program?

\_\_\_\_\_  
\_\_\_\_\_

9. Suggestions for next year:

\_\_\_\_\_  
\_\_\_\_\_

10. Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_

|                             |      |
|-----------------------------|------|
| For Office Use Only         |      |
| Number of Packets Received  | Date |
| Number of Packets Remaining | Date |

**Patient Survey — Healthy Beginnings**

## Healthy Beginnings Program

## Patient Survey

Your Age: \_\_\_\_\_

How far along are you in your pregnancy: ☐ 1-12 weeks ☐ 13-24 weeks ☐ 25-36 weeks

Ethnicity: ☐ Anglo-American ☐ African-American  
☐ Hispanic ☐ Native-American  
☐ Asian-American ☐ Other \_\_\_\_\_

- 
1. Do you smoke cigarettes? ☐ yes ☐ no
  2. Did you smoke cigarettes before you got pregnant? ☐ yes ☐ no
  3. Do you live with anyone who smokes cigarettes? ☐ yes ☐ no
  4. Was the information in the packet easy to understand? ☐ yes ☐ no
  5. Did you find the information helpful? ☐ yes ☐ no
  6. What did you like **most** about the Healthy Beginnings Packet?

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7. What did you like **least** about the Healthy Beginnings Packet?

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**Detach Here**

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**Please send me more information:**

- ☐ Stop Smoking a Guide to Your Options ☐ How to Help a Friend Stop Smoking  
☐ Helping Smokers Get Ready to Quit ☐ Health Effects of Smoking on Children  
☐ Don't Let Your Dreams Go Up in Smoke
- ☐ Freedom From Smoking for You and Your Baby: A 10-Day Quit Smoking Program for Pregnant Women (\$10.50)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

## Protecting Children Through the WIC Program

**Goal:** To reduce the risk of secondhand smoke exposure to young children through the WIC program

**Program Description:** The Women, Infants and Children (WIC) program is a nationwide federally supported service for low-income mothers and their young children. Eligible families receive health and nutritional counseling in addition to vouchers for the purchase of infant formula, milk, juice and other nutritious foods. Because families can not get their vouchers without a session with the nurse, the WIC program provides a rich opportunity for intervention with low-income mothers and children who may not be receiving regular health care anywhere else. A number of local Lung Associations have worked with the WIC program on secondhand smoke education, all with positive results.

For example, the ALA of Nebraska approached the WIC program in the Omaha metro area with secondhand smoke outreach as a way to prevent the onset and exacerbation of asthma in young children. This not only tied in with the other goals of the local Lung Association, but also made it more appealing for providers and their clients to "buy in" to the program. There sometimes may be resistance to hearing about smoking and secondhand smoke, but mothers of children with asthma are always interested in information about improving their kids' breathing.

First, the Lung Association conducted an in-service training session for all nurses and nutritionists that interacted directly with the families enrolled in the WIC program. The training included infor-

mation on asthma and its link with secondhand smoke; strategies for removing asthma triggers from the home environment, including maintaining a smoke-free home; and management and treatment of asthma. Each participant in the training was given a packet of resources for his and her own reference, as well as materials for sharing with the patients.

The WIC staff members were asked to counsel their patients on the health risks of secondhand smoke as well as give out information packets and any related materials. Information was made available in Spanish as well as in English. Nutritionists discussed secondhand smoke in the context of exposing the baby during pregnancy and breast-feeding. The nurses talked to the patients about the importance of maintaining a smoke-free environment to reduce the babies' risk of asthma and respiratory infection.

The Lung Association made visits to local WIC clinics to observe counseling sessions and offer follow-up support to the providers.

**Partners:** The local WIC program is the only partner that is really necessary. However, the inclusion of asthma education in the outreach may interest pharmaceutical companies and drug reps, who may be willing to supply "asthma gadgets" like peak flow meters for the program participants.

### Resources Needed:

- Site for training
- Trainers
- Resource materials for providers
- Educational materials for families

**Measurable Outcomes and Evaluation:** The ALA of Nebraska measured the number of WIC staff who attended its training, the number of clinics that participated in its program, and the number of families counseled on secondhand smoke. It should also be possible to track the number of clients who pledge to keep their homes smoke-free through the use of pledge cards. Because of the confidential nature of the relationship between health care providers and their patients, any tracking of and follow-up on program participants would have to be done by the providers; they can-

not release a list of their patients, or information about their health status.

Evaluation of this program was done through feedback from the WIC staff, both after the training and during follow-up visits to clinics.

**Opportunities/Linkages:** The asthma focus allowed the Lung Association to promote its other asthma programs, including its Family Asthma Day and the Open Airways For Schools school-based asthma management program to interested providers and families.

## Smoke Outside Campaign

**Goal:** To deliver actionable secondhand smoke messages to mid-to-low literacy “dedicated” smoking parents through their health care providers

**Program Description:** Kentucky is known as the “Burley State,” with a self-image that is linked to its long history of tobacco production. It also has the highest smoking rate of any state in the nation. When the ALA of Kentucky, in cooperation with EPA Region 4, decided to launch an outreach campaign on secondhand smoke and children, they realized they had some special challenges ahead of them. They decided to focus on some of the children at highest risk — those in families with dedicated smokers. These are individuals who have expressed no interest in quitting smoking, and often smoke heavily. Because it was especially important in this program to separate the idea of protecting children’s health from the promotion of cessation, pediatricians were chosen as the best messenger.

The Lung Association developed an attractive low-literacy brochure and poster with a simple “Take It Outside” message (see attached). The brochure was designed so that it can also be used as a tent card in the house to remind the residents and their visitors to smoke outside. This was felt to be a particular advantage with this target audience because heavy smokers tend to have family and friends who are also heavy smokers, and the parents may not feel able to make the request of their visitors directly.

The brochure and poster, along with a cover letter, are currently being distributed to pediatricians, family practice and emergency room physicians, and public health nurses. Health care providers are being

asked to display the posters and share the brochures with their patients along with sharing some counseling about the importance of protecting their children from secondhand smoke. Distribution has been concentrated in the economically disadvantaged parts of the state, both rural and urban.

The ALA of Kentucky will keep in periodic contact with the participating providers to ensure that they are using the materials, and to replenish their supplies as needed.

**Partners:** In addition to EPA Region 4, which provided partial funding for the project, the ALA of Kentucky has been able to attract a number of very valuable partners for this campaign, including local health departments, hospitals, HMOs, medical societies, WIC centers, regional parenting centers, community centers, and teen tobacco advocacy groups.

### Resources Needed:

- Design services for campaign materials
- Printing
- Postage for mailing
- Staff or volunteer time to distribute material and follow up with providers

**Measurable Outcomes and Evaluation:** Measurable outcomes for this program are the number of health care providers who distribute campaign materials to their patients, and the number of smoking parents who receive the materials and accompanying counseling. Although it would be more difficult, there could be a component that measures the number of families that commit to smoking outside, through the use of pledge cards or

contracts with their providers. The measurement and evaluation is being done through follow-up telephone surveys of providers, as well as through occasional site visits.

**Opportunities/Linkages:** In addition to the outreach to providers, the Lung Association was able to take the graphics and messages developed for the brochure and poster and adapt them to a tran-

sit campaign, with advertising placed on the inside and outside of buses.

An unexpected side benefit of the program has been the creation of partnerships with health and social service agencies serving the African-American community where the Lung Association had previously lacked contacts. This has opened new doors for some of its other programs, including asthma education.

Brochure/Tent Card — Smoke Outside Campaign

**For Your  
Kid's Health**

**Smoke  
OUTSIDE**



**...please.**

**For Our Kids' Sake**

**Smoke  
OUTSIDE**

**...please.**



This message is brought to you by American Lung Association, American Heart Association, and the U.S. Environmental Protection Agency.



Brochure/Tent Card — Smoke Outside Campaign (Page 2)

# Children breathe tobacco smoke when adults smoke indoors.

- Tobacco smoke sends **thousands of children** to the hospital each year with pneumonia, bronchitis and other breathing problems.
- Your child may have more colds and ear infections if you smoke in the house.
- Smoking indoors or in a closed car may trigger an asthma attack.
- No matter where you smoke indoors, tobacco smoke travels throughout the house.
- Tobacco smoke lingers in the air for several hours after the cigarette is out.
- Air filters are not very effective in removing cigarette smoke from the air.

When you are making choices  
about where to smoke choose to

**SMOKE  
OUTSIDE**

## Outreach to Community Leaders

**R**eligious leaders, prominent citizens and esteemed elders are all excellent messengers, who have the respect of and concern for their communities. Raising their awareness of the toll that secondhand smoke takes on children in

their neighborhoods can bring powerful allies to your work. In addition to extensive work with faith-based communities, as detailed below, local Lung Associations have worked with service sororities, civic clubs, and local chapters of organizations like the National Council for Negro Women.

## African-American Church-based Project

**Goal:** To enlist African-American clergy as leaders in a secondhand smoke education campaign for their congregants.

**Program Description:** In the early 1990s, the American Lung Association started a program to partner with African-American clergy to help their congregants quit smoking. Once the pilot program got underway around the country, however, the ALA was told that nonsmokers and young people wanted to be involved somehow in reducing the devastating impact of tobacco on their communities. So the program was expanded to include secondhand smoke education, and other tobacco-use prevention strategies like limiting youth access to cigarettes.

The key to success has been to recruit clergy and congregations that are willing and able to take ownership of the program. The ALA's role has been to get them started and then facilitate their activities along the way. The ALA of Florida, Big Bend Region, for example, worked in partnership with the dynamic leader of an interdenominational youth fellowship. The church at which it was based already had some small grants to do substance abuse outreach and was interested in adding secondhand smoke to its program. The activities included producing a special edition of the church newsletter, with testimonials from the youth about the effect of secondhand smoke on their lives; development of public service announcements that ran in the local newspaper and on TV; public presentations; and a mailing to community residents. The youth who gave of their time so enthusiastically were rewarded periodically with parties and recognition ceremonies. Their accomplishments were also regularly included in the church newsletter and

the pastor's remarks from the pulpit.

Throughout the program, the Lung Association staff provided support with technical information, public education materials and some financial assistance.

**Partners:** Many communities have councils of churches, boards of ministers, and other culturally specific ministers' groups that are probably the best way to locate pastors and congregations willing to take on this type of program. Several churches may be willing to work together through the type of interdenominational fellowship program that was involved in Florida. Other public health organizations may wish to donate educational materials or provide speakers. Community-based organizations — civic groups, tobacco-control organizations, chambers of commerce, etc. — may help as well.

### Resources Needed:

- Educational materials for the congregants
- Media outreach materials such as media releases and PSAs
- Incentive items, including food and awards
- Speakers for church functions and public presentations
- Staff and volunteers to provide technical assistance to clergy and their staff

**Measurable Outcomes and Evaluation:** Because this program is so flexible, the outcomes will vary with the specific activities. Certainly, you will want to track the number of churches contacted, and those that make a commitment to adopt the program. You also can track the number of volunteers recruited,

the number of people reached through various activities, and the number of smoke-free pledges signed.

Ideally you will be able to work with the church leaders to collect some baseline information about the health behavior and attitudes of the congregation before you launch the program. A follow-up survey can then be done afterwards, if it is a one-time event, or after an ongoing program has been underway for a while. If you are planning an ongoing relationship with a church, it is important to maintain contact on a regular basis to track its activities and follow up on its progress.

This program can be evaluated both on the quality and sustainability of the partnerships built with participating churches, and on the effectiveness of the program in producing positive behavioral changes in the community members.

**Opportunities/Linkages:** This program was initially developed for use in African-American churches. The basic concepts can be adapted, however, to any religious institution or benevolent association that involves itself in the health and well-being of its community.

## VI Funding Opportunities

**P**rotecting children from secondhand smoke is a compelling program that addresses a serious health threat.

There are many potential sources of funding at the federal, state and local levels. Depending on how you present your program, you may be able to interest organizations that fund indoor air quality, environmental justice, tobacco control, pollution prevention, women's health and children's health. The suggestions that follow are merely a sampling of the possibilities.

### ■ U.S. Environmental Protection Agency

Reducing children's exposure to secondhand smoke is one of the primary goals of the EPA's Indoor Environments Division. To that end,

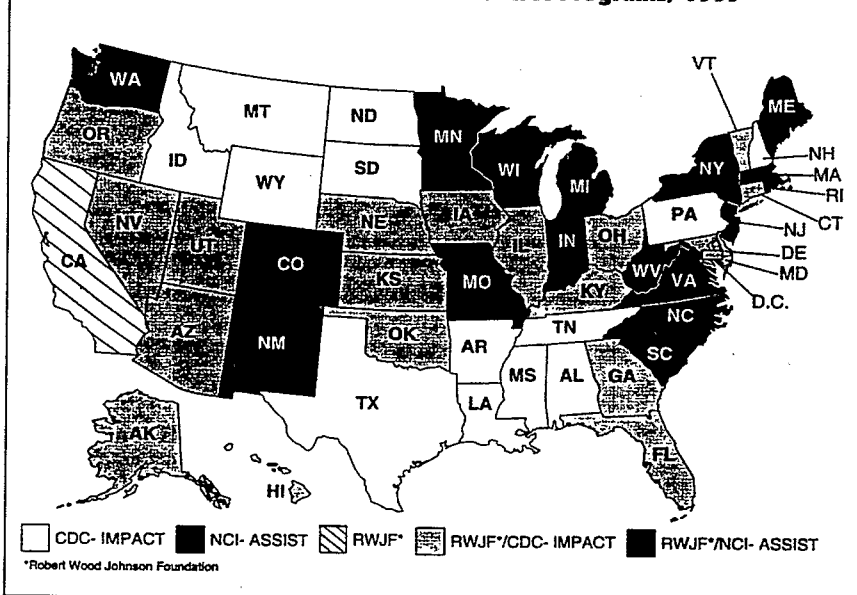
they make a significant amount of funding available through the EPA Regional Offices and their network of cooperative partners. This discretionary funding is distributed through cooperative agreements, not through a formal grant application process. Inquiries should be made to the Indoor Air contact in your EPA Region (see Appendix II).

The EPA Office of Environmental Justice has several grant programs that could potentially support outreach in low-income and minority communities that are at disproportionate risk from secondhand smoke. For more information, call the environmental justice contact in your EPA Region, or go to the Office of Environmental Justice website at [www.epa.gov/oeca/ojbut.html](http://www.epa.gov/oeca/ojbut.html).

### ■ ASSIST, IMPACT and Smokeless States

These three programs all provide sizeable grants to states for tobacco use prevention and control. ASSIST is a program of the National Cancer Institute and the American Cancer Society. IMPACT is a program of the Centers for Disease Control's (CDC) Office of Smoking and Health, and Smokeless States is a program of the Robert Wood Johnson Foundation. In October 1999, the two federal programs, ASSIST and IMPACT, will be combined under the auspices

**Tobacco Use Prevention and Control Programs, 1997**



of the CDC, and renamed the National Tobacco Control Program.

Each of the 50 states receives support from at least one of these sources (see attached map). For the most part, the ASSIST and IMPACT grants are awarded to state agencies, and CDC has budgeted a 29% increase in funding for the new combined National Tobacco Control Program. Smokeless States grants go to nonprofit organizations, including coalitions, and voluntary health organizations like the American Lung Association and the American Cancer Society. Organizations interested in doing local outreach on secondhand smoke and children may be eligible for some pass-through funds from these large grants.

#### ■ **Healthy Start**

The Maternal and Child Health Bureau of the US Department of Health and Human Services provides funding for health care services and outreach for young children through its Healthy Start program. In 1998, Healthy Start funded programs in over 60 under-served communities around the country. They are interested in community-based collaborative efforts with a goal of reducing infant mortality. Organizations interested in doing local outreach on secondhand smoke and children may be eligible for some pass-through funds from these large grants.

#### ■ **Healthy Child Care America Campaign**

The Maternal and Child Health Bureau of the US Department of Health and Human Services awards grants to professionals and organizations representing health and child care communities, for the purpose of coordinating local activities to pro-

mote the healthy development of children in child care, including increasing access to preventive health services and providing safe physical environments. The Healthy Child Care America Campaign is managed by the American Academy of Pediatrics, (888) 227-5409.

#### ■ **State and Local Health Departments**

State and local health departments may have funding available for outreach on secondhand smoke and children, either through their maternal and child health programs, or through their tobacco use prevention or substance abuse programs. If you need assistance locating the right person in your area, you can contact the Association of State and Territorial Health Officials or the National Association of County and City Health Officials, which are both members of the EPA's indoor air cooperative partner network (see Appendix II).

#### ■ **Foundations**

Many local and regional foundations support children's health issues and are a good source of support for nonprofit organizations doing local outreach. Most public libraries will have one or more foundation guides published by the Foundation Center or other companies, such as the TAFT Group, which produces a variety of directories listing a wide spectrum of funding sources. Some directories are specific, i.e., the Foundation Center's "National Guide to Funding for Children, Youth and Families," while "The Foundation Directory" (1999 Edition) includes up-to-date information on over 10,000 grantmakers. The Foundation Center is also on the Web at <http://www.fdncenter.org>. This site will enable you to access websites of a variety of foundations. It will

also give you information, state by state, on libraries that have larger than usual collections of its directories, as well as access to the Center's CD-ROM, "FC Search." Complete Foundation Center libraries are located in Atlanta, Cleveland, New York City, San Francisco and Washington, DC.

### ■ **Health Maintenance Organizations (HMOs)**

Managed care organizations are health care insurers and providers that deliver patient services within a structure that seeks to control costs. Because patient education has been shown to reduce costs, HMOs are potentially interested in programs that prevent illness, like reducing children's exposure to secondhand smoke. Although HMOs vary widely in their investment in prevention and in their willingness to work with outside

organizations, some have provided support for local Lung Associations' patient education on secondhand smoke.

### ■ **Tobacco Settlement Funds**

In November 1998, the tobacco industry settled out of court with a group of states' attorneys general, seeking to recover the cost of health care for tobacco-related illness. Over the next 25 years all 50 states and some cities will receive almost \$246 billion in compensation. Ideally, at least some of this money will be made available for tobacco-use prevention and control public education programs, including secondhand smoke and children. Tobacco control coalitions and public health advocates are actively working to ensure that these programs are funded. But each state is free to budget the money as it sees fit.





## Appendix I. Health Effects and Exposure References

**T**he following references are just a few of the major research findings on the health effects of secondhand smoke since 1993. Significant research done before 1993 was captured in the EPA report, "Respiratory Health Effects of Passive Smoking," which is included below.

California Environmental Protection Agency. *Health Effects of Exposure to Environmental Tobacco Smoke*. Office of Environmental Health Hazard Assessment. 1997.

Cunningham J et al. "Environmental Tobacco Smoke, Wheezing, and Asthma in Children in 24 Communities." *Am J Respir Crit Care Med* 1996;153:218-224.

Gergen PJ et al. "The Burden of Environmental Tobacco Smoke Exposure on the Respiratory Health of Children 2 Months Through 5 Years of Age in the United States: Third National Health and Nutrition Examination Survey, 1988 to 1994." *Pediatrics* 1998;101.

Pirkle JL et al. "Exposure of the US Population to Environmental Tobacco Smoke: The Third National Health and Nutritional Examination Survey, 1988 to 1991." *JAMA* 1996;275:1233-1240.

Tredaniel J et al. "Exposure to Environmental Tobacco Smoke and Risk of Lung Cancer: The Epidemiological Evidence." *Eur Respir J* 1994; 7:1877-88.

U.S Environmental Protection Agency. *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders*. Office of Research and Development. 1992.

### Reviews done for the U.K.'s Scientific Committee on Tobacco and Health:

Anderson HR, and DG Cook. "Parental Smoking and Lower Respiratory Illness in Infancy and Early Childhood." *Thorax* 1997; 52:905-914.

Cook DG and DP Strachan. "Parental Smoking and Prevalence of Respiratory Symptoms and Asthma in School Age Children." *Thorax* 1997; 52:1081-1094.

Hackshaw AK et al. "The Accumulated Evidence on Lung Cancer and Environmental Tobacco Smoke." *BMJ* 1997; 315:980-8.

Strachan DR and DG Cook. "Parental Smoking and Lower Respiratory Illness in Infancy and Early Childhood." *Thorax* 1997; 52:905-14.

Strachan DR and DG Cook. "Parental Smoking, Middle Ear Disease and Adenotonsillectomy in Children." *Thorax* 1998; 53:50-6.

Strachan DR and DG Cook. "Parental Smoking and Childhood Asthma: Longitudinal and Case-Control Studies." *Thorax* 1998; 53:204-12.

#### **International health organization reviews:**

Departments of Health (United Kingdom). *Report of the Scientific Committee on Tobacco and Health*. 1998.

National Academy of Medicine (France). "Tabagisme Passif." *Bull Acad Natle Med* 1997; 181:4-5.

National Health and Medical Research Council (Australia). *The Health Effects of Passive Smoking*. 1997.

World Health Organization. *International Consultation on Environmental Tobacco Smoke and Child Health*. 1999.

## Appendix II. Organizational Contacts

### EPA Regional Offices

#### US EPA Region 1

John F. Kennedy Building (ATO)  
Boston, MA 02203  
Mary Beth Smuts  
Telephone # (617) 565-3232  
FAX # (617) 565-4940  
E-mail:  
smuts.marybeth@epamail.epa.gov  
(Region includes CT, ME, MA, NH,  
RI, VT)

#### US EPA Region 2

(2AWM-RAD)  
290 Broadway, 28th Floor  
New York, NY 10007-1866  
Larainne Koehler  
Telephone # (212) 637-4005  
Fax # (212) 637-4942  
E-mail:  
koehler.larainne@epamail.epa.gov  
(Region includes NJ, NY, PR, VI)

#### US EPA Region 3

(3AP23)  
841 Chestnut Building  
Philadelphia, PA 19107  
Fran Dougherty  
Telephone # (215) 566-2083  
Fax # (215) 566-7906  
E-mail:  
dougherty.fran@epamail.epa.gov  
(Region includes DE, DC, MD, PA,  
VA, WV)

#### US EPA Region 4

100 Alabama Street, SW  
Atlanta, GA 30303  
Henry Slack  
Telephone # (404) 562-9143  
Fax # (404) 562-9095  
E-mail: slack.henry@epamail.epa.gov  
(Region includes AL, FL, GA, KY, MS,  
NC, SC, TN)

#### US EPA Region 5

(AE-17J)  
77 W. Jackson Boulevard  
Chicago, IL 60604  
Sheila Batka  
Telephone # (312) 886-6053  
Fax # (312) 886-0617  
E-mail: batka.sheila@epamail.epa.gov  
(Region includes IL, IN, MI, MN, OH,  
WI)

#### US EPA Region 6

(6PD-T)  
1445 Ross Avenue  
Dallas, TX 75202-2733  
Joyce Stanton  
Telephone # (214) 665-7547  
Fax # (214) 665-2162  
E-mail:  
stanton.joyce@epamail.epa.gov  
(Region includes AR, LA, NM, OK, TX)

#### US EPA Region 7

(ART/ARBR-RALI)  
726 Minnesota Avenue  
Kansas City, KS 66101  
Michael Marshall  
Telephone # (913) 551-7604  
Fax # (913) 551-7065  
Email:  
marshall.michael@epamail.epa.gov  
(Region includes IA, KS, MO, NE)

#### US EPA Region 8

(8ART-RP)  
999 18th Street, Suite 500  
Denver, CO 80202-2466  
Megan Williams  
Telephone # (303) 312-6035  
Fax # (303) 312-6044  
E-mail:  
williams.megan@epamail.epa.gov  
(Region includes CO, MT, ND, SD,  
UT, WY)

#### US EPA Region 9

(Air-6)  
75 Hawthorne Street  
San Francisco, CA 94105  
Barbara Spark  
Telephone # (415) 744-1132  
Fax # (415) 744-1073  
E-mail:  
spark.barbara@epamail.epa.gov  
(Region includes AZ, CA, HI, NV,  
American Samoa, Guam)

#### US EPA Region 10

(AT-082)  
1200 Sixth Avenue  
Seattle, WA 98101  
Brook Madrone  
Telephone # (206) 553-2589  
Fax # (206) 553-0110  
Email:  
madrone.brook@epamail.epa.gov  
(Region includes AK, ID, OR, WA)

### State Indoor Air Quality Contacts

|                      |                     |                     |
|----------------------|---------------------|---------------------|
| Alabama              | Gary Jones          | (334) 613-5373      |
| Alaska               | Janice Adair        | (907) 563-6529      |
| Arizona              | Patricia Arreola    | (602) 230-5830      |
| Arkansas             | Stan Evans          | (501) 661-2986      |
| California           | Jed Waldman         | (510) 540-2469      |
| Colorado             | Steve Fine          | (303) 692-3164      |
| Connecticut          | Marian Heyman       | (203) 566-8167      |
| District of Columbia | Gloria Boddie       | (202) 576-6339      |
| Delaware             | Maria Rejai         | (302) 739-4731      |
| Florida              | Roger C. Inman      | (904) 488-3385      |
| Georgia              | Richard Schreiber   | (404) 657-6520      |
| Hawaii               | Jerry Haruno        | (808) 586-4700      |
| Idaho                | Russell Duke        | (208) 334-4964      |
| Illinois             | Mike Moomey         | (217) 782-5830      |
| Indiana              | Rudy Cansino        | (317) 383-6147      |
| Iowa                 | Rick Welke          | (515) 281-4928      |
| Kansas               | Jan Sides           | (913) 296-1551      |
| Kentucky             | George Schauburger  | (502) 564-7360      |
| Louisiana            | Kenneth Lanier      | (504) 568-8537      |
| Maine                | Bob Stilwell        | (207) 287-5676      |
| Maryland             | Jim Lewis           | (410) 631-3801      |
| Massachusetts        | Howard S. Wensley   | (617) 522-3700      |
| Michigan             | Jim Bedford         | (517) 335-9215      |
| Minnesota            | Laura Oatman        | (651) 215-0911      |
| Mississippi          | Bruce Brackin       | (601) 960-7725      |
| Missouri             | Daryl W. Roberts    | (314) 751-6102      |
| Montana              | Adrian Howe         | (406) 444-3671      |
| Nebraska             | Dr. Adi Pour        | (402) 471-0507      |
| Nevada               | David Going         | (702) 687-5240      |
| New Hampshire        | Teresa Ferrara      | (603) 271-4676      |
| New Jersey           | James A. Brownlee   | (609) 984-2193      |
| New Mexico           | Millicent Eidson    | (505) 827-0006      |
| New York             | Edward Horn         | (518) 458-6376      |
| North Carolina       | William Pate        | (919) 733-3410      |
| North Dakota         | Michael Reiner      | (701) 328-5188      |
| Ohio                 | Steve Wagner        | (614) 644-7630      |
| Oklahoma             | Emily D. Allen      | (405) 528-1500 x350 |
| Oregon               | Bill Anderson       | (503) 731-4012      |
| Pennsylvania         | Ralph Scalan        | (717) 787-6548      |
| Rhode Island         | Robert Vanderslice  | (401) 277-3424      |
| South Carolina       | William P. Brantley | (803) 734-4554      |
| South Dakota         | Mike Pochop         | (605) 773-3351      |
| Tennessee            | Jackie L. Waynick   | (615) 532-0570      |
| Texas                | Quade R. Stahl      | (512) 834-6600      |
| Utah                 | Marvin H. Maxell    | (801) 536-4000      |
| Vermont              | Dr. William Bress   | (802) 863-7220      |
| Virginia             | Nancy Saylor        | (802) 762-4421      |
| Washington           | Tim Hardin          | (360) 664-8860      |
| West Virginia        | Anthony Turner      | (304) 558-2981      |
| Wisconsin            | Walt Smith          | (608) 266-2871      |
| Wyoming              | Gerald Blackwell    | (307) 777-7394      |

## EPA Indoor Environments Cooperative Partner Network

These national organizations work closely with the EPA on indoor air quality outreach, including secondhand smoke. They all have local chapters or affiliates that may be useful partners. For contact information on the local organization near you, call the national office.

### American Academy of Pediatrics

141 Northwest Point Boulevard  
Elk Grove Village, IL 60007  
Mavis Prall  
Telephone #: (847) 981-6757  
Fax #: (847) 228-7035  
Email: mprall@aap.org  
www.aap.org

### American Lung Association

1726 M Street, NW, Suite 902  
Washington, DC 20036  
Leyla Erk McCurdy  
Telephone #: (202) 785-3355  
Fax #: (202) 452-1805  
Email: lmccurdy@lungusa.org  
www.lungusa.org

### Association of State and Territorial Health Officials

1275 K Street, NW, Suite 800  
Washington, DC 20005  
Stephen Kukow  
Telephone #: (202) 371-9090  
Fax #: (202) 371-9797  
www.astho.org

### Association of Asian Pacific Community Health Officials

1440 Broadway Avenue, Suite 510  
Oakland, CA 94080  
Katie Vu-Ng  
Telephone #: (510) 272-9536  
Fax #: (510) 272-0817  
www.aapcho.org

### Consumer Federation of America Foundation

1424 16th Street, NW, Suite 604  
Washington, DC 20036  
Mary Ellen Fise  
Telephone #: (401) 296-4290  
Fax #: (401) 296-4291  
Email: merf@home.com

### International City/County Management Association

777 N Capitol Street, NE, Suite 500  
Washington, DC 20002  
Patricia I. Elliott  
Telephone #: (202) 962-3593  
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Email: pelliott@icma.org  
www.icma.org

### National Association of County and City Health Officials

1100 17th Street, NW, 2nd Floor  
Washington, DC 20036  
Phillip Bouton  
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www.naccho.org

### National Association of Counties

440 First Street, NW  
Washington, DC 20001  
Lou Witt  
Telephone #: (202) 942-4261  
Fax #: (202) 737-0480  
Email: jlwright@spaceworks.com  
www.naco.org

### National Association of Service and Conservation Corps

666 11th Street, NW, Suite 1000  
Washington, DC 20001  
Andrew Moore  
Telephone #: (202) 737-6272  
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www.nascc.org

### National Coalition of Hispanic Health and Human Services

1501 16th Street, NW  
Washington, DC 20036  
Rita Lawrie  
Telephone #: (202) 797-4322  
Fax #: (202) 797-4353  
Email: rmcossmho@aol.com  
www.cossmho.org

**National Conference of Negro Women**

633 Pennsylvania Ave, NW  
Washington, DC 20004  
Kim Lamphier  
Telephone #: (202) 383-9111  
Fax #: (202) 737-0476  
[www.ncnw.com](http://www.ncnw.com)

**National Education Association Health Information Network**

1201 16th Street, NW Suite 521  
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[www.nea.org](http://www.nea.org)

**National Environmental Health Association**

720 South Colorado Blvd, South  
Tower, Suite 970  
Denver, CO 80246  
Larry Marcum  
Telephone #: (303) 756-9090  
Fax #: (303) 691-9490  
[www.neha.org](http://www.neha.org)

**National Parent Teacher Association**

330 N. Wabash Ave, Suite 2100  
Chicago, IL 60611  
Robert Jessup  
Telephone #: (312) 670-6782  
Fax #: (312) 670-6783  
[www.pta.org](http://www.pta.org)

**National Safety Council Environmental Health Center**

1025 Connecticut Ave, NW  
Suite 1200  
Washington, DC 20036  
David Thompson  
Telephone #: (202) 293-2270  
Fax #: (202) 293-0032  
Email: [airqual@nsc.org](mailto:airqual@nsc.org)  
[www.nsc.org](http://www.nsc.org)

**United States Department of Agriculture**

Cooperative State Research,  
Education, and Extension Services  
Suite 329-N Aerospace Center  
Washington, DC 20250  
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## State Tobacco Control Directors

(As of October 1999, the ASSIST and IMPACT programs will merge, which may affect some of these positions)

### Alabama

Dianne Smith Yoder  
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IMPACT Coordinator  
Department of Health and Social  
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Office of Health Promotion and  
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### Arkansas

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FAX #(501) 661-2082

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Arkansas Dept. of Health  
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### California

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Chronic Disease Branch  
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FAX #(916) 445-4940  
dbal@hw1.cahwnet.gov

**Colorado**

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**Connecticut**

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**Delaware**

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## IAQ Coalitions

The National Association of Counties (NACo), in cooperation with the US EPA, has assisted members of the public health community in starting and sustaining local IAQ coalitions that address major indoor air quality priority issues including reducing children's exposure to secondhand smoke. NACo, EPA, ALA and several other partner organizations have worked together to help establish these coalitions and to train local coalition members. As of early 1999, the following states have active coalitions: CT, GA, IA, IL, KS, KY, MA, MI, MN, MT, NM, NY, OH, PA, VA, WA. For specific coalition information, contact Lou Witt; Senior Program Manager, Radon/Indoor Air Project; NACo; 440 First Street, NW; Washington DC 20001-2080; phone (202)942-4261; fax (202)737-0480; [jlwitt@naco.org](mailto:jlwitt@naco.org).

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### National Association of Child Care Resource and Referral Agencies

1319 F Street NW, Suite 810  
Washington DC 20004-1106  
Telephone #: (202) 393-5501  
Website: <http://www.naccrra.net>

### National Center for Children in Poverty

Columbia University School of Public Health  
154 Haven Avenue  
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Telephone #: (212) 304-7100  
Website:  
<http://cpmcnet.columbia.edu/dept/nccp/>

### National Child Care Information Center

243 Church Street NW, 2nd Floor  
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Telephone #: (800) 616-2242  
Website: <http://nccic.org>

### National Head Start Association

1651 Prince Street  
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Telephone #: (703) 739-0875  
Website: <http://nhsa.org>

### National Resource Center for Health and Safety in Child Care

Health Sciences Center  
University of Colorado  
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Denver, CO 80262  
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Website: <http://nrc.uchsc.edu>



## WIC Program

The Special Supplemental Nutrition Program for Women, Infants and Children Program (WIC) is run nationwide under the auspices of state and local health departments. The program was created to improve the nutritional well-being of low-income pregnant, breastfeeding, and postpartum women, infants, and children by providing supplemental nutritious foods and nutrition education. WIC is also charged with serving as an adjunct to other health services, and can provide an excellent opportunity to counsel disadvantaged families with young children on the risks of secondhand smoke exposure. For more information contact:

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### Action on Smoking and Health (ASH)

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Website: [www.ash.org](http://www.ash.org)

### Americans for Nonsmokers' Rights

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### National Center for Tobacco-Free Kids

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### Tobacco Control Resource Center

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### Tobacco Education Clearinghouse of California

P.O. Box 1830  
Santa Cruz, CA 95061-1830  
Telephone #: (408) 438-4822



## Appendix III. Program Materials

### Brochures

*Environmental Tobacco Smoke: A Danger to Children.* American Academy of Pediatrics. Available from AAP Division of Publications; 141 Northwest Point Blvd.; PO Box 927; Elk Grove Village, IL 60009-0927.

*It's All About Us: African-American Women Fighting Against Tobacco.* ALA of San Francisco/San Mateo Counties (17 page magazine). Available from ALA at (650) 994-5864.

*La Mujer, La Familia y El Cigarillo.* ALA of San Francisco/San Mateo Counties, 1991 (32 page magazine, in Spanish). Available from ALA at (650) 994-5864.

*Not Smoking Makes Your Family Healthier.* Tobacco Education Clearinghouse of California. (in Hmong). Available from the Clearinghouse at (831) 438-3618.

*Please Don't Smoke in My House.* Tobacco Education Clearinghouse of California. (available in Chinese, Cambodian, Korean and Vietnamese). Available from the Clearinghouse at (831) 438-3618.

*Protecting Yourself and Your Family From Secondhand Smoke.* American Lung Association, 1994 (low-literacy general population version). Available from EPA through the National Service Center for Environmental Publications at (800) 490-9198.

*Protecting Yourself and Your Family From Secondhand Smoke.* American Lung Association, 1994 (African-American version). Available from EPA through the National Service Center for Environmental Publications at (800) 490-9198.

*Proteja a Su Familia... Ese Humo es Una Amenaza.* American Lung Association, 1994 (Spanish version). Available from EPA through the National Service Center for Environmental Publications at (800) 490-9198.

*Secondhand Smoke.* US Environmental Protection Agency, 1995 (brochure, also available in Spanish and Chinese). Available from EPA through the National Service Center for Environmental Publications at (800) 490-9198.

*Smoking and Your Baby.* Tobacco Education Clearinghouse of California. (available in Chinese, Cambodian, Korean and Vietnamese). Available from the Clearinghouse at (831) 438-3618.

### Program Guides, Presentation Materials and Curricula

*Building Successful IAQ and Environmental Justice Programs: A Program Implementation Guide.* American Lung Association. Available from EPA through the National Service Center for Environmental Publications at (800) 490-9198.

*Environmental Tobacco Smoke and Other Indoor Pollutants Affecting Our Children.* The American Academy of Pediatrics (speakers kit). Available to member pediatricians from American Academy of Pediatrics.

*Fresh Air for Little Noses: Smoke-free Policies for Pre-Schools.* ALA of the East Bay, CA (a how-to manual for childcare providers on how and why to implement smoke-free policies, including parent education). Available from ALA of the East Bay (510) 893-5474.

*IAQ Community Leader Kit.* National Safety Council Environmental Health Center (includes slides and Home Air Care video; also available targeted to Hispanics, or to low-income women and children). Available from National Safety Council at (202) 557-2366.

*Secondhand Smoke Education Project.* National Resource Center for Health and Safety in Child Care (self-guided curriculum for daycare providers; includes *Poisoning Our Children* video). Available from EPA, call Alison Freeman at (202) 564-9455.

## PSAs and Other Media Materials

*Go Out for Your Kids.* EPA, American Medical Association and Consumer Federation of American Foundation (TV and radio PSAs). Available to EPA Indoor Environments Cooperative Partner Network through EPA, contact Wendy Kammer at (202) 564-9152. All others can obtain copies through CDC at (301) 231-7537 or [www.cdc.gov/nccdphp/osh/mcsrc/index.htm](http://www.cdc.gov/nccdphp/osh/mcsrc/index.htm)).

*Media Campaign Resource Book.* Centers for Disease Control (catalog of available advertising materials on secondhand smoke and other tobacco control topics). Available from CDC at (301) 231-7537 or [www.cdc.gov/nccdphp/osh/mcsrc/index.htm](http://www.cdc.gov/nccdphp/osh/mcsrc/index.htm)).

## Videos

*A is for Asthma.* American Lung Association, 1998 (Asthma management for pre-schoolers, includes mention of second-hand smoke. In English and Spanish, with accompanying teaching materials). Available from your local Lung Association 1-800-LUNG-USA.

*Fresh Air for Little Noses: Smoke-free Policies for Pre-Schools.* ALA of the East Bay, CA, 1999 (12-minute video for childcare providers on how and why to implement smoke-free policies, including parent education). Available from ALA of the East Bay (510) 893-5474.

*Home Air Care: Indoor Air Care and Your Health.* American Lung Association Indoor Air Programs, 1995 (11 minutes of general indoor air quality, including secondhand smoke; also available in Spanish). Available from ALA Indoor Air Programs (202) 785-3355.

*Poisoning Our Children: The Perils of Secondhand Smoke.* The American Academy of Otolaryngology. Available from EPA through NCEPI at (800) 490-9198.